

Dangerous liaisons

Marriage counselling as an early discourse and practice of biopolitics in Hungary

Veszélyes kapcsolatok

Házassági tanácsadás a biopolitika korai diskurzusa és gyakorlata Magyarországon

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Abstract:

A tanulmányban a magyarországi házassági tanácsadás illetve a házasságelőtti orvosi vizsgálatok története kerül bemutatásra a huszadik század eleji kezdetektől az 1950-es évek elejéig. Foucault, Agamben, és Esposito munkásságára támaszkodva, és biopolitika elméleti kereteiből kiindulva, amellet érvelek, hogy a házassági tanácsadás/vizsgálatok diskurzusa és gyakorlatba való átültetése az egyik első és jelentős biopolitikai-regulatív törekvés Magyarországon. A modern magyar állam történetének egyik első olyan kötelező egészségügyi vizsgálata volt ez, amely a társadalom egy jól meghatározott, és igen jelentős létszámú csoportjára terjedt ki, és amely az esposito értelemben vett társadalmi immunizáció megvalósítását tűzte ki céljául. A házassági vizsgálatok kötelező és tiltó hatállyal való bevezetése Johan Béla nevéhez köthető, de az intézmény más, kevésbé beavatkozó formában történő bevezetését először az eugenika pártolói, illetve a nemibetegségekkel foglalkozó orvosok kezdeményezték, és az ügy a társadalmi elit szinte egyöntetű támogatását élvezte. A házassági vizsgálatok rendszere az ötvenes évek elejéig működött, és mind személyi mind a diskurzus szintjén komoly folytonosság mutatható ki az 1945 előttiekkel.

Keywords: marriage counselling, premarital health examinations, venereal diseases, eugenics, biopolitics

Kulcsszavak: házassági tanácsadás, házasság előtti orvosi vizsgálatok, nemi betegségek, eugenika, biopolitika

I. Marriage Counselling – a definition

I use the term “Marriage counselling” with reference to a medical discourse and practice that encompasses a broad range of phenomena, including:

- the provision of sexual, emotional, legal, eugenic and moral advice to couples or adult individuals, mostly before marriage
- advice on birth control
- advice on how to avoid venereal diseases
- and the provision of pre-marriage medical examinations – tests for Venereal Disease (henceforth: VD), tuberculosis (TB) and other diseases or “abnormalities”

I call it a medical discourse because the driving force behind a large part of the literature on marriage counselling was produced by medical experts, most authors (even non-doctors) employed health-based reasoning (e.g. the dangers of tuberculosis, VD or hereditary diseases), and the actual marriage counselling was carried out in a medicalised setting.

The idea of marriage counselling dates back to the second half of the 19th century with pre-marriage health checks introduced in a number of states of the United States and with a related public health discourse appearing in many European countries. In the first half of the 20th century marriage counselling, either in a voluntary or in obligatory form, was introduced in many European countries, including Denmark, Sweden, Germany, Austria, Yugoslavia, France, Turkey and Hungary.¹ The discourse of marriage counselling in most countries grew out of fears of degeneration and the eugenic conviction that the population of the country needed management from above in a qualitative sense. Marriage counselling was seen as an effective way to inform the “ignorant” or “irresponsible” masses about the dangers of diseases handed over to their children.

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This article does not allow for a thorough comparison of the Hungarian case with other European (or non-European) countries but it can certainly be laid down the Hungarian discourse did not exist in a vacuum with the German and Austrian discourses providing the most profound influence but Hungarian medical experts paid attention to the marriage counselling practices and VD-related legislation of other countries of the region (e.g. Bulgaria, Czechoslovakia or Yugoslavia) and whenever premarital health checks were introduced in other countries (e.g. In France in obligatory form in 1942), these were echoed in Hungarian medical journals.

The emergence of marriage counselling first as a concept and later as a hotly contested, but widespread practice in Hungary is linked primarily to the ideas of population policy, which encompasses a preoccupation both with moral and physical degeneration, and a drop in birth rates, which is seen as a cardinal problem for national survival where only a eugenically-motivated practice can turn the trend around. Marriage counselling in the interwar German literature – which was decisively influential for Hungary - is coined either as “Eheberatung” (marriage counselling) or as “Sexualberatung” (sex counselling), and the differentiation often indicates whether counselling included a conscious attempt at a reform of sexual morals (as exhibited for example by Magnus Hirschfeld Institute for Sexual Research) or, even if it happened less consciously in practice, the objective was more set on the avoidance of diseases or an improvement in reproduction both in terms of quality and quantity.

In Hungary, however, there is almost exclusively *Házassági tanácsadás* (marriage counselling), which means providing advice on venereal disease, other infectious diseases and/or eugenic issues, and carrying out pre-marital medical checks with the above-mentioned aims, whereas *szexuális/szexszuális tanácsadás* (sexual counselling) was left mostly to a politically marginalised, social democratic/communist, urban group of intellectuals with basically no institutional background to further their aims. What is striking, however, is the continuity of *házassági tanácsadás* after 1945 both in terms of personnel and in terms of body political aims and ethos; what was beforehand an public health policy forming an unseparable part of the pronatalist and eugenicist ideal of the Horthy regime, could be taken over, without any need of actual transformation or modification, as a public health goal of the postwar regimes. Marriage counselling continued with the same intellectuals and doctors without much interruption in 1945, while sexual counselling, even though it had been on the flag of the left-wing parties, liberals and medical experts in the 1930s, was not raised again in postwar Hungary and instead of moving towards sexual liberalism in, let's say, Wilhelm Reich's manner, body disciplinary action continued in a similar vein as in the Horthy regime, with biopolitical convictions unshaken and feeding into the quest of building a new state and society.

In this essay I will sketch an outline of marriage counselling in the first half of the 20th century in Hungary in order to exemplify how left-right shifts and system-changing cataclisms did not affect the continuity of a discourse and practice that was founded on a biopolitical framework that I see as a defining paradigm of the modern Hungarian state.

II. Marriage counselling and the framework of biopolitics and immunisation

Michel Foucault's concept of biopower, as explained in *The History of Sexuality: Volume I.* (1978), is a starting point for my analysis. According to this theory, at the end of the 19th century there was a major transformation in the concept of “right over life and death”: whereas before the sovereign exercised this right primarily through the death penalty and via waging wars, with the emergence of a greater importance for the concept of *population* this was transformed into a dual power:

1. Human body politics – in this form of politics the human body is treated in a machine-like manner, where the sovereign seeks its welfare (to serve its own legitimacy) and at the same time aims at the maximisation of the efficiency of this body whereby the body becomes a subject of constant regulation.
2. Biopolitics of the population: this second form of right over life and death deals with the biological processes of life on the level of the population as it aims at controlling the processes, actions, events that influence characteristics of the population that can be statistically demonstrated: births, deaths, marriages, level of health, life expectancy, etc.

This dual power adds up to the concept of *biopower*, which is used both to regulate human bodies individually and to achieve goals in terms of the population (Foucault 1978: 139-141).

Giorgio Agamben, one of the most influential thinkers on biopower, in his book, *Homo Sacer*, (1998) put biopower in a new context, emphasising the fact that modern man's existence is defined by the concept of the “homo sacer”, man, who is on the one hand present and alive, but has been rendered politically dead by the act of the “ban”, which is an exclusion of society. Agamben therefore sees the concentration camp as the biopolitical paradigm of our age, as everyone (even in liberal democracies) can be lifted from society and stripped from a spiritual life and political existence, reduced purely to “bare life.” With the introduction of the state of emergency the “unalienable rights” can be alienated from man if it is deemed necessary for the protection of the state or the (organic) community (Agamben 1998).

I also turn to Roberto Esposito and his “immunisation paradigm” when discussing biopolitics. As Esposito expounds, immunisation is “a negative (form) of the protection of life. It saves, insures, and preserves the organism, either individual or collective, to which it pertains, but it does not do so directly, immediately, or frontally; on the contrary, it subjects the organism to condition that simultaneously negates or reduces its power to expand. Just as in the medical practice of vaccinating the individual body, so the immunisation of the political body functions similarly, introducing within it a fragment of the same pathogen from which it wants to protect itself, by blocking and contradicting natural development” (Esposito 2008: 46) .

Esposito's concept of immunisation provides an excellent insight into how the modern, biopolitical state exercises the regulatory functions that Foucault delineated. Immunisation on a social level can mean removing the “biologically undesirable” elements of society by putting them to death; this, both for Esposito and for Giorgio Agamben – for whom the concentration camp and a permanent state of emergency was the defining paradigm of modern biopolitics - is embodied in the Nazi State to a negative extreme. In Nazism the confirmation of life entails the denial of life to those, who are deemed to exist only bodily and not possess any “spiritual value” (Agamben 1998).

Immunisation for Esposito can function both on the level of the collective and the individual and in my interpretation marriage counselling can be seen as a mechanism of immunisation exactly because of its effect that “negates or reduces the power of the organism to expand.” Marriage bans based on health reasons, - be that on the basis of tuberculosis, venereal disease, eugenic “conditions” or else - similarly to sterilisation, are intended to remove certain individuals from the collective's natural system of procreation. If some are restrained in their capacity to procreate, then society is believed to be “contained” from dangerously diseased spouses and offspring. By a prohibition on marriage for some, the organic body of society is seen as protected, along with the institutions of “marriage” and “family” (Esposito 2008). The Hungarian Marriage Law of 1941 was biopolitical not just because of the introduction of marriage counselling but because of the ban on marriages between Jews and non-Jews.

This latter clause was more prohibitive because it excluded a group from the organic development of the collective, the “nation”, a large body of individuals not just temporarily, not just until their bodies were ready for procreation, but for good – going with a vitalist example, the organism rejected a part of the body that once formed an inseparable part of it. The anti-miscegenation clause, which created a “homo sacer” in Agamben's manner and constituted the alienation of the Jews from unalienable rights (their becoming “homo sacer” in the end of the 1930s and early 1940s contributed significantly to the ease with which they could be transported to concentration camps in 1944), however, did not emanate from the medical discourse that produced marriage counselling. Therefore, with the change of regime in 1945 the racial clause was cancelled, along with all other racist laws of the Horthy and Arrow Cross regimes. Marriage counselling, however, (as well its propagators) remained a policy until the early 1950s and the discourse was not discredited even afterwards. Moreover, it returned in a different, less

directly invasive form in the 1970s. Anti-miscegenation, it can be argued, was specific to the right-wing regime of the pre-1945 era, but the continuity of marriage counselling shows how the logic of immunisation persisted in a biopolitical framework that aimed at the regulation of the body of the collective and the containment of the bodies of certain individuals in order to attain an improved health of society.

Esposito also maintains that “all civilisations past and present faced (and in some way solved) the needs of their own immunization, but that it is only in the modern ones that immunization constitutes its most intimate essence.” (Esposito 2008: 44-45) I would like to put forth that in Hungary the advent of modernity in a biopolitical sense, when immunisation becomes the essence of civilisation, can be associated with the establishment of the logistics of public health (especially in rural areas) and with the professionalization of the control of venereal disease and other contagious diseases – this, I would argue, gained strong footing in the first half of the 20th century. The idea of marriage counselling was an important one in this regard. It was one of the first – and, as exhibited by the existing sources, one of the grand - attempts to screen (in a compulsory manner) a whole age cohort of the population Hungary, with the aim to “removing” or “isolating” those, either for good or for a limited amount of time, who were seen as potentially compromising the overall health of the body of the nation.

III. The origins of the idea of marriage counselling

Marriage counselling as a concept appeared in Hungary as an import from other European countries and the U.S. and was first raised by those, who in the early 1900s embraced the fashionable idea of eugenics. The eugenics movement in Hungary gained foothold fairly early, keeping up with the development of the international eugenics movement. The appearance of the discourse of eugenics can (partly, but not just because of the *eugenika-vita* /eugenics debate/ of 1911) be linked to the emergence of the journal *Huszadik Század* (Twentieth Century) which included in its self-definition “progressive” and “rationalist” and, not by chance, started its first issue in 1900 with a “Spencerian salutation” - a short letter dated September 1899 from Herbert Spencer, to the leftist-progressive founder and editor-in-chief Oszkár Jászi, which Spencer introduced with the sentence, “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.” (*Huszadik Század*. Vol.1 (1900) No.1.: 1)

In the course of the the *eugenika-vita* of 1911, which was initiated by and reported on in the journal *Huszadik Század*², Hungarian eugenicists soon developed their own set of arguments. It was a contested issue at the 1911 debate whether Hungarian eugenics should follow foreign examples or pioneer its own path, with some prominent eugenicists like István Apáthy or József Madzsar arguing for the latter and the internationally well-connected diplomat, Géza von Hoffmann, reasoning that ideas from abroad need to be implemented in Hungary (Turda 2006: 185-186). Hoffmann in fact, together with the then young geographer Pál Teleki provided the main link for the 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 (Weindling 1989: 303)

The appearance of Teleki and Hoffmann showed a shift in political terms: the progressives of the *Huszadik Század* group were in the course of the 1910s gradually marginalised by those, who

²For the details of the debate see: Turda, Marius. The First Debates on Eugenics in Hungary, 1910-1918. In: *Blood and Homeland: Eugenics and Racial Nationalism in Central and Southeast Europe, 1900-1940*. pp. 185-221. Budapest: CEU Press, 2006.

thought in race hygiene terms and were associated with the political Right. 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 essay in the periodical *Magyar Tudomány* (Hungarian Science), Gábor Palló (2009: 714-727) refers to the establishment of the a Racial Hygiene and Population Policy Association in 1917 and sees Teleki's appointment as President as a step on the path towards a racialised view on eugenics, saying “Eugenics slowly went over from the of meek society-improvers (*jámbor társadalomjobbítók*) into the hands of right-wing and then extreme right-wing politicians.” 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 Jászi or Madzsar), and who also had a wide range of ideas on the implementation of eugenics – just like those, nationalistically inclined. Palló's remark reveals a view that is similar to what had been furthered by a number of historians with relation to Weimar eugenics and which was later challenged by Atina Grossmann in *Reformings Sex* (Grossman 1995), Michael Schwartz in *Sozialistische Eugenik* (Schwartz 1995). and by Annette F. Timm in *The Politics of Fertility in Twentieth Century Berlin* (Timm 2010), all arguing 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 and were moving within a *Bevölkerungspolitik* (population policy) framework. This, slightly naïve (and/or biased) view of a right-wing eugenic horror versus the non-right wing social engineers, the “*jámbor társadalomjobbítók*”, closes a blind eye to the underlying, biopolitically founded convictions that linked together these groups.

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 American eugenics) influenced the discussion in Germany (Weindling 1989: 392). Hoffmann was first the vice-consul of Austria-Hungary in Chicago and then became 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 (Weindling 1989: 240). Hoffmann, as he was good friends with several German racial hygienists and had a great deal of knowledge about American negative eugenics measures, only returned to Hungary in 1917 to father the establishment of the Hungarian Eugenics Society. In his article, *Eugenika* (Hoffmann 1914: 91-106), Hoffmann mentioned, amongst institutionalisation and sterilisation, 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 emphasised 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 also 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.” (Hoffmann 1914: 101-102) 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”) and said that pre-marital checks, as well as sterilisation was just a theory (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 report on these institutions of US race hygiene (his 1913 book that was published in German), as the only and immediately applicable method to introduce race hygiene into a society (Hoffmann 1914: 103).

Hoffmann's article in fact mentioned that the Hungarian Natural Science Society had sent a petition for pre-marital 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 description of *házassági tanácsadás* (marriage counselling), 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 (Hoffmann 1914: 105-106).

Aside from Hoffmann, the active, high-profile diplomat, it was a young and talented politician, Pál Teleki, who played an active and important role in introducing the concept of marriage counselling to Hungary. Teleki was Prime Minister in Hungary twice, first in 1920-1921 and then in 1939-1941, and was controversial as a political leader. He was blatantly Anti-Semitic and it was under his first term in 1920 that the Numerus Clausus³ (the first piece of interwar legislation in Europe directed against Jews) was adopted and the anti-Jewish legislation in Hungary charged ahead with full speed under his second term as Prime Minister. At the same time he made serious efforts to keep Hungary out of the war in 1940/41 and was deeply unsettled by the growing Nazi and pro-German settlements, 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 advisors to regain additional territories (this time from Serbia), Hungary agreed to join the Axis in the invasion of Yugoslavia, despite Teleki's strong opposition to the endeavour. 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 even now seen both as a tragic statesman and as controversial, right-wing authoritarian politician. As a young man, however, he was well-involved in eugenics and not just in a theoretical way (as Hoffmann) but also as an official during World War I. He 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 (Ablonczy 2004: 15). In Huszadik Század Teleki wrote a long introductory note about the newly launched journal *Archiv für Rassen- und Gesellschaftsbiologie*, 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 (Ablonczy 2004: 15-16). 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 cooperation with Géza von Hoffmann.⁴ Together with Apáthy they founded the Population Policy and Race Hygiene Association in November 1917, where, again, Teleki became the President. In the same year, but a few months earlier (in June) young Teleki was appointed as President of the National War Care Agency, where apparently he tried to accomplish race hygiene goals, as shown in his September 1917 *Körlevél az Eugenikáról* (Circular on Eugenics), which was sent by his National War Care

Agency to all 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. Five issues were highlighted: to keep as many people in the countryside, as urban life spurs people to limit family size and there are a number of negative effects connected to the lifestyle in large

³This Law No. XXV of 1920 intended to set a limit to the percentage of Jews being admitted to universities.

⁴Ablonczy calls Hoffmann Teleki's "Lucifer".

cities⁵; to advise people against choosing an intellectual career, as from a population policy point of view this is negative since such families also die out sooner or later; to enhance the love of the family for each disabled person and to point out the beneficial effect of large families; to give moral lectures against VD and alcohol; and to make clear that the injury resulting in disability will not affect the quality of the offspring in a negative way. To the last point Teleki added, however, that there might be other illnesses that are hereditary but in order to give advice on the avoidance of such marriages a properly trained doctor would be needed (Teleki 1917: 169-171). All in all, the Circular, which was intended for a large number of officials dealing with disabled soldiers, sought aims much more related to a general framework of *Bevölkerungspolitik* rather than eugenics, and the emphasis on marriage was pro-natalist and quantitative, with no strong indication to introduce any marriage bans or limitations for the “unfit”.

Teleki, Hoffmann and Apáthy all worked together to organise a conference on racial hygiene to which German and Austrian race hygienists were invited. The conference was to take place in Budapest in September 1918. Among invitees were Max von Gruber from the Munich Racial Hygiene Society, Weinberg and Wilhelm Hecke from Austria (Weindling 1989: 303) (Ablonczy 2004: 18). The conference did not take place because of the events of World War I, but the cooperation among German, Austrian and Hungarian experts up until 1918 in race hygiene was remarkable partly because of the “victory” or German-type race hygiene in Hungary and also because it indicated that in the German-speaking countries there was interest in the internationalisation of racial hygiene and the seed fell on fertile soil in Hungary, not just because early twentieth century eugenicists became well-disposed to German racial hygiene but also because these were ideas (and contacts) that could be used for eugenics and racial policies (and to connect these two) in the interwar years in Hungary.

Marriage counselling also advanced in the second decade of the 20th century from the antivenereal discourse. In 1913, on the initiative of, amongst others, members of the Hungarian *Országos Közegészségügyi Egyesület* (National Public Health Association - OKE), the *Venereás Betegségek Elleni Országos Védő Egyesület* (National Protection Association Against Venereal Disease) was formed. Its activities were disrupted by the outbreak of war. However, in the course of the war, partly because of the increased VD rates, a doctor of OKE, Lajos Nékám, organised a similar association called *Nemzetvédő Szövetség a Nemibajok ellen* (Association Protecting the Nation against VD) in 1916. Nékám, then Director of the Dermatology and Venereal Disease Clinic of Budapest Medical University, was appointed as Government Commissioner for VD and the *Nemzetvédő Szövetség a Nemibajok ellen* held a conference, which took place spring 1917 and where marriage counselling was first mentioned in relation to being a solution for VD. It was József Guszman, a VD expert, then *privatdozent* at the Budapest Medical University, who presented the case and declined the option of introducing it in an obligatory fashion – and there was a general agreement on this among the members of the conference - but advised that health reports could be exchanged among the spouses-to-be so that everyone had access to information about the health status of the other (Népegészségügy: 1925).

As seen from the above, marriage counselling as a discourse was picked up by a select group of intellectuals in the first two decades of the 20th century but it did not emerge as a serious endeavour until the end of World War I. There were intellectuals, who believed that, either from a eugenic or from a contagious diseases point of view, it would be useful to introduce some kind of „advice” to young couples about to marry, but most either thought that the time was not ripe and first a profound educational phase was needed, or that such a serious intervention into the private affairs of couple selection and marriage was not legitimate at all.

⁵This is in accordance with contemporary ideas on the industrialised societies living in large cities, which appeared similarly in Germany. See: Sauerteig, *Krankheit* (1999), pp.44-46.

The end of World War I, however, which culminated in one of the greatest traumas of 20th century Hungary, the Treaty of Trianon, changed the way population, health and marriage/procreation was seen by many of those, who had earlier opposed intervention into the private lives of individuals. Trianon meant that Hungary, from being a co-equal partner of a European great power, became a small, almost insignificant country, with a population smaller than that of its neighbours. Post-Trianon Hungary was also left with an immense sense of injustice that led to a revisionism - a defining element of foreign policy for the coming twenty years. Revisionism, as it infiltrated all levels and all departments of policy-making, also became a key for population/fertility policy. There was an increasing pressure to seek a radical growth in the number of of births; moreover, the radical increase of "good quality" births. Hungary, seen as an island in the "Slavic ocean", needed to outnumber its neighbours and it needed to increase the ratio of healthy births in order to have the necessary force to accomplish its goals of regaining its lost territories. If one browses through the medical literature on marriage counselling starting from the early 1920s, it quickly becomes evident how the loss of territories and a sense of loss of population and the fear of the "death of the nation" (nemzethalál) influenced the surge of ideas to promote eugenically appropriate births.

IV. Interwar Hungary – marriage counselling as a discourse

In the early 1920s it was the Teleia Association, together with its eager Secretary, Aladár Emődi, which defined anti-VD work and discussed marriage counselling most extensively. Teleia, a civil anti-VD association, founded in 1893, provided free and anonymous treatment for venereal disease, and also attempted to remove the moral connotations from VD. For this reason the doctors of Teleia tried to promote sex education propaganda related to Venereal Disease only: on the one hand to educate the ignorant public about the dangers of VD and in order to change the public's view on people suffering from it. At the time Teleia broke the barrier of silence around VD in Hungary with its mere presence: the events it held, the material it produced and the treatments it provided - and this was already was an important step towards the "emancipation" of VD patients and of the anti-VD discourse.

Teleia, although it was dissolved in the aftermath of WWI, regrouped itself quickly and found powerful supporters (like Count Sztérényi). 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 journal for enlightenment and warning). Since the archival sources from the interwar era have largely been lost, this journal of Teleia, along with other medical journals like *Egészség* (Health), *Egészségvédelem* (Health Protection) and *Népegészségügy* (People's Health Care) are key to the understanding of the marriage counselling discourse prior to the 1941 Marriage Law that triggered a plethora of publications both on theory and practice. It is mostly in these journals that the medical experts, police and government officials published their ideas concerning marriage counselling, where they reported on their foreign experiences and foreign practices. It is also in these sources that one can find the minutes of the meetings both of Teleia Association and, after 1925, the OKE.

The experts grouping around Teleia⁶ were of very different backgrounds and political convictions: there were nationalists and liberals, Jews and Christians, even nationalist Jews, and some, who seem to have been less political and mostly adjusted their rhetoric to the concurrent tide. An example is Zsigmond Somogyi, venerologist and dermatologist from the town of Paks, who is arguably the most important expert for interwar and also postwar marriage counselling. He was the

⁶Meaning not just actual members of Teleia, but VD experts, who participated in Teleia's activities and supported the work of the organisation.

head of the second actively operating marriage counselling centre in Újpest, worked out the guidelines for VD care centres at the end of the 1920s, and was also responsible for working out the details of the marriage counselling clause for the 1940 Lex Veneris. Somogyi worked for the Újpest “settlement” of the OSZI (Hungarian Social Policy Institute), which was influenced by the British settlement movement, strongly emphasised the idea of social equality and social welfare, without the bolshevik or Social democratic overtone, of course. However, his thinking became more and more eugenic in the course of the 1930s and he was ready to accept the 1941 Marriage Law without any open or covert misgivings for the racial clause. In 1945, however, he was among the first to serve on the regrouped Anti-Venereal Committee and even in the Stalinist early 1950s is regarded as one of the key experts for VD, and has a chance to argue retroactively for his pre-1945 attitudes as leftist and progressive.

Before the launching of the journal of *Teleia*, the association already had published a number of short pamphlets on VD and one of them was *Az elhanyagolt nemi betegségek következményeiről* (On the consequences of non-treated venereal diseases) by Aladár Emódi (Emódi 1922), the Secretary of *Teleia* (*főtitkár* – the official, who effectively ran the organisation), which included a report on the activities of *Teleia* and also the “10 commandments of protection against VD.” Among them Emódi made a reference to the necessity of establishing a system of compulsory premarital examinations, arguing firstly that one-fifth of the marriages in Hungary were infertile, secondly that other countries had already made it compulsory. Thirdly, he added, if State and Church had the right to investigate whether the young couple was related or not or whether they were living in another marriage, these institutions were also to be given the chance to enquire whether those about to marry had a disease likely to spread, which would result in giving birth to offspring that would put a serious burden on the State and society (Emódi 1922: 25). Parallel with this publication, *Teleia* submitted a plea to Ministry of the Interior asking to make it compulsory for marriage officials to inform couples about the importance of premarital medical checks (Emódi 1922: 26).

There is evidence that the government made serious consideration of the issue of marriage counselling, as in the same 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 (35.047/1923 N.M.M) the issue of marriage counselling was thoroughly discussed and it was mentioned (without reference to *Teleia*) that the question had been raised “from several sides.”

In February 1925 a new and influential group was created⁷, which consisted mostly of eminent venerologists (it had overlaps with the membership of *Teleia*) and was part of the *Országos Közegészségügyi Egyesület* (National Public Health Association - OKE), and as such had a semi-official advisory role and later on became key to anti-VD legislation⁸. The *Antivenereás Bizottság* (Antivenereal Committee – AB) of the OKE, as it had limited resources mostly due to the number of its members, was much less prominent in public propaganda than *Teleia* but due to its strong links to the Ministry, largely influenced policy.

At the first congregation of the AB Zsigmond Somogyi, made a *referat* on pre-marital health checks and other prominent members like Tibor Gyóry, József Guszmán, Aladár Emódi and Kornél Scholtz all contributed to a discussion, which resulted in an unanimously approved memorandum. Subsequently, the memorandum was presented to the Minister, and also made public in

⁷Or perhaps rather re-established, as it was also within the OKE that the 1905 Anti-venereal organisation was formed.

⁸From the People Welfare Ministry's 1925 statement it becomes clear that *Teleia* was also to have an official role, but the AB was intended to be in the forefront of policy-preparation: “the People Welfare's Minister (...) has commissioned the OKE to, parallel with and complementary to the *Teleia* Association, deal with this extremely important matter, and make suggestions.” See: Népegészségügy, 1925.

Népegészségügy. When reading the contents of the memorandum itself⁹ 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, when Guszmann submitted the memorandum, similarly rejecting obligatory health checks, with all other medical experts agreeing (including the then Minister). 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 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 discovering both illnesses (syphilis and gonorrhoea) and the relatively high occurrence of false positive results.

2. *Legal:* the doctor would issue the certificate and thus would take over responsibility. As the majority of the urban population had at least once been infected¹⁰, no doctor would have the courage to issue certificates.

3. *Administrative:* only qualified doctors could be allowed to do it, but there was a problem of numbers. There are 75.000 marriages a year, which would mean that 50 new specialists would have to be appointed.

4. *Ethical:* even in 1925, when “one had got so used to state intervention in their private affairs”, such a decree would be deeply hated and would reduce the number of marriages.

Based on all these considerations and the foreign examples they suggested not to introduce any coercive measures until the necessary means had been made available (hospitals, doctors, etc) and the public had been properly educated. With this memorandum the question of marriage counselling made a turn towards *Eheberatung*, that is, obligatory prenuptials were dropped and the State made efforts instead to promote voluntary marriage counselling centres, to establish VD care centres, and do comprehensive sex education propaganda. In the second half of the 1920s, as the OKE AB memorandum suggested only the consideration of the exchange of doctor's certificates among couples and the introduction of voluntary marriage counselling centres, the emphasis shifted towards less coercive ways of state intervention. The idea of compulsory marriage certificates was not dropped, it remained part of the general discourse on VD and most of the marriage counselling centres that operated on a voluntary basis, tried to create ways for themselves to increase the control over the counselled.

⁹Which appeared in June in *Népegészségügy* and was submitted by the Chairman of the OKE, Zsigmond Gerlóczy and health official Henrik Schuschny.

¹⁰This of course was mere speculation and reflected a contemporary bias that viewed urban spaces as more “contaminated” and imagined the countryside as pure both in terms of ethical standards and, in correlation with this, in terms of VD – this is why the urban population was emphasised here. Statistically relevant (but methodologically very questionable) numbers for VD were provided after a 1928 national campaign initiated by the OKE where all doctors dealing with VD were requested to send in statistics about their patients. On the rationale for the survey see Somogyi, Zs. *Népegészségügy*, 1928: pp. 11-16 and for the detailed results, Guszman, J in *Népegészségügy*, 1930, pp. 1108-14; 1249-57; 1333-41; 1377-1410.

V. Voluntary marriage counselling centres

The Austrian and German voluntary marriage/sex counselling centres set up in the course of the 1920s were the models the Hungarian marriage counselling experts wished to draw upon. Hungarian medical journals regularly reported on the activities on the major centres in Vienna, Berlin or Dresden and viewed these marriage counselling centres as excellent examples of pioneer work in a new field of public hygiene. Even though some work done by these clinics (e.g. providing birth control advice) and their leftist political leanings was viewed with suspicion in Hungary, the idea of having a greater control over diseases like VD or TB and implementing eugenic ideals via the institution of marriage counselling met with widespread approval both among lay activists and medical experts. Marriage counselling, one of the core discourses of the anti-VD struggle in Hungary at the time, advanced from a discourse to actual practice by the voluntary marriage counselling centres that were set up in 1924/25. With these centres 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 counselling could become obligatory in one way or another.

The voluntary marriage counselling centres set up in the 1920s and 1930s were almost exclusively run by the core anti-VD elite, a fairly closed group of doctors, who were either within or linked to the Teleia Association or the Antivenereal Committee. As a result, most of the centres focussed on VD, but there were some that some dealt with other marriage health issues, as well and pursued openly eugenic goals. The counselling either meant medical examinations (on the spot or forwarding the “patient” to a specialist) or providing public health-related advice on marrying options and illnesses, with particular attention to those that could affect one's future children.

What the marriage counselling centres categorically rejected was the provision of sex education and birth control advice. In this sense they embraced the *Eheberatung* that the Prussian State attempted to introduce in 1926, but while the counselling centres in Berlin in many cases had to adapt to the needs of the counselled and provide advice on “morally controversial” issues, there is no such indication in the case of Hungary. The birth control movement in Hungary was limited to the marginalised Social Democrats/Communists and urban liberal intelligentsia, and so the people attending marriage counselling sessions did not and could not hope for advice on or material for birth control in these centres. Abortion and birth control were regulated by Paragraphs 285 and 286 of the Criminal Code, with sentences of up to 2 or 3 years (if married) 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 were coupled with a conservative attitude towards sexuality, where religious attitudes set the standard. The ruling elite labelled itself “Christian and nationalist”, which in most cases meant “not Jewish”¹¹, but indicated that the teachings of the Christian churches on sexuality (and other issues) were difficult to deviate from. There were few attempts to discuss birth control, one of these was the Social Democratic Party's conference on birth control in 1932, which is documented by the book published about the presentations there (Totis 1932). The intellectuals (doctors, jurists, sociologists, journalists, writers) promoting this discussion on birth control were often influential individuals like the journalist Pál Ignóty¹² or the popular writer Frigyes Karinthy¹³, or the editor Béla Totis, who was a physician and

¹¹As succinctly stated by the historian Miklós Szabó in the 1970s. See: László, Karsai. A múltnak kútja. In: *Élet és Irodalom*, 2007. Vol. 51 No. 46. 16 November, 2007.

¹²Jewish-Hungarian Pál Ignóty was son of the emblematic “Ignóty”, who edited *Nyugat*, the most influential literary journal for over 20 years and discovered the talent of Hungarian literary giants like Endre Ady or Mihály Babits. Pál Ignóty was a journalist of liberal Esti Kurír but worked for *Nyugat* as well. He emigrated to England in 1938 because of the first Anti-Jewish Law.

¹³Karinthy was one of the greatest satirical writers of his age, extremely popular in his time and still today with his books providing caricatures of his literati contemporaries and also of urban life in Budapest in the 1920s and 1930s.

the author of bestselling books on the sexual question in the 1930s.¹⁴ Despite this lone conference and publication, a birth control movement did not unfold in Hungary, and the evidence left behind on the marriage counselling by Social Democrats and Communists indicates that their influence was very limited. The state, by contrast, promoted or endorsed Prussian-type *Eheberatung*.

The first voluntary counselling centre was set up at the initiative of Aladár Emődi as part of the free VD treatment clinic of Teleia. This Counselling Station of Teleia was located in Újlipótváros, a bourgeois district of Budapest. The second one followed suit in the same year, initiated by Zsigmond Somogyi and established within the framework of the *Országos Szociálpolitikai Intézet* (National Social Policy Institute - OSZI) in 1924 in the working-class town of Újpest. These centres focussed on VD and citizen's duties to remain healthy and to provide healthy offspring. This explains their lack of success. Teleia had to make do with 100-150 visitors annually with the rate dropping to 50 a year in the 1930s – the OSZI had a similar average) as the success rate of counselling centres with similar aims and practice was quite limited in Austria, and Germany, as well. As the Hungarian experts on marriage counselling did not embrace the more progressive ideas of the German (and Austrian) sex reform movement, there was no scope for initiatives from below and no real motivating factors for lower-class visitors to come to the centres as obligations outweighed benefits by far. The marriage counselling centres remained largely unpopular in the 1920s and 1930s and numbers increased only when voluntary was occasionally switched to “semi-compulsory”, using the local marriage clerk to send/persuade individuals to medical checks prior to marriage, as in 1928/29 in the OSZI in Újpest.

Marriage counselling focusing on racial hygiene was pursued by two organisations: the *Családvédő Országos Egyesület* (Family Protection National Association – CSOE) under the lead of Lajos Naményi between 1928 and 1932 and the *Magyar Családvédelmi Szövetség* (Hungarian Family Protection Association – MCSSZ) that was headed by Gábor Doros and provided marriage counselling from 1938 on, probably until 1944. The former had a strong list of patrons and sponsors and attempted a “whole of life” counselling that started with sex education for children and included psychological counselling for older, married couples. Its leader, Lajos Naményi, was one of the most convinced eugenicists at the time, who favoured negative eugenics to the extreme (like sterilisation of the “unfit”) as well, therefore the CSOE's aims were in many ways different that that of other marriage counselling centres. The MCSSZ attempted to introduce a very similar type of marriage counselling. It was a semi-official organisation, endorsed by much of the ruling elite of Hungary in the mid-1930s, which became quite prominent and received a great deal of official support.

This coincided with the introduction of increasingly coercive (and later on: genocidal) eugenic policies in Nazi Germany. As Germany continued to be venerated for its excellence in social hygiene, the shift in marriage policies gained followers in Hungary, as well. Even though most experts dealing with marriage counselling in practice saw the new German measures as excessive and unnecessary, the Nazi example sparked debates on a number of issues and some doctors, impressed by some elements of the German social experiment, saw the new, eugenic and biological view on marriage as worthy of consideration. This explains the rise and the radicalisation of the *Magyar Családvédelmi Szövetség*, as well (which was reorganised and renamed successor organisation of the *Magyar Egyesület a Leánykereskedés Ellen* (Hungarian Association Against Girl Trade – MELE). VD-expert Gábor Doros became its chairman in the mid-1930s and marriage counselling in a broader sense was introduced in 1937. Doros and other leaders of the MCSSZ, even though they continued to cooperate with Jewish doctors like Emődi in anti-VD activities, had a markedly pro-German orientation and right-wing eugenic programme, which became increasingly anti-Semitic in its outlook after the Marriage Law of 1941.

¹⁴E.g.: *Szerelem és szaporodás*. Budapest: Népszava, 1932. or *Törvény erkölcs, anyaiság*. Budapest: Álláspont, 1933.

As for the history of marriage counselling in Hungary, the voluntary counselling centres are significant because they were signposts indicating the direction of this public policy debate in Hungary. Most marriage counselling experts agreed in the early and mid-1920s that introducing obligatory marriage counselling was too early and that voluntary marriage counselling was a good first step. The public was to get used to the idea of counselling and, it was believed, that with years of good practice and marriage counselling becoming a routine activity for most individuals before marriage, obligatory counselling could be implemented on a national level. Voluntary counselling was on the one hand a test to examine how well the population would welcome this institution 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 screenings, as it is exhibited by the contemporary debates, the experts put most of their hopes in premarital examinations.

The sources for the activities marriage counselling centres are based mostly on statistical data, books and journal articles written by the doctors working in these centres, there is virtually no archival material on the reports about the counselling sessions. It can only be cautiously stated based on this evidence that the relatively unpopular counselling centres operated mostly in a unidirectional way. The doctors enquired about the individual's health background, did the health checks they deemed necessary, and gave advice on marriage based on these (and based on their general social hygiene / eugenic convictions). The individual, aside from getting a diagnosis and some advice on marital health, would only receive a doctor's certificate indicating that s/he was "fit to marry" (or not) and nothing else that could qualify as tangible benefit - and most probably this made all the difference compared to the German/Austrian marriage counselling centres.

VI. Marriage Counselling: obligation and marriage bans – 1941-1952

As seen before, introducing some form of legislation on marriage counselling was one of the key issues that medical experts, eugenicists, social reformers believed would turn the public's attention to the importance of choice of partner and entering marriage disease-free. There were considerable differences of opinion concerning the details of the legislation, but it seemed logical to institutionalise a phenomenon that was already present and was seen to be an effective and progressive tool for fostering public health and eugenic selection; it needed to be put into wording on the highest possible level.

It was already in 1933 when the highest government decision-making body, the Council of Ministers, first deliberated on the possibility of introducing a law on marriage counselling. The ministers, including PM 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. (Hungarian National Archives 1933)." The minutes of the meeting a few pages later attest that there was a similar agreement 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 of the Interior, Minister for Culture and Minister for Justice (Hungarian National Archives 1993: 4).

