

“Castaways of the White Pleasure”: Six Decades of Hungarian Discourse on Narcotics

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Abstract: In 1924 Hungary ratified and codified the 1912 Hague International Opium Convention, the first international drug control treaty. However, the new law that regulated and later criminalized the usage of narcotics in Hungary was not the result of internal debate and had no real domestic political will behind it. In contrary, this law was the result of external demands as Article 230 of the post-World War I Trianon Treaty required Hungary to join the Hague Convention. This paper examines what the contemporary Hungarian attitude towards drugs and drug users was. In order to answer how this attitude developed and changed, the following study examines how the contemporary media, artists and intellectuals and various governmental and non-governmental organizations discussed and represented the issue of narcotics.

Keywords: *Drugs, opium, cocaine, narcotics control, League of Nations*

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In 1933, the celebrated Hungarian poet and novelist Dezső Kosztolányi penned his short limerick-like poem entitled, “Tout comprendre c’est tout pardonner,” a work that was part of his famed Kornél Esti stories. Kosztolányi’s alter ego, Kornél Esti, was telling the reader about a young poet János, or Jancsi, who was, as the French title suggests, arguing that “understanding all is to forgive all” (Kosztolányi 1933). Himself possibly a drug addict, Kosztolányi was referring to drug addiction (Arany 2017: 269-275). In Hungary, where there was no drug epidemic, narcotics was a relatively new topic of debate. However, if one read the contemporary newspapers and paid attention to the increasingly draconian laws and regulations, one might conclude that Hungary was facing a serious crisis. Newspapers and magazines depicted macabre scenes of opium dens, hardship, human suffering, corruption and even death, all occurring under the shimmering neon lights of the Budapest nightlife. My study seeks to illustrate how the public discourse on narcotics rapidly traversed the path of first being a topic that was primarily of interest to those fascinated with all that was “oriental” or exotic, then emerged in discussions among health professionals, later evolved into as a social issue and finally solidified into a criminal concern. This development was less the product of internal circumstances than it was of external influences. By examining the changing landscape of narcotics from the 1876 Hungarian law that regulated the utility of opiates in healthcare to the 1936 Convention for the Suppression



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of the Illicit Traffic in Dangerous Drugs in Geneva, which essentially aimed to criminalize all activities related to non-scientific or non-medical uses of narcotics, my paper aims to contribute to the decentering of the history of drugs and drug prevention and point toward some new questions to consider.

For the most part limited to opium, the earliest Hungarian mention of narcotics associated the usage of drugs and drug addiction with the “Orient.” This understanding was very much on par with the Western European understanding. Various referred to in Hungarian as *áfium*, *mákony*, and *ópium*, opium most likely originated in the Balkans or in the region of the Black Sea and by 3400 BC was widely cultivated in Mesopotamia. Recent studies suggest that by the end of the second millennium BC, knowledge of opium was widespread throughout Europe, the Middle East and North Africa (Booth 1996: 15-16). The ancient Greeks used opium not only for medicinal, but also for spiritual and occult purposes (Booth 1996: 17). Homer’s *Odyssey*, Virgil’s *Aeneid*, and the works of Pliny the Elder all mention opium in one form or another (Booth 1996: 18-20). Opium poppy, or the “plant of joy” as Sumerians referred to it, appeared in Chaucer’s *Canterbury Tales* and, perhaps most famously, in Shakespeare’s *Othello* (Berridge 2014: 9-10).

In Hungarian literature one of the first mentions of opium can be found in Miklós Zrínyi’s 1651 epic poem, *Szigeti Veszedelem* [‘The Peril of Sziget’] (Zrínyi 1651). Much indebted to the works of Homer and Virgil as acknowledged by Zrínyi himself, the poem depicts the heroic battle of Szigetvár (1566) whereby the vastly outnumbered Hungarian and Croatian forces under the leadership of Miklós Zrínyi (the namesake of the author and his great-grandfather) halted the Ottomans’ advance toward Vienna. In the poem Zrínyi describes one of the leaders of the Ottomans as being most cruel to those of Christian blood as he was “drunk” on opium: “Every day he ate opium,/ So that he could be crueller to Christian blood,/ Even by morning from drugs he was drunk,/ So that he knew not even his own actions” [‘*Mindennap áfiumot ű eszik vala,/ Hogy keresztyén vérre ű kegyetlenb volna,/ Már maszlagtól vezér reggel részeg vala,/ Űgy hogy nem is tudá maga mit csinálna.*’]¹

Similar descriptions of cruelty and barbarity were commonplace in late-eighteenth- and early-nineteenth-century periodicals. These publications made a connection among faraway lands, exotic customs and habitual drug use. Beyond associating drug-use with non-European savagery and barbarism, the publications sensationalized and scandalized narcotics. The 1789 *Mindenes Gyűjtemény* [‘Compilation of All’] explained to readers one of the most “terrible” traditions in India, which called for recent widows to be burned on their husbands’ funeral pyre. The article stressed how the “intoxicating power of opium” was often used to carry out these “awful acts that went against human nature” (*Mindenes Gyűjtemény* 1789: 225-227). The 1795 *Magyar Almanak* [‘Hungarian Almanac’] provided its readers with a short and racist introduction to Polynesian history by describing Malaysians as one of the native tribes of “brownish-black, strong, flat-nosed, fiery-eyed, with wild nature” who would be even more wild and war-like if not for the regulation that prohibited them from using opium and opium drinks (*Magyar*

¹ For the only available translation of this epic poem, see László Kőrössi’s translation. I would like to thank Professor Kőrössi for sharing the translation of the relevant passages via email.

Almanak 1795: 37). Narratives describing opium largely remained set in non-European communities, with special emphasis on China and India. However, by the second decade of the nineteenth century there were changing attitudes among Western Europeans and Americans toward narcotics and they started to discuss their supposed medicinal benefits.

Changing attitudes toward narcotics were a result of medical, economic and, in certain cases, political considerations. British historian Richard Davenport-Hines convincingly argues that pharmacological research and the real and imagined benefits of narcotics led to a rising acceptance of drugs (Davenport-Hines 2002: 49-51). Depending mainly on local customs, opium until this point was eaten, drunk, or smoked. However, the German pharmacist Friedrich Sertürner isolated an alkaloid from the poppy plant and named the new substance after Morpheus, the ancient Greek god of dreams and sleep. Heinrich Emanuel Merck, the founder of the German pharmaceutical giant Merck Commercial, started manufacturing of the new substance started in 1827. Thus the world was introduced to morphine (Courtwright 2001: 36). By the mid-1800s opium (and its tincture, laudanum) and morphine were regularly prescribed for children to help with digestion issues and diarrhea. Women were given these substances to “regulate their feeling and to contain their behavior in patterns that male physicians understand,” while opioids were used to treat chronically ill patients suffering from conditions such as asthma, bronchitis, dysentery, malaria, arthritis and rheumatism (Davenport-Hines 2002: 50-51 and 105).

A survey of contemporary Hungarian publications suggests that by the nineteenth century there was domestic interest in the medicinal use of opium and morphine. As early as 1809 the *Magyar Kurir* [‘Hungarian Courier’] reported the establishment of a medical committee to oversee a competition that sought to answer the question of whether it would be possible to grow opium in Hungary, or find other plants possessing similar medicinal benefits (*Magyar Kurir* 1809: 132). By 1879, Hungarian doctors and pharmacists were advised to prescribe various opium alkaloids (morphine, codeine, and narceine) for insomnia, pain, and gastrointestinal ailments (Balogh 1879: 871-872).

At the end of the nineteenth century, the Western explosion of cocaine usage further complicated the relationship between narcotics and medicine. The source of cocaine, the coca plant, has been cultivated in South America for thousands of years. European contact with the plant goes back to the Spanish conquest of Peru and Bolivia. Unlike tobacco smoking, the native habit of chewing coca leaf curiously did not spread immediately to Europe. Historians provide various reasons for this ranging from the coca leaf’s inability to survive the long sea voyage to the conquistadors and Catholic Church’s rejection of the new vice (Grinspoon and Bakalar 1985: 17-18). It was not until the 1850s that coca (and cocaine) began its triumphant appearance in the West. The Italian neurologist, Paolo Mantegazza, endorsed the use of coca for everything from a toothache to medical conditions associated with emotional disturbance. In 1863 Angelo Mariani’s “Vin Mariani”—a mixture of coca extract and wine—became one of the most popular medicines of its time (Grinspoon and Bakalar 1985: 20). Similar to the case of opium, the medical profession was largely responsible for the growing popularity of cocaine. From Sigmund Freud’s influential essay through the *New York Medical Journal*’s recommendation to an endorsement from the former Surgeon General of the United States, cocaine was everyone’s favored remedy for a wide variety of ailments including curing alcoholism and morphine addiction, seasickness, head colds, mental exertion, female “hysteria” and other psychological and mental conditions (Grinspoon and Bakalar 1985: 21-24). By 1886, when John Styth

Pemberton invented Coca-Cola in Georgia as a stimulant and special tonic for headaches, Hungarians, too, were ready to embrace cocaine (Grinspoon and Bakalar 1985: 27-28).

As the idea of the new “wonder drug” made its way to Hungary, the medical profession and the media reacted to cocaine with cautious enthusiasm. Both medical journals and newspapers informed the interested public of the perceived utility of cocaine. For example, in one of Hungary’s leading medical journals, *Orvosi Hetilap* [‘Medical Weekly’], there were 526 mentions of cocaine between the period of 1880 and 1899. Essays and commentaries contemplated the effectiveness of cocaine as a remedy for both insomnia and lethargy, a local anesthetic and pain reliever, medication for various ear, nose, and throat problems and a means to aid an assortment of other medical conditions (*Orvosi Hetilap* 1885/2: 43-44 and 1887/7: 1017-1018). However, as was mentioned previously, cocaine was accepted in Hungarian medical practice with a good degree of caution. Some, like Dr. Zsigmond Weiszberg on the pages of the *Természettudományi Közlöny* [‘Gazette of Natural Science’], went so far as to call cocaine “the newest fashionable poison” (Weiszberg 1887: 76). Basing his assessment on his own experience with patients and his study of relevant literature, Weiszberg argued that “cocainism” was an even more dangerous condition than addiction to morphine. After describing the negative impact of cocaine addiction on the physical and mental health of those addicted, Weiszberg concluded that the destructive nature of cocaine outweighed any of its perceived utility. He finally cautioned readers that the “sad picture” of the addiction he painted was not nearly dark enough to illustrate the suffering of those who became victims of cocaine (Weiszberg 1887: 79). Weiszberg was certainly not alone in his apprehension about the utility of narcotics, for both in Hungary and beyond more and more voices were speaking up to underscore the dangers.

One can point to two works that accomplished a great deal in the nineteenth-century recognition of the danger of narcotics. Thomas De Quincey’s 1821 *Confession of an English Opium Eater* and Edward Levinstein’s 1877 *Morbid Craving for Morphia* were not only influential, but also started to move the direction of debate toward drug addiction as a social problem. De Quincey’s warning regarding opium was reviewed and discussed in Hungary. While these discussions certainly acknowledged the dangers of addiction, they neither passed judgement nor presented the substance as a menacing social issue. On the contrary, the *A Petőfi-Társaság Lapja* [‘Pages of the Petőfi Society’], for example, explained De Quincey’s descent as a cautionary tale while emphasizing his child-like innocence instead of adjudicating his actions’ potential harm to society (*A Petőfi Társaság Lapja* 1877: 93-94). The German psychiatrist Levinstein rejected the notion that morphine addiction was a mental disorder and instead argued that “the morbid craving for morphia injections ranks amongst the category of other human passions, such as smoking, gambling, greediness for profit, sexual excesses, etc.” (Levinstein 1877: 6-7). In his understanding, habitual drug addiction was a danger threatening society. (Curiously enough, alcoholism was missing from the list).

For the most part, the Hungarian medical profession and the government viewed drug addiction as a less than threatening social problem and instead addressed it as a health issue. Accordingly, the 1876 / XIV Law sought to regulate access and distribution of all medicine—including, yet not specifying opioids—as part of a general modernization and regulation of

public health.² Nearly two decades later, in 1894, the distribution and retail of medicine, medicine-like and poisonous substances, and poisons (including that of opium, cocaine, and all their alkaloids) was rather tellingly placed under the purview of the Ministry of Interior. The Law of 1894/ 111.005 argued that the clear regulation of these substances was necessary because of their profusion in sale and the rapid growth of their manufacturing (*Budapesti Közlöny* 1895: 1). Toward the end of the nineteenth century, control of drugs moved from being a health concern to becoming a social issue. Yet, no evidence indicates governmental apprehension regarding drug addiction.

Most scholars agree that the intellectual and practical impetus for international narcotics control originated in the United States. American experiences garnered in the Philippines and during the aftermath of the American Civil War generated a good deal of anxiety in connection with the proliferation of narcotics and addictions (Davenport-Hines: 119-121 and 202). Various US states introduced opium laws as early as 1877 (Nevada) that criminalized users, yet did not regulate the distribution of the substance (Davenport-Hines: 127). The prohibition of cocaine soon followed. These steps were also the result of racist panic and fantasies about “cocainized Blacks” who were regularly issued cocaine by plantations owners and construction managers to improve their productivity and create a level of control (Davenport-Hines: 200-201). By the turn of the century the United States made an attempt to replicate its domestic regulations of narcotics on the international scene.

The internationalization of narcotic control was born out of the 1909 Shanghai International Opium Commission (or Shanghai Protocol) and the 1911-1912 Hague International Opium Convention. Both gatherings were largely the result of American desires and design. In 1902, after a brutal three-year military campaign, the Philippines officially became an American colony. The Episcopal Church sent Bishop Charles Brent to the newly annexed territory. His experience with the opium problem in the Philippines convinced him that it was the United States’ “duty...to promote some movement that would gather in its embrace representatives from all countries where the traffic in and use of opium is a matter of moment” (Berridge 2014: 117). Brent found a willing collaborator in President Theodore Roosevelt, who was concerned about the viability of US strategic and trade objectives in the region (Berridge 2014: 118). After an invitation by President Roosevelt, representatives from thirteen countries (United States of America, Austria-Hungary, China, France, Germany, United Kingdom, Italy, Japan, Netherlands, Persia, Portugal, Russia and Siam) gathered in Shanghai in February 1909 to assess the impact of the 1906 Chinese imperial edict that forbade the cultivation and smoking of opium within the empire for ten years and to formulate a plan for the regulation of opium consumption in the Far East. The gathering failed to produce an enforceable and binding resolution and could only “urge[d] strongly on all governments that it is highly important that drastic measures should be taken by each government in its own territories and possessions to control the manufacture, sale

² “1876. évi XIV. törvénycikk - a közegészségügy rendezéséről” [1876 / XIV Law about the Regulation of Public Health]
<https://net.jogtar.hu/getpdf?docid=87600014.TV&targetdate=&printTitle=1876.+%C3%A9vi+XIV.+t%C3%B6rv%C3%A9nycikk&referer=1000ev>. Accessed May 6, 2020.

and distribution of this drug, and also of such other derivatives of opium as may appear on scientific inquiry to be liable to similar abuse and productive of like ill effects” (United Nations Office on Drugs and Crime 1959). However, as one interwar expert later noted, despite its apparent failure, “the Conference was chiefly important because it symbolized the awakening of a world-wide determination to rid the world of the opium evil and of the realization that addiction to manufactured drugs was also beginning to menace the welfare of humanity” (Eisenlohr 1934: 20).

The next step toward a comprehensive international drug control treaty was the 1911-1912 Hague International Opium Convention. Called for and chaired by Bishop Brent, this gathering set the agenda for controlling and suppressing the manufacturing, trafficking and consumption of morphine and opium (albeit there was widespread conversation about two new problematic substances, cocaine and heroin). Consisting of six chapters and twenty-five articles, the resultant International Opium Convention was signed by twelve countries (United Nations Office on Drugs and Crime 2009). Serbia and the Ottoman Empire indicated that they had no intention of adhering to the Convention and Germany, one of the major contracting parties, also expressed apprehension about ratifying the treaty that might limit business opportunities for its booming pharmaceutical industry. A compromise was agreed upon that stated that the convention would become binding following ratification by an additional thirty-five nations (Davenport-Hines 2002: 210).

At the time of the Convention there was still a significant difference in how Europeans viewed drug habits vis-à-vis that of the Americans. As Davenport-Hines explains, Europeans might have viewed addicts as “unproductive, dishonest or lacking self-control, but they were not represented as criminals.” On the other hand, the Americans—the organizing force behind these events—were much more dogmatic and conceptualized “addiction as crime, and moreover saw this subspecies of criminals as a pollutant” (Davenport-Hines 2002: 211). While the Europeans continued for the most part to reject the idea of criminalization, some, like the English surgeon and politician Sir William Collins, started to gravitate toward the American conceptualization. One of the representatives of Great Britain at The Hague, Collins noted that there had been “a disposition in some quarters to regard the morphinist and the cocainist merely as invalids and the object of pity, but...many of them are social pests of the most dangerous kind. Bankrupt of moral sense and will power, they are lying and deceitful, prodigal of time, plausible to a degree, backbiting and contentions, prone to vice and apt for crime” (Davenport-Hines 2002: 211). While the Shanghai Protocol and the Hague Convention certainly provided a framework for the internationalization of narcotics control, the realization of these ideas and the subsequent criminalization of narcotics was done because of the First World War and the subsequent treaties essentially dictated the ratification of previous agreements.

The war both hindered and aided the development of international narcotics control. On the one hand, the corollary effects of the total warfare left nobody untouched. In the midst of death, destruction, hunger, and pandemic, in other words, in the midst of overall suffering, the question of narcotics was most certainly not a priority. On the other hand, due to new methods in warfare, the brutality of the war necessitated more and better drugs to deal with the pain and injuries of soldiers. Drug manufacturing was thriving. Beyond the trenches and battlefields there was a visible growth of recreational drug use, which was often supplied by illegal means, such as smuggling (Berridge 2014: 128). In the meantime, there was no real attempt made to check or

regulate drug manufacturing or, as one observer noted, to bring it “under control within the bounds of medical necessity” (Eisenlohr 1934: 23).

At the conclusion of the war the victorious powers gathered in Paris to draw up peace treaties and establish a new postwar order. One of the less researched aspects of this gathering was its impact on international narcotics control. As the representatives made their way to Paris, the Dutch government—the repository of the Hague Convention—reached out to the peacemakers and proposed that the treaties should include the ratification of the Hague Convention. The proposal was accepted, and the ratification of the Opium Convention of 1912 was one of the conditions to which the defeated powers had to agree. Moreover, the convening victorious powers also agreed that the newly established League of Nations should be “entrusted” with the “general supervision over agreements with regard to the traffic in opium and other dangerous drugs” (Eisenlohr 1934: 23). In 1920, the League established an Advisory Committee on Opium and Other Dangerous Drugs. Its members worked tirelessly to pursue the ratification of the Hague Convention by pressuring, “coaxing” and “cajoling” states to adopt the drug regulations. They did this rather successfully, for the original twelve signatories grew to thirty-eight by 1921 and to fifty-six by 1934 (Davenport-Hines 2002: 259). Even though the United States never joined the League and actually withdrew from the 1924 Geneva Opium Convention, the US’s conceptualization of narcotics control dominated the interwar construction of a “drug control machinery,” as historian Virginia Berridge calls it. Berridge explains that the US approach viewed the use of narcotics beyond scientific and medicinal purposes as a “moral and social evil” and argued that the production of raw materials should be restricted to a quantity that would satisfy legitimate scientific and medical needs. In essence, Berridge argues, the US approach defined and laid the framework for the current understanding and approaches of international narcotics control (Berridge 2014: 136).

