

# The Hygiene of Everyday Life and the Politics of Turn-of-the-Century Psychiatric Expertise in Hungary

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## Shifts in the Social Functions of Psychiatry by the Turn of the Century

Characterized by diverse social composition as well as political and ethnic conflicts, late-nineteenth-century Hungary provides the exemplary model of the coexistence of fierce nationalism and fervent cosmopolitanism. The interaction of these forces deeply shaped the country's medical and human sciences. Manifestations of a perceived degeneration within "civilization": capitalism, socialism, feminism, anarchism, the Decadent movement, crime, high suicide rates, and insanity, became signifiers of cultural crisis that contemporary scientists translated into a language of social pathology.

In the following, I focus on psychiatrists' contribution to this process. After the lengthy process of building a professional institutional system in the country starting in the 1850s, by the turn of the century, Hungarian psychiatry gradually moved beyond its closely defined disciplinary borders and increasingly became a public arena. As this chapter demonstrates, psychiatrists extended their professional expertise, originally focused on the individual person and the patient population within psychiatric institutions, to the larger social domain, encompassing crowds, masses, cities, and the nation. Parallel to this development concerning the health of society, psychiatrists also gradually attained a cultural monopoly over the "hygiene of everyday life" and, by the first decades of the twentieth century, invaded the private spheres of ordinary families and individuals.

These tendencies resulted in what Elizabeth Lunbeck called the "spread of psychiatric perspective" (Lunbeck 1994) in society, unconnected to psychiatric

institutions. The task of the psychiatrist now was to intervene in solving grave social problems, such as alcoholism, pauperism, prostitution, syphilis, sexual perversion, and insanity; this crystallized in the hygiene of a healthy mental and physical “everyday” life in which prophylactics figured prominently.

## Degeneration, Social Problems, and Prophylactics

The population of psychiatric institutions in the last decades of the nineteenth century suggests a strong connection between grave contemporary social problems and psychiatric illness. The rise of the number of paralytics, alcoholics, and neurasthenic patients (neurasthenia was perceived as an “epidemic”) made social factors become ever more relevant in psychiatric thinking (see Lafferton 2006). A proliferation of books and articles by well established psychiatrists on a few topics contained strong social criticism targeting alcoholism, prostitution, pauperism, and the consequences of capitalism and civilizational forces. These social factors and elements of organicism combined in the all-pervasive theory of degeneration to which numerous Hungarian psychiatrists full-heartedly subscribed.<sup>1</sup>

This growing literature produced by psychiatrists with very different backgrounds demonstrates a significant shift and expansion in psychiatrists’ understanding of the profession’s role and function by the turn of the century. Claims of professional expertise, originally focused more on the individual person and the patient population within the psychiatric institution, was now extended to the larger social domain. The health of society was now at stake, and it was explicitly argued that it was psychiatrist’s task to intervene in social problems and solve them with his expertise. Prophylactics became a key concept in turn-of-the-century psychiatry. “Human society reacts to pathological conditions not through the individuals, but as a single body” (Oláh 1903, 50), therefore psychiatry’s greatest task was the development of “prophylactics that

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<sup>1</sup> Degeneration theory had been first systematically described by French psychiatrists J. Moreau de Tours (1804–1884) and Augustin Morel (1809–1873), later popularized by Paul Möbius (1854–1907) and the Hungarian-born Max Nordau (1849–1923), and was widely accepted by psychiatrists by the last third of the nineteenth century. On the medical concept as well as the rich social meanings of degeneration, see Pick (1989); the relevant essays in Chamberlin and Gilman (1985); Nye (1984); and Bynum (1984).

encompasses social life and extends to several generations” (Oláh 1903, 22, also 60). Prophylactics became increasingly important in numerous psychiatric works that placed more emphasis on aspects of healthy living and constructed the hygiene of a healthy mental and everyday life.<sup>2</sup>

From among the numerous examples, the mental pathologist and asylum doctor Károly Lechner’s argumentation nicely illustrates this “new mission” of the psychiatrist and introduces most of the topics that are discussed in detail below.<sup>3</sup> At the 1902 Second National Congress of Psychiatrists, and in a Darwinian vein, Lechner discussed in detail three of the most dangerous factors in the “struggle for existence and race preservation”: alcoholism, syphilis related to prostitution, and “pauperism,” all of which resulted in the mind’s exhaustion (1903, 118). In his argument, alcohol, prostitution, pauperism, and crime interact in a vicious circle, tied together by the concept of degeneration. “The abuse of alcohol leads to the degeneration of the organic structure and the psychic character, and to early death. . . . But its greatest curse is that the degeneracy of the alcoholic’s cerebrum is passed down for four generations within the family.” Likewise, “prostitution generates syphilis, syphilis generates degeneration that thrusts many into prostitution, into vice, others into alcoholism, again others into insanity due to paralysis progressiva or tabes dorsalis. . . . Paralysis, inflicting a quarter of all the mental patients, attacks its victims in the prime time of their manhood, . . . it begins with an early moral blindness, and destroys whole families before it kills the patient” (Lechner 1903, 119).

The solution is not simply what characterized earlier psychiatric belief: the patient’s cure through individualized treatment. What the new solution added to this is intervention on the social level, the elimination of the social roots of mental illnesses implemented with the psychiatrist’s expertise. “To stop the quick further spreading of paralysis progressiva throughout the country can only be achieved by the overall reform of prostitution. In this, the psychiatrist has to give a helping hand” (Lechner 1903, 120).

Similarly, in cases of pauperism and poverty, which, according to Lechner, directly affect the brain but also bring with it parasitism, work

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<sup>2</sup> From this rich literature, see, for instance, Donáth (1894); Salgó (1896, 1903, 1910); Epstein (1903, 1908a, 1908b); and Oláh (1903).

<sup>3</sup> Károly Lechner (1850–1922) was a mental pathologist, chief doctor of the Schwartzter private mental asylum, later became the director of the Angyalföld National Mental Institution. He was an important proponent of reflex-theory.

avoidance, vagabondism, alcoholism, and vice, all of which predisposes one to mental illnesses and form “the hotbed not only of mental disorders, but dangerous social maladies of anarchism and nihilism,” the solution is again intervention on the social level with the active participation of psychiatrists in establishing further public charity institutions and designing better policy aimed at the poor. The psychiatrist no longer poses simply as the master of the deluded mind and nervous disorders, but also as the healer of social maladies. With his expertise, he claims to intervene into the formation of policy towards the poor, and thus improving their living and working conditions, defining the principles of child-rearing, etc., “according to the guidance of the professional psychiatrist” (Lechner 1903, 120–121).

### Neurasthenia or Nervous Exhaustion

Our century has been marked by many kinds of adjectives. The extended use and irreplaceability of iron, the rails that run across the globe, the spread of machines, all would justify our choice to call our century the age of the iron. The wonderful achievements of electricity in the last decades, the telegraph, the telephone, the electric light and rails . . . could urge us to see our century marked by electricity. But it does not deserve any designation so much as “nervous.”

—Mór Kende (1898, 3)

Not all mental diseases linked to the nerves had a confirmed anatomical cause. The increasingly “popular” psychic disease of neurasthenia—“the weakness of the nerves”—was said to be a nervous disorder that was manifested in psychic symptoms due to the “pathological excitability and functional weakness of nerve-centres in the cerebral cortex and the sub-cortical area,” although its anatomical basis was admittedly unknown (Laufenauer 1899). Yet neurasthenia or “nervousness,” like the vapors and the spleen of the eighteenth century, became omnipresent in society.<sup>4</sup> Nervous disorders were perceived as epidemic, and “nervousness” became a rich and pervasive social metaphor for the whole age.

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<sup>4</sup> From among the numerous works on the subject, see Fischer (1892); Sarbó (1894); Takács (1895); Donáth (1895); and Schaffer (1896).

Similarly to Lechner, the mental pathologist and asylum doctor Jakab Salgó's argumentation in his 1905 book *A szellemi élet hygienája* (The hygiene of mental life) conceptualizes problems on the social level and defines the psychiatrist's job as no less than "to restore the shaken health of society's organism" (Salgó 1905, 124). Building on theories concerning the chemical processes that underpin mental processes in the central nervous system, as well as on the results of German experimental psychology, in his book, Salgó elaborates on a complex hygiene of mental life with its psychological ramifications. "Modern mental work as well as social life" are the predisposing factors that lead to the overexertion of the nervous powers and result in mental exhaustion. In Salgó's argument, "the character of modern mental work, the contemporary form of the use of mental powers is not only dangerous to the exhausted individual, but endangers society more than any devastating epidemic" (5–29 and 122–30).

Salgó's psychologically informed social criticism extended to the "gentlemanly" aspirations and exaggerated needs of the gentry, to the powerful role of the bill of exchange in people's mental life ("how many men's lives have been ruined by the bill!"), and to workers' housing conditions, unsatisfactory nourishment, and low salaries, all of which contributed to the exertion of mental and life powers. Although most of these factors are very similar to those enumerated in the first Hungarian mental pathological textbook written by the alienist Ferencz Schwartz (1858), by the turn of the century this criticism was espoused with a claim of the psychiatrist's expert intervention in these very social problems.

### Paralysis Progressiva

As asylum doctors, we are used to the fact that every third patient . . . with shuffling steps, stuttering speech, and destroyed psyche is the living evidence of the destructions of a horrible disease.

—István Hollós (1903, 14)

Paralysis progressiva was a particularly serious and devastating form of mental affliction due mostly to the advanced stages of syphilitic infections following a long, sometimes ten-year period of incubation. Once it broke to the surface, it manifested itself in increasingly grave mental and bodily symptoms:

tremors, foot dragging, muscle wasting, bragging, megalomania, and in the final stages, complete mental derangement.

While there were no statistics concerning the prevalence of paralysis in the entire adult population of the country, paralysis was one of the primary diseases found in mental asylums. Based on a comprehensive sociological survey conducted on patient records in the two largest mental institutions of the country, I analyzed the social and pathological parameters of their inmate population liable to use public services of mental care between 1863/1868 and 1915.<sup>5</sup> It showed that paralysis progressiva was the second most frequently diagnosed pathology in Lipótmező, affecting 24.0 percent of all patients (33.5 percent of men and 10.0 percent of women) and the most frequent pathology diagnosed in Nagyszeben, affecting 21.0 percent of the patient population (27.7 percent of men and 8.9 percent of women). It indeed hit most of its victims around their forties (men between thirty-five and forty-five were especially exposed to this due to the ten-year latency period) and its relation to gender is evident: 83.2 percent of the paralytic patients were male in Lipótmező and 84.6 percent in Nagyszeben. Taking the entire male asylum population of the period, every third patient suffered from paralysis in Lipótmező, and their proportion was only slightly less in Nagyszeben (27.7 percent) (Lafferton 2006, 89–90).

The vast gender difference identifiable here with the overwhelmingly male recruitment of paralytics clearly attests to the gender-specific social conditions of the illness. Sexual promiscuity sustained by prostitution provided a feeding ground for the infection of a large number of male clients and a few female victims (hence the marked over-representation of mature men among paralytics). Paralysis progressiva thus not only formed a major professional problem for psychiatry, but also posed grave moral and social questions concerning bourgeois values, prostitution, and the sanctity of the family, and became a lived reality for numerous families that lost a family provider or a brother to the disease and had to face all its social consequences.

Unlike alcoholism, which more often affected the lower classes, paralysis progressiva's victims primarily came from the middle and upper classes. In a presentation for the Second National Psychiatric Congress in 1902 in Budapest, the Lipótmező mental asylum doctor, István Hollós, analyzed the

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<sup>5</sup> On the two state mental asylums, that of Lipótmező (named after the Buda district in which it was founded as the First Royal Asylum), and that of Nagyszeben (today, Sibiu, Romania), see Lafferton 2006.

current situation of paralysis progressiva in the country and provided data on its prevalence in mental institutions. Compared to the 30–35 percent of paralytics among the mental asylum population, out of one hundred judges brought to mental institutions, seventy-eight were paralytic; out of one hundred lawyers, seventy were paralytic; out of one hundred engineers, officials, actors, pharmacists, etc., fifty to sixty were paralytic; and out of one hundred physicians, there were forty-five paralytics. As opposed to these numbers, out of one hundred peasants brought to the mental institution, only fifteen suffered from paralysis (Hollós 1903, 4, 20). Oláh also connected paralysis to intelligence and mourned the enormous “damage done to the state due to the amount of reason lost mostly as a result of syphilis” (Oláh 1903, 57).

