

**GOOD HEALTH IS THE BEST DOWRY:
MARRIAGE COUNSELING, PREMARITAL EXAMINATIONS,
SEX EDUCATION IN HUNGARY 1920-1952**

Gábor Szegedi

A DISSERTATION

in

History

**Presented to the Faculties of the Central European University in Partial
Fulfillment of the Requirements for the Degree of Doctor of Philosophy**

**Budapest, Hungary
2014**

Supervisors of Dissertation: István Rév; Karl Hall

Copyright in the text of this dissertation rests with the author. Copies by any process, either in full or part, may be made only in accordance with the instructions given by the Author and lodged in the Central European Library. Details may be obtained by the librarian. This page must form a part of any such copies made. Further copies made in accordance with such instructions may not be made without the written permission of the Author.

I hereby declare that this dissertation contains no materials accepted for any other degrees in any other institutions and no materials previously written and/or published by another person unless otherwise noted.

Abstract

This study deals with the topic of marriage counseling in Hungary from the early 1920s to the early 1950s. Marriage counseling is used as an umbrella term for a wide range of practices including medical, legal or sexual counseling for individuals and couples, before and during marriage. The focus of this project is on premarital counseling and on preparation for marriage in general, which includes the production of sexual knowledge through sex education materials. Marriage counseling thus, at least as it was primarily understood in mid-20th century Hungary, becomes primarily a health issue and a preparation of young adults for proper marriage in a biological sense. I examine the 1941 Hungarian Marriage Law in detail and treat both the policies it implemented and the discourses that led to it as a Foucauldian, biopolitical attempt at sexual normalization. In this framework marriage counseling is both a “secularized confessional” and an attempt by power to induce self-normalization through a “discursive ferment”. The study points to the anti-miscegenation clause in the Marriage Law and treats race defilement cases as further attempts at defining the borderlines of “respectable” sexuality, which resulted in a broad understanding both of “race protection” and of “marital health” in contemporary Hungary. I put forth that while anti-Semitism and state racism was discredited, marriage counseling had a long afterlife after 1945 and not only because it remained in force until 1952 and that it returned in a different form for 15 years in 1973 but also because it was part of a “state socialist”, authoritarian turn in Hungarian biopolitics and it was the first important, mass VD screening procedure implemented in 20th century Hungary.

Acknowledgments

It is a difficult task to express my gratitude to all the people who have contributed to the preparation of this dissertation, professionally or otherwise. I will make an attempt.

First and foremost I would like to thank my parents for their enduring love and support. I would like to dedicate this dissertation to them, as well as to my ever-youthful grandmother whose stories have always been an inspiration and to my late grandfather whose sense of humor never waned. I would also like to mention my brother Balázs and my cousin András as sources of inspiration.

I would like to thank my supervisors István Rév and Karl Hall who have put trust in me along the way, have provided me with the necessary orientation but have also allowed me the freedom I needed to find an entertaining subject and to be able to enjoy the research and the writing process. I would also like to thank Lutz Sauerteig for providing me with excellent guidance during my semester abroad in Durham.

I would like to say a special thanks to those who have read shorter or longer bits of the texts I have written and helped me with critical comments and encouragement: Jan Bröker, Emese Lafferton, Jamila Martin, Anna Mazanik, Karolina Mroziewicz, Mirela Pascaru, Leyla Safta-Zecheria, Barna Szamosi, Judit Takács and Anita Winkler.

Thank you to all others, who have helped me professionally, in various ways: Erik Ingebrigtsen, Balázs Ablonczy, Andrea Pető, Judit Forrai, Anita Kurimay, Katalin Stráner, Ferenc Erős, Melinda Kovai, Zsuzsa Bokor, Rainer Alisch.

I would also like to express gratitude to my supervisors at the Australian Embassy in Budapest: Alex Brooking, John Griffin, Cary Humphries and Heidi Markmann. I wouldn't have

been able to pursue my studies without their flexibility and empathy. A thank you to my ex-colleagues at the Embassy, amongst others, for all the lunch discussions.

During the years of research I have received much appreciated financial support from the Central European University in the form of the dissertation write-up grant and two research grants. My work would not have been possible without the institutional support provided by CEU and especially the History Department. I would also like to say thank you the “people of the PhD lab” who have made the end phase a whole lot more fun than anticipated.

And finally thank you to all my friends who have been there in the last 4.5 years to help me through the more difficult phases of this process.

Contents

<u>Abstract</u>	- 2 -
<u>Acknowledgments</u>	- 3 -
<u>Contents</u>	- 5 -
<u>List of Tables</u>	- 7 -
<u>List of Illustrations</u>	- 8 -
<u>List of Abbreviations</u>	- 9 -
<u>Introduction</u>	- 11 -
<u>Chapter 1: The Politics of VD Care and Marriage Counseling</u>	- 30 -
<u>1.1 VD and marriage counseling before 1920</u>	- 33 -
<u>1.1.1. Teleia Egyesület – the first anti-VD association</u>	- 33 -
<u>1.1.2. Pre-WWI National organizations</u>	- 35 -
<u>1.1.3. Nemzetvédő Szövetség a Nemibajok Ellen</u>	- 40 -
<u>1.2. Politics of Health in the interwar and early postwar period</u>	- 43 -
<u>1.2.1. Teleia in the interwar era</u>	- 43 -
<u>1.2.2. The Antivenereal Committee</u>	- 54 -
<u>1.2.3. Public health reform and VD</u>	- 67 -
<u>Conclusion</u>	- 81 -
<u>Chapter 2: Counseling and advice: Voluntary marriage counseling and public debates on marital health and VD</u>	- 86 -
<u>Introduction</u>	- 87 -
<u>2.1. The Discursive field of marriage counseling</u>	- 92 -
<u>2.2. Voluntary marriage counseling in the international context</u>	- 112 -
<u>2.3. Voluntary Marriage Counseling Centers in Hungary</u>	- 128 -
<u>2.3.1. Teleia's Counseling Station</u>	- 129 -
<u>2.3.2. Újpest – Marriage Counseling Center of the Országos Szociálpolitikai Intézet</u> ..	- 132 -
<u>2.3.3. Marriage counseling in the Health Protection Institutes (EVI) and the OKI rural Health Houses</u>	- 140 -
<u>2.3.4. Social Democratic / Communist Sexual Counseling</u>	- 143 -
<u>2.3.5. Marriage Counseling at the Családvédő Országos Egyesület</u>	- 146 -
<u>2.3.6. Magyar Családvédelmi Szövetség</u>	- 151 -

<u>Conclusion</u>	- 159 -
<u>Chapter 3: Coercion, obligation, marriage bans: Mandatory premarital testing and the coercive measures of the Lex Veneris</u>	- 163 -
<u>Introduction</u>	- 163 -
<u>3.1. Legislative framework: The Lex Veneris and the Marriage Law</u>	- 166 -
<u>3.1.1. The organization of a network of VD care centers</u>	- 166 -
<u>3.1.2. Marriage counseling as part of the 1941 Marriage Law</u>	- 172 -
<u>3.2. Implementation</u>	- 191 -
<u>3.2.1. Reactions of the medical elite</u>	- 191 -
<u>3.2.2. Implementation – Discourses of medical professionals involved in the practice</u>	- 196 -
<u>3.2.3. Implementation – MABI and Medical Officers</u>	- 200 -
<u>3.2.4. Implementation – Statistical valuation</u>	- 206 -
<u>3.2.5. Implementation – Postwar issues and the end of marriage counseling</u>	- 209 -
<u>Conclusion</u>	- 221 -
<u>Chapter 4: Sex education and Marriage</u>	- 226 -
<u>4.1. Christian-nationalist sex education</u>	- 232 -
<u>4.2. Pragmatist sex education</u>	- 255 -
<u>4.3. Sex reformers, leftists, progressives</u>	- 277 -
<u>4.4. Sex education after 1945</u>	- 291 -
<u>Conclusion</u>	- 304 -
<u>Digression or climax: Race defilement and sexual anti-Semitism</u>	- 307 -
<u>Conclusion</u>	- 318 -
<u>Bibliography</u>	- 327 -

List of Tables

- Table 1. Premarital screening statistics for Budapest, 1946**
- Table 2. Marriage permits at the OTI Marriage Clinic 1945-50.**
- Table 3. Number of VD screenings in Hungary, 1951-1956**
- Table 4. New Cases of Syphilis, 1947-1964**

List of Illustrations

- Fig.1.** **“Have yourself examined before marriage”**
- Fig. 2.** **Béla Johan**
- Fig. 3.** **“First here: Premarital medial advice protects from many problems”**
- Fig.4.** **The waiting room of the MCSSZ Central Marriage Counseling Institute**
- Fig. 5.** **“Penicillin heals gonorrhea but watch out: infection with syphilis continues to threaten”**
- Fig. 6.** **Neglecting VD will ruin your life**
- Fig. 7.** **Illustration in Tihamér Tóth's *Tiszta férfiúság* (by L Márton)**

List of Abbreviations

AB	-	Antivenereás Bizottság (Antivenereal Committee)
BFL	-	Budapest Főváros Levéltára (Budapest Metropolitan Archives)
CSOE	-	Családvédő Országos Egyesület (Family Protection National Association)
EPOL	-	Egészségpolitikai Társaság (Association for Health Politics)
EVI	-	Egészségvédő Intézet (Health Protection Center)
MABI	-	Magánalkalmazottak Biztosító Intézete (Insurance Institute of Private Employees)
MELE		Magyar Egyesület a Leánykereskedés Ellen (Hungarian Association Against Trafficking Women)
MONE	-	Magyar Orvosok Nemzeti Egyesülete (National Association of Hungarian Doctors)
MOL	-	Magyar Országos Levéltár (Hungarian National Archives)
NSZM	-	Nemzetvédő Szövetség a Nemibajok ellen (Nation Protection Association against VD)
OAB	-	Országos Antivenereás Bizottság (National Antivenereal Committee)
OESZ	-	Országos Egészségvédelmi Szolgálat (National Health Protection Service)
OKE	-	Országos Közegészségügyi Egyesület (National Public Health Association)
OKI	-	Országos Közegészségügyi Intézet (Public Health Institute)
OKT	-	Országos Közegészségügyi Tanács (National Public Health Council)
OSZI	-	Országos Szociálpolitikai Intézet (National Social Policy Institute)
OVE	-	Országos Védő-egyesület a nemi betegségek ellen (National Protection

Association Against Venereal Diseases”)

**VBE - Venereás Betegségek Elleni Országos Védő Egyesület (National Protection
Association Against Venereal Disease)**

Introduction

In 1840 Flórián Cs., a Hungarian landowner from Kiskunfélegyháza, lodged a request with the local church authorities regarding his intention to marry Veronika G. His family, however, revealed that he had physical disabilities that made him incapable of fulfilling his duties in marriage, and so he withdrew his request. A year later he was a suspect at a trial in which a woman was accused of infecting a man with VD, and she referred to Flórián Cs. as the potential source of the disease. His parents saved him by attesting that “due to his physical flaws he was permanently incapable of coitus.” A few years later, when Flórián Cs. wanted to get married again (this time to Mária K.), his own brother protested against this intention, writing a letter to the bishop of Vác, saying

My younger brother, Flórián Cs is so flawed in his genital parts that he is incapable of reproducing. (...) For he does not have an actual male organ, only the testicles are hanging there and what could be called a male organ is grown together with his belly and on the belly there is a little hole, through which, like the female sex, he urinates.¹

As a result of this brotherly letter the bishop ordered the parish priest not to let Flórián Cs. get married until he attested his “potential” with medical certificates. Flórián reportedly paid three unsuccessful visits to local physicians, asking them for a certificate, but not letting them examine him - the end of Flórián's travails is unknown, but as the author of the story, medical historian András Deési Daday, concluded, “his person, his unfortunate situation makes us feel compassion for him.”²

Deési Daday's article was published in 1930 in the important public health periodical, *Népegészségügy*, and by that time marriage counseling was one of the hot issues in the anti-VD

¹ Deési Daday, András. A házasság előtti orvosi vizsgálat multjából. In: *Népegészségügy* 9 (1930): 245.

² Ibid: 247.

discourse, with the top health officials of the People's Welfare Ministry and the Antivenereal Committee working on options for introducing it as a law. Deési Daday, it can be suspected, tried to frame a historical narrative where premarital health checks appeared not as a modern, 20th century phenomenon and the invention of an idealist medical elite, but something that had strong roots in the life of rural Hungary in previous centuries. A medical approach to marriage needed legitimization, as there was a suspicion that the predominantly rural society of Hungary, not used to regular medical control, would resist this practice. Therefore it might have seemed rational to portray this as an everyday occurrence and simply as a continuation of an already existing, Hungarian phenomenon.



The wise Governor of our people made a proclamation to the nation in 1935, in which he raised attention with deeply meaningful words to the national importance of the family: "The family is the cell, through which the nation can further develop, and if the cell is ill, the nation will also wither. Marriage is the basis of the life of the whole society and the child is its fruit."

(Gyula Peitler, "A jó egészség a legjobb hozomány," *MABI Tudósító* (1942): 13-14.)

Fig. 1: "Only a healthy tree can bear healthy fruits. Only healthy parents can have healthy children. Have yourself examined before marriage."
József Tomcsik. (Budapest: Offset, 1942)

The two above sources are from over ten

years later, from 1942. Hungary by that time was at war with the Soviet Union, dedicating an army of two hundred thousand to the war effort and had just started implementing mandatory

premarital screening, a hugely ambitious and energy-consuming project. The association of marriage with the health of the national and the individual body in these 1942 texts represents the culmination of a long-standing discourse on marital health (the rare historical narrative of which we could see in the above story) and stands at the beginning of a decade-long policy of premarital health screenings.

At first sight there is a striking similarity between the story of premarital examinations in France and in Hungary. In both countries the first serious debates and legislative drafts came in the mid-1920s, in both cases it took over 15 years to enact a law introducing it as a mandatory measure (1942 in France and 1941 in Hungary), both laws were essentially serving social hygiene goals (focusing on venereal diseases), and they were both adopted by right-wing authoritarian governments, while successive governments continued with their implementation after 1945. In France premarital examinations were retained up until the early 21st century while in Hungary they were abolished in 1952 but then returned for a decade and a half in the form of premarital counseling in 1973. The practice of the United States is comparable: in the 1930s and 1940s most U.S. states introduced their own mandatory premarital screenings for VD and these were in place for long decades as well.

In Hungary the legislation that introduced premarital testing came, however, in a complicated package: one that included a positive eugenic measure of marriage loans and a negative “race protection” measure, which outlawed intermarriage between Jews and Gentiles in Hungary and introduced the concept of “race defilement”. Thus, the Hungarian 1941 Marriage Law is a peculiar mixture of marital social hygiene (here we find the parallels with screenings in France and the U.S.), positive eugenics and anti-Semitic legislation - this last measure showing striking similarity with the Nuremberg laws of Nazi Germany. How did this all come about and why did it all come together in the same piece of legislation? What discourse, what convictions, whose convictions stand behind these project that resulted in such a patchwork law? Can we

trace elements of coherence in this piece of legislation? And: what kind of continuity did it have after 1945, what were its effects, short-term and long term? I will perhaps not provide satisfactory answers to all of these questions and I will focus primarily on premarital screenings and social hygiene. Nevertheless, I will address the context of this “complex package” and provide a framework that I believe explains some underlying presuppositions and aspirations.

Anti-miscegenation has been discussed marginally by the literature on the Holocaust in Hungary; it is touched upon in various sources but no monograph has yet been written about it. In Krisztián Ungváry's 2012 book *A Horthy-rendszer mérlege*³ it is mentioned briefly, whereas in Randolph Braham's monumental piece on the Holocaust in Hungary⁴ it receives minor attention (only 2 pages of an over 1000-page book) and in several other relevant sources (e.g. the books of Mária Ormos⁵, Nathaniel Katzburg⁶, Géza Komoróczy⁷, or János Gyurgyák⁸) the focus is on other anti-Semitic laws. The reason for this is the common assumption that in practical terms this law did not affect the life of Hungarian Jews significantly. In fact, as Komoróczy adds, orthodox Jewry supported it as it was in accordance with Jewish religious laws and it limited the further assimilation of Jews.⁹ As of recent research has started on the ONCSA program that, amongst others, provided marriage loans,¹⁰ but premarital screenings have not received attention at all and in *A Horthy-rendszer mérlege* Krisztián Ungváry had to conclude that “history-writing has up until now neglected the other half of the law, obligatory premarital health checks and

³ Krisztián Ungváry, *A Horthy-rendszer mérlege: diszkrimináció, szociálpolitika és antiszemitizmus Magyarországon* (Pécs: Jelenkor, 2012): 398-404-

⁴ Randolph Braham, *Politics of Genocide: the Holocaust in Hungary* (New York: Columbia, 1981).

⁵ Mária Ormos, *Magyarország a két világháború korában (1914-1945)* (Csokonai Kiadó, Debrecen, 1998).

⁶ Nathaniel Katzburg, *Hungary and the Jews : policy and legislation, 1920-1943* (Ramat-Gan : Bar-Ilan University Press, 1981).

⁷ Géza Komoróczy, *A zsidók története Magyarországon II: 1849-től a jelenkorig*, (Pozsony: Kalligram, 2012).

⁸ János Gyurgyák, *A Zsidókérdés Magyarországon*,

⁹ Komoróczy, *A zsidók története*, 2012: 619.

¹⁰ Péter Hámori, Hatalom, “népnevelés” és házasság. Elképzelések a családok házasságának befolyásolására az ONCSA működésében. In: *Nők és férfiak... avagy a nemek története*. (Hajnal István Kör. Nyíregyházi Főiskola Gazdaságtudományi Kar, 2003): 286-294. and Dorottya Szikra, “A szociálpolitika másik arca,” *Élet és Irodalom* 52 (2008).

marriage loans.”¹¹

This dissertation will attempt to address at least parts of this gap. It will primarily look at the healthcare project that associated, as shown above, marriage and the family with fertility, health and reproduction and invested itself into eliminating the two major social diseases from this essential “cell” of society. Marriage counseling in Hungary was the only element of the 1941 Marriage Law that survived 1945 and both its discourse and its methods had a lasting effect on postwar Hungarian healthcare and therefore it is of significance that this yet uncharted territory of Hungarian history gets recognition. Furthermore, I will try to prove that introducing premarital screenings was one of the first comprehensive measures of preventive medicine in the modern Hungarian biopolitical State. In this respect it needs to be clarified what I understand under the “modern Hungarian biopolitical State” and why it is possible, despite a broad framework of biopolitics to treat marriage counseling as a separate entity from the eugenic measures that consciously created and promoted hierarchies between individuals or couples (positively, as in marriage loans, or negatively as in anti-Semitic provisions)

After 1945 the attempts of the State to single out “desirables” and “non-desirables” for marriage and reproduction, especially based on race or a perceived higher biological value, were discontinued. Bans on intermarriage, race defilement and even marriage loans for the “worthy” were inspired by a thinking that can be linked to biological racism, a tenet of ideology that was largely discredited after the war. As Rabinow and Rose state, after WWII “a biological understanding of distinctions among population groups and their socio-political implications seemed broken or at least de-naturalized.”¹² State anti-Semitism, one of the defining characteristics of the Horthy-regime, was part of this ideology that could not be pursued after the Holocaust.

Preventive medicine, however, remained a serious issue of consideration in postwar

¹¹ Ungváry, *Horthy-rendszer*, 2012: 402.

¹² Paul Rabinow and Nikolas Rose, “Biopower Today”, *BioSocieties* 1 (2006): 205.

biopolitical regimes. The continuities in marriage counseling in postwar Hungary (both until 1952 and then after 1973) point towards a more lasting project that can be seen as an integral (and: pioneering) part of the modern healthcare system of Hungary. Healthcare provision is an essential part of the modern biopolitical State and therefore it is crucial to reveal the various genealogies of current or recent medical schemes and medical attitudes as these can help us in understanding hidden or not so hidden agendas of biopower. In addition to health prevention, marriage counseling, as it had implications for reproduction, was a key element of the regulation of sexuality in mid-20th century Hungary. For this reason in the first part of this introduction I will discuss a theoretical framework that encompasses these two crucial elements, health and sexuality, and its reverberations for marriage counseling: biopolitics.

Biopolitics: health, sexuality, normalization

In *The History of Sexuality: Volume I* Michel Foucault, by challenging the “repressive theory”, opened up new avenues to the understanding of sexuality. Historians of sexuality have widely used his concepts and his overall framework for analyzing sexualities of the past and it is perhaps not exaggerating to say that for the past four decades the Foucauldian has been the dominant paradigm of the history of sexuality. In *After The History of Sexuality: German Genealogies with and Beyond Foucault*¹³ an excellent 2012 piece by leading historians of sexuality the persistence of this paradigm becomes evident. The book is an attempt to return to and “reread” Foucault's original text and thereby challenge “ossified dogmas or truisms” that solidified as a results of “Foucauldianism”¹⁴. The attempt to return to the *real source* indicates that Foucault's framework is still very much at work and even though there are debates around

¹³ *After The History of Sexuality: German Genealogies with and Beyond Foucault: 1-14.*

¹⁴ “It is (...) not Foucault that the new literature turns away or moves beyond, as much as a Foucauldianism that amounts to a misconstrual of what is suggested by (but not presented in) the *History of Sexuality*. Ibid: 6.

his (fragmentary, multifaceted, occasionally self-contradictory) heritage, it is *the* basic point of reference for sexual historians.

As for the innovations of Foucault, firstly he challenged the idea of sex as natural and framed it as a historical construct that “made it possible to group together, in an artificial unity, anatomical elements, biological functions, conducts, sensations, and pleasures.”¹⁵ Secondly, he warned that sex was “historically subordinate to sexuality” and that “sexuality is a very real historical formation; it is what gave rise to the notion of sex, as a speculative element necessary to its operation.” Foucault added: “we must not think that by saying yes to sex, one says no to power; on the contrary, one tracks along the course laid out by the general deployment of sexuality.”¹⁶ It is this idea that rejects not just sexuality but even sex as “natural” and locates both of these in the context of power.

In one of his lectures at the Collège de France Foucault pointed to two technologies of power, disciplinary and regulatory. The first one, he claimed, appeared in the 18th century, focusing on disciplining the individual body through institutions like schools, prisons or hospitals. The second one was the product of the 19th century and was concerned with the population, its biological processes (fertility rates, ratio of births and deaths, infant mortality, etc.) and aimed at regulating these with various State policies. Foucault claimed, “sexuality exists at the point where body and population meet. And so it is a matter for discipline, but also a matter for regularization.”¹⁷ The reason for this is the fact that sexuality is connected to reproduction and therefore, with the production of life, has an effect on population as a whole and at the same time it is the site for the surveillance of the body in the various disciplinary institutions.

Thus, with Foucault, there is no inherent essence that can be revealed in sex or sexuality

¹⁵ Michel Foucault. *The History of Sexuality: Volume I: An Introduction*, (New York: Vintage, 1990): 154.

¹⁶ Ibid: 157.

¹⁷ Michel Foucault, *Society Must be Defended: Lectures at the Collège de France, 1975-76* (Picador: New York, 1997): 250-252.

and even though there are prohibitive measures applied by various power structures, writing the history of sexuality is not a narrative of “defenses, censorship, denials”¹⁸ that try to restrict desire or pleasure because these are unruly by definition. However, if sexuality is a central issue to this emerging biopolitical state that asserts its power and seeks legitimacy through the disciplining of bodies and the regulation of population processes, then how is power trying to enter this field? Foucault's answer is *discussion* instead of silence. The subject is encouraged to speak about his or her own sexuality and institutions and agents of power are constantly discussing what sexuality is, what it is not and what it should be. Institutional mechanisms are set up that induce everyone into revealing hidden secrets about sexuality: Foucault sees this as a secularized form of the Christian confessional.

There will be more in a later chapter on the confessional, but the “discursive ferment”¹⁹, this constant talk about sex that Foucault uncovered, leads to the question of *normalization*. I will in later stages of this dissertation refer to the way normalization manifested itself in twentieth century marriage counseling; for now it suffices to state that sexual normalization entails first and foremost a scientific classification, a creating of fixed categories, a “norm” (in sexuality the “heterosexual” for example), of development trajectories where certain stages of sexual maturity are set for the individuals of the society, and those who are “late” or do not develop but “degenerate” become pathological. The emerging sciences of sexology and psychoanalysis in the early 20th century helped create categories of diseased sexualities and pathological psycho-sexual development and power used the innovations of science both to make individuals conform with these norms and to apply medicine in order to “heal” those who were proven to be pathological. Thus, the sphere of medicine penetrated more and more deeply into the realm of sexuality and sexuality became a central concern for medicine.

In the definition of biopolitics/biopower medicine has played a crucial role for Foucault.

¹⁸ Foucault, *History*, 1990: 12.

¹⁹ Ibid: 18.

He saw it as establishing a link “between scientific knowledge of both biological and organic processes” and through this it became a “power-knowledge that can be applied to both the body and the population, both the organism and the biological processes, and it will therefore have both disciplinary effects and regulatory effects.”²⁰

So in the modern biopolitical State, for Foucault, sexuality is a central target of power and medicine is its means of control, whereas normalization is the process. The new power mechanisms that “took charge of men's existence, men as living bodies” were now “not ensured by right but by technique, not by law but by normalization, not by punishment but by control, methods that are employed on all levels and in forms that go beyond the state and its apparatus.”²¹

Surveillance Medicine

Medicine as the power-knowledge controlling sexuality is the theoretical underpinning of this dissertation's understanding of biopolitics as well. For explaining the significance of marriage counseling and premarital screening as medical interventions within the biopolitical framework I will use David Armstrong's argument on “surveillance medicine” in 20th century healthcare.²² Armstrong refers to medical historian Erwin Ackerknecht's classifications of “paradigm shifts” in medical perspectives. Ackerknecht had claimed that the end of the 18th century saw the rise of Hospital Medicine that replaced the paradigm of Bedside Medicine (the idea that illness equaled the symptoms it produced) by a “three-dimensional framework involving symptom, sign and pathology”. Armstrong, using Foucault's idea of this shift being the “spatialization of illness” refers to the step from a two-dimensional, surface-oriented (symptom)

²⁰ Foucault, *Society*, 1997:252.

²¹ Foucault, *History*, 1990:89.

²² David Armstrong, “The rise of surveillance medicine,” *Sociology of Health & Illness*, 17 (1995): 393-404.

health approach to a three-dimensional one and adds that the hospital replaced the patient's home as the proper place of treatment.

Armstrong argued that the 20th century brought a new paradigm shift from Hospital Medicine to a four dimensional approach he called “Surveillance Medicine”. The striking difference in the two lay in the way health and illness were perceived. In the new paradigm medicine started to concern itself with development (of the child in particular) and created “normal” trajectories for this development (e.g. “normal” height, weight, intellect) and this new approach to normality challenged the binary opposition between “healthy” and “diseased”: one could be seen as non-healthy (i.e. abnormal) by simply diverging from the average produced by large population data sets. There is also a further spatial dimension added to disease: time. In this paradigm disease does not start with symptoms and with hospitalization but with the search for abnormalities among seemingly healthy individuals. “The problem is less illness per se but the semi-pathological pre-illness at-risk state”²³, as Armstrong writes.

The two main tools Armstrong identifies for the propagation of Surveillance Medicine are *screening* and *health promotion*. The first one he claimed was a “bid by Hospital Medicine to reach out beyond its confines” and that its success was limited because it showed too much interest in the body as the screening itself searched for lesions and “techniques to screen the population have always had to confront points of resistance, particularly the unwillingness of many to participate in these procedures.”²⁴ The second strategy, health promotion, emerged as a result of the problems with screening procedures. It encompassed an education in hygiene that would increase the awareness of potential health threats and the necessity of a healthy lifestyle. In case health awareness permeated everyday life, all the effort that was invested into screenings was replaced by an internalized need for being “healthy.” Thus, in Surveillance Medicine health becomes relative and instead of a binary opposition, a scale of health and illness is created where

²³ Ibid: 399.

²⁴ Ibid: 399.

one can be perceived as ill and healthy at the same time. *Pathologization* and *vigilance* are the tactics that take over instead of the hospital “processing” those who are ill and then bringing them back to the community healthy.²⁵

Surveillance Medicine resonates well with Foucault's description of biopower at work in sexuality. In both cases developmental trajectories create pathologies, science and knowledge is promoted to induce self-control and self-observation and power aims at the body and enters the sphere of the private. I used Foucault's analysis for control and sexuality and Armstrong's description of normalization and surveillance in medicine because I think that the combination of these two can explain best the reasons for the intense interest in marital health and the resulting normative discourses and public health policies in twentieth century Hungary.

What is marriage counseling?

As a next step I would like to introduce my understanding of the generic term “marriage counseling”, as used in mid-20th century Europe and North America, including Hungary. The concept initially was primarily used for premarital health counseling and examinations, the idea that couples should be made aware of their responsibilities before entering marriage. They were either advised or obliged to take health examinations that would detect VD (primarily syphilis or gonorrhea), tuberculosis or other illnesses that would affect their family life, their spouses and children. Hereditary diseases were often part of this counseling process; if one was diagnosed with hereditary physical or mental illness or had such diseases running in the family then marriage counselors could advise against marriage or having children due to the “degenerative” effect of such unions for the gene pool of society (and, again, for the benefit of their children). Premarital health examinations in many cases were coupled with a medical certificate issued by

²⁵ Ibid: 399-400.

the physician, attesting the “fitness to marry”.

In addition to the above the term could refer to the provision of sexual, emotional, legal, eugenic and moral advice to couples or adult individuals either in marriage or before. This could include advice on birth control, education on how to avoid venereal diseases, how to choose the right marriage partner, but also on how to make existing marriages happier through sexual advice. Some marriage counseling centers were in fact in contemporary discourse labeled as „sex counseling bureaus” and some of these provided emotional support for those who deviated from the State-promoted norm (e.g. homosexuals).

My definition of marriage counseling is thus a broad and inclusive one; in the international arena, especially in Weimar Germany, one finds a great variety in the forms of marriage counseling and in the political-ideological convictions of marriage counselors. In Hungary, there was a much greater focus on premarital counseling and examinations, marriage counselors mostly showing interest in the immediate health effects of entering into marriage (more narrowly: in common infectious diseases like VD or TB). However, there was, just as in the rest of Europe, a broader discourse on marital health that was dedicated to producing knowledge on sexual and marital health for young adults.

Thus, in this dissertation marriage counseling in Hungary will be centered exactly on the two key tools of Armstrong's Surveillance Medicine, screenings and health promotion. The interest in the two technologies appears simultaneously and jointly in marriage counseling. One needs to induce the cooperation of the population in terms of hygiene and lifestyle but more direct disciplinary measures are needed to avert the more immediate health threats that would affect the population as a whole. I will argue that in Hungary the interwar era is key to the understanding of the advance of Surveillance Medicine because this was the time for the first attempts to introduce larger scale screenings and wide-ranging efforts for health promotion were launched. I will add: marriage counseling is the discourse and practice that perhaps best

combines the two technologies necessary for this new paradigm to replace treatment-focused Hospital Medicine.

Biopolitics: race

It is necessary at this point to return to biopolitics. The normalization of sexuality through medicine is, as stated above, a crucial technology of control for the biopolitical State. The broad concept of marriage counseling needs to be interpreted as part of this framework as it entails all these elements; in fact, if focusing by and large on three decades of the twentieth century (1920s to 1950s), marriage counseling practice, with its effect on body and on population, can be considered as an ideal case study for the workings of the State's biopolitical mechanisms. When establishing this biopolitical framework, especially with a view to interwar Hungary, the issue of race needs to be approached as well, especially as Foucault introduced his concept of racism as one of the basic constituents of biopolitics:

What in fact is racism? It is primarily a way of introducing a break into the domain of life that is under power's control: the break between what must live and what must die. (...). It is, in short, a way of establishing a biological-type caesura within a population that appears to be a biological domain. This will allow power to treat that population as a mixture of races, or to be more accurate, to treat the species, to subdivide the species it controls, into the subspecies known, precisely, as races. (...) On the one hand, racism makes it possible to establish a relationship between my life and the death of the other that is not a military or warlike relationship of confrontation, but a biological-type relationship: "The more inferior species die out, the more abnormal individuals are eliminated, the fewer degenerates there will be in the species as a whole, and the more I - as species rather than individual - can live, the stronger I will be, the more vigorous I will be. I will be able to proliferate."²⁶

In this understanding the promotion of the life of the organic body of the nation necessarily entails the "killing" (which can be but is not necessarily to be taken literally, it is "rejection" in a more general sense) of the "Other", a sub-category of the population that is seen as a biological threat to the health of the rest. This new level of racism where certain enemy

²⁶ Foucault, *Society*, 1997:254-255.

groups are created within society and their elimination becomes a health issue: they are an actual, war-like threat but they constitute a hygiene danger.

Simona Forti sees this evolutionary racism as the instrument for the “*naturalization of social and political history*”, as a struggle between “pure” and “impure forces” and the naturalization of the enemy makes the rejection of its members basically a hygiene issue. Forti adds: “‘Spirit’ itself and moral aptitudes are all interpreted as the result of given racial heritage.”²⁷ As racism here, just as “health” in Surveillance Medicine, becomes a scale where “different degrees of humanity” can be ascribed to groups and individuals based on a norm, can lead to a “zoological politics”, says Forti, where the enemy is not, as formerly a dignified animal (wolf or lion) but a parasite (flea, cockroach, leech) that needs to be removed within a process of disinfection.²⁸

As Laura Ann Stoler argued, racism had its roots in the “biologizing power of the normalizing state.”²⁹ Foucault’s ideas on race and state racism presented at his lectures at the Collège de France bring a new understanding to his previous work on sexuality, since, if read together, they “resituate the nineteenth-century discourse of sexuality and the discourse of the biological war of race within a common frame as productive sites in a broader process of normalization.”³⁰ Stoler adds that this amounts to a “racism that a society will practice against itself”.³¹

That race is a permanent element of the normalization of the biopolitical state, “woven into the weft of the social body, threaded through its fabric”,³² sheds new light on sexuality within the same biopolitical context. If the sexual normalization process resorted to the assistance of medicine, the same can be said for race: here medical imagery applied for the body

²⁷ Simona Forti, “The Biopolitics of Souls: Racism, Nazism, and Plato,” *Political Theory* 34 (2006):13.

²⁸ Ibid.

²⁹ Ann Laura Stoler, *Race and the education of desire: Foucault's History of sexuality and the colonial order of things* (Durham: Duke University Press, 1995): 68.

³⁰ Ibid: 92.

³¹ Ibid: 92

³² Ibid: 69

politic helps the battle against the internal enemy. If the purification of society is necessary for fostering a healthier life of its members, then it needs to be cleansed from disease and from the individuals who are imagined to be the sources of contagion. Normalization becomes more than the attempt to affect individual bodies and the body of the population in a way that these converge towards a desired “norm”. As part of the normalization process society is educated (as a form of health promotion) to reject disease on the level of the population: individuals and groups of individuals are selected (and constantly re-selected) as a biological threat, for “elimination”.

If we set out from this concept of the ideological background and functions of modern racism it is possible to arrive at a conclusion similar to that of Giorgio Agamben: that in fact the racism is not just an inherent part of biopower but that it has been and remains constantly in its center and therefore the “hidden matrix” of this power is the concentration camp, as set up by 20th century totalitarian states. In Agamben's analysis the individual is never really protected from the State because even in democratic states a state of emergency can be introduced and even unalienable rights can be “alienated” and one can be stripped of political existence and be reduced to “bare life”, living in body but in fact dead for society (Agamben brings in the example of Guantanamo Bay).³³

This idea that in the modern biopolitical State is essentially involved in the production of “bare life” and that totalitarian states only take this project to the extreme has been criticized of late by many. I will here refer to Thomas Lemke, who pointed to a difference between Foucault and Agamben that is relevant for this project as well. Lemke claims:

Agamben does not take into account that the site of sovereignty has been displaced. While in the eugenic programs in the first half of the 20th century biopolitical interventions were mainly executed by the state that controlled the health of the population or the hygiene of the race, biopolitics today is

³³ Giorgio Agamben, *Homo Sacer: sovereign power and bare life* (Stanford: Stanford University Press, 1998).

becoming more and more a responsibility of sovereign subjects.³⁴

In Lemke's view Agamben is “too state-centered” and sees power as “repressing, reducing, reproducing” and the “relational, decentralized and productive aspect of power” are not accounted for. I would agree with Lemke in emphasizing the importance of the diffuse and elusive nature of power and that it was in fact the early and mid-20th century biopolitical interventions where the State had the most evident grip on the health of the population and that there have been indeed “important transformations since the Nazi era”³⁵ that radically shifted much of decision-making to the individual.

At this point I would also bring in Edward Ross Dickinson, a historian of 20th century Germany, who drew conclusions very similar to Lemke based on the social and healthcare policies of Weimar, the Third Reich and postwar West Germany. Dickinson claimed that although under National Socialism the mass murders and genocide were indeed embedded in modernity and a biopolitical race logic was applied, the Nazis “were not driven by 'the' logic of eugenics; rather, they pursued 'a' logic of eugenics.”³⁶ Dickinson contrasts the eugenics of Weimar and postwar Germany and that of liberal democracies and signposts that in these biopolitics could not be taken to such extremes as under National Socialism because of the non-totalitarian power configurations: the institutional constraints, the decisions of political actors, the existence of individual rights, the local pockets of resistance. In Dickinson's analysis (which is exactly the conclusion Forti arrives to³⁷) it is the Nazis who are responsible for these acts of mass murder and not modernity or science, in other words, not the modern biopolitical state.³⁸ Therefore, the projects of biopolitics that have brought positive results and concrete health

³⁴ Thomas Lemke, “A Zone of Indistinction: A Critique of Giorgio Agamben's Concept of Biopolitics,” *Outlines* (2005): 9.

³⁵ Ibid.

³⁶ Edward Ross Dickinson, “Biopolitics, Fascism, Democracy: Some Reflections on Our Discourse about Modernity,” *Central European History* 37 (2004): 17.

³⁷ Forti, *The Biopolitics of Souls* (2006): 20.

³⁸ Dickinson, *Biopolitics* (2004):20.

improvement for society (one of his examples: reducing infant mortality) should not be examined in the light of Nazi eugenics and Nazi genocide or, for that matter, biopolitical state racism.

When addressing this issue of race and state racism I would therefore start out from these distinctions and limitations. State racism, differentiating between people on a hygiene basis and promoting their rejection, appears in and becomes an important factor for biopolitical modernity in the 20th century. However, it is only elevated to the level of mass extermination in certain political circumstances and it does not raise its head in a number of health interventions even if these are State-promoted. Furthermore, in the second half of the 20th century in Europe we can see a gradual withdrawal of the State as a locus of direct intervention and an increased importance is attributed to the biopolitical subject's own sovereign decisions. In other words, Foucault's state racism has existed as a reality and will always remain as possibility, but it should not be seen as the hidden or open agenda behind all the various normalizing processes apparent in biopolitics.

It is this biopolitical framework that I will use for the analysis of marital health in mid-20th century Hungary. I think that Foucault's historical approach and biopolitical framework is appropriate for studying the aspirations of the Hungarian State for sexual and racial normalization. In this context Law No. XV of 1941 appears as more than just a patchwork of eugenics, social hygiene and anti-Semitism: it becomes the truest expression of the biopolitics of the State. However, I would also quickly add that even if race and marital health were inseparably connected for some political actors and large segments of the Hungarian population, marriage counseling and state racism can be and need to be considered separately. In my understanding marriage counseling was a project where racism and eugenic hierarchies were ultimately rejected and its post-WWII history shows³⁹ that it was a modern biopolitical measure

³⁹ It is important to underline that anti-Semitic racial rejection and coercive hereditary eugenics did not play a

that belongs to Surveillance Medicine and to what Dickinson called “inclusionary biopolitics”: where disease is sought, discovered and then cleansed from the body and the body politic, but the individuals carrying the disease do not become a subject of permanent rejection. Here biopolitics, even if it appears through coercive measures by the State, is about fostering life and not about letting die.

Marital health in Hungary therefore is a case study through which we can enhance our understanding of biopolitical tendencies in the past century. Marriage becomes a central theme for race, for sexuality, for normalization attempts through medicine, with seeds of both inclusionary and exclusionary biopolitics. After 1945 the path of inclusive biopolitics in marital health goes a long way while interwar racial and eugenic exclusion becomes by and large discredited and even though it will continue to exist and return in novel forms, in the second half of the 20th century, similarly to Germany, the Hungarian State did not seem to pursue this track any longer.

The dissertation will consist of four main chapters and a brief excursus. The first chapter, *The Politics of VD Care and Marriage Counseling*, will introduce the main actors that played a role in marriage counseling, both in the Horthy era and after WWII. It will show how the healthcare structures relevant for marriage counseling were established, what actors were involved and how the power relationships among these shifted. This chapter will locate the larger health politics context in which the marriage counseling discourse in Hungary operated at the time.

Chapter Two, *Counseling and Advice: Voluntary Marriage Counseling and Public Debates on Marital Health and VD*, shows the genealogy of marriage counseling through the discourses that introduced this international discussion to Hungary in the early 1900s. It then moves on to locate voluntary marriage counseling as a practice in Europe and in the U.S. to show

the variety and ideologically opposite motivations behind the practice. The final part of this chapter shows case studies of Hungarian voluntary marriage counseling bureaus and relates the Hungarian case with the international scene.

Chapter Three, *Coercion, Obligation, Marriage bans: Mandatory Premarital Testing and the Coercive Measures of the Lex Veneris*, focuses on the legislative process concerning VD and marriage counseling and on the ten-year practice of obligatory marriage counseling. It shows in detail how the 1940 Lex Veneris and the marriage counseling provisions of the 1941 Marriage Law were adopted, touching upon the bureaucratic preparation process and the parliamentary debate on marriage. This chapter will present these two laws in some detail and it will also reflect on the practice of marriage counseling, pointing to debates related to implementation, statistical issues, and resistance.

Chapter Four, *Sex education and Marriage*, establishes marriage counseling in the wider context of sexual knowledge production. It introduces the three different strands of sex education for young adults in interwar Hungary (Christian-nationalist, pragmatist, sex reformist) and shows how marital health was conceived in these discourses and what different medical and non-medical actors saw as important for the sexual normalization of the young.

There will be a brief excursus following Chapter Four, which will discuss the race defilement cases that were launched based on the 1941 Marriage Law. This excursus will comment on the issues of how race and sexuality worked became interconnected through race defilement, how it affected the Hungarian concept of marital health and how the Hungarian cases differed from Nazi race defilement in Germany.

Chapter 1: The Politics of VD Care and Marriage Counseling

Introduction

The idea of marriage counseling in the early 20th century was linked to the discourses of eugenics and of venereal disease prevention and control. Therefore, in most countries where it was introduced it was driven and implemented by organizations, institutions, and actors that were involved in one or the other or combined elements of both. In the United States eugenic marriage prohibitions which pertained to the “epileptic, imbecile and feeble-minded”⁴⁰ were first enacted in 1895 in Connecticut and the first premarital VD checks were introduced in Michigan in 1899⁴¹. While eugenic marriage prohibitions were in force in many states of the U.S., premarital testing has been linked to venereal diseases (syphilis in particular) and it was introduced in a number of states in the 1930s on a mandatory basis and for both sexes.⁴² Another example is Sweden where the 1915 Marriage Law combined all of these on a national level: those having VD in a contagious stage, the feeble-minded and the insane or epileptic did not have the right to marry and future marriage partners had to exchange medical certificates with each other. It can be seen from these two examples (and there are several others) that the health-based regulation of marriage usually came from these two sources and they were often not

⁴⁰ Friedman, Lawrence M. *Private Lives: Families, Individuals and the Law*. (Boston: Harvard University Press, 2005): 51.

⁴¹ Brandt, Allan M. *No magic bullet: A social history of Venereal Disease in the United States since 1880*. (Oxford: Oxford University Press, 1987): 19.

⁴² Ibid: 149.

clearly separated.⁴³ In fact, it is not easy to refer to the antivenereal discourse as a distinct affair from eugenics (which I would narrow down to hereditary eugenics) because the “science” of eugenics permeated most medical discourses of the time and VD prevention, especially if related to marriage, was aiming for exactly the same: the improvement of the race through procreation. For this reason both eugenics and VD-control were zooming in on the act of reproduction; it was important to have healthy couples engaging in sexual union as much as possible and preventing non-healthy ones from access to procreative sex.

Despite the interweaving nature of the two discourses, I will maintain that there were marked differences between the two directions with regard to marital health. The most important split comes from the nature of prohibitions. Eugenics, focusing on hereditary diseases, believed in permanent marriage prohibitions for the “unfit”, often coupled with the idea that they needed to be sterilized. People with VD did not have a permanent disability, in the interwar era it was widely believed that VD can be fully cured so such marriage prohibitions were to be temporary. In the anti-VD discourse decreasing VD morbidity and mortality was unquestionable reality, but for eugenicists such goals of were not evident. Edward Ross Dickinson's example for Germany is telling, where eugenicists did not agree with the idea that infant mortality should be reduced in all social groups:

In 1913, at a moment when child welfare advocates were laying out a program for a national child welfare system based on the universal right of each and every child to health, education, and socialization of effective citizenship, Ignatz Kaup warned of the “danger of indiscriminate welfare policy.” As infant mortality approached the single digits in the early 1920s, Friedrich Lenz was still suggesting that an infant mortality rate of 10 percent would be a reasonable “health” minimum.⁴⁴

⁴³ Further examples include interwar Bulgaria, Nazi Germany, Yugoslavia, Turkey, Iran, Brazil, France. See: Marie E. Kopp, “Marriage Counselling in European Countries: its Present Status and Trends,” *Journal of Heredity* 29 (1938): 153-160.; Svetla Baloutzova, *Demography and Nation: Social Legislation and Population Policy in Bulgaria, 1918-1944* (Budapest: CEU Press, 2011); Christian Promitzer, Sevasti Trubeta, Marius Turda, eds., *Health, Hygiene and eugenics in southeastern Europe to 1945* (Budapest CEU Press, 2010); Marius Turda and Paul J Weindling, eds., *Blood and homeland: eugenics and racial nationalism in Central and Southeast Europe, 1900-1940* (New York: CEU Press, 2006).

⁴⁴ Dickinson, *Biopolitics*, (2004): 31.

In other words, in my distinction eugenics makes clear that the value of certain individuals is lesser and therefore their death (like here, in infancy) in fact produces a hygiene benefit for society. Dickinson adds “in hindsight, the musings of eugenicists appear enormously significant; but at the time, they were largely irrelevant.”⁴⁵

This statement on Weimar Germany, as I will argue in Chapter Two, was equally true for Hungary. In fact in Hungary convinced eugenicists were even smaller in number. There was, however an emerging discourse on eugenics in the 1910s and marital health was one of the key issues for discussion. Many discussants of the debates on marital health saw marriage counseling as a social hygiene issue, focusing on VD and in the interwar era it became more closely linked to health prevention policies. As a result, and due to the fact that there was no well-organized eugenics movement at the time in Hungary, in the early 1920s the anti-VD organizations took the lead in discussing and proposing measures for improving marital health. Both voluntary and coercive marriage counseling measures were introduced with the aim of preventing the spread of venereal diseases and TB⁴⁶; hereditary eugenic prohibitions⁴⁷ to marriage were discarded.

In this chapter I will therefore deal with the actors that discussed marriage primarily in the framework of the prevention of syphilis and gonorrhea and will attempt to point to the shifts in institutional power structures that eventually created the legal obligation of premarital screening as part of a public health reform that had a much broader scope than VD. Even though premarital testing was eventually used not just for detecting VD but also for infectious TB and even though I believe that it became a stress test for the newly established network of rural

⁴⁵ Ibid.

⁴⁶ Tuberculosis was regulated along with VD in both major pieces of legislation, the 1940 Lex Veneris and the 1941 Marriage Law. This dissertation, however, focuses on sexual normalization. Furthermore, based on what I found in the contemporary public health journals, marital health was a much deeper concern for VD experts than for lung doctors – as a result, VD will be in the center of the attention here and TB will only be touched upon marginally.

⁴⁷ These were primarily out of concern for the “germ plasm” of the progeny and referred to diseases that were thought or known to be hereditary, e.g. epilepsy, mental disabilities, alcoholism.

health care, those who spoke about it and acted in favor of introducing it were shaped by the arguments and actions that primarily came from anti-VD organizations like *Teleia*, or the *Antivenereal Committee*.

1.1 VD and marriage counseling before 1920

1.1.1. *Teleia* Egyesület – the first anti-VD association

Teleia Egyesület (Teleia Association) was established in 1893, the name chosen for the epithet (“she, who brings fulfillment”) of the Greek goddess Hera⁴⁸ which refers to her being a goddess of marriages as well. Teleia was one among the first comprehensive anti-VD organizations in Europe, it was set up earlier than most of its European counterparts. Teleia members took great pride in the fact that they were among the pioneers of a modern attitude to VD, but it is attested by external sources, as well that dermato-venerology in Budapest was at a cutting edge at the turn of the century, partly because of Teleia's propaganda work (demystifying VD and removing the moral stigma) and partly because of the medical expertise present in Budapest.⁴⁹ US physician Lawrence Lichtfield's 1920 article can attest to this. Lichtfield argued for the establishment for an American Association for the Prevention of Social Disease in the *Journal of the American Medical Association*⁵⁰ and for this he presented “best practices” in Europe. He indicated that in 1910 there were national organizations against VD in

⁴⁸ Lurker, Manfred. *The Routledge Dictionary of gods and goddesses, devils and demons* (New York: Routledge, 2004),

⁴⁹ Moritz Kaposi, Lajos Török, Lajos Nékám, Ernő Schwimmer – just to name a few renown Hungarian dermatologists or dermato-venerologists in the 19th and early 20th century. On Kaposi see: *The Jewish Virtual Library*. Online: http://www.jewishvirtuallibrary.org/jsource/judaica/ejud_0002_0011_0_10733.html, accessed, November 27, 2011.

⁵⁰ Lawrence Lichtfeld, “A Plea for the Establishment of an American Association for the Prevention of Social Diseases,” *The Journal of the American Medical Association* 54 (1910): 692-695.

only six countries in Europe: Germany, France, Austria, Denmark, Italy and Hungary. Lichtfeld maintained (perhaps taking over Teleia's rhetoric) that Teleia “is the oldest organization for this purpose in the world.”⁵¹

Lichtfeld mentioned four countries very briefly and gave a detailed analysis of two, namely of Hungary and Germany. He clearly admired the German system of control (especially what he saw in Berlin), but also informed in detail about Teleia's activities, its most important numbers, and also about his visit to Teleia's clinic in Budapest, when in one single evening he saw “Dr Emődi ably, courteously and sympathetically supervise the treatment of seventy-one cases.” He added that marriage was treated with special care, because “as a rule they (*infected individuals – GSZ*) do not marry until they receive the permission of the chief” and “Those who announce their intention of marrying as soon as possible receive especial attention from the first.”⁵²

Three specialist doctors, the urologist Hugó Feleky, the dermato-venerologist Lajos Török and the gynecologist Rezső Temesváry⁵³, established the organization jointly in 1893 and in the beginning 80-100 lay and expert supporters joined Teleia⁵⁴. Initially, the three doctors treated VD patients for free (there were no questions asked, but the target group were the urban poor), Feleky treating men, Temesváry the women and Török treating dermatological cases.⁵⁵ As it is inferred from retrospective accounts, it was Feleky who masterminded everything almost single-handedly: he came up with the name, the idea, he invited Török and Temesváry, he acted

⁵¹ Ibid: 693.

⁵² Ibid: 694.

⁵³ All three were or became well-known, venerated experts in their field. Temesváry spent two years, 1888-1890, traveling and working at gynecology clinics in Paris, Berlin, Cologne and Vienna, then in 1908 he founded the National Mother and Infant Protection Institute (also involved in VD control), and in 1908 he founded and became the editor of the journal *Gynaecologia*. Lajos Török was one of the leading names of Hungarian dermatology for decades, worked for two years in Hamburg and published extensively in German as well as in Hungarian.. Feleky was also an eminent urologist in Hungary, however, his greatest achievement was most probably Teleia.

⁵⁴ Dániel Gegus, “Visszapillantás a 'Teleia' negyven éves múltjára,” *Teleia* 11 (1933): 15-23.

⁵⁵ Rezső Temesváry, “Feleky Hugóról,” *Teleia* 10 (1932): 106.

as de facto head, secretary, financial officer of the organization, established contacts, sought financial support, etc. In 1908 Count Lajos Batthyány became President for 10 years and under his leadership Teleia's expansion accelerated, with the number of patients increasing from 3500 to 7000 and the number of consultations from 40.000 to 70.000 annually.⁵⁶

In fact, Batthyány's appointment brought with itself a somewhat new direction for Teleia as it was coupled with the launching of *Egészségügyi Lapok*, a monthly periodical, which became the official organ of the association and it was in itself used for purposes of VD propaganda, along with the two other targets of social hygiene: alcoholism and tuberculosis. It is at around the same time (in 1910) when Aladár Emödi,⁵⁷ deputy head doctor became the secretary of Teleia. During the revolutionary years of 1918-1919 Teleia experienced troubled times: it was dissolved for a short while, and was re-established early 1920 (mostly with the help of its old members). A new and influential President was elected: Baron József Szerényi,⁵⁸ a former Trade Minister, who was independent MP of the Lower House until 1927, when he became a member of the Upper Chamber of Parliament.

1.1.2. Pre-WWI National organizations

Teleia was, however, a Budapest-based and Budapest-centered private association and

⁵⁶ Aladár Emödi, "A nemi betegségek ellen alakult "Teleia" egyesület 30 éves munkálkodásáról és céljairól," *Teleia* 1 (1923): 9.

⁵⁷ Emödi is a by and large forgotten personality of Hungary's medical past, he is not to be found in any lexicons, including the Hungarian Lexicon of Medical Biography. From the 1929 Hungarian Jewish Lexicon we know that he was born in 1872, studied medicine in Budapest, and joined Teleia as early as 1898. Péter Újvári, *Magyar Zsidó Lexikon*. (Budapest: Pallas, 1929) Online: <http://mek.oszk.hu/04000/04093/html/szocikk/11219.htm>. accessed, February 24 2014. Emödi served as the Secretary of Teleia until 1939 and was member of the Antivenereal Committee until 1944. He was reportedly murdered by members of the Hungarian Arrow Cross during the Siege of Budapest.

⁵⁸ It is worth noting here that Szerényi, although a baron, was born *Stern* as the son of a rabbi in Újpest and his being a highly influential minister, and MP (and, in fact, almost Prime Minister) indicates the extent of Jewish assimilation in Hungary in the Liberal Era. Feleky, Temesváry, Török and Emödi were of Jewish origin as well.

after the international syphilis congresses in 1899 and 1902 in Brussels there were attempts to set up a national organization that would correspond in its aim, scope and activities to those established in Western European countries after 1902⁵⁹. The effect of German anti-venereal initiatives on the Hungarian practice is exhibited by the account of the physician Emil Weiss, who later became the editor of *Egészségügyi Lapok*, the definitive pre-WWI anti-VD journal that served as the official journal both for Teleia and for the national associations. Weiss wrote in 1907 about the two conferences in Brussels and to the list he added three international conferences in Germany (1904 Frankfurt, 1906 München, 1907 Mannheim). “A national anti-VD organization was created in almost all culture-states” after the Brussels conferences, Weiss remarked, adding that Hungary was represented at all three German conferences and that the “examples set by foreign countries had an echo in Hungary as well.”⁶⁰

The “national” grouping, whose lengthy name (*Országos Védő-egyesület a nemi betegségek ellen - OVE*) translates to “National Protection Association Against Venereal Diseases” was initiated by prominent dermato-venerologist members of the *Országos Közegészségügyi Egyesület* (National Public Health Association – OKE).⁶¹ They acknowledged Teleia had accomplished a great deal as a privately organized association but believed that anti-VD policies needed Government support and a national association.

It was Dr Dezső Ráskai, a urologist, who had initially proposed the establishment of an anti-venereal permanent committee at the OKE general assembly on 14 November 1905⁶² and

⁵⁹ Hungary was represented at the second Brussels syphilis conference in 1902 by four leading VD experts, Marschalkó, Havas, Róna and Basch.

⁶⁰ From Weiss's article it becomes clear that the German anti-VD association, the DGBG, was seen as most relevant. Emil Weiss, “Védekezés a ragályos nemi betegségek ellen,” *Közegészségügyi Kalauz* 29 (1 December 1907): 5.

⁶¹ By contrast to the DGBG in Hungary most leading venerologists were already members of the National Public Health Association (Országos Közegészségügyi Egyesület – OKE) and so providing a common forum for these experts did not have to be started from scratch. The OKE, established in 1886 by Lajos Markusovszky, who became its first Chairman, was an important institution in Hungary partly because it was the first organization dedicated to serve public health.

⁶² Dezső Ráskai “Nemi betegségek terjedése ellen létesítendő országos egyesületnek alakuló közgyűlésén tartott megnyitó előadás,” *Közegészségügyi Kalauz* 28 (20 April 1906): 3.

this committee founded the OVE, the broader association in March 1905, which was put under the leadership of Leo Liebermann⁶³. It is clear from the contemporary medical journals that the dream was to create a national organization that would provide VD education and burst the cloud of “false shame” and “moralizing” - the main reasons, they believed, for the high rate of VD and for the poor treatment conditions of VD patients. There were no high hopes in grassroots organization spurring up semi-spontaneously in rural areas and thus much was expected from centrally produced material and its countrywide distribution.

As anticipated, the association held meetings and public conferences on VD, produced a number of fliers, and invited Hungarian and foreign experts to make presentations. Within two years the perhaps two most prominent European experts came to Budapest, partly upon the invitation of the OVE. Swiss sexologist August Forel gave a lecture in May 1906 on “The hygiene and ethics of sexual life” and was present at the establishment of the Hungarian Good Templar free masonic lodge.⁶⁴ Alfred Blaschko, Secretary of the German anti-VD Association, the DGBG gave a lecture on 18 February 1907 in the Budapest City Hall talking about the ill effects of “civilization” and solutions like changing social circumstances radically and introducing early marriage.⁶⁵ In fact, the German influence on the activities of the OVE can be detected in later 1907 events: subsequent to Hungarian participants being present at the DGBG's 1907 “sexual enlightenment” conference in Mannheim (where Blaschko gave the keynote speech),⁶⁶ in December 1907 the OVE convened Hungary's own conference on sexual

⁶³ Leó Liebermann (1852-1926), like many other Hungarians in the nineteenth century (e.g. Móric Kaposi or Ernő Schwimmer), got his medical degree in Vienna and started working in Austria. Liebermann, just like Schwimmer came back to Hungary in the 1870s and made a magnificent career as an eminent biochemist, becoming the first Chairman of the National Chemistry Institute. In the last twenty-five years of his life he was a university professor in the field of public health at the University of Budapest. See: Újvári, *Zsidó Lexikon*: 535.

⁶⁴ József Honti, “Forel Magyarországon,” *Orvosi Hetilap* (1977): 1176. In fact, as the article reports, Forel first visited Hungary already in 1901 and helped the establishment of the Hungarian anti-alcohol movement both with expertise and finances and paid a third visit in 1910, invited by the Good Templar Lodge. He got befriended with Hungarian Social Democratic eugenicist József Madzsar and József Hollós, an expert on lung disease and editor of the magazine *Alkoholizmus*.

⁶⁵ “Küzdelem a nemi betegségek ellen.” *Közegezségügyi Kalauz* 29 (1 March 1907):10.

⁶⁶ Emil Weiss, “Védekezés a ragályos nemi betegségek ellen,” *Közegezségügyi Kalauz* 30 (1 February

pedagogy.⁶⁷ The conference had five sessions, the last one being in February 1908 and the German expert audience was almost immediately informed in the DGBG's journal about its developments, thanks to Ferenc Kemény,⁶⁸ an internationally known expert of school pedagogy, who was invited by the DGBG to write on other sex education subjects on other occasions as well.

Kemény wrote an extremely detailed, 23-page report about the Hungarian conference in the DGBG's journal, the *Zeitschrift für Bekämpfung der Geschlechtskrankheiten*⁶⁹. This 1907-1908 meeting resulted in some very ambitious recommendations for the OVE: requesting the Ministry for Religion and Public Education to deal with the matter, potentially in the form of a national conference; asking the Ministry for permission to teach sexual pedagogy in schools; organizing lectures on sexual pedagogy for parents and teachers and courses in higher education. These plans were, however, were not put into practice after 1908. That year Liebermann authored a brochure on VD for the students of the Medical Faculty of the Budapest Science University⁷⁰ but there is no trace of further activities and already in 1910 Kemény observed that the association “has ceased to do work for the past two years”⁷¹. As Imre Basch, Chairman of the interwar Antivenereal Committee wrote in retrospect in 1927 in the DGBG's other anti-VD periodical, “they had suffered from certain organizational mistakes” and so without making any significant impact, the Committee faded into oblivion as a result of “lack of participation”⁷².

1908): 8.

⁶⁷ “A szexuál-pedagógiai tanácskozás,” *Közegészségügyi Kalauz* 30 (1 January 1908):11-12.

⁶⁸ Ferenc Kemény (1860-1944), a well-known expert on school and sexual pedagogy (author of various monographs and responsible for several bibliographies on sex education), was a peace-activist, a humanist and (as a friend of Baron Coubertin) one of the 16 co-founders of the International Olympic Committee. Újvári, *Zsidó Lexikon*, Online: <http://zsidlex.uni.hu/keret.cgi?/szocikk/12527.htm>, accessed: February 24, 2014.

⁶⁹ Ferenc Kemény, “Sexualpaedagogische Enquete in Budapest,” *Zeitschrift für Bekämpfung der Geschlechtskrankheiten* 8 (1908): 307-330.

⁷⁰ Leo Liebermann, “Védekezés a nemi betegségek ellen. Az egyetemek és főiskolák polgáraihoz,” *Egészségügyi Lapok* 2. (1909): 4-10.

⁷¹ Ferenc Kemény, “Az egész ember,” *Egészségügyi Lapok* 3 (1910): 3.

⁷² Imre Basch, “Der Kampf gegen die Geschlechtskrankheiten in Ungarn,” *Mitteilungen der DGBG* 25. (1927): 67.

The next attempt came in 1913, again through the OKE: the *Venereás Betegségek Elleni Országos Védő Egyesület* (National Protection Association Against Venereal Disease - VBE) was led this time by Gyula Donáth,⁷³ neurologist and leader of the temperance movement in Hungary. It was explicitly stated in Donáth's opening speech that the association did not deal with any kind of treatment, and “leads exclusively the social movement of the practical questions of protection, of prophylaxis.”⁷⁴ Sexual pedagogy was on the agenda of the organization, as well as the establishment of the “First Hungarian Venereal Dispensaire” and it had three subcommittees: literary, medical, social.⁷⁵ A delegation of the new association was allowed to make a parliamentary visit in January 1914 where the Interior Minister János Sándor promised that “he will do whatever he can to foster public health and can even offer state funding if the budget allows so.”

In 1915 war and VD-issues related to general mobilization became priority for the association with Emil Weiss publishing an extensive article (in five parts) in *Egészségügyi Lapok* on the subject and the association organizing a broad-ranged discussion on VD and war, which was attended by several high-level members of the Government; the meeting, however, did not have any practical outcomes.⁷⁶ In 1916 Emil Weiss wrote a memorandum in which the VBE

⁷³ Gyula Donáth (1849-1944) was educated in Vienna and Innsbruck, he did short study trips to Berlin and in Paris, working shortly at Jean-Martin Charcot's clinic. He was a military doctor for the Turkish army in the Russo-Turkish war of 1877. He established the first X-ray laboratory in Hungary, was head of the neurology clinic in Szent Rókus Hospital in Budapest and later the Head Doctor of neurology at Szent István Kórház. Donáth was a member of the Good Templar free masonic association. He authored over 700 articles in various Hungarian and international journals. Bajai Könyvtár: Donáth Gyula. Online: <http://www.bajaikonyvtar.hu/donath-gyula>; Újvári, Zsidó Lexikon. Online: <http://mek.oszk.hu/04000/04093/html/szocikk/11095.htm>, accessed: February 24, 2014.

⁷⁴ “A venereás betegségek elleni országos védőegyesület ülése,” *Közegészségügyi Kalauz* 35 (1913): 44.

⁷⁵ “A venereás betegségek elleni küzdelem egy újabb akciójáról Magyarországon,” *Közegészségügyi Kalauz* 25 (1913): 201. The “literary” section was about maintaining a library and a journal and having regular presentations; the „medical” section was about individual prophylaxis in the form of providing prophylactics for people, organizing VD care centers and also free premarital health checks for „non-propertied young men”. The social section was basically for non-medical members of the association and aimed at fighting all damages emanating from prostitution. See: Emil Weiss, “A venereás betegségek elleni küzdelem egy újabb akciójáról Magyarországon,” *Egészségügyi Lapok* 6 (July 1913): 2-3.

⁷⁶ “A háború és a nemi betegségek elleni védekezésről,” *Egészségügyi Lapok*, 8 (1915/11-12): 6-7.

announced its plan to set up a “national military and family center”: keeping returning soldiers secluded from society until they were proven to be disease-free.⁷⁷ This call for “large-scale action” in which the VBE called for state authorities, municipalities and insurance companies to take more responsibility in VD Care, was the swan song of the association: a new national organization was emerging, which received government backing, sponsorship, and a great deal of publicity after the summer of 1916.

1.1.3. Nemzetvédő Szövetség a Nemibajok Ellen

The VBE's attempts to combat VD issues related to the war effort were surpassed because of government attention and funds provided another doctor expert with a membership in OKE, Lajos Nékám,⁷⁸ who was called upon to organize a similar association: the *Nemzetvédő Szövetség a Nemibajok ellen* (Nation Protection Association against VD - NSZN). Nékám held one of the most important positions in dermatology in Hungary: he has been Head of the Budapest VD and Dermatology Clinic since 1906. However, before 1916 he was not visibly present in the anti-VD associations and, unlike Weiss, Liebermann, or Gyula Donáth, he did not publish articles on VD as a social phenomenon. His entry to this discussion is marked by a 1915 article⁷⁹ in which he presented a very bleak picture estimating a VD rate of 4-5 million for Hungary, about ten times as much as the contemporary TB-rate. This was a number that even the interview-maker had difficulties to take at face value (“it is a guess built on an approximate

⁷⁷ Emil Weiss, “Emlékirat a nemi betegségek leküzdése tárgyában,” *Egészségügyi Lapok* 9 (1916): 2-3.

⁷⁸ Lajos Nékám (1868-1957) was head of the Budapest Bacteriology Institute between 1896 and 1906. He became the Director of the Budapest Dermatology Clinic in 1906. In 1935 he was appointed as member of the Upper House and in the same year he organized a successful international congress of dermatology in Budapest. See: Kapronczay, *Orvoséletrajzi Lexikon*: <http://www.tankonyvtar.hu/en/tartalom/tkt/magyar-orvoseletrajzi/ch03s18.html>

⁷⁹ Reported in January 1916 in *Egészségügyi Lapok*: “A venereás betegségek és a háború – beszélgetés Nékám tanárral.” *Egészségügyi Lapok* 9 (1916/1): 1-3.

aprioristic estimation”).⁸⁰

Nékám's shocking estimates soon spread around and increased the awareness of the problem that was already looming large. In a question to the government an opposition MP (Endre Ráth) pointed to how little the State had done to combat VD: there were no official statistics regarding VD (except for the military); medical students only spent 30 hours learning about VD; Medical Officers did not receive any training about it; the Interior Ministry had no VD expert in its public health department. Interior Minister János Sándor's reply indicated that the government by that time was similarly concerned.⁸¹

Nékám continued to write about the strategic issues related to the antivenereal struggle in a series of articles published in *Egészségügyi Lapok* between January and March 1916. He, similarly to Ráth in Parliament, pointed to the lack of VD experts in the Interior Ministry, and in the Justice and Public Health Councils and went on to discuss “later, definitive measures” in which he mentioned “the examination of individuals should be extended not just to people about to get married but also to workers and maids as everyone can rightfully demand not to have to work together or drink from the same glass with a VD patient.”⁸² Nékám's concept of the cohorts to be examined shows a crude class and gender bias and another text linked to the MP Endre Ráth reveals that in 1916 the mandatory VD examination of maids was on the agenda. Ráth was asked by the editors of the feminist journal, *A Nő* to comment on the issue and he rejected it, saying:

(...) it is petty, not practical, humiliating, it cuts into the question of human liberty, violates self-respect and female shame (and the Miladies would be most regretful) because as long as this examination does not extend to all layers of society, to young ministerial officials as well as to rail workers, postal workers, factory workers, officials and any organized strata – until that this measure planned against maids is nothing else but shooting peas at wild beasts; it will have the drawback that the ones having female shame will be scared away from this service, the good element will

⁸⁰ Ibid.

⁸¹ “A venereás betegségek ügye a parlamentben” *Egészségügyi Lapok* 9 (1916/1): 5-6 and (1916/2): 7-8.

⁸² Lajos Nékám, “A háború és a nemi betegségek,” *Egészségügyi Lapok* 9 (1916): 4.

withdraw.⁸³

Ráth was right: the examination of maids would have been a similar shooting of peas at wild beasts as the registration and medical check of prostitutes. He was similarly correct in pointing out that this would have been an effort initiated by the male middle and upper classes against lower class, less protected females, who were consequently automatically as suspicious for transmitting VD as were prostitutes. Increasing the scope the examinations from a several hundred “kéjnő” (the contemporary Hungarian term, literally “women of lust”) to larger groups of people was a possibility seriously considered by that time and public debate was centered on the types of groups that would need to be examined. Premarital health examinations were on top of most such lists.

In March 1916 Nékám was appointed as the Government Commissioner for VD with “broad powers”⁸⁴ and the NSZN had its inaugural general assembly in December 1916. Its 15 points included the possibility of “ordering special examinations of certain groups of people (people about to marry, future employees of private families, those, who have an exposed profession, vagrants, those suspicious of prostitution, other infected, those who refuse to be obedient or are in any other way indolent towards treatment).” as well as the “venerological examination of hotel and pub employees, vagrants, gypsies, etc.”⁸⁵ In 1917 a major conference was held on VD under Nékám's chairmanship, which intended to serve as a preparation for a comprehensive law on VD. The idea of establishing institutions of VD care (nemibeteg gondozó – the equivalent of the German VD dispensaries) was brought up as well, but due to the lost war and the subsequent major political-economic changes (the democratic and communist

⁸³ Endre Ráth, “A cselédek kötelező orvosi megvizsgálásáról”, *A Nő* 3 (1916): 27.

⁸⁴ Ármin Fischer, “Harcz a nemi (venereás) betegségek ellen,” *Egészségügyi Lapok* 10 (1917): 1.

⁸⁵ Ibid: 4.

revolutions, territorial losses, economic collapse) VD and premarital examinations were, for a couple of years, not priority matter anymore.

The NSZN was an important development in organized anti-VD affairs as it marked the first occasion when the government directly realized the importance of centrally orchestrated anti-VD work. The government-supported association received great publicity (the 1917 conference was reported on in several newspapers, including medical journals, popular journals, or the feminist *A Nő és a társadalom*) and it would probably have been able to achieve much more in terms of concrete initiatives and project implementation than the other national anti-VD associations as it was supervised and financed by the central government and was not only a loose and hobby-like organization of medical experts.

1.2. Politics of Health in the interwar and early postwar period

1.2.1. Teleia in the interwar era

The early 1920s: tradition and ambition

Teleia, although the war and its aftermath upset its work as well,⁸⁶ regrouped quickly and found powerful supporters, like the above-mentioned Count Szterényi. It was able to secure the necessary sources for the publication of a journal that initially appeared every second month: *Teleia: Népies felvilágosító folyóirat* (Teleia: *völkisch* enlightenment journal. Henceforth, if in italics, it will always refer to the journal). *Teleia*, the only medical journal dedicated to VD issues, is a key source to the understanding of the marriage counseling discourse prior to the

⁸⁶ Ten years later they claimed to have been dissolved during the Hungarian Soviet Republic in 1919. “*A Teleia-egyesület 1929 április 21-én tartott igazgatósági és választmányi ülése,*” *Teleia* 7 (1929): 75.

1941 Marriage Law, as it had published plethora of publications both on its theory and its practice. *Teleia* was an important place for medical experts, pedagogues, police experts and government officials to publish their ideas or empirical knowledge concerning marriage counseling; *Teleia* reported widely on foreign practices, as well, and on its own activities as well as the meetings of the AB.

In the early 1920s *Teleia* established strong links to the officials of the People's Welfare Ministry (responsible for health care) and its initiatives were in general well-received by the government. The leaders of *Teleia* in addition to lobbying for causes like the introduction of a marriage leaflet that was to be distributed among couples (just like in Germany), made an attempt to turn the association into a full, national organization for combating VD. *Teleia*'s activities before 1920 were limited mostly to Budapest, but in the early interwar years they made serious efforts to change this. In 1922 initial assistance arrived from the People's Welfare Ministry, as its Minister issued circular No. 4764/1922, in which it asked all city mayors and heads of the counties in Hungary to support Budapest-based *Teleia*, "which intends to extend its activities to the rest of the county"⁸⁷. In addition to this official request to cities and counties, the Minister for Religion and Public Education issued decree No. 143279/922⁸⁸, which requested public education committees responsible for organizing public presentations and lectures to incorporate lectures on VD into their series of presentations.⁸⁹ A year later the Minister for the Interior, in his decree 6110/1923 B.M., recommended to heads of counties and all mayors in Hungary to subscribe to the journal *Teleia*.⁹⁰ Between 1920 and 1922 two *Teleia* clinics were set up outside Budapest, one in Szentendre, one in Kaposvár in addition to the one operating in

⁸⁷ Aladár Emödi, "A nemi betegségek ellen alakult "Teleia" egyesület 30 éves munkálkodásáról és céljairól," *Teleia* 1 (1923): 9.

⁸⁸ See the full text of the decrees at "A nemi betegségek elleni küzdelem hazánkban." *Teleia* 1 (1923): 13.

⁸⁹ Ibid.

⁹⁰ "A nemi betegségek elleni küzdelem hazánkban." *Teleia* 1 (1923): 30. The journal initially had a circulation of 3000

Szombathely already and in 29 cities preparations started for setting up a Teleia-branch.⁹¹

Teleia was able to afford this partly because of its ability to motivate sponsors to donate to the cause. State officials were well-disposed, as can be seen from the two 1922 decrees, but the large pool of private sponsors made Teleia a natural choice for leading the anti-VD struggle – at least for a while. The government was impoverished after the war and it was much easier to provide some (fairly meager) state support for an organization with access to private money than to establish a new anti-VD organization that would depend fully on government funds. In 1922 more than 90% of Teleia's income was either produced by the association itself or came from private sponsors.⁹² In turn, being so free from state resources was important for the long-term survival, economic efficiency, and also for the independence of Teleia.

Teleia had a permanent “Abroad” column, which reported on the activities of foreign societies against VD, legislation in other countries, international organizations, etc. The regular authors of these columns were mostly Teleia doctors like Ödön Rajka⁹³ or Emödi himself. It was reported in 1923 in Teleia with great enthusiasm that the *Union Internationale Contre le Péril Vénérien* (International Union against the Venereal Peril) was established in Paris, and although at the time no defeated nation had been accepted as a member, the short article was hopeful and optimistic about the new organization⁹⁴ and more than a year later it was reported that Hungary

⁹¹ Emödi, *A nemi betegségek* (1923): 11.

⁹² In 1922 Teleia had an income of more than 1.4 million Korona, 1.1 million of which came from donations (200.000 from Hungarian-Americans), 100.000 was the profit of the screenings of the German VD movie received via Austria, the rest came through Teleia's foundations and through membership fees. State aid amounted to a mere 18 thousand Korona received from the municipality of Budapest. In 1922 Teleia increased its reserves from 175.000 korona to 800.000.

⁹³ Ödön Rajka (1890-1971) Born Reich, dermatologist of the Apponyi Clinic in Budapest and also doctor of Teleia. He participated in the Hungarian Soviet regime in 1919 and was imprisoned afterward but was able to work as a doctor afterwards, even if his career options were limited. In 1944 he survived the Nazi occupation as one of the protégées of Raoul Wallenberg and the Swedish Government. After 1945, as Head Doctor of István Hospital he made an international reputation as an allergy and dermatology expert and was one of the key medical opinion-makers in post-1945 VD Care. For more see: Semmelweis Museum Archives, *Personal files of Ödön Rajka*, or Kapronczay, Magyar Orvoseletrajzi Lexikon, Online: <http://www.tankonyvtar.hu/en/tartalom/tkt/magyar-orvoseletrajzi/ch03s23.html>, accessed: February 24 2014.

⁹⁴ “Union Internationale Contre le Péril Vénérien,” *Teleia* 1 (1923): 14.

and the Hungarian Red Cross decided to join the Union⁹⁵, which gave the opportunity for Hungarian VD-officials and for *Teleia* to get even more engaged internationally. As the *Union* accepted not just national governments but also anti-VD associations, *Teleia* became a member in 1925 and in the first issue of *Teleia* in 1926 a long article by Jakab Heller informed about the discussions and decisions of the international congress of the *Union* between 3 and 9 October 1925.⁹⁶ It also gives an indication of *Teleia*'s international visibility that (at least as reported by its journal) by 1924 it was able to establish official contacts not just with the German DGBG and the Austrian society against VD, but also with the German anti-VD society in Czechoslovakia, the Czech anti-VD society and the English National Council for Combating VD.⁹⁷

After 1925: general outreach, VD law, marriage counseling

The periodical *Teleia*, especially the annual reports of its General Assemblies and Board Meetings serves as an excellent source on the ambitions of *Teleia* and on their activities, problems, propositions with regard to VD care and marriage counseling for the 15 years in question. Aladár Emődi continued to be the defining force in the association, who used his position in the Antivenereal Committee to promote *Teleia* and to propose and to implement a range of ideas and to forge crucial alliances that would ensure its survival. He was also excellent in recruiting influential people from the Horthy regime's elite. The perhaps best-known writer at

⁹⁵ "A nemibetegségek elleni nemzetközi unio." *Teleia* 2 (1924): 83.

⁹⁶ Jakab Heller, "A nemibetegségek elleni küzdelem újabb térfoglalása," *Teleia* 4 (1926): 8-10.

⁹⁷ "Egészség és hatalom," *Teleia*, 2 (1924): 42. In fact, as reported in *Teleia*, it was the NCCVD that asked *Teleia* for a copy of its journal after having sent its annual report and some copies of its journal, *Health and Empire*. In *Health and Empire*, however, *Teleia* did not seem to play an important role, at least after 1925. There was no mentioning of *Teleia* in any of the issues of *Health and Empire* between 1925 and 1940. There were altogether 2 articles relating to Hungary: one a book review of a German edition of a book by Ede Neuber and one about an OKI survey on sexual behavior in Hungary.

the time, Upper House member Ferenc Herczegh, who got onto Teleia's radar by publishing an article on syphilis in *Pesti Hírlap* in January 1932, became co-President in the same year⁹⁸ and people like Dániel Gegus (former Interior Ministry official and ex-deputy head of police) or Ferenc Harrer (ex-deputy mayor of Budapest) had good links to Budapest and Government circles.

Teleia after 1925 continued to be a provider of free VD care for poor VD patients in Budapest, being the second largest VD treatment institution in the city with ca. 10.000 patients annually (a decrease compared to the much higher rates in the early 1920s, the peak being 18.000 in 1924⁹⁹). It continued to provide for VD propaganda, as well, primarily through its periodical but also via “Teleia publications”, a series of publications for the general public. Teleia organized a conference on sex education in 1931, Teleia members were present in the Antivenereal Committee and thus actively contributed to the setting up of the network of VD Care Centers and the drafting of the anti-VD Law that was adopted in 1940. It was Teleia's Emődi, who initiated the first interwar public debate on premarital screening on the pages of *Teleia* in 1925.

Teleia had 3 local chapters in 1927, but Emődi complained that the chapter in Kaposvár did not operate at all, the one in Szentendre was too small, only the “Sanitas ambulatorium” in Szombathely was able to exert real activities.¹⁰⁰ Teleia's next expansion to the countryside was in 1928 when in July it established a chapter in Újpest, a major working-class center close to Budapest. This was also where Zsigmond Somogyi's *Főiskolai Szociális Telep* (College Social Settlement) was in operation, which at the time – according to the local Medical Officer – was

⁹⁸ And almost immediately was asked to lead a delegation to the mayor of Budapest to lobby for funding for Teleia – which was successful in digging up 5000 pengő from the city. See: Aladár Emődi, “A főváros tisztiorvosa,” *Teleia*, 10 (1932): 122. In 1933 Herczeg and Emődi even had the chance to meet, as Teleia's delegation, the Governor, Miklós Horthy. “A Teleia-egyesület tisztelgése Magyarország kormányzójánál,” *Teleia* 11 (1933): 27.

⁹⁹ “A Teleia Egyesület XXXII. évi közgyűlése,” *Teleia* 3 (1925): 61.

¹⁰⁰ “Az 1927 május hó 29-én tartott igazgatósági és választmányi ülés,” *Teleia* 5 (1927): 94.

heavily overloaded. This explains why Teleia moved to Újpest: it was close, just like Szentendre, it already had VD care but there were too many cases to be handled.¹⁰¹ In 1930 it was announced that Teleia would establish 3 new institutions, all in the vicinity of Budapest: in Pesterzsébet, Csepel and Soroksár.¹⁰² The opening of the Pesterzsébet chapter was reported in *Teleia* to have taken place on 16 December 1930.¹⁰³

Emődi at that time was still making plans about Teleia's future expansion, but this remained in the realm of dreams. As late as 1930 he announced that the anti-VD Government Commissioner's office (this was Imre Basch, Chairman of the Antiveneral Committee) was responsible for setting up VD Care Centers in the country but that the State was only focusing on industrial centers and larger cities so Teleia would still have “space” for its activities in the countryside, if it had enough money for it.¹⁰⁴ This, however, never materialized, Teleia remained a Budapest-centered association with minor chapters in the countryside and in the 1930s, with local, private initiative in VD Care was less and less welcome, Teleia had to focus on its survival in Budapest and had no energies to think of expansion.

Teleia's finances were fairly modest throughout the 1920s and 1930s and for a couple of years there was an increasing dependence on state resources (in 1928 about one-fourth of its income was financed by Budapest and central Government subventions). This increasing investment into healthcare by the State seemed new for Teleia, especially compared with the years of the Dual Monarchy. Emődi recalled a story in 1928 about their first visit to Dániel Gegus sometime before the start of WWI, who was then a high official of the Health Department of the Interior Ministry and who back then did not provide any subsidies from the State budget

¹⁰¹ “A Teleia Újpesti Fiókja,” *Teleia* 6 (1928): 133.

¹⁰² “A Teleia terjeszkedése,” *Teleia* 8 (1930): 212-213.

¹⁰³ “A pesterzsébeti 'Teleia' fiók,” *Teleia* 8 (1930): 236-237.

¹⁰⁴ “A Teleia Egyesület 1930 május 24-iki 37. évi rendes közgyűlésének jegyzőkönyve,” *Teleia* 8 (1930): 112-113.

for Teleia. By 1928 Gegus was the Managing President of the association, and, starting in 1918, Teleia became a regular recipient of public monies.¹⁰⁵ Nevertheless, such money never became a major source of income for Teleia as it remained fairly unreliable, so Teleia had to build increasingly upon its private sponsors¹⁰⁶.

In the early 1930s Emődi recurrently complained about the financial situation of Teleia and especially about the fact that Government subsidies were cut to zero by 1933. He was especially infuriated by the Government's support provided to rural VD Care Centers; these received ca 2-4.000 pengő and each treated ca. 500 patients annually, while Teleia had ca. 8.000 patients and received no subsidies.¹⁰⁷ In 1933 Teleia decided to collect donations publicly (that is, directly, on the streets and not in mail). The initiative was a massive success, Emődi reported that they collected 16.000 pengő and this only in Budapest, as rural authorities did not provide Teleia with a permission.¹⁰⁸ The next year Teleia repeated its success with 16.500 pengő¹⁰⁹ and these permissions proved to secure Teleia's survival in the years after 1933. In 1934, for example, the Budapest subsidies were at 4000 pengő, while almost 15.000 was collected and the total income of Teleia was at 28.849 – no more subsidies from the State, but a well-organized campaign that financed over 50% of all expenses.¹¹⁰

As for Teleia's standing and its relationship with the Antivenereal Committee, it became obvious in the second half of the 1920s that the central government preferred the latter. Teleia received less and less financial support (as indicated above), and both in the drafting of the VD Law and in the establishment of the VD Care Centers, two key tasks of interwar antivenereal

¹⁰⁵ Aladár Emődi, "Titkári jelentés" *Teleia* 6 (1928): 96.

¹⁰⁶ State funding: 12.500 pengő in 1926, 10.000 in 1927 and 5.000 in 1928. In 1929 they got 10.000 from the State again and 5.000 from Budapest but a year after these were reduced to 5.000 and 3.000, respectively. See: "A Teleia Egyesület 1930 május 4-iki igazgatósági és választmányi ülésének jegyzőkönyve," *Teleia* 8 (1930): 92-93.

¹⁰⁷ "A Teleia Egyesület 1933 április 20-án tartott igazgatósági és választmányi ülése," *Teleia* 11 (1933): 60.

¹⁰⁸ "A Teleia-egyesület 1934 május 9-én tartott igazgatósági és választmányi ülése," *Teleia* 12 (1934): 82.

¹⁰⁹ "A Teleia Egyesület 1935 július 11-én tartott 43. évi rendes közgyűlése," *Teleia* 13 (1935): 87.

¹¹⁰ Ibid: 93.

struggle, the Committee prevailed. Teleia participated in setting up certain VD Care Centers, e.g. in the cases of Szombathely and Pesterzsébet,¹¹¹ where Teleia had operated successful local chapters. These were transformed into VD Care Centers and were included in a “working community”, the simple but often cited idea that instead of the prevalent, fragmented approach, all social associations, institutions and authorities should cooperate for the accomplishment of the common healthcare targets (more on this in Chapter 2).

Once they had acknowledged that Teleia could not get involved in most VD Care Centers in the countryside, Emődi (in 1936) lobbied for it becoming the hub of VD Care Centers in Budapest. He argued that half of all VD patients found in the 1928 national VD survey (27.000 out of 54.000) were found in Budapest and that even though in the years before 1936 four new locations for VD treatment were set up, the efficiency of VD care was low: these were not coordinated, VD patients were not traced, they could discontinue with treatment whenever they wanted, and their families were not warned/examined in order to stop the spreading of the disease. His example was the Stefánia Association that was similarly privately organized as Teleia and received government funding for attending tasks that the State would have had to take care of in terms of “mother protection”¹¹² This proposal went unheeded as well, however, and with public health gradually becoming a field of increased state interest, soon both Teleia and the Stefánia Association were threatened in their very existence.

The end of Teleia – a necrolog

The beginning of end of Teleia was marked by the Interior Ministry's refusal in 1937 to

¹¹¹ See “A Teleia-egyesület szombathelyi fiókjának, a szombathelyi 'Sanitas Ambulatorium-Egyesület'-nek 1929. évi jelentése,” *Teleia* 8 (1930): 196-197. and “Pestszerzsébet határozata a nemibeteg gondozó felállításáról,” *Teleia*, 10 (1932): 131.

¹¹² Mother Protection referred to puericulture, that is, the care for unborn children and infants. Aladár Emődi, “A nemibetegségek elleni küzdelem fejlődésének jövőendő útja a fővárosban,” *Teleia* 14 (1936): 74-80.

grant Teleia the usual right for the public collecting of sponsorship funds. In previous years this income had provided about 50% of Teleia's annual income and therefore was crucial for an organization that did not have reserves to be able to finance itself for even a single year. There is a note in the Interior Ministry archives that makes it clear that it was not without a reason that the Interior Ministry did not give such a permission for Teleia. In 1937 the Ministry's Department No. XV. (Executive Dept.) sent a memorandum to Department No. IX (public welfare and public health) writing about Teleia's request for state sponsorship (a small share of the profits of the state lottery) which was denied with the reasoning that this could only be given to charity organizations and Teleia had a public health aim. A year later, in May 1938, in a note personally signed by State Secretary Béla Johan the comment appeared that in Budapest there were already a great number of VD Care Centers and other clinics for VD and that Teleia was based in Budapest so rural VD Care Centers would receive less if Teleia was supported. "Supporting Teleia would violate an important public health interest and therefore I do not support it", opined Johan.¹¹³ The Budapest municipality and some counties, however, gave permission for a public collection and this saved Teleia in terms of finances for 1937.¹¹⁴

It was also in 1937 that one of the influential patrons of Teleia, baron Szterényi (who was already close to 80) decided to step down as the Chairman of Teleia and was replaced by Imre Terbócz, Member of Parliament in the ruling party (Nemzeti Egység Pártja). The next blow for Teleia came when Aladár Emődi had to resign from his position as Editor-in-chief of the journal, because of his Jewish origin, as the second Jewish la (Law No. IV of 1939) stipulated that Jews could not hold be editors-in-chief at newspapers and periodicals and its definition of Jews included a racial element.¹¹⁵ Emődi gave the editorship over to his friend and long-time member

¹¹³ Teleia, Országos Szociálpolitikai Intézet, Magyar Családvédelmi szövetség iratai, K 148, Belügyminisztérium (Interior Ministry), MOL (Hungarian National Archives), Budapest.

¹¹⁴ "A Teleia Egyesület 1938 október 9-én megtartott rendes évi közgyűlése," *Teleia* 16 (1938): 121.

¹¹⁵ According to the law, even though there were some exceptions to the rule, many converts from Judaism to

of Teleia, Dániel Gegus.

In 1940 Teleia was struggling to hold up against an increasingly hostile environment. It is mentioned several times in *Teleia* in 1940 that the association was labeled as “not necessary” at a meeting of the Budapest Municipality and that they have been attacked in the press for being a “free masonic” association.¹¹⁶ Teleia, due to the second Jewish Law did not just have to replace Emődi with the “Aryan” Gegus (which went seamlessly, Emődi's presence was still strongly felt) but had to employ less Jews – there is only occasional reference made to these changes and even these remarks are very brief.

No matter what difficulties Teleia had to go through, it was still keeping up financially in 1939-40 and most of its old structures (including employees) were still in place. Nevertheless, the association was soon disbanded. The circumstances are not fully clear, but much can be understood when reading post-1945 testimonies and if we keep the 1940-1941 nationalization thrust initiated by Béla Johan in mind. The November 1940 one was the last issue of *Teleia*; it showed no signs of an impending shutdown, but we know from later sources that the clinic was appropriated by the government and handed over to the city of Budapest as part of the centralization process that had affected Stefánia Association a year earlier. A letter by Ödön Rajka and five other ex-doctors of Teleia in 1947 reports that Teleia was shut down on 15 November 1940 and that Budapest took over, together with all its material belongings, but that they (six Jewish doctors) were dismissed. It was mentioned in this letter that Emődi received a

Christianity suddenly were “thrown back” to being Jewish because of the religion of their parents or grandparents. See: 1939. évi IV. Törvénycikk a zsidók közéleti és gazdasági térfoglalásának korlátozásáról. In: 1000 év törvényei. Online: <http://www.1000ev.hu/index.php?a=3¶m=8098> (Accessed: 2013 December 05).

¹¹⁶ Aside from free masons having been linked by anti-Semitic conspiracy theorists with Jews there was a historical background to this: Teleia was established at the time when free masonic lodges were operating freely in Hungary (they were banned after 1920) and one of the largest lodges in Budapest, the Galilei lodge participated at Teleia's establishment in January 1893, one of its members (Károly Mandello) becoming one of Teleia's vice-chairmen See: *A Galilei páholy története*. Online: <http://www.galilei.hu/tortenet/tortenet.html>, accessed: December 11, 2014.

severance pay when this happened.¹¹⁷

At a March 1945 meeting of the re-established Public Health Council a committee with three former Teleia doctors (Földvári, Hirschler, Léhner) plus Zsigmond Somogyi summarized the story of Teleia saying that it was a “unique organization both in Hungary and in Europe” and that when the new clinic was ready in József utca “the Fascist reactionaries put their hands on the institution, banned Teleia with a tricky excuse and got hold of the clinic, letting all doctors go.” It is mentioned in this memorandum that the committee did not wish the re-establishment of Teleia or the rehabilitation of Dr Emődi, “who was killed by the Hungarian Arrow Cross” but believed that the old doctors of Teleia should be reinstated.¹¹⁸ György Nagy, Head of the VD Care Centre in Kecskemét wrote in retrospect in 1982 that the journal “Teleia was closed down due to constraints of the war”,¹¹⁹ whereas Zsigmond Somogyi concluded in 1968 in *Népegészségügy* that “the periodical lived for 17 years, its publication was terminated with the war and the resulting political changes.”¹²⁰ In this article Somogyi gave an explanation as to why the association itself ceased to exist after 1940, even though his version of the story suggested a different underlying reason than what can be inferred from the pages of the last two years of *Teleia*:

Teleia Association however, started more and more to lose its social character, less and less people supported it with membership participation every year. The Association made an attempt to consolidate its financial situation with a prize lottery and later with sponsorship from Budapest Municipality, but this could not avert the end, which became the fate of so many health initiatives that were established by society: based on Law No VI. of 1940 the State took over the effort against VD.

¹¹⁷ The papers of Ödön Rajka, Box no. 130., Semmelweis Museum and Archive, Budapest.

¹¹⁸ Országos Közegészségügyi Tanács (National Public Health Council), XIX-C-9, Box. No. 2. MOL, Budapest.

¹¹⁹ Emődi received a sum of 2400 pengős from the Budapest Municipality in 1942, a generous sum considering that it was by that time Government policy to roll back Hungarian Jews economically. See: *Budapest főváros törvényhatósági bizottsága közgyűlési jegyzőkönyve*. 1942. p. 502. Online: <http://www.archivportal.arcanum.hu/kozoz/opt/a130223.htm?v=pdf&q=WRD%3D%28Teleia%29&s=SORT&m=141&a=rec> (Accessed: 2013 December 05).

¹²⁰ Zsigmond Somogyi, “A Teleia Egyesület 75 éve alakult,” *Népegészségügy* 49 (1968): 178-179.

This is what happened to lung patient care, the work of the Stefánia Association (Mother and Childcare), the Ambulance and many other health organizations.¹²¹

Somogyi clearly fudged the issue of responsibility here, acknowledging the fact of the nationalization but first referring to the financial difficulties, thereby creating the impression that this was a fate that awaited Teleia anyway. Even though the association had financial difficulties throughout the 1930s, its situation was not worse than usual. Teleia most probably disappeared so swiftly, after an existence of almost half a century, because independent, privately organized healthcare associations were seen to stand in the way of a centrally orchestrated, national network of VD care, one that was envisioned by State Secretary Béla Johan.

1.2.2. The Antivenereal Committee

The first ten years: 1925-1935

After two botched attempts in pre-WWI Hungary and a more serious, but badly timed endeavor in 1916, it was in 1925 that the first truly successful national anti-VD association was set up. It had a continuity of nearly twenty years (and regrouped in a matter of weeks in 1945), it was involved in the legislation on VD, in organizing a national VD network, and for a certain period it could be considered as the government's VD advisory and supervisory body.

The association that was set up in February 1925 consisted mostly of eminent venerologists, and had several overlaps in personnel with Teleia. It was, as the previous associations in 1905 and 1913, part of the *Országos Közegészségi Egyesület* (National Public Health Association - OKE), the non-governmental association of the country's top medical

¹²¹ Ibid.

experts. The initiative in 1924 to organize an antivenereal committee within the OKE came, however, from government circles and the top government health officials, Minister-Counselor (and later Deputy State Secretary) Tibor Győry¹²² and State Secretary Kornél Scholtz¹²³ were present at the inception of the *Antivenereás Bizottság* of the OKE (Antivenereal Committee – henceforth the AB) and regularly participated at its meetings.¹²⁴ This, and the fact that the Chairman of the AB (Imre Basch) was appointed as the Anti-venereal Government Commissioner in 1929 indicates the importance the Ministry attached to the activities of this committee. The AB almost immediately gained a semi-official role as the anti-VD advisory body of the Government. It is noteworthy as well that the AB initially had three Teleia members (Emődi, Lajos Földes and Menyhért Szántó) on its Board of twenty¹²⁵ and in later years several others followed suit.

Already at the first meeting members of the AB discussed the question of marriage counseling with Zsigmond Somogyi, head doctor of the *Országos Szociálpolitikai Intézet* (National Social Policy Institute - OSZI) in Újpest presenting the memorandum. It became the main topic of the day and it continued to be of central interest to both the AB and its anti-venereal experts. At the third meeting of the AB on 27 March 1925 the memorandum was unanimously approved and subsequently presented to the Minister, and publicized in *Népegészségügy*. Ede Neuber recalled in 1935 that “this question was basically the touchstone of

¹²² Győry was not just another health official, but a doctor and a medical historian of high esteem, who participated in the establishment of the German Society for the History of Medicine, corresponded with most German medical historians, including Karl Sudhoff (for almost 40 years) and Walter von Brunn. Győry founded and edited the health journal of the Ministry, *Népegészségügy* (Public Health) in 1920 and became Health Secretary of State in 1926 until his death in 1938.

¹²³ Kornél Scholtz (1871-1962) was an ophthalmologist, author of books on public health and a health official. He was the State Secretary for Health between 1925 and 1935 (succeeding Aladár Fáy and preceding Béla Johan) and he became the Chairman of the National Public Health Council during Johan's time as State Secretary.

¹²⁴ In fact, in his first comment to the AB, Győry praised the idea of the establishment of an Anti-VD library and offered a free copy of Ernest Finger's *Geschlechtskrankheiten als Staatsgefahr* (VD as threat for the State) and also 20-30 million Korona for the costs of the AB. See: *ibid*, p.81. For comparison: due to raging inflation by 1925 Teleia had an annual income of 300 million Korona (128 million being state aid!) and its expenses amounted to ca 200 million. See: “A Teleia-egyesület 33-ik évi rendes közgyűlése,” *Teleia* 4 (1926): 64-65.

¹²⁵ “Egyesületi ügyek,” *Egészség* 39 (1925): 80.

the AB, as it was the first proposal, based on which the Minister for Public Welfare and Labor commissioned the AB to work as an advisory board.”¹²⁶ Neuber's report on the first ten years of the AB is in fact a useful, thematic summary of the dealings of the group. The list of main aspirations and achievements is as follows:

- Sex education - the issuing of sex education leaflets and beginning the sexual enlightenment classes at universities and participation at exhibitions and setting up a permanent collection at the Public Health Museum.
- Prostitution – participation at the preparation of the decree (Interior Minister's Decree No. 160.100/1926) that introduced the national regulation of prostitution.
- VD Care Centers – in 1935 Neuber reported about 30 such centers (established between 1928 and 1935) and 9 in preparation. These were all the result of AB initiatives even though most of them were set up as part of a “working community” (with the institutional setting provided by insurance companies, the Stefánia Association or the National Public Health Institute) based on Zsigmond Somogyi's proposal, which was modeled upon German examples. The VD Care Centers were named *Egészségvédő Intézet* (Health Protection Centers – EVI) so that they would be neutral sounding and therefore more popular among the population.
- Premarital health checks - the AB submitted proposals to the Ministries (Public Welfare and later Interior Ministry) in 1925, 1931 and 1934 and they all reflected fundamentally the same idea: no introduction of marriage bans (the doctor's right to limit marriage rights) but obligatory premarital medical consultations (advice-only) for hereditary disease, VD and TB.
- Regular VD detection checks – this included the serological testing of all pregnant

¹²⁶ Neuber, Ede. Az O.K.E. Antiveneriás Bizottságának tízéves munkásságáról. In: *Az Országos Közegészségi Egyesület Antiveneriás Bizottságának ünnep kötet* (1925-1935) (Budapest: Athenaeum, 1935): 18.

women to screen antenatal syphilis; VD checks for prison inmates, whose infection rate was detected as higher than average and who could be followed easily; Neuber's proposal to introduce a "health draft" prior to sending children to schools at the age of six. The 1928 first national VD statistics survey was part of this endeavor in order to better assess where intervention was needed.

- Lex Veneris – the AB was given the task to work on the details of a comprehensive law on VD and it formed a special, 10-member sub-committee (Doros, Atzél, Domahidy, Emődi, Grúsz, Melly, Schaeffer, Somogyi, Steiger-Kazal, Újlaki) that held numerous sub-committee meetings and each member presented his topic to the plenary of the AB for debate.¹²⁷

In ten years the AB had 50 plenary sessions and numerous other meetings and the above list shows that considerable strategic planning work was done in order to establish the national framework for VD Care in which prevention and a holistic approach to treatment was central. The work of the AB shows that the health care authorities of the 1920s and 1930s truly treated VD as a social disease and put immense intellectual effort into addressing (both theoretically and practically) the vast range of issues that related to VD in one way or another.

In terms of actual leverage one can detect the increased importance of the AB at the turn of the decade: in 1927 the AB was commissioned to start negotiations with insurance funds on the establishment of rural EVIs and a 1928 decree stipulated the setting up of a national network of EVIs. Zsigmond Somogyi, member of the AB was sent to a study trip to Düsseldorf in 1927 in order to scrutinize the work of the DGBG and the newly adopted German anti-VD law¹²⁸. Somogyi, with his expert knowledge on Germany, became the key person for working out the

¹²⁷ Ibid.

¹²⁸ Zsigmond Somogyi, "Eddigi tapasztalataim a német nemi beteg törvényéről," *Népegészségügy* 10 (1929): 94-99.

strategic plan for setting up the EVIs throughout the country, receiving full support of the AB.

The Chairman of the AB, Imre Basch, died in 1930, Ede Neuber was his successor but the Government decided not to appoint a new Commissioner for a couple of years. Under the Gömbös Government, however (which took office in 1932 October), there were new incentives to foster anti-venereal work: in January 1933 the AB was requested to prepare a legislative draft that was to serve as the basis for a comprehensive anti-VD Law, the *Lex Veneris*. In order to make this process smoother, Ede Neuber was appointed Anti-VD Commissioner in February 1933 (he remained Chairman of the AB).¹²⁹

As for finances, AB work was honorary, the committee members did not receive compensation for their work. Among the activities initiated or implemented by AB or AB members it was the setting up of the EVIs that required the most money but health propaganda and marriage counseling also required financial backing. The slow progress in establishing EVIs can be traced back to the lack of money both Government spent and provided by local authorities or insurance companies.¹³⁰ Two Interior Ministry documents from 1935 attest that the EVIs only received 25.000 pengős that year from the Ministry.¹³¹ Grúsz mentioned in 1935 that the individual EVIs were financed through 1-3000 pengő donations from the State and 2-4000 pengős from the cities.¹³² From a 1937 AB meeting further amounts are revealed: in 1936 it was still only at 25.000, this was increased to 35.000 in 1937 and a promise was made for 45.000 for 1938. The setting up of the Pesterzsébet EVI cost the Government 4000 pengő so if we contrast this with the annual budget for setting up VD Care Centers in the 1930s, it becomes clear why

¹²⁹ Ede Neuber, "Az O.K.E. Antiveneriás Bizottságának tízéves munkásságáról," in: *Az Országos Közegészségi Egyesület Antiveneriás Bizottságának ünnep köteté (1925-1935)* (Budapest: Athenaeum, 1935): 26.

¹³⁰ Aladár Emödi, "Az Országos Közegészségügyi Egyesület Antiveneriás Bizottsága," *Teleia* 13 (1935): 64.

¹³¹ Teleia, Országos Szociálpolitikai Intézet, Magyar Családvédelmi szövetség iratai, K 148, Belügyminisztérium, MOL, Budapest.

¹³² Frigyes Grusz, "A nemibetegségek elleni küzdelem megszervezése," in *Az Országos Közegészségi Egyesület Antiveneriás Bizottságának ünnep köteté (1925-1935)* (Budapest: Athenaeum, 1935): 53.

the pace was much slower than planned.

In 1938-1939 there was still only 34.000 pengő for VD but there was a significant increase after 1939, partly because of the Lex Veneris, partly because of the increased number of VD Care Centers with the enlargement of Hungary in 1938-1940. In 1940 the amount became 76.000 pengős, more than double than previously¹³³ with 32 EVIs in operation and by 1941 the annual amount went up to 142.150 pengő and this supported 42 VD Care Centers in an enlarged Hungary.¹³⁴

Success and marginalization: 1935-1944

The AB's 1935 publication celebrating the Committee's ten year anniversary reported about a substantial progress in VD Care and documented the immense effort that the AB members put into their work both in the AB and in their respective clinics, universities, associations in order to have organized and modern VD care for the whole of Hungary. This was perhaps a peak moment in the life of the Committee. The Chairman of the AB, Ede Neuber, was a Government Commissioner, the AB was asked to work out the detailed Lex Veneris draft, they became the supervisory board for the newly established EVIs and they were also a forum where the representatives of different associations and government or municipal authorities could meet and discuss all issues related to VD.

The second half of the 1930s, however, marked a new era in public health in Hungary with the rise of Béla Johan, the Director of the *Országos Közegészségügyi Intézet* (Public Health Institute - OKI) Director, who became State Secretary for Health in the Interior Ministry in 1935

¹³³ "Az Országos Közegészségi Egyesület Antiveneriás Bizottsága 1939 november 18-án tartott 64. ülése," *Teleia* 17 (1939): 163.

¹³⁴ K 150, 4266, Belügyminisztérium, MOL, Budapest.

under Gyula Gömbös and stayed at the helm of the State Secretariat until the Arrow Cross takeover in October 1944. These nine years enabled Johan, a doctor with a vision and excellent organizational talent, to centralize public health care in a way that made the antivenereal struggle much more systematically organized and less open to public or non-governmental input, where most decisions were taken within the Health State Secretariat of the Interior Ministry. The centralization of health entailed a much wider scope of access to antivenereal treatment and also to means of prevention in (mostly rural) areas that had previously been beyond the scope of organized VD care. The AB participated in this process, having a very similar aim as Johan, but its original role as the main supervisory committee responsible for most strategic and professional decisions withered with the ascendancy of Johan's power.

The Lex Veneris draft that the AB had worked on for one and a half years was submitted to the Interior Ministry in December 1936 but it only became a law in 1940. The first and imaginably most important reason for this delay is that without the necessary number of EVIs the Lex Veneris could not be put into practice. Another reason can be found in the rapid change of governments and the resulting change of policies in the second half of the 1930s. Even though State Secretary Johan stayed firmly in his position, there were four Interior Ministers between 1936 and 1940 (Miklós Kozma, Kálmán Darányi /ad interim as Prime Minister/, József Széll and finally, again, Ferenc Keresztes-Fischer) serving under four Prime Ministers (Gyula Gömbös, Kálmán Darányi, Béla Imrédy, Pál Teleki). An AB annual report touched upon this as well:

The draft bill for dealing with VD, which we have already handed over to the Interior Ministry two years ago, will soon be adopted as a law, although due to the difficult foreign and domestic political situation the solution for the whole issue complex goes slower as it would be desirable.¹³⁵

In November 1938 Neuber, who, being Government Commissioner and Upper House member, had the best access to the Interior Ministry's work, announced in front of the AB that

¹³⁵ "Az Országos Közegészségi. Egyesület Antiveneriás Bizottsága 1938 november 25-én tartotta 61-ik ülését," *Teleia* 17 (1939):13.

the different departments of the Ministry have scrutinized the draft and that it would not be changed in its essence. Its four main directions being:

- Introduction of compulsory medical treatment;
- Forced treatment and contact tracing (i.e., searching for the source of the infection);
- The systems of EVIs and authorized VD doctors;
- The system of the working communities between EVIs and health insurance funds.

By that time Neuber knew as well that the Lex Veneris was planned to be linked up with a regulation of tuberculosis and that the Ministry “planned on regulating premarital medical counseling with a law”¹³⁶, which indicated that the Lex Veneris would possibly not contain – as recommended by the AB – the marriage counseling clause. It was also in 1938 that the Ministry appointed a public health supervisor who had a dermatological background, which Neuber claimed “would not affect the scope of the AB's and the Commissioner's office's activities”¹³⁷ but rather lead to speeding up antivenereal work. This wording indicated that the AB might have already sensed that a parallel antivenereal agency was being formed and that the newly appointed supervisor, AB member György Domahidy, would potentially have a stronger say in venereal issues than the AB itself.

At a 1940 AB meeting Neuber referred to the adoption of the Lex Veneris as accomplishing the “two main pillars” of their original draft: mandatory treatment (with a punitive clause for non-compliance) and the obligation to establish VD Care Centers. Here one can already find the cracks between what was decided in the Ministry and what the AB and other doctors would have wanted to achieve. Neuber conferred that “various medical bodies stood up against the Lex Veneris more or less sharply” (because the law was negotiated without asking for

¹³⁶ Ibid: 11.

¹³⁷ Ibid: 12.

their opinion) and added that “it is unfortunate that the bodies that prepared the law removed the clauses on premarital health checks before submission to Parliament; we can, however, feel reassured by the information we've received that the Ministry of Justice wishes to deal with this side of the question.”¹³⁸

There were additional voices of complaint by AB members that prostitution was not part of the Lex Veneris. From the minutes of this AB meeting Domahidy emerges as the representative, who knew about the future government policies and thus spoke up in defense of the law. He referred to Paragraphs 27 and 34 of the Lex Veneris, which enabled periodical checks of certain “groups suspicious of VD”, which made checks on prostitutes, including “secret prostitutes” possible. Also, he informed the AB about an immense amount of money (1.1 million pengő) to be provided for establishing hospital beds for VD patients.¹³⁹

Thus, by early 1940 it was clear that the AB had accomplished its goal: the Lex Veneris was on track and most of their proposals were in it, the only exceptions being prostitution and marriage counseling, but these were in one way or another addressed by the Government. At the same time the AB lost its formerly close contact with the Ministry. Johan was not present at the AB meetings as Győry or Scholtz used to; he loomed over the work of the AB as a faraway authority, whose decisions, even if they pertained to antivenereal issues, were often inferred post facto by the Committee. He had a representative (Domahidy), however, in the AB, who was readily available to communicate the Ministry's opinion, inform about the latest decisions of the government, or reply to the questions or criticism coming from AB members.

It is telling that Zsigmond Somogyi, who back in 1928-1930 – as a member of the AB - was appointed as the key negotiator between the stakeholders in the process of the establishment of EVIs, informed the AB in 1941 that 8 new EVIs were being opened in the re-acquired

¹³⁸ “Az Országos Közegészségi. Egyesület Antiveneriás Bizottsága 1940 február 24-én tartotta 65-ik ülését,” *Teleia* 18 (1940): 30.

¹³⁹ Ibid.

Transylvanian territories and that he “knew about this from Domahidy”, who was there at the time on an organizational mission.¹⁴⁰ After his return, Domahidy was asked by Neuber in November 1941 to “provide more detailed information about the organizing work for VD Care Centers.”¹⁴¹ By the early 1940s Neuber's work as anti-VD government commissioner was de facto over, as well; his duties were overtaken by the parallel organizations, most notably Domahidy, who became public health head supervisor (*közegészségügyi főfelügyelő*), exercising control over the network of EVIs.

In the four years after the adoption of the Lex Veneris and the Marriage Law it can be contended that the AB returned to its initial status as the antivenereal *advisory* board of the Government and its supervisory role was overtaken by the institutions set up or expanded by Béla Johan's Health Secretariat. The AB members, however, received honorary titles and awards (e.g. Neuber received the prestigious “Corvin wreath” in 1941) and were given serious tasks in their field of expertise in the 1940s as well, even if they were not involved in healthcare decision-making. The implementation clause of the marriage counseling provision is an example of this: in 1941 when the Marriage Law was adopted the OKI made a request to the AB to develop a Guidelines for doctors with respect to VD when doing the premarital health checks. The AB prepared these Guidelines, then these were accepted by the National Public Health Council (OKT) and published in Interior Minister's Decree No. 1111/1941.¹⁴²

In terms of the membership of the AB there was much continuity throughout the 1940s with the old AB members like Gábor Doros, Zsigmond Somogyi, Ede Neuber, József Guszman, Frigyes Grúsz, Aladár Emődi, Lajos Földes still active and new members included György

¹⁴⁰ “Az Országos Közegészségügyi Egyesület Antiveneriás Bizottsága 1941. febr. 7-én tartott 66-ik ülése. In: *Bőrgyógyászati, urológiai és kozmetikai Szemle*. 1941: 57.

¹⁴¹ “Az Országos Közegészségügyi Egyesület Antiveneriás Bizottságának ülése,” *Népegészségügy* 23 (1942): 160.

¹⁴² “Az Országos Közeg. Egyesület Antiveneriás Bizottsága 1942 január 9-én tartotta 69-ik ülését,” *Népegészségügy* 23 (1942): 360.

Domahidy, József Tomcsik but also Lajos Szodoray and Ferenc Földvári (both joined in 1939), both of whom played an important role in postwar antivenereal care. There was seemingly no “Jewish question” within the AB. Its Jewish members - Emődi, Földes, Földvári and Lehner¹⁴³ - all remained on the committee (even after the three major anti-Semitic laws in 1938-41¹⁴⁴) until the very end, the German occupation of Hungary on 19 March 1944 after which there were no documented meetings of the AB. Emődi was still active at the AB meetings in 1943 and ironically so was Gábor Doros, who by that time started publishing his racially anti-Semitic works (more on this in a later chapter).

The OAB – 1945-1949

The successor of the AB, the *Országos Antivenereás Bizottság* (National Antivenereal Committee - OAB) took up the work of the AB fairly early, only a month after Budapest was cleared of the German and Hungarian Arrow Cross forces, in March 1945. It was convened first as an expert committee within the National Public Health Council (OKT) that was re-established in February under the leadership of the Communist doctor Emil Weil. The working committee that was supposed to re-organize the VD Care Centers consisted of Ferenc Földvári, Imre Hirschler, Imre Lehner and Zsigmond Somogyi. The first three were former members of Teleia and everyone except for Hirschler is documented to have been member of the AB before 1945. In addition, József Melly remained in Budapest and continued to be a professor of Public Health at Budapest University (and to become Head of the OKI after 1956) whereas György Gortvay, former Director of the People’s Health Museum, became Director of OKI. In fact the ex-deputy

¹⁴³ Gergely, András. *Jeles magyar zsidó orvosok lexikona*. (Encyclopedia of Jewish Hungarian Doctors in Repute). Budapest, G and T, 2000.

¹⁴⁴ Lipót Szondi, for example, the respected and internationally was dismissed from his position in the end of 1941 because of the Jewish Laws. See: Kapronczay, Orvoséletrajzi Lexikon: <http://www.tankonyvtar.hu/en/tartalom/tkt/magyar-orvoseletrajzi/ch03s25.html>

Chairman of the AB, József Guszman was entrusted with controlling the process of the establishment of new VD Care Centers. This attests to a great deal of personal continuity between prewar and postwar antivenereal work.¹⁴⁵ Also, as written in the sub-chapter on Teleia, many of the doctors, who were let go from the association when it was nationalized in 1941 due to the application of the Jewish quota, were reinstated in their medical positions in 1945.

At the second meeting of this committee the setting up of the heir of the AB, the OAB was decided, with the following competencies:

- Making proposals for antivenereal struggle
- Controlling of the implementation of legal regulations
- Organizing and carrying out the social aspects of antivenereal struggle.

In June 1945 the board of the OAB was elected, which led to its status becoming official.¹⁴⁶ It had its first session in August 1945, the main focus was on VD propaganda: they held a lecture series that consisted of 10 presentations and they proposed to prepare a new anti-VD movie. The Ministry supported the movie and it was finished in 1945 and aired in various places under the name: *Harc a nemibetegségek ellen* [Struggle against Venereal Diseases]. In the second half of 1945 the OAB had 6 further meetings and these monthly occasions provided a chance for reviewing old policies and for deciding about matters of personnel and about which VD Care Centers to reorganize first.¹⁴⁷

The OAB dealt with the sudden increase of VD rates and its underlying reasons as well, focusing on controlling “secret prostitution” and recommending “neo-abolition” (prohibiting

¹⁴⁵ As for the former decision makers who did not remain in position: Béla Johan was removed from his power position and went back to his first workplace Phylaxia and continued his career as a researcher; Ede Neuber, who was a beneficiary of various medals under Horthy, member of the Upper House and founding member of the right-wing doctor's association, MONE, moved to Austria and died in 1946. Gábor Doros, who published racist, anti-Semitic articles in the 1940s, remained a practitioner of venerology but could not publish for years after 1945.

¹⁴⁶ The Board of the OAB was as follows: President József Guszman; Co-Presidents: Zsigmond Somogyi, Ferenc Földvári, Imre Lehner; Head Secretary: Ödön Rajka (former doctor of Teleia); Secretary: Imre Hirschler; membership was granted automatically to the representatives of various associations, including the OKI but also for example the Trade Union of Pedagogues.

¹⁴⁷ XIX-9-C. Box. No 3. *Országos Közegészségügyi Tanács*. MOL, Budapest.

prostitution and replacing it with VD laws for the whole population), which included the Budapest Medical Officer (Tibor Bakács) providing information on the alarming VD rates in Budapest. The reasons for this sudden increase of VD rates was partly a result of the mass rape acts of the Soviet soldiers (more on this in Chapter 3)¹⁴⁸ but the OAB, given the impossibility politically to address the subject, supported the idea of “secret prostitution.” In January the OAB even made efforts to establish an antivenereal periodical with a distribution of 2-3000 copies, but due to financial reasons this was an untenable proposal, rejected by the government.

The OAB was, however, successful in proposing legislation on marriage counseling in 1947: the problem was the lack of photo identification and the resulting cheating with the premarital blood tests. The OAB proposed to have a photo ID checked at each such test and sent this draft to the People's Welfare Ministry. The decree that adopted this proposal was No. 191.991/1947. The OAB after 1945 remained an advisory organization, it was asked for recommendations about the appointment of personnel in the important positions of venerology and in fact its members still represented the elite of venerology and most of them carried on to have successful careers in coming years.

The OAB was put under the auspices of the People's Welfare Ministry in 1949 and its powers were curbed.¹⁴⁹ This is in line with the new turn towards a desexualized, Stalinist morality (to be discussed in more detail in Chapter 4) where VD propaganda, as part of sex education, was not to be promoted, and the OAB, as stated even in a 1948 report on its first three years, was primarily seeking for actions in this field. There was a more general reorganization in healthcare as well in the early 1950s. A Health Ministry, following the Soviet example, was formed in 1951, in 1952 premarital health checks were abolished and in the same year that

¹⁴⁸ Andrea Pető, “Átvonuló hadsereg, maradandó trauma: az 1945-ös budapesti nemi erőszak esetek emlékezete,” *Történelmi Szemle* 41 (1991):. 85-109.

¹⁴⁹ XIX-9-C, Box.no.15. *Országos Közegészségügyi Tanács*. MOL, Budapest. Emil Weiss claimed that the committee “was dissolved for the time being.”

National Dermatology and Venerology Clinic (Országos Bőr- és Nemiklinika) was established, which centralized anti-VD work and embarked on a new regime of compulsory screenings. The OAB was not necessary anymore, along with the figure of the independent “advisor-expert,” who provided free of charge, external advice for the government, his reward being the ability to influence VD policies and their implementation.

1.2.3. Public health reform and VD

Országos Stefánia Szövetség

The *Országos Stefánia Szövetség* (National Stefánia Association) was established in 1915 as a privately organized association (as Teleia) but by law it was entrusted with attending national mother and infant care tasks as of 1917.¹⁵⁰ Its main responsibilities were regular pregnancy care, postnatal care of mothers, and the protection and surveillance of infants.¹⁵¹

As such there were a couple of anti-VD related issues that the Stefánia Association recurrently brought to the attention of the experts of the AB and Teleia (the Director József Szénásy being a member of both the AB and Teleia): congenital VD infections that infants acquired from their infected mothers and the employment of milk maids. As for congenital syphilis the mass serological tests for pregnant women was regularly on the agenda of the AB, as well as VD-related care provided for newborn babies (e.g. the Crede eye drops for avoiding

¹⁵⁰ Gábor Ugron, *Jelentés az Országos Egészségvédelmi Szövetség 1940. évi működéséről* (Budapest, Országos Egészségvédelmi Szövetség, 1940): 5.

¹⁵¹ Kapronczay, Károly. *Fejezetek az Az anya- és csecsemővédelem, valamint a gyermekvédelem hazai történetéből*.
Online: http://www.tudomanytortenet.hu/tankonyvek/a_kozegeszsegugy_tortenete/index.php?kat=43&id=0&idd=439, accessed: December 5, 2013.

inborn blindness via a mother with gonorrhea), Congenital syphilis was widespread at the time and it was of great concern in Hungary. AB Chairman Ede Neuber orchestrated a study of 6-year old (first grade) children in the town of Debrecen that found a VD rate of 2% (with an additional 2.88% being “suspicious”)¹⁵² in this very young age group and this indicated the importance of VD-related work among pregnant women, mothers and infants – and led Neuber to recommend (as discussed earlier) the “healthcare draft” (egészségügyi sorozás) of children before entering school.

When Stefánia was nationalized in 1940 its former Chairman József Szénásy was removed from his position,¹⁵³ the Managing Director, Lajos Keller, became the Chairman of the *Országos Egészségvédelmi Szolgálat* (National Health Protection Service – OESZ), the umbrella organization that replaced it in 1940¹⁵⁴. By 1941, when also TB and VD Care were nationalized and incorporated into the OESZ, Keller was demoted to the position of Vice-Chairman and Béla Johan personally took over as National Chairman of the OESZ.¹⁵⁵ An anti-venereal department was set up within the OESZ, which most probably only served as an advisory board only, similarly to the AB (as it was the anti-venereal supervisor Domahidy, who was responsible for organizing new EVIs and the Interior Ministry initiated and supervised legislation, partly through the Medical Officers), its chairman being Ede Neuber and other members coming from the AB (Berde, Domahidy, Grusz, Somogyi, Steiger-Kazal, Szentkirályi).¹⁵⁶

¹⁵² Tivadar Szél, “Neuber Ede: A debreceni I. Oszt. Elemi iskolás tanulók átvizsgálása egészségügyi szempontból,” *Statisztikai Szemle* 12 (1931): 1119.

¹⁵³ Szénásy in his post-1945 memoirs, however, mentions that Johan had asked him to be a member of the committee that worked on the details of preventive healthcare work within the Green Cross in the 1930s and is tellingly silent about Stefánia's nationalization and his own marginalization. See: József Szénásy, *Versenyfutás a halállal: Egy orvos emlékiratai* (Budapest: Folpress, 1997): 177-183.

¹⁵⁴ Ugron, *Jelentés* (1940): 28.

¹⁵⁵ Tibor Bielek, *Jelentés az Országos Egészségvédelmi Szövetség 1941. évi működéséről* (Budapest, Országos Egészségvédelmi Szövetség, 1941): 9.

¹⁵⁶ Ibid: 10.

The Green Cross, the OKI and the OESZ

The OKI was established in the mid-1920s as part of a Rockefeller Foundation grant and was meant to serve as the central authority for preventive healthcare. At its establishment it was not yet completely clear how the OKI would fare in the fragmented system of Hungarian healthcare but, through the groundwork laid down by Director Béla Johan, who initially spent years of study abroad, including the United States, it soon played a central role. When Johan became State Secretary it was the OKI structures he used when initiating the unification and nationalization of public health. The role of foreign examples and of foreign financial support was prominent even, though most Hungarian contemporaries attempted on presenting it as having long-standing Hungarian roots.¹⁵⁷ Initially the OKI had two main areas of competence:

1. The practical application of theoretical achievements in science with special emphasis on supervising the protection against infectious diseases
2. Education of public health personnel, especially Medical Officers.

As for the first task, the OKI set up control stations throughout the country (its area of competence did not include Budapest) that made bacteriological and chemical checks (e.g. for drinking water and food) and worked as an alarm network for epidemics. It was also responsible for issuing authorizations for new drugs and sero-bacteriological products. The OKI was responsible for the production of vaccinations and for introducing these to rural populations.¹⁵⁸

The second task introduced the professionalization of two types of medical personnel: the Green Cross Nurses and the Medical Officers. In the second half of the 1920s their training was

¹⁵⁷ Erik Ingebrigtsen, “Béla Johan (1889-1983) and Public Health in inter-war Hungary,” in: Borowy, Iris and Hardy, Anne (eds). *Of Medicine and Men: biographies and ideas in European social medicine between the World Wars* (Frankfurt am Main: Peter Lang, 2008): 45-71.

¹⁵⁸ “80 éve kezdte meg működését az Országos Közegészségügyi Intézet.” Online: https://www.antsz.hu/felso_menu/bemutakozas/antsz_tortenete/nyolvaneve.html accessed, January 29, 2014.

reorganized, expanded and OKI provided the necessary practical training ground through its control stations and through the “Healthcare Model Shires” (*egészségügyi mintajárás*), where the healthcare innovations were first implemented.¹⁵⁹

It was Johan, who initiated the setting up the network of the *Zöldkeresztes Védőnő* (Green Cross nurses), who were responsible for all non-doctoral medical care in small towns and villages, with a special emphasis on infant care: administering vaccinations for babies and giving children's dietary tips to mothers, etc. The Medical Officers were put in charge of medical administration work in the same regions – they were to supervise the work of the Green Cross Nurses, to provide input to the control stations and to provide medical advice and medical checks for the inhabitants of regions where earlier that had been no doctors available.

The OKI was commissioned to set up Health Houses (*egészségház*), which were the center of healthcare activities in these rural areas and, among all other public health tasks, dealt with VD care and marriage counseling as well. In terms of VD Care EVIs were to cater for larger regions with one EVI for about 100.000 inhabitants (in the ideal case of 70-80 EVIs) while the thousands of health houses in towns and villages would detect VD and give marriage advice to those, who came on their own initiative. The Rockefeller Foundation's money was put to good use in rural Hungary with the Green Cross network gradually increasing both its scope of activities and its network of health centers. The Health Houses set up in larger villages served general public health services well, but in terms of VD care and marriage counseling they were far behind expectations, just like the EVIs. In most annual OKI reports in the mid-1930s there was extensive reporting from most regions on other public health matters but VD care was either non-existing or had a very low attendance, not to mention marriage counseling.

¹⁵⁹ These “model shires” were based on the U.S. system of “public health demonstration districts”, (the first one was set up in Gödöllő in 1928) and within a couple of years these produced excellent statistical results, which proved to the decision-makers that these reforms were necessary. See: László Kiss, “Egészség és politika: az egészségügyi prevenció Magyarországon a 20. század első felében,” *Korall* 17 (2004): 118-120. Online: <http://epa.oszk.hu/00400/00414/00012/pdf/05kisslaszlo.pdf> accessed, February 15, 2014.

In November 1938 a Venereal Disease Care Department (VDCD) was set up within the OKI and György Domahidy was appointed as VD Supervisor. As of 1 January 1939 the VDCD overtook the supervision and management of the 21 EVIs, “in cooperation and accord with the Governmental Commissioner” but in reality this meant that the Domahidy got managerial control over the anti-VD policies of the Government. After the years of cooperation and conflict between the AB and Teleia, Béla Johan was able to establish his authority over VD-policies, by closing down Teleia and stripping the AB of its original significance.

In a 1940 OKI report, Domahidy reported about the setting up of 7 EVIs,¹⁶⁰ adding that in the 41 EVIs working at the end of 1940 altogether 34 were specialist head doctors (venerologists). The EVIs altogether catered for 2.5 million people living in and around these 41 dispensaries. The Green Cross had 838 institutions providing VD care. This meant that there by the end of 1940 (when the Lex Veneris went into effect) 5 million people in a Hungary of 14 million were supervised by this network.

The Stefánia and the Green Cross operated in parallel for 13 years, attending fairly similar tasks. Not much after the setting up of the Green Cross, the leaders of Stefánia, concerned about this duplication, launched a campaign against Johan in public. Johan was able to fend off this criticism partly knowing that the State Secretary for Health stood at his side.¹⁶¹ Johan's Green Cross and the idea that mother and infant care needed to be expanded to a more general care of the family (*családvédelem* – family protection) prevailed and Stefánia was nationalized and incorporated into the OESZ in 1940, along with the TB Care Homes and the

¹⁶⁰ József Tomcsik, *A M. Kir. Országos Közegészségügyi Intézet 1940. évben végzett munkájának ismertetése* (Budapest: Pátria, 1941): 295.

¹⁶¹ Szénásy, Head of Stefánia Association in the 1930s, wrote in his memoirs that when in the early 1930s the parallel Green Cross was already in operation and the Government suddenly decided to take freeze the sponsorship funds of Stefánia, they “spent days” discussing how to react and decided to use publicity to confront Johan in a public debate. Instead of Johan it was, however, State Secretary Scholtz, who stepped up firmly against Szénásy, who was surprised and saw that “the State Secretary completely internalized Béla Johan's affairs.” See: Szénásy, *Versenyfutás* (1997): 181-183. For the debate: *Orvos-szövetség*, 1930. No. 3. and *Orvos-Szövetség*, 1930. No.4. and *Orvosi Hetilap*, 1931, No. 5: 121-124.

EVI. The OESZ as a result was an overarching health protection authority that focused primarily on healthcare prevention through its mother and infant care centers, health advice centers and the TB and VD Care institutions. These provided treatment but were, due to their holistic, family-based approach, considered as preventive institutions in the first place.

The nationalization of the Medical Officer Corps in 1936, the nationalization of mother and infant care and later VD and TB care in 1940 and the nationalization of the town and village doctors/GPs in 1942 created a system that had the OESZ and the OKI at its heart and Béla Johan having the ultimate say in how the reformed system of public health would be organized and implemented. This could explain why the Medical Officers were entrusted in 1941 with issuing the Marriage Health Licenses as a result of premarital health checks. The medical officers were trained in the OKI, they were selected by Johan and his staff and they belonged to a network in which input would arrive quickly to the national center and thus dysfunctions could be well addressed – at least in theory.

This, however, meant that privately organized health care (including antivenereal struggle) would only create unnecessary, cost-increasing duplications. The “working community” that Somogyi and the AB had started implementing in the end of the 1920s with regard to the EVIs, were from 1940 on organized centrally and those who wanted to work independently from this structure were edged out, or persuaded to cooperate. What made this turn towards centralized public health tragic was the fact that all this was done in parallel with the Government introducing a range of anti-Jewish legislation. Therefore, especially with the lobbying of the Christian-nationalist and heavily anti-Semitic doctor's associations (MONE and EPOL), the nationalization of health care went hand in hand with the further loss of rights for Jewish doctors. There is reason to believe that the OESZ and Interior Ministry officials (most importantly: Béla Johan) did not support such forced removal of good medical experts from the system but it came from the system's logic and eventually a radical reduction of Jewish doctors'

participation in public health was carried through.

The details of the process of adopting the Lex Veneris and the 1941 Marriage Law will be dealt with in Chapter 4 as they relate more closely to the process of the implementation of marriage counseling. I will, however provide a profile of Béla Johan, focusing in on his vision as a health politician and his resulting, relevant actions. I believe that the power shift in antivenereal struggle can be better understood with more information on Johan's professional and ideological background. Moreover, it is I believe important to address the above-mentioned issue of anti-Semitic laws and healthcare reform and see Johan's priorities during the deportation of Hungarian Jews in 1944. It seems that Johan's role in March-October 1944 and his subsequent career path provides a good example of the botched *Vergangenheitsbewältigung* in postwar (and post-1989) Hungary.

Profile: Béla Johan



Fig. 2. Béla Johan

If one can talk about a one-track mind when looking at the textual remnants that build up the profile of Aladár Emődi, the same is true for Béla Johan. Previously we could witness how

Emődi did everything in his capacity to maintain his life-work, Teleia. Johan, similarly, did all he could to pursue his own: a modern health care preventive network in Hungary. He first outlined his vision in *Népegészségügy* in 1929: he reflected on the basic distinction between prevention and treatment and emphasized the importance of establishing a good network for the former. He rejected, however, the system that was in operation because he saw it as too fragmented and particular. It can be inferred from this early article that Johan aimed at a well-equipped group of generalists attending most prevention-related tasks (nurses and medical officers), who would send the individual to treatment to specialists if necessary. Also, Johan promoted the idea of “family protection”, for the individual's health was to be connected to his/her family; moreover, the increased emphasis on infant care (for reducing infant mortality) was to be supplemented with this general care even after the age of 3. Johan's argumentation is highly technical and rational, where individuals are measured by their productivity and thus there is a certain hierarchy in the value of the lives based on age:

Human life is naturally by all means a value but this value increases continuously from an economic point of view until reaching the age when one is able to produce. Here it stays on the same level for a longer time and then with the gradual shrinking of the ability to work, to produce, its value for the national economy gradually decreases. From such a point of view the value of a life of a 10 year old child is higher than that of a 3 year old and losing a 20-25 year old is a bigger loss for the nation than losing a 10 year old, as for reaching the age of 20-25 the energy spent on raising the individual is about as much as it had cost up to the age of 10.¹⁶²

This clinically sober view of “life value” and the economization of human life, however, never took Johan to promoting as radical ideas as some of his eugenicist contemporaries. Johan later did not become a supporter of forced or voluntary sterilizations (this was only supported by a minority of doctors in Hungary – see Chapter 2) and, as will be seen later, rejected the

¹⁶² Béla Johan, *Az egészségvédelmi munka egységesítése és racionalizálása* (Budapest, Pesti Könyvnyomda, 1929).

psychiatrist László Benedek's proposal to introduce permanent marriage bans for people with hereditary mental diseases.

Johan's social hygiene focused on matters he saw more acute for Hungary, especially the Hungarian countryside. In 1928 in his presentation *A modern közegészségügy céljai, eszközei, eredményei* [The objectives, tools and results of modern health care] he focused on two major problems: acute preventable diseases (diphtheria and typhus) and tuberculosis (citing Grotjahn's criteria for the social remedies for TB).¹⁶³ His work at the OKI and his later efforts as State Secretary for Health show that he believed in the importance of prevention but only for those diseases where it had already been proven that prevention indeed could bring tangible results. The OKI and the health care “model shires” in Mezőkövesd and Gödöllő were initially focusing on these diseases with a special view to the health of the family and that of mothers and infants.

In addition to eugenics not being high on its agenda, Johan did not demonstrate an inclination for racist thinking, either. This is perhaps even more significant given the anti-Semitism that was more and more present in public discourse in the second half of the 1930s and which permeated medicine as well. Mária M. Kovács demonstrated the battle between the Interior Minister Ferenc Keresztes-Fischer and the nationalist doctor's associations EPOL and MONE, which strove for a roll-back of Jewish doctors from the profession.¹⁶⁴ In this battle Johan was clearly on the same page with Keresztes-Fischer, who advocated that Jewish doctors could not simply be dismissed, arguing that it would cause a public health crisis.

Johan's conviction of a centralized and nationalized public health care, with health prevention at its center, was long-standing. He was open about it as early as 1930 when he wrote about independent associations attending state health care tasks:

¹⁶³ Béla Johan, *A modern közegészségügy célja, eszközei, eredményei* (Budapest: Pesti Könyvnyomda, 1928).

¹⁶⁴ Kovács, M. Mária. *Liberal Professions and illiberal politics: Hungary from the Habsburgs to the Holocaust*. Oxford: Oxford University Press, 1995.

The existing social associations can accomplish useful work in the future as well if they do not strive for independence from everybody and everything *but become an integral part of the organization for preventive health care and social affairs and form a working community with the social association striving for a similar objectives*. In this working community the medical profession, aside from the official doctor who manages the working community, also needs to be represented through the local chapter belonging to it .¹⁶⁵

On pages 12-13 of *A modern közegészségügy céljai, eszközei, eredményei* Johan discussed the idea of “cultural superiority”¹⁶⁶, Kúnó Klebersberg's idea for Trianon Hungary and he translates it into health culture and proposes a “health superiority” that will ensure the existence of the Hungarian nation in the regional competition.

Johan's work as Head of the OKI and as State Secretary, and especially his intervention in the marriage counseling clause show that he was a powerful politician, who was not ready to give up on his own ideas and decisions and it was, although harsh, not completely make-believe when a 1945 article in *Orvosok Lapja*¹⁶⁷ called him a “medical dictator”. What I have called a “one-track mind” led to tragic consequences in 1944, with the seemingly not racist Johan becoming a collaborator and an accomplice in order to save his own public health “empire”.

1944 had precursors, however. In 1942 when, as the third step of nationalization (after the nationalization of medical officers in 1936 and that of mother and infant care, TB and VD Care in 1940) the rural medical authorities were nationalized, the Second Jewish Law (Law No. IV of 1939) was already in effect. This set a cap on the number of publicly employed Jewish doctors and therefore as a result of this wave of nationalization many Jewish doctors were dismissed. The discussion at the 1945 certification committee (*igazoló bizottság* – a committee that certified for or against one's credentials of “proper”, non-fascist conduct before 1945) meeting shows this

¹⁶⁵ Béla Johan, *Meddig terjedjen az állami egészségvédelmi gondozás?* (Budapest: Magyar Távirati Nyomda, 1930): 9-10.

¹⁶⁶ This post-Trianon treaty idea maintained that Hungary, even though most of its territory was taken unjustly, still had a right to have hegemony in the Carpathian basin. This hegemony was to be founded on the cultural superiority of Hungarians, that is, the fact that they had produced and were producing a higher level of cultural (in the broad sense, ranging from poetry to engineering) output than their neighbors.

¹⁶⁷ Endre Réti, “A MONE és a magyar összeomlás,” *Orvosok Lapja* 1 (1945): 104-108.

1942 conundrum and Johan's going along with the project nevertheless. He claimed that he wanted all Jewish doctors (a relatively small number of 70-80 rural doctors) to be automatically taken over by the State based on Law No. XI of 1942 as it has been the case with the medical officers. The proposal, however, was not accepted by the governing party and so these Jewish doctors were dismissed. Johan admitted that he signed these dismissals but did not assume responsibility, saying that he was nothing more than a “bureaucrat” (*hivatalnok*) and that in such cases it was always the Minister, who took up responsibility.¹⁶⁸ It is highly likely that the dismissal of the Teleia doctors after the clinic's nationalization was due to the same reasons in 1941. Teleia had a markedly Jewish outlook and so when in retrospect Ödön Rajka stated that “they” were not taken over by Budapest, it most probably referred only to the Jewish doctors of Teleia, who were affected by the anti-Semitic Law No IV of 1939.

On 19 March 1944 German troops occupied Hungary and, although Miklós Horthy remained Governor and could retain parts of his former political influence, a pro-Nazi government was formed under Döme Sztójay. In the Interior Ministry the two other state secretaries were replaced,¹⁶⁹ in fact the new Interior Minister Andor Jaross and his two new State Secretaries László Endre and László Baký played a crucial role in organizing the deportation of over 400 thousand Jews from Hungary.

Béla Johan remained in his position as the third, the Health Care State Secretary of the Ministry. He continued his work until October 1944, the takeover of the Hungarian Arrow Cross, which means that he was still a member of government when the vast majority of Hungarian Jews were deported to Auschwitz in April-June 1944. In a recent debate that erupted on his 1944 actions historian Krisztián Ungváry demonstrated that Johan, although he had some competencies taken away and had claimed that he “had nothing to do with the deportations” was

¹⁶⁸ File No. 1279-91. Béla Johan, Semmelweis Museum and Archive.

¹⁶⁹ In fact, altogether eight state secretaries were replaced when the new government was formed under Döme Sztójay. See: János Potó, “Feljegyzés Johan Béla politikai tevékenységéről,” *Magyar Epidemiológia* 1 (2004):10.

the signatory of a number of ministerial decrees and official letters that dismissed Jewish doctors from their workplaces and as such created a legal headway for their immediate deportation.¹⁷⁰

Johan's defense in front of the Certification Committee and his subsequent appeal against their decision, however, shows insights into his one-track mind and reveals at least one of the reasons why he stayed in position after 19 March 1944:

- Dénes Horváth: There was a regime that passed a legion of legislative provisions that were against the people in all respects. Professor Johan, did you think that these pieces of legislation were against the people and the nation or not?
- Béla Johan: It was certainly not in agreement with my point of view.
- DH: Yes or no?
- BJ: This is a very difficult question. Please tell me which law you are thinking about. I thought that Law No. IV of 1939 was such a law.
- DH: And the others? Law No. IV. Of 1942 on the rural doctors' service?
- BJ: The rural doctors' service served the interests of the country, except for this one thing.
- DH: Let's put it plainly: did you think that the so-called legal provisions against Jewish and Jewish-born doctors were against the people or the nation?
- BJ: Yes, because it went against public health.
- DH: Only because of this?
- BJ: Primarily because of this.¹⁷¹

The second telling quote is from his appeal against the committee's negative decision, which bore the effect of a removal from his university position:

I remained in my position partly because in case I had resigned Csík, Orsós or Darányi would have become my successor and they certainly would not have shared responsibility with Incze, because their view on Jewish doctors, which they have voiced several times, was much more radical than his. In addition, I had worries about my life-work, the National Public Health Institute, which they would surely have dissolved (...) They would have gradually let go of my people, whom I have selected with great effort and with the help of the Rockefeller Foundation. The damage that would have been inflicted by this would be irrecoverable. Besides, I would not have helped anyone with my resignation – the Jewish doctors this would have helped the least – and I would have exposed myself to the vengeance of the Germans and their Hungarian supporters.¹⁷²

One can detect much honesty (despite his underplaying of his actual role in dismissing

¹⁷⁰ Ungváry, Krisztián. "Johan Béla és a deportálások," *Magyar Epidemiológia* 2 (2005): 94.

¹⁷¹ File No. 1279-91. Béla Johan, Semmelweis Museum and Archive.

¹⁷² Ibid.

Jewish doctors in the summer of 1944) in these texts. It comes from a reformer, who was utterly focused on the achievements that were clearly of great value and had earned him domestic and international respect.¹⁷³ However, human life value in these texts is measured on its usefulness for public health and it seems that even in retrospect he remembers to have been more worried about the fate of his “life-work”, the OKI, (using the word *jóvátehetetlen*, irrecoverable, for the possible damage) than the fate of the Jewish doctors, who were being deported.

Erik Ingebrigtsen's thorough analysis of Johan's interwar work in the OKI and as State Secretary show a picture of a man, who did an excellent job in gathering the support of an originally hostile medical profession. In this narrative Johan was working closely together with the representatives of the Rockefeller Foundation and received a full backing from the Interior Ministers Kozma and Keresztes-Fischer. With this assistance Johan transformed rural healthcare at a swift pace into a well-functioning system. At the same time, Ingebrigtsen points out that Johan had “played along” already in the 1930s when commissioning the anti-Semitic youth association, the *Turul Szövetség* (Turul Association) to make a rural health survey in 1935. Also, it was the 1938 militaristic “Győri program” (Program of Győr) that enabled the speeding up of the healthcare logistics project with 200 million out of 1 billion pengő spent on civil infrastructure.¹⁷⁴ Ingebrigtsen mentions that in the early 1930s Johan was still insecure about his role in Hungary and toyed with the idea of moving to a job abroad or immersing in research. It was then State Secretary Kornél Scholtz who convinced him to stay and take a political role. Johan's insecurity withered subsequently as he was given positive feedback from most sides by the second half of the 1930s and was able to line up former enemies behind him. Letting go of the system he had built up most have been too difficult in March 1944. The concluding

¹⁷³ See: Erik Ingebrigtsen, “Béla Johan (1889-1983) and Public Health in Inter-war Hungary,” in Iris Borowy and Anne Hardy, ed., *Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars* (Frankfurt: Peter Lang, 2008): 45-71.

¹⁷⁴ Ibid: 61-62.

paragraph of Ingebrigtsen's article summarizes this development:

As public health reforms by default involve political commitment, and the mobilization of a great number of professionals, as well as public endorsement, Johan's skills in creating such support may constitute the key to present-day controversies regarding his policies. While debate has centered on Johan's moral choices in the summer of 1944, the fact that his entire inter-war career involved a continuous fight for political support and the forming of ever-changing alliances around public health reforms has largely been ignored. In this perspective Johan's decision to stay in his post until he was ousted in October 1944 seems a logical continuation of his past actions during troubled times, rather than a moral slip, to be excused by a temporary lack of clear vision.¹⁷⁵

Johan, as seen for example by the praise he received in the memoirs of ex-Stefánia Director József Szénásy, (“there was perhaps nobody, who has brought forward the case of Hungarian healthcare as much as he did”)¹⁷⁶ one of his early adversaries in the 1930s, was indeed excellent in forming alliances for his health reform and was able eventually to line up the majority of Hungarian healthcare experts behind him. His 1944 actions are indeed a logical continuation of his hard political and professional work in the previous decades and not a “temporary lack of clear vision”. His values were adapted so closely to his objectives that he simply did not, and perhaps could not feel the moral weight of what was happening: that he was in fact participating in one of the most obviously inhumane series of actions the Hungarian Ministry of the Interior has ever implemented.

Conclusion

I have argued (and will later continue to do so) that in terms of institutional structures it is antivenereal associations and other preventive health organizations dealing with VD that are of prime relevance when uncovering the roots of this marriage counseling practice and legislation,

¹⁷⁵ Ibid: 64.

¹⁷⁶ József Szénásy, *Versenyfutás a halállal: Egy orvos emlékiratai* (Budapest: Folpress, 1997): 178.

much more so than eugenics. It was these associations and committees - in particular two of these: Teleia and the AB – that were doing the most to lobby for marriage counseling, to discuss its various aspects and even to develop it as a legislative tool. Marriage counseling was to be incorporated into a law on VD, the Lex Veneris and thus it was part of a broader discourse on VD. The Lex Veneris, at the end of the 1930s it became clear, was in turn adopted together with a larger public health reform and so the seemingly narrow topic of marriage counseling is embedded in this larger context. For this reason when discussing the “politics of health” as for marriage counseling, I focused on the two anti-VD associations but also on the institutional background of the public health reform in the early 1940s.

Teleia is one of the key actors in VD care partly because of its pioneering role and its perseverance in face of various difficulties. Its cost-free VD treatment clinic was as a “trend-setter”, ahead of its time in the early 1890s, and Teleia was just as aware of the importance in prevention in VD care and the related public health propaganda. Teleia was associated with *Egészségügyi Lapok* in the early 1900s and then had its own journal, *Teleia*, between 1923 and 1940, the only periodical dedicated to venereal diseases in the Horthy-era. As such Teleia and its members (most of whom came from the dermato-venerologist elite) fulfilled an important role for organizing debates, amongst others on marriage counseling, and for spreading VD-related knowledge both to the medical community and to the interested public. In addition, in the interwar years Teleia continued to have a highly successful VD clinic (one of the largest in the country) with several thousands of visitors annually. Teleia ran a much less successful voluntary marriage counseling center as well, which, however was important for shaping the medical elite's view on marriage counseling in practice.

The AB was an expert body that co-existed with Teleia for most of the Horthy-era and it was re-established for a few years after 1945. There were several overlaps with Teleia, the main task of the AB was, however, set by the government: advisory on all VD-related matters. The

AB, unlike its pre-1918 predecessors, received the necessary government backing to be able to seriously influence legislation and implementation, which culminated in the drafting of a VD Law and the expert supervision of the setting up a VD network in the early 1930s. The 1940 Lex Veneris, a comprehensive anti-VD law that was in line with European tendencies, was by and large authored by members of the Committee. The AB thus made significant contributions to establishing a system of modern VD Care, which included marriage counseling as a policy tool. However, after they have submitted the bill on the VD Law in 1935, their influence seriously waned.

Both the AB and Teleia were sidelined to a large extent with the ascendancy of Béla Johan, the OKI and the Green Cross movement in the second half of the 1930s. With the establishment of the Green Cross in 1927 there were already two visiting nurse associations in parallel, both attending mothers, infants and families. It soon became clear that Johan wanted to introduce a system of general health care where trained generalist medical experts (in Hungary: the Medical Officer and the Green Cross Nurse) would attend the everyday tasks related to healthcare prevention whereas specialists would be directed towards treatment. Mother and infant care and some few contagious diseases (like typhus or malaria) were in the first line of objectives but social diseases, tuberculosis and VD, followed closely.

In this new Hungarian public health care network these generalists were responsible for detecting VD and TB and for sending them to the specialists of the TB and VD Care Centers and this is for example why the Interior Ministry put the Medical Officers in charge of issuing the premarital health certificates even though most of them were not venerologists.

The waves of nationalization in public health, which started in 1936 (with the nationalization of the Medical Officers) reached VD care in 1940/1941. Reform and nationalization came together with the introduction of the Lex Veneris and therefore the whole infrastructure responsible for the struggle against VD was centralized. This meant the dissolution

of Teleia and the continuation the work at its clinic as part of the Budapest VD Care network. By that time the AB did not have any supervisory functions in VD Care (which they had between 1929 and 1936) and even though they continued their work even after the nationalization process, their actual influence on policy, personnel or implementation within VD Care became less pronounced.

The way Teleia's story ended is emblematic for how VD Care evolved in Hungary after 1940. The private organization that persevered for nearly 50 years relying on the creativity of its board in acquiring funds in ever changing times, was dissolved and its doctors, most of them Jewish-born, dismissed due to the anti-Semitic legislation in effect. After 1945 many ex-Teleia doctors were on the newly formed National Antivenereal Committee and many of them were reinstated in their medical positions; Teleia was, however not to be re-established, after 1945. The reforms initiated by Johan in the 1930s suited the new medical authorities not attempts were made to turn them around. After 1949 state socialist healthcare appropriated and further sophisticated the policies introduced by the Lex Veneris, marriage counseling was sustained until it seemed practical, and the centralization of VD Care culminated in the establishment of a national hub for VD Care Centers, the National Dermatology and Venerology Clinic in 1952

One of the key lessons therefore in this story is that public health reform in the early 1940s, even if it was not so intended, originated in discrimination as it went hand in hand with the “roll-back” of the Jews in the medical sector. Public health reform was thus not originally propelled by anti-Semitic motivations. There were anti-Semitic doctor's associations that demanded that “Christian” doctors take over most public positions Jewish physicians, but the decision-makers of the Interior Ministry, Johan and Keresztes-Fischer resisted for practical reasons. Eventually, however, due to the political climate and the anti-Semitic national legislation in effect, healthcare reform did result in the dismissal of Jewish doctors and Johan, the mastermind of the reform went along with this for the same practical reasons: not to have any

disruptions in the implementation of the large scale reforms.

Another lesson learned is about the continuity of the public health objectives, measures, structures and personnel after 1945. Nationalization was accepted and embraced, the system of public health (not only Johan's "life-work" but also of many others, including the members of Teleia and the AB) was indeed not demolished but became a foundation upon which postwar public health, including VD Care, was built. The VD Care Centers were of continued importance after 1945 and when in 1952 the National Dermatology and Venerology Institute was formed, its objectives were built upon the principles laid down in the Lex Veneris. The Green Cross service, along with the Medical Officers became an integral part of Hungarian health care. It is perhaps worth noting that it was part of the same 1973 "population policy package", which (re-)introduced obligatory marriage counseling,¹⁷⁷ that Green Cross nurses were entrusted with additional tasks related to family health propaganda. In fifteen years (between 1925 and 1940) Hungarian health care underwent a profound transformation, which had a lasting effect for VD Care but for the organization of healthcare, setting long-term trends that can be felt even today.

¹⁷⁷ This policy lasted until the change of regime - it was obligatory to do have a premarital medical consultation but health checks were not made – the concept of this consultation was identical with what the AB had put in its original Lex Veneris draft in 1936.

Chapter 2: Counseling and advice: Voluntary marriage counseling and public debates on marital health and VD

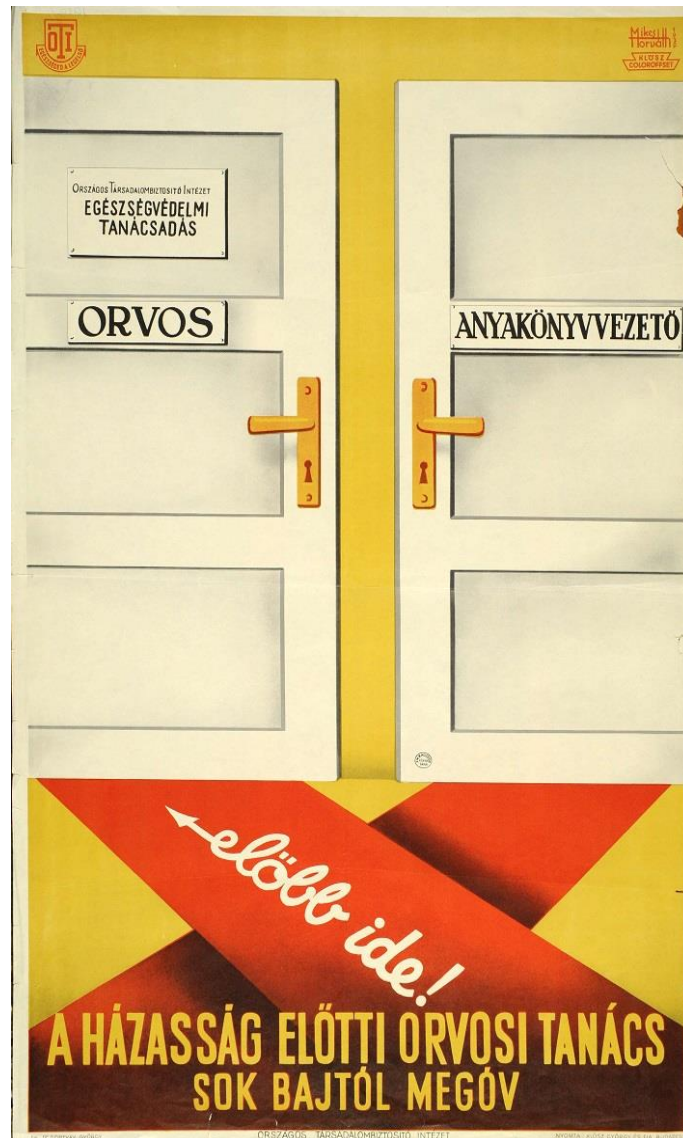


Fig. 3.: “First here: Premarital medical advice protects from many problems”¹⁷⁸

Introduction

Marriage counseling, as exhibited by both the sheer number of publications on the subject in the 1920s and 1930s and the importance attached to related legislation, became one of the core discourses of the anti-VD struggle in Hungary. Setting up voluntary marriage counseling centers seemed to be the ideal starting position. With these centers the VD experts could assess the propensity of the population to cooperate, they could spread propaganda more effectively and, preferably, also pave the road for a more controlled policy where marriage counseling could become obligatory in one way or another. Marriage counseling, as argued in the previous chapter, was institutionalized predominantly by the anti-VD movement: it was the dermatovenerologists who were most eager to discuss and debate, they set up most marriage counseling centers and it was the Antivenereal Committee (AB) that drafted the law on premarital testing, which eventually resulted in VD being a core part of these health checks.

However, marriage counseling was discussed within the discourse on eugenics as well (starting at around 1910), reflecting on the deliberations and practices of Western countries - most prominently that of Germany, Austria and the United States. In the interwar era the idea that hereditary diseases should be considered for marital health, including the possibility of permanent marriage bans for those, suffering from mental illnesses, was propagated by a number of eugenicists, most prominently the members of the psychiatric profession. These, I will argue, had a very limited influence on policy and they were not nearly as influential in the practice of voluntary marriage counseling as the makings of the antivenereal elite; however, their proposals received attention both in public discourse and by decision-makers and therefore the discussion of eugenics needs to be addressed when discussing interwar and postwar marriage counseling.

Here I would like to make a short and basic distinction between social hygiene and eugenics, to which I have already referred to in the Introduction but for understanding the

various debates and aspirations both before and during the Horthy era it is necessary to make this distinction visible. It is a fact that those who propagated the “science” of eugenics usually saw VD as a degenerative disease and therefore were involved in antivenereal activities and vice versa, social hygienists often promoted VD-prevention as a eugenic policy. Still, one can detect a difference between those who struggled first and foremost for the riddance of syphilis and gonorrhea from society and those who saw anti-VD policies as part of a scheme that sorted out inherited degeneration. As the “social hygiene” entry in the encyclopedia of Ruth Clifford Engs on Eugenics maintains, social hygiene was in the Western context focusing on sexuality and VD and by the 1920s the concept referred to four set of ideas:

1. Educating the public on VD and a single standard of sexuality to avoid these
2. Recreation programs and physical education aimed at minimizing sexual desire and giving “wholesome activities”
3. Medical programs to detect and treat syphilis and gonorrhea
4. Law enforcement measures that included arrest for prostitutes.¹⁷⁹

I see these endeavors as different from the aspirations of those who saw interventions into the sexuality of others as a way to permanently separate the “fit” from the “unfit” and were keen on creating permanent hierarchies between humans. For such thinkers (whom I will call “eugenicists”) marriage was the entry point where the State could act as the guardian of the genetic capital of the nation: the sexual life of the “unworthy” was to be limited by not letting them within the confines of the only accepted place for reproduction. In addition, marriage counseling for such eugenicists was a way to persuade the healthy majority not marry these people, not to engage in “dysgenic” marriages because of the ill effects it would have on their progeny. This distinction is the most important for understanding the origins of the marriage

¹⁷⁹ Ruth Clifford Engs, *The Eugenics Movement: an Encyclopedia* (Westport: Greenwood, 2005): 207.

counseling discourse but also the road it took both in the voluntary and in the obligatory phases in the first half of the 20th century. I will make another distinction, which made marriage counseling in Hungary somewhat one-sided, at least compared to the international examples I have reviewed.

The first Hungarian voluntary marriage counseling centers were set up in the mid-1920s, at around the same time when the Austrian and German marriage and sex counseling centers were inaugurated. Hungarian medical journals regularly reported on the activities on the major centers of *Eheberatung* in Vienna, Berlin or Dresden and viewed these marriage counseling centers as excellent examples of pioneer work in a new field of public hygiene. The influence of these in the Hungarian context is clearly detectable. I have deliberately used the term *Eheberatung* (marriage counseling), which in the contemporary German-speaking context meant the provision of biological-hygienic advice. *Eheberatung* was usually confined to assessing whether one was “fit for marriage”, that is, whether one suffered from hereditary diseases or whether one had contagious illnesses like TB or VD that might corrupt the health of the future spouse.

The other type of marital or premarital advice that enjoyed a boom in Germany and Austria around 1930, *Sexualberatung*, (sex counseling) was influenced by the contemporary birth control movement and therefore, often in addition to providing *Eheberatung* as well, it focused on the distribution of information on contraception and handing out contraceptives. For political reasons birth control advice was not an option for marriage counselors in Hungary and therefore, although *Sexualberatung* was known and written about, the Hungarian marriage counselors were (at least to my knowledge and aside from one minor marginal case) engaged in *Eheberatung* only.

The birth control movement in Hungary was limited to the marginalized Social Democrats/Communists and urban liberal intelligentsia, and so the people attending marriage counseling sessions did not and could not hope for advice on or material for birth control in these

centers. Abortion was regulated by Paragraphs 285 and 286 of the Criminal Code,¹⁸⁰ with sentences of up to 2 or 3 years (if married¹⁸¹) for the woman and the same for the abortionist doctor, but up to 5 years if s/he did it for profit. These strict rules on abortion were coupled with, as Béla Totis confers, “a whole series of Governmental decrees prohibiting the production, distribution and propagation of contraceptive materials.”¹⁸² The ruling elite labeled itself “Christian and nationalist”, which in most cases meant “not Jewish,”¹⁸³ but in terms of sexual morality this had the outcome of an increased influence of the Christian churches.¹⁸⁴ There were only scarce attempts to discuss birth control and abortion, one of these was the Social Democratic Party organized conference in 1932,¹⁸⁵ but that and occasional articles in the opposition press aside, there was no serious consideration of birth control. The movement that at the time flourished in the West, did not have the necessary public space to be widely heard in Hungary.

As for the history of marriage counseling in Hungary, these centers are significant partly because they were signposts indicating the direction of the public policy debate in Hungary.

¹⁸⁰ “1878. évi V. törvénycikk a magyar büntetőtörvénykönyv a büntettekről és vétségekről.”, 1000 év törvényei., <http://1000ev.hu/index.php?a=3¶m=5799>, accessed February 10, 2014,

¹⁸¹ It is to be noted that in Hungary women, who did abortions while in wedlock were penalized more severely than those, who did not want to give birth to an “illegitimate child.” This underlines the high status of marriage and reproduction in marriage that persisted in Hungary until 1945. By contrast, Paragraph 218 of the German Penal Code of 1871 did not make a distinction based on marriage for abortions. See: Strafgesetzbuch für das Deutsche Reich vom 15. Mai 1871. Besonderer Teil Sechszehnter Abschnitt. Straftaten gegen das Leben Paragraf 218. Schwangerschaftsabbruch Online: <http://lexetius.com/StGB/218> Similarly, in the Austrian Penal Code of 1852 there is no mentioning of marriage with relation to abortion. See: Erich Griessler, „Policy Learning” im österreichischen Abtreibungskonflikt: *Die SPÖ auf dem Weg zur Fristenlösung* (IHS: Vienna, 2006): 15. Online: <http://www.ihs.ac.at/publications/soc/rs76.pdf>, accessed: February 10, 2014.

¹⁸² Béla Totis, ed., *Születésszabályozás* (Budapest: Világosság, 1932).

¹⁸³ As succinctly stated by the historian Miklós Szabó in the 1970s. See: László Karsai. “A múltnak kútja.” *Élet és Irodalom* 51 (2007).

¹⁸⁴ As for birth control, Catholic friar and influential thinker, Béla Bangha’s words can be seen as normative: “God’s law itself prohibits misusing marriage rights. (...) But neither God or the Church prohibits the method of birth control based on permanent or temporary abstention, which according to recent scientific developments (Ogino-Knaus theory) seems to be a natural and acceptable way of birth control.” Béla Bangha, *Világnézeti válaszok: Korszerű vallási kérdések és elemzések megvilágítása* (Budapest: Korda, 1940): 223-224.

¹⁸⁵ The intellectuals (doctors, jurists, sociologists, journalists, writers) promoting this discussion on birth control were often influential individuals like the journalist Pál Ignóty or the popular writer Ferenc Karinthy, or the editor Béla Totis, who was a physician and the author of bestselling books on the sexual question in the 1930s. Despite this lone conference and publication, a birth control movement did not unfold in Hungary, and the evidence left behind on the marriage counseling and sex education by Social Democrats/Communists indicates that their influence was very limited. Source: Totis, Béla (ed). *Születésszabályozás*. (Budapest: Világosság, 1932).

Most experts discussing marriage counseling in the 1910s and 1920s tended to agree that introducing obligatory marriage counseling was too early and that voluntary marriage counseling was a good first step. Voluntary counseling was on the one hand a test to examine how well the population would welcome this institution in general and on the other it was a building block in the new, national anti-VD network where VD care was envisaged to be accessible to all (both geographically and financially) and a set of screenings were to serve as entry points to stopping the spread of VD. Among the plans for such screenings of whole cohorts,¹⁸⁶ as it is exhibited by the contemporary debates, the experts put most of their hopes in premarital examinations.

The sources for the activities marriage counseling centers are based mostly on books and journal articles written by the doctors working in these centers; there is virtually no archival material on the reports about the counseling sessions. I will therefore need to draw a picture of this practice based on this fairly fragmentary material. I will report not just on the statistical data and the way marriage counseling was organized, but will also endeavor to show what underlying assumptions the “marriage experts” had when setting up or while operating these centers and what unique or commonly shared goals these centers were to accomplish within the anti-VD discourse and beyond.

¹⁸⁶ Other age cohorts that were to be screened were 6-year-olds before entering school and Levente youths (this initially was for boys only) at the age of 14.

2.1. The Discursive field of marriage counseling

Eugenics and marriage counseling

The discourse on eugenics in Hungary started to gain momentum in the early 1900s, keeping up with the development of eugenics internationally. The journal *Huszadik Század* [Twentieth Century], along with the *Társadalomtudományi Társaság* [Social Science Association] – with which it had multifarious overlaps - experimented with presenting and discussing the ideas of this new science that linked up the social with the biological. It was not by chance that they asked for the evolution theorist Herbert Spencer to introduce the journal's first issue in 1900, who wrote: “I rejoice to learn that you propose to establish a periodical having for its special purpose the diffusion of rational ideas, — that is to say, scientific ideas, — concerning social affairs.”¹⁸⁷ The spread of scientific ideas then began with articles on degeneration, one by a Hungarian author one by eminent degeneration theorist Cesare Lombroso himself. In the next 20 years *Huszadik Század* became a major hub for intellectuals of all political convictions to exchange new ideas regarding degeneration, eugenic theory, social engineering with the newly discovered tools provided by science, and related policy proposals.

It was in 1911 when the journal reported about the debate on eugenics in the *Társadalomtudományi Társaság*, which was the first major debate of the kind in Hungary. Here we can already find references to marriage and eugenics, especially because there were international examples: by 1911 several U.S. states already had eugenic marriage laws in force.

The immunologist László Detre¹⁸⁸ was the first to touch upon the issue of marriage and

¹⁸⁷ Herbert Spencer, “Letter to Huszadik Század,” *Huszadik Század* 1 (1900): 1.

¹⁸⁸ László Detre (1874-1939) was at the time Head of the Jenner-Pasteur laboratory in Budapest, he founded that laboratory and later a serum production factory in 1918 (Hungarian Serum Institute), and then emigrated to the U.S.A. in 1921. He, together with Russian biologist Metchnikoff, coined the term “antigen”. See: János Gergely, “How immunology was won in Hungary,” *Immunology today* 13 (1992): A1, accessed February 11, 2014, <http://www.sciencedirect.com/science/article/pii/016756999290054B#>

he saw the lack of fixed classes in the U.S. (“the race that came out best is the American race”¹⁸⁹) as the best way for making future generations more perfect, because for this reason women and men were attracted to each other based on their true qualities and not their inherited financial status. István Apáthy, a zoologist and one of the founding fathers of the eugenics movement in Hungary, similarly mentioned “love” as a “very useful institution for the improvement of the race” as it was less prone to errors as any other motive for arranging a marriage. He emphasized the wish for morals that “put the love of the race over individual interest” playing a larger role in concluding marriages.¹⁹⁰ These views show that the recent wave that had put “love” (with endless alternative and complementary meanings, but in general referring to a certain attraction between individuals) as a new basis for marriage instead of social standing or economic interest, was seen as a positive development by Hungarian eugenicists as they believed that if the individuals were freed from the burdens put by society (civilization), they would be able to choose better, in a manner that was closer to nature (and therefore more healthy biologically).

It was mentioned in the debate that the Nagyvárad physician and feminist René Berkovits had initiated the establishment of a eugenics committee within the *Társadalomtudományi Társaság* “in order to study the relevant questions (*of marriage – G.Sz.*) and present a concrete proposal to Parliament.” It was added that “the negative part of this question, that is, whom should be banned from marriage, is already ripe enough to be formulated.”¹⁹¹ Berkovits, in an 1913 article, which reviewed Géza Hoffmann's book on U.S. eugenics, *Die Rassenhygiene in den Vereinigten Staaten von Nordamerika* [Race Hygiene in the United States of North America] claimed that the “eugenic limitations to marriage is of such interest to the State that any

¹⁸⁹ “Határkérdések: A fajnemesítés (eugénika) problémái”, *Huszdik Század* 12 (1911/6): 700.

¹⁹⁰ Ibid: 707.

¹⁹¹ “Határkérdések: A fajnemesítés (eugénika) problémái”, *Huszdik Század* 12 (1911/7): 44.

counterarguments should become silent.”¹⁹²

Géza Hoffmann's 1913 book that was published in German in Munich showed that despite Hoffmann's U.S. experience, it was the German-speaking world that Hungarian eugenicists had living contact with, due to proximity - both physical and ideological - and for cultural-linguistic reasons. Hoffmann in fact, together with geographer (and later Prime Minister) Pál Teleki provided the main link for a planned German-Austrian-Hungarian “international alliance” of eugenicists that evolved during WWI and was fostered mostly through the private links between members of the German Race Hygiene Society and interested intellectuals and politicians from Austria and Hungary.¹⁹³

Hoffmann and Teleki are interesting cases because they show how international, mainly German, ideas on eugenics appeared in Hungary in the early twentieth century. Likewise, Hoffmann, as an established expert of eugenics (especially through his book on the U.S.) influenced the discussion in Germany.¹⁹⁴ Hoffmann was first the vice-consul of Austria-Hungary in Chicago and then became vice-consul (and later consul) in Berlin, and he not only joined the Berlin chapter of the German Hygiene Society but in 1914 he is noted to have demanded setting up in Germany a national institute for eugenics.¹⁹⁵ His 1914 *Eugenika*¹⁹⁶ took a short detour on the question of the terms eugenics/racial hygiene and suggested that in Hungary the German *Rassenhygiene* be used as a model for *fajegészségtan* (race hygiene) just as István Apáthy had suggested it, while *eugenika*, he thought, was to be used when writing about the topic for the

¹⁹² René Berkovits, “Újabb tanulmányok a szociálbiológia köréből”, *Husadik Század* 14 (1913): 613.

¹⁹³ Paul Julian Weindling, *Health, race, and German politics between national unification and Nazism, 1870-1945*. (Cambridge: Cambridge University Press, 1989): 303.

¹⁹⁴ Ibid: 392. In fact, it is Géza Hoffmann's *Die Rassenhygiene in den Vereinigten Staaten von Nordamerika* that is used by the Reich's Health Office in 1923 when examining US sterilization procedures in order to decide about their implementation in Germany.

¹⁹⁵ Ibid: 240.

¹⁹⁶ Géza Hoffmann, “Eugenika,” *Magyar Társadalomtudományi Szemle* 7 (1914): 91-106.

general public, just for the sake of easier understanding.¹⁹⁷ In *Eugenika* Hoffmann mentioned, amongst institutionalization and sterilization, marriage bans as one of the key elements of negative eugenics, citing the 10 states in the United States as examples where this had been implemented. Hoffmann emphasized that such marriage bans for people that were “a burden for society” (including of course those with VD) were not necessarily useful from a practical point of view, as their implementation could not always be carried out perfectly, but they were ideal for propagandistic purposes, “better than thick volumes or a whole army of pamphlets” for educating the population about the principles of race hygiene. Hoffmann added that it was “one of the theoretical demands of race hygiene that sooner or later all individuals with the intent to marry be examined by a doctor and only those shall receive a marriage permit, who are deemed by the doctor as capable of becoming parents.”¹⁹⁸

Hoffmann, at the same time, acknowledged that Hungary was clearly not ready for the introduction of such intervention into private matters (even though, as he put it, “it is unnecessary eagerness to talk about the freedom of the individual and similar things with relation to the scum of society”¹⁹⁹) and said that premarital checks, as well as sterilization were just theories (at the time) and not the only solution and not for every nation. He had to add this, because, as he noted, many understood his German book on these institutions of US race hygiene as the only and immediately applicable method to introduce race hygiene into a society.²⁰⁰

Hoffmann's article in fact mentioned that the *Természettudományi Társaság* had sent a petition for premarital health checks to the Government in 1913 – and warned that most probably it was too early to send in this petition because even those, who would become well-disposed to race hygiene, might be scared away if things started up in such a rush. Hoffmann also gave a first

¹⁹⁷ Ibid: 96.

¹⁹⁸ Ibid: 101-102.

¹⁹⁹ Ibid: 103.

²⁰⁰ Ibid.

description of *házassági tanácsadás* (marriage counseling), naming the US and the city of Dresden as two examples where this already was taking place: in his description *házassági tanácsadás* meant that the individual explained to a doctor everything s/he knew about the medical history of both families and the doctor gave a recommendation whether to pursue the marriage or not.²⁰¹

Aside from Hoffmann, the active, high-profile diplomat, it is essential to mention a then young and talented politician, Pál Teleki, who played an active and important role in the discourse on eugenics and marriage counseling in Hungary. Teleki was Prime Minister in Hungary twice, first in 1920-1921 and then in 1939-1941, and was controversial as a political leader. In the interwar era he became a convinced racist²⁰² and an anti-Semite and he was deeply involved in to the most repressive anti-Jewish laws of the Horthy-era. It was under his first term in 1920 that the *Numerus Clausus*²⁰³ was adopted, he wrote the justification of the Law No. IV of 1939²⁰⁴ (the Second Anti-Semitic Law) and it is certainly not by chance that the preparations for the anti-Semitic clauses of the 1941 Marriage Law (Law No. XV of 1941) were started under his second term as Prime Minister.

Teleki at the same time made serious efforts to keep Hungary out of the war in 1940/41 and was deeply unsettled by the growing Nazi and pro-German sentiments, especially after the two Vienna Awards, where, under German and Italian arbitration, Hungary regained parts of its territory lost in 1920. It was also under Teleki's second term that in April 1941, mostly due to the eagerness of Governor Horthy and of his advisers to regain additional territories (this time from

²⁰¹ Ibid: 105-106.

²⁰² According to Balázs Ablonczy's monograph on Teleki, he himself dated the beginnings of his anti-Semitism to the „logical outcome of the Hungarian Soviet” (and indeed there were no signs of this before 1918-19). Abloncz, *Teleki Pál* (2004): 217.

²⁰³ This Law No. XXV of 1920 intended to set a limit to the percentage of Jews being admitted to universities.

²⁰⁴ Law No. IV of 1938 and Law No. IV of 1939 became known at the time as the “First” and “Second” anti-Semitic Laws. These restricted the employment of Jews in various branches of Hungary's economy, mostly setting out from the conviction that Jews are “overrepresented” in areas of influence like law, medicine, engineering, press, or industry. See: Krisztián Ungváry, *A Horthy-rendszer* (2012): 184-198; 375-387.

Serbia), Hungary agreed to join the Axis in the invasion of Yugoslavia, despite Teleki's strong opposition to the endeavor. Teleki, foreseeing the defeat of Germany in the war and knowing the ramifications for Hungary, decided to commit suicide partly as a sign of desperation and partly to send a message to his Governor and to Hungary. Teleki is therefore seen in today's Hungary both as a grand and tragic statesman and as a controversial, anti-Semitic, right-wing authoritarian politician.

Young Teleki got his intellectual impetus to move towards eugenics from Alfred Ploetz personally, who was almost 20 years his senior and with whom he had regular contact with regards to scientific work.²⁰⁵ In Huszadik Század Teleki wrote a long introductory note about the newly launched journal *Archiv für Rassen- und Gesellschaftbiologie*, analysing the journal's first article by Ploetz (“Die Begriffe, Rasse und Gesellschaft und die davon abgeleiteten Disciplinen“) in more detail. Teleki attended the International Hygiene Congress in Dresden in 1911 (he was the only Hungarian participant) and in 1914 he was asked by Apáthy to be the first President of the Hungarian Race Hygiene committee.²⁰⁶ Although the war made it difficult to progress with the cause of race hygiene, Teleki was trying to keep up the work of the Committee and started to work together with Géza Hoffmann.²⁰⁷ Together with Apáthy they founded the *Magyar Fajegészségtani és Népesedéspolitikai Társaság* [Hungarian Population Policy and Race Hygiene Association] in November 1917, where, again, Teleki became the President.

The *Magyar Fajegészségtani és Népesedéspolitikai Társaság* was the organization that provided a link between eugenicists like Apáthy, Teleki, Hoffmann and the VD-elite, who embraced “race hygiene” due to their experiences coming from years of antivenereal struggle. It was chaired by Teleki but its co-chairmen were György Lukács (chairman of both the Védőegyesület and the Nemzetvédő Szövetség) József Sztéryni (later Chairman of Teleia) and Lajos

²⁰⁵ Ablonczy, *Teleki Pál* (2004): 116. See also: Balázs Ablonczy, “Az eugenika vonzásában: a társadalom biológiai tervezése”. In, *Rubicon*, 2004. (2): 15

²⁰⁶ Ibid: 15-16.

²⁰⁷ Ablonczy calls Hoffmann Teleki's “Lucifer.”

Nékám, Head of the *Nemzetvédő Szövetség a Neimbajok Ellen*. Another VD expert, Gyula Donáth was also on the board, along with other prominent public health experts/doctors like Emil Grósz and Sándor Korányi.²⁰⁸ In other words, at the end of WWI the antivenereal elite was part of the network to which Hoffmann, Teleki and other believers in eugenics belonged; in fact VD appears as a central issue in the work of the 1914 Committee and the 1917 Association.²⁰⁹

In 1917 Teleki was appointed as President of the National War Care Agency (an agency that dealt with the social care of the war disabled, their families and war widows, war orphans), where he promoted race hygiene goals, as shown in his September 1917 *Körlevél az Eugenikáról* [Circular on Eugenics],²¹⁰ which was sent by his National War Care Agency to all national institutes and job agencies. In this Circular Teleki pointed out that it was crucial to keep in mind race hygiene principles when allocating jobs for the individuals, who became disabled by the war. The Circular, meant to be read by a large number of officials dealing with disabled soldiers, focused on positive eugenic goals, assuring these officials that disabled war veterans were still of good eugenic quality. In fact, it seems, Teleki wanted that these wounded ex-soldiers procreate as much as possible; as if they were the proper source for producing a next generation of good quality - as they were not as useful in a productive manner themselves, from a eugenic and population policy point of view it could have seemed rational to direct their focus to procreation.

The idea that racial hygiene / eugenics should be associated with the right-wing and, as a result, is necessarily infused with the racism of the extreme right, is a very persistent theme not just in German and English literature, but in Hungarian scholarly language, as well. In a 2009 essay²¹¹ in the periodical *Magyar Tudomány*,²¹² [Hungarian Science], Gábor Palló, refers to the establishment of the above-mentioned associations initiated by Apáthy and Teleki and argues

²⁰⁸ "A Magyar Fajegészségtani és Népesedéspolitikai Társaság," *Egészségügyi Lapok*. 11 (1918) 8.

²⁰⁹ Ablonczy, *Teleki Pál* (2004): 117-118.

²¹⁰ Pál Teleki, "Körlevél az eugenikáról," *Szociálpolitikai Szemle* 6 (1917): 169-171.

²¹¹ Gábor Palló, "Darwin utazása Magyarországon," *Magyar Tudomány* 169 (2009): 714-726, <http://www.matud.iif.hu/09jun/12.htm>, accessed November 10, 2011

²¹² A scientific periodical run by the Hungarian Academy of Sciences

this being milestone in the path towards anti-Semitism and race becoming dominant eugenics. He writes, “Eugenics slowly went over from the hands of meek society-improvers (*jámbor társadalomjobbítók*) and became a device of right-wing and then extreme right-wing politicians.”²¹³ Here the “meek society-improvers” most probably refers to the non right-wing “progressives”, who were loosely or more closely connected to the journal *Huszadik Század* (like Buday, Madzsar or the feminist Berkovits), and who also had a wide range of ideas on eugenics – just like those, nationalistically inclined.

Palló's remark is a view that had been furthered by a number of historians of Germany in relation to the sex reformers and Leftist eugenicists of the Weimar era. This view was challenged by research of the past few decades, e.g. by Atina Grossmann in *Reforming Sex*²¹⁴, Michael Schwartz in *Sozialistische Eugenik*²¹⁵ and by Annette F. Timm in *The Politics of Fertility in Twentieth Century Berlin*.²¹⁶ They argued that the Left/Progressive and Right-Wing/Eugenicist/restrictive divide did not exist in Weimar, as both sides had agreed on a “motherhood-eugenics” consensus (Grossmann) and were operating within a *Bevölkerungspolitik* framework (Timm). Other research, like Ida Blom on Scandinavia²¹⁷, or Natalia Gerodetti and Véronique Mottier on Switzerland²¹⁸ show that such a political-ideological divide is untenable.

The consensus on eugenics and the support of Leftist intellectuals of eugenic measures like sterilization, marital restrictions and in some cases even Nazi-type “euthanasia”, could lead us to a similar conclusion than that of Giorgio Agamben: that the biopolitical paradigm of our age is the concentration camp, as in liberal democracies as much as in totalitarian states each

²¹³ Palló, *Darwin utazása*, 2009.

²¹⁴ Atina Grossman, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920-1950* (Oxford: Oxford University Press, 1995).

²¹⁵ Michael Schwartz, *Sozialistische Eugenik: Eugenische Sozialtechnologien in Debatten und Politik der deutschen Sozialdemokratie 1890-1933* (Bonn: Dietz, 1995).

²¹⁶ Annett F Timm, *The Politics of Fertility in Twentieth-Century Berlin* (Cambridge: Cambridge University Press, 2010).

²¹⁷ Ida Blom, *Medicine, Morality, and Political Culture: Legislation on Venereal Disease in Five Northern European Countries, C. 1870-C. 1995* (Lund: Nordic Academic Press, 2012).

²¹⁸ Véronique Mottier and Natalia Gerodetti, “Eugenics and Social Democracy: or, How the European Left Tried to Eliminate the 'Weeds' from its National Gardens,” *New Formations* 60 (2007): 35-49.

individual can be isolated from society and stripped from a spiritual life and political existence, reduced purely to “bare life.” With the introduction of the state of emergency “unalienable rights” can be alienated from anyone if it is deemed necessary for the protection of the state or the (organic) community, says Agamben, emphasizing that this mindset is embodied in the Nazi State at a negative extreme. For in Nazism the confirmation of life entails the denial of life to those who are deemed to exist only bodily and do not possess any “spiritual value”.²¹⁹

I would, however, agree with Edward Ross Dickinson, who in his essay *Biopolitics, Fascism, Democracy* argues that the scholarship that has replaced the *Sonderweg* theory in explaining German Nazism and instead offered the “biopolitical paradigm”, has focused too stringently on explaining why the Nazis were able to use the tools available in the modern biopolitical State for utterly destructive objectives. Dickinson claims that research has focused too much on the dark side of biopolitics where both Weimar and post-1945 welfare policies are suspect for having continuities with or a potential return to Nazi eugenics. Dickinson instead offers a nuanced view of biopolitics, where it is not just “intrusive, technocratic, to-down, constraining and limiting” but, in a democratic state, having concrete positive welfare outcomes. He includes Weimar in his description of democratic biopolitics and convincingly argues that Weimar eugenicists, although loud and spirited, were rather marginal compared to advocates of public hygiene. In his example he provides the example of the Society for Race Hygiene that had ca. 500 members in 1913, and meanwhile the DGBG (the German anti-VD Society), “an organization devoted to discussing preventive public health measures in one quite specific area of health policy”, had 5000 adherents. It is added that before 1933 no eugenic measures were implemented, despite the fact that the science of eugenics was in vogue and despite the “motherhood-eugenics” consensus among Leftist and right-wing actors involved in sexual politics. Dickinson mentions the only attempt being the State-organized premarital counseling

²¹⁹ Agamben, *Homo Sacer*, 1998.

centers in Prussia, which, however, from this top-down, intrusive view of biopolitics, was an “abject failure.”²²⁰ Later in this dissertation I will use Dickinson's analysis of biopolitics but here I would apply his arguments on the Hungarian case. It seems that in Hungary the individuals showing an interest in eugenics (some, as seen, having serious reservations about it) did make certain attempts at institutionalizing race hygiene, but the slowly upcoming movement suffered a setback in the early 1920s. Partly because of this setback, but partly because of other preventive healthcare measures receiving priority, it can be argued that eugenics did not play a significant role in the welfare policies related to healthcare in the first half of the twentieth century.

Hungary was at the time not a democracy but it was far from being a totalitarian state and even though successive governments were usually characterized by the support of and a struggle between conservatives and far right radicals, there were various power centers that prevented a Nazi-type whirlwind legislation on radical eugenics. One such power center was the powerful Catholic Church; in Hungary radical eugenic legislation was rejected by most Catholics and there was a sense – even among convinced eugenicists in the interwar era – that one would need to go about cautiously with any ideas that might be sensitive from a Catholic point of view as it would be rejected by a vast majority. Eugenic sterilization was debated among experts and even in Parliament in the early 1930s (just like in Germany in 1931-32) but was rejected on the basis of a “lack of knowledge on heredity” and possibly because of Hungary being a Catholic country.²²¹ Mandatory premarital health certificates on the basis of hereditary traits were recommended by some, including the psychiatrist László Benedek, who submitted a draft to the Interior Ministry, but these were rejected as well.

When in 1941 mandatory premarital testing was introduced it was not a eugenic measure

²²⁰ Dickinson, *Biopolitics* (2004): 14

²²¹ One could argue based on U.S., Swiss and Scandinavian eugenic practices that forced sterilization does not say anything about the nature of government as democracies were among the first to employ such measures. Dickinson argues that democratic biopolitics never became genocidal and could be corrected in the long term with positive welfare measures based on consent making liberal biopolitics a “howling success.” politically. Dickinson, *Biopolitics, fascism, democracy* (2004): 46-49

but one aimed at preventing contagious diseases. It is true that in the authoritarian right-wing milieu Leftist eugenicists simply did not have a strength of voice compared to their right-wing counterparts but it seems that even right-wing eugenicists could not influence healthcare and social policy basically until the very end of the Horthy-regime. It is not by chance, either, that racist thinking did not appear in the practice (or as the ideological objective) of voluntary marriage counseling centers until the end of the 1930s, the time where the first anti-Semitic measures were adopted in Hungary. Even then, as will be argued later, the scope and practical effect of racist, anti-Semitic marriage advice in marriage bureaus was minimal.

As said, in Trianon Hungary the discourse and the institutional organization of eugenics did not become central. Firstly, there was a void left by the sudden disappearance of the first generation of those interested in eugenics from public discourse in the course of a few years around 1919-1922. The two main propagators of eugenics, Géza Hoffmann and István Apáthy died in the early 1920s (while other important participants of the eugenics debate like psychologist László Epstein or the gynecologist János Bársony died in the early-mid 1920s), while feminist and Leftist intellectuals involved in the discourse were ousted: Dezső Buday, who published a draft proposal on mandatory premarital health checks in 1918 in the journal *Nemzetvédelem*²²², was killed in one of the most well-known massacres of the White Terror in 1919 at Orgovány, others were marginalized or emigrated (Sándor Doktor or József Madzsar and Oszkár Jászi left the country in 1919-1920, René Berkovits's hometown became part of Romania). Teleki became Prime Minister in 1920-21 but he resigned in a year's time and retreated to science/academia for most of the 1920s, showing no documented interest in the

²²² This appeared in *Nemzetvédelem*, the joint journal of the Nemzetvédő Szövetség, the Magyar Fajegészségtani Társaság, the Országos Hadigondozó Hivatal and the Országos Családvédelmi Szövetség. Dezső Buday, "Törvényjavaslat a házasulók kötelező orvosi vizsgálatáról," *Nemzetvédelem* 1 (1918): 47-53. Buday demanded obligatory health checks with the effect of a ban, for infectious TB, VD and also for hereditary diseases, including those, who had „visible physical defects” like a „having a hunch, being deaf and dumb, blind for both eyes, etc.” Buday, who was a Leftist and got a high position in 1919 during the Hungarian Soviet, adopted a radical, interventionist and eugenic stance on marriage, which further complicates the picture of the „meek society-improvers.”

cause of eugenics in the 1920s. As a result, in the 1920s and 1930s the dissolved *Magyar Népesedéspolitikai és Fajegészségügyi Társaság* was left without its core membership, and without a real heir.

The two organizations that operated eugenic voluntary marriage counseling centers and will be discussed below tried to take up this thread but their influence on policy was limited and with their voluntary counseling activities they were unable to enter the mainstream of interwar Hungarian healthcare. There were individuals like József Somogyi or the psychiatrist László Benedek, who actively discussed the importance of hereditary eugenics, in fact within the psychiatric profession there was a consensus about the benefits of eugenics²²³ but there was no agreement on whether legal regulations were necessary.

Lipót Szondi, one of the stars of Hungarian psychiatry-psychology at the time, who became internationally acknowledged, primarily because of the Szondi-test he had put together, dismissed “active eugenics” (under which he primarily understood sterilization) in an 1936 essay, saying “hereditary prognosis only works with probabilities but not with exact numbers”²²⁴ and that “there are barely more than four illnesses for which Medelian ratios have been proven in an exact way.”²²⁵ As a result, he stated, quoting Alfred Grotjahn, “the State cannot deal with its citizens as a horse breeder deals with his horses, cattle or chicken.”²²⁶ In the course of the legislative drafting process for the marriage law Benedek submitted a (rejected) draft to Béla Johan about extending obligatory premarital testing to hereditary diseases and establishing permanent marriage bans based on eugenic reasons.

The other reason for eugenics not gaining a strong enough foothold, at least in the promotion of marriage counseling, can be a question of financial priorities. For the case of

²²³ This included the greats of Hungarian psychiatry like Lipót Szondi, József Nyíró and Pál Ranschburg, who all wrote in favor of eugenic premarital counseling. More on this in a forthcoming book (2014) by Melinda Kovai on the history of Hungarian psychiatry.

²²⁴ Lipót Szondi, *Az örökléstan jelentősége a gyakorlatban*, (Budapest: Admiral, 1936): 26.

²²⁵ Ibid: 27.

²²⁶ Ibid: 29.

Hungary I would agree here with Maria Bucur, who claims “The most important weakness of the eugenicist movements in Eastern Europe was their inability to mobilize and control human energies.”²²⁷ Bucur claims that public health did not get enough funding, because the military and education tended to receive priority - in Hungary hereditary eugenics did not enjoy priority even when funds became available for public health in the end of the 1930s.

In the early 1920s Trianon Hungary, with its depleted resources, had to find answers primarily to questions related to diseases that posed a clear and present danger to the population. The science of heredity, many thought, was not precise enough to establish whether the Hungarian nation was actually losing or gaining by not implementing eugenic practices. It was, however, clear that much can be done at an instant by improving social conditions to tackle TB, by improving mother and infant care to reduce infant mortality and by focusing on VD care and propaganda to have a lower morbidity of syphilis and gonorrhea. The Rockefeller Foundation, the single largest investor in Hungarian (and Eastern European) healthcare in the interwar era, supported measures that were related to these latter issues and the major healthcare institution established with their money, the OKI, was focusing on these health prevention issues. This underlines what Edward Ross Dickinson claimed with regard to the multifarious nature of biopolitics: although there was potential and a certain amount of support in Hungary for negative eugenics in the interwar era, there were other, less intrusive and dehumanizing, but equally “modern” and “biopolitical” goals that received priority and, as a result, funding instead.

In the light of the above the frustration of physician and eugenicist István Nádor Nikitits in his 1938 article is not surprising:

We do not want to discuss in detail the eugenics laws and regulations of foreign countries, as this will be the subject of another article. We do want to discuss, however, what has happened up to now with regard to this question in Hungary. There is basically no legal provision as of now, only a draft bill has yet been prepared. There was an ad hoc organization dealing with eugenics, but it has not been

²²⁷ Maria Bucur, “Eugenics in Eastern Europe,” in *The Oxford Handbook on the History of Eugenics*, eds. Alison Bashford and Philippa Levine (New York: Oxford University Press, 2010): 407.

active for a long time. The rhapsodically appearing articles and information-providing essays, which mostly make themselves heard via a one-sided and ill-willed portrayal of foreign measures, are more harmful than beneficial for the grand objective of eugenics.²²⁸

VD and marriage counseling

In a presentation on marriage counseling within the Antivenereal Committee, Frigyes Grúsz reflected on marriage within the eugenics discourse and claimed that Hoffmann's propagation of eugenic marital health did not bring good results because “the audience saw eugenics as a whole as a phantasmagoria of a few out-of-touch scientists”²²⁹. He, however, talking to VD experts and being a proponent of the antivenereal discourse, claimed that the first “more significant step” came only in 1917 when Lajos Nékám, anti-VD Commissioner and the *Nemzetvédő Szövetség* called together a legislative drafting conference. At this conference it was not only VD experts, who participated, but József Guszman's expert opinion bore great importance: he believed that mandatory testing was not possible for practical reasons and that propaganda and the recommendation for exchange of health certificates was needed. Nékám himself saw obligatory exchange of certificates among couples as a viable option (again, not marriage prohibition, the obligation would only have meant spouses being informed about the health of the other), similarly to Socialist physician Géza Hahn and Géza Hoffmann.

It was the feminists, and their representative Oszkárné Szirma, who proposed to have a certificate that attested that one was not suffering from contagious VD, which was in line with what contemporary Western feminist movements were suggesting – following Fournier's line²³⁰

²²⁸ István Nádor Nikitits, “Az eugenika szerepe a nemzeti családvédelemben,” *Nemzeti Családvédelem* 1 (1938): 11-12.

²²⁹ As seen earlier, his description probably wasn't far away from reality. Frigyes Grúsz, “A házasság előtti orvosi vizsgálat kérdése,” *Teleia* 13 (1935): 26.

²³⁰ As discussed in Chapter 2, French physician Alfred Fournier's 1880 book on syphilis and marriage laid down the foundations for screening men for VD before marriage as they were likely to be infected by prostitutes.

and arguing for getting rid of the “double moral” where young men turned to prostitutes and brought VD into the marriage²³¹. Grúsz, however, reminded that “opinions differed but in general they were moderate and cautious”²³² at this conference and it is worth noting that the expert who presented the case, Guszman, argued against mandatory marriage testing.

After 1920 there were numerous discussions of marriage counseling, partly upon the initiation of Emődi of Teleia and partly within the AB, where it was one of the first issues of scrutiny in 1925. The journals *Teleia*, *Egészség*, and *Népegészségügy* testify that in the venereology discourse the issue of marital health ranked among the top favorites virtually all along the interwar era and even after 1942, when premarital health checks were introduced, the details of implementation (whose authority, what test results to accept, etc.) were avidly discussed by the experts. In this sense the focus of marriage counseling after 1919 shifted not just on an institutional, policy-making level but also on the level of discourse towards venereal diseases. Debates on hereditary illnesses, as exhibited above, were more sporadic and linked to a few individuals only, split between sterilization and marital health and eventually had no backing from Béla Johan and the “highest court of instance”, the Interior Ministry. The struggle against VD however, was part of the wider public health reform framework and therefore the discourse on premarital testing and marriage counseling had a long-term effect both on the marriage law and on later discourses on marriage and VD. It is unnecessary to recount all the various discussions of marriage counseling in the course of 20 years as there was a great deal of repetition in these debates. Thus, I will concentrate on singling out the key arguments for and against, and on the various possible forms of introducing marital health measures, taking the example of the debates of the mid-1920s.

In the early 1920s Teleia Secretary Aladár Emődi was among the first to recommend a

²³¹ The same idea was put forth by the feminist Sándorné Szegvári at another 1917 conference, the National People's Health Gathering (Országos Népegészségügyi Naggyűlés). See: Sándorné Szegvári, “Fajpusztulás,” *A Nő* 4 (1917): 179.

²³² Grúsz, *A házasság előtti orvosi vizsgálatok*, 1935: 27.

system of compulsory premarital examinations, arguing that the State had the right to investigate whether those about to marry had a disease which would result in offspring putting a serious burden on the State and society. As a first step in 1922 Teleia Association submitted a plea to the Ministry of the Interior to oblige marriage officials to inform couples with leaflets about the importance of premarital medical checks. This leaflet, presented by Teleia, was an amended version of the warning pamphlet that was introduced in Prussia upon the initiative of the DGBG, the German anti-VD association.²³³ The German *Merkblatt für Eheschliessende* is perceived in German historiography on public health²³⁴ as a major step towards state-supported racial hygiene. It was formulated by the same Alfred Blaschko, who was one of the prominent invitees of Hungarian anti-VD organizations before the war.

The next year Aladár Fáy, Secretary of State at the People's Welfare Ministry (Népjóléti Minisztérium) authored a memorandum on behalf of the Minister, addressed to the Minister of the Interior. In this document the issue of marriage counseling was thoroughly discussed and it was mentioned (without reference to Teleia) that the question had been raised “from several sides.”²³⁵

In the memorandum Fáy rejected obligatory health checks, as he believed that the science of eugenics had not provided sufficient evidence for direct intervention, but promoted other population policy means like tax cuts for large families, a bachelor tax, or family insurance. The document also detailed its reasons for rejecting direct racial hygiene intervention: recessively inherited illnesses could not be detected; the three great diseases of alcoholism, tuberculosis and VD could not be unequivocally linked with the damaging of the germ plasm; in the case of gonorrhea medical checks were often ineffective; syphilis was only dangerous in its contagious

²³³ “A nemi betegségek elleni védekezés tizparancsolatja,” *Teleia* 1 (1923): 30-31.

²³⁴ See Lutz Sauerteig, *Krankheit, Sexualitaet, Gesellschaft*. (Stuttgart: Franz Steiner, 1999): 377.

²³⁵ 35.047/1923 N.M.M See. Népegészségügy 6 (1925): 327-329.

phase.

In other words, only freshly infected syphilitic patients could be banned from marriage, but this, even with the Wasserman reaction (the VD test considered as most reliable at the time), could not be ascertained with hundred percent certainty. Fáy thus suggested that individuals should have a private, “intimate” discussion with their family doctors and should only be obliged to show a certificate of this counseling to the marriage official. This private conversation would give the doctor a better overview of the family history of the individual as well and this was seen as better than a superficial examination. He recommended the idea of handing over the medical warning leaflet to all couples about to marry – something that was in full concordance with Teleia's wish.²³⁶

The discussion on premarital checks continued in 1925 when the Antivenereal Committee was formed and the Ministry asked them to present a memorandum on marital health. The subject's referent this time was Zsigmond Somogyi, who presented a draft memorandum for discussion.²³⁷ He pointed to the problems of reliability for such VD tests, where a physician might issue a marriage license based on a false result and so could not be held liable for such a certificate. Tibor Győry opposed obligatory certificates, but believed that certificates could be obtained from GPs or doctors of health insurance companies. He recommended connecting VD with tuberculosis for the purposes of a large-scale health check scheme and mentioned the German *Notverordnung* (Emergency Decree) as a good example for introducing punishment for spreading the disease if knowing one had been infected previously. Frigyes Grúsz mentioned that the doctor should notify the regional medical officer of any infected patients, who intended to marry, while Zsigmond Gerlőczy also supported voluntary checks and propaganda, plus the establishment of state-sponsored marriage counseling centers.

²³⁶ Ibid.

²³⁷ “Egyesületi ügyek,” *Egészség* 39 (1925): 80.

When reading the contents of the memorandum itself it becomes clear that premarital checks were thoroughly considered and the authors consulted a wide range of foreign literature as well. They referred to the 1917 discussion of the issue under Nékám's time as Government Commissioner, they cited the examples of the USA, Sweden, Denmark, Norway, England, Austria and Germany, stating that in Sweden there was compulsory notification of VD and the doctor had to inform the officials in case of marriage intent, while in the U.S. the institution existed in four states, but that it was easy to go around these regulations. There were four problematic areas that, according to the authors, made it difficult to introduce the checks:

1. *Technical*: the problems of detecting syphilis and gonorrhea (the relatively high occurrence of false results).
2. *Legal*: the doctor would issue the certificate and thus he could have legal liability. AB members believed that the majority of the urban population had at least once been infected so they presumed that physicians would not have the courage to issue certificates.
3. *Administrative*: only qualified doctors were to be allowed to do the tests, but with 75.000 marriages a year 50 new specialists would have to be appointed.
4. *Ethical*: even in 1925, when “one had got so used to state intervention in private affairs”, such a decree would be deeply hated and would reduce the number of marriages.²³⁸

Based on all these considerations and the foreign examples they recommended not to introduce any coercive measures until the necessary means would have been made available (hospitals, doctors, etc.) and the public properly educated. However, propaganda could be complemented with new institutions, which would not be hospitals but institutes where people

²³⁸ “A házasság előtt való kötelező orvosi vizsgálat kérdése.” Népegészségügy 6 (1925): 326-332.

would more likely go for a visit: VD care centers or marriage counseling centers. The certificate to be shown to the marriage official would only be one testifying: “health matters related to the establishment of a family” had been discussed with a doctor.²³⁹

In the March-April 1925 issue of *Teleia* a debate was launched to discuss the legal, medical and social aspects of marriage counseling. In this debate János Géber, doctor of the association and editor of *Teleia*²⁴⁰ rejected obligatory health checks, and declared that sex education and propaganda was the only way to lead the masses to having their VD treated,²⁴¹ whereas another physician, Márton Práger²⁴² recommended sex education targeted primarily at women, because if they knew about the importance of marriage counseling and they could much more easily convince men about its necessity than any scientist or rational reasoning. Veteran venerologist Gyula Donáth focused on heredity, argued for examining both sexes, claiming that in the case of animal breeding it was similarly evident that both sides could have hereditary diseases and needed to have a good lineage. However, he added, that due to the complexity of humans and the social, moral, family and historical circumstances a great deal of caution was needed and one might have to make compromises before the people, through proper education, understood the laws of nature.²⁴³ Aladár Emődi strongly believed that a family would degenerate even if a couple of “less worthy” individuals married into it and supported the idea that not just bodily but also spiritual traits were inherited²⁴⁴ and expressed his hope for a law in the future that

²³⁹ Ibid.

²⁴⁰ Géber was a reputable name in the field of dermatology. János's father, Ede Géber was Ferdinand Ritter von Hebra's assistant and doctor of the *Allgemeines Krankenhaus* in Vienna for years and became the first appointed dermatologist in Hungary in 1874. He was also the first Jewish lecturer of the medical university of Kolozsvár. János was the Deputy Director of the University of Kolozsvár during WWI but he did not get the Chair in dermatology in 1919 and moved to Budapest in 1920 where he became Head Doctor of *Teleia* in 1927. The post-1945 archival material indicates that he became member of the Anti-Venereal Committee in 1945 and that in the interwar years his career did not advance as it should have because of his Jewish origins.

²⁴¹ János Géber, “A nemibetegségek gyógyíthatóságának kérdése és a házassági engedély megadása,” *Teleia* (1925): 36-41.

²⁴² Who actually published and article about it in *Egészségvédelem* and was cited only in *Teleia*. See: “Nyilatkozatok a házasság előtti orvosi vizsgálatról,” *Teleia* 3 (1925): 70.

²⁴³ Ibid.

²⁴⁴ His example for animals was that certain dog families were “loyal”, others “happy,” while some were “barking” types. For humans Emődi cited Hungarian families, like the superior military skills inherited from

would require “certain” health certificates for before marriage.²⁴⁵ From Emődi’s line of reasoning it becomes evident that at this stage he was one of the radicals in the antivenereal discourse, inclined to support measures on hereditary eugenics as well.

With the memorandum submitted by the OKE in 1925 and the public debate in *Teleia* in 1925-26, it can be argued that a thorough debate had started on the key issues of marriage counseling. This was the time when the first voluntary marriage counseling centers opened and the opinions of the medical experts, although one can detect variety, point towards the dominance of the idea that choosing a marriage partner was the fundamental private right that belonged to the individual. These debates show that the antivenereal discourse on marital health initially included a wide range of deliberations, including a strong presence of hereditary eugenics. However, only a few doctors believed in permanent marriage prohibitions based on these, or even in temporary marriage prohibitions based on infectious VD.

Propaganda and free counseling was supported by a majority of experts and this explains why the coming decade was the one where voluntary centers proliferated, with a concept of marriage counseling that focused on long-term changes and on advice-giving. The main deliberations relevant to marital health were enunciated in these debates and later discussions of marriage counseling often harked back to the same arguments. However, these discussions of premarital or marriage health were already informed by the practice of the voluntary marriage counseling centers in operation after 1924-25. In the next subchapter I will turn to the voluntary marriage counseling centers to show how this idea of counseling based on volition worked in practice: how youths standing before marriage reacted to this medical option, how the various medical experts responded and how the discourse evolved in the long run as a result of the actual voluntary practice.

János to Mátyás Hunyadi, or the passionate patriotism of the Zrínyis. Aladár Emődi, “A házasság előtti vizsgálat fontossága,” *Teleia* 4 (1926): 74-77.

²⁴⁵ Ibid.:77.

2.2. Voluntary marriage counseling in the international context

In order to provide the international context for the marriage counseling practice in Hungary outlined above, I will present an international outlook to marriage counseling and premarital health checks, with a special focus on the German and Austrian cases. In the Hungarian context these two German-speaking countries are the most relevant: Hungarian doctors and eugenicists saw much more of what was happening in Vienna or Berlin than what went on in the United States, the U.K. or in the Scandinavian countries. These Central European linkages were numerous: the Hungarian Antivenereal Committee sent a delegation to Germany to observe the 1927 law on VD headed by Zsigmond Somogyi, director a marriage counseling center in Újpest; Lajos Naményi, psychiatrist and marriage counselor sought institutional connections with the eugenic marriage counseling center in Dresden led by Rainer Fetscher; Sándor Schönstein, Communist sex reformer and counselor was largely influenced by the ideas and practices of Wilhem Reich, who set up counseling centers in Vienna and later in Berlin; in the mid-1930s public hygienist Gyula Darányi of the *Magyar Családvédelmi Szövetség* did a healthcare round trip in Germany, visiting among others Eugen Fischer at the Kaiser Wilhelm Institute of Anthropology, Human Heredity and Eugenics in Berlin.

The voluntary practice of marriage counseling in Hungary in the 1920s and 1930s has to be understood, however, in a broader context of similar practices around the World. Voluntary marriage counseling was in many discourses conceived as an important tool for positive eugenics: that is, providing medical-psychological and decision-making assistance to those, who were considered as the sources for biological regeneration. Marital eugenics received support by Neo-malthusians (those, who agreed with Thomas Malthus that lower classes needed to limit their family size but instead of sexual abstention they recommended contraceptives) and

feminists, who were the initiators of the birth control movement in the early 1900s, which soon enjoyed a boom and in the first two decades of the twentieth century these ideological strands that all related to marriage and fertility were often not easy to separate from each other. As Natalia Gerodetti has put it, writing on marriage advice bureaus in Switzerland: “Their existence was by no means solely shaped by eugenic concerns, rather marriage counseling emerged at the intersection of social hygiene, eugenics and sex reform and one of their central aims sex education and/or dispensing contraception”²⁴⁶

The various centers dealing with marriage/sex counseling thus reflected the convictions of the individual actors that ran these private institutions: the agency of these actors become key in societies where at this stage there were no state-orchestrated policies related to marital hygiene. If we thus direct our attention to the individuals running these clinics, several questions may pop up in relation to the aim, function and practices of these institutions. Firstly, who are these people that are doing voluntary marriage counseling? What convictions are behind their work, which was often done under poor conditions, free of charge and beyond working hours? What do they want to change in society and who are they looking for as objects of their counseling? Secondly, who are the people that visit these centers and what makes them go? What benefits do they expect and what kind of potential resistance do they engage in with regard to the exercise of power over their bodies? Also: can we find out what form of Foucauldian power/knowledge networks were set in motion at these various forms of voluntary marriage counseling?

As for the first question, if marriage counseling stood at the “intersection of social hygiene, eugenics and sex reform,” we will find actors of all political convictions, including radical Socialists, Social Democrats or right-wing race hygienists. These actors will typically

²⁴⁶ Natalia Gerodetti, “Eugenic Family Politics and Social Democrats: Positive Eugenics and Marriage Advice Bureaus,” *Journal of Historical Sociology* 19 (2006): 225.

have some kind of a medical background, so they will be doctors, nurses, midwives, psychologists, sexologists, or people from the natural sciences. In an age where scientific legitimacy was on the rise those who engaged in such an open public hygiene battle, even when they tried to put up an opposition to established branches of medicine, needed to have the necessary credentials for the “layperson” to put trust in their knowledge. As a reaction to marriage counseling by these actors the Christian Churches in some countries (e.g. in Germany) attempted to provide their own marriage counseling, partly to protect their own system of values, partly to maintain the trust in their institutions related to marriage: not to let the medico-bureaucratic alliance completely take over control over marriage via its biologization.

In fact, Christian Churches entered the medical discourse on marriage often through physicians, who used medical-scientific arguments as theological ones were less and less fashionable. As the Catholic gynecologist, Albert Niedermeyer stated in retrospect in 1950, these Christian organizations saw a threat in the “uninhibited” advice (primarily meaning: birth control) given by these centers and consciously defined their own work as “biological” and “hygiene-driven,” as *Eheberatung* (marriage counseling) as opposed to *Sexualberatung* (sex counseling).²⁴⁷ The popularity of the Christian marriage counseling centers was, however, too low to be able to provide a real alternative to the top birth control and marriage counseling clinics. Church involvement in marriage counseling therefore seems to have focused (Chapter 4 will show Hungary’s example) rather on sex education; they attempted to produce sexual knowledge for the young by using already existing Church networks (e.g. pastoral power of the priest, Christian youth organizations, boy scouts, and Christian educational institutions) instead of setting up advice centers.

The reasons for running the marriage advice clinics was as diverse as the political views these actors held: some focused on birth control, others on providing sexual or psychological

²⁴⁷ Kristine Von Soden, *Die Sexualberatungsstellen der Weimarer Republik* (Berlin: Edition Hentrich, 1989): 58.

advice before or during marriage, some pressed for eugenic-biological recommendations, while many wished to protect future spouses from contagious diseases like VD or TB. In fact, sometimes there was more to it than just providing advice. Margaret Sanger's first Birth Control Clinic, which was established in Brooklyn in 1916, was closed almost immediately after it has been opened, due to the legislation that banned any advice on or provision of birth control in the U.S. Maria Mesner therefore sees Sanger's opening (and after its closure, re-opening) of a center that was so obviously breaking the law as a form of "direct action", which served to provoke authorities and thus to direct attention to her cause.²⁴⁸ Secondly, the *Clinical Research Bureau* that Sanger and associates established in the early 1920s was partly initiated to motivate the State to establish similar marriage counseling centers, which in Mesner's analysis was not accomplished, but led to the establishment of "hundreds of private clinics in the USA."²⁴⁹

Providing birth control could be based on progressive-feminist reasoning (women should be able to take control over their body), Socialist ideas (the poor should have the right to the same birth control options as the rich), Neomalthusian convictions (to control the rise of population for economic reasons), race hygiene objectives (that undesirables or inferior classes should reproduce less) or for reasons of medical hygiene (in order to avoid abortions). As stated above, it was often hard to separate these various underlying reasons. The largest initial sponsor of Sanger's *Clinical Research Bureau* for example was the British Neomalthusian industrialist Clinton Chance,²⁵⁰ but Sanger positioned the clinics in a feminist context as well with "voluntary motherhood" contributing to the general well-being of society through better marriages. At the same time birth control was seen as a way for the privileged, Protestant white middle-class to protect itself from the influx of and greater fertility levels of Catholic Eastern and Southern European immigrant women. Birth control was a way to avoid "race suicide" as the advice and

²⁴⁸ Mesner, Maria. *Geburten/Kontrolle: Reproduktionspolitik im 20. Jahrhundert*, (Vienna: Böhlau, 2010): 51-52.

²⁴⁹ Ibid: 54 and 61.

²⁵⁰ Ibid: 55.

material, if accepted, would help these immigrant women “blend in” with an American culture and reduce their fertility levels significantly.²⁵¹

In Germany in the mid-twenties it was the *Verband der Krankenkassen Berlins* (Berlin Health Insurance League – VKB), led by Dr Kurt Bendix, that became the largest organization providing birth control as part of counseling. This association that had access to 1.5 million patients in its regular practice at the clinics it ran at the time.²⁵² The VKB clinics had a predominantly Socialist and Communist staff, who believed that community-based health care should supersede the system of private doctors, hospitals and asylums and preventive care should have the prerogative over treatment of diseases already present. It was this institutional background, plus money and incentive arriving from Margaret Sanger’s birth control organization²⁵³ that made it possible for the “Committee for Birth Control” to open up birth control clinics starting in May 1928 within the framework of the VKB. After the opening of the first clinic in the district of Neukölln in Berlin, within half a year four more clinics were opened up and one of them persuaded prominent physician, Max Hodann, who up until that worked at Magnus Hirschfeld's *Institut für Sexualwissenschaft*, to serve as its leader.²⁵⁴ In their first year of operation these five centers had an impressive number of 2,705 visits, mostly (80%) women asking for birth control.²⁵⁵ This meant more than 500 visitors per clinic in the birth control clinics and all five clinics were led by women.²⁵⁶

The “lay organizations” (as coined by Atina Grossmann) in Germany, mostly worker's associations or women's organizations, also opened up their own clinics. These were, similarly, centered on birth control: providing cheap birth control material or free birth control advice. The most prominent of these was the *Liga für Mutterschutz und soziale Familienhygiene* (League for

²⁵¹ Ibid: 63-65.

²⁵² Grossman, *Reforming Sex* (1995): 47-48. According to Grossman's data the 40 clinics of the VKB treated over 10.000 people daily.

²⁵³ Grossmann, *Reforming Sex*: 53.

²⁵⁴ Ibid: 53-54.

²⁵⁵ Ibid: 55.

²⁵⁶ Timm, *Politics of Fertility*, (2010): 110-115.

Protection of Mothers and Social Family Hygiene – Liga), an apolitical organization (in terms of party politics),²⁵⁷ which had altogether 28.600 members²⁵⁸ and operated several hundred clinics by the early 1930s.²⁵⁹ Birth control clinics were established by various other worker's associations like the *Verband der Arbeitervereine für Geburtenregelung*, or the *Arbeiterwohlfart* (Worker's Welfare) but also by private doctors like Max Grünwald in Dortmund or Richard Dehmel in Berlin and by the Communist Party (KPD).²⁶⁰ Here again, we can see that the different lines of reasoning for birth control often intersected: within the KPD birth control was seen as a means to fight against the inequalities of a society in which birth control was freely available only to the privileged classes and as such poor women did not enjoy full rights over their bodies.²⁶¹

At the same time Helene Stöcker and the *Bund für Mutterschutz und Sexualreform* (League for the Protection of Motherhood and Sex Reform – BfM) opened up a sex counseling center in Hamburg in 1924. The BfM had a heterogeneous base of supporters, from bourgeois radicals, to Neomalthusians or race hygienists²⁶² and they combined feminist reasoning with a preoccupation with hunger and poverty that came from too large families and resulted in the “proletarianization” of society – here there was a tangible fear of being outnumbered, as the upper classes had already limited their family size.²⁶³

In 1926 the Prussian State (the Ministry with the initiative, the Social Welfare Ministry, was by that time run by the conservative Catholic Center Party) decided to set up its own communal marriage counseling centers. These were initiated after a drive for obligatory

²⁵⁷ Grossmann, *Reforming Sex*, (1995): 31-32.

²⁵⁸ Von Soden, *Sexualberatungstellen*, (1988): 65.

²⁵⁹ The way the *Liga* managed its provision of birth control material is typical for the time: as the public provision and propagation of birth control materials was illegal according to Paragraph 184.3 of the Criminal Code, individuals could join the *Liga* even if just for a day, purchase birth control material at the sex counseling clinic, and this way the law was not violated as the whole “transaction” was as part of a closed society with “public mores” not in threat. See: Grossmann, *Reforming Sex* (1995): 32-33.

²⁶⁰ Ibid: 56. and von Soden, *Sexualberatungstellen*, (1988): 65-67.

²⁶¹ Hence the famous KPD slogan, “Dein Körper gehört Dir” (Your body belongs to you).

²⁶² Ibid: 64.

²⁶³ von Soden, *Sexualberatungstellen* (1989): 15-18.

premarital health certificates on a national level had failed²⁶⁴ and was targeted mainly at examining the health of and providing medical advice for engaged couples. These clinics, as set by the guidelines Prussian Government had issued, were not to provide or to mention birth control at their advice sessions. The Prussian municipal clinics were by far not as popular as the sex counseling clinics already in operation, most probably because the target group would see the health examinations and eugenic health questionnaires as an unnecessary intervention into their private life if as a result they would not receive something they actually needed.²⁶⁵

However, Annette Timm, observes that even though these communal clinics were not set up to serve as “havens for birth control,” this is what actually happened in some instances, as the employees of these clinics responded rather to clients' needs than to the wording of the law.²⁶⁶ Lutz Sauerteig confers that there were as many as 200 Prussian *Eheberatung* clinics by the early 1930s, but that bureaucratic *Eheberatung*, as opposed to *Sexualberatung*, did not resonate well with the majority of the population and was already at the end of the 1920s in a serious crisis.”²⁶⁷ Similarly to the *Eheberatung* of the Prussian government centers, race hygienists like Otmar Verschuer and Hermann Muckermann in Berlin tried to enter the advice-giving business by focusing on eugenic, hereditary-biological advice, but their voluntary efforts, for similar reasons as the *Eheberatung* by the church and by the municipal Prussian centers that did not provide birth control, remained insignificant.²⁶⁸

As it can be seen from the American and the German cases, birth control often stood in the center of attention for marriage counseling clinics but this mobilized the Christian churches, as they maintained that birth control would disassociate sex from reproduction and this could easily lead many to a life in sin. The Churches had reason to worry about the post-WWI sexual

²⁶⁴ Timm, *Politics of Fertility*: 101-103.

²⁶⁵ Ibid: 113.

²⁶⁶ Ibid: 116-117.

²⁶⁷ Lutz Sauerteig, *Krankheit, Sexualitaet, Gesellschaft*. (Stuttgart: Franz Steiner, 1999): 377-378.

²⁶⁸ Von Soden, *Sexualberatungstellen*: 60-61.

“new ethics” as well, which was on the rise and masses could have direct contact with sex reformers through these voluntary sex counseling centers. In Germany prominent sexologist and champion of homosexual rights, Magnus Hirschfeld ran his own clinic at *Institut für Sexualwissenschaft* (Institute for Sexual Science), which he claimed to be very well-frequented²⁶⁹ and Communists and feminists gained a strong foothold among a predominantly working-class clientele via the provision of birth control.

The “Inner Mission,” a reformist group of the Lutheran Church in Prussia, under the leadership of Hans Harmsen initiated the setting up of a network of marriage counseling centers that were to stand as a counterweight to the new ethics that seemed to permeate communal counseling centers; they hoped that counseling and activism among the young would increase the visibility of the churches and bring back some long-lost Church followers.

Church officials realized that in order to be able to keep up with the rivals they needed to ensure that there was a tangible outcome of the sessions so they decided to provide legal advice, as well. An example for such was the *Vereinigung Evangelischer Frauenverbände Gross-Berlin* (Union for Protestant Women's Associations of Greater Berlin - VEFG), which reported that in the course of one year they had 76 clients, who were mostly in marriage and under dire stress and received counseling for economic problems.²⁷⁰ After the establishment of their first marriage counseling center in 1927 they opened five additional Protestant counseling centers within a year,²⁷¹ but the above cited number of visitors indicates a lack of demand for Church-based marriage counseling, at least compared to the sex counseling provided by sex reformers but even if put in line with some centers ran by the Prussian State. Nevertheless, the Catholic Church

²⁶⁹ Hirschfeld reported about 80 couples per week on average according to Von Soden, *Sexualberatungsstellen*, 102. Jamila Martin confers about 50-60 per week and altogether 18.000 visits annually as claimed by Hirschfeld after the first year of its operation, but warns that in the absence of actual proof, this cannot be taken as granted as Hirschfeld had a vested interest in “overreporting” the actual cases counseled. Jamila Martin, *Die Eugenik-Konzeption Magnus Hirschfeld im Kaiserreich und in der Weimarer Republik*. Master Thesis, Unpublished (2013): 52-53.

²⁷⁰ Timm, *Politics of Fertility* (2010):104-105.

²⁷¹ Von Soden, *Sexualberatungsstellen* (1988): 80.

decided to open counseling centers as well and in 1932 it developed its own guidelines for its centers: similarly, these did not provide birth control and promoted full sexual abstinence before marriage.²⁷²

With regard to the questions regarding the clientele of the marriage counseling centers and their impact on counseling itself let us now turn to Austria, and the *Gesundheitliche Beratungstelle für Eheswerber* (Health Advice Center for Engaged Couples – GBE) in Vienna. Austria, a successor state of the former Hapsburg Empire, emerged after WWI in considerable crisis, old authorities (including the Catholic Church) lay in shambles,²⁷³ and in the former Hapsburg capital, Vienna, with the votes of the working class majority a Socialist party (the Social Democratic Worker's Party - SDAP) rose to power. The stayed in government for 15 years until the Austrian Civil war of 1934 and the subsequent introduction of the Austro-Fascist corporate state. The SDAP, as part of the reconstruction of Austria and Austrian society, planned for a reconstruction of “organic capital.”²⁷⁴ That is, they believed that new social structures, new family structures, and as such new forms and a new ethos of sexuality was necessary, and one of the means for accomplishing this was indirectly, through marriage counseling. As *Helmut Gruber* explains in *Red Vienna*:

(...) sexuality was not only viewed as a means to social ends. Much of the socialists' concern with the subject centered on its possible negative powers, which threatened to distract workers from the programs, organizations, and activities created by the SDAP, and to lead them into private spheres that were at best neutral to collective culture. Seen in that light sexuality was to be sublimated so as to make the worker's 'marriage' to the party possible.²⁷⁵

Marriage counseling was introduced on a voluntary basis partly because any coercive

²⁷² Ibid.

²⁷³ Maria Mesner, “Educating Reasonable Lovers: Sex Counselling in Austria in the First Half of the Twentieth Century,” in *Sexuality In Austria*, eds. Günter Bischof, Anton Pelinka and Dagmar Herzog (London: Transaction Publishers, 2007):50.

²⁷⁴ Mesner, *Geburten/Kontrolle* (2010): 66.

²⁷⁵ Helmut Gruber, *Red Vienna: Experiment in Working Class culture 1919-1934* (Oxford: Oxford University Press, 1991): 156.

measure would not have made the desired impact as the SDAP only controlled Vienna and had no authority beyond. As stated above, the idea was providing a link between production and the economy of humans: workers were not to be too distracted from production with sexual excesses and at the same time they needed to be engaged in the production of healthy children in order to serve the regeneration of society. Voluntary marriage counseling embodied the idea of self-control and self-discipline,²⁷⁶ where workers would internalize the goals set by the marriage counselors and lead a marital life that was in line with the expected, “moderate” norm.

Julius Tandler, city counselor for welfare, youth and health for most of the Red Vienna years and the head of the clinic, gynecologist Karl Kautsky, Jr., were extremely ambitious, hoping for tens of thousands of visitors a year. They were pulled back to reality as soon Kautsky complained that sometimes “weeks passed without any single visitor”²⁷⁷ and even after some years of propaganda activities, at the peak year of 1929 less than 900 people sought guidance at the GBE.²⁷⁸ The numbers were not particularly low but it is telling that there was no need to establish new clinics (while in Berlin where there were 16 municipal clinics and over 40 locations for marriage counseling by the early 1930s). Also, based on the experiences of the first few years Kautsky observed that the concrete demands were not what they had expected: instead of individuals/couples asking for premarital or marital advice on eugenic or hygiene issues out of a “generative responsibility,” people were asking questions about sexual hygiene in the broad sense, including the options to control their fertility.²⁷⁹

Mesner refers to Max Hodann, a Berlin sex reformer and marriage counselor influencing working class demands in Vienna, as he often came over and held very popular lectures, where he talked about birth control and about the need for psychological sex counseling. Kautsky soon acknowledged that they would need to provide psychoanalytic counseling at the GBE and made

²⁷⁶ Mesner, *Geburten/Kontrolle*, (2010): 71.

²⁷⁷ Mesner, *Geburten/Kontrolle*, (2010): 68.

²⁷⁸ Ibid: 52-53.

²⁷⁹ Mesner, *Geburten/Kontrolle*, (2010): 69

it clear that the center did not (as previously suggested) have the right to decide over the marriage fitness of its clients.²⁸⁰ The ambitious, original aim of the center fell through, something Kautsky claimed to be a “disinterest of a large part of the population.”²⁸¹ Mesner saw this as a form of (passive) resistance.²⁸² The above development shows that in Vienna, just as in Berlin, the clientele was able to shape the views of the authorities on counseling. In fact, alternative Socialist marriage counseling in the form of sex education lectures by Hodann provided a rivalry where the clients “voted with their feet”; the popularity of Hodann made Tandler and Kautsky reconsider the ways for normalization of their clients.

Marriage counseling by the city of Vienna in the 1920s and in Prussia/Berlin in 1926-33 can all serve to exemplify the process that Foucault described as follows:²⁸³

- Power is being invested in the body and desire in the body is expected to appear through this investment of power – both through the counseling sessions, through the attempt to produce knowledge that puts the bodies of workers to productive use via the induced self-discipline and self-control.
- Response comes from the subject: one's own body is preferred over power, pleasure is preferred over “moral norms of sexuality, marriage, decency.” What had made power strong is used to attack it. In Vienna resistance can be seen in three forms: resorting to alternative information sources (Hodann), changing the content the discourse (pleasure and life satisfaction being sought, along with the birth control information that can be seen as a means of empowerment) or non-participation. In Prussia there was a strong demand for birth control and the bureaus that did not provide it were neglected, while the ones that did become popular.
- Power then can reorganize itself, invest elsewhere and so the struggle continues – in

²⁸⁰ Ibid.

²⁸¹ Cited in Mesner, *Geburten/Kontrolle*, (2010): 71

²⁸² Ibid.

²⁸³ Michel Foucault, *Power/Knowledge*, ed. Colin Gordon (New York: Pantheon, 1980): 56-57.

Prussia this led to the State-sponsored centers providing what the clients requested, in Vienna the center considered introducing psychological counseling and birth control information as well. By having an access to a larger share of the population there was a chance to exercise normalization, but this needed to take new, more sophisticated or “user-friendly” forms.

The problem of reaching the proper clientele was problematic in a slightly different way in Switzerland, where both the Bern and Zürich Marriage Advice Bureaus complained that the “wrong people” were coming to marriage counseling sessions and with the “wrong problems.” Firstly, it was not the people with possible hereditary problems (e.g. individuals with mental illnesses), but rather well-informed and “rational” people, so these Bureaus could not fulfill their original goal of advising some people to refrain from marriage and to suggest voluntary sterilizations. Also, only about 10-15% of the clients came for marriage fitness advice, the majority wanted to solve a problem within marriage (e.g. contraceptive advice, legal issues, economic distress, sexual questions).²⁸⁴ Zürich and Bern thus struggled with the same problems as the State-run bureaus in Vienna and Prussia: eugenic-biological premarital “fitness” advice was not appreciated and it was not the “right” people who came to the sessions.

Another aspect of agency in marriage counseling relates to gender. Both in Germany and Austria there was a thriving birth control movement, driven by Socialists, Communists, feminists of all convictions, many of whom were women of authority. Two legends of the birth control movements in the Anglo-Saxon world were two female marriage counselors, Margaret Sanger and Marie Stopes. In Germany Heléne Stöcker, among the first German women to receive a doctorate, advocated a *Neue Ethik* that, amongst others, stood up for gender equality in marriage, the independence of women (married or unmarried) and the equal status illegitimate children. It

²⁸⁴ Gerodetti, *Eugenic Family Politics* (2006): 225-235.

was among the goals of Stöcker's *Bund für Mutterschutz* to provide advice to mothers about childcare, birth control and other questions related to sexuality. These centers were explicitly addressed to women and fashioned themselves as potential sources of female empowerment through these new ethics,²⁸⁵ (much of which originated in Helene Stöcker's theoretical work in the Wilhelmine era on female emancipation) and through the information and support they provided.

Certain aspects of the sexual politics of the Soviet Union in the early 1920s, especially when interpreted by Socialists on study trips to the Soviet Union, or when arriving to the West through the work of the sexual radical, Alexandra Kollontai, created a further push towards emancipation in sexuality and in other aspects of social life. Permitting abortions and easy, unilaterally initiated divorces were seen as most progressive by the followers of the “new ethics” and when Fannina W Halle's book *Frauen in Sowjet-Russland* [Women in Soviet Russia], was published in 1932, it soon became a bestseller. Soden cites a short quote by Halle, in which she describes an easy and seamless, almost “happy” abortion at a Soviet clinic. The woman in the post-operation room only has praise for the female physician attending her and exclaims: “It should be women doing this everywhere! Out with men from gynecological clinics.”²⁸⁶

The question of authority over fertility and birth control played a significant role in the actions of Margaret Sanger's *Clinical Research Bureau* as well. The clinics, which relied much more on female expertise as the male-dominated gynecological profession, did not receive official authorization by the local health supervisory agency, the New York State Board of Charity. There was a serious conflict of interest with the medical profession, gynecologists being rather conservative on contraceptives and as a result they understood that they “failed to assume

²⁸⁵ Von Soden dedicates a whole chapter to the “new sexual ethics” that could relate to the post-WWI “new woman.” This new woman was a product of the War, emancipated rapidly through work done in formerly male-only environments, had an independent income and often lived in independent households, which deeply undermined the prewar patriarchal context of the family. In addition, this new woman asserted her previously not articulated needs both in sexual life and in marriage. Von Soden, *Sexualberatungstellen* (1988): 44-47.

²⁸⁶ Von Soden, *Sexualberatungstellen* (1988): 50. (in German, my translation)

leadership” in this field, but at the same time the physicians' unquestioned monopoly over the science of fertility was an aspiration that stood sharply against birth control efforts coming from beyond the medical profession.²⁸⁷ As in many countries high-prestige jobs in medicine almost exclusively belonged to men and the ratio of female doctors remained low for most of the 1920s and 1930s, the question of legitimacy or authority to give advice or act in relation to marital health issues, became a strongly gendered one.

However, even sex reformists and feminist marriage counselors did not escape the “motherhood-eugenics” consensus that Atina Grossmann saw as valid for the whole political spectrum with regard to sexual politics of Weimar Germany.²⁸⁸ Eugenics meant that women were expected to select healthy partners with good pedigrees and in case of certain illnesses they were advised against giving birth; motherhood refers to the idea that the primary role women were to fulfill was that of mothers and so most marriage experts (even many among the feminists) did not want to allow women to go too far beyond their “natural” role in life: motherhood. In more conservatively set marriage counseling practices eugenics and motherhood were even more closely related. In Japan German-trained Ikeda Shigenori and his *Japan Eugenic Exercise Movement* set up centers that were primarily aiming for female attention. In fact, in a culture where female citizenship was partly founded in consumption and body enhancement, some of these first centers were opened in department stores in order to attract and address female clients.²⁸⁹ Women in Japan were seen as the key to eugenic goals: as mothers they were to oversee the eugenic hygiene of the family both at the point of selection and also in the care taken for their children. Ikeda put together a eugenic questionnaire for middle-class, educated women, which is largely different from the working-class target group of German, Austrian and

²⁸⁷ Mesner, *Geburten/Kontrolle* (2010): 53.

²⁸⁸ Grossmann, *Reforming Sex* (1995): 15.

²⁸⁹ Jennifer Robertson, “Blood talks: Eugenic modernity and the creation of the new Japanese,” *History and Anthropology* 13 (2002): 203.

Swiss marriage counseling.²⁹⁰ It is not surprising that in a conservative society the empowerment of working class women was not as much in the background as in a society with strong Communist and Social Democratic forces; in this sense Hungary was closer to Japan than to Germany: marriage counseling aimed at hygiene and middle class women were believed to be best able to provide good examples for the “uneducated classes.” Nevertheless, the conviction that women were better positioned for eugenic selection and for becoming the providers of eugenic health in the long run, was present in all these societies. When marriage counselors targeted them for eugenic-biological marriage counseling, this was based on the idea that they were naturally better suited for “proper” selection, as they primarily existed as reproductive beings: as wives and as mothers.

In Germany, Austria, or the U.S.A. where the birth control and the sex reform movements made a greater impact, it was often women giving advice to women at these counseling sessions, but in many countries it was the idea of hygiene that dominated the discourse and practice and even if there was demand from the clientele for advice beyond eugenic fitness, this can only rarely be traced from the records. Margaret Sanger with his Mother Clinics, questioned the authority of (mostly male) gynecologists on marital health issues and the women counselors involved were often not doctors trained at medical faculties. Marie Frischau's and Wilhelm Reich's *Sozialistischen Gesellschaft für Sexualberatung und Sexualforschung* in Vienna employed mostly female experts (five women and two men worked at the counseling center). However, in Japan, as well as most countries where birth control and sex reform did not play a role it was still medical men dominating the discourse on marital health. It needs to be added that while sex counseling (e.g. *Sexualberatung* in Germany and Austria and the Mother Clinics of Sanger in New York), because of the focus on birth control, had a predominantly female clientele, for biological-hygienic marriage counseling (*Eheberatung* in Germany) one cannot

²⁹⁰ Ibid: 205-206.

detect a similar phenomenon, the distribution of sexes was more balanced.

One thus can find a colorful range of marriage counseling centers in the 1920s in a number of countries of the World (the above overview not being comprehensive) with counselors believing in the power of these sessions in educating people on sexuality, in saving marriages gone astray, in advising the not-so-educated about contraceptives, or giving more sophisticated advice to the educated on whom to select for a healthy marriage. The range of actors was similarly wide and their aspirations were often antagonistic, but they can all be related to Foucault's idea of sexual normalization where power seeks to exert control over the physical and social body by setting up norms (and pathologizing deviation) and finding outlets to channel the messages of this discourse of normalization to the targeted bodies. Resistance of various forms is an important aspect of this exercise of power; as we have seen here in the case of the voluntary marriage counseling centers, the marital health discourse of the 1920s was as much defined by the advice-takers as by the advice-givers. It is however Foucault's theory of the scientific, "secularized" Christian confessional that I believe is most useful for voluntary marriage counseling.

According to this analysis in the modern West the will to sexual knowledge was founded in the medical profession's rearrangement of the concept of the confession. Firstly, there was a "clinical codification" of the confession, meaning that what was spoken by the individual had to be standardized and coded into scientifically understandable language. Secondly, the sexuality of the subject needed to be uncovered in full detail as this carried the greatest weight for understanding any kind of pathology. The "principle of latency" referred to the idea that the subject probably (consciously or unconsciously) tried to hide certain elements of its sexuality and these need to be uncovered as well. Fourthly, it was the medical expert, who interpreted the sexual secrets brought to the forefront, the discourse of truth needed this scientific verification and interpretation to enter the canon. And finally, the effects of this confession were

medicalized, that is, again it was the medical expert, who reached a verdict whether the subject's sexuality was normal or pathological.²⁹¹

The marriage bureau can be understood in this frame of scientific confession, where there are standardized forms of extracting information and archiving answers on sexuality (questionnaires and anamneses were widespread, Hirschfeld for example used a 150-page questionnaire²⁹²), the central subject of the confession always being related to uncovering truths on sexuality and one can always find the medical experts speaking for the subject, interpreting their sexual confessions in the light of the norms set by contemporary medical discourse. Yes, there were significant differences in terms of the acceptance of certain sexual norms and there were differences in overall objectives (despite the “motherhood-eugenics” consensus dominating not just in Germany but in most countries), but marriage counselors all used the same techniques for producing sexual knowledge and their practice was embedded in the same medical discourse of scientific betterment by discovering “true” sexuality.

2.3. Voluntary Marriage Counseling Centers in Hungary

Below I will discuss the various Hungarian voluntary marriage counseling centers that were established around the same time as the ones in the rest of Europe. I will use Foucault's theory on the “secular confession” for the analysis of these centers and based on this I will make comparisons with the international scene of marriage counseling. I will try to find answers for

²⁹¹ Michel Foucault, *The History of Sexuality: Volume I: An Introduction* (New York: Vintage Books, 1990): 65-67.

²⁹² Von Soden, *Sexualberatungsstellen* (1988): 99-100.

the motivations of Hungarian marriage counselors, the resistance and/or willingness of cooperation by the clientele, and I will provide a number of answers for the significance and longer-term implications of the establishment and early marriage counseling practice in these marriage bureaus.

2.3.1. Teleia's Counseling Station

Teleia's voluntary marriage counseling center was among the pioneers in Hungary in 1924 and, thanks to the association's journal, *Teleia*, it is the perhaps the best documented such center in Hungary. The association had been the dominant voice in issues related to VD in the early 1920s so it came as no surprise that it initiated the setting up of the first marriage counseling center in Hungary in the first half of 1924. This *Counseling Station* was, similarly to Teleia's regular VD care institution, free of charge and it operated two hours a day every workday, with two doctors (Imre Kron and Miksa Bálint) on alternating duty. It was to serve couples and individuals about to marry and those, already married, who wanted to be educated about the possible harmful effects of VD.²⁹³ In its first year Teleia's marriage counseling center attracted 174 individuals, examinations for VD were undertaken for all of them, and 142 were found as infected, most of whom were sent to get treatment; 4 persons were advised against having a family.²⁹⁴ The numbers were somewhat disappointing for Teleia, but the fact that a large majority, more than 80 percent, were found infected justified for Teleia doctors the importance of their institution. The marriage counseling session thus functioned as a screening for those, who wanted to get married and had reason to believe that they had been infected. The numbers did not improve in 1925, either, with only 119 individuals voluntarily paying a visit to the Counseling Station. Less than 10% (only 11) were women so there was a strong gender

²⁹³ "A Teleia Egyesület Tanácsadóállomása," *Teleia* 2 (1924): 42.

²⁹⁴ "A Teleia Egyesület XXXII évi közgyűlése," *Teleia* 3 (1925): 62.

imbalance, just the opposite of what one could see in German, U.S. or Austrian sex counseling centers. This can be explained by various facts:

- that Teleia was not dealing with birth control, which was the primary reason for the success (among female clients) of the marriage counseling centers abroad
- Teleia was in a largely middle-class neighborhood and women of a bourgeois background could afford to go to their private, trusted doctor for such a private examination.
- In fact, the practice at Teleia was in line with the idea of middle-class sexual morality where women were deemed passionless while men had to satisfy their uncontrollable urges before marriage with the help of prostitutes. The men coming to the Counseling Station, as can be seen from the ratio of infection, were primarily and justifiably concerned about having VD and wanted to make sure that they were cured before getting married.²⁹⁵

At Teleia's November 1926 general meeting Emődi could report about no further improvement in the activities of the Counseling Station, as only 103 individuals went for counseling in 1925 ²⁹⁶. Emődi blamed the lack of a good and “intimate” place for the marriage counseling section, as the clients had to go to Teleia's VD clinic for advice and this already bore a certain stigma. Emődi proposed to copy what had been done in Vienna, where even in the City Hall there was a well-equipped marriage counseling center (this was Kautsky’s marriage bureau) and the VD clinics were operating fully separately from it.²⁹⁷

Miksa Bálint reported about the first three years of the Counseling Station in 1928. His

²⁹⁵ “Az egyesület budapesti rendelőintézetének betegforgalma,” *Teleia* 4 (1926): 26.

²⁹⁶ This, by the end of the year went up to 133. The doctors found 101 to be treated for their VD and decided that 4 individuals were “completely and permanently unfit to marry.” See: “Betegforgalom az 1926. évben,” *Teleia* 5 (1927): 80.

²⁹⁷ “A Teleia-egyesület 1926. november hó 21-én tartott igazatósági és választmány ülése.” *Teleia* 5 (1927):

article in *Teleia* confirmed the data already published in the journal before, and lamented about the possible reasons for a lack of success. He attributed the lack of female clients to three reasons: that most women had no premarital sexual life, that women who did engage in premarital sex were “held back by false shame” from the medical examination, and that female VD patients in general tended to turn to a doctor much less often than men. Bálint described a typical counseling session in his article, as well. This consisted of: the individual providing personal data (having the right to anonymity) and explaining all past illnesses; a general medical examination of the individual, which was complemented by a specialist check if it was necessary; a check of blood, urine and genital fluids and provocational procedures like prostate massage or chemical provocation of the urethra; giving the permission to marry or giving a warning that treatment was needed and if the individual was from the poorer classes, providing information about free of charge VD clinics.²⁹⁸

Bálint's description of the procedure shows that this was in fact a general medical examination, which would also screen patients having tuberculosis, for example. At the same time the emphasis was on finding VD patients and most clients (87%) turned out to be infected with either gonorrhea or syphilis (their ratio being 3:2). The rest suffered from nervous illnesses (20%) or had a problem related to internal medicine (3%).²⁹⁹

The other marriage counseling doctor, Imre Kron, wrote about the importance of marriage counseling in the same issue of *Teleia*. Although he did not provide statistics for his marriage counseling sessions, he confirmed the idea that there needed to be a general examination of the patient as problems other than VD could also endanger marriage. His example was a serious heart condition, where “a young individual with this condition will presumably not have a long life and although his/her problem is not contagious, he/she should

²⁹⁸ Miksa Bálint, “Megfigyelések a Teleia orvosi tanácsadójából,” *Teleia* 6.(1928): 32-33.

²⁹⁹ Ibid: 33.

not be advised to establish a family similarly to those, who suffer for example from VD.”³⁰⁰ Kron's statement makes it clear that as part of Teleia's marriage counseling center, doctors kept a particular focus for VD mainly because of Teleia's profile; however, they felt entitled to an overarching and thorough social hygienic control that could have provided strong advisory rights for doctors in all cases where family life would have been threatened by health reasons. These reasons were not necessarily eugenic, at least Kron's explanation suggests that for this heart condition the concern was not so much about the health of the child but for the ability of the parent to be able to provide for the child – normality was thus contextualized in terms of the nuclear family as well, with the two-parent model the only healthy option.

In the next decade the *Counseling Station* rolled onto a steady path of decline into almost complete insignificance. The peak year was 1928 with 187 visitors but by 1932 this was down to 78 and in the last five years of Teleia it did not even reach 60. It is true that other marriage counseling centers opened up in Hungary in the 1920s and state-supported voluntary marriage counseling started in 1928-29, but these centers did not interfere with the work of Teleia because of their geographic location; it is therefore fair to assume that voluntary marriage counseling as imagined by Teleia did not accomplish its original goals. The idea of counseling for informed and responsible individuals who are aware of the importance of marital health only worked for a very limited group, most of them men, who could very well assume that they had been infected with VD.

2.3.2. Újpest – Marriage Counseling Center of the Országos Szociálpolitikai Intézet

The second marriage counseling center that opened in 1924 was in Újpest, an industrial town just north of Budapest, with a rapidly growing working class population. In order to attend the social problems of the city a settlement was set up under the leadership of Béla Erődi-

³⁰⁰ Imre Kron, “A házasság előtti orvosi vizsgálat fontosságáról,” *Teleia* 6 (1928): 27.

Harrach, which was to function based on the Anglo-Saxon settlement model. This model was based on a co-habitation of various classes: middle class youths (mostly from an institution of higher education) would move in with working class families to a joint “settlement”. This would create the opportunity for breaking down social barriers, as these youths would become more understanding towards to working class needs and, within the settlement, could easily share good examples, knowledge and best practices.³⁰¹ The settlement, which was operated by the *Országos Szociálpolitikai Intézet* [National Social Policy Institute - OSZI] in 1926, had a public health department, where the AB member Zsigmond Somogyi became head doctor.

The OSZI opened a marriage counseling center in 1924 (the same year as Teleia) and after a couple of years with a fairly low attendance, in 1928 the numbers increased and suddenly they provided counseling for half of all engaged couples in the town,³⁰² whereas in 1929 almost all married couples visited the center.³⁰³ Somogyi's success in Újpest at the end of the 1920s might be a surprise at first sight as the OSZI marriage counseling center, based on the reports provided by its doctors, did not provide anything more than the medical tests and biological advice and as such it probably did not have greater power than Teleia to attract couples or individuals. The success, admittedly, was achieved with the help of the local mayor and the marriage official, who agreed to require (in some sources: persuade³⁰⁴) couples to get a doctor's certificate from Somogyi's OSZI marriage counseling center before getting married.³⁰⁵ The

³⁰¹ For more detail on the settlement movement see: Christian Johnson, *Strength in community: an introduction to the history and impact of the International Settlement Movement*. (Derby: IFS, 1995). On the ideology of the Hungarian settlement movement see: Béla Erődi-Harrach, *A magyar settlement-mozgalom eszméi*, Budapest: Stúdium Könyvkereskedelmi és Könyvkiadó Rt. (undated).

³⁰² Zsigmond Somogyi, “Törvényjavaslat a házasság előtti orvosi tanácsadásra.” in: *Az Országos Közegészségügyi Egyesület Antiveneriás Bizottságának Ünnepi Kötete (1925-1935)*, ed. Ede Neuber (Budapest: Atheneum, 1935): 60.

³⁰³ Rezső Hilscher, *A Főiskolai Szociális Telep tevékenysége és a settlement munka módszere* (Szeged: Hírlapkiadó, 1929): 54

³⁰⁴ This “persuasion” is typical of the Horthy-era in Hungary, where there was a functioning Parliament with opposition parties, but, aside from Budapest and larger cities, voting was not secret and so those, who did not support the government party at the elections, could easily be “persuaded” to change their minds. See: Ignác Romsics, “Nyíltan vagy titkosan. A Horthy-rendszer választójoga,” *Rubicon* 1 (1990): 4-5.

³⁰⁵ György Darvas, “A házasság előtti orvosi vizsgálat jelentősége a statisztika tükrében,” *Népegészségügy* 30 (1950): 347.

minutes of the 7 May 1931 meeting of the OKE Antivenereal Committee reveal that by not being fully open about the nature of this persuasion Somogyi put himself in a slightly comic situation in front of his colleagues. He informed the experts in the Committee about the extraordinary results of the Újpest marriage counseling center, and sex education expert Dezső Steiger-Kazal saluted his report saying “it is good news that the applicants were simple people, which indicates that the general propaganda has produced sufficient results even among the less educated classes.” This misunderstanding had to be corrected by Somogyi immediately: “*Presenter* notes that the applicants came to the institution upon the advice of the marriage clerk.”³⁰⁶ This discussion in the AB leaves us with the impression that not only were these marriage counseling centers struggling with voluntary visitors but those who were not directly involved in the counseling work, even if they were part of the antivenereal elite, were detached from the everyday realities of marriage counseling in Hungary.

A 1950 article by OSZI physician György Darvas on the activities of the OSZI marriage counseling confirmed that this was indeed a coercive initiative, as he reported on the agreement with the local marriage officer saying “we, in the area of Újpest implemented obligatory health examinations 13 years before it was announced as a law”, adding, “regrettably after this marriage officer had retired, his successor did not dare to send couples to pre-marriage medical checks and so after 1930 the attendance of our counseling center decreased dramatically.”³⁰⁷ This article shows how persistent OSZI physicians were in believing that voluntary counseling was to involve coercion, as well. Being cognizant of the socioeconomic background of the visitors to the Újpesti clinic, it can also be sensed that these “simple” people, as Steiger-Kazal commented, were deemed as not “cultured” enough to decide about their readiness for marriage themselves. Voluntary measures thus were shaped by beliefs that knowledge production and self-care did not work well on a voluntary basis and that for better efficiency, even if only for

³⁰⁶ “Egyesületi ügyek,” *Egészség* 45 (1931): 204.

³⁰⁷ Darvas, *A házasság előtti*, (1950): 347-349.

disseminating knowledge, physicians needed the power of the law to back them up. Somogyi's own report on the OSZI activities in 1933 in *Népegészségügy* details the agreement made in Újpest: the couples were either sent to private doctors, or, if they were too poor to pay for that, to the OSZI. As Újpest was predominantly working-class, most couples ended up in Somogyi's institution.³⁰⁸

This meant that altogether 741 individuals (365 men and 373 women) were examined between December 1928 and July 1930, 78% of whom were industrial workers, and further 16% women working at home or as maids. The health tests themselves were voluntary, the clients had the chance to decide what they wanted to be examined for. Thus, the OSZI doctors often had to (according to Somogyi) “make do with” anamnesis and blood tests only but in the majority of the cases (697) they could do more comprehensive examinations and go deeper with their questions.

Their results included detailed information on premarital sex: 92.5% of men and 52.5% of women had already had sex before marriage, with the majority (73%) of the non-virgin men had not had sex with their bride but, previously, with someone else.³⁰⁹ Somogyi claimed that both in terms of sexual ethics and hygiene premarital sex was seen as justified if it ended in marriage. Only 24.8 percent of men met this requirement, while with non-virgin women the ratio was much better, at 66.7%. However, 15% of all women were already pregnant. Somogyi was able to provide data on not just the individuals, but also on the couples: 34.6% of all couples had already engaged in premarital sex. As this was based on their own reports so Somogyi, “naturally”, estimated it to be higher. He himself argued against obligatory premarital health checks based on this 1928-1930 Újpest data, saying that as already one-third of marriages was just a formality as it sanctioned an already existing sexual relationship. Therefore, it would be

³⁰⁸ Zsigmond Somogyi, “Az Országos Szociálpolitikai Intézet Egészségügyi Osztályának működése az 1932. évben,” *Népegészségügy* 14 (1933): 708-710.

³⁰⁹ Ibid: 708.

“against ethical, hygienic and state interest to obstruct these.”³¹⁰

As for illnesses, the OSZI doctors found about 5% of all examined to have tuberculosis, only around 1-2 percent had syphilis, with no significant gender differences, but there was an immense gender gap between men and women in terms of gonorrhea: 9.4 percent of men were found infected, with only 0.28% (1 person) reported with it among women. Somogyi thus concluded that every fifth man and every thirteenth woman was unsuitable for marriage but again added, that banning them from marriage would not have been a good option.

This report from the “heyday” of the Újpest OSZI marriage counseling center shows how badly the institution craved for data and results and how much interest there was in the premarital sex life of the population. Somogyi's relaxed application of Christian norms is to be noted. His indication that premarital sex was to be accepted as long as it resulted in marriage and no exchange of partners, was much more the viewpoint of a physician having hygiene in mind than that of a Christian moralist. Somogyi, however, in line with the marriage counseling consensus in Hungary, rejected the *Sexualberatung* practiced in Germany:

Unfortunately, however, in Western states marriage counseling gradually went over into the hands of birth control advocates and these marriage counseling centers have gradually started to deal with other sexual questions and their more or less admitted goal is to provide information on procedures and material for controlling conception. Bendix's compilation shows that the persons appearing in Berlin marriage counseling centers were asking for birth control material in 74.9 percent of the cases. This explains why the current German government had the marriage counseling centers closed in 1933.³¹¹

As for coercive intervention the empirical evidence Somogyi got hold of in 1928-1930 definitely shaped his attitude towards obligatory prenuptials and the realities of the sexual life of working class people. In early 1933 Somogyi made a speech at the Health Protection Exhibition in the Social Health Museum and listed the problem fields that were already discussed in 1925:

³¹⁰ Ibid: 709-710.

³¹¹ Somogyi, *Törvényjavaslat* (1935): 60.

technical, legal, administrative, ethical obstacles for introducing obligatory checks. By 1933, having much more information on premarital sexual habits and infection rates through his work in the OSZI, he persisted with the idea that premarital medical advice should only be used for propaganda purposes and marriage bans should be avoided. He warned that “the question relates not only to individuals having a higher ethical standard, but those with lower ethics, where the attitude towards premarital sexual life shows very little difference between men and women.”³¹² This statement is seemingly self-contradictory, because it maintains that among the groups with a high ethical standard women are less likely to agree to premarital sex and so many men in this higher ethics group would by definition (due to their attitude towards premarital sex) have a lower standard of ethics. Somogyi here probably just tried to make a distinction between the ethics of the middle class and that of the workers. It was his perception of the latter group that made him speak up against obligatory health checks, arguing that in many cases marriage legalized an already existing sexual relationship and so these would reduce the number of marriages with people living in “wild marriages.”³¹³

It is worth noting here that according to Foucault it was the sexuality of the bourgeois family that initially appeared as a problem field, and that the most thorough control of sexuality was applied for the middle classes – this “garrulous sexuality” was then, says Foucault, forced onto the proletariat that often refused to accept it.³¹⁴ The idea of “class sexuality” plays out quite clearly in the case of the OSZI, where working-class ethics was seen as inferior to that of the bourgeoisie – at the same time Somogyi and associates believed it would not be wise to introduce strict controls for this more eruptive form of sexuality. However, the “garrulous sexuality” was indeed forced onto the working class: in the Újpest VD Care and marriage counseling center there was a great deal of interest in sexual habits and their quantifiable aspects,

³¹² Zsigmond Somogyi, “A házassági tanácsadás,” *Teleia* 11 (1933): 12.

³¹³ Ibid.

³¹⁴ Foucault, *History of Sexuality* (1990): 122-127.

e.g. their correlation with VD. Several reports underline the fact that the Újpest expert physicians attempted to draw a more general picture of working class sexuality and marriage based on “hard” statistical evidence. The marriage counseling sessions were confessionals in the Foucauldian sense with a medical experts trying to collect as much information on the sexuality of the individual as possible and interpret these in light of their own norms and medical categories.

At the same time the fact that for working-class couples premarital sex was more the rule than the exception made the whole project of marriage counseling, at least for Somogyi, only possible on the level of this secular confession. His expert draft for the Lex Veneris on marriage counseling, submitted to the government in the mid-1930s, was in line with these experiences: obligatory premarital checks were not to be introduced because Somogyi saw that marriage as an institution, at least for the working class, was not all that relevant from a sexuality (and thus: fertility) point of view. Sexuality was to be discussed, uncovered, interpreted. At the same time it was more or less clear that prohibitive, negative measures could not really contain these “wild” sexualities.

As for confessionals, there is a report from the Újpest VD care center on premarital sexuality and its correlation with VD, published in *Népegészségügy* in 1930.³¹⁵ This report, authored by OSZI doctor János Herman, attempted to determine the age of the “first coitus” among the non-married clients of the VD/marriage counseling center and made statements on marriage and VD based on the evidence found. Herman completely dismissed the confessions of women, which is in line with the gender relations detailed above, with the female perspective by and large missing. He claimed, “we did not get truthful data from our women patients, not even by chance,” and decided only to rely on the men, who he believed have provided correct data because for proper treatment they needed to tell the truth. Oddly, Herman did not think that he

³¹⁵ János Herman, “Statistikai adatok a férfiak házasságonkívüli nemi életéhez,” *Népegészségügy* 11 (1930): 295-302.

needed to provide justification or evidence as to why women's claims could not be taken seriously as opposed to men. He, however, revealed his "critical method" for evaluating answers by men: he simply disregarded data that seemed too "fantastic" or where there were large discrepancies in the story told. Therefore 1012 patients were deemed as reliable (out of 5400 – this most probably included women, as well)³¹⁶. This attitude (method) points towards Herman seeing the group of counselors as "Masters of Truth" – those, who in Foucault's analysis interpret the confession. The counselor verifies the answers provided by the clients and can decide, from the position of the expert and with the legitimacy of science (even without a proper scientific verification process), to discard the confessions based on the sex of the client as "unreliable" and he does not even need justification for such manipulation of data. The "hard data" extracted from these confessions were thus strongly contingent on the categories of "reliability" accepted by the marriage counselors.

Herman's conclusions were the following:

- most people (90%) started to have sex between the age of 15 and 19;
- Extramarital sex necessarily led to VD, with 20% acquiring it within a year and 50% within four years;
- Most people having infectious VD lived with their family;
- Antivenereal prophylaxis should shift attention from VD treatment to the appropriate physical and spiritual education for the young that emphasizes early marriage.

There are a few lessons to be learned from the Újpest OSZI story. One is that these marriage counselors were interested in social hygiene and focused on marital health in the framework of venereal diseases, with no discussion of hereditary eugenics. Secondly, the reports from Újpest confirm the limits of biological-hygienic marriage counseling, which we could

³¹⁶ Ibid: 296-297.

detect already at Teleia – interest on a voluntary basis was similarly minimal. In addition, the ad hoc intervention of the marriage clerk (without proper legal backing) was only good to create a larger corpus for assessing sexual confessions but it did not result in a change of attitudes towards voluntary marriage counseling. The “rational subject” that would understand the importance of marital health did not appear even after introducing a whole cohort of youths semi-forcibly to the system and they could have spread word about the usefulness of these examinations. The OSZI marriage advice center thus received an opportunity to win over the young workers of Újpest but, probably due to the strong class and gender bias (which becomes evident from the articles of Somogyi, Herman and Darvas), they were unable to grab this chance. Women visiting VD Care Centers were by definition perceived differently; even the doctors, who themselves claimed to be making efforts to remove the stigma of prostitution from female premarital sex talked were conditioned by gendered sexual stereotypes and talked about these women, many of whom had a premarital sex life, in a dismissive manner.

2.3.3. Marriage counseling in the Health Protection Institutes (EVI) and the OKI rural Health Houses

Establishing VD Care Centers was put on the agenda by the AB first in 1926; the establishment of these will be explained in the next chapter. What is, however, important with regard to marriage counseling is that one of the activities these VD Care Centers were required to provide was voluntary marriage counseling. The examples of a state-orchestrated marriage counseling network were already there in Prussia and in Austria. Certain things, however, worked out differently in Hungary. In Germany VD Care Centers have been in operation since

1914 but they did not deal with marriage in specific. The various marriage counseling centers were operating separately and even if they had VD on their agenda, their scope usually went beyond it. The Hungarian practice of marriage counseling was by contrast more narrowly focusing on preventing VD. As exhibited above with Teleia and Újpest, the first marriage counseling centers that were set up primarily dealt with VD. When a couple of years later the VD Care Centers, the EVIs were set up (with the help of the same group of experts), these integrated marriage counseling into their range of activities.

These EVIs housed marriage counseling centers, which were voluntary and operated along the same lines as the ones that already had been in operation in Újpest at Teleia since 1924. These EVIs had a similar rate of visitors as the pioneering ones: the Győr center for example, which opened up in January 1929, could report altogether 169 individuals in the course of ca. 2.5 years.³¹⁷ Head doctor Emil Hochstrasser, who reported about the Győr EVI, was clearly dissatisfied with the attendance rate:

We were calculating with this in advance and so we do not see it as a setback. For our prudish and prejudiced rural society the idea of the obligatory premarital medical examinations is a exoticism from abroad, which cannot get deep roots immediately. We will need to engage in a great deal of educational and pedagogical work to have our people's general and hygienic knowledge elevated to the level where the couples before marriage would attribute the same importance to racial hygiene aspects than to furnishing their flat, the trousseau, the social standing and connections of the future marital partner, not to talk about the dowry.³¹⁸

Hochstrasser's description is in line with what Detre or Berkovits were saying in the eugenics debate back in 1911: that society first needed to be educated about marital health and that part of this was to make people understand that partner selection was to go beyond an economic concept of marriage. Hochstrasser's ideas were in concordance with the views of other marriage counselors as well, as there was an understanding that knowledge production was key

³¹⁷ Emil Hochstrasser, "Beszámoló a Győri Egészségvédelmi Intézet (Nemibeteg gondozó) működéséről," *Teleia* 10 (1932) 43-47.

³¹⁸ Ibid: 46.

for inducing changes in sexuality.

The *Országos Közegészségügyi Intézet* (National Public Health Institute – OKI), that was at the time headed by Béla Johan, was commissioned to set up Health Houses in smaller towns and villages. These were to include VD care and marriage counseling as part of their services. In terms of VD Care EVIs were to cater for larger regions with one EVI for about 100.000 inhabitants, while the thousands of health houses in towns and villages would serve to detect VD and to give marriage advice to those, who came on their own initiative. The Health Houses set up in larger villages served general public health services well, but in terms of VD care and marriage counseling they were far behind the expectations of the medical community. In most annual OKI reports in the mid-1930s there was extensive reporting from most regions on other public health matters but VD care was either not mentioned or it was indicated that there was a very low attendance of VD sessions - and the same was true for marriage counseling.

From these reports it becomes clear that VD care was not in the core of the work done by these Health Houses. There is reason to believe that the local population refused to visit these centers because of a possible social stigma in small, closely knit communities. There was a common assumption as well, based partly on birth statistics and partly on degeneration theory, which attributed a dysgenic effect to urban life (“urbanization and industrialization irresistibly withers the number of children and statistically it is an irrefutable fact that the metropolis is the grave of the nation”³¹⁹). It was a regular to believe (and not just in Hungary) that small rural communities fared better both in terms of childbirth and in terms of VD as larger cities were seen as infested with egoism, slums and widespread prostitution. This assumption might have made the physicians themselves less prone to focus on VD issues in the villages. If individuals from villages suspected that they had VD they had a good reason to visit an EVI in the region and rather pay for the trip than to be subject to gossip about their possible disease.

³¹⁹ “Beköszöntő,” *Nemzeti Családvédelem* 1 (1938): 2.

The VD statistics show low numbers both in EVIs and Health Houses and Teleia's Aladár Emődi was not far from the truth when he wrote in 1931 that his association did a lot more in the field of VD than all the EVIs altogether.³²⁰ It is perhaps sufficient just to quote the data from Debrecen, one of the largest towns of the country (over 100 thousand inhabitants): its EVI had 549 new patients in 1937 and there were only 13 marriage counseling sessions that year.

These numbers, reports and statements all point towards one direction: that the initial goal of the EVIs (and, to a lesser extent, the Health Houses) was not even nearly achieved. The population of the Hungarian countryside reacted to voluntary marriage counseling just like the population of middle-class Pest or working-class Újpest. As there were no tangible benefits just potential threats of increased control, coercion and public embarrassment, attendance levels remained low. VD-related voluntary marriage counseling in Hungary had to make do with a few hundred visitors per year (probably around 500 in most years) even though there were dozens of centers in operation throughout the country.

2.3.4. Social Democratic / Communist Sexual Counseling

There is only scant evidence on marriage counseling by Social Democrats/Communists, although it is clear that apart from their participation in the international sex reform movement and some Social Democrats (like the physician Béla Totis) having published popular books on issues like sexuality or birth control, their influence was fairly limited and they were unable to reach out to the working class masses as their counterparts in Austria or Germany did. In the Horthy-regime Social Democrats were in permanent opposition in Parliament (due to the election system that was constantly engineered to ensure the majority of the Christian Government party/parties) and the Communist Party was initially banned, which comes as no surprise as anti-

³²⁰ Claiming that the EVI's in total had an attendance of a mere 2-300 VD patients per year. See: "Az 1930. évi december 28-án tartott igazgatósági és választmányi ülés jegyzőkönyve," *Teleia* 9 (1931): 16.

Communism, linked with the rejection of the Hungarian Soviet Republic of 1919, was one of the ideological foundations the regime. The legal reincarnation of the Communist Party, the MSZMP was banned in 1928, three years after it had been set up.

Sándor Schönstein's (1898-1945) articles are basically the sole source of information on Leftist marriage counseling in interwar Hungary. Schönstein, coming from a Jewish family, graduated in Prague and then joined the MSZDP (Hungarian Social Democratic Party) in the 1920s and helped establish the left-wing doctor's association of the MSZDP, which organized a four-day strike of health workers in 1932. He was a convinced Marxist, whose political activities included translating the *Marxistische Arbeiterschulung* (Marxist Worker's Classes) notes of the German Communist Party.³²¹ Schönstein was expelled from the MSZDP due to his far-left leanings and was convicted by court for his political activism in 1933 and remained under police surveillance for the rest of the 1930s.

Schönstein's views can be traced back to the contemporary movement, Freudomarxism, which by and large (with a great deal of variation within the movement itself) aimed at linking Freud's teachings on psychoanalysis with Marxist materialism.³²² Therefore, when providing sexual counseling in the *Sexualberatung* sense, Schönstein was in fact hoping to liberate working class youths from their sexual qualms that resulted from a repressive bourgeois society that imposed a set of sexual taboos on all classes. He believed in the woman's right to access to birth control and in the liberalization of abortion. In his article on population control, he attempted to prove how the birth practices of the Soviet Union were superior to other European nations, even though abortions were legal.³²³ Schönstein was convinced that the working class needed to be liberated sexually, as bourgeois sexual norms and the bourgeois family in particular were the

³²¹ István Simonovits and Endre Kárpáti, "Schönstein Sándor dr. életéről és munkásságáról," *Orvosképzés* 55 (1980): 463-475.

³²² See an excellent, detailed overview of Freudomarxism in: Ferenc Erős, *Analitikus Szociálpszichológia* (Budapest: Új Mandátum, 2001). Schönstein's views come closest to Wilhelm Reich's theory on sexual economy and what Erős calls "messianistic Freudomarxism"

³²³ Sándor Schönstein, "Az egyke problémája," *100% 1* (1928): 262-264.

reason for the “bourgeoisiation of the proletariat” and the “dimming of its self-awareness.”³²⁴ He thought that a greater sexual freedom would help shaking off the capitalist yoke: “thinking the sexual problem through can in itself bring one to the denial of the current social order and to the will to establish a socialist society.”³²⁵

In his 1930 article Schönstein referred to the sexual counseling centers abroad, saying that these had already been established and worked well, whereas in Hungary there was “not even a trace” of this. He urged the setting up of such sexual counseling centers, to change the mores of the working class young (which were either too bourgeois, or too strict because of “ultrarevolutionary” ideas) and to educate them about sexuality, as their knowledge about the issue was chaotic and minimal.

Schönstein was clearly influenced by Wilhelm Reich, the Austrian renegade (Communist) psychoanalyst, who formulated a theory that traced back the neuroticism, masochism and the authoritarian traits of the individuals of society to the repression of sexual energies by the patriarchal-bourgeois State. Reich believed that a Socialist transformation would be possible through the spread of the “genital personality”, who would be able to use his genital potential (via the force of the orgasm) to shake off the “armor” that one's character had built up through repression.³²⁶ Both Reich and Schönstein linked up the fight for the freedom of the sexuality of the individual (non-procreative sex for young couples, right to divorce, abortion, contraception, the liberation of masturbation from its moral stigma, etc.) with Socialist revolution, believing that sexuality was one of the most efficient methods for repressing the working classes and therefore liberating it would induce revolution.³²⁷

It was in 1931 when Schönstein first reported about the sexual counseling centers in Hungary, which were set up by the Doctor's Association of the Social Democratic Party of

³²⁴ Sándor Schönstein, “A munkásifjúság és a nemi kérdés,” *100% 3* (1930): 400.

³²⁵ Ibid.

³²⁶ Erős, *Analitikus szociálpszichológia* (2001): 109-167.

³²⁷ Schönstein, Sándor. “A munkásifjúság és a nemi kérdés.” *100% 3* (1930): 399-401.

Hungary.³²⁸ He outlined the main sex education and counseling activity of their centers:

- individual counseling sessions for workers
- sending them for treatment and asking them to come back for control sessions.
- propaganda (in the press, with presentations).

Counseling was free of charge and anonymous and no records were kept as they wanted the center to be “completely free of bureaucracy.” Schönstein stated that the ideological basis of the sex counseling centers was a socialist sex ethics based on natural sciences and “real life” where healthy and mature individuals would have a right to extramarital sex and illegitimate children would have equal rights to legitimate ones. He added that they supported obligatory pre-marital health checks and birth control as well, but not just to limit family size: also for “unsuitable couples to step back from conceiving.” Schönstein's ideology of the “liberation” of sex thus belonged to the eugenic consensus that permeated not just the Hungarian discourse but was part and parcel of the Leftist sex reform and marriage counseling discourses in the German-speaking countries as well.

From another article we can infer that these centers provided advice only and there were no medical examinations, but the counselors were all doctors.³²⁹ Unfortunately, Schönstein did not confer about numbers, he promised to write about the statistics of the first 6 months of these institutions in the Autumn 1931 issue of *Társadalmi Szemle* but this never happened, and as he was too radical both his party (the MSZDP) and for Christian-nationalist Hungary,³³⁰ there is not much left behind about his potential sex counseling activities later on.

2.3.5. Marriage Counseling at the Családvédő Országos Egyesület

³²⁸ Schönstein, Sándor. “Ifjúsági és szexuális tanácsadás,” *Szocializmus* 21 (1931): 61.

³²⁹ Sándor Schönstein, “Ifjúsági és szexuális tanácsadók Budapesten,” *Társadalmi Szemle* 1 (1931): 97.

³³⁰ He had to publish under various false identities or anonymously in the second half of the 1930s. After the German occupation of Hungary in 1944 Schönstein was deported and died at the hands of an SS-guard in Bergen Belsen in 1945. See: Semmelweis Museum Archives, Budapest. *Papers of Sándor Schönstein*.

The *Családvédő Országos Egyesület* (Family Protection National Association – CSOE) was an attempt at revitalizing the *Nemzetvédő Szövetség a Nemibajok Ellen* that had been established in 1916 and headed by anti-VD Government Commissioner Lajos Nékám.³³¹ The CSOE, a non-governmental organization, was set up in 1928 by leading physicians and it had a serious list of sponsors and patrons both from the government and the traditional elite. The CSOE in its objectives and activities was closer to the international marriage counseling practice as it provided comprehensive, eugenic marriage counseling, *Eheberatung* that included VD screening only as one of its many services. If compared with Teleia it can be seen that while Emödi's association received a great deal of support from the private sector, the urban Jewish middle class,³³² CSOE doctors and sponsors came from the Christian nationalist middle and upper class.³³³ The CSOE did not provide detailed reports on finances or the number of visitors so we do not know whether its counseling sessions were of great interest to the public or not or whether its incomes outweighed its expense (we can only guess that its short-lived existence and disappearance in the early 1930s can at least partly be related to a lack of financial means). What makes the CSOE important is the fact that it ran a eugenic marriage counseling center and provided a service that was much wider in its scope than that of Teleia, the OSZI or the EVIs.

The ideologist and main driving force behind the CSOE was a Jewish convert, Lajos Naményi, a well-known psychiatrist and a convinced eugenicist.³³⁴ As for the content of the marriage counseling provided by the CSOE, there is an extensive description in one of the 1930

³³¹ See: *A Nemzetvédő Szövetség a Nemibajok Ellen Alapszabályai*. (Budapest: Stephaneum, 1916).

³³² Teleia was, as discussed earlier, very successful in acquiring private donations from wealthy individuals and businesses and a large percentage of these were Jewish.

³³³ See: "Családvédelem," *Egészségvédelem (Családvédelem)* 6 (1930): 25.

³³⁴ Naményi was one of the first proponents of eugenic sterilization in Hungary and some of his statements, like his concluding words in his article *Eugenika és gyógypedagógia*, indicate that he was ready to go along with the most radical tenets of eugenics: "The time will come when the extermination of these worthless beings [incurable idiots] will be an obligation for society." See: Lajos Naményi, "Eugenika és Gyógypedagógia," *Gyógyászat*, 66 (1926): 705.

issues of *Egészségvédelem*,³³⁵

- Sex education for girls and boys in the age of puberty (also for parents);
- Premarital counseling on health issues like VD, TB, alcoholism, heredity, etc. and counseling for young married couples on establishing a family;
- Advice on the physical and spiritual development of future generations so that a disease free, strong generation could grow up;
- Information on all matters related to the health, legal and welfare issues of families;
- Advice on how to establish concord and peace in family debates – with the help of a jurist, doctor, priest or psychiatrist and via mediation or an arbitration process.³³⁶

In his 1929 article in *Népegészségügy*³³⁷ Naményi explained the general idea of marriage counseling within the CSOE and basically differentiated between two distinctive types of counseling: premarital and marriage counseling. As for premarital counseling, Naményi saw it primarily as giving advice to parents of young children and to adolescents on sex education. Health checks that were to be done right before marriage were already under the category of marriage counseling and his idea of this institution went beyond premarital advice and health checks; it included psychological, eugenic/fertility counseling for married couples as well.

As we can see from the reports on the practice of the CSOE marriage counseling center, its activities corresponded to Naményi's ideological underpinnings. In 1930 Lajos Földes,³³⁸ a doctor working for both the CSOE and Teleia, wrote about the utility of the marriage counseling sessions. He emphasized that these were set up not to copy foreign institutions but because there

³³⁵ “Házasulandók figyelmébe,” *Egészségvédelem* 6 (1930): 27-28.

³³⁶ Ibid: 28.

³³⁷ Lajos Naményi, “A házassági tanácsadás lényege és feladatai,” *Népegészségügy* 10 (1929): 1125-1133.

³³⁸ Another doctor of Jewish origin, member of Teleia, a gynecologist, who also wrote popular books on childbirth for women.

was a public need for it. He cited four very specific examples for successful activities of the CSOE Counseling Station (without providing any statistical numbers):

- a 15 year old boy, who was terribly anxious about what he read about “onanism” in a sex education leaflet. “He wrote that if he didn't receive help he'd commit suicide. When he was provided with the ‘correct medical viewpoint’ on the subject, he calmed down and tried to direct his sexual aspirations towards other, nobler channels.”
- A young couple came, who were brought together by genuine love and were not from the “simple classes”, as the man worked for the National Post and the woman was a primary school teacher. They had sexual problems and soon the CSOE experts found out that the man had neurasthenia from a previous VD infection. He received regular treatment, which brought him peace and balance and solved the problem.
- A woman over 50 had problems with her husband, who was rude to her and did not give his weekly pay home any more, even staying sometimes out during the night. After a “local” investigation by the CSOE it turned out that the otherwise good-willed man had a lover and he wanted to get rid of his bad conscience so he went to pubs and spent his money there. The solution of the CSOE? “With warm words we bring him back to his good sense and the most helpful partner in this is the priest of his congregation.”
- An open-minded 16 year old boy came to tell that he wanted to get out of the tyrannical control of his parents. The CSOE experts got the parents’ consent to send the boy for 3 months to a relative, where he got treated even worse so that afterward he was happy to go back home, where the meanwhile “enlightened” parents were more accepting and understanding towards him.

The glue that binds together these little stories is what makes the CSOE unique: if such counseling was provided in the institution than it really went far beyond the scope of other

organizations in Hungary. It reached out to people who needed marriage and sex counseling but it also provided relationship counseling for couples and family therapy, even if the tools applied seem to have been fairly arbitrary and based not so much on scientific or medical knowledge but on common sense. The nonchalant report on the 50-year old husband and his lover and the “local investigation” by CSOE experts is particularly intriguing as it was a clearly non-medical problem but the CSOE doctors believed that they could legitimately intervene and in order to “persuade” (similarly to the persuasion used at the OSZI clinic in Újpest) the individuals involved, they got in contact with a local figure of authority.

The CSOE had connections internationally as well: Naményi was a member of the prestigious British Eugenics Society and he sought a cooperation with the Dresden marriage counselor Rainer Fetscher, who published an article on his activities in Dresden in *Családvédelem*.³³⁹ It also becomes clear from the article by Földes that eugenics in the CSOE originated in a Neomalthusian conviction, where the rationalization of childbirth was key and a qualitative policy in childbirth was more important than a quantitative increase.

Despite the bombastic reports of Földes on the successes of the CSOE, after 1932 there is no mentioning of any of its activities: its journal, *Családvédelem* was no longer published as part of *Egészségvédelem* and no public health journals (e.g. *Magyar Vörös-kereszt*, *Népegészségügy*, *Egészség*, *Teleia*, *Nemzeti Egészségvédelem*, *EPOL*) reported on any of its activities, even though both Földes and Naményi had ample chances of publishing their views. In fact, Naményi published a considerable number of articles on eugenics, he was one of the few, who in the early 1930s publicly propagated the benefits of the sterilization of the “unfit” and even went as far as to deem the life of “idiots” as completely worthless.³⁴⁰ As the CSOE disappeared in thin air after

³³⁹ Rainer Fetscher, “A házassági tanácsadás problémái,” *Egészségvédelem (Családvédelem)* 6. (October 1930): 24-26. and *Egészségvédelem (Családvédelem)* 6. (November 1930): 22-24.

³⁴⁰ Lajos Naményi, “Eugenika és Gyógynevelés,” *Gyógyászat* 66 (1926): 702-705. The following passage on “incurable idiots” indicates the radicalism of Naményi: “the time will come when the putting to death of these worthless beings will be a social obligation.” He cited the work of Karl Binding and Alfred Hoche, whose 1920 book on the destruction of “life unworthy of life” influenced German Nazis in developing their policy of

only a few years, it seems plausible that the marriage counseling center was not very successful after all and the sponsors and patrons were not able to provide an annual income for the association that would have enabled the continuation of its activities after the Great Depression started to affect the economy of Hungary as well.

2.3.6. *Magyar Családvédelmi Szövetség*



Fig.4. The waiting room of the MCSSZ Central Marriage Counseling Institute

Possibly the only accessible archive newsreel footage on marriage counseling in Hungary was made on the opening of the marriage counseling institute of the Magyar Családvédelmi Szövetség [Hungarian Family Protection Association – MCSSZ].³⁴¹ The MCSSZ was initiated by VD expert and AB member Gábor Doros, who had been involved in the drafting of the Lex Veneris, and was a prolific writer, contributing to a wide range of issues within the anti-VD dialogue. He collected and published in 1926 the existing legislation on VD in Hungary,³⁴² which was a prerequisite to starting the drafting process of the Lex Veneris. His epic, nearly 1000-page book on VD in Budapest (co-authored with József Melly, published in 1930) was also an important reference point for publications in the field, as it was a substantial account not just

³⁴¹ “A Családvédelmi Szövetség Házassági Tanácsadó Intézete,” *Magyar Világhír* 775, December 1938. Online: <http://filmhiradok.nava.hu/watch.php?id=3116>. accessed: 12 January 2012.

³⁴² Gábor Doros, *A nemi betegségekre és azok leküzdésére vonatkozó magyar törvények, rendeletek és határozatok*, (Budapest : Franklin Ny., 1926).

on VD in Budapest but on the pathology of the diseases, the history of anti-VD struggle in Hungary, and questions of prophylaxis.³⁴³ Doros was involved in the work of the Magyar Egyesület a Leánykereskedés Ellen (Hungarian Association Against Trafficking Women – MELE) for years, in 1932 he was elected its Vice-President, and in 1934, due to the long absence of Chairman Gedeon Hodossy, he became the de facto Head of the organization.³⁴⁴

Doros, having good connections with the regime's aristocratic elite, and with a broader understanding and vision of marriage counseling (similarly to Naményi and the CSOE), initiated transforming MELE into the Magyar Családvédelmi Szövetség in 1937.³⁴⁵ The MCSSZ attempted to combine the pro-family ideals of the regime with eugenic principles and with the anti-venereal marriage counseling centers already in operation. If we take a look at the list of the patrons and honorary chairpersons of the MCSSZ we find notables like the wife of Governor Horthy, the Prime Minister Béla Imrédy and Minister of the Interior Ferenc Keresztes-Fischer. In addition, the establishment of the institution received attention from the propaganda department: the opening of the Marriage Counseling Institute of the MCSSZ by an MP from the Government benches (Lilla Melczer³⁴⁶) was, as indicated, aired as part of the weekly film newsreel. All the above indicate that the Association had a strong back-wind from top Government circles in 1937. Doros was most probably right to assume that it was time to attempt for becoming the flagship, national organization for marriage counseling.

³⁴³ Gábor Doros and József Melly, *A nemi betegségek kérdése Budapesten*, (Budapest: Budapest Székesfőváros Házinyomdája, 1930).

³⁴⁴ Gábor Doros, *Küzdelem a leánykereskedés és a prostitúció ellen: jelentés a "Magyar Egyesület a Leánykereskedés Ellen" negyedszázados munkájáról (1909-1934)*, (Budapest: Magyar Egyesület a Leánykereskedés Ellen, 1935): 100.

³⁴⁵ Hodossy Gedeon became the Chairman of MCSSZ in December 1937 but Doros, who received the title "Managing Director", was the real motor of the Association. See: "A Magyar Családvédelmi Szövetség 1937. dec. 16.-i díszközgyűlése," *Nemzeti Családvédelem*. 1 (1938): 15-20.

³⁴⁶ A divorced (Roman Catholic!) single mother, who ran a large estate. She believed in family and child-rearing as the main role of women but spoke up for women's right to be present in the workforce as well. See: Balázs Sipos, "Az 'Új Idők' mint női lap a két világháború között," in *Médiumok, történetek, használatok – Ünnepi tanulmánykötet a 60 éves Szajbély Mihály tiszteletére* (Szeged: Szegedi Tudományegyetem Kommunikáció- és Médiatudományi Tanszék, 2012): 293-309, <http://www.media.u-szeged.hu/szajbely60/pdf/sipos.pdf>, accessed February 15, 2013. For Melczer's parliamentary profile see: Országgyűlési Almanach az 1939-1944. évi országgyűlésről.: 256-257. Online. Available: http://www.ogyk.hu/e-konyvt/mpgy/alm/al939_44/256.htm, and http://www.ogyk.hu/e-konyvt/mpgy/alm/al939_44/257.htm. Last Accessed: 12 January 2012.

In their quarterly journal, *Nemzeti Családvédelem* (National Family Protection) we can find the detailed outline of their activities, and this is also where we can infer about the setting up of the Marriage Counseling Center in December 1938 in the 9th District (Üllői út 11.) of Budapest. According to a report by Ferenc Dobák in the journal, the Center did five types of marriage counseling: medical, legal, spiritual, social and sexual. This description corresponds largely to the wide-ranging, eugenically-oriented scope of activities of the *Családvédelmi Országos Szövetség*. In the detailed list of advice we can find a patchwork of “common sense” knowledge and eugenic convictions related to marriage:

- the woman should be 5 or 10 years younger than the man;
- the young man should select from a family of several girls, because one girl alone will be spoiled;
- one should not marry someone having alcoholic parents;
- there should be no marriage among relatives;
- no marriage should be excluded solely on the basis of having a nervous illness in the family.³⁴⁷

In addition to such advice, the institute provided a place for public marriage propaganda (mostly presentations by the MCSSZ doctors) – we know the text of some of these presentations, but unfortunately there is no primary data about the counseling sessions. The Institute was open from Monday to Saturday, from 10:00 to 20:00, that is, 60 hours a week,³⁴⁸ which is a very generous amount of time, especially when compared to other Hungarian marriage counseling centers, which were either open for 2 hours a week or for 10 hours a week. Statistical data is at hand only for 1 January to 1 April 1939:

- Social counseling: 340 visits

³⁴⁷ Ferenc Dobák, “Orvosi tanácsadás a házasság előtt,” *Nemzeti Családvédelem*, 2 (1939): 12.
³⁴⁸ Ibid: 17.

- Psychological counseling: 104 visits
- Legal counseling: 116 visits
- Sexual counseling: 48 visits
- Racial health counseling: 76 visits³⁴⁹

This all added up to 684 visits by 589 individuals, which is a large number in mere 3 months, if this trend continued the center probably had circa 2500 visits annually – more than 10 times as much as the other marriage counseling stations could produce. Nonetheless, the MCSSZ clearly had funds available as they could pay doctors to provide altogether 60 hours of marriage counseling services a week.³⁵⁰

The MCSSZ thus had a jump start in 1938-39, and it is clear that its wider range of services, especially social, psychological and legal counseling, attracted a considerable number of clients to its sessions. Its popularity can be compared to *Sexualberatung* centers in Germany and this was in fact possible without provision of contraceptives or birth control advice. Such advice, knowing the convictions of the MCSSZ counselors and their Christian-nationalist sponsors, was surely out of the question. With no further data on counseling sessions either from the perspective of the clients or the counselors, it can be assumed that the popularity was due to the intensive propaganda of the MCSSZ, and the variety of the services they provided. In case we accept this data as accurate, that would prove that voluntary marriage counseling had a potential in Hungary even without birth control advice, if it was able to move beyond biological-hygienic *Eheberatung*. What could serve as a warning concerning the above data is the possibility that the MCSSZ, as it was in the course of establishing itself as *the* center of marriage counseling in Hungary, was prematurely overstating its own importance. An example for this is

³⁴⁹ Ibid: 19.

³⁵⁰ Even so, Doros complained (Ibid: 18) that they did not get more than modest financial support from the Government, despite its official support and that “some high-ranking functionaries still were unwelcoming of their enthusiasm and observed their selfless readiness to work with jealousy, moreover, putting obstacles to their work.”

the 1940 book of Gábor Doros, *Házassággondozás* [Marriage Care], which informs that by that time the MCSSZ set up altogether 33 counseling stations around Hungary,³⁵¹ but there are archival materials that clearly refute these claims.³⁵²

In January 1939 the MCSSZ submitted a petition to the Interior Minister, which is to be found in the penultimate issue of *Nemzeti Családvédelem*. The essence of the petition can be read in Gábor Doros' *Házassággondozás*, as well, where he listed the opinions of numerous venerologists and many other public health experts in order to support the “expert opinion” that obligatory, premarital health checks with a marriage ban should not be introduced in Hungary. The petition claimed that it was “impossible, based on the common opinion of serious experts, to introduce obligatory premarital testing.”³⁵³ Instead of legal regulations a social solution would have been best and they were hoping that the Government supported the establishment of a network of marriage counseling institutes, with the MCSSZ catering for these needs. They reported that on 31 January 1939 the Racial Improvement Department of their organization discussed marriage counseling and there they had decided to submit a motion to the Minister of the Interior on marriage counseling. In this they referred to the speeches of Prime Minister Béla Imrédy in which he mentioned:

We do not want by far to limit the freedom of selecting a partner for life, we will still, however, introduce the institution of premarital counseling and will make it gradually obligatory so that everyone going into a marriage can be informed about the circumstances to be expected for him and for his offspring when entering the marriage.³⁵⁴

In the very same petition the MCSSZ offered its own services for voluntary marriage counseling. The model would have been its Budapest center: each institution would have had 3

³⁵¹ Gábor Doros, *Házassággondozás* (Budapest: Magyar Családvédelmi Szövetség, 1940): 153-154.

³⁵² In 1940 State Secretary Béla Johan asked the local Medical Officers to write secret reports to him about the MCSSZ bureaus in Hungary and it was ascertained that most of these were only set up on paper and were not doing any work. More on this in Chapter 4. See for example: Letter from the Vas country Chief Medical Officer to Béla Johan. Document No: 16/1940fo., K150, XV.17. Magyar Országos Levéltár (Hungarian National Archives).

³⁵³ Doros, *Házassággondozás* (1940): 14-16.

³⁵⁴ Ibid. Date of speech: 14 May 1938.

doctors: a psychiatrist, a dermatovenerologist, and a lung expert with their work potentially being complemented with urologists, gynecologists or even surgeons. They would have given “educational and persuasion advice” and there would have been advice by a lawyer and a sociologist so clients would have received ethical, social and legal advice as well. They presented a second option, saying that if the Minister decided to introduce marriage counseling as an obligation, it could just be a consultation with the doctor (as suggested by the AB) and nothing more. They saw this as important from a psychological point of view, for maintaining the client's sincerity towards the doctors.

They pointed to other similar examples, citing the Stefánia Association for example, where a privately organized association catered for the national needs of infant care and did an excellent job in organizing the institutions of mother and infant protection. It is for two reasons noteworthy that they mentioned Stefánia Association at this point in the petition. Firstly, because the MCSSZ attempted at establishing its own institution of visiting nurses (“pártfogónő és titkár”)³⁵⁵ in 1938. This was at a time when the centralization and unification of healthcare had already started and there were two institutions competing for the role of the national institution of infant care. Both Stefánia and the Green Cross had well-trained nurses and a great deal of expertise in infant care, so the MCSSZ was entering a competition it had little chance to win.³⁵⁶ Secondly, Johan at the time sat in the State Secretary seat in the Interior Ministry, thus this petition would eventually end up on his desk, as well and it was known that he had had serious rows with the leaders of Stefánia in the 1930s.

However, in the beginning of 1939 the MCSSZ could still have reason to believe that they could move forward and become the “Stefánia of marriage counseling”. The previous

³⁵⁵ Gábor Doros, “Közügylési jelentés a Magyar Családvédelmi Szövetség 1937. évi működéséről,” *Nemzeti Családvédelem* 1 (1938): 14.

³⁵⁶ In fact, Doros boasted that by making for these nurses a pre-requisite that their age was between 20 and 40 and that they had at least two children their association „introduced a novelty that had not been introduced for the female employees of any branch of protection (Green Cross, Stefánia, religious missions, etc.)”. Such cockiness certainly did not go down well with Johan and associates. Ibid.

government, including Darányi, Széll, and Ministerial Commissioner Zoltán Bencs all supported the MCSSZ (in fact, Bencs believed that the MCSSZ should be the umbrella organization for family protection activities³⁵⁷) and in his 14 May 1938 inauguration speech Prime Minister Béla Imrédy supported their version of marriage counseling (and his wife was on the board of *Nemzeti Családvédelem*). Early 1939 therefore must have seemed like the best time to launch the offensive as they had good cards in the deck. Imrédy, however, because of his radical turn and proximity to the extreme right, became a liability to Horthy and was replaced by Pál Teleki in February 1939. Thereby, the connections of the MCSSZ, mostly the more radical right wing members of the government parties, could have a lesser impact on policy-making. Johan was still sitting comfortably in his ministerial chair and, together with Keresztes-Fischer, they enjoyed considerable freedom in defining the future road to the nationalization of healthcare. The co-option of rival Stefánia and incorporating its structures into the Green Cross network was not copied in marriage counseling: the MCSSZ would probably have been too radical and dangerous and so marginalization was the answer and adopting a system of premarital testing that went around the existing structures of the MCSSZ.

As the publishing of *Nemzeti Családvédelem* was stopped in mid-1939, the activities of the MCSSZ were not well-documented afterward. From one of Doros's articles we can infer that the Central Counseling Station on Üllői út was still in operation in August 1942³⁵⁸ and that despite the fact that obligatory marriage counseling was already in force in Hungary, he still tried to point out the importance of the MCSSZ's voluntary, race hygienic marriage counseling and attract visitors to the Center. This, however, at the time was a losing battle. In terms of marital health most energies were invested into the project of obligatory marriage counseling.³⁵⁹

³⁵⁷ Zoltán Bencs, "Legyen a Szövetség a nemzeti élet tüzes ébresztője," *Nemzeti Családvédelem* 1 (1938): 6-8.

³⁵⁸ Gábor Doros, "Hogyan történik a jó házassági tanácsadás?" *Egészség* 56 (1942): 199-202.

³⁵⁹ More on the ONCSA and marriage loans as a policy eugenic and social welfare in Chapter 4.

Conclusion

In Hungary the idea of marriage counseling gained foothold in the early 1910s, in line with the international trend, subsequent to the introduction of marriage health checks in certain U.S. states and the establishment of eugenics and race hygiene societies in Europe. It is to be noted that Pál Teleki, one of the most influential figures of interwar Hungarian politics and architect of anti-Semitic laws in the 1930s, was an important early figure of the Hungarian movement. Before and during WWI marriage licenses and marital health advice was debated on several occasions by promoters of eugenics, feminists, dermato-venerologists, and there was an early consensus that Hungarian society was not ready for marriage restrictions in the form of prohibitions. Instead, most proponents of the idea supported measures like providing marital health leaflets at wedding ceremonies, giving marriage advice or recommending the exchange of health certificates among future spouses.

The consensus did not change significantly for most of the interwar era. The institutionalization of eugenics, which started to materialize slowly during WWI, was interrupted and it never really gained momentum after 1920. In the mid-1920s the antivenereal discourse made most initiatives on marital health issues and so the screening of VD and other social diseases had a much greater support than hereditary eugenics measures. The mid-1920s saw the establishment of a number of marriage counseling centers, most of them being related to anti-venereal activities. In Hungary, just as in the 1910s, there was a strong awareness of international tendencies and the booming of the voluntary marriage counseling centers and maternal clinics in the Western world. Hungarian marriage counselors reported mostly about German and Austrian developments, favoring *Eheberatung* over *Sexualberatung*, which meant that premarital health

advice was limited in most cases to tests on one's biological marriage fitness. As these were (like Teleia, the EVIs or the OSZI) mostly VD clinics, there was an even more narrow understanding of “fitness”: one not suffering from venereal diseases.

Integrating birth control and psycho-sexual advice into marriage counseling made the institutions of Margaret Sanger, Wilhelm Reich or Helene Stöcker popular among female, working class visitors. These “maternal clinics” and “advice bureaus” succeeded in attracting thousands of visitors annually and even some Prussian state *Eheberatung* clinics tailored their range of offers to fulfilling the demands of their clients. *Eheberatung*, when done on a biological-hygiene basis, by and large did not accomplish similar successes; as Edward Dickinson remarked on the German case:

In fact the one major piece of eugenic policy actually implemented by a German government, voluntary premarital eugenic counseling under the Prussian decree of 1926, was an abject failure. The majority of those who sought out the counseling clinics were not affianced couples concerned about the quality of their prospective offspring, but unmarried couples seeking advice on and assistance with fertility control. These were, in other words, people who wanted to avoid having babies at all.³⁶⁰

Aside from clients' demand in Prussia for contraception, there was a more overarching problem with biological-hygienic centers on a global level: even the people who actually came to visit belonged to the category of the “responsible” and not the “unfit” whose fertility rates the counselors had wanted to reduce. Most of those who were to be a target of eugenic marriage control (e.g. people with inherited mental illnesses) did not go to these clinics out of their own will. In this sense Hungarian premarital counseling that was in general more narrowly focusing on VD, had a more realistic goal and the visitors to these centers in fact came from the target groups. *Teleia* and the Újpest *OSZI* had visitors from the urban middle and working class, who had reason to believe that they suffered from VD and, as for example the Teleia clinic data

³⁶⁰ Dickinson, *Biopolitics, Fascism, Democracy* (2004): 14.

shows, their visits resulted in practical recommendations or treatment. The number of visitors was, however very low (ebbing at around 50 per year at Teleia in the 1930s), which shows that the majority of the target group resisted the idea of voluntary counseling.

It seems that the primary reason for this resistance was the taboo on birth control advice, as in Hungary various decrees banned information-giving or the spread of contraceptives and a law prohibited abortion and the discourse on changing this was limited to a marginal group of intellectuals. This can partly be explained with the authoritarian and Christian-nationalist nature of the Horthy regime, but also with an answer related to gender: the medical profession was dominated by male physicians and so there is no sign of female experts involved in the practice or discourse of marriage counseling. The feminist movement, which had been a significant force for discussing marital and sexual issues before 1918, was marginalized, as well. Therefore, there was no one to bring in the perspective of the female client and the male doctors' ideas on the use of and objectives related to fertility were too distant and paternalistic. The reasons that made counseling so popular in a number of clinics in the West were all missing in Hungary and therefore it comes as no surprise that voluntary marriage counseling as a practice could not become a large scale public health practice.

As most marriage counseling centers were set up with the goal of paving the way for a future policy that would make marriage counseling obligatory, it is no surprise that in some of these centers they attempted to introduce the semi-coercive pressure of “persuasion” even before premarital testing was introduced. It is, however, clear from the statements of most marriage counseling experts that obligatory counseling was only to be implemented with a regard for individual liberties. Doctors like Zsigmond Somogyi, Ede Neuber or Gábor Doros all believed in premarital consultations only, with health checks remaining optional and the doctors not having the right to make decisions on the marital fitness of the individual. The fact that their opinion was disregarded and Law No. XV 1941 introduced obligatory, binding premarital health checks,

indicates that the lobbying force of Teleia, the AB, the MCSSZ and other experts operating the voluntary marriage counseling centers was not sufficient enough to override the strength of the powerhouses linked to Béla Johan: the Health State Secretariat of the Interior Ministry and the OKI.

The significance of the voluntary marriage counseling centers lay partly in revealing the reactions (the indifference) of the population towards such centers, partly in preparing the infrastructure and methods for obligatory marriage counseling after 1941, and partly in shaping the discourse of marriage counseling. After having seen the miseries of voluntary marriage counseling, obligatory marriage counseling got the green light from Béla Johan and it could be used as a valid, to-the-point argument that voluntary counseling was simply a waste of resources as the population was not “cultured” enough to understand the importance of health for marital affairs and fertility. As will be seen in the next chapter, the marital health experts of the voluntary counseling centers, after initial dissent, quickly adapted to the new realities of marital health.

Chapter 3: Coercion, obligation, marriage bans: Mandatory premarital testing and the coercive measures of the Lex Veneris

The bill does not wish to follow popular slogans and does not copy foreign examples without deliberations, but wishes to reach its objectives by taking into account its feasibility in Hungary, reconciling national interest with individual liberties and moral sensitivities and by further developing the already effective legislation.³⁶¹

Introduction

Both voluntary marriage counseling and VD Care Centers, as demonstrated in previous chapters, looked at foreign examples for inspiration. By the mid 1930s it became clear that, similarly to State operated marriage bureaus in Prussia or Vienna, Hungarian marriage advice did not attract a significant crowd. Also, the establishment of VD Care Centers went relatively slowly up until the end of the 1930s. 1940/1941, however, brought major changes in Hungarian healthcare and this affected VD Care and marital health significantly. The result was an anti-VD Law, the Lex Veneris, in 1940, the nationalization of all anti-VD organizations, and, most importantly for the purpose of this dissertation, a Marriage Law in 1941, which introduced obligatory premarital screenings for VD and TB with the effect of a ban. Hungarian premarital testing extended in theory to every individual – a rare occurrence in Europe at the time.

The 1942 French law on premarital examinations similarly introduced this measure to the whole population, but without the effect of a ban: it was left to the individual to decide whether to marry or not.³⁶² In fact, the case of France is comparable to Hungary in various ways.

³⁶¹ László Radocsay, "Melléklet az 506. számú irományhoz: Indokolás 'a házassági törvény kiegészítéséről és módosításáról' szóló törvényjavaslathoz," *Képviselőházi irományok* (1939): 391.

³⁶² William H Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge: Cambridge University Press, 1990): 268-271.

Although in France it was the French Eugenics Society that prepared the a law on premarital examinations in the 1920s, they did not recommend permanent marriage bans for the “unfit” but rather focused on the screening on social diseases – just like the Hungarian draft prepared by the AB in the mid-1920s. In addition, the majority of the participants in the French discussion did not support mandatory health checks or supported these – just as the Hungarian antivenereal experts – if the right to decide on marriage was left to the individual.³⁶³ In France it was then the authoritarian Vichy regime that introduced obligatory health checks in 1942 and this law that was liberal in its enforcement (individuals could decide both on the act of marriage and the choice of doctor) remained in force after 1945, just like the marriage counseling clause in Hungary. It is important to note here that although in Vichy one could introduce without much deliberation what did not go through the French Parliament for long years in the interwar era, Vichy decision-makers respected and built upon the earlier suggestions of the eugenicist experts.³⁶⁴

In the United States the laws of the individual states fostered VD screenings as well and doctors had a similar right to prohibition – in this sense the Hungarian law, even though it did not explicitly refer to the U.S., introduced the very same policy. This medicalization of marriage introduced "marriage fitness" as a mass practice, but marriage bans were not permanent and one did not have to face the option of forced sterilization. Hungary did not create permanent undesirables with regard to marriage based on health. The health law did have a racist clause which prohibited the marriage between Jews and non-Jews and this did create permanent undesirables, but the background should not be traced back to the same discourse that dealt with marital health. I will deal with race in the short “digression” subsequent to this chapter. Nevertheless, the law forced every individual to undergo a screening process and thereby introduced the first mass screening in Hungary for venereal diseases that affected 200.000 people

³⁶³ Ibid: 146-170.

³⁶⁴ Ibid: 269.

annually.

In Germany, which was taken as a reference in terms of legislation both for the Lex Veneris and for the Marriage Law, had made premarital health checks obligatory in the German Marriage Law, the *Ehegesundheitsgesetz* of 1935. However, due to administrative and financial obstacles and loopholes in enforcement (health checks were only mandatory if the registry or public health office specifically demanded it)³⁶⁵ the health examination of only a minority was carried through. The primary aim of this law was to establish racial undesirability and the required *Ehetauglichkeitszeugnis* [Certificate of Fitness To Marry] introduced a wide range of eugenic prohibitions, adding the possibility of sterilization for those proven to be undesirable. In this sense it was more prohibitive than the Hungarian law, but as it extended its scope to a much more limited group (those, applying for marriage loans and those, already suspected of being of “inferior stock” - e.g. “asocials”), its effect was not so widely felt within the German population. From 1941 on *Eheunbedinglichkeitzeugnisse* [Certificate for Unobjectionability to Marry] were required as well and this was applicable for all marriage applicants. However, these were only premarital interviews and did not include physical examinations. Elizabeth Heinemann quotes statistics from Berlin-Charlottenburg, where between 1934 and 1940 9% of all marriage applicants had to undergo an examination for an *Ehetauglichkeitszeugnis* and over half of these were rejected (an overall rejection rate thus being at 5% of the population).³⁶⁶ The vast majority of Germans were therefore not examined before marriage.

In some instances minority groups were singled out and denied/delayed marriage³⁶⁷ or thoroughly controlled via premarital examinations. Governments in most cases, however, shied away from forcing the majority, the (presumably) predominantly health and young population to

³⁶⁵ Timm, *The Politics of Fertility* (2010): 135.

³⁶⁶ Elizabeth Heinemann, *What difference does a husband make? Women and Marital Status in Nazi and Postwar Germany*, University of California Press, Berkeley (1999): 23-24.

³⁶⁷ This encompasses both anti-miscegenation laws where minority groups could only marry within the group but also people, who were deemed eugenically non-desirable, like epileptics in Finland.

undergo a health check before marriage. This was by some seen as a too deep intervention into one of the most private affairs, while others were worried about the possible administrative burdens, or legal, moral implications and others were simply afraid of general discontent and loss of popularity. In Hungary the outcome was different because, as I have argued earlier, the primary thrust of the legislation was not eugenic. No forced sterilization was introduced like in many other countries (Switzerland, Sweden, U.S.A. or Germany) and there were no permanent prohibitions.

Premarital health checks were made mandatory, however, doctors could issue temporary marriage bans and the law was in effect for 10 years. It comes therefore as a question why in Hungary marriage examinations were introduced in such an overarching, comprehensive manner? How did one get from unvisited, marginal voluntary marriage bureaus in the 1920s-1930s to a regime of mass VD and TB screenings for hundreds of thousands of individuals? If the majority of the health experts did not support such an intervention, what power structures enabled its introduction? It will also be examined how this endeavor worked in practice: how efficient it was, if we can draw conclusions about its success or failure and how it affected VD care and biopolitical thinking in postwar Hungary.

3.1. Legislative framework: The Lex Veneris and the Marriage Law

3.1.1. The organization of a network of VD care centers

The Antivenereal Committee, less than a year after its establishment, submitted a memorandum to the People's Welfare Ministry in November 1925 about the setting up of VD departments within the hospitals in the countryside and introducing outpatient VD care in the

larger cities. The memorandum outlined the poor condition of VD care in Hungarian hospitals with VD patients being pariahs of hospitals and they urged the Government to:

- oblige hospitals having a VD department to introduce outpatient care;
- oblige hospitals with beds allocated for VD patients to make a separate VD department for them within the hospital;
- oblige smaller hospitals to introduce VD care and employ a specialist in venerology.³⁶⁸

It was this memorandum that later served as a basis for setting up the EVIs, the VD care centers around the country. In 1926 the AB developed the guidelines for establishing VD care centers. It was emphasized that the VD care centers had to be located near a hospital, preferably together with another health care facility so that VD patients could visit the center without being too exposed publicly.

The next year the Minister issued decree No 73.562/1927, in which he commissioned the Chairman of the AB and the Director of the National Worker's Insurance Fund (*Országos Munkásbiztosító Pénztár* - OMP) to make proposals on and start negotiations about the setting up of the EVIs. Minister's decree No. 86.365/1928 ordered the local municipalities to establish VD care centers in cooperation with the National Worker's Insurance Fund. As a result EVIs were formed in 1929-1930 in the towns of Hódmezővásárhely, Miskolc, Győr, Baja, Kecskemét and Nagykanizsa.³⁶⁹

The EVIs that started operation at the end of the 1920s were, as we can see from their guidelines, sites of voluntary care with no obligatory reporting of VD patients. It was, however, believed that they could be a first step towards more coercive measures, which would involve

³⁶⁸ "Egyesületi Ügyek," *Egészség* 39 (1925): 121-124.

³⁶⁹ Ede Neuber, "Az O.K.E. Antiveneriás Bizottságának tíz éves munkásságáról, 1925-1935," in *Az Országos Közegészségügyi Egyesület Antiveneriás Bizottságának ünnepi kötete* (Budapest: Athenaeum, 1935).

obligatory reporting and forced treatment. A György Gortvay put it in his 1927 article:

Introducing permanent, obligatory reporting for VD patients would only make sense if the health authorities had legal authorization and actual means to remove the dangerous individual (hairdresser, waiter, etc.) from their profession and stop VD patients from marriage. In order to make compulsory treatment legally binding, first of all we need to set up the necessary number of VD care and treatment centers.³⁷⁰

Such thinking was later embraced by other hygienists as well, as it was seen as an important precursor for introducing coercive measures to have the necessary network of treatment centers in the country – there was no point in forced treatment and contact tracing of VD infection if the national network was not yet in operation and treatment for all was not possible logistically.

Before the VD care centers were set up, Zsigmond Somogyi was sent on several missions to Germany to find out more about the German system and the experiences of the German VD Law (*Gesetz zur Bekämpfung der Geschlechtskrankheiten* - GBG) of 1927. He participated at the Düsseldorf VD conference in 1927 together with Frigyes Grúsz and then in June and September 1928, with the permission of the *Reichsgesundheitsamt* (the German National Health Office) he made trips to Dresden and Berlin to observe the implementation of the GBG. He and Grúsz presented a very detailed, 21-page report about the Düsseldorf conference in *Népegészségügy*,³⁷¹ where they mentioned that the People's Welfare Ministry sent them with the aim of taking over any “best practice” from Germany, with a view to the close scientific cooperation between the two countries.

Somogyi's assessment was very positive, especially with regards to the operation of the VD counseling centers and the fact that VD care was organized in the form of an

³⁷⁰ György Gortvay, “Szocialbiológiai nézőpontok a magyar egészségügyi igazgatásban,” *Népegészségügy* 8 (1927): 101.

³⁷¹ Zsigmond Somogyi and Frigyes Grúsz, “A düsseldorfi értekezés az új német nemi beteg törvényről,” *Népegészségügy* 9 (1928): 253-274.

Arbeitsgemeinschaft (“working community” or *munkaközösség* in Hungarian), where the *Pflegeamt* (Care Centre), the National Insurance Institute and the Healthcare Funds all worked in cooperation to accomplish better results. It is thus no surprise that in the Hungarian network of VD care the same idea of the “working partnership” was implemented with the VD care centers partnering up with the OMP (later this became the OTI) and other insurance companies.

Somogyi, in his report on Germany, mentioned that the first VD counseling center was set up in 1914 in Hamburg and by 1921 there were 174 counseling centers around Germany with 126.500 patients treated annually, adding that the “system of VD care and the large number of VD counseling centers were ready” for the new VD law in Germany.³⁷² Somogyi believed that Hungary was far behind Germany, with VD counseling centers only in their infancy, so it was clear to him, as well as to the rest of the AB, that replacing the regulation of prostitution with a comprehensive, a Germany-type VD Law could only be done after years of preparation.

Setting up and operating the EVIs put financial strain on the State and so, especially after the Depression has set in, the EVI network in Hungary developed only very slowly. By 1935 EVIs were set up in altogether 9 cities in addition to the already existing 7, and the number of EVIs by the end of the thirties climbed up to 21. This means that in the course of a decade only twenty EVIs were established, very far from the German pace of the 174 in seven years; far from enough even if we consider the size and population of Hungary. More importantly, the 21 VD dispensaries in 1939, on the eve of the introduction of the Lex Veneris, were not even close to the objectives set in the end of the 1920s.

The reasons were primarily financial, as the Great Depression hit Hungary not much after the first EVIs were set up. In 1935 an official of the Ministry of Interior (which took over Health Care after 1933) mentioned that the Ministry could only spend 25 thousand pengős a year (more or less enough to cover the annual salary of ca. 10 fully employed physicians) on the EVIs in

³⁷² Zsigmond Somogyi, “A németországi nemi beteg tanácsadók és gondozók működése.” *Népegészségügy* 9 (1928): 299.

Hungary.³⁷³ In 1937, when the Lex Veneris was already in an advanced phase of its preparation, a circular was issued by the Ministry of the Interior (246.379/1938.XV), which required the setting up of 40 new dispensaries. The objective was to have 70-80 EVIs within three years around the country to attend the whole population. The result was not very spectacular, as we can see from Johan's report, in 1939 there were still only 21 (five new EVIs in comparison with 1935) and in 1940 there were 45 but 20 of these were on the territories of former Czechoslovakia and Romania, most of which already had been in operation before they became part of Hungary in 1939-40.

In 1941 the census indicated ca. 14.5 million inhabitants of the new, “semi-greater” Hungary,³⁷⁴ which was a significant increase to the 8.7 million counted in the 1930 census.³⁷⁵ With the new borders, about 120-130 EVIs would have been sufficient, based on earlier estimates. In the Hungarian Lex Veneris it was then laid down (Paragraph 36.3) that in every city having a population over 30.000 there should be a dispensary).³⁷⁶ Thus, that the original idea, that is, to have the necessary means for VD counseling and treatment and *only then* introduce a coercive VD law, was dropped. The original plan to first accommodate the population to the idea of coercive measures and obligatory health checks failed to materialize.

The law itself (Law No. VI. Of 1940) had a number of similarities with the German GBG and introduced measures based on which it could be labeled as paternalistic, with the State acting as a “respected father.” It jointly regulated venereal disease and tuberculosis and introduced both forced treatment and contact tracing. If we compare it with the GBG we can find the following parallels:

- Compulsory treatment for VD patients;

³⁷³ Teleia, Országos Szociálpolitikai Intézet, Magyar Családvédelmi szövetség iratai, Belügyminisztérium, K148, MOL.

³⁷⁴ “Az 1941. évi népszámlálás nemre, családi állapotra és vallásra vonatkozó adatai,” *Statisztikai Szemle* 24 (1943): 249.

³⁷⁵ “A népszámlálás előzetes eredményei,” *Statisztikai Szemle* 12 (1931): 97.

³⁷⁶ Document No. 4266, K150, Belügyminisztérium, MOL

- Infection of others with VD criminalized;
- Tracing of an individual's sexual contacts for VD (contact tracing)
- Individuals suspected of having VD could be sent to examinations;
- Regulation for wet-nurses.

Somogyi emphasized in an article evaluating the newly adopted Lex Veneris that the introduction of treatment obligation if VD was detected was the most important part of the Law. That is, if one self-detected the symptoms of VD, one had an obligation to go to the doctor or to an institution for treatment and one was obliged to follow the doctor's orders until the end of the treatment. He believed that the Hungarian law would produce better result than the German one because it introduced a 2-month prison sentence for those, who failed to comply.³⁷⁷ Also, the law introduced the application of the Penal Code for the neglectful transmission of VD, whereas the GBG only penalized deliberate transmission with 3 years prison. However, within marriage such a process could only be started if the other spouse initiated it.

Paragraph 4 of the GBG stipulated that individuals, who were suspected of having VD and were likely to transmit it could be sent forcibly to examinations and the Hungarian law took up this as well, and Somogyi indicated here they meant the "wide circle of secret and temporary prostitutes, like the female employees of certain hotels, pubs, coffee houses, the well-known single maids in small towns and villages, gypsy girls, and other similar elements."³⁷⁸ The Interior Minister was given the right to initiate health checks for whole professions or even the whole population of the country. Somogyi's remarks show the gender bias (and also, the race bias towards gypsies), as it becomes clear that the new regulation targeted females thought to be promiscuous and as such it widened the scope of coercive examinations; it, however, did not subject the women found to have VD to getting a license by the police – this was not necessary

³⁷⁷ Zsigmond Somogyi, "Az új magyar törvény a népbetegségek leküzdésére," *Egészség* 55 (1941): 63.

³⁷⁸ Somogyi, *Az új magyar törvény* (1941): 64.

anymore with a Lex Veneris giving the right to the medical authorities to order VD checks without much limitation. Those who were directly threatened by the person found to have VD could be notified about this, even if the individual did not consent and contact tracing was made similarly possible.

The Hungarian VD Law thus entered a group of VD Laws already in operation in Europe, which replaced the regulation of prostitution by a much more comprehensive regulation of VD matters, focusing on the forced treatment of any individual, introducing screenings for whole cohorts of people, penalties for transmission, changing the laws of medical secrecy – at the same time the very same gendered and class-based assumptions that were in force when VD was only regulated through prostitution, remained. The Lex Veneris was largely modeled on the German GBG but it went beyond it in many ways, especially with the right of the Interior Minister to order the VD screening of whole cohorts of people and, if needed, the whole population of Hungary. What, however, was missing from the VD Law, even though this should have been part of it based on the original draft, was marriage counseling.

3.1.2. Marriage counseling as part of the 1941 Marriage Law

The idea that there should be a separate law on marriage counseling was discussed already in 1933. At the meeting of the highest decision-making body of the government, the Council of Ministers, the ministers, including the newly appointed Prime Minister Gyula Gömbös, agreed that the question of “mental and physical selection” needed to be addressed as “the strength and health of the race was of utmost important for the development of the nation.”³⁷⁹ The minutes of the meeting a few pages later attest that there was a similar agreement

³⁷⁹ Batch No. 94., K27, Minisztertanácsi Jegyzőkönyvek (Minutes of the Council of Ministers), 1933.03.18., MOL.

on the means of addressing this question:

In the course of the council meeting the opinion was formed that from a nation-strengthening point of view the premarital health examination of marital partners-to-be bears value from a race development point of view. Examining this question will be the task of the Minister for the Interior, the Minister for Culture and the Minister for Justice.³⁸⁰

In fact, it was around the same time when Hungary's governor, Miklós Horthy, voiced his opinion on racial biology and marriage counseling, in a private letter to Prime Minister Gömbös. His undated, hand-written letter to Gömbös from early 1933 shows that he was at least superficially aware of Social Darwinist and Race Hygiene trends of the time and that he saw race hygiene legislation as urgent and necessary. He suggested putting an obstacle to the fertility of “the unhealthy, criminals, the mentally weak, the work-shy, etc.”³⁸¹ and cited the United States, England and the Netherlands as good examples, indicating that in theory he supported sterilization. In relation to marriage, however, he only named tuberculosis and syphilis as the two illnesses that need to be countered:

It needs to be implemented by all means that we subject individuals to compulsory medical examinations prior to marriage and ban ill individuals from marriage until they are fully healed. Legal provisions to this effect would amend the rules currently regulating doctors' obligations for secrecy, as well.³⁸²

Horthy added, his wish was that before the government started discussing these legal provisions there would be a public debate among scientists, politicians, in the press and among doctors so that “an authoritative public opinion would be formed on these.”³⁸³ Horthy was most probably unaware of the already ongoing, solid discussion in the medical press on marriage

³⁸⁰ Ibid: 4.

³⁸¹ Magyar Országos Levéltár, *Horthy Miklós titkos iratai* (Budapest: Kossuth, 1963): 137.

³⁸² Ibid.

³⁸³ Ibid.

counseling and sterilization and that expert's opinions were out there – the emerging consensus, however, differed from his ideas jotted down in this letter. It is noteworthy nevertheless, that Horthy felt that it was important to “lobby” with the Government for such legislation and also that he called for a debate so that a deliberated opinion would be formed before introducing any such measure.

In a 1937 speech in the Upper House of Parliament, Ede Neuber, Chairman of the AB revealed that in November 1933 the Minister for the Interior called for a meeting on premarital counseling and recommended to include this in a future law on eugenics. At this meeting Neuber was personally asked to have the AB submit a draft bill on premarital counseling and on 20 February 1934 they submitted this bill to the Ministry of the Interior.³⁸⁴ Neuber conveyed the unanimous opinion of the AB when he stated, “from a people's and racial protection point of view I would believe it of utmost importance that this draft becomes a law as soon as possible.”

This draft for the Lex Veneris, written by members of the AB,³⁸⁵ was published in book format in 1936: it was the result of all the deliberations and debates that the committee members had since the setting up of the committee in 1925. The bill was tabled at Parliament in 1938,³⁸⁶ and it served as the basis of the Lex Veneris that was adopted in 1940. The draft, a result of the debates on marriage counseling, contained a part on “Family Protection”, which included Paragraph 11, that is, “Pre-marriage Medical Counseling”:

Paragraph 11: Pre-marriage Medical Counseling. Every man and woman is obliged to have a premarital consultation with a doctor that has a legal right to medical practice in Hungary whether he or she has a communicable or inheritable disease and has to take notice of the advice of the doctor and the education provided by paragraphs 12-14 of this law. Those individuals that are certified to be poor receive cost free counsel from the the public health authorities or – where there is such – the Health Protection Institutes (EVIs). The medical counseling needs to take place maximum 10 days before the wedding day.

³⁸⁴ Felsőházi Napló (Minutes of the Upper House). 1935. II. (1937.06.21): 165.

³⁸⁵ Which was published as a book, as well: Doros, Gábor and Neuber, Ede. *Törvénytervezet a nemibetegségek leküzdéséről*. (Budapest, Országos Közegészségügyi Egyesület Antiveneriás Bizottsága, 1936.)

³⁸⁶ There was a considerable delay, as Neuber was asked to submit a bill in 1933, the AB was ready with it in 1934 and the Lex Veneris was only adopted in 1940. This can be partly explained with the recurring government crises and the shifting priorities of successive governments. Between the 1936 death of Gömbös and the Lex Veneris in 1940 Hungary had three Prime Ministers and between 1935 and 1940 there were four Ministers for the Interior.

The Minister for the Interior shall arrange that the doctors have in their possession the necessary forms, which attest that premarital consultations had taken place.
The civil marriage officer is obliged to ask for the presenting of such a medical attestation of premarital consultations prior to the wedding.
Those, who violate these provisions, are guilty of misdemeanor and are to be punished with up to three months of prison.³⁸⁷

This draft reflected clearly what the anti-venereal elite wanted: obligatory marriage counseling but with no binding effect, to be done by any approved doctor, for a cost (except for the poor) and for communicable and hereditary diseases. The prenuptial counseling was to serve as session for social hygiene education that would “enlighten” the young on up-to-date eugenic and other health hygiene information that was available by medicine.

There are two interesting directions that lay behind this draft: firstly, the assumption that any doctor, general-practitioner, pediatrician, eye-specialist alike, would have the necessary knowledge to educate youths on relevant knowledge. This would have resulted in a great deal of diversity as the number of doctors and the level of their knowledge on these issues would have been varied. Secondly, physicians, most probably those who enjoyed the confidence of their clients, would have received an extra source of income from an obligatory counseling session and this income would probably have benefited doctors focusing on private clients rather than state-employed doctors. At the time many Christian doctors became or continued to be state employees with a fixed income as a result of the lobbying of the Christian right-wing doctor’s associations like the MONE or the EPOL, who wanted to secure the reliable medical positions for non-Jews.³⁸⁸ Therefore, such a provision might have benefited Jewish doctors disproportionately, unless coupled with another anti-Jewish provision.

The year 1936 was, however, more significant for other reasons in terms of healthcare legislation. A new set of medical laws were accepted, all part of the new framework in

³⁸⁷ Törvénytervezet a nemibetegségek leküzdéséről (Chapter 14). In: Doros, Gábor and Neuber, Ede. *Törvénytervezet a nemibetegségek leküzdéséről*. (Budapest, Országos Közegészségügyi Egyesület Antivenériás Bizottsága, 1936): 4-5.

³⁸⁸ See: Kovács, *Liberalizmus* (2001): 111-113.

Hungarian healthcare: that of a conscious build-up of a centrally orchestrated healthcare network in a number of key fields, enabling the State to exercise increased biopolitical control. This broader policy change can be attributed to changes of personnel in the highest echelons of healthcare. Gyula Gömbös named Miklós Kozma as Minister of the Interior, replacing Ferenc Keresztes-Fischer in March 1935. Kozma selected the young, able and impressive Béla Johan as Secretary of State for Healthcare (in July 1935). Johan, had already made good impression with his work in the OKI and by the professionalization of the training for Medical Officers. As detailed at the end of Chapter 2, he gradually created a stronghold for himself within the ministry. As he had a firm vision and as some Ministers were not experts on healthcare, whereas others simply did not wish to interfere with the professional and “apolitical” Johan, he became a rock-solid member of government and his policy aspirations received priority in the coming 9 years in Hungarian healthcare.

The 1936 laws, which were announced in December 1935 by Kozma in the Parliament³⁸⁹ on the one hand introduced the Chamber of Medical Doctors (Law No.I. of 1936), which soon created the basis for gradually excluding Jewish doctors from the medical community. On the other hand, it nationalized the medical officer corps (Law No. IX. Of 1936) and with various provisions (e.g. the Minister’s right to order mandatory vaccinations³⁹⁰) increased the State control over healthcare. This nationalization meant that the Ministry of the Interior became the employer of the medical officers instead of the cities and the counties, that is, they became dependent on the central government³⁹¹ and, as planned, a more cohesive, centrally cooked up

³⁸⁹ Zoltán Vámosy “Törvényjavaslat a hatósági orvosi szolgálatról és a közegészségügyi törvények módosításáról,” *Orvosi Hetilap* 80 (1936): 227.

³⁹⁰ The Interior Minister had the right to order mandatory vaccinations for cholera, pestilence, diphtheria and typhus for potentially the whole population of Hungary. See: 1000 év törvényei. 1936.évi IX. törvénycikk a hatósági orvosi szolgálatról és a közegészségügyi törvények egyéb rendelkezéseinek módosításáról . Online: <http://www.1000ev.hu/index.php?a=3¶m=8000> Accessed: 2014. 01.31.

³⁹¹ What made Medical Officers even more dependent was the fact that the new law forbade them to have a private practice, they were forced to give up everything but their work as state officials. There were protests from medical officers against this, even if their “state pay” was raised, partly because they still saw this as a step back financially and because many of them had already invested in equipment for a private practice. See for example:

scheme for medical prevention policies were implemented where this medical officer corps played a central role.

As for the reasons for the nationalization of healthcare, Kozma made the following statement in the 1936 health budget debate in Parliament:

“I will not take into account any political faction when looking at medical and public health issues, and I will not let the management of public health be taken out of our hands and be controlled by anyone below. This is a state task, and it is my heart's cause, and for the expert I have chosen, for my state secretary (from several sides: long live Béla Johan!), it is a professional cause.”³⁹²

Kozma's words point towards a turn in healthcare that started with the 1936 changes and were followed up with further centralization and nationalization in 1940-42. This trend, which I will call “state socialist biopolitics”, was then further adapted and refined under the Socialist regime in Hungary after WWII. If, based on Edward Ross Dickinson's analysis, we emphasize the importance of political factors for the analysis of the policies of the modern biopolitical State, then state socialist biopolitics will be markedly different both from a liberal biopolitics where individual rights are, at least in the long run, treated with considerable respect and the State gradually delegates much of the decision-making to the individual, but also from National Socialist biopolitics where these are utterly rejected for the sake of an “exclusionary” community.

I would here put forward that this trend towards a state socialist biopolitics in Hungary started with the 1936 reforms and, the trend continuing in 1945 and 1949, it was in place for decades to come. It is a question how this type of biopolitics is still present in Hungarian healthcare – certain trends in today's population politics would affirm such a claim (e.g. a legislation adopted in December 2013, according to which only adults with three children of

Béla Keszé, “Néhány szó a tisztiorvosok államosításáról,” *Orvosszövetség* 39 (1936): 56.

³⁹² Quoted in: “A belügyminiszter és a közegészségügy,” *Orvosi Hetilap* 80 (1936): 571-573.

their own or over 40 years of age will eligible for sterilization as a method of birth control³⁹³). As for what state socialist biopolitics contains, I would put forth the following points:

- The belief (as seen above with Kozma) that centralization and a resulting vigorous control by the State is the most efficient way to run healthcare. The State, borrowing Ida Blom's term, is aspiring to be a "respected Father".³⁹⁴
- Mandatory interventions enjoying preference over optional ones (e.g. with VD or TB screenings, vaccinations³⁹⁵, prenatal care, etc.) usually with the underlying assumption that a vast majority of the population is not yet "cultured" enough to be trusted with voluntary policies.
- Processes of legislation or implementation of policies in healthcare often are characterized by lack of consultation, non-involvement of third parties and stakeholders and a lack of well-distributed and transparent information on these policies.

Foucault, although for the outside observer in the 1970s socialist states might have seemed radically different from capitalist states, warned that biopolitics was present in these societies as well and suggested that it took a different form than the biopolitics in democracies:

³⁹³ See the statement by Human Rights Advocacy NGO, TASZ: "The Government has no voice in Family Planning," TASZ, November 19, 2013. <http://tasz.hu/en/news/government-has-no-voice-family-planning> or: Zoltán Vasali, "Szigorított meddővé tétel: megmondják mit tehetsz magaddal," *Nők Lapja*, December 19, 2013. <http://www.nlcafe.hu/ezvan/20131219/muvi-meddove-tetel-szigoritas/>, both accessed: January 31, 2014.

³⁹⁴ Ida Blom, *Medicine, morality, and political culture : legislation on venereal disease in five northern European countries, c.1870-c.1995* (Lund: Nordic Academic Press, 2012).

³⁹⁵ A 2010 Eurosurveillance survey shows that postsocialist countries tended to have 7-8 mandatory vaccinations, whereas in countries with no state socialist past most such vaccinations were just strongly recommended and the authors of the survey point to the historical nature of these differences : "the results of our survey show that there are several differences among participating countries. Immunisation strategies range from only voluntary vaccinations in the programme to an almost completely mandatory vaccination programme, and everything in between. The reasons behind such wide differences are probably both historical and cultural rather than evidence-based." See: Haverkate M, D'Ancona F, Giambi C, Johansen K, Lopalco PL, Cozza V, Appelgren E, on behalf of the VENICE project gatekeepers and contact points, "Mandatory and recommended vaccination in the EU, Iceland and Norway: results of the VENICE 2010 survey on the ways of implementing national vaccination programmes," *Euro Surveill.* 17 (2012):pii=20183. Available online: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20183>

One thing at least is certain: Socialism has made no critique of the theme of biopower, which developed at the end of the eighteenth century, and throughout the nineteenth; it has in fact taken it up, developed, reimplanted, and modified it in certain respects, but it has certainly not reexamined its basis or its modes of working. Ultimately, the idea that the essential function of the State, or whatever it is that must replace the State, is to take control of life, to manage it, to compensate for its aleatory nature, to explore and reduce biological accidents and possibilities....it seems to me that socialism takes this over wholesale.³⁹⁶

I will argue in this chapter that in Hungary this “developed, reimplanted, modified” biopolitics does not have a genealogy starting in 1945 or 1948/49 as this state socialist biopolitics was not born in Socialism. It was born in the end of the 1930s and this form of biopower was then further modified, developed in the coming decades, but its fundamental principles remained unaltered.

In March 1938 then Prime Minister Kálmán Darányi announced a 1 billion pengő re-militarization scheme that became known as the “Győr Programme”. In his speech (in the town of Győr) he touched upon the importance of speeding up the process of parliamentary adoption of legislation and announced laws that needed to be passed in a speedy manner. Among these were the mandatory premarital health examinations, which led to speculations among doctors concerning the details of this proposed legislation, but, as it will be demonstrated later, by that time the Interior Ministry had a new draft ready, which completely reworked the AB's proposal.

Two months after the announcement of the Győr programme Darányi had to resign and in May 1938 the newly appointed Prime Minister, Béla Imrédy, announced his support of marriage counseling as well. In a speech on May 14 in the Parliament he made clear that he supported obligatory counseling (without marriage bans, however):

“We have to care about the nation being healthy in its body as well. Although, we do not want to limit in any way that freedom of one to choose a spouse, we will still introduce the institution of marriage counseling. We will make it obligatory step by step, so that everyone who marries becomes cognizant of the expected consequences of this marriage on himself/herself and the descendants.”³⁹⁷

³⁹⁶ Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France*, (New York: Picador, 2003): 261.

³⁹⁷ Gábor Doros, “Az Imrédy-kormány és a családvédelem,” *Nemzeti Családvédelem* 1 (1938): 3.

Even though in the draft of the AB became the basis for the 1940 Lex Veneris, premarital counseling was removed from the latest draft of that law and by 1938, at a meeting of the *Országos Közegészségügyi Tanács* (National Public Health Council - OKT),³⁹⁸ the Interior Ministry's public health advisory body, it was considered separately. Moreover, by 1938 the draft prepared by the AB was completely re-worked and contained the following new elements:

- premarital consultations were changed to premarital screenings. Both partners had to attest that they were free of tuberculosis and men were required to take an examination for VD;
- the Medical Officer (*tisztiorvos*) was put into the center of the administrative process, having the right to produce these medical attestations;
- in case of deficiencies, a marriage prohibition could be issued by the doctor;
- No separate tests were required but if the doctor believed the individual to suffer from hereditary mental diseases, it could issue a marriage prohibition as well.³⁹⁹

The archival files on the intra-governmental processes directly leading to the adoption of the marriage counseling paragraphs of Law XV of 1941 make it clear that the 1938 draft of Johan's Health State Secretariat, which was given the go-ahead by the OKT, was the most intrusive version of the bill, a prime example of negative eugenics, as it included possible marriage bans not just for VD or TB but also permanent ones, for mental deficiencies.

However, after the decision had been made to join the marriage counseling regulations with the anti-miscegenation clause into a new Marriage Law, the Ministry of Justice (the ministry responsible for marriage affairs) took over the task of drafting the law. This meant that the 1938 draft was in many ways derailed, as the Justice Ministry had a less radical viewpoint on

³⁹⁸ Document No. 2785, K150, Belügyminisztérium, MOL

³⁹⁹ Ibid.

marital health. On 19 January 1940 the Ministry of Justice sent a draft bill over to the Ministry Interior, along with a long letter that detailed their justification for the changes.⁴⁰⁰ In it we can also find an alternative explanation from removing marriage counseling from the Lex Veneris. This more or less confirms what Johan said in 1945, but emphasizes that it was not Széll, but the Minister for Justice, who initiated it:

As these rules would have amended the Marriage Law, and as the preparation and parliamentary representation of laws pertaining to marriage is the task of the Minister of Justice, upon the recommendation of the then Minister of Justice, the regulations regarding premarital health checks were left out of the draft bill of the Minister for the Interior and the legal drafting department of the Ministry of Justice took over the preparation of this law.⁴⁰¹

The more exciting part of the letter was, however, where László Radocsay (then Minister for Justice) explained why they rejected the 1938 Draft within the ministry. Radocsay's reasoning was simple: the 1938 Draft was unacceptable because it “went against the system of marital law” both in theory and practice that a marriage “could be null and void even before it was terminated.”⁴⁰² Radocsay added two other important points:

- that too much rigor at such an examination would increase the number of “wild marriages”, i.e., couples living together and having sexual life outside matrimony.
- that doctors would be too cautious and therefore more strict than necessary, as they would be afraid of the legal ramifications in case they attest that someone is disease-free and are proven wrong.⁴⁰³

Radocsay invoked the authority of the AB, and referred to a professional opinion the body made in 1925, saying “it cannot be justified from a medical point of view, cannot be

⁴⁰⁰ Document No: T.115/88, 2785. I./6, K150, MOL

⁴⁰¹ Ibid.

⁴⁰² Ibid.

⁴⁰³ Ibid.

implemented technically and it would be dangerous to introduce obligation in terms of medical examination with the effect of a ban on marriage in case the result was not favorable.”⁴⁰⁴ Radocsay recommended that one of the existing voluntary counseling organizations, the *Magyar Családvédelmi Szövetség* (Hungarian Association for Family Protection – MCSSZ) attend state marriage counseling tasks.

The Ministry of Justice thus had a very different intention with marriage counseling than the Ministry of the Interior, and with this new draft and the above-mentioned letter, a tug-of-war started between the two ministries over the *obligatory vs non-obligatory* and the *examination vs counseling issue*. Radocsay's mentioning of the MCSSZ and the claim that they had offices around Hungary led to an all-round, top secret investigation that Johan personally ordered through the Interior Ministry's Health Secretariat. In a 10 July 1940 circular they asked all regional medical officers to send a (strictly classified) report to the Ministry of the Interior, giving extensive detail on the state of marriage counseling in the city/region and how well the MCSSZ took root (e.g. number of MCSSZ bureaus, their staffing, activities, equipment).⁴⁰⁵

The fact that Johan's State Secretariat asked for information going into such detail (and under such secrecy) shows how seriously they took the challenge coming from the MCSSZ. The answers they received were reassuring, because the altogether 32 (available) replies from the Medical Officers indicate that the MCSSZ had very superficially rooted itself into local marriage counseling in the countryside. In most towns they had no equipment, all the examinations were done by external institutions or not performed at all, and nothing happened after the local marriage bureau had been set up.⁴⁰⁶ As it becomes clear from the replies of the Medical Officers, the MCSSZ had already bumped into local administrative hurdles in several places.

On 27 February 1940 Johan sent the Justice Ministry's draft to Kornél Scholtz and the

⁴⁰⁴ Ibid.

⁴⁰⁵ Document No: 222945/1940. K150, XV.17., Belügyminisztérium, MOL

⁴⁰⁶ Ibid.

OKT for opinion⁴⁰⁷, and asked the OKT to remain completely secret about the request and about disclose their opinion only to him – this was justified with Johan's concern about the public.

Scholtz's reply welcomed the new draft, saying:

The draft undoubtedly has a propagandistic, educational, conscience-awakening impact that emphasizes the obligations towards the spouse, the family, the descendants and the national community and even if the prevention it serves cannot be seen as full; still, it is a correctly chosen starting point, a well-thought transition for measures that serve the more active health protection of the family and for future children.⁴⁰⁸

The OKT recommended that marriage counseling be obligatory for the whole country, not just, as planned in the Justice Ministry's Draft, for those towns where marriage offices already exist. They recommended to have a temporal limit as well: that the certificates be given no more than 30 days before the wedding.⁴⁰⁹

In the meantime, on 30 June 1940, the Ministry of the Interior received a first memo from the Ministry of Justice reminding them of their duty to react to the 1940 Draft, emphasizing that the Justice Minister needed to provide information about the process when preparing the program for the next session of parliament.⁴¹⁰ The pressure did not seem to affect Johan and his colleagues as they waited for another half a year for drafting an answer. The March 1941 letter, in which Johan used first person singular from beginning to the end, was a comprehensive and firm reply that touched upon all major (and contested) points and demanded a return to obligatory health checks as set out in the 1938 Draft. Johan's first person singular suggest that this became a personal issue for him – the content of the letter and the circumstances of its dispatch point towards the same conclusion. Johan expressly stated at the beginning of the letter:

⁴⁰⁷ Document No: 219.401, 2785. I./, 6., K150, Belügyminisztérium, MOL

⁴⁰⁸ Ibid.

⁴⁰⁹ Ibid.

⁴¹⁰ Document No: T.115/105, 2785. I./, 6., K150, Belügyminisztérium, MOL

On my side, first of all, I have to express the view that among all the systems of premarital medical examinations, from a population policy and racial biology point of view, I believe that only the system of obligatory health checks, and setting up a marriage ban for those individuals who are found to be ill, can be deemed as expedient.⁴¹¹

As for the details, Johan was thoroughly skeptical about the idea of the individuals making a statement on their health status. He believed that those, who cared about marriage health would undergo health examination voluntarily anyway, whereas “asocial elements” would not shy away from making false statements – therefore he did not see any health benefit of the Justice Ministry Draft's regulatory regime. In addition, he argued that so much had already been invested into having marriage examinations in the VD and TB Care Centers that it would be a waste of resources not to use these. He also made it clear (without mentioning the name of the MCSSZ) that his Ministry did not want to have the MCSSZ involved in marriage counseling in any way. The reasoning was primarily economic, claiming that the central healthcare services already covered ca. 60% of the country's population, “so in the current budgetary situation one cannot even think of having two organizations in the country dealing with premarital health counseling.”⁴¹²

Johan used legalistic reasoning as well: “I have to note that introducing a regulation that sets up as a per-requisite for marriage to show a medical certificate issued by a doctor of a private organization seems problematic to me from a legal point of view.”⁴¹³ Finally, Johan resorted to some blackmail as well, to ensure that the Ministry of Justice did not stick to the MCSSZ: “the development of these marriage bureaus will continue not to receive effective financial support from my Ministry in the future.”⁴¹⁴ For solving the problem of those places, where VD or TB care was not yet available, Johan suggested involving village and town doctors

⁴¹¹ Document No: 224.169, 2785. I./, 6., K150, Belügyminisztérium, MOL

⁴¹² Ibid.

⁴¹³ Ibid.

⁴¹⁴ Ibid.

and added that obligatory premarital checks were not to be introduced for mental illnesses as the “official registry of those suffering from mental diseases was not yet readily available.”⁴¹⁵ There was considerable unity on the issue of excluding hereditary diseases, except for a group of psychiatrists around László Benedek, who submitted the proposal to include these in the law. Johan's sentence indicates, however, that mental illnesses were to be considered at a later point, whenever the registry was ready and whenever health technology was developed sufficiently to be able to make fully reliable assessments on the genetic inheritability of mental illnesses.

Radocsay sent a reply to Johan on 7 April 1941⁴¹⁶ in which he stroke a reconciliatory note and gave in to Johan in virtually all major questions of the debate. He was ready to drop the idea of having “marriage bureaus” and have marriage counseling done by the health protection service. Also, he was ready to make marriage counseling compulsory (he did not specify whether he meant prenuptial screenings, but from the context and the attached new draft this is clear) “in case the advancement of medicine and the national network of public health is in its place.”⁴¹⁷

His reply thus ended in an elegant retreat: he basically promised to revoke the Justice Ministry Draft and to almost fully return to a version that was more to Johan's liking. The fact that Radocsay did not stick to his guns more aggressively can be explained with several reasons: firstly, he was under pressure as the draft needed to be submitted to Parliament before the summer in order to be able to adopt it together with the anti-Semitic provisions (the latter being more important for the Justice Ministry). Secondly, Johan was in control of the healthcare institutions and Radocsay probably understood that not much can be done against the already established and well-embedded system, and thirdly the blackmail must have “helped” as well; the Justice Ministry was probably not ready to finance the whole endeavor and it seemed easier to have Johan's Health Protection Service arrange the process with less additional costs for the

⁴¹⁵ Ibid.

⁴¹⁶ Document No: T.115/114, 2785. I./, 6., K150, Belügyminisztérium, MOL

⁴¹⁷ Ibid.

state budget.

Radocsay sent the amended draft together with his 7 April letter which resembled the 1938 Draft but there were some changes:

- Premarital consultations were again changed back to premarital screenings. Both partners had to take an examination to attest that they were free of tuberculosis and VD – here there was a major difference from the 1938 Draft as women had to take VD tests as well, not just men. For women, however, there was a special option to get an attestation from their own GP or local doctor.
- The Medical Officer was entrusted with issuing the medical attestations but could also accept the tests made by other institutions within the VD and TB care system (e.g Care Centers, hospitals).
- A marriage prohibition could be issued by the doctor but only in case of a contagious phase of TB or VD. The prohibition was valid only until the patient got an attestation of having been cured.
- The issue of hereditary mental diseases was removed from the paragraphs on prenuptial tests and prohibitions. There were, however, two related clauses: one introduced the option of challenging the validity of the marriage in case one of the partners was suffering from a mental disease at the time of marriage and this was unknown to the other; the other lifted the obstacle from dissolving a marriage in case one of the spouses acquired an incurable mental disease within marriage.⁴¹⁸

This last point indicated that even though in terms of marriage bans, mental diseases were not considered, they did become part of the law. Moreover, as marriage loans also became part

⁴¹⁸ , Document No. 2785. I./, 6., K150, MOL

of the law, a list of mental diseases provided by the *Magyar Elmeorvosok Egyesülete* (Association of Hungarian Mental Doctors) was attached to the decree implementing the loan provision: only those could get a marriage loan, who were ready to undergo a more thorough test extending to these as well. This provision in fact followed the German regulation on marriage loans, where individuals had to undergo various tests in order to get a loan – albeit in Germany after a few years many couples shied away from such tests because if certain diseases were found, even sterilization could be assigned (which did not happen in Hungary).

The final draft was adopted by the Council of Ministers and only minor amendments were made subsequently - e.g. the Ministry of Defense asked 10 days after the meeting to have a further exemption (in addition to women and GPs) and give the right to military doctors to provide attestations for those, who were in military service. The request was granted and so the final product was ready by mid-June 1941. The final justification was prepared by the Justice Ministry, but a letter from Kálmán Tunyoghi Szűcs to Miklós Székely reveals that the Interior Ministry was also involved.⁴¹⁹

At this point I would briefly like to refer back to Pál Teleki, who received considerable attention in the part on eugenics and the Hungarian race hygiene movement in the 1910s. Also, as mentioned earlier, he was Prime Minister of Hungary between 1939 and 1941, until his 3 April 1941 suicide and thus the tug-of-war between the two ministries in 1939-41 happened under his term. In fact, Radocsay's "surrender" arrived only 4 days after his death. As stated earlier, Teleki believed in social hygiene and he fought on many fronts both against hereditary and against social diseases during WWI and afterward he became a convinced racist, who believed that Jews (as well as Germans) represented a biological threat to the Magyars in Hungary. As Krisztián Ungváry elicits, 12 anti-Semitic laws can be related to Teleki, including the Numerus Clausus, the "Second anti-Semitic Law" (for which he wrote the justification) and

⁴¹⁹ Ibid.

Law No. XV of 1941.⁴²⁰

I have no direct information on Teleki involvement in the construction of the 1941 Marriage Law but the fact that these various elements (marriage counseling, marriage loans, anti-miscegenation) were all brought together can perhaps be related to him: his early background as a race hygienist and his later, interwar racist workings. The 1941 Marriage Law in fact represented quite accurately the topics that Teleki showed interest in the course of his life: it unequivocally defined the Jews as a race and aimed at separating them from Magyars; it introduced strong measures to fight TB and VD; and included positive eugenics as well. In fact, the “race protection” that this law introduced in terms of marital health was probably too much for Johan who was not racist and not fully in line with the wishes of the Justice Ministry officials who wanted to have less intrusive marriage counseling. Teleki, however, might have been more or less fully satisfied if he had lived to see the adoption of this piece of legislation.

The parliamentary debate

The parliamentary debate of the new marriage law took place between 30 June and 18 July. The show was centered around the anti-Semitic provisions on the law as the “Jewish question” was seen as a life-or-death issue, especially for the numerous and vociferous Arrow Cross MPs in the Lower House. The speakers of the debate regarded premarital examinations as a good trend for public health, as a policy issue that was worked out by the convincing Béla Johan (who received mention and applause several times during the debate) and thus it would be guaranteed that it would improve social well-being.

The justification of the bill argued for premarital checks because of the horrible effect of

⁴²⁰ Ungváry, *A Horthy-rendszer* (2012): 364.

VD on fertility and the dangers of TB infections within the family. It also indicated, and this was emphasized by Kálmán Bocsáry, the Government Party (*Magyar Élet Pártja* – Party of Hungarian Life) representative in the debate, that “incurable mental illnesses” were not regulated by the law because medical science did not yet know enough to be able to “ascertain the symptoms of hereditary and incurable nervous and mental illnesses.”⁴²¹ He indicated that by introducing marital checks for VD these would already be affected in a positive way because syphilis, a source of many cases of mental illnesses, would be discovered more easily.

The far right supported premarital testing, they in fact saw the law as a “minimum” and called for harsher penalties for those, who tried to go around the law. This was not new, the Arrow Cross party, when it first entered parliament and Zoltán Meskó read their program in the Lower House, already advocated introducing obligatory health checks.⁴²² In the 1941 Marriage Law debate Károly Maróthy called the draft the “correct conservative standpoint” and agreed that mental illness was not part of it, as expert opinions differed so often on these. He claimed that the fact that women could get a GP's attestation instead of having to go to the Medical Officer made a distinction by class as it was “the middle class that has a GP, but the Hungarian people – unfortunately – do not have money to pay for a GP.”⁴²³ In addition, he saw the penalty for violating the law (maximum 1 year in prison) as too lenient and called for a much harsher punishment referring to the interest of the nation in these ill people not having progeny. Károly Balás of the government party (MEP) referred to the same class problem and demanded free premarital checks for the poor. He added that there should be a special, free-of-charge bureau for the places severely infected by VD, making a reference to the places inhabited by Romanians (“we know how infected the Romanians are with syphilis”⁴²⁴).

The most comprehensive criticism, both of the anti-Semitic clause and marriage

⁴²¹ Országgyűlési Képviselőház Naplója (OKN), 30 June 1941: 349.

⁴²² OKN, 16 June 1932: 34.

⁴²³ OKN, 1 July 1941: 359.

⁴²⁴ OKN, 1 July 1941: 365.

counseling, came from Károly Rassay, leader of the liberal *Polgári Szabadságpárt* [Civic Freedom Party]. As for premarital testing, he labeled it as too materialistic as “marriage does not only have such sexual implications but very deep ethical, religious and legal contents and consequences, as well.”⁴²⁵ Rassay’s main example for these “other benefits” was a marriage allowed a potentially illegitimate child becoming legitimate. His portrayal of this new, eugenically-oriented marriage legislation caused one of the few moments of laughter in this debate: “If we continue down this path we will end up seeing the institution of marriage as an instrument of a planned economy of race improvement (*Amusement.* – vitéz Lajos Makray: And then it will belong to the portfolio of the Minister for Agriculture. – *Amusement.*)”⁴²⁶

Rassay was the one, who seriously considered the international context, pointing out that Hungary was the only country (aside from a couple of U.S. States) that was about to pass such a radical health law, as Western European countries only had voluntary marriage counseling at the time. He mentioned the failure of the mandatory health checks in 1934 in Yugoslavia (suspended a year later because of the increase in non-marriage co-habitations) and pointed to the fact that Germany – the example the bill’s justification referred to – did not carry through the mandatory health check provisions of the marriage law in its implementation clause.⁴²⁷ He used this parallel to show that even in the totalitarian Nazi German state marriage was handled with caution and claimed that reconfiguring marriage in such a “realistic, scientific” manner will not go down well with Hungarians, with the “naïve souled people of rural society.”⁴²⁸

Rassay was the first in the whole discourse (at least to my knowledge) to touch upon the issue of data security: he argued that with 100 thousand marriages a year the Medical Officers would need to store 200.000 certificates a year, all of which would contain sensitive health information, and breaching the secrecy clause only had a maximum punishment of 3 months in

⁴²⁵ OKN, 1 July 1941: 383.

⁴²⁶ Ibid.

⁴²⁷ OKN, 1 July 1941: 384.

⁴²⁸ Ibid.

prison. Instead Rassay recommended the same solution that the AB and VD experts had promoted: counseling only sessions for the engaged, and using civil and marriage authorities to improve the attendance of these.⁴²⁹

3.2. Implementation

3.2.1. Reactions of the medical elite

We know from the above subchapter that the anti-Semitic paragraphs of the law was prepared in the Ministry of Justice and that it was for a long time not known to the public and to the medical community that it would be linked up with marriage counseling. It was surely shocking for many physicians, especially Jewish venerologists, that as such the health-based “race protection” got associated with anti-Semitic “race protection”. Nevertheless Johan's twist in the legislative procedure also came as a shock for many. That, contrary to what the AB had put together, despite the views presented in 1940 in the *Budapesti Orvosszövetség* (Association of Budapest Physicians – to be discussed below), and what well-connected VD experts had struggled for, premarital examinations became obligatory and had a binding effect.

In addition to scrutinizing the struggles between the ministries and the debates in Parliament in 1941, it is also essential to understand what voices coming from within the medical profession had to say on marriage counseling. Even though top VD experts and other medical professionals were eventually marginalized from the legislative process and could not play any role in determining policy, the reactions of the medical elite reveal why the law, as it was, could

⁴²⁹

Ibid: 385.

not fully serve the purposes that the Ministry of the Interior had had in mind. Resistance, both from doctors and from “clients” was coded into the policy.

Tibor Verebély, Chairman of the *Orvosi Kamara* (Chamber of Doctors), Member of the Upper House and a weighty and distinguished figure (one of the leading Hungarian surgeons at the time), made a concerned speech in the Upper House of Parliament in 1940.⁴³⁰ Verebély indicated that the Lex Veneris enjoyed the support of the medical elite but at the same time they did not agree with the way the Ministry excluded professional consultation even with those, who were its closest allies:

(...) the draft bill initiates the solving of a nation-saving task and for this beginning and for taking into account some of our submitted proposals I would like to convey our thanks to the Interior Ministry, the Minister for the Interior and his colleagues, especially State Secretary *Béla Johan*. However, as for the future, in order to avoid misunderstandings and dissonance, let me ask the Honorable Minister for the Interior to provide the opportunity for all members of the medical profession to voice their opinion via the Chamber of Doctors in such public health issues of great importance. (...) I can assure you that the anonymous practicing doctor who is working out there in real life, will be as happy to bring along his/her well-founded experience in order to bequeath the common enemy, as those who work in laboratories, at hospital beds, in operation rooms, or statistics offices..⁴³¹

Orvos-szövetség, the official bulletin of the *Budapesti Orvosszövetség* (Budapest Doctor's Association), dealt with the issue in 1940-41, reporting about the discussion of marriage counseling within the Association in April 1940. At the time the Interior Ministry's 1938 Draft was the one to be considered and within the Association Gábor Doros responded to it in detail. Doros emphasized that the international examples, warned against mandatory health checks (with “only the three northernmost states having it introduced in one form or another”⁴³²) and referred to Johan and his associates in a very straightforward and strikingly outspoken manner, perhaps knowing that he was addressing not the general public but fellow doctors, who would

⁴³⁰ Tibor Verebély, “Gümőkór és nemibetegségek elleni védekezésről szóló tv. Javaslát,” *Orvosi Hetilap* 84 (1940): 197-199.

⁴³¹ Ibid.

⁴³² “Állásfoglalás a házasságelötti orvosi vizsgálatok kérdésében,” *Orvos-szövetség* 43 (1940): 41.

share this opinion:

*The followers of etatism believe that every question can only be solved by laws and decrees, orders and punishments. However, there are problems, for example the ones related to marriage, that are of a secret nature and which can be influenced with the tools of social enlightenment, gentle control, trust-awakening counseling, with social, moral and cultural means much better than with the cold word of the law that could have a negative backlash (see the Yugoslav law). And if we are really determined to pass laws on Hungarian healthcare, social and cultural policy, there is a lot of uncultivated land, where hundreds of years of negligence could be improved by a progressive law. Why do we use Hungarians as guinea pigs by passing forced laws, when, aside from some Northern European states no nation has dared to approach marriage-related issues so violently.*⁴³³

Further commentary on the marriage law was published in subsequent issues of *Orvos-szövetség* and Doros's speech was generally applauded, even if no other doctor was so bitter in their analysis. József Parassin mentioned a social reason for refraining from marriage bans, saying that for example in the case of TB in a man, if his material/financial status improved as a result of the marriage, his diet and the range of his physical activities would improve as well, which meant that for such a person marriage was to be encouraged.⁴³⁴ Such non-medical, pragmatic reasoning shows that a range of reasons related to the individual were brought up in order to argue against the “cold word of the law.” Somogyi represented a middle ground, saying that obligatory health checks were desirable, mostly due to their propaganda effect, but he denounced the possibility of a ban.⁴³⁵ József Guszman conveyed the view that the “extreme, radical solution” was in theory the optimal solution but that at the time the country was not ready for implementation because of a lack of proper information and for economic, cultural and health care reasons.⁴³⁶ Márton Pályi, a Hungarian doctor from Vojvodina, argued that the Hungarian law would lead to a “Yugoslav-scenario”, where simple people would simply live together without marriage and the “more intelligent” would find ways to mislead doctors and thus the marriage law had no effect at all.

⁴³³ Ibid: 42.

⁴³⁴ Ibid: 51.

⁴³⁵ Ibid: 52.

⁴³⁶ Ibid: 60.

In May 1941 the same Budapest Doctor's Association was asked by the Justice Ministry to comment on their marriage counseling draft – which they supported wholeheartedly. However, by that time Radocsay had basically agreed to Johan's terms and the 1941 Interior Ministry Draft was to be tabled in Parliament. The Association did not comment on Johan's final draft after all, probably because after its parliamentary debate and adoption (July 1941) there was not much point anymore in making efforts to try to stop the legislative machinery. It is, however, clear from the above that prior to the law's adoption professional bodies (the OKT, the AB, the Chamber of Physicians and the *Budapesti Orvosszövetség*) nearly unanimously favored a less radical solution.

The medical elite, however, aside from Doros and his closest associates, was soon ready to accept the regulation and to approach it in a pragmatic manner. An excellent example for this is Zsigmond Somogyi, who wrote a short article in the January-February issue of *Szociális Szemle*.⁴³⁷ The article provides a compact introduction to the theoretical background of eugenics and its necessity, details shortly the roots of marriage eugenics in Hungary, reports on the achievements of the OSZI marriage clinic in Újpest and all in all shows how one of the leading experts on marriage counseling justified the new, previously opposed, legislation and sought a place for himself under the sun. Somogyi did not, as earlier, castigate the new law but rather traced back the roots of the new provision in the preparatory work of the AB and the practice of voluntary marriage counseling (emphasizing his Újpest OSZI):

The new law differs in some respect from the system we have established in our marriage counseling center and from the proposals we made based on these. The health check is obligatory but in case of inadequacy, a ban is introduced. (...) The Foundation /the OSZI-G.Sz./ has therefore done pioneering work in this area as well, when almost two decades before the adoption of this law, it started premarital health screenings and made it obligatory twice without having laws for it. Széchenyi believes that pioneers rarely triumph. However, since now laws enforce the continuation of the work we have accomplished to this point, the appropriateness of the pioneer work has been confirmed.⁴³⁸

⁴³⁷ Zsigmond Somogyi, "A kötelező orvosi vizsgálat a házasság előtt," *Szociális Szemle* 3. (1942): 20-22.
⁴³⁸ Ibid: 22.

Somogyi, who had on all previous occasions supported limiting interventions only to counseling seemed to understand that there was no alternative for him but to support the adopted policy. Somogyi's change of attitude was symbolic. It indicated that a key medical expert was ready to brush aside previous concerns and speak up in support of the new regulation. It comes therefore as no surprise that other leading experts were similarly ready to participate in its implementation. However, it is to be noted before going on to further aspects of implementation, that the Johan's obligatory screening idea did not have the unanimous approval of physicians and top VD experts and this foreshadowed a certain laxity in the application of the strict word of the law.

The report of the AB meeting on 9 January 1942 in Népegészségügy⁴³⁹ does not indicate major opposition to the law; the Committee was rather busy with drafting Ministry of Interior Decree No. 1111/1941 that detailed the implementation of marriage counseling (one should not forget, however, that the minutes of the AB, as there was no more *Teleia*, were published *Népegészségügy*, the Ministry's journal).⁴⁴⁰ The committee was satisfied with the decree they worked out as it eliminated one of the main concerns: the possible legal responsibility of doctors. Based on the decree it was the individual who was criminally liable for misleading the authorities or keeping previous infections secret; it was fairly difficult to establish the legal responsibility of the doctor.

The first (documented) debate within the AB erupted at the 11 December 1942 meeting and it was Emődi, who caused a stir. First György Domahidy, the OKI appointee for VD care, voiced the view that the real success of prenuptial examinations lay in the “non-results”, that is,

⁴³⁹ “Az Országos Közeg. Egyesület Antiveneriás Bizottsága 1942 január 9-én tartotta 69-ik ülését,” *Népegészségügy* 23 (1942): 359-362.

⁴⁴⁰ Ibid: 360.

the fact that many individuals did not dare to get married as they knew that they were diseased and were informed about the strict nature of the law.⁴⁴¹ Domahidy clearly did not reckon (or did not wish to reckon) with the possibility of an increase of extramarital and premarital sex and of the birth of illegitimate children as a result of the law. The debate erupted when Emődi recommended Domahidy to develop and adopt a set of guidelines for doctors to make decisions on complicated cases easier. Moreover, he told the committee that he had heard that the number of bans was quite low and recommended that the Medical Officers be stricter in implementation. Domahidy told Emődi that the Medical Officers already had such guidelines and that in times of war leniency was important because a lot of new marriages were needed (which stood in slight contrast with his previous statement on scaring away people from marriage). Neuber supported Domahidy's opinion and stressed that the implementation of the law had to be lenient, temporarily.

Emődi's remark and the resulting, fairly mild debate was the indication that some VD experts (including members of the AB) were not very satisfied with how the law was implemented. Once prenuptial certificates were required by law, many VD-experts believed that superficial examinations by doctors, who were not venerology experts were simply not enough as it would let a great number of infected people into marriage and it could harm the prestige of the whole anti-VD movement.

3.2.2. Implementation – Discourses of medical professionals involved in the practice

Race protection?

As the Ministry of Interior Decree No. 1111/1941 stipulated that prenuptial health checks

⁴⁴¹ "Az Országos Közeg. Egyesület Antiveneriás Bizottsága 1942 december 11-én tartotta 72-ik ülését," *Népegészségügy* 24 (1943): 100.

be introduced as of 1 February 1942, the first reports about premarital screening in practice first appeared in mid-1942. The Medical Officers were largely appreciative of the new policy and tried to present even insignificant results as promising signs of a good start. Béla Kertész, the Medical Officer of Székelykeresztúr (from a re-acquired Transylvanian region) in his article in *Orvosi Hetilap*⁴⁴² cited the failure of Yugoslav marriage counseling and warned that legal problems might arise from obligatory, binding marriage counseling. He, however, claimed that “we are already on the road towards perfection” and, with a strong hint of nationalism, traced this back to the “intuitive and empirical legal affinity of our people.” Kertész was profoundly convinced of this magic and so the article included a good amount of propaganda and not much on tangible results. He conferred about having issued around 100 marriage certificates in four months and indicated that he had banned 1 person from marriage, which adds up to a “failure rate of 1%,” which, however, “cannot lead to major conclusions.” He also added that based on his assessment, about one-third of couples had already been in physical contact before marriage but saw this as no indication that the “prenuptial race protection measures” were in vain.⁴⁴³

Aside from Kertész’s overall optimism, he (not surprisingly) connected the two separate clauses of the Marriage Law, anti-Semitism and marriage counseling under the general framework of marital health. His list of the four benefits of the law included:

- fighting syphilis and gonorrhea
- fighting TB
- serving ethnic racial protection aims
- Struggling to prevent other inheritable diseases.⁴⁴⁴

He added that the law prohibited mixed race (Jewish and non-Jewish) marriages that

⁴⁴² Béla Kertész, “Beszámoló az 1941. XV. tc. alkalmazásáról,” *Orvosi Hetilap*, 86 (1942): 445-448.

⁴⁴³ Ibid.

⁴⁴⁴ Ibid: 447.

would produce “valueless” offspring and demanded that marriages between gypsies and non-gypsies be similarly banned, due to the high criminality rate of children from such marriages. Kertész’s anti-Semitic and anti-Gypsy comments that were part of a report on the implementation of marriage counseling shows the how the Marriage Law affected those who then were entrusted with implementing it. Thus, even though the two clauses had very different paths in legislation and most medical experts drafting the law had no intention of involving race in marital health issues (and combining the two was just a “practical solution” that the Interior Ministry was forced to accept), in the process of its implementation many saw these two clauses as intertwined as they both represented race protection.

Whose competencies?

In 1943 a public debate took place on the pages of *Népegészségügy*: the question was whether it was the “medical bureaucracy” (the Medical Officers) that had superior rights in determining VD and the right to issue a ban on marriage or the “specialists”, namely, the doctors of the VD Care Centers.

Two practicing Medical Officers argued that the job was allocated to the Medical Officers and that this was not without a reason: in the countryside there simply weren't enough VD Care Centers and VD specialists were rare. They added, due to the increased problems of transportation in war, it would be problematic and would go against “getting used to the new regulation” if couples were forced to make a longer travel to a VD Care Center in a larger city. They claimed that there was a difference between TB and VD, because the X-ray check needed a specialist much more than a VD test, as “venereal diseases belonged more to the realm of general medicine.” They supported having a blood test for VD in all cases because a simple physical

check was not to be trusted and they suggested that couples take their blood test through a local doctor (GP or Health Protection Service), have it analyzed by a specialist, and send the results to the Medical Officer.⁴⁴⁵

The Head Doctor of the Beregszász VD Care Center, Pál Engel, replied to the articles: he believed it to be “self-explanatory” that the VD Care Center was a higher forum than the Medical Officer, who, upon receiving the verdict of the Center, should be obliged to accept its decision. He reminded, the Heads of the Care Centers were usually Head Doctors of hospitals and had a much higher level of expertise than an average doctor. He believed that it would discredit a VD Care Center if a Medical Officer did not accept its decision. Engel suggested that every individual be sent to a VD Care Centre for a blood test, “as one only marries once in his/her lifetime.”⁴⁴⁶

This little debate in *Népegészségügy* shows us that Medical Officers, although given strong powers by the Marriage Law, had to encounter resistance not just from the population but also from the doctors of the VD Care Centers, who saw them as less competent and believed that the decisions they made concerning the right of the individual to marry superseded that of the “generalists.”

Treatment and duration of marriage bans

In 1946 in the Q&A in the *Orvosi Gyakorlat Kérdései* (Questions of Medical Practice – a supplement of *Orvosi Hetilap*)⁴⁴⁷ a practicing doctor “Sz.Gy.” asked a question from József Guszman, one of the architects of the law. He asked about a 22 year old woman, who was

⁴⁴⁵ Sándor Gáll, “A házasságkötés előtti vizsgálatok első évének mérlege,” In: *Népegészségügy* 24 (1943): 613-615. and Elemér Puskás, “A házasságkötés előtti vizsgálatokról,” *Népegészségügy* 24 (1943): 615-618.

⁴⁴⁶ Pál Engel, “Hozzászólás dr Gáll Sándor és dr Puskás Elemér a házasság előtti vizsgálatokkal foglalkozó közleményeihez,” *Népegészségügy* 24 (1943): 866-867.

⁴⁴⁷ “Az Orvosi Gyakorlat Kérdései.” Supplement to *Orvosi Hetilap* 87 (1943): 96.

banned from marriage because of syphilis and then finished her first treatment session. She reportedly was willing to carry on with the treatment after marriage but wanted to get married as soon as possible. The question concerned the number of treatments after which she could be determined as non-contagious to her husband or future child. Guszman answered that knowing that her syphilis was acquired only 1 year ago and she had only started treatment by doing the first one, “it is out of the question that she could soon get married.” Guszman recommended 5-6 strong (Bizmut + Salvarsan) treatments with short, 6-8 week pauses in between and if no indication of syphilis, waiting for one more year after it. This in effect meant that the girl could not get married for at least 2 years. This truly long waiting time was just theory, however, and reflected normative wishes but in reality (as demonstrated in the next subchapter) marriages could take place much earlier after such a prohibition.

The normative recommendation was reduced to 1 year later on, due to medical advances. At a 1950 meeting of the OAB it was discussed whether with the widespread use of penicillin even this one-year waiting time could be reduced. There was no agreement within the committee, Dabis, Havas and Rajka argued that with a combined treatment of penicillin and arsenate-bismuth products or with continuous instead of intermittent treatment the waiting time could become half a year only.

3.2.3. Implementation – MABI and Medical Officers

We can find the most detailed records on premarital health checks in Hungary in the documents of an insurance company, the *Magánalkalmazottak Biztosító Intézete* (Insurance Institute of Private Employees - MABI). The MABI provided old age, disability, orphanage and widow insurance for the whole country but it provided health insurance only for the white collar employees of privately owned companies in and around Budapest. It insured ca. 75.000

employees and their families, altogether ca. 225.000 people for health.⁴⁴⁸ When the Marriage Law was passed it set up its own marriage counseling center and started making premarital health checks in mid-1941. The records of these health checks (ca. 18.000 cases) between 1941 and 1948 are fully available in the Budapest Metropolitan Archives (Budapest Főváros Levéltára - BFL).

Eugenics

Firstly, what is most striking in the implementation of the premarital health checks at the MABI Marriage Bureau is that the physicians of the clinic understood the project as a much broader policy of intervention as the legislators. Aside from introducing a marriage ban or giving an authorization for marriage, doctors showed interest in a plethora of medical detail connected to the client and the client's family. Moreover, their interest went far beyond a pure registration of these details and setting up a "eugenic register" based on these: in many cases they felt the need to provide "persuasive advice" on the issue of marriage, related to illnesses other than TB or VD. The anamnesis was wide-ranging: it included the client's profession, social situation (monthly income), religion, family antecedents (illnesses and cause of death of grandparents, parents and siblings) and personal medical history (diabetes, VD, TB, alcoholism, other – e.g. epilepsy, hare-lips, color blindness).

The eugenic advice given was similarly wide-ranging, some of the examples of these are as follows:

- a woman was recommended to delay her wedding because of a serious heart condition.
- A woman had an epileptic mother and her future father-in law was suffering from the

⁴⁴⁸ Tivadar Gorka, "A magyar társadalombiztosítás a két világháború között," *Communicationes de Historia Artis Medicinae – Orvostörténeti Közlemények* 121–124. (1988): 123–126.

same illness and therefore the doctors wrote “we cannot prevent her marriage based on the results, but we do not recommend her having children.”

- Comment: she is near-sighted (2d).
- Other: his mother's brother is left-handed and so is he.
- A comment on a man: “he has had irritation on his penis for 20 years. I believe that the deformation on his penis is a pigmentation resulting from an old bleeding. The epithelium above is intact, moves freely. No sign of a pinch or a chancre.”
- A woman’s mother had a nervous breakdown 20 years before the test and she wanted to marry her second cousin (both details underlined with red). The doctor wrote “I gave the permission but recommended against marrying.”
- A man was diagnosed with a heart condition and he was warned by the doctors that they “only recommended marriage in case he was able to lead a life where he could spare himself physically and that in case of physical breakdown the woman would be able to maintain herself.”
- A comment on a male client: “Other: a 154 cm tall individual with a hunch (gibbus).”
- A woman had to sign a declaration that stated “I acknowledge that the condition of my heart does not support my getting married because the excitement that goes together with marriage is considerably burdensome for an ill heart. As the law does not contain a prohibitive provision concerning this, I have received the attestation.”
- Other: nervous disease: trauma? The result of nicotine and alcohol intoxication. (He promised to quit both of these!)
- A man was given the permission to marry even though he had VD based on the results because “he had been having an inside liaison with his bride, who is in the fourth month

of pregnancy.”⁴⁴⁹

As it can be seen from these cases, doctors were concerned by other conditions or would even take into serious consideration the medical history of the parents. A heart condition seems to be an important non-regulated problem that doctors wanted to include on the list of prohibitions. The reason in these cases was perhaps not exactly hereditary issues but doubt in the ability of such people to raise children (or even to have sex, which certainly causes “excitement” for the heart). Thus, recommending against a marriage with a heart problem seems rather a social issue (these children would potentially not have money-earning parents to raise them) than a worry for eugenic deterioration. However, the various underlined parts in the illnesses of parents (often with red) and the case of the epileptic parents or relatives shows that there were eugenic concerns as well. The MABI doctors understood their role as dual: providing attestations or bans for marriage and creating a eugenic register of all individuals visiting the clinic. With the latter they were just doing service to what they must have seen in contemporary medical journals: the need for such a register for better State orchestrated health prevention and eugenics in the future.

I did not detect serious gender bias in terms of prohibitions or warnings/advice and it was also evident that the anti-Semitic clause of the law did not play any role in implementation, Jewish clients were not treated differently and there was no higher occurrence in marriage prohibitions for them.⁴⁵⁰ The empirical data thus confirmed my hypothesis that at these

⁴⁴⁹ 1-12. kötet. No.1-6195. 47. Magánalkalmazottak Bizt. Intézet Házassági Tanácsadó törzskönyvei, VIII.111, Budapest Főváros Levéltára (Budapest Metropolitan Archives)

⁴⁵⁰ I found two cases where the events of 1944, the Holocaust of Hungarian Jews posed a dilemma for the physician doing the test. In the first case a man wanted to get married in March 1944, just before the German occupation of Hungary, and he was found having VD so he was sent for treatment. In such cases one usual had to undergo 6 treatments and could not get married until these were completed. This Jewish man from Budapest did one treatment and started a second one in June 1944 in the height of the deportations of Jews from Hungary. From other sources it is known that he was deported to a concentration camp, but survived and came back in 1945. Upon his return to Hungary he went back to the clinic to obtain a marriage license but the MABI physician – who must have been aware of the reason why the treatment was interrupted - noted “his treatment is not completed, no attestation can be given.” The man received the marriage permit half a year later, in 1946. Ibid.

I found, however, an example for sensitivity for survivors as well: another Jewish man was affected by the anti-Semitic clause and despite living together with his partner for five years, could not get married. The physician (a different one from the previous case) noted this fact in the anamnesis and recommended that despite the positive test results he should get the right to marry “especially because of his family background”, which most probably

premarital health checks racial questions did not play a role, physicians did the checks out of health prevention reasons, and the two relevant cases I found point only to the attitudes of individual physicians, it would be wrong to make assumptions regarding a larger policy on race based on these.⁴⁵¹

Medical Officers

The other sample comes from the papers of the Medical Officers of various shires and counties, including that of the central shire of Pest County (Pesti Központi Járás Tisztifőorvosa), Csepel, Kőbánya, and Balassagyarmat in Nógrád County. This is only a sample of the marriage certificates issued around Hungary, but many Hungarian county archives do not have the relevant Medical Officer papers anymore and even these papers only contain a fraction of all attestations. These papers were probably too numerous to be kept (if we calculate with 100.000 marriages per year, over 2 million certificates were issued) and, due to the little information stored on most of them, these were probably believed to have no use for archival storage.

The reports of Medical Officers showed a much less controlled and interventionist attitude than that of the doctors of the MABI clinic. In fact, in line with the expert debate outlined in the previous subchapter, Medical Officers rarely did these health checks themselves, most attestations were based on an examination by an EVI and a TB Care Center. The Pest County Medical Officer commented for example in August 1945 that he issued altogether 280 attestations and only 10 of these, less than five percent, were based on his own examinations.⁴⁵² Also, what is strikingly different compared to the MABI papers is the lack of detailed

related to his being a Jewish survivor in 1945. Ibid.

⁴⁵¹ It is to be noted that the percentage of Jewish individuals examined was at 4% throughout 1941-1943, but between 10 September 1944 and 28 December 1944 (when the marriage bureau was closed due to the siege of Budapest) there were no Jewish applicants for marriage. Ibid.

⁴⁵² In the April 1945 report he confirmed 3 examinations done personally out of a total of 16. See: Box No.1., IV. 402. c. Központi járás tisztiorvosi iratai, BFL.

information. Medical Officers seemed, probably due to time constraints, not to be motivated to set up a similar “eugenic register” and so most of their certificates were simply left blank with only the essential information (name, address, etc.) filled in and the medical examination result indicated or attached.

In fact, there were various documents in the papers Medical Officers that came from GPs of young women, who were most probably not examined. Usually such certificates started with “I have been the GP of and known XY for years....” This confirms what some speakers in the parliamentary debate commented on: examinations becoming a class issue. However, in rural areas, as some of the doctor's debates have indicated, avoiding tests was probably possible for lower classes as well, depending on the leniency of the village doctor. I found a few cases from 1945 where such attestations of GPs were attached for young men, which could indicate that avoiding the tests was widespread not only for females. Imre Zemplényi's article in *Orvosi Hetilap* points towards the same direction but it seems from his remarks that avoidance was possible for all classes. He wrote that usually these tests were done too late when the date of the wedding was already set and so a prohibition would “hurt financial and emotional interests” and so the insurance, village or regional doctor did not have an interest in disclosing the problems of the client. Thus, “modest work was being done both in quantity and in quality.”⁴⁵³

There is a case from the papers of the Balassagyarmat Medical Officer (basically the only one found on marriage checks) where the Medical Officer shunned a regional doctor, who did not send the blood test of a woman from a little village to him and so he had to spend time on testing (“I inform you that in the future I will not be willing to take blood samples instead of you”), which confirms that doing these tests would have meant a serious overload of work for the Medical Officers and they very rarely did the tests themselves.⁴⁵⁴

⁴⁵³ Imre Zemplényi, “Aktualitások,” *Orvosi Hetilap* 86 (1942): 543-544.

⁴⁵⁴ Box.1., 1946-49. Tisztiorvosi iratok, Nógrád County Archives, Balassagyarmat.

3.2.4. Implementation – Statistical valuation

In this subchapter I will briefly evaluate, with the help of statistical data, the impact of premarital health checks on the population. With regard to voluntary marriage counseling I presented non-participation as a form of resistance and I will set out from the same assumption: that clients resisted mainly by avoiding or going around the examination.

Firstly, one did not need to present any photographic evidence when going for the check and therefore it could happen that some people asked non-infected friends to go and do the blood tests instead of them. There were complaints regarding this already in 1943⁴⁵⁵ and at a January 1947 meeting the Antivenereal Committee (OAB) recommended that “as it has occurred repeatedly that one went with the documents of someone else for the examinations” the Government pass a decree that a photo ID was to be shown before such tests.⁴⁵⁶ The recommendation was taken by the Government and passed in decree 191.991/1947 N.M. There were other complaints where some individuals were proven positive at one EVI and they sent someone else (or went themselves) for another check and showed that negative result to the Medical Officer.⁴⁵⁷

As for the statistical details of the checks (e.g. number of checks and prohibitions), the statistics will come from the MABI clinic, the OTI statistics, and from statistical data on Budapest. The annual KSH (Central Statistics Office) publication on Budapest tells us that in 1942 there were altogether 27.488 applicants in Budapest for marriage certificates and 26.623 got it, the rejection rate being at 3.2%. In 1943 there were 28.746 applicants and 28.151 certificates, the rejection rate dropping to 2.1%.

⁴⁵⁵ See: “Budapesti Kir. Orvosegyesület Társadalomorvostani Szakosztályának 1943. II.10-én tartott ülése: A házasságot megelőző orvosi vizsgálat és a nemi betegségek,” *Venerológiai Szemle*, (1943): 50-53.

⁴⁵⁶ XIX-C-9, Box.no.5. File 1308, OKT, MOL. In fact the former Budapest Chief Medical Officer Elemér Csordás claimed that the AB had submitted a motion to the Interior Minister on this before 1945 as well.

⁴⁵⁷ This was the argument of Lajos Lazarovits’s article in *Népegészségügy* in 1947. He specifically mentioned the problems of the Wassermann test, which “could indicate a negative result if someone was already getting treatment or has already received a shot.” Lajos Lazarovits, “A syphilis fertőzőési útjai: A syphilis terjedése a házassági törvény védelme ellenére,” *Népegészségügy* 28 (1947): 2091-2093.

The numbers we can extract from the reports of the Budapest Medical Officer Tibor Bakács for 1946 are much more detailed:

Prenuptial checks - Budapest District Medical Officers	Jan 1946	Feb 1946	Mar 1946	Apr 1946	May 1946	June 1946	July 1946	Aug 1946	Sept 1946	Oct 1946	Nov 1946	Dec 1946	TOTAL - 1946
Male	925	876	1064	1284	1490	1059	1308	1004	1119	1208	1174	1137	8006
Banned males	no data	38	50	29	33	28	20	14	16	11	9	14	198
Female	917	903	1143	1241	1433	982	1244	993	1119	1149	1206	1184	8856
Banned females	no data	39	64	37	26	27	25	19	22	7	13	17	218
All applicants	1842	1779	2207	2525	2923	2041	2552	1997	2238	2357	2380	2321	15869
Banned	no data	77	114	66	59	55	45	33	38	18	22	31	416
Banned percentage		4.3 %	5.16 %	2.6 %	0.02	2.7 %	1.76 %	1.65 %	1.69 %	0.76 %	0.92 %	1.33 %	2.96%
Banned for VD		18	41	38	29	27	18	19	30	14	18	28	171

Table 1. Premarital screening statistics for Budapest, 1946

These data show that there were nearly 16.000 applications in 1946, much less than in the early years of premarital testing, the number of marriage prohibitions was at 2.96%, about the same as earlier. Also, a little less than half of the people tested were banned for VD, the rest were sent for TB treatment. There does not seem to be a difference based on sex, either, the ration of banned males and females was nearly the same.

The clinic of the OTI, the largest insurance institution (providing for industrial workers), has data on examined and rejected clients after 1945:

Year	Number of examined	Number of banned	Percentage banned
1945	3000	81	2.7
1946	6128	248	4
1947	10.596	426	4
1948	15.149	649	4.3
1949	29.239	698	2.4
1950	12.565	332	2.6

Table 2. Marriage permits at the OTI Marriage Clinic 1945-50.

The MABI data shows a low rejection rate as well. In the 3.5 years after the war 5417 checks were made and only 104 people were rejected, a rate of 1.97%.

It seems from these that rejections were between the 2-5% margin and usually half of these were for TB and half of them for VD. Based on this, due to all the factors that could serve as distortions, (the physician, the test, being already pregnant, etc.) I would not make any guesses as regards to the level of VD in the adult population of Hungary. In any case, the rejection rate more or less confirmed contemporary estimates of the level of VD: the national VD statistics that were made in 1928 indicated ca. 60.000 VD patients, less than 1 percent but the VD experts believed that actual numbers were higher. They could see their hypothesis as proven: if VD-related rejection was at 1-3%, the VD ratio among adults would have been estimated at ca. 150-200.000.⁴⁵⁸

⁴⁵⁸ I found some fragmentary data in the Public Health Reports from Székesfehérvár and Baja, two mid-sized cities. In Székesfehérvár 769 certificates were issued by Medical Officers in 1947 and there were no prohibitions, in Baja in the same year there were 650 certificates and no prohibitions either. XIX-C-1-e. Közegészségügyi jelentések, MOL

3.2.5. Implementation – Postwar issues and the end of marriage counseling

Rape, VD and marriage counseling

In the past twenty years the rape of Hungarian women by the Soviet forces in 1944-45 has entered public memory after long decades of silence. The perhaps most detailed analysis is provided by Andrea Pető in her comparative essay on Budapest and Vienna,⁴⁵⁹ whereas James Mark discusses the relationship between the memory of these events and how they were/are shaped by political convictions.⁴⁶⁰ Most recently, a movie by Fruzsina Skrabski, which was aired both in Hungarian cinemas and on public television in autumn 2013, *Elhallgatott gyalázat*, [Silenced disgrace] showed a number of interviews with female witnesses of these events.⁴⁶¹ The rape cases in Hungary are relevant for the story of premarital health checks because these resulted in a major increase in the incidence of VD. It would logically follow that, compared to earlier or later years there were a disproportionate number of people, mainly women, prohibited from marrying in 1945-46, due to the much higher VD rates in these years.

The data I have found confirms the high incidence of rapes but this did not result in a higher number of marriage prohibitions. The reports of the Budapest Chief Medical Officer (Tibor Bakács – a nominee of the Communist Party) from 1946 indicate that there was a sudden and dramatic rise in the morbidity of VD (syphilis in particular) starting in early autumn 1945. In 1941, as well as in the early months of 1945 an average of 1.000 individuals visited the VD Care

⁴⁵⁹ Andrea Pető, "Átvonuló hadsereg, maradandó trauma," *Történelmi Szemle* 41 (1999): 85-109.

⁴⁶⁰ James Mark, "Remembering Rape: Divided Social Memory and The Red Army in Hungary 1944-1945," *Past & Present* 188 (2005): 133-161.

⁴⁶¹ Fruzsina Skrabski, *Elhallgatott Gyalázat* (Budapest: Omega Kreatív Bt, 2013), DVD. Unfortunately, Skrabski, seemingly unaware of the divided memory of the female survivors of the war and the Holocaust in Hungary, in a memorable scene of the movie, decides to lecture the elderly men, who honor the memorial for the fallen Soviet soldiers in Budapest. With the failure to acknowledge that the Soviet entry into Budapest was indeed a liberation for many, even for some of the raped women, and with the nationalist undertones constantly re-appearing, the movie becomes sadly one-sided and moralizing without proper context. An excellent review by Zsófia Lóránd points to these deficiencies: Zsófia Lóránd, "Megszóltatott félhangok", *Kettős Mércse*, 2014.01.27. Online: http://magyarinfo.blog.hu/2014/01/27/megszolaltatott_felhangok

Centers of Budapest monthly. From July 1945 to October 1945 this jumped to 7.000 and peaked in December 1946 with 14.000 visitors. The ratio of patients treated with VD increased to over 9.400 in December 1946 and there were 5-6 times as many syphilitic patients as those with gonorrhea.

Other sources, for example a 1945 report to the National Public Health Council stated that the ratio of VD infection based on various screenings (this surely included premarital screenings) was at 3% but they believed that the real infection rate was much higher, at 10%. They argued that there were 50 thousand secret prostitutes in Budapest, “mostly young girls and about half of them are infected” (while there were only 700 registered prostitutes) and they saw them as the primary sources of infection.⁴⁶² Another puzzling occurrence for Bakács was the fact that a formerly bourgeois and less infected district, the 12th in Buda had in 1946 by far the highest rate of infection – he explained this with the Nazis taking all the prostitutes of Budapest to these areas with them. However it is much more likely that these areas had more VD patients because of the fierce, door-to-door battle between the German-Hungarian forces and the Soviets. As Andrea Pető quotes for Austria, the ratio of rape cases depended on the severity of the battles, in some places of heavy fighting 40% of the women were raped, while in places where the Soviets could march in seamlessly this was at 6%.⁴⁶³

It can thus be ascertained that while the VD ratio, partly because of the large number of rape cases, led to an overload of the Budapest VD Care Centers in 1945-1946, this was not reflected in the practice of marriage counseling. Abortion rates increased and even the practice of abortions became more liberal in these years as physicians, and even members of the Christian churches⁴⁶⁴ acknowledged the right to the termination of a pregnancy in such extreme cases. For marriage counseling there was probably a similar understanding, a similarly permissive approach

⁴⁶² Box. No. 17., XIX-C-2-s , Simonovits István Miniszterhelyettes, MOL

⁴⁶³ Andrea Pető, *Átvonuló hadsereg* (1999): 98.

⁴⁶⁴ Ibid.

among physicians in the early postwar years.

The end of premarital health checks: Penicillin, new screening procedures and pronatalism



Fig. 5. “Penicillin heals gonorrhea but watch out: infection with syphilis continues to threaten”

Mandatory premarital health checks were de jure abolished in 1952 but the primary material I have found, that of the MABI clinic, the OTI, Budapest and other Medical Officers, all indicate that marriage counseling did not play any major role after 1949/50. MABI records stop in December 1948, OTI statistics end in 1950, that of most Medical Officers in 1949. It needs to

be mentioned here that even though in May 1947 the Health State Secretary János Vikol called for a “significant expansion” of the tasks of the Medical Officers and an increase in their numbers, they were soon seen as an administrative hurdle for premarital tests. For, most people got their certificates at the EVIs and TB Care Centers and then they had to go for a second visit to the Medical Officer whose role was in most cases formal and routine. At a 1946 meeting of the OAB it already came up that private doctors should have the right to issue medical certificates and add an undersigned “in full knowledge of my responsibility” paper, which would have made testing faster and easier. It was one of the earlier architects of the law, József Melly, who dismissed this initiative saying “it is a serious matter when someone meddles into other people’s rights whether they can marry or not. Therefore such a certificate can only be issued by a Medical Officer. This is the story of the thing.”⁴⁶⁵

In 1950 a Council of Minister’s decree was passed (No. 359/8 MT) that amended several paragraphs of the Marriage Law (this was customary in Hungary after the Communist takeover, such decrees had the effect of a Law). The justification of the decree called this system bureaucratic, its provisions removed the Medical Officers from the system, and care centers got the right to issue the certificates directly.⁴⁶⁶ This already meant the abrogation of Johan's original concept, the Medical Officer providing the certificate as the healthcare generalist, who oversees the health administration issues of a region. With the care centers being the only direct contact point for clients, the process was simplified but this pointed towards a reorganization, a shift in the approach to premarital testing and screenings for popular diseases in general. It was then in 1952 that the Antivenereal Dept. of the OKI was closed and instead a new authority was set up for the centralized control and supervision of VD care, the *Országos Bőr- és Nemikórtani Intézet* (National Dermatology and VD Institute - OBNI). As of 1952 the network of VD Care Centers

⁴⁶⁵ Box No. 14.XIX-C-9, Országos Közegészségügyi Tanács, MOL

⁴⁶⁶ MT rendelet 359/8 MT, Minisztertanácsi jegyzőkönyvek, MOL. Council of Minister’s Decree Also, as a further relaxation of the rules, the validity of these certificates was increased from 30 days to 45 days.

belonged under the Health Ministry and the OBNI. The reorganization of VD care signaled the end of the “working community” era, with both OTI and OKI controlled VD care centers merged under the OBNI and all receiving new and unified Regulations and VD treatment principles. They were responsible for any screenings of the whole population or certain cohorts of the population and there was a unified database on VD managed by the OBNI.⁴⁶⁷

In fact, jumping a little ahead in time, in a 1957 publication an expert venerologist (István Károlyi) claimed that the mass screening of people, which in the years of 1951-1956 tested 3.5 million people, 38% of Hungary's population (and discovered 33 thousand individuals having latent syphilis), was not effective in detecting individuals in the *most contagious, early phase* of the illness. These were rather discovered through targeted screenings for certain regions and through a sophisticated application of contact tracing. He quoted Rein and Reyn, who claimed that whereas screenings were important for later stages of syphilis, for discovering early cases, such serological screenings were the most costly and least efficient procedures. Mass screenings were only useful until the ratio of latent syphilis was high in the population.⁴⁶⁸

Károlyi's description of the correct method of “contact tracing,” that is, following up on the sexual contacts of an infected individual, indicate towards the application of pastoral power through the act of confession, but in a more sophisticated and focused manner as imagined in the 1930-1940s. When resorting to the method of contact tracing the doctor is expected to extract a detailed confession about one's sexual habits (“promiscuity”) and other, “related” factors (alcoholism, “certain more important aspects of the diseased individual's personality”, etc.).⁴⁶⁹ The confession is more profound and more focused on the potential sexual deviations of the client, at the same time files are kept only about the potential sources of danger not the

⁴⁶⁷ Kálmán Király and László Kovács, “Antivenereás küzdelmünk helyzete és legközelebbi feladatai,” *Népegészségügy* 34 (1953): 150.

⁴⁶⁸ István Károlyi, “A kontaktus-kutatás módszerei a gyakorlatban,” in *A dermato-venerológia haladása. 5. szám*, (Budapest: Országos Bőr-és Nemikórtani Intézet, 1957): 104.

⁴⁶⁹ Ibid: 110.

population as a whole.

Contact research marks a paradigm shift in the epidemiology of VD and in Hungarian venereology in the 1950s. After long decades of the regulation of prostitution (targeting only a few hundred or thousand prostitutes) starting in the second half of the 19th century, and then VD care based on voluntary clients and the provision of information, a shift occurred in the 1930s that preferred mass screenings and collecting data on whole cohorts of the population (and culminated in the legislation of 1940-41). This shift culminated in the serological testing of ca. 40% of all citizens in the 1950s. The return to tracking, regulating, supervising more limited groups in the 1950s is not a reappearance of the initial approach to VD with a few (female) vectors of disease but is a continuation of a biopolitical path focusing on the confessional, its application becoming more and more individualized. In the early 1900s the women registered as prostitutes were not expected to make deep confessions (and the men they infected were not traced anyway), mass VD tests - as exhibited - did not really allow for intensive enough confessions despite the efforts in MABI, but contact research made this possible, both a legal obligation and the techniques doctors were instructed to resort to, making such confessions a useful biopolitical tool.

Year	Number of VD screenings
1951	443.467
1952	506.807
1953	635.950
1954	615.580
1955	700.911
1956	585.067
Total	3.487.782

Table 3. Number of VD screenings in Hungary, 1951-1956

There will be more in Chapter 5 about how the 1945 democratization process and then the 1949 Stalinist turn affected sexual politics and discourses on sex education in Hungary. There was nevertheless a tangible move away from the Christian-nationalist idea of the sanctity of marriage. In 1945 illegitimate children (those, born out of wedlock) were put on equal footing with children in marriages, which abrogated the legal incentive to get married for the benefit of the child. At the same time new screenings for larger cohorts of the population were introduced. The most important, from an ideological point of view, was the introduction of the TB and VD tests for “young workers” (ifjűmunkás). That is, before a young man or woman entered the workforce in the industry, the favored sector of the economy at the time, he or she had to be examined. It seems as if the entry into the adult world, which in the *ancien régime* was marked by marriage and the license to producing legitimate children, was replaced by the entry into the workforce, production in the factory enjoying a prerogative over production at home.⁴⁷⁰ Factory workers could be easily controlled at the plant: at certain factories there were not just “young workers” but annual tests for all, which ensured regularity in VD and TB control for large parts of the population.⁴⁷¹

The introduction of penicillin, the new wonder medication that gradually replaced the less magical drugs for VD, started fairly early after 1945 in Hungary. The internationally well-known Hungarian pharmaceutical producers, the largest two being Richter and Chinoin (with a ca. 65-75% share of all exports in WWII), were destroyed in a process induced both by internal and external factors: the anti-Semitic laws weakened the positions of these mostly Jewish-owned

⁴⁷⁰ A report by László Fodor of the newly organized Health Ministry to State Secretary Lajos Simon from 1950 mentions a brochure and a series of presentations with the title “the health protection of the young worker” (az ifjűmunkás egészségvédelme). Box No.1., XIX-C-2-1. Simon Lajos, MOL

⁴⁷¹ There is a related letter that indicates the potential problems of obligatory factory-based screenings. It was written in the height of Stalinism in Hungary, 1952, by the workers of the *Budapesti Konzervgyár* (Budapest Tin Factory) in the 9th district, who complained that at the annual factory VD screening they were examined together with VD patients as they were afraid that they would get infected. They wrote “and the Mr Doctor should not threaten us that he will write to the Ministry (...) in 1952 the workers cannot be threatened for saying the truth. Because we know that in Socialist society the health of the people has highest value.” Box no. 4., XIX-C-2-s, Simonovits István miniszterhelyettes, MOL.

factories, many pharmaceutical experts perished in the Holocaust,⁴⁷² and in 1944-45 most production plants were bombed and damaged. Initially there were English and American imports of penicillin,⁴⁷³ and between 1946 and 1949 penicillin was partly imported and partly produced in Hungary. It was in 1952 when the re-established Chinoin factory started mass producing its own patent of penicillin products.⁴⁷⁴

By 1949 penicillin was widely available in Hungarian healthcare, at a March 1950 meeting of the National Public Health Council⁴⁷⁵ they raised the issue of reducing penicillin consumption and limiting it for really necessary cases so that there would be enough for gonorrhea and syphilis. They claimed, “the problem is that without any real indication they give out penicillin to patients having high fever.”⁴⁷⁶ The same report indicates that penicillin was still imported (they spent foreign currency on obtaining it) and that ca. 24 million units were consumed altogether in hospitals, the OTI insurance company and in pharmacies. Using penicillin for gonorrhea was introduced in 1947, and for syphilis in 1948.

As for syphilis, we can find a graphic representation of the diminishing threat posed by VD can be found in Géza Hahn's 1965 “Twenty Years of Public Health in Hungary”:⁴⁷⁷

⁴⁷² The tragic story of Gedeon Richter (1872-1944), pharmacist and founder of Richter, is detailed in a well-crafted piece by Tibor Rasztik in “Történelmi Üzletemberek” (Richter Gedeon, 2010). Online: <http://www.richter.hu/HU/Documents/TortenelmiUzletemberek.pdf>, accessed, February 15, 2014.

Richter, because of the anti-Semitic laws, had to resign from the company's board in 1939, his employment at the company was forcibly terminated by the Hungarian authorities in 1942 and he was killed on 30 December 1944 by the Hungarian Arrow Cross – a micro story that could very well illustrate the more general story of a series of race-based inhumanities in interwar and WWII Hungary.

⁴⁷³ Szabolcs Dobson., “Magyar gyógyszer, magyar ipar II. A magyar gyógyszeripar 1945 – 1989 közötti történetéből” Online: <http://www.gyogyszerestortenet.hu/wp-content/uploads/2013/09/A-magyar-gy%C3%B3gszeripar-t%C3%B6rt%C3%A9nete-1945-1989.pdf> accessed, February 15, 2014.

⁴⁷⁴ Ibid.

⁴⁷⁵ Box no. 15., XIX-C-2-s, Simonovits István miniszterhelyettes, MOL. By that time there was no OAB, it was dissolved in September 1949. Ibid.

⁴⁷⁶ Ibid.

⁴⁷⁷ Géza Hahn, *Twenty Years of Public Health in Hungary* (Budapest: Corvina, 1965).

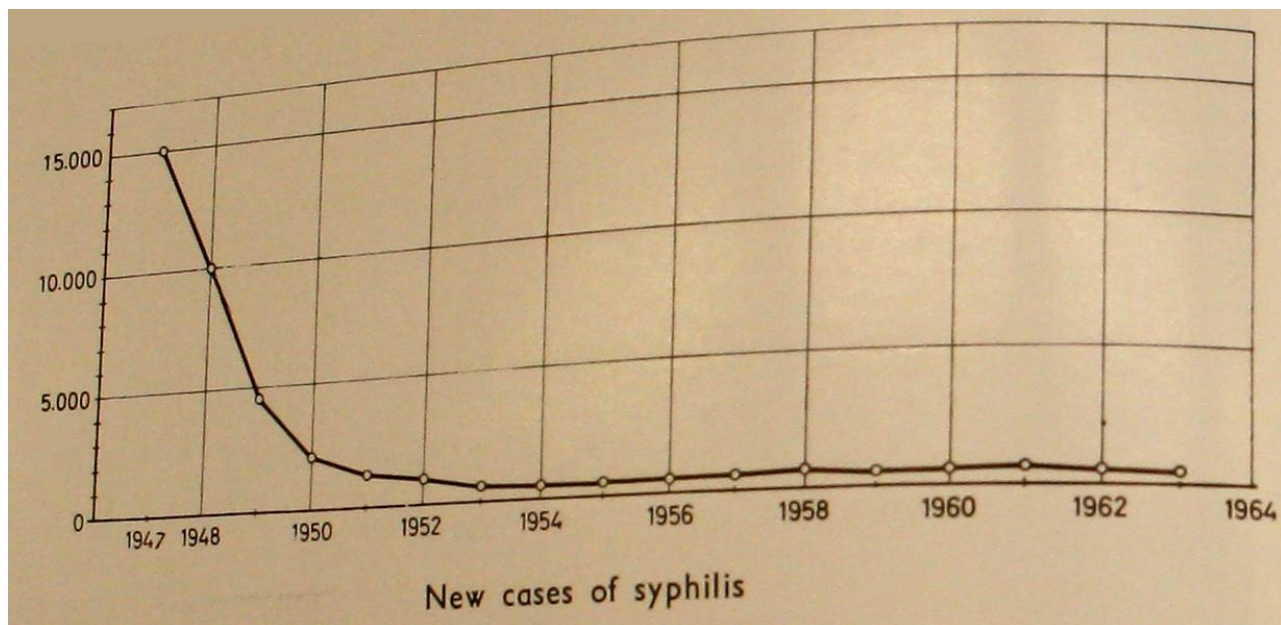


Table 4. New Cases of Syphilis, 1947-1964

A 1951 report claims that in penicillin a cure for gonorrhea was found, one that could heal it within 24 hours instead of the months of treatment earlier. It was added that in the VD Care Centers these were sufficiently available for all and for free (“a great success of the People's Democracy”). Syphilis was still believed to be more difficult to fully recover from, but the “so-called screenings” (factory, profession-based, regional, and premarital checks) were praised for detecting it.⁴⁷⁸ Penicillin and the rapidly decreasing numbers of newly infected patients most probably contributed to a confidence among venerologists that the time of VD as a popular disease was over. However, as a 1957 analysis claims, in Hungary it wasn't necessarily the new drug that was believed to provide a solution for the venereal scourge:

The experts of Western countries attribute the greatest significance to the introduction of penicillin treatment for the decrease in venereal morbidity. They usually acknowledge the significance of preventive procedures (contact tracing, examination of threatened groups, screenings, etc.) but their importance is usually listed *after* the changes in treatment regimes. Our Hungarian experiences (...) do not support this opinion, on the contrary: *they put preventive procedures in the forefront.*⁴⁷⁹

⁴⁷⁸ Box No. 14, XIX-9-C., Országos Közegészségügyi Tanács, MOL

⁴⁷⁹ István Károlyi, A nemibetegségek elleni küzdelem helyzetképe (1947-1956), Ernő Liebner and Ede Flórián eds, A dermato-venerológia haladása, No.6. (1957) : 130.

In other words in Hungary the paradigm shift did not mean that state socialist biopolitics was discarded. There were new ways of exercising pastoral power but VD remained a *social disease* even when in numbers syphilis and gonorrhea were reduced to one-tenth (within a decade). The established structures of a biopolitical health regime remained in force (and mass screenings continued to be done, e.g for pregnant women; there were over 700.000 syphilis screenings in 1961⁴⁸⁰) and the importance of these was repeatedly stressed in medical discourse. Premarital screenings were unnecessary because there were better ways of prevention but not because the health prevention regime itself was to be discarded.

The abolishing of the marriage law came early 1952 when Justice Minister Erik Molnár submitted a draft decree to the Council of Ministers entitled “Decree having the effect of Law on making marrying easier.”⁴⁸¹ The name of the decree is telling: the main reason for abolishing marriage according to the official explanation was the fact that getting these documents “took a long time and put obstacles” to the wedding process. Molnár reasoned, “our developed public healthcare ensures that our citizens are under regular healthcare supervision and receive health treatment starting in their childhood.”⁴⁸² A further document, from 1954, a guide for physicians lecturing on the “Current questions related to VD,” written by former OAB members like József Guszman, László Kovács or László Nebenführer includes an alone-standing question, “Why were mandatory premarital health checks abolished?” Here the explanation included four reasons I have touched upon earlier:

- **Other screenings:** “mandatory premarital checks only resulted in the screening of a small percentage of society. Today the screening brigade of the OBNI, the care centers

⁴⁸⁰ István Károlyi, Magyarország Bőr-és Nemibeteg gondozóinak 1961. évi működése, Ernő Liebner and Ede Flórián eds, A Dermato-venerológia haladása, No.9. 1962: 31. In fact, in 1971 there were still 633.112 such screenings. Even though they only gave positive results in 0.29% of all cases. See: István Károlyi, László Kovács, Ibolya Török, Ferenc Réffy and János Varga, Magyarország Bőr-és Nemibeteg gondozóinak 1971. év működése, Ede Flórián and István Károlyi, A dermato-venerológia haladása, No. 16. 1972: 29.

⁴⁸¹ Decree No: 423/11 MT, Minisztertanács, MOL

⁴⁸² Ibid.

and tests by other institutions result in a multiple percentage of society screened every years.”

- **Making marrying easier:** “we have to keep in mind in addition to this the principle that our goal is to make marrying easier and not putting obstacles to it.”
- **The problems of testing reliability:** “according to where science stands today, it is not in all cases possible to fully ascertain the reasons behind the positive result of a blood test.”
- **Its lack of success in preventing the spread of VD:** “we also have to take into account that issuing or not issuing the marriage license in many cases had already not had any significance in stopping the spread of syphilis.”⁴⁸³

From these four reasons that were provided to the public only the lower incidence of gonorrhea and syphilis was missing but this does not come as a surprise: medical experts in their communication with the public had tended to exaggerate the dangers and infection rate of VD (remember Nékám's 2 million estimate from 1916), usually based on the conviction that this would “improve” sexual habits. There might have been a fear that emphasizing that the danger was already much less present would have made the population more promiscuous.

The second point needs some explaining as well as it fits well in to the strong pronatalist push the Communist Hungarian State initiated in the early 1950s. The year 1952 was a turning point in VD Care with the establishment of the central VD Care supervisory authority, the OBNI, but it was a turning point in the field of population policy in general. In 1952-53 a population policy program was initiated in order to increase the birth rates and strict regulation of birth control was an inherent part of this.⁴⁸⁴ The initial phase of the “Ratkó-era” (named for then

⁴⁸³ József Guszman, László Kovács, Gusztáv Petki and László Nebenführer, *A nemibetegségek időszzerű kérdései*, (Budapest: Egyetemi, 1954).

⁴⁸⁴ A collection of primary documents shows that this comprehensive population policy program included – in

Health Minister Anna Ratkó) was most rigorous in restricting access to contraception and abortion between summer 1952 and summer 1953⁴⁸⁵ and this shows in the sudden, temporary increase in the birth rate (there was a ca. 20% increase in the peak year 1954 compared to 1951/52).⁴⁸⁶ However, as Andrea Pető remarks, turning Hungary into a totalitarian system “with relentless speed” did not succeed and population policy, including abortion policy, was part of this failure.⁴⁸⁷

This pro-natalist thrust that came as part and parcel of an attempted totalitarian turn (based on the Soviet example) wanted its citizens to produce and to reproduce without any quantitative limits. One can make a parallel between the Stakhanovite push for a continuous increase in industrial output on a national and individual level and the population policy aims that wished to increase the number of children on both levels, as well.

The slogan *Asszonynak szülni kötelesség, lánynak szülni dicsőség* (Giving birth is a duty for the woman and an honor for the girl) is one of the most often cited sentences in relation to the Ratkó-era and the population policies of 1952-53, but it is often forgotten when quoting this example of propaganda that in Hungarian “asszony” refers to a married and “girl” to an unmarried woman. This represents a new approach to marriage: even though decency and sexual restraint was part of a socialist view of sexuality, reproduction was not so strongly linked to marriage as before. In public propaganda extramarital births were put on equal footing with births in wedlock and “girls”, unmarried women were not “fallen” anymore if they had sex and

addition to the abortion regulation – attempts to reduced infant mortality (e.g. through vaccination programs, milk distribution programs, and making institutional births obligatory for mothers), the introduction of additional taxes for childless adults, and improving State care for children (e.g. expanding the places in nurseries and kindergartens and introducing a “grandmother programme” for daycare). See: *Az 1952-53. évi népesedéspolitikai program Magyarországon (Dokumentumgyűjtemény)*. (Budapest: Népeségtudományi Kutatóintézet, 1992).

⁴⁸⁵ Contrary to public belief abortion was not officially prohibited. Instead, abortion committees were set up that would assess whether the termination of pregnancy could be justified by medical reasons (and these did not tend to permit abortions). Social-economic reasons for abortion were not accepted until 1954. See: Andrea Pető, “Women’s Rights in Stalinist Hungary: The Anti-Abortion Campaign of 1952,” *Hungarian Studies Review*, [29 \(2002\): 52](#).

⁴⁸⁶ Michelle Sawyer, *Women’s Reproductive Rights under State Socialism in Hungary: The Ratkó Era, 1950-1956*. MA Thesis, Central European University, 2010. Online: www.etd.ceu.hu/2010/sawyer_michelle.pdf

⁴⁸⁷ Ibid: 50.

become pregnant before marriage but were honored as women contributing to the increase of the birth rate. Paradoxically, it can be observed therefore, that the perhaps most authoritarian piece of social hygiene legislation of interwar Hungary, which survived 1945, was terminated in the context of a totalitarian, pronatalist turn. Marriage screenings were abolished in order to give way to a population policy approach that was even more collectivist and less respectful of individual rights.

Conclusion

In this chapter and the preceding one I told a narrative of the evolution of marriage counseling in Hungary. It originated in the antivenereal and eugenics discourses in the early 1900s, became a voluntary practice in the mid-1920s and – due to the marginalization of eugenics in interwar Hungary – was predominantly discussed in the light of antivenereal health prevention. Marriage counseling centers and the national network of VD Care Centers were established side by side in the 1920s. Health experts soon started to see marriage counseling as an excellent way to trace patients with VD. It was believed that marriage was the best entry point for a health test (and/or health advice) as this was the point closest to the act of reproduction. According to this view, if VD was kept out of the family, its incidence could be seriously reduced, as then it would be limited to premarital or extramarital sex – and these were thought to be easier to contain.

The establishment of VD Care Centers went hand in hand with the preparation of a Lex Veneris, a VD Law that was to replace the age-old regulation of prostitution as the only means of regulating-combating the sexual transmission of syphilis and gonorrhea. It was believed that

(similarly to Germany or to Scandinavian countries) a comprehensive anti-VD Law would make it easier to serve the interests of the community. If medical authorities had the right to follow up patients' willingness to comply with their medical prescriptions, if VD patients would have serious sanctions for not providing information on their sexual contacts and for infecting others, it would be easier to contain the spread of disease. At the same time the network of VD care had to be available throughout the country as logistical deficiencies would have seriously inhibited the credibility of a system of coercion and VD control.

Initially there was by and large an agreement among VD experts on adopting voluntary marriage counseling as part of the VD law. If this case scenario would have prevailed, only VD patients and their immediate circle, or, on occasion, members of certain (female-dominated) professions and threatened regions would have undergone mandatory health checks. It was, however, due to the convictions of Hungary's number one health official, Béla Johan (and his associates), that overwrote the marriage counseling consensus and premarital tests were made mandatory for everybody. With this decision and the start of the implementation of the Marriage Law in February 1942, the first mass VD screening of Hungary was set up. Two hundred thousand individuals were to be tested annually, and Medical Officers received the right to issue marriage bans.

These prohibitions were temporary, affected 2-5% of the individuals screened, and there is reason to believe that a large number of individuals could go around the health test either legally or illegally. Although Budapest data indicates that in early years marriage counseling was taken seriously, the data from rural areas show that these were taken much less seriously in places where there was a closer familiarity between doctor and patient and the logistical prerequisites were much less at hand. Hence, the importance of mandatory premarital health tests therefore is not so much the actual cases of prohibition - which certainly bore serious implications for individual liberties - but rather marriage counseling becoming the first mass

screening for popular diseases, a key measure for the evolving biopolitical State.

The Lex Veneris and marriage counseling represent a shift towards increased pastoral power in healthcare: individuals were to be quantified, their confession was to be put into larger registries and deviations from the norm were to be acted upon at an instant. In fact, in order to seal off contagion, the deviations from the norm, *and* their surrounding environment became the target of this biopolitical intervention. After WWII, with the rapid changes concerning the legal and moral status of marriage, the paradigm that brought marriage counseling to the forefront in order to discover vectors of contagion, was replaced with a new one. Mass screenings were introduced, which rather quickly replaced premarital health checks: it was understood that individuals could be forced to go to such checks at their workplace or through pregnancy care (which became mandatory as part of the 1952/53 population policy program) or by ordering screenings for a whole region. Serological and liqueur tests replaced the more invasive and time-consuming genital examinations (which were often not carried out due to the resistance to the marriage law on micro level) as it was easier to screen 600 thousand individuals quickly and only deal with the couple of hundred positive results, than to test 200 thousand people more thoroughly.

At the same time, in the early 1950s penicillin eased the pressure: both syphilis and gonorrhea could be healed more effortlessly. In fact, the early 1950s brought political pressure, that of pro-natalism, where the aim of population policy was to foster births and marriage was not to be a factor in this race for the increase of population numbers. As it can be assessed based on later reports, up to the 1970s mass VD screenings remained part of everyday life of VD care in Hungary. On average 600 thousand individuals were screened annually. At the same time, for detecting the early, contagious stage of syphilis, these mass screenings were soon deemed to be not useful enough and there was a second paradigm shift, which emphasized contact tracing: the intensive, confessional-based exercise of power over certain individuals as a cost-efficient way

of spreading the contagion. The Socialist authoritarian State of the second half of the 1950s and the 1960s therefore could draw on the two main threads of coercive VD Care established in the interwar era: on the Lex Veneris (which introduced an early form of contact tracing and forced treatment) and mandatory screenings originating in the premarital tests.

For illustrating the process of marriage counseling I have used Foucault's idea of the medicalized confession as being an important knowledge extraction source in the modern biopolitical State. The subjects are made to talk about their health, sex life and reveal secrets about themselves and their immediate surrounding and this is registered, classified, recoded in medical terms, statistics are created, power attempts to reveal “hidden” information and all this serves to reinforce the norm and root out deviations. In the previous chapter I have shown how voluntary marriage counseling sessions functioned as such confessionals and in this chapter I have indicated that the obligatory premarital testing introduced in Hungary in 1942 was the first coercive and standardized mass screening process for VD in the modern biopolitical State. It was the first confessional that explicitly focused on sexuality and reproduction within the framework of health and it inaugurated an era of a normalization where power was exercised via predominantly authoritarian means of control.

Premarital examinations were replaced by other screenings in the early 1950s, which were able to cover larger cohorts of people but were less intensive than marriage tests (especially the ones made by MABI doctors) and soon a new type of confessional followed that was linked to contact tracing. Premarital testing and its failure in efficiency showed that confessionals that would extend to a too large group of the Hungarian population would not succeed. Therefore only those, who were found to have VD were selected for a more intensive confessional and the revealing of secrets and coercive measures related to non-compliance was reserved for this more limited group.

I have used Edward Ross Dickinson's analysis of biopolitics as well, which indicated that

biopolitics was (and is) on its own not necessarily a murderous or genocidal potentiality; in Germany the Nazis were responsible for the crimes and it was not a coincidence that extreme eugenic measures were not taken in Weimar. Hungary's biopolitical modernity shows a somewhat different picture but I believe it confirms Dickinson's analysis. The key decision-makers in Hungarian health prevention were, similarly to Weimar's social welfare and health officials, not committed to any measures that comes even near to euthanasia or the system of mass forced sterilization under the Nazis. This can partly be explained with the influence of the Catholic Church, partly with the convictions of top health experts, who could build on the fundamentals inherited from a liberal era where individual rights in health were respected. However, Hungary's political constellation was not democratic (like Weimar or like Austria in the 1920s) and therefore authoritarian, “state socialist” ideas in welfare and healthcare, despite serious opposition, could be implemented. Originally in the early 1930s there was a consultative and inclusive process in the preparation of the Lex Veneris and private organizations and experts not dependent on the State could provide input to the process. This changed by the end of the decade as power in healthcare got centralized around the Ministry and with checks and balances fairly weak and not organized, authoritarian VD-related measures were easily included in a healthcare reform that in general was intended to weed out initiatives from below. The authoritarian, paternalistic mentality reflected in premarital testing and the Lex Veneris was present in post-WWII healthcare, the practices of contact tracing, coercive treatment, and obligatory screenings/confessionals became routine and irrespective of political rule, biopolitical power was exercised in a similar, authoritarian vein as in the early 1940s.

Chapter 4: Sex education and Marriage

During the war from millions of people the fatherland demanded their life. Today he is asking for much less, only that its citizens be healthy, and in the family they have established the greatest treasure, health shall prevail.

Frigyes Grusz, “*Nemi betegségek és az ellenük való védekezés,*” in Kornél Scholtz, ed., *Egészségi ismeretek*. (Budapest: Királyi Magyar Egyetemi Nyomda, 1928).

”Parent, you who take notice with fright that a marrow-gnawing fire starts to wipe off the roses of innocence from the faces of your children, stand beside those who ask to put chains on the soulless peddlers of immorality. Exterminating immorality is impossible; but it can be rolled back to a confined space!”

(Tihamér Tóth, “Lerongyolódott ifjúságunk,” *Katholikus Szemle* 33 (1919): 125.)

Two months ago I got to know a comrade, about whom I felt that he could mean a lot to me as a comrade and as a person.

(Anonymous Letter, *Nők Lapja*, 11 March 1950.)

Introduction

Providing sex education for adolescents and young adults is closely intertwined with the discourse of marriage counseling. Propagators of marriage counseling belonged to a larger group of intellectuals who were deeply concerned about the young being infected with venereal diseases and at the same time drowning in a morass of moral decay, the endangered cohort being those between the age of sexual maturity and the point of marriage. They saw these years (from ca. 14-16 to 26 or sometimes even to 30) as the time of life where sexuality needed the most extensive and thorough regulation. A basic assumption that lay behind marriage counseling was

just as true for sex education: if marriage could be considered a (more or less) safe place, then both society and the individual needed to make multiple efforts to preserve one's "sail" to be able to navigate successfully to this bay of relative peace and security.

Discussion of marriage counseling in the interwar era, as demonstrated in the previous chapters, was embedded in the discourse on health and fertility, which primarily involved anti-VD aspirations and in relation to these, pointed towards a reform and expansion of the public health regime, prioritizing health prevention and health as a social issue. Providing information, producing new knowledge was agreed to be key for health prevention as the individuals of society needed to be involved in avoiding illness in order to save the energies of healthcare professionals. In Foucault's work such production of knowledge is a basis of self-regulatory regimes: individuals are conditioned to think of their bodies in a certain way, act accordingly, and there will be less and less need for regulatory or prohibitive practices as one will follow the norms voluntarily for the sake of health.

Distributing accessible knowledge on health was not a new idea (e.g. health calendars with common sense tips for the masses were known in earlier centuries) but the idea that this type of knowledge production should be central to healthcare and that health prevention was to become a greater priority than actual treatment, represented a significant shift. In fact, returning briefly to David Armstrong's idea of the rise of Surveillance Medicine in the 20th century, I think sex education can be seen as an integral part of marriage counseling because it represents the second process (the first one being the screening of large cohorts of the population – introduced via the 1941 Marriage Law) that helped bring about the move away from Hospital Medicine: health promotion. Sex education was a form of health promotion (in this case: marital health promotion) which, we know from Armstrong, ultimately targets extending surveillance by introducing the "medicalization of everyday life" where the population internalizes the health-

related knowledge prepared by the medical experts producing the relevant information.⁴⁸⁸

Health education appeared (just as in the rest of Europe) in the framework of social hygiene where the hygiene of the individual was put in the context of the health of society as an organic whole. In order to stop degeneration and/or to improve the health standards of the “race” it seemed expedient to provide individuals with a sense of duty with regard to their own body. This method of spreading knowledge about the obligations of the individual towards the collective body in interwar discourses of health education fits into the context of a broad sense of biopolitics. As for the *technique* used for reaching biopolitical objectives, Edward Ross Dickinson outlines the following for biopolitical regimes:

All of them operated through the creation of expert knowledge centered around the project of the “normalization” of the individual and his or her physical characteristics and (social and private) behaviors, and the corresponding “pathologization of difference” - the definition of some characteristics and behaviors as healthy and natural, and of others as diseased, unhealthy, unnatural, and in need of containment, stigmatization, treatment, or elimination. This dual process is central to the functioning of biopolitics as a conceptual framework and as a set of social practices - it serves as the critical legitimating discourse for policy, and defines its targets and ends.⁴⁸⁹

In Hungary normalization and the pathologization of difference through expert knowledge was accomplished amongst others via the healthcare prevention project that set up a centralized rural public health network, introduced various measures for reducing mortality and morbidity (visiting nurses, mother care centers, anti-VD and anti-TB measures, etc.) and what I called a “state socialist” biopolitical State was in the making in the 1930-1940s. I see sex education a part of the normalization process where the knowledge produced was aimed primarily at the individual and their health. As a result, it conditioned Hungarian citizens to a particular type of biological-natural normality and exerted a significant influence on “containment, stigmatization, treatment and elimination” on a policy level. By contrast to state

⁴⁸⁸ Armstrong, *Rise of Surveillance Medicine* (1995): 399-400.

⁴⁸⁹ Dickinson, *Biopolitics* (2004): 4.

socialist biopolitics as exemplified by premarital examinations, where I see a very clear continuity between interwar and postwar Hungary, I will argue that in sex education there were a number of competing discourses and that certain elements of the dominant discourse of interwar Hungary were not carried forward subsequently.

In drawing a picture of sex education of interwar Hungary I will aim at broadening the definition of marriage counseling. Voluntary counseling and premarital screenings were intended to stop contagion, using increasingly coercive measures in order to regulate the unruly bodies but these measures were based on the technique of the “confessional” where one's health was registered and measured, and if necessary, the State provided a medical answer. Sex education and its attempt at introducing self-regulation makes the biopolitics of marital and sexual health a more complex phenomenon. Here the range of actors is more colorful (physicians not necessarily being the most active in this field) and in Hungary it establishes that link between eugenics, public health, social welfare and racial science.

The focus of the dissertation is marriage counseling, which targeted young men and women, who were sexually mature but not yet married. Therefore, for the purposes of this work it suffices to discuss sex education for youths in the age of sexual maturity: adolescence and beyond. Broadening the scope to childhood sexuality would lead us away from this project of “preparation for marriage” and it would broaden the concept of marriage counseling unnecessarily, so here sexual enlightenment books for children will not be discussed.

Sex education in the first half of the twentieth century, as recent literature informs,⁴⁹⁰ had a number of common features in Europe to which Hungary was no exception. Firstly, marriage was the expected and respected place for sex, its goal being reproduction and gender roles were

⁴⁹⁰ See the case studies by Magdalena Gawin and Bruno P.F. Wanrooij in Sauerteig, Lutz D.H. and Davidson, Roger (Eds.). *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe* (London: Routledge, 2009). and the chapter on health education in Sauerteig, Lutz. *Krankheit, Sexualität, Gesellschaft*. Stuttgart: Franz Steiner, 1999., and the book by Britta McEwen. *Sexual Knowledge: Feeling, Fact, and Social Reform in Vienna, 1900-1934* (New York: Berghahn Books, 2012).

reinforced with motherhood enjoying a clear priority over all other roles advocated for women. Secondly, abstinence (controlling sexual urges) was widely emphasized and Christian moral values were used for underpinning the need for sexual restraint.⁴⁹¹ In Hungary the overall sex education trend one could perceive in many European countries was by and large turned around in the interwar years and there was a return to religious, moralizing notions of sex instead of a medical, pathology-based understanding of the “norm.” The Christian-nationalist backlash of the 1920s advanced with a force that brought back Christian values in the center of the arena with medical reasoning having a potentially smaller audience and, overall, a weakened argumentative position within the discourse on sexual normality.

Even though up until 1945 sexual morality was dominated by a discourse that focused on purity as the best way to avoid any disease, Christian and non-Christian medical experts were providing hands-on knowledge for the avoidance of sexually transmitted diseases and for protection that indirectly involved birth control. The dominant Christian-moralist ethos did not support the proliferation of such “technical” and thus potentially encouraging knowledge, but pragmatist medical experts were still able to write such handbooks and leaflets and distributed them in medical institutions and among students in higher education.

Views of sex reformists or “progressives” who were influenced by pioneering contemporaries like Wilhelm Reich, Magnus Hirschfeld or Marie Stopes were much less readily available in interwar Hungary. These progressives produced a limited number of publications that can be linked to a small circle of authors, whose influence in the Hungarian sex education discourse was limited. Books authored by such individuals were often published abroad (and often they lived abroad) and sex reformist publications were occasionally subject to censorship. Approaching sexuality through psychoanalysis, although Budapest nearly became the center for research and Sándor Ferenczi's “Budapest School of Psychoanalysis” flourished in the 1920s, did

⁴⁹¹ Sauerteig and Davidson (2009) inform about the features that were common in most European countries: 6-11.

not get a large share of public discourse: as “Freudism” was seen by Christian-conservatives as pornographic and psychoanalysts had to withdraw from public institutions, their voice was much better heard abroad than in Hungary.

The most visible divide, thus, was not between sex reformers and sex conservatives, but between “moralists” and “pragmatists”, who all operated within the framework provided by a more or less congruous Christian morality. This divide was by definition much less polarized and did not produce major professional debates as it did in Germany.⁴⁹² The representatives of this pragmatist view were ready to at least tolerate certain “immoral” tendencies like premarital sex. Instead of denying any information on protective measures against VD and unwanted pregnancies, they were ready to discuss such issues as they saw containing VD as an immediate necessity rather than hoping that an increased sexual purity of the new generations would automatically solve the problems posed by VD. In interwar Hungary it was, however, even difficult for such pragmatists to spread their ideas on sex education, as regulations and officials occasionally introduced pressure to moderate such literature, as well.

I will put sex education in interwar Hungary into a broader, international context, building on the existing literature on interwar sex education. This is important in order to understand to what extent the texts of Hungarian authors have their national specificity and/or whether ideas and panels have been lent or borrowed from abroad. Britta McEwen for example claims that the Austrian case of Catholic sex education, which was influenced by Social Democratic approaches, challenges “historians' assumptions of a monolithic Church response to the popularization of sexual knowledge in interwar Europe.”⁴⁹³ In addition to further challenging such views with presenting the peculiarities of Hungarian Catholic sex education, I want to

⁴⁹² Lutz Sauerteig, “Moralismus versus Pragmatismus: Die Kontroverse um Schutzmittel gegen Geschlechtskrankheiten zu Beginn des 20. Jahrhunderts im deutsch-englischen Vergleich,” in *Neue Wege in der Seuchengeschichte*. Dinges, Martin and Thomas Schlich, eds. (Stuttgart: Steiner, 1995)

⁴⁹³ Britta McEwen, *Sexual Knowledge: Feeling, Fact, and Social Reform in Vienna, 1900-1934* (New York: Berghan Books, 2012): 75.

provide a glimpse into the reception of contemporary European texts on sexual knowledge and how pragmatist and progressive-leftist views on sex education resonated with the European mainstream.

In this chapter I will first provide an overview of some typical characteristics of sex education in Hungary at the time, and will present a wide range of issues covered by sex education. I will discuss the three relatively distinct groups that I have identified (**Christian educators, pragmatists, leftist-liberal progressives**) separately in order to provide an overview of what kind of sexual knowledge youth in interwar and early postwar Hungary were subject to; how premarital counseling in the wider sense penetrated the life of the young individual. I will also provide a brief overview of what changed and/or remained the same in terms of sex and VD education after 1945 and 1949 and how certain groups changed their rhetoric or continued with the same types of knowledge production.

4.1. Christian-nationalist sex education

I was deeply disappointed in my “raucous” friend, who was my age and who fooled me with romantic lies (...) he had just as little idea about reality as I had. For example he had told me that the sexual contact between men and women was completely different from what we had believed it to be (I at the time did not believe anything, everything was foggy in my head, a blurred formation made up by incompatible concepts), and its essence was that the man strongly grabbed the woman, squeezed her arms and then bit the woman's nose. Heaven knows where he had heard this?⁴⁹⁴

The psychologist Eric Berne, for the purposes of a transaction analysis approach to love and sexuality, provided an excellent categorization of what he called “intermediate sex education” (which is exactly the target group examined here: not children anymore but not yet

⁴⁹⁴ Sándor Márai, *Egy polgár vallomásai* (Budapest: Európa, 2000): 31.

licensed to practice sex) in his 1963 book, *Sex in Human Loving*. His categories are as follows:

1. *Sex is a Giant Squid* – the main message being that sex needs to be kept in the marriage chamber, “chained under the bed” and one always needs to watch out not to be dragged in by the sticky legs of this monster. Berne attributes this storyline to the “Father Parent.”
2. *Sex is a Gift of the Angels* – sex is beautiful and sacred and should not be tainted with too much focus on lust but should always be emphasized as an integral part of spiritual love.
3. *Sex is a Triumph of Mechanical Engineering* – in this version sex is presented in a rational and non-titillating way, more or less as $A+B = C$ (child).
4. *Sex is Naughty* – sex is about breaking the rules and prohibitions and it is meant to be something dirty (à la the Marquis de Sade).
5. *Sex is Fun* – here the pleasure side of sex is in the forefront, Berne uses the expression: “Wow!”⁴⁹⁵

Aside from the entertainment factor in Berne's classification, it very precisely differentiates between competing narratives of twentieth century sex education. “Sex is Fun” and “Sex is Naughty” gradually gained footing in the Western World and in the last few decades of the century “Sex is Fun” was an equal rival in several cultures to other narratives. The third narrative was not very well-received until the post-1945 era either, although early sex reformers, e.g. Magnus Hirschfeld saw the newly established science of sexology in the early 1900s as a discipline that would enable an objective discovery of the world – and within the World, sexuality.⁴⁹⁶ The first two narratives were predominant throughout Europe in the interwar era, Berne cites Van de Velde's “Ideal Marriage” from 1926 (which was translated into Hungarian in

⁴⁹⁵ Eric Berne, *Sex in Human Loving* (Penguin: Harmondsworth, 1976): 33-34.

⁴⁹⁶ See: Elena Mancini, *Magnus Hirschfeld and the quest for sexual freedom* (New York: Palgrave Macmillan, 2010): XV.

1928)⁴⁹⁷ and for a similar outlook one can mention the 1918 book “Married Love” by Marie Stopes, published in Hungarian in 1924.⁴⁹⁸

Christian-nationalist sex education in Hungary was, however, in most cases telling the narrative of the giant squid to boys and girls alike, portraying any extramarital sexual thoughts and excitations as dangerous and sinful, pointing to the potential situations that could very easily lead one into the arms of the squid. Berne's “Father parent” is a good psychological starting point in order to understand the motivations behind this type of sex education. It was in fact mostly a “father to son” type of communication. The typical author of such literature was educated middle class, middle-aged, male and living in an urban environment (like the main characters of this subchapter, Tihamér Tóth, József Koszterszitz or Péter Olasz). At the same time the target of such literature was primarily the unmarried, late adolescent or young adult male (independent of class, although these authors were clearly more anxious about youths working or studying in an urban environment).

The *Father parent* in transactional analysis is strict, limiting, full of expectations, someone who makes love a condition of certain criteria that the child needs to meet. The communications of this “parent” aim at a response coming from what is called the “obedient child,” who does not autonomously experience or investigate but follows the strict, unquestioned, and unchanging rules. József Koszterszitz (or “Koszter Atya” - Father Koszter) Catholic priest, youth pedagogy expert and one of the prominent leaders of the Hungarian Boy Scout's Association who was perhaps the most prolific and well-known author of Christian-nationalist sex education, recurrently referred to the “kemény parancs” [strict commandment]. “Kemény” may mean strict, strong or hard, while “parancs” is the Hungarian word for command (whereas the implied “parancsolat” stands for “commandment”) and Father Koszter clearly

⁴⁹⁷ Theodore Van de Velde, *A tökéletes házasság: élettana és megvalósítása* (Feldmann: Budapest, 1928).

⁴⁹⁸ Marie Carmichael Stopes, *Szerelmi élet a házasságban*. Translated by: Karinthy, Emília. (Budapest: Dick Manó, 1924).

attempted to make young boys think that his sex advice was a command rooted in the biblical sixth commandment.

The number of publications is in the hundreds, which means that there was an immense interest among Christian educators in the sexuality of the young and in providing sex education either as part of their lessons on morality or as part of a general health education. The fact that these authors published such a great amount of material for educating the young may show increased insecurity and the fear of losing grip over the young. However, in Hungary there was another significant reason for this “discursive ferment”: that the “liberal era” in Hungary (ca. Between 1867 and 1918) ended in disaster and the new regime offered a golden sudden opportunity by promising a “return” to Christianity and by actively seeking cooperation with the churches. With the ushering in of these new times, Christian authors could believe to influence on the young more efficiently, as they received ideological-legislative support from the State.

The sexual normalcy advocated in these texts is not very different from Catholic sex education in Europe: Austrian, Polish or German Catholics⁴⁹⁹ had similar concepts of the norms of sexuality, what could be considered deviant and what was expected from youths. The works of Tihamér Tóth, Ferenc Kiss, Péter Olasz or József Koszterszitz all employ a rhetoric of guilt, are oriented towards “purity”, which is contrasted with “sin” and the practices that were to be avoided were numerous: masturbation, homosexuality, any form of premarital or extramarital sex, consumption of pornography (which was fairly broadly defined, mainstream theater and cinema, many works of literature also being in this category).

Those, who had some involvement with medicine often detailed the pathology of venereal diseases as well, but there was no discussion of bodies or body parts (e.g. reproductive organs) or of prophylaxis that would enable youths to avoid VD. Pure life until and within marriage was considered the only acceptable method of prophylaxis and so the need to discuss

⁴⁹⁹ See: Sauerteig, Lutz. *Krankheit, Sexualitaet, Gesellschaft*. Stuttgart: Franz Steiner, 1999.

chemical or other methods of protection was frowned upon. The encyclical of Pope Pius XI, *Divini Illius Magistri* (on Christian education), which was issued in 1929,⁵⁰⁰ was a well-known and widely used guideline for Catholics around the world on the Catholic norms of sex education and in Hungary the Christian-moralists played by the book.

Sex education for young women

As said, most texts were for young men, but there were texts intended for girls and young women as well – again, the class bias is evident, middle class, urban girls were targeted, the peers of the main target group. There were only a few books written for “village girls” and basically all of the books for girls were written by women.⁵⁰¹ It is not surprising that the number of women authors was much less than that of men, as they not only played a subordinate role in church hierarchies but were seriously underrepresented in the medical profession as well, due to the resistance both of the male physicians and the governing elite to open up to women. As a result of young men being drafted in the army, the ratio of women studying at the medical faculty in Budapest rose from ca. 5% in 1914 to 28.6% in 1918.⁵⁰² However, after 1920 the “over-representation” of women in workplaces spurred education experts to consciously work against the access of women to university education. Moreover, the famous *Numerus clausus*, a pioneering Anti-Semitic law in interwar Europe, which limited the higher education access of

⁵⁰⁰ Divini Illius Magistri: Encyclical of Pope Pius XI on Christian Education. http://www.vatican.va/holy_father/pius_xi/encyclicals/documents/hf_p-xi_enc_31121929_divini-illius-magistri_it.html, accessed September 23, 2013.

⁵⁰¹ The two Catholic village youth organizations, KALOT (for men) and KALÁSZ (for women) changed this picture somewhat as they provided such education for youths in the country, as well. Middle class boys continued, however, to be the main source of anxiety for sex educators.

⁵⁰² Ladányi, Andor. Két évforduló. In: *Educatio*, 1996. No. 3. p. 377. In fact women were only allowed to graduate at universities as of 1895, the first Hungarian medical graduate at a Hungarian university being Sarolta Steinberger in 1900. See: Károly Kapronczay, Magyar Orvoséletrajzi Lexikon. Online: <http://www.tankonyvtar.hu/hu/tartalom/tkt/magyar-orvoseletrajzi/ch03s24.html> Accessed: 05-02-2014.

Jewish Hungarians throughout the Horthy-era,⁵⁰³ originally was a submission by a professor of the medical faculty and was directed not against Jews but against admitting women.⁵⁰⁴ These attitudes resulted in a serious drop in women at the medical faculty, by 1922 it was down to 11.7% and throughout the 1920s and the 1930s it remained below 15%.⁵⁰⁵

The gender divide in catholic sex and marriage education was not just reflected in quantity but also in content in which women were educated not to know and not to inquire, as their scope was – ideally – not to extend much beyond the three K's (*Kirche, Küche, Kinder* – German for “Church, Kitchen, Children”). One of the most honest acknowledgments of this bias is to be found in the noted pedagogy expert, Sándor Imre's book, *Az ifjúság és a mai élet nagy kérdései* [Youth and the great questions of today's life], which, (surprisingly) does not mention sexual life as part of these great questions but claims that advice should be give primarily for men in the group of youths between 17 and 24:

We should not put the two sexes in opposition to each other, but we have to see that the perspectives today of male and female youths cannot be the same with regard to the need for information and the information material provided. In fact, it is the ever greater space women occupy that has caused many of the severe problems of the last few decades, because this also shapes our circumstances and to not a lesser degree the neutralization of work space has provided earlier unknown obstacles for male youth. I only mention this because this is the reason why I limit the provision of my advice to male youth. (p. 6) (...) women having equal human rights with men and the resulting, obviously dwindling work opportunities for men does not only influence individual lives but the life of the whole nation, and effects more and more grave consequences on the life of women as well (marriage, family, child-rearing). (p. 12)⁵⁰⁶

The idea that women did not need to be educated on the “great matters” that are important to youths indicate this inclination to dismiss women's education as unnecessary, be it sexual, political or otherwise. Sex education of the Christian-nationalist kind, which demanded the role of the “obedient child” to be played by the masses of young men, required girls to be obedient not just to higher authorities but to their male peers, as well.

⁵⁰³ For an excellent overview of the Numerus Clausus Law and its adoption see: Mária Kovács, M, *Törvénytől sújtva*. (Budapest: Napvilág, 2012).

⁵⁰⁴ Ibid: 64-65

⁵⁰⁵ Ladányi, Andor. “Két évforduló,” *Educatio* 5 (1996): 378-384.

⁵⁰⁶ Sándor Imre, *Az ifjúság és a mai élet nagy kérdései* (Budapest: Első Kecskeméti Nyomda, 1932).

Sex education provided for women was therefore rare but there was one prolific author: Margit Csaba, the young doctor, teacher and religious educator. Csaba wrote a series of books for girls and young women, with the aim of providing the necessary spiritual and moral package of young Christian (Catholic) girls in the early 1930s. She was encouraged by Tihamér Tóth to establish the Pro Christo Girl's Association, which saw missionary activities among college girls as its main objective.⁵⁰⁷ Csaba wrote two three age groups, ranging from early adolescence (ca. 12-14) through adolescence (ca. 14-18) to young, married women. The latter book was focused on childbirth and pregnancy, while the first two were for adolescents and for post-adolescent, who were not yet married. These two books, *Amit a serdülő leánynak tudnia kell* [What an adolescent girl needs to know] and *Amit a nagy leánynak tudnia kell* [What a big girl needs to know], which Csaba wrote together with another Catholic woman doctor, Mária Leicht, dealt with sex education matters.

Already in the first book (for “early adolescents”) girls were defined in relation to men: they were warned not to engage in activities that were destined for men and thus beyond their reach and they were prepared for maternal and domestic activities. Cooking and knitting was always to have primacy over writing homework and a well-prepared cake was to serve for at least as much pride as the success achieved in school. As for marital health, the book (this part was written by Mária Leicht) emphasized that marriage was a union of partners for the propagation of the race, with a strong word put in for producing as many children as possible, and therefore with the caveat: one should not get married if health does not allow! Premarital health checks, Leicht conferred, should be introduced on an obligatory basis and she listed TB and mental illnesses, emphasizing that one needed to be fully recovered from TB for marriage and that marriage into a family with a history of nervous illnesses was not advised. VD was, however, not indicated, which is in conformity with the assumptions that were present in marital

⁵⁰⁷ Magyar Katolikus Lexikon: Margit Csaba. lexikon.katolikus.hu/C/Csaba.html, accessed, February 19, 2013.

health discourse since Fournier's book on marriage and syphilis: that bringing VD into marriage was primarily done by men, who were unable to control their sexual urges. Masturbation was mentioned marginally only - apparently for Christian middle class girls VD and "self-abuse" was not seen as potential threats.

Csaba dedicated a whole section (14 of the book's 105 pages) on living a life alone as a woman. The maternalist philosophy that permeated her texts received a twist here, enabling women other paths as than that of the mother of a family. Citing statistics, Csaba saw it reasonable to expect that at least one-fifth of women in Hungary would not be able to get married as there was a lack of men due to the war. She felt it necessary to prepare women for such an occasion. Csaba's "eternal maiden" is a woman, who is left alone of no fault of her own. She is a woman whose husband left her or died, a woman who was misled by false promises or had to take care of the children of other family members - or has chosen a calling that made it impossible to pay attention to her family. Csaba listed some of these callings, which were more than simple professions as they required full dedication: doctor, teacher, nurse, etc. (citing famous role models like Marie Curie or Hungarian Catholic politician Margit Schlachta) where full dedication was so essential that it was understandable that they would not want to establish a family. Later it is explained that any work can be such a calling, even a girl working as a seamstress can take her work very seriously and can turn it into a calling. The message being that women needed to decide on a calling, the most logical and natural one being that of a mother – but she took into account those, who could not marry and made a "nonproductive life" (in terms of fertility) seem respectable.⁵⁰⁸

This part in Csaba Margit's book resonates with the arguments Austrian Catholic sex educator Father Schmitz put forth in *Bursch und Maedel in Gottes Hand* [Lad and Lassie in the Hand of God], in favor of a respectable path of celibacy that would be equal to motherhood.

⁵⁰⁸ Margit, Csaba, *Amit a serdülő leányinak tudnia kell* (Budapest: Self-published, 1932).

Britta McEwen cites Father Schmitz, who similarly to Csaba gave way to having a *calling* for women other than that of their families, as an example that “reshaped the gendered nature of interwar *Aufklärung*” (“Enlightenment in English, this German word, has an exact Hungarian equivalent in “felvilágosítás”). McEwen concluded that “his ability to imagine an education that allowed for different female fates is evidence that Catholic *Aufklärung* authors did not merely repeat Church laws to their audiences, but rather developed their arguments from within the shifting discourse of health, gender, and nation in the interwar period.”⁵⁰⁹

In Hungary, however, there was no strong Social Democratic influence like there was in Austria (especially: Vienna) and the Christian-nationalist discourse seemed not to shift towards greater gender equality. It is true at the same time that one needed to address the fact that there was a larger group of women after the war, who were part of the workforce and that the male-to-female ratio was unequal. The strict separation of family or calling for women, however, seems like an enforcement of a specific gender role: if they were to follow their calling they would not be accepted as mothers because these two were mutually exclusive. This was a limitation in itself, girls were educated to think in terms of “either this or that” whereas boys had a double right (or duty) of a profession/calling and establishing a family. Also, the image of the world (and of men) is depicted as quite threatening in Csaba's books; the “little sisters” were expected not to seek beyond the hearth of the home, as if they were “rough” they would always find men, who were even rougher, and if they went to the public baths, no matter how innocent they were, their looks would possibly awaken illicit desires in others with the caveat that “human nature was evil by nature”.⁵¹⁰ Therefore, even though Csaba Margit, similarly to Austrian Father Schmitz, allowed for celibacy as an option for women, and it is surely a reaction to a shifting role of women in the workforce, the advice, as it still strongly limited women's life options, does not seem to stand out as revolutionary in the Hungarian case.

⁵⁰⁹ McEwen, *Sexual Knowledge* (2012): 82-83.

⁵¹⁰ Csaba, *Amit a serdülő leányoknak* (1932): 89.

Constructing danger

In addition to emphasizing, often in very abstract and vague terms, that Christian youths needed to remain “pure” (purity being the keyword of Christian sex education) until marriage, it was important to provide them with guidance on how this can be achieved, mostly by listing what and who needed to be avoided. Women and adolescent youths (both male and female) were the two groups that were to be protected primarily from the degenerative effect of excessive sexuality. These two groups appeared in the sex education material as potential victims, who needed to have personal willpower, but needed special, external protection in the form of (well-enforced) laws and regulations restricting any threat they could be subjected to. The sexual dangers lurking around the corner were embodied in many different forms, including those coming from the inside.

However, I would argue that the majority of the authors in this Christian-nationalist setting primarily emphasized *external* threats that posed a danger for the in-group and argued for *containing* these external threats. I have chosen to discuss two major types of external sexual threats listed in these materials and made a juxtaposition between them and between what I have grouped as the “decency laws” of the Horthy-era. These threat groups are markedly present in both; keeping them on the periphery and clearly separate from the majority seems to be a primary aim for legislators and for sex educators.⁵¹¹

Prostitutes were the first group, while Jews, more specifically, *Jewish men*, were in the second. Prostitutes were primarily considered a direct health threat, whose scope of activities had to be limited in order to keep the young men of the nation (and their future wives and children) healthy, free of VD. The case with Jews is more complicated, they appear in much of the sex

⁵¹¹ Both prostitutes and Jews (especially Jewish men) appear as external threats in the works of József Koszterszitz, Péter Olasz, Tihamér Tóth, and at the 1943 Christian Sex Education conference – evidence from these will be detailed below.

education either overtly or covertly as the possessors of a specific “Jewish spirit,” the representatives of sex capitalism, who make profit on sex and thus provide a more abstract danger. However, Jewish men also represented sexual excess in their bodies; they appeared as bad examples of sexual perversions, as well as bodies, which were to be avoided by Christian women.

Béla Bangha and Ottokár Prohászka need to be mentioned before discussing Christian youth education with these two threat groups in mind, as they were the two most influential Catholic ideologues of the 1920s.⁵¹² They, as Máté Gárdonyi has recently put it, were “dedicated warriors, moreover, program setters for the politics labeled as 'christian national.’”⁵¹³ Prohászka, bishop of Székesfehérvár and member of the pro-Horthy government party after 1919 was one of the key politicians responsible for the *Numerus Clausus* law in 1920 that limited the acceptance of Jews at universities. The Jesuit monk Béla Bangha was the editor of the most important quality Catholic periodical, the 1912-founded Magyar Kultúra⁵¹⁴ and worked towards establishing a strong Catholic-Christian press (e.g. with establishing the “Central Press Agency”, a Catholic publishing house for press and other publications) in order to counterbalance the “liberal-Jewish” press that he saw as contributing to the “judaization” of the Hungarian middle class. Bangha and Prohászka did not just become role models for a middle class that “got drunk”⁵¹⁵ on anti-Semitism and a far right that lauded their race-based argumentation. Due to their standing within the Catholic Church of Hungary and the respect they enjoyed in Christian-nationalist public discourse, their texts importing age-old sexual stereotypes on the lewdness of

⁵¹² Catholic, Calvinist and Lutheran were the three largest Christian religions of the time with Catholics representing about two-thirds of all Christians. Most of the sex education material published was Catholic, which explains why I focus mostly on Catholic material in this chapter.

⁵¹³ Máté Gárdonyi, “Az antiszemitizmus funkciója Prohászka Ottokár és Bangha Béla társadalomképében,” in: Judit Molnár, *A holokauszt Magyarországon európai perspektívában*. (Budapest: Balassi Kiadó, 2005): 193.

⁵¹⁴ Antal Molnár calls Magyar Kultúra “the most important point of reference for the Catholic intelligentsia until 1944” and puts its circulation at ca. 5000 copies. Antal Molnár, “Bangha Béla, az engedelmes lázadó,” *História* 33 (2011): 43-46.

⁵¹⁵ As Márai put it, “the Hungarian middle class became insane and got drunk from the Jewish question.” See: Sándor Márai, *Egy polgár vallomásai* (Budapest: Európa, 2000): 156.

Jews were crucial for setting the scene of Catholic sex education as well.

Prohászka, who was more than 20 years the elder of Bangha, wrote as early as 1893 in a pamphlet arguing against the emancipation of the Jewish religion⁵¹⁶ that the “rampant, egoistic Jewish spirit usually finds a profession that brings the most and never asks what moral teachings have to say,” and that “sin, seduction, prostitution, deliberate soul killing and buying are all products of the hotbed of Jewish 'morale.’”⁵¹⁷ Similarly, Prohászka paved the way for the self-victimization that became so popular in the interwar era among Catholic youth educators when he wrote “if the sons of noble families get on a wrong path we are rarely mistaken if we sniff a Jew behind their fall (...) the Jew invites them to debauchery and immoral life.”⁵¹⁸

Bangha's 1923 “Katolicizmus és zsidóság” [Catholicism and Jewry] discussed “Jewish sexuality” in even greater detail. The book contained a subchapter named “The moral qualities of Jews” in which he claimed that the materialism of the Jews (as opposed to the spiritual nature of Christians) was rooted in two phenomena: their lack of altruism, and in their “exaggerated sexualism”. As for this sexualism, Bangha saw it as sum of:

- roots that were to be found in the Jewish life of the Old Testament (polygamy allowed)
- their responsibility for pornography - Ethics-undermining publications e.g. *Jugend* and *Simplicissimus* in Germany and *Figaró* and *Fidibusz* in Hungary and exhibitions, operettas, theater plays...etc, which did not respect the proper place of sexuality in marriage. Jews (both men and women) were considered to be both the prime producers and consumers of such material.
- Extramarital sexual relations. Bangha cited a claim that young Jewish men in Vienna and Budapest were “virtually all bragging” about the fact that they were able to defile young

⁵¹⁶ The emancipation of Jews in civil life was introduced in 1867 when Jewish individuals received full citizenship rights in Hungary and the Jewish religion got equal standing with the three main Christian religions in 1895 Law No. XLII of 1895. Interfaith marriages became legally possible with the 1894 marriage law (Law No. XXXI of 1894) that introduced civil marriage.

⁵¹⁷ Ottokár Prohászka, “A zsidó recepció a morális szempontjából,” in *Prohászka Ottokár összegyűjtött munkái*. Edited by Antal Schütz, Vol. XXII. (Budapest: Szent István Társulat, 1929): 8.

⁵¹⁸ Ibid: 9.

Christian girls before marrying a Jewish girl, and all this was possible because of their wealth and the naivety of these girls.

- Prostitution and girl trade – the vast majority of pimps and others responsible for white slave trade allegedly being Jews on an international level.
- Lack of fertility – here Bangha made a distinction between Orthodox Eastern Jews and “decadent” Western, secular Jews, as Neo-malthusianism and the “two-child system” was only prevalent among the latter, but he added that Orthodox Jewry was betrayed by the traditions of its own religious system and this led to the Jews losing faith in their own religion and turning towards “neologism” and “rationalism” that did not provide any moral support for them.⁵¹⁹

Prohászka and Bangha were both responsible for introducing sexuality as part of the “Jewish problem” in Hungary and detailing the most important components of this link between sexual debauchery and Jewry. These appeared and reappeared in later Christian sex education materials, becoming commonplace statements in Christian-nationalistic ideology; moreover, these sexual stereotypes can be detected in the anti-Semitic laws and the “decency legislation” of the Horthy-era, as well.

What I call the “decency legislation” of the Horthy regime has strong intellectual roots in the sex education materials of the time. The powerful influence of the major Christian churches over public discourse and over legislation adopted by Parliament is exemplified by the Numerus Clausus, where the anti-Semitic amendment was suggested and pushed actively through Parliament by Ottokár Prohászka.⁵²⁰ In addition to participating in anti-Semitic legislation the demands of Christian educators for an increased control of public sexuality was followed by a

⁵¹⁹ Béla Bangha, *Katolicizmus és Zsidóság* (Budapest. Szent István Társulat, 1923): 124-126.

⁵²⁰ Kovács, *Törvénytől sújtva* (2012): 89-91. The numerus clausus limited the ratio of Hungarian Jews to be accepted at universities at 6%. It was Prohászka who suggested to change the original motion to limit the number of women to another group, the Jews.

series of regulations that I have grouped as the “decency laws”. These are the following:

- Decree No. 160.100/1926 of the Interior Minister on Prostitution
- Decree No. 151.000/1927 of the Interior Minister on Public Morals
- Law No. VII of 1929 on Pornography

It needs to be stated here that this is my, somewhat arbitrary grouping and that it does not necessarily prove Hungary's conservative turn in sexual politics (as the pornography law for example, was passed based on an international agreement). However, they all add up to a worldview that I have labeled as Christian-conservative, and if we add the Marriage Law to this group (Law No. XV. of 1941 on Marriage) we will find the two identified out-groups connected in an uncanny manner. This law introduced the concept of “race defilement”, which worked similarly to a paragraph of the 1935 Nazi Marriage Law. Paradoxically, even though previous decency laws demanded all “lewd” acts to remain private and Christian-nationalist ethics demanded purity and lack of detail on anything related to sex, this fourth “decency law” made the sexual life of the two danger groups a public concern and subject to constant scrutiny both by expert officials (doctors and police) and by their immediate environment: neighbors, friends, or family. I will briefly deal with race defilement later on.

Jewish men

The specific historical constellations for Anti-Semitism in interwar Hungary was outlined in detail in 1945 by István Bibó and it is a key argument of his pamphlet *Zsidókérdés*

Magyarországon 1944 után [The Jewish Question in Hungary after 1944]⁵²¹ that the post-1867 rapid modernization process in Hungary was propelled by and large by the Jewish immigrants (the majority arrived in the 19th century). They, by contrast with the non-Jewish gentry, who were reluctant to take jobs that involved commercial activities or “clients,” had both the knowledge and the willingness to assist with the capitalist transformation of society. The “assimilationist social contract” worked well until the end of WWI: Jews (and Germans) were ready to accept Hungarian identity and thus support Magyar hegemony in historical Hungary, and they received civic equality in exchange, Judaism becoming one of the four “accepted” religions and Jews occupying key positions in finance, commerce and the liberal professions (medicine, law, engineering).

Bibó's idea of these distorted social structures is taken up by Krisztián Ungváry, who in his 2012 book *A Horthy-rendszer mérlege* puts forth that society started to identify Jews with capitalism and modernism and projected the negative phenomena (and their own insecurities) associated with these onto a visible group that was seemingly only benefiting from the radical socio-economic changes.⁵²² After WWI political anti-Semitism was founded on two cornerstones:

- Jews being materialistic by nature and thus occupying the most important positions that would actually belong to “Hungarians”.
- Jews being historically responsible for the ills that happened to Hungary in the early twentieth century: they did not fight enthusiastically for the Monarchy in WWI (the image of the draft evader), they were behind the democratic and later Soviet revolutions, which were disastrous for the country and resulted in the Treaty Trianon.

For most of the Liberal Era, Anti-Semitism was not allowed great publicity by the ruling

⁵²¹ István Bibó, *Zsidókérdés Magyarországon 1944 után* (Győr: Tinta Bt, 1994).

⁵²² Krisztián Ungváry, *A Horthy-rendszer mérlege: diszkrimináció, szociálpolitika és antiszemitizmus Magyarországon 1919-1944* (Pécs: Jelenkor, 2012): 8-19.

elite as assimilation-oriented Jews were loyal Hungarians in an otherwise often unruly, multi-ethnic Kingdom. However, in the small, post-Trianon State many immediately singled out the Jews as different and as threatening. Anti-Semitism had a foundation in various tenets of ideologies, what is however important here (and this has not really been emphasized in the literature on Anti-Semitism in interwar Hungary) that sexual anti-Semitism was part of this discourse and that presenting Jewish sexuality as different and as dangerous was not just a prerogative of the Far Right but appeared and re-appeared in these Christian-nationalist sex education texts, as well.

In Christian-nationalist sex education the link between Jews and the exploitative nature of capitalism appears with the concept of “sexual capitalism”. The authors who spoke up firmly for full sexual purity until marriage for youth, were willing to see adolescents as helpless victims endangered by those, who profited from all the illicit sexual activities these youngsters would engage in. In most parables Christian boys were too young to know and too alone to resist – they had to be warned not to become a too easy prey for sex profiteers. In these texts Jews often appear as seducers; their mere presence on the street, in the city, in intellectual life threatens the innocence and purity of young Christian men and women. Jews are directly or indirectly linked with the production of pornography, pro-sex science (sexology and psychoanalysis being “Jewish sciences”), excessive and perverse sexuality (including masturbation and homosexuality), being pimps and attracting girls with money.

As for pornography, in a book for all age cohorts of college students in 1943 (Nos Rector...) József Koszterszitz (Father Koszter) dedicated 4 pages to the Jewish question (to be read by 20-21 year old boys who were in the 3rd year of college) in which he wrote, about the “far-visioned idealistic worldview” of Hungarians that was weakened by the “bohemian and heavily egoistic influence and strongly erotic Eastern style” of Jews, which has “seriously

loosened the otherwise hard and pure morality of Hungarians.”⁵²³ He advised that Christian boys acquire a “healthy sense in detecting the style that in literature and in everything represents Jewish influence.” He recommended to deject whatever had been tainted by Semitic influence in cinema, theater, book, newspaper, song, or music. Tihamér Tóth's widely distributed *A tiszta férfiúság* [Pure Manhood], made a similar request: “*Boys, if you love our sweet homeland, if you are worried about the future fate of our nation, respect you pure blood, your immaculate youth, and do not take into your hand immoral writings of non-Christian, racially non-Hungarian (just Hungarian language) authors, which aim to weaken the Hungarian race.*”⁵²⁴

The ugly face of Jewish sex capitalism is all-pervasive in the books of Péter Olasz, Jesuit priest and orator from Transylvania. In his 1926 book, *A mai férfi életútja* [The life path of today's man] Jews openly symbolize the evils of society, most prominently the “Jewish press,” Communism and the Freudian “sexualization” of youths. Jews in this book are responsible for the modern dances that were “brought in from the home of savages” (meaning: Brazil and Argentina) and for the “moral bashing excesses” in literature, theater, cinema, arts.⁵²⁵ His rhetoric is radical enough to suggest that for the eradication of the Jewish spirit and the spread of pornography one can even close their eyes over cold-blooded murder. Olasz describes the assassination of Jewish Austrian free-thinker and sex educator Hugo Bettauer as follows: “Bettauer (...) would continue with his destruction even today, had not a swastika-bearing dental technician, who was not selective in his means, fire five bullets last spring into the satanic skull of the grossly soul-killing Jew.”⁵²⁶ Olasz was apparently relieved that Bettauer's activities were discontinued as the *soul-killing Jew* was depicted as a much greater problem than the Nazi, who was indeed a little too rash, but at least only killed a single soul (and one who, Olasz suggests,

⁵²³ József Koszterszitz, Ádám György et. al., *Nos Rector...a magyar főiskolai hallgatók könyve* (Budapest: Szent István Társulat, 1943): 400.

⁵²⁴ Tihamér Tóth, *A tiszta férfiúság* (Budapest: Stephaneum, 1920): 74.

⁵²⁵ Péter Olasz, *A mai férfi életútja* (Satu-Mare: Corvin Nyomda, 1926).

⁵²⁶ Ibid: 107.

deserved it).

In 1943 the *Magyar Katolikus Orvosok Szent Lukács Egyesülete* (Saint Luke Association of Hungarian Catholic Doctors) an organization dedicated to sexual ethics, run by Catholic doctors, held a conference on sexual life at Pázmány Péter University in Budapest. According to the reports of the conference in the periodical *Az ifjúság orvosa* [The physician of youths] and other news reports the meeting attracted an “unprecedented” interest from youths and pedagogues.⁵²⁷ At this conference Catholic physician, Zoltán Balogh, established a quirky connection between Jewish sexuality, Freud's teachings and Communism:

The pansexual teachings of the Jew, Freud, which, without any control and criticism, destruct wantonly the worldview of some of our fellow doctors, have started to make a destructive effect even among our deeper, peasant strata, exactly because of the works of a racially well-definable group of doctors. This pansexual theory – on which we will hear more later on – coupled up with the dogmas of historical materialism and deriving all the mutual practical conclusions, finds the best form in Bolshevism.⁵²⁸

Balogh most could make this connection due to the presence of a small group of sexual progressives and Freudomarxists in Hungary (more on them in a later subchapter) whose books were written in a popular style and intended for a larger audience. Sándor Ferenczi and the Budapest school of Hungarian psychoanalysis could have been a target of criticism indirectly as well, although they were seemingly not involved in producing sex education materials for the young and did not reach a broad (especially: lower class) audience through therapy.

Jenő Lesskó, in his presentation at the 1943 same conference mentioned cinema and theater, claiming that the majority of the plays and movies were filled with scenes that would have an arousing effect and scolded these for “suiting their content to the lowly tastes of the masses.”⁵²⁹ He added that these were advertised “loudly” because serious reviews were not to be

⁵²⁷ “Nemi erkölcs és Magyar Jövő,” *Az ifjúság orvosa* 2 (1943): 17.

⁵²⁸ Zoltán Balogh, “A nihilizmus és a cinizmus borzalmas pusztítása,” *Az ifjúság orvosa* 2 (1943): 213.

⁵²⁹ Jenő Lesskó, “Az ifjúság nemi erkölcsét tervszerűen romboló tényezők,” *Az ifjúság orvosa* 2 (1943): 252-53.

heard, either due to the lack of a financial background or because such reviews did not exist at all. Lesskó mentioned “popular medical works” as well, which he saw as problematic because they discussed sexual issues “very openly,” and added that the majority of these authors “had a materialist worldview.”⁵³⁰

As for anti-Semitism in books for female readers, an example that can illustrate the underlying assumptions is Györgyi Sáfrán's 1941 book for “young Catholic girls.”⁵³¹ On the very first page of the book we get this message very strongly and plainly. A vain Catholic girl buys fashionable clothes from the Jewish tailor, Schwartz. Schwartz is said to be “playing fast and loose with women as much as he wants with his rags” and has already acquired “five houses in the village from all the fancy dresses,” as half of the young girls' money that was put away for purchasing land “went once again to the Jew.”⁵³² So the young and unassuming Catholic girls were taught at a very early age about the local Jew being the merchant of vanity and the problems of money-flow from Christians to Jews (the avoidance of this, at least in the book, was the decent, comfortable, cheap uniforms of the Catholic Girls Association).

The idea that Jewish men represented a direct physical danger followed the same logic that Prohászka discussed in 1893 about Jewish boys “defiling” Catholic girls for fun. There are a number of examples in interwar sex education as well where Jewish men/boys are either scolded because of their sexual habits (masturbation, promiscuity, obscenity) or because they seem to threaten decent Christian girls with sexual offers. In the second “parable” of the above book a young girl, Zsófi, is sent to be a housemaid in Budapest and once she gets off the train at Keleti train station her private space is invaded by someone, who is Jewish, dangerous, and violates the accustomed levels of proximity:

⁵³⁰ Ibid: 254.

⁵³¹ “Young girls” is a fluid category. It was, intended as recruitment material for those, who wished to join KALÁSZ, the Catholic Girl's Association – so it can be assumed that the age of the target group was around 12-13.

⁵³² Györgyi Sáfrán, *Üzenet falusi lányoknak*, (Budapest: Katolikus Lánykörök Szövetsége, 1941): 5.

”- Well, pretty girl, where to? - leaned a repugnant man's face above her. He resembled the village haberdasher Kohn's son. The girl looked around with a frightful scare, but, alas, in the great chaos around nobody was paying attention to them. - Come with me! - repeated the grinning face, and he visibly enjoyed the girl's discomfiture.”⁵³³

Zsófi's encounter is a second unequivocal message sent to Catholic girls – men in the city might be dangerous, especially from a sexual point of view and especially if they are Jews, so you should keep a distance and run into safety immediately.

The question of masturbation was quite prominent in the Christian sex education literature and Jewish youths were on several occasions shown as setting a bad example. When the prominent Calvinist education expert Dezső Fónyad discusses the beginnings of sexual maturity, he mentions in a footnote “in one of the high-schools first graders drew a lot of things onto the wall of the toilet. I do not say this with ill intent, but they were Jews.”⁵³⁴ This allusion to the sexual nature of Jewish children is well-exceeded by Péter Olasz, who dismissed German sexologist Magnus Hirschfeld's statistics on per-adolescent masturbation as irrelevant because it referred to “urban Jewish children” and in contrast to the 44% by Hirschfeld had found, he presented his own data that showed a mere 15-20% among per-adolescent Hungarian boys.⁵³⁵ Olasz's, thus, similarly to the German neurologist Walter Cimbál (a source of many quotations for Olasz), saw biologically grounded racial differences in the effects of masturbation. They believed that it caused diseases for non-Jews while it did not affect the Jews: the underlying message being the physical degeneration of these Jewish boys, who have become “immune” to masturbation.

Ferenc Kiss, Protestant doctor and university professor of medicine, in his book on the sexual question, pointed to a specific Christian, “cultural anti-Semitism.” The book transcribed one of his public presentations on sex and the passage below was an answer to the question if abstention was good or not, quoting that Prohászka supported it while Freud and his followers

⁵³³ Ibid: 59.

⁵³⁴ Dezső Fónyad, *Az ifjúság örök sebe*, (Mezőtúr: Corvina, 1935): 43.

⁵³⁵ Péter Olasz, *Gyermekkor, serdülőkor, nevelés*, (Budapest: K.M. Egyetemi Nyomda, 1938): 118.

saw masturbation in youth as natural and permissible:

„Freud and his followers represent a typical Jewish way of thinking. No matter if there are Jews here or not, I have to tell you about my conviction on this. It is true that the Jews, before Christ, were the carriers of God's word and the proper adoration of God. However, with the rejection and crucifixion of Christ they became akin to a tree broken at its middle, which has roots and a number of small or large sprouts, but a real tree will not develop from these and it will bear no real spiritual fruit. This is the final reason for the gap between Jewry and non-Jewish nations. The Jews have got stuck in observing and following divine things and represent an overly accelerated bodily life and thinking. Freud and his followers stem from this source. Their one-sided, sick way of thinking is only valid for their situation but not for spiritual persons or those, who wish to pursue a spiritual path.⁵³⁶

Kiss (and this is similarly true for Prohászka, Bangha, Olasz or Father Koszter) saw the Jews as representatives of a botched religious-spiritual development. The root of his anti-Semitism is partly religious-cultural (Christ-killers, did not accept the Messiah) but the reasoning racializes Jews and portrays them as overly sexualized: as sick and degenerate in body and mind.

Prostitutes

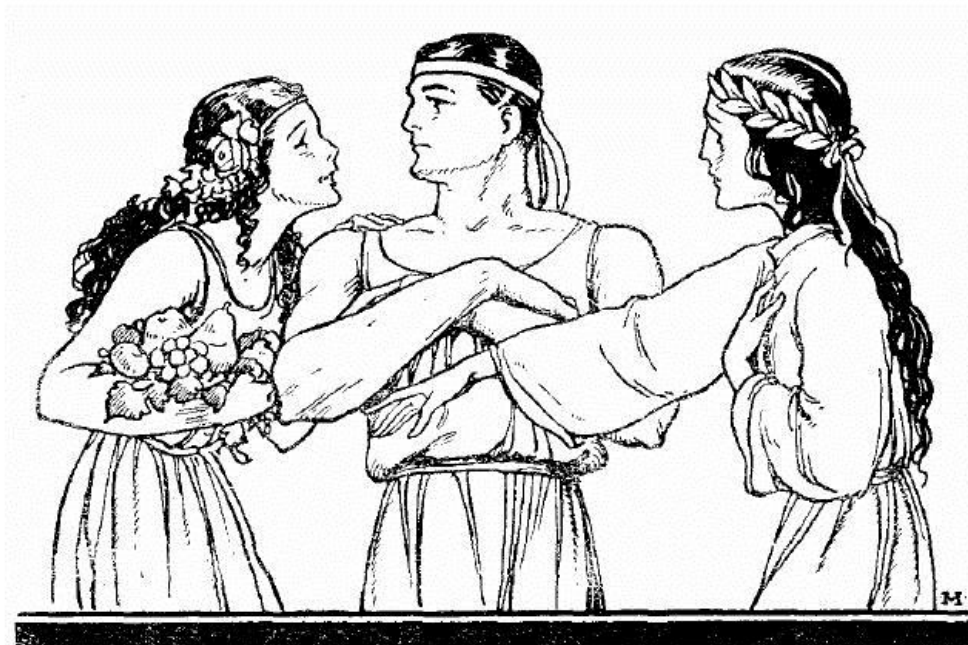


Fig. 7. Illustration in Tihamér Tóth's *Tiszta férfiúság* (by L Márton)

⁵³⁶

Ferenc Kiss, *A szekszuális kérdés*, (Pro Christo: Budapest, 1935): 53-54

The women belonging to this category in Christian sex education were occasionally portrayed as as *perditas*, who deserved pity, but in other cases they were “Satan's lures” and even more often they remained too distant to be understood: reasons for their “fall” was not discussed at all, youths were only advised to avoid contact with them completely. As Tihamér Tóth, wrote in *A tiszta férfiúság*, possibly the most widely read sex education book of the time,⁵³⁷ which was also celebrated by Protestants,⁵³⁸ these “debauched” or “fallen” women were almost surely vectors of VD infection. Having equated prostitutes with VD, Tóth warned that modern societies were looking for “methods to lock decent people away from this blight” with plans where for health reasons people would be “branded with an iron so that honest people would know whom hey'd need to run away from.”⁵³⁹ Dr Jenő Lesskó, a Catholic doctor, at the 1943 Catholic sex education conference mentioned that it was “mostly economic misery that led these women down on the slope” but at the same time described it as the “deepest and most odious swamp of moral taint” and added that it was expected from youth to condemn it utterly.⁵⁴⁰

Father Koszter is perhaps the best example of the connection between the victimization of the sexually naïve Christian boy and the vilification of this female Other. In “Sátán törvetése” [Satan's Lure] he warned of Satan appearing in the form of female seduction. He worried about the largest universities and colleges all being in the capital, Budapest, as “the shadow of Satan lurks longer over a metropolis.”⁵⁴¹ Father Koszter's piece was openly for the middle class (most of his works were for young university students) and connected poverty with moral deficiencies. When pointing to the origins of prostitution he depicted the “outskirts of Pest” as a far-away land, where a young Christian boy might not even go for decades, but which houses “material

⁵³⁷ All high schools in the country had to order an obligatory copy of the book starting in 1924 and the book had 14 editions between 1924 and 1935 and was printed in tens of thousands of copies.

⁵³⁸ Gábor Incze, “Tóth Tihamér,” *Protestáns Szemle* 47 (1935): 66-71.; Béla Szabadi, “A Székesfehérvári tanügyi kiállítás,” *Protestáns Szemle* 50 (1938): 383-386.

⁵³⁹ Tóth, *A tiszta férfiúság* (1920): 55-56.

⁵⁴⁰ Lesskó, “Az ifjúság nemi erkölcsét tervszerűen romboló tényezők,” *Az Ifjúság orvosa* 2 (1943): 252-253.

⁵⁴¹ József Koszterszitz, “Sátán törvetése,” in: *Tiszta férfiúság az egyetemeken* (Budapest: Szent István Társulat, 1944): 31.

and spiritual misery” and where there is a “species of man,” who is “stripped of his Christianity and Hungarianness.”⁵⁴²

A more radical view was put forward by a hospital director from Komárom, Béla Polony, who at the previously mentioned 1943 Catholic sex education conference demanded total abolition, but a “much better one” than what was implemented in the abolitionist, large Western countries, where “dominant freemasonic ideologies remained far away from the laws of Christ.” In his system of abolition all prostitutes who would keep working after the banning of the institution would be persecuted, but if “secret prostitutes” were found to have VD, first they would receive medical treatment and then they would be sent to forced labor camps. This would serve to keep them away from society for 1-2 years, and the hard labor would make them reconsider their actions. Prostitutes engaging in sex with underage youths would be put in the same camps..⁵⁴³ As demonstrated, sex educators made prostitutes seem have a stronger seductive force than the young men and their tools of defense and therefore demanded the containment or roll-back of solicitation and asked either for a full abolition, based on Christian values or at least demanded that prostitutes be confined to spaces where they would not threaten the young.

The 1926 decree on prostitution⁵⁴⁴ maintained the system of medical regulation (where prostitution was legal but prostitutes had to undergo regular medical checks to have a legal license) but it aimed at making prostitution a very controlled and limited trade. It was the first provision that regulated prostitution on a national level. Before that there was no national regulation in place and the trend-setting Budapest regulation (adopted in 1867) was amended several times, which sometimes brought liberalization, on other occasions, restrictions.⁵⁴⁵ The 1926 decree even though it did not fully satisfy abolitionist Christian demands as it remained in

⁵⁴² Ibid: 31.

⁵⁴³ Géza Polony, “Nincs külön férfi és női morál.” *Az Ifjúság orvosa* 2 (1943): 258-261.

⁵⁴⁴ A m. kir. belügyminiszternek 160.100/1926. B. M. számu körrendelete. A prostitúció szabályozása, *Belügyi Közlöny*, 1927: 375-382.

⁵⁴⁵ Mihály Szécsényi, “Garniszállók és kéjnotelepek,” *Rubicon* 9 (1998)
http://www.rubicon.hu/magyar/oldalak/garniszallok_es_kejnotelepek/ accessed, April 2, 2013.

the regulationist framework,⁵⁴⁶ aimed at making prostitution much more controlled and separate sphere with these women removed from the vision of the average young man as much as possible. This meant that the spaces prostitutes could occupy in public became strictly limited.⁵⁴⁷ Father Koszter in his 1928 *A kemény parancs* [The strict commandment], does not shy away from a somewhat apocalyptic criticism of state regulation policies, which indicates that regulation, even in such a contained and restricted form, continued to be frowned upon by the purist, Christian-nationalist sex educators:

The nightlife of the great Babylon and the houses of sin that sleep in silent streets of little towns with eyes closed, have seen the breaking-down of the life of many nobly destined men. And they will continue to see this as long as our most precious treasure, Hungarian boys, will be herded on to the highway of sin in a systematically organized military campaign by prostitutes, who have been bred and protected with state support. Men should be strong – true. But society should not tolerate that this strength needs to stand up to the seductive tests of a thousand-faced sin day by day, because the less strong can get dizzy easily and here, even on one such occasion, can destroy blood, life, future, everything.⁵⁴⁸

4.2. Pragmatist sex education

By pragmatist sex education I understand materials provided by medical experts, doctors,

⁵⁴⁶ In the beginning of the twentieth century the two main forms of approaching prostitution in Europe were *regulation* and *abolition*. In a regulationist regime prostitution was legal and women registered and regularly (weekly or bi-weekly) inspected under the control of the police physician. Abolitionism demanded that prostitution be banned as it resulted in the all-male control of women and forced a group of young girls into a category from which there was almost no escape due to the stigma of registration.

⁵⁴⁷ Prostitutes could only live in streets that were allocated for them by the police or local authorities; they were basically not allowed to live in streets that also had a church, or a school or other public institution. If a church, school or other public institution was established in a street where prostitutes lived, they had to be evicted. Prostitutes were only allowed to appear only on certain streets and in certain hours of the day and the police had the right to ban them completely from appearing on the streets “in cases justified from a moral regulation point of View.” See: Decree No. 160.100/1926 of the Interior Minister on Prostitution, *Belügyi Közlöny* (1927):375-382.

⁵⁴⁸ József Kosztersitz and Marczell, Mihály, eds., *A kemény parancs* (Budapest: Élet, 1928).

pedagogues and officials that went beyond the Christian-moralist discourse on abstinence and purity and aimed primarily at providing health prevention knowledge relating to VD. Such texts provided more explicit biological descriptions of reproduction and information on how to avoid venereal diseases when engaging in potentially dangerous sexual liaisons, and were usually more permissive toward non-reproductive or extramarital sex. Pragmatists most often provided sex education using a very similar language to Christian moralists, underlining the necessity of being pure, decent and non-promiscuous. However, there were a number of points where differences can be detected:

- Pragmatists, even if seemingly reluctantly, usually provided some kind of practical information about the methods for avoiding VD;
- Pragmatists in most cases did not make open or covert remarks on the Jewish nature of deviant sexuality;⁵⁴⁹
- In pragmatist literature gender roles often came in a less conservative packaging and often the sexual knowledge provided to men and women was nearly the same.

Most pragmatists who will be cited in this subchapter were in most cases affiliated with one (or several) of the main VD, marriage counseling, or public health institutions that are prominently present in this dissertation: Teleia, the Anti-Venereal Committee (AB), the Hungarian Family Protection Association (Magyar Családvédelmi Szövetség - MCSSZ), the National Public Health Institute (OKI) and the Ministry of the Interior.

There is an article that links the medical elite's discussion of healthcare

⁵⁴⁹ Certain pragmatists like Gyula Darányi or Gábor Doros, both members of the *Magyar Családvédelmi Szövetség*, were certainly anti-Semitic at the end of the 1930s as they both advocated anti-miscegenation. However, their anti-Semitism was not rooted in a specific Jewish sexuality or sexual capitalism but rather in a biological-eugenic conviction about Jews being an alien race with which mixing would corrupt the nation's biological core – in this sense their anti-Semitism had a solely racial basis unlike the religious-cultural reasoning that was convoluted with racial argumentation, as in the work of Christian-nationalist sex educators. See Gábor Doros, *A Magyarorság életereje: a nemzetes biológiája, fajegészsége és eugéniája* (Budapest: Turul, 1944). and Gyula Darányi, *Közegészségtan I: Társadalmi és egyéni higiéné* (Budapest: M Orvosi KvK., 1939).

prevention/marriage counseling and the sex education of the Christian-nationalist kind: Ede Neuber's 1939 *Ifjúságunk egészségvédelme* [The Health Protection of our Youths].⁵⁵⁰ The dermatologist Neuber, Chairman of the Antivenereal Committee, in this article reflected on the shift towards the preeminence of health protection and praised those pedagogical authors, who “diverge from the old, strictly theoretical, colorless education and put emphasis on practical questions, I mean, that they inform the youngster on the biological problems of life.”⁵⁵¹ Neuber's example was the Jesuit educator Péter Olasz's *Gyermekkor, serdülőkor, nevelés* [Childhood, adolescence, pedagogy], which, Neuber believed “discussed the health problems of youth in detail and could insert this into the course of pedagogy impressively.”⁵⁵² Olasz's book, an abstinence-oriented, Victorian piece with no information on VD was practical only to the extent that voluntary marriage counseling centers in Hungary can be labeled successful. What it did provide for was tips on how to select a partner who was healthy both in mind and body and what kind of marriage and sex partners to avoid.

The problem of accessing the young

The production of sexual knowledge for youth was a field where healthcare professionals and authorities were not necessarily in the best position to access a wide and receptive audience and therefore either had to fight an uphill battle or had to make compromises with other places of authority. Firstly, as for sex education, the influence of the major Christian churches (especially that of the Catholic Church) was immense in interwar Hungary, as exhibited by the sheer number of publications (over 80% of of the ca. 150 sex education publications I have found were published by the churches), by the youth networks they maintained (Boy Scouts, Catholic Boys

⁵⁵⁰ Neuber, Ede, “Ifjúságunk egészségvédelme,” in Martonffy, Károly, ed, *A korszerű közszolgálat útja: A mai magyar szociálpolitika* (Budapest, Állami Nyomda: 1939): 1003-1013.

⁵⁵¹ Ibid: 1010.

⁵⁵² Ibid.

Association (KALOT), Catholic Girls Association (KALÁSZ), Actio Catholica, Soli Deo Gloria, Regnum Marianum, Mária Congregations, Christian Colleges /e.g. Szent Imre College where Father Koszter was a leading educator/, etc.) and by their direct influence in governmental policy-making both on a local and on a central level. Doctors, medical authorities, bureaucrats were often strongly connected to these Churches themselves and thus presented sexual knowledge primarily in an ethics-based manner rather than as a medical issue.

Szexuálpedagógia és ethika [Sexual pedagogy and ethics] by Zoltán Nemes Nagy is a good example for weaving Christian ethics into pragmatist sex education and also illustrates the access the churches had to youths. Nemes Nagy was a renowned sexual pathologists and gynecologist, author of *Katasztrófák a nemi életben* [Disasters in sexual life], which was one of the most well-read books on sexual matters at the time (Péter Olsz on one occasion mentioned that this book had been printed in 15 thousand copies). In *Szexuálpedagógia és ethika* Nemes Nagy expressed a great deal of concern over the masturbation of adolescents and its medical as well as mental effects. When looking for actual statistical data on this his first choice was the Jesuit priest Péter Olsz (as becomes evident from the description):

I was very much interested in the question of whom and where I can turn to for information on specific Hungarian statistical data on the onanist practices of youth? I met a Jesuit priest over the matter, who is an excellent Hungarian expert on sexual psychology and he provided me with this valuable and reliable data so that I could use them in my medical book for scientific purposes.⁵⁵³

The fact of mutual referencing with Olsz and recommending reading the sex education books of other Christian-nationalist authors like Tihamér Tóth makes it clear that Nemes Nagy was looking for a Christian-moralist perspective on the matter, but it is still revealing that a “man of science” turned to a Jesuit priest for statistical data on youths. The access to young people, to

⁵⁵³ Zoltán Nemes Nagy, *Szexuálpedagógia és -ethika: nemi felvilágosítás irányelvei és módjai : szexuálpedagógiai tanulmány* (Budapest: Aesculap, 1944): 126.

their sexual secrets and to influencing their sexual lives, as Nemes Nagy's book underlines, was much easier for the Christian educators of the time as it was for physicians. When answering the question on who should provide sex education for the young, aside from parents, Nemes Nagy emphasized the importance of religious teachers and religious spiritual leaders whom youth “did not depend on in terms of their grades and the elevated calling of the priest would build trust in youths.”⁵⁵⁴

At the same time he advertised doctors as providers of sex education as well, due to their biological knowledge and the same “trust” that youth would have towards them because of their scientific accomplishments. Even though he recommended Catholic sex education books to parents for reading, he emphasized that school children over the age of 16 should be “informed about sexual life, sexual organs and their functions, assisted with illustrations” and cautiously added later “one should also discuss preservative materials as well.”⁵⁵⁵ The internal contradiction most probably stems from Nemes Nagy's respect for the clergy and his Catholic conviction that stood in opposition with his idea that sex education also needed to be biological and that a doctor with a good conscience would provide pragmatic information on VD-avoidance as well.

Those, however, who were not as cautious as Nemes Nagy and did not comply with the Christian-nationalist sexual morality often found themselves in a difficult position, even if their intentions were strictly linked to antivenereal issues. Teleia published *Egy serdülő diák naplójából* [From the diary of an adolescent boy] in 1925, which was allegedly from the diary of a young adolescent boy (presented by the mysterious “Dr. F.P.”), whose parable was to serve as a warning, as well as a lecture on the benefits of medical care for VD.⁵⁵⁶ As a reaction to the vivid story of a boy, who had acquired gonorrhea in a misfortune encounter with a prostitute, the

⁵⁵⁴ Ibid: 17-18.

⁵⁵⁵ Ibid: 146.

⁵⁵⁶ The story was published in five parts in the 1925 issues of *Teleia*. “Dr F.P.” claimed that it was not fiction, he took it from a diary of a real 17-year-old, whom he cured from VD and he just changed the names and “edited the most delicate parts.” The story itself is very original, dynamic and powerful so Emödi either recruited a talented writer as “Dr F.P.” or it really was an original diary by a young boy with good literary skills.

Minister for Religion and Public Education, Kúnó Klebersberg, revoked his recommendation for the journal *Teleia*, claiming that the story was too “realistically portrayed.”⁵⁵⁷ *Teleia*, which had already made steps via a circular to make the story available to schools, subsequent to the Minister's warning sent a second circular to school principals not to distribute the story after all. This, however, did not change the Klebersberg's mind about the recommendation.⁵⁵⁸ It was made clear to sex pragmatists that open talk about prophylaxis and more “graphic” descriptions of sexuality were frowned upon, even if in this case direct censorship did not occur.

Pragmatists, however, produced a great variety of health, sex and anti-VD education in the form of books, periodicals, leaflets, via public lectures, films and exhibitions. Aside from *Teleia* and the AB there are two additional institutions that need to be mentioned: the *Egészségügyi Reformiroda Propaganda Központja* (Propaganda Center of the Sanitary Reform Bureau) and the *Társadalomegészségügyi Múzeum* (Social Health Museum). The former was partly financed by the Rockefeller Institute and was led by dr Artúr Pollermann, the latter was directed by the hygienist György Gortvay. The Propaganda Center of the Sanitary Reform Bureau published a range of books on general healthcare prevention and VD prevention was part of it. However, in 1934 Pollermann was removed from his office and the OKI took over the relevant propaganda activities.

Interestingly, in 1927, only a year after after the Bureau was set up, the influential social hygienist József Melly wrote a programmatic article on health education in *Városi Szemle* and he referred to the setting up of the Propaganda Center by Decree No. 50.000/1926 of the People's Welfare Minister, claiming that the Center's most important task would have been the

⁵⁵⁷ “I was at her place for half an hour. When I went out on the street, I started to cry and was as unhappy as never before. At home I had a fit of cold sweat. I was absolutely desperate. I blamed myself utterly for letting myself be seduced. And what makes me even more desperate is the fact that I did not learn anything. Being self-conscious, in shame, and excited, I did not see anything and I did not feel anything, either. I would give everything to be clean once again. Love-making is terrible. I want to take a bath and to pray. And to forget about everything.” From: Dr. F.P. “Egy serdülő pesti diák naplójából,” *Teleia* 3 (1925): 59.

⁵⁵⁸ “A *Teleia*-egyesület 1925 október 25-én tartott igazgatósági és választmányi ülésének jegyzőkönyve,” *Teleia* 4 (1926): 11.

organization and the support of health education for people of lower classes. Melly acknowledged that the Center compiled a book and periodical database and even opened a bookstore but claimed that he saw the reorganization of the Public Health Museum as Social Health Museum as “much more valuable and truly of great importance” because the “dead” museum material was endowed with a living and active organization.⁵⁵⁹ This dismissal of the importance of the Propaganda Center can be attributed to Melly's conviction that Hungary still suffered from illiteracy and had a much lower level of “general education” than the Anglo-Saxon countries where health prevention through propaganda had been successful.⁵⁶⁰ For this reason Melly preferred non-written, “living” material over publications for educating the (mostly) rural masses on hygiene and he probably saw greater potential exhibited material than in seemingly less useful publications.

The perhaps most widely distributed pragmatist government-supported material was *A nemi élet és a nemi betegségek* [Sexual Life and Venereal Diseases] by Frigyes Grúsz, dermatologist, Deputy-Head of the AB and lecturer of sexual biology and hygiene at the University of Technology. The 50-page book, a publication of the Propaganda Center, was based on the presentations that were made by Grúsz and others in various parts of the country in front of various audiences and included 100 diapositives, which hygienists could order as a package from the ministry. The pictures were extremely naturalistic and were evidently used to deter people from VD, showing how badly these would affect their body. Genitals of both men and women were shown as well as other body parts that were disfigured due to the effects of VD.

Aside from the abhorrent images the book was much less explicit in recommending prophylactic material and repeatedly warned about extra- or premarital sex:

⁵⁵⁹ József Melly, “Az egészséges életmódra való népnevelés irányelveiről,” *Városi Szemle* 13 (1927): 1029-1030.

⁵⁶⁰ Ibid: 1006-1007.

“Personal prophylaxis of VD needs to be built up primarily on a moral basis. Therefore one needs to keep away from extramarital sexual life. Those who are unable to keep their sexual passions at bay should at least protect themselves from the threatening danger of infection by keeping the necessary precautions and applying disinfectant methods. There are several protective materials and methods with which one can reduce the threat of infection, but neither of these materials provide complete protection. Such prophylactics were authorized by the People's Welfare Ministry as well (Prophylacticum contra morbos venereos). The doctor provides information about these materials only because he does not only have the task of curing but also the prevention of diseases. This does not foster immorality but wants to stop lightheaded people from infecting others or bringing illness into the family and cause a whole chain of misfortune.”⁵⁶¹

This passage illustrates well the differences between pragmatist and Christian-nationalist health education. Abstention is the primary message but Grúsz prepares advice for those, who fail to comply with Christian norms, and this gives way to a discussion of prophylactics. In fact, the People's Welfare Ministry had its own, approved prophylactic material – this was, however not well publicized and probably not used by many, as Grúsz admitted in an article 20 years later⁵⁶². Grúsz at the very end of his book noted that the audience at these presentations came from a wide variety of backgrounds and therefore these presentations could be very different in content, based on whether it was “the educated urban class, rural people, the working class or military men” who were being enlightened about the issue.⁵⁶³ It can be assumed that in front of a military audience much more prophylactic information was provided, in line with the policy on VD within the army.⁵⁶⁴

A typical example of pragmatist literature that conformed with the dominant Christian-moralist ethos was the dual booklet *Amit a férfiaknak/nőknek a nemibetegségekről tudni kell* [What men/women need to know about Venereal Diseases]. This was published by the largest Hungarian insurance company, the *Országos Társadalombiztosító Intézet* (National Social

⁵⁶¹ Frigyes Grúsz, *A nemi élet és a nemi betegségek*. (Budapest: Pesti Könyvnyomda, 1929): 41-42.

⁵⁶² Frigyes Grúsz, “A nemibetegségek elleni propaganda,” in Rajka, Ödön and Ernő Kálmán, eds., *A dermatovenerológia haladása a szakmai továbbképző tanfolyamok tükrében* (Budapest: Magyar Orvosi Könyvkiadó Társulat, 1949).

⁵⁶³ Grúsz, *A nemi élet* (1929): 43.

⁵⁶⁴ It seems that information material intended for youths serving in the army was the most directly instrumental; pragmatic VD-protection involving chemical substances and condoms were openly popularized. This comes as no surprise given that from a military viewpoint speed and efficiency took preeminence over long-term goals of prevention. See for example: Henrik Bíró, *15 tanács férfiak részére* (Budapest: Fráter és Tsa, 1937).

Insurance Institute), which at the time of the booklet's publication had 1.2 million insured members.⁵⁶⁵

The two booklets gave a summary description of the three main venereal diseases, made a warning about the importance of marriage counseling (“no one should marry without the doctor's consent and one should demand a certificate from their partner as well” – the text was probably written before the promulgation of the 1941 Marriage Law) and provided information on the prophylaxis and curing of VD. Practical information on prophylaxis in the two booklets is minimal and it is made very clear that marital sex was the only way to avoid VD and that all instances of sexual contact outside it were dangerous and immoral. For women the message included the “noble and beautiful calling of being a wife and a mother” and they were warned not to give in – for money, for friendship – to the demands of “lust-seeking males.”⁵⁶⁶ For both sexes the importance and the healthy nature of abstinence was emphasized, along with a reference to the problems of alcohol, of getting pregnant outside marriage (“a fetus conceived outside marriage is a source of many misfortunes”⁵⁶⁷), of the immoral and dangerous nature of abortion and of the surety of contracting VD in extramarital liaisons.

The usefulness of prophylactics is seriously underplayed for both sexes: “Many types of prophylactics and protectives are being recommended but it would be self-delusion to believe that if one uses these they will be saved from disease. There are no sure protectives against these!”⁵⁶⁸ There is however, recommendation given for using condoms (“The relatively best way to reduce the danger of infection is the protective rubber (condom) to be placed on the male organ.”⁵⁶⁹) and it is explained in a few sentences how to have sexual intercourse using condoms and making the necessary hygienic precautions. The last sentences, however, sum up the main

⁵⁶⁵ Gábor Gyáni, and György Kövér, *Magyarország társadalomtörténete a reformkortól a második világháborúig* (Budapest: Osiris, 2006): 369.

⁵⁶⁶ *Amit a nőknek a nemibetegségekről tudni kell.* (Budapest: OTI, 1942): 11.

⁵⁶⁷ *Ibid.*

⁵⁶⁸ *Amit a férfiaknak a nemibetegségekről tudni kell* (Budapest: OTI, 1942): 13.

⁵⁶⁹ *Ibid.*

message, which shows that the readership of this publication (mostly working class young adults, who were insured by the OTI) were steered towards abstinence through a sense of duty and guilt:

From these few pieces of advice it can be easily understood that extramarital sexual contact always bears the possibility of infection and the danger of VD because even the greatest precaution only reduces the danger but does not at all give full protection against the ailments! One can only be free of the ailments within pure married life, as a good wife and mother and living for the benefit of the family and the nation, using the sexual instinct to living a healthy life.⁵⁷⁰

This booklet is only ready to provide actual, practical knowledge for youths in a limited way. Its moralist tone is, however, not apocalyptic or in any way anti-Semitic, and moral issues are underpinned by medical reasoning. The above closing words indicate a sense of duty where fertility, family and the nation all stand together at the receiving end.

Intő szó a nőkhez/férfiakhoz [Words of warning for women/men] was a dual short publication that was distributed in the tens of thousands (the 1929 edition had 20 thousand copies) and was produced by the OKE Antivenereal Committee. The structure of the pamphlet is very similar to that of the OTI, as is its message, and so it can be assumed that *Amit a férfiaknak/nőknek* was compiled based on *Intő szó*. The OKE AB publication makes the same point about the legal effect of infecting someone else with VD, it makes the same references to alcohol and abortion and includes marriage counseling. As for premarital examinations, it concludes that a marriage permit by the doctor is necessary, since it is what “decency, and the love of the motherland and the family require.”⁵⁷¹ In terms of prophylactics one cannot only find the abstinence message: “there are no drugs or preservatives that would surely protect one from VD. The most secure protection is if the woman does not engage in any sexual contacts aside

⁵⁷⁰ *Amit a nőknek a nemibetegségekről tudni kell* (Budapest: OTI, 1942): 14-15. The text was the same for men, only leaving out “as a wife and mother.”

⁵⁷¹ *Intő szó a nőkhez*. (Budapest: Népjóléti és Munkaügyi Minisztérium Propaganda Központ, 1929): 14.

from her healthy husband.⁵⁷² In addition, it is also recommended that any men with an injury on their “lower half” should be avoided, as well as men with a hoarse voice as this often comes from syphilis.⁵⁷³

Teleia, the only periodical that was explicitly dedicated to venereal disease and related social issues, recurrently dealt with sex education. As discussed earlier, they published the not-so-well-received *Diary of an adolescent boy*, which was both in style and content a story for adolescents; hence, *Teleia* was, at least in its aims, a source of information for adults as well as for adolescents. As discussed in earlier chapters, *Teleia* had a circulation between 3000 to 5000, about as much as Béla Bangha's *Magyar Kultúra*, based on the socio-cultural characteristics of its authors and the focus of *Teleia* on Budapest, its readership most probably came from the urban (Budapest) middle class, but it is highly doubtful that young, advice-seeking men or women widely read it. It is more likely that it had a greater influence on medical experts as within the urban middle class the proportion of doctors reading *Teleia* must have been high.

Between 1925 and 1933 *Teleia* published over 30 articles that dealt with the question of advice to youths and to children and this included a conference on sexual pedagogy that *Teleia* organized in 1931. These essays/presentations on sexual pedagogy and sexual ethics were varied, some were by convinced Christians (like Sándor Csia or László Saly) and some were by pragmatists like Emődi or the AB's sex education expert Dezső Steiger-Kazal, whereas the sex education conference was mostly on the “enlightenment” on per-adolescent children and it was all embedded in the “sex as a gift of angels” narrative.

Sándor Csia's article, *A szexualethikai nevelés és a jövő nemzedék* [Sexual ethics education and the future generation] needs to be mentioned here, partly because it is a unique article by the Protestant doctor, who was a well-respected member of the Christian-nationalist middle class (he was a member of the “vitéz” group, which was founded by Horthy to establish a

⁵⁷² Ib: 12.

⁵⁷³ Ibid.

new “middle nobility”) and Head Doctor of the Hungarian Railways. It was the same Sándor Csia, who spoke at the Christian sexual ethics conference in 1943, where most other speakers were openly anti-Bolshevik and anti-Semitic. In *Teleia*, however, Csia wrote a long article that was self-critical, as it addressed the exaggerated “shame” of the clergy and their lack in providing proper sex education: “The enlightenment of the church most often does not take place either. (...) Religious classes (...) most often only discuss its moral side and the biological, medical part (to a certain extent: naturally, as it is not primarily its task – but as others also fail to do so: regrettably) is completely disregarded.”⁵⁷⁴

Csia's pamphlet is also one of the rare conciliatory instances of a convinced Christian educator treating Judaism on an equal footing with Christianity in terms of religious morals. Csia does not go as far as accepting the sexual ethics of *all* religions, as he dismisses Islam (“for education in sexual morals I could not recommend Islam”) and Hinduism (“it made children's marriage a system and so cannot give moral ideals”) but it lays down, “it is only the religion of the Bible that can give a solid basis for morals. And here we cannot make any substantial differences between the Old and the New testament.”⁵⁷⁵

Csia remained strongly abstinence-centered and moralizing, (he labeled 99% of all cinema as “destroying” and wrote “modern dances to a jazz band in a swimsuit on the beach can simply be labeled as fornication”⁵⁷⁶) and stood by Christian-inspired sex education. His text speaks about the question of “access to youth” as well:

Lately certain social organizations have made great progress. The Boy Scout movement for example, which is excellent in its such dealings. The Levente movement could also be used for this purpose, if there were everywhere educators, teachers, doctors and priests having a pure mentality and a real love for youths. Much good is done in the Roman Catholic church in the congregations, Heart guards, Zrinyi guards – at the Protestants the student bible study groups, the “Pro Christo” and the “Soli Deo Gloria” student associations, youth organizations and associations, Christian girls associations. But the effect of these still only extends to a small part of the youth of the country and their enlightenment

⁵⁷⁴ Sándor Csia, “A szexualethikai nevelés és a jövő nemzedék,” *Teleia* 10 (1932): 19.

