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Editorial note (January 2023)

This pioneering paper was presented at the Symposium *100 Years of Psychoanalysis*, Geneva, 17-18 September 1993, and published in 1994 in a book, which is no more available. Since it still receives interest (in 2021 it has been translated and published in Russia and in Brazil, and in 2022 in Italy), I have made it freely available on my website after minor revision. Only the last chapter (Memorial to the Defeated Hero) has been reworked, removing unnecessary material and reorganizing the discursive order.

This article is the starting point of a research on the foundation of psychoanalysis, which is disseminated in many articles and books (Bonomi, 1994, 1996, 1997, 2007, 2009, 2013, 2015, 2017, 2018, 2023), and recapitulated in the short article “The abyss of countertransference. Commentary on Freud Paediatrician” (Bonomi, 2022b). This commentary has been published in Italian, but I have translated it into English and it is also available in my website.

I strongly recommend to read this commentary. It shows some of the difficulties and resistances (both within and without) found in the course of my long research, and also how its focus shifted from the attacks on female genitals enacted on girls at the time of Freud's paediatric training to Freud's long analysis of a thirty years woman, Emma Eckstein, who endured a circumcision when she was a girl.

When I wrote this article, I had not yet realized that the “scene of female circumcision” (“*Szene von Mädchenbeschneidung*”) evoked by Freud in his letter to Fliess of January 24, 1897, was obtained from Emma Eckstein. It took many years to understand this “scene” and its implications, and how it combined with another fact that I ignored when writing this article, namely that Freud had not his children circumcised.

It is my belief that these three elements, namely

- a) that, as a young physician and neurologist, Freud was deeply affected by the surgical frenzy in the treatment of masturbation in girls;
- b) that he did not have his sons circumcised;
- c) that Emma Eckstein, a patient who inspired Freud's ideas, sudden turns and finally his self-analysis, endured a circumcision in her childhood;

when combined together are able to tell us something new about the foundation of psychoanalysis.

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Florence, January 2023

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WHY HAVE WE IGNORED FREUD THE "PAEDIATRICIAN"?¹

The relevance of Freud's paediatric training (Berlin, March 1886) for the origins of psychoanalysis

"Dr. Herodes. Consulting hours ...' 'Let us hope,' I remarked, 'that our colleague does not happen to be a children's doctor.'" (Freud 1900, p. 443)

Why have we ignored Freud the "paediatrician"?

Since his studies in Paris and Berlin in 1885-1886, until his self-analysis in 1897, Sigmund Freud broke away from the common sense of the medical establishment and laid the essential patterns of psychoanalysis. In these crucial years, he was responsible for the department for nervous diseases at the "Public Institute for Children's Diseases" in Vienna, directed by Max Kassowitz.² For ten years, from 1886 to 1896, Freud worked with children three days a week, and paediatric activity effectively represented his most constant professional engagement. The importance of his work with hysterical children and his emotional involvement are amply reflected in the dream of Irma's injection in the summer of 1895 - the "specimen dream" of psychoanalysis. In this dream, Freud is helped by Otto and Leopold, his two assistants at the department for nervous children in

¹ For their valuable help in the historical and bibliographical research, I would like to thank Dr. Marco Bacciagaluppi (Mailand), Cornelia Becker (Karl-Sudhoff-Institut Library, Leipzig), Anna Bellarmi (Berlin), Prof. Gerhard Fichtner (Tübingen), Dr. Albrecht Hirschmüller (Tübingen), Maren Ipsen (E.U.I. Library, Florence), Dr. Manfred Stürzbecker (Berlin), Wulf Vogel (Humboldt University Library, Berlin). My very special thanks go to Prof. Michele Ranchetti (Florence), whose general support and comments have been very precious. This paper is based on a book in preparation: *It is requested to close the eyes. A history of the origins of psychoanalysis*.

² Jones 1953-57, I, p. 212. As Gickhorn & Gickhorn (1960 p. 11-15) have stressed, this Institute ("I. öffentliches Kinder-Kranken-Ordinations-Institut, Wien, I., Steindlgasse 2; and Wien, I., Tuchlauben 8) never obtained the juridical status of "Institute" and consisted of a small number of rooms, originally property of the Kassowitz family.

the Kassowitz paediatric hospital (Freud, 1900, p. 112),³ and Otto is accused of the medical error which caused Irma's infection. Otto was the paediatrician Oskar Rie, trained by Freud himself in 1886, the year when he announced the treatment of infantile nervous diseases among the medical services offered in his private practice.⁴ Leopold, who "localizes" Irma's diphtheritic infection in the dream, is described by Freud as an able diagnostician of nervous diseases in children (p. 113). An important association of ideas links the "sick child to the children's hospital", and to the hospital's habit of examining children undressed, a thought which was interrupted by Freud's statement "Frankly, I had no desire to penetrate more deeply at this point" (p. 113). Finally, Irma herself turns into a girl in the final part of the dream, which Freud had eliminated from the main text.⁵

These are only the most evident references in Irma's dream to Freud's involvement with hysterical children. Despite these clear references and the importance of the dream, Freud's paediatric activity has never been considered among his experiences relevant for the birth of psychoanalysis. There are very few studies on the beginnings of psychoanalysis which merely mention it, and no study which includes Freud's specific training on infantile nervous disturbances as a relevant part of his general training. This

³ In this paper the works of Freud are quoted from the Standard Edition, but confronted with the German edition whenever required.

⁴ A day after Oskar Rie's death, on 18 August 1931, Freud wrote to Marie Bonaparte that his friend had died the day before, and that 45 years earlier, when he had just married (in 1886) and had announced among his medical activities the treatment of infantile nervous diseases, Rie had attended his office, initially as a graduate student and later as his assistant, and had afterwards become the doctor of Freud's children (reported in Schur 1972, p. 377; see also Mühlleitner, 1992, p. 271). As can be seen from the documents found by Gicklhorn & Gicklhorn (1960), the request to hold lessons at the Institute for ill children was presented to the Council of Professors on 28 October 1886 by Dr. Richard Wittelshöfer (Lecturer in Surgery), Dr. Eduard Schiff (Lecturer in Dermatology and Syphilis), and Dr. Sigmund Freud (Lecturer in Nervous Diseases), receiving a negative answer on 3 March 1887. Nevertheless, Freud held courses on nervous illness of children during the summer semesters of 1887 and 1888 at the Institute for Children's Diseases, and in 1892 and 1893 in a place not indicated in the announcement. Oskar Rie collaborated with Freud in two studies on brain palsy in children (Freud and Rie 1891, 1893).

⁵ This important detail is absent in the presentation of the dream, although in another chapter Freud added: "In the further course of the dream the figure of Irma acquired still other meanings, without any alteration occurring in the visual picture of her in the dream. She turned into one of the children whom we had examined in the neurological department of the children hospital" (Freud, 1900, p. 292). It is not clear whether this comment refers to the known text of Irma's dream, or if it signals a further unreported part of the dream.

attitude is closely related to Freud's tendency to cancel the traces of his first medical involvement with hysterical children from his autobiography.⁶ The most important statement in this regard is probably the one in *On the history of the psychoanalytical movement*, where he claimed that his discovery of infantile sexuality was "founded almost exclusively on the findings of analysis in adults, which led back into the past", since he "had no opportunity of direct observations on children".⁷ This statement, however, is inconsistent with his paediatric activity at a time when the link between masturbation and children's nervous diseases was a sort of common ground in paediatric circles (Carter, 1983), and contrasts, even more, with his training under the guidance of the Berlin paediatrician Adolf Baginsky.

Adolf Baginsky and the sexual aetiology of infantile hysteria

After attending Charcot's lectures in Paris, Freud went to Berlin to acquire the necessary training for the position offered to him by the paediatrician Max Kassowitz in Vienna (Freud 1925, p. 14; Jones 1953-57, I, p. 232). The choice of Berlin was Freud's, given that Kassowitz had bad relations with paediatricians in Berlin.⁸ In Berlin, for about a month, Freud went daily to the polyclinic where Adolf Baginsky, along with paediatric private practice, also held courses for physicians and students.⁹ In fact, Baginsky had

⁶ The principal strategy in this sense, applied by Freud in his *Autobiographical study* (1925) and adopted also by Jones (1953-57), consists of presenting Freud's work on children's nervous disturbances as essentially limited to brain palsy, ignoring that it was precisely in those years that children's hysteria had not only registered a marked diffusion in clinical practice, but had moreover become, during the 1880s, the central issue in the general aetiopathogenic debate on hysteria and the main argument for the loss of the traditional "seat" of hysteria. On this issue see Kloë and Kindt 1981, who stress the central role of infantile hysteria in the transition from somatogenesis to psychogenesis by Charcot.

⁷ Freud 1914, p. 18. It is to be noted that a few lines below, Freud ironically added that "the nature of the discovery was such that one should really be ashamed of having had to make it".

⁸ See the letter of Freud to Martha Bernays of February 10, 1886 (Freud, 1960), according to which Kassowitz had probably advised Freud to go to Breslau. It was only after a "liberating" letter from Kassowitz that Freud decided to go to Berlin. The final decision was not taken before 10 February 1886.

⁹ At that time the term "Poliklinik" implied an enlarged private medical practice, in which a specialist treated his patients free of charge, while they in turn were available for didactic objectives of the specialist, who gave lessons to doctors and students in medicine. Freud used to go to the polyclinic every afternoon, while he dedicated his mornings to translating Charcot's lectures from French to German. See his letter to

been appointed "Privatdocent" in 1882,¹⁰ and since then he regularly lectured during both winter and summer semesters, in addition to the so-called "vacation courses". Freud's training in 1886 has been ignored by historians of psychoanalysis. The general belief is that his training took place at the *Kaiser Friedrich Krankenhaus*, however, in fact this hospital was only founded four years later, in 1890.¹¹

Who was Adolf Baginsky, and what could Freud have learned at his polyclinic?

In his well-known treatise *Die Masturbation* (1899), Rolhender mentions

Martha Bernays of 10 March 1886 (Freud, 1960).

¹⁰ Adolf Baginsky was born on 22.5.1843 in Ratibor, he had studied medicine in Berlin with Virchow and Traube, and in Vienna for one year. He got his degree in Berlin, in 1866, and was appointed "Privatdocent für Kinderheilkunde" on 7.12.1882, and "Professor Extraordinarius" on 3.12.1892 (*Gesamtverzeichnis des Lehrkörpers der Universität Berlin*; see also Pagel 1901, p. 78). On the occasion of receiving the title of "Privatdocent", Baginsky held the lecture "*Das Verhältnis der Kinderheilkunde zur gesamten Medizin*". The administrative documents of the present Humboldt University also reveal that he was nominated member of the union of professors for the vacation course ("Feriencourse") - enabling him to use the title of "Professor" (in his 1886 *Report on the studies in Paris and Berlin*, Freud had in fact mentioned him as "Professor"). The register of lessons of the Friedrich-Wilhelm-Universität reveals that Adolf Baginsky - during the winter semester from 16 October 1885 to 15 March 1886 - held two courses (in his polyclinic - see the next note): the first, on payment, on the pathology and therapy of infantile illness with demonstrations (Mondays, Wednesdays, Fridays, from 1-2 p.m.) and the second, free of charge, on the dangers to which students of scholastic institutions were exposed to (Saturdays, from 6-7 p.m.). These were also the lessons that Freud had presumably assisted for two weeks. In the letter to Martha Bernays of 19 March 1886, Freud wrote that he was sorry not to be able to remain for the vacation courses which were to start on 22 March (the summer semester started on April 28). The personal documents of Adolf Baginsky, found at the Humboldt University in Berlin, also reveal that his application for the nomination of "Professor Ordinarius" was rejected by the Ministry on 29 January 1897, on the basis of the report of the commission of the Faculty of Medicine (15.1.1897), which considered that a division of the chair in *Kinderheilkunde*, already assigned to Heubner in 1894, was useless.