Concerning the cause of paralysis, in 1913 the clinical psychiatrist László Benedek concluded: “paralysis can only arise in someone infected by syphilis, often in the presence of predisposing factors” (Benedek 1913, 243). Although by around 1900 many Hungarian doctors suspected that the syphilitic infection was behind the disease, it was still contested. Hollós, for instance, argued that the syphilitic origin was not yet proved, and hence, he only considered syphilis as one of the frequent conditions associated with paralysis progressiva, just like heredity and “psychic influence” (Hollós 1903, 16–17). In his argument, it was the “psychic element” that was present in the case of all paralytics and which affected the nervous system of humans.

The way the “physical organism has a hygiene, which contains the laws of material life processes as well as of normal and abnormal work,” so there must be a set of laws for psychic life, which determine what is “normal” psychic work and what mental activity counts as dangerous which “after a certain duration inevitably leads to disease” (Hollós 1903, 18). Although later a follower of psychoanalysis, Hollós was emphasizing the role of “psychic damages” that affect a person sometimes starting in childhood, which may culminate in disease. In a vague sense therefore, “mental exertion” or “emotional shocks” as psychic conditions of a person may make him or her diseased. Hollós came up with the basic fundamentals of a “hygiene of psychic work” encompassing “everything from elementary sensation to the creation of the genius”: the right balance between work and rest. This rhythm of work and rest, present in nature and in physical work, is often disrupted by our life embedded in modern culture, due to the excitement of alcohol and numerous refined pleasures (Hollós 1903, 22–23).

Salgó similarly saw paralysis progressiva as the most extreme form of mental exhaustion and stated that “paralysis is the disease of the *intelligence*,

that is, it takes its victims from the ranks of mental workers.” Completely disregarding the syphilitic aetiology, he blamed it on the “tiresome, consuming nature” of mental work at the expense of rest. With tables on Lipótmező paralytic statistics, Salgó argued that age, occupation, sex, and marital status all supported the notion that paralysis developed from mental exhaustion (Salgó 1905, 138–140). While most doctors blamed the fact that men generally fall prey to paralysis between thirty-five and forty-five on men’s sexual habits and the ten-year incubation period of the disease, Salgó explained it with the sociological burden of founding a family. Salgó explicated the far greater frequency of paralytic men compared to women with men’s “five–six times greater mental exertion” in society (Salgó 1905, 140–41).

Salgó, however, observed a recent increase in the number of paralytic women and explained it with social changes: the more intense mental life of the female sex and their struggle for independence, which he believed carried grave dangers. “The louder and louder demands of the female sex, the stronger emphasis on their individual values, . . . their war for social and economic independence, and their resulting greater mental exertion all have express signs” not so much in the success of the feminist movement, but in the “speedily increasing number of paralytics” (Salgó 1905, 142).

### Alcohol Problems, Class, and Crime

Our age is the age of alcoholism. The alarming rise in alcohol consumption is the evidence of this. . . . Our era is the last stop in a vanishing world. It was in our time that the natural principles of individual and racial life became known. These principles undermine the prejudices of a millennium: that for work and the pleasures of life, we need drugs, most of all alcohol.