How did Hungary experience this shift toward the internationalization of narcotics control? After nearly two years of political and revolutionary violence, on June 4, 1920 Hungarian representatives signed the Treaty of Trianon. The treaty reduced newly independent Hungary by two thirds of its previous territory and the country lost approximately one third of its prewar population. Amidst the subsequent shock, one could not blame the media and public for not acknowledging or talking about Article 230 of the treaty that required Hungary to ratify the 1912 Hague Convention. Less than a year after Hungary was allowed to join the League of Nations, The Hungarian National Assembly ratified it (*Budapesti Közlöny* 1923: 1-6).

With few exceptions, during the first two decades of the twentieth century the issue of narcotics and addiction remained a subject limited to Hungarian medical practitioners and artists. In 1912, the Hungarian *Elmekór és gyógytan* [‘Mental Illness and Medicine’] discussed “extended use” of opium and morphine, resulting in “poisoning,” as a cause of a number of mental problems. Yet, Professor Ernő Emil Moravcsik argued that the disease was “predominantly fashionable among the eastern nations” and opium was a significant tool to deal with mental illness if used as prescribed (Moravcsik 1912: 63). Others, like Professor Kálmán Sztrokay, readily acknowledged that for the most part the Hungarians’ hitherto knowledge about opium-smoking was based on unreliable information and novels, but he pointed out that that was no longer the case. He cautioned that one must take action to stop the march of the “East’s most dangerous poison” before it was too late (Sztrokay 1912: 288-290). Association between opium and East Asia (“the Orient”) was most famously depicted by Lajos Gulácsy’s painting of “The

Opium Smoker’s Dream” (1913-1918) and Attila Sassy’s—also known by his *nom de plume* of Aiglón—graphic art, “Opium Dreams” (1906). Sassy’s secessionist (art nouveau) illustration of opium-intoxication, accompanied by eight erotic and exotic scenes, inspired one of the most tragic figures of the Hungarian modernist generation, Kosztolányi’s own cousin, Géza Csáth.

Born as József Brenner in 1887, Géza Csáth’s story is perhaps the earliest and most well-known Hungarian cautionary tale about the dangers of drug addiction. Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde*—a sixty-thousand-word novella which he wrote and re-wrote in six days while on cocaine—is maybe the most apt allegory for Csáth’s descent to madness (Grinspoon and Bakalar 1985: 27). Of course, Csáth’s story was far from unique, for studies and books about the relationship between artists and drug abuse could fill a small library. Samuel Taylor Coleridge, Lord Byron, John Keats, Percy Bysshe Shelley, Bram Stoker, Elizabeth Barrett Browning, and Louisa May Alcott are just few of the famous names on this list (Hodgson 2001: 58-70). From Csáth’s diary we know that he used morphine for the very first time on April 19, 1910 (Csáth 2016: 290). His diary entries clearly denote and depict the growth of his habit that was accompanied by sexual excess and hypochondria. Csáth’s short story “Ópium” [“Opium”] explains his attitude toward his own addiction:

in the course of just one day I live five thousand years. In one year, this comes to approximately two million. Assuming that you start smoking opium as a strong mature man and pay meticulous attention to the maintenance of your health, best left to a good doctor, you can live ten years, and then, having reached the age of twenty million, you can lay your head down in peace on the ice-cold pillow of perdition. As for he who will not or dare not carve twenty million years out of eternity for himself, let him live a hundred years, and let him multiply, and bring forth his descendants (Csáth 2001: 44).

Csáth’s own prediction of living ten years with addiction was a self-fulfilling prophecy. The once promising doctor turned writer and musical critic was unable to control his addiction. He tried several times to kick the habit, each time unsuccessfully. After murdering his wife, he committed suicide in 1919.

While the ratification of the Hague Convention might have been forced upon Hungary, by the mid-1920s the public certainly internalized the dangers of narcotics. In his recent study, Péter Sárosi argues that the contemporary media’s exaggerated response to the rise of narcotics—or more specifically cocaine in his analysis—created an increased fear and led to a “moral panic” (Sárosi 2017: 43). He utilizes the concept of “moral panic” and convincingly illustrates how this sociological model could explain the demonization and stereotypicalization of the addiction, which often led to the “othering”—or the negative labeling and subordination—of addicts (Sárosi 2017: 44). Applying Erich Goode and Nachman Ben-Yehuda’s conceptualization of “moral panic” (Goode and Ben-Yehuda 1994a), Sárosi shows that the Hungarian media’s reaction to “cocaine fever” indeed fulfilled all five required conditions of “moral panic:” 1) society felt affected and concerned cocaine addiction was a danger to social order; 2) the development of a hostile attitude towards the group; 3) regardless of their political leanings, there was a general consensus among newspapers and magazines that the action of addicts presented a real and present danger to society as a whole; 4) the issue was

disproportionately enlarged as the media overstated the scale of the problem; and 5) media reports tended to be cyclical or variable in their coverage of the issue (Sárosi 2017: 45). Sárosi’s pioneering study, which looked at hundreds of newspapers and magazines between 1920 and 1930, concludes that the “moral panic” was a construct of the media, the general public and authorities. He persuasively explains that cocaine addicts became the symbol of loosening moral standards, and subsequently, they were depicted as the representations of the modern, rootless [‘*gyökértelen*’], cosmopolitan and hedonistic lifestyle (Sárosi 2017: 66).

In Hungary, sensationalized stories on the pages of tabloids and respectable newspapers alike, dramatic stories in specialized magazines and erudite articles in scholarly journals all painted a similar picture of the “prisoners of the white poison.” According to these publications, amongst these “prisoners” one could find all kinds of people, from prostitutes, waiters and artists through doctors, public servants and company men to the wealthiest of society, including the aristocracy. The death of Baron Jenő Kövess was one of the most well-known cases in the latter group and the subject of Róbert Kerepeszki’s recent essay (Kerepeszki 2017). While Kerepeszki spends a good deal of time explaining the sensationalized death of the baron’s drug-related illness, he also examines the contemporary media’s discourse on narcotics. The narrative that emerges from the pages of these publications was about moral bankruptcy of the Budapest nightlife with cocaine clubs, opium dens, and police raids. Colorful figures, stories of broken lives, and tragic endings were keeping the reading public engaged with the topic. Some more respectable publications sought to explain the reasons behind the growing popularity of narcotics. Both Sárosi and Kerepeszki illustrate that the contemporary media and specialists viewed the impact of the Great War and the following political and social turmoil—which in the case of Hungary manifested itself in violent revolutions—as the most important factors (Sárosi 2017: 48 and Kerepeszki 2017: 74). Others viewed it as evidence of the dangerous influence of Western decadence (Sárosi 2017: 47). As one reads through contemporary newspapers, it is interesting to see how the issue of narcotics and drugs became associated with the West. In the post-Trianon trauma the “decline of the West” argument was certainly becoming more popular as many blamed the harshness of the treaty on the Western powers and on the West’s attitude toward Hungary. However, some of the most outrageous accusations were printed in radical right-wing papers where foreigners, and even more so, Jews and their “amorality” were blamed for the popularity of narcotics in both Hungary and around the globe (Sárosi 2017: 49).

When the very first issue of the *Magyar Detektív* [‘The Hungarian Detective’] cried out for a “need of immediate and supremely vigorous official intervention” to deal with narcotics (*Magyar Detektív* 2016: 29), the publication was certainly not alone in its opinion. While the article called for compassion towards the “castaways of the white pleasure”—as it referred to drug addicts—it also made it clear that Budapest should follow the example of some of the Western European metropolises and introduce special laws and regulations (*Magyar Detektív* 2016: 29). The international community certainly moved toward policing and criminalization of narcotics. As Goode and Ben-Yehuda refer to them, the “moral crusaders” were pushing for stricter action (Goode and Yehuda 1994b: 154). In 1923, as the concept of an international police organization was resuscitated after World War I, the International Criminal Police Commission (known as INTERPOL today) was established in Vienna. One of the agendas that the nineteen nations agreed upon was “the suppression of alcoholism and the traffic in morphine and cocaine, within the limits of the sphere of activity of the police” (Eisenlohr 1934: 111). The League of

Nations’ Advisory Committee also moved in a similar fashion as they appointed the former Police Commissioner of New York City, Colonel Arthur Woods, to the Committee. In the true fashion of a moral crusader, Colonel Woods argued that the “fight against narcotic outlaws” should not be a diplomatic question, but a “pure police task” where the “police must act strongly, and must be free from diplomatic entanglements” (Eisenlohr 1934: 110).

By 1927, a special detective group in Budapest was policing drug-related activities. The Hungarian criminal code also needed to be updated to keep up with international developments. Accordingly, the Law of 1930: XXXVII section 3 redefined the penalty for the production, distribution and possession of illicit drugs. The action that until this point was seen as a misdemeanor now carried a sentence from six months to two years (*Budapesti Közlöny* 1934: 8). As the League’s Advisory Committee passed stricter and stricter regulations, the Hungarian legal and penal code followed. The Act of 2.222/ 1934 M. E. further regulated the legal production, distribution and trafficking of narcotics and called for the establishment of a central organ to enforce the new regulation (*Budapesti Közlöny* 1934: 5-8). During the fall of 1933, representatives from the Ministry of Interior, legal advisors and police officers gathered to create a special organ named *Kábítószereket Ellenőrző Központi Szerv* (KEKSz) [‘Central Drug Control Agency’].³ Beginning in April 1934, this special agency oversaw both administrative and law enforcement control of narcotics. In its first year of operation the agency carried out sixty-seven investigations, out of which thirty-seven were successful. According to the agency’s report that first year, they seized thirty-eight grams of cocaine and twenty-one grams of morphine. The “main dealer” was a pharmacist who sold approximately 1.2 grams of cocaine during the entire year.⁴ Perhaps one could say this was “much ado about nothing?”

It is difficult to ascertain the real scope of interwar Hungarian drugs and drug related activities. Two very different pictures emerge as one reads through the contemporary media accounts vis-à-vis that of the archival files. While, as the Sárosi study illustrated, the media did indeed create a “moral panic” regarding narcotics, the political elite argued that there was no such drug problem in Hungary. A 1923 document sent to Zoltán Baranyai, the Hungarian representative at the League of Nations responsible for Hungary’s relationship with the Opium Committee, goes as far as to say that there was no need for a general public information campaign about the dangers of drug addiction. It argued that drug “abuse” was very rare in Hungary. Although limited cases could be found among the intelligentsia—and they are aware what are they doing, states the argument—nevertheless, if necessary the Hungarian government would address the issue.⁵ The 1930 parliamentary discussion about the ratification of the 1925 Opium Convention shows similar attitudes toward the issue. While accepting that Hungary should join the Convention, Arthur Fitz argued that “thank God the Hungarian nation is not in need for intensive precautionary measures,” for Hungarians do not know these narcotics nor their effects and even those who are aware, refuse to abuse them on their own volition.⁶ Others, like

³ MNL OL [Hungarian National Archive]. [fond] K 150, 2807. bundle [csomó] I. source [kútfő] 15/e heading [tétel] (September 21, 1933 and November 27, 1933).

⁴ MNL OL. K 107, 28. csomó 24/4 tétel (March 3, 1935).

⁵ MNL OL. K 107, 27. csomó 24/3/1/a-c tétel (February 26, 1923).

⁶ MNL OL. K 107, 26. csomó 24/1/b tétel (June 17, 1930). Also in Kerepeszki, 6.

Baranyai in 1930, argued that some caution was necessary, “for Hungarians would not be immune to the dangers of drugs forever,” and the public must be made aware of the “miserable condition of those fallen victims of the white powder [i.e. cocaine] and the morphine needle.” Yet, even Baranyai offers a caveat by stating that “luckily, in Hungary, we are still far away from considering abusing morphine, cocaine, and other harmful substances to be a real social problem, nor should we list it as a national epidemic that is decimating our people” (Baranyai 1930: 101).

There are wide-ranging estimates about the number of interwar Hungarian drug-addicts. Sárosi’s study quotes Károly Hudevernig’s 1926 estimate. The doctor and director of the New St. John’s hospital, an institution that specialized in mental disorders, argued that the number of morphine addicts in Budapest grew tenfold from the prewar numbers to 50,000 (Sárosi 2017: 53-54). His methodology was based on the percentage of morphine addict patients admitted to the hospital’s mental ward (*Pesti Napló* 1925: 11 and *Magyarország* 1926: 4). Zoltán Baranyai, however, suggested that between 1926 and 1930 the authorities identified 137 people as drug addicts (Baranyai 1930: 108 and Sárosi 2017: 62). In 1932 their number was 268.⁷ KEKSz records also suggest a much lower number. As of December 31, 1936 there were 170 registered drug-users in Budapest (amongst them: 54 prostitutes; 17 tradesmen; 15 doctors, 15 homemakers; 13 office clerks; 7 waiters; 6 pharmacists; 6 artists; and 6 actors).⁸ In 1937 the agency registered 258 users.⁹ Even if one acknowledges the difficulties associated with identifying drug-addicts—as the KEKSz files suggested—one could still comfortably state there was no drug epidemic in Hungary.

Contemporary newspapers and magazines offered colorful narratives about Budapest’s daring drug dealers and in the process made them household names. Perhaps the most outrageous example of the media’s obsessive preoccupation with characters in the Budapest underworld is the story of Elek Sohár. The contemporary media presented him as the archetype of drug-dealers and often called him by his nickname, “Kokós Lexi” [‘Coco Lexi’]. He was variously referred to as the cocaine-king of Budapest, the “big boss,” and one publication even accused him of being the original source of Budapest’s cocaine problem (*8 Órai Ujság* 1934: 3). There are nearly two hundred mentions of him in the media between 1920 and 1940. He was even the subject of official correspondence between the Geneva-based League of Nations’ Opium Advisory Committee and the Hungarian authorities.¹⁰ In 1944, twelve years after Sohár’s death, a handbook for police detectives about investigative practices dedicated nearly a page on this “most notorious figure” of Budapest’s drug-scene (Nemes 1944: 624).

According to the contemporary police files and court documents, Sohár, this seemingly larger-than-life character, was scarcely more than a petty criminal. Trained as a chemist, based on his own account he used initially cocaine and hashish while working at a pharmaceutical company in Tripoli. He served during the war, survived a gas attack and was captured. Before he was part of a prisoner exchange in 1918, he spent two years as a POW in Italy.¹¹ In the early

⁷ MNL OL. K 71, 101. csomó II/3 tétel (June 23, 1932).

⁸ MNL OL. K 107, 28. csomó 24/4 tétel (April 14, 1937).

⁹ MNL OL. K 107, 28. csomó 24/4 tétel (February 23, 1937).

¹⁰ MNL OL. K 107, 29. csomó 24/4/c tétel (October 8, 1931).

¹¹ BFL [Budapest City Archives]. VII.5.c 8/1929 (January 2, 1928).

1920s he was arrested a number of times for fraud and theft.¹² During his court-ordered treatment at a mental asylum he admitted that he started to deal with cocaine in 1924.¹³ He was expelled from Budapest for three years. By 1929 he had been imprisoned five times. His method of attaining narcotics included stealing official pharmacy stamps and prescription pads (he stole one from Lipótmező mental hospital while he was there for treatment), then he used them to forge prescriptions for cocaine, codeine, novocaine and other medicines. He and his fellow dealers then sold them to prostitutes, waiters and others.¹⁴ To avoid arrest, in April 1932, he swallowed his stash. As he claimed, he often used this method, for he preferred to be transported to a hospital or mental asylum for attempting suicide. This time he took too much and died of an overdose. He was forty-four years old. The “death of the cocaine-king” was reported widely from Hungary to Buenos Aires, where the Hungarian community certainly knew the name of Elek Sohár (*Délamerikai Magyarorság* 1932: 5).

If can one conclude that the reality of narcotics and the media’s depictions of narcotics are significantly different, then the question remains why Hungarian authorities continued to adhere to the League’s mandates introducing ever stricter regulations. One could argue that the media’s depiction and sensationalization of narcotics created a climate in which the authorities were obligated to respond. One could also point towards the idea that Hungarian regulations were there to prevent the problem from growing. Some could even state that these regulations were forced upon Hungary by the overzealous League. However, I would like to offer two other possible explanations for consideration. One has to do with business interest. Hungary had a robust pharmaceutical manufacturing industry. The products of Gedeon Richter, Chinoin, Egger, and Alkaloida were known domestically and abroad. The latter was especially important after János Kabay’s 1931 invention. The “Kabay Method” was a new process which extracted opium alkaloids from dried poppy straw and made Hungary one of the greatest producers of morphine in Europe and a target of international criticism and business limitations. By working closely with the Opium Committee, Hungary was able to lobby and represent the interests of the country’s nascent pharmaceutical industry on the international stage.¹⁵ The second explanation has to do with Hungary’s representation on the international stage. Until 1927, the country was largely isolated. Joining international organizations certainly allowed the newly independent nation to gain recognition and legitimacy. Showcasing the Hungarian government’s willingness to adhere to the League’s regulations and to be a contributing member of creating a legal framework of the struggle against narcotics raised the country’s credibility.

In sum, I believe that examining the Hungarian history of drugs and drug addiction offers a rich field of study. The Hungarian history of narcotics and drug addiction could provide historians with new ways of conceptualizing the international history of narcotics control. After all, Hungary is part of the northern branch of the Balkan route that supplies an average of \$28 billion worth of illicit opiates to Europe every year (United Nations Office on Drugs and Crime

¹² BFL. VII.1.d. 3804/1922; BFL VII.5.c 12950/1923; and BFL VII.5.c 5853/1921.

¹³ BFL. VII.5.c 8/1929 (January 2, 1928).

¹⁴ BFL. VII.5.c 8/1929 (July 1, 1929) and MNL OL. K 107, 29. csomó 24/4/c tétel (June 10, 1931).

¹⁵ See, for example MNL OL. K 107, 26. csomó 24/1/h tétel (June 28, 1939 and March 8, 1938).

2015: 9). Beyond this factor, the study of this topic could also open new avenues for economic, cultural and social historians of Hungary, including the history of the pharmaceutical industry, the influence and representation of narcotics in literature and art, drugs and addicts during socialism. These comprise just a few of the themes that are yet to be fully examined. Exploring these topics in their international context would not only let us contribute to the study of these transnational developments, but would also allow Hungarian history to be studied as a part of global history.

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