The OKE AB, which in the 1920s was reporting to the Ministry of People's Welfare, remained an advisory board of the Ministry of the Interior (which took over the responsibilities of the former ministry in 1932). As the AB had been entrusted with providing professional input on matters related to VD and marriage counselling in the 1920s, it came as no surprise that among the ministries/ministers listed at the 1933 Council of Ministers meeting, it was the Ministry of the Interior that was in effect given the task. In a 1937 speech in front of 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 counselling 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 counselling and on 20 February 1934 they submitted this bill to the Ministry of the Interior (Minutes of the Upper House 1935: 165). The bill, according to Neuber's speech, was under scrutiny by the public health experts of the Ministry of the Interior in 1937 and 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 become a law as soon as possible."

This draft for the *Lex Veneris* submitted by members of the OKE AB¹⁵ was the result of all the deliberations and debates that the committee members had since the setting up of the committee in 1925. It was something that the AB members agreed on and were able to present as *the* expert opinion to the public and the decision-making bodies. Chairman of the AB, Ede Neuber and Deputy-Chairman Gábor Doros were the editors of the volume, where basically all important anti-VD experts (like Somogyi, Emődi, Steiger-Kazal, Grúsz, Domahidy, Melczer) had a chance to explain their views on certain sub-topics related to the *Lex Veneris* (e.g prostitution, the doctor's role, coercive treatment, etc.) and the draft of the law was included as the last two chapters (chapters 14 and 15). Frigyes Grúsz reported on the issue of prenuptial health checks. The submitted bill was tabled at Parliament in 1938¹⁶, and it served as the basis of the *Lex Veneris* that was adopted in 1940.

This draft of the *Lex Veneris*, as a logical result of the debates on marriage counselling, contained a part on "Family Protection", which included Paragraph 11, that is, "Pre-marriage Medical Counselling":

Paragraph 11: Pre-marriage Medical Counselling. 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 had 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 public health authority doctors or – where there is such – Health Protection Institutes (EVIs). The medical counselling needs to take place maximum 10 days before the wedding day.

The Minister for the Interior shall arrange that the doctors have possession of the necessary forms in order to 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.

¹⁵ Which was published as a book, as well: Doros, Gábor and Neuber, Ede. *Törvénytervezet a nemibetegségek leküzdéséről*. Budapest, Országos Közegészségügyi Egyesület Antiveneriás Bizottsága, 1936.

¹⁶ 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. After the death of Gömbös Hungary had three Prime Ministers until 1940 and between 1935 and 1940 there were four Ministers for the Interior.

Those, who violate these provisions, are guilty of misdemeanour and are to be punished with up to three months of prison.¹⁷

This draft reflected clearly what the anti-venereal elite wanted: obligatory marriage counselling but with no binding effect, to be done by any approved doctor, for a cost (except for the poor) and for communicable and inheritable diseases. The prenuptial counselling 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.

Even though in the drafts of the AB it was incorporated in the 1940 Lex Veneris, eventually premarital counselling was removed from the latest draft of that law and in 1938, at the meeting of the OKT it was considered separately (Hungarian National Archives – Interior Ministry files). Moreover, by 1938 the draft prepared by the OKE AB was completely re-worked and contained the following new elements:

1. 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.
2. the Medical Officer (tisztiorvos) was put into the centre of the administrative process, having the right to produce these medical attestations
3. in case of deficiencies, a marriage prohibition could be issued by the doctor.
4. 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 (Hungarian National Archives – Interior Ministry files).

It becomes clear from the archival evidence of the events of 1940-1941 that it was the powerful State Secretary for Health, Béla Johan and his health state secretariat that introduced these new elements and transformed counselling into obligatory screenings. As to the removal of the marriage counselling paragraphs from the Lex Veneris, Johan himself recalled afterwards in 1945 that “it was initiated by then Minister for the Interior József Széll to join the marriage counselling legislation with the anti-Semitic legislation on marriage, in order to make the racial protection part less sharp” (*Semmelweis Múzeum Archives*, Personal files of Béla Johan). This is a plausible explanation, nevertheless, seeing the parliamentary and media attention the legislation prohibiting marriage between Jews and non-Jews received, the attempt can be considered utter failure.

Béla Johan became a key figure for the adoption of the legislation between 1939 and 1941, which quite suddenly made him a key figure of marriage counselling, despite most of the work done by other medical experts in the 1920s and 1930s. His conviction of mandatory pre-marital health checks, with a possible ban by the doctor, were adopted after a fairly long tug-of-war between his Health State Secretariat and the Ministry of Justice. The Justice Ministry, along with most of the medical experts (as exhibited above) wanted a more liberal piece of legislation with an obligation of marriage advice only, done by Gábor Doros' new organisation, the MCSSZ. Johan, however, wished the Medical Officer corps to be involved and wanted to make use of the public health infrastructure that he had initiated in the 1920s and 1930s.

¹⁷Törvénytervezet a nemibetegségek leküzdéséről (Chapter 14). In: Doros, Gábor and Neuber, Ede. *Törvénytervezet a nemibetegségek leküzdéséről*. Budapest, Országos Közegészségügyi Egyesület Antivenériás Bizottsága, 1936. pp.4-5.

Aside from more petty political aims (marginalising Doros and company, putting medical officers in position, etc.), Johan had a good reason to stick to his idea no matter how much adversity he had to face: he had a strategic goal of involving the whole of the population into a web of organised health care, with prevention, or *egészségvédelem* (health protection) getting a clear priority over curative work of people, who had already become ill. Health protection, a concept that became widespread in the 1930s, was seen as a modern ideal that would decrease costs of public health and improve the overall well-being of the population.

Health protection is key development of early 20th Century Hungary in accomplishing a shift towards a biopolitical/immunisatory ideal in Hungary. This is because health protection focuses on shifting away the attention of the medical practitioners and the whole of population from those, who are already ill to those, who are healthy and need to be protected from illness. In health protection financial investment and the gaze of the doctor is directed towards the majority, those, who are part of the organic, healthy body of the nation – while those, who represent disease by having fallen ill, need to be separated and their movement, right to marry, right to have sexual encounters...etc needs to be limited. The diseased, if their illness was uncovered, were first and foremost *detached* from society and the first step constituted a restriction of their civil liberties – thus, in order to protect the health of "everyone" (give life) some had to become "homo sacer".

The law that eventually introduced marriage counselling in 1941 (Law No. XV. of 1941) focused only on the two mostly feared contagious diseases: VD and tuberculosis. Those, who were found to be ill of syphilis, gonorrhoea or tuberculosis and were deemed to be contagious, could be forcefully sent to treatment based on the Lex Veneris of 1940 and they were also banned from the right to marry. It becomes clear from the reports that on some occasions where individuals were stigmatised in such a manner, marriage became utterly difficult for them, as no one in the closely-knit community they came from wanted to marry afterwards someone, who had been rejected marriage based on health reasons.

The law was in effect from 1942 to 1952 and based on the data available ca. 2-4% of the 100-150 thousand individuals wishing to marry annually were denied of marriage temporarily. Based on the data from one of the Budapest insurance companies (MABI Marriage Counselling Centre), these obligatory marriage counselling sessions were not only about indicating whether the individual had TB or any form of VD, but the doctor's also tried to use it to build up an eugenic register for future use. The anamnesis detailed the following: personal medical history, medical history of the whole family, possible problems, „deviations” from the norm and the results of the tests. The doctors often felt that they needed to advise against marriage if they believed that the individual had a condition that made them „unfit” for marriage. One such example was a 24 year old woman, who had to sign the following statement after the marriage counselling session: „I acknowledge that my heart condition does not make marriage advisable because the excitement related to married life and a potential pregnancy would be a serious burden for this sick heart.” The doctors also noted smaller irregularities like someone, who was „left-handed” or another client, a man, who was labelled in the doctor's notes as a „154 cm tall hunchback.”

One can sense from these summary assessments by the doctors that the biopolitical aim set by the legislators was accomplished by the doctors on lower levels, moreover, there was an overeagerness to produce more serious results for health protection. Even though hereditary and mental diseases (after long consideration) were left out of the law, the doctors, who met the patients on the local level, were ready to intervene as much as possible, and seeing the „beneficial” effect of the marriage ban, demanded the extension of its scope.¹⁸

¹⁸The scope of this essay does not extend to the forms of resistance from below and the strategies patients themselves could (and did) resort to in order to avoid being penalised for health reasons. This aspect of marriage

The continuity of the discourse and the practice was unbroken even with the schism that 1945 represented. The anti-miscegenation clause was canceled as early as March 1945 but marriage counselling remained in an unchanged form – moreover, there was a case at the MABI clinic in 1946, where a Jewish man, who was refused marriage in 1944 a few weeks before the deportations, came back from a concentration camp in 1946 and was refused marriage by the same clinic, for „he had started his treatment but never finished it.” This story confirms that some doctors were not just „overeager” in a health protection sense but most probably wished to contain the procreation of the Jews, even after 1945.

Continuity in terms of institution and personnel was also evident after 1945. The Antivenereal Committee was re-grouped in May 1945 and those, who did not die in the war (like Emódi) and weren't seriously implicated (like Doros, who became extreme right wing and racist in his rhetoric after 1941) all made it to the old-new committee: Guszmán, Somogyi, Rajka, Földvári, Lehner are all examples of doctors, who were actively contributing to the marriage counselling discourse and legislation in the Horthy era. Moreover, Somogyi and Guszmán were the leading experts, who had been involved in marriage issues for decades: they could retain their positions in their respective hospitals and they were invited in this new Committee to advise on solving VD issues, which in 1945/46 was a serious concern in Budapest (Pető 1999).

Marriage counselling after 1945 retained a continuity in the medical personnel as the key experts of the Anti-Venereal Committee remained, the Medical Officers continued to be endowed with the right to make decisions and very much the same doctors made very much the same decisions on marital health as before 1945. Moreover, marriage counselling was propagated in a similar fashion as before the war, via public presentations by members of the Anti-Venereal Committee, via leaflets, brochures and health protection journals. The results were much the same with 2-5% of the individuals banned, early 1946 not surprisingly showing a higher, 4-5% rate, at least in Budapest and the ratio of bans settling around 2% afterwards. There were also similar justifications used for banning individuals from marriage and health protection was defined as a key element of Soviet-type healthcare in Hungary after the communist takeover of 1948/49.

After 1949 healthcare was reorganised with the establishment of a Health Ministry. This resulted in centralisation and structural changes that made the Medical Officer Corps superfluous. This was reflected in legislation passed in 1951, which made the issuing of marriage counselling certificates a job for the VD Care Centres and TB Care Centres instead of the Medical Officers and retained only sphyllis as a VD that had to be checked before marriage – all other venereal diseases were too low in occurrence and therefore it was not economical to continue with checking for them. Marriage counselling was cancelled in 1952, with the onset of a new, pronatalist regime, which is now known as the „Ratkó years” (after the then Minister of Health, Anna Ratkó) where such an obstacle to producing children was probably seen as unnecessary. At the same time, with the introduction of penicillin in 1948-49, the rate of VD (and of TB) to a small fraction and therefore the ill did not seem as such a great threat as they seemed before.

VII. Conclusion

The idea of marriage counselling was most probably an anachronism already when it started becoming „serious business” in the 1930s and 1940s, because by that time marriage had a very different role in interpersonal relations as 30 years prior, when marriage counselling was first raised.

counselling is also important, especially if one scrutinises the options for resistance before and after 1945 - this could, however, be the topic of a separate piece.

Despite christian-conservative moralists suggesting otherwise, premarital and extramarital sex was so widespread that the idea of entering marriage without a health stain and remaining in that safe haven until the end of your life, was not more than a naive wish. However, marriage counselling, despite the above-detailed rhetoric supporting it, was primarily a biopolitical enterprise, which was focused not on a highly moral ideal of „pure marriage” but was intended to separate, to quarantine and/or to limit the actions of those, who were seen as a threat to the body of the nation, both because of themselves and because of the offspring they would have produced.

The emerging discourse in the early 1900s came partly from eugenicists and partly from VD experts and marriage counselling gained greater visibility in the interwar era with the formation of the Antivenereal Committee and the setting up of voluntary marriage counselling centres in the mid-1920s. Voluntary marriage counselling was a largely unsuccessful endeavour as young people did not see much benefit of getting medical advice on whom to marry and on illnesses that they perhaps wanted to remain unrevealed. Most experts saw voluntary marriage counselling as a primal phase of a policy that was eventually to be transformed into a biopolitical-regulatory examination that would provide a protection of the majority from contagious and hereditary diseases. When obligatory prenuptial checks were introduced in 1941 most experts saw it as too early and too risky as the population's unresponsiveness to voluntary bureaus indicated a lack of support. Nevertheless, mostly due to the power Béla Johan exercised in the early 1940s in the highest echelons of healthcare policy-making, the mandatory health examination was introduced and became one of the pioneering biopolitical-immunisation policies of modern Hungary. Its scope was fairly limited (contagious TB and VD) and its primary objective, preventing the procreation of the diseased, was hardly accomplished.

The policy was partially successful, however, as it did limit the actions of some, and it did discover the illness of a considerable ratio of the individuals about to marry. However, there is no indication that it was able to seriously influence the sexual behaviour of those, wishing to marry and it did not lead to decreased VD or TB rates – these were reduced later, by the introduction of effective medicine. The biopolitical convictions, however, infiltrated the medical and administrative elite and marriage and other health policies of later decades show that using „milestones” in the life of the citizens (like marriage or birth) in order to enforce a regulatory, biopolitical ideal has been adopted and has become widespread practice in 20th century Hungary.

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