—István Hollós (1909, 12–14)

The shift in psychiatrists’ assumed social role and function is also manifest in the fight against alcoholism. The task was no longer to provide expert help to the individual patient in his recovery from delirium tremens, but prophylactics and intervention on the social level. Psychiatrists’ active involvement in the temperance movement can be observed starting in the 1890s in the spectacular increase in publications on the topic in more popular and general journals, such as the *Az Egészség* (Health), the newly launched *Alkoholizmus*



(Alcoholism), *Népjólét* (Public welfare), *Közegészségügy* (Public health care), *Klinikai Füzetek* (Clinical papers) as well as in traditional medical forums like *Orvosi Hetilap* (Medical weekly) and *Gyógyászat* (Medicine).<sup>6</sup>

Budapest doctors, medical students, and intellectuals collected signatures and turned to the English Good Templars Order to establish a Hungarian branch. In 1901, the Hungarian free masonic lodge named “Egészség” (Health) (and alternatively referred to as the Good Templars’ lodge) was founded by the psychiatrist and Royal Councilor Fülöp Stein and the Lipótmező psychiatrist István Hollós.<sup>7</sup> Its chief task was the organization of an anti-alcohol movement. The 10<sup>th</sup> International Anti-Alcoholism Congress organized by Stein and held in Budapest in September 1905 was probably the largest such assembly of the period with more than one thousand registered participants (Stein 1906a).

The psychiatrist Gyula Donáth, a member of the masonic lodge, was probably the most active spokesperson of the movement among psychiatrists. In his memoir, Donáth<sup>8</sup> relates the activities of the Hungarian Good Templars according to which they convened high-ranking army officers and emphasized the importance of soldiers’ abstinence in these meetings long before

<sup>6</sup> From the rich literature on the subject, see for instance, Székely (1889); Csillag (1895a, 1895b, 1899); Kende (1899); Grósz (1899); Stein (1901); Ferenczi (1999, 161–63), also in *Jövendő* 10 (1903): 56–57; Feldmann (1903); Madzsar (1905); Stein (1905, 1906b); Dóczi (1906, 1907, 1908).

<sup>7</sup> See Hollós (1906, 115); Ferenczi (1999, 162–63); and Donáth (1940, 34–38).

<sup>8</sup> Donáth was the founding editor-in-chief and publisher of *Klinikai Füzetek* [Clinical Papers] starting in 1891. He was born in 1849, studied at the Viennese Medical Faculty under several distinguished professors: the Hungarian born anatomist Hyrtl, the Berlin-born Jewish physiologist Brücke, and the internists Skoda and Oppolzer. In 1874, Donáth became the head of the laboratory at the Chemistry Department of the University of Graz. In 1877, he became docent in physico-chemistry. He returned to Hungary and practiced in Baja between 1879 and 1882. In 1882, he studied with Carl Westphal at his nervous and mental clinic in Berlin for a year. Then he worked at Helmholtz’s physics and Virchow’s gross anatomy laboratories. Subsequently, he also spent six weeks at Charcot’s clinic in Paris. After returning home, he worked at a clinic for poor nervous patients in Pest, from which he resigned in 1893 to set up a nerve-clinic at Saint Roch Hospital (where the first Röntgen laboratory in the country was established under his direction). He became a private doctor of neurology in the Budapest Medical Faculty in 1893 and the head of the nerve-clinic of Saint Stephen Hospital in 1902. He studied epilepsy and used a salt-solution (“nátrium nucleicum”) to produce fevers, which by 1909 had been somewhat successful in treating paralysis progressiva. See Donáth 1940, 3–34.

World War I (Donáth 1940, 35). They organized anti-alcohol campaigns in factories combined with milk-propaganda, and published pamphlets entitled “Tej és alkohol” (Milk and alcohol). In Donáth’s optimistic account, these had good results: “factory workers are drinking milk instead of beer” during their breaks at work (Donáth 1940: 36–38). Members of the masonic lodge approached sport associations and published their findings related to a healthy lifestyle. To raise the “intellectual level” of the public, the Good Templars organized concerts and free lectures on scientific and artistic topics, all of which began with “appropriate and colourful anti-alcohol propaganda” to fight this “curse of humanity.” After World War I, the government and Budapest city council withdrew their financial support from the Good Templars due to the post-war economic situation (Donáth 1940, 36–38).

In psychiatrists’ accounts, the alcohol problem was also approached from the perspective of national economy. Lechner criticized countries where the state saw the monopoly of alcohol as an important source of income, and opposed alcoholism with the much higher costs associated with institutional networks (hospitals, prisons, and police) that aimed to reduce the social damage caused by alcohol (Lechner 1903, 119). Donáth scourged the “alcohol capital” and thought that state prohibition would be needed (Donáth 1940, 38). Lechner proposed the establishment of special asylums for alcoholics, and asked for the qualification of drunkenness as an “offense” and for the placement of alcoholics under custody.

Writings on alcoholism were permeated with degenerationist thinking and strongly connected to the lower classes. Oláh contended that, “among the lower classes, the day-labourers and coachmen, there are hundreds of thousands of alcoholics . . . who morally slowly roughen, become animalistic in their souls, and procreate those anti-social offspring who form the . . . youth of the society of the urban outskirts” (Oláh 1903, 53). The criminologist and clinical psychiatrist Ernő Moravcsik established firm links between crime, degeneration, alcoholism, and a number of other social problems:

[W]e have to differentiate between the miscreant proper, in other words, the habitual criminals, and those who are plunged into sin by accident and unfavorable conditions. The miscreants proper are mostly born, raised, and develop in an inferior atmosphere in which poverty, privation, financial problems, debauchery, loose moral and legal understanding, the bluntness or lack of obligation and sense of decency, anti-social inclinations, and a predisposition to commit forbidden crimes all

produce a special character from generation to generation. Due to life's vicissitudes, these mostly degenerate, tainted individuals are more liable to the influence of alcohol, are more exposed to syphilitic infection and head injuries. (Moravcsik 1901, 102; cf. Moravcsik 1891)

Lechner claimed that alcohol was the source of 20 to 30 percent of all mental disorders, and was the chief cause of 70 to 80 percent of all crimes committed (Lechner 1903, 119). "The Goals and Purposes of the National Anti-Alcohol Association" referred to statistics from prisons, asylums, and hospitals when stated that "alcohol is the cause of illnesses and crimes in 50–60% of cases in these institutions" ("Az Országos Alkoholelles" 1909, i). Oláh also quoted statistics when he argued that "more than 50% of asocial and anti-social individuals descend from alcoholic parents" (Oláh 1903, 52). The solution to the alcohol problem, as envisaged by psychiatric experts writing on the topic or active in the temperance movement was complete abstinence (Oláh 1903, 53; "Az Orsz. Alkoholelles..." 1909, i).

## Darwinism, Lamarckism, and Elements of Eugenic Thinking

It is undoubted that the tackling of the discussed social problems by medical/psychiatric professionals involved contemporary biological thinking and an organicist approach to the social body. Informed by Darwinism and degenerationist and eugenic thinking, at the 1902 Second National Congress of Psychiatrists Lechner claimed that degeneration and certain pathological dispositions were "the tools" of natural selection and that nature's aim to "muster out the weak and unfit" served the interest of the majority in the end (Lechner 1903, 117).

In the argumentation of many, a Lamarckian allowance for the influence of environmental factors on inheritance is also observable in addition to Darwinism. Among the latent factors that predispose the "race" (human race) to mental illnesses, for instance, Oláh, enumerates:

Over-reproduction, atavism, breeding disorder/disturbance [fajtenyésztési zavarok], marriages characterized by repugnance repeated over several generations, years of starvation following bad harvest, all may be distant causes of mental illnesses. More immediate causes include all those circumstances that formed factors damaging the ancestors' health:

insufficient diet, overstressed work, chronic diseases, chronic poisoning, . . . most of all, chronic alcoholic poisoning, furthermore, the bodily infection of ancestors, their mental life, protracted sadness, futile life struggle, great disappointments and passions, etc. (Oláh 1903, 50)

Elements of contemporary eugenic thinking and discourses are also present in several psychiatric texts. Oláh, for instance, identifies a close and undeniable relation between mental illnesses and the damaging influence of alcohol, syphilis, and “breeding mistakes of the ‘genus homo sapiens’” in which cases “state intervention would result in positive achievements with predictable costs, investments, and interests” (Oláh 1903, 51).