⁵⁷⁵ Ibid: 24.

⁵⁷⁶ Ibid: 22.

work on sexual life still have deficiencies⁵⁷⁷.

Even though Csia complained that even this Christian access was limited, this text underlines as well that the Christian churches made a great effort for providing sex education to youths and that for example (as it is revealed by other sources as well) the State promoted Levente association remained unused potential for sex education.⁵⁷⁸

One of the presentations at the sex pedagogy conference, by László Nógrády, a child psychologist, brought up briefly the issue of access of youth to sexual education material. He wrote, similarly to Christian-nationalist authors that previous generations only had a prayer book or a calendar at home and so children were not endangered but he did not propagate a return to these times “with only few books”. In modern times, Nógrády claimed, culture spread even to the last village through the “genius of technology”, in particular via cinema, libraries with rental capacity and the radio, with sentimental short stories or presentations for adults.⁵⁷⁹ Nógrády’s examples show the anxiety about the loss of control with the advancement of new and innovative technologies and with a great corpus of knowledge getting within the reach of the masses in the 1920s and 1930s. It was not only cinema, theater, public libraries and cheap books and newspapers but also the easier and safer methods of birth control and the perceived increasing trend in the performing of abortions that made sex educators alarmed. They therefore concentrated their efforts on disseminating preventive knowledge that, even if containing some

⁵⁷⁷ Ibid: 20.

⁵⁷⁸ The Levente association was intended to provide militaristic physical education to Hungarian boys between the age of 12 and 21 and it was made obligatory for everyone in that age group if they were not enrolled in schools having regular P.E. classes. The Levente movement was also used for political indoctrination of youth but sexual education (as exemplified by *Levente*, the periodical of the movement) was not high on its agenda. In the late 1920s and early 1930s Péter Olasz wrote a few general articles on the topic in *Levente* and in 1942 there was a mini-debate about when to start talking about sex to boys (after 18 or before) and it was concluded that a priest, doctor or educator should talk to them in early adolescence. Both parties of the debate, however, favored supplanting Christian-moralist sex education and seemingly did not believe that the Levente leaders were the best interlocutors for such a conversation. See: P. Tarcsafalvay, “A családi élet tisztasága,” *Levente* 14 (1942): 5-7. and Sándor Sztupkay, “Nemi kérdések tárgyalása,” *Levente* 14 (1942): 73-74.

⁵⁷⁹ László Nógrády, “A nemi felvilágosítás kérdése a családban,” *Teleia* 9 (1931): 143.

misinformation or leading the reader to false conclusions, had potentially deterring effects that would keep the young close to the “norm” both within and outside marriage.

The Antivenereal Committee and sex education



Fig. 6. Neglecting VD will ruin your life

In February-March 1925, at the first three meetings of the AB the topics discussed gave an indication of what top VD experts like Frigyes Grúsz, József Guszman, Aladár Emödi or Zsigmond Somogyi saw as the most pressing problems and what policies and strategies they envisioned as the best solutions to these conundrums. As discussed in an earlier chapter, the first discussion was on premarital health examinations, following Somogyi's exposition. This discussion already included references to "health propaganda". Kornél Scholtz opined that the best result for marriages could be achieved not by penal regulations or marriage bans but by pursuing a health propaganda that should not be "official and coming from the State." Scholtz mentioned the Health Reform Bureau, which was established jointly by the People's Welfare Ministry and the Rockefeller Foundation in order to organize and unify the "operation of propaganda associations, book publishing, and issuing pamphlets and advice sheets for youths and people about to marry and perhaps the production of professional films."⁵⁸⁰ Béla Rihmer, Head Urologist of Szent János Hospital similarly referred to "propaganda" as being key in marriage counseling and recommended that in rural areas the village intelligentsia, "the priest, the teacher and the notary" should help as they were in the closest contact with the people. He referred to the usefulness of propaganda presentations at the army and for "cultured individuals" i.e. in the cities, but maintained that these "do not have much value" in villages.⁵⁸¹

The second topic on the agenda, which was raised at the second meeting of the AB, was "propaganda and education/enlightenment in the struggle against VD." The ideas brought forward included a review of existing propaganda material, writing articles on VD in periodicals/newspapers with a large audience, placing leaflets, posters in healthcare institutions, airing VD propaganda movies, holding presentations to the "lower classes" (workers, servants,

⁵⁸⁰ "Az Országos Közegészségügyi Egyesület Orvosi Szakosztály Antiveneriás Bizottsága I. Ülése a II. Számú Belklinikán," *Egészség* 39 (1925): 81.

⁵⁸¹ Ibid: 82

rank-and-file soldiers, prostitutes) and introducing sexual biology/hygiene courses at medical universities.⁵⁸² At the third meeting of the AB, three memoranda were adopted: one proposed by Somogyi, on premarital health checks (sent to the Ministry); one presented by Grúsz, on sexual biology presentations at the medical faculties of universities, which was then sent to the medical faculties; and one on presentations to all university students on VD and VD prophylaxis that was to sent to all universities and colleges.⁵⁸³

The fact that two out of the three initially adopted memoranda were on sexual propaganda (and that many doctors saw marital checks primarily as a means of health education), shows that the AB placed an immense emphasis on health education and hoped to achieve significant results from it. Béla Rihmer's remark is also telling: it shows that the doctors of the AB saw the old tools of health propaganda only really useful in urban and bourgeois settings and extending this to rural areas and to lower classes was either via the help of other actors (e.g. priests) or through a new approach of healthcare prevention where the content was tailored to the "level" of the audience.

Dezső Steiger-Kazal, who joined the AB in 1928 soon became one of the eminent experts of the AB for sex education. In 1930 he wrote two articles in *Népegészségügy* on sexual hygiene education in universities (in Europe and in Hungary) which demonstrated his efforts to introduce sex hygiene in medical faculties and VD prophylaxis for first year students at universities. He explained that such work would have a "multiplier effect", that is, through the educating of the young intelligentsia (especially doctors, teachers) in sexual health it would become possible to spread this knowledge to all levels of society.⁵⁸⁴ His article on sex education at the universities in Hungary informs that the major universities have introduced it at the medical faculties and that in

⁵⁸² "Az Országos Közegészségügyi Egyesület Orvosi Szakosztály Antiveneriás Bizottsága II. Ülése," *Egészség* 39 (1925): 86.

⁵⁸³ "Az Országos Közegészségügyi Egyesület Orvosi Szakosztály Antiveneriás Bizottsága III. ülése," *Egészség* 39 1925: 87.

⁵⁸⁴ Dezső Steiger-Kazal, "A sexualis ismeretek oktatása Európa egyetemlein," *Népegészségügy* 11 (1930): 83.

Pécs and Budapest even non-medical students would receive such education. It is interesting, however, that the universities set it as a condition to the AB for introducing the subject that such education should incur no costs for them, adding that the presentations be for males only and that the enlightenment sessions, aside from introducing the methods of prophylaxis, should mainly emphasize sexual abstinence.⁵⁸⁵

Thus, the AB by the early 1930s reached its initial health propaganda objective by introducing sexual hygiene lessons in the major universities⁵⁸⁶ and by more or less being able to control the content of these presentations (the members of the AB, Grúsz, Somogyi, Steiger-Kazal, etc. held the presentations personally). The fact that universities demanded an emphasis on abstention but allowed for information of VD prophylaxis as well, did not go against the contemporary pragmatist creed. These sexual hygiene instruction session most probably varied depending on the person holding the presentation. We know that Frigyes Grúsz's book (*A nemi élet és a nemi betegségek*) served as a basis for many presentations and that it did not include much concrete, practical information on prophylactics, but even he claimed that the presentations always depended on the audience. The 100 diapositives used for presentations based on Grúsz's material show a strong disposition towards prevention via "deterrence" – this was very much the line that the German Antiveneral Association, the DGBG took in a number of many materials they have compiled,⁵⁸⁷ and this was what many medical experts in Europe at the time saw as a good solution for combating promiscuity. Also, at these sessions *Intő Szó a férfiakhoz* was distributed among students and Steiger-Kazal reports about a great demand for these⁵⁸⁸ – nevertheless, this was the publication with the least practical information on prophylaxis and so students would only learn about the nature and effects of the diseases and the importance of

⁵⁸⁵ Dezső Steiger-Kazal, "A nemi felvilágosító és prophylactikus előadások Magyarország főiskoláin," *Népegészségügy* 11 (1930): 1124-1125.

⁵⁸⁶ Steiger-Kazal listed 20 institutions where such instruction was already in progress, mostly by members of the AB. The only refusal came from the Jewish Theological Seminary, who claimed that most of their students attend the mainstream universities anyway.

⁵⁸⁷ Sauerteig, *Krankheit* (1999): 187-227.

⁵⁸⁸ Steiger-Kazal, *A nemi felvilágosító* (1930): 1127.

abstinence from these brochures. The fact that the universities specifically asked for a “male-only” sex education is in line with the gender imbalance that was pushed for by university authorities throughout the Horthy regime and with what pedagogy experts like Sándor Imre believed in with regard to providing knowledge to girls. Steiger-Kazal and AB pragmatists thus still saw space for improvement at the end of the 1920s: educating the *studentinas* as well, possibly with the help of a female doctor.

There was no real breakthrough in the dissemination of pragmatic knowledge on VD as a result of the activities of the AB. The punishment of Teleia for publishing “naturalistic details” in *Egy serdülő naplójából*, as well as the request of universities to the AB about the emphasis on abstinence, the lack of day to day contact between doctors (especially doctors of the AB) and youths, as well as the moderate text of *Intő szó* testify that the options of the AB were limited both in terms of the dissemination of knowledge on prophylaxis and in reaching out to larger cohorts of young Hungarians. In the ten year anniversary publication of the AB in 1935 Ede Neuber reported about the progress the AB and the State had made in terms of sexual enlightenment and education. He admitted that the aim of introducing sex education to female university students has not materialized⁵⁸⁹ and referred to Steiger-Kazal's questionnaire to foreign universities and its results, saying “based on the information gathered it was revealed that this issue has not been better solved as it has here in Hungary.”⁵⁹⁰ Neuber's summary shows that only smaller, initial steps had been taken in the first ten years of the AB.

One of the major achievements listed is the publication of the two versions of *Intő Szó* in 90.000 copies and its distribution among the Levente youths, “various social groups” and the patients of the EVIs. The number in itself is impressive but, knowing the content of *Intő Szó*, Neuber and his colleagues probably did not have great expectations with this little booklet. He mentioned the need for good presentations and referred to Grúsz's book and 100 diapositives and

⁵⁸⁹ Neuber, *Az Országos Közegészségügyi Egyesület Antiveneriás Bizottságának Ünnepi Kötete* (1935): 12.

⁵⁹⁰ Ibid: 12-13.

also emphasized the importance of the EVI doctors in providing good presentations in rural areas – in the future. Neuber put high hopes in the institution of the “school doctor”, something that was to be introduced later and who, according to the recommendation of the AB, would be the best source for personalized sex education. Neuber conceded that the situation was “deplorable” because most secondary schools did not have school doctors with the right education.⁵⁹¹ It seems that the AB was still far from the breakthrough of getting all this knowledge out to the masses. As late as 1939 Gyula Darányi, teacher of Public Health at the University of Budapest (and brother of Kálmán Darányi, Prime Minister between 1936 and 1938), wrote that over the age of sixteen one should teach about “onania and the dangers of satisfying sexual urges too early” in schools but that this was impossible as a ministerial decree had banned this because of earlier, negative experiences.⁵⁹²

In the second half of the 1930s VD propaganda and sex education was sidelined by two AB projects that focused on VD treatment instead of prevention: the establishment of the VD Care Centres and the Lex Veneris. The EVIs were supposed to provide VD propaganda as well, but these were not their primary activities and only about 60% of the planned EVIs were set up by 1940 - such propaganda therefore remained marginal. The Lex Veneris (Law No VI of 1940), similarly, had treatment in focus, sex/VD propaganda did not become part of this regulation. In the original draft of the bill that AB proposed to included this (Health Enlightenment, Section VIII, Paragraph 25) but the Ministry had it deleted from the draft (seemingly, without providing the AB with explanations on this). This paragraph would have contained the following text:

“Provision of health protection knowledge. The Minister of the Interior makes efforts in order to have the healthcare and social organizations that have such a capacity and the health insurance institutes established by the law provide provision of enlightenment information in order to prevent VD. The Minister for Religion and Public Education ensures that the parents or carers of adolescent children obliged to visit schools receive enlightenment education needed for proper education and that youth is regularly educated in certain school cohorts/grades on ethics and family protection and

⁵⁹¹ Ibid.

⁵⁹² Gyula Darányi, *Közegészségstan*, (Budapest: Orvosi Könyvkiadó Társulat, 1939): 47.

the prophylaxis of VD as necessary.⁵⁹³

The preamble of the bill claimed that this text would only create a framework and that the details would be up to the relevant ministers. It added that for adolescents such propaganda would primarily be about “pure ethics and abstention,” and for adults discussing the venereal diseases themselves, as well as promiscuity and also “chemical and mechanical prophylaxis” was to be propagated.⁵⁹⁴

Premarital counseling was also a “health education” part of the bill that was dismissed by the government (to the detriment of the AB). When at a 1941 AB meeting József Tomcsik (Head of OKI and the Interior Ministry Health State Secretary Béla Johan's confidante) who represented the government position, reacted to the criticisms of the AB (mainly for not including marriage counseling, VD propaganda and prostitution on the Lex Veneris). He claimed that “propaganda work was not something the law would solve but that it “needed to be done” and that the “usual channels of propaganda (newspapers, radio, etc.) are either very difficult to resort to or not accessible at all for VD propaganda.”⁵⁹⁵ He promised to guarantee the publication of 100.000 copies of “enlightenment brochures” to which the AB was to provide the text, but in the light of what was rejected by the Government from the AB's proposals, this seems like a meager compensation.

Thus, the AB, the official grouping of the top VD experts in Hungary, was unable to accomplish a breakthrough in terms of VD/sex education. At universities it accomplished limited success by introducing sexual enlightenment classes at most medical faculties and at other departments as well, but their scope of action was limited by the “requests” of universities that,

⁵⁹³ *Törvénytervezet a nemibetegségek leküzdéséről.* (Budapest: Országos Közegészségi Egyesület Antiveneriás Bizottsága, 1936): 7.

⁵⁹⁴ *Ibid*: 30.

⁵⁹⁵ “Az Országos Közegészségi Egyesület Antiveneriás Bizottsága 1941. febr. 7-én tartott 66-ik ülése. In: *Bőrgyógyászati, urológiai és kozmetikai Szemle*.1941: 58.

for example, did not allow for the education of women. Their attempt to have “health propaganda” included in the Lex Veneris of 1940 failed as well and the Government's decision to omit three important points from the AB's bill indicates their inability to lobby effectively with the Ministry of the Interior in order to accomplish their goals relating to the dissemination of sexual knowledge.

The Social Health Institute and Museum – György Gortvay

The *Társadalomegészségügyi Intézet és Múzeum* (Social Health Institute and Museum) was a successor of the *Népegészségügyi Múzeum* (Public Health Museum) that for three brief years belonged to Menyhért Szántó's *Népegészségügyi és Munkásvédelmi Szövetség*, and was taken back into state ownership with the financial support of the Rockefeller Foundation in 1928. The social hygienist György Gortvay became its Director and in the early and mid-thirties the Museum became an important point of reference for a general education for health and hygiene (the target group being the Budapest working class) and this included sex education. It is unfortunately difficult to reconstruct the material of the Museum, because, as Károly Kapronczay refers, its collections were destroyed during the siege of Budapest.⁵⁹⁶

Aside from its library, archive, newspaper reading room, the Institute staged a number of exhibitions and organized film screenings and presentations. In 1932-33 it took the material of the Health and Propaganda Center that was closed by the People's Health Ministry in 1931⁵⁹⁷ (soon thereafter, in 1932 the People's Health Ministry was closed as well and healthcare administration was given to the Ministry of the Interior) and in 1932 it staged a major exhibition that was orchestrated together with the Antivenereal Committee (the members of the AB held weekly presentations during the time of the exhibition in 1932 and they prepared its material).

⁵⁹⁶ Kapronczay, Károly, “A könyvtáros Antall József emlékezete,” *Könyvtári Figyelő* 1994.

⁵⁹⁷ Gortvay, György. *A népegészségügyi múzeum munkája*. Budapest: Egyesült Kő- Könyvnyomda, 1935.

This Social Health Protection Exhibition of 1932 was put together by the AB – Gortvay claimed that the AB spent half a year working on its content - and it informed about “the biology of sex, the sexual life of humans, the pathology, epidemiology, mortality of venereal diseases, prostitution, girl trade, pornography, and the individual and social means to combat VD, using the VD statistics of the 1928 national survey.⁵⁹⁸” In the list of the museum's 14 collections this material took up two separate collections: number 7, ”Sexual ethics, eugenics, VD, prostitution” and No. 8., ”pornography.” The material exhibited here is described as follows:

Biological definitions related to the sexual life of humans, the role of the sexual organs, the biology of reproduction, impregnation, embryo development, marriage counseling, premarital health checks, fight against girl trade, heredity, eugenics, social restructuring, the reproduction of people with intellectual disabilities.⁵⁹⁹

The different venereal diseases were shown on moulages, maps, tables. The pornography collection was separate because it was closed and it was only accessible with the personal permission of Gortvay. It showed “mechanical and chemical means for personal prophylaxis, popular abortion methods, and literary, applied arts and commonly used objects.⁶⁰⁰”

The museum had visitors in the range of 10-30.000 in the years 1928-1935,⁶⁰¹ and based on Gortvay's 1932 questionnaire, 80% of these wanted an exhibition on “poverty, the sexual question and marriage.⁶⁰²” As by 1934 only one-third of the ca. 25.000 visitors came as part of an organized (e.g. school) group, there is a good likeliness that many of the individual visitors came primarily to see the sexual ethics collection as there were no collections on unemployment and poverty⁶⁰³.

⁵⁹⁸ Gortvay, György. *A m.kir. Társdalomegészségügyi Intézet és Múzeum működése az 1932-ik évben*. Budapest: Athenaeum, 1933. p.5.

⁵⁹⁹ Gortvay, György. *A népegészségügyi múzeum munkája*. (Budapest: Egyesült Kö- Könyvnyomda, 1935): 5-66.

⁶⁰⁰ Ibid: 66.

⁶⁰¹ Ibid: 85.

⁶⁰² György Gortvay, *A m.kir. Társdalomegészségügyi Intézet és Múzeum működése az 1932-ik évben* (Budapest: Athenaeum, 1933): 7.

⁶⁰³ György Gortvay, *A népegészségügyi múzeum munkája* (Budapest: Egyesült Kö- Könyvnyomda, 1935): 86.

Gortvay himself, as we can infer from his *Sociálhygiénés jegyzet* [Social hygiene notes] that was compiled for nurses and childcare specialists, remained as cautious in terms of sexual pedagogy as his own institute. Even though in terms of gender equality he harbored emancipatory views and was considered a socially sensitive hygienist,⁶⁰⁴ in these notes he maintained that “it is not so important to provide information on the hygiene of reproduction based on science, but the most important tool is rather to provide ethical education for children.”⁶⁰⁵ In addition, as a guide to avoid pornography, Gortvay recommended Irén Zoltvány's *Erotika és irodalom* [Eroticism and literature],⁶⁰⁶ a 1924 Catholic publication that used the anti-Semitic panels of the Christian-nationalist genre and showed no lenience to any digression from the ethos of Christian sexual morals.⁶⁰⁷

4.3. Sex reformers, leftists, progressives

The third grouping in my categorization includes those whose concepts of venereal disease and sexuality (including prophylaxis, birth control, masturbation, emancipation, homosexuality, enlightenment) were dangerously subversive for the dominant Christian-nationalist ethos and therefore remained on the margins of public view. Many such voices came from abroad: from ethnic Hungarians in Romania or from exiled liberals or socialists in Vienna or in Berlin. The two periodicals that dealt with the “sexual question” most regularly were *Korunk* (based in Cluj/Kolozsvár in Transylvania) and *Századunk* (the heir of *Huszadik Század*, published in Budapest) but one can find occasional reviews in the then most renowned literary journal, *Nyugat* and the Social Democratic *Népszava* publishing house was responsible for

⁶⁰⁴ Papers of György Gortvay, Semmelweis Museum and Archive, Budapest.

⁶⁰⁵ György Gortvay, *Sociálhygiénés jegyzet* (Szeged: Wirth és Rengey, 1936): 33-34.

⁶⁰⁶ Ibid: 33.

⁶⁰⁷ Irén Zoltvány, *Erotika és irodalom* (Budapest: Szent István Társulat, 1924).

publishing many of the books by sexual progressives.

If compared to Social Democratic Vienna where Julius Tandler's marriage counseling and public health institutions, or even Berlin-based Max Hodann were in day-to-day contact with working class clients or with Weimar Germany, where, as Lutz Sauerteig states, due to the numerous periodicals, brochures, public presentations but first and foremost through sexual counseling sessions “the sex reform movement developed into the spearhead of sex education,”⁶⁰⁸ Hungarian sex reformists did not have a chance of disseminating sexual knowledge to such a wide audience. Their activities and scope of action was much more restricted, partly because of their obvious links to leftist parties that were in permanent opposition (the State that labeled itself “counterrevolutionary” after the democratic revolution and the Communist experiment in 1918/1919) and because of the decency laws that made open discussion of sexual issues difficult.

For such reasons these sex educators had to experience the harassment of the police,⁶⁰⁹ their books/publications could be subject to censorship and their scope of publicity seemingly did not extend much beyond the socialist/liberal intelligentsia of Budapest. As indicated in Chapter 3, Sándor Schönstein reported about his own sex counseling sessions among the workers of Budapest but this, as it was shown, was very limited and only lasted for a couple of years or even shorter.

Sexual progressives of the time were heavily influenced by psychoanalysis; they often tried to reconcile their interpretation of Marx with “Freudism” (often under the influence of Wilhelm Reich's ideas) and rejected what they saw as a restrictive Christian morality as a basis for approaching sexual issues. They knew about the latest developments in sexology and the sex

⁶⁰⁸ Sauerteig, *Krankheit* (1999): 241.

⁶⁰⁹ This is well documented in Miklós Mann, “Adalékok dr Schönstein Sándor tevékenységéhez,” *Communicationes ex Bibliotheca Historiae Medicae Hungarica* (Budapest: Orvostörténeti Könyvtár, 1967): 151-163. Schönstein was sentenced to 3 months' prison for „agitating against the institution of marriage” for his criticism of „sexual morals that serve the conservation of the current regime” and Mann cites an example of the Hungarian gendarmes producing a report on having monitored the meeting of “revolutionary writers,” where both Schönstein and Totis participated.

reform movement, spreading knowledge about what had been published by Magnus Hirschfeld, Iwan Bloch, Max Marcuse or Max Hodann, who were hailed by these progressives as stars of a new, rationalist and enlightened approach to sexuality. Most sexual progressives spent much effort to show, in a much idealized way, the Soviet model of sexual politics. They often only had selective information that emphasized the “reformist” nature of Soviet sexual politics and took some revolutionary regulations, e.g. the ones that allowed for divorce or abortion, as examples for a liberal-permissive approach to sexuality under Communism.

Marxist reformists linked a regeneration of sexual mores to a complete overhaul of bourgeois society that would make the economic-materialistic nature of marriages obsolete and where the freedoms enjoyed in sexuality both by men and women would feed into the freedom enjoyed in a collective, communist society. Others emphasized informing the population about the pragmatic knowledge the Christian churches had tried to conceal for centuries and fought against the dual morality of bourgeois society but saw sexual enlightenment based on psychoanalysis and sexology as useful per se and not necessarily a per-requisite for a change in the world order.

The author I would single out as the potentially most influential sexual progressive of interwar Hungary is the gynecologist Béla Totis. He was the author of seven books on sexuality and reproduction and Schönstein labeled his *A fogamzás titka* [The secret of conception] as a “bestseller,⁶¹⁰” which appeared in three editions between 1936 and 1938. Totis was a popular Budapest gynecologist, who had connections with the literary circle of the periodical *Nyugat*⁶¹¹ and was a member of the Social Democratic Party. He did not just know about but had links to the international sexual reform movement as well and as a result represented Hungary at the Brno meeting of the World League for Sexual Reform in 1932,⁶¹² presumably upon the invitation

⁶¹⁰ Ibid: 157.

⁶¹¹ See: Péter Hárs György, “Pszichoanalízis a Nyugatban I.” *Múlt és Jövő*, (2008.): 61-83.

⁶¹² Josef Weisskopf, “Der Brünner Sexualkongress,” *Sexus* 1 (1933): 28.

of Magnus Hirschfeld. Totis belonged to the group of sexual progressives who, at least in sex education, showed a lesser zeal for a Socialist transformation of society and analyzed sexual issues within the framework of Hungarian society at the time. He attempted to provide easy-reading on a number of practical and useful biological-hygiene issues along with munition for “love” and to educate youths on the latest developments of psychoanalysis and sexual science. This relative moderation is probably why his writings (which were truly entertaining in style) enjoyed success and why he was saved from direct censorship throughout the 1930s.⁶¹³ I will take a look at his *Az ifjúság nemi problémái* [The sexual problems of youth] and give a short analysis, along with the reviews that it received from various authors belonging to the sexual progressive grouping – this will make it possible to show, based on the reactions, the more radical views and those who harbored these.

To sum up the main message in *Az ifjúság nemi problémái* I will digress briefly and cite the poem *Tíz parancsolat*, [Ten Commandments], a fragment left behind by the ethnic Hungarian poet from Romania, Jenő Dsida. Dsida lived in the 1930s in Kolozsvár/Cluj/Klausenburg, the largest town of Transylvania, so he was part of a relatively free and open literary milieu that also produced the radical Leftist periodical “Korunk” (even if he worked for its rival, “Erdélyi Helikon”). Dsida died tragically young (at the age of 31) in 1938 and his Ten Commandments were published posthumously. The last seven lines of the sixth commandment in this poem read as follows:

ki szeret, sohasem gonosz,
ki szívből csókol, nem parázna.
(De jól ügyelj: ha bűnnek nézed,
bűn is az, amire törekszel, -
ha gonoszat vélsz tudni arról,
hogy asszony karjaiban fekszel,

⁶¹³ Hirschfeld's *Sittengeschichte der Nachkriegszeit* for example was banned by the censors. See: *Belügy Közlöny*, 1932, No. 9, p.154. Max Hodann's *Bringt uns wirklich der Klapperstorch* shared the same fate. See: Lajos Nagy, “Az ifjúság nem problémáiról /Totis Béla/,” *Korunk* 6 (1931):736-741.

Totis did not put it as beautifully as Dsida and he took up 130 pages instead of 18 lines to explain a similar sexual morality with the words of science. However, his message to the young (the book was organized as a series of fictional letters to his son) was similar: it is not necessarily premarital/extramarital sex or masturbation that makes one ill but much more the neurosis due to the aura of prohibition around these. His book fits best with Berne's "Sex as a gift of angels" type of sex education especially his emphasis on love as the ultimate basis for any lasting relationship. *Az ifjúság nemi problémái*, similarly to pragmatists, discusses sexuality primarily from a medical point of view but Totis takes a clear position against the moralist, "taboo-driven" discourse of the time. Totis attempts not simply at providing more information on VD or its prophylaxis to the young but also engages in a discourse of "liberation" in which sexual problems will automatically be solved if bourgeois morals are replaced by "openness" and a lack of suppression – something that Totis openly associated with contemporary Soviet Union.

What Totis repeatedly emphasizes throughout the book (and which more or less comes out as the top message) is the idea of the "marriage of conscience." He saw the past and the present as a time where marriage was chained always to interests (economic, political) and therefore sexuality was by necessity not linked to love. As love was disconnected from sexuality, bourgeois young boys were easily led to think in an utterly polarized duality where true sexuality was "filth" and could only happen in an extramarital affair or with a prostitute, whereas good girls and wives are expected not to engage in it to a greater extent than "necessary" (for reproduction) and their satisfaction could not be a matter of concern. Totis believed that the

⁶¹⁴ This literally translates to: "It is never evil to love, who kisses from the heart does not fornicate. (But beware: if perceived as vice, then your labors are sinful indeed – if it's evil, you believe, to lie in a woman's arms, then evil your doings will become)" (my literal translation) See: "Jenő Dsida, *Tizparancsolat*. Magyar Elektronikus Könyvtár: Dsida Jenő összes költeménye. <http://mek.niif.hu/00600/00640/html/vers1302.htm#36> Accessed: September 23, 2013.

solution would be erecting a “spiritual building” (a superstructure) over physical desire for young people and this “love” (which is, however not to be confused with passion as it is rather based on common values and beliefs) would make love-making ethical and legitimate no matter what the official form of the union was. Totis linked this to sexual maturity as well – in contrast with many pragmatists, he did not want to set an actual age where sexual maturity would start (e.g. 20 or 24) but linked this to responsibility and the capacity to build the superstructure over sexual desire.⁶¹⁵

He advocated coeducation both in learning and in other walks of life so that the two sexes would have a chance to get to know each other as individuals and also cooperate as part of community. Sports, which was at the time advocated both by Christian-moralists and pragmatists as an excellent way to sublimate sexual urges, was according to Totis not useful for suppressing the drives but for reducing “curiosity.” He made a distinction between “real bodily desire” and “curiosity” and saw excessive sexuality as coming from the latter as a result of the artificial separation of sexes. Sports for Totis was a chance to reduce desires through “free competition and the straightforward and honest exhibition of naked bodies.”⁶¹⁶

We know that Totis’s concept of demystification was influenced by his interest in psychoanalysis. There is evidence that he approached Sándor Ferenczi to receive “enlightenment” about the discipline for use in practice in 1926 and Ferenczi described him as a “guest, who is interested in our cause but analytically almost ignorant” and claimed that “despite theoretical misunderstandings and practical naivetes, has also achieved very much in some cases by means of analytic research.”⁶¹⁷ The discussion with Totis made Ferenczi think about the options for providing some analytical training for physicians and he saw this as an opportunity for general practitioners to take over some less complicated cases from analysts.

⁶¹⁵ Béla Totis, *Az ifjúság nemi problémái* (Budapest, Világosság: 1931): 25-28.

⁶¹⁶ Ibid: 44.

⁶¹⁷ Ernst Falzeder and Eva Brabant, *The Correspondence of Sigmund Freud and Sándor Ferenczi. Volume 3, 1920-1933* (Boston: Harvard University Press, 2000): 255-256.

In psychoanalysis Totis saw a means of liberation from the suppressed desires, especially sexual ones and therefore evaluated it as one of the means for healthy sexuality. Totis's expectation of a "de-eroticised" youth was just the opposite of what Christian moralists saw in psychoanalysis. At the same time he expected youths to be social and useful for society and his definition of "healthy" and "diseased" also stem from the idea of whether one was able to live in cooperation with society. He compared Freud with Marx, claiming that Socialism strove for human cooperation and this made it difficult to merge it with a science that had the individual at its center.⁶¹⁸ Totis's answer is fairly easy: Freudism is not needed once society changes and once there is full freedom in the expression of sexual desires. In this sense he agreed with Lenin's refusal to accept Freud's teachings and argued that these were needed only in the West where the gates needed to be crushed; but when the flood will have cleaned up everything, there will be no more need for psychoanalysis.

As he understood the responsibility and self-control of the individual as the basis of this freedom, he also argued for major changes in bourgeois constructs that restrained sexuality: the prohibition of divorce, contraception, abortion and homosexuality. It is his idealized portrayal of the Soviet Union that has seemingly accomplished to channel this in properly: where these four issues, because they have become legal and demystified, have actually become less pressing and the incidence of all four has been reduced.

In terms of the choice of marital partner Totis makes an interesting distinction between the *now* and the *future*, saying that in "today's society" the choice of love object needed to be "within the same race and class, unless an extraordinary tenderness and love bridges the difference between the worldview of the individuals⁶¹⁹" and even chastised those Jews, who wished to "heal from their torments that come from their being Jewish."⁶²⁰ So, aside from a few

⁶¹⁸ Totis, *Az ifjúság nemi problémái* (1931): 74.

⁶¹⁹ Ibid: 107.

⁶²⁰ Ibid: 106. Totis was of Jewish origin but he was not religious and due to his Socialist views his

exceptions, Totis recommended the young to stay within the boundaries set by bourgeois society as “love of conscience” needed to be based on common beliefs and worldview. The only eugenic advice Totis gives comes from his description of Soviet marriage, where he described obligatory premarital health checks for VD, TB and mental illnesses introduced in the Soviet Union as a great progress that the European states still needed to catch up with. This advice is rather indirect; in the chapter on the choice of marital partner Totis does not emphasize (like virtually all others in the moralist and pragmatist camp) taking health into account when marrying.

As for prophylaxis Totis brought in a new perspective because as opposed to pragmatists he advised against the methods used by men. He claimed that condoms “disturbed men in their preparation for love” and that it was a “serious obstacle to the satisfaction of the woman.”⁶²¹ As for interrupted coitus he believed that it also put an obstacle to satisfaction and it would create nervousness for both parties. He, however, recommended contraceptives by women, as it was “better, less bothersome and more secure physically and spiritually,”⁶²² even though he did not specify these. Totis approached the issue of prophylaxis in terms of contraception and not as a means to avoid VD – the diseases themselves did not play an important role probably because of his assumption that freedom and resulting true monogamy would make them less problematic.

Az ifjúság nemi problémái received mixed reviews both from pragmatists and sex reformists. In *Teleia* the book was lauded for its entertaining style and for “hitting the right pitch” as it propagated “honesty, revealing naked truth and getting completely rid of the false shame of old times” but claimed that the second part of the book “cannot have a general appeal” because it rejected the accepted family norms and propagated the Soviet experience that had not

identification with Jewishness is not conspicuous; his criticism of Jews marrying Christians stems from his persuasion that most of these mixed marriages were an attempt to be considered as part of another “class or social group” through marriage.

⁶²¹ Ibid: 118.

⁶²² Ibid: 119.

been proven as better than previous arrangements. *Teleia* recommended the book for doctors and researchers but not for the general public – a compromise solution that shows that the journal’s reviewer agreed with much of the content of the book in general but *Teleia* could not allow itself the liberty of recommending a book with such clearly subversive and pro-Soviet views for general consumption.⁶²³

Endre Illés in *Nyugat* provided a review that similarly acknowledged the importance of the issues that Totis raised and it did not take a stance on the recommendations of Totis and the idea of socialist collective society solving the sexual problems in itself. His main critique of Totis was that it remained superficial in that it wanted to be “too popular,” so that it touched upon biology, psychoanalysis, Marxism and some gynecological practical knowledge and presented this mixture of ideas as an easy and fast solution to the sexual problems in life. In terms of content Illés disagreed with Totis on masturbation, saying that “Totis assumed a similarly extreme lenient position as most psychoanalytic authors” and saw this as a seriously destructive exaggeration that was as dangerous as the deterring, orthodox attitude.⁶²⁴

There is an interesting review that approaches Totis from the “Left”, from an even more radical Marxist point of view: that of Lajos Nagy⁶²⁵ in *Korunk*. Nagy’s review criticized on the one hand Totis’s emphasis on “responsibility” and “obligations” that appear throughout the book and which make his own system of values seem like they represent Socialist morality. Nagy saw many of the problems Totis presented (pregnancy, child rearing) as irrelevant as in a Socialist society these would not represent a problem due to the new structure of society. Also, he believed that Totis only wanted to solve the problems of sexuality in a future, Socialist society, leaving “today” without any good solutions. Nagy saw the book as a good start but believed that

⁶²³ “Dr Totis Béla: Az ifjúság nemi problémái,” *Teleia* 9 (1931): 163.

⁶²⁴ Endre Illés “Az ifjúság nemi problémái. Dr Totis Béla tanulmánya,” *Nyugat*, 25 (1932). 224-225.

⁶²⁵ Lajos Nagy (1883-1954) was a Marxist writer, author, who wrote for *Nyugat* in the 1920s and was hailed as one of the most prominent writers of interwar Hungary. Because of his critical views, although a convinced Marxist, he was pushed to the background in the early 1950s.

the issues raised needed serious rethinking immediately – he claimed it was good and brave “considering the circumstances back home,” referring, with the freedom of someone writing in Transylvania, to the censorship that inhibited the discussion of sexual issues in Hungary. Nagy's critique of Totis sighted much of the internal contradiction in Totis's work and at the same time, perhaps unknowingly, provided a compact analysis of the basis of Soviet sexual morality:

Not just among the proletariat but also among the theoretical pioneers there are many individuals (...) who believe that “socialist ethics” means that there is a certain “morality” that is preached but not kept in bourgeois society and we socialists will, however, keep it (although morals were made exactly to be kept explicitly by the suppressed classes!) - thus, many have become infested with bourgeois, class dominated, and gender dominated morals and believe that putting this into practice – virginity, fidelity and shame and alike – amounts to sexual life in a socialist society.

Nagy also scolded Totis for “despising desire” and for not accepting it as legitimate *per se* – for Nagy the fact that Totis wanted to erect the building of love over sexuality meant that the latter was seen as lowly and only permitted within a certain context – one that Nagy saw as defined arbitrarily by Totis. The book review by Nagy shows that there was a more radical, Marxist tone than that of Totis, which was not intent on emphasizing love, duty and responsibility but hoped for a liberation of sexuality, including that of desire and pleasure, through a new, Socialist society.

In 1931-1932 Totis was sued for this book but the hearing and the verdict itself rather confirmed the above, Communist criticism of his work. Totis was taken to court, together with Jenő Berkes, head of the Social Democratic Doctor's Association, and Dávid Deutsch, Director of the book's printing house, but was acquitted with the following justification:

It is a fact that the medical author of the book is not passionate about the current stage of the development of marriage (...) the medical author stands against the current form of marriage but he does not think that it should be scrapped. Several clever and ethical statements of the books are undeniable.⁶²⁶

⁶²⁶ “A házasság mai formáját bírálni: nem izgatás,” *Az Est* 23 (1932).

In fact, Totis defended himself, amongst others, by saying that the People's Welfare Minister asked him to hold a presentation as part of a series they organized based on this book. This case indicates that alternative views on marriage and sexuality could indeed prevail if they were not overly radical but one could easily be in front of a court by writing a scientific work on marriage.

Imre Décsi was another progressive, who can be compared to Totis as he was a doctor (he, however, was a neurologist and had good schooling in psychoanalysis) and his book, *A nemi élet és az erotika* [Sexual life and eroticism], published in 1941, was an all-encompassing presentation of sexual knowledge that contained large chunks of *The Encyclopaedia of Sexual Life* that was edited by the English/Australian sexologists Norman Haire. In fact, most chapters of Décsi's book were either a full translation of slightly re-worked ("adapted to Hungarian conditions", as Décsi claimed) but all in all the Hungarian edition reflected a morality that was largely in line with what one can read in *The Encyclopaedia of Sexual Life*.⁶²⁷ What is perhaps most remarkable in Décsi's book, aside from a neutral tone and a lack of the usual "moralizing,"⁶²⁸ is the most detailed provision of knowledge on prophylactics. The ten pages of Volume IV that detail the ways for protection not just list condoms creams/chemical agents that can be used for protection but also detail their proper use for both sexes.⁶²⁹ As Décsi's book was published during the war, in 1941, there is not much information about its popularity and about the effect it could have exerted on the views of the general public on sexuality. By 1941 *Korunk* was banned (as Cluj/Kolozsvár in Transylvania was again part of Hungary), there was no more *Teleia* and the censorship of the press and public life was stepped up due to the war effort in the

⁶²⁷ Another Hungarian thread in the story is that Haire only edited the Encyclopedia and much of the book was written by Budapest born Arthur Koestler, who at the time lived and worked in Paris and took up the job for financial reasons. See: Michael Scammell, *Koestler: the literary and political odyssey of a twentieth century skeptic*, New York: Random House, 2009.

⁶²⁸ E.g. On the possible sources of infection he writes "with reference to my long experience I can state, together with my specialist colleagues, that the girls who have been in sexual contact with several men have almost all been or still are ill."

⁶²⁹ Imre Décsi, *A nemi élet és az erotika* (Budapest: Népszerű tudományos könyvek a szexuális életéről, 1941): 66-75.

years to come.

The doctor/writer/journalist Béla Neufeld's unpublished autobiography *Vívódó élet* [A life of reflection] sheds light on what the community of emigrant Hungarians contributed to the production of sexual knowledge; this was largely unknown in Hungary but it made a certain impact on the European mainstream at least until the Nazi power takeover in 1933. Neufeld was born in 1894 in a Jewish family in Nagyszőlős that became part of Czechoslovakia after 1920. He got schooling in Budapest during WWI but because he was a convinced communist and participated in the young radical Galilei group of Oszkár Jászi, he could not return to Hungary after Horthy's takeover. He lived in Paris, Vienna, Prague, Karlsbad/Karlovy Vary, got a medical degree but was also an avid writer, a regular author in *Korunk*, where he convincingly demonstrated his expertise on sexual matters, on Freud, on Marxism (Neufeld was a convinced Freudomarxist) but even on literature.⁶³⁰

The first claim Neufeld makes in *Vívódó élet* sheds new light on one of Magnus Hirschfeld's most popular and also scientifically significant endeavours, *Sittengeschichte des Weltkrieges* [The Sexual History of the World War], which was published under the name of Hirschfeld, including Andreas Gaspar, Paul English as further editors and, among others, Neufeld as one of the authors.⁶³¹ Neufeld writes that when he was living in Vienna in 1927 he was often a guest of Gáspár Endre (alias Andreas Gaspar), who was one of the best known Hungarian literary translators of the time and that Hirschfeld asked the emigrant Gáspár to write this book. Neufeld maintains that the two volume book was “written mostly by Gáspár, collecting a great deal of material and illustrations” and that he, Neufeld, was asked by Gáspár to write the parts on psychology, neurology and sexology. Hirschfeld, the already a well-known

⁶³⁰ Between the establishment and the shutting down of *Korunk* (1926-1940) he published altogether 58 articles in the periodical.

⁶³¹ Hirschfeld, Magnus, Gaspar, Andreas and Englisch, Paul. *Sittengeschichte des Weltkrieges*. Leipzig: Schneider, 1930.

sexologist “gave his name” to the project.⁶³²

Neufeld, who later became a *Kurarzt* [Healing Physician] in the thermal bath town of Karlsbad/Karlovy Vary met Hirschfeld in the summer of 1930, who often visited it. Hirschfeld asked Neufeld to write an article on a medical (but non-sexological) subject and this later appeared in *Die Medizinische Welt* in Berlin as a joint article of the two.⁶³³ Hirschfeld then invited Neufeld to visit his Institute of Sexual Research in Berlin and so Neufeld spent a few months between the end of 1930 and spring 1931 observing the work done at the institute. At the time Hirschfeld was not there, he was on a world tour, lecturing. Neufeld wrote that he “did not find the intellectual niveau of the institute very compelling⁶³⁴” but praised the documentation collection and the library and had a very high opinion of Hirschfeld – which was later manifest in his eulogy in *Korunk* in 1935.

Vívódó élet documented in some detail the participation of Hungarian doctors at the last meeting of the Sexual Reform World League, also a brainchild of Hirschfeld. Neufeld was back in Karlovy Vary in 1932 and at one of his visits Hirschfeld invited him to submit a paper to the September 1932 Sexual Reform World League conference that was about to take place in Brno/Brünn. Neufeld gave a presentation entitled *Weltanschauung und Sexualitaet* [Worldview and Sexuality], which he later published in *Korunk*. The presentation itself is of interest: Neufeld saw sexuality as a potentially defining element of any worldview and presented Christianity as “anti-sexual” that influenced bourgeois worldview as well but was a reason for neurosis even for the working class at the time. Neufeld scrutinized psychoanalysis and claimed that as it lacked a normative character it could not be labeled as a worldview, nevertheless it provided the best tools for fighting dominant sexual morality, and life-asserting eros was to serve as a good basis for a

⁶³² Neufeld, Béla. *Vívódó élet*. Unpublished. Location: Fol. Hung. 3430. Országos Széchenyi Könyvtár kéziratár. p. 74. This claim will need to be confirmed by further sources.

⁶³³ Magnus Hirschfeld, and Béla Neufeld, “Ein Wunderkind-Phaenomen der Kraftleistung,” *Die Medizinische Welt*. (1931).

⁶³⁴ Neufeld, *Vívódó élet*: 87.

social and economic renewal as well.

Neufeld's portrayal of Soviet sexual politics is similar to that of Totis: he remarked that everyone who visited the Soviet Union from Europe could see that they spoke much less about sexuality than Europeans and explained this with sexuality having become natural there, with its “explosiveness having been channeled.” Neufeld observed that the new Russian man was ascetic but he claimed that this was not “authoritative” but rather the masses turning their face towards work, citing Fyodor Gladkov, who claimed in his book, *Cement* “we have a stronger desire towards our machines than towards our beloved one.”⁶³⁵ Neufeld remembered his presentation as having been “very radical” and that the head of the Hungarian delegation in Brno (Neufeld was not part of the delegation as he came from Karlsbad), Béla Totis told him afterward in private that he thought that it was “too strong.” Unfortunately Totis's presentation is not available in such detail, we can only infer that it was on “sexuality and its social character” and that both his and Max Hodann's presentation on a similar topic was well-received by the audience in Brno⁶³⁶.

All in all the discourse maintained by reformists/progressives remained fairly marginal in Hungarian public discourse. It was led by a handful of individuals, some of whom were living abroad and it was *Korunk* in Romania that dedicated the most space and energy to presenting the “sexual question” on the basis of Freud, Marx and contemporary sexologists. These books and articles were probably only read by (and available to) urban liberal and Social Democrats (mostly of the middle class) and Sándor Schönstein's sex education activities among the working classes did not ignite large-scale changes, either. Béla Totis was the star author in this discourse, which is shown by the number of his books published and by the references to him and book reviews he received. His views were viewed with suspicion due to his criticism of the “current form of marriage” in Hungary (as stated in his court case) and his idealization of the Soviet system of sexual politics, but for many Marxists he was too pragmatic and not radical enough,

⁶³⁵ Béla Neufeld, “Világnézet és Sexualitás,” *Korunk* 7 (1932): 777-781.

⁶³⁶ Béla Neufeld, “A Sexuálreform Világligájának V. Nemzetközi Kongresszusa,” *Korunk* 7 (1932): 822-824.

willing to make concessions for the “here and now” of a bourgeois society. Most of these sexual progressives subscribed to the “repressive hypothesis,” that the sexuality of society (especially that of the working class) was repressed by the capitalist bourgeoisie and that a proper approach to sex (equal, free and detached from procreation and marriage, etc.) would untangle these chains. Also, if turned around, in a socialist world sexuality would automatically cease to be a source of misery. Their views, even though Hungary became a Stalinist/Soviet type state soon after the war, did not make it to the mainstream after 1945, either, but most of them did not survive the war and thus could not exert any influence on the changing postwar sexual politics.

4.4. Sex education after 1945

1945 is not the real watershed in sexual politics in Hungary, even though the political changes did affect the voices that have been involved in addressing sexuality and sex education. The “democratic era” between 1945 and 1949, however, was a milieu where the three main strands of sex education would continue without much disruption.

As for Christian-moralist sex education, the overt Anti-Semitism that characterized such discourse until 1945 was disallowed. This did not necessarily mean that the Christian-nationalist educators re-evaluated their positions. An excellent example is that of Lajos Müller, whose book *Jegyesoktatás* [Education for the Engaged] had two editions in the Horthy regime (in 1925 and in

1940) and in 1947 it was published again in a revised, third edition. The original edition of the book, when recommending press sources, stated

No Catholic family table should miss having a political newspaper of Catholic spirit or a press product serving spiritual life like 'A Szív', 'Jézus Sz.Szíve Hírnöke', a missionary paper, 'Keresztény Nő', etc.". The more educated, more well-off Catholic families cannot miss having 'Magyar Kultura' and 'Katholikus Szemle', either. Liberal, Jewish Social Democratic papers, publications, as infernal seductive serpents, should not just be banned from the little paradise of our family but need to be crushed with all our might, as well. For press having a non-Catholic spirit often openly, but always secretly works for ruining the Catholic family and morals.⁶³⁷

The 1947 edition changed this text in two places. Firstly, it deleted one of the newspaper names and it excluded the part "more educated, more well-off", which shows an increased sensitivity to the new, egalitarian wind. Secondly, "liberal, Jewish Social Democratic papers" was replaced with "liberal newspapers or newspapers not reconcilable with the Catholic worldview."⁶³⁸ The publication thus did not have to change the essence of its message in order to conform with the new rules that did not allow open anti-Semitism. As the young engaged couple reading the book most probably knew what was meant under "liberal" and "irreconcilable with the Catholic worldview," the marriage advice brochure worked similarly to the coded anti-Semitic publications written by the emigrant extreme right wingers, who fled to the West after 1945 ("Jewish" replaced by "liberal" on many occasions). The volume of publications produced by Christian-nationalists, however, became significantly less, most authors (if they remained in Hungary) did not have a chance to publish as much and to have such a close contact with youths as before the war.

Another example of the continuities in postwar Christian sex education is *A boldog házasság könyve: katolikus házassági tanácsadó* [The book of happy marriage: Catholic

⁶³⁷ Lajos Müller, *Jegyesoktatás: jegyesek és házasságra készülők felnőtt ifjak és hajadonok számára* (Budapest: Apostol Nyomda, 1925).

⁶³⁸ Lajos Müller, *Jegyesoktatás: jegyesek és házasságra készülők felnőtt ifjak és hajadonok számára* (Budapest: Korda, 1947).

marriage advisor] that was published in 1948. The book reflected the Catholic emphasis on the moral basis of marriage and recommended young boys to choose a “motherly type” woman for marriage as this was rooted in the ancient-natural unlike the “lover” or “comradely” type, who was ready for adventure, games and irresponsibility. The authors did not recommend anyone, who had been living in promiscuity as marriage partners (“we perhaps don't even need to mention that sexual digressions, including individuals who cannot harness their instincts, should make us cautious”). Also, the book reflects strong eugenic convictions: the authors still used the word “fajnymesítés” (race improvement) and warned about the degeneration of the nation, claiming that based on the “hereditary knowledge of today” those, who were looking for marriage have an immense responsibility to bear because they do not just choose a partner but also “ancestors for their children” and so one needs to get to know about the health of the other's family before getting married:

In a family where there are often cases of open mental illness or any psychological illness of the soul that brings with it the serious deformation of the personality of the individual, or a dysfunction of the individual with regards to reality and people, or epilepsy or extreme temper, or a serious abnormalities of sexual life, or murder or suicide – from such a family we should not choose a partner on our own but ask for the advice of expert marriage advisers or a mental or nervous doctor.⁶³⁹

It is rather surprising that as late as 1948 such a publication would promote openly eugenic values and discuss “race improvement”, especially with the 1941 Marriage Law where “race protection”, alongside with the medical connotations, brought in anti-Semitic meanings as well. The use of the expression and the open use of eugenic rhetoric shows that interwar values did not disappear all of a sudden and that even hereditary eugenics could find its promoters even among Catholic authors.

There was not much change in the rhetoric of the Christian churches after 1945 but they did need to adapt their actual wording and approach because state policies were suddenly very

⁶³⁹ *A boldog házasság könyve: kiadja a Katolikus Házassági Tanácsadó.* (Budapest: Béke Nyomda, 1948).

different and Christian-national sexual morals became less and less exclusive. Some more openly anti-Communist and anti-Semitic books, like two books of Father Koszter, several by Béla Bangha and one by Ottokár Prohászka were banned in 1945-46⁶⁴⁰ and, as stated, the opportunities for publication were reduced. At the same time Christian educators remained largely in place, even Father Koszter continued on his successful Church career and in 1947 was promoted to the rank of archdeacon.⁶⁴¹ Christian youth organizations still encompassed a majority of youths up until the Communist takeover in 1949 and so it can be put forth that between 1945 and 1949 the influence of the Christian churches waned only slightly and the main messages that they promoted, aside from open anti-Semitism and anti-Communism, did not change.

Pragmatist literature on health, sexuality and VD remained similarly unchanged between 1945 and 1949. This is partly due to the values and expectations coming from the new governments after 1945 but also to the continuity in personnel. The Antivenereal Committee (Országos Antiveneriás Bizottság – OAB) was formed in June 1945 and its Chairman became József Guszman, Zsigmond Somogyi being one of its co-Chairs and Ödön Rajka becoming its secretary⁶⁴² – all of them were prominent figures of the AB and antivenereal struggle before the war. In a 1949 publication on the “progress of dermato-venerology”, the part on VD propaganda was written by Frigyes Grúsz, the author of the much used 1929 publication that contained the 100 diapositives which were used for VD propaganda presentations for over a decade.

The OAB prepared a movie *Harc a a nemibetegségek ellen* [Struggle against VD]⁶⁴³ and this was put together by József Guszman and Imre Lehner, partly based on Teleia's movie (the one that Teleia received in the early 1920s from Germany from the DGBG) and it was aired

⁶⁴⁰ A fasiszta, antidemokratikus és szovjetellenes sajtótermékek jegyzéke. Budapest: Ált. Ny. 1946.

⁶⁴¹ Magyar Katolikus Lexikon. Online. Available: <http://lexikon.katolikus.hu/K/Koszterszitz.html>, accessed September 25, 2013.

⁶⁴² Box No.2 , XIX-C-9. Országos Közegészségügyi Tanács, MOL

⁶⁴³ I was unfortunately unable to find a copy of the movie, it is not among the materials of the National Film Archive, the Semmelweis Medical Archive or the National Library.

around the country, mostly at workplaces to attract larger crowds. At the third meeting of the OAB the question of sexual enlightenment for the young came up as a main topic and the argumentation used and the objectives set were similar to that of the AB in the second half of the 1920s: in the upper classes of elementary school examples from plants and the animal world should inform children about reproduction and in secondary school enlightenment should be done with the cooperation of parents and pedagogues and “the great importance of the ethics of sexual life” shall be emphasized.⁶⁴⁴

At a December meeting of the OAB it was even recommended that for making antivenereal propaganda more effective the OAB should launch its own journal – this did not happen, initially it was supported by the People's Welfare Ministry but later it did not receive any financial support. The OAB recommended holding a series of presentations in January 1946 in which the first three were about sexual ethics (presented by István Reök), sexual enlightenment (Frigyes Grúsz) and “problems of sexual life” (Imre Lehner) with the tenth being the airing of the antivenereal movie. The OAB, still in 1945, issued a series of pamphlets entitled “Struggle against VD” in which prophylaxis was detailed as follows:

What are the most important rules of prophylaxis?

- The most secure prophylaxis is abstention. The idea that abstention is unhealthy is not true. There are absolutely no adverse health effects of abstention.
- Marriage is the best protection against Venereal Disease. Especially early marriage and if healthy individuals marry and if they remain faithful to each other in marriage. Marital fidelity is not just an obligation from an ethical point of view but is also very important for preserving health.
- It is well-known how widespread VD has become. It is natural that if someone has sexual contact with several women, there will easily be one diseased among them, who will infect him. Especially prostitutes spread VD, registered ones as well as secret ones. The health examination for registered women is not enough to stop the danger of infection. If one has sexual contact with these, he will sooner or later surely become ill.
- One should not have sexual contact if one sees the smallest injury or scar on him, because syphilis can infect through the smallest injury or scar.
- One should not have sexual contact when drunk, because alcohol is the greatest seducer and reduces resistance severely. Most problems are caught when drunk.
- Let us remember that all sexual contact outside marriage bears danger!⁶⁴⁵

⁶⁴⁴ Ibid.

⁶⁴⁵ Ibid: Box No.3.

The brochure included information about prophylaxis as well, recommending chemicals like Phallakos and Veto and increasing personal hygiene – all in all, however, the above text shows that there were no major changes in pragmatist messages after 1945. Pragmatists were still keen on recommending abstention, marriage and fidelity, and continued to provide the same knowledge on prophylactics.

Grúsz's article from 1949 discussed the importance of informing the public about the dangers of extramarital sex and that promiscuity, masturbation and even nocturnal emissions (if too often) were harmful for the body. He claimed that “for girls pregnancy can often cause social degradation” and concluded that “health propaganda can only advise pure married life as the best refuge from VD.”⁶⁴⁶ Grúsz recommended the use of prophylactics like condoms and chemical materials and even mentioned “prophylacticum contra morbos venereos” that had been allowed by the People's Welfare Ministry in 1929 but claimed that as there was no propaganda for it, almost nobody was using it.

The turning point: 1949 and Stalinist sexuality

What Béla Neufeld, Béla Totis and other sexual progressive Marxists described, the lack of discussion of sexual issues in the Soviet Union in the early 1930s, was an accurate observation: there was little or no talk of sexuality after Stalin's consolidation of power in 1931 and even before, subsequent to a temporary liberalization and a multitude of discourses on sexuality in the early 1920s, sexual “normalcy” was promoted by Soviet educators and doctors throughout the 1920s. A contemporary observer, Nicholas S. Timasheff called Stalinism and especially Stalin's rule after 1936 “The Great Retreat” in terms of family policy and sexual mores

⁶⁴⁶ Frigyes Grúsz, “A nemibetegségek elleni propaganda,” in Ödön Rajka and Ernő Kálmán, *A dermatovenerológia haladása a szakmai továbbképző tanfolyamok tükrében* (Budapest: Magyar Orvosi Könyvkiadó Társulat, 1949): 142.

with the re-introduction of anti-gay sodomy laws, the banning of abortion and administrative obstacles to a divorce law that had been one of the most liberal in Europe. Frances Bernstein, David L. Hoffmann and Ann Livschiz, experts of Soviet family and sexual policy, all present arguments that work against the theory of “The Great Retreat.”⁶⁴⁷ According to their views, Stalinism was in terms of the production of sexual knowledge and in terms of sexual and family values not such a striking retreat, because the sexual propaganda of the 1920s, promoted mostly by Soviet (male) doctors, already laid the foundations for a puritan sexual morality that was patriarchal, asexual and restrictive in terms of femininity and that it reflected the ideas of sexual conservatives like Lenin.⁶⁴⁸

What Totis and Neufeld saw as a healthy normalization and proper “channeling in” of the sexuality of the new Soviet man/woman was in fact a reincarnation of the same “Christian” sexual morality that they, sexual reformers, reprimanded in interwar Hungary, albeit with a different background and aims. In this Soviet world the demand for intensified production in industry, the “love of work” and its preeminence in society was to stand before all sexual urges. A moderation and limitation of desire would serve a higher, collective objective that the individual had to understand and accept.

With the full Communist takeover in 1948/1949 Stalinist sexual morality dawned upon Hungary and the change is clearly perceptible in what is to be found about sex education and sexual knowledge before and after the introduction of Stalinism. The story of marriage counseling, as shown in Chapter 4, finished in 1952 with the full abolition of the 1941 Marriage Law. The related story about the concern for a choice of marital partner in terms of health ended as well: new ways, other screening procedures were found for the health prevention of the

⁶⁴⁷ Hoffmann, David L, *Stalinist values: the cultural norms of Soviet modernity, 1917-1941* (Ithaca: Cornell University Press, 2003): 88-117. Bernstein, Frances, *The Dictatorship of Sex: lifestyle advice for the Soviet masses* (DeKalb: Northern Illinois University Press, 2007). Livschiz, Ann, “Battling ‘Unhealthy relations’. Soviet Youth Sexuality as a Political Problem,” *Journal of Historical Sociology* 21 (2008): 397-416.

⁶⁴⁸ See for example Hoffmann: 88-89.

masses and marriage was indeed detached from reproduction and sexuality, but this did not result in the end of “repression” as Neufeld or Totis would have imagined it. The discursive explosion that brought the “sexual question” into the forefront for Christian educators, doctors, pedagogues and state officials, came to a temporary halt in 1949 and this lasted until circa 1957.⁶⁴⁹ It is hard to find publicly available materials that refer to sexuality or sex education in these 8 years.

The reaction of the Marxist sexual progressives of the 1930s to the Socialism that set in after 1949 cannot be assessed because the main voices were by that time not to be heard: Totis was killed by the Nazis in Southern France in 1942 or 1943, Schönstein was deported and died in Bergen-Belsen, and Imre Décsi also died at the hand of the Nazis, probably in 1944.⁶⁵⁰ Béla Neufeld remained but he did not have a chance to publish as much as before the war.⁶⁵¹ He was deported as well and after his liberation in Buchenwald his ill health impeded him from being active for years. He lived in Budapest after the war and was first editor of the periodical of the Doctor's Trade Union then worked for the National Work Health Institute and in 1952 was promoted to Director of the Health Examination Institute for Students in Industry (the timing of this promotion coincides with the termination of obligatory premarital health checks and Neufeld's words make it clear that the mass effort to screen youths working in industry contributed to making premarital checks irrelevant). The fact that Neufeld became silent can be attributed partly to his personal experiences: “Not just my health was severely damaged, my spiritual freshness has faded as well. I am not 'obsessed' anymore.(...) The volcano is out.”⁶⁵² His silence, however, was partly also due to what Neufeld felt as conscious silencing “All this

⁶⁴⁹ The open discussion of sex returned only after the 1956 revolution. A 1957 publication for the presenters of the Hungarian youth organization (KISZ) still reflected the Stalinist morality of the early 1950s (*Ismeretség, barátság, szerelem, házasság* (Budapest: KISZ Propaganda és Agitációs Központja, 1957)) But already in 1958 a new type of sex education book was published (István Haraszi: *A nemi élet kérdései*) by a former member of the post-1945 OAB and this was followed by a liberalization and a renewed “proliferation of the discourse” on sex.

⁶⁵⁰ Virtually all sexual progressives of the time were both Jewish and Marxist and well-known for their work so their chances of survival in the war was very small.

⁶⁵¹ The same is true for the author of the Totis-book review in *Korunk*, the writer Lajos Nagy. He remained in Budapest after 1945 and was a dedicated Communist but, perhaps partly because of this more realistic view of the Soviet Union, he did have much chance for entering publicity.

⁶⁵² Neufeld. *Vívódó élet*, (1954): 237.

happens in a very small group; in the past I was used to the widest publicity, nationally. But I don't 'complain'. I say this without any words of complaint, but it seems that my word, my pen is not needed.”⁶⁵³ And Neufeld sensed that this could have been due to his earlier attempts to reconcile Marxism with Freud's views:

My birth, the profession of my father is therefore one negative thing. What is perhaps more important is that for decades I wrote positively, evaluatively about psychoanalysis, for which I am responsible personally. Nonetheless, I have never compromised Marxist science for it, I often used its weapons to criticize Freudism; my endeavor, the synthesis of the two – seeing it from the perspective of the last decade – was a mistake.⁶⁵⁴

Freudism, as an article from 1949 by György Lukács in *Társadalmi Szemle* attests, was unacceptable in Stalinist Hungary as it went against the idea of the new man: it was a “pseudo-science of imperialism” because it argued against the idea of “the true path of humankind, rule over nature” which was, in other words, “elevating biological instincts to the level of the social.”⁶⁵⁵ This example shows that the sexual progressives of the interwar era, even if they survived the war, did not have public space to continue with spreading any knowledge that would be potentially disruptive in the work of creating the new, Communist man.

The example of key Communist newspapers, the youth daily *Szabad Ifjúság*, the women's magazine *Nők Lapja* and the military paper *Néphadsereg*⁶⁵⁶ all attest that the early years of the 1950s sexuality as a topic was shunned and the gender roles that were projected show, despite the nominal emancipation of women in the workplace, a strictly patriarchal worldview.

In *Szabad Ifjúság* I did not find any discussion of sexuality, even though it would have been an ideal place for messages the Party would have wanted to push through. This complete lack of sources on sex would have been unimaginable in the youth magazines of the Horthy era.

⁶⁵³ Ibid: 242.

⁶⁵⁴ Ibid: 245.

⁶⁵⁵ Lukács, György, “A kapitalista kultúra csődje,” *Társadalmi Szemle* 4 (1949): 53.

⁶⁵⁶ I checked the issues of these three magazines looking for material on marriage or sexuality between 1949 and 1953.

Nők Lapja mentioned sex only on one occasion and even that was Lenin's discussion with Clara Zetkin, which emphasized the importance of the collective, of moderation, of “pornography and filth” related to capitalist societies and demanded a normalcy as demonstrated in this citation:

The revolution demands concentration, increase of forces. From the masses, from individuals. It cannot tolerate orgiastic conditions, such as are normal for the decadent heroes and heroines of D'Annunzio. Dissoluteness in sexual life is bourgeois, is a phenomenon of decay. The proletariat is a rising class. It doesn't need intoxication as a narcotic or a stimulus. Intoxication as little by sexual exaggeration as by alcohol. It must not and shall not forget, forget the shame, the filth, the savagery of capitalism. It receives the strongest urge to fight from a class situation, from the communist ideal. It needs clarity, clarity and again clarity. And so I repeat, no weakening, no waste, no destruction of forces. Self-control, self-discipline is not slavery, not even in love.⁶⁵⁷

The role of women as mothers and as the “producers of a new generation of workers” was confirmed in various ways – in *Nők Lapja* a good example is an amateur poem from April 1950 by Gabriella Csohány, which celebrated the birth of her daughter and started out with all the bad in the world that came from the West (Truman, Greece, Franco, Blum, Bevin) and concluded with the following:

De ugyanakkor – itt, minálunk,
boldog asszonyok, ifjú nők
méhe ontotta fényességbe
a szép jelent, a szebb jövőt – ezernyi apró társad szája
zengett, kiabált, nevetett,
s hangocskátok gyorsabbra fogta
az izmokat, gépeket.

At the same time – here, with us,
happy wives', young women's
wombs poured the beautiful present
and the brighter tomorrow into the light -
the mouth of thousands of your tiny fellows
resounded, shouted, laughed,
and your little voices accelerated
The muscles and the machines⁶⁵⁸

A speech by Béla Horn, the Director of one of the gynecology clinics in Budapest from

⁶⁵⁷ “Lenin a házasságról (szemelvények a Klara Zetkinnel folytatott beszélgetésből),” *Nők Lapja* 2 (21 January 1950). (English version taken from: V.I. Lenin, *The Emancipation of Women. From the writings of V.I. Lenin*. International Publishers, 1970.)

⁶⁵⁸ Gabriella Csohány, “Kislányom születésnapjára,” *Nők Lapja*, 2 (22 April 1950). (my literal translation)

1952 also emphasized that the party and the government paid special attention to the health of mothers and children and that “women protection” (nővédelem) was being established, which would follow women from birth in their whole life and assist them in “accomplishing the most noble and greatest calling of women: motherhood.”⁶⁵⁹ The patriarchal nature of the (old-)new ethos can even be deducted from a film review, that of a 1950 Hungarian movie, *Kis Katalin házassága* [The marriage of Katalin Kis] by Félix Máriássy:

Katalin Kis, the young wife is not a self-conscious worker. She works poorly, doesn't learn and does not understand her husband, the Communist (...). *Kis Katalin házassága* is not a comedy. It has a serious and deep message. It teaches us that happy marriage is not possible without good work done for the community. It shows that in marriage the more developed party needs to educate, to help with love and tenderness the other one who is weaker.⁶⁶⁰

Néphadsereg, the official weekly magazine of the Hungarian army shows a picture similar to *Szabad Ifjúság*: there is no mentioning of sexuality, all focus is on production, politics and propaganda and the pretense of gender and sex not being present at all. The death of sex is accompanied by talk of “socialist morals” where marriage partners are selected based on their loyalty to the Party and the State, their work ethics (productivity) and their general usefulness in society – as a woman who in a letter to the editors of *Nők Lapja* stated: “two months ago I got to know a comrade, about whom I felt that he could mean a lot to me as a comrade and as a person.”⁶⁶¹ In other words, she met someone, who was comrade in the first place, person only came second and “man” never even came up as a possible role.

The few books that were published after 1949 on sex and morality or at least touched upon the subject were predominantly Hungarian translations of Soviet authors. A notable example is that of the Russian pedagogue, Anton Semenovych Makarenko (the “Pope” of Soviet

⁶⁵⁹ Horn, Béla. “Az egészségügy fejlődése a Szovjetunióban” *Nők Lapja* 4 (30 October 1952).

⁶⁶⁰ “Kis Katalin házassága (új magyar film),” *Nők Lapja* 2 (14 December 1950).

⁶⁶¹ “Postafiók,” *Nők Lapja* 2 (15 March 1950)

sexual pedagogy),⁶⁶² whose selection of pedagogical writings appeared in Hungarian in 1949 and the last lecture of the book was on sex education. Makarenko recommended virtually no sex education for small children (as it would make them excited about sex too early) and even for adolescents he believed that providing actual information about the biology of sex would be too “cynical” as family life should be built upon “non-sexual love.”⁶⁶³ If heeding to Makarenko's advice, a parent would look out for the child's friends, his ability to live in a community and urge him/her to let go of egoism and to love of the homeland – these are more important for his marriage than any knowledge about sex. Also, Makarenko recommended a strict schedule for the young: hard work being in the center and sports recommended as well, for reducing the opportunities for excitation⁶⁶⁴. Makarenko's puritanism well represented the attitude towards sex education both in the Soviet Union in the end of the 1930s and in the Stalinist morality that was introduced in Hungary in 1949.

In fact, this puritanism was not only introduced in Hungary at the time but it extended to other Socialist countries as well. As Volkmar Sigusch wrote in his book *Geschichte der Sexualwissenschaft* [The History of Sexology] in the early postwar years in East Germany Freud and Freudians were similarly rejected as they were in Hungary.⁶⁶⁵ Soviet psychology and Pavlov's reflex theory had high status: in this materialistic psychology it was physiology that dominated and so everything that was in the psyche was thought to have roots in the material world and this included sexuality. In East Germany Makarenko's book on the education of children was similarly in vogue and sexuality was reduced to the “realm of mystery.” The first author to write about sexuality in post-Stalinist East Germany, Rudolf Neubert, wrote in 1955 “in

⁶⁶² Volkmar Sigusch, *Geschichte der Sexualwissenschaft*, (Frankfurt: Campus, 2008): 92.

⁶⁶³ Ann Livschiz sums up Makarenko's main message as “they will figure it out when they get married”. Livschiz: 401.

⁶⁶⁴ Anton Szemjonovics Makarenko, *Válogatott pedagógiai tanulmányok*. (Budapest: Új Magyar Könyvkiadó, 1949): 315-322.

⁶⁶⁵ Volkmar Sigusch, *Geschichte der Sexualwissenschaft*, (Frankfurt: Campus, 2008): 488-493.

the last couple of years it had seemed as if in the GDR there was no sexual question at all.”⁶⁶⁶

In an article in the popular historical magazine, *Rubicon*, István Rév claimed that the Socialism of the early 1950s homogenized Hungarian society and the de-sexualization was part of this process: women were de-feminized and as such everything that was feminine could be labeled as “frivolous or decadent.”⁶⁶⁷ Sexuality and body belonged to the West, Socialists were only allowed to have children – and if one deviated from the purist norm, s/he would be labeled as someone, who blindly followed the West or belonged to an “enemy class.” Through this homogenization (desexualization and defeminization) the Socialist State tried to occupy the bedrooms and by having a grip on one's private sphere it would force the individual to have an “existence reduced to one's relationship with the central leadership.”⁶⁶⁸

The real watershed thus is the Stalinist takeover, which attempted to completely remove sex from public discourse, to force a puritan and patriarchal, “Socialist” version of sexual morality onto society and had no tolerance for any other ways of discussing the subject. Female roles were redefined as well: on the one hand women were desexualised and defeminized and were forced to participate in a manly world as men but at the same time their role as mothers , due to the importance of pro-natalism in Stalinist ideology, acquired great importance for society. This new expectation of motherhood was coupled with a new regulation that made abortions almost impossible. Women were thus forced to be both mothers and workers and were denied their sexuality and femininity – a milieu that in its restrictive attempts surpassed in many ways the purity-oriented sexual discipline propagated by Conservative Christian-moralists of the Horthy era.

⁶⁶⁶ Ibid: 492.

⁶⁶⁷ Rév cites the movie *Angi Vera* where a girl complains that even in Socialist society women have to shower together naked, just like in capitalist countries to which her conversation partner react by asking “is then the female breast a capitalist remnant as well?”. Another filmic reference could be taken from *A tanú* (The Witness) where a female assistant of a top comrade is scolded for her knee length skirt with the words “let's leave sexuality as an opium for the declining West.”, See: Péter Bacsó, *A tanú*, DVD (Budapest: Mafilm, 1969).

⁶⁶⁸ István Rév, “Nincs nő, nincs vágy, nincs szex,” *Rubicon* 4 (1993): 32-34.

Conclusion

Interwar Hungarian sexual politics was on a different road than many other European countries of the same period, because instead of a pragmatist or reformist push to enlighten the young about sexuality and a resulting Catholic reaction⁶⁶⁹, the pre-WWI trend was turned around: a Christian-nationalist, counterrevolutionary regime was in power for 25 years and the Church authorities, who had been on the defense in the “liberal era” and the first decades of the 20th century, saw the time for counterattack and this included sexual politics as well. The conservative backlash meant that a vast majority of sex education material was produced by the Churches or authors, who professed the sexual morals promoted by the Christian churches. The Christian churches had the best organizational network for reaching out to youths and providing them with what they saw as appropriate sexual norms. Pragmatists, like the expert doctors of the AB, only accomplished limited results with their brochures, presentations and introducing sex education for boys at universities and they made a futile attempt to include sex education in the Lex Veneris. Sex reformers were on the margins of publicity and, aside from a few popular publications that were probably only available to urban, middle class families, much of the discourse remained far away from the majority of youths in Hungary.

Interwar Hungary's Christian-moralist sex education was on a *Sonderweg* because anti-Semitism was an integral part of such knowledge production. The most widely read and officially backed sex education materials were infused with an Anti-Semitism that created the “Jew” as a source of contamination both in body and in spirit. The fact that Jews became a “pathologized difference” explains how Law No.XV. Of 1941 could be presented as a coherent

⁶⁶⁹ Sauerteig writes for Germany “after the turn of the century the decisive initiatives with regard to the sexual enlightenment of the young came from pedagogues, the feminist organizations and more and more from the medical professions.” and adds that these “questioned the church monopoly of interpreting sexual morals.” Sauerteig, *Krankheit* (1999): 262.

”race protection” regulation, in which prohibiting marriage and sexual relations between Jews and non-Jews resonated with the introduction of the negative eugenic measure of marriage certificates and the positive one of marriage loans. The bill for marriage examinations was prepared and submitted by a medical elite that did not have explicitly racist, Anti-Semitic motivations (many of them being Jewish themselves) and so it advanced on a clearly separate legislative track as the anti-miscegenation law. However, the anti-Semitic Christian-nationalist sex education provided an ideological background (an indoctrination of youths) that enabled the linking of these two policy tracks. The introduction of “race defilement” and the evidence of the acceptance of this clause of the 1941 Marriage Law can be traced back to decades of officially supported sex education where two out-groups, prostitutes and Jews (Jewish men in particular) were portrayed as the greatest threats to the sexual purity of Christian youths.

The end of World War II and the “democratic era” brought about some changes in sex education but 1949 is the great watershed on a normative level. After 1945 the Christian churches produced much less in terms of numeral output but the essence of their sex education changed only in one major issue: open anti-Semitism (coded anti-Semitism continued to be present). After 1945 pragmatists, some of whom had been experts of the AB before the war, gained greater prominence and also started gaining better access (with State backing) to the young through cinema, lectures, and information brochures. The views of pragmatists remained largely unchanged after 1945 and therefore many of the Christian-moralist topics (about the prime importance of abstinence, the dangers and immorality of extramarital sex, etc.) continued to be used when disseminating health propaganda but these doctors were ready to provide actual biological information and knowledge about the prophylaxis of VD at “dangerous encounters.”

After 1949, however, there is a near complete silencing of the discussion of sexuality: thirty years of an almost exaggerated interest in sex suddenly ends with Hungary turning towards Stalinist totalitarianism. In the 1950s there is no or very little talk about sexuality and the little

that is said sends the message that sexuality should not be discussed, it should not be “excessive” and everything that has to do with eroticism belongs to the West and therefore should not be touched by true Communists. In this period of “desexualisation” women are stripped of their femininity, which is reduced mostly to their roles as mothers and as “producers” of children. In the early 1950s most publications that touch upon the topic are translations of the thoughts of Soviet authors, including Lenin or the pedagogue Makarenko, and the values these sexual conservatives convey indicated that the Party State attempted at completely downplaying the pleasure side of sex. The Stalinist strategy of controlling the potentially raucous sexuality of the young was very different from that of the Christian churches in interwar Hungary: instead of over-discussing the issue it was completely silenced. What, however, remained the same was the aspiration contain and to harness and *not* to provide any information that would make the young curious about or open towards sex.

Digression or climax: Race defilement and sexual anti-Semitism

From the standpoint of the normative perspective of the European middle class, it is natural that the Jew and the prostitute must be in conflict and that the one “opens up” the Other, as they are both seen as “dangers” to the economy, both fiscal and sexual, of the state. (...) For the Jew and the prostitute are seen as negating factors, outsiders whose sexual images represent all of the dangers felt to be inherent in human sexuality.

Sander Gilman, “The Jewish Murderer”, in *The Jew's Body*. (New York: Routledge, 1991):120.

In previous chapters I have dealt primarily with normative discourses of health and sexuality with regards to marriage. In Chapter 2, 3 and 4 I did not or only marginally touched upon something that was one of the definitive qualities of interwar Hungary's authoritarian regime and which featured prominently in the 1941 Marriage Law: anti-Semitism. Throughout the dissertation writing process I have held the conviction that in the marriage counseling discourse in interwar Hungary it was rather the exception than the rule that physicians and health officials would refer to a distinct Jewish health or sexuality and, based on these, would suggest the permanent exclusion of Jews from the *Volkskörper* (body of the nation). It was when reading the Christian-nationalist texts on sex education that I realized that the seemingly arbitrary joining of premarital screenings with anti-miscegenation provisions in Law No. XV of 1941 had deeper roots and that I needed to reflect on these. I have decided to write a short chapter to argue that the overall concern for marital health in interwar Hungary indeed constructed a separate sexual identity for Hungarian Jews. The paragraph on race defilement and the resulting court practice reveals a sexuality based anti-Semitism that cannot be separated from the dissertation's narrative.

In ancient and modern oratorical and literary discourse climax rarely occurs within a

digression. In a detour that might or might not contribute to the argumentation of the text⁶⁷⁰ and where a seemingly unrelated subject or detail is dissected one would not necessarily anticipate a climax, a moment of intensity, where the audience is expected to have the most profound emotional response. In our narrative race defilement can be both a digression and climax. It is a digression as it does not directly feed into the medical discourses on marriage. In fact, this little chapter is largely based on legal sources - a couple of dozen court cases from 1942-44 that were reviewed by the *Kúria*, the Supreme Court of Hungary. Moreover, sexual anti-Semitism on a normative level was discontinued after WWII and this dead-end street stands in sharp contrast with the various continuities that I have demonstrated with regard to VD Care, marriage counseling and premarital screenings.

It is, however, a climax that is backed up by the narrative build-up of the previous chapters in many respects. Race defilement reflects on national and individual health, is a direct biopolitical intervention of a eugenic kind where certain bodies are seen as permanent danger to the health of the nation. It touches upon a long-standing tradition of sexual anti-Semitism and racial anti-miscegenation and is an intersection of the Foucauldian biopolitical normalization process both for race and (gendered) sexuality.

Moreover, race defilement cases elevated Foucault's sexual confessional to a new level: it was not just the individual giving the doctor information about health antecedents and sexual habits as in premarital counseling, but it was a an extended group, a micro community involved in scrutinizing the sexual life of individuals selected out on a racial basis. The Jewish man had to confess, the female partner had to provide a full confession as well, as the details of the sexual liaison and the general conduct of the women were crucial for the court in reaching a verdict. In

⁶⁷⁰ In fact JJ Long claims, referring to the work of W.G. Sebald, that "digressive narrative has to be understood as a response to modernity. Digression is a deliberately uneconomic mode of narrative, which resolutely refuses the imperative to be efficient and achieve goals with maximum speed and minimum expenditure of resources." See: JJ. Long, "W.G. Sebald: The Ambulatory Narrative and the Poetics of Digression" *Amsterdamer Beiträge zur Neueren Germanistik*, 72 (2009): 61.

addition to this, others, family, friends, neighbors or colleagues, were also asked to provide information about the same issues – and the police detectives had to make sophisticated investigations to decide the sexual aspects of a relationship. It was society as a whole invited to get involved in the surveillance of sexuality – and to seek for the boundaries of the “normal” in sexuality and in race. The verdicts reached in court were not just that of the judges, but included the verdicts of a social milieu over what was respectable and who was respectable.

Sander Gilman in various texts points towards Jews being created in European societies as the sexual Other and in his “The Jewish Murderer” he explains perhaps most stringently the links between the image of the Jew and the Prostitute – both imagined as having a threatening body, a dangerous and different sexuality. Gilman tells us that this Otherness is more than simply the individual's body: “the relationship between the Jew and the prostitute also has a social dimension. For both Jew and prostitute have but one interest, the conversion of sex into money or money into sex.(...) Jews buy specific types of Christian women, using their financial ability as a means of sexual control.”⁶⁷¹

There are ample interwar Hungarian sex education texts that embrace the very same images and stereotypes; it is exactly this social dimension that Father Koszter captures in *Sátán törvetése*;

The kept women, maitresses who live off the pockets of their wealthy accomplices are the victims of wretched voluptuaries; while their life seems carefree from the outside, actually it is bleak, joyless and hopeless. They will never become a “wife” and “mother”, the holy dream of a real woman. *These are the ones* who since the passing of the 1941 Marriage Law have converted to Judaism by hundreds in order to continue to secure for themselves the money of their “friend.”⁶⁷²

It logically follows that women who consciously remained or engaged in sexual or matrimonial relations with Jews were doing it for money: they could obviously only be prostitutes. The other possibility is that they were decent women but in this case they did not belong to the Jews – they were either deceived or were not yet fully cognizant of the dangers

⁶⁷¹ Gilman, “The Jewish Murderer” (1991):120.

⁶⁷² József Koszterszitz, “Sátán törvetése,” in *Tiszta férfiúság az egyetemeken* (Budapest: Szent István Társulat, 1944),37.

Jewish men posed and had to be shown a way back to “normality.” In the following couple of pages I will refer to court materials and endeavor to uncover how the two interconnected themes, “female decency” and “Jewish sexuality” were constructed in race defilement cases.

Female decency

We have already discussed the ideas of female decency in sex education materials and race defilement was a further opportunity to produce a knowledge of normalization that put women either in the category of decent or indecent. The law did not say “registered prostitutes” and this created certain confusion, especially initially. At the same time the ambiguity gave an opportunity to scrutinize the behavior of many women who probed the borders of accepted respectability. Embarrassing details of their sexual life became public (in court, in the newspapers) and in the course of such a proceeding they could be labeled “indecent” (or simply, of questionable morality) by the prosecutor or the court.

The Supreme Court (Kúria) established, after a number of borderline court cases, a vague definition of “indecent” but this did not make decision-making problem free:

A woman who, without the slightest hesitation or resistance that would indicate female shame and good morals, upon mere prompting, is ready to have an intimate encounter, cannot be considered decent from a race protection point of view.⁶⁷³

In these case studies the indecency of these women is underlined in some cases by the fact that they have acquired venereal disease in one of their many encounters; having extramarital sex and being infected was certainly beyond the sexual normality and, as Gilman

⁶⁷³ László Josefovits, *Fajgyalázás: az 1941: 15. t. c. 15. -ának büntetőbírószági joggyakorlata* (Bethlen: Budapest, 1944).

has repeatedly shown, VD has for a long time been a “glue” that connected Jews and prostitutes in public imagination. It is mentioned in some cases that the encounters were “on the highway” or “at the counter of the cinema”, which (based on one of the “decency laws,” the 1927 law on public morals) were public spaces and thus not sites where decent women could be addressed.⁶⁷⁴

However, voluntary indecency could become a form of resistance because when it was established the Jewish man (the only actor, who could be penalized) was acquitted. So in many cases women would be motivated to define themselves as indecent, like a woman, who claimed, “it seems I am someone, who just goes with someone upon a whistle”⁶⁷⁵ or another, who said “whenever I am on the street and any man asks me to have intercourse, I go with him to have intercourse for money.”⁶⁷⁶ These statements were, however, only convincing for the court in borderline cases and even then only on some occasions. If it was not for the woman to decide that she was decent, it was not for her to decide if she was indecent, either.⁶⁷⁷ In one case a woman admitted to have had sex occasionally with men who paid but added that she liked them as well, and so her conduct was established as decent. The defense attorney in the same case tried to argue that she had already been penalized for abortion. He probably hoped that given the strict moral denouncement of abortion this would establish indecency, but it did not.

At the same time in borderline cases the defense was often motivated to establish the indecency of the woman and would thus try to push the intimate details of her private life into the center of attention, even if this left her exposed and vulnerable. Establishing decency was a

⁶⁷⁴ For improving moral standards on the street and in public spaces in general it is forbidden: (...) to use loud coarse language or filthy expressions or to make a lewd move or gesture, which may violate the good taste and ethical standards of others. (...) to address a decent woman (girl or married woman) in a public space with the aim of becoming acquainted, against her will, in an inopportune manner. (...) the police are obliged to (...) provide the most comprehensive protection for the public and the woman or adolescent youth who are in need of protection.” See: “A m. kir. belügyminiszternek 151.000/1927 B.M. számú körrendelete: a közerkölcsiség védelme,” *Belügyi Közlöny* 32 (1927): 327-328.

⁶⁷⁵ Item 69, batch 112, K583, Kúria, MOL

⁶⁷⁶ László Josefovits, *Fajgyalázás: az 1941: 15. t. c. 15. -ának büntetőbírószági joggyakorlata* (Bethlen: Budapest, 1944):15-17.

⁶⁷⁷ Side note: women in such court cases were officially referred to as the “injured party” but they could not exercise any related rights, e.g. a substitute private accusation.

crucial aspect of a case and a potentially long (up to 5 years) prison sentence depended on it, therefore it was often a rational strategy for defense to plunge deep into the various sexual “misconducts” the woman might have engaged in.

As the appeal of a defense attorney in a Budapest case, claiming (amongst others) the indecency of the woman, vividly shows:

But dancing in a tavern for drunk dandies, wealthy voluptuaries and embezzling financiers and then after the “solo dance” sitting down and drinking alcohol with *complete, never seen strangers*, and behaving in a way that extracts even more money from the excited men – this some might see as the height of morality but good-mannered, well-bred people wash their hands after this. Where is the decent middle class person, who would be happy to see his doctor, engineer, jurist or bank official son leading a dancer from Moulin Rouge or other taverns to the altar in a white wedding dress, her hand in a white glove with lilies?????⁶⁷⁸

In another case the defense underlined that the Christian woman was in an adulterous, extramarital relationship, but the court dismissed their claim as

an extramarital liaison conducted with a single man and with no financial implications, purely based on attraction cannot be termed as indecent from a law implementation point of view, even though it is in conflict with good morals.⁶⁷⁹

In a 1944 Budapest case the court’s dismissal of the indecency claim of the defense attorney could have been taken from a Christian-nationalist sex education parable: young, poor, naïve girl from the countryside, who only earned 18 pengő a week and was offered 5 pengő by a man on the street. First she refused but when he offered 10 pengő, she gave in, “her moral

⁶⁷⁸ Documents of this case can be found in András Lugosi interesting race defilement case study: “Sztalin főhercege' Kohn báró vacsorái a Falk Miksa utcában a fajgyalázási törvény idején” *Konfliktus és társadalmi innováció a Magyar Szociológiai Társaság éves konferenciája és közgyűlése 2010. november 5-7., Wesley János Lelkészképző Főiskola*, Online: http://www.szociologia.hu/dynamic/mszt_konf_bp2010_konferenciakiadvany_vegleges.doc Accessed: 12-02-2014.

⁶⁷⁹ Item 69, batch 183, K583, Kúria, MOL

resistance shaken by deprivation and the attractive financial offer of the defendant.”⁶⁸⁰ The court argued that based on a single intercourse one could determine indecency. A paradoxical case as regards to decency occurred when a woman was categorized as an “ex-secret prostitute.” She had had issues with the police for being a secret prostitute but once she met the defendant she gave up her life as a prostitute and remained faithful to him – this, however, granted him a 4 month prison sentence as he had converted her into a decent woman.

These cases all show us that in fact sexual normalization was at work in these cases as to what decency meant in interwar Hungarian society. The boundaries of what was normal sexuality were being established with every court case, through a series of confessionals. Women who were labeled as indecent as a result could not just be registered as prostitutes but they did not receive the “race protection” that the State offered for their bodies and for their children. The offspring of indecent women were of no concern; as we have seen with Sander Gilman, the prostitute and the Jew were one and the same, they belonged together and so these children could be (and were perhaps desired to be) fathered by Jews so that they would automatically become aliens to the *Volkskörper*.

Jewish Sexuality

Jewish female sexuality was not a theme for race defilement as this could only happen to Christian women. András Lugosi is right when asserting that this in theory could have penalized lesbian relationships. However, both he and I have not found any such case and it is unlikely that such relationships were prosecuted, as the top objective of the provision was inhibiting unwanted acts of reproduction. As for Jewish male sexuality, the stereotypes, as exhibited in the previous chapter's sex education materials and by the various sources on sexual anti-Semitism in Europe

⁶⁸⁰ Item 69, batch 236, K583, Kúria, MOL

(e.g. Gilman, Efron, Henschel),⁶⁸¹ were already there: early sexual maturity, masturbation, syphilis, insatiability, effeminacy, being pimps, clients of prostitutes, producing pornography. These court cases helped to reinforce these stereotypes and to construct Jews as the “Sexual Other” and simultaneously relegated Jews to being second class citizens of Hungary.

The courts were ready to dismiss the witness statements of Jews, like that of three Jewish tenants of a suspect, “because they belonged to the Jewish religion and so in such cases they could not be seen as impartial towards the suspect, who is their race brethren.”⁶⁸² In addition, there were instances of suspects complaining about mistreatment by the police or the gendarmerie – and these were dismissed in all cases.⁶⁸³ This mistreatment could be sexual in nature as well, which indicates that Jews were sexualized even in anti-Semitic law enforcement measures. In one case the court reprimanded the suspect who tried to take back his confession, claiming he had admitted the crime only because of the threats of the police: “no intelligent man can believe that inspectors would interrogate him by hanging him by his genitals.”⁶⁸⁴

In a Budapest case, after the intercourse the woman was treated with gonorrhea in Kun utca, which was a VD clinic catering for many prostitutes. The court of second instance, upon the defense's appeal for her “indecent,” stated that “she could just as well been infected by the defendant.” The Jewish man was thus associated with VD, something that would not have happened with a Christian male in a similar affair.

In another case it was an aggravating circumstance that the defendant “distracted a now-Jewish woman who was 'nearly still a child' from her natural community and influenced her future in a deterministic way by impregnating her with a child and influenced the ethics of the

⁶⁸¹ Sander Gilman, *The Jew's body*, (London: Routledge, 1991); Sander Gilman, ed, *Der schejne Jid: das Bild des jüdischen Körpers in Mythos und Ritual* (Wien: Jüdisches Museum, 1999); John Efron, *Medicine and the German Jews: a history*, (New Haven: Yale University Press, 2001) ; Gerhard Henschel, *Neidgeschrei: Antisemitismus und Sexualität* (Hamburg: Hoffmann und Campe, 2008).

⁶⁸² Item 69, batch 112, K583, Kúria, MOL Instead, the witness statement of one “completely uninterested party”, possibly a neighbor's, was accepted.

⁶⁸³ Ibid., and Item 69, batch 183, K583, Kúria, MOL

⁶⁸⁴ Ibid.

child with his criminal lifestyle.⁶⁸⁵ On other occasions the case served to reveal an extramarital affair and the woman having a Christian husband usually served as an aggravating circumstance, as for example in a case where the court justified the harsher penalty with saying “the defendant used a married mother of several children for his criminal deed and thus he threatened the family life of the aggrieved party.”⁶⁸⁶

There were a number of cases where a Jewish man was taken to court for “attempting to take the woman into his possession for a sexual intercourse,”⁶⁸⁷ that is there was a chance to convict someone for race defilement even for only pursuing non-Jewish decent women. This aspect of the regulation gave the chance for the State to prosecute dangerous transgressions into the spheres of decency as such cases were often refused propositions Jewish men made to Christian women.⁶⁸⁸ Some of these approaches showed these men as promiscuous and intrusive, as potential sexual predators. It is probable that in some cases the documents in fact reflected reality or a part of reality; with the race defilement clause, however, it was Jewish men whose transgressions were penalized (a Christian man had much less to fear in case of a similar indecent proposal) and the cases reinforced the sexual stereotypes about the Jews.

The cases indicate that officials implementing the law started out with an advance idea of Jewish sexuality and often these cases served as a confirmation of these ideas. It was the existence of the race defilement clause that enabled the persecution of Jewish men for deeds that were not criminal for non-Jewish men or for attempts that would not rarely have created legal problems for Christians. Race defilement (just as other anti-Semitic laws in Hungary or race defilement in Germany for example) had a strong impact psychologically. It entered public

⁶⁸⁵ Item 69, batch 236, K583, Kúria, MOL. He was identified as a dental technician, “who maintained himself via illegal interventions” and had been convicted for quackery.

⁶⁸⁶ Item 69, batch 183, K583, Kúria, MOL

⁶⁸⁷ „Nemi közösülés céljából a maga számára megszerez” - Ibid., and Item 69, batch 236, K583, Kúria, MOL

⁶⁸⁸ In a case from the town of Komárom for example a Jewish factory worker approached a married woman by fondling her breasts and saying “these are from the Belle Époque.” In Sátoraljaújhely a Jewish employee in a confectionery shop reportedly harassed five women from the store, approaching them physically and making various luscious statements. Item 69, batch 236, K583, Kúria, MOL

discourse within the frame of a distinct Jewish sexuality and it reinforced this Sexual Other via the details brought to surface in the court proceedings. These details could confirm or disprove this sexual difference as there were many race defilement cases when a long-standing monogamous (but: extramarital) relationship was targeted and penalized. The sexual details of any affair or relationship could be used, however, to pointing at the imagined differences. The sexual life of non-Jews or women not having sex with Jews remained unseen by the public and thus no negative imagery could be associated with “normal” society.

Returning to Ladelle McWhorter's application of Foucault's sexual normalization process for race, I would put forth that in race defilement these two appear as inseparable: the Jewish “race” appears as a degenerate, immature group arrested in its development *because* of the lower grade of sexuality it represents. Jews are stuck in materialism and egoism as they pursue a specific type of pleasure that is below the standards of acceptable respectability.

Race defilement cases served as a dual normalization for race and sex: they tried to define what was and who was Jewish, attempted to enforce a standard of sexual decency in society (through these confessionals) and embarked on a path of separating the “degenerate” from the “normal” for both. I found borderline cases to be most revealing. If a woman was eventually defined as decent then she was classified as normal both sexually and racially, but if she turned out to be “indecent” she (and her future offspring) was not anymore under the State's race protection scheme and her racial belonging (that of her children even more so) could thus be put into question.

In the preparation of marriage, as exhibited by Christian-nationalist sex education, racial and sexual health both played an eminent role. The normalization process of medical marriage counseling was therefore operating within the frame of a larger discourse that showed a keen interest in pinning down the limits of the “acceptable” with regards to decency and race; this discourse eventually culminated in a Marriage Law that introduced race defilement. These

court cases were show us the more detailed confessionals on sexuality than any marriage counseling document; race defilement is a short-lived phenomenon of Hungary's past as it was abolished after three years. Whether for twentieth century Hungary it should be seen as a digression or as a climax is hard to decide. If we take it as an interwar anti-Semitic measure and contrast it with marriage counseling and its long-term effect and shift into state socialist biopolitics, race defilement is a mere episode, a digression, an instance of exclusionary racism that was laid to rest together with the Horthy-regime. If can, however, become a climax if we trace back its roots in the abundant interwar sex education material and see it as a logical outcome of decades of indoctrination and as the measure that produced the most extensive “confessionals” and the most direct interventions for sexual normalization.

Conclusion

After all that was outlined in the four major chapters and in the digression it is time to sum up the results and enumerate the lessons learned in the course of this process. My original attempt in this project was to tell a story of marital health in mid-20th century Hungary, focusing primarily on a hitherto neglected field of research on Hungarian history: marriage counseling. The health provisions of the 1941 Marriage Law were in the focus of my attention: I treated these as a culmination of a long antivenereal discourse and legislative preparatory work in the interwar era and I showed how it got linked up with various other issues related to marriage and to a certain understanding of “health.” In order to grasp the complexity of the holistic idea of marital health in the Horthy-era I examined some of the court material of race defilement cases and juxtaposed them with various texts on sex education and analyzed these in a biopolitical framework. In this framework sexuality and its normalization-regulation is of eminent importance primarily because of the ramifications it has, via reproduction, for the population as a whole and not just for the discipline of the individual body. Sexual politics as I have argued has been closely intertwined with medical interventions, which underlines the third element of this framework of normalization: the move away from the juridico-administrative power towards a biological control and self-control advocated by medicine. The fact that I focused on a piece of legislation when writing this dissertation might seem to contradict this claim. Nevertheless, it seems that the various discourses on health and marriage and the rules for putting these in a frame all point towards the preeminence of medicine over law enforcement. Premarital health certificates were issued by Medical Officers and health checks were performed by physicians. The law as a legal instrument, admittedly, only functioned to a limited extent: the effect, most

experts concluded, was health-related and psychological. The law did not punish in case of ill health with a prison sentence or a fine, but rather involved the individual into the circulation of the system of medical care.

Even the race defilement clause, which threatened Jewish men potentially with long years in prison, was much less about punishment and prohibition than about defining the boundaries of normality. It addressed female decency in intricate ways and it attributed sexual misdeeds and thus connotations of being unhealthy to Jewish Hungarian mentality and physicality. The Jewish men charged in these trials were occasionally acquitted and often received short sentences of a couple of weeks or months. What is significantly different between this practice and the legal effect Nazi race defilement sentences is that the life of Jewish men in Hungary was not seriously threatened by these cases (they were not sent to concentration camps and did not receive death sentences). Race defilement, it seems, was rather a tool for sexual normalization to be accomplished with the assistance of what Foucault called “state racism.” This biopolitical practice was also about the normalization of sexual acts, in a most direct manner, and it was an exclusionary practice that created permanent “undesirables.” I pointed to the indoctrination practices of the Christian-nationalist sex education materials, which connected “race” more directly to medicine, defining the sexual “other” as a hazard for the body and the spirit. In these texts, as well as in race defilement practice, prostitution and VD belonged to this “beyond” as well and so race defilement and its approach to decency acted as a control mechanism for female sexuality and led to an alleged health benefit: the groups associated with VD would be excluded from State-supported reproduction and sexually secluded from the rest of society.

I have, however, argued throughout the dissertation that marriage counseling as a biopolitical discourse and policy should be treated as separate from anti-miscegenation and the eugenics regulations of the 1941 Marriage Law. While “exclusionary biopolitics” that these latter provisions represented disappeared from State-level policies after 1945, marriage counseling

made a career in the postwar environment. In fact, premarital screenings were after 1952 replaced with other obligatory VD and TB screenings that in the rest of the 1950s examined the health of three times as many people annually as premarital checks. Screening as a process, a method that in the new paradigm of Surveillance Medicine re-defined the boundaries of health and illness, became a customary practice in many societies, not just in postwar Hungary. It is, however, significant that in Hungary the concept of mass screening processes was strongly connected to marital health. In the interwar era several screenings were introduced, e.g. for the Levente Youths, but neither were as all-encompassing and took up as many resources as marriage counseling. Marriage was linked in the public and expert imagination with the sexual-reproductive act and therefore this was the entry point where VD had to be filtered. There is a return to marriage counseling in Socialist Hungary in 1973, which shows that its postwar career was longer than the early 1950s. In fact, a document from the late 1950s in the papers of József Melly, one of the architects of the 1941 regulation, shows that the Országos Nők Tanácsa (National Women's Council) asked him to provide expert input in the possibility of setting up marriage counseling again.⁶⁸⁹

Even if we disregard this one document by Melly we can trace a continuity in marriage counseling, VD care and more generally in the “state socialist” biopolitical healthcare framework. I have argued that the nationalization and centralization of healthcare in Hungary started in the 1930s under Béla Johan and the process continued uninterrupted after 1945 and 1949 because it was in line with the expectations of Communist policy-makers in health. The idea that the input of privately organized health associations and the administration done by local or regional governments was less valuable than a centrally orchestrated, top-down approach to healthcare provision (both in treatment and prevention) remained in force for decades after 1945. In fact, it could be an interesting future project to examine whether the elements of this State

⁶⁸⁹ Semmelweis Medical Archive, *The Papers of József Melly*.

Socialist approach to healthcare have made it to post-socialist Hungary and how the current system of Hungarian healthcare implements biopolitical measures: whether inherited political structures, the “historical baggage” still affects everyday life in terms of the exercise of power.

Marriage counseling thus became a method for discovering infectious disease on the level of the population: it was a milestone in the transformation to Surveillance Medicine and towards a state socialist biopolitics in Hungary. This paper has traced the genealogy of this development and it is among the main findings that although in the first decades of the 20th century marriage counseling appeared both in the framework of eugenics and social hygiene (and a combination of the two), the latter discourse was responsible for its institutionalization. The debates on eugenics in the early 1910s were intensively focused on marriage counseling but when in the 1920s the first voluntary marriage counseling centers were set up and the Government started to seriously consider introducing it as a coercive measure, it was the antivenereal elite that took the lead.

Eugenics, although there were early attempts at its institutionalization during WWI, did not become a strong and unified movement in the course of the Horthy-era. At the same time the dermato-venerologists in the Antivenereal Committee had serious leverage and were thus deeply involved both in legislative preparatory work and in the implementation of marriage counseling. Even though their recommendations were not fully adopted in the 1941 Marriage Law, it does not come as a surprise that only VD and the other “social disease,” TB was regulated in it and not any of the hereditary diseases. Eugenics did appear in other parts of the 1941 marriage legislation, in marriage loans (the recipients of which had to undergo tests for hereditary disease as well) and also in a racist sense in anti-miscegenation.

Due to the predominance of VD in the implementation of premarital screening, Hungary’s path can be put in line with that of France and the United States. In France legislation was adopted at the same time and it included more or less the same concern for VD infection – in

France the preparatory work was done by eugenicists (even though the idea of marriage tests of VD originates from Alfred Fournier, a French venerologist) but social hygiene was the objective of the law itself. The same is true for the states of the U.S. that introduced obligatory premarital testing in the 1930s and 1940s and kept these for long decades after 1945.

Based on the international examples and the case of Hungary marriage counseling it seems that premarital health advisory and screening were much more successful as means of VD prevention as for accomplishing eugenic targets. Even though in many countries (Switzerland, Denmark, Sweden, U.S.) eugenic marriage counseling, as well as other eugenic interventions like sterilization were in effect for decades after 1945, this strand of biopolitics focusing on “non-desirables” and weeding them out from the Nation’s garden (Bauman) was seen as too problematic by the 1970s. In countries with a Nazi or Fascist heritage (Germany, Austria, Italy) eugenics was disqualified and such policies were discontinued immediately after WWII. Premarital advisory and screenings for VD, however, continued to exist in many countries (including France and some states of the U.S.) until the 21st century and the fact that in Europe today such tests are only rarely done is rather related to the issue that marriage itself is seen less in a physiological and more in a psychological health context and in the Western World the importance of marriage itself is diminishing⁶⁹⁰ so there is no reason to attach significance to it as an entry point to sexual life.

The Hungarian case of marriage counseling differs significantly from its Western and Central European and U.S. points of reference due to the conservative-paternalistic nature of the discourse and practice. In Hungary after 1920 there was no major birth control movement and feminist voices that were strong in the 1910s did not have enough space to speak up for female self-determination in the Horthy era. Therefore, even though marriage counselors knew about the

⁶⁹⁰ In Hungary there were 100 thousand marriages a year in 1976, by the year 2012 this was down to 36 thousand – a dramatic drop given that Hungary's population only decreased from 10.5 million to 9.9 million in this time frame. Source: “Népesség, népmozgalom,” *Központi Statisztikai Hivatal*, Online: http://www.ksh.hu/docs/hun/xstadat/xstadat_hosszu/h_wdsd001a.html?377 accessed, February 28, 2014.

tendencies of marriage counseling in Germany, Austria or the U.S., they were not informed by the sex reform ideas promoted in these societies. By “not informed” I mean that their paternalistic filter (and the dominant social-moral norms) did not allow for a reception of these ideas in Hungary. There were individuals that advocated sex reform and the Hungarian branch of psychoanalysis, the Budapest School led by Sándor Ferenczi made significant contributions to new ways of approaching sexuality internationally; however, these aspirations remained marginal domestically and most marriage counselors and sex educators in Hungary remained within the “safe place” of biological-marital fitness advice and power-exercise by an all-male elite. Marriage counseling, as exemplified by the Újpest OSZI case for example, involved strongly gendered and class-based prejudices and this can by and large be explained by the fact that there was no public alternative to the discourse, no sex reform or feminist voices that could have brought in new ways of viewing marital health.

I also tried to point to the ways in which marriage counseling was the epitome of what Foucault called the “secularized Christian confessional,” a process that served the normalization of sexuality via medicine. Marriage counseling, both in a voluntary and in an obligatory form, fulfilled all four criteria Foucault listed in *The History of Sexuality*. The individual had to answer questions and thereby “confess” about sexual life, habits, health issues that could affect reproduction. This confession was standardized as the questions were by and large aiming for the same type of information, and it became part of a standardized medical practice with clear criteria for acceptance, for “fitness” for marriage.

The documents of the Budapest insurance company's (MABI) marriage counseling center show that implementation was often more eugenic than the wording of the 1941 Marriage Law and that the insurance doctors really saw this as an opportunity for a full confessional and for setting up a register with the various health data compiled. Thus, in the early 1940s an extension of the concept of marital health occurred not just because of the anti-miscegenation clause but

also as a result of the implementation of marriage counseling locally. Individuals with heart problems or with other physical “abnormalities” or with certain diseases in their family line were considered as problematic for marriage and were often informally requested not to pursue their original aim. The confessional thus created an opportunity for doctors to re-define the boundaries of health and illness and the relation of these to marriage and sexuality.

The locus of power, however, as Foucault explained in various places, is constantly changing and there are always ways for resistance for the individual or the groups, the bodies of which are targeted by power. I have tried to point to this relativity of power relations and how the top-down, uni-linear approach based on laws, institutions and “people of power” does not work in this story of marriage counseling. Yes, it was Béla Johan, who started the process of centralization and nationalization and yes, it was his power centers that were given the rights to implement these health regulations and it was his will that decided the details of the marital health provisions. It is, however, shown by various sources that there were a number of ways to exercise resistance against the normalization of the marriage regulations. In fact, obligatory marriage counseling, as some experts later acknowledged, did little in accomplishing the original aim worded in the law. It is hard to assess its actual effect in the normalization of sexuality before and within marriage but there were certainly ways to resist these aims and individuals as well as local medical experts could easily find their paths in doing so (e.g. the example of GPs providing attestations based on trust, without doing any proper medical examinations).

There are two more issues to mention briefly in this conclusion. Firstly, Béla Johan and his role in interwar healthcare. *Vergangeheitsbewältigung* in post-1989 Hungary has been a rocky road and a number of 20th century historical wrongs, as well as the major trauma of the 1944 Holocaust has still not been addressed in open and honest discussion for various reasons, partly because of the politicization of memory. Béla Johan's story is one of these failed attempts and I did not elicit the full 2004-2005 debate on his legacy, but I did show how he, even though

not an anti-Semite or a Nazi/Arrow-Cross sympathizer, became an accomplice in the deportation of Jewish physicians as his life-work was more important for him than resisting the ongoing genocide. As he was a towering figure of interwar Hungarian healthcare, his life story and its various milestones, including (or: most importantly) 1944, need a more careful examination and hopefully later research will reveal more on him in the form of a monograph. The 2004-2005 debate only revealed that there is disagreement on his role as a political actor and the participants of the debate did not seem to go a long way from their original assumptions on his legacy. I hope that this dissertation will shed some new light on his place in Hungarian history.

The last issue concerns the question: can we discern a unique path, that of “state socialist” biopolitics? In what way can this Hungarian case be differentiated from the biopolitical interventions of liberal democracies and of totalitarian states? Edward Ross Dickinson claimed that it was not the biopolitical project that one needed to reject as a result of Nazi eugenics but the way it was applied by totalitarian states. The importance of checks and balances and the mechanisms of political decision-making is, I believe, relevant for assessing biopolitics in any polity. For this reason it is relevant to attach significance to the way the decisions concerning interwar and postwar Hungarian healthcare were made and also to the directions they set. Firstly, in Hungary “state socialist” biopolitics were not linked to postwar state socialism but appeared earlier, in the mid-1930s with Béla Johan as State Secretary. These reforms went against the formerly more fragmented and locally organized forms of healthcare and the VD Law and marriage counseling represented steps towards a healthcare that had central health registers, physicians employed by the State and strategic decisions taken on the highest possible level. Although initially there was resistance against Johan, soon the idea that a vigorous control by the State in healthcare is necessary, gained momentum. It was also Johan who argued for mandatory interventions and introduced the possibility of obligatory vaccination and obligatory premarital health checks. In this sense I believe that the mid-1930s represented an authoritarian turn in

Hungarian healthcare and that the former role of the external “adviser-expert” as well as lengthy deliberations by independent expert committees were replaced by a centralized decision-making procedure. This made an effect on the way biopolitics was exercised in Hungary in the second half of the 20th century. This authoritarian, state socialist form of biopolitics, I have put forth, includes the above elements of a belief in centralization and in the need for mandatory interventions (the State as a “respected Father”) but it also led to authoritarian practices in decision-making (lack of transparency or information) and to gradually pushing out all non-institutionalized or independent elements from this centralized concert of healthcare provision.

Bibliography

Audiovisual material:

“A Családvédelmi Szövetség Házassági Tanácsadó Intézete,” *Magyar Világhíradó* 775, December 1938. Online: <http://filmhiradok.nava.hu/watch.php?id=3116>. accessed: 12 January 2012.

Bacsó, Péter. *A tanú*. Budapest: Mafilm, 1969. DVD

Skrabski, Fruzsina. *Elhallgatott Gyalázat*. Budapest: Omega Kreatív Bt, 2013. DVD

Unpublished sources

Neufeld, Béla. Vívódó élet. Unpublished. Location: Fol. Hung. 3430. Országos Széchényi Könyvtár kéziratár (Manuscript Collection of the National Széchényi Library).

MOL (Hungarian National Archives)

- K 148. Teleia, Országos Szociálpolitikai Intézet, Magyar Családvédelmi szövetség iratai, Belügyminisztérium (Interior Ministry),
- 4266, K 150, Belügyminisztérium
- 2785, K150, Belügyminisztérium
- Document No: 16/1940fo., K150, XV.17., Belügyminisztérium
- Document No: T.115/88, 2785. I./6, K150, Belügyminisztérium
- Document No: 222945/1940. K150, XV.17.. Belügyminisztérium
- Document No: 219.401, 2785. I./, 6., K150, Belügyminisztérium

- Document No: T.115/105, 2785. I./, 6., K150, Belügyminisztérium
- Document No: 224.169, 2785. I./, 6., K150, Belügyminisztérium
- Document No: T.115/114, 2785. I./, 6., K150, Belügyminisztérium
- Item 69, batch 183, K583, Kúria
- Item 69, batch 236, K583, Kúria
- Item 69, batch 112, K583, Kúria
- Batch No. 94., K27, Minisztertanácsi Jegyzőkönyvek (Minutes of the Council of Ministers), 1933.03.18.,
- Decree No. 359/8 MT, Minisztertanácsi jegyzőkönyvek, MOL.
- Decree No: 423/11 MT, Minisztertanácsi jegyzőkönyvek, MOL
- XIX-C-9. Box No. 2. Országos Közegészségügyi Tanács (National Public Health Council)
- XIX-9-C. Box No. 3. Országos Közegészségügyi Tanács
- XIX-9-C. Box No. 15. Országos Közegészségügyi Tanács
- XIX-9-C. Box No. 14. Országos Közegészségügyi Tanács
- XIX-9-C. Box No. 10. Országos Közegészségügyi Tanács
- XIX-C-9 Box.no.5. File 1308, Országos Közegészségügyi Tanács
- XIX-C-1-e. Közegészségügyi jelentések
- XIX-C-2-s. Box. No. 17., Simonovits István Miniszterhelyettes
- XIX-C-2-s. Box. No. 15., Simonovits István Miniszterhelyettes
- XIX-C-2-s. Box. No. 4., Simonovits István Miniszterhelyettes
- XIX-C-2-1.Box No.1., Simon Lajos,

Semmelweis Museum and Archive, Budapest.

- The papers of Ödön Rajka, Box no. 130
- File No. 1279-91 – Béla Johan
- The papers of György Gortvay
- The Papers of József Melly

Budapest Főváros Levéltára (Budapest Metropolitan Archives), Budapest

- 1-12. kötet. No.1-6195. 47. Magánalkalmazottak Bizt. Intézet Házassági Tanácsadó törzskönyvei, VIII.111
- Box 1. IV. 402. c. Központi járás tisztiorvosi iratai.

Nógrád Megyei Levéltár (Nógrád County Archives), Balassagyarmat

- Box.1.,1946-49. Tisztiorvosi iratok (Papers of the Medical Officer).

Published sources

Published sources with no author

Felsőházi Napló (Minutes of the Upper House). 1935. II. (1937.06.21): 165.

Országgyűlési Képviselőház Naplója (OKN), 30 June 1941: 349-385.

“Egyesületi ügyek,” *Egészség* 39 (1925): 72-89.

“Egyesületi Ügyek,” *Egészség* 39 (1925): 117-143.

“Egyesületi ügyek,” *Egészség* 45 (1931): 201-209.

Az 1952-53. évi népesedéspolitikai program Magyarországon (Dokumentumgyűjtemény). (Budapest: Népeségtudományi Kutatóintézet, 1992).

“A népszámlálás előzetes eredményei.” *Statisztikai Szemle* 12 (1931): 95-112.

“Az 1941. évi népszámlálás nemre, családi állapotra és vallásra vonatkozó adatai.” *Statisztikai Szemle* 24 (1943): 249-252.

”Országgyűlési Almanach az 1939-1944. évi országgyűlésről.”: 256-257. Online. Available: http://www.ogyk.hu/e-konyvt/mpgy/alm/al939_44/256.htm, and http://www.ogyk.hu/e-konyvt/mpgy/alm/al939_44/257.htm. Last Accessed: 12 January 2012.

“80 éve kezdte meg működését az Országos Közegészségügyi Intézet.” Online: https://www.antsz.hu/felso_menu/bemutakozas/antsz_tortenete/nyolvanveve.html accessed, January 29, 2014.

“Népeség, népmozgalom.” *Központi Statisztikai Hivatal*,
Online:http://www.ksh.hu/docs/hun/xstadat/xstadat_hosszu/h_wdsd001a.html?377

accessed, February 28, 2014.

- “A m. kir. belügyminiszternek 151.000/1927 B.M. számú körrendelete: a közerkölcsiség védelme,” *Belügyi Közlöny* 32 (1927): 327-328
- “Állásfoglalás a házasságelöltti orvosi vizsgálatok kérdésében.” *Orvos-szövetség* 43 (1940): 41-61.
- “A belügyminiszter és a közegészségügy,” *Orvosi Hetilap* 80 (1936): 571-573.
- “Az Orvosi Gyakorlat Kérdései.” Supplement to *Orvosi Hetilap* 87 (1943): 93-96.
- “A nemi betegségek elleni küzdelem hazánkban.” *Teleia* 1 (1923): 13.
- “Union Internationale Contre le Péril Vénérien,” *Teleia* 1 (1923): 14.
- “A nemi betegségek elleni védekezés tízparancsolatja,” *Teleia* 1 (1923): 30-31.
- “Egészség és hatalom.” *Teleia* 2 (1924): 42.
- “A Teleia Egyesület Tanácsadóállomása.” *Teleia*, 2 (1924) 42
- “A nemibetegségek elleni nemzetközi unio”. *Teleia* 2 (1924): 83.
- “A Teleia Egyesület XXXII. évi közgyűlése,” *Teleia* 3 (1925): 61-62.
- “Nyilatkozatok a házasság előtti orvosi vizsgálatról.” *Teleia* 3 (1925): 70-71.
- “A Teleia-egyesület 1925 október 25-én tartott igazgatósági és választmányi ülésének jegyzőkönyve,” *Teleia* 4 (1926): 11.
- “Az egyesület budapesti rendelőintézetének betegforgalma,” *Teleia* 4 (1926): 26.
- “A Teleia-egyesület 33-ik évi rendes közgyűlése,” *Teleia* 4 (1926): 63-67.
- “A Teleia-egyesület 1926. november hó 21-én tartott igazgatósági és választmányi ülése.” *Teleia* 5 (1927): 14-17.
- “Betegforgalom az 1926. évben,” *Teleia* 5 (1927): 80.
- “Az 1927 május hó 29-én tartott igazgatósági és választmányi ülés.” *Teleia* 5 (1927): 94-96.
- “A Teleia Ujpeti Fiókja,” *Teleia* 6 (1928): 133-134.
- “A Teleia-egyesület 1929 április 21-én tartott igazgatósági és választmányi ülése.” *Teleia* 7 (1929): 74-77.
- “A Teleia Egyesület 1930 május 4-iki igazgatósági és választmányi ülésének jegyzőkönyve.” *Teleia* 8 (1930): 92-93.
- “A Teleia Egyesület 1930 május 24-iki 37. évi rendes közgyűlésének jegyzőkönyve,” *Teleia* 8 (1930): 110-116.
- “A Teleia-egyesület szombathelyi fiókjának, a szombathelyi 'Sanitas Ambulatorium-Egyesület'-

- nek 1929. évi jelentése.” *Teleia* 8 (1930): 196-197.
- “A Teleia terjeszkedése.” *Teleia* 8 (1930): 212-213.
- “A pesterzsébeti 'Teleia' fiók.” *Teleia* 8 (1930): 236-237.
- “Az 1930. évi december 28-án tartott igazgatósági és választmányi ülés jegyzőkönyve.” *Teleia* 9 (1931): 15-17.
- “Dr Totis Béla: Az ifjúság nemi problémái.” *Teleia* 9 (1931): 163.
- “Pestszenterzsébet határozata a nemibeteg gondozó felállításáról.” *Teleia*, 10 (1932): 131.
- “A Teleia-egyesület tisztelgése Magyarország kormányzójánál.” *Teleia* 11 (1933): 27.
- “A Teleia Egyesület 1933 április 20-án tartott igazgatósági és választmányi ülése.” *Teleia* 11 (1933): 59-61.
- “A Teleia-egyesület 1934 május 9-én tartott igazgatósági és választmányi ülése.” *Teleia* 12 (1934): 81-84.
- “A Teleia Egyesület 1935 július 11-én tartott 43. évi rendes közgyűlése.” *Teleia* 13 (1935): 84-95.
- “A Teleia Egyesület 1938 október 9-én megtartott rendes évi közgyűlése,” *Teleia* 16 (1938): 121.
- “Az Országos Közegészségi Egyesület Antiveneriás Bizottsága 1939 november 18-án tartott 64. ülése.” *Teleia* 17 (1939): 163.
- “Küzdelem a nemi betegségek ellen.” *Közegészségügyi Kalauz* 29 (1 March 1907):10.
- “A szexuál-pedagógiai tanácskozás.” *Közegészségügyi Kalauz* 30 (1 January 1908):11-12.
- “A venereás betegségek elleni országos védőegyesület ülése.” *Közegészségügyi Kalauz* 35 (1913): 44.
- “A venereás betegségek elleni küzdelem egy újabb akciójáról Magyarországon,”
Közegészségügyi Kalauz 25 (1913): 201.
- “A házasság előtt való kötelező orvosi vizsgálat kérdése.” *Népegészségügy* 6 (1925): 326-332.
- “Az Országos Közegészségi. Egyesület Antiveneriás Bizottsága 1938 november 25-én tartotta 61-ik ülését.” *Teleia* 17 (1939):11-14.
- “Az Országos Közegészségi. Egyesület Antiveneriás Bizottsága 1940 február 24-én tartotta 65-ik ülését.” *Teleia* 18 (1940): 30-31.
- “Az Országos Közegészségügy Egyesület Antiveneriás Bizottságának ülése,” *Népegészségügy* 23 (1942): 160.
- “Az Országos Közeg. Egyesület Antiveneriás Bizottsága 1942 január 9-én tartotta 69-ik ülését,”
Népegészségügy 23 (1942): 359-362.

“Az Országos Közeg. Egyesület Antiveneriás Bizottsága 1942 december 11-én tartotta 72-ik ülését.” *Népegészségügy* 24 (1943): 100-101.

A fasiszta, antidemokratikus és szovjetellenes sajtótermékek jegyzéke. Budapest: Ált. Ny. 1946.

A boldog házasság könyve: kiadja a Katolikus Házassági Tanácsadó. Budapest: Béke Ny., 1948.

Magyar Katolikus Lexikon. Online. Available: <http://lexikon.katolikus.hu/K/Koszterszitz.html>

“A házasság mai formáját bírálni: nem izgatás,” *Az Est* 23 (1932).

Törvénytervezet a nemibetegségek leküzdéséről. (Budapest: Országos Közegészségi Egyesület Antiveneriás Bizottsága, 1936): 7.

“Az Országos Közegészségi Egyesület Antiveneriás Bizottsága 1941. febr. 7-én tartott 66-ik ülése.” In: *Bőrgyógyászati, urológiai és kozmetikai Szemle.* 1941.p.58.

“Az Országos Közegészségügyi Egyesület Orvosi Szakosztály Antiveneriás Bizottsága I. Ülése a II. Számú Belklinikán, *Egészség* 39 (1925): 81.

“Az Országos Közegészségügyi Egyesület Orvosi Szakosztály Antiveneriás Bizottsága II. ülése,” *Egészség* 39 (1925): 86.

“Az Országos Közegészségügyi Egyesület Orvosi Szakosztály Antiveneriás Bizottsága III. ülése,” *Egészség* 39 1925: 87.

“Beköszöntő.” *Nemzeti Családvédelem* 1 (1938): 2-3.

“A Magyar Családvédelmi Szövetség 1937. dec. 16.-i díszközgyűlése.” *Nemzeti Családvédelem.* 1 (1938): 15-20.

”Kis Katalin házassága (új magyar film),” *Nők Lapja*, 14 December 1950.

“Lenin a házasságról (szemelvények a Klara Zetkinnel folytatott beszélgetésből),” *Nők Lapja* 2 (21 January 1950).

”Postafiók,” *Nők Lapja* 2 (15 March 1950)

“A háboru és a nemi betegségek elleni védekezésről,” *Egészségügyi Lapok*, 8 (1915/11-12): 5-7.

“A venereás betegségek és a háboru – beszélgetés Nékám tanárral.” *Egészségügyi Lapok* 9 (1916): 1-3.

”A Magyar Fajegészségtani és Népesedéspolitikai Társaság.” *Egészségügyi Lapok.* 11 (1918) 7-8.

“Családvédelem.” *Egészségvédelem (Családvédelem)* 6 (1930): 25.

“Házasulandók figyelmébe.” *Egészségvédelem* 6 (1930): 27-28.

Intő szó a nőkhöz. (Budapest: Népjóléti és Munkaügyi Minisztérium Propaganda Központ, 1929)

Intő szó a férfiakhoz. (Budapest: Népjóléti és Munkaügyi Minisztérium Propaganda Központ,

1929)

Amit a férfiaknak a nemibetegségekről tudni kell. Budapest: OTI, 1942.

Amit a nőknek a nemibetegségekről tudni kell. Budapest: OTI, 1942.

Magyar Katolikus Lexikon: Margit Csaba. lexikon.katolikus.hu/C/Csaba.html, accessed, February 19, 2013.

Divini Illius Magistri: Ecyclical of Pope Pius XI on Christian Education. http://www.vatican.va/holy_father/pius_xi/encyclicals/documents/hf_p-xi_enc_31121929_divini-illius-magistri_it.html, accessed September 23, 2013.

“Határkérdések: A fajnemesítés (eugénika) problémái”. *Huszdik Század* 12 (1911), 700.

Decree No. 160.100/1926 of the Interior Minister on Prostitution, *Belügyi Közlöny* (1927):375-382.

1000 év törvényei. “1878. évi V. törvénycikk a magyar büntetőtörvénykönyv a büntettekéről és vétségekről.” Accessed February 10, 2014. <http://1000ev.hu/index.php?a=3¶m=5799>

Published sources (authored)

Ablonczy, Balázs. *Teleki Pál*. Budapest: Osiris, 2005.

Ablonczy, Balázs. “Az eugenika vonzásában: a társadalom biológiai tervezése.” *Rubicon* 16 2004. 14-15.

Agamben, Giorgio. *Homo Sacer: Sovereign Power and Bare Life*. Stanford, Cal.: Stanford University Press, 1998.

Armstrong, David. ”The rise of surveillance medicine.” *Sociology of Health & Illness*, 17 (1995): 393-404.

Baldwin, Peter. *Contagion and the state in Europe, 1830-1930*. Cambridge: Cambridge University Press, 1999

Bálint, Miksa. “Megfigyelések a Teleia orvosi tanácsadójából.” *Teleia* 6.(1928): 32-34.

Balogh, Zoltán. “A nihilizmus és a cinizmus borzalmas pusztítása.” *Az ifjúság orvosa* 2 (1943): 211-214.

Bangha, Béla. *Világnézeti válaszok: Korszerű vallási kérdések és elemzések megvilágítása*. Budapest: Korda, 1940.

Bangha, Béla. *Katolicizmus és Zsidóság*. Budapest: Szent István Társulat, 1923

Basch, Imre. “Der Kampf gegen die Geschlechtskrankheiten in Ungarn.” *Mitteilungen der*

- DGBG 25 (1927): 66-68.
- Bencs, Zoltán. "Legyen a Szövetség a nemzeti élet tüzes ébresztője." *Nemzeti Családvédelem* 1 (1938): 6-8.
- Berkovits, René, "Újabb tanulmányok a szociálbiológia köréből", *Huszedik Század* 14 (1913): 610-621.
- Berne, Eric. *Sex in Human Loving*. Penguin: Harmondworth, 1976.
- Bernstein, Frances. *The Dictatorship of Sex: lifestyle advice for the Soviet masses*. DeKalb: Northern Illinois University Press, 2007.
- Bibó, István. *Zsidókérdés Magyarországon 1944 után*. Győr: Tinta Bt, 1994.
- Bielek, Tibor. *Jelentés az Országos Egészségvédelmi Szövetség 1941. évi működéséről*. Budapest, Országos Egészségvédelmi Szövetség, 1941.
- Blom, Ida. *Medicine, morality, and political culture : legislation on venereal disease in five northern European countries, c.1870-c.1995*. Lund: Nordic Academic Press, 2012.
- Brandt, Allan M. *No magic Bullet: A Social History of Venereal Disease in the United States since 1880*. Oxford: Oxford University Press, 1987.
- Bucur, Maria: *Eugenics and modernization in interwar Romania*. Pittsburgh, Pa.: University of Pittsburgh Press, 2002.
- Bucur, Maria. "Eugenics in Eastern Europe." In *The Oxford Handbook on the History of Eugenics*, edited by Alison Bashford and Philippa Levine. New York: Oxford University Press, 2010.
- Buday, Dezső. "Törvényjavaslat a házasulók kötelező orvosi vizsgálatáról," *Nemzetvédelem* 1 (1918): 47-53.
- Csaba, Margit. *Amit a serdülő leánynak tudnia kell*. Budapest: Self-published, 1932.
- Csia, Sándor. "A szexualethikai nevelés és a jövő nemzedék." *Teleia* 10 (1932): 18-26.
- Csohány, Gabriella. "Kislányom születésnapjára." *Nők Lapja*, 2 (22 April 1950).
- Darányi, Gyula. *Közegészségtan*. Budapest: Orvosi Könyvkiadó Társulat, 1939.
- Darvas, György. "A házasság előtti orvosi vizsgálat jelentősége a statisztika tükrében." *Népegészségügy* 30 (1950) 346-350.
- Davidson, Roger and Hall, Lesley A. *Sex, Sin and Suffering: Venereal Disease and European Society since 1870*. London;New York: Routledge, 2001.
- Décsi, Imre. *A nemi élet és az erotika*. Budapest: Népszerű tudományos könyvek a szexuális életéről, 1941.
- Dickinson, Edward Ross. "Biopolitics, Fascism, Democracy: Some Reflections on Our Discourse about Modernity," *Central European History* 37 (2004): 1-48.

- Dobák, Ferenc. "Orvosi tanácsadás a házasság előtt," *Nemzeti Családvédelem*, 2 (1939): 12.
- Dobson, Szabolcs. "Magyar gyógyszer, magyar ipar II. A magyar gyógyszeripar 1945 – 1989 közötti történetéből." Online: <http://www.gyogyszeresztortenet.hu/wp-content/uploads/2013/09/A-magyar-gy%C3%B3gyszeripar-t%C3%B6rt%C3%A9nete-1945-1989.pdf> Accessed, February 15, 2014.
- Doros, Gábor. *A nemi betegségekre és azok leküzdésére vonatkozó magyar törvények, rendeletek és határozatok*. Budapest: Franklin Ny., 1926.
- Doros, Gábor and József Melly. *A nemi betegségek kérdése Budapesten*. Budapest: Budapest Székesfőváros Házinyomdája, 1930.
- Doros, Gábor. *Küzdelem a leánykereskedés és a prostitúció ellen: jelentés a "Magyar Egyesület a Leánykereskedés Ellen" negyedszázados munkájáról (1909-1934)* (Budapest: Magyar Egyesület a Leánykereskedés Ellen, 1935).
- Doros, Gábor. "Közgyűlési jelentés a Magyar Családvédelmi Szövetség 1937. évi működéséről," *Nemzeti Családvédelem* 1 (1938): 10-16.
- Doros, Gábor. "Az Imrédy-kormány és a családvédelem." *Nemzeti Családvédelem* 1 (1938): 2-4.
- Doros, Gábor. *Házasság gondozás* (Budapest: Magyar Családvédelmi Szövetség, 1940).
- Doros, Gábor. "Hogyan történik a jó házassági tanácsadás?" *Egészség* 56 (1942): 199-202.
- Dsida, Jenő. *Tízparancsolat*. Magyar Elektronikus Könyvtár: Dsida Jenő összes költeménye. Accessed: <http://mek.niif.hu/00600/00640/html/vers1302.htm#36>
- Emődi, Aladár. "A nemi betegségek ellen alakult "Teleia" egyesület 30 éves munkálkodásáról és céljairól." *Teleia* 1 (1923): 8-11.
- Emődi, Aladár. "A házasság előtti vizsgálat fontossága." *Teleia* 4 (1926): 74-77.
- Emődi, Aladár. "Titkári jelentés" *Teleia* 6 (1928): 95-98.
- Emődi, Aladár. "A főváros tisztiorvosa." *Teleia*, 10 (1932): 122.
- Emődi, Aladár. "Az Országos Közegészségügyi Egyesület Antiveneriás Bizottsága," *Teleia* 13 (1935): 64-65.
- Emődi, Aladár. "A nemibetegségek elleni küzdelem fejlődésének jövője útja a fővárosban." *Teleia* 14 (1936): 74-80.
- Erős, Ferenc. *Analitikus Szociálpszichológia* (Budapest: Új Mandátum, 2001).
- Engel, Pál. "Hozzászólás dr Gáll Sándor és dr Puskás Elemér a házasság előtti vizsgálatokkal foglalkozó közleményeihez." *Népegészségügy* 24 (1943): 866-867.
- Engs, Ruth Clifford, *The Eugenics Movement: an Encyclopedia*. Westport: Greenwood Press, 2005.
- Erődi-Harrach Béla: *A magyar settlement-mozgalom eszméi*. Budapest: Stúdium

- Könyvkereskedelmi és Könyvkiadó Rt. (undated).
- Falzeder, Ernst and Eva Brabant. *The Correspondence of Sigmund Freud and Sándor Ferenczi. Volume 3, 1920-1933*. Boston: Harvard University Press, 2000.
- Fetscher, Rainer. "A házassági tanácsadás problémái." *Egészségvédelem (Családvédelem)* 6. (October 1930): 24-26. and *Egészségvédelem (Családvédelem)* 6. (November 1930): 22-24.
- Fischer, Ármin. "Harcz a nemi (venereás) betegségek ellen." *Egészségügyi Lapok* 10 (1917): 1.
- Fónyad, Dezső. *Az ifjúság örök sebe*. Mezőtúr: Corvina, 1935.
- Forti, Simona. "The Biopolitics of Souls: Racism, Nazism, and Plato." *Political theory* 34 (2006): 9-32.
- Foucault, Michel. *Society Must Be Defended: Lectures at the Collège de France*. New York: Picador, 2003.
- Foucault, Michel. *The History of Sexuality: Volume I: An Introduction*. New York: Vintage Books, 1990.
- Foucault, Michel. *Power/Knowledge*. Edited by Colin Gordon. New York: Pantheon, 1980.
- Friedman, Lawrence M. *Private Lives: Families, Individuals and the Law*. Boston: Harvard University Press, 2005.
- Gáll, Sándor. "A házasságkötés előtti vizsgálatok első évének mérlege." *Népegészségügy* 24 (1943): 613-615.
- Gárdonyi, Máté. "Az antiszemitizmus funkciója Prohászka Ottokár és Bangha Béla társadalomképében." In: Molnár, Judit. *A holokauszt Magyarországon európai perspektívában*. Budapest: Balassi Kiadó, 2005
- Gawin, Magdalena. "Early Twentieth-Century Eugenics in Europe's Peripheries: The Polish Perspective", *East Central Europe* 38 (2011): 10-11
- Gawin, Magdalena. "The social politics and experience of sex education in early twentieth-century Poland (1905-39)." In Sauerteig, Lutz D.H. and Roger Davidson, eds.. *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe* (London: Routledge, 2009). 217-236.
- Géber, János. "A nemibetegségek gyógyíthatóságának kérdése és a házassági engedély megadása." *Teleia* (1925): 36-41.
- Gegus, Dániel. "Visszapillantás a 'Teleia' negyven éves múltjára." *Teleia* 11 (1933): 15-23.
- Gergely, András. *Jeles magyar zsidó orvosok lexikona*. Budapest, G and T, 2000.
- Gergely, János. "How immunology was won in Hungary," *Immunology Today* 13 (1992): A1-A3. Accessed February 11, 2014.
<http://www.sciencedirect.com/science/article/pii/016756999290054B#>

- Gerodetti, Natalia. "Eugenic Family Politics and Social Democrats: Positive Eugenics and Marriage Advice Bureaus." *Journal of Historical Sociology* 19 (2006): 217-244.
- Gilman, Sander. "The Jewish Murderer." In *The Jew's Body*. (New York: Routledge, 1991).
- Gorka, Tivadar, "A magyar társadalombiztosítás a két világháború között", *Communicationes de Historia Artis Medicinae – Orvostörténeti Közlemények*, Vol. 121–124. (1988): 123–126
- Gortvay, György. "Szociálbiológiai nézőpontok a magyar egészségügyi igazgatásban." *Népegészségügy* 8 (1927): 93-110.
- Gortvay, György. *A m.kir. Társdalomegészségügyi Intézet és Múzeum működése az 1932-ik évben*. Budapest: Athenaeum, 1933.
- Gortvay, György. *A népegészségügyi múzeum munkája*. Budapest: Egyesült Kö- Könyvnyomda, 1935.
- Gortvay, György. *Sociálhygiénés jegyzet*. Szeged: Wirth és Rengey, 1936.
- Griessler, Erich. „Policy Learning” im österreichischen Abtreibungskonflikt: Die SPÖ auf dem Weg zur Fristenlösung. IHS: Vienna, 2006. <http://www.ihs.ac.at/publications/soc/rs76.pd>
- Grossmann, Atina. *Reforming Sex: The German movement fo abortion and birth control reform, 1920-1950*. New York: Oxford University Press, 1995.
- Gruber, Helmut. *Red Vienna: Experiment in Working Class culture 1919-1934*. Oxford: Oxford University Press, 1991.
- Grúsz, Frigyes. "A házasság előtti orvosi vizsgálat kérdése." *Teleia* 13 (1935): 26.
- Grúsz, Frigyes. *A nemi élet és a nemi betegségek*. Budapest: Pesti Könyvnyomda, 1929.
- Grúsz, Frigyes. "A nemibetegségek elleni propaganda." In Rajka, Ödön and Ernő Kálmán, eds. *A dermato-venerológia haladása a szakmai továbbképző tanfolyamok tükrében*. Budapest: Magyar Orvosi Könyvkiadó Társulat, 1949.
- Guszman, József, László Kovács, Gusztáv Petki and László Nebenführer. *A nemibetegségek időszerű kérdései*. Budapest: Egyetemi, 1954.
- Gyáni, Gábor and György Kövér. *Magyarország társadalomtörténete a reformkortól a második világháborúig*. Budapest: Osiris, 2006.
- Hahn, Géza. *Twenty Years of Public Health in Hungary*. Budapest: Corvina, 1965.
- Hárs, György Péter "Pszichoanalízis a Nyugatban I." *Múlt és Jövő* (2008.): 61-83.
- Haverkate M, D'Ancona F, Giambi C, Johansen K, Lopalco PL, Cozza V, Appelgren E, on behalf of the VENICE project gatekeepers and contact points. „Mandatory and recommended vaccination in the EU, Iceland and Norway: results of the VENICE 2010 survey on the ways of implementing national vaccination programmes." *Euro Surveill.* 17(2012):pii=20183.Available: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20183>

- Heinemann, Elizabeth, *What difference does a husband make? Women and Marital Status in Nazi and Postwar Germany*, University of California Press, Berkeley (1999): 23-24.
- Heller, Jakab. "A nemibetegségek elleni küzdelem újabb térfoglalása." *Teleia* 4 (1926): 8-10.
- Herman, János. "Statistikai adatok a férfiak házasságonkívüli nemi életéhez." *Népegészségügy* 11 (1930): 295-302.
- Hilscher, Rezső. *A Főiskolai Szociális Telep tevékenysége és a settlement munka módszere*. Szeged: Hírlapkiadó Nyomda, 1929.
- Hirschfeld, Magnus and Béla Neufeld. "Ein Wunderkind-Phaenomen der Kraftleistung." *Die Medizinische Welt* (1931).
- Hochstrasser, Emil. "Beszámoló a Győri Egészségvédelmi Intézet (Nemibeteg gondozó) működéséről." *Teleia* 10 (1932) 43-47.
- Hoffmann, David L. *Stalinist values: the cultural norms of Soviet modernity, 1917-1941*. Ithaca: Cornell University Press, 2003.
- Hoffmann, Géza. "Eugenika." *Magyar Társadalomtudományi Szemle* 7 (1914): 91-106.
- Honti, József. "Forel Magyarországon." *Orvosi Hetilap* (1977): 1175-1178.
- Horn, Béla. "Az egészségügy fejlődése a Szovjetunióban" *Nők Lapja* 4 (30 October 1952).
- Illés, Endre. "Az ifjúság nemi problémái. Dr Totis Béla tanulmánya." *Nyugat* 25 (1932). 224-225.
- Imre, Sándor. *Az ifjúság és a mai élet nagy kérdései*. Budapest: Első Kecskeméti Nyomda, 1932.
- Incze, Gábor. "Tóth Tihamér." *Protestáns Szemle* 47 (1935): 66-71.
- Ingebrigtsen, Erik. "Béla Johan (1889-1983) and Public Health in inter-war Hungary." In: Borowy, Iris and Anne Hardy, eds. *Of Medicine and Men: biographies and ideas in European social medicine between the World Wars*. Frankfurt am Main: Peter Lang, 2008: 45-71.
- Johan, Béla. *A modern közegészségügy célja, eszközei, eredményei*. Budapest: Pesti Könyvnyomda, 1928.
- Johan, Béla. *Az egészségvédelmi munka egységesítése és racionalizálása*. Budapest, Pesti Könyvnyomda, 1929.
- Johan, Béla. *Meddig terjedjen az állami egészségvédelmi gondozás?* Budapest: Magyar Távirati Nyomda, 1930.
- Johnson, Christian. *Strength in community: an introduction to the history and impact of the International Settlement Movement*. Derby: IFS, 1995.
- Josefovits, László. *Fajgyalázás: az 1941. 15. t. c. 15. -ának büntetőbírószági joggyakorlata* (Bethlen: Budapest, 1944).

- Kapronczay, Károly. *Fejezetek az Az anya- és csecsemővédelem, valamint a gyermekvédelem hazai történetéből*. Online: http://www.tudomanytortenet.hu/tankonyvek/a_kozegeszsegugy_tortene/index.php?kat=43&id=0&idd=439. Accessed: December 5, 2013.
- Kapronczay, Károly, "A könyvtáros Antall József emlékezete," *Könyvtári Figyelő* 1994.
- Károlyi, István. *A kontaktus-kutatás módszerei a gyakorlatban, A dermato-venerológia haladása. 5. szám.* (Budapest: Országos Bőr-és Nemikórtani Intézet, 1957).
- Károlyi, István, A nemibetegségek elleni küzdelem helyzetképe (1947-1956), Ernő Liebner and Ede Flórián eds, *A dermato-venerológia haladása*, No.6. (1957) : 127-151.
- Károlyi, István. Magyarország Bőr-és Nemibeteg gondozóinak 1961. évi működése, Ernő Liebner and Ede Flórián eds, *A Dermato-venerológia haladása*, No.9. 1962: 23-41.
- Károlyi, István, László Kovács, Ibolya Török, Ferenc Réffy and János Varga, Magyarország Bőr-és Nemibeteg gondozóinak 1971. év működése, Ede Flórián and István Károlyi, *A dermato-venerológia haladása*, No. 16. 1972: 25-57.
- Karsai, László, "A múltnak kútja," *Élet és Irodalom*, November 16, 2007.
- Kemény, Ferenc. "Sexualpaedagogische Enquete in Budapest." *Zeitschrift für Bekämpfung der Geschlechtskrankheiten* 8 (1908): 307-330.
- Kemény, Ferenc. "Az egész ember." *Egészségügyi Lapok* 3 (1910): 3.
- Kertész, Béla. "Beszámoló az 1941. XV. tc. alkalmazásáról." *Orvosi Hetilap*. 86 (1942): 445-448.
- Keserű, Béla. "Néhány szó a tisztiorvosok államosításáról." *Orvosszövetség* 39 (1936): 55-56.
- Kevles, Daniel J. *In the Name of Eugenics*. Berkeley: University of California Press, 1985.
- Király, Kálmán and László Kovács. "Antivenereás küzdelmünk helyzete és legközelebbi feladatai." *Népegészségügy* 34 (1953): 149-155.
- Kiss, Ferenc. *A szekszuális kérdés*. Pro Christo: Budapest, 1935.
- Kiss, László. "Egészség és politika: az egészségügyi prevenció Magyarországon a 20. század első felében." *Korall* 17 (2004): 107-137. Online: <http://epa.oszk.hu/00400/00414/00012/pdf/05kisslaszlo.pdf>. Accessed, February 15, 2014.
- Komoróczy, Géza. *A zsidók története Magyarországon II: 1849-től a jelenkorig*. Pozsony: Kalligram, 2012.
- Koszterszitz, József, Ádám György et. al. *Nos Rector...a magyar főiskolai hallgatók könyve*. Budapest: Szent István Társulat, 1943.
- Koszterszitz, József. "Sátán törvétele." In *Tiszta férfiúság az egyetemeken*. Budapest: Szent István Társulat, 1944: 30-52.

- Koszterszitz, József and Mihály Marczell, eds. *A kemény parancs*. Budapest: Élet, 1928.
- Kovács, M. Mária: *Liberal professions and illiberal politics : Hungary from the Habsburgs to the Holocaust*. Washington, D.C. : Woodrow Wilson Center Press, 1994.
- Kovács, M Mária. *Törvénytől sújtva*. Budapest: Napvilág, 2012.
- Kron, Imre. "A házasság előtti orvosi vizsgálat fontosságáról." *Teleia* 6 (1928): 27
- Ladányi, Andor. Két évforduló. In: *Educatio*, 1996. No. 3. pp. 378-384.
- Lazarovits, Lajos. "A syphilis fertőzési útjai: A syphilis terjedése a házassági törvény védelme ellenére." *Népegészségügy* 28 (1947): 2091-2093.
- Lemke, Thomas. "A Zone of Indistinction: A Critique of Giorgio Agamben's Concept of Biopolitics." *Outlines* (2005): 3-13.
- Lesskó, Jenő. "Az ifjúság nemi erkölcsét tervszerűen romboló tényezők." *Az Ifjúság orvosa* 2 (1943): 249-258.
- Lichtfeld, Lawrence. "A Plea for the Establishment of an American Association for the Prevention of Social Diseases," *The Journal of the American Medical Association* 54 (1910): 692-695.
- Liebermann, Leo. "Védekezés a nemi betegségek ellen. Az egyetemek és főiskolák polgáraihoz." *Egészségügyi Lapok* 2 (1909): 4-10.
- Livschiz, Ann. "Battling. 'Unhealthy relations.' Soviet Youth Sexuality as a Political Problem." *Journal of Historical Sociology* 21. (2008): 397-416.
- Long, JJ. "W.G. Sebald: The Ambulatory Narrative and the Poetics of Digression." *Amsterdamer Beiträge zur Neueren Germanistik*, 72 (2009): 61-71.
- Lóránd, Zsófia, "Megszóltatott félhangok", *Kettős MÉRCE*, 2014.01.27. Online: http://magyarinfo.blog.hu/2014/01/27/megszolaltatott_felhangok
- Lugosi, András. "Sztalin főhercege' Kohn báró vacsorái a Falk Miksa utcában a fajgyalázási törvény idején" *Konfliktus és társadalmi innováció a Magyar Szociológiai Társaság éves konferenciája és közgyűlése 2010. november 5-7., Wesley János Lelkészkepző Főiskola*, Online: http://www.szociologia.hu/dynamic/mszt_konf_bp2010_konferenciakiadvany_vegleges.doc Accessed: 12-02-2014.
- Lukács, György. "A kapitalista kultúra csődje." *Társadalmi Szemle* 4 (1949): 35-53.
- Lurker, Manfred. *The Routledge Dictionary of gods and goddesses, devils and demons*. New York: Routledge, 2004.
- Magyar Országos Levéltár. *Horthy Miklós titkos iratai*. Budapest: Kossuth, 1963.
- Makarenko, Anton Szemjonovics. *Válogatott pedagógiai tanulmányok*. Budapest: Új Magyar Könyvkiadó, 1949.
- Mancini, Elena. *Magnus Hirschfeld and the quest for sexual freedom*. New York: Palgrave

- Macmillan, 2010.
- Mann, Miklós. “Adalékok dr Schönstein Sándor tevékenységéhez.” *Communicationes ex Bibliotheca Historiae Medicae Hungarica*. Budapest: Orvostörténeti Könyvtár, 1967: 151-163.
- Márai, Sándor. *Egy polgár vallomásai*. Budapest: Európa, 2000.
- Mark, James, “Remembering Rape: Divided Social Memory and The Red Army in Hungary 1944-1945,” *Past & Present* 188 (2005): 133-161.
- Martin, Jamila. *Die Eugenik-Konzeption Magnus Hirschfeld im Kaiserreich und in der Weimarer Republik*. Master Thesis, Unpublished (2013).
- McEwen, Britta. *Sexual Knowledge: Feeling, Fact, and Social Reform in Vienna, 1900-1934*. New York: Berghen Books, 2012
- Melly, József. “Az egészséges életmódra való népnevelés irányelveiről.” *Városi Szemle* 13 (1927): 99-1031.
- Mesner, Maria. “Educating Reasonable Lovers: Sex Counselling in Austria in the First Half of the Twentieth Century.” In *Sexuality In Austria*, edited by Günter Bischof, Anton Pelinka and Dagmar Herzog. London: Transaction Publishers, 2007.
- Mesner, Maria. *Geburten/Kontrolle: Reproduktionspolitik im 20. Jahrhundert*. Vienna: Böhlau, 2010.
- Molnár, Antal. “Bangha Béla, az engedelmes lázadó.” *História* 33 (2011): 43-46.
- Mottier, Véronique, and Natalia Gerodetti. “Eugenics and Social Democracy: or, How the European Left Tried to Eliminate the 'Weeds' from its National Gardens.” *New Formations* 60 (2007): 35-49.
- Müller, Lajos. *Jegyesoktatás: jegyesek és házasságra készülő felnőtt ifjak és hajadonok számára*. Budapest: Apostol Nyomda, 1925.
- Müller, Lajos. *Jegyesoktatás: jegyesek és házasságra készülő felnőtt ifjak és hajadonok számára*. Budapest: Korda, 1947.
- Naményi, Lajos. “Eugenika és Gyógypedagógia.” *Gyógyászat* 66 (1926): 702-705.
- Naményi, Lajos. “A házassági tanácsadás lényege és feladatai.” *Népegészségügy* 10 (1929): 1125-1133.
- Nádor Nikitits, István. “Az eugenika szerepe a nemzeti családvédelemben.” *Nemzeti Családvédelem* 1 (1938): 11-12.
- Nagy, Lajos. “Az ifjúság nem problémáiról /Totis Béla/.” *Korunk* 6 (1931): 736-741.
- Nékám, Lajos. “A háború és a nemi betegségek.” *Egészségügyi Lapok* 9 (1916): 1-6.
- Nemes Nagy, Zoltán. *Szexuálpedagógia és -ethika: nemi felvilágosítás irányelvei és módjai : szexuálpedagógiai tanulmány*. Budapest: Aesculap, 1944.

- Neuber, Ede. "Az O.K.E. Antiveneriás Bizottságának tíz éves munkásságáról, 1925-1935." In: *Az Országos Közegészségügyi Egyesület Antiveneriás Bizottságának ünnepi kötete*. Budapest: Athenaeum, 1935.
- Neuber, Ede. "Ifjúságunk egészségvédelme." In Martonffy, Károly, Ed. *A korszerű közszolgálat útja: A mai magyar szociálpolitika*. Budapest, Állami Nyomda: 1939: 1003-1013.
- Neufeld, Béla. "Világnézet és Sexualitás." *Korunk* 7 (1932): 777-781.
- Neufeld, Béla. "A Sexuálreform Világligájának V. Nemzetközi Kongresszusa." *Korunk* 7 (1932): 822-824.
- Nógrády, László. "A nemi felvilágosítás kérdése a családban." *Teleia* 9 (1931): 142-149
- Olasz, Péter. *A mai férfi életútja*. Satu-Mare: Corvin Nyomda, 1926.
- Olasz, Péter. *Gyermekek, serdülőkor, nevelés*. Budapest: K.M. Egyetemi Nyomda, 1938.
- Palló, Gábor. "Darwin utazása Magyarországon." *Magyar Tudomány* 169 (2009): 714-726. Accessed November 10, 2011. <http://www.matud.iif.hu/09jun/12.htm>
- Pető, Andrea, "Átvonuló hadsereg, maradandó trauma," *Történelmi Szemle* 41 (1999): 85-109.
- Pető, Andrea. "Women's Rights in Stalinist Hungary: The Anti-Abortion in Campaign of 1952." *Hungarian Studies Review* 29 (2002): 49-77.
- Polony, Géza. "Nincs külön férfi és női morál." *Az Ifjúság orvosa* 2 (1943): 258-261.
- Potó, János. "Feljegyzés Johan Béla politikai tevékenységéről." *Magyar Epidemiológia* 1 (2004): 9-10.
- Prohászka, Ottokár. "A zsidó recepció a morális szempontjából." In *Prohászka Ottokár összegyűjtött munkái*. Edited by Antal Schütz, Vol. XXII. Budapest: Szent István Társulat, 1929.
- Promitzer, Christian, *Degeneration, Darwinism and the Development of Eugenics in Bulgaria (1890-1929)* East Central Europe 38 (2011): 57
- Puskás, Elemér. "A házassulandók vizsgálatáról." *Népegészségügy* 24 (1943): 615-618.
- Radocsay, László. "Melléklet az 506. számú irományhoz: Indokolás 'a házassági törvény kiegészítéséről és módosításáról' szóló törvényjavaslathoz." *Képviselőházi irományok* (1939): 391-405.
- Ráskai, Dezső. "Nemi betegségek terjedése ellen létesítendő országos egyesületnek alakuló közgyűlésén tartott megnyitó előadás." *Közegészségügyi Kalauz* 28 (20 April 1906): 4-6.
- Rasztik, Tibor. "Történelmi Üzletembereink" (Richter Gedeon, 2010). <http://www.richter.hu/HU/Documents/TortenelmiUzletemberek.pdf>. Accessed, February 15, 2014.
- Ráth, Endre. "A cselédek kötelező orvosi megvizsgálatásáról." *A Nő* 3 (1916): 27.

- Réti, Endre. "A MONE és a magyar összeomlás." *Orvosok Lapja* 1 (1945): 104-108.
- Rév, István. "Nincs nő, nincs vágy, nincs szex." *Rubicon* 4 (1993): 32-34.
- Robertson, Jennifer. "Blood talks: Eugenic modernity and the creation of the new Japanese." *History and Anthropology* 13. (2002): 191-216.
- Romsics, Ignác. "Nyíltan vagy titkosan. A Horthy-rendszer választójoga." *Rubicon* 1(1990): 4-5.
- Rose, Nikolas. "The Politics of Life Itself." In: *Theory, Culture and Society*. 18 (2001): 1-30.
- Sáfrán, Györgyi. *Üzenet falusi lányoknak*. Budapest: Katolikus Lánykörök Szövetsége, 1941.
- Sauerteig, Lutz. "Moralismus versus Pragmatismus: Die Kontroverse um Schutzmittel gegen Geschlechtskrankheiten zu Beginn des 20. Jahrhunderts im deutsch-englischen Vergleich." In *Neue Wege in der Seuchengeschichte*. Dinges, Martin and Thomas Schlich, eds. Stuttgart: Steiner, 1995.
- Sauerteig, Lutz. *Krankheit, Sexualität, Gesellschaft*. Stuttgart: Franz Steiner, 1999.
- Sauerteig, Lutz D.H. And Davidson, Roger (eds.): *Shaping sexual knowledge a cultural history of sex education in 20th century Europe*. London; New York: Routledge, 2009.
- Sawyer, Michelle. "Women's Reproductive Rights under State Socialism in Hungary: The Ratkó Era, 1950-1956." MA Thesis, Central European University, 2010. Online: www.etd.ceu.hu/2010/sawyer_michelle.pdf
- Scammell, Michael. *Koestler: the literary and political odyssey of a twentieth century skeptic*. New York: Random House, 2009.
- Schneider, William H. *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France*. Cambridge: Cambridge University Press, 1990.
- Schönstein, Sándor. "Az egyke problémája." *100%* 1 (1928): 262-264.
- Schönstein, Sándor. "A munkásifjúság és a nemi kérdés." *100%* 3 (1930).
- Schönstein, Sándor. "Ifjúsági és szexuális tanácsadók Budapesten." *Társadalmi Szemle* 1 (1931): 95-98.
- Schwartz, Michael. *Sozialistische Eugenik: Eugenische Sozialtechnologien in Debatten und Politik der deutschen Sozialdemokratie 1890-1933*. Bonn: Dietz, 1995.
- Sigusch, Volkmar. *Geschichte der Sexualwissenschaft*. Frankfurt: Campus, 2008.
- Simonovits, István and Endre Kárpáti. "Schönstein Sándor dr. életéről és munkásságáról." *Orvosképzés* 55 (1980): 463-475.
- Sipos, Balázs. "Az 'Új Idők' mint női lap a két világháború között." In *Médiatok, történetek, használatok – Ünnepi tanulmánykötet a 60 éves Szajbély Mihály tiszteletére* (Szeged: Szegedi Tudományegyetem Kommunikáció- és Médiatudományi Tanszék, 2012): 293-309. <http://www.media.u-szeged.hu/szajbely60/pdf/sipos.pdf>. Accessed February 15, 2013.

- Somogyi, Zsigmond and Frigyes Grúz. "A düsseldorfi értekezlet az új német nemi beteg törvényről." *Népegészségügy* 9 (1928): 253-274.
- Somogyi, Zsigmond. "A németországi nemi beteg tanácsadók és gondozók működése." *Népegészségügy* 9 (1928): 298-302.
- Somogyi, Zsigmond. "Eddigi tapasztalataim a német nemi beteg törvényről." *Népegészségügy* 10 (1929): 94-99.
- Somogyi, Zsigmond. "A házassági tanácsadás." *Teleia* 11 (1933).
- Somogyi, Zsigmond. "Az Országos Szociálpolitikai Intézet Egészségügyi Osztályának működése az 1932. évben." *Népegészségügy* 14 (1933): 627-635; 664-667; 704-712.
- Somogyi, Zsigmond. "Törvényjavaslat a házasság előtti orvosi tanácsadásra." In *Az Országos Közegészségügyi Egyesület Antiveneriás Bizottságának Ünnepi Kötete (1925-1935)*, edited by Ede Neuber. Budapest, Atheneum, 1935.
- Somogyi, Zsigmond. "Az új magyar törvény a népbetegségek leküzdésére." *Egészség* (1941): 59-65.
- Somogyi Zsigmond. "A kötelező orvosi vizsgálat a házasság előtt." *Szociális Szemle* 3. (1942): 20-22.
- Somogyi, Zsigmond. "A Teleia Egyesület 75 éve alakult." *Népegészségügy* 49 (1968): 178-179.
- Steiger-Kazal, Dezső. "A sexualis ismeretek oktatása Európa egyetemlein." *Népegészségügy* 11 (1930): 77-83.
- Steiger-Kazal, Dezső. "A nemi felvilágosító és prophylactikus előadások Magyarország főiskoláin." *Népegészségügy* 11 (1930): 1123-1127.
- Stoler, Ann Laura. *Race and the education of desire : Foucault's History of sexuality and the colonial order of things*. Durham: Duke University Press, 1995.
- Stopes, Marie Carmichael. *Szerelmi élet a házasságban*. Translated by: Karinthy, Emília. Budapest: Dick Manó, 1924.
- Spencer, Herbert. Letter to Huszadik Század. *Huszadik Század* 1 (1900).
- Szabadi, Béla. "A Székesfehérvári tanügyi kiállítás." *Protestáns Szemle* 50 (1938): 383-386.
- Szécsényi, Mihály. *Garniszállók és kéjnőtelepek*. *Rubicon* 9 (1998).
http://www.rubicon.hu/magyar/oldalak/garniszallok_es_kejnotelepek/. Accessed, April 2, 2013.
- Szegvári, Sándorné. "Fajpusztulás." *A Nő* 4 (1917): 179.
- Szél, Tivadar. "Neuber Ede: A debreceni I. Oszt. Elemi iskolás tanulók átvizsgálása egészségügyi szempontból." *Statisztikai Szemle* 12 (1931): 1118-1120.
- Szénásy, József. *Versenyfutás a halállal: Egy orvos emlékiratai*. Budapest: Folpress, 1997

- Szondi, Lipót. *Az örökléstan jelentősége a gyakorlatban*. Budapest:Admiral, 1936.
- Sztupkay, Sándor. "Nemi kérdések tárgyalása." *Levente* 14 (1942): 73-74.
- Tarcsafalvay, P. "A családi élet tisztasága." *Levente* 14 (1942): 5-7.
- Teleki, Pál. "Körlevél az eugenikáról." *Szociálpolitikai Szemle* 6 (1917): 169-171
- Temesváry, Rezső. "Feleky Hugóról." *Teleia* 10 (1932): 106-108.
- Timm, Annett. F. *The Politics of Fertility in Twentieth-Century Berlin* (Cambridge: Cambridge University Press, 2010) , 135.
- Tomcsik, József. *A M. Kir. Országos Közegészségügyi Intézet 1940. évben végzet munkájának ismertetése*. Budapest: Pátria, 1941.
- Tóth, Tihamér. *A tiszta férfiúság*. Budapest: Stephaneum, 1920.
- Totis, Béla, ed. *Születésszabályozás*. Budapest: Világosság, 1932.
- Totis, Béla. *Az ifjúság nemi problémái*. Budapest, Világosság, 1931
- Turda, Marius and Weindling Paul J. (eds) *Blood and homeland : eugenics and racial nationalism in Central and Southeast Europe, 1900-1940*. New York : Central European University Press, 2006.
- Turda, Marius. "The Biology of War: Eugenics in Hungary, 1914-1918." *Austrian History Yearbook* 40 (2009): 238-264
- Ugron, Gábor. *Jelentés az Országos Egészségvédelmi Szövetség 1940. évi működéséről*. Budapest, Országos Egészségvédelmi Szövetség, 1940.
- Újvári, Péter. *Magyar Zsidó Lexikon*. Budapest: Pallas, 1929.
- Ungváry, Krisztián. "Johan Béla és a deportálások." *Magyar Epidemiológia* 2 (2005): 93-97.
- Ungváry, Krisztián, *A Horthy-rendszer mérlege: diszkrimináció, szociálpolitika és antiszemitizmus Magyarországon 1919-1944*. Pécs: Jelenkor, 2012.
- Vámosy, Zoltán. "Törvényjavaslat a hatósági orvosi szolgálatról és a közegészségügyi törvények módosításáról." *Orvosi Hetilap* 80 (1936): 227-231.
- Van de Velde, Theodore. *A tökéletes házasság: élettana és megvalósítása*. Feldmann: Budapest, 1928.
- Vasali Zoltán. "Szigorított meddővé tétel: megmondják mit tehetsz magaddal." *Nők Lapja*, December 19, 2013. <http://www.nlcafe.hu/ezvan/20131219/muvi-meddove-tetel-szigoritas/>. Accessed: January 31, 2014.
- Verebely, Tibor. "Gümőkór és nemibetegségek elleni védekezésről szóló tv. Javaslat." *Orvosi Hetilap* 84 (1940): 197-199.
- Von Soden, Kristine. *Die Sexualberatungsstellen der Weimarer Republik*. Berlin: Edition

- Hentrich, 1989.
- Vörös, Kati.” A Unique Contract. Interpretations of Modern Hungarian Jewish History”. Kovács, A.—Andor, E. (eds.) *Jewish Studies at the Central European University Ill.* CEU, Budapest. 229-255
- Wanrooij, Bruno P.F. “Carnal knowledge : the social politics and experience of sex education in Italy, 1940-80 ” In Sauerteig, Lutz D.H. and Roger Davidson, eds.. *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe* (London: Routledge, 2009): 108-129.
- Weindling, Paul Julian. *Health, race, and German politics between national unification and Nazism, 1870-1945.* Cambridge: Cambridge University Press, 1989.
- Weiss, Emil. “Védekezés a ragályos nemi betegségek ellen.” *Közegészségügyi Kalauz* 29 (December 1907): 4-6.
- Weiss, Emil. “A venereás betegségek elleni küzdelem egy újabb akciójáról Magyarországon.” *Egészségügyi Lapok* 6 (July 1913): 2-3.
- Weiss, Emil. “Emlékirat a nemi betegségek leküzdése tárgyában.” *Egészségügyi Lapok* 9 (1916): 1- 4.
- Weisskopf, Josef. “Der Brünner Sexualkongress.” *Sexus* 1 (1933): 28.
- Zemplényi, Imre. “Aktualitások.” *Orvosi Hetilap* 86 (1942): 543-544.
- Zoltvány,Irén. *Erotika és irodalom.* Budapest: Szent István Társulat, 1924.