¹¹ See *Krankenhaus-Lexikon* (1900, p. 62-63). The *Kaiser und Kaiserin Friedrich-Krankenhaus* (Reinickendorferstr. 32) was set up on the initiative of a Berlin Committee presided by Rudolf Virchow. Adolf Baginsky was appointed director and the doctor responsible for the department of internal and infective medicine, while Prof. Gluck was responsible for the surgery department. The fact that the *k. k. Friedrich-Kinderkrankenhaus* (presently the University Paediatric Clinic *Rudolf Virchow*) was founded in 1890 was well known, and is also reported in Pagel's *Biographisches Lexikon* (1901, p. 77-78; see also Werner 1990). This erroneous indication, which has been preserved for such a long time, shows that nobody has so far dealt with this problem. In 1886, Adolf Baginsky had a private polyclinic which was opened in 1872 (Pagel 1901). According to the 1889 address book of Berlin, it was called "*Poliklinik für kranke Kinder*", was located in *Johannisstr. 3 Hochparterre*, and presumably consisted of a small number of rooms, given that half of the "Hochparterre" was occupied by a book store. Baginsky received patients on Mondays, Wednesdays, Fridays and Saturdays, from

Baginsky together with Tissot, the author of the famous *De l'onanisme* (1760), and Peter Frank, the author of *System der medizinischen Polizei* (1780), as witnesses of the spreading of the moral plague of masturbation in modern times (Rohlender, 1899, p. 52). However, whereas Tissot and Peter Frank had, a century earlier, worked on adult masturbation, Baginsky was a paediatrician and was concerned with infantile masturbation. In fact, in 1877, he published a *Handbuch der Schulhygiene* (Handbook of Scholastic Hygiene), by which he became well-known because of its moral engagement against the diffusion of masturbation among children.¹² Baginsky considered onanism as an illness of the nervous system which had its roots in bad hygienic conditions and was especially dangerous because of its "infectious" character.¹³ Although this idea was rather common in those days, it was developed within a specific ideological framework. Baginsky, in fact, was a modern Jew who interpreted the religious tradition on the basis of natural sciences. In particular, he believed that the ritual provisions of the Mosaic legislation were based on the physiology of the human organism, therefore representing basic hygienic-sanitary norms. He shared the diffused idea on the origins of Moses from the world of Egyptian priests; he considered antique priests as "sanitary officials", whose functions were equal to those of modern doctors, of which the most important was the prophylaxis, isolation and destruction of infections (Baginsky, 1895a). It was this approach, linking Mosaic rules and modern science of social hygiene, which likely led him to dedicate himself to paediatrics ("*Kinderheilkunde*"), and which made him famous especially in the struggle against onanism and diphtheria. Moreover, Baginsky considered onanism an important cause of hysteria in children. This belief was so diffused around 1880, that Eduard Hensch - at that time the most authoritative paediatrician in Berlin - in a study on infantile hysteria, wrote that "it is more and more often heard that onanism is the main cause of these disturbances" (Hensch, 1881, p. 1008). Hensch thought that the aetiological role of masturbation was commonly exaggerated, but he still believed in it. In the next few years this thesis would become of secondary importance; in an 1896 study on psychic disturbances in children, for example, Conrads wrote: "The influence of onanism has undoubtedly been overemphasized in the past years" (Conrads, 1896, p. 190).

Nevertheless, in the first book in the history of medicine dedicated to psychic

12-1 p.m. (while from 1-2 p.m. he held lessons).

¹² The handbook was republished in longer versions in 1883 (2° edition) and in 1898-1900 (3° edition, in 2 volumes).

disturbances in children, published in 1887, Emminghaus quotes Adolf Baginsky, together with the American paediatrician Jacobi and the Hungarian paediatrician Lindner, as supporters of the idea that masturbation was a cause of hysteria in children (Emminghaus, 1887, p. 284). Both Jacobi and Lindner had become very famous during the 1870s for their ideas on children's sexual excitement.¹⁴ Therefore, around 1887, Baginsky was considered the German paediatrician most representative of the approach claiming the aetiological role of onanism in infantile nervous diseases. His *Lehrbuch der Kinderkrankheiten für Aerzte und Studirende* (Handbook of children's diseases for physicians and students), among the most famous works on the subject at the end of the century, appeared in eight editions (from 1883 to 1905), and was even translated into French. In it Baginsky states that hysteria appears in identical changeable forms in children and adults of both sexes, and masturbation is included among its main causes.¹⁵ Baginsky recommends treatment according to aetiology, although he does not specify the treatment he applies in cases of masturbation. In fact, he considered sexuality in childhood a "reserved" question not to be openly discussed outside medical circles.¹⁶

Freud received his training with Baginsky precisely during this period, and given that he would for the rest of his life work on the link between infantile sexuality and

¹³ See the Chapter "Onanie" in Baginsky 1877.

¹⁴ Jacobi 1875; Lindner 1879. Lindner would also be one of the few authors quoted as precursors by Freud in *Three essays on the theory of sexuality* (1905b).

¹⁵ Baginsky 1889, p. 490; 1892 p. 515; 1896 p. 570. In the first edition, lacking a differentiated discussion of the various psychic disturbances, masturbation is included among minor causes. In the later editions hysteria is discussed separately. The 1887 edition has not been found, but there are good reasons to believe that it already contained such a statement.

¹⁶ A view on the complexity of sexual aetiology and on the moral attitude of Baginsky is offered in the following passage from one of his last lectures on children's nervousness, held in 1909. At that time he avoided discussion of this question, stating "I would rather not go into the subject of youth anomalies in the sexual sphere; perhaps in no other part of the entire field [of nervous disturbances] is it so difficult to distinguish between the causes and the consequences; it is, in addition, difficult to single out, in these cases, whether it is a real pathological process, a bad habit, a conscious error, a consequence of seduction, or a bad imitation. As far as I can see, my position, contrary to the question of sexual education during youth, which today is so forcefully debated, on the one hand, is not accepted by physicians and pedagogues, and on the other hand, is judged with sympathy. Today's times, in short, are pushing towards a solution of the problem which is less reserved than the one I had recommended. We have to wait and see the consequences of free education, once it will be introduced, for the nervous system of youth. I do not expect anything good." (Baginsky, 1909, p. 13; translation by author). It has to be noted that two years before, Freud published the essay *The sexual enlightenment of children* (Freud 1907).

neurosis, it can be assumed that his paediatric training was indeed relevant. Such an assumption, however, raises a problem: why did Freud disavow his first medical contact with infantile sexuality?¹⁷

Freud's original aversion to sexual aetiology

The above question is closely related to the "paradox" that, from 1886 to 1896, Freud did not refer to infantile onanism, despite of the fact that in the literature of the time references to onanism in children were widely diffused and emphasized.¹⁸ In fact, it is only with his 1896 seduction theory that he started speaking of infantile sexuality.¹⁹

¹⁷ Some clues, which led to the belief that Freud tried from the very beginning to forget his paediatric experience in Berlin, should also be stressed. In the *Report on my studies in Paris and Berlin*, written immediately upon his return to Vienna, he mentions Adolf Baginsky among various other professors (Mendel, Eulenburg, Munk, Zuntz, Benno Baginsky) and doctors (Thomsen and Oppenheim) visited in Berlin, in such a way that it does not at all follow that he went to Berlin precisely in order to receive his paediatric training from Adolf Baginsky. Moreover, in the letter to his friend Karl Koller of 13 October 1886 (in Freud 1960), he wrote that he had used his 4-week stay in Berlin exclusively for translating Charcot's new lessons (!).

¹⁸ See: Spitz 1952, Kern 1973, Stengers and Van Neck 1984. Sulloway (1979) has developed the question of the pre-Freudian discovery of infantile sexuality in the doctrinal framework of the descent theory, yet totally ignoring the crucial question of infantile hysteria. Sulloway (1979, p. 122, p. 212) has, in any case, drawn attention to the paradox of Freud's initial denial of spontaneous infantile sexuality. I believe this paradox can be explained through Freud's aversion towards the genital localization and its therapeutical implications. For a view on the link between infantile sexuality and hysteria theory among German paediatricians, see Carter 1983.

¹⁹ In reality, the seduction theory of 1896 (Freud 1896a, 1896b, 1896c) is still based on a negation of infantile sexuality, given that it states that "irritations" of infantile genitals (caused by aggression and seduction) do not have any immediate effect because of the small size and the immaturity of genital organs; it is precisely this negation which permits the postulation of the posterior psychic effect of the trauma thanks to the later change brought about by maturation of genital organs. Nevertheless, it is in this context that Freud speaks, for the first time, of "active masturbation" in infancy, excluding it from the "list of the sexual noxae in early childhood which are pathogenic for hysteria", adding that the reason why masturbation is so frequently found together with hysteria is not its pathogenic action, but the fact that masturbation is frequently the consequence of an aggression or seduction (1896b p. 165). Therefore, the pathogenic model of Freud's seduction theory represents a reversal of what he had learned in 1886 from Baginsky, although if the idea that seduction represented one of the main causes of masturbation and hysteria in children was a common ground in paediatric circles - as was stressed also by Freud in the 1896 lecture on *The aetiology of hysteria* - and it was shared by Baginsky too. In cases of "Verführung" (seduction) the common treatment was "isolation", according to the tradition of "moral treatment" and to the principle of "*indicatio causalis*"; nevertheless, by examining the literature of those time, one gets the net idea

Moreover, this "taboo" coincides with a crucial problem which has never been discussed: Freud's initial aversion to the genital localization of hysteria.

Since his Paris and Berlin study report, Freud opposed the genital localization of hysteria with forceful statements, connecting it to the hatred towards hysterical women and the witches persecuted in the Middle Ages.²⁰ Even in the presentation held at the Medical Society in Vienna on 15 October 1886, he claimed that, according to Charcot's modern views, there was no connection between the disease and genital organs (Bernfeld and Bernfeld, 1952; Jones 1953-57, I, p. 252). Several years later, as he came closer to the old sexual aetiology of neurosis,²¹ he wrote that he had initially considered it an "insult".²² Similarly, during the 1896 lecture on *The aetiology of hysteria*, he declared

that isolation and surgical operations (the two main "aetiological treatments") were not mutually exclusive, but could easily coexist or even be complementary (like predisposing and determining causes being complementary). Operations could be replaced by severe threats and psychic shocks, including the use of the traditional "*Ferrum candens*", which is quoted till the end of the century as a model of "psychic treatment". This background, in my opinion, makes the policy of Freud's seduction theory of 1896 more understandable.

²⁰ Freud 1886. Freud wrote, among other things, that the hysterical state was "under the odium of some very widespread prejudices. Among these are the supposed dependence of hysterical illness upon genital irritation" (p. 11). Freud had borrowed from Charcot the thesis on the identity between hysteria and demoniac possession; nevertheless, he supported it with different emphasis and contents. For Charcot, in fact, it was part of the politics against genital localization, given that he stressed its "psychic" character (see primarily Charcot and Richer 1887).

²¹ This change begins at the end of 1892. In the study *A reply to criticism of my paper on anxiety neurosis*, 1895, he wrote: "My observations had shown me that in the aetiology of the neuroses (at all events of *acquired* cases and *acquirable* forms) sexual factors play a predominant part and one which has been given far too little weight; so that a statement such as that 'the aetiology of the neuroses lies in sexuality', with all its unavoidable incorrectness *per excessum et defectum*, nevertheless comes nearer to the truth than do the other doctrines, which hold the field at the present time." (1895, p. 123). In addition: "I know very well that in putting forward my 'sexual aetiology' of the neuroses, I have brought up nothing new, and that undercurrents in medical literature taking these facts into account have never been absent. I know, too, that official academic medicine has in fact also been aware of them. But it has acted as if it knew nothing about the matter. It has made non use of its knowledge and has drawn non inferences from it. Such behavior must have a deep-seated cause, originating perhaps in a kind of reluctance to look squarely at sexual matters, or in a reaction against older attempts at an explanation, which are regarded as obsolete." (p. 124).

²² "... the expectation of a sexual neurosis being the basis of hysteria was fairly remote from my mind. I had come fresh from the school of Charcot, and I regarded the linking of hysteria with the topic of sexuality as a sort of insult" (Breuer and Freud 1893-95, p. 259-60).

that he had initially a "personal aversion" towards the sexual aetiology.²³

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These observations show the complexity of Freud's discovery of infantile sexuality, pointing out that its starting point was a personal and enigmatic aversion towards sexual aetiology. Furthermore, the problematic character of this path is testified by the persistent deformations in his late autobiographical reconstructions. In the essay *On the history of the psychoanalytical movement* (1914), he stated that he had suddenly remembered that at the time of his studies, the sexual aetiology of neurosis was suggested to him by a series of half-insinuations by unsuspected and prominent physicians, such as Breuer, Charcot and Chrobak.²⁴ However, he added, these insinuations were immediately forgotten by the "innocent" young student, "ignorant" of sexual problems, as he was. This clear manipulation, which served to hide his training with Baginsky had, nevertheless, enabled Freud to introduce half-truths in the reconstruction of the beginnings: in fact, he pointed out that the "scandalous idea" from which psychoanalysis had derived had not originated in himself (Freud, 1914, p. 13-15), and later redefined his discovery of the sexual causes as a late resurfacing of previous insinuations, "as an apparently original discovery".²⁵

²³ "The two investigators as whose pupil I began my studies of hysteria, Charcot and Breuer, were far from having any such presupposition; in fact they had a personal disinclination to it which I originally shared." (Freud 1896c, p. 199). The German expression translated into "a personal disinclination" is "eine persönliche Abneigung entgegen", which is not only much stronger but also has a reactive meaning, as "a personal aversion".

²⁴ Breuer, after having been approached by the husband of one of his patients, had confided to Freud that, what was in question after all was always "privacies of the bed-chamber". Charcot, during a lively private conversation with Brouardel had exclaimed that what was always in question was "la chose genitale, toujours... toujours... toujours". Finally, the gynecologist Chrobak, had confided to him the only valid, but unprescribable, recipe: "Penis normalis - dosim - repetatur!" (1914, p. 13-15). What should be noted is the evident contradiction with his statements in 1895 and 1896, in which he recalls that he had initially opposed sexual aetiology as did his teachers Charcot and Breuer. Finally, in Kroemer's study on castration of 1896, Chrobak, who is quoted as a gynecologist who preferred conservative cure methods (instead of castration) and recommended especially massages, is also quoted for having "operated" (castrated) 146 women - with success in more than half of the cases (Kroemer, 1896, p. 53).

²⁵ Freud 1925, p. 24. It is to be noted that Freud here again tries to render credible his initial ignorance of the genital seat. For example, "What I heard from them lay dormant and inactive within me, until the chance of my cathartic experiments brought it out as an apparently original discovery. Nor was I then aware that in deriving hysteria from sexuality I was going back to the very beginnings of medicine and following up a thought of Plato's. I was not until later I learnt this from an essay by Havelock Ellis." (1925, p. 24). Here he clearly alludes to the Greek etymology of "hysteria", which takes us back to the question of genital localization.

These autobiographical reconstructions, both revealing and concealing, essentially perpetuate the taboo of the early years. Why? The first question to be raised is: why had Freud initially experienced sexual aetiology as an "insult"?

***The therapeutic implications of genital localization:
castration of women and operations on children***

We can approach this question by asking ourselves, at that time, what were the therapeutical implications of sexual aetiology? To mention one example, it is precisely in 1887 that Friedrich Merkel, at the University of Strasbourg, presented his dissertation in medicine entitled, *Beitrag zur Casuistik der Castration bei Neurosen* (A contribution to the study of castration in neurosis), in which castration of hysterical women was defined as the most discussed problem of those times. In his rich bibliography he cited, among others, studies such as Böhmi's *Castration in hysteroepilepsy*, Forel's *Cure of hysteria by castration*, Heilbrunn's *Cure of moral insanity by castration*, Heydenreich's *Castration of the woman*, Prochownich's *Contributions to the problem of castration*, Rudershausen's *Castration of woman in nervous diseases*, Schroder's *On castration in neurosis*, Tissier's *On castration of the woman in surgery (operation according to Hegar or to Battey)*, and Widmer's *Hysteria cured by castration*. These are only some of the 35 bibliographical references - many were university dissertations - cited by Merkel in his dissertation, all referring to castration of women, and all published in a very short period, from the summer of 1886 until the end of the year.²⁶ In these few months, the number of cases of castration quoted in the literature rose from 180 to 215 (Merkel, 1887, p. 54-55).

Although the term "castration" has a clear masculine meaning,²⁷ in those years it referred to the surgical treatment of nervous, psychical, and immoral (like nymphomania) disturbances of sexually mature women, consisting mainly in the extirpation of the

²⁶ The original titles quoted in Merkel's bibliographical references (1887, p. 55-56) are the following: E. Böhmi, "Castration bei Hysteroepilepsie", *Centralbl. f. Gyn.*, 22, 1886; Forel, "Heilung der Hysterie durch Castration", *Centralblatt für Schw. Ärzte*, 17, 1886; Heilbrunn, "Heilung moralischen Irreseins durch Castration", *Annales méd. psycholog.* 1886, *Irrenfreund* 1885, No. 11, 12, Ref.: *C. f. Gyn.* No. 40; Rudenhausen, *Die Castration der Frauen bei nervösen Leiden*, Diss. 1886; Schröder, "Über Castration bei Neurosen", *Naturforscherversamml.* 1886; L. Tissier, "De la castration de la femme en chirurgie (opération d'Hégar ou de Battey)", *Thèse de Paris* 1885, *Progrès méd.*, 8, 1886; I. Widmer, "Hysterie durch Castration geheilt", *C. f. Schweizer Ärzte*, 9-11, 1886, Ref.: *C. f. Gyn.* Nr. 40, 1886.

²⁷ In gynecology, however, the term castration refers to both sexes.

ovaries. This type of operation was first undertaken by Hegar in 1872,²⁸ and in 1896 Kroemer wrote that the operated women had become "legions".²⁹

A closely associated surgical treatment was also applied to children. In this case, however, since sexual organs were immature, it was not castration, but an "*operation*", consisting of various types of mutilation of male and female genital organs (besides male circumcision also female circumcision, the amputation or scarification of the clitoris, the cutting or cauterization of *Labia minora*, infibulation, etc.), which were supposed to eliminate the local causes of continuous overstimulation of the "urogenital nerve". This practice was introduced and spread in 1850, particularly by the English doctor Isaac B. Brown.³⁰ In Germany it was illustrated by the paediatrician F.J. Behrend in 1860, assimilated in the theoretical framework of Romberg's uterus reflex neurosis theory, and was especially practiced by gynecologists. It was considered as a "cure" of infantile onanism, representing an aetiological treatment of hysteria whenever onanism was diagnosed as its cause. Given the belief that surgical operations also had a "psychic" effect of "dissuasion" concerning bad habits, it was also recommended whenever a clear "localization" was missing. Stressing that scoldings and threats usually had a limited effect on small children, Behrend, for example, wrote:

"Dr. Johnson suggests to undertake a small operation in order to provoke such a pain with its wound that it would leave in the child a lasting psychic impression and would lead to any attempt at masturbation to hurt him. In boys the operation should be down on the prepuce, making a cut, etc. In girls it should, similarly, consist of a

²⁸ In the US, the operation was first undertaken by Battey, independently from Hegar, only three weeks later, and consequently in the American literature women castration for neuro-psychiatric reasons was called "Battey's operation" (Kroemer, 1896).

²⁹ Kroemer, 1896, p. 4. This study, entitled *Beitrag zur Castrationsfrage* (Contribution to the problem of castration), begins with the statement that this problem had been in the Center of psychiatric controversies for over twenty years, and proceeds to examine 240 studies on castration which had appeared in the literature in those years.

³⁰ Spitz 1952. On surgical operations as treatment of masturbation in children see also J. Duffy 1963, Stengers and Van Neck 1984. There are no specific historical studies on this topic, and many of the arguments advanced in the publications of those times sound rather contradictory. More details on the framework of these problems and on their evolution in paediatrics can be found in the following studies: Behrend 1860, Jacobi 1876, Fleischmann 1878, Schmidt 1880, Henoch 1881, Herz 1885, Jolly 1892. Although these articles also contain criticism of gynecological practice, the one by Jolly is the first one in which it is clearly stated that "hysteria does not come from the uterus" (see note 36), and that the gynecological treatment is, with few exceptions, inadequate. Jolly's study was influenced by Charcot's conception of infantile hysteria as illness "*par imagination*". Jolly was in the academic commission which, in 1897, rejected Adolf Baginsky's application for "Professor Ordinarius" (see note 10).

strong cauterization on the *labia majora* or inside the vagina entrance or, as doctor Gros suggests, of small excisions all around the clitoris. By means of such scarifications we have succeeded, in one case, to really eliminate the disease." (Behrend, 1860, p. 328-29; translation by author.)³¹

Was this the type of treatment Freud was trained in, in March 1886 in Berlin, at the Polyclinic of Adolf Baginsky? Judging from an article by Samuel Schäfer, based on his doctoral dissertation and published in 1884 as *Ueber Histerie bei Kindern* (On hysteria in children),³² in the paediatric journal of which Baginsky was the main editor, this seems to be precisely the case. The dissertation was inspired by the practice and teaching of the "Privatdocent" Adolf Baginsky, thus representing a precious source of information. In this study it was claimed that, just as adults' sexual deprivation and overstimulation were accused of being the main cause of hysteria, similarly also in children's hysteria, the cause was to be sought in bad sexual habits, primarily onanism (Schäfer, 1884a, p. 401). It was stressed that the diagnosis of onanism was mainly based on the examination of the genitals, the swelling and inflammation of the penis, of the *labia majora* and of the vagina (p. 407). Finally, it was stated that among the main determining causes of children's hysteria,

"a role of not secondary importance is played by the illness and abnormalities of the urogenital apparatus, such as congenital phimosis, agglutination of the prepuce with the glans, inflamed and stretched clitoris. All of these conditions are able to produce special nervous states by reflex, which can also be healed by the elimination of the cause." (Schäfer 1884a, p. 407; translation by author.)³³

³¹ Liebermeister (1883, p. 2149), who had already adopted an enlightened and "modern" approach, after his statement that castration, extirpation of the clitoris and similar operations are to be rejected if their basis is not a local illness, says that the psychic effects that are to be obtained through such operations can also be obtained by less energetic means. As examples of "insignificant operations" which can be used for obtaining psychic effects, also in the absence of local illness, he mentions the cauterization of the clitoris, extraction of blood from the vagina, and so forth.

³² This article is one of the main historical sources of the present study. In a footnote to the title it is written: "Der medicinischen Facultät in Leipzig als Doctor-Dissertation überreicht." (submitted to the Leipzig Faculty of Medicine as a Doctoral thesis). Nevertheless, the thesis has not been found among dissertations either at the University of Leipzig, nor at any other German university. The study was also published as a monograph in 1884 and with the same title in Stuttgart, by the publisher Gebr. Kröner (see Schäfer, 1884b), which is quoted also in the Library of Congress Catalogue.

³³ Schäfer's article contains a number of other therapeutical measures, including psychical (such as threats and moral exhortation), social (isolation from the family), pharmacological and hygienic, according to ideas common in those times. Nevertheless, in comparison with contemporary studies, he insists much more on the sexual causes,

Schäfer's study was commented on the *Wiener Medizinische Wochenschrift*, by Maximilian Herz,³⁴ who, together with Alois Monti, was the co-editor in Vienna of Baginsky's paediatric journal. Since Freud knew Herz, it is possible that he had influenced him in his choice of Baginsky for his paediatric training.

The causes mentioned in the above quotation are typical of the sexual aetiology which Freud opposed upon his return from Berlin, and which possibly influenced his breaking away from the medical establishment of Vienna. In fact, many years later, in his *Autobiographical Study* of 1924, he attributed the origins of his opposition to the medical establishment to the conflict, summarized in the episode of the "old surgeon", who had blamed him of being ignorant of etymology and of not knowing that hysteria came from the "*hysteron*" (i.e. the Greek word for uterus).³⁵ The questionable character of this late reconstruction has been emphasized by various authors, Sulloway even referred to it as the first of the "legends" which characterize the official history of psychoanalysis.³⁶ Although, in Freud's typical autobiographical style, it mixes up real elements with fiction, I believe that, on the contrary, this reconstruction contains an essential historical truth, which becomes evident when put in the context of the medical practice of surgical operations.

Freud was certainly not the only one to oppose mutilating operations: both Charcot and Breuer were personally contrary to this practice and clearly expressed it. Charcot referred to it in his famous lecture of 27 February 1888 on boys' hysteria, which

both predisposing and determinant. The quoted passage touches precisely those causes because of which the "operation" was considered an aetiological therapy.

³⁴ Herz 1885. Maximilian Herz was teaching paediatrics at the University in Vienna.

³⁵ "But, my dear sir, how can you talk such nonsense! *Hysteron (sic)* means the uterus. So how can a man be hysterical?" (Freud 1925, p. 15). Bernfeld and Bernfeld (1952, p. 147), who were the first to inquire on this episode, considered that Freud's presentation on male hysteria was not very diplomatic, as he had adopted a totally independent approach and lacked the usual modesty of the young. For similar views, see Jones (1953-57, I, p. 252-55). See also Ellenberger (1970) and Hirschmüller (1991). For information about what the quotation of the Greek etymology of hysteria really meant in those time, see Liebermeister 1883 (p. 2148-9), who concludes the etymological discussion by stating that "Castration, extirpation of the clitoris and similar operations are definitely to be rejected, when they are not required by a local illness".

³⁶ According to Sulloway (1979, p. 39), whereas this story seems very effective, as it apparently describes Freud's first experience of hostile and irrational reception, which would characterize a life dedicated to psychoanalytical innovations, it is for its largest part a myth. Not only has it given origin to considerable misunderstandings and oversimplifications in the history of psychoanalysis, but it has also become a prototype

had a decisive influence on Freud.³⁷ Generally speaking, Charcot's complex work during 1884-1888 can be seen as an enlightened policy against mutilating surgical operations.³⁸ As for Breuer, thanks to the discovery of a part of the case history of "Nina R.", we know that in 1894 he tried to prevent the castration of this patient of Freud's, hospitalized at the Kreuzlingen's clinic, and that he was, in principle, contrary to such operations.³⁹

for similar legends on Freud's life.

³⁷ "A boy of fourteen accompanied by his parents and his doctor" (Charcot 1892). Charcot's pupil, Paul Bezy, would later write that 21 February in the clinical study of infantile hysteria was a historical day because, during this lesson, it was for the first time declared that it is necessary to accept this disturbance for what it represents, i.e. as a psychic disease "par excellence" (see Kloë and Kindt, 1981, p. 296). This lesson was referred to in *Leçons du mardi*, translated by Freud under the title *Poliklinische Vorträge*. Charcot, who during this lesson had stated that hysteria is for 3/4 psychic and that it is necessary to learn to treat it psychically, covertly mentions the treatment of infantile hysteria (the operation) of his teachers in terms of a "harsh punishment" (Charcot 1892, p. 135). Freud translated the lesson and published it at the beginning of 1892, deriving from it the theory on "hysterical counter-will" (ibid, p. 137, footnote; and Freud 1892), from which the fundamental innovations of the following few months and years derive.

³⁸ In Charcot's 1893 Necrology, Freud exalted "the series of uninterrupted deductions" which had led Charcot to conceive the hysterical-traumatic paralysis as psychically determined. This "series of uninterrupted deductions" date back to 1885. Its premises are to be found in lesson 6 on hysteria of young boys, and it is developed in a series of lessons dedicated to male hysteria (particularly lessons 19, 20, 21, 22), in which the concept of "traumatic suggestion" is coined. Charcot's implicit starting point was the idea, common in the medical circles of those times, that hysterical paralysis, above all those of the lower limbs, were caused physiologically by an irritated state of the "genital nerve". His argumentation strategy consists of three main phases: first, the dislocation of the seat of "exquisite sensibility" from the genitals to other equivalent parts of the body (hystero-genic zones); second, the artificial reproduction by verbal suggestion in a hypnotized patient of the same paralysis which in another patient had been provoked by a physical trauma; and third, the reproduction of the same paralysis through energetic pressure on a sensible zone. With this it was demonstrated that the effect of a "trauma" depended on a lasting "auto-suggestion". The conclusion was that these paralyzes were psychically determined, and therefore had to be treated psychically. Charcot was also contrary to "simulated operations". His whole endeavor acquires an extraordinary coherence precisely if viewed as a policy against castration. We can also suppose that also the famous ovary truss corresponded to the research of an alternative to mutilating operations.

³⁹ Hirschmüller (1987) found two extremely significant letters of Breuer to Robert Binswanger, the Kreuzlingen clinic's director, written on 12.3.94 and 23.3.94, in which he tried in a very sensitive way to avoid Nina's castration. He describes, among other things, Gersuny's negative experiences and one of his personal cases, a patient who was operated despite his contrary opinion, and was soon after seriously wasted away because of inaction, vomiting and the disappearance of all hysterical symptoms. Respect to Nina R., he considered that the neurasthenic component was dominant over the hysterical one, and this increased the reservations on the success of castration; he stressed that there were no other symptoms but uterine catarrh, and that therefore a curettage or, ultimately, a

In reference to Freud, this question is much more complex for two reasons: first, because after having initially opposed sexual aetiology, he would again approach it to such an extent that it became the main object of his research; and second, because it was subject to a persistent "taboo", whose core seems to be closely connected with his paediatric training in Berlin.

"Locus morbi" and aetiological treatment

At the time of Freud's paediatric training, a sexual aetiological diagnosis was made through a direct observation of the genital organs (and this is very probably the meaning of the association in Irma's dream of visiting children undressed). At the beginning of the 1896 lecture, *The aetiology of hysteria*, Freud stated that, following the pattern of the archaeologist, it was possible to make an aetiological diagnosis only by psychological means.⁴⁰ It took ten years for this revolution to take place.

"discisio colli uteri" (dissection of the cervix) was sufficient, and that it would have been a gynecological scandal to cure the catarrh with the extirpation of the uterus and the ovaries. He concludes the letter to Robert Binswanger by writing "excuse me for my reactionary ideas". However, Breuer also wrote that he would leave the question to Hegar's judgement, who was precisely the doctor who had introduced, from 1872 onwards, the "operation". In reference to Nina's case, Hegar wrote to Kreuzlingen on 4.9.1894: "I am inclined to admit the patient, also when the prospect of a healing only by the treatment of the genital disturbance is not to be expected. Yet, this appears to be so important, that it will be difficult to reach the goal without its elimination or at least its partial relief through the other means." (Unpublished document translated by author). Few months earlier, on 20.6.93, Nina was examined by the gynecologist of Vienna Carl Fleischmann, who made a curettage ten days later. Freud knew Carl Fleischmann well, since he assisted - or was required as a witness - the birth of his children Ernst (6.4.1892), Sophie (14.4.1893) and Anna (3.12.1895) (Israelitische Kultusgemeinde Wien, Geburtenbuch Erster Bezirk). (I thank Albrecht Hirschmüller for this information and for the unpublished documents). It is also relevant that, one year later, on July 1895 - and few weeks before Freud's dream on Irma - the younger brother of Nina R., who had a lighter hysteric neurosis, was sent by Breuer to Berlin, in order to be operated at the nose by Fliess (Hirschmüller 1986, p. 243, p. 251).

⁴⁰ Freud 1896c, p. 191-193. In this lecture, Freud also refers to the syphilologist model (i.e. the genitals examination), as he had already done in the study *A reply to criticism of my paper on anxiety neurosis* (1895, p. 129), where he had emphasized the "aetiological" superiority of the method. In the new interpretation of Freud's work suggested in the present study, the various analogies with gynecologists, syphilologists and surgeons are all placed into the same matrix of the genital localization of hysteria. In addition, the functional meaning of the "archaeological metaphor", which in the last few years has constantly been criticized as a simple prejudice of the end of the last century, ought to be recognized precisely on the basis of the change concerning the direct "observation" of genitals. This approach introduces a sort of "vision" which does not use senses (touch and

The superiority of an aetiological diagnosis consisted in the possibility of a treatment focused on the causes, i.e. an aetiological treatment, like isolation or surgical operations. Yet, the mutilating character of castration also provoked many reactions, among which the main one was the loss of the traditional seat of hysteria (the uterus) and the shift from somatogenic to psychogenic ideas.⁴¹ At the time of Freud's studies, hypnotic suggestion was emerging as the main therapeutical project alternative to castration; however, its main limitation consisted of it being a "symptomatic" treatment. Although in the following years Freud embraced the "soul-treatment", he was very sensitive to this therapeutic limitation; presumably in order to overcome this limitation, he adopted Breuer's cathartic treatment.⁴² In fact, as he wrote at the end of *Studies on Hysteria* (1893-95), he considered cathartic treatments as "surgical operations".⁴³ We can better understand such a comparison considering that both treatments aimed at "eliminating" an extra amount of nervous excitement. "Cathartic operations" did not "add", but rather "took away", as Freud would point out many years later, when comparing analytic and suggestive methods.⁴⁴ Yet this external analogy did not represent a definite solution for Freud: in spite of all, the cathartic treatment remained focused on symptoms.

sight).

⁴¹ The reactive quality of the modern ideas of the 1890s, which banished sexuality to a secondary position, was also stressed by Freud, who spoke of "a reaction against older attempts at an explanation, which are regarded as obsolete" (Freud 1895, p. 124). Breuer would also stress this reactive character arguing that: "The unsophisticated observations of our predecessors, the residue of which is preserved in the term 'hysteria', came nearer the truth than the more recent view which puts sexuality almost last, in order to save the patients from moral reproaches." (Breuer and Freud, 1893-95, p. 247). These comments, of a "political" character, can nevertheless in some way be misleading, since the practice of "operations" (castration, dissection of the uterus, clitoridectomy, circumcision, etc.) was in fact, at that time, rapidly expanding.

⁴² In the 1888 article *Hysteria* he stated that the treatment of single hysterical symptoms did not offer a prospect of success, but that symptoms could be cured in the case of localization of the neurosis (p. 55). After having presented the hypnotic suggestion, he also described the "Breuer method" as "the method most appropriate to hysteria, because it precisely imitates the mechanism of the origin and passing of these hysterical disorders" (p. 56). This means that Freud conceived the Breuer method much closer to aetiological concerns than hypnotic suggestion.

⁴³ "I have often in my own mind compared cathartic psychotherapy with surgical intervention. I have described my treatments as psychotherapeutic operations ..." Breuer and Freud 1893-95, p. 305.

⁴⁴ Freud 1905a, p. 432. This well-known comparison with the ways of creating a sculpture or a painting, defined by Leonardo "*per via di levare*" and "*per via di porre*", may also be derived from the matrix of surgical operations.

It was through the friendship with Wilhelm Fliess that a new aetiological therapeutic solution, based on the nasal reflex neurosis theory, would appear. Many scholars have emphasized the inconsistencies of such a theory, but no one has considered it in light of the old uterus reflex neurosis theory, and of castration. If we consider it from this perspective, its major characteristic appears to be the displacement of the "*locus morbi*" from the genital organs to the so-called "genital spots" of the nose. Freud himself, while comparing the two localizations, stated that the second one opened a "broader view".⁴⁵

The active influence of Freud on Fliess' nasal localization has also not been sufficiently considered. Discussing the question of aetiological treatment in his 1888 essay *Hysteria*, Freud not only questioned the idea that the alterations of genital organs represented a stimulus for hysterical symptoms, but when raising this doubt, he already suggested an alternative "nasal" localization.⁴⁶ Furthermore, in the Preface to the book *Neue Beiträge zur Klinik und Therapie der nasalen Reflexneurose* (New contributions to the theory and therapy of nasal reflex neurosis, 1893), Fliess wrote that he had been pushed in this new direction by a friend - which was Freud himself.⁴⁷

What emerges from Freud's letters in this period is that he attributed a "messianic" value to Fliess' research, precisely because of its therapeutic implications.⁴⁸ Freud was specially enthusiastic of the possibility of the localization of peripheral disturbances, and

⁴⁵ Minutes C/1 of Freud to Fliess, from the spring of 1893 (Freud, 1986). It is in this period that the possibility of surgical therapy was also included (see Michael Schröeter's note 13 to the Minutes C/2).

⁴⁶ Freud 1888, p. 56. Among the irritating somatic causes which must be removed, he included the "swelling of the turbinal". It is also relevant that, while discussing the "hystero-genic zones" at the beginning of the same essay (p. 43), he refers in an almost literary sense to a part of Charcot's lesson *On the hysteria of young boys*, but omits significantly the "prepuce" - whose sensibility had been defined by Charcot as "exquisite" (Charcot 1890, p. 88) - and adds among sensitive zones the "mucous membranes" and "sense-organs" (Freud 1888, p. 43).

⁴⁷ See Masson 1984, p. 74. The preface of the book is dated November 1892; in it Fliess reveals that the idea to write a book on reflex nasal neurosis was suggested to him by a "friend", who can certainly be identified in Freud (see also Freud, 1986).

⁴⁸ On the "messianic value", see Freud's letter to Fliess of 10 July 1893 (Freud, 1986). That Freud's enthusiasm for Fliess as "healer" referred also to the question of aetiological therapy, can be deduced from the therapeutical pessimism expressed by Freud in Conclusions of Minutes C/1, in which the nasal localization is contrasted with the urogenital one; and from comments of Minutes C/2 to the paper which Fliess presented under the title "*Die nasale Reflexneurosis*" at the 12th Congress of Internal Medicine, Wiesbaden 12-15 April 1893. Fliess had accepted various of Freud's suggestions, among which the justifications for surgical therapy (see Freud 1986, Minutes C/2, note 13 by

suggested to Fliess to "glorify" the advantage of localization.⁴⁹ The advantage - although Freud did not state it, since it was obvious - was the possibility of an aetiological treatment of the *status nervosus* through cauterizations or surgical operations. We should also recall that nasal surgical operations were associated with the treatment of women's masturbation.⁵⁰ In brief, we can assume that Freud attributed a "messianic value" to Fliess' research precisely because it represented a therapeutic alternative to castration, which was non-mutilating (or less mutilating). He, in fact, considered the operation of the nose as "harmless" and was profoundly shaken by the dramatic outcome of the nasal operation of his patient Emma Eckstein.⁵¹

Emma Eckstein was operated at the beginning of 1895 by Fliess and almost died because of a medical error (Schur, 1972, Masson, 1984). Although the error was not Freud's, he nevertheless felt guilty, perhaps because he had pushed Fliess in this direction, or perhaps for deeper reasons. The problem of guilt would be reflected in the dream of Irma's injection, in which the blame for inappropriate treatment is put on the paediatrician Oscar Rie (Otto). Freud interpreted this dream as the fulfillment of the wish of not being guilty, and his associations are characterized by violent self-accusations concerning his medical unskillfulness. The main point, however, is that Irma transforms herself into a girl, and a series of details and associations indicate that the question of guilt was closely related to Freud's paediatric activity.

The influence on Freud of this dream seems to have been that of gradually closing the period of surgical operations and opening the one of psychoanalysis. This took place in two phases. An immediate consequence was the early seduction theory presented in Freud's lecture *The aetiology of hysteria* in 1896. This theory was important since it permitted Freud to present, for the first time, a psychic model of sexual aetiological diagnosis and treatment, which finally represented a strong therapeutic project alternative

Michael Schröter).

⁴⁹ See Minutes O, of autumn 1894, comment to the preliminary version of Fliess' essay "*Magenschmerz und Dysmenorrhoe in neuem Zusammenhang*", 1895; in particular, Freud's comment on p. 8 on Fliess' paper and note 8 by Michael Schröter (Freud, 1986). It is worth noting that as causal treatment of dysmenorrea the dissection of the cervix was also recommended (Landesmann, 1890, p. 282).

⁵⁰ In the book *Über den ursächlichen Zusammenhang von Nase und Geschlechtsorgan* (On the casual link between the nose and the sexual organ), published in 1902, Fliess wrote that women who masturbated were generally dysmenorrhoeic and that they could definitely be cured by an operation of the nose if they really gave up this bad habit (Masson, 1984, p. 60). Masson has indicated that this passage is marked in Freud's copy of the book. See also Hirschmüller 1986, p. 244-46.

to genital examinations and surgical operations. It is therefore not surprising that the term "psychoanalysis" appeared for the first time precisely in this context (Freud, 1896a p. 151; 1896b, p. 162).

