ERVIN VARGA: Family, Culture, Persona and Career.

By

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As the title implies, Ervin Varga’s career path has been determined, perhaps more than most, by complex and unusual circumstances. The accomplishments and challenges of his life’s work are viewed through the prism of his family origins, the culture he grew up in, the way these shaped his adult persona and responses to the challenges he faced.

Ervin Varga’s Own Memoir

Ervin is the scion of a large, industrious and successful Hungarian Jewish family for whom ambition and drive had survival value in an anti-Semitic culture until they became “extras in an immense drama … with a grotesque message; how and why the morally unthinkable became socially acceptable.” Ervin comments: “The first half of the twentieth century was, uniquely bloody … marked by pitiless social and radical ideologies.” First Fascism and then the “Final Solution” followed by Communism and its totalitarian ethos.

This story is told in Living and Dying in Hungary: A Jewish Psychiatrist Looks Back (Varga 2012). Ervin tells the story in lucid and unsentimental prose of how, “Most of my family members were killed before reaching the age of sixty.” The events and facts garnered from books, chapters, articles, archives and survivors of the Holocaust took place almost seventy years before he put pen to paper and what begins as a family history also turns into a memoir, published at the age of 87, recording events with photographic clarity that took place between his birth until, at age 20, “We had returned from hell … I was impatient to embark on my medical studies, an untenable dream before.”

The account of Ervin’s career begins where the memoir ends, initiated in part by Tom Ban’s awareness of Ervin’s interesting but “under the radar” career, due to their common roots growing...
up in wartime and post-war Hungary, from which Tom also escaped, but earlier, to Canada. As adolescents, but ten years apart they shared a tutor, Michael, who played a significant role in shaping their world views and personas as well as a mentor, Gyula Nyiro, whose teaching shaped their clinical ideology in profound ways described later.

This biography, like those previously documented on the INHN website in Biographies, shares a theme common to that literary mode; an awareness that “The child is father to the man”; that a persona shaped in childhood, adolescence and early adult life invariably influences the choice and shape of a career, especially in confronting the ever changing but challenging and unpredictable scientific, personal and social Zeitgeists.

Ervin’s detailed memoir and unusual upbringing are particularly informative in this regard. What follows is a synopsis chosen entirely from Ervin’s own words, modestly edited and presented without quotation marks for ease of understanding and flow. This is what he has to say.

He traces his Jewish cultural and genetic roots on both maternal and paternal sides. On the maternal side the Richters were upwardly mobile, well to do and endowed with drive, sheer guts and common sense. His grandfather was first in the dynasty to graduate from a gymnasium and, eligible for university, he attended a famous seminary to become a Chief Rabbi and Professor at the local gymnasium, teaching divinity and Judaism. His maternal grandmother Emily’s kinfolk were the Reichs; she had incredible resources of moral strength and dignity with an aristocratic gift for gentle comments. Deeply religious, so that Ervin concealed his own lack of faith to avoid offending her.

His mother’s eldest brother, Uncle Anslem, lacked the Richter’s traits but had a keen curiosity and thrived as an antique dealer. In November 1944, aged 60, he was the first relative to die in the Holocaust. Seized by Hungarian fascists, he was force marched towards Vienna. Unable to keep up, he was pushed to the end of the line, shot in the head and buried in a ditch. His daughter, the same age as Ervin, was taken to Ravensbruck concentration camp a month earlier, survived, was liberated in April 1945 but was shot and killed by a Russian soldier a few days later; possibly resisting rape.

Ervin’s second uncle Hugo was the most remarkable member of the clan and an important role model. After graduating from gymnasium, he attended Budapest Medical School and
graduated *magna cum laude* in 1910, before working in the laboratory of the renowned neuropathologist, Karoly Shaffer, then spent a year in Berlin at the Kaiser Wilhelm Institute and finally worked with Nobel Laureate Wagner Jauregg in Vienna. Returning to Budapest, he was an unpaid Instructor in neuropathology, living in a one room sublet, tutoring medical students to support his mother and her eight children. After serving as an army doctor in World War I, he returned to the University as an Assistant Professor and made discoveries in neurosyphilis, migraine and Pick’s dementia. In 1925, he became Chairman of Neurology and Psychiatry at Budapest Jewish Hospital after declining to accept a full Professorship at the University on condition he converted to Catholicism, an offer Ervin and his brother both declined later in the forced labor camps in order to exchange the yellow star worn by Jews for a white one.

In 1929, Hugo was appointed a “private docent”, the highest academic rank and in 1939, a year after Kristallnacht, he declined an offer to work in the United States, reluctant to leave his mother and with the false hope Britain would stop Hitler before Hungary entered the war on Germany’s side.

Hugo felt Freud was neither a scientist nor a clinician, a skillful writer who reduced complex issues to a sexuality that remained vaguely defined. These opinions did not deter Ervin, encouraged by his tutor, Michael, from devouring all Freud’s books, moving on to analyze his classmates in the gymnasium, interpreting dreams right and left, making a strong impression on girls.

For Erwin, Hugo was the silent witness who shaped his choice of medicine, an early influence that encouraged him at age 7 to introduce himself as “Doctor” to friends and visitors. Later on, his view became more nuanced; comparing himself to his idol he says, “Yet I have never felt fully satisfied with myself because of the relentless challenge to live up to his expectations. I got everything, the ambition, the goal, the style but apparently not made of the same fabric.” This insight and conviction would later color career decisions he made.

Two of Hugo’s female cousins, one Chair of the English Department and the other Professor of Philology at the University of Vienna, were killed by the Nazis as Jews in 1938, although both were lifelong Catholics. Hugo met a more fortunate fate. In 1944, he was placed in a forced labor camp to dig ditches but reprieved, due to political patronage and his reputation, he returned to his post at the Jewish Hospital, now part of the Ghetto. In 1945, after the liberation,
he was hit by a Russian truck and died from his injuries shortly after Ervin was able to visit him and bid farewell.

The story of the remaining Richter aunts, uncles and cousins was both colorful and tragic; first under the “White Terror” after World War I when both Jews and Communists were purged in primitive pogroms and then under the burgeoning Nazi regime. The sole survivor, Uncle Mauricio migrated to Mexico and thrived, dying at the age of 90, socially and financially successful but plagued by feelings of inferiority.

Ervin’s paternal ancestors were the Weiszes. His grandparents lived in semi-feudal rural surroundings, dwelling in a relatively decent cottage but without sanitation. His grandfather managed a distillery on the estate of the local Count, while his grandmother tended a family menagerie of fowl, cows, horses and water buffalo. Both were murdered at Auschwitz in 1944.

Ervin’s father served in the Austro-Hungarian army in World War I, was captured by the Russians, escaped and travelled home on foot through the war-torn countryside without knowing the language or having a penny in his pocket. He was a soft, sensitive and loving man, a travelling salesman, married to a strong wife, who edited, corrected and proofread him like a never ending story.

From these grandparents and parents Ervin learned the lessons of life. He was expected to “behave like a man”; it was fine to seek advice or help but totally unacceptable to solicit sympathy, dramatize accomplishments or feel sorry for yourself. With hindsight and psychiatric training, Ervin realized how systematically he was encouraged to develop inhibitions, repress basic urges and feelings, to pretend strength and suppress anxieties. He rationalizes these as self-regulatory techniques essential to civilized, disciplined behavior.

One other Weisz, Uncle Andor, became a physician. He graduated from Budapest, married, set up a rural medical practice and converted to Catholicism. Despite this, he was taken with his wife and daughter to the ghetto and then to the gas chambers at Auschwitz, among the first Hungarians to die there. Before they were murdered, they were forced to send a handwritten postcard home, “We are all well and in a nice resort.”

Ervin Weisz was born February 20th 1925 on Jozsef Boulevard in Budapest, four years after his older brother Feri. It was a comfortable home, presided over by his grandmother and mother
while his father was often on trips as a salesman to bring home the family bread. The family kept Kosher and observed traditional Jewish rituals. Included was the annual Yom Kippur sacrifice of live chickens, first held over the adults’ heads as they danced around the room, while Ervin and Feri hid beneath the table, from where they viewed the chickens, beheaded by a ritual butcher, running around headless and gushing geysers of blood. Ervin developed a lifelong aversion to eating the flesh of fowls and at age 9, suffered his first real panic attack.

Ervin traces his educational and emotional evolution through childhood and the teen years, during which the family was upwardly mobile. He moved from a parochial elementary school to a private Jewish institution with a strict impartial teacher, who demanded discipline and gave praise only when deserved. Pupils learned not only how to read and write but how to behave. They sat with hands clasped behind straight backs, developed the smallest genteel manners, including to eat slowly in small bites, to end meals while still hungry and wait till it went away.

At age nine, Ervin began Cub Scouts, where they were taught larger morals, collective responsibility, sharing and more discipline; it was praiseworthy to be strong, tough and do good to others. During this pre-adolescent phase, Ervin was sensitive and naïve, exposed to sexual innuendo and bullying by older boys and girls, which leads him to reflect on how, over a lifetime, he has been controlled by people, institutions, principle and duty.

At age ten, Ervin entered the rigorous eight year-long academic environment of the gymnasium, where they learned Latin daily. It was also rife with anti-Semitism and patriotic heroism, expressed by teachers eager for national revenge over the two thirds of territory lost from Hungary due to the Trianon Peace Treaty after World War I. At age 12, Ervin and his brother enrolled in the Jewish Gymnasium, a simple move that created a new look on life. It was among the best schools in Hungary, a spectacular modern building letting in light everywhere, a metaphor for an enlightened curriculum in science and arts, staffed by above average teachers, including some brilliant former university professors. Exposed to a socio-political climate of anti-Semitic hatred, the pupils felt propelled to academic excellence. His mother hired Michael as a tutor to reinforce the academic and moral climate. Under his guidance, Ervin read Hebrew, the verse of the English Poets, devoured Freud and the German philosophers. He kept a literary diary and was viewed by the family as modestly superior - knowledgeable but not a show off.
After work was over, Ervin attended Boy Scouts, played tennis, ice skated and swam – sports he enjoyed but never excelled at.

On the eve of his Bar Mitzvah, on March 12, 1938 at age 13, Ervin learned that Hitler had annexed Austria and German troops had occupied Vienna. People knew the fascists were coming and felt the winds of hatred but ignored the coming storm. In the summer of 1939, Ervin hiked with a friend in the Carpathian Mountains—a gift to Hungary from Hitler for implementing a restrictive “Jewish Law”, which included the *numerus clausus* rule, limiting university admission for Jews. Among the victims, Ervin’s brother Feri was forced to become a skilled laborer and then drafted to a notorious labor camp.

At age 16, in the bloom of adolescence, Ervin joined a Zionist group preparing its members to live on a Kibbutz in Israel, a phase that only lasted until his provocative dissensions led to his departure, taking with him a lovable girl Anna. Together they eagerly turned adolescent romance into adult love, living in fragile denial that passive compliance with fascism might divert persecution. But, in 1941, one of the brightest and bravest students at school was arrested by the Hungarian Political Police, taken away and disappeared; soon after an anti-Semitic crowd broke the schools widows with rocks.

Ervin and Anna continued in a Romeo and Juliet state of bliss that sustained the element of denial until he graduated from gymnasium in spring of 1943. Now all Jews were banned from university and Ervin and his friends were anticipating the forced labor camps. His application to medical school was denied unless he converted to Christianity, even though Uncle Hugo (who had rejected the same offer) knew the President and advocated on his behalf.

News that the German Army had stalled and was facing defeat in Russia bred a brief false optimism but also fueled Hitler’s determination to complete the Final Solution. In March 1944, Germany invaded and occupied Hungary, its erstwhile ally, after the interim government attempted to broker an armistice with Britain and Russia. Two weeks later, the Americans started to bomb Budapest. A new pro-fascist government took over and the civilian population felt empowered to escalate its latent anti-Semitic ethos in support of the Nazis. All Jews were required to wear a yellow star over their heart. Anna’s father was taken away and the Gestapo sealed their house but not before Anna escaped to take refuge in a tenement where Ervin was able to visit her. In less than a month, all Jews were herded into internment camps, a gateway to
concentration camps and the gas chamber. On June 5 1944, Ervin was commanded to report to the forced labor camp at Felsohangony. What started as a six month period in military style housing with enforced hygiene and adequate food, soon deteriorated into an increasingly rabid anti-Semitic environment administered by guards delivering senseless cruelty, blind hatred and officially sanctioned sadism. Treated as objects of intense abhorrence, the prisoners struggled to survive as decent human beings, an irrational hope.

In mid-July, Ervin’s unit was taken to a camp in the Carpathian Mountains to build an airfield, where they worked for three months like slaves, 6 days a week for 12 hours daily. In October, at two hours’ notice, they began a month long forced march to the town of Kassa, where they were loaded and locked into boxcars, 80 or more at a time. They travelled this way for uncounted days, stopping intermittently to be given soup with a small piece of bread and to carry the dead into the surrounding fields.

On New Year’s Eve 1945, they arrived at Hidegseg (Hungarian for coldness) and crowded 50 or more into sheds with frozen mud floors covered with a few reeds. A voice from outside the shed demanded silence: “This is a death camp. If you speak loudly you will be shot. If you are sick you will be killed. If you don’t obey fast enough you will be beaten to death.” This was delivered without anger or empathy in a voice ice-cold, clear and factual.

Over the next three months, ending on March 29, 1945, this proved an accurate description of unimaginable cruelty and barbarity which Ervin witnessed and endured. Instructed to dig trenches to obstruct Russian tanks, equipped with shovels and axes they could hardly lift, they struck at frozen earth. In the evening, they were fed soup made of potato and carrot peelings boiled in unsalted water, with a slice of bread every three days. People died of starvation, exhaustion, beating, shootings and freezing. Typhoid, dysentery and lice were endemic. The living undressed the dead and distributed the clothes to those unable to move. Those who survived buried the dead.

In February, on Ervin’s birthday, the survivors were ordered to stand in a large circle. The guards dragged a small emaciated young man into the center, barefoot, half frozen in rags, hands tied behind his back. Sentenced to death for attempting to escape, he was shot in the back of the head and went down like a marionette when the string is let go.
Following the execution, Ervin became ill. Terribly thirsty, he faded in and out of delirium. He could not stand, his toes were frost bitten and he developed bed sores. During roll call his companions held him up, then smuggled him back to the shed and covered his body in rags. The only person Ervin could think of was his mother, only she meant redemption.

By mid-March, Ervin began to recover and learned to stand by climbing up his own legs, like a child with muscular dystrophy. Starving and craving food, the prisoners minds were filled with thoughts of it, a craving that brought them to the edge of decency and dignity. They counted their dead comrades and ruminated on why they remained alive. It was a question with no logic or principle to explain the luck of survival; existence was a statistical aberration.

The guards no longer let them out to work but continued to rampage. They shot a man in Ervin’s hut for no reason and when a heroic rabbi attempted to fulfill his obligation to bury the dead they shot him too. The bodies lay alongside, unburied.

By the time of their delivery, the prisoners had buried 800 (about half) of their fellows and in Ervin’s shed only eight were still living. As the Russians came close, the guards prepared to flee as darkness fell; they stopped outside the shed and demanded to know how many were alive. Hearing the answer “eight” they opened fire, repeating the question till the answer was “four”. Satisfied, believing no witness would survive, they disappeared.

In the morning three men were wounded and one dead. Sitting quietly, the survivors tended the wounded. Suddenly the locked door was broken open by a young Russian soldier, soon followed outside by a tank with an officer on top. He spoke in broken German: “You are free, the camp is yours; your guards have run away. Go and eat from the storeroom, there is plenty of food. Take off your yellow ribbons.”

Ervin was happy not to feel hungry or cold and relieved from constant fear of being brutalized, but overall being free was characterized by numbness, a lack of feeling. Ervin could not walk more than 100 yards but made up his mind to head for home as best he could. In three weeks, he travelled 200 miles by foot, truck and train, stopping briefly in a local hospital and an unexpected guest in the homes of two peasants, finally crossing the Danube on the only remaining bridge to reach Budapest, one of the first to return from a death camp.
Ervin went first to the Jewish Hospital and sat by the bedside of Uncle Hugo the day before he died from his injuries. Also giving comfort were his mother and grandmother. Added to the joy of re-union was the news that his brother had somehow escaped from his labor camp and was also safely home.

On liberation, their mother had left the ghetto and single-handed evicted the fascists who had occupied the family home, which remained in surprisingly good condition. Their father also survived two concentration camps; now fifty years old, he had returned reasonably healthy. Of all those closest to Ervin, only his sweetheart Anna failed to return. Three months later, her name was listed on those who died in Bergen-Belsen concentration camp.

Ervin had regained most of his weight and health by the summer but developed tuberculosis and spent time in a sanitarium; absent the availability of drugs to treat the condition, he stayed only until he enrolled in medical school among the 1000 applicants, many of them Jewish men and women previously denied acceptance.

By this time, Ervin and his brother had decided to shed their Jewish name Weisz, which attracted anti-Semite attention and was of little historical significance to them. Paging through the Budapest Telephone Directory, they picked an ecumenical run of the mill name with the longest list. Ervin Weisz became Ervin Varga, now embarked on what he hoped would become a discrimination free life as a future physician in Hungary.

Hungary Post World War II

Ervin’s Memoir ends at age 20, when the social and political climate in Hungary left much to be desired. Russia pursued its aggressive role of Communist hegemony and neo-colonialism, invading the countries adjacent to its borders and establishing totalitarian regimes where the defeat of Nazi Germany had created a political vacuum embracing Greece, Hungary, Czechoslovakia, Latvia, Bulgaria and Poland, ultimately bringing down the Iron Curtain. For centuries anti-Semitism had been endemic in the Hungarian population, covert or overt, depending on the political climate. A majority of the population had actively or passively endorsed the Nazi goal of eliminating Judaism and after the Nazis left, it did not disappear.
overnight. The strategy of seeking secular anonymity with a name change would serve as only a slender shield for someone with Ervin’s experiences and innate sensitivity.

Now medical school was a much awaited, long delayed reality but not an easy one, particularly the first year with 1000 students jostling for space and attention. But their numbers dwindled rapidly, more than two thirds dropped out and only 300 graduated, Ervin among them, as well as a future wife, found once the pain and loss of Anna had slowly melted away. In a population culled of young men by the Nazis, women outnumbered the male survivors.

To best understand the roots of Ervin Varga’s medical and psychiatric education and its branches requires some background. Semmelweis University in Budapest was founded in 1789 and became independent of Budapest University after World War II, at the time Ervin began his studies. It enrolls around 10,000 students annually from 60 nations, offering undergraduate and graduate level courses in medicine, pharmacy, dentistry, health sciences and administration taught in English, Hungarian and German. It is home to the biggest medical library in the country and produces the greatest number of scientific publications (Wikepedia Encyclopedia, 2015).

The University of Pecs is the oldest University in Hungary with its own Medical School. As a medical student, Ervin attended both Universities, beginning at Semmelweis and transferring to Pecs after five semesters, as his interests evolved and then returning to Semmelweis for psychiatric residency.

A crucial influence on psychiatric education during that period was the Semmelweis Professor of Psychiatry, Gyula Nyiro. In 1933, he had worked with Von Meduna to introduce what became known as “shock therapy” for psychotic patients, induced first with chemical convulsants and later by electricity. Nyiro, a brilliant clinician, diagnostician and teacher, published little but exerted a profound influence on a trio of students all of whom went on to make significant contributions in psychopharmacology. The first two were Ervin Varga and his contemporary in gymnasium and medical school, Joseph Knoll. The third was Tom Ban, younger by ten years when he enrolled at Semmelweis. For a fuller understanding of Nyiro’s contributions, see Tom Ban’s e-book on INHN (INHN in e-books; 10/10/2013). Tom believes that Nyiro provided the link between Wernicke’s nosology and Pavlovian reflexology, bridging psychopathology with pathophysiology. When Tom escaped from Hungary in the mid 1950’s, leaving most of his possessions behind, he tucked Nyiro’s lecture notes into his briefcase.
Nyiro’s influence on Ervin’s career was direct and profound. As a medical student, his teaching reinforced Ervin’s determination to follow in Uncle Hugo’s footsteps as both a neurologist and psychiatrist. This motivated him to move to Pec’s University to work under Professor Lissak, where he learned about high quality neurophysiology research. Here he also met his future wife Vera, a magna cum laude medical student. Ervin finished medical school at Pecs, completed a rotating internship there and obtained his MD Diploma in June 1951 from that University.

From 1951 to 1959, he returned to Semmelweis for residency training in both neurology and psychiatry in Nyiro’s sphere of influence. He obtained boards in psychiatry in 1955 and neurology in 1962. During this time, his still untreated tuberculoma (due to the absence of drugs) was surgically removed along with an entire lobe of one lung, taking half a year to fully recover. While in residency, he embarked on a thesis supervised by Nyiro that led to a Ph.D. equivalent in 1962 as a Candidate in the Academy of Sciences. The core of his dissertation was the observation that normal speech made no sense until it was vocalized, after the brain had completed the words and sentence. Ervin hypothesized that patients with schizophrenia lacked this ability; their utterances were immediate and often nonsensical. Over four years, Ervin developed neurophysiological methods to measure this phenomenon which Nyiro had named “delayed inhibition.” Ervin published nine papers in both English and German, culminating with his Thesis, *Schizophrenic Perception. An Experimental Investigation* (Varga 1961).

During this time period, chlorpromazine became widely used to treat schizophrenia but Ervin did not study its effects on delayed inhibition, a missed opportunity he feels would be worth re-visiting today.

In the brief interval between finishing residency and starting his academic career, Ervin decided to attempt to implement an intrepid urge to visit the Maudsley Hospital in London, recognized as one of the leading centers in European excellence under Aubrey Lewis. This was a challenging task; under Communist rule, he needed a connection to the Hungarian authorities, a minimum fund for support and a letter of invitation to give a lecture. He obtained the economic support from his brother in California and the invitation from a former schoolmate working as biochemist at the Hammersmith Hospital in London. He rented a small apartment for a month’s
stay and his host arranged for him to meet Michael Shepherd, the number two academic at the Maudsley.

Shepherd was by no means the most popular person at the Maudsley but he and Ervin hit it off. “We immediately liked each other, I enjoyed his slightly manneristic, sarcastic style and he was glad to speak real psychiatry. He took me everywhere, tested my diagnostic skills, took me to his home, and gave me books to read.” Michael also introduced him to senior colleagues well known for their research. Altogether, “My visit to the Maudsley changed my life …I liked everything.” It also cemented a relationship that would have later consequences for Ervin’s career and which energized him to engage in almost a decade of intense academic achievement.

Ervin returned to take up his post as Assistant Professor of Psychiatry and Neurology at Semmelweis and three years later was promoted to Associate Professor and Director of Psychopharmacology. While completing his thesis, Ervin had also worked as Chief of the Depression Unit, where he was disappointed with the effects of ECT and began developing an interest in the new drug treatments. His classmate, friend and now colleague, Joseph Knoll had decided to pursue bench research rather than clinical work and had joined the Department of Pharmacology, where he remained for the rest of his life. He became a Full Professor in 1963 and Head of the Department from 1962 until his academic retirement thirty years later in 1992, although still doing active research at the age of 91. His early research was with the MAO inhibitors and he had already supplied Ervin with Niamid for use in humans (Varga 1964). Aware of the “cheese effect” in humans treated with MAOI (Blackwell, 1963), Knoll was intrigued to find that the MAO inhibitor he was now working on, Deprenyl (E-250), also inhibited the noradrenaline releasing effect of tyramine in rodents.

Ervin Varga’s early role as the clinical component of this translational research is told in an interview of Knoll by Tom Ban at Budapest in 2002 for the Oral History of Neuropsychopharmacology (OHP) (Vol. 3; Series Ed. Ban TA; Vol. Ed. Sulzer F). This 32 page interview is probably the most lengthy of those in all ten volumes of OHP and is an enthralling micro biography of Joseph Knoll, as well as a powerful and enlightening testimony to the virtue of translational collaboration between bench and clinic.

“The first clinical trial with racemic Deprenyl in depression was done by my childhood friend, my schoolmate in gymnasium and classmate at the university. The preliminary results
were presented at a conference in Budapest in 1965 (Varga 1966 c). The study was extended and was published (Varga and Tringer, 1967). The first clinical trial with the minus isomer, the drug now in use, was published by Tringer, Haits and Varga in 1971 (Knoll, 2002). In spite of their favorable findings, the possibility of introducing Deprenyl as an antidepressant remained unexploited for many years after.”

That Ervin Varga was the first to show that Deprenyl did not interact with tyramine and was safe, but that this failed to save the MAOI from oblivion, contributes to my own expressed concern that these “drugs were too useful to be quickly abandoned” (Blackwell, 2014). This occurred despite the fact that we never fully defined the clinical characteristics alleged to benefit or took account of the fact that tranylcypromine (Parnate), probably the most widely used MAOI, also had mild amphetamine like euphoriant effects, a property that proved useful for the treatment of outpatient depression long before imipramine was discovered.

From an historical viewpoint, it is interesting to note that Knoll subsequently discovered that Deprenyl was the first catecholaminergic enhancer and that it prolongs the life span and sexual activity of rodents, an action that is under clinical investigation today in Japan.

The implementation of Ervin’s plan to establish solid academic and research credentials, incubated at the Maudsley, ranged far beyond psychopharmacology influenced by his mentor’s interests and teaching. In seven short years, he published 27 scientific contributions in German and English, of which he was first author on 25, covering nosology, natural history and social features of psychoses, neuroses and personality disorders (Varga 1965, 1966 a,b,c; Varga and Haits 1966). This culminated in an authored book, Changes in the Symptomatology of Psychotic Patients (Varga, 1966 d). This prescient volume documented the decline of positive symptoms such as hallucinations but not the negative cognitive and behavioral features. This aspect of the response to antipsychotic drugs was a prelude to the ease with which patients could be released from asylums only to founder in the community.

Ervin notes two publications during this creative period he considers his most important contributions. The first, which had international implications, involved his return to the Maudsley for a second visit, sponsored by the World health Organization. Over a period of three months in London during 1966, he worked to support the work of Michael Shepherd and Jules Angst (from the Burgholzli Hospital in Zurich) in carrying out a retrospective evaluation of 910
depressed patients treated at the Maudsley between 1957 and 1963, in an attempt to replicate and validate the findings of the Medical Research Council’s study of a similar population, published the previous year in the *British Medical Journal* (Report of the Clinical Committee, 1965). This creative and unique design resulted in supporting the conclusion that ECT and imipramine were superior to the MAO inhibitor phenelzine, failed to support the earlier finding of a gender difference in favor of females but was unable to clearly identify which clinical, demographic or social criteria characterized a failure to respond to all forms of therapy. Paradoxically, this finding may have made its own contribution to the demise of the MAO inhibitors, although its conclusion was based on the performance of only phenelzine. An earlier operational study of the use of MAOI at the Maudsley established that prior to 1965, tranylcypromine was the MAOI in widest use and suggested that it was more effective than other MAOIs (Blackwell and Taylor, 1967). After the identification of the tyramine interactions in 1963, its use declined rapidly at the Maudsley, replaced by phenelzine.

After the study was complete, Ervin was invited by Jules Angst to visit the Burgholzli on his way home; he was a guest in Jules house, attended the teaching conferences chaired by Bleuler and served as a consultant in helping to diagnose a complex case of a woman who spoke only Hungarian, before returning to Budapest a week later. His interactions with Angst cemented a relationship that stood him in good stead when he later escaped from Hungary.

After returning to Hungary, Ervin undertook a study of a smaller sample of 249 patients with severe depression treated at the Budapest Psychiatric Clinic with ECT, imipramine and phenelzine. The results confirmed the superiority of ECT over drug treatments noted in the London sample (Varga, Angst & Shepherd, 1967).

The second contribution identified by Ervin as important had its greatest impact within Hungary itself. Because of his established position as an expert in schizophrenia, he was asked by the Hungarian Academy of Science to review the history of the life and death of the famous Hungarian poet, Joseph Attila, regarded by many Communist citizens as “the poet of the proletariat.” Ervin’s findings were controversial (Varga, 1966), provoking debate and angry rebuttals that continue to this day. These focus on an interpretation of the poet’s death, regarded by his many admirer’s as martyrdom by suicide. The facts suggested otherwise. Attila had approached a stationary train at a crossing, unlatched the gate, crawled under the engine and
fallen asleep. When the train started to move, he was crushed and died, an accident Ervin considered the result typical of schizophrenic thought and behavior. It is worth noting that Ervin’s mentor Nyiro was admired for his willingness to stand up and maintain his independence under both Fascist and Communist regimes. Perhaps Ervin Varga was a kindred spirit?

**Family Matters**

The biographies of neuroscientists indicate that marriage does indeed matter, at times in a pre-emptive manner (See those of Jean Delay, Karl Rickels, Heinz Lehmann and John Smythies, in particular, on the INHN website in *Biographies*). There are reasons to suppose this may be even more so in understanding Ervin Varga’s career choices and trajectory.

To begin with his marriage lasted almost 67 years and was a highly successful union. It took Ervin four years to resolve the grief and loneliness following news of the loss of his beloved Anna in 1945. But when he met Vera at Pec’s University in medical school in 1949, they were married within three months, a union lasting until her death in July 2015. The couple bore two sons, Peter and John, born a year apart and ages 13 and 14 when they escaped from Hungary. Each is now a successful physician in Chicago, where Ervin lives in an apartment overlooking Lake Michigan, comforted by his dog, a Bassenji, and in frequent touch with his sons. Peter is an Associate Professor of Pediatrics at the University of Chicago and an expert in non-invasive cardiac imaging. John is the John and Nancy Hughes Distinguished Professor of Rheumatology at Northwestern University and a national expert in Scleroderma and its treatment.

So all four members of the Varga family have been talented physicians. The tone and tenor of the parent’s marriage is revealed in a eulogy John delivered at his mother’s memorial service. As a 12 year old he was so proud of his physician mother that he advertised her services to the neighborhood kids, offering free check-ups and emergency services. “Anyu was an understanding lifelong partner to my Dad. The two of them were inseparable through 67 years of challenges including Communism, revolutions and emigration. *One of her enduring gifts to us, and to our children is her example of this special partnership*” (John’s italics).
“Mom was the family bedrock as we rebuilt our lives in the new world. Peter and I never knew how hard she and Dad worked during these years, completing a demanding Residency at 40, while sending my brother and I to elite colleges … she never complained nor looked back.”

John portrays her persona: “Most of all Mom had a big heart…She had a passion for words, literature and books. Mom was the most well-read person I knew, but she wore her erudition lightly. She could read and speak Hungarian, German, French and English but also knew some Russian, Spanish, Italian and even a smattering of Japanese. There will never be another one like her.”

In addition to this extraordinary union to a unique partner, one must reflect on the valence and significance of marriage for Ervin. He grew up in a close knit and loving family disrupted by fascist anti-Semitism and in a decade, as a teenager and young adult, lost 40 of his family members to the Holocaust.

Every talented scientist devoted to his or her work must titrate that goal with a competing desire and love for family. For Ervin circumstances would dictate that the balance sometimes tilted more towards family.

**Escape from Hungary**

Towards the end of 1967, events came to a head in Budapest. Ervin’s mentor, senior colleague and friend, Julius Nyiro, Head of the Department of Neurology and Psychiatry, died suddenly. Ervin Varga was expected by many friends and colleagues to be a natural successor, influenced by the solid academic credentials he had accumulated in eight short years as a faculty member. But Ervin’s searing experiences inside Hungary and friendships with Shepherd at the Maudsley and Angst at the Burgholzli had exposed him to the very best in European psychiatry, on the far side of the border. Both Ervin and his wife were eager for a life free of totalitarian constraints with better prospects for their two boys. They had been planning and making preliminary moves for some time but Ervin was concerned that the husband of one of his patients might be a Communist spy. Events finally determined the outcome. A school friend, whose son...
he had treated, worked for the police and called to warn him it was ‘now or never’. The Russians had invaded Czechoslovakia and the borders were about to close.

Leaving everything, except what they could carry, the family took flight for Italy and spent the next five months of 1968 in Rome, where Peter and John attended an international school. Jules Angst cared for their money in Zurich and his brother provided funds from California while Ervin cast about for a job opportunity in Britain or America.

Ervin and his wife were charged and convicted *in absentia* to two and a half years in prison. Years later, when a Democratic Government was elected, the sentence was annulled with apologies. A relative bought back some of their confiscated possessions at exorbitant and inflated prices, including several valuable pieces of art. The pictures were hanging on the walls of the family room when we visited in January 2016 to interview Ervin and meet his sons for lunch at a nearby Asian café.

Through his contacts at the Maudsley, Ervin knew there were no job openings in the U.K. but he was soon contacted by Nathan Kline in New York who, presumably, had heard of Ervin’s availability from European contacts. He began an exhaustive and exhausting effort to recruit Ervin, calling from New York weekly and eventually sending an emissary to close the deal with increasing financial incentives that doubled what he might have expected in Britain. Eventually Ervin succumbed and the family moved to New York.

**America: Stranger in a Strange Land**

Ervin Varga is blunt; moving to America was the worst mistake of his life. By far, he would have preferred Britain whose people, culture and academic climate he preferred. In 1968, American academic psychiatry was dominated by psychoanalytic hegemony. Almost every academic department was chaired by an analyst; most of the residents were in analysis with a faculty member and as the US-UK cross-cultural study would show, nosology and taxonomy were derelict. Truth to tell, he was somewhat sheltered from this reality. The real work of psychopharmacology first took root in the state asylums, the V.A. and with a few private practitioners, like Frank Ayd (Ayd, 2011). Nathan Kline’s research was done at Rockland State
Hospital in New York (named after him following his premature death) and supplemented in Nate’s fashionable and lucrative New York City private practice.

What was, however, inescapable was the culture at large and the shock it inflicted on Ervin’s fragile temperament. From the rigid constraints of a totalitarian system he was in a land where he was unsure of the rules and had too many choices to make, creating feelings of insecurity that aggravated his strong sense of family responsibility. It felt like, “I was driving on the freeway without knowing the rules.”

His initial assignment was to work with Nate Kline on a pet project – doing a demographic study of computerized psychiatric nosology in the seven Atlantic States. Computers were not a strong interest and, in addition, Ervin had to accommodate to Kline’s controversial style. As editor of the 9th volume of the OHP, I dedicated it to Nathan Kline and described him in the Introduction as follows, “Nate was intensely energetic, creative, curious, challenging, provocative and entrepreneurial … a researcher, busy practitioner, publicist, politician and world traveler (Blackwell, 2011). Among Nate’s comments when he first met Ervin was, “For someone as bright as you are, why aren’t you rich?” Nate’s dominating, self-aggrandizing approach was the polar opposite of Ervin’s innate reserve and modesty concerning any accomplishment of his own. Nonetheless he saw and appreciated the good side of Nate’s character and worked with him for two years, during which he published two papers, a follow up to an earlier paper on archaic schizophreniform symptoms in depression (Varga, 1971 a) and a psychopharmacology paper on Loxapine in destructive behavior (Varga, 1971 b).

After two years working with Nate, Ervin made a brief visit to Europe where he visited the Maudsley and renewed his acquaintance with Shepherd. There were clearly still no suitable work opportunities in Britain but he returned to America with written endorsements that might stand him in good stead in America. They provide an interesting view of the impression Ervin’s career accomplishments created on two of the most critical thinkers in European psychiatry. Michael Shepherd wrote, “On the basis of my personal contacts and his professional reputation I know Dr. Varga to be a physician of outstanding ability and integrity. He is also a helpful and reliable colleague. On all these grounds I would strongly support Dr. Varga’s petition for medical licensure in the State of New York.”
A second letter by Sir Aubrey Lewis, Director of the Maudsley Hospital and Institute of Psychiatry is more broadly intended but equally positive coming from a person respected for his accurate but critical assessments (Goldberg and Blackwell, 2015). “Dr. Varga’s medical attainments are those of a mature and well trained psychiatrist. He is engaged in research into problems of schizophrenic speech and thought disorder, psychopharmacology and social psychiatry. His publications include a valuable monograph on the changes that occur in the clinical pattern of mental illness. His numerous other publications show that he is a research worker of proved ability.

In personality, clinical attainments and research record Dr. Varga seems to me to be fully equipped to hold a responsible post in a psychiatric research department or academic centre.”

Armed with such an endorsement from a highly respected source, Ervin might well have felt equipped to look elsewhere in the America. That he chose to remain where he was may have been influenced by the dominance of psychoanalytic influence over academic domains and sources of research funding as well as to existing opportunities at Rockland State with its established reputation, research support and large patient population. There were also research workers whose styles and temperaments were more compatible to Ervin.

So began a four year period (1972-1976) as an Attending Psychiatrist at Rockland Psychiatric Center when he collaborated with other like-minded scientists and clinicians in producing 14 publications on a wide variety of topics. Most prominent among his fellow workers were George Simpson and Tom Cooper, both migrants from the British Isles.

Ervin liked and admired both these men. Simpson’s origins, temperament and career accomplishments as both a clinician and psychopharmacologist are related in Volume 4 of the OHP (Ed. Levine J, 2011) as a brief biography (Blackwell in Dramatis Personae lxxxvi-lxxxviii) and interview with Leo Hollister (Simpson, 2011 pp 373-384). Ervin’s collaboration with George involved 6 publications. A report on the use of psychotropic drugs in a State Hospital (Laska, Varga & Simpson, 1973), a study of dosing schedules in schizophrenia (Lee, Branchey, Haher, Varga & Simpson, 1974), the equivalency of 3 brands of Thorazine (Simpson, Varga et al, 1974), prognosis and diagnosis of tardive dyskinesia (Simpson & Varga, 1974 a), a new antipsychotic clozapine (Simpson& Varga, 1974 b) and psychotic exacerbation produced by neuroleptics (Simpson & Varga, 1976).
Tom Cooper’s background, career and expertise in biochemical pharmacology and the metabolism of drugs are related in Volume 7 of the OHP (Ed. Blackwell B, 2011) as a brief biography (Blackwell in *Dramatis Personae*, liii-liv) and interview with Tom Ban (Cooper 2011, pp 125-137). Ervin’s collaboration with Tom involved 4 publications, 3 on lithium in the prevention of alcoholism (Kline, Wren, Cooper, Varga & Canal, 1973), (Kline, Wren, Cooper, Varga & Canal, 1974 a), and (Kline, Wren, Cooper, Varga & Canal, 1974 b). The other was on bioequivalency of 3 brands of Thorazine (Simpson & Varga*et al.*, 1974). The 4 papers with Ervin as first author in collaboration with others were on depression, osteoporosis and osteoarthritis (Varga & Kline, 1973), neuroleptic-induced Kluver-Bucy syndrome (Varga*et al.*, 1975), a 2 year trial of Loxapine in chronic schizophrenia (Varga*et al.*, 1976) and schizophrenia 50 years after the death of Kraepelin (Varga & Kroll, 1977).

First among Ervin’s cultural concerns at this time were the economic issues of survival in an aggressively capitalist country. Accustomed to the socialist ideal of state funded education for all those able to benefit, he was confronted with the dilemma of finding and paying for College once his son’s reached the appropriate age. As fate would have it, they applied for and were accepted to the two most expensive private institutions in New York, Peter at NYU and John at Columbia. Their parents had no knowledge concerning scholarships or tuition breaks and, only one year apart in age, they were heavily burdened with escalating debt.

This played a role in Ervin’s decision to move from Rockland, when he was recruited by Arthur Sugerman, who had joined the Carrier Clinic in 1972 as Research Director. Arthur had worked collaboratively with Nate Kline and George Simpson on ECDEU projects from 1961 to 1972, so knew of and admired Ervin’s work on the Kluver-Bucy syndrome at Rockland.

Arthur Sugerman’s background, training and career are related in Volume 2 of the OHP (Ed. Fink. M), first in a brief biography (*Dramatis Personae*, xli) and then, in an interview with Tom Ban (Sugerman 2011).

Arthur began his education at the Jewish International School and then University in Ireland (Dublin) and medical school in England (London). Ervin and Arthur worked together for 9 years at the Carrier Clinic in what was a wonderful, friendly relationship. Ervin later joined him on the faculty of the Robert Wood Johnson Medical School as a Clinical Professor (1982-1992).
In his time at the Carrier Clinic, Ervin published 10 articles, 4 of them with Arthur, all on different topics; the prevention of ECT amnesia (Menken, Sugerman & Varga, 1979), the safety of hemoperfusion in schizophrenia (Kinney, Varga & Sugerman, 1979), codeine in involutional and senile depression (Varga & Sugerman, 1982a) and the prevalence of spontaneous oral dyskinesia in the elderly (Varga & Sugerman, 1982b).

Private Practice

By 1985 Arthur Sugerman stepped down as Medical Director at Carrier and was replaced by an administrator. This change triggered Ervin’s decision to enter private practice, initially with a recent graduate from the Harvard residency program whose knowledge helped Ervin adapt to a new way of life. After a few months, he decided to become a completely independent solo practitioner working in two separate settings; an office in Princeton, where many of his patients were faculty members and another in Somerville, a nearby industrial area. Much to his own surprise, Ervin took to private practice like a duck to water. He liked working on his own and thoroughly enjoyed clinical work where his skills in diagnosis, psychopharmacology and psychodynamics ensured good results and personal satisfaction. He is proud of the fact he never had a patient commit suicide.

After 8 years, in 1993, he decided to cut back and switched to doing locum tenens work for a couple of months each year, much of it in New York and Manhattan but occasionally, as far afield as San Francisco. Apart from the fact that he could stay in the best hotels and dine in fashionable restaurants, he could synchronize his trips with visits to family and friends. This continued until 2015, when he finally retired (so he says) to live at leisure.

Synthesis

In relating Ervin Varga’s family, culture and persona to his career challenges and accomplishments one must apply caution. The biographical details in his excellent, well documented memoir, “Living and Dying in Hungary: Jewish Psychiatrist Looks Back” (XLibris,
2012) are viewed with hindsight, recorded seven decades after he reached early adult life and perhaps colored by his career as a psychiatrist. But it remains a highly credible story, told with photographic precision in lucid prose.

The account suggests a genetic endowment from both paternal and maternal sides of a strong, upwardly mobile work ethic, coupled with an ethos of modest claims for personal accomplishments. The metaphor of “bread” is invoked on both sides; what work provides and what one does with it are vitally important. Ervin’s father works diligently lifelong to “bring home the bread” while his maternal grandfather admonishes “who does not slice bread properly does not deserve to eat it.” Advice to which Ervin responds, “I still to this day slice bread properly”; a modest claim to which his abilities and how he uses them attest.

In addition to these dual generational role models, one takes note of others; a strong nurturing and protective mother, the only image Ervin can conjure as his life hangs in the balance towards the end of the Holocaust. His mother survives and it was she who earlier arranged for a tutor, Michael, to assist with Ervin’s gymnasium studies and who became a powerful influence on his intellectual, literary and moral development.

More directly influencing his choice of medicine as a career was his Uncle Hugo Richter, a distinguished academic psychiatrist and neurologist, an early role model that led 7 year old Ervin to introduce himself to others as “Doctor”. Ervin’s admiration came with a caveat as, in late adolescence, he compares his own talents with Hugo’s. “I got everything; the ambition, the goal, the style, but was apparently not made of the same fabric.” The attribute Ervin believes he lacks is the confidence to face “the relentless challenge to live up to his expectations.”

Finally, important to note, was the role of Gyula Nyiro, a distinguished mentor and role model whose guidance was a crucial element in shaping Ervin’s early academic career and whose untimely death triggered his life changing decision to leave Hungary for America.

To these personal influences, one must wonder about the extent to which they are modulated by Ervin’s experience in growing up in an increasingly hostile, dangerous and brutal anti-Semitic environment culminating in a Holocaust that caused the deaths of 40 of Ervin’s relatives across both blood lines and several generations. Ervin declares that ‘What decisively defined me was that I belonged to a persecuted minority.” At the end of the war, Ervin and his older brother decided to erase their patronymic identity of Weisz in favor of the most common
“run of the mill” surname they could find in the Hungarian telephone directory, emerging as Varga. Although the Nazis were gone, the family still sought secular anonymity among native Hungarian citizens, who had often supported the invader’s barbaric ideals, and many of whom were now Communists.

Ervin’s families of origin and the value placed on them formed the template for his own idyllic and successful marriage with a nurturing spouse and two successful sons, all four of them physicians in different fields of endeavor. He never failed to place family interests and values at the forefront, preserving a balance between work and home.

Ervin’s innate sensitivity to stress and control issues are suggested by the onset of panic attacks in childhood and a lifelong phobia, avoiding the flesh of fowls. To what extent might this vulnerability have been influenced by exposure to brutal and life threatening events in captivity during the final months of Nazi occupation?

The term “Post Traumatic Stress Disorder (PTSD)” entered the psychiatric lexicon of the Diagnostic and Statistical Manual (DSM) during the Vietnam War, but not with any clear or useful meaning. The existence of a catalogue of symptoms creates a stereotype that diminishes the nuances and individuality of human responses to extreme harm and threat. An important book, *Shook Over Hell* (Dean, 1997), brings an historical perspective to bear by comparing a sample of Civil War Veterans with other wars, including Vietnam and both World Wars. Among the author’s conclusions is the following, “The very real problems of Veterans, which are difficult to quantify, understand and discuss in the first place, are frequently, if not routinely, manipulated and exaggerated for a variety of purposes.” (page 215). The data challenges the veracity that all veterans can be viewed as victims and advances the novel idea, citing examples, that some may achieve heightened coping responses. Ervin vehemently rejects the idea that such savage brutality can engender benefit of any kind although, after his own trial by fire, he sheds the victimization invited by his Jewish name and embarks on an arduous career path with a commitment to excel in his chosen profession. He is protected, however, to some degree, by the family ethos, avoiding immodest claims to success, shunning the limelight and minimizing exposure to undue stress.

The burdens and stress of a totalitarian regime, shared by his wife, certainly influenced Ervin’s decision to escape into what he hoped might be a more enlightened environment of the
kind he briefly experienced in Britain (the Maudsley) and Switzerland (the Burgholzli). Denied those possibilities, he opted for America, a choice that exposed him to culture shock – the stark difference between a totalitarian regime and an aggressive capitalist one. In his initial exposure to Nathan Kline he met a prototype of American exceptionalism; enormous talent and charm wed to brazen confidence and self-aggrandizement – the mirror image of his own family ethos of modest claims and muted accomplishments.

The absence of stress due to external control was replaced by the internal stress of adapting to a culture whose rules and mores were foreign to him. Initially, this tested his tender temperament but, as always, his adaptation was eventually exemplary, sufficient to meet his own expectations as a family breadwinner and talented collaborative scientist. The facts of his resume speak for themselves. For over two decades, living in an alien culture, Ervin worked on the frontiers of psychopharmacology alongside some of its leading figures with results that touched many of the growing points in our field.

In his dealing with colleagues, nurturance of family and care of patients, Ervin Varga did indeed “Slice bread properly.”

**Author’s Note:** Ervin’s second visit to the Maudsley in 1966 and his friendship with Michael Shepherd overlapped with my time as a registrar and work as a Research Fellow with Shepherd. We were never introduced although my own doctoral research on MAOI and tyramine was relevant to Ervin’s experience with Knoll and to my comment on the findings of the MRC replication study concerning phenelzine. It was truly a delight to meet and get to know the person whose path I had unwittingly crossed and of whose work I had been ignorant.

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