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CARL KOLLER AND COCAINE

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> It was like a red-hot needle in yer eye whilst he was doing it. But he wasn't long about it. Oh no. If he had been long I couldn't ha' beared it. He wasn't a minute more than three quarters of an hour at the outside *(11)*.

Thus, an old man described his cataract operation to Thomas Hardy and his wife on their visit to Dorsetshire in 1882.

It takes little imagination to picture the situation before the advent of local anesthesia, particularly in ophthalmology. Operations upon the eye were especially difficult, and for them general anesthesia was unsatisfactory. It was not administered as skilfully as it is today; retching and vomiting often followed which might seriously damage the eye, and the patient's conscious coöperation was frequently necessary. A long, delicate operation upon the sensitive eye demanded the greatest fortitude on his part, but the doctor too was under heavy strain, for he had to work with utmost speed on a tiny surface, with sight itself frequently at stake, torn perhaps by irritation or pity according to the patient's behavior which he had to control at the same time.

Local anesthesia in surgery is now so commonplace that it is hard to realize the suffering we have been spared since September 15, 1884, when a young Viennese doctor read a brief paper, barely two sides of a sheet, at a medical meeting in Heidelberg, and thus inaugurated the era of local anesthesia. The young man was Dr. Carl Koller, my father, whose long life ended on this side of the Atlantic in 1944. Later, after my mother's death, I found myself confronted with his papers which she had saved, the accumulation of some seventy-five years.

A number of busy people have been most helpful in connection with the preparation of this paper and I offer them my thanks for their time and interest. I am also indebted to Dr. Ernst L. Freud for his help in translating his father's letters and permission to print them.

As I plowed my way through papers and pamphlets, letters, photographs, and medals, I began to regret that I had not questioned him more about the background of his discovery and his colleagues. I wondered what his life had been like in that other world, during that great period of scientific flowering which was to grow so rapidly in every direction and to make inevitable the present immensely complex system of specialization. It was a period when it was possible for one man to possess almost fully the medical knowledge of his time.

The bare facts I knew, to be sure, for they came to my attention late in my father's life when he was repeatedly honored. An exceedingly modest man, he despised general publicity as unworthy and unscientific, as indeed did most of his colleagues. It was assumed that their work belonged only in the annals of medicine, forming a small part of that mighty foundation which safeguards our health, lessens pain and fear, and, above all, is part of the sum of pure knowledge. They had an almost holy respect for this search after knowledge, for which not even the most brilliant intuition sufficed, if it was not followed by most painstaking and accurate research. Many of these men were eccentric, arrogant, and self-willed, and might ride roughshod over our modern concepts of 'adjustment', 'integration', and 'social attitude', but in their work they were disciplined to lay down their pride and to see the destruction of their most cherished, long-held theories in the light of their own careful, objective research.

When I was young, being less high-minded than he and rather fond of glory, I well remember my disappointment when, with his usual contempt for publicity, my father refused to be 'profiled' in The New Yorker or have the history of his discovery broadcast on the air. Then why, when he can no longer forbid it, should I break that wished-for silence? That is a long story and the one I hope to tell here.

As I made my way through drawers and closets, reducing long-loved possessions to a list, I thought the questions which had begun to fill my mind had come too late, but by a strange

chance they were still to be answered, and one by one the pieces of the puzzle dropped into place. It came about in this way.

I pulled the lid off a large, dog-eared carton and saw it was heaped to the top with neatly tied, brown paper parcels, variously labeled in my father's small, well-formed handwriting, 'Vienna 1880-1884', 'January 6th, 1885', 'Göttingen 1885', 'Utrecht 1885-1887', etc. I ran for the scissors and cut the strings that had been tied over seventy-five years before by his skilful surgeon's fingers. There, fresh as the day they were written, on linen paper still strong and white, in cramped, highly individualistic script, appeared many famous names. There were the physiologists, Du Bois-Reymond and Brücke, also Billroth (a devoted friend of Brahms), all three pillars of the Helmholtz school which had such profound effect on the scientific work of that day. There were Kölliker, the noted embryologist, Sigmund Freud as well as his friend and associate, Josef Breuer, and the diminutive Professor Samuel Ritter von Basch, to whom the ill-fated Emperor Maximilian handed his ring minutes before his execution in a wild, foreign land. As young medical students, Gaertner, Freud, Wagner von Jauregg, and my father often watched that ring on the doctor's hand, while he fired their imagination with stories of his Mexican adventures. There were Oskar Hertwig and that kindest of men, the Nobel prize winner, Willem Einthoven, father of the cardiogram. Here were Professors Snellen and Donders, giants in the fields of optics and physiology, along with many others. Here, too, amid medical papers, slipped into the manuscript of my father's first communication at Heidelberg, was a tissue-thin envelope that had held those very grains of cocaine with which he had first experimented and demonstrated its usefulness in surgery.

As I leafed through those hundreds of papers and letters, the student days in old Vienna came alive again, with their *Kneipen* and *Singvereine,* student manifestoes, and expeditions into the lovely countryside. Pages and pages were filled with plans, hopes, disappointments, poetry, and even girls.

How articulate they all were, how much they had to say which, I suppose, would today have found its way over the telephone and vanished forever. My father was fond of the gloomy, romantic poetry of Lenau—*Zu viele Raben* (Too many ravens), complained Freud—and of inquiries into the riddle of life. *'Du sprichst immer so schwere Sachen'* ('With you everything has to be so deep'), Freud teased him. Of the fanciful humor that made Alice in Wonderland his favorite book and of his mordant sarcasm the letters, of course, tell nothing. After all, there were none of his among them.

My father was born in 1857 in Schüttenhofen which was then in Austria and is now in Czechoslovakia, and he died in New York in 1944. His lifetime encompassed most of the great discoveries of modern medicine: asepsis, anesthesia, vaccines, antibiotics, and, of course, local anesthesia. He used to say that he was born in the Middle Ages, for in Schüttenhofen water was then still drawn from the village well, and the enormous speed-up of communication and technology had not begun. And he lived well into the Atomic Age. I remember when Sir Ernest Rutherford first smashed the atom in 1919—or to put it more scientifically accomplished the first artificial transmutation—how awed I was as he tried to explain to me the significance of this inevitable step in the growth of human knowledge. Before he died the first atom bomb was being constructed at Los Alamos.

My grandfather, Leopold Koller, a business man in Teplitz, moved to Vienna with his family when his young wife died and his only son Carl was a small child. A man who revered knowledge, he was deeply interested in the education of his children, was very just and high-minded, but austere and distant. Having grown up in a period of revolution and social change, he was one of those Jews who made the difficult break from ritual and dietary laws, although he never ceased to regard himself entirely as a Jew. My father therefore had no formal religious education and was haunted as he grew older by the hopelessness of that loss which was expressed in poetry and prose by men like Matthew Arnold and John Stuart

Mill. The conflict of science and religion resolved itself for many into a terrible scepticism, and the verses I now found, by a contemporary poet, Carl Thomas, which my father had clipped from a Teplitz newspaper when he was nineteen, reflected this thinking. 'What of fame?' asked the poet, 'What of glory? What even of knowledge itself? The end and the answer must be nothingness.'

From private tutoring, instruction at some point by the Jesuit fathers, whom he ever after deeply admired, and after the *Akademisches Gymnasium,* he started with some uncertainty upon his career in 1875. For a year he studied jurisprudence and then in 1876 finally turned to the study of medicine at the University of Vienna.

The University and its adjunct, the *Allgemeine Krankenhaus,* or General Hospital, where my father later interned, were manned by such noted teachers as Professor Arlt, Brücke, Ludwig, Meinert, Billroth, Mauthner, and many others. Its teaching was profoundly influenced by the great deterministic Helmholtz school of thought (since Brücke as well as Billroth were two of its pillars), which had far-reaching effects on scientific thinking then as well as for a long time to come.

Continuing my search through the carton, I picked up a card covered with the tiny, disciplined writing of another founder of that school, Du Bois-Reymond, in whose laboratory my father worked for a while. And this recalled a letter he wrote in 1936, some fifty years later, in which he tried to explain determinism to me.

> He [Du Bois-Reymond] was quite a celebrity of that age. He made famous studies of the electric eels and rays of South America and had been the Rector of Berlin University, and his oration on that occasion, *Ignorabimus,* drawing the limits of human knowledge quite in the line of Kant, was a classic. I believe it is today. He rode the horse of causality, stating among other things that, if it were possible to know the set-up of things and forces, one would be able to foretell the future with mathematical precision. Of late the atomic physicists and especially

> the 'quantum boys' have been assailing causality, claiming that an atom could change its mind and go a way other than which it is headed. Whereas the strict causality law does away with free will, the 'quantum boys' have re-established free will, which is in harmony with our own feelings, but not necessarily correct by any means *(37)*.

And again in 1941 at the age of eighty-four, in an even lighter vein:

> You don't need to think that the difference of opinion which came to a head when discussing the causes which make a dog elevate one hind leg when making use of a hydrant or lamp post is something new, and invented by you and me. It represented two great schools of philosophy, that of the Empirics (which is dead and buried) and of the Nativists, which is very much alive, and which latter has as an extravagant outgrowth the race theories of the Nazis. These two schools of philosophy had it out on the grounds of physiological optics. The great Helmholtz led the Empirics and the much less known Hering, the Nativists. There are no Empirics left any more (except you).
>
> Organisms work the way they are constructed without any benefit of experience. Dr. X, although I hate to quote him in this connection, said, 'A hospital works the way it is constructed'. With which he meant it would work smoothly if kitchens, pantry, and laundry are in the right place *(37)*.

So much for the philosophy underlying the scientific work at the University, reduced, of course, to primerlike terms. That University and the associated General Hospital, despite brilliant teachers, in many ways afforded a frustrating experience for lofty-minded young men with any thought of an academic future. Competition was keen, the requirements difficult, and examiners at times merciless and sarcastic, but these might be considered just and proper obstacles. There were worse things than matching knowledge against knowledge: favoritism, corruption, and the necessity for pulling strings and playing politics utterly at odds with the idealism of most of these proud, aspiring young scientists. Beside these, for men like

Freud or my father there was anti-Semitism, an evil-smelling vine that twined about the whole social structure of Vienna, choking so many green hopes to death.

Within the University the strength of anti-Semitism was perhaps heightened by a kind of race consciousness and nationalism which was linked to the German learning of the time. Germany was considered the true source of intellectual life. The non-Germanic peoples of Austria were considered less educated, less cultivated, and inferior, and even some of the great professors preached that this learning, developed by German thought, should be disseminated by those of German blood. True, I had but to look at the letters before me to see that, though the obstacles to promotion for a Jew were aggravated and a professorship was almost out of the question, Jewish students might still, as individuals, have close friendships with and receive inspiration from these unusual teachers, as my father did from Billroth, Ludwig, Stricker, and the others. We must not interpret the situation entirely by its fearful but logical conclusion in the blood bath of the last war.

The letters, therefore, were filled with many problems, as was natural in the crucial years when young men must decide their future. Among them was a series from three students who appeared to see a great deal of one another and whose letters about each other and the same happenings formed a tantalizingly incomplete but continuous story. These were Rosanes, Freud, and the brilliant and charming Lustgarten, who was a particularly close friend of Freud as well as of my father, and served as my father's second in a duel with an anti-Semitic colleague of which I now read for the first time.

Two of the letters written by Freud, when he was twenty-four and my father twenty-three, were about an old bugbear that has not changed much in the last seventy-five years—examinations. One of its most trying forms at the University was the oral *rigorosum* which, while considered a preliminary medical examination, could be taken even after studies were completed. The letters were written to my father on successive

days and though the first of them sounds high-spirited and gay, it was not necessary to read the second to find out that its writer was ill and exhausted. This the handwriting showed plainly as it grew more and more erratic and difficult to decipher.

Vienna, 23 July, 1880[1]

Dear Friend:

I no longer believe in earthly justice, for I can now obediently announce to you that I did not fail; on the contrary, I managed to pass with considerable distinction (*per minora* [a]). I don't know the kind of debacle for which the gods are actually sparing me, but this time they visibly held their sheltering hands over me. Before we turn to more interesting matters, listen to me like a good fellow while I tell you how it all happened. I am very happy about it; what is there to delight in, except for what comes one's way undeservedly? Perhaps one might even say that all men are proud only of distinctions they do not deserve. (Addition to the philosophical aphorisms in Stricker's diaries on General Pathology, in instalments [b].)

So I sat in travail with the fateful eve of examination approaching (*eref* examination, as they said in olden times [c]) and noticed that I still had all the material in front of me. So I decided to forget about pharmacology, of which I had learned narcotics, and to repeat this worthy subject quietly after vacation. But on Wednesday afternoon, twenty-four hours before the decision, I thought it over again; the fiendish laughter of Hell yelled in my ears, the clamor in Israel was great, and my best friends sang the dirge, 'Tell it not in Askalon. Publish it not in the streets of Gath', which was sung at the death of Saul and Jonathan. So I decided to delve for 12 more hours into the depths of pharmacology; and as this thought oppressed me, I went for a walk for several hours. It took several hours be-

1 Notes: a. *per minora*—for less important subjects.
b. Salomon Stricker (1834-1898), professor of general and experimental pathology at the University of Vienna. Joking reference to Stricker's lectures on General and Experimental Pathology which appeared at the time in instalments.
c. Reference to Jewish holidays which always start on the preceding evening (*eref*—eve).

cause I met young Zuckerkandl [d], one of the most intelligent and pleasant people whom one might meet. I have to be brief. I could, to be sure, run through the little Binz [e]. But in pathological anatomy I have studied only the 'general' [part] and of internal medicine only the lung and infectious diseases. This was now a very serious matter. This joke might cost me 17 fl 50 and six months, as well as alienating the regard of Lustgarten [f] and Schwarz (you notice I don't put you in the same category). After a short collapse I went forth to the battlefield determined to defend my life in every possible way and to keep unrestrainedly quiet in pharmacology. The nearness of battle exerted its usual stimulating effect on me. I was lively, bold, and confident. From Sigmund [g] I got an 'Excellent' in no time for a clinical presentation of measles. Now came the Schlemil historicus [h]. With his usual lack of skill he questioned me on one subject only, brain hemorrhages. We had a lively debate. I could hardly use the most commonplace abstractum without his saying, 'This is not correct, this is a phrase', etc. I replied, 'I did not speak without thinking'. 'Think it over again and you will understand it yourself', he said.

[No signature]

Vienna, 24 July, 1880[2]

Dear Friend:

I had intended to burden you with a detailed account, but

d. It probably was Otto Zuckerkandl (1861-1921), later professor of urology at the University of Vienna, whom Freud calls the young one, in contrast to his older brother, Emil Zuckerkandl (1849-1910), professor of anatomy.

e. Karl Binz (1832-1913), professor of pharmacology at the University of Bonn. Freud refers here to *Grundzüge der Arzneimittellehre* of Binz. First edition 1866, twelfth edition, 1894. Possibly Freud had the sixth edition (1879) in mind.

f. Dr. Sigmund Lustgarten (1857-1911), instructor (Assistant) at the Chemical Institute, later at the Department of Dermatology at the University of Vienna.

g. Dr. Karl Sigmund, Ritter von Ilanor (1810-1883), since 1869 professor of dermatology and syphilology at the University of Vienna.

h. Unlucky fellow, apparently Freud's nickname for one of the examiners.

[2] Notes: See p. 318.

fatigue and feeling sick have not let this develop further than the torso which I don't want to withhold from you.

I am very sad to omit everything interesting, but I can't do otherwise for early tomorrow morning I am going to the Semmering [a] with my sister Rosa for the last three days of vacation. But I don't want to leave you too long in doubt of my fate.

Total result: 'Excellent' in pathological anatomy, general pathology, gastroenterology.

'Satisfactory' in four others. In pharmacology it may be announced that I did not miss a single question, but I could not avoid giving the impression of having learned nothing, as it always took me a long time before I could compose the right answer. With Stricker I would have had another 'excellent' had I not described a *Dämpfung* [b] as 'triangular', when it should have been 'square'. I am as glad as I am tired. Of our friend Stricker I shall report later.

For the present I wish you the smallest number of encounters, the biggest possible number of rendezvous, sheer Solo Pagat, Ultimo Valat [c], and assure you that it will give me great pleasure to answer further letters of yours after I have recovered my strength.

With warm greetings
Your friend
Sigm. Freud

The pathological laboratory, with the inscription *Indagandis causis et sedibus morborum,* housed two buildings that were to be of the greatest importance in my father's work. One was the chemical laboratory presided over by Professor Ludwig, who had himself been assistant to the renowned Bunsen at Heidelberg, and who more than any other influenced my father's scientific development. The other was Stricker's pathological laboratory, devoted chiefly to animal experimentation. Here along with my father worked his friends, Gaertner, Freud, Spina, and

[2] Notes: a. Mountain resort near Vienna.
b. An area of dullness in percussion.
c. Winning hands in the old Austrian card game, tarok.

Wagner von Jauregg, who later received the Nobel prize for his treatment of general paresis, in which he induced a fever by inoculating his patient with malaria plasmodium. Here my father studied circulation, respiration, and glandular secretions, employing many different poisons, and it was this work that prepared him for the discovery which is the subject of this paper. Here, as he plunged into the search for pure knowledge, he was to have the most satisfying scientific experience of his life.

It was a time, as I have said, before the age of specialization, but in the field of embryology this had already taken place, though the number of embryologists was very small. My father became absorbed in a then much disputed question, the origin of the mesoderm, or middle germ layer, of the chicken embryo. At a certain stage in the development of the embryo, the mesoderm appeared as though out of nowhere and it was a mystery how this came about. At the age of twenty-two, my father did not stumble upon the solution but reasoned it out, and his papers on the subject, published in 1879 *(18)* and 1881 *(25)*, created a stir in the small world of embryology. If one may judge by the letters, the young researcher found himself in the midst of an international correspondence. Not only the great histologist Kölliker, but other men prominent in the field, B. Benecke, Leo Gerlach, Edouard van Beneden of Belgium, and F. M. Balfour of England, to name a few, sent him their work and reviewed their scientific problems with him. He was honored by having his findings incorporated into the impressive *Festschrift* for Kölliker *(28)*, and they then found a place in the textbook of the Embryology of Man and Mammals by Oskar Hertwig *(12)*, one of the the most highly regarded and authoritative books in the field at the time. Many of the letters were addressed to the *'Hochwohlgeborener Herr Professor'* in ignorance of the age and status of the young scientist. This discovery, although of no significance to the general public, seemed to my father a greater scientific achievement than his discovery of local anesthesia, which had such important effects

on the history of medicine and surgery. Perhaps this was the happiest time of his life. He had received recognition in his chosen scientific field, and above all he had been privileged to experience the pure and divine joy that comes when a man finds himself, as Einstein, I believe, somewhere describes it, after much thought upon a new plateau of human knowledge.

It was my father's teacher in ophthalmology at the University, Professor Arlt, who pointed out to his students the need for a local anesthetic in eye surgery. This idea inspired my father, who now wished to go into the field of ophthalmology and hoped, by some important contribution in that field, to win one of the two assistantships in ophthalmology at the University. So he set to work upon this problem.

'Up to 1884', he wrote Dr. Chauncey Leake in 1927, 'the only method of local anesthesia known and not very frequently practiced was the Richardson ether spray, which acts by freezing and was used for subcutaneous abscesses and for similar operations of short duration. The immediate cause of my approaching the question of local anesthesia was the unsuitability of general narcosis in eye operations—eye operations were formerly being done without any anesthetic whatever' *(37)*.

And he added in a paper which resulted from Dr. Leake's suggestion: 'I therefore began to experiment in local anesthesia of the eye with a view to surgery—performing a great many experiments upon animals. Thus I tried chloral, bromide, and morphine and other substances, but without success and gave up these experiments for the time being. Although these experiments had been unsuccessful they had the good effect that my mind was prepared to grasp the opportunity whenever I should encounter a real anesthetic' *(23)*.

A quantity of photographs slid about among the piles of letters as I probed, and one inscribed to my father, was of a young man with a noble forehead, great intelligent eyes, and an expressive face. This was von Fleischl-Marxow, one of the two assistants of the famed Brücke. This charming man with a fantastically brilliant mind suffered from a disease so

painful that it had driven him to morphine addiction. Ironically his terrible agony was a most important link in the chain of events that was later to relieve so much of the world's pain—the use of cocaine as a local anesthetic.

Cocaine is the alkaloid derivative of the coca leaf—which was not separated from the leaf until 1855. The story of coca is very long and old, and there is space to mention only a few of the men who contributed to the knowledge of it. They must be thought of as individual trees in a forest.

The coca plant had been known from early times to the Indians of Peru and, from the time of Pizarro, had found a place in the literature. It was considered by the Incas a living representation of the god, and the fields where it grew were thought to be holy. 'Travelers in South America', wrote my father, 'on the high plateaus of the Andes in Peru and Bolivia brought back many tales of its mysterious properties'. In 1700 the poet Cowley wrote of how the god Varicocha gave man the nourishing leaves which enabled him to endure long hunger and heavy labor.

In 1847 Prescott wrote: 'This is a shrub which grows to the height of a man. The leaves when gathered are dried in the sun and being mixed with a little lime, form a preparation for chewing much like the betel nut of the East. With a small supply of this cuca in his pouch and a handful of roasted maize, the Peruvian Indian of our time performs his wearisome journeys day after day without fatigue, or at least without complaint. Even food the most invigorating is less grateful to him than his loved narcotic. Under the Incas it is said to have been exclusively reserved for the noble orders. If so, the people gained one luxury by the conquest' *(34)*.

Actually the conquistadors feared the power that lay in the control of the divine plant by one group, so that the second Council of Lima, October 18, 1569, three hundred and fifteen years before its present medical use was discovered, issued a decree against its exclusive use by one class. And after that period it was used so generally and extensively that it consti-

tuted a most important item of Spain's colonial trade. Indeed, the December 22, 1884 issue of the Medical Record remarks, 'At the present day the laborers of the whole of South America continue the use of coca'.

About the year 1863 in Paris, a young French chemist, Angelo Mariani, concocted a medicine from an infusion of imported coca leaves in wine, and *vin* Mariani, Mariani elixirs, Mariani lozenges, and Mariani teas soon became enormously popular, especially in America. Mariani became a standard and respected name, users were warned against imitators, and his products were endorsed by the most distinguished doctors such as W. Oliver Moore, de Wecker, and Charles Fauvel, who recommended them for a wide variety of uses. Mariani himself said of his wine, 'It nourishes, fortifies, refreshes, aids digestion, strengthens the system, it is unequaled as a tonic, it is a stimulant for the fatigued and overworked body and brain, it prevents malaria, influenza, and wasting diseases'. Dr. J. Leonard Corning wrote the following endorsement: 'Of *vin* Mariani I need hardly speak as the medical profession is already aware of its virtues. Of all the tonic preparations ever introduced to the notice of the profession, this is undoubtedly the most potent for good in the treatment of exhaustive and irritative conditions of the central nervous system' *(29)*.

Though manufactured in France by a Frenchman, this remedy was used most widely in America. I noticed, however, that the Viennese pharmacist, Dr. August Vogl *(35)*, under whom my father studied and whose library was used by Freud for reference (*2*, p. 584), highly recommended a cocaine tea which he himself brewed, and which he had been using for several years, adding sugar and cream, in preference to Russian tea! About the coca leaf infusions, one apparently could not say enough; but in regard to the chewing of leaves there were occasional warning notes. At the end of Prescott's passage on coca he says: 'Yet with the soothing charms of an opiate, this weed so much vaunted by the natives, when used to excess, is said to be attended with all the mischievous effects of habitual

intoxication' *(34)*. A footnote adds: 'A traveler (Poeppig, noticed in the Foreign Quarterly Review [No. 33]) expatiates on the malignant effects of the habitual use of the cuca as very similar to those produced on the chewer of opium. Strange that such baneful properties should not be the subject of more frequent comment with other writers! I do not remember to have seen them even adverted to' *(34)*.

Although Gardeke first extracted the active principle of the coca leaf in 1855 and named the alkaloid erythroxylon *(16,* p. 439), its present name came a little later. 'In 1858', wrote my father, 'the Austrian government sent the frigate Novarra on an expedition encircling the globe. Dr. Scherzer, not a medical man, but a trade expert, who was sent on this expedition to study trade opportunities, took a quantity of the leaves and gave them to the great chemist Wöhler, at the University of Göttingen, Germany. Dr. Wöhler had his assistant, Dr. Albert Niemann, extract the active principle. He found this to be an alkaloid and named it cocaine' *(21)*.

Now it had been known from earliest observation that the chewing of coca leaves made the lips and tongue numb (that is to say it numbed the mucous membrane of those parts), and this fact was also observed in the alkaloid cocaine almost as soon as it was separated from the leaf. In 1862 Professor Schroff, in a paper read before the Viennese Medical Society, pointed out that cocaine numbed the tongue, narrowed the peripheral arteries, and widened the pupils by its action via the bloodstream or when applied locally. Nor was he the only one to have experimented upon the eye. These facts were commented upon by Montegazza in 1859, De Marles in 1862, the Spaniard Moreno y Maiz in 1868, and by many others. In 1879 von Anrep, at the Pharmacological Institute at Würzburg, wrote a comprehensive experimental paper in which he also described the locally numbing effects of cocaine and even the dilation of the pupil upon local application, and he suggested that this drug might some day become of medical importance. 'Strangely enough', commented G. F. Schrady in an editorial in the Medical Record of Novem-

ber 8, 1884, 'Anrep did not note that the conjunctiva was insensible, or if so did not appreciate the significance of this fact'.

In the textbook on pharmacology which my father studied at the University, he had underlined the following passage which appears in the article dealing with the coca plant:

'Local effects: Injection under the skin as well as painting the mucous membrane, for example, the tongue—brings about the loss of feeling and pain. 15 minutes after painting it Anrep was incapable of distinguishing sugar, salt and sour at the treated spot. Even the needle pricks could no longer be felt there, whereas the other unpainted side reacted normally. The loss of sensibility lasted between 25 and 100 minutes.'

The article concludes with 'Therapeutic Uses: Up to now cocaine has not found any medical use. But on account of its powerfully stimulating effects on the psyche, respiration, and the heart, and also on account of its anesthetizing effect upon the mucous membrane, it might deserve experimental trial in quite a number of diseases.' Relative to the therapeutic use of the coca leaves: 'There have been some experiments but no trustworthy ones over an extended period. They are, however, sold commercially and highly recommended for all possible needs' *(32)*.

Probably the general effects of cocaine were so striking that its numbing of the mucous membrane was disregarded, although this characteristic had been generally observed and was uniform. As a matter of fact, anyone with medical training who had studied the alkaloid and learned that it numbed the mucous membranes of the tongue and lips now had sufficient information to reason out this discovery. It was certainly very strange, with this fact repeatedly noted, with experimentation already performed upon the eye itself, with a result of such importance only a short step away, that this discovery should not have been made by any of the brilliant scientists who experimented with cocaine over a period of twenty-five years. Even my father, his mind prepared by his search for a local anesthetic in surgery several years earlier, was not immediately aware of

the significance of this attribute. And it was not until he had the drug in his own possession and had noted its effect upon himself, that the numbing of the mucous membrane of the lips had sufficient impact to distract him from the purpose for which he was directly experimenting. This, as we shall see, was to test its general physiological effects for his friend, Freud.

Yet such is often the course of scientific discovery. To translate Mephistopheles' warning to Faust, which Freud quotes in his Autobiography in another connection: 'It is vain that you seek scholarly knowledge all about you; for every man learns only what he can' *(6)*.

It was not chance that the man who had been previously searching for a local anesthetic in surgery was the first to realize that the Peruvian herb was his answer. My father wrote: 'Just as the fact that sulphuric ether produced sleep and insensibility to pain had been known for a long time before Morton demonstrated successfully that this state could be utilized for the painless performance of operations, so the fact that cocaine locally applied paralyzed the terminations and probably the fibres of the sensitive nerves had been known for twenty-five years before it came into the hands of someone interested in and desirous of producing local anesthesia for the performance of operations' *(23)*.

Although cocaine had been the subject of interested research from the time the crystal erythroxylon was separated from the leaf (Dr. Herman Knapp *(16)* stated in 1884, 'There is an extensive earlier literature on coca and its alkaloids'), it had many ups and downs and was repeatedly abandoned especially in England and continental Europe as of no practical value. Freud later wrote that its neglect there might have arisen from the lack of uniformity and unreliability of its manufacture, and that these might have been responsible for the contradictory and inconclusive experimental results, as well as its scarcity and high price. Whatever the reasons, it had fallen into disrepute and was little spoken of at this particular time. Freud was undoubtedly acquainted with cocaine in a general way,

since he probably studied the same textbook as my father, and it will be recalled that in his letter he mentioned that he had studied narcotics. But now his attention was redirected to it, and this time with the keenest interest, by at least two articles. In one, Aschenbrandt *(1)* described the remarkable effects of cocaine upon Bavarian soldiers during the fall maneuvers, how with its help they were able to endure hunger, strain, fatigue, and heavy burdens. The other, by W. H. Bentley in the Detroit Therapeutic Gazette (one of sixteen articles on the subject published there which Freud had read), described the use of cocaine in the treatment of morphinism by withdrawing morphine and substituting cocaine. There existed in the United States quite a literature on the use of cocaine in this way. Freud now began to harbor the hope that it might be possible to relieve the suffering of his friend, Fleischl, with this interesting drug. 'The circumstances under which Freud became interested in cocaine', my father recounted, 'were the following: It happened at that time that a young physiologist of great prominence and promise, an unusually brilliant and attractive man, was being treated for morphinism by Dr. Josef Breuer, assisted by one of my colleagues, Dr. Sigmund Freud, the neurologist, later founder of the school of psychoanalysis' *(20)*.

'As assistant to the pathologist, von Rokitansky, he [Fleischl] had infected his thumb and in the amputated stump neuromata had developed, so that in consequence of the unbearable pain he had fallen a victim to the morphine habit. Dr. Breuer and Dr. Freud tried to break the morphine habit by substituting cocaine for morphine and in their plan they failed, so that their patient became a cocainist instead of a morphinist, probably the first of these unfortunates in Europe. And many a night have I spent with him watching him dig imaginary insects out of his skin in his sensory hallucinations' *(21)*.

Dr. Breuer was my grandfather's family physician and was deeply admired by my father, who described him as almost Christlike in character and charity, wise, restrained, lofty in

spirit, with that rare balance between the inquiring, intuitive mind and thorough, objective appraisal and research. 'Well-known among other things', said my father, 'for his work on the semicircular canals with the physiologist, Hering'. Of course he is better known to the general public for his early work with Freud, which is the first chapter in the story of psychoanalysis.

Freud and my father had known each other for four or more years. They belonged to at least one circle of friends: Paneth, Schnabel, Emil Wahler, Lustgarten, Rosanes, and many others, as the letters before me attest. They planned excursions together into the lovely countryside of Vienna and played tarok, an old-fashioned, four-handed card game, at the sidewalk cafés. I even came upon one card written by Freud to my father arranging such a game, but complaining about the unreliability of Lustgarten, who often defaulted at the last minute. The sentiment *En cas de doute, abstiens-toi* ('In case of doubt—don't!'), attributed to St. Augustine, which dashed so many of my impulsive childhood schemes, came from the plaque which hung over Freud's desk at the *Allgemeine Krankenhaus.* Occasionally they wandered down some scientific bypath together, as I see from a letter written to me by my father in 1933.

> Good for you, that you have discovered Graetz's History of the Jews. It was a standard work already when I was a very young man. It was in 1883 when a (perhaps the first) electrical exhibition was held in Vienna. It was in the Rotunda on the Prater, the only building that was left standing from the great exhibition of 1873. To profit as much as possible from this electrical exhibition, we, Lustgarten, Freud, and I, studied a textbook on electricity and its appliances, very well and lucidly written by Professor Graetz, Professor of Physics at the University of Munich. This Professor Graetz was or is the son of the Graetz who wrote the history of our people. Since we are talking about electricity and the 1883 exhibition, one of the exhibits did not look like much but it was fraught with History, Science, and Fate. It was a surveyor's compass that looked to be

> and was a galvanometer of the size of a very small alarm clock. And under it was the legend: 'With this *Bussole* Hans Christian Oersted discovered in 1820 that electric current deflects the magnetic needle'. In other words he had discovered electromagnetism 63 years before that exhibition, and there were already dynamos and all sorts of instruments and appliances to foreshadow the 'electric age' with all its developments from your electric door-buzzer to the telegraph, cable trolley, and electric R. R. which came from that discovery and that *Bussole*. . . . When I studied at Göttingen in 1885 and tried to follow the track which the mathematician Gauss had made, I happened to stroll into the P. O. and there was a small marble slab with the inscription: 'Here in 1830 the Professors Gauss and Weber plied the first electric telegraph between the physical laboratory and the astronomical observatory'. They evidently used Oersted's method, after they had agreed on the meaning of the deflections. Up until this day the cable uses the deflection of the needle when the current is closed for an alphabet. Morse, as you see, did not invent the telegraph, but by inventing the Morse alphabet made the telegraph possible and practical *(37)*.

Freud, who hoped to marry in the near future and therefore needed more than ever to get on with his career and make a name for himself (little dreaming in those anxious and uncertain days how brilliantly he was to succeed), began to hope that cocaine might be the means toward this end. He became more and more interested in its general physiological effects, and the more he tested it the more he became convinced of its miraculous powers. It now seemed possible to him that with its apparent harmlessness, it might not only be used for therapy in morphine addiction but help to increase work output, relieve depressions, contribute to a sense of well-being, and in short become a drug of the greatest usefulness to mankind.

With his enthusiasm, strong personality, and vivid manner of expressing his ideas, Freud made his interest known to his fellow students, among them my father, who was of course, also interested in the treatment of their friend, Fleischl. As

Freud and my father lived on the same floor of the *Allgemeine Krankenhaus* as interns and saw each other almost daily, they were in the habit of discussing their hopes, disappointments, and work. On more than one occasion Freud asked his assistance in experimenting upon some project, just as he later asked him to undertake experiments with him on the general physiological effects of cocaine. One of these earlier requests, breezily dashed off, has remained among my father's papers.

Freud now set to work to assemble all the known facts about cocaine in a thorough and colorfully written paper *(8)*, which had the effect of redirecting the attention of the Viennese doctors to this drug, creating immense general interest and excitement which went far beyond the circle of his friends and fellow students.

This study, twenty-five pages in length, discusses the coca plant, its history, the story of coca leaves in Europe, the action of cocaine on healthy human beings, and its therapeutic uses. The last heading, divided into seven parts, includes the following uses of cocaine: as a stimulant; for digestive disturbances; for the treatment of consumption; as a means of withdrawing alcohol and morphine in cases of addiction; for asthma; as an aphrodisiac; and lastly, its local uses. This may give some idea of the exciting but confusing range of possibilities that had been tried and discarded again and again since the scientific investigation of coca began.

In describing the history of the coca leaf in Europe, Freud wrote: 'Since the discovery of cocaine numerous observers have examined the effect of coca on animals and sick and healthy human beings, and some have employed the preparations designated as cocaine, some coca leaves in infusions, and some in the manner in which the Indians use them'. Under the heading, Therapeutic Uses, he noted: 'To many doctors cocaine seems fated to fill the gap in medical psychiatric treatment, which provides enough means of lowering the heightened excitement of the nerve centers, but knows no means of raising the lowered functioning of these. According to them coca is recommended

for the most varying kinds of psychic weaknesses.' The paper ends with the following paragraph describing the local uses of coca: 'The attribute of cocaine and its salt, the numbing of the skin and mucous membrane with which it comes in contact in concentrated solutions, may lead to other uses especially in *diseases*[3] of the mucous membrane. Following Collin, Charles Fauvel praises cocaine in the treatment of the pharynx, and describes it as *le tenseur par excellence des chordes vocales.* More uses that stem from the anesthetic effect of cocaine might very well develop.'

The local numbing seemed to suggest to Freud few uses beyond those already observed by von Anrep or mentioned in the textbook of Nothnagel and Rossbach. A possible usefulness in surgery did not occur to him any more than it had to Montegazza, Niemann, Wöhler, Schroff, Morena, or any of the other experimenters with cocaine since its separation from the leaf. What seems so obvious today probably escaped him because his goal was so very different; it was one which he was to achieve a long, long time later with tools which he himself would forge.

Immediately after the completion of his paper, Freud left Vienna on a long-anticipated trip to visit his fiancée in Hamburg. Before this, however, his interest in the general physiological effects of cocaine had led him into some experiments in which he had asked for my father's assistance. 'We would take the alkaloid internally by mouth and after the proper lapse of time for its getting into the circulation we would conduct experiments on our muscular strength, fatigue, and the like (measured by the dynamometer)', wrote my father *(20).*

This is the chain of events which actually placed cocaine in my father's hand and focused his attention on it: Freud's interest in the drug, awakened primarily by the American literature on substituting it for morphine, by which method he hoped to help his suffering friend, Fleischl; the actual purchase of the scarce, expensive product; and the request he made of my father to engage in experiments during the course of which my

[3] Italics added.

father was required to take it by mouth. These were the circumstances that prepared the way for his particular discovery, yet cocaine had been handled, taken by mouth, and its effect, even upon the eye, observed for twenty-five years without its usefulness in surgery occurring to anyone. 'Upon one occasion', my father said, 'another colleague of mine, Dr. Engel, partook of some [cocaine] with me from the point of his penknife and remarked, "How that numbs the tongue". I said, "Yes, that has been noticed by everyone that has eaten it". And in the moment it flashed upon me that I was carrying in my pocket the local anesthetic for which I had searched some years earlier. I went straight to the laboratory, asked the assistant for a guinea pig for the experiment, made a solution of cocaine from the powder which I carried in my pocketbook, and instilled this into the eye of the animal' *(27)*. The young assistant in Stricker's laboratory, Dr. Gaertner, was the sole witness to my father's discovery and, troubled by the misstatements that in time came to be so often associated with the story, he retold it in a 1919 newspaper of which he was medical editor.

'For the thirty-fifth time the day is approaching on which the discovery was made which brought blessing to mankind and glory to the Viennese school of medicine. The fortunate discoverer, Dr. Carl Koller, is still as active as ever. If I feel obliged to sketch the history of his contribution today, my reason is that already legends have begun to form about the person of the discoverer and the events that took place at the time of the discovery and after, which their subject, living in America, is not able to correct.

'My right to be able to make these corrections in his place stems from the fact that, favored by a lucky chance, I had the good fortune to be the sole witness to the birth of local anesthesia.

'One summer day in 1884, Dr. Koller, at that time a very young man, was engaged in a piece of embryological research. He stepped into Professor Stricker's laboratory, drew a small flask in which there was a trace of white powder from his pocket,

and addressed me, Professor Stricker's assistant, in approximately the following words:

' "I hope, indeed I expect, that this powder will anesthetize the eye." "We'll find out about that right away", I replied. A few grains of the substance were thereupon dissolved in a small quantity of distilled water, a large, lively frog was selected from the aquarium and held immobile in a cloth, and now a drop of the solution was trickled into one of the protruding eyes. At intervals of a few seconds the reflex of the cornea was tested by touching the eye with a needle. . . . After about a minute came the great historic moment, I do not hesitate to designate it as such. The frog permitted his cornea to be touched and even injured without a trace of reflex action or attempt to protect himself—whereas the other eye responded with the usual reflex action to the slightest touch. With the greatest, and surely considering its implications, most justifiable excitement the experiment continued. The same tests were performed on a rabbit and a dog with equally good results.

'Now it was necessary to go one step further and to repeat the experiment upon a human being. We trickled the solution under the upraised lids of each other's eyes. Then we put a mirror before us, took a pin in hand, and tried to touch the cornea with its head. Almost simultaneously we could joyously assure ourselves, "I can't feel a thing". We could make a dent in the cornea without the slightest awareness of the touch, let alone any unpleasant sensation or reaction. With that the discovery of local anesthesia was completed. I rejoice that I was the first to congratulate Dr. Koller as a benefactor of mankind' *(10)*.

Although my grandparents lived in comfortable circumstances in Vienna, my father seems to have been estranged from his stepmother at this critical time and was forced to live very poorly indeed on what he was paid as an intern. A few months later there were many warm letters from her as well as from my grandfather, for whom he had the deepest respect and devotion, but at this all-important moment he was painfully

poor, indeed so poor that he could not afford to go to the next important scientific meeting which was to be held in Heidelberg. Thus, at his request, it was his friend, Dr. Josef Brettauer of Trieste, who read his paper for him and demonstrated his experiments at the meeting of the Heidelberg Ophthalmological Society on September 15, 1884 *(26)*.

On the eve of the general meeting, Dr. Brettauer appeared before a small group of the staff and some distinguished visitors and gave them, as it were, a preview. With a sort of romantic justice, one of these men was the great Professor Arlt, whose teaching some years before had inspired my father's work. It happened that Dr. Henry D. Noyes of New York, who had been traveling in Europe, also was present. He immediately sent an account of what he had witnessed to the (New York) Medical Record in a letter which was published October 11, 1884. After describing the experiment, Dr. Noyes, who appeared to have been somewhat surprised at the youth of the doctor who had made such an important discovery, went on to say: 'The application of the muriate of cocaine is a discovery of a very young physician, or he is perhaps not yet a physician but is pursuing his studies in Vienna where he also lives. His name is Dr. Koller. The future which this discovery opens up in ophthalmological surgery and medication is obvious. The momentous value of the discovery seems likely to be in eye practice of more significance than has been the discovery of anesthesia by chloroform or ether in general surgery and medicine' *(33)*.

On October 17, 1884, at the meeting of the *K. K. Gesellschaft der Ärzte* in Vienna, my father was finally able to read his own paper. By this time, however, the news had already spread like wildfire (so great had been the need for this remedy), and experiments were under way all over continental Europe, England, and across the Atlantic, wherever doctors were gathered.

The first paper read at Heidelberg started with the assumption of the general medical knowledge of the properties of cocaine. 'It is a well-known fact that the alkaloid cocaine (Erythroxylon coca) makes the mucous membranes of the

throat and mouth anesthetic when brought in contact with it—this led me to investigate the action of this agent upon the eye' *(26)*.

In the second paper he mentioned this again and gave a brief history of the observation of this fact: 'From the foregoing it is evident that cocaine has been instilled in the eye in former years, but those phenomena which will be the subject of my present communication have been overlooked. The internal application of cocaine, tried repeatedly, has always been abandoned again. In 1880 Dr. von Anrep published an elaborate experimental paper on cocaine at the end of which he points out that its local anesthetic action may become of importance. . . . Cocaine was brought into the foreground of discussion for us Viennese physicians by the thorough compilation and interesting therapeutic paper of my colleague at the General Hospital, Dr. Sigmund Freud. Starting from the supposition that a substance paralyzing the sensitive terminations of the mucous membrane of the tongue could not greatly differ in its action on the cornea and conjunctiva, I have made a number of experiments in the laboratory of Professor Stricker' *(24)*.

Since I had never known more than the general outline of this discovery nor inquired beyond this, and since my father was the last man to dwell upon his scientific achievements except when he felt an error must be corrected, I was totally unprepared for what I now found in the literature of that time. The enormous excitement leaped like an electric spark across the arc of more than seventy years. The speed with which the news spread seems incredible when we consider the relatively undeveloped stage of communication.

Articles appeared immediately not only in leading medical journals of Europe, England, and America, such as The Lancet, the Medical Record, *Semaine médicale,* etc., but also, day after day, in lay newspapers. Events moved so rapidly and so much experimentation had occurred in the few weeks before the second paper was published that the sale of cocaine was immediately affected. To cite but one instance, from the Medical

Record (November 22, 1884, p. 578): 'Dr. Squibb of Kings County said that he had received over 300 letters asking for cocaine immediately after the publication of Dr. Noyes' letter in the Medical Record—the price of the drug was formerly $2.50 per gramme (15 gr.) but is now about $.50 a grain'.

From all over the world letters poured in. Bundles of them lie about me as a I write. They asked my father for fuller information, complained about the rise in price, added their own new-found observations, and congratulated him. Some were from the sick and nearly blind, filled with some last, poor ray of hope, some from lay people, some from doctors, and there was one from a cavalry officer, imploring further information so as to save the sight of his favorite horse.

My father was, of course, aware that local anesthesia had more general implications and was not by any means limited to operations on the eye. 'I had started from the fact that the drug made the *lips* and *tongue* numb,[4] but I limited myself to the eye, wishing to make a contribution to ophthalmology and also wishing to establish a claim to the much-coveted position of an assistant at one of the large eye clinics. I did, however, directly suggest to my friend, Jellinek [assistant to Schrötter in the laryngological clinic], that he make experiments on the nose, pharynx, and larynx. He reported the results at the same meeting of the *Gesellschaft der Ärzte* (October 17) at which I read my [second] paper' *(24)*.

Jellinek speedily demonstrated the success of operations in these areas. He said: 'The experiments I am dealing with here were made after Dr. Koller had told me of his observations in regard to the cornea, and I must offer him my warmest thanks for his help and for leaving the corresponding medical situation (discovery of the usefulness of cocaine in operations on the nose and throat, etc.) to me' *(14)*.

A letter from my father to Dr. W. Oliver Moore, dated November 11, 1884, was subsequently published in the New York Medical Journal in answer to a request for the history of his dis-

[4] Italics added.

covery. After mentioning the fact that the work of Freud had focused his attention on cocaine, it states: 'To convince myself of the wonderful effects of the drug upon the system generally, I took a quantity of the alkaloid, placing it on the tongue, and noticed the benumbing influence (this effect was already known to me through books); the idea occurred to me that the influence of cocaine on the terminal nerves of the conjunctiva and cornea should be the same as on the tongue and, if so, would be of the greatest importance, as we had not such a substance that would produce anesthesia without at the same time cauterizing the tissue'.

'To Dr. Koller, therefore', adds the Journal, 'is due the honor of the discovery and more credit is due him as he arrived at the facts by *reason* and not by accident. . . . Since his announcement of its wonderful anesthetic properties every journal in this and other countries has been filled with enthusiastic accounts of operations not only on the eye but on regions far removed from that organ' *(31)*.

Le Progrès médicale, of November 29, 1884, states: 'All medical journals resound at the moment with news of this triumph of healing. It is scarcely two months since Dr. Koller of Vienna published for the first time the happy attribute [of cocaine] as a local anesthetic for the eye—and already publications on the subject are so numerous and the results so uniform that there exists a whole bibliography. . . . As always in such cases one has already taken as reality that which for so long had been only a hope, and one has the thought that cocaine is to be the means of banishing chloroform for operations on the eye'.

Dr. Herman Knapp, one of the foremost ophthalmologists in New York, who in his youth had been assistant to the famous, much-loved surgeon, von Graefe, was to become a lifelong friend of my father. He also followed the events of the discovery with intense interest. Already on October 25, 1884 he had published an article in the Medical Record in which he said: 'As soon as I read the remarkable communication by Dr. Henry Noyes [*33*] I procured specimens [of cocaine] from different

sources, Dr. E. R. Squibb, Bradley W. Foucar, N. Y., Messrs. Eimer & Amend, N. Y., and looked up many books'.

Matters had proceeded with such explosive rapidity—so fast that the sequence of events and even the facts of the discovery had become obscured—that by December Dr. Knapp thought the time had come to summarize them in an orderly account *(16)*.

'No modern remedy', he wrote, 'has been received by the profession with such general enthusiasm, none has been so rapidly popular, and scarcely any one has shown so extensive a field of useful application as cocaine, the local anesthetic recently introduced by Dr. C. Koller of Vienna. Convinced that it will not only continue to prove as valuable as it has hitherto been found, but that its properties will be the subject of numerous scientific researches and clinical observations all over the globe for many years to come, I purpose as far as I am able to collect in the following pages what knowledge has thus far been acquired on this highly interesting and important drug. To help the reader in gathering information is, however, not the only object of this paper. I would like it also to act as a stimulus for new investigations. From this standpoint I consider a faithful, unabridged translation of the original paper which Dr. Koller read before the Medical Society of Vienna and published in the *Wiener Medizinischer Wochenschrift,* October 25, 1884, not only as an acknowledgment of a debt of gratitude we all owe to him, but also as an appropriate introduction to the present article.'

The translation of my father's paper then follows, and Dr. Knapp continues: 'Two weeks before the original of Dr. Koller's paper was published in Vienna, physicians were informed of its substance. Merck's muriate of cocaine being in the N. Y. market, they without delay tried the new anesthetic in every direction, finding for themselves a number of important facts before Dr. Koller's other European publications reached them.

'This occurred in the following way: Dr. Henry D. Noyes of New York, traveling in Europe, sent to the Medical Record a

letter published in that journal on October 11, 1884. One of his notes attracted the greatest attention among the oculists of New York and, I dare say, the whole country. It was "The extraordinary anesthetic power which a two percent solution of muriate of cocaine has upon the cornea and conjunctiva when dropped into the eye". The cornea and conjunctiva can be touched and rubbed with a probe, a speculum inserted, the conjunctiva grasped with a pair of fixing forceps, and the eye pulled in different directions, without any unpleasant sensations. "The solution causes no irritation of any kind and its effect disappears in 15 to 30 minutes." Its remarkable anesthetic property was discovered by a young physician, Dr. Carl Koller, *Secundärarzt* (intern) at the General Hospital of Vienna, only a few weeks before its presentation at the Heidelberg Ophthalmological Congress through Dr. Brettauer. Dr. Koller made a few trials with it. These he had been led to make from his knowledge of the entirely similar effect which it has for some years or more been shown to have over the sensibility of the mucous membrane of the mouth, pharynx, and larynx. The substance makes a clear solution and is found in Merck's catalogue.'

The hopes which Freud harbored for cocaine were of such a different nature and so great that when he returned to Vienna to find its use as an anesthetic in surgery the center of medical conversation and excitement, he did not feel at all that he had missed a discovery, but rather that here was more evidence, although only in regard to a side issue, of the potentialities of the drug with which he had become so deeply enamored. Several papers followed his first one, *Über Coca.* Among my father's papers were two of them, inscribed to him by Freud. Across the top of the first one, giving an account of the experiments with the dynamometer in which my father had taken part, Freud had written facetiously, *'Seinem lieben Freunde Coca Koller* [To his dear friend Coca Koller] from Dr. Sigm. Freud'. This paper contains the following paragraph: 'Last July in Heitler's *Centralblatt für Therapie,* there appeared a

study by me of the coca plant and its alkaloid cocaine, which, basically an examination of the information in the literature and my own experiences with it, brought this long-neglected remedy to the attention of the doctors. I may say that the results of this stimulation were unexpectedly quick and complete. While Dr. Königstein undertook at my suggestion to test the pain-deadening and secretion-shrinking effect of cocaine on the *diseased* conditions of the eye, Dr. Carl Koller, my colleague at the hospital, *independently* of my personal suggestion conceived the happy idea of producing a complete anesthetic and analgesia of the cornea and conjunctiva by means of cocaine, *whose anesthetic effect on the sensibility of the mucous membrane had long been known,*[5] and further demonstrated the high practical value of this local anesthetic through animal experimentations and operations on human beings. As a result of Koller's communication in regard to this in this year's Congress of Ophthalmologists at Heidelberg, cocaine has been generally taken up as a local anesthetic' *(7)*.

The other paper was a later reprint of Freud's original paper, *Über Coca,* with a few additional remarks. This paper also bears Freud's inscription across the top, *Seinem lieben Freunde Dr. Carl Koller von Dr. S. Freud,* and it is evident here that his hopes were still high that cocaine could yet achieve for mankind those other great services of which he had dreamed. 'For the local application of cocaine: This use of cocaine has received universal recognition through its application by Koller to the cornea, through the work of Königstein and numerous others, and assures cocaine a lasting value in medicine. It is to be expected that the internal uses of cocaine will lead to equally happy results, although the present high price is a hindrance to further experiment' *(9)*.

Freud in his Autobiography in 1925, forty-one years later, gave the following account of his interest in cocaine: 'A side interest, though it was a deep one, had led me in 1884 to obtain from Merck some of what was then the little-known alkaloid

[5] Italics added.

cocaine and to study its physiological action. While I was in the middle of this work, an opportunity arose for making a journey to visit my fiancée, from whom I had been parted for two years. I hastily wound up my investigation of cocaine and contented myself in my book on the subject with prophesying that further uses for it would soon be found. I suggested, however, to my friend Königstein, the ophthalmologist, that he should investigate the question of how far the anesthetizing properties of cocaine were applicable in *diseases* of the eye. When I returned from my holiday I found that not he, but another of my friends, Carl Koller (now in New York), whom I had also spoken to about cocaine, had made the decisive experiments upon animals' eyes and had demonstrated them at the Ophthalmological Congress at Heidelberg. *Koller is therefore rightly regarded as the discoverer of local anesthesia by cocaine, which has become so important in minor surgery;*[6] but I bore my fiancée no grudge for her interruption of my work' *(6).*

Time plays strange tricks. In this statement, as always, Freud gives credit for this scientific piece of work where it is due, although, as we know, he had not only spoken to my father about cocaine but had also asked him to engage with him in experimentation with it. There is, however, something in the tone of this paragraph which can be accounted for, not by his feelings at the time of the discovery, when he still expected to reach other even greater results with cocaine, but only by his feelings a few years later, when these hopes were gone and only its value in surgery shone on undiminished. His biographer, Dr. Ernest Jones, relates that Freud did not 'hastily' leave for Hamburg, but that this journey to see his sweetheart, from whom he had been separated for one year, had been planned ever since they had parted. Jones, like Bernfeld, points out what I believe I have demonstrated by the literature of the time, that Freud's real interest, which later led to such brilliant achievements, had nothing to do with local anesthesia in surgery; he did not think of it and time would not have changed this fact.

[6] Italics added.

It is not known what 'diseases of the eye' Freud had in mind when he suggested that his friend, Dr. Leopold Königstein, experiment with cocaine. Königstein did so, but no more than the others who had gone before did he grasp the significance of its use as an anesthetic in surgery.

In an article *(37)* dated October 19, 1934, written to correct various errors in newspaper articles which had appeared in connection with the fiftieth anniversary of the introduction of cocaine as a local anesthetic, my father wrote: 'When Dr. Königstein heard that I declared cocaine a perfect anesthetic for eye operations, he said that I was mistaken, and no wonder. He had tried cocaine in various ways, mostly against inflammations, relying on its vasoconstrictor effects. For instance, he tried to cure trachoma and had used alcoholic solutions, so that it would have been impossible to detect any anesthetic effects because they would have been covered by alcoholic irritation. When Dr. Freud came back in the Fall, as he states in his Autobiography, he found that not Dr. Königstein, whom he had asked to make experiments on the diseased eye, had found anything of value, but another friend of his, Dr. Carl Koller, to whom he had also spoken about cocaine.

'Dr. Königstein regretted very much that he had allowed such an important fact to slip through his fingers, and when I read my paper about cocaine before the *Gesellschaft der Ärzte* October 17, 1884, Dr. Königstein also read a paper [*17*] from which it appeared that cocaine was an anesthetic, but in which it was not mentioned that I had made the experiments before him. To prevent an unseemly wrangle about priority, Doctors Freud and Julius Wagner von Jauregg made Dr. Königstein insert a letter (*Wiener Medizinische Presse,* Nos. 42 and 43, 1884) to the effect that he conceded the priority of the idea of utilizing the anesthetic properties of cocaine for practical purposes to me. Freud himself has never laid any claim to it. . . .'

Two of the letters remain to tell the story of a type of incident all too common in the history of scientific discovery. Deep as was the contempt for the seeking of publicity in the lay world, rightful priorities were something else and were

sometimes bitterly contested in the scientific world in which they were claimed. One of these letters was to my father from Freud, who was apparently shocked and astonished by the conduct of his friend:

Dear Friend:

I am aghast at the fact that in K's[7] published paper there is no mention of your name; and I don't know how to explain it in view of my knowledge of him in other respects; but I hope you will postpone taking any steps until I have talked to him, and that you will, after that, create a situation in which he can retract.

With kind regards
Dr. Sigm. Freud

The other letter was from Königstein, very amicable in tone and assenting to the wording of the withdrawal of his claim to priority, a draft of which was enclosed in Freud's letter. His position was, to say the least, not very strong, since his paper was read at the time of my father's second paper, nearly a month after the first communication at Heidelberg. The relationship between Königstein and my father seems to have been perfectly friendly afterward, for I found later notes from Königstein, the first of which complimented him most warmly for his behavior on the occasion of the duel.

Dr. Rossbach, in whose pharmacological laboratory von Anrep had done thorough and original work which was respected and admired by my father, now raised his voice. He had read a review of my father's paper from which he gathered that von Anrep's work had been ignored. My father's answer is given here as a clear, contemporary statement of exactly what he considered his accomplishment to be.

Vienna, December 17, 1884

Honored Editor:

I wish to publish the following explanation, after which the

[7] Leopold Königstein (1850-1924), a friend of Freud, later professor of ophthalmology at the University of Vienna (*15*, pp. 86-89, ff.).

'Priority Protest' which appeared in the No. 50, 1884, of your estimable paper, will be found to be groundless.

1) Herr Professor Rossbach makes the reproach, on the evidence of a review he read about my report before the *Wiener Gesellschaft der Ärzte* on October 17, in which he missed the mention of v. Anrep, that I seem to be less concerned with the priority of v. Anrep than with my own.

I have, however, as can be seen from the accompanying reprint of the aforementioned communication, given due credit to the contribution of v. Anrep concerning the knowledge of the anesthetizing effect of cocaine, in the following words: 'In the year 1880 Dr. v. Anrep (*Pflügers Archiv. f.d. ges. Phys. 21 Bd.*) published a comprehensive experimental work about cocaine, at the conclusion of which he already pointed out that the local anesthetic effect of cocaine might become of importance'.

I must therefore regret very much that Herr Professor Rossbach did not look at the wording of my article (*Wiener Med. Wochenschrift,* 25 Oct. and 1 Nov.).

2) There can be no question of v. Anrep's priority in regard to the anesthetic effect of cocaine on the mucous membrane, since this was already known to the first researcher about cocaine in Europe, Professor Schroff (Cf. *Ztschr. d. K.K. Fes. der Ärzte in Wien,* 1862), as well as to all those that followed. Concerning this there can be no priority claim in favor of v. Anrep as against a later authority. V. Anrep, to be sure, has made this effect of cocaine the object of a close study.

3) I have never taken credit in regard to the discovery of this useful physiological characteristic of cocaine, although its effect on the cornea was never before attempted. I have only made that step, as Professor Rossbach rightly remarks, to turn well-known or easily deduced effects of cocaine to use in practical medicine, especially in the field of ophthalmology *(19).*

As time went on some warning murmurs began to be heard in connection with cocaine, which had been taken up with such enthusiasm since the publication of *Über Coca* and since its brilliant success in surgery as a local anesthetic. Already in the October 25, 1884 issue of the Medical Record an editorial had

stated: 'As yet we know little or nothing of its possible poisonous effect in large doses. It is to be hoped that no rashness in experimentation will demonstrate them.'

It so happened that in March 1885 in a lecture before the Psychiatric Society, according to Dr. Siegfried Bernfeld *(2)*, Freud had said, referring to the treatment of morphinists: 'I would advise—without hesitation—giving cocaine in subcutaneous injections of 0.03 to 0.05 grms. per dose and not to shrink from an accumulation of doses'.

According to Jones and Bernfeld, his biographers, Freud was to reproach himself bitterly for this statement made in the days of hopeful enthusiasm. For as cocaine came more and more into general use, two or three years after the discovery of local anesthesia, it became apparent that cocaine had not been sufficiently tested in respect of some of its other therapeutic uses, and that addiction and even death had occasionally resulted. The praise and credit that had come to Freud for his fine paper and for having reawakened interest in the drug now turned to attack. He was accused of recommending subcutaneous injections without sufficient research and, in addition to the hue and cry about cocaine, was charged with charlatanism and quackery because of his enthusiasm for Charcot's work. It must have been a bitter experience for a sensitive and brilliant man, trained in the tenets of the Helmholtz school, who judged himself by its stern scientific standards, to find himself condemned as reckless and wanting in these very qualities, all the more since his keen desire to help and heal had led to his difficulties. Interestingly, Bernfeld suggests that this was the reason why Freud never again referred to his lecture on subcutaneous injections. He kept no reprint of its publication in his files, and in all the editions of The Interpretation of Dreams, as well as in the Collected Papers of 1925 and 1948, he gave 1885 (the date of the lecture) instead of 1884 as the date of his cocaine paper. Whatever his unconscious motivation (as suggested by Jones and Bernfeld), if indeed there was any, this was the only date available to anyone using the above works for reference *(2, 15)*.

Like his friend Freud, who was to fall from the height of his hopes and dreams of establishing himself into years of disappointing struggle, my father was catapulted from the summit of early renown and success into terrible despair. In his case the change came with the utmost rapidity, whereas it was several years before Freud had to acknowledge the withering of his early hopes.

Although my father's name was now on the tongues of doctors all over Europe and America, and the medical publications were full of his discovery, he had in Vienna many enemies as well as friends. He was not only a Jew (in itself a drawback to promotion at the University) but a difficult, tempestuous young man, one who could never be compelled to speak diplomatically even for his own good. His chances of winning the longed-for assistantship in one of the great eye clinics receded further and further while, for all his glory, he stood looking anxiously into the bleak and uncertain future. Then came an incident which very nearly put an end to his young career.

He had served his year of compulsory military training in the Austrian Army in 1876, and I learned from his papers that his rank as a medical officer was First Lieutenant, or *Oberarzt* in the Army Reserve. His sword, rusted in its sheath, was accepted by me as a natural appurtenance to the attic of our brownstone house in New York, and even now the thought of it calls to mind the shelves laden with knickknacks and objects swathed in white covers and the strong odor of camphor. Now as I began to sort through the brown carton, my eye was caught by a bundle labeled '6 January, 1885'. This held letters of congratulation that referred to some event which obviously had nothing to do with the discovery of local anesthesia, but I was not yet familiar enough with German script to have anything but a foggy idea of their content. There were some documents of an imposing official appearance and, to my astonishment, a summons to appear before the Vienna police. Following the trail unsuccessfully through yellowed newspapers—here an

account of the disastrous Ringtheater fire with its terrible loss of life and lists of victims, there reports of the Dreyfus case, which fascinated my father as it did the Western world, and many, many articles on the discovery of cocaine and the experiments that followed it—I came at last upon the answer in a newspaper article of January 7, 1885 in the *Neues Wiener Abendblatt.*

'(Duel) A few days ago in the General Hospital there occurred an altercation that yesterday led to a duel. The following circumstances led to the happening. The sick brought to the institution come to the Admitting Room on stretchers before they are turned over to the doctors who will take care of them, and it is there decided which will be taken at once and which will be examined later. On this particular day there was in charge of the Admitting Room a young doctor, recently much discussed for his scientific achievement, to whom a man with a very seriously injured finger was brought. The young doctor looked at the injured finger and saw that it was constricted too tightly by a rubber bandage so that the circulation was cut off and that there was immediate danger of gangrene. Among the other interns present in the room was a student of Billroth who asked that the patient be designated for Billroth's clinic (some of the patients are immediately assigned to the various clinics from the Admitting Room). The doctor in charge of the Admitting Room made a note of this request and then wanted to loosen the dangerous bandage but the other began to object. Without paying any attention to these objections, the first doctor quickly cut the ring bandage from the finger of the patient. At the same time the second doctor hurled an insult at him that sounded like "Impudent Jew". A resounding box on the ear was the answer to this insult. As a result of this retaliation the second one, insulted by the box on the ear, naturally found himself obligated to send his seconds to his colleague, and the matter finally ended in a sabre duel which took place yesterday. The young doctor who properly did his duty in saving the sick man entrusted to him from imminent danger remained entirely unwounded while the other after a few passes was led away.'

The cold official complaint covered several long pages:

'The intern in the General Hospital and Lieutenant in the Army Reserve, Dr. Carl Koller, became involved in an altercation on January 4 of the current year with Friedrich Zinner, a doctor and also a Lieutenant in the Army Reserve, during the performance of their duties as Admitting Physicians at the General Hospital. In the course of this altercation there occurred an act of insult first by word and eventually by action.

'For this reason Dr. Zinner sent, as his seconds, two doctors, officers of the active Army, to Dr. Koller to notify him of the challenge. The challenge was accepted.

'It was agreed to use "Spadones", i.e., honed foils with very thin and light blades. It was further agreed that the fight would go on until one or the other party should be unable to defend himself. There were going to be no bandages and the seconds were not to interfere, i.e., the seconds should not participate in the duel and not fence off certain thrusts as is sometimes customary.

'The duel took place on January 6 at the Cavalry Barracks at Josefstadt.

'The two defendants had, for the duration of the fight, taken off their coats and were dressed only in their shirts as far as the upper parts of their bodies were concerned. All in all there were three thrusts (or rounds); during the third, Dr. Zinner was wounded on his head and the right upper arm. He was immediately bandaged and taken to the General Hospital.'

Then follows a description of the wounds, the head wound being severe.

'According to the expert testimony of the medical examiners, the foils used during the duel are able to produce the wounds described if the foils should be used with a considerable expenditure of strength to strike somebody's head and might well result in a deadly wound.

'Considering this expert testimony and also considering that Dr. Zinner actually received a severe wound on his head, the foils used during the duel must be considered deadly weapons.

'While the defendant Carl Koller refused to answer the ques-

tions of the District Attorney, Dr. Friedrich Zinner has described the beginning and the events of the duel as mentioned above. He declares that he felt constrained to make this challenge because otherwise he would have forfeited his officer's rank as *Oberarzt* (Lieutenant) of the Army Reserve.'

Behind this duel, which was not the customary affair in which upper-class German students were wont to indulge, lay a long history of anti-Semitism, of small and large humiliations, and age-old hate. The box on the ear delivered by a hotheaded young man seemed to express for his Jewish colleagues their long-suppressed bitterness and resentment. Like a cry of relief, like the release of a long-held breath, letters poured in congratulating my father and rejoicing that one of their number had at last held up his head and answered his attackers like a man. Freud's letter[8] to his fiancée Martha Bernays, while the duel was in progress, expresses some of these feelings.

Vienna, Thursday, 6 January, 1885[9]

My precious Darling:

In the confusion of the past few days I haven't found a moment's peace to write you. The hospital is in an uproar. You will hear at once what it is all about.

On Sunday Koller was on duty at the Journal, the man who made cocaine so famous and with whom I have recently become more intimate. He had a difference of opinion about some minor technical matter with the man who acts as surgeon for Billroth's clinic, and the latter suddenly called Koller a 'Jewish Swine'. Now you must try to imagine the kind of atmosphere we live in here, the general bitterness—in short, we would all have reacted just as Koller did: by hitting the man in the face. The man rushed off, denounced Koller to the director, who, however, called him down thoroughly and categorically took Koller's side. This was a great relief to us all. But since they

[8] In: *Letters of Sigmund Freud.* Selected and edited by Ernst L. Freud. Trans. by Tania and James Stern. New York: Basic Books, Inc., 1960. Letter No. 55, pp. 131-132. Reprinted by permission of Ernst L. Freud and Basic Books, Inc.

[9] Notes: See p. 349.

are both reserve officers, he is obliged to challenge Koller to a duel and at this very moment they are fighting with sabres under rather severe conditions. Lustgarten and Bettelheim (the regimental surgeon) are Koller's seconds.

I am too upset to write any more now, but I won't send this letter off until I can tell you the result of the duel. So much could be said about all this.

Your pleasure over the little presents made me very happy; surely Minna wouldn't think that I would confine her to a calendar! The Eliot [a] is for her, I have reminded them again. As for the money, my little woman, you keep it; Minna has a claim to part of the previous sum; it will be a long time before either of you get more.

Paneth has given me six bottles of very good wine, some of which will go to my family, but some will be drunk by myself and others here in my room. One bottle has gone off today to Koller to fortify him for the fight. I am considering a reckless purchase. For the forty-two florins' interest from Paneth I am going to buy myself a decent silver watch with a chronograph in the back; it has the value of a scientific instrument, and my old wreck of a thing never keeps proper time. Without a watch I am really not a civilized person. These watches cost forty florins.—I am too impatient to go on writing.

So far my neuralgia injections are working very well; the trouble is I have very few cases. Yesterday I went to see Prof. Weinlechner [b] and Standhartner [c], who gave me permission to use the treatment on all cases of this kind in their department. I hope to learn more soon about the value of the procedure.

I must go now and see if they are back.

All is well, my little woman. Our friend is quite unharmed and his opponent got two deep gashes. We are all delighted, a proud day for us. We are going to give Koller a present as a lasting reminder of his victory.

Farewell, my sweetheart, and write again soon to

Your Sigmund

[9] Notes: a. Book by George Eliot.
b. Dr. Joseph Weinlechner, professor of surgery at the University.
c. Dr. Josef Standhartner, professor at the University of Vienna.

In the packet of congratulatory letters was one from Freud to my father, written later on the same day.

Vienna, 6 January, 1885

Dear Friend:

I have missed spending the evening with you. After the vehement excitement of the last days I felt the need to unburden my heart to two of the dearest people, Breuer and his wife. You may guess what we were talking about, and what Breuer's comment was. It would give me great pleasure if you would accept my offer to use the intimate term *du* as an external sign of my sincere friendship, sympathy, and willingness to help. I hope that the shadows which seem to threaten your life at present will soon vanish and that you will always be what you have been in these last weeks and days, a benefactor to mankind and the pride of your friends.

Your Sigm. Freud.

Only from then on did the letters use this intimate *du*—those were indeed formal times. The only other facts I have since been able to unearth are that my father was pardoned (the pardon was among his papers), that he had never had the slightest experience in dueling, and had managed to take just one hasty lesson, and that his seconds were his friends, Dr. Lustgarten and Dr. Bettelheim, the regimental surgeon. No doubt he never wished to recall the anguish of those days. A box on the ear may very well be a reflex action, but a duel in which the object is to injure or be injured is quite another thing. What thoughts must have filled his mind for those forty-eight hours before the duel? How terrible it must have been not only to dread his own maiming or death but the almost equally horrible alternative, to injure another. What a conflict there must have been in the soul of a physician who, if he is worth his salt, dedicates his whole soul to cherish and fight for life, not to destroy it.

The events of the next few months are unknown to me. Perhaps this duel crystallized the difficulties which, because he

was a Jew, hampered his career. One thing is certain; during this time it became apparent that any hopes of promotion in the University, of which the hospital was a part, were quite vain. An article written in 1899 gives one a sense of how unfavorable the situation was. It appeared in a small Viennese periodical in answer to an inquiry as to the whereabouts of Dr. Carl Koller and was entitled University Negligence!

'Dr. Koller is at the moment one of the busiest ophthalmologists of New York. After completing his studies he was for some time intern at the clinic of Professor Weinlechner and settled an affair in which he was involved in the course of his service in a manner as praiseworthy as it was gallant—so that Professor Weinlechner commended Dr. Koller in his reference when he left, most warmly, not only as a doctor but as a man. Dr. Koller, whose first love had always been optics and its science, discovered in his private research, as you correctly brought out, the beneficial effects of cocaine, which was of inestimable value in eye surgery. Cocaine made a triumphal tour through the entire world—Koller, however, was not even able to get so much as an assistant's position in Vienna. Along with the lack of protection that you mention, there was a characteristic of Dr. Koller's that also played a part; namely, Dr. Koller was stiff-necked (stubborn), and a stiff neck paired with real strength of character amidst conditions as you described them hardly served as an impetus to the furthering of a career.' The article continued to describe how my father's good friend, Dr. Lustgarten, also was forced to leave Vienna because of some difficulties with the director of the General Hospital. 'Both Dr. Koller and Dr. Lustgarten rank in New York as the finest examples of the Viennese school. Creditable as it may be for the latter to be so worthily represented abroad, it must nevertheless be deeply deplored that matters at home should be so ordered that two outstanding doctors in succession must be numbered amongst those who do not count in their own fatherland' *(5)*.

There is a feeling in some of the letters that the period of

scientific awakening in Vienna is over and that the orange has been squeezed dry. This disenchantment was reflected not only in Freud's letters, but also in those of Lustgarten, Widder, and others.

So the story went—much fine linen paper covered with helpful suggestions, but the alternatives were hard. It was a bitter experience for my father to find that even with a notable achievement to his credit all doors at home were shut in his face and, even in foreign lands, the outlook was none too hopeful. His good friend Le Plat, assistant to another lifelong friend, Professor Ernst Fuchs, wrote warning him away from Paris—for the competition was also keen there and feeling was growing against foreign students coming in to usurp the scarce positions which the French considered rightfully theirs.

Ill and in a pitiable state of hopelessness, my father existed through the days until he was pardoned. It was at some time during this period that he literally saw the handwriting on the wall and finally resolved to leave Vienna forever. As he was walking moodily through its streets one day he saw scrawled upon the side of a house these jeering words: *'Die Religion ist uns einerlei / In der Rasse liegt die Schweinerei'*.[10] Up to that moment, he later said, he had felt that anti-Semitism was largely a matter of religious belief, and this was something he considered at least within the scope of comprehension and might still be endured. But these words, written by an unknown hand, illuminated like a flash of lightning the nature of the enemy and a hate with which it was impossible to come to terms. It is because of this revelation that I am sitting here in my garden in the sunshine of this blessed land, and that he was privileged to show his gratitude like so many, by stretching out a saving hand to others when the bestial unreason had come to full growth under Hitler some fifty years later. From Teplitz my father went to study at Göttingen and other seats of learning in Germany and France. Meanwhile, from time to time he corresponded with his friend Freud who, if we judge by his let-

[10] 'It is not the religious belief that matters to us/ the swinishness lies in the race itself.'

ters, tried in every way to encourage and guide him through his illness and uncertainty.

Vienna, 7 July, 1885[11]

Dear Friend:

I am writing to you in the midst of the vexation and misery of a morning in the Admitting Office, and I am full of the disgust which one acquires in this house [a]. I spoke with Königstein yesterday who told me about a conversation with Mauthner [b] that was very funny. He asked M whether he might lecture in his department, because M's appointment can be taken for certain. Upon that M: 'I don't dream of turning my clinic into a *Judenschul* [c]. No assistant of mine should be a Jew. I won't have any Jewish second assistants either. The Jews don't know anything, they don't understand anything, they should leave this altogether alone. If I take a Jewish assistant and say something to him some day when I am in a bad mood, he will up and leave, whereas a Gentile would have seen to it that everything is smoothed out again', etc., etc.

This was naturally said without any reference to you. You may also deduce from this what can be booked as M's tendency to bluster and to his mischievousness—without malice—but you will retain sufficient reasons to form an unfavorable judgment of your own prospects.

That you should come home now does not seem very sensible to me. You get into bad situations too easily in Vienna and you have not anything to come back for. Stay away as long as you can. Even if you don't accomplish much there, it is still more than you would do here. And when you are ready, go confidently to America. You will be pleased with this advice.

I did not write you because I did not know what to write. I had run out of ideas and there was nothing better to do than to let the world take its course. Now I still don't know why you never gave me news of yourself for, of course, I am here at your service.

11 Notes: a. General Hospital.

b. Ludwig Mauthner (1840-1894), first, professor at Innsbruck and then chief of ophthalmology at the *Wiener allgemeine Poliklinik*. He was of Jewish descent.

c. Derogatory expression for synagogue.

My traveling plans are to go from here to Hamburg on September 1st and to Paris on October 1st. Couldn't we meet? There is a slight chance that I might accompany Fleischl [d] to St. Gilgen [e].

I send you my warmest greetings and wait to hear from you.

Your

Dr. Sigm. Freud

Vienna, 14 August, 1885[12]

Dear Friend:

What could you possibly wish to do during these months other than to recuperate like everyone else in beautiful country, good air, and to ride, to climb mountains, and to do anything that will help you to get well?

By the middle of September you could really go to the *Naturforscher Versammlung* [a] in Strassburg. In the first place you are sufficiently human to enjoy the attention you will attract, and secondly there may be a market in which someone would buy you. If you cannot find a post quickly you may have to return to Berlin. I don't know of any better place if you don't want to go to America straight away. You know very well that as long as you have not transformed yourself thoroughly you dare not hope to get on better than before in Vienna. They will forgive you your bluntness but not your irritability.

If you stay in Teplitz I hope to meet you on September 1st (details to follow) at the station of Aussig. But you will have to ride with me for several stops if we hope to get anything out of it.

You will be glad to hear that Rosanes [b] almost certainly has been appointed Surgical Director of a new hospital in Neulerchenfeld [c]. We are so surprised that we can scarcely grasp the good news and only fear that in the 8 days before the final decision something may interfere.

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d. Ernst von Fleischl-Marxow, teacher and friend of Freud, ill at the time.

e. On the lake of St. Wolfgang in the Austrian Alps.

[12] Notes: a. International Meeting of Natural Scientists.

b. I. Rosanes, Chief Physician of the Erzherzogin Stefanspital, intimate friend of Freud and Koller.

c. Wilhelminen Spital in an outer district of Vienna.

Time is heavy on my hands, another 16 days, and what miserable times; my thoughts are somewhere else, I feel physically unwell, even pains, and intellectual bankruptcy, this I hope only temporarily. You will have to put up with someone complaining to you. It is too depressing if only you do the complaining. I send you my heartiest greetings and look forward to hearing from you soon.

Your Dr. Sigm. Freud

My father went to that medical meeting in Strassburg, and I believe it was there that he was 'bought in the market', as Freud put it, and became assistant at the *Nederlandsche Gasthuis voor Ooglijder* in Utrecht, presided over by the renowned physiologist, Donders, and his equally famous son-in-law, Snellen, the ophthalmologist. There he worked from 1885 until 1887, busy, fruitful years in the field he loved with associates and superiors whom he could respect and admire. Among his close friends was Professor Willem Einthoven, a man whose genius was combined with the most noble, loving spirit. Years later, when my father introduced his old friend from Utrecht to a meeting in this country, he described how Professor Donders had selected young Einthoven for the chair of Physiology in Leyden when he was only twenty-one or twenty-two and not yet through with his medical examinations, and how Einthoven accepted this immense honor, his heart heavy with conscientious doubts.

A few more letters from Freud help to outline the little I know of the years until my father left the Old World for the New.

Paris, 1 January, 1886[18]

Dear Friend:

I was sitting lonely in my room and translated Charcot, and then pondered over the problems of nerve pathology, but now in spite of the late hour I shall drink to your health and to the success of your work. It is now about a year since I first knew

[18] Notes: See p. 356.

that you were somebody worth while. For the great discoveries are always made by great discoverers. But after our last meeting, I had, as you rightly guessed, given you up, such a pitiful impression did you make upon me. Well, I don't understand it and am not giving out that I understand it, but I rejoice wholeheartedly that matters are going well with you. It cannot all be the result of your improved circumstances, there must also be something spontaneous besides, isn't that so? You will have to give me some credit, little use as I was to you (if I could have been of use, you would have heard from me). Wasn't it my advice that you should look around for a position and, with this in mind, of course, visit the *Naturforscher Versammlung*? Concede this small merit to me, just as with cocaine. I can be all the more happy about it then.

Of your discoveries I understand little, but what I do impresses me immensely. Now that Snellen [a] and Donders [b] confirm your opinions, my own point of view can be a matter of indifference to you, but I have always given you credit for the ability to 'take lots of pains' and being able to start a subject all over again.

The *'travailler sans raisonner'* belongs to me and not Lustgarten. I found it in Voltaire and had my Martha embroider it for me as a wall plaque. This priority I will not concede. As we are in the midst of complaints and reproaches, let me express my irritation that you wanted to take revenge upon Reuss [c] without including me. Haven't I always shared everything with you loyally? This frivolous tone is best suited to our present situation. I really should prefer not to predict in earnest, since I do not understand anything about your illness. If you are in a traveling mood, why not undertake a short visit to Paris? If anyone at all, Charcot will be able to give you advice. He is an extraordinary man of unbiased ingenuity and rich experience.

You shall only hear from me when you write. I shall be here

[13] Notes: a. Herman Snellen (1834-1908). Dutch ophthalmologist. Koller was his assistant in Utrecht, 1885-1887.

b. Frans Cornelis Donders (1818-1889). Dutch ophthalmologist and physiologist. Introduced use of prismatic and cylindrical lenses for glasses. Associated with his son-in-law, Professor Snellen.

c. Professor M. von Reuss, Director of the eye clinic of the General Hospital, who permitted Koller to test cocaine upon the diseased eye in the first weeks of the discovery.

for another two months: Rue le Goff, Hôtel Brésil. Keep on writing to me without expecting too much. In my soul there slumbers a project—to look up Dr. Metzger in Amsterdam—if he is worth it and will accept me. Do you know anything about him?

If you should sink into low spirits again—I really think you are cyclic—I do believe that your improved mental efficiency as well as your improved situation will protect you from the low miseries of the last two months. But perhaps you have conquered it for a long period. With warmest greetings I thank you for the pleasure you have thought to give me with your letters.

Happy New Year
Your faithful friend
Sigm. Freud

Vienna, 13 October, 1886[14]

Dear Friend:

With the greatest pleasure I see from your letter what a warm interest you take in me, and I conclude further that a gratifying change has taken place in you since I saw you last at the peak of your illness which, now that I am riper in experience, I can with certainty diagnose as neurasthenia.

I hope to hear more of you immediately, not about sufferings overcome but about present efforts and achievements, and for this reason I yield to the temptation of giving you news exclusively about myself. As a bridegroom one is spoiled for a while into assuming that one is interesting and lovable to others. You are right in thinking that Paris meant the beginning of a new existence for me. I found Charcot there, a teacher such as I had always imagined. I learned to observe clinically as much as I am able to and I brought back with me a lot of information. I only committed the folly of not having enough money to last for more than five months.

On the way back from Paris (to pass over a four-week stay in Berlin which I really spent translating Charcot's new lectures) I settled here rather desperately in rented rooms with service while my small fortune dwindled away rapidly. However, it went better with me than I expected. I shall not analyze

[14] Notes, See p. 408

whether this was due to Breuer's help, or to Charcot's name, or because I was a novelty. In three and a half months I earned 1100 fl. and said to myself that I could marry if matters continued to improve. A set of circumstances then hastened my marriage; the fact that I could not keep my rooms any longer, my call up to Olmütz for a tour of military duty from August 10th to September 10th, certain family matters, etc.—in short I went from my discharge to Wandsbek [a] and on September 14th was at last granted my long-cherished wish. Then after a short stay on the Baltic I traveled with interruptions to Vienna; arrived here on September 29th and by October 4th we were already able to announce the start of the practice. My little wife, helped by her dowry and wedding presents, has created a charming home which, however, looks too modest for the noble and splendid rooms of Master Schmidt [b].

Only one thing is not going at all in accordance with our wishes; namely, my practice. It is a new beginning and a much more difficult one than the first. But perhaps we shall experience something better soon.

You will see from the reprints mailed at the same time that I have remained loyal to brain anatomy and have entered into close relations with the Russian [c] whom you brought to my attention. I don't work at home, however, and thank you therefore very much for the microtome you mean to send me. If you want to give me something I need urgently, let it be a perimeter [d], since as a clinician I depend more than anything else on the study of hysteria and one cannot publish anything nowadays without a perimeter.

Now in our next letter we shall leave the person of the undersigned to one side and hear what Dr. Koller is doing.

My wife sends her warmest greetings.

Your Sigm. Freud

14 Notes: a. Wandsbek near Hamburg, where Freud's fiancée lived.

b. Stadtbaumeister F. V. Schmidt, the architect of the Sühnhaus, built on the site of the burned-down Ringtheater, in which Freud's first flat was located.

c. Liverii Osipovich Darkshevich (1858-1925), Russian neurologist with whom Freud was acquainted and whom he met again in Paris. They published a neurohistological paper (*15*, p. 205).

d. An instrument for measuring the field of vision.

Vienna, 1 January, 1887[15]

Dear Friend:

After a long wait to see whether your beautiful but silent present would be followed by a letter, I am using New Year's Day to thank you very much and to tell you how much pleasure the perimeter (just the thing I wanted) [a] gave me, as well as the charming picture you gave to my little wife. I shall tell you further in short what there is to say about us; namely, very little. Quiet happiness, as far as social life allows, unsatisfactory wretched practice, continued research in brain anatomy and in the clinical study of hysteria, without a trace of help from the higher-ups. Let's hope that I shall come through in both respects, practice and research, without the aid of these higher-ups. You know how matters stand in Vienna. There is nothing but good news to report of our friends. Lustgarten increases in scientific quality and social status—but that he should put on great airs and become more and more blasé is not what I would wish for him; Rosanes is just as distinguished but shows more sense of humor; Schnabel ridicules them both. Breuer's children are growing up charmingly; he himself is as always much harassed, open to every new idea, kind, and high-minded.

Soon you will get a trifle [b] from me, a lecture I gave to the *Gesellschaft der Ärzte* [c]. I thank you for your last paper which I naturally did not understand when I tried to read it. However, I am happy to think what clinical schooling and association with men of good will must have made of you. Otherwise, all I know about you is that you are planning to change Utrecht for Paris for the sake of cuisine (?), and I do not think you would overstep your duty if you would follow up your last amiable but altruistic letter with a more subjective one.

Prosit New Year and best wishes from my wife.

Your Dr. Sigm. Freud

[15] Notes: a. Parenthetic phrase written in English in the original.

b. *Beobachtungen einer hochgradigen Hemianästhesie bei einem hysterischen Manne.* (Observations of a Pronounced Hemianesthesia in an Hysterical Male.) *Wiener Mediz. Wochenschrift,* XXXVI, 1886.

c. Medical Association.

In March 1887 there was a fleeting visit to Vienna, and from his friends Lustgarten, Rosanes, Widder, and Freud came notes arranging for a reunion at the latter's house. The next letter in the series was dated six months later and seems to be an answer, and a decided one, to my father's request for advice on a future plan.

Vienna, 13 September, 1887

Dear Friend:

You were so kind as to ask for my opinion in regard to a new project for your future. I am flattered but I am giving this to you filled with the sense of the difficulty of offering advice on the question where you should set up practice. Brünn seems an unfortunate idea—a sow's nest, snobbish Jews, the leaders of whom troop to Mauthner and will continue to troop there for a long time to come; and an anti-Semitic gentile population; no intellectual life and all the gossip of a proper provincial town; an ophthalmologist, Plenk, who I believe is in charge of a ward at the hospital, and beside him a colleague in your own specialty, R. A. Schmeichler; conditions as unfavorable as possible to be associated with; just as Widder's predecessor Ignatz Kohn told me. Kohn to be sure is no honeytongue to get along with, but you are not either.

The whole idea does not appeal to me at all and does not seem to be worthy of further investigation. In order to succeed you need the many facets of a big city and its opportunities. If you are in a provincial town and could not get on with a handful of people, you might just as well pack up and leave. Better not go there at all. Your name and your capabilities entitle you to live in a big place. Go to Paris or London and don't get discouraged if at the start there is a slack period in your career. You would also succeed in Holland if you stayed there. Believe me, the choice of place is not important unless you chose one like Brünn where every chance of a future is cut off. I don't know if you have any other reason for being dissatisfied. If you want to stay in Holland, marry a Dutch girl. By the way, tomorrow is my wedding anniversary. I have never regretted it. Matters will never be right with you until you have your own wife and home.

My wife is awaiting her accouchement in 3-5 weeks. I send you my warmest greeting and hope to hear from you soon.

Your faithful

Sigm. Freud

Still undecided about his future, my father nevertheless left Holland and spent several months in London. It was not easy to make the final decision to leave the Old World, and the compass needle wavered before it set the course. For a brief moment he toyed with the idea of sailing as a ship's doctor to Borneo, since distant lands, the wilderness, and its animal life had always attracted him. A letter written to me in 1940, when he was eighty-two, shows that even shortly before he sailed he was still uncertain.

It was 1904. We were at Geneva and M and I went swimming every morning at the Île de Rousseau, where the Rhone issues from Lake Geneva. That place was the most beautiful blue-green water in the whole world. Afterward we went to the Rifflehorn above Zermatt where you have the Matterhorn before you so that you can grasp it. Amongst the guests was also Professor Michel, one of the major lights of ophthalmology, one of those not very numerous, upper-class, affected Germans. He walked with an affected hysterical limp.

This was my second meeting with Michel. My first was in 1888 when I was about to go to America. It was in Würzburg, where there was before Hitler one of the best German universities. I called on Kölliker, who was the first anatomist and embryologist of Germany and all over. He was 70 then and just packing up to go *auf die Gemsen Jagd*. He asked me what I was doing and I answered that I was going to America to practice opthalmology. He was very much astonished and said, *'Ich habe geglaubt, dass Sie Professor der Embryologie in Wien sind* [I thought you were Professor of Embryology in Vienna]'. Then hearing of my perplexities, he said, *'Gehen Sie nicht nach Amerika, ich werde Ihnen eine Assistent-Stelle beim Michel verschaffen, dann ist Ihre Laufbahn gesichert* [Don't go to America, I will get you an assistantship to Michel, and then your career is assured]'. He sent me to Michel's clinic to get ac-

> quainted with him. I went and stayed two days and then returned to Kölliker and told him that I did not like Michel. In retrospect I am touched by the kindness and gentleness of that great man. And so I went to London, stayed three or four months, mostly in the company of Eric Nordenson, and then into the wilderness out of which America was just emerging.

In the end, however, it was a friend in England, Dr. Arthur Ewing, who finally persuaded him to choose America, and in May 1888 he set sail for New York on the S. S. Saale, a ship still equipped with sails.

Separated by an ocean that in those days was very wide, and by time and divergent careers, the correspondence between Freud and my father dwindled. Some time in 1895 a sharp exchange of letters took place over a ridiculous, imagined slight to a female relative of Freud to whom my parents had offered help and hospitality. I think the correspondence stopped at this point. In 1926, however, on one of his trips to Europe my father called upon Freud in Vienna but, alas, he was away at the time and those two old colleagues were never to see each other again.

The next years in the new land were very busy ones: marriage, a family, and establishing the practice which became very large and consumed all his energies.

My father learned to love dearly this new land to which he came—the city of New York, that Baghdad-on-the-Subway with its small O. Henryish, daily adventures; the trout streams of Montana and Colorado (he was an expert dry-fly fisherman); the Western mountain ranges with their aquamarine glacial lakes into which, to my astonishment, he loved to plunge; the virgin forests of Maine where we used to summer. 'Mt. Katahdin is without exception the most beautiful mountain that I have ever seen', he wrote, 'violet in color, sharply defined in the clear Maine air. Did you ever read the description of it by Thoreau?'

Back of the little inn in the wilderness which we reached by buckboard over bumpy corduroy roads flowed a swift, clear stream over sand and yellow pebbles. I can still see my father instructing my brother in mathematics, a shotgun leaning

against the window lest some ducks come winging up that Lazy Tom River.

Of course when he came to this country his work was very well known, but after 1884 he wrote little more on the subject of cocaine. Experimentation had proceeded, as I have already shown, with such speed and in so many directions that the sequence of events was lost sight of. My father was not aware of this until about thirty-five years had elapsed, when more and more frequently misstatements began to appear, almost entirely in the lay press and often coupled with the work of his old friend, Sigmund Freud. Though he had no wish to see his name before the public, my father was surprised on such occasions to see it omitted from the mention of his work, or to have that work so often incorrectly described. It was bewildering to him, I think, to have the facts which had been so widely known and documented in a veritable deluge of print when they occurred, misrepresented so often as the years went by. It is for this reason that I am trying to offer the small slice of truth which it is my privilege to possess. Small as that slice is, it is borne in upon me how difficult it is to know the truth and, when it is known, to impart the knowledge of it, so that one must be amazed that so much in the world is correctly known rather than that there are so many mistakes. I hope my father is right in what he taught us, that what is false is out of harmony with things as they are and must at last be discovered. *'Die Sonne kommt doch an den Tag.'*[16]

In 1934 in a letter (to which I have previously referred) to his old friend, Dr. Chauncey Leake, who had requested some further information for a meeting in which my father's work was to be honored, my father wrote: 'At the time of my first publication there was no doubt, nor could there be any, that this was the first step in local anesthesia, and a flood of publications in the medical and public press of the world at that time shows it clearly and is accessible of proof. Not only had I asked my friend Jellinek to use the anesthetic in the larynx and nose but,

[16] Nothing can keep the sun from rising.

in consequence of the first publication, it was quickly taken up by many others in different fields. In surgery it was first successfully tried by Professor Anton Woelfler, at that time assistant to the famous surgeon Billroth, and only subsequently taken up and developed as Infiltration Anesthesia by Schleich. The historical sequence which was quite clear in the beginning was lost sight of and blurred in the great flood of publications that followed; and so it was said in some of them that I had adapted the use of the new anesthetic to its use in ophthalmology, and in others no mention of my name was made at all, etc.'

This state of affairs was further underlined by a letter which my father received in 1939 from his old friend and colleague, Dr. Carl Hamburger, in which he speaks with admiration of Dr. August Bier, one of the foremost surgeons of Berlin, who himself had done important work with anesthesia and, undaunted by the Nazi anti-Semitic philosophy, had dared to speak out about the scientific contributions of Jewish doctors.

'Bier', said Dr. Hamburger, 'occupied himself with medical history and with philosophy and in the beginning of 1938 published a book *(3)* wherein, speaking of historical errors in general and anesthesia in particular, he remarked:

' "Let us see how reliable this particular history is. I select as an instructive example the different opinions which exist about it [anesthesia]. To whom does credit belong for the so valuable practical use of local anesthesia in surgery? Listen as follows to the naked truth that anyone can easily verify. A workable local anesthesia has been known only since 1884 (Koller, Heidelberg, 1884). Only after Koller was this discovery used on all other mucous membranes. It was understandable that general surgery also made use of this glorious remedy." ' Then follows a detailed account of the discovery as already related elsewhere in this paper. ' "These are the historic facts. What, however, does the contemporary history of medicine or even general opinion make of these obvious facts? Let them show me one book of the history of medicine in which the service to medicine of Dr. Koller is worthily pointed out in accordance with its im-

portance. In vain one searches for him under his name in *Der Grosse Brockhaus.*

' "Who of the general public knows anything of the discoverer of local anesthesia, Koller, and his follower (in general surgery), the modest Braun? The former has even among doctors been completely forgotten."

'It is very important to be able to point out', Dr. Hamburger commented, 'that even in the seventh year of the Nazi regime, the foremost surgeon of Germany wrote: "None other than the (Jewish) Doctor Koller has contributed the immense service of local anesthesia. What followed were only modifications." '

Silence had settled down over my father's name in Europe, it is true, and for long years he did not notice or pay any attention to the fact. Every now and then, however, it came to men's minds that there was still living in their midst a man who had made an enormous impact on medicine.

He had been voted an honorary member of the American Physiological and Pharmacological Society, the *Gesellschaft der Ärzte* in Vienna, the *Academia Reale Medica di Roma,* Italy, and the Society of Physicians, Budapest, Hungary. At a Congress in Oxford before he sailed to America, my father had met the ophthalmologist, Dr. Lucien Howe, who, among other important accomplishments, founded a research laboratory for ophthalmological work at Harvard in 1926. He had been present at what Mrs. Howe had called 'that historic meeting in Vienna'. It was due to the efforts of Dr. Howe that the gold medal of the American Ophthalmological Society was created and the first one presented to my father in 1922.

In 1927 a scroll of recognition was presented to him by the International Anesthesia Society. In 1928 the University of Heidelberg, as a result of agitation by doctors and professors such as Ludwig Cohn, Axenfeld, and others who were disturbed by the lack of recognition, and upon the initiative of his old friend, Professor Fabritius, presented to him the Kussmaul medal in commemoration of the discovery which was first announced in that city.

In January 1930 a gold medal of honor, the first of its kind to be given by the New York Academy of Medicine, was presented to him. In 1934 the American Academy of Ophthalmology and Otolaryngology presented him with another gold medal of honor on the occasion of the fiftieth anniversary of his discovery.

Thus, fifty years after his discovery, unsought recognition came in a sort of awakening from all over the world. Letters and telegrams poured in from all sides, and it seemed as though this would finally reestablish the facts in men's minds. A long article which was a tribute to this discovery *(13)* revealed to me some hitherto unknown facts. It described how my father was allowed to depart from Vienna, having tangled, I gather, with some to me unknown professor or professors at the University. 'Shamefacedly one must admit that Koller has been shown the greatest ingratitude. *Er wurde totgeschwiegen.*'[17]

In November 1934 there appeared a long article, the reprint of a paper by Professor J. Meller (assistant to my father's lifelong friend, Ernst Fuchs), in honor of my father's discovery *(30)*. It was in the shadow of the approaching storm, with his old enemies no doubt enfeebled or dead, that Vienna at last honored his work.

In 1934, also, my father wrote to me:

> If you look back of the scenes you see more than from in front. I got a letter from Nordenson (Sweden), who Mother says is the best-looking man she ever met, in which he tells me that he asked Wagenmann, the President of The Heidelberg Ophthalmological Society, to publish a *Festschrift* with my *Vorläufige Mitteilung* [preliminary communication]. But Wagenmann, who is a good friend of mine, had to say it was too late now. Nordenson is naïve or he would have known that the Nazis would not like it. But Wagenmann promised and kept his promise to mention the anniversary in his *Eröffnungsrede* [opening speech]. The next best thing Nordenson could do was to ask Arnold Knapp [the son of Herman Knapp, who first translated my father's paper] to reprint the communication in

[17] He was done to death by a conspiracy of silence.

the issue of the Archives of Ophthalmology, which he did as he had no need to fear the Nazis *(37)*.

Before me lie the letters of Nordenson and Wagenmann and the proceedings of the meeting at Heidelberg—an amazing document. Dr. Wagenmann, who had begun his career at Göttingen under the ophthalmologist, Thomas Leber (another old friend whose letters, too, were here), had indeed mentioned the discovery in an extraordinary paper at an extraordinary time. From a historical point of view I think it is interesting.

The chairman, Professor Wagenmann, opened the fiftieth meeting of the German Ophthalmological Society with a ringing endorsement of Hitler. But under a bower of flowery prose it became apparent that he had had to bow to government pressure and promise that the constitution of the Society would be changed so that any chairman or delegate must be confirmed by the Ministry of the Interior. And he added that the government's recent emphasis on the study of race hygiene and hereditary diseases must give a new direction to the society's scientific research, which in its particular field must concern itself with hereditary blindness and malformations. Then proceeding to recount the history of the Ophthalmological Society studded with glorious scientific names—Helmholtz, Arlt, Leber, von Graefe, Donders, Axenfeld, and many others—he abandoned his political double talk, described the true ideals of the Society, and dedicated the remainder of his paper to honoring the Jewish doctor.

'Our society was the first scientific society dedicated to the therapy of the eye, and the first one in Germany dedicated to one branch of medicine. . . . Today we must think gratefully of one other scientific feat that took place fifty years ago at the sixteenth meeting of our society here in Heidelberg. At the first session on September 15, 1884, there was announced for the first time Koller's Preliminary Communication on local anesthesia of the eye. The fact, already known, that the alkaloid rendered the mucous membrane of the mouth and throat numb,

suggested to Koller, at that time in Vienna, that he should test its effect on the eye. . . . Koller, through the introduction of cocaine in the field of ophthalmology, became the discoverer of local anesthesia. We can be proud that the very important fact of local anesthesia grew out of ophthalmology, and that it was here in Heidelberg that the first communication, which was to be of the greatest significance to ophthalmology, took place. The ophthalmologists today no longer can conceive what a blessed effect the introduction of cocaine had for doctors as well as patients. Through this, Koller became the benefactor of mankind, and we all have reason to think of him with gratitude and to give expression to our sincere appreciation. Koller became a member of this society in 1888 and has always been true to it' *(36)*.

My father had indeed been privileged to live in an age of medical awakening almost like a renaissance, to be a discoverer, and to build a life in a new land, highly respected and honored. His long life was spent in the busy and demanding practice of ophthalmology; but he never allowed himself to be closed in by the narrow walls of surgery or of specialization, for he still practiced in the old tradition of the whole man.

But I have always felt that in his heart there was a certain sadness, a feeling that in a way he had missed his calling. His was the mind of a research scientist, and his daring intuitive knowledge and thorough education equipped him for such a career. But pure research is well-nigh impossible for a devoted practicing physician; each way of life is a completely absorbing and jealous mistress. I have always thought that he regretted not having used to best advantage those special gifts with which he was endowed.

My father's mind was unusually clear and incisive until the day he died. I cannot think of any subject within the realm of human knowledge that did not interest him: physics, geography, mountain climbing, astronomy (he once went to Europe primarily to see the first planetarium at Jena), polar expeditions, history, and travel. He dreamed of Tibet, Spitzbergen,

Tanganyika, and Alaska until the very end of his life, 'but where do I get the time from, and eighty in seven weeks?', and so on and on.

His taste in literature was discriminating and elastic. He read constantly on every imaginable subject, poetry and prose, much of it in French, for that language had always attracted him. His humor could be delightful, whimsical, ironic, or sarcastic with a terrible bite as it fastened on its mark. His choice of words was colorful and had the poet's descriptive precision. The work of which he was proudest and which gave him his most undiluted pleasure was not the discovery of local anesthesia in surgery, but his fundamental research, when he was twenty-two, upon the mesoderm of the chick. I think that his outstanding characteristic, the one which is most often spoken of by those who knew him, was his integrity. Sham and pretense were intolerable to him.

In his obituary in the Archives of Ophthalmology, Dr. S. Bloom wrote: 'He was not a calm person, nor had he ever any hesitation about expressing criticism of himself or others if he discovered error. Like all scientifically minded people he despised insincerity in medical practice and often jibed at it. To all with whom he came in contact he was a stimulating personality, always speculating about the unknown and unsolved problems in all lines of endeavor. Friends, colleagues, and patients sensed in him a real person, true, reliable, fearless . . .' *(4)*.

Over my desk hangs his favorite quotation from Ecclesiastes (IX, 11-12) which my father had typed. I think its broad sweep solaced him—for individual sadness is lost here in the common fate of mankind. It is the old man's submission to that fate which the young man had found so terrible.

'I returned and saw under the sun, that the race is not to the swift nor the battle to the strong, neither yet bread to the wise nor yet riches to men of understanding, nor yet favor to men of skill; but time and chance happeneth to them all.'

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FETISHISM IN CHILDREN

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Some children display an exaggerated attachment to an article of clothing (usually not their own), or to a piece of bedding such as a pillow or blanket, or to some other inanimate object not particularly suitable as a child's plaything. The child must possess and use this article in certain situations, especially before going to sleep or when alone or in a strange environment. Even the presence of mother will not comfort some of these children unless this fetish is available when they need it. It is startling and puzzling to see an inanimate and seemingly valueless object preferred by the child to his mother. Mothers are usually embarrassed by this behavior and try to conceal it from outsiders and to minimize the degree of the child's attachment to the fetish.

In 1927, Friedjung *(7)*, a psychoanalytically oriented Viennese pediatrician, published a short but very interesting observation of such fetishistic behavior in a sixteen-month-old boy. He had chanced to find the mother's used stocking or lingerie in the child's bed and was given significant information about the child's behavior, not by the mother, but by the grandmother and the maid.

In 1930, Lorand *(13)* reported on a four-year-old boy with shoe fetishism. Corroborating Freud's concept of the fetish as representing the 'illusory' phallus of the mother, Lorand gave some description of the child's environment. His parents were exhibitionistic and the boy had unusually strong scoptophilia. He had slept with his mother until the age of three and still shared her bedroom and frequently her bed. He liked to climb all over her body, under her and other women's skirts, and often while sitting on his mother's lap, even in the presence

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of others, would reach for her breasts. Lorand discussed the very obvious castration anxiety of this boy, but made only casual mention of the attitude of his mother, who permitted this behavior but interfered with her son's attempts at masturbation even when he tried to conceal it. The boy had begun to curb this behavior, according to Lorand, under the influence of his superego. I believe his mother must have begun to restrict some of the previously uninhibited instinctual gratification. Lorand also refers to the mother's great interest in shoes, which may have played a role in the boy's choice of fetish.

Articles on fetishism in children are scarce, yet the condition is not rare. But even marked fetishistic inclinations in a child hardly ever cause parents to seek professional help *(15)*. Two cases referred to me primarily for their fetishistic behavior come to mind in this connection.

The pediatrician of a four-year-old boy insisted upon consultation because of the child's unusual behavior, which the parents apparently tolerated. The child's fetish was his mother's panties which had to be saturated thoroughly with his urine. He would go to sleep only if his face was buried in the fetish. During the day he liked to hold the fetish to his face and smell it. A seven-year-old boy used to lie face down on a certain spot in the living room, moving his body rhythmically and at the same time plucking wool from the carpet. This he did regularly before bedtime but also at other times during the day. Although this behavior was disturbing to his mother, neither she nor the mother of the four-year-old boy accepted my and their doctors' advice that the children receive treatment.

Both Friedjung *(7)* and Wulff *(24)* discovered the fetishism by chance, confirming my own observation that parents often tacitly sanction this and other deviate sexual behavior and do not welcome outside intervention. Wulff, reviewing his own and Friedjung's cases, together with that of a twenty-month-old girl reported by Editha Sterba *(20)*, concluded that these phenomena are pathological and are closely related to fetish-

ism in the adult. Wulff discusses Freud's *(5)* concept of the fetish as a substitute for the missing penis of the mother (a position Freud also held in the case of the sixteen-month-old boy whom Friedjung had discussed with him) but concludes, 'The abnormal manifestations in the young child in the preœdipal period are in their psychological structure nothing other than a simple reaction-formation to an inhibited or ungratified instinctual impulse, in which the inhibition or the forbidding of gratification comes from the external world'. He draws attention to the significance of the fetish as a substitute for the mother's body in part or in whole, and discusses the relation of the fetish to sucking, to food, and to weaning. He states that 'in the young child the fetish represents a substitute for the mother's body and in particular for the mother's breast'. He adds, '. . . fetishistic manifestations in the young child are not at all uncommon, but the psychological structure of childhood fetishism, as of other pathological manifestations, is a different one' from that found in adult fetishism.

Wulff believes that study of the development of childhood fetishism could throw light on its probable connection with adult fetishism. He demonstrates convincingly the relation of the fetish to nursing and weaning, its oral origin, and its connection with eating and sucking. He points to the fact that only a specific property of the fetish is valued and gives a specific kind of gratification. If the fetish loses this property, it loses its value as a fetish. In other words it is not the object as a whole that is valued, and there is no emotional tie to the object itself but only to a specific quality such as texture or smell. He believes that, during the anal-sadistic phase, the fetish becomes a possession important as a whole object, valued not for only a single specific property. During the phallic phase, according to Wulff, the fetish becomes identified with the penis, and castration anxiety is carried over to the fetish.

In 1953, Winnicott *(23)* described the 'transitional object' as 'an object that becomes vitally important to the child, even more important than the mother, an almost inseparable part

of the child'. He is correct in saying that some mothers 'allow an infant special toys and expect them to become addicted to these toys' and that children use these toys in defense against anxiety. However, he considers these phenomena universal and part of 'normal' emotional development. He objects to use 'of the word fetish, [by which] Wulff has taken back to infancy something that belongs in ordinary theory to the sexual perversions'. It seems to me that Winnicott has created much confusion by referring to these phenomena and these objects as transitional. I believe they are pathological manifestations of a specific disturbance in object relationship. Winnicott's concepts are not only fallacious but dangerous, because they lead to erroneous assessment of the meaning and function of fetishistic childhood phenomena and childhood fetishism.

Why should a child become so addicted to an intrinsically valueless article that it becomes more important to him than his mother? And why should a mother expect her child to become so attached to a toy as to feel that he cannot do without it? Winnicott correctly emphasized that these mothers are very careful of this object, taking it traveling with the child. Can it be that the mother has something to do with this behavior of her child, that she wants him to form such an attachment to an inanimate object, and in some way indicates this to him? It is fallacious to draw conclusions from observation of the behavior of the child and the manifest attitude of the mother without knowledge of the unconscious motivations of the mother, which can be obtained only by psychoanalytic study. Without such knowledge, certain behavior of the child either remains unintelligible or may be incorrectly interpreted. Even psychoanalysis of the child himself may give only incomplete understanding of the interplay between mother and child without psychoanalytic study of the mother; I have found deviate sexual behavior in children to require concomitant psychoanalysis if adequate understanding and therapeutic results are to be achieved *(15)*.

I have studied the onset and course of fetishistic behavior in

a two-year-old boy, Martin, during three years of analysis of his mother. The case is of particular interest because his older brother, Leo, exhibited transvestite behavior. The analysis of the mother revealed that she had had different feelings for her two sons from their births. In her older son, who became very closely attached to her, she encouraged feminine behavior from the beginning. He exhibited all the traits she disliked in herself, particularly shyness. He was afraid to speak up, was withdrawn, and acted 'funny'. 'Even though he had a penis', she said, 'he was no better than a girl'. In fact she thought him worse than a girl because he was clinging and fearful. With Martin she determined from the start to let him be a boy and independent of her. She even thought that Leo's penis looked different from Martin's, which was 'a real male penis'. Martin was a poor sleeper so his mother slept with him, not with her husband. Martin loved buttons; he liked to put one into his mouth to suck. This began in the following way: Martin liked to sit on his mother's lap and play with the buttons of her blouse and fondle her. One day his mother, deciding to stop this play, gave him a button which Martin immediately put into his mouth and appropriated as a fetish. When it was lost, he became unhappy and would accept as a substitute only a button given to him by his mother. Her analysis revealed that she had not really accepted weaning. She was still in the habit of sucking on her teeth and gums, especially when she felt frustrated. She was consciously determined to wean Martin and to separate herself from him but she was unable to do so. The button represented to her the nipple, the breast, and a substitute for herself; by it she continued her 'oral' relationship with Martin. When she understood this, his attachment to buttons weakened (it had lasted about six months).

He then developed an attachment to a blanket for several reasons. His mother now understood the meaning of the button; moreover, she was concerned that he might swallow it. (This concern she had had before, but it did not prevent her from giving him buttons.) What seemed decisive was the fact

that her analysis made her aware of her part in Martin's sleep disturbance and of her use of it as a rationalization for sleeping with him. When she decided to separate herself from him at night, she offered him a blanket as substitute for herself. The special blanket she bought for him then became his second fetish. Martin clearly treated the blanket as his mother intended he should. He took possession of it, became inseparable from it, and dragged it with him about the house, often between his legs as if he were riding it. He liked to pick at the seams (it was a cotton-filled quilt), to pull the cotton out, to smell it, and to make little heaps. Martin was now at the height of the anal phase and approaching the phallic stage. By the time he was four years old, there were decisive changes in his mother's feelings and attitudes, and her unconscious needs interfered with him less. She became able to let his father, who had been conspicuously absent from the picture, play a part in the children's lives. In her analysis she liked to minimize the significance of the blanket, but she was very careful to take it wherever they went.

One day when Martin was four and a half, the family went on a trip to the country. Almost halfway, the mother remembered that she had forgotten the blanket. She wanted to turn back but Martin discouraged her. He was now hiding the blanket in a closet during the day when his friends came to play with him and used it only at night to sleep with. The mother reminded him to take the blanket when he went to camp for the first time (he was just five years old). She worried that he might not sleep, but Martin refused because the boys would laugh at him. His attitude pleased her but she later confirmed her need to hold on to him by means of the blanket. She told me that when she saw Martin touching a velvet ribbon as though he liked the feeling of the velvet, she thought of offering him the ribbon instead of the more obvious blanket but she thought better of it. She kept his blanket while he was at camp and when he returned he used it for a short time, then discarded it. Her analysis ended then, but she reports that

Martin, now ten years old, has shown no fetishistic behavior and his development seems to have progressed satisfactorily.

This case is interesting for three principal reasons:

1. It bears out Wulff's concepts concerning the origin and development of childhood fetishism. Martin's first fetish, the button, was no doubt of oral origin, representing the nipple or breast, the mother, or part of her. His second fetish, the blanket, had anal and also phallic meaning. It came to represent the whole mother as a possession and deflected anal-erotic and anal-sadistic impulses from her and from himself to the fetish. In this connection, his behavior during toilet training is of interest. For a long time he refused the toilet and defecated in a corner of his room or in his pants. When he was left in care of others he used the toilet. After his mother's very strongly repressed anal-erotic needs were exposed in her analysis, Martin gave up soiling and the blanket became his new fetish. Progress in the mother's analysis caused the fetish, in a way not wholly clear, to lose its significance for the child during the phallic phase and finally to be given up.

2. This case demonstrates clearly the role of the mother in the genesis of fetishistic behavior and in the choice of fetish. This mother had an unconscious need for the type of relation with her child that seems conducive to fetishism. Unconsciously she resisted separation from her child and renunciation of the gratifications of bodily contact with him during his oral and anal phases. But she could not permit this relationship to be manifest because she had felt 'exposed' by the behavior of her older son, for which she held herself responsible. The relation could, however, be established through the fetish which she introduced and which represented herself in part (oral) or as a whole (anal). The fetish must be something concrete and real. Aside from its symbolic meanings, it offers real gratification to such specific components of the oral, anal, and phallic instincts as looking, touching, and smelling.

It also permits deflection of destructive sadistic impulses from the original object, mother, and from the self, to the fetish.

The child can do with the fetish what he would like to do, but may not, with his mother's or his own body. The fetish must be replaceable. This is an important differentiation between fetishistic and autoerotic activity. When the fetish is a part of the child's own body, it is a replaceable part, usually the hair or nails. In both autoerotism and fetishism the fantasy of omnipotent control is a supreme factor, but use of the fetish is a sign that the child has not given up the external object represented by it and insists upon gratification in reality, even though this is only a substitute gratification.

It seems to me that the need for a fetish has something to do with the reality of the child's experiences. In the lives of these children there has been real seduction and actual overstimulation of these component instincts in the relationship with the parents, especially with the mother. Lorand's case of the little shoe fetishist and the cases of Stevenson *(21)* come to mind. (Stevenson collected her cases in support of Winnicott's thesis of the normality of fetishistic behavior in children, which he terms 'transitional phenomena'; yet the pathology in these cases is blatantly obvious, as is Stevenson's inexperience with the subject of fetishism, an inexperience she herself admits.) The reality or unreality of the experience plays an important part in determining whether development leads to perversion or to neurosis. The pervert seeks gratification in reality, whereas the neurotic accepts gratification in fantasy or symptoms. The fetish has the double function of making it possible for mother and child to separate in reality by magically undoing this separation. Thus the fetish enables both mother and child to maintain a façade of normality. Gratifications not obtainable from the mother are gained from the fetish. Formation of a fetish interferes with the processes of internalization and with development of the ego, and especially with development of the superego, which arises from internalized parental attitudes *(9, 14, 15, 19)*. There is incomplete introjection of the parental images because of persistence of part-object relationship and deflection of unmodified sexual and aggressive impulses to the

fetish. In this connection, it is interesting to compare children with a fetish to those with imaginary companions *(18)*. When there is an imaginary companion, the sexual and aggressive impulses have undergone modifications and are not deflected from the parents to a lifeless object. The imaginary companion, which like the fetish is a defense against separation anxiety, is endowed by the child with a personality even if it is an inanimate object.

Study of the disturbances in object relationships in childhood fetishism and their effects upon the formation of the superego in childhood might contribute greatly to our understanding of certain phenomena in perversion, addiction, and acting out, and might enhance our treatment of such patients. I have in mind particularly the corruptibility of the superego, the instability and unreliability in object relationship, the insistence upon immediate gratification, and the resistance to change in mode of gratification. In the analyses of two adult fetishists I found that they had strong tendencies to alcoholism, gambling, and other impulsive and destructive acting out, especially when they were struggling with their fetishistic urges.

3. This case demonstrates that the childhood fetish is an early indication of a specific disturbance in object relationship. If the child before the age of two becomes attached to an inanimate object in this way, we should be aware that he has not accepted weaning but has instead replaced the nipple, breast, or mother with the fetish. The mother's own unresolved conflict about weaning will interfere with her ability to help her child accomplish this essential task. When this happens, some mothers may knowingly or unknowingly encourage the adoption of a fetish by their children. Martin's mother did this. A specific fixation in object relationship is thus established; it affects development during the anal, phallic, and œdipal phases and influences regression in later life. This fixation is to a part-object, to specific parts of the mother's body, or to specific qualities of these parts. In essence this means that through the fetish, part-object relationship can be maintained and im-

mediate, unmodified instinctual gratification can be achieved. I have expressed the opinion *(17)* that certain sleep disturbances in children (especially during the first two years of life) are also an early indication of disturbance in object relationship, even in the absence of other manifestations. It is of interest that such sleep disturbances are frequently found in association with fetishistic behavior; the fetish serves to allay separation anxiety by providing the child with certain essential qualities of the missed object, or represents the missed object as a whole. When children beyond the third year of life still need a bottle, even if it is empty, at nap or bedtime, it indicates a problem in weaning. Certain bedtime rituals and sleep disturbances in adults are directly related to this problem. Sleep disturbance was a prominent symptom in two adult fetishists whom I analyzed.

The history of a boy who developed silk stocking fetishism at the age of one and a half convincingly demonstrates the role of his mother in the genesis of this fetish. She dated this attachment to his eighteenth month, when she used to lie down with him on the bed while he drank his bottle. He liked to stroke her legs while taking the bottle and would fall asleep doing so. She decided to absent herself and instead to offer him a silk stocking along with his bottle. Thereafter, Harry always carried the silk stocking with him. She had difficulty taking it away from him to wash it when it became smelly and dirty. When he grew bigger she became more and more embarrassed by his habit and decided, in order to make it less obvious to others, to cut the stocking into strips and offer him one. Harry is now six and a half and always carries a strip of silk stocking in his pocket to school and takes it to bed with him. Watching television, he fingers the strip and sometimes puts it into his pajama leg and rhythmically rubs his scrotal region. This makes his mother feel particularly uncomfortable. The case speaks for itself, showing clearly that the fetish has advantages for her as well as for the child. He can do with the fetish what he cannot do in reality with his mother. Harry can keep the fetish with him the whole night and at all times and thus undo sepa-

ration from mother. The fetish sets the mother free and, as she says, it gives her a feeling of relief to know that the child has the fetish. It is as if she, through the fetish, were still with the child, and he dependent upon her as the instinctually gratifying object.

I agree with Wulff that childhood fetishism resembles fetishism in adults. The child's fetish is but a stage in a process that may or may not lead to adult fetishism. Some adult fetishism is a continuation of fetishistic behavior from childhood, sometimes with the same or very similar fetish, sometimes with a succession of fetishes. There may even be a long period of latency with sudden revival of the fetishistic tendency in certain situations with what may appear to be a new fetish.

This continuation of a fetish from childhood is exemplified by a thirty-two-year-old married woman who sought treatment because of depression, insomnia, and frigidity. Analysis disclosed that she alternated between two fetishes according to the intensity of her anxiety. One fetish was a little pillow which was found to be the direct continuation of a childhood fetish. As a young child she had suffered from severely disturbed sleep and for that reason often slept with her mother. She remembered sometimes actually holding her mother's breasts. Her mother, who slept on European-style bedding, would put the child close to her on a little pillow (*caprice*) on which the child would fall asleep. Her mother later gave her this pillow, which the patient always used and had remade several times. She was still using it at the time of her analysis and would often find herself with this pillow under her arm or under her face. When she was particularly depressed and sleepless, she would have to get out of bed and put on her mother's robe, which she kept in her possession.

In this brief account of the case, mention can be made only of the intense unconscious homosexual tie to her mother and her identification of her own body, particularly her head, with a phallus. She could not bring herself to wear a girdle at certain times, and she had never been able to wear hats. The

pillow originally was a substitute for the mother's breast, but it also represented the mother's body and genitals. The patient's head represented a penis. She came close to transvestite behavior. Wrapped in her mother's robe, she was also enacting the primal scene in which she represented both parents *(16)*.

The inanimate fetish may be given up in some cases without resolving the fetishistic fixation, with the result that the person treats other people as if they were fetishes; he establishes fetishistic object relationships with them. The analyses of two adolescent girls illustrate the particular qualities of fetishistic object relationships. A sixteen-year-old girl still kept her stuffed animals with her in bed as she used to have them in her crib. Her favorite animal was similar to one she remembered from very early childhood. Both had been given to her by her mother. At five, because of recurrent severe upper respiratory infection, she was sent with an elderly woman to live in the country. She took her stuffed kitten with her. She remained there for three years, during which time her parents visited her on weekends and spent the summers with her. She felt lonely and unhappy, and she developed a dominant fantasy which she called her 'pump house' fantasy. There was a little pump house near the place where she lived. In this fantasy she and her stuffed kitten lived in a round pipe without windows and just big enough for her to fit in it with her little kitten on her lap. She found the idea of having been born from her mother's womb repulsive. She would take refuge in her stuffed kitten whenever she was unhappy or disappointed. It was only after many years of psychoanalysis that she was capable of actually loving live kittens and even then when in a rage would feel like smashing them. She had had recurrent nightmares since childhood of people being tortured and mutilated in the most sadistic fashion. Of particular interest was the quality of her object relationships as it began to unfold in analysis. She treated people as fetishes, exactly as she had treated her stuffed animals. She had an inordinate need for physical closeness and cuddling. A certain color and texture of the skin was extremely important

to her. She had an intense need to possess and to control one person at all times and at all costs. If she suffered only the slightest disappointment by this person, she would go into deep depression with self-destructive acting out.

The other adolescent, also sixteen when she began analysis, had been a hair and fur fetishist from the age of three. She would pull her hair and eat it. She liked to pluck the hair of furs, and for this reason was feared by her mother's friends. At nine she suddenly stopped her hair pulling and became extremely concerned with the appearance of her own hair. Analysis revealed that the sudden stopping of the hair pulling had followed her mother's hysterectomy which had particular significance for my patient. Thenceforth, her primary concern was that every hair should stay in place, and she had her hair set weekly. In camp she avoided swimming and outdoor activities for the sake of her hair, and she always wore a little hat outdoors. She had never had any girl friends and was very close to her mother. She was pretty and always exquisitely dressed. She dated older boys although she felt extremely uncomfortable and anxious when on a date. She was interested only in their genitals and had a compulsion to look at their flies. They were not 'people' to her, and she used them for only one purpose: to stimulate her sexually. After going out with a boy, she would catalogue him by name with a brief description and the date. She always took something (a corsage, a napkin, a book of matches) from each boy to put into her file. It must be something concrete, like the hair, which analysis had shown represented her mother's pubic hair and hidden penis, the baby, her father's penis, and her little brother's penis. Her brother was born when she was three years old; it was then that she started to pluck her hair.

Another patient, a forty-year-old woman with severe depression, had in play cut off her hair almost completely following the birth of her brother when she was three and a half years old. Later, after he was burned to death in an automobile accident, she began a fetishistic practice of plucking out her pubic

hair, burning it with a match, smelling it, and then having an orgasm.

The parents of both adolescent girls, particularly those of the second, were seductive and exhibitionistic. Even when she was in analysis, her parents still walked around at home almost nude. She frequently slept with her parents. When she did not feel well, her father would lie down with her on her bed clad only in shorts. She had been allowed the closest contact with her parents' bodies, but her mother had actively interfered with her masturbation. The mother had also kept her from making friends by depreciating other girls. The patient was dressed like a doll and was treated like one: her feelings were not considered. She was used by her parents as a fetish for the gratification of their own needs, and she, in turn, was using other people as fetishes, having a relationship only with parts of the body, not with the whole person.

This brings up the question of fetishistic use of parts of one's own body. Although the hair, like the nails, is replaceable, thus satisfying a main requirement of the fetish, I hesitate to consider hair pulling a true fetishistic activity. In this patient the dynamics were not quite the same as in true fetishism; her sexual and aggressive-destructive impulses had not been deflected from her parents but she had denied the existence of such impulses. The internalized parental images were not benevolent as they appeared in reality but were frustrating and destructive. Aggression was turned against the self in pulling and eating her own hair, among other symptoms. She also had anorexia, and she came for treatment because of pernicious vomiting.

In a recent paper, Buxbaum *(3)* describes the treatment of two girls who pulled out their hair. The parents, particularly the mothers, seem to resemble the ones described by me: exhibitionistic, seductive, narcissistic, and frustrating to the child. It is interesting that Winnicott's concepts seem to have influenced Buxbaum's thinking. She gave gifts to these children (dolls, a stuffed animal, an amulet) with the intention of de-

flecting their impulses from themselves to these articles. Just as Winnicott considers the transitional object a step toward development of true object relationship, Buxbaum seems to attribute the improvement in behavior of these children to the introduction of 'transitional objects' in the form of these gifts. I am sure she will agree that the change in their object relationships was responsible for the change in their behavior, including their attitudes toward the gifts. The change, therefore, resulted from their relation with her as the genuinely interested and understanding therapist. Because of this and also because of the concomitant changes in the attitudes and feelings of their mothers—one mother was in treatment at the same time—these children were able to give up their previous behavior.

What I wish to emphasize here is that it is not the relation with an inanimate object, whether this object is called fetish or, as Winnicott prefers, transitional object, that promotes growth in object relationship. On the contrary, this morbid attachment to an inanimate object is an indication of an arrest in the development of object relationship and fixation to part-object relationship. It is the quality of the relation with his mother that determines how a child treats his objects, animate or inanimate, and whether he needs to cling to an inanimate object, whatever name be given to it. Buxbaum was aware that she was offering these gifts to the children as a substitute for herself. The attitude toward the gift is determined by the relation to the giver and to the true intentions of the giver, which children perceive clearly. This is also reflected in the behavior of children who incessantly ask for gifts only to discard them and never be satisfied; yet a strip of stocking will be treasured, clung to, preferred to any toy, even to the mother herself. Buxbaum and, I presume, also the children's mothers, wanted them to stop this behavior, not merely to displace it onto inanimate objects. These children certainly had toys and inanimate objects which they used destructively before they received therapy, but this had not prevented them from pulling their hair.

In hair pulling, as in fetishistic use of a part or parts of the body, there has already been a displacement from the parts of the body forbidden by mother—the genital and anal areas—to another part of the body rather than to an external inanimate object. The psychodynamics in these cases are more closely related to those in psychotic depressions and psychosomatic disorders.

The need for omnipotent control exercised through the fetish, often shown only in such actions as carrying an amulet or a 'magic' pill, serves to counteract the fear of loss of the part-object, needed not only for instinctual gratification (pleasure) but as a matter of life and death. This explains the panic reactions in childhood fetishism and the acting out of adult fetishists, which can be very destructive *(2, 12)*.

When a mother, as I have shown above, directs her child to a fetish, the child's relation with the mother is split into two: a relation with the real mother and one with the fetish-mother. According to Freud *(6)*, the split in the ego serves to deny castration anxiety. The childhood fetish and the split in the object relations serve to deny the loss of the precœdipal mother; this denial is a defense against loss of the fantasy of omnipotent control, which at this phase of primary narcissism constitutes a threat to life. The fetish clearly serves as a substitute for the precœdipally gratifying mother and shows that a specific fixation in object relations has taken place. This fixation will affect the progressive development of object relations and may lead to the establishment of what I have described as fetishistic object relations. In such a relation, not the person as such but only a part of the body, or only a certain quality of that part, or only a certain gesture or bodily posture, are the compelling features of the object *(4, 10, 11, 22)*.

Let us return to the problem of how a fetish differs from other favorite articles treasured by children. At certain phases in their development, children may form an attachment to some inanimate object which is introduced by the mother for the purpose of gratifying certain specific needs of the child. Pacifiers

or soft stuffed animals are given with the correct expectation that the child will be able to give them up more easily than autoerotic gratifications. Adequate gratification of instinctual needs, by facilitating progress to subsequent phases of development and growth in object relations, enables the child to relinquish the gratifications of the earlier phases. Children at certain stages of their development often show strong preference for a special toy, but, although they may urgently need this toy at times, the need is not so compulsive nor persistent, nor the panic so overwhelming when it is unavailable or lost, as in the case of the fetishistic child. The child may become angry, tearful, and unhappy for some time, but this reaction is different from that of the child who loses a fetish. In psychotic children we sometimes find a clinging to inanimate objects in preference to the mother. But the attitude of the psychotic child toward this object is also different from that of the fetishist. Whereas the fetish is a very specific and highly cathected object, there seems to be little libidinal cathexis to the inanimate object for the psychotic child. Such clinging to a specific inanimate object by a psychotic child should make us suspect that it may be a fetish and that there may be transitions between fetishistic and psychotic behavior. (In the child who has an imaginary companion, the object is usually not a real one; when it is, it is not only libidinized but also endowed with a personality.)

Study of early fetish formation can contribute to our understanding of the role of object relationship in the vicissitudes of instinctual development of the child, particularly in his choice of defenses against separation anxiety. Separation anxiety is especially marked in phases in which real or threatened separation from mother or from part of her occurs: during weaning (when the child loses close contact with mother's body); at the height of the anal phase (when motility and ambivalence are developing and there is conflict over clinging to or letting go of feces, equivalent to mother); and at the œdipal phase (when mother is renounced as the sexually gratifying object). The ego of the young child, supported and directed by the auxiliary

ego of his mother, adopts specific mechanisms for dealing with these anxieties. It is no coincidence that the phases in which the fetish is formed are these three traumatic stages in the life of the child. I have pointed to the close association of early sleep disturbance and fetishistic behavior in children. At night, when regressive tendencies are stronger and actual separation from the object takes place, need for the fetish and fetishistic activity increases. Both express separation anxiety and disturbed object relationship, and both are prevalent during these phases *(17)*.

Freud's concept of the fetish as representing the illusory penis of the mother does not seem to apply fully to childhood fetishism *(5)*. Although these children at an early age have had ample opportunity to see the genitalia of their parents, it seems that separation anxiety due to loss of the precœdipally gratifying mother is of greater importance than castration anxiety. The childhood fetish represents a pathological defense against separation from mother on the precœdipal (oral and anal) levels. The adult fetishist uses a fixed and more or less elaborate disguise—his fetishistic act—*(1, 7, 10, 12)* to obtain at least partial gratification of the original wish; the child, like the adult, by gratifying his wish for possessing mother, represented by the fetish, manages to allay separation anxiety. The child's fetish and the fetish of the adult appear to be different stages of the same process, which may or may not lead to adult fetishism.[1]

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[1] In this connection a paper by Robert Dickes, *Fetishistic Behavior: A Contribution to its Complex Development and Significance*, read at the Psychoanalytic Association of New York on February 19, 1962, is of interest. *Cf.* This QUARTERLY, XXXI, 1962, pp. 446-448. In the treatment of adult patients with fetishistic behavior, he found that the precursors of the fetish go back to childhood. He also was impressed with the role of the parents in fetish formation.

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INTEGRATIVE ASPECTS OF OBJECT RELATIONSHIPS

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Current interest in ego psychology has caused us to examine closely the operation of intra-ego systems, defective functioning of which is said to underlie character disorders or 'borderline' states. Consequently, the operations, development, and maturation of such systems are of increased theoretical and clinical interest.

Studies of the ego have usually included scrutiny of object relations, and the role of the object is pivotal in many concepts. Fairbairn *(5)* regards the object as the most important element in the strivings of the drives and believes that the organism seeks not primarily pleasure but rather an object that can afford gratification. Bowlby *(2)* believes that there are certain innate needs, species specific and necessary for survival of the organism. One of the most important needs is clinging and making contact. Bowlby *(2, 3)* does not believe that the primary goal of the neonate is physiological gratification and does not adhere to the theory of secondary drive, in which the object is seen mainly as a means for securing satisfaction.

Balint *(1)* views the subject clinically and characterizes the attitudes toward objects into two fundamental types, object avoidance and object seeking. In a previous paper *(8)* I have discussed the mutual adaptive qualities of various types of object relationships, emphasizing how the neuroses of two individuals complement one another and concluding that there are striking similarities in the characters of persons involved in long-established mutual object relationships.

Winnicott *(21)*, in his concept of the transitional object, traced the developmental potential of the object and the child's differentiation of the object as a percept. Freud *(7)* wrote of both negative and positive effects of relationship with objects and believed that, although in most cases the object relation

contributes to further development, in some instances it leads to ego depletion and 'cessation of psychic function'. In another paper, Freud *(6)* said that experiences with objects make it possible to lay down memory traces which can be used for thinking and cause the psyche to function more efficiently at both sensory and motor levels. He referred particularly to acquisition of reality testing as a result of transactions with the environment.

It is the purpose of this paper to explore further the psychic structuralization and development effected by experiences with objects. To give the object as central a position as Fairbairn has done may be an artificial separation if the object is considered apart from the experiential situation that promotes ego development. Nevertheless it is true that some patients emphasize the attributes of the object per se and give less attention to the quality of experiences made possible by it.

The character disorders demonstrate how unsatisfactory object relations in early life lead to ego defects which are characterized by specific psychopathology and defenses. These defenses cause the unfolding of the transference neurosis, as it reflects archaic object relations, to have unique and dramatic aspects. By studying the pathological consequences of defective early object relationships, the developmental potential of the object is highlighted.

The transference neurosis, ego development, and defenses of a patient, whose ego defects at times made him appear psychotic, clearly demonstrate the vicissitudes of his object relations. His defenses and the underlying ego defect may be the essence of the character disorders.

The patient, a twenty-six-year-old scientist, is considered by his colleagues to have made brilliant contributions and to have a knack for certain mathematical principles. In spite of his professional achievements, there were long periods during which he was completely unproductive. He sought therapy because he was unsure of his ultimate goals and from time to time had

intolerable anxiety with inability to concentrate, confusion, and all the other symptoms that Erikson *(4)* categorized as 'identity diffusion syndrome'. He believed that these symptoms became noticeable during adolescence, but later recalled that he had had them all his life. They became more intense when he was eighteen. He related that even though he could sustain deep friendships with benign, 'maternal' women he could not become sexually involved.

His mother was committed to a state hospital when he was three years old and died there several years ago. His early life was extremely turbulent and he condemns both parents, although he has no conscious recollection of his childhood relation with his mother except that he recalls with horror his infrequent visits to her, since she was in a regressed, disintegrated state and did not recognize him.

At the age of five, after several foster homes, he lived with a widow who had two sons in high school. He found himself drawn to these boys as ideals. He liked this home and felt that he was treated kindly there, although his feelings about his foster mother were ambivalent. She meant well, he said, but was unable because of ignorance and naïveté to help his anxiety and loneliness.

In hostile, bitter tones he described his father as a man with the intelligence and sophistication to recognize his needs and to give emotional support; he simply had not chosen to do so. Father had 'pulled himself up by his bootstraps', emigrated from another country, and worked hard to get an education at night school. Finally he achieved eminence in applied science; the patient admired his accomplishments but felt a certain disdain for the area in which he was successful. During early childhood he had, he said, an 'intense and unrealistic admiration' for his father, but this was 'catastrophically shattered' when he felt abandoned by being put in a foster home.

He was always able to function in spite of his many difficulties but considered himself 'marginal', especially socially. In school he achieved many honors. The teachers found him bizarre but

put up with him because of his intelligence and scholastic abilities. He never worked hard at his studies but sincerely admired the field of science in which he later specialized. He read avidly about the great men in his field and was finally able to work under some of them. In spite of these successes and the praises of colleagues, he emphasized his chronic anguish, at times believing he was going insane. He had many nightmares in which he was 'falling apart'.

The patient told of a series of incidents in which men whom he initially admired as he did his father turned out to have 'feet of clay'. One reason for seeking therapy was a disappointment in a senior colleague who demanded that the patient collaborate with him on a paper that the patient considered somewhat dishonest in that it distorted data.

Although he had idealized science during his student years, he no longer held it in high esteem. In fact he could now feel deep emotional involvement only in music. He played an instrument, practiced diligently two hours a day, and considered music to be filled with beauty such as science could never hope to approximate. He believed he could never be a great musician but had boundless admiration for those who were.

His therapy began with detailed descriptions of a variety of people. He was extremely bitter about the senior man in his laboratory and frequently behaved in a rebellious, provoking fashion toward him. The senior man occasionally fought back but for the most part showed amused tolerance, ignoring his childish, rebellious antics. Being ignored was, of course, the most painful response he could have received and he became so irritated that he often threatened to quit his job and seek employment elsewhere. His hostile attacks on figures of authority had a somewhat paranoid tinge; he often felt exploited, cheated, robbed of his ideas, and inadequately compensated, financially and academically.

Toward certain men of artistic bent, particularly some musicians, he felt quite otherwise. Several months after analysis began, he happened to see in the street a professional musician

whom he regarded as a hero and believed that the man looked at him with a provocative stare. He spoke of him in the same idyllic and rapturous tones that he had used previously about certain pieces of music; he thought him physically attractive and supposed him to possess esoteric skills and genius in playing the same instrument that the patient himself was attempting to master. He thought this kind of talent 'transcendental in nature and an ideal worth pursuing', although he was certain that he had begun his musical studies too late in life to achieve such great ability.

As his admiration for this man grew to the point of worshiping him as a god, his bitterness toward his immediate superior in the laboratory reached new heights. This professor, he said, had been working on a problem for many years with compulsive meticulousness, was a master technician but devoid of imagination (a quality so necessary for the artist and scientist), and was unable to produce anything of more than mediocre significance. The problem this man had been working on suddenly captured the patient's fancy and in a day's time, in a frenzy of activity, he solved it. Surprisingly, he was only mildly pleased with what he had done. The next day he solved another problem of equal importance and of fundamental significance, especially as it proved by rigorous mathematics that the conclusions reached by his superior after many years of hard work were erroneous.

Immediately after this creative fervor, he lost all interest in science and intensified his preoccupation with the idealized musician. Several dreams indicated his need for an ideal; they showed the dreamer as 'nothing' and the object as omnipotent, grandiose, and godlike. However the same dreams often showed that it was he himself who had such qualities and also that he was afraid he would not be able to control this power which could eventually lead to cosmic destruction.

The patient then began to suppose the musician to be preoccupied with him. At concerts, for instance, he thought he saw the man look at him, whisper to those around him, and

then giggle with them. Finally he believed that the musician parked his car in front of his apartment and made critical but helpful comments as the patient was practicing his instrument.

Unlike the classic paranoid, he was not quite convinced that the voices he heard emanated from outside himself or that the evidence he had gathered for this man's presence conclusively indicated that he was acting as a persecutor. He often described himself as having a vivid imagination and as capable of elaborate fantasies. He had heard voices in the past and had known that these were expressions of his own thoughts and feelings. He tended now to believe that what he experienced was part of external reality, but he was not sure. It became apparent that, unlike the typical paranoid, he did not really feel persecuted. The experience was not only enjoyable, for it brought him attention, but also instructive and educational, for the man was giving him free music lessons and was much concerned with his success.

Rarely were there any oppressive, ominous tones in this episode but rather an air of pleasantness and good humor. Perhaps the most disturbing feature was the patient's preoccupation with the musician's welfare, and obviously what he described about the musician's frailness, pallor, emotional imbalance, and loneliness were the very same qualities he had described in himself when he entered treatment.

Finally the patient tired, as he said, of this situation and his good humor became mixed with annoyance. The voices outside his window became more critical. At first the criticism was friendly but later sarcastic and ridiculing. He wished to rid himself of the whole experience and hoped that he could get the musician to enter psychoanalysis, thereby ending all this nonsense. As the episode subsided the patient recognized more and more that there was no musician outside his window and that he had constructed this character because of his need for an ideal figure. He then became aware of frightening, free-floating, destructive impulses. Walking down the street, for example, he would be seized by an urge to commit murder or rape.

The patient then revealed that he had no intention of publishing his scientific discoveries. He wished to avoid discussion, but it soon became apparent that he saw himself able to destroy his superior, at least in a professional sense, if he were to make his work public. He also believed that he would become famous if he did so and he did not welcome the public attention that a famous person receives; it would interfere with his meditative existence and upset his shy nature.

In the transference he showed a childish dependence mingled with the demeanor of an errant, impish little boy. Often, however, he was genuinely distressed and clung to me for reassurance and succor; yet he was fearful of my disapproval, so that he had to turn around and look at me to determine whether he had succeeded in getting me angry.

His feelings about me were consistently friendly and there was much evidence to indicate that he had made me into an omnipotent, idealized figure. For example, he praised me for being able to do almost everything well and especially for an 'uncanny genius to know what my hidden feelings are'. He carefully avoided hostile, destructive impulses toward me and felt secure in having such a powerful person concerned with his welfare. He was concerned about my welfare, too, reassuring himself that he could not hurt me, being solicitous of my health, and admonishing me to take care of myself. By being friendly he was protected from destructiveness. The patient was able to keep erotic feelings out of his relation to me. His feelings for the musician were, he acknowledged, homosexual. For his superior at work he felt chiefly anger.

He remembered only unsatisfactory early object relations. His mother he recalled only in the hospital, but we may be sure that even at home she had largely failed to supply the nurture and contact that Spitz (*20*) and others have found to be so necessary for survival. It became apparent in analysis that his father had been more supportive to him in early life than he had at first thought. His father had been, even before his mother's hospitalization, a fairly stable and accessible object. Yet the patient lamented that his father later failed him; he

really had wanted a god, benign and omnipotent, who would take care of him and 'allow' him to become great. He assigned this role to me as, in the past, he had idealized outstanding scientists. The musician also had been idealized but was not always benign.

This patient's requirements of the external object were primitive and magical. He somehow hoped to be 'restored', since he saw himself as destructive, hateful, and unlovable. He both hoped his discoveries would bring him abundant fame, showing mankind that he was 'lovable and not vicious and rotten', and feared that the unbridled power he associated with creative endeavor would destroy him or others such as the senior scientist. To counteract his destructive self-image and the ego disintegration that resulted from 'opening the floodgates', he had to find a benign, powerful, idealized object. He sought, not a scientist as he had done when younger, but a musician. In science he was a destructive competitor, and any object found there might share or become subject to his omnipotent destructiveness. Upon his superior he could project his destructiveness.

Musicians, on the contrary, stood for goodness, beauty, love, and warmth. Since he was not interested in a career in music, it offered pleasure without rousing his destructive competitiveness, seeming to provide for him something that brought a sense of well-being, stability, and harmony; it did not abandon and reject him as he felt his parents had.

Identification with the idealized musician (Klein [*13*] would have called this process 'projective identification') enabled him to have relations with other persons without fear of destroying or being destroyed. His relations with the idealized object nurtured and protected a valued part of himself. This was evidenced by the concern he showed for the object and the way he felt the object related to him. It became clear that all his life he had divided objects into two classes. His father was assigned the role of persecutor, whereas numerous other objects became his mentors. (These latter relationships were eroticized and there were homosexual preoccupations.) This man had an

ability to seek objects in the outer world to maintain intrapsychic stability and a sense of identity. A patient may have a realistic relation with objects and at the same time use mechanisms that ignore reality (*9*); as Kris (*14, 15*) stated, this quality seems to be important in the creative process.

The hallucinated object was interesting from several viewpoints. Treatment had penetrated his defenses against hostile impulses, and his scientific discoveries augmented his guilt and fear over the omnipotence of his death wishes. He did not want to direct these feelings toward me because he now felt secure and accepted by me, idealizing me and assigning to me, in a controlled way, omnipotent qualities. To base his relation to me on insatiable and contradictory archaic needs meant to risk destroying the analyst or being rejected and abandoned by him. It was safer to construct an object in fantasy and to divide his ambivalent impulses between this and his superior in the laboratory. His infantile longings for the musician could lead only to bitter frustration if directed against the analyst. The hallucinated object enabled him to remain in treatment.

Nevertheless, this same object was limited in its usefulness, for the ego cannot maintain synthesis and structure wholly by a relation with an object of its own creation. Often the patient spoke of 'pulling myself up by my bootstraps', an expression he had also used in reference to his father. He referred often to mirages, remarking that a man may feel better if he imagines an oasis where he can eat and drink, but since his need is not really satisfied he will eventually starve. His idealization of the musician gradually subsided and the phenomena of the voices ceased; at this time he became more aware of angry feelings which often took an obsessional form.

DISCUSSION

This case emphasizes the integrative potential of object relationships by demonstrating the pathological consequences of deficiencies in early contacts with objects. The defenses constructed against such deprivations are typical of the character

disorders, a group of enigmatic conditions considered here in line with Gitelson's views *(10)*.

The functional aspects of the object largely determine the structure of the ego and the sense of identity. This patient dealt with objects in a primitive way, splitting them into part-objects, one part idealized, the other debased. This he did in treatment when the transference became disturbing. Object splitting was a defense that overcompensated for his ego defect. When treatment enabled him to direct both love and hate to a single object, his ego was better integrated.

When the infant's needs are met, his homeostasis is re-established; he enters a state of equilibrium marked by absence of tension and a calm, placid demeanor that often leads to sleep. Speculations about the accompanying affective state have to be tentative since there is a tendency to adultomorphize. Presumably he experiences a feeling of satisfaction and comes to recognize the outer world as good. Since this outer world is not yet sharply differentiated from his own self, satisfaction with it is paralleled by satisfaction with the self, and the infant feels worthy, confident, and trusting. We may say that the good object, the mother who is responsible for this happy state of affairs, now becomes internalized and the inner world, like the outer, is viewed as a source of satisfaction; this enables the child to look further in the direction of reality. Jacobson (*12*) has emphasized that the neonate does not initially distinguish between self and object, their images not yet being differentiated. Fantasies of being engulfed and engulfing are therefore regularly found together, whereas later, when the ego conforms to secondary-process thought, the two are incompatible.

Satisfaction of needs does not lead to a static state; the drives undergo developmental changes concomitant with changes in the needs of the organism, which do not remain purely physiological. Satisfaction of physiological needs, however, makes it possible to develop other needs that can be considered to lie on a higher plane. For example, one is more inclined—in fact, one is enabled—to seek gratification from æsthetic and creative

pursuits when the need for food and other physical comforts is satisfied.

Awareness of needs is not necessarily frustrating. To experience a need with confidence that it will be met is pleasurable. What is painful in some character disorders, as was especially emphasized by this patient, is the fact that the patient is not even aware of the existence of needs or lacks energy to want or pursue anything, to have definite goals the achievement of which will give pleasure and heighten self-esteem. Kurt Lewin *(17)* spoke of quasi needs as a replenishment function which must be developed by the organism to maintain homeostatic balance.

Omnipotent expectations of objects may be a central element in the character disorders. A poorly synthesized ego, such as the ego of this patient, may be able to maintain its integrity only while an externalized omnipotent object is available. The paranoid psychotic uses a somewhat different mechanism in that he has internalized all or part of the omnipotent object and his self-image is megalomanic. Like other persons with character disorders, this patient often described himself as 'nothing', 'empty', 'hollow', or 'drained out'. Perhaps such a patient cannot use an overcompensatory megalomania as a defense and become paranoid. (However, my patient was at times somewhat paranoid.) The need for an external supporting object to whom the patient can impute magical omnipotent qualities is a defense resulting from disturbed early object relations. The subjective sensation of nothingness may be inherent in character disorders; it is possibly an element of the character disorder occurring in all persons.

As the infant grows older, the response to internal and external stimuli is increasingly determined by secondary-process thought. In my patient, however, the functional introjects (especially of the mother) required for more sophisticated responses were lacking, and the stimuli continued to evoke primitive responses. The patient required an object for defensive and developmental needs. His inability to feel caused him to

construct an idealized object. Beside counteracting a destructive self-image, he hoped to gain an identity by incorporating the all-powerful object. He was thus attempting to 'feel alive' with 'pleasurable appetite and lust' rather than feeling 'nothing' or 'hateful and despicable'.

A well-established sense of identity requires an ego with good integrative capacity, including perceptual sensitivities and executive systems that can deal with reality to achieve gratification. The quest for identity puts the object in a central position, whereas satisfaction of biological needs does not necessarily require a personal object since it is the food, warmth, or other physical thing that the infant requires and the object is merely a vehicle that can supply it. Bowlby (2) does not accept this thesis, but perhaps the distinction between an object and its function has been overstressed. Internalization of the satisfactory object is fundamental for formation of identity. Without such internalization, the executive apparatus in the ego is defective. My patient matured physically, but his physical capacities were not integrated to produce actual ability to perform socially, for this ability must be learned, mainly through transactions with people. He constantly emphasized the fact that he did not know how to do many things, especially how to get along with people; he felt awkward and without social grace. He did not know how to approach a girl sexually. He felt bitter toward his parents and blamed them for never having taught him techniques which he believed to be second nature to others; in fact he remembered no one interested in helping him learn such techniques. During adolescence, when new experiences normally lead to expansion, fusion, and synthesis of past identities and modify them into adult forms, he found 'nothing to build upon' from his early development. He then felt especially confused and, although he got over the acute phase of this disturbance, some symptoms lasted until he entered analysis.

He felt the need to incorporate a giving, nurturing object whose skills he might acquire. Loewald (*18*) points out that

treatment takes place between a person of greater structure and one of lesser structure, and Heimann (*11*) parenthetically remarks that an internalized object can become so far assimilated as part of the self that the patient no longer recognizes its external counterpart; this internalization leads to integration. Freud (*7*) was first to describe the ego as being a precipitate of past identifications and Menaker (*19*) emphasizes the need for an idealized object in certain cases.

The satisfaction of basic biological needs initially occurs before the ego has developed sufficient structure to understand such a sophisticated concept as the personal object. Physiological maturation concurrent with satisfactory experience leads to differentiation and integration of the sensory and motor systems. If the external world does not supply the gratifying experience that leads to learning at a time when the physical apparatus has acquired the ability to master certain skills, a defect occurs which is reflected in the structure of the ego and later in character. Langer (*16*) wrote that if opportunity for learning is not presented when the psychic apparatus is ready for it, later attempts to teach particular skills will have little or no success. She quotes the example of learning to talk and postulates a 'chattering phase' occurring during the first year. If the child has no opportunity to learn to talk then, efforts to teach him language at later times will be of no avail. An inherent biological potential impels the organism to grow. But the psychic apparatus must incorporate a variety of experiences at the proper times so that it may develop skills consonant and synchronous with the physiological maturation. For these acquisitions the personal object is significant.

Gratifying experiences lead to expansion of the perceptual system, which becomes more sensitive to an increasing variety of subtle stimuli. My patient had always, he said, been able to 'hear myself think'. Granted that he had hallucinations, was he also possessed of unusually acute perception, a gift that helped maintain the precarious integrity of his ego and caused him to function moderately well in spite of his character disorder?

Studies of gifted individuals often reveal that their special gift has preserved them from mental illness. The ability to hear one's own thoughts might be indicative of disintegration of the ego in an ungifted person.

Mastery of a task requires a variety of skills, and the more adept a person is in attacking a problem the less energy he requires to reach his goal. A well-trained athlete does not tire and can accomplish feats with minimal expenditure of energy whereas the beginner does a good deal of work and gets little done. The well-integrated ego does not exhaust its supplies in gratifying basic needs if it has at its disposal the proper techniques to satisfy them. Such an ego can turn toward the outer world to pursue additional goals and thus further expand its adaptive capacities. Satisfaction in early object relations brings self-esteem, self-confidence, and high capacity in later life.

SUMMARY

A patient with character disorder illustrates the damage sustained by the ego in the absence of satisfactory early object relations. The patient compensated for his lack of an object early in life by splitting of the ego and idealization of an external object to maintain synthesis. The ego defect was experienced as emptiness and unawareness of the nature of his own needs, qualities which may be the essence of the character disorders and which arise from lack of satisfactory introjects for synthesis and expansion of perceptual and executive ego systems. The identity sense was likewise disturbed and the patient had to incorporate an omnipotent object to achieve positive cathexis of his self-image as well as to counteract its hateful destructive aspects.

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Basic Anxiety. A New Psychobiological Concept. By Walter J. Garre, M.D. New York: Philosophical Library, Inc., 1962. 123 pp.

Max Schur

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BOOK REVIEWS

BASIC ANXIETY. A NEW PSYCHOBIOLOGICAL CONCEPT. By Walter J. Garre, M.D. New York: Philosophical Library, Inc., 1962. 123 pp.

We read in the foreword of this truly amazing book that Freud's famous paragraph about the riddle of neurosis in Inhibition, Symptom, and Anxiety is a 'confession of ultimate failure'. We also read that Elizabeth Zetzel has 'confirmed that psychoanalysis has made no further advance in its quest for an explanation of anxiety'. But now the day has come and we have the final answer not only to the problem of anxiety but also to the riddles of neurosis, psychosis, of most physical illness, alcoholism, addiction, delinquency, and so on.

On the very first page we get a glimpse of how solid the background of the author's categorical statements is: 'Nowhere in the animal kingdom can pregnancy and reproduction take place unless the female is ready to mate with the equally ready male without the slightest hesitation, regret, or reluctance'. Every observer of animals knows that this is just not so.

The animal cub cannot 'conceivably feel the anxiety surrounding the question, "Are my mother and father prepared, if need be, to risk their very life in the protection of mine?" ' (p. 7). However, the human infant is not that fortunate. Because every human being has had to go through the same 'basic anxiety' and because everybody chooses his mate for one of the many pathological reasons resulting from it, there is a basic reluctance in every human to accept childbearing. The poor infant 'has no knowledge of the social or legal agencies that would protect his life' (p. 5). The infant is therefore pervaded by three forms of basic anxiety: 1, the fear that he will actually be destroyed by his mother; 2, that she will not protect him from dangers to the limit of her strength, if necessary; and 3, that he may be abandoned, which is tantamount to death. All these dangers the infant can perceive and in some way discriminate. This leads of course to dire consequences. The first fear results in overstimulation of the sympathetic nervous system, leading eventually to hypertension. It may also, because of 'the stimulating effect of increased oxygen demand on the bone marrow', lead to polycythemia (p. 51). The second type of fear will lead to parasympathetic over-

stimulation, to peptic ulcer, ulcerative colitis, polyuria, dehydration, polyp formation, etc. It may also, because of the 'intimate relationship between the smooth functioning of gastric digestion and blood formation . . . ultimately prove to be of great etiological significance in the various blood dyscrasias and perhaps even in the leukemias' (pp. 22-23). In the third form of basic anxiety 'external irritants might assume an excessive meaning. . . . The infant and later the child and adult, will be oversensitive to these irritants—in other words, allergic' (p. 8). This tentative formulation becomes quite definite on pages 53-54.

Further detailed discussion of this book is scarcely required. The author goes on to explain alcoholism, schizophrenia, psychopathy. He discusses what makes a good psychiatrist and the nature of his own depth of understanding of 'basic anxiety'.

What is the recipe for such an amazing compilation of—to put it mildly—oversimplifications? Perhaps to mix some ingredients of such concepts as Freud's primary traumatic anxiety, Jones's aphanisis, M. Klein's timetable of the development of the psychic apparatus, Bergler's basic neurosis, and add to it an overdose of the overriding single-minded conviction that one has finally discovered *the* answer to all the riddles.

If one is the first to discover *the* truth, one can also dispense with any references whatsoever. Behind all this one guesses, however, that Dr. Garre really feels like 'my brother's keeper', that he may be permeated by a burning, fanatical conviction, and that he might be highly successful in therapy of a certain type of patient.

MAX SCHUR (NEW YORK)

NARRATIVE OF A CHILD ANALYSIS. The Conduct of the Psychoanalysis of Children as Seen in the Treatment of a Ten-Year-Old Boy. By Melanie Klein. New York: Basic Books, Inc., 1961. 496 pp. 73 illus.

Melanie Klein's last work is a remarkable, unique document; a complete account of a child's analysis in which her method is open to evaluation and judgment by the reader. In ninety-three sessions, over a period of four and one-half months, the reader follows the analysis of a ten-year-old boy. At the end of each session are elaborate notes in which Mrs. Klein discusses her theoretical approach.

Mrs. Klein describes the patient, Richard, as a character neurosis with many severe phobic features; a gifted child who could not get along with other children and felt persecuted by them. Too fearful to attend school, he clung to his mother in a persistent and exhausting manner. Although talented and precocious, he was very limited in his interests. He used a facile command of language more to hide feelings than to express them. He was overwhelmed and preoccupied with the war situation (1941), closely following the news and current events.

Richard was the younger of two children. His brother, about eight years older, had been successful in school and was the mother's favorite. The mother inclined toward depression, worried a great deal about Richard, though she resented his dependence on her. The father was described as mild and gentle, but somewhat removed; the older brother as friendly but not much interested in Richard. On the whole, the family life was harmonious. At the outbreak of the war the family had moved to the country, while the older son was sent away to school.

In her Introduction, Mrs. Klein explains carefully the basic rules of analysis to be observed; i.e., the flow of the patient's associations must not be violated and, at the same time, one should make consistent use of transference interpretations, a fact not sufficiently evident in The Psychoanalysis of Children.

It might be of interest to describe some of the sessions in detail. The first session started peacefully. Little toys, pencils, and writing pads were laid out on the table. Richard appeared eager to discuss his problems. He spoke without hesitation about his fear of other children, his hatred of school—and then his worries about the war situation and the monstrous Hitler. Mrs. Klein asked him whether he sometimes worried about his mother. Richard told her that he often was afraid his mother might get hurt by a tramp during the night, but he (Richard) would come to her rescue. He was given an interpretation that the tramp (Hitler) meant his father whose genitals, Richard feared, might hurt the mother at night. Richard seemed frightened and protested against the interpretation, defending his nice father; whereupon he was told that he was splitting the father figure into good and bad. Although the child showed anxiety and surprise and rejected some of the interpretations, he was satisfied and friendly at leave-taking.

When the boy arrived for the second session, he said he remembered something else he often worried about but added that it was very different from the things he had talked about yesterday, altogether far away. He feared there might be a collision between sun and earth, which might result in burning up the earth and in pulverizing Jupiter and other planets. He expressed his concern with the geography of the war situation. Mrs. Klein interpreted that the earth was Mummy, the sun his father; the sun and earth in collision stood for something happening between his parents. Far away meant nearby, in the parents' bedroom. The pulverized planets stood for himself (Jupiter) and Mummy's other children, if they came between the parents. Mrs. Klein suggested further that Richard had hostile feelings toward his parents, who were enjoying themselves, leaving him deserted and lonely. Again the boy was able to accept part of the interpretations. He understood that he was jealous and angry with his parents at times and, therefore, enjoyed annoying them; he also understood his being jealous of his older brother, mother's favorite (and by now a soldier in the army).

A certain pattern developed in the course of the interviews. Richard would begin the session by discussing world events and the war situation, which he followed thoroughly in the newspapers. Mrs. Klein would then interpret everything entirely in terms of the boy's infantile instinctual conflicts. For example, he mentioned Norway, about whose role and strength he was doubtful. Mrs. Klein interpreted that he worried unconsciously about Daddy's genital inside Mummy: that it might be caught there. Richard then remembered an incident at the London Zoo where his cap had been torn off his head by a monkey that he was feeding. Mrs. Klein interpreted that the monkey stood for Richard himself, tearing off his father's genitals. At this session Richard showed signs of anxiety and expressed the desire to end the interview.

We know from Mrs. Klein's theoretical discussions, elaborated in The Psychoanalysis of Children, that she considers reality and real objects as confirmation and refutation of early anxiety. However, it seems extremely lopsided when concern with an unusual, overwhelming reality situation is explained to a boy in his latency period exclusively in terms of his infantile anxieties and problems. Mrs. Klein does not seem concerned about the mounting anxiety and resistance of the child during treatment. Throughout the anal-

ysis there is no distinction made between 'standing for' and 'reminding of' something. Reality is treated as a symbol or as latent dream content. The outside world with its powerful impressions on the child is disregarded; all his reactions to it are interpreted as expressions of his own infantile fantasies.

No allowances were made for the boy's resistance to her interpretation and speed although it seems quite obvious to the reader that when an interpretation was made exclusively in accordance with Mrs. Klein's theoretical conviction or on a level the patient was not ready to accept, he became listless, often left the room to get a 'breath of fresh air' in the yard, asked to go home, or questioned the analyst about her success with other children. To give one of innumerable examples: Richard explored the playroom and said he liked it, and then a question about Mrs. Klein's husband came up. She interpreted that this exploring 'stood for the wish to explore her inside' and 'to find out whether there was a Hitler-penis in it or a good one'. She explained to him the difference between the good penis and the bad penis (the good one inside Mrs. Klein or his mother is the 'Manic Defense' against the bad one).

Although he never mentioned Mrs. Klein's late husband other than in an occasional question, the analyst insisted that Richard was constantly preoccupied with worry whether the bad Hitler-Mr. Klein, like the bad Hitler-Daddy, was inside her to destroy the babies there and make her bad.

A great deal of time was devoted to the boy's drawings and Mrs. Klein's interpretation of them. It is interesting to note that Richard initially drew according to the intellectual level and interest of a ten-year old. He used to carry with him a toy fleet, one of his treasured possessions, and, since he was an English boy preoccupied with the immediate war situation and England's fleet, the theme of his drawings consisted mainly of battleships, destroyers, torpedoes, etc.

After a period of massive interpretations, his drawings become monotonous, frozen, empty. To the unbiased onlooker they all begin to look alike with minute variations. They become clumsy, starlike objects in sections of red, light blue, violet, and black. One gains the impression that the boy had repressed his ability to express himself in drawings and was hiding behind stiff forms on the regressed level of a four-year old. However, Mrs. Klein seemed to disregard the resistance concealed under these meaningless, stiff

forms, and she interpreted them as ingeniously as she explained his drawings of concrete subjects. For example, in one of those star-like colored pictures (No. 30) Mrs. Klein saw the light blue, good Mummy-Queen, the boy-Richard-King, his red genital on top of everything, and father and brother as the babies, expressed in gray and violet sections. The same drawing is repeated about ten times, with slight variations in size and color, and Mrs. Klein continued to discover a tremendous amount of Richard's early fantasies expressed in them.

As reality is given a minimal role, we cannot be too surprised at the exploitation of a scene during one session: Richard had run out into the little garden that lay behind the playroom. He kept running up and down the footpath. Suddenly he asked Mrs. Klein to go back quickly to the room with him; he had seen a wasp. She interpreted that the footpath represented her (Mrs. Klein's) inside and genitals; running up and down and jumping meant sexual intercourse with her; the dangerous wasp stood for the hostile Daddy or brother Paul inside Mummy (or Mrs. Klein's son or Mr. Klein inside Mrs. Klein).

Richard had been described as an artistic child, sensitive to the beauty of nature. One afternoon, analyst and patient were sitting peacefully on the doorsteps and Richard admired the view of the hills. He asked Mrs. Klein whether she would climb one of the higher hills with him.

Mrs. Klein interpreted that Richard's desire to climb the hill with her expressed his wish for grown-up intercourse with her (standing for Mummy), which would not be dangerous and biting, but loving. Through this 'good' sexual intercourse he also wished to repair all the damage done to Mummy, first of all to her breasts. Before going back to the house Richard tried to find out whether the side door could be left ajar, so that when he arrived earlier than Mrs. Klein he could go into the playroom and would not have to wait in the street for her. Mrs. Klein interpreted this request as his desire to have access always to his mother's breasts, and thus avoid frustration and destruction of Mummy's breasts and body. This interlude in the garden which precipitated such massive interpretations had not lasted more than fifteen minutes.

One must ask the crucial question, why did the boy improve during the period of four and one-half months of stormy treatment?

He did improve decidedly. He became much less paranoid, was able to relate to children his own age and to attend school, became less clinging to his mother, and widened the scope of his interests in general.

He was cured to a considerable degree in an analysis in which basic rules were violated; i.e., interpretations were given on the deepest level, derived from the analyst's own associations; the repressed unconscious was not made conscious to the ego, but directly approached. Mrs. Klein's abundant theories were forced upon the boy. He was taught that he not only divided his mother into the good and bad one, as any child would do in his fantasies, but that there was a good and a bad breast; he was taught to see reality as a symbol or a latent dream. Resistance was disregarded or treated very lightly.

I believe what happened to the boy and enabled him to benefit from the analysis was, in a way, similar to the reader's experiences. After a good deal of rebellion against stereotyped interpretations, one becomes callous and indifferent to them, especially as they lacked the element of spontaneity and surprise. One reacts only to the valid and correct interpretations. And indeed, there were always sound, important ones in every session.

The mechanism which, in real life, had formed Richard's neurosis and had restricted his emotional development sheltered him from the bombardment of Mrs. Klein's repetitive interpretations. He simply picked out those he could accept. He learned to understand his jealousy of his brother who functioned so much better than he. He experienced his powerless aggression and his ambivalence toward the people he loved. He was enlightened about sex. His desires and guilt about his œdipus wishes were articulated, and a great deal of his projection, which was expressed in paranoid features, was understood.

The saving merit of this child's analysis was the immediate natural contact with Mrs. Klein and the excellent positive transference and countertransference throughout the treatment. Richard's confidence in Mrs. Klein was never shaken. He never felt that she criticized or disapproved of him as his family so frequently did. He was never let down by Mrs. Klein and he felt her determination to help him. She remained genuinely kind, interested, and always even-tempered. The boy felt loved and safe with her.

The reader—as witness to the analysis—observes an atmosphere of warmth, calm, and infinite patience. One feels at home in the playroom which Richard himself sometimes called 'the cozy little house in a garden'.

In summary, Narrative of a Child Analysis is a unique and honest document of Melanie Klein's work, her technique, and her applied theories. It is baffling, however, how Mrs. Klein used her own technique with the conviction that it was consistent with that of Freud. One valuable, positive result in studying the book is its constant reminder to examine deep layers of conflicts and fantasies rather than succumb to the temptation to remain on a comfortable level on which a child often seems satisfied.

YELA LOWENFELD (NEW YORK)

THE ŒDIPUS COMPLEX. CROSS-CULTURAL EVIDENCE. By William N. Stephens. New York: The Free Press of Glencoe, Inc., 1962. 273 pp.

The anthropological insights of Géza Róheim are acknowledged by Stephens. But it is questionable whether the author's attentuated freudianism is preferable to antifreudianism. The general hypothesis, or series of hypotheses, is: 'Young boys—at least under optimal conditions—become sexually attracted to their mothers. This generates lasting sexual fears and avoidances. These fears are (at least in one instance) mediated by unconscious fantasies.' It should be noted that 'optimal conditions' are equated with those 'factors that make the mother more seductive—primarily the long postpartum sex taboo'; whereas 'in one instance' refers to the manifestations of castration anxiety reflected in menstrual taboos.

This investigation of the œdipus complex is documented by correlational evidence from numerous primitive cultures. In Stephens' words, 'The probability is high that this hypothesis . . . is approximately valid'. The author's definition of the œdipus complex 'has a very limited meaning—limited by what can be tested and measured here, and what can't be'. Unfortunately, he does not concern himself with the rivalry felt by the son toward the father, nor with the female œdipus complex, nor with those negative aspects of the œdipus complex by which the child (or adult) identifies himself with the parent of the opposite sex.

Stephens is entitled to define the œdipus complex as he chooses. The definition is, of course, necessitated by the limitations of statistical method. Unlike the correlation between castration anxiety and menstrual taboos, the statistical validation of the œdipus complex in some or all of its ramifications is a more difficult task. If the concept of the œdipus complex has any psychological or anthropological value, it is because it *is a complex* and not merely a measurable piece of psychic lumber. As this reviewer understands the œdipus complex, it is overt and covert, dynamic and genetic, unconscious and preconscious, idiosyncratic and culturally patterned.

Although the author is not hostile to psychoanalysis, he has contributed nothing to freudian theory or anthropological method. Nor is it clear that a correlational study can aspire to make such a contribution. At any rate, Stephens' style, fluctuating between the journalistic and the academic, ultimately requires eight appendices which could more profitably have been incorporated in the book or deleted. The indices are so incomplete as to be worthless, and the ethnographic and general bibliographies are grossly inadequate.

S. H. POSINSKY (NEW YORK)

PSYCHOTHERAPY WITH SCHIZOPHRENICS. A REAPPRAISAL. Edited by Joseph G. Dawson, Ph.D.; Herbert K. Stone, Ph.D.; and Nicholas P. Dellis, Ph.D. Baton Rouge: Louisiana State University Press, 1961. 156 pp.

The six papers and discussions comprising this book represent in part a 1958 symposium at Southeast Louisiana Hospital held for the purpose of assessing progress in the treatment of schizophrenia since a previous symposium at Yale University in 1951. Each paper is independent; no synthesis of viewpoints is attempted.

Carl R. Rogers presents the hypothesis that schizophrenia is not qualitatively different from neurosis. His zeal leads him with somewhat strained logic to suggest that the schizophrenic patient be given the same type of therapy as the neurotic. The therapist, he says, must be 'congruent', have 'empathic understanding', 'be unconditionally acceptant', and be able to communicate these feelings to the patient. He places no trust in understanding the patient's past experiences, but relies on the 'existential encounter'.

Russell R. Monroe believes, in the light of what he calls 'mounting neurophysiologic and biochemical evidence, that a significant portion . . . are suffering from a disease in the usual medical sense and not basically . . . a disturbed "way of life" '. Psychotherapy is for him a useful therapeutic adjunct mostly to reach primary symptoms in learning, and for modifying pathological behavior which drugs cannot remove. While drugs help him to maintain contact, he notes wistfully that he is not so adept as such dramatic therapists as Rosen, Schwing, Sechehaye, or Fromm-Reichmann.

Eugene G. Brody, writing from the point of view of a drive-reduction re-enforcement learning theorist, undertakes to explain what schizophrenics learn and how they learn it. His exposition is strictly theoretical and he offers the reader no techniques to facilitate this learning, implying that the only requirements are a therapeutic milieu, a therapist, and a patient, with the therapist 'willing to make himself available to be used by the patient'.

While Brody views the patient's main task as one of learning to see the particular (the individual therapist) instead of the general (the class: fathers), Albert E. Scheflen notes the opposite, the patient's need to learn how to abandon the concrete attitude (seeing only this apple) and how to symbolize (letting the particular apple represent breast, love).

Scheflen presents a technique of psychotherapy through what he claims is the deliberate fostering of introjection, a process he believes to be present in all therapies. He clarifies his terms by defining incorporation as the literal, physical act of taking external substance into the body, introjection as its psychological counterpart, and identification as the use of behavioral responses modeled after remembered images. The latter two are unconscious. *Inter alia* he criticizes the practice of therapists who speak of a patient's getting 'filled up', saying that the practice results from a confused mechanistic analogy between incorporation and introjection which disregards the fact that affects are not conveyed through space as substance. The therapist does not 'give love'. He provides a model for introjection and identification.

Scheflen's sophisticated, rigorously ordered method consists of establishing a favorable relationship, interpreting resistances to it, offering oneself as a paradigm for identification, and working toward differentiation and the reconstruction of other object relations.

Scheflen's concept of relationship provides for 'nurturance control and self-actualization', resembling, he says, Rosen's 'governing principle'. In interpreting resistances, he also follows Rosen's lead by alternately agreeing and disagreeing with the patient's rejections of interpretations. He handles resistances by supplying supportive reassurance to the patient with fears of oral incorporation, of loss of identity and symbiotic entrapment, of death and disloyalty to the original parent, of disillusionment with the new introject, of what effect the new introject may have on sex and aggression.

As a paradigm for identification, Scheflen presents himself as a person with feelings who needs gratification and enjoys it. Despite the fact that psychoanalysis aims to sever identifications, Scheflen feels that, for the schizophrenic patient hampered by poor ego functioning, introjection is still the most suitable level of learning and identification is the goal.

He presents his method more as a 'dimension of therapy' than as a 'prescription', suggesting that the techniques 'may really operate by means of some other effect'. In this spirit this reviewer would suggest that what is taking place may indeed be different from the way Scheflen sees it and more in keeping with the formulations of traditional psychoanalysis. Using infantile learning as a paradigm for schizophrenic learning, we understand the patient as starting therapy much as the infant starts life in a state of undifferentiated oneness or cosmic union with his feeder. This primary identification is a process which cannot be said to need fostering. It simply exists waiting to be exploited but its antecedent condition is the patient's feeling of protection and safety. The presence of this primitive identification process is made manifest when the patient shows his confusion between self and therapist, when he uses such terms of relief as 'oh heavenly', 'you're wonderful'. At this stage of learning, Lewin's oral triad is in effect and identification is with the safe host. As ego adaptive behavior begins through separation and frustration and the aggressive seeking for the loved object, the patient to regain his lost object, imitates the therapist, but this is only a magic gesture such as Piaget's infant uses when he flails the air to express his desire to move a swinging toy before he learns to direct the adult's hand to swing it, which knowledge precedes his learning that he can swing it himself. These stages of magic gestures and of manipulating the therapist are manifest in therapy too.

Through repeated cycles of reunions and separations, of magic gesture imitations and independent enterprise, the patient acquires an identity of his own, a realistic understanding of himself as an agent of causality. What Scheflen calls 'identification' bears a close resemblance to the stage of imitation and magic gesture.

Robert Roessler states that the therapist's attitude or 'posture' is what he believes enables the ambivalent patient to endure closeness or distance without fear of being incorporated or destroyed. In this 'posture' the therapist must be 'congruent', 'autonomous', 'experience the patient's turmoil without disrupting his own identity'. Roessler assigns little importance to the cognitive aspects of therapy. He thinks interpretation only serves to communicate the therapist's feelings. He believes it is possible to 'change in the direction of health . . . without being able to define intellectually how' this change occurs because, says he, that is 'how a child grows'.

The major voice opposing the attitudinal therapists is that of Thomas P. Malone who describes a technique which employs two therapists simultaneously. Its aim is to 'double-bind' the patient in a manner similar to the way his parents may have done except that working-through in therapy permits a more constructive outcome. Malone also avoids sameness which, he says, the schizophrenic patient both provokes and dreads much as he may have dreaded his rigid, compulsive mother. With schizophrenic patients, Malone takes the initiative, allows for physical contact, finds that therapy with them is interminable but not reciprocal, and calls them 'masters at undoing'. He tries to convert symbolic relationships into social relationships by injecting himself into their awareness by every possible technique, by provoking rebellion, personalizing aggression, challenging their grandiosity. His aim is to transpose an intrapersonal catastrophe into an interpersonal struggle so that the father's pathogenic influence as well as the mother's can be emended.

Lacking from this random sampling of viewpoints is any unifying theory. The editors missed an opportunity to show how a Malone type of therapy, which cannot be explained by any drive-reduction re-enforcement theory, can perhaps be understood by newer ideas in learning theory, those dealing with the re-enforcement value of hope, of effort, and of uncertain, delayed, and insufficient rewards.

HELEN G. FIRST (PHILADELPHIA)

CONTEMPORARY EUROPEAN PSYCHIATRY. Edited by Leopold Bellak, M.D. New York: Grove Press, Inc., 1961. 372 pp.

In preparing this book, the editor selected contributions from the seven countries which seemed to him to represent most typically circumscribed schools of European psychiatric thought. However, the nine authors give the impression that there is no such thing as a school of psychiatric thought within the confines of any European national border. In each country there is more than one school of thought which often originated elsewhere (the Soviet Union is an exception) and is influential throughout Europe. Schools of psychiatric thought such as Bleuler's cannot be identified with particular nations. Yet countries differ in their 'tastes' in psychiatry. Existential analysis, which originated in Switzerland with Binswanger, is predominant in Germany, influential in France, and almost nonexistent in England. Aubrey Lewis, author of the section on Great Britain, suggests that this is due to a kind of conservatism and scientific scepticism in the English character, but this thesis is not altogether convincing.

This reviewer found the comparatively brief introduction by far the most interesting and thought-provoking section. Using a sociological approach, it attempts to reconcile and integrate the mass of data contributed by the various authors. One is impressed by the fact that while practically every trend of psychiatric thought originated in Europe, most basic research is being done in the United States. Consequently, psychiatric practice and teaching in every European country, except the Soviet Union, show clear signs of a decisive and increasing influence from the United States. Various international meetings and the sending of trainees to the United States support this trend. (A countercurrent also exists but is distinctly less important.) Perhaps the most important export of American psychiatry is the emphasis on individual psychodynamic psychotherapy and other psychoanalytically-oriented approaches such as 'milieu therapy' and 'total approach'. The trend which is most decisively influencing European psychiatry today is based on psychoanalytic theory, but the current organicist approach has not gone unnoticed. Bailey's Academic Lecture to the American Psychiatric Association in 1956 had a surprising impact on traditional and 'official' European psychiatric circles. However, American and European psychiatry remain different from each other; European psychiatry is

more concerned with the institutional treatment of psychoses than with the ambulatory treatment of psychoneuroses and other disorders. Another paramount difference is the sophistication of research methodology in the United States.

French psychiatry tends strongly to empiricism and eclecticism in therapeutic method—perhaps a legacy from Esquirol. For example, Jean Delay, professor at the University of Paris and possibly the most influential man in contemporary French psychiatry, accepts a wide range of viewpoints and holds to them with the moderate enthusiasm typical of the eclectic. In France organized psychiatry is still closely related to neurology. Only the Universities of Paris and Strasbourg have separate departments of psychiatry and neurology. However, in recent years the purely descriptive and semeiological aspects of psychiatry have lost ground. Recently, the trend is toward the study of the neuroses, unconscious mechanisms, and psychodynamics—a result of the influence of psychoanalysis, although relatively independent from the psychoanalytic movement. In general, European classicists or traditionalists are reluctant to admit the influence of psychoanalysis. Pichot, author of the section on France, without ever referring to psychoanalysis or the unconscious, states that 'modern research seeks to penetrate the depths of the patient's universe', a euphemism for the idea that modern psychiatry is interested in the patient's unconscious.

In German psychiatry, genetic research is important, as are the extensive investigations of constitutional and personality types—a fact that reminds us of the emphasis on racism and so-called 'race hygiene'. Much effort has gone into the attempt to establish a somatic basis for the major psychiatric illnesses, but it has been largely unsuccessful. Existential psychiatry, more prominent in Germany than elsewhere, provides a remarkable contrast to this trend. Also current are 'functional analytic psychiatry' (Zucker, Schneider, Jaspers) and gestalt theory (Weizsäcker). Psychoanalytic theory appears to be less important in Germany than in any other European country, except the Soviet Union. This does not necessarily apply to Austrian psychiatry, which might better have been reported in a separate chapter. The main pioneering approaches of Austrian psychiatry are the biological approach of Wagner von Jauregg, the psychoanalytic theory of Freud, the neuropathological view of Pötzl, and the psychological work of Schilder.

The National Health Service Act in Great Britain has not only

made psychiatric services generally available to an unprecedented degree but actually encourages psychiatric research. Psychiatry in England received a decided impetus from the many outstanding German psychiatrists who sought refuge there. A strong and steady influence from the United States is also felt. Psychoanalysis, although less influential than in America, is more prominent in England than in any other European country. It is divided into two schools, Melanie Klein's and the more classically freudian or 'orthodox' group of Edward Glover, Anna Freud, and others.

Italian psychiatry is strongly organicist by tradition; the psychological point of view, particularly psychoanalysis, has gained acceptance only with great difficulty and to a very limited extent.

Scandinavian psychiatry has much in common with that in Germany. This is offset to some extent by considerable influence from the United States (thanks to Rockefeller and Fulbright grants). The Scandinavians lean toward the constitutional and genetic points of view, however, and tend to regard their American colleagues as somewhat naïve in this respect.

Pavlov's physiological, experimental, and theoretical work has given Soviet psychiatry its main orientation. His physiological principles are the basis for theoretical concepts as well as practical methods in psychiatry. Prolonged narcosis, a widely used method, is based on Pavlov's concept of 'protective inhibition'. Since physiological and biochemical orientation is strong in Soviet psychiatry, research findings in these areas tend to be readily applied to therapeutic procedures; but from the data presented it is difficult to assess the over-all results. Another striking feature of Soviet psychiatry is the strong emphasis on infectious factors in the etiology of psychiatric syndromes. It is generally maintained that a large proportion of psychoses, and many neuroses, are of infectious origin. For instance, 'infantilism' and other forms of developmental retardation are usually attributed to such toxic factors as childhood dysentery.

The greatest pioneering work in the psychological study of the psychoses was done in Switzerland at Burghölzli by Bleuler and Jung. Swiss psychiatry, particularly in Zurich, has maintained a psychopathological point of view to a larger extent than European psychiatry in general. Psychoanalysis is more unreservedly accepted in Switzerland than in most European countries. But in the Uni-

versity of Geneva Psychiatric Hospital a much more organic orientation and greater French influence prevail.

This book will undoubtedly be useful to those who want to know how psychiatry is practiced in a particular European country, but there is too much detail for a work of general interest. European psychiatry as a whole is not shown in historical perspective. Although each chapter contains a section on history, it is chiefly concerned with describing the status of psychiatry and prevalent psychiatric currents in practice, training, and research in each country. Of interest are sections on forensic psychiatry and child psychiatry, as well as appendices containing statistical data.

ALFREDO NAMNUM (MEXICO CITY)

CREATIVITY AND INTELLIGENCE. EXPLORATIONS WITH GIFTED STUDENTS. By Jacob W. Getzels and Philip W. Jackson. New York: John Wiley & Sons, Inc., 1962. 293 pp.

This book reports a comparative study of selected groups of adolescent students who fit into certain arbitrary categories defined by the authors. The study originates from the University of Chicago where both authors are professors of educational psychology. Their predominant interest in pedagogical problems is apparent throughout the report and undoubtedly colors and determines the handling of a great deal of the interesting data.

The study is predicated on the thesis that 'creativity' and 'intelligence' as measured by the IQ metric procedures are not necessarily mutually inclusive in a given individual. This leads the investigators to search for students who fulfil the criteria for being 'highly intelligent', according to IQ metric and academic achievement standards without being unusually 'creative', in order to compare their characteristics with another group who are 'highly creative' without being exceptionally 'intelligent'. A concomitant study using the same method compares two groups of subjects from the same school environment who are described as 'highly moral' on the one hand and 'highly adjusted' on the other. The notion of a special gift for morality and principled behavior and another for social adjustment is a novel suggestion that should be noted in passing.

The subjects of the study come from a select secondary school in a large urban community. These students are well above the com-

munity norm both intellectually and in their cultural backgrounds. Psychometric procedures, special questionnaires, and individual interviews are utilized and the data are treated statistically. From a clinical viewpoint there are no surprise findings as far as the emotional and characterological features of the groups are concerned.

The study seems to have been well conceived and carefully executed. It should be of considerable interest especially to educators and social psychologists. The occasional polemical undercurrent which makes a special plea for the understanding and educational assimilation of the nonconforming 'creative' child can easily be forgiven. Where a stand is taken on theoretical issues the authors reveal a firm grasp of general formulations and of the conflicting approaches to the subject including the psychoanalytic one. They are impressed with Kris's concept of 'controlled regression' and the role of preconscious processes in the creative process and suggest a supplementary alternative in Schachtel's theory of 'perceptual modes'. The discussion of these viewpoints as if they were antithetical overlooks Greenacre's emphasis on 'collective alternatives' and the unusual receptivity to external stimuli on the part of creatively gifted individuals. The present authors, however, are not alone in a general tendency among academic psychologists to overlook the psychoanalysts' interest in problems of perception and the contributions that psychoanalytic investigators have made to this subject.

Of special interest to the whole problem of the psychology of creativity is the study's implicit and inevitable involvement in the ambiguities of circular reasoning. In his Psychoanalytic Explorations in Art, Kris in particular has emphasized the insidious interpolation of the circular fallacy wherever the psychologist has attempted to study the creative process. By their own admission and in felicitous terms the authors note that they are comparing groups of adolescents with different 'cognitive styles'. These 'cognitive styles', although similar, may bring together individuals with diverse characteristics in other respects when they are used as a basis for classification. The group that is described as 'creative' shows an unusual capacity for imagination, humor, and originality in the handling of test material. Since we have not yet agreed upon a precise definition of the meaning of the term 'creative' it may be plausible for the authors to define this characteristic as a synonym for a 'cognitive style' which combines the aforementioned elements. They admit, however, that these are the apparent prerequisites for creative activities and do

not in themselves insure creative achievement. Thus in reality the so-called 'creative' group is one with a presumed potential for creativity which may or may not become fulfilled. No matter how plausibly presented, there is a *petitio principii* in treating originality, for example, as both an evidence of creativity and a prerequisite for its emergence. Only careful follow-up studies of both the 'high IQ group' and the 'creative group' can further elucidate the data. There may be surprises. One might find in later life, for example, that some adolescents without the favorable 'cognitive style' of what I would prefer to call the 'imaginative' rather than 'creative' group will still achieve significant artistic or scientifically creative goals. In fact, utilizing their own original approach to the problem, could the authors now begin to examine other groups of subjects to determine whether some may achieve high test scores for imagination and originality yet show very little creative achievement and vice versa?

These critical comments are not meant to detract from the value of the study as it now stands, nor from the care and industry which it reveals. Any progress in increasing our understanding of these elusive problems must combine individual case studies which are familiar in the psychoanalytic literature with intelligent, statistically based investigations capable of testing where possible the assumptions arising from such clinical studies. The clinician in turn may be able to offer some refinements to the hypotheses that arise from such statistical endeavors as the one undertaken by Professors Getzels and Jackson.

VICTOR H. ROSEN (NEW YORK)

COMMON SENSE ABOUT PSYCHOANALYSIS. By Rudolph Wittenberg, Ph.D. Garden City, New York: Doubleday & Co., Inc., 1962. 214 pp.

In a book directed to the laity, Rudolph Wittenberg has lived up to his title. He seeks to enlighten the educated laity about psychoanalysis as a therapeutic procedure. At the same time he gives some glimpses of psychoanalytic theory, but no more than necessary to accomplish his main purpose of informing a potential patient what may lie ahead in the course of a therapeutic analysis.

Wittenberg starts with the question 'What is psychoanalysis?' and proceeds to discuss free association, the patient-analyst relationship, the patient and his family, and the termination of analysis. He

rounds out his presentation with chapters on the choice of analyst, the nature of analytic training, types of therapy, the treatment of children and adolescents, and, finally, the cost of psychoanalysis to persons of moderate income, with a description of community resources available in many cities.

Throughout the chapters Wittenberg illustrates and enlivens his text by well-presented case histories. These are not given in full, but ample information is supplied to demonstrate the point under discussion. To the author's credit, all these presentations are reasonable, not theoretical, and are presented from the viewpoint of ego psychology. It is apparent that these cases come from a rich experience of careful work and not from 'wild' analysis.

This reviewer can disagree with so well written a text only where Wittenberg argues for the training of nonmedical analysts. But this has been a moot point within analytic circles, so the author is entitled to present his case. All in all, the book is a fair and adequate presentation of psychoanalysis to the lay public.

EDWARD D. JOSEPH (NEW YORK)

FRONTIERS IN GENERAL HOSPITAL PSYCHIATRY. Edited by Louis Linn, M.D. New York: International Universities Press, Inc., 1961. 483 pp.

Although psychiatry has always been considered a part of medicine, psychiatric patients were long treated separately from other sick people. Only in relatively recent years have general hospitals provided facilities for these patients—a trend that is increasing. With the new understanding of mental illness provided by psychoanalysis came the recognition that the emotionally ill are really sick and that rational treatment can be provided for them. Recognition of the importance of emotional factors in organic diseases led to a more valuable role for psychiatrists in all medical practice. Thus psychiatric services in general hospitals began to develop, and sections for psychiatric patients were cautiously introduced.

Insulin and electric shock treatment seemed to provide means for the amelioration of acute illnesses so that length of hospital stay was greatly reduced; this enabled psychiatric hospitals to consider the time element which influences general hospital practice. More recently the psychotropic drugs have furthered the speed with which many acute illnesses can be brought under control. There has

also been an increasing professional and public awareness of the fact that psychiatric illnesses are treatable, that hospitalization is usually better if it occurs in the patient's community, and that many of the prejudices which set these patients apart should be discarded.

Frontiers in General Hospital Psychiatry reflects the present status of these changes not only in the United States but also in other parts of the world. The first section contains six articles on the organization and administration of pshychiatric services in general hospitals. It includes valuable information on such varied topics as the functions of the psychiatrist in a general hospital, residency training, architectural considerations, and special medicolegal issues. The second section deals with new methods of treatment including the somatic therapies, day and night hospitals, home care, and a number of important experiments such as admitting mothers and children on a psychiatric unit. Section three covers the impact of psychiatry on the treatment of medical and surgical patients, and the fourth section describes a number of interesting and important new approaches in various parts of the world.

The range of this book is wide and in general the quality of the articles is good. It contains many practical suggestions and even more stimulating ideas. It is not a textbook or manual, nor should it be. This important development in psychiatry is too recent, change is too rapid, and too many new ideas are being tried for any crystallization of patterns to be possible at present.

As one reads this book and observes this important phase in psychiatry, one becomes aware of a great dynamic force that is bringing psychiatry into full and proper relation to all medicine. This force is but another reflection of the tremendous impact of psychoanalysis not only on psychiatry and the rest of medicine but on our entire culture. The changing patterns described here are part of the more appropriate attitudes toward mental illness and the consequently more effective and humane treatment of the mentally ill.

LEWIS L. ROBBINS (GLEN OAKS, N. Y.)

ESTUDIOS SOBRE TECNICA PSICOANALITICA (Studies on Psychoanalytic Technique). By Heinrich Racker, Ph.D. Buenos Aires: Editorial Paidos, 1960. 222 pp.

In this important book, Heinrich Racker has collected most of what he wrote and published on countertransference and its relation to

psychoanalytic technique. Every chapter appeared in one form or another in various journals between 1953 and 1960, but the book has a certain logical harmony even though repetitions are unavoidable in a work of this kind.

The first chapter is a concise review and remarkably lucid abstract of classical analysis. The second chapter contrasts classical analysis and what Racker calls present-day techniques of psychoanalysis, meaning mostly the contributions of W. R. D. Fairbairn and Melanie Klein. The next two chapters are concerned with the theory of transference and analysis of the transference neurosis. Here Racker contrasts the so-called classical technique of the twenties with the modern tendency to be more active and interpret more material. He traces this activity of the analyst to the understanding of the infant's preverbal experiences leading to paranoid and depressive positions. These produce quick shifts in object or part-object cathexis and identifications which in turn manifest themselves in transference in equally rapid changes. These shifts escape awareness unless they are demonstrated every time they appear. Without the active help of the analyst, the patient could not possibly disentangle himself from his infantile reactions to good and bad objects perceived as introjected or projected, or perceived according to the many variations postulated by Fairbairn on that particular theme. Racker always keeps Klein's and Fairbairn's concepts within the framework of freudian psychology.

The second half of the book is concerned with the countertransference neurosis and its resolution. While everyone who has read Racker's articles knows how articulate he is on the subject of countertransference, the present book demonstrates how methodically and painstakingly he has approached that problem. It is impressive to read such an exhaustive study and ponder the importance of the analyst's reactions as an instrument for understanding and fostering the growth of the patient. To Racker the patient's neurosis has its exact contrapuntal equivalent in the unconscious associations of the analyst, continuously modulated by the unconscious of both patient and analyst. Analysis for him is a dialectic process; he is always using the unconscious of the analyst to understand the patient's communication. Racker considers the unconscious of the analyst as if it vibrated harmonically under the influence of the patient's neurosis and studies its manifestations in great detail. He offers

exact definitions which are most helpful and illustrates his point with case material and examples from analyses and supervision of analytic students.

He can thus distinguish conscious and unconscious reactions of the analyst from true countertransference. The 'countertransference neurosis' is studied under separate headings: positive œdipal, negative œdipal, indirect manifestations, direct manifestations of the countertransference, countertransference anxiety, aggression, and guilt. The objectivity of the countertransference, the meaning of somnolence, boredom, or submissiveness in the analyst, and the dangers and usefulness of the reactions are also treated in detail under separate headings. Finally, he tackles the thorny problem of communicating countertransference reactions to the analysand, believing that this is seldom necessary. Analyzing more carefully because of our heightened awareness of the patient's unconscious is the final aim, yet under certain controlled conditions Racker feels that it is beneficial to communicate the reactions of the analyst to the patient.

In general Racker sees the necessity for the analyst to calibrate himself and reanalyze different facets of his unconscious masochism or manic defense in the analysis of every patient since each patient is different and bound to evoke different manifestations of the same conflict or even trigger unsuspected conflicts in the unconscious of the analyst. Racker's account of how he uses constructively his countertransference awareness should be read by every analyst who has found himself baffled by a particular case. If one listens to one's 'counterassociations', they should reveal clearly the trend of what the patient is doing since the analyst is assumed to be responding in a complementary fashion to the transference wishes and defenses of the analysand. For example: a wish or impulse to murder the patient may correspond to the patient's guilt and need to be murdered. While analysts since the very beginning of analysis have been aware of their reactions and used them constructively, no one has approached the problem so methodically and thoroughly as Racker. This is without question his most important contribution to psychoanalysis. Unfortunately, he died more than two years ago.

It is easy to find fault with many of the principles advocated by Racker. Serious dangers are inherent in applying most of what he proposes. It cannot be said that he is not aware of these dangers

since he cautions analysts against premature, impulsive, or tactless interpretations and tries to define more precisely and objectively criteria for timing interpretations in terms of softening resistances, actualizing conflicts in everyday life and transference, economic and structural aspects, repressed content, object relations, character defenses, and depth and content of interpretations. Yet in spite of these admonitions, one must raise a number of questions to be answered by time and experience. 1. This kind of analysis is undoubtedly 'gratifying' to analysand as well as analyst. Although few analysts today believe that analysis should be only frustrating, there must be some limit and well-defined criteria for such mutual gratification. 2. Can a transference neurosis unfold spontaneously if the personality of the analyst intrudes as much as it must in the process described by Racker? 3. Is not the analyst furnishing much realistic material for resistance? 4. Is activity on the part of the analyst and the patient compatible; that is, can the patient eventually face in some relative peace his own unconscious and in the end gain independence when the analyst offers so much help? 5. Would not the patient rightly feel robbed of that genuine pleasure in mastering and finally knowing himself? 6. May not this type of analysis be more beneficial to the analyst than to the patient?

These questions and many others will occur to readers of this challenging book; yet, in the hands of mature and experienced analysts such as Racker himself must have been, these technical considerations hold great promise for increasing our therapeutic capabilities. The treatment of psychotic, psychosomatic, and acting-out patients has required modifications in analytic technique for which Racker may have established a sound theoretical and practical basis. He has outlined a process by which we can approach and interpret behavior rooted in archaic preverbal levels of organization. The weakness of the book seems to lie in his failure sufficiently to control the process when a therapeutic alliance is established and the patient's ego has grown sufficiently to withstand some realistic frustration. At that point good analysis must become increasingly the patient's work, and the analyst must be mature enough to fade more and more into the background.

All these questions, notwithstanding the challenge raised by Racker, should not be dismissed lightly. Serious students of analysis should read this book and ponder its content, for even if one were

to disagree with many of its propositions, one could not but be roused by the possibilities inherent in harnessing and constructively using the analyst's own unconscious. Moreover, in disagreeing with Racker, we would be forced to clarify some basic premises as well as be stimulated by what he offers. Finally, Racker believes that he may be pointing out to us how we may cope with the challenge of the future. It is possible that the very laws of the unconscious, revealed by psychoanalysis, will make it necessary for some patients of today, and certainly for most of tomorrow, to express themselves in more obscure ways. For this, present methods and techniques will be at least partially inadequate.

JOSE BARCHILON (NEW YORK)

EPIDEMIOLOGY AND MENTAL ILLNESS. By Richard J. Plunkett and John E. Gordon. New York: Basic Books, Inc., 1960. 126 pp.

Psychiatry has become the legitimate concern of epidemiologists; epidemiology now gains the position of being a legitimate basic science of psychiatry.

This is the sixth of a series of monographs published as part of a national mental health survey done by the Joint Commission on Mental Illness and Health authorized by Congress in 1955. It serves as a report from the authors to the Staff Director of this Commission, Jack Ewalt, M.D.

The relevance of epidemiology to mental illness is based on the assumption that an 'epidemic' of mental illness exists in the United States, estimated as 17,500,000 Americans with psychiatric disturbances severe enough to warrant treatment.

Epidemiologists count the number of mentally ill in a population at a given time and measure the rate at which new cases appear; uncover and evaluate the countless variables such as sex, age, marital status, presence of physical illness, and socioeconomic position, and attempt to associate these with mental illness in an individual group under certain conditions; identify patterns of association between mental illness and factors affecting the individual and groups and suggest causal relationships among these patterns; and offer guidance in the conception of public health programs for prevention and control of mental illness.

Population studies in the United States are reviewed and analyzed.

After reviewing the various facets of the problems involved in epidemiology of mental illness, a general plan for a pilot study is suggested. Suicide, alcoholism, postpartum psychosis, and psychosomatic illness are offered as examples of reasonably well-delineated conditions which may be suitable for the method proposed for epidemiologic study. Recognition is given to the fact that the epidemiologic method is a new approach to an old problem. It is essentially an organized approach to human ecology, by way of scientific observation and analysis.

This document is a readable compilation of data relating to the epidemiology of mental illness in this country. It offers a reasonable set of inferences, presenting a comprehensive view of the present scene and a rational perspective for the future. A comparative study of other countries would be important. Within its scope this report offers insights of glaring significance for the basic scientist, practitioner, indeed any individual aware of his fellow man. A helpful bibliography is included.

CHARLES R. VERNON (CHAPEL HILL, N. C.)

ON ADOLESCENCE. A PSYCHOANALYTIC INTERPRETATION. By Peter Blos. New York: The Free Press of Glencoe, 1962. 269 pp.

Blos' new book is a work of distinguished scholarship in the field of adolescent psychology and is the first attempt to present a unified psychoanalytic theory of adolescent developmental processes. It is at once a survey, a source book, and a significant original contribution to psychoanalytic theory. All of this, including an exhaustive survey of the literature, is packed into 244 pages of concise, lean writing which demands close reading and thorough familiarity with psychoanalytic theory and terminology.

The body of the work is centered in the exposition and elucidation of five phases in the adolescent process which Blos identifies as preadolescence, early adolescence, adolescence proper, late adolescence, and postadolescence. The work of latency in preparation for adolescence and the completion of the maturational process in the phase that Blos calls 'postadolescence' are given special treatment. The characteristics of each of these phases are carefully worked out in terms of drive cathexis, object choice, the progression toward genital primacy, and concomitant ego changes. The first two

phases are set off from the last three through the criterion of object choice. The period 'adolescence proper' in Blos' terminology represents the phase in which the decisive turn toward heterosexuality is made and the final and irreversible renunciation of the instinctual objects takes place.

The narrative begins in preadolescence, with a quantitative increase in drive, a drive that has no new quality of its own, no new aims and no objects, for the old objects are objects of danger and the new objects are not yet. The danger of the woman, the archaic mother, revives castration fears in the boy and the renewal of danger brings forth regression and an indiscriminate cathexis of precœdipal impulses. Even the genital organ behaves as if it were uncommitted to genital purpose and responds through erection to a variety of non-specific stimuli. For the girl in preadolescence, regression is the greater danger and the regressive pull to the precœdipal mother must be countered defensively by a powerful thrust in the direction of heterosexuality.

In the intricate sequence of development that follows, the drive which is distinguished only by quantity must undergo qualitative changes. Pregenitality must be relegated to the role of forepleasure and the genital must achieve primacy at the close of adolescence. The bisexuality of preadolescence and early adolescence must end and the sex-alien component of the drive must be conceded to a partner of the opposite sex. The incestuous objects must be relinquished in order to pave the way for heterosexual object love. The ego itself must perform prodigious feats of adaptation at a time when its adaptive capacities are weakened by large expenditures of countercathectic energy and is further impoverished both by the decathexis of the original objects and their representations in the superego. At the conclusion of this protracted struggle the adolescent must find his answer to one of the central questions of adolescence, 'Who am I?'.

The œdipal residues must be dealt with in late adolescence, typically worked out in the experimental period of heterosexual object seeking in a pattern of reliving and mastery of old conflicts with new objects. The infantile conflicts are not removed at the close of adolescence but they become ego-syntonic, integrated within the realm of the ego as life tasks. In this way, both love and work have relative autonomy from their infantile and conflictual origins

and the conflict-free sphere of the ego is expanded. In this period drive organization has reached its last stage and sexual identity takes its final and irreversible form.

Blos finds it necessary in this scheme to include a phase he calls 'postadolescence' which does not, strictly speaking, belong to the adolescent process—a transitional phase into adulthood in which further consolidation of the work of adolescence takes place. For while drive organization at the close of adolescence has normally reached a state of permanency, ego development has not caught up with it. In this period there is sexual drive experimentation in the relations with love objects 'with all possible combinations of degraded and idealized, of sensual and tender love' and experimentation with ego interests in the pursuit of vocation. At the close of this period of experimentation we can normally expect a reordering of all these components into a harmonious whole, and character bears the stamp of identity.

The progress from the first stage to the last is fraught with perils, as every clinician knows. Each of the stages may be a stopping point, with consequent dangers for personality development. But it is the special merit of Blos' work that adolescence is viewed also as a time of recovery, of undoing and reworking. As Blos sees it, the variables at work in this process are such that no one can accurately predict the outcome. It is as if the revival of infantile conflicts in adolescence gives a second chance for the ego to relive, to master, and to find new solutions.

Blos is thoroughly attentive throughout to cultural factors that give shape to the adolescent personality. His discussion of defense in middle adolescence draws attention to the fact that both 'intellectualization' and 'asceticism' are not commonly encountered as defenses among American adolescents, which suggests the degree to which the choice of defense is open to external influence. He identifies in American youth a defense he calls 'uniformism' which acquires its external support from cultural pressures toward conformity. As a defense 'uniformism' serves both instinctual dangers and the identity crisis of adolescence. Unlike the other defenses against the instincts, uniformism does not deny the sexual urge but subdues the dangers by subjecting it to the arbitrary regulation of a code. In this way the adolescent is spared the painful necessity of dealing with his uniquely constituted inner disorder and finding unique solutions to conflict. Following Blos' thinking, one can see

how the preadolescent or early adolescent boy, whose inner feelings will dictate avoidance of the dangerous woman, is spared the necessity of coming to grips with the dangers, of working it over in fantasy, of testing himself out at a pace that is measured and tuned to his inner readiness. He can make the jump from the uncertain masculinity of early adolescence to manhood by following the forms of courtship, by learning the external forms of masculinity and male conduct. But the disparity between the inner knowledge and the external forms of masculine conduct lays the groundwork for conflict in late adolescence when masculinity must pass the test of genitality.

In the same vein Blos presents sobering thoughts about the pressures for early dating which impinge upon the child in early adolescence at a time when the crucial developmental tasks center in the decathexis of incestuous object. Conflict with the parents and mourning are normally part of the process of leave-taking and the process of working through. The culturally imposed patterns of early dating have the effect of bypassing the psychologically painful but necessary experiences of leave-taking. There is the danger, then, that the adolescent who is hurriedly pushed through the process of leave-taking and pressed to take substitute objects may have a diminished capacity for heterosexual love and that object finding may be contaminated by œdipal residues.

Blos' chapter on The Ego in Adolescence includes a valuable treatment of the role of the ego ideal in adolescence and its significance for the resolution of the infantile homosexual tie. The ego ideal, which has its 'formative push' during the passing of the œdipus complex, reaches full dimensions as a psychic institution in adolescence following the decisive detachment from œdipal parents. Blos draws attention to breakdowns in the adolescent process that occur in late adolescence or postadolescence in which analysis reveals the negative œdipal attachment which has not been transformed into ego ideal formation.

The chapter on masturbation is rich in clinical application. Blos deals fully with the phase-adequate functions of masturbation, its role in facilitating the forward movement of the instinctual drive, and also its conservative tendency in perpetuating infantile positions.

If there is one significant omission in this treatment of adolescent processes, it is the absence of specific study of the role of the aggres-

sive drive. For while Blos takes into account the aggressive manifestations of adolescence, there is no systematic treatment of the vicissitudes of the drive in the course of adolescent development. In Blos' defense one should admit that in general we know far less than we need to know about the role of the aggressive drive in developmental processes. Yet our understanding of the progress toward genitality in adolescence remains one-sided as long as the aggressive drive is regarded as a silent partner. Through clinical observation we know that the aggressive drive may facilitate or impede the progress of sexual drive organization in adolescence. It remains to bring these observations together and to give them coherence within the framework of such a sequential development as Blos has given us.

While reading this volume I was struck by the rich potential in Blos' work for social work, psychology, and education. It is regrettable from this point of view that Blos has chosen a vocabulary and style that will make this book unintelligible to anyone who is not an analyst. It is a vocabulary that is clinically exact and succinct from the psychoanalytic standpoint. Many original and exciting ideas are presented in these pages by means of a psychoanalytic shorthand that cannot be deciphered without great labor by anyone outside the field.

On the other hand for the analytic reader, the book might have profited from expansion. The content merits perhaps two thick volumes, amply illustrated with case material, and with space for elucidation and discoursive treatment of many topics that are presented in essence within a paragraph or a single sentence. The over-all sense of tightness and constriction of this volume is reenforced by the format. Fine type, close setting, and narrow margins have the effect of squeezing the tight prose into a box.

None of these last points, however, should detract from the real stature of Blos' work, a work that must be regarded as a major contribution to psychoanalysis.

SELMA FRAIBERG (METAIRIE, LA.)

PSYCHOLOGIST AT LARGE. AN AUTOBIOGRAPHY AND SELECTED ESSAYS. By Edwin G. Boring. New York: Basic Books, Inc., 1961. 371 pp.

Boring's letters and papers, introduced by an autobiographical

sketch, are stimulating and entertaining and, though the papers have been previously published separately, they are informative. Sceptical about genius, he believes that conscientious effort and the historical process are the ingredients for productivity.

The autobiography presents an open invitation to the reader (and perhaps to the future biographer) to study the personal history of the author and compare it with the work which he produced for a better understanding of both. The revelations contained in it are not those of a vain, self-centered man, but are rather those of one who has measured his worth carefully, having withstood the demands of his own lashing needs and ideals, as well as the ravages of time and the onslaughts of criticisms from contemporaries (he was even the object of a witch hunt).

Boring devoted his life to teaching. He was attracted by Titchener's lectures into the field of psychology and became an experimental psychologist, an introspectionist, though perhaps (later) a reformed one. The history of psychology became his special interest. Much of his energy seems to have been devoted to developing skills of communication and he wanted more than all else to be understood in his 'struggles for maturity and wisdom'. He was aware of 'paradoxical needs of ambition and of acceptance' which he felt interfered with the attainment of the wisdom he sought. He not only tells us his somatotype (according to Sheldon's classification) but also gives details which may serve the purposes of psychologists of every persuasion including the Jungian, the Adlerian, and the freudian. The reader will be rewarded by the feeling of having become intimately acquainted with the author, of understanding him in his candid self-appraisal which is offered with dignity and humor in a lucid and communicative style. Boring, the man, emerges and one is almost convinced that man is an 'agent of history', a product of his time, of the *Zeitgeist*.

The psychoanalyst who sees Boring's comments about analysis for the first time in this volume will greet them with mixed feelings since the challenge he issues by publicly asking himself and his analyst 'Was This Analysis a Success?' tickles the imagination. His answer, published side by side with the answer from Hanns Sachs, could have provided a valuable critique. But it does not. The psychoanalytic reader will be disappointed for Boring's weakest moments as writer and scientist are when he writes about psychoanaly-

sis. It is nevertheless of some interest that a psychologist of his stature, who tried to understand and tolerate, felt that analysis was something less than a science. This is especially true since he seemed to recognize the unconscious operation of certain mental processes. (After a head injury, he suffered an amnesia and from that experience Boring discovered an unconscious mental function in himself.) He considered that analysis was primarily an intuitive process and was convinced that analysts were not sufficiently suspicious of intuition. Apparently he believed that the intuitive processes could not be comprehended. Despite his criticisms of analysis his excellent paper on 'introspection' recognizes clearly that analysts do not trust subjective assessments of motivation in particular and introspection in general any more than he did.

The paper which explores the merits of the analysis and the answer by Sachs are both lacking in specific detail. Boring expresses some doubt about the effectiveness of the analytic work and Sachs does not contest the opinion of his former analysand. The brevity of information is in part undone by Boring's negative claim that he did not suffer from a 'transference to the analyst', and by the positive claim that his attitudes were favorable for a successful result though he states that, when he began the analytic work, professional and financial reasons demanded that he set a limited time for the analysis to accomplish its aims. Despite the doubts and the circumstances it is quite clear that the analysis permitted him, if it did nothing else, to have a diminished sense of guilt (which had previously threatened to become overwhelming). According to Boring, his brief analysis (one hundred sixty-eight hours over a period of nine months) was equivocally beneficial since many of the reality factors changed before the analysis and permitted him to make his adjustments, perhaps independently of the analytic work. In the meantime he found little or no insight as a product of his analysis while he did not gain the (admittedly) magical wisdom he had expected.

Sachs's inimically gentle reply had to be made in general and theoretical terms since the issue of confidentiality precluded specific references to the content of Boring's analysis. Sachs discusses the difficulties in assessing 'success' of analytic work and points to the synergistic action of analytic and reality changes. He also speaks of the need to differentiate and make a judgment as to whether to undertake an intense analytic effort directed at character analysis,

depending upon the availability of the libido in the specific case, the presence or absence of a symptom neurosis, and the established character structure. Obviously, in the special case of Boring his judgment must have been in the negative. He tells us that there was no well-defined neurosis. Though Sachs speaks of the need to free the evaluation of analytic therapy from magical demands he does not refer to the resistances which he must have encountered in this analysis. Boring's commentary reflects not only his admitted need for magical results but also his overvaluation of scientific control and method. The cloak of rational discussion about the question of determinism versus freedom in science and human activity seems only a thin disguise for a need for belief, and shows that Boring overlooked the analytic literature on the subject.

It is in one of the author's letters to Sachs that his most important objections to analytic theory are stated. He criticizes the Bernfeld-Feitelberg monograph, *Energie und Trieb,* as a product of intuition and contrasts it with experimentation and sees disadvantages in both methods. He states that the concept of psychological energy is unproved and unwarranted and insists on the biological substrata of mental work. He rejects the analogies made with physical laws which he believes tell little about psychic energy and drive, and he decries the Bernfeld-Feitelberg use of the Weber-Fechner law. He regards the mental apparatus as a releasing organ and implies that this is not taken into account by the monograph or by analytic theory. He conceives the organism as responding to frustration by persisting in reaching its goal (essentially a physiological concept). He believes the problem to be not one of energy but of control.

Boring, the experimentalist and operationist, sceptical about all mental operations which could not be checked by some measuring device, maintained his distance from and differences with analytic thought while he was constantly aware of the historical influences in the shaping of concepts. Paradoxical though it may sound, it nevertheless seems that when historians write about Boring in the future they will say of him that the historical influence on his thought was not so much Titchener, the experimental psychologist, as he claimed, but Freud, the intuitionist. The distance between Boring and Freud will be found, I believe, in the fact that Boring's historical bias, his preoccupation with the *Zeitgeist,* is not a genetic concept in the sense in which analysts understand it. Though

Boring's 'the historical process' conceives that history is more than the sum of its parts, it does not appear to contain the propositions inherent in the analytic conceptualization but seems rather to imply a deification of history, giving it a quality of mysticism (despite the stated desire to accept historical events as facts).

When Boring writes for the layman on such topics as the Normal Law of Error in Mental Measurement, he teaches convincingly. An important objection might be made (especially as it applies to his comments on analysis): that he will be most convincing to the uninitiated. Apparently he has some inkling of this since he remarks in the paper on the Normal Law of Error that Lancelot Hogben's book on Statistical Theory will argue his 'truths' in a more sophisticated manner. His simple and convincing style becomes suspect of oversimplification for purposes of communication. This may be perfectly justified for teaching but does not represent a proper exposition of science, certainly not of psychoanalytic theory and practice.

The limitations of Boring's treatment of psychoanalysis should not be a deterrent to reading the views which he brings to a diversity of topics in his many papers. For example: 1. An experimental treatment of the phenomenon of the moon-illusion which he explains on an anatomical basis. 2. The problems of women in science to which he brings a refreshingly different attitude. Hardly antifeminist, he rejects the projective explanations of the ardent feminist and brings his own view to the realities of those problems and tries to expose the dynamics involved. 3. The controversy of learning versus training in graduate schools will be cogent reading for the psychoanalytic teacher in the light of the recent developments in psychoanalytic education. 4. In a paper on human nature versus sensation he undertakes an analysis of William James's psychological position. Such terms (and the ideas contained in them) as operationism, behaviorism, and positivism are explicated in the process of demonstrating that, though originally James began as an 'experimentalist', he became what Boring refers to as a 'nativist'. By this means James is placed in the historical context of the development of the ideas. 5. In several papers, essentially obituaries, Boring gives a brief account of the lives of Titchener and Terman. These are brilliant pieces of biography in which one recognizes the personal emotional involvement of the biographer with his subjects.

Boring's Psychologist at Large is actually an abridged history of

psychology of the past five decades in the United States. The author's central and eminent academic position in the past fifty-odd years makes the story of his life and work an account of the history of psychology. However, this volume will not be required reading for the psychologist, certainly not for the psychoanalyst. It is his previous work, The History of Experimental Psychology, that will have a permanent place on the classical shelf of psychology while the present one will remain simply recommended reading.

VICTOR CALEF (SAN FRANCISCO)

PSYCHOLOGY OF LITERATURE. A STUDY OF ALIENATION AND TRAGEDY. By Ralph I. Hallman. New York: Philosophical Library, Inc., 1961. 262 pp.

The author attempts first to establish and thereupon to elaborate the following thesis: tragedy is a literary form which presents the conflictual and 'inevitably tragic' human condition. This tragic condition is made inevitable by the fact that intelligence alienates man from his drives and prevents him from merging with the stream of life of the tribal community. Because conceptions of divinity and the cosmos are the result of drive projection, man's intelligence also alienates him from divine or cosmic unity. Intelligence, fostered by the need for provisions, sees flaws in the divine, paternal, or traditional order; it rebels and demands reforms. This produces anxiety and guilt. The tragic hero dares openly to undertake this rebellion, or is torn in his temptation to rebel, thereby acting out or ventilating what is buried in every spectator. If the hero accomplishes his task, his own new order will in turn be exposed to destruction; if he fails, he gives up his autonomy and submits to the old order. Either way, the ultimate outcome is death.

While in the Dionysian ritual, from which the classic Greek tragedies developed, death is accepted as the road to rebirth, intelligence always rebels against death. In the light of intelligence death is senseless and thus the hero's death becomes tragic. Yet the dynamics of the æsthetic experience of the play must somehow make this outcome acceptable. Basically, Hallman follows Nietzsche by contrasting the Apollonian with the Dionysian, and Freud by setting Eros against Thanatos in his explanation of the sources of conflict in tragedy. His elaborations on and excursions from

this central theme are extensive and range far into the fields of religion, philosophy, and psychology.

Whether this summary of Hallman's volume is accurate may be questionable. It is difficult to be certain of his meaning because of the turgid language, the often ambiguous and contradictory statements, and the frequent interruptions of a logical train of thought by associative excursions. He has a high regard for the acceptance of ambivalence in Far Eastern thinking, and this seems to be reflected in his own style. According to him, because of their acceptance of ambivalence, Chinese and Japanese literature know no tragedy.

The principal tragedies treated are: the legends of Prometheus, Adam, and Job; the dramas of Œdipus, Hamlet, Faust, Death of a Salesman, and The Cocktail Party; and three novels of Dostoevsky—The Brothers Karamazov, Crime and Punishment, and The Possessed. His philosophical and religious references contrast the Chinese Book of Changes, which considers man's most urgent problem to be the anticipation of divine caprice, with Aristotelian methodology and Christian ideas of communion. These latter avoid tragedy by promising a form of rebirth. Hallman's psychological references pass from Aristotle to Freud, Ferenczi, and Jung. His thoughts on cosmic union and life energy probably parallel Jung's ideas most closely.

There are occasionally fine formulations in this book and some poignant summaries of literary works. But these may be available elsewhere without the confusion of psychological theories which are at times forced to fit the main thesis that intelligence alienates man from his true self, creating a basis for tragedy. To read this book with pleasure and some profit probably demands the detachment of Sir Henry, the psychiatrist in The Cocktail Party, as well as the patience of Job.

MARTIN WANGH (NEW YORK)

THE MOLD OF MURDER. A PSYCHIATRIC STUDY OF HOMICIDE. By Walter Bromberg, M.D. New York: Grune & Stratton, Inc., 1961 230 pp.

Directed to physicians, psychiatrists, social workers, parole and probation officers, judges, and the intelligent layman, this is an excellent

book with a dynamic psychiatric basis. The author makes free use of psychoanalytic concepts and is strongly influenced in his eclectic and catholic points of view especially by Karpman, Schilder, and Adolf Meyer. He himself has had wide experience in criminal psychiatry.

His attention is directed less to psychiatric categories than to problems of motivation and developmental psychopathology. Bromberg points out that eighty percent of all felons are 'normal', meaning that they cannot be classified under any psychiatric category. He then illustrates the important psychological problems at work in the 'normal' murderer. He also calls attention to the interesting fact that although only four percent of convicted felons in New York County are women, eighteen and one-half percent of all arrests for criminal homicide were women. Most of these were for infanticide and abortion.

The author is primarily interested in defensive aggression against insecurity and dependency and in the sociopath or psychopath. Insecurity and dependency are equated with femininity, passivity, latent passive homosexuality, and fantasies of castration and dismemberment. Here he leans heavily on Schilder and his co-workers. He points to the homosexual nucleus in the male killer. The largest single consideration in the book is psychopathy, which is treated at length. Bromberg reviews the history of the concept and discusses the more enlightened attitudes in relation to the McNaghten formula. In the definition of psychopathy he is most influenced by Karpman. Although he takes pains to illustrate motivation in detail, Bromberg nevertheless seems to agree with Karpman that there is an irreducible, unanalyzable core of aggression in the psychopath. He regards the hyperkinetic syndrome of children as the precursor of psychopathy. He also accepts the concept of immaturity as a preliminary stage of psychopathy. Within this concept, however, he sees a strong need for dependency underlying the rebelliousness.

The author declares himself (as do workers in other areas of psychopathology) at a loss to specify the crucial determinant that influences the selection of murder as the final common path for the expression of the subject's problems. In a paper[1] published more than ten years ago, Bromberg indicated an area of research which might help elucidate this problem. He then suggested a study

[1] Bromberg, Walter: *A Psychological Study of Murder.* Int. J. Psa., XXXII, 1951, pp. 117-127.

of the early oral tendencies versus the factors of ego strength. Scattered throughout the book are references to problems of rage and revenge intermingled with oral problems of deprivation. He relates murder to the mingling of the problems of oral love, incorporation, and sadistic destruction of the mother. He suggests that when there is such a fusion of love and revenge within a personality organized primarily at the oral level murder is the outcome. Such a thesis might have given useful direction to this book to ascertain the validity of the concept. It would agree with this reviewer's bias concerning the psychology of murder and would encompass not only the problem of hatred, but all the ambiguities, the incorporating tendencies, the love and the identification of the murderer with his victim.

There are occasional lapses in style to the 'whodunit'; for example, 'Two men in gray overcoats quietly threaded through the noonday crowds behind him'. Otherwise, the style is in good taste. The book is superior to others dealing with the same subject because of its emphasis on motivation and personality development. The psychoanalyst may regret the failure to drive some concepts further toward their earlier or more archaic sources. However, this book was not written for psychoanalysts only but for a more general audience. It serves its purpose well.

SIDNEY TARACHOW (NEW YORK)

THREE ESSAYS ON THE THEORY OF SEXUALITY. By Sigmund Freud. Translated and newly edited by James Strachey. New York: Basic Books, Inc., 1962. 130 pp.

It is a tribute to the genius of Freud that his Three Essays on the Theory of Sexuality has now been published in the United States more than a half-century after the first expurgated version wreaked such antipathy for the author's name. In an editorial note, J. D. Sutherland, General Editor of the International Psychoanalytical Library, states that this edition 'contains the completely revised and fully annotated text of The Standard Edition with a few extra editorial footnotes'.

In addition to the text there is an extensive bibliography of technical works referred to in it and a general index of nontechnical authors and those technical ones to whom no reference is

made. An editor's note, prefaces to the second, third, and fourth editions, an appendix listing Freud's writings which deal predominantly with sexuality, an addenda, and an explanatory list of abbreviations complete the book.

MARY ROMAGNOLI (NEW YORK)

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Joseph Biernoff

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ABSTRACTS

Journal of the American Psychoanalytic Association. X, 1962.

Reality and Actuality. Erik H. Erikson. Pp. 451-474.

In accordance with the author's epigenetic model of maturation, in which ego interests such as hope and will are connected with psychosocial needs and correlated with phases of psychosexual development, the importance of fidelity in the ego maturation of the adolescent is discussed. Erikson uses the case of Dora to illustrate Freud's failure to discriminate between the need of the patient's developing ego for actuality when she confronted her parents with the historical facts of their behavior, and his insistence that she deal only with the unconscious repressed reality behind her symptoms. Dora's neurosis was rooted in the crisis of adolescence, and her emphasis on historical truth was an adaptive pattern genuine for her stage in life.

At each point of development what appears to be 'acting out' may contain an adaptive, if immature, reaching out for experience to verify the ego's expectant trend and growth. Insight into the inner realities must then be experienced only within the assessment of the historical truth. The need for fidelity is necessary for the adolescent to achieve self-identity.

A Critical Examination of Freud's Concept of Bound vs. Free Cathexis. Robert R. Holt. Pp. 475-525.

Holt discusses the changes in Freud's thinking which occurred over a period of time with regard to his ideas of bound and mobile energy. Freud used the concepts of binding and mobility of cathexes in about fourteen different ways. The major usages describe the inhibition and delay of discharge, the binding of drive energy to ideas (primary to secondary process), and the building of structure. Freud distinguishes between the energy of instinctual drives and neutral energy (hypercathexis). It is not clear whether this latter is derived from drive energy. Hypercathexis seems to be used mainly for structure formation.

The author makes a strong plea for differentiation between drive cathexis and hypercathexis. Where hypercathexis is bound, he proposes the use of the term 'immobilization'. He also distinguishes between 'binding' and 'neutralization' as used in the formation of secondary process to describe drive energy, the former referring to formal properties of thought, the latter to content. Hypercathexis may bind drive cathexis to an idea; it may focus attention on it; or it may through countercathexis inhibit its discharge or access to consciousness.

Some Problems in Contemporary Ego Psychology. Bernard Apfelbaum. Pp. 526-537.

Apfelbaum disputes the contention that the increased clinical and theoretical emphasis on ego functioning has left the assumptions regarding instinctual drive intact. Since the ego of the tripartite psychic structure devised by Freud in The Ego and the Id has no intrinsic energy of its own, it becomes difficult to

explain the energy used by the ego in nonpathological, goal-directed strivings. Following Freud, contemporary ego theorists have tried to preserve instinctual drive separate from ego structure by using the concepts of primary and secondary ego autonomy but still employing energies derived from the id.

Grauer has postulated that, since ego and id stem from a common matrix, the energies with which they operate can also be assumed to derive from that matrix, and therefore the hypothesis of a necessary prior process of neutralization can be dispensed with. This tendency toward the construction of a primary ego energy diminishes the importance of the id as the only source of energy. Difficulties also arise because the analogy of the psychic apparatus to a thermodynamic structure and the stressing of quantitative factors fail to account for clinical observations where an apparatus of secondary autonomy, such as altruism, seems to be more than a derivative of conflict between the ego and the id.

Ego Functions and Bodily Reactions. Samuel Silverman. Pp. 538-563.

After a review of the pertinent literature, and with the aid of many clinical examples, Silverman discusses aspects of ego functioning which occur during the analytic hour and which are related to bodily reactions. These aspects use mainly aggressive energies and are of the following types: 1, habitual ego-syntonic physical responses which are part of character structure; 2, (a) transference resistance somatically expressed; (b) somatic reactions to interpretation; and 3, shifts between somatic and psychic modes of expression. These are all subject to modification with interpretation and working through. The appearance and disappearance of somatic responses during an analytic hour need not represent any important regressive or synthetic ego elements but rather the usual homeostatic activities. The somatic reactions tend to have a symbolic meaning and are continuations of functions proper to the first year of life when emotional disturbances tend to be expressed in somatic terms. Excessive bodily reactions may denote marked regressive changes in ego functioning and lead to organic disease.

Mourning Before the Fact. Albert A. Rosner. Pp. 564-570.

Mourning before the fact of loss may denote a displacement to the current and conscious object of a sense of loss of a different and former object in the unconscious. The conscious preoccupation may act as a resistance in analysis. Rosner reports the case of a young man who brooded over a premonitory dream of his father's death which represented a defense against the fear of losing his mother—a recurrent theme from his childhood neurosis. The dream was overdetermined since it also represented a defense against repressed elements of the œdipal conflict including fear of castration.

A Technique for Self-Analysis of Countertransference: Use of the Psychoanalyst's Visual Images in Response to Patient's Dreams. W. Donald Ross and Frederic T. Kapp. Pp. 643-657.

The authors discuss a technique for self-analysis of countertransference using the visual imagery evoked by the analyst's associations to material in the patient's dreams. The verbal description of the dream by the patient represents the final result of the dream work, including secondary revision. The imagery added by

the analyst is a new version to which his unconscious has contributed. His self-analysis can be a useful tool in treatment to correct his own immature attitudes and make his interpretations more objective, thus freeing the patient from a possible barrier to further insight. Although countertransference can be analyzed in many different ways, this method provides a distinct and relatively simple procedure.

The Principle of 'Working Through' in Psychoanalysis. Samuel Novey. Pp. 658-676.

Freud originally felt that working through was a gradual abreaction concomitant with the development of insight as resistances slowly broke down under interpretation. Later, with the formation of the structural theory, working through was more completely considered as due to the existence of five kinds of resistances—three from the ego and one each from the id and the superego. The author discusses the id aspects. After insight is gained, the repetition compulsion, based on inborn characteristics and infantile experiences of a traumatic nature, has to be overcome. (The repetition compulsion is the least influenced by insight.) Learning theory, with its emphasis on reward as an effective conditioner of learning, has something to contribute to the id aspects of working through. The affective, anxiety-producing, repetitive experiences of childhood have to be undone in similar fashion by endless repetition of interpretation and relearning. This must be experienced in an atmosphere of reward. In line with learning theory, the affectional, cue, and reward aspects of the transference situation throw additional light on the need for time. Normal characterological defenses have to replace the pathological before reward is experienced. This process takes time and may depend on cues which are often not identified by either partner in the therapeutic situation.

Unconscious Birth Fantasies in the Ninth Month of Treatment. Gilbert J. Rose. Pp. 677-688.

The author asks the question, 'How common is it for "unconscious mental activity" to play with numbers and produce birth fantasies toward the end of the ninth month of treatment?'. Although few such reports may be found in the literature, he feels from the investigation of five illustrative cases that this phenomenon is quite frequent and that it has been merely overlooked.

Some Effects of Pregnancy and Childbirth on Men. Wilbur Jarvis. Pp. 689-700.

Pregnancy and the birth of a child tend to act as powerful stimuli to the father's psyche. When they occur during analysis, important information may be revealed about his œdipal and preœdipal conflicts. Four cases are cited briefly in which pregnancy led to a disturbance of the existing psychic equilibrium and to the reactivation of infantile conflicts relating to birth.

Onan, the Levirate Marriage, and the Genealogy of the Messiah. Arthur B. Brenner. Pp. 701-721.

In Hebrew tradition, the levirate marriage is an institution whereby a man is obliged to marry his brother's childless widow in order to beget a son who will

carry the dead father's name. The author speculates that this institution was determined by a number of repressed archaic ideas. With illustrations mainly from the stories of Judah and Tamar, Boaz and Ruth—the ancestors of Jesus Christ—the author formulates the following determinants for the tradition. The begettor of the child is acting in behalf of a father figure who is ghost or God. Such a son can fantasy that he himself is God or demigod because of this descent. In the New Testament, a reversal takes place in which Jesus is begotten of God, and Joseph is the unimportant status father.

Freud's 'Double': Arthur Schnitzler. Frederick J. Beharriell. Pp. 722-730.

Schnitzler, the Viennese physician-poet and contemporary of Freud, wrote strikingly 'freudian' plays and stories. Schnitzler referred to Freud as his 'double', and Freud called Schnitzler his 'psychic twin'. Yet they did not meet until June 1922 when Freud was 63 and Schnitzler was 60. In one of Freud's letters to Schnitzler dated a month earlier, he remarked that the avoidance was out of fear of meeting his own double who had duplicated in a remarkable and intuitive way his own discoveries. The author verifies this with excerpts from the early writings of Schnitzler, which antedate Freud's psychoanalytic publications.

A Psychoanalytic Study of Pirandello's 'Six Characters in Search of an Author'. Charles Kligerman. Pp. 731-744.

Freud indicated that when a person dreams he is dreaming, the inner dream contains the forbidden unconscious wish in a relatively undisguised manner. In Pirandello's drama, which is a play within a play and has a dreamlike quality, the principal theme is father-daughter incest. In discussions with his biographers, the playwright showed considerable resistance to admitting any connection between his unconscious and the subject matter of the play. The same theme occurs frequently in some of his other plays. The author presents biographical data to support father-daughter love as an important element in the emotional life of Pirandello.

The Psychology of the Critic and Psychological Criticism. Philip Weissman. Pp. 745-761.

The author stresses the importance of psychoanalytic insight for the critic. The function of the critic is to make conscious to the spectator what the latter has experienced preconsciously or unconsciously both as to the content and the formal qualities of the work of art. Present-day art criticism requires an insight into the inner life of the artist and the manner in which it is reflected in the work of creation. The critic's own awareness of his unconscious emotional attitudes to the artist and his creations will minimize distortion of his critical statements. Criticism which incorporates psychoanalytic insight may well be called creative criticism. It requires the ability to avoid idealized identification with the artist or his creations.

Altered Ego States Allied to Depersonalization. Julian L. Stamm. Pp. 762-783.

Depersonalization, including its allied states, develops as a transitory defense

against either threatening reality or id impulses. It occurs in individuals strongly fixated in the oral passive dependent stage. The defense constitutes a regression to a symbiotic union with the mother, permitting the coming into consciousness of infantile fantasies. There is sufficient ego strength for splitting into observant and regressed ego parts and for awareness of strange and unreal feelings and thoughts. In those rare instances where there is no accompanying anxiety, the regression may be considered as being in the service of the ego. Depersonalization is furthered in situations where passivity is encouraged. Three short case histories are cited to support the thesis.

Depersonalization and Derealization. Charles N. Sarlin. Pp. 784-804.

The feeling of depersonalization is due to withdrawal of cathexis from self-representation of the ego. A similar withdrawal from the object representation leads to a feeling of derealization. These are defenses against powerful id drives which are viewed as a threat to survival. A lengthy case report is presented in which identification with the images of unsatisfactory sado-masochistic parents led to castration anxiety and fear of abandonment. The patient actively defended against this by giving up the sadistic self-representation in the ego (through withdrawal of cathexis) leading to feelings of depersonalization. In the absence of suitable models for identification, self-representation within the ego may be achieved by identification with the image of one hated sadistic parent, while the object becomes imbued with the image of the other. Depending on the degree of regression and reaggressivization, the defensive symptoms of estrangement, depersonalization, derealization, and loss of identity may result.

JOSEPH BIERNOFF

Psychiatric Quarterly. XXXVI, 1962.

Father-Daughter Incest. I. B. Weiner. Pp. 607-632.

Five brief case reports are given of men who had incestuous sexual relationships with their daughters. Intelligent, middle-class men with fair jobs, they had character disorders with paranoid features and well-organized intellectual defenses and rationalizations. All had regressive longings and had failed to achieve an adult masculine identity. The data suggest an ego or superego defect, or both, in the man with contributions by the wife and daughter, but no specific causal factors were found.

Further Observations on the Nemesis Concept. A. H. Chapman. Pp. 720-726.

Chapman has described the nemesis concept as the patient's conviction that he is doomed to repeat the adverse pattern of another, usually a parent. The nemesis fear is rooted in his overwhelming guilt over the parent's death or catastrophic illness when he was a child. It appears as phobic, anxious, obsessive, or psychosomatic symptomatology. The therapeutic task is to trace the origins of the nemesis conviction and deal with the resolution of the patient's guilt.

BERNICE ENGLE

Psychoanalysis and the Psychoanalytic Review. XLIX, No. 3, 1962.

The Need for Insulation in the Schizophrenic Personality. Hyman Spotnitz. Pp. 3-25.

The author states that the schizophrenic uses the narcissistic defense (a concept developed in a previous paper) against discharge of dangerous accumulations of destructive impulses. He focuses on two aspects of the schizophrenic problem: overstimulation or weakness of the stimulus barrier and inadequate discharge patterns. He adapts the electrodynamic concept of insulation to mental functioning, making reference to Freud's Project for a Scientific Psychology and Penfield's neurophysiological investigations. Schizophrenics use pathological and inadequate forms of insulation against overstimulation and discharge of their destructive impulses. The objective of psychotherapy with schizophrenic patients is to develop 'healthful forms of insulation' and 'appropriate verbal discharge patterns.' Spotnitz conducts the initial treatment of schizophrenic patients in accordance with three general principles: (1) a nonstimulating treatment climate; (2) the patient is not permitted to discharge his feelings into action in the presence of the therapist; (3) the building up and re-enforcement of the ego's insulative capacity. The author describes one of his cases to illustrate how this is done.

Castration Symbolism in Patristic Thought. Preliminary Studies in the Development of Christianity. Roland Wolf. Pp. 26-38.

The early Christian church, in its struggle against the deviationist Gnostic movement which aimed at substituting rationality for faith, produced two great men, Tertullian and Origen. The author concludes from an examination of the work and lives of these two men that the manner in which they dealt with the Gnostic movement was determined by their respective unresolved œdipal problems. Tertullian sacrifices his intellect out of fear of gnosis and becomes a man of feeling, while Origen, a sensualist, becomes a scholar. The mechanism involved in both cases is one of symbolic self-castration.

Scorn, Disillusionment, and Adoration in the Psychotherapy of Schizophrenia. Harold F. Searles. Pp. 39-60.

Scorn, so frequently the predominant feeling expressed by schizophrenic patients at the beginning of psychotherapy, is a defense against positive feelings which are too dangerous to be expressed because of very early, unsuccessfully handled, disillusioning experiences. The author traces the role of adoration and disillusionment in early ego development. In the schizophrenic, disillusionment with the mother occurred too early and was too great to be integrated by the developing ego. In psychotherapy with schizophrenic patients, scorn, disillusionment, and adoration occur in this sequence in both patient and therapist. Successful treatment depends on the therapist's ability to work through his own experiences of disillusionment with his mother. The patient-therapist symbiosis, after it has reached the mutual adoration stage, becomes resolved by the patient's gradually developing autonomy, made possible by the therapist's availability to and acceptance of the patient.

A Further Clinical Illustration of the Paranormal Triangle Hypothesis. Herbert S. Strean and Marie Coleman Nelson. Pp. 61-76.

The authors present material from supervisory and therapy sessions to demonstrate the patient's unconscious awareness of the relationship between the therapist and his supervisor. The material is so striking that the authors anticipate scepticism on the part of the reader. But they feel the precautions taken in regard to the recording of the material and observations of and communications to the patient were so thorough that consideration of the paranormal hypothesis as an explanation is justified.

The Dual Meaning of Human Regression. Joost A. M. Meerloo. Pp. 77-86.

Regression may not only lead to decline and degeneration, but may also be a necessary phase of retrogenesis. Developmental differentiation and specialization of function may be given up in the service of regaining new potentialities for adjustment. The author uses many examples to discuss regression in the experimental, therapeutic, and catastrophic setting. Regression can be a protective encystation in situations of intolerable stress and lead to regeneration with a feeling of being newborn under favorable circumstances. One can differentiate between phylogenetic regression, in which more archaic biological patterns, and ontogenetic regression, in which more infantile personal patterns are resumed. Many psychosomatic reactions involve both types of regression. Collective versus personal regression and how they relate to sociopolitical problems are discussed.

Holiday, Symptom, and Dream. Jean B. Rosenbaum. Pp. 87-98.

The paper includes a historical discussion of the Thanksgiving holiday as well as interpretations of many symbolic meanings of the turkey feast. Intensified family contact and the totemistic quality of the feast are responsible for the upsurge of œdipal strivings. Since this holiday serves as a strong stimulus for oral regression, the phallic strivings are expressed and defended against in oral terms. Illustrative clinical material is offered.

On the Psychological Absurdity of Existential Analysis. Benjamin Wolstein. Pp. 117-124.

The theme of this paper is that existentialism is, philosophically, a theory of being without meaning and, psychologically, an analysis of experience without therapy. It has no relevance to psychoanalysis or any scientific study of man. Wolstein suggests that the absolute immediatism of existentialism is a massive defense against the horrors of the past and the hazards of the future and represents a flight to irrational despair.

HERBERT LEHMANN

American Journal of Orthopsychiatry. XXXII, 1962.

Crisis in the Children's Field. Fritz Redl. Pp. 759-780.

In his 1962 Presidential Address before the American Orthopsychiatric Association, Redl challenges the profession to speak out and tell what it knows but takes for granted about children and their service needs. Knowledge must be

translated into action, and toward this end he offers a thoughtful, forthright, and richly illustrated review of the salient problems in the field. This paper is a major work of social analysis and criticism because it considers not only the changing needs of children but also the professional attitudes and practices which impede the implementation of knowledge.

Seven major areas are discussed: 1, collective regressive and primitive defenses against the voice of professional conscience; 2, the negative prejudicial stereotypes directed against children; 3, community diseases including the guilt-free failure to implement high-powered model programs, interagency jealousies, and interdisciplinary jurisdictional disputes; 4, abuses in research practices arising out of administrative attitudes including government financing (he cites the greater conscientiousness about computers over facts, the misuse of 'control groups' and 'hypotheses' in research design, and the conflicts between clinical and research operations to the detriment of both); 5, the unfortunately greater emphasis on mental disease rather than mental health at the price of investigating concepts of improvement, the convalescent process in childhood disturbances, and reality environmental factors which are supportive or destructive for the child; 6, professional practices and attitudes which seriously inhibit the training and development of needed personnel, lay or medical; 7, obsolete institutions and practices including 'the Holy Trinity of the Child Guidance Team', orphanages, and foster homes. By contrast, concerning 'fads', he singles out pharmacotherapy for this caustic statement: 'There is a difference between the thoughtful and judicious use of drugs within the therapeutic process on the one hand, and Chemical Warfare against the American Child on the other. The two are not the same.'

Intensive Psychotherapy in Relation to the Various Phases of the Adolescent Period. Peter Blos. Pp. 901-910.

Taking an optimistic view of the possibility of intensive therapy during adolescence, Blos sets out to provide a balanced discussion of those factors which complicate successful treatment. Specific modifications of technique are necessary and derive not only from an understanding of certain general features of the adolescent process, but more significantly from an understanding of the distinctive epigenetic phases of adolescence which can be characterized by typical drive and ego organizations and the phase specific tasks involved. The author cautions that adolescence is not only a repetition on a higher level of early childhood development but is also concerned with psychic transformations and forms of conflict resolution which have implications for rational therapy. Chronological age is the most unreliable indicator for determining the developmental or psychological position.

The aim of therapy is to restore progressive development, and a rational therapeutic approach is based on an accurate developmental diagnosis. Technical considerations are discussed in terms of a preparatory phase, activity versus passivity on the part of the therapist, the sex of the therapist, and countertransference factors. The importance of phase definition in planning intensive therapy is illustrated in male and female preadolescence.

PHILIP SPIELMAN

Archives of General Psychiatry. VII, 1962.

Fear of Vocational Success. Lionel Ovesey. Pp. 82-92.

Avoidance of vocational success is viewed as a phobia and is described from the adaptational point of view. The essential failure is an inhibition of aggression. The significant person from whom retaliation is feared by patients of both sexes is seen as the male. Sibling rivalries are fully as instrumental as œdipal rivalries. The personality revolves around the paranoid-depressive-obsessive axis in which the paranoid trend predominates and projection is the main defense mechanism. Six clinical cases are reported at some length in support of this hypothesis.

Improved Visual Recognition During Hypnosis. Gilbert Kliman and Eugene L. Goldberg. Pp. 155-162.

Normal subjects were hypnotized and tested tachistoscopically to determine whether visual recognition was altered. The authors expected that hypnosis would alter perceptual defenses and thus lead to measurable alterations of recognition thresholds. The results bore this out. There was a lowered and narrowed range of thresholds for visual recognition during hypnosis. This was particularly true of words originally of high threshold. It is implied that this was made possible by a cessation of censorship during hypnosis, thereby making attention cathexis more impartially available.

An Exceptional Transference in Psychotherapy. George A. Richardson. Pp. 182-192.

The exceptional transference here is a seeming transference neurosis established during psychotherapy consisting of fifty-two interviews over a period of one and one half years. A strong ego in an intelligent man, psychologically minded but psychologically uninformed, apparently made this possible. It is stressed that in psychotherapy, too, transference can be utilized well and much insight can be attained, leading to real ego alterations. Thus, the author opposes the inclination among psychotherapists to abandon the transference, which seems to be regarded as a cumbersome, unfortunate by-product of treatment by those who would manipulate the transference rather than utilize it.

KENNETH RUBIN

Journal of Nervous and Mental Disease. CXXXV, 1962.

Samuel Johnson's Accounts of Certain Psychoanalytic Concepts. Kathleen M. Grange. Pp. 93-98.

Whether or not this eighteenth century Englishman had any direct effect on Freud's thinking, he did describe clearly such psychic structures as the ego, superego, and unconscious. In addition, examples are given of his recognition of poor reality testing, inadequate identity formation, and repression. It is suggested that Johnson's writings may continue to have relevance and that they serve to focus attention on certain deficiencies in the modern viewpoint.

New Findings Relevant to the Evolution of Psychosexual Functions of the Brain. Paul MacLean. Pp. 289-301.

In this fascinating paper the author combines research data and speculations to elucidate some of the findings on the neuroanatomical bases for sexual, oral, and aggressive functions. In the squirrel monkey, the findings suggest that thalamic structures involved in ejaculation and genital sensation lie close to and probably articulate with those that are nodal to penile erection. Parts of the amygdala are involved in oral functions. These are close to the structures mentioned above. Stimulating parts of the amygdala leads to both oral and erectile responses, thus attesting to the close organization of oral and sexual functions in the brain. There is also evidence that these structures are juxtaposed with those concerned with fearful and combative behavior. These findings may help in understanding the interplay of oral, aggressive, and sexual behavior. Some naturalistic observations on display of penile erection in the squirrel monkey with its connection between courtship and aggression are also linked with Freud's comments on the looking and cruelty components of sexual impulses in children. MacLean suggests the interesting speculation that the use of the loin cloth arose from the necessity in a social group to reduce the tension created by the show of these aggressive impulses.

The Pötzl Phenomenon Re-examined Experimentally. Sheldon E. Waxenberg; Robert Dickes; Harry Gottesfeld. Pp. 387-397.

Theories set forth by Pötzl and Fisher were subjected to replication under standardized conditions with a group of twenty-four medical students. They were shown tachistoscopic images for one one-hundredth of a second and it was then suggested that they dream. The testing of the hypothesis was much more rigorous and rigid than that done by Pötzl or Fisher. Judges using the dream complement hypothesis as a guide tried to pair the dream drawing with the original images for each of the subjects. The pairings occurred no more often than might have been expected on the basic random selection. An alternative hypothesis was tested that there would be a similar rather than a complementary relationship between the drawings and the dream report drawing. Again, pairing was on a chance basis. The authors discuss the possible sources of the disparities between the Pötzl and the Fisher findings and re-examine some of the implicit assumptions made by both the earlier papers and some of the unavoidable difficulties inherent in such research.

HARVEY POWELSON

British Journal of Medical Psychology. XXXV, 1962.

Individual and Social Approach to the Study of Adolescence. Emanuel Miller. Pp. 211-224.

In a broad view of adolescence Miller attempts to portray the interplay of sociological and psychophysical factors with the intrapsychic processes. Of particular interest is a detailed consideration of the timely question of legislative change as a means of easing certain adolescent problems. The ramifications of this issue are extensive: among others, the community's legal responsibility to control

neglectful or cruel parents; the extent of community control over the antisocial adolescent; and the conflict between present laws and scientific findings regarding the adolescent's readiness to assume more social responsibility with less parental control.

The author's concepts and techniques of treatment follow conventional patterns for the most part. For example, he reminds us of the need for a flexible approach because adolescent material is so fluid and points out the necessity for tolerance, understanding, and warmth. He warns of the intricacies and pitfalls in deciding whether to analyze or to support precarious sublimations. He feels it is imperative that treatment have its roots in an understanding of the sociological factors of adolescence as well as in the individual psychopathology. Miller places greater value than most on the use of written communications of adolescents for treatment purposes as well as for building a general understanding of the adolescent. It is his opinion that this written material, including letters, poetry, and diaries, is valuable second only to the raw material of psychoanalysis. The material represents stations on the road from quasi raw material of free association to secondary elaboration and efforts at sublimation. Another difference in emphasis is in his recommendation for group therapy. He believes it to be of value for some adolescents, especially where a fear of alienation can be alleviated by meeting their image or some instructive variant of it in a group.

Sleep. A Bibliographical Study. Vamik Volkan. Pp. 235-244.

This partial bibliography on sleep includes references to folklore, mythology, ancient medicine, anthropology, biochemistry, psychology, general psychiatry, and psychoanalysis. Many of the references are classical works. The paper is intended to guide those interested in pursuing specialized investigations of sleep.

The Role of Polymorph-Perverse Body Experiences and Object Relations in Ego Integration. M. Masud R. Khan. Pp. 245-260.

Following Kris's suggestion that 'the study of specific activities represents an important subject for future analytic investigation', Khan presents his conclusions regarding a specific activity which involves the body ego and expresses a dissociated intrapsychic state in the patient.

This specific activity is polymorph-perverse and is experienced autoerotically and/or with another object. It is the result of ego damage stemming from a particular kind of pathogenic mothering experience. In this group of patients all the mothers are considered to have been adequate for their infants. Their defect becomes apparent when the patient reaches the toddler stage. At this point the maternal inability to withdraw cathexis from the child's body makes it impossible for the child to react overtly with aggression or to experience psychically loss or separateness. Instead, the child develops a dissociation which is manifested clinically as polymorph-perverse sexual activity.

Polymorph-perverse body experiences are regarded by Khan 'as a regressive attempt at the discharge of these affects and a mode of empathy in the service of new perception in order to sort out the confused images, memories, and affects'.

The polymorph-perverse behavior observed in these cases is distinguished from

sexual perversions proper. Though all these patients have intact genital function, the polymorph-perverse body experience turns up in certain regressive moods or tension states which, before analysis, are easily 'forgotten'. In fact none of them sought treatment because of this symptom. Only through analytic work were they able to report these patterns of behavior freely and honestly.

The Meaning of History in Psychiatry and Psychoanalysis. Samuel Novey. Pp. 263-271.

Novey believes that there has been too naïve an acceptance of history in psychiatry and psychoanalysis. His view of history is relativistic. While careful regard for past events is essential, one must realize the inevitability of their meaning in relation to events in the present. Although historical data are valuable for understanding the present, this does not suggest that past events can be known in themselves except in a limited sense.

Novey suggests two approaches to the study of this problem: 1, to validate historical figures by different independent examiners of the same family group; and 2, to compare reported descriptions of individuals with actual interviews with them.

He stresses the living nature of history as a continuing part of the treatment process. Without significant change in the patient's image of the historical picture, it is doubtful whether one can say that therapy has been successful. He points out, however, that the modified image can hardly be proved valid any more than the original one, and he criticizes those who believe that such reconstructions are irrefutable. The primary interest in therapy or analysis is not in validating the historical figures in an absolute sense, but in assisting the patient to adopt a more useful view of these historical figures. This is achieved primarily through the transference relationship.

The Schizoid Compromise and Psychotherapeutic Stalemate. H. Guntrip. Pp. 273-286.

The schizoid compromise is the position a patient takes between his need for a security-giving relationship and a fear of all relationships as a threat to his separate existence. The result of this compromise is a therapeutic stalemate. The term schizoid is used in a broad sense; Guntrip states that 'all patients are schizoid at the bottom'. The cause lies in a fundamental problem of ego growth and distortion due to early experience rather than one of conflict over instinctual drives.

The author discusses forms of resistance in the schizoid, mentioning the blocked analysis itself as a compromise, the patient's 'management' of the analysis, dreaming which is a schizoid compromise par excellence, and the classical analytic situation utilized as a defense position to mark time. Guntrip feels that classical analysis fails in these cases because it does not go beyond the sexual and aggressive problems by seeing them for what they are, defenses against the deeper problems related to the most primitive fears. Instead of encouraging the patient to believe that the œdipal loves and hates are real feelings transferred from the parents, the therapist should encourage him to

express his 'real feelings'; specifically, that he feels like a frightened, helpless child, needing the analyst yet fearing rejection.

On the Ontogenetic Hierarchy of Paternal Identification Systems: Some Normal and Abnormal Aspects. Egon Plesch. Pp. 323-331.

Plesch feels that this subject has not received the consideration which its clinical and metapsychological significance merits. This defense mechanism is based on a developmental hierarchy of identification systems associated with the concept of the father. The structure of these systems is explained in terms of the oral, anal, and genital roots. The systems also serve as part of the normal structure, dynamism, and economy of the self system. They can be traced through the evolutionary stages of man and may be found even in animals in rudimentary form, suggesting a genetic continuity.

This defense mechanism protects the individual against paranoid experiences and a sense of inner void. In the normal state it operates at virtually unconscious levels and performs a totally different function. It is suggested that the identification systems are involved in the organization of experience. Evidence also points to the conclusion that they contribute to creativeness of thought through cross-fertilization of 'object' and 'subject' percepts.

Plesch illustrates his thesis with clinical data from his own cases and from a study of Oscar Wilde's autobiography.

The Origin of the Need to be Special. Peter Lomas. Pp. 339-346.

A large group of patients have an unhealthy and disabling wish to be special. The original trauma to which they have been subjected can be described as a failure of the mother to respond appropriately to the patient's need for individuality. The result is a need to establish a special relationship with the mother in which the child feels valuable only because of this relationship; it is then carried over into all his other object relationships.

Following a case presentation, Lomas attempts to separate from a vicious circle of interacting factors those elements he feels are responsible for this need to be special. A few of them are: a strong tendency to narcissism, a rigid family structure, and a preoccupation on the part of the mother with the patient's existence and functioning rather than simple acceptance of him.

If, as a result of these factors, the child develops a pathological craving for recognition, the results are personally destructive unless, through unusual talent or fortuitous circumstances, he is able to achieve a special place. In such cases the disturbance may pass unnoticed.

RICHARD M. GREENBERG

Revista Uruguaya de Psicoanalisis. IV, 1961-1962.

Psychoanalytic Study of the Actor and His Character. Laura Achard Arrosa. Pp. 389-416.

An attempt to demonstrate how the actor elaborates the character he is representing leads to five important points: the different stages by which the character is elaborated; the particular means of identification used by the

actor; authenticity in the character and its creation; the interplay between the character and the actor; and finally, the creative act in and by the actor. The author arrives at two fundamental aspects of the creative process. One is that an actor who has talent, no matter how neurotic he may be, will not deny, disassociate, or repress the character, but rather assimilate the total picture in such a way that the actor can tolerate his own difficulties and subordinate them to his creative need. The other fundamental aspect includes the specific type of identification based on the ability to project and identify totally and/or partially; the partial introjection and identification with more than one character in the play; and the ability to identify with the denied part of the self, to use all the elements of the projection, and finally, to achieve a complete synthesis.

Adolescence. Mercedes and Hector Garbarino. Pp. 453-464.

The basic problem of adolescence is the re-resolution of the œdipus conflict. The adolescent is forced to relive what took place in the first four or five years of life. The anxiety produced is coupled with incest masturbatory fantasies which increase his feelings of guilt. As a means of defense the adolescent may be shy and retiring, 'almost a stranger in his own house'; or he may become frankly hostile, showing contempt for and laughing at his parents. The adolescent may choose to compete in sports as a symbolic fight against the parent of the same sex. At other times troubles between mother and son or father and daughter may cause pathological and defiant behavior toward the other parent. For the girl, things are complicated by menstruation, which should be accepted normally as a fulfilment of her femininity, but more often is experienced as punishment for masturbation and/or the incestuous fantasies attached to it. To fulfil his role, the adolescent must adapt himself to the adult world by surpassing infancy and facing again the basic infantile conflict, the œdipus complex. This will be aggravated if either parent is still harboring his own unresolved œdipus complex.

GABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

John Donadeo, Paul H. Brauer, Milton Malev, Manuel Furer & Norman M. Marcolis

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 17, 1962. THE DREAM OF REASON: PROPAGANDA SYMBOLISM IN THE FRENCH REVOLUTION. E. H. Gombrich, Ph.D.

Professor Gombrich believes, with Freud, that the origin of symbolism is the individual, in contrast to those who subscribe to its origin in the personified collective. This paper includes the larger struggle which, 'stripped of its inessentials, could be called the conflict between the collectivists and the individualists'. The collectivists, who stem from Hegel and the Romantic philosophy of history, tend to personify nations, periods, and movements, and ascribe them to a kind of supermind or a superwill; the individualists, among whom the author includes himself, regard events, evolutions, revolutions, styles, and cultures as results of individual actions and reactions. This implies that all collective manifestations must finally be translatable into individual terms.

To illustrate his thesis the author has selected 'that moment in history in which the rush of collective actions is at its most dramatic', the French Revolution, 'when the pressure of events led to the breathtaking sequence of father-killing, the abolition of God, the reinstatement of religion, the rise of Napoleon, and the Romantic Nostalgia for the past'. Proceeding from Freud's allusion to the psychological significance of this episode in the The Future of An Illusion, he takes up the illusions of the period, and the substitute religion to which it gave rise, citing suggestive analogies between the symbol formations in this collective dream and the workings of the primary process in the individual's dream work. The efforts of the revolutionaries to supplant, through propaganda, the traditionally established ecclesiastic and dynastic loyalties of the people with the new abstract concepts of Reason, Liberty, Equality, and Fraternity did not and could not succeed. 'We are unable to conceive of anything without images. In the most abstract analysis, in the most metaphysical speculation, our understanding can only work with images, and our memory can only support itself and rest on images.' So wrote the spokesman of a committee charged with devising a new calendar. All the artistic forces of France were harnessed to devise emblems and symbols not only of a visual, pictorial nature, but also in music and the spoken and written language. Goddesses and emblems in profusion appeared on the scene, signifying Law, Reason, Liberty, Philosophy, Truth, Morality, Eternity, etc. Turning to the etymology of these emblems and their attributes, the author gives a detailed account of the derivation and historical vicissitudes of that emblem of liberty, the 'pileus', the hat of freedom, now the *bonnet rouge*. Its historical explication is intimately linked with other important elements appearing on the various representations of Liberty and her twin sister, Reason. They are: the tree on which the hat is placed, the scepter, the sun, the eye, and the coiled serpent.

No collective unconscious need be evoked to explain their survival over thousands of years; they can be followed step by step through the usual channels of iconology, and their tenacity is witness to all that is profound, irrational, and

contradictory in the human mind. 'No wonder the cult of reason had to yield to the cult of the *Être Suprême'*, the worship of mystery.

The reaction to rationalism, Romanticism, swept across Europe in the wake of the Revolution and exalted the nightside of life and the superior powers of unreason and the dream. Rationalism was dismissed as shallow and opposing forces pressed on against the domination of reason; even submission to tyranny was preferable to the exacting demands of Liberty, Equality, and Fraternity. Goya, who knew all about the nightside of the mind, prefaced a series of disturbing images with: The Sleep of Reason Produces Monsters. Freud would have agreed.

DISCUSSION: Dr. Martin Stein called attention to the parallel between Professor Gombrich's research into visual imagery and the work of the analyst in dealing with the manifest content of dreams. This follows the tradition so brilliantly illuminated by Ernst Kris. The importance of such research could enlarge our understanding of visual imagery whether in dreams or in other conditions involving regression of certain thought processes. The study of visual imagery in a historical context, together with the contribution the analyst can make from the individual one (with its great advantage of fixity in time), may offer a methodological approach for the scientific investigation of complex social and political movements.

Dr. Jacob Arlow found in the material further proof of the well-known phrase that the more a thing changes, the more it remains the same; that what occurred in the French Revolution had happened many times before and was happening even now. The efforts of leaders and artists to create myths by propaganda are doomed to failure and can end only in the creation of a cult. Only when artists and leaders can give form and content to the individual's instinctual needs and direct them toward a common interest can they succeed. He defined a cult as a phenomenon which occurs when an object is offered for the projection of the masses, whereas a myth grows out of the history of individuals and groups.

Dr. Martin Wangh asked if perhaps some common psychological experience of the leaders and the people may not have been an important determining factor in the French Revolution, just as the rise of Hitler may have been prepared for by the experience of the preceding generation after World War I.

Dr. Rudolph Loewenstein suggested that the impact of the dissolution of forces and institutions made a new religion imperative in order to fulfil the deep need of the people for identificatory ideals and symbols. He was impressed with the fact that almost all the figures presented for worship were feminine and thought this could represent the return to the Ancient Mother following the killing of the hated King-Father.

Dr. Gustav Bychowski noted the similarity between the beautiful ideals invoked by the leaders of 1917 and those expressed by Robespierre and others in the French Revolution. He added that with the abolition of the monarchy two phenomena were visible; the regression, especially to sadism (e.g., depredation of the tombs of the kings), and the creation of new ego ideals to fill the vacuum created by the destruction of the old. Dr. Sidney Tarachow emphasized man's

and society's need for ambiguous symbols which are in keeping with man's nature; on the other hand, unambiguous symbols are intolerable and doomed to failure, even though they may achieve some short-term results.

In a brief response, Professor Gombrich agreed with the thesis regarding man's deep need for ambiguity and its importance in symbolism, art, and æsthetics. As to why so many feminine figures were presented for worship, he thought it due to the fact that Latin abstract forms are feminine. He cautioned that there is no way of telling how many are affected by propaganda; many may not have been involved, and the leaders may have overestimated their power. He concluded with the statement that despite the terms and outcome of events of the time, faith in rationality had not completely failed the people.

JOHN DONADEO

January 15, 1963. THE EFFECTS OF PRECEDIPAL PATERNAL ATTITUDES ON DEVELOPMENT AND CHARACTER. Philip Weissman, M.D.

Dr. Weissman traces the development of important personality traits in two patients to specific and vivid types of father-son play which began in the precœdipal period. One became primarily a 'Loser' (L) and the other primarily a 'Winner' (W). The mothers of both are described as having no outstanding neurotic difficulties or severe pathology; they were benign and passive and confined their contribution to nurturing and physical care. The combination of a very active father and a relatively inactive mother seriously diminished the significance 'and crucial role of the mothers in the function of early object relationships and the usual role of both parents in the resolution of aggressive and libidinal drives'.

When the 'Loser', was two years old, the father would encourage the child to rush at and climb over him, almost like an attack. Then the father would call an immediate halt, scold, and force the child to stand rigidly for a long time. This pattern of play continued until the age of five. 'L's subsequent life history elaborated the sequence of omnipotent victory and annihilating self-inflicted defeats.' Although he had great intellectual ability, he sought success in physical triumph and came into analysis because of impending failure in his academic career. He had some singing talent, but defeated himself by unwise selection of incompetent older teachers, one of whom apparently ruined his voice. Yet he imagined himself singing at the Metropolitan Opera not so much with brilliant artistry as with such *power* 'that it would shake the chandeliers'. When he seduced a young woman, a fellow student (he assumed the teacher was having an affair with her), his role became that of a submissive cook, nurse, and secretary to the teacher.

The 'Winner's' father, by contrast, encouraged him to defeat parental figures and break many rules of conduct to insure business success. The 'Winner' came to analysis because he was distressed by a pattern of play with his own daughter from the age of one. He would seize an object in which she showed interest and tantalize her by keeping it just out of reach, until she became frantic. He would then hold it near her, but too tightly for her to take it. When she was almost beyond control and violently attacking him, he would permit her to

take the object from him. Then he would smile and indicate approval of her persistence to succeed. As far back as he could remember his own father had played with him in exactly the same way.

As an adult W married a young woman because her widowed mother owned a piece of property vital to his new business, but which he could not afford. When his mother-in-law sold the property to him at his own price, he deliberately impregnated another woman, and, despite the fact that all parties concerned were Catholic, he convinced them that the only solution was for him to divorce his wife and marry the pregnant girl whom he did not love.

Dr. Weissman cites several illustrations in which from the age of eight W cheated his father—who gave tacit approval—in business situations varying from collecting twice on deposit bottles to complicated business ventures representing thousands of dollars. On out-of-town trips, W used father surrogates to procure women. Sexual relations with them, as with his wife, were unsatisfactory. 'The design of the precœdipal play with the father continued into the resolution of his œdipal conflict. The acting out of complete submission and complete annihilation of the father led to a pattern of overt bisexuality.'

Dr. Weissman emphasized that in the literature there is little written on paternal precœdipal influence. L's relationship to his voice teacher whose pupil he seduced showed '. . . the design of precœdipal play which characterized this œdipal-like situation. . . . His self-inflicted submission was based on a pregenital fear of catastrophic annihilation by an omnipotent parent rather than a castration threat from an œdipal father.' Both W and L had more libidinized object relationships with men than with women. 'Their relationship to the mothers remained undeveloped beyond an oral level, while the relationship with the fathers became accentuated and overinvolved in the precœdipal period.' L's libido was fixated on pursuits in which the aim and object were annihilation of or by his father. W's libidinal development was directed toward the excessive pursuit of inanimate objects: money and power.

DISCUSSION: Dr. Phyllis Greenacre preferred to think of the fathers' actions as perversion with enforced submission rather than play which interfered with normal maturation. She thought the mothers seemed altogether too passive to be consistent with the other material available and wondered whether they might not be rather infantile women with strong penis envy, which had been converted into the demand for an infant for whom they had no further interest once the child was no longer physically dependent upon them. She saw the conflict as phallic rather than œdipal or precœdipal. Neither patient had a capacity for love; both had heterosexual and homosexual contacts. Both genital and pregenital experiences seem to be used in the interest of aggression 'with the aim of completing the image of the self as a powerful man'. The emphasis in business venture and genital equipment is on size. 'The precœdipal disturbances were so prolonged and so binding that the fixation was dominant and the regression minimal. A full-scale œdipus complex then could not develop'—a state of affairs characteristic for the development of perversion, which this may well be even if symptomatic perversion is not evident.

Dr. John B. McDevitt felt that Dr. Weissman went too far in eliminating

the mothers' influence; he called the fathers' actions acting-out rather than play. The paper serves to remind us of the important role a father can take. Nevertheless, he maintained that the adult character and behavior is better understood in terms of the œdipal period because the play continued through that period, at which time the constrictive testing would have greater impact. The pattern of the 'Loser's' need to take and then give back the other woman to the teacher seems primarily œdipal. It is always difficult in adult analysis to know in what phase material originates unless there is clear transference evidence which is not cited here.

Dr. William Niederland referred to these fathers as the 'usurpers' of the mothers' role and compared them to Schreber's father. As a result, the father becomes the overpowering and dominant factor in personality development and character.

PAUL H. BRAUER

January 29, 1963. DEPRESSION AND CLAUSTROPHOBIA. Raymond H. Gehl, M.D.

Dr. Gehl emphasizes the frequency with which claustrophobia and depression alternately occur in the same patient. He investigates this phenomenon in terms of structure and genetics, comparing the two clinical entities to show their similarity. Then he outlines a schematic pattern called the claustrophobic-depressive cycle. Studies by Freud, Helene Deutsch, and Bertram D. Lewin are cited, suggesting the close relationship of anxiety, phobias, and depression. The author presents three case histories.

The first patient came to analysis because of severe claustrophobia. Her life history revealed that the illness began with claustrophobic symptoms but included periods of depression and insomnia. The claustrophobia consisted of a fear of being stuck inside trains, elevators, buses, etc. As a child she was ignored by her mother who favored her brother. At the age of ten she was moved into her parents' bedroom and exposed to their nudity and sexual activity. Two attempts at finding outside interests, love for a dog and interest in movie actors, ended painfully for the patient. Analysis of the claustrophobia showed it to represent a desired haven symbolizing the wish to be nursed and loved by the mother. It was also a potentially frightening place in which the patient feared she would lose all control.

A second patient entered analysis for impulse-ridden behavior, insomnia, and depression. Beneath her frantic overactivity lay a fear of solitude or inaction. Visiting her sick father produced panic with a feeling of being trapped in the hospital room.

A third patient was depressed and felt trapped in any close relationship. During analysis she developed the claustrophobic symptom of being unable to enter airplanes.

Under the heading, The Closed System—A Configuration, Dr. Gehl compares the symptoms of claustrophobia and depression, both of which involve a closed system, creating a disturbed, trapped feeling. Claustrophobia produces a sense of panic; depression results in a loss of the ability to love, a lowering of self-esteem, and self-condemnatory ideas. Respiratory symptoms are common in both diagnostic classifications. However, the claustrophobic, as long as he is

active, has objects on the outside and can isolate the conflict in a claustrum. As Lewin has stated, the claustrophobic can experience anxiety either when he feels locked in (unable to move) or about to be expelled from the claustrum. Being unable to move heightens the fear of attack or loss of ego boundaries. Movement in any direction may bring relief. These themes are worked over by the patient at all psychosexual levels, being symbolized in terms of castration, anal retention, or oral merging, with suffocation, etc. In the depressive phase the passive fears predominate since the system is fully closed.

The author's second heading is Inside the Closed System. The most frequent fantasies in this setting are of the intrauterine primal scene associated with insomnia and are often expressed in passive sexual fantasies, fear of anal attack, or oral incorporation. Rebirth fantasies are active versions of similar fantasies. Both find a point of union in the wish to re-establish life in the Garden of Eden, the happily nursing child who falls asleep at the good breast. This wish is complicated by ambivalence and the split of the object into good and bad representations, which are introjected into the superego and ego. This occurs in both claustrophobia and depression where it disturbs the peaceful haven.

In his third section, Dr. Gehl deals with what he terms the claustrophobic-depressive cycle. He presented a chart showing schematic stages in this cycle. Spreading of the claustrophobia results in panic, with a fear of total object loss; this in turn leads to acting out, guilt, and depression which, if denied, can be further complicated by the presence of somatic symptoms. As agitation and movement recur, the object is recathected and anxiety re-enters the picture.

DISCUSSION: Dr. Howard Schlossman suggested that the claustrophobe and the depressive can also be contrasted in terms of their ego states. In depression the ego is more regressed and passive in relation to drives and superego. In claustrophobia regression is less severe. This fact and the nature of the defenses allow conservation of relatively uninvolved ego function. Reviewing Dr. Gehl's interesting comments on the function of motion in the claustrum, Dr. Schlossman referred to a paper by Dr. David L. Rubinfine which stresses the importance of motion in the establishment and maintenance of reality testing. The case histories reflect the importance of this factor since the depression in each was initiated by some restriction of movement. The specific fantasy of the claustrophobe involves a body-phallus equation with a fear of being crushed by the vagina. Action represents a defense and symbolizes potency.

Dr. George Gero was not so convinced about the main thesis of the paper, i.e., the close relationship of claustrophobia to depression, as he was about the merits of the case histories. Just as a symptom can have various mechanisms and dynamics, it is also true that phobic-like reactions are seen in depressives and that depression is a part of all neurotic illness. In order to distinguish phobic-like reactions from true claustrophobia, the displacement of aggressive and sexual conflicts must be clearly shown. Only when these factors are taken into account and careful studies are made can a clear and intimate relationship between these symptoms be shown to exist.

Dr. Edith Jacobson agreed with Dr. Gero that depression is omnipresent.

To support the thesis of a cycle, an intimate knowledge of the structure of the symptoms and their underlying unconscious fantasies would be essential. She commented that the cycle was appealing, but that the situation may be more complex than represented. She recalled one patient in a deep and immobilizing depression who complained that the apartment was too small. However, in a hypomanic state the patient became active and had to be out of the apartment all day. She then had no such complaints. The question might be, Which of the two phases represents the claustrophobia? Another patient had claustrophobia during a depression. These clinical observations suggest that the relationships may be quite complicated.

Dr. Marcel Heiman suggested that the thesis in Dr. Gehl's paper might be tested clinically by the study of postpartum depressions. A patient who had many miscarriages in the fifth month finally confessed that she had induced the abortions when she could first feel fœtal movements. The frequency of depressions following pregnancy is well known. Less well studied are the cases in which depression lifts when the patient becomes pregnant.

Dr. Mortimer Ostow related the symptom of claustrophobia to similar behavior in animals. For example, dogs avoid closed blind spaces with which they are unfamiliar. Animals develop stress if either isolated or crowded together. The specific relationship of claustrophobia to depression, he felt, had not yet been shown. The common denominator was the shift from object cathexis to decathexis, leading to depression. This could be shown equally well in the hysteric, obsessive-compulsive, or schizophrenic disorders.

Dr. Gehl closed the discussion by giving his further thoughts since the paper was first written. He referred specifically to artificially induced claustral states: Buddhism, sensory deprivation experiments, and the analytic setting.

MILTON MALEV

February 12, 1963. THE QUEST FOR BEAUTY AND THE PITFALLS OF SUBLIMATION. Gustav Bychowski, M.D.

The author presents a pathography of Johann Joachim Winckelmann, leader of the renaissance in the study of classic antiquity in mid-eighteenth century Europe. His life ended dramatically by murder in 1768, in Vienna, while returning to Rome after a brief visit to his native Germany. The murderer, a criminal of lower-class origin, claimed that the great man had befriended him. Winckelmann was then at the peak of his fame, having been appointed Director of Antiquities in Rome, and for the previous two years had been anticipating his return to his homeland with both excitement and forebodings of death.

The only son of a poor cobbler, Winckelmann initiated the science of modern archaeology by his explorations of Herculaneum and Pompeii. He became a leader in the revolution of style and taste, from the existing rococo to the classicism of antiquity, opposing the ideal of simplicity and the idealistic outlook on life to the then current taste for ostentation.

Winckelmann's enthusiasm for beauty in classic art meant at the same time his own love, as he said of the Greeks, for the beautiful, male, human body. The sublime epitome of beauty to him was the Greek ephebus, (a bisexual

type of young man). His great capacity for communicating the joy and beauty in antiquity came about, said Mme. de Staël, because 'he made himself a pagan for the purpose of penetrating antiquity'. According to Pater, 'his affinity with Hellenism was not merely intellectual; that the subtler threads of temperament were inwoven in it is proved by his romantic, fervent friendships with young men'. In one of Winckelmann's letters to a young nobleman, he not only professed his passionate love but explained his desire to instruct the young man in the enjoyment of beauty in classic art as a means of obtaining a lasting union with him. In a letter to another young man who had left him, Winckelmann compared his longing for him to the yearning of a tender mother. His ideas had much in common with those of Plato as set forth in the Symposium and the Phaedrus.

It is probable that in Winckelmann a diffuse skin eroticism progressed toward touch and finally focused on sight. He searched in this way for a mysterious, lost object of gratification in some remote past. In this search he went, on the one hand, toward objects of classic beauty and, on the other, looked for a beloved friend. In his homosexual object choice, he was pursuing a composite image of himself, still in union or reunited with his young mother.

However, it is in the nature of 'passionate sublimation' that it cannot bring the full gratification sought for: in this case not only the exploration of the male body but also the reciprocation of his love and ultimately a deep longing for self-sacrifice. We do not know how far he was able to obtain direct gratification of his homosexual love, especially as we must take into account the high demands of his superego. In reconstructing Winckelmann's final tragedy, the author assumes that the former's wish to return to his native Germany meant the fulfilment of his unconscious wish for reunion with his parents, which he equated with the peace of death. At the same time it would also mean the end of any hope to gratify his more conscious desires for beauty in art or in the homosexual object.

In Vienna he appears to have been depressed, despite the admiration and gifts of the Empress. At this time 'his passive, feminine self took the regressive coloring of masochistic surrender' and the death instinct, previously warded off by love and beauty in the sublimation, gained the upper hand. The self-sacrificial wishes were degraded into the wish for 'annihilation by a true male', also degraded from the previous noble youth to a sadistic brute. Winckelmann courted disaster by inviting physical intimacy and showing off his riches to the villainous stranger.

DISCUSSION: Dr. Edward D. Joseph speculated that the murder may have been committed in passion. In considering the sublimation of the homoerotic tendencies, he quoted Freud from the Three Essays on the Theory of Sexuality: 'This curiosity seeks to complete the sexual object by revealing its hidden parts. It can, however, be diverted ("sublimated") in the direction of art, if its interest can be shifted away from the genitals on to the shape of the body as a whole. . . . There is, to my mind, no doubt that the concept of the "beautiful" has its roots in sexual excitation and that its original meaning was "sexually stimulating".' Dr. Joseph speculated that perhaps Winckelmann's gratification

came, not only from the visual and the tactile sensations in connection with his study of the bodies of Greek sculpture, but perhaps of the genitals on these statues themselves. He also considered that it was possible for actual sexual gratification with other men to have taken place side by side with the sublimation.

Dr. Joseph suggested that two currents of different strengths at different times in Winckelmann's life led to the sublimation. The homosexual urges were stronger when he was younger, and the desire for union with the mother as he grew older. In the final tragedy, we see a breakdown of the sublimation into these component parts.

Dr. Kurt Eissler mentioned several significant aspects of Winckelmann's life. He was born in extreme poverty, and early in life had to help support his parents. He probably had a great fear of falling back into these circumstances. He also probably had a premature ego development and very limited gratification of childhood needs. In his youth, he was a member of a group of boys who sang religious songs for money. They were probably delinquent, so that Winckelmann was at least exposed early to temptations. We know that his father was an epileptic, but not when in Winckelmann's life the fits occurred. In any case, Dr. Eissler pointed out that he was not able to achieve identification with the father. In puberty he acted as manservant for the school principal who was almost blind, 'dependent on the man who was dependent upon him'. This same situation was later repeated when he took a post with the blind Cardinal Albani. The cardinal's death was expected during the time Winckelmann made his trip to Germany.

It is Dr. Eissler's belief that Winckelmann never had a direct sexual experience and perhaps did not even masturbate. His aversion to women is clear; at forty-three he wrote that he would die without sexual intercourse. In considering the theory of sublimation, Dr. Eissler said that difficulty arises when the actual talent and the sublimation available to the ego are no longer able to cope with the elevated demands of the ego ideal. In Winckelmann, the ego ideal made very high and harsh demands. Dr. Eissler also felt that it was not deeply rooted because at no time in his life did he have a father or even a great teacher with whom he could identify. Also, it seems that Winckelmann's originality lay in the manner in which he presented his findings and in his capacity to fascinate others rather than in his discoveries. Perhaps his productivity in this latter area was inhibited by the conflict between his ego ideal and his ego.

MANUEL FURER

February 26, 1963. SOME PROBLEMS OF EGO PSYCHOLOGY. Rudolph M. Loewenstein, M.D.

According to current theory, the energy of the ego derives from a primary noninstinctual source and is employed in the functioning of the primary autonomous ego apparatuses. Ego energy is also derived from the drives, can be neutralized by the ego, and is used in the service of the ego. This neutralized drive energy appears to be the energy with which the secondary autonomous functions operate. Thus all ego functions, phenomena, and

processes are more or less devoid of the characteristics of drive manifestations.

Dr. Loewenstein suggests two additional formulations: 1, the originally noninstinctual energies of the primary autonomous functions continually enrich themselves through accretion, as it were, by means of the progressive neutralization of drive energies which constantly occurs within the ego; 2, variations in the modes of energy employed by the ego; for example, it appears that the energies used in the defense mechanisms are closer to the drives than are the energies employed by the ego in its primary autonomous functions. This has led to the concept of varying shades or degrees of neutralization.

An alternative hypothesis suggests that the drive characteristics of some ego functions may be actual remnants of the undifferentiated phase. At that time the psychic energy is also undifferentiated, having the characteristics of both the future id and future ego. Only after differentiation would the id possess drive energy and the ego noninstinctual and/or neutralized forms of psychic energy. The defense mechanism of identification, which is clinically connected with cannibalistic drive aims, is given as an example of an ego mechanism which seems to retain an underlying drive aim. The anaclitic object choice also can be understood thus, since in this case the direction of the sexual drive is codetermined by ego tendencies or interests. This hypothesis refers only to the undifferentiated phase and is meant to amplify rather than replace the general theory of neutralization which applies after differentiation and formation of the ego. That some ego processes do retain certain drive characteristics may be relevant to further understanding of the nature of intrasystemic ego conflict.

Finally, the author examines the cognitive phenomena of analytic insight as an example of processes which could be better understood by assuming a development from this hypothetical undifferentiated form of energy to a more neutralized one. The cognitive functions as applied to the self in true analytic insight are obviously different from those cognitive phenomena of abstract and theoretical thinking which deal more with the nonself. How can these differences be accounted for? Dr. Loewenstein believes that the clinical approach which attempts to delineate these different forms of cognition on the basis of the economic point of view alone, i.e., the degree or range of neutralization, is unrewarding. Whereas Kris argues convincingly that analytic insight operates with more neutralized energies than the resistances, one has to reckon with the paradoxical clinical fact that intellectualization and abstract thinking can in themselves act as resistances to insight, although they are examples of the very kinds of sublimated psychic activities which both Kris and Hartmann believe operate on a level of maximal neutralization.

The solution may be approached in examining the problem dynamically and genetically. Analytic insight differs from other forms of cognition in that it not only results from but also effects intrapsychic dynamic shifts which are further reflected in personal change. Following the suggestion of Dr. Geleerd that the child's acquisition of objective knowledge of the physical world corresponds to the developmental stage of primary autonomy, the author concludes that the cognitive functions by which both analyst and patient gain empathic insight into human feelings, thoughts, and behavior stem from an earlier period

than the cognitive phenomena of theoretical and abstract thinking which deal with the world of the nonself and inanimate objects. Seen from this genetic standpoint, the earlier stages of intellectual development, as well as empathy and the processes of insight, represent carry-overs of undifferentiated or as yet incompletely neutralized forms of psychic energy. On the basis of these additional dynamic and genetic considerations, the author concludes that the cognition which is involved in analytic insight operates on a lower level of neutralization than other forms of cognition. This study of analytic insight indicates that all ego functions cannot be fully characterized by the economic approach alone; at times supplementation with the dynamic and genetic points of view is necessary. Further, it would seem appropriate to conclude that the levels of neutralization at which ego functions operate are not necessarily maximal but rather optimal in relation to their particular task.

DISCUSSION: There was no formal discussion, although many members made comments and asked questions about various aspects of the paper. Dr. Heinz Hartmann expressed his general agreement that the degree or range of neutralization is difficult to quantify and cannot be explained completely by the economic approach. He wished to state, however, that neither he nor Kris believes that sublimated activities are the expression of the highest degree of neutralization. Nor does Dr. Hartmann feel that the maximum of neutralization is optimal. He essentially agrees with the author that the degree of neutralization is optimal for the function to which it is geared.

NORMAN M. MARGOLIS

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 15, 1962. THE ANALYSIS OF A TRANSVESTITE BOY. A CONTRIBUTION TO THE GENESIS AND DYNAMICS OF TRANSVESTISM. Melitta Sperling, M.D.

The psychoanalytic treatment of transvestite children and their mothers provides insight into their fantasy life and into the genesis and persistence of their high degree of bisexuality. The mothers of these boys are orally fixated personalities with strong bisexual orientation, who encourage bisexuality in their children. The dominant fantasy of these children, typical of transvestites, is to be 'half boy and half girl'. Oral greed and envy of the woman (mother) with a wish for breasts, vagina, hair, babies, and everything a girl has are outstanding traits. Castration anxiety here derives its intensity and specific quality from unresolved earlier anxieties, especially separation anxiety and precedipal conflicts. The urgency and impulsivity which characterizes oral personalities are also apparent in these patients.

The patient reported developed overt transvestite behavior at the age of three. He had the fantasy, 'All children are born girls', and would say, 'I, too, was born a girl'. Growing breasts and long hair played an important part in his dreams and fantasies of magical transformation. By equating the (missing) penis with the (as yet missing but later developing) breasts, he could retain the

fantasy of a female penis in a rationally acceptable form. The importance of the penis was displaced to the breast. Since he had a penis and girls developed breasts, he could not only deny castration but support his bisexual fantasy. By wearing his sister's panties under his shorts, he could maintain the fantasy that he was both a boy and a girl.

The equation of the penis with the breast and the emphasis upon the breast is a special mode of dealing with castration anxiety, holding out the promise of gain rather than the danger of loss. To the concept of identification with the phallic mother, considered to be the basic mechanism in transvestism, can be added the concept of the pregenital father, the man with breasts. Both are expressions of the fantasy 'half and half', man and woman in one. In the final analysis, his fantasy and transvestite activities are a result of the child's reaction to the trauma of the primal scene, expressing his feeling that the embracing parents are one person with the attributes of both.

AUTHOR'S ABSTRACT

DISCUSSION: Dr. Ludwig Eidelberg stated that, if perversions were the negative of neurosis, there would be no point in analyzing these patients for their total personalities would have accepted the wishes of the id. The perversion is the result of a complicated defense mechanism. Fenichel spoke of a partial breakthrough of the id. Is it not more correct to say that what appears to be the infantile wish is a defense against another unacceptable infantile wish? He contrasted the fetishist with the transvestite. The former is looking for something magical that the chosen object possesses. The transvestite makes a change in his own self, in his dress. The child wishes to have and to be at the same time. Each infantile wish is characterized by the idea, 'I am the subject and the object'. Dr. Eidelberg doubted that there is a lack of rigidity in the ego and superego of the transvestite. Further, he asked, what was the specific infantile wish which was warded off? Was it phallic, derived from the primal scene, or from an earlier stage?

Dr. Charles Sarnoff addressed himself to the questions, 'When and where is transvestite activity encountered in children? Are these perversions? What predictions can we make about the development of transvestism in adults from its appearance in childhood?' Such activity may appear transiently in excited play, or it may be continuous covert behavior with mother's conscious opposition but unconscious support. Ejaculation cannot be considered the criterion for defining perversion. When, however, transvestite activity in the child is accompanied by excitement and orgastic sensations, or by release of tension and soothing feelings, we may designate the activity as perverse. Such activity points to a bisexual unconscious core fantasy which will appear in the adult neurosis. It provides instinctual gratification and pleases the mother by fulfilling her fantasy of two sexes in one. This diminishes the mother's rejection of the child and concomitantly his own castration and separation anxiety. When such pressures are sustained, the development of adult transvestism becomes likely.

Dr. Maurice Friend noted the paucity of previous literature on childhood transvestism. He wondered about the ultimate development of these cases, do they go on to homosexuality, or is it an early phallic phenomenon? He doubted

that childhood transvestism should be considered a separate entity and did not think it could be explained by regression alone. He considered it to be a manifestation of atypical ego developmnt derived from stages prior to œdipal formation. The transvestite child has the facility for a primitive kind of identification. The boy feels as if he *is* a girl, not *like* one as would be the case after œdipal resolution. When threatened with object loss, the transvestite children in his own study responded with tremendous rage and oral aggression. Dr. Friend questioned Dr. Sperling's concept of the preœdipal father, the possessor of breasts as the counterpart of the phallic mother. He wondered whether this might represent displaced phallic anxiety.

Dr. Sandor Lorand noted that perversions in general begin with attitudes toward the breast and mother, not only the phallic mother but also the 'vaginal father'. A kind of transvestism is normal in that all children play at dressing up.

Dr. Gustav Bychowski recalled the situation which arises at the beginning of the schizophrenic process, when the patient returns to the old bisexual fantasies which have never been abandoned. As a rule perverts come for treatment because of depressions or schizophrenic disorders.

Dr. Simon Weyl remarked on a custom in Dutch fishing villages. While the fathers are away at sea, the small boys are dressed as girls. This seems to be a defense against the œdipus, since as girls they cannot be seduced by nor can they seduce the women. It is a denial of the penis and the wishes connected with it. Many homosexuals show transvestite characteristics in their dress.

Dr. Harold Surchin wondered about the relationship between real-object loss and transvestism. He cited a case where the death of a sister resulted in prolonged transvestism in an adolescent boy. In this case it was based upon an identification with the sister who was preferred by the mother.

Dr. Sidney Tarachow commented that the transvestite plays all three roles in the primal scene. He exhibits both heightened narcissism and a fear of object loss. He is trapped between a pathological identification and an object relationship.

Dr. Sperling concluded the discussion. While this was not a paper on technique, she wished to emphasize the need to maintain an atmosphere of analytic deprivation, i.e., not to allow the children to dress up and act out their transvestism. Only then can the fantasies be brought out and analyzed. Why can the pervert permit gratification while the neurotic cannot? Dr. Sperling believes that this has to do with the child's real experiences. These children have been exposed to specific stimulation and seduction by their parents, especially the mother. What is most important is not the breakthrough of the id, but the structure of the superego. It permits and may even demand such behavior in response to preœdipal parental demands.

ALAN J. FRISCH

MEETING OF THE ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

January 3, 1963. PERSONALITY TRAITS AND DEPRESSIVE SYMPTOMS IN THE DEAF. Kenneth Z. Altshuler, M.D.

Over the past six years, New York's pilot Mental Health Project for the Deaf has gathered data on the total deaf population of New York State and some

four hundred psychiatric patients. On the basis of these findings, which include intensive interviews of a large-scale random sample of normal deaf individuals, the personality traits of the congenitally deaf and those deafened early in life may be defined clinically: limitations in understanding and regard for the feelings of others (empathy), coupled with inadequate insight as to the impact and consequences of their own behavior, are particularly striking. A generally egocentric view of the world seems to predominate, with an adaptive approach of gross coercive dependence unfettered by excessive controls of conscience. Preferred defensive reactions to anxiety are typified by a kind of riddance through action, often in the form of impulsive behavior, and a relative absence of thoughtful introspection. Simple projection, where failure of an object to provide gratification is experienced as a hostile affront, is also common. Dr. Altshuler presents several case abstracts to bring these interrelated traits into clearer clinical focus and show how they are integrated in the total personality and may limit therapeutic efforts.

The child with early total deafness is not only isolated from auditory stimulation but cannot develop meaningful verbal communication without considerable delay and years of special training. According to John Bowlby, audition is essential in the development of the child's bond to his mother; without it the effect of sound in generating and fostering emotional response is missed. René Spitz considers the appearance of speech to be a primary 'organizer' of the psyche, prerequisite for 'the development of object relationships in the human pattern'. Jean Piaget counts hearing and verbal language as one of the foundations of intelligence. Its absence interferes with the codification and expression of changing age-specific interests, and limits the development of abstract processes that are involved in symbolic recall and deduction of consequences and are required for thinking, empathy, and effective self-control. Histories of the Project's clinic patients highlight the confusion and frustration in parent-child communication, with temper tantrums and prolonged power struggles ensuing in which the uncertain parent generally capitulates.

It appears that developmental experiences of separation, isolation, and confused self-awareness in relation to others are typical of the deaf and interfere with the establishment of firm object relations beyond the level of primordial or delegated omnipotence. In turn, such impoverished object relations, uncertainty as to the consequences of one's behavior, and prolonged power struggles in which the child is often victorious may lead to a weakening of internalized constraints and inhibitions. Unimpeded by ties of loving concern for the welfare of others, coercive rage overflows into action when it exceeds the force of the fear that restrains it.

The majority of hospitalized deaf patients enter because of behavior disturbances, usually described as impulsive and aggressive. The proportions of hospitalized deaf classified as schizophrenic (52.2%) or in the cycloid and involutional group (5.2%) do not differ significantly from the rates found for hospitalized hearing patients with similar diagnoses (56.5% and 8.0%). Nor is there any evidence to substantiate the idea of an increase or decrease in the prevalence of these illnesses among the general deaf population compared with those who hear.

When it comes to symptomatology, however, some noteworthy differences

emerge. Among the hearing, approximately half the cycloid and involutional cases may be expected to have predominantly depressive signs. In marked contrast, there are no manic-depressive depressed cases in the hospitalized deaf group, and only one real depression in the involutional category. Brooding resentment and feelings of helplessness have been observed among clinic cases in the face of family or financial problems or as a result of the inability of the deaf to resolve unconscious conflicts. *However, there have been no reactive depressions of psychotic proportions and only one case of manic-depressive psychosis with a true retarded depression followed by a manic phase.* Of nine clinic cases with involutional psychosis, only two showed any depressive features at all, even such manifestations as expressions of guilt, sin, or self-loathing which may replace symptoms of retardation in the agitated form of this disease. The majority of deaf involutional cases were either predominantly paranoid or distinguished by an anxious, agitated state without depressive features.

On the whole, then, the usual retarded symptomatology of psychotic depression appears to be rare among the deaf, while in observed cases of involutional psychosis, delusions of worthlessness and guilt also tend to be missing. Similarly, experienced workers with the deaf report that normal grief reactions often seem shallow in affect and curiously limited.

The author presents a psychoanalytic interpretation of these findings based on the work of Freud and Sandor Rado.

The essential underlying thesis that internalization of rage is deficient in the deaf person may further elucidate the role of audition in normal personality development.

DISCUSSION: Dr. H. Robert Blank gave several illustrations confirming Dr. Altshuler's findings from his own investigation at a school for the deaf. His observations indicated a prominence among the deaf of egocentricity and impulsivity and defects in empathic capacity, object relationships, abstract thinking, and the ability to postpone gratification. His impression was that the average deaf adolescent was four to five years behind his hearing peers in reading and social behavior, though about equal in motor skills. In comparing the roles of vision and hearing in ego development, Dr. Blank assigned hearing a place between the tactile and visual senses in terms of contact and distance perception. The development of the early 'protopathic' ego probably depends on cutaneous and auditory, as well as oral, stimulation of adequate intensity, frequency, and rhythm. If stimulation is inadequate, the child's receptivity becomes dulled, its output motility is impaired, and the smoothly integrated and interrelated development of all ego functions is hampered. From about the fourth month of life, the increasingly refined and economical visual function assumes dominance in the sensory apparatus and at an early age becomes orally libidinized and aggressivized. As speech, language, and abstract thought develop, the early contact or affective aspect of hearing becomes the increasingly precise register of mother's feelings and the appraiser of the environment's pleasantness or unpleasantness. Because of these qualities auditory introjects are probably the chief source of intuition and empathic understanding. Visual cues may become efficient substitutes for these processes *after they are established,* but

intact vision can hardly take the place of audition absent from birth as fully as hearing and touch may compensate for early visual loss in the development of ego functions.

Dr. David Sobel emphasized the role of sound in the generation of affective response. Citing recent work, he noted that in neonate nurseries one infant's cry can start others to crying, while later a similar contagion of affect takes place between mother and child from auditory, visual, and tactile cues. Dr. Elizabeth Davis suggested the promise of Dr. Altshuler's approach for defining the limits to which experiential conditions might influence illnesses which have a constitutional base. Prevalence studies in special groups such as the deaf could also confirm the importance of these genetic vulnerability factors. Dr. Samuel Feder raised the question whether paranoid features were as closely associated with deafness as is commonly thought.

Closing the discussion, Dr. Altshuler noted that one study has been done along the lines suggested by Dr. Davis. In comparing the expectancy rates for schizophrenia in deaf and hearing siblings of deaf schizophrenics, no significant differences had been found. Both groups, however, had expectancy rates for schizophrenia at least ten times greater than that of the general population. In response to Dr. Feder's question, he referred to surveys of hospitalized deaf schizophrenics which revealed no significant excess of paranoid forms in comparison with the hearing. The stereotype of deafness and paranoid feelings seems generally to refer to adults whose hearing has become impaired. In line with the dependency adaptation in early total deafness, there appears rather often a good deal of guileless trust.

AUTHOR'S ABSTRACT

MEETING OF THE WESTCHESTER PSYCHOANALYTIC SOCIETY

April 1, 1963. GUILT, SHAME, AND IDENTITY. Edith Jacobson, M.D.

Dr. Jacobson demonstrates that shame can be separated from guilt both clinically and theoretically. Shame arises in reaction to pregenital strivings, especially those that are anal and exhibitionistic. Failure of instinctual controls or physical defects (castration), when exposed, initiate feelings of shame which early become manifestations of an internalized conflict. In contrast, guilt conflicts seem to have a peculiar reference to hostility and harm to others, and to object relations in general. Guilt refers chiefly to verbal criticism (or failure to comply with verbal demands or prohibitions), whereas shame refers to visual exposure. Shame reactions are severely self-annihilating because of their broad basis and the archaic types of anxiety they induce. They may be displaced onto intellectual failures where, however, one can detect that the performance rather than the quality of the content leads to fear of exposure.

'Inferiority' conflicts arise as a reaction-formation to early narcissistic injuries and failures, not to specific instinctual strivings. Essentially, concern with the self distinguishes shame and 'inferiority' feelings from guilt conflicts. Because shame can be somewhat integrated into the complex response of the ego to the superego, shame reactions tend to range between the narcissistic

quality of 'inferiority' feelings and the object-relatedness of guilt feelings. Moral shame frequently arises in adults when they become aware of infantile, especially pregenital, strivings. Characteristically, these feelings relate to the appearance of the self, rather than to the objects of the hostile impulses.

How does the child advance from primitive narcissistic goals simultaneously to realistic, object-directed goals and to the constitution of a mature ego ideal and moral superego standards? By identification, first, with realistic parental goals and achievement standards; and second, with idealized parental images and internalization of their moral demands, prohibitions, and criticisms. The ego ideal and ethical standards regulate sexual and social relations to the object world; ego goals determine mastery of and adaptation to reality in general. When the superego develops, the ego becomes subjugated to its moral codes. During the œdipal period, ego achievements represent the displacement of instinctual strivings to aim-inhibited pursuits. A smooth interplay between superego and ego enables the child to combine the solution of incestuous conflicts with the building of his ego. In adolescence, however, the firm grip of the superego on the ego, and hence of the ego on the id, is loosened, leading to modifications which ultimately permit sexual and ambitious strivings to the goals of the ego—modifications which depend for their success upon a mastering of the adolescent struggle.

Dr. Jacobson describes some potential sources of difficulty: e.g., obvious inconsistencies between the moral and ethical codes of society and values such as monetary success and power. Pursuits which may appear perfectly 'reasonable' from the standpoint of ego-potential and realizability may be the expression of excessively greedy and ambitious aggressive strivings not acceptable to the conscience. High moral and ethical achievements may appear as signs of weakness when evaluated by the ego. More complicated situations arise in cases of regression where unconscious and conscious processes within either ego or superego may clash.

Conflicts between superego and ego, or between ego and id, do not usually lead to feelings of the loss of self either in psychoneurotic or in depressive individuals. In contrast, the loss of self-esteem which finds expression in conspicuous shame and 'inferiority' tends to affect identity much more dangerously. The superego of such patients often shows an infantile rigidity and is prone to rapid regressive deterioration. In certain schizophrenics guilt conflicts recede in favor of paranoid fears of exposure, while shame, self-consciousness, fear of inner object loss, and loss of identity appear characteristic.

Some gifted acting-out patients account for their agonizing anxiety, shame, and inferiority feelings by pointing to high ego ideals. Their so-called ideals prove in fact to be the fulfilment of primitive, narcissistic-exhibitionistic ambitions. These 'ideals' may easily become attached to a prominent or glamorous person. Beside narcissistic attitudes on the parents' part, contradictory emotional and educational parental attitudes cause confusion, isolation, and identity conflicts in latency. These become remobilized and intensified in adolescence, resulting in impaired reconciliation between superego and id. Some adolescents acquire a painfully driving and obsessional superego, structurally intertwined with moral perfectionism; they suffer from superego fears as much as from

social fears. Failure in any area may evoke harassing mixtures of guilt, shame, and inferiority. They commonly display masochistic-dependent trends, depressive states, and covering or alternating aggressive, narcissistic behavior.

DISCUSSION: Dr. H. Robert Blank agreed with Dr. Jacobson's differentiation between guilt and shame, stressing its technical importance in the analysis of masochistic and psychotic characters, and the ubiquitous negative therapeutic reactions. He feels Dr. Jacobson's formulations are relevant to his concept, *the masochistic body-image*. By this term he means self-representation as a thin, fragile shell enclosing emptiness or dirty and destructive contents. With such patients it is essential to recognize the 'global' shame reaction. For them, any revelation, action, or feeling is dangerous; nothing can be exposed; everything good is experienced as superficial, fragile, and false. Both self and object must be protected from the inner rottenness. 'This is primarily a narcissistic ego problem . . . complicated by œdipal and later adolescent conflicts' and the working through of the massive shame reactions must precede definitive analysis of the œdipus. Dr. Jacobson's formulations are also supported by Dr. Blank's experience with congenitally deaf persons who tend to suffer from defects in superego development and object relations.

IRVING HARRISON

A conference on an ideal training program for psychotherapists was held under the auspices of New York University, with the support of the Aaron E. Norman Fund, March 21-24, 1963. Among thirty-two participating representatives from the fields of psychoanalysis, psychiatry, clinical psychology, and social work were the following: Knight Aldrich, John D. Benjamin, Herbert Gaskill, Lawrence S. Kubie, Lewis L. Robbins, Milton Rosenbaum, David L. Rubinfine, Albert J. Solnit, Robert S. Wallerstein, John Warkentin, and Robert B. White; Sibylle K. Escalona, Robert R. Holt, Margaret J. Rioch, David Shakow, and Milton Wexler; Ruth Fizdale and Charlotte Towle.

It was agreed that current methods of training psychotherapists are unsