

My proposed Ph.D. project reconstructs the social and cultural history of madness in Austro-Hungary between 1867 and 1914. The project is an extension of my M.Phil. dissertation which focuses on the more narrowly defined topic of hysteria, and which primarily explores the Budapest psychiatry and deals only with one Austrian psychiatrist in detail. Thus in the Ph.D. dissertation I intend to deepen my analysis and enlarge the scope of its focus both in terms of geography and the themes discussed.

I will shift my focus from the study of the Budapest psychiatry to the study of psychiatry in Central Europe. My proposed project defines Central Europe as inclusive of the different territories of the former Austro-Hungarian Monarchy as opposed to Western scholarship which - due to language and cultural barriers - drew a line along the border of Austria and basically meant by it the German-speaking territories of Germany and Austria. I intend to explore the topic in the Austro-Hungarian Monarchy, in particular in Budapest, Vác, Eger, and Pécs in Hungary, in Vienna and Graz in Austria, and in Nagyszeben and Kolozsvár in Transylvania. Since Western scholarship has thoroughly explored the topic in France, England, Germany, Switzerland and Austria, there will be sufficient available primary material and secondary literature which make a truly comparative study possible.

In the proposed dissertation I intend to write the general history of Hungarian psychiatry and mental disorders at the turn of the century. I give a complex analysis of the *institutional development* and the *career routes of the main actors* in the history of turn-of-the-century Austro-Hungarian psychiatry. The institutional development raises questions about the development and subsequent modernization of private and state mental asylums; the establishment of academic research and teaching in psychiatry by the foundation of the departments of mental health and pathology, of forensic mental pathology, and of neurology at the medical faculties; and the foundation of clinical practice in mental pathology.

The study of the career patterns of the main psychiatrists, neurologists and asylum superintendents informs us about the intellectual climate of Hungarian and Austrian psychiatry and their position within the larger European context. A reconstruction of where Hungarian and Transylvanian doctors were trained, which foreign universities and experts they visited, what kind of theories and schools influenced them uncovers for us the intricate ties to key European institutions, figures, and bodies of knowledge. The career patterns, which also reveal deep social, political and ideological tensions that are essential to the understanding of the period, also help us reconstruct the power field of Hungarian psychiatry. The best example is the emergence and fate of the Hungarian school of psychoanalysis.

In a subsequent part of the dissertation I intend to study the different *theories of mental disorders*. The exploration of the scientific thinking of an era in a given territory is a difficult task, since this conceptual space is not a closed system, the sets of rules and concepts do not solely exist within an isolated scientific imagination at the intersection of tradition and innovation. The scientific knowledge of an era is informed by various social and cultural factors. I am interested in what ways medical and psychiatric discourses on insanity register complex social and cultural dynamics, tensions and values prevalent in society; reinforce or undermine power relations; and reflect individual world views and aspirations. The scientific definitions of madness, thus, should be studied within the larger cultural framework and social imagination.

I seek answer to a number of questions. How did nineteenth-century institutional development influence the emergence and interplay between somatogenic and psychogenic theories of mental disorder? How did the factors of religion, class, race, gender and age enter and make themselves manifest in scientific representations of insanity? How were scientific ideas of heredity, degeneracy and criminality interwoven with gender, class, racial and moral prejudices? What kinds of physical defects and forbidden bodily practices accounted for the derangement of the mind? How were insanity and excessive sexuality connected in both the scientific thinking and public imagination? To what extent were scientific views on hysteria, erotomania, alcoholism, kleptomania, and various other forms

of social deviance influenced by traditional views on the racial or social inferiority of certain people, and the natural propensities of women which equated them with nature, irrationality, emotion and weakness?

In the course of my study of madness in the period, I will consult a wide variety of sources (scientific, literary, public and personal) and multiple perspectives that will allow me to do justice to the very complex and elaborate picture of insanity which emerged at the turn of the century. Major areas and corresponding types of sources:

1., The political, social, economic, and institutional conditions of nineteenth-century asylums for the insane, and the clinics hosting mentally ill people for observation and treatment (legislative background; institutional structure and policies; institutional statistics; administrative techniques and power mechanisms of confinement and discipline; personal relationships among inmates, between inmates and guardians; the gender and class distribution of the inmates). Primary sources: parliamentary minutes, asylum records, police records; legal documents, court cases; letters, diaries and biographies of asylum directors; letters and accounts of inmates and guardians.

2., The scientific construction of madness: a., the study of the discursive field (the conceptual field of insanity, history of categories, concepts, theories; descriptions and metaphors of madness in scientific or popular science publication). Primary sources: textbooks of psychology, psychiatry, and medicine, learned journals; letters, diaries and biographies of doctors and psychiatrists.

b., the study of practice: patient demonstrations; types of treatment employed.

3., Public definitions of madness (views on insanity in public discourses; insanity in the press; cultural and artistic representations of insanity in literature and the arts; the presumable changes in the understanding of madness by the end of the century). Primary sources: journals and periodicals; moralistic writings and conduct literature; novels and poems; operas; photographs, paintings and other artistic representations.

4., Personal experience of madness (madness as perceived within the family; personal experience of the insane person - or persons labelled insane). Primary sources: personal accounts and documents of the insane treated both in the madhouses or at home, and of their family members (inmate narratives, diaries, letters, memories).

A preliminary selection of primary Hungarian sources: the works of Ottó Babarczy-Schwartz, Árpád Bókay, Ernő Jendrassik, Károly Kétli, Frigyes Korányi, Jenő Konrád, Károly Laufenauer, Károly Lechner, Ernő Moravcsik, Károly Schaffer, Ödön Tuzskai, material published in learned journals, such as the *Medical Weekly*, or *Cure*.

Secondary Hungarian sources: works of Bertalan Pethő, Ferenc Pisztor, Pál Harmat.

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I have completed extensive library and archival research for the M.Phil. dissertation in Budapest (Simmelweis Library for the History of Medicine; Hungarian National Library; Hungarian Archive; Library of the Hungarian Academy of Sciences; etc.), in Vienna (Library of the History of Medicine), and in London (Wellcome Institute for the History of the Medicine). Primary and secondary research for the Ph.D. dissertation will include these and other libraries and archives in Hungarian, Transylvanian, and Austrian towns.