Nevertheless, it was only with his self-analysis that Freud dealt with the symbolic meaning of surgical operations. Reading *The interpretation of dreams* from this perspective is extremely enlightening. As pointed out by Musatti in the Preface to the Italian edition, this work is characterized by "elementary principles of justice, which function according to the law of talion: frequently in a literary sense, given that the normal punishments are death and emasculation, strangely identified."⁵² While Irma's dream opens this study, it should be stressed that it is the dream on self-dissection of the pelvis in Brücke's laboratory of physiology that closes it. This dream took place in the summer of 1899, and in this "self-castration" formulated in the language of "physiology", Freud recognized the symbol of self-analysis. He also manifested his double tendency to reveal and conceal himself, by quoting Mephistopheles' lines from Goethe's *Faust*:

*Das Beste, was du wissen kannst,
Darfst du den Buben doch nicht sagen.*⁵³

The dream of self-dissection is also characterized by the idea of "immortality". After self-castration, Freud wanders with aching legs until he reaches a wooden house-coffin. In the associations, the coffin was identified with an Etruscan grave in which the terror of death is reversed into the fulfillment of a wish. Finally, Freud leaves the house-coffin passing over two children, lying as a bridge over the abyss.

The taboo

Freud's renouncement of surgical operations has very complex aspects. On the one hand, the preoccupation about the "future of children" is a constant topic of *The interpretations of dreams*, and his involvement in Fliess' biology and his own later contributions can be better understood as a longing for a theory on sexuality, which was alternative to the

⁵¹ See letter to Fliess of 11 April 1895 (Freud 1986).

⁵² Freud, 1900, p. XIX of the Italian edition (*Opere*, vol. III, Boringhieri).

⁵³ Freud, 1900, p. 453. Freud would again quote these lines in his 1930 speech for the assignment of the Goethe Prize, applying them to Goethe, but also revealing even more clearly his identification with the poet, defining him as "a great self-revealer, but also ... a

physiological models of genital overstimulation, supporting castration and surgical operations. On the other hand, in his life and work this issue is characterized by both ambivalence and taboo. The former is reflected primarily by the fact that he continued to conceive psychic analysis as homologous to surgical operations, something which implies a precise but questionable set of judgements on sexuality and phantasies on the analytical relationship. On various occasions he used the analogy between analysis and surgery, up to the point of formulating the famous technical recommendation to operate with the coolness of a surgeon.⁵⁴ As to the taboo, it has various manifestations and it is testified by the autobiographical distortions.⁵⁵ Again, both aspects are related to the question of Freud's paediatric training.

If we reconsider Irma's dream within this scenario, the insistence on paediatric practice raises the following question: why did Freud relate self-reproaches to nervous disturbances in children?

The most important crossroad of these self-reproaches is the one which relates Irma's diphtheritic infection to the death, a few years earlier, of one of his patients, Mathilde S., by treatment with Sulfonal;⁵⁶ and this death to the risk of dying of his daughter Mathilde because of diphtheria.⁵⁷ This link was expressed in the tragic sentence "this Mathilde for that Mathilde, an eye for an eye and a tooth for a tooth" (Freud 1900, p. 112).

Hirschmüller raised the question whether Freud had not identified himself at that time with Behring, "the saviour of thousands of children" thanks to the introduction in

careful concealer" (Freud, 1930b p. 212; see also Cremerius, 1971).

⁵⁴ In Freud's texts, the analogy between surgical operations and the analytical treatment appears in: Breuer and Freud, 1893-95, p. 305; Freud, 1910a, p. 52; Freud, 1910b, p. 146.; 1912, p. 115. The analogy would again appear in Freud, 1916-17, p. 459.

⁵⁵ These two aspects of ambivalence and taboo have been further explored in Bonomi 1993.

⁵⁶ Mathilde S., one of Freud's first patients, was hospitalized in doctor Svetlin's clinic because of a psychotic crisis with erotic contents, and was dismissed in May 1890. Freud continued to treat her with Sulfonal until the first signs of intoxication appeared, but she nevertheless died a few weeks later, on 24 September 1890, at the age of 27. Only after her death did the first signals of alarm concerning the dangers of Sulfonal begin to appear (Hirschmüller 1989).

⁵⁷ Mathilde's diphtheria was mentioned in Freud's letter to Fliess of 7 March 1897. In the letter to Fliess of 9 November 1899, Freud wrote that his daughter had had diphtheria twice. Nevertheless, it should also be considered that Freud started writing *Interpretation of Dreams* after having undertaken systematic self-analysis, at the beginning of 1898, and therefore it is very plausible that Mathilde's diphtheria, referred to in the associations to the dream, is precisely the one from the beginning of 1897.

1894 of diphtheritic serotherapy.⁵⁸ In my opinion, this question raises a central issue which, however, becomes sharper if brought within the frame of Freud's paediatric training with Adolf Baginsky. Baginsky was among the first to have adopted Behring's serum and already in 1895 he published a book on the results of serotherapy of diphtheria at the Berlin paediatric hospital *Kaiser Friedrich*. Moreover, diphtheria was his main field of interest; since the setting up of the hospital he had planned a huge "*Infektions-Pavillon*" (infectious building) precisely for isolating and treating children with diphtheria (and scarlet fever); he was researching himself the antitoxin-treatment, and Hans Aronson - who discovered that horses were the best animals for acquiring the diphtheritic serum - had been his co-worker (till 1893). In the very tense debate on the pros and cons of the serum, Baginsky was its main and most prominent supporter, even attacking the authority of Virchow, who was against its introduction. In his study of 1895 he reported that the mortality was reduced from 48,2% to 15,6% after the introduction of Aronson's antitoxin-therapy (Werner 1990). This was the most detailed study on diphtheria, and Nothnagel asked Baginsky to include it within the series *Specielle Pathologie und Therapie* (Baginsky 1898), to which Freud also contributed a study on infantile brain palsy (Freud 1897). Freud received the assignment from Nothnagel before Irma's dream, and it is very probable that he knew that the study on diphtheria was assigned to Baginsky. It is also to be noted that in the spring of 1895, in a letter to Fliess, he quoted the lines "*My heart is in the coffin with Caesar*", in association both to Nothnagel's assignment and to the pains and bleeding of Emma Eckstein. These lines allude to a mourning and link Irma's dream to the dream "*non vixit*".⁵⁹

Freud had no personal reason to identify himself with Behring; and it is more plausible that the special meaning of diphtheria reflected in Irma's dream was connected

⁵⁸ Hirschmüller 1989. Until 1895, a diphtheritic septicemia almost always led to a mortal outcome, and it is only with the introduction of Behring's serotherapy that mortality had been reduced by 50%. Hirschmüller has wondered whether Freud had not wanted to become the "Behring of neurosis". This hypothesis is, however, contradicted by the fact that Freud's daughter Mathilde did not undergo serotherapy, because of the contrary opinion of both Oscar Rie and Kassowitz (see Freud's letter to Fliess of 7 March 1897).

⁵⁹ Letter to Fliess of 26 April 1895. These associations are relevant not only for Irma's dream, but also for the dream "*non vixit*", in which Freud identified himself no longer with Antonio but with the tragic and ambivalent figure of Brutus who, although declaring his love for Julius Caesar, claims the right to having murdered the tyrant (Freud, 1900, p. 424). In my opinion this shift marks the main transformations of the self-accusations which characterize Irma's dream.

with Baginsky.⁶⁰ In fact, in the dream, the diphtheritic infection is related to "sexuality" and "localization", i.e. to those elements of sexual aetiology which are common both to Emma Eckstein's nose operation and surgical mutilations of genitals during his paediatric training. In paediatrics, moreover, quite a strong link existed between hysteria, genital illness and diphtheria.⁶¹

In the period of Irma's dream, Freud had sent his daughter Mathilde to Berlin in order to have her nose operated by Fliess, while corresponding with him on the sexual aetiology of hysteria (Hirschmüller, 1986, 1989). Moreover, Freud had later himself established a close connection between genital and nose operations. In his letter to Fliess of 24 January 1897, referring to the circumcision of one of his hysterical patients in her childhood, he had associated her mutilation on the *labium minus* to the outcome of Emma Eckstein's nose operation. And it was precisely in that same period that Mathilde suffered from diphtheria. If we reconsider, in this perspective, his self-accusations as a physician, which led him to the idea that the death of his daughter Mathilde was a punishment according to the Mosaic Law of talion, it is difficult not to think that what he had in mind were his own errors as children's doctor. If this inference is correct, it would give a more precise meaning to the paediatric scenario of the dream and to Irma's transformation, at the end of the dream, into a hysterical girl.

Should we deduct from what has been said that the case of Mathilde S., his patient who died from intoxication with Sulfonal, hides another case of death, or a serious accident, directly or indirectly connected to Freud's paediatric training in Berlin?

Freud associated Irma's injection to injections of morphine and cocaine. On this occasion he again alluded to a case of death, the one of his friend Ernst Fleishl. However, it should be noted that morphine was also used in the treatment of genital disturbances, and that for Freud cocaine, was closely associated to sexual aetiology and surgical operations. In his 1885 lecture on cocaine – which is mentioned in the associations of the “oto-rhino-gynaecological” dream, come Anxieu (1959-1975) defines the Irma dream –

⁶⁰ A further link is given by the review of a study on diphtheria, which Freud wrote only a year after his paediatric training (Freud 1887).

⁶¹ Baginsky alludes to it in an early book (1874, p. 14), and Maximilian Herz, in his 1885 article on children's hysteria, when referring to Baginsky's pupil Samuel Schäfer, wrote that an occasional cause of hysteria can be "a local or general illness, or a psychic cause, primarily a sudden and violent excitement. Among local illness, the most frequent ones are those of the urogenital parts: phimosis, agglutination of the prepuce with the glans, inflamed and stretched clitoris, etc.; among general illness, as occasional causes, typhus, diphtheria, serious loss of blood and humors, are usually listed". (Herz 1885, p. 1307;

beyond recommending cocaine as treatment of neurasthenia (Bernfeld, 1953), Freud wrote that, since its discovering, cocaine had been used in the treatment of hysteria (Freud, 1885, p. 168)- We are informed about this treatment once again through the 1885 study on hysteria in children of Maximillian Herz, the friend of Freud who, very likely, had introduced him to Baginsky. In fact, discussing the therapy, after having stressed that onanism is often provoked by “irritative states of the vagina” which “have to be eliminated”, Herz reported to have succeeded in healing the irritative causes of onanism in a seven years old girl only when he added a a 10% solution of cocaine to the “astringements” which he put twice a dy, for several weeks, in the entrance of the girl’s vagina (Herz, 1885, p. 140).⁶²

***The Altar of Sacrifice of Pergamon Acropolis:
a link between surgical operations and mythology***

Freud also associated Irma's injection to Fliess' sexual aetiology and to Propylaea, the sacred entrance to the Acropolis, emphasizing that Propylaea are found not only in Athens but also in Munich (where he went to visit Fliess who was ill) (Freud, 1900, p. 294). However, there are many elements suggesting that the German city in question was not Munich but Berlin, where its Royal Museums were, since 1875, engaged in the largest campaign of Greek and Hellenistic excavations of the end of the century (Olympia, Pergamon, Magnesia, Priene), and in which the famous Propylaea of the temple dedicated to Athena in the Acropolis of Pergamon had been rebuilt.

The association between the sexual aetiology and Propylaea, is so strange and

translation by author).

⁶² The gynaecological use of cocaine is especially documented in the 1887 study of William Hammond , in which a case of woman’s irritation/masturbation is also reported, healed with a 20% cocaine solution, recommended also in case of male masturbation (Hammond, 1887 p. 226). As well known, cocaine will later be used by Fliess and Freud in the context of the reflex nasal neurosis, for cauterization of the “genital spots” of the nose. In Freud’s dreams “The Botanical Monograph” and “Count Thun” (Freud, 1900) the introduction in 1884-85 of cocaine in eye operations is presented as closely associated to sexual aetiology, treatment of hysteria and castration. The case history of a hysteric young women reported in Kroemer's study *Beitrag zur Castrationsfrage* (1896, p. 71-74), is also worth of mention. Hospitalized at the Nietlebener Institute in 1880, the genital pains of the woman were treated with injections of morphine. She soon became addicted, and, in 1882, she was bilaterally castrated; in 1883 she was again sick and cured with morphine; in 1884-85, morphine was substituted with cocaine in order to cure her addiction.

incomprehensible, that it has never been inquired.⁶³ But there is an experience in Freud's life which can shed light on it and make it congruent with the paediatric scenario of Irma's dream.

On 10 March 1886, precisely during his paediatric training, Freud visited the sculptures of the Pergamon Altar of Sacrifice, which were exhibited at that time in the Royal Museum of Berlin.⁶⁴ On that day he wrote a letter to his fiancée Martha Bernays, in which he mentioned the animated scenes of struggle between gods and titans carved on the Pergamon's alto-relievo, expressed emotion for hysterical children, hinted at the "secrets of children's diseases", and expressed a certain contempt for Baginsky.⁶⁵ Are there any reasons to attribute a special value to this link between the gigantomachy and Baginsky's polyclinic? Furthermore, could there be a link between this visit of 10 March 1886 and the peculiar passion for archaeology which Freud would progressively develop during the following years, leading him to compulsively collect "objects found in a tomb" (according to his own definition)?⁶⁶

Freud's so-called "archaeological metaphor" has generally been considered as having been inspired by the discovery of Troy,⁶⁷ in spite of the fact that Freud had read Schliemann's book only in 1899⁶⁸ and that the "archaeological metaphor" had come to his mind in 1892 (Breuer and Freud 1893-95, p. 139), and was fully developed already in the 1896 lecture on *The aetiology of hysteria*. Moreover, for Freud, the "archaeological metaphor" did not have only a speculative value, but primarily a symbolic and private meaning. The excavations of Pergamon are likely to have provided it.