While Oláh (1903, 58) believed that “the already stunted, . . . weak products of a mistaken breeding system can still be improved,” he added pessimistically that if “both wedded parties mutually cumulate the factors of insanity [terheltség] on their own sides,” they may give rise to “increasingly degenerate offspring who, with their predispositions and feelings, will occupy a place outside of society, will be asocial, and even turn against society: anti-social.” Concerning syphilitic paralysis progressiva, since it was understood to be inherited by the child at birth, and since experts regarded the disease as non-transferrable to the offspring only after three years of recovery for adults, Oláh (1903, 57) would have found it reasonable to rely on medical expert opinion and make marriage between infected people dependent on the lapse of time after treatment.

Oláh (1903, 59, also 65), however, warned that the biological laws of mental and physical development of the human race were still uncertain and, in regard to the improvement of the human race, different powers and needs prevailed than those in animal breeding: “It is still too early to wish to correct nature.”

What he found possible was an attempt to avoid the “gravest breeding mistakes” with the help of a medical evaluation of the health records of those who wished to marry, to make the marriage of incurable imbeciles, epileptics, “anthropologically degenerate people”—especially when both parties are afflicted—“more difficult,” while the marriage between young and healthy individuals would be “more easy” to attain. “Going further than this would not be possible without bringing the repugnant aspects of artificial breeding into the bonds of marriage.” Even in marriage, Oláh (1903, 59, 65) contended, nature can have her redeeming influence through attraction and choice, and through the positive influence a healthy party may have on the spouse. Finally, he

mentioned as a “curiosity” Bleuler’s idea of minor surgical intervention in “epileptics, idiots, and alcoholics” to stop the reproduction of degeneration, and the fact that in the United States there were already serious considerations given to the introduction of castration in such cases (Oláh 1903, 62).

Lechner (1903, 117) was also cautious and somewhat optimistic about the degenerative effects of society: “But nature set regeneration against degeneration. With the mixing of blood . . . the (strengthening) of new abilities and their transmittal, the decaying genus may flourish again”. The key to regeneration, according to him and most of his psychiatrist colleagues, was prophylaxis as defined by the expert psychiatrist. In order to fight degeneration, Lechner suggested a “hygiene of reproduction”: “the expedient manipulation of marriage, upbringing, and social life.” Rather than siding with the prohibition of reproduction in cases of people whose offspring endangers the health of society, Lechner (1903, 117) claimed that the doctor’s duty was to implement the “hygiene of reproduction” via “educating the public,” “spreading repugnance against damaging marriages,” and enlightening people about “imprudent connubiality” via the “increased influence of family doctors experienced in psychiatry.” It is the psychiatrically informed doctor’s job to prevent “love’s embrace” from becoming the undesired channel for the transmission of “pathological irritation, violent emotions, or alcohol-induced excitements.”

While elements of eugenic thinking therefore can be found in Hungarian psychiatric discourses of the time, and psychiatrists were active in eugenics-related movements, such as the temperance movement, there was no formal eugenics movement designated as such before the beginning of World War I. Furthermore, psychiatrists used the concepts of “race” and “race breeding” in the sense of “human race” and not in any racist and ethno-centric meaning.

## Conclusions

By the end of the nineteenth century, psychiatrists increasingly claimed expertise in solving social problems that were related to psychiatric disorders such as nervousness, paralysis progressiva, alcoholism, crime, and poverty. In their arguments they utilized statistics, referred to the state budget, agricultural production, etc. (see Pándy s.d.) and generated strong social criticism. They also became involved in social movements, like the temperance movement, and published widely on these topics in scholarly as well as more

popular journals. The underlying psychiatric explanation was degeneration, which the psychiatrist set out to fight by prophylaxis and the elaboration and implementation of the hygiene of mental and general health. This extension of psychiatric expertise to social arenas and everyday life certainly demonstrates that the psychiatric profession, which was mostly concerned with setting up the first mental institutions fifty years earlier, had strengthened by the turn of the century and expanded its manifold roles and functions in society.

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