⁶³ This is not true. Both Erikson (1954) and Anzieu (1975) have suggested an association with the entrance of the vagina (Note added by the author after the publication of this article).

⁶⁴ More precisely, in the "*Altes Museum*", as reported in the 1885 and 1886 guides to the Royal Museums in Berlin (Königliche Museen zu Berlin, 1885, 1886). For historical information about the excavation campaign of Pergamon, the Royal Museums and the Pergamonmuseum, see Kunze, 1987, 1991, Petras, 1991.

⁶⁵ Letter of 10 March 1886 (Freud 1960). In the letter, Freud did not explicitly refer to hysterical children. However, we can assume that he was thinking about hysteric children because: a) the reference to the "free brain" excludes idiotism; b) Freud went in Berlin to study nervous and psychic disturbances in children; c) after Charcot's teaching, he was very interested in hysteria.

⁶⁶ Freud had expressed himself in this way in order to explain to the "Rat man" the archaeological metaphor, illustrating it with the collection of antiques objects in his room, for which "burial had been their preservation" (Freud, 1909b, p. 176).

⁶⁷ S. Cassirer Bernfeld (1951), in the first historical study dedicated to Freud's interest for archaeology, indicated that the discoveries of Heinrich Schliemann were the first to provoke his enthusiasm, and this interpretation has not been questioned since then.

⁶⁸ See Freud's letter to Fliess of 28 May 1899 (Freud, 1985).

Together with the discovery of Troy, it was the most important archaeological achievement of the end of the 19th century. The Pergamon's Acropolis - of the III and II century BC - is the only one to have competed in magnificence, with the Acropolis of Athens, and its Altar of Sacrifice is the hugest, in dimensions and conceptions, that has been preserved from ancient times. The gigantomachy carved on the marble of the Altar dedicated to Zeus, was an allegoric work since, through the symbols of the triumph of gods over titans, of civilization over barbarity, it commemorated an historical event, the defeat of the Galatians barbarians. Moreover, it is well known that the myth of gigantomachy begins with the coupling of the mother Earth and of the father Sky, of Gea and Uranus, and the emasculation of Uranus by his son Kronos, who was pushed and armed with a sickle by his mother. It was from the bleeding of this emasculation that giants were born.

Freud referred quite often to gigantomachy.⁶⁹ This cosmogonic myth contains various essential elements of Freud's later thinking, such as primal scene, conflict and the oedipal triangle. But above all, the element which could have impressed a special and private meaning to it, is precisely the emasculation of the father by the son. This mythological emasculation could indeed have exposed young Freud to the reversed image of surgical operations undertaken in Baginsky's polyclinic, later becoming a symbol for his own interior struggle and an expression of his split identification with both the triumphant god and the defeated titan. Such a hypothesis could also provide a deeper insight into the reasons which gradually led Freud to conceive myths as rejection, distortion and reversal of a definite "historical truth".

Freud was thirty when he received his training at Baginsky's polyclinic and was in his fifties when he started theorizing about the complex of castration. This took place from 1908 onwards, with the case of Little Hans, and, in those years, he introduced the clinical problem by recalling Greek legends - i.e. gigantomachy (Freud, 1908 p. 216, 1909a p. 8). During the following years, this private function of Greek mythology would be taken over by the so-called "phylogenetic phantasy", i.e. the idea that in prehistory the father castrated his elder sons as a punishment - a punishment which would later,

⁶⁹ In the "metapsychological" chapter of *The Interpretation of Dreams* Freud compared the unconscious wishes to the defeated titans who are still trembling under the rocks (Freud, 1900, p. 553); in the crucial part of *Totem and Taboo*, he recalled the tumultuous scene of Titans together with the punishment by emasculation and the original sin (Freud, 1912-13, p. 153-54); later he compared the struggle between Eros and Death to a gigantomachy (Freud, 1930a, p. 122), and was deeply attracted by the sacrifice of the

The uneasy path from the medical practice of castration/circumcision to the idea of castration anxiety went not only through the struggles between gods and giants, but also through repeated "historical errors" concerning who was emasculating whom, such as the quotation on Zeus emasculating Kronos (instead of Kronos emasculating Uranus),⁷¹ and the substitution of Tarquinius Superbus with Tarquinius Priscus.⁷²

The famous self-analytic study on the disturbance of memory on the Acropolis belongs to the same set of problems. In 1904, during his summer vacation, Freud unexpectedly arrived in Athens where, visiting the Acropolis, he had the strange disturbance to which thirty years later (!) he would have referred to as "the disturbance of memory on the Acropolis". Indeed, in 1936, he will describe the core of this disturbance as the experience concisely summarized in the statement "*what I see here is not real*" (Freud, 1936, p. 244). Freud explained this experience as the repetition of a previous

titan Prometheus, the "hero of civilization" (Freud, 1931).

⁷⁰ This idea appeared in Freud's thoughts at the beginning of 1912 (letter of Freud to Ferenczi of 1 February 1912; Freud and Ferenczi 1992); it was included in *Totem and Taboo* (1912-13), and became the core of the twelfth metapsychological essay, *Synthesis of transference neurosis* of 1915, recently found in a preliminary version by Ilse Gubrich-Simitis (Freud, 1987).

⁷¹ In *The Interpretation of Dreams* (1900) he quoted this myth twice: a first time presenting it as a source of historical information about the primeval ages of human society ("The obscure information which is brought to us by mythology and legend from the primaeval ages of human society gives an unpleasing picture of the father's despotic power and of the ruthlessness with which he made use of it. Kronos devoured his children, just as the wild boar devours the sow's litter; while Zeus emasculated his father and made himself ruler in his place." Freud, 1900, p. 256) and a second time when describing the analysis of a hysterical boy (Freud, 1900, p. 619). But two years later, in chapter 10 of *The psychopathology of everyday life* (1901), he pointed out that in *The interpretation of Dreams* he committed a series of "historical errors", which had escaped his eye even when correcting the proofs, as if he "had been struck blind". He stated that rather than being casual, these errors were due to the unsuccessful concealment of certain thoughts he wanted to suppress. The quotation of Zeus emasculating Kronos was among these errors, since he had erroneously shifted this atrocity from a generation: according to Greek mythology it was, in fact, Kronos who committed it on his father Uranus (Freud, 1901, p. 218).

⁷² This topic was so conflictual that, a few pages before the psychological explanation of the Zeus-Kronos slip, Freud had once again made the same type of error of "generational exchange". Describing the treatment of a twelve-year-old hysterical boy - a scene representing the act of castration - he had written "Tarquinius Priscus" instead of "Tarquinius Superbus" (Freud, 1901, p. 198). Freud became aware of this new error only during a later revision of the text, and then he added a comment pointing out that substituting the name of the father for the name of the son referred to the topic of castration (cf. the note of Strachey, p. 198).

doubt about the reality of the Acropolis: "I did not simply recollect that in my early years I had doubted whether I myself would ever see the Acropolis, but I asserted that at that time I had disbelieved in the reality of the Acropolis itself."⁷³

Commentators agree on the absurdity of this crucial statement, but if we relate it not to the Acropolis in Athens but to the one in Pergamon, partially rebuilt two thousand years later in the Center of Berlin, with its Propylaea, its Altar of Sacrifice and its animated struggles, then this statement loses its apparent absurdity. Indeed, if we consider the question within the context of Freud's paediatric training at Baginsky's polyclinic, his early aversion toward sexual aetiology and later distortions and disavowals, the simple and concise sentence "*what I see here is not real*", once related to the issue of surgical operations, reveals an unexpected coherence. What I am suggesting is that young Freud's emotional involvement with surgical operations seems to have shifted from the miseries and constraints of medical practice, to the terror and beauty of "archaeology" and mythological struggles, thus gaining a larger breadth, leading him to confront universal issues, while also diverting him from the grey reality.

Moses and the "operation"

Why had Freud returned to this disturbance after a period of thirty years had passed since his trip to Greece? During the last few years of his life, Freud became more and more sensitive to problems of rejection and disavowal. In particular, he developed the idea that myths were places where "historical truth" is not only disavowed, distorted and reversed, but also preserved - perhaps the only places where historical truth can be preserved. Furthermore, he defined his own theory of instincts as a "mythology" (Freud, 1933, p. 95), stated that delusions and myths were similar in this regard (Freud, 1939, p. 130 and note; 1937, p. 268), and defined psychoanalytical constructions as equivalent to delusions (Freud, 1937, p. 268). It was precisely in the context of this type of reflections, in *The future of an illusion* (1927), that he mentioned his trip to Greece in the summer of 1904: the memory of himself admiring the Egean Sea from the top of the Acropolis had

⁷³ Ibidem. Freud's further psychological explanation of this displacement of a disbelief will not be discussed, but it should be stressed that the topic of "filial piety" connects it to the "error" of Zeus emasculating his father Kronos (Freud refers to "filial piety" in both explanations. See Freud, 1901, p. 220, and Freud, 1936, p. 244), and it should be added that this myth is also the only Greek myth which Freud refers to in those years, precisely in the context of the problem of disavowing the evidences of the reality of emasculation

introduced, in fact, the consideration on the unreliable character - full of contradictions, changes and falsifications - of Holy Scriptures (Freud, 1927, p. 25). These considerations would lead to the thesis that if, in spite of their absurdity, Holy Scriptures were compulsively believed in, it was because of the historical truth they concealed and preserved within themselves.

The study in which this thesis is developed is *Moses and monotheism* (1939). Freud wrote the short autobiographical essay on the disturbance of memory on the Acropolis in the same period, and the relatedness of the two essays is widely acknowledged. Is it possible to find a closer connection?

The common view is that Freud's emotional and intellectual attitude towards Moses implies some kind of identification which, in the period when he was writing *Totem and taboo*, appeared as a powerful obsession with the "titan" Moses of Michelangelo, the funeral monument of the grave of Julius II in Rome, from which the first essay on Moses originated (Freud, 1913). The rule of drives and the mastery of rage are commonly considered as the symbolic meaning of Freud's identification with the Moses of Michelangelo.⁷⁴ In my opinion, the question is much more complex, and I suggest to include also a "literal" interpretation, which regards Moses as the ruler of circumcision among Jews.

Freud had a very ambivalent attitude towards circumcision, considering it as an attenuated form of emasculation, thus representing both emasculation and a great advance in the history of civilization and in the control of primeval barbarity. We can assume that for Freud, Moses reflected this ambiguity, and that his identification with the ruler of a superior degree of civilization was based on his having substituted the therapy of castration with psychoanalysis (with symbolic castration).

A clue supporting this interpretation is the fact that the Moses of Michelangelo was admired by Freud for the first time precisely during the days of his paediatric training in Berlin, when he visited the gigantomachy of Pergamon. In fact, the funeral monument of the pope Julius II was in those years exhibited in the hall of copies of famous masterpieces in the same museum⁷⁵ and since Adolf Baginsky's approach to paediatrics

(Freud 1940).

⁷⁴ A different view is suggested in Verspohl, 1992.

⁷⁵ That is, the *Altes Museum*, which ground level was at that time subdivided in: A. Rotunda; B. Heroes' hall; C. Etruscan Cabinet; D. Greek hall; E. Pergamon hall; F. Roman hall; G. Sculptures of Christian period; K. Ancient sculptures and copies. The copy of the Moses of Michelangelo is quoted in the guide to the Royal Museums of 1886

was based on a "physiological" and hygienic interpretation of the Mosaic rules (including circumcision; see Baginsky, 1895, p. 474), we can assume that the statue of Moses elicited in Freud highly contrasting feelings already in 1886. We can further speculate that this experience - in which we may again recognize the concurrence of private experience, medical practice, art and mythology - had a certain role in Freud's conflictual attitude towards his Jew identity.

The original masterpiece of the Moses of Michelangelo in Rome could have also contributed to Freud's inhibition to enter Rome during the period of self-analysis. There is, in fact, an intimate connection between the Pergamon gigantomachy and the Moses of Michelangelo. Michelangelo worked on the statue in the years 1512-16 under the strong influence of the Hellenistic Laocoon-group, found in Rome in 1506, at the excavations of which Michelangelo personally assisted. Nearly four hundred years later, in 1878, the excavations of Pergamon began and, according to the legend, when the Athena-Alcinous group was dug out and liberated from the mud, the archaeologists exclaimed: "Now we also have a Laocoon!" (Kunze, 1991). This identification was due to the stylistic similarities between Alcinous and Laocoon, and especially to the same representation of the physical and emotional struggle against the impending death. Moreover, these similarities later led to identify the Laocoon-group in Vatican as a Roman copy of an original masterpiece of Pergamon, which had been carved precisely in the period of the building of the Altar of Sacrifice.

Reexamining the interpretation of the Moses of Michelangelo, Versphol (1991) has recently stressed the plastic and topical parallel between Laocoon and Moses, with respect to the omen and feeling of the impending death ("Todesahnung"). While in the sculpture of the Trojan priest and prophet, the fate of death is represented by the passionate struggle of the entire body against death, Michelangelo has reproduced the same bodily tension only on the left side of the Moses, contrasting it with the calm and still posture of the right side, thus obtaining the representation of a psychological conflict elicited by the thought of impending death. If we further confront, as it was possible for

(Königliche Museen zu Berlin, 1886, p. 205), and in Bode 1891, p. 154. In chapter 2 of *The Moses of Michelangelo* (1913), Freud quotes Ivan Lermolieff's (alias the Italian art critic Giovanni Morelli) use of details in order to recognize the copies from the originals. Giovanni Morelli had a quarrel with Wilhelm Bode, the famous director of the Royal Museums in Berlin, and he felt persecuted by him (Morelli, 1897). It is following these traces that I have discovered that Freud had already seen a "copy" of the Moses in the Berlin Museum in 1886. Moreover, in the same chapter of the essay on Moses, Freud quotes and criticizes a plaster copy of the statue of the Vienna Art Academy collection.

Freud, the Moses with the Pergamon struggles between gods and titans, we can recognize that on the Moses of Michelangelo, the external opposition between the still expression of the fighting gods, unaffected by the tragic events, and the tormented expression of the dying titans, corresponds to the inner dualism between the superior mission of the ruler and the human nature of the man.

Planning the grave of the pope Julius II, Michelangelo was deeply concerned not only with the main figure of the Laocoon-group, but also with the two sons of the priest, who cannot escape from the destiny of the father, and who, although innocent, must die. The emotional power raised by the issue of the sacrifice of an innocent, which is the pillar of Christianity, is reflected in Michelangelo's sculptures of the two *prigioni* (prisoners or slaves) of Louvre, which were conceived, together with the Moses, as part of the grave of Giulius II. Like in Moses, also in the *prigioni*, death is no more represented as a sudden outer threat, but as the counterpart of an endless inner confrontation.

The issue of sacrifice and of its basic expressions and transformations, is further connected to the question of symbols. As stressed by Verspohl (1991), Michelangelo viewed Moses, according to the Renaissance tradition, as a pendant of Saint Paul in the common search for adequate symbols. After the suppression of the false symbols (as the gold calf), the prophet dedicated his energies to the creation of symbols and forms convenient for the foundation of a community in which God was appearing through the Word (the Ten Commandments). Similarly, the apostle - who gave up the sacred symbol of the circumcision in the flesh - represented in theology the power of the Word, because of his preaching salvation thanks to the sacrifice of an innocent.

The longing for adequate symbols and forms was common to Italian Renaissance, which introduced an understanding of the sacred history mediated by the culture and art of classic Greece. Freud's late confrontation with Moses and Christianity, i.e. with the original sin, also pass through the Hellenic mythology - especially the Hellenistic Mysteries and the cults of priestly castration in Mid Asia ⁷⁶ - and is focused on the

⁷⁶ For example, at the Vienna Society meeting of 7 February 1912 (within the cycle of onanism), Freud would state: "The sense of guilt has a special relationship to infantile sexuality, since it does not make its appearance with other trespasses for which children are just as severely threatened and punished (all sorts of mischievous tricks), but only with regard to sexual matters. The concept of adequate sexual satisfaction was introduced in the first article on the anxiety neurosis. Christianity did not derive solely from a reaction to Judaism; additional sources can be found in pagan religions which have preserved themselves in the Mysteries. The tendencies of Christianity derive from Mysteries; Judaism is merely a screen phantasy." (Nunberg and Federn, 1975, p. 42;

question of the sacrifice and its symbols, rather than on the opposition between Judaism and Christianity.

As referred by Jones (1953-57), when Freud finally overcame his phobia entering Rome in 1901, he sent to Martha a postcard (6.9.1901) after having visited the original Moses of Michelangelo, in which he wrote "*Plötzlich durch Mich. Verstanden.*" (suddenly understood through Michelangelo). Two weeks later he wrote to Fliess that he would have bowed in front of the mutilated temple of Minerva (19.9.1901 in Freud 1986). Minerva, the "Roman Athena", was the link between the Greek Athena and the Catholic Maria; Laocoon had been sacrificed to Athena; when Carl Human began the excavations of Pergamon, he had initially attributed the marble groups to the temple of Minerva;⁷⁷ finally, when Freud entered in the *Altes Museum*, on 10 March 1886, the Athena-group was exhibited in the *Rotunde*, together with the Zeus-group, right in front of the Propylaea, the Hellenistic entrance of the Museum.

In brief, in the short period of Freud's stay in Berlin, we can identify a dense network of very important issues, which are able to shed light on many of the most enigmatic thoughts and phenomena of his later life. Yet, for this cross-cultural experience to have a deep and long term influence, it had to echo some of his private experiences.

I will stress only one detail, which can link the disturbance of memory on the Acropolis, the essay on Moses and Freud's paediatric training. Freud's analysis of the revisions of the Biblical text - which, according to Freud, has been falsified, mutilated and changed into reverse in the sense of secret aims (Freud, 1939, p. 43) - focuses on the question of circumcision; more precisely, the history of the "operation" of Moses, readily undertaken by Moses' Midianite wife in order to save his life.⁷⁸ Freud had no hesitations in recognizing that the disavowal of the supposed assassination of the Egyptian Moses was the reason underlying the need to contradict historical truth about "operation" (ibid. p. 30; also see p. 44). Why? What private evidence did Freud have to support such an

translation modified by author). In *Totem and taboo*, the original sin is discussed together with the Hellenistic cults and myths, the death by emasculation, the sacrifice of Jesus Christ, the Mysteries, the animated scenes of Titans, and the assassination of a young god (Freud, 1912-13, pp. 151-53).

⁷⁷ It was in fact the archaeologist Alexander Conze who had identified the groups as the famous gigantomachy on the basis of Lucio Ampelio's *Liber memorialis* (8, 14) (Kunze 1991).

⁷⁸ When I wrote this paper I did not yet know that Freud had a definite reason for identifying with Moses in the famous Zipporah episode: he did not have circumcised any of his male children. I developed this absolutely central theme in later books (note added after the publication of this article).

inference? Was the need to contradict historical truth about the "operation" not shared by the official history of the origins of psychoanalysis? Could this not be the meaning of the disavowal of the reality of the Acropolis? Does it make sense to apply to Freud himself what he had written about the Biblical text? For example:

"In its implications the distortion of a text resembles a murder: the difficulty is not in perpetrating the deed, but in getting rid of its traces. We might lend the word '*Entstellung* [distortion]' the double meaning to which it has a claim but of which to-day it makes no use. It should mean not only 'to change appearance of something' but also 'to put something in another place, to displace.' Accordingly, in many instances of textual distortion, we may nevertheless count upon finding what had been suppressed and disavowed hidden away somewhere else, though changed and torn from its context." (Freud, 1939, p. 43)

Non vixit

The trip to Greece in 1904 and the disturbance of the memory on the Acropolis are closely connected to Freud's distressing expectation of death on a pre-fixed date.⁷⁹ Such an expectation started in the spring of 1894, corresponding to the period of the epistolary exchange between Breuer and Robert Binswanger concerning the castration of Freud's patient Nina R. During that period Freud's nervous disturbances worsened, and he suffered a depression characterized by visions of death.⁸⁰ It was at that time that the expectation of dying at the age of 51 appeared,⁸¹ which would later be shifted to the age of 61 and 62 and, according to Schur, was never definitely overcome. Stressing the exacerbation of Freud's emotional state in relation to the critical age of 62, Jones pointed out that the topic of death, the dread of it and the wish for it, represented a continuous preoccupation of Freud's mind, and he added: "We can even trace the beginnings of it to the sinful destruction of his little brother in his early infancy." (Jones, 1953-57, III, p. 44).

The "little brother" was his brother Julius who died when he was 8 months old, while Sigmund Freud was 19 months old. Freud had mentioned his brother's death as the root of his feeling of guilt in the letter to Fliess of 3/4 October 1897 which, according to

⁷⁹ Freud connected the two phenomena in the letter to Jung of 19 April 1909 (Freud and Jung, 1970). In addition, a reference to this trip was included, in 1919, in the essay *The 'uncanny'* (Freud, 1919, p. 237-38) which focuses on the link between emasculation and death and is full of images of mutilations and beliefs on the returning of the dead.

⁸⁰ See Freud's letter to Fliess of 19 April 1894.

⁸¹ See Freud's letter to Fliess of 22 June 1894.

many scholars, represents the tragic core of self-analysis.⁸² Grinstein has stressed that among Freud's reactions to Julius' death were an intense feeling of anger towards his mother; sexual assault towards women; aggression towards his father; and dread of torture, punishment, castration and death (Grinstein, 1980, p. 280). Suzanne Bernfeld, in a famous essay on *Freud and Archeology*, compared Julius to Jesus Christ, and the associated screen memory of the "Kasten"⁸³ to a coffin, representing the Madonna with the Child, which stands on the altar of the Catholic Church (Cassirer Bernstein, 1951, p. 194).

According to Jones, Freud had referred to Julius' death also in order to explain his second fainting in front of Jung,⁸⁴ and Jones himself suggested that it could also explain the disturbance of memory on the Acropolis (Jones, 1953, II, p. 187). In his biography of Freud, Schur has systematically referred to the guilt originated from Julius' death, pointing to it as "the survivor's feeling of guilt", and recognizing in the dream "*Non vixit*" one of the main manifestations of Freud's pathological mourning.⁸⁵

⁸² I will only mention two of the numerous comments. With respect to the emotional effects on the audience: "There can be no doubt of the tremendous effect of the death wish toward that first Julius which actually had coincided with his having been 'got rid of'" (Shengold, 1979, p. 75). With respect to the traumatic implications for Freud: "Freud was thus not only stating an historical fact that his brother Julius *did not live* (i.e., survive as Freud had), but he also indicated a further repudiation of the entire constellation of events by implying the wish that Julius 'did not live - ever,' thus denying the very birth of his brother." (Grinstein, 1980, p. 297; the author here is referring to the dream "*non vixit*").

⁸³ See Freud's letter to Fliess of 15 October 1897 (in Freud, 1986).

⁸⁴ In a recent paper (Bonomi, 1993), I have argued that Freud's two episodes of fainting in front of Jung (in Bremen in 1909, and in Munich in 1912) can be related to the taboo of his paediatric training in March 1886. One of the links could be the fact that the thesis of the Egyptian origin of Jewish circumcision - which was diffusively claimed during the XIX century and which also had a crucial role in Freud's *Moses and Monotheism* - was historically proven by professor Ebers, who had brought to Germany the penis of the mummy of the warrior Amen-em-heb, who lived under Thutmes III and Amenophy II (from 1614 to 1555 BC), and professor Welker of Halle, who was able to prove, in 1878, the signs of circumcision on this mummified penis (Ploss, 1885, p. 320). Both of Freud's fainting were connected to "mummies", since the first was prompted by Jung's insistence on "moor corpses" (corpses that had been preserved thanks to a process of natural mummification); and the second, by a tense discussion on the systematic erasing of the forbidden name of the god "Amòn" by Amenophy IV, when introducing monotheism (Jones, 1953-57, II, p. 165-66; Jung, 1961, p. 198 onwards).

⁸⁵ Schur explained with it not only Freud's fainting in front of Jung, the superstition of dying at a pre-fixed date, his essays *The 'uncanny'*, *Beyond the pleasure principle* and *A disturbance of memory on the Acropolis*, but also the ambivalence with Fliess, the dream on Irma's injection and the dream "*non vixit*" (Schur, 1972; see primarily pp. 296-299).

A common view among scholars is that Freud's attitude toward death,⁸⁶ his passion for archaeology and his Roman "paralysis", his identification with Moses, and many of his symptoms, dreams and thoughts, all have a unique root closely related to the issue of Julius' death. Furthermore, through its reverberations in Freud's followers, Julius' death can be viewed as a deep source of a continuous generation of symbols.

The extraordinary power of Julius' death in generating symbols has to be imputed to its being a "screen memory". This character has not escaped Schur, who has also traced Freud's feelings about Julius back to the jealousy provoked by the birth of his sister Anna.⁸⁷ The point, however, is that whereas a tragic event such as a death undoubtedly contains a power of persuasion respect to Freud's pathological mourning,⁸⁸ jealousy due to the birth of a sister appears to be out of proportions to this end, lacking persuasive power. In this regard Julius' death seems to function as a myth in Freud's meaning, i.e. as something which in spite of its absurdity contains a dramatic force of persuasion, given the historical truth which it conceals and preserves at the same time.

A memorial to the defeated hero

It is commonly assumed that in the dream "*non vixit*" Julius is represented by Julius Caesar, while Freud identifies himself with Brutus, the murderer. This dream was

⁸⁶ Freud's attitude toward death is well reflected in the essay *Our Attitude toward Death* (in Freud 1915). The first draft is dated 7.2.1915, and was later delivered as *Wir und der Tod*, at the Jew society B'nai B'rith of Vienna. In the 8.4.1915 letter to Ferenczi, Freud defined the lecture as "a cheeky lecture, imbued with black humour". Freud closed the lecture with the following words (which had been eliminated in the published text): "At this point I have finished, and I can return from the topic of death to the other details of our life. I know what now awaits me. One of the attending brothers will be in charge of thanking me for the lecture - I dedicate to the poor fellow my brotherly sympathy, given that I did not render the task easy. He will have to dwell on the cultural rules of praise, and he has the right to say, from the heart of hearts: that the devil takes you, you have ruined my appetite." (cit. in Gubrich-Simitis 1993, p. 175; translation by author).

⁸⁷ *Ibid.* p. 298. Freud was only a year and a half at the time of Julius' death, and Schur correctly recalls that Freud would exclude, referring to Goethe's biography, the possibility of structured feelings at such an early age. The mourning of a mother can certainly disturb the early mother-child interaction, and can also lead to a severe disorganization of the child. However, what is highly questionable in the explanation "Julius", is its narrative, i.e. a) the reasons which in Freud activated the self and object representations of "Julius" during self-analysis; b) the later use of "Julius" by Freud in justifying his fainting in front of Jung; and c) Jones' and subsequent narratives in psychoanalytic literature.

⁸⁸ On Freud's wishes of death and his pathological mourning, see Schur, 1972, p. 298, p.

inspired by the inauguration of the monument in memory of Ernst Fleischl, who was a "martyr of physiology" - since he had been infected in Brücke's Laboratory of physiology - who had to suffer an infinite series of surgical mutilating operations. "I admire and love him with an intellectual passion", Freud had written before his death: "His destruction will move me as the destruction of a sacred and famous temple would have affected an ancient Greek".⁸⁹

A similar emotion is to be found at the beginning of Freud's self-analysis, since the "Mathilde-Hella" dream of May 1897 represents the main entrance to it (McGrath, 1986, p. 200). In fact, on 16 May Freud wrote to Fliess that "Mathilde may have been called Hella because she has weeping so bitterly recently over the Greek defeats. She has a passion for the mythology of ancient Hellas and naturally regards all Hellenes as heroes."⁹⁰ Since Freud's identification with defeated heroes plays a crucial role in *The interpretation of Dreams*, it is rather important to point out that Freud's sensitivity for Mathilde's weeping is again closely related both to gigantomachy.

Before mentioning Mathilde's passion for mythology, Freud quoted Senophontes' historical report on the return of Greek soldiers from Persia, i.e. the war which in classical Greece had been celebrated utilizing the gigantomachy as an allegory of the triumph of civilization over barbarity. Two hundred years later, the king of Pergamon Eumenes II made use of the same allegory when he committed the Altar of Sacrifice, in order to celebrate the victory over the Galatian barbarians and to stress that Pergamon was to be the new Athens.

The same allegory was used two thousands years later to celebrate Berlin as the new Athens. In 1886, when Freud had his paediatric training, the 100th anniversary jubilee of the Academy of Art was being prepared in Berlin, and the theme chosen was the triumph of German imperial archaeological policy. A grandiose exhibition was prepared, including a copy of the Luxor obelisk which Napoleon moved to Paris, to the Place de la Concorde (the German copy included the armorial of Wilhelm I, the Prussian eagle, and imperial inscriptions), the reconstruction of the East-front of the Zeus temple of Olympia and of a part of the Pergamon Altar of Sacrifice (the relief was copied and completed in the missing parts, according to the drawings of Alexander Tondeur), and a

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⁸⁹ Letter to Martha, quoted in Jones, 1953, I, p. 99, undated.

⁹⁰ Freud 1986. The Greeks had suffered a serious defeat by the Turks, near the "historically famous, blood-drenched battlefield" of Pharsalos, as the *Neue Freie Presse* pointed out (McGrath, 1986, p. 201). The battle began the 18 April.

40 meters long "Diorama-building" in Egyptian style, which showed the imperial achievements in Africa and the visual reconstruction of the Acropolis of Pergamon. The climax of the exhibition was the "Pergamon feast", in which 1500 artists, dressed in Greek and barbarians costumes, represented the triumph of the Kings of Pergamon over the defeated Galatians (Kunze, 1987, 1991) - or, as had been written in the 1886 Guide to the "*Pergamon- und Olympia-Panorama*", the "*Vernichtungskampf der Götter gegen die Giganten*" (the destroying battle of gods against titans). Freud was already in Vienna when the exhibition was inaugurated, but he certainly knew of the Jubilee and had seen the main monuments of the exhibition. We can also imagine that he was struck by this allegory, since in *The Interpretation of Dreams* he overturned it by equating repressed unconscious wishes to the Titans who, however defeated and driven back underground, that is, repressed, are never completely annihilated.

In the spring of 1897, Freud's sensitivity to Mathilde's crying was also intertwined with surgical interventions. In the letter of 16 May, Freud refers to a surgical operation which his son Martin had previously undergone, expressed in a distorted form in a brief "poem" concerning the throat pains of a little fawn. According to Freud, precisely from the poem it was possible to understand that Martin had undergone an operation. This was the kind of inference, which he was working on at that time: in which way painful experiences were rejected, distorted and combined again in phantasies? A few days later, he stated that the mechanism of creative writing was the same as that of hysterical phantasies.

It is also likely that when Freud mentioned Martin's "*dichterisch*" (i.e. "creative") distortion of his previous surgical operation, he had in mind the circumcision of his female hysterical patient, which was associated to Emma Eckstein's nose operation. And since Freud had "*dichterisch*" (creatively) distorted this operation in diphtheritic pains in the dream of Irma's injection, he could have well reflected himself in the poetical attitude of his son, thus acquiring a deeper insight into the mechanism of dreams.

By exacerbating his split identification with the triumphant god and the defeated hero, this insight provoked in Freud a "paralysis" and a block in writing, forcing him to begin to face his personal involvement with surgical operations and the question of "castration" which in *The Interpretations of Dreams* is so crudely dominant in all kinds of direct, indirect, and "creatively" distorted forms.

This, however, became possible only after the "archaeological" travel in Italy of September 1897, a journey undertaken at the most intense and dramatic moment of his

self-analysis, the one that will result in the discovery of the universal value of the Oedipus legend.

This trip also marked the beginning of a lifelong passion for archaeology. On the most important stop, in Orvieto, Freud visited the Etruscan necropolis and entered a tomb that will be evoked in the dream that closes his "self-analytic journey," his dream of the self-dissection the pelvis, which brings to the scene a dramatic castration performed on his own body.

In Orvieto Freud was also impressed by Luca Signorelli's *Last Judgement* in Orvieto. In those years this "Luciferian" Renaissance artist (he was the first to give the devil a human form, painting him as "beautiful," as Vasari records) was more famous in German culture than in Italy. One of Luca Signorelli's most famous paintings, Pan as the God of Natural Life (or "The Triumph of Pan"), had been purchased by Bode, the director of the Berlin Museums, and exhibited in the halls of the Royal Museums, shortly before Freud visited Berlin for his pediatric training in 1886. Together with the remains of Pergamon, this was the big attraction, and it is hard to imagine that Freud was not impressed. This large canvas, which will be destroyed in the bombing of Berlin at the end of World War II, was celebrated as paradigmatic of the Renaissance vision of Greek mythology. Iconographically, Pan is the forerunner of the devil, and like the medieval devil, he is represented as monstrous and bestial. Nevertheless, Signorelli had painted him as beautiful and holy. One could not think of a more jarring contrast between this exaltation of the sanctity of natural life and the struggle against masturbation that was raging in those years, and which had reached its paroxysm with the medical practice of "annihilating" the genitals of even infants.

In September 1897, the memory of the Triumph of Pan was perhaps the backdrop for the scenes from Signorelli's Last Judgment that so deeply affected Freud. Be that as it may, the following year, while talking to a Berlin counselor during a new trip, Freud failed to recall the name of the famous painter, and this gave rise to an essay on the psychic mechanism of forgetfulness from which he would later develop his theory of slips and missed actions. This forgetfulness, Freud explained, had certain psychic motives, which could be summarized in the theme "Death and sexuality" (Freud, 1898). Since it was precisely then that the equivalence between death and castration that runs through his work took shape, I believe that we can consider this title an equivalent of "Castration and sexuality". Boltraffio, the name of another artist, has a role in Freud's formal analysis. This artist is unknown outside specialists' circles and his paintings are

very rare. It is therefore remarkable that a "rare" painting of Boltraffio (as written even by Bode in the Museum guide) was exhibited with four of Signorelli's paintings in the same room of the Royal Museum in Berlin.⁹¹

Signorelli was also the author of the fresco "The testament of Moses" in the Sistine, in San Pietro, which ended the cycle of the history of Moses. Freud's interest in the mechanism of forgetting *nomina propria* was originally elicited by the forgetting the name of the poet Julius Mosen,⁹² the author of a poem on the sacrifice of an hero and, as stressed by several scholars, this slip seems to be related both to Julius and to Moses (McGrath 1986, p. 291-94, Vermorel and Vermorel 1993, p. 487).

Although the reason for the paralysis Freud felt toward "Rome" is unclear, it would seem that the figure of Moses plays an important part in it. Does it make sense to think that the horrific experience of his pediatric training and the horror aroused by surgical operations on children's genitals helped shape the private meaning that Moses had for Freud?

Be that as it may, in the most intense period of his self-analysis, Freud's position shifts from that of child doctor to that of abused child. The night after writing to Fliess about the memory of Julius as the germ of guilt in him, Freud dreamed that his sexual initiator, the Catholic nanny of his childhood, washed him in blood-red water, a scene he associated with "bad treatment" and the "cross" (in later years Freud would constantly refer to Jesus Christ as to the "circumcised and crucified").

With this reversal we reach the conclusion of our investigation of the relevance of Freud's pediatric training. It is usually believed that this reversal was made possible by closing one's eyes to external reality in order to open them to internal reality, but the taboo weighing on his pediatric training, the erasure of the reality of castration, and the way in which the symbol of castration united the ranks of his followers, and created (like Moses) a community, prompts questions about the status of "symbols" in Freud's work. Indeed, reading Freud from the premises outlined in this work, one becomes increasingly convinced that his writing style seems to be strongly allegorical and thus perpetuating in various disguised forms the memory of a single, unknown event from the past, which became the secret pattern of his understanding of original sin.

Concluding remarks

⁹¹ In the "Gemälde-Galerie". See the 1886 guide of the Royal Museums.

⁹² See Freud's letter to Fliess of 26 August 1898 (Freud, 1986).

In 1926, Freud had steadily defended lay analysis, and in the postscript, in which he related his early failure as "physician" to his weak sadistic inborn disposition, he stated that he continued to be suspicious towards physicians (Freud 1926, p. 253). He was right. The medical practice of castration, rather than having waned, was precisely then about to reach its apex. With the decline of the classical genital seat of hysteria, its medical justification was replaced by the stronger ideals of negative eugenics. The term "eugenic" was introduced by Francis Galton. According to Galton, eugenics would breed out the vestigial barbarism of the human race, and manipulate evolution to bring the biological reality of man into consonance with its advanced moral ideals; man should have mastered the natural process, because "what Nature does blindly, slowly and ruthlessly, man may do providently, quickly, and kindly" (Kevles, 1895, p. 12). From the end of the century, castration became subordinated to the ideal of a new race without vices and imperfections, and began to be replaced by "sterilization". Laws on sterilization began to be introduced from 1907 onwards, and in thirty years (1909-1939) more than 30.000 persons in the USA were officially sterilized. In Europe, after 1903, several congresses on both castration and sterilization took place. In Germany, where doctor Ploetz, the father of German eugenetics, had advanced his ideas already in 1895 in his book *The virtue of the race and protection of the weak*, requests to legalize sterilization became increasingly present only after the First World War. The law (GzVeN)⁹³ was adopted immediately after the coming to power of the national-socialist party in 1933. From 1934 to 1945, more than 350.000 persons were legally sterilized: 60% were mentally handicapped persons, of which half were children. In 1935 the law on sterilization was included in the program of "annihilation of lives without value of life" which would be applied in 1939-45, leading to the annihilation of 80.000 to 100.000 persons (Bock 1986, Finzen 1984, Klee 1983, Richardz 1987, Rudnik 1985). The days of the Holocaust were tragically confirming the "strange" equivalence between emasculation and death.

Attenuated forms of castration - as Freud had defined circumcision⁹⁴ - continued to be practiced as a cure for infantile onanism in western countries, primarily in the US.

⁹³ Gesetz zur Verhütung erbkranken Nachwuchses.

⁹⁴ This thesis has been widely shared in psychoanalytic literature, at a clinical, anthropological and ritualistic level. Nevertheless, as Lansky and Kilborne (1991) have recently stated, "The practice of circumcision must recapture our amazement. The common consciousness is deflected from the stark reality of the attack on the penis." (p. 249).

In 1952, René Spitz wrote a short study - supported by a bibliography with over 400 references and illustrated by horrible examples of surgical operations on girls - in order to draw the attention of psychoanalytical circles which, according to the author, seemed to "ignore" the crude reality of the medical treatment of onanism (Spitz, 1952). This "ignoring" also raises a problem. In fact, in 1932, Freud for the first time openly spoke about surgical operation as a medical treatment of infantile masturbation, remarking that it was not at all rare in American society, and that some of his American patients had undergone it during childhood (Freud, 1933, p. 86-87). To Freud it was a confirmation of his "castration" theory. But the problem is that Freud's American patients were mainly future analysts: so, how could they have "ignored"?

This "ignoring" was the main problem with which Freud was both personally and theoretically involved. With the help of archaeology and Greek mythology, what was gradually erected is something that could be considered a stately monument in memory of the horrors of castration. In 1936, he wanted to engrave on the frontispiece of this monument the sentence "what I see is not real". Yet this memorial did not include feminine castration, in spite of its having certainly had a major role in the medical experiences of the young Freud. This gap and taboo finally appears to be closely connected to the unaccomplished mourning which crossed both his life and his work - although, in a broader perspective, it is also possible to see this taboo as an essential root of the unconscious dissemination of psychoanalysis in the XX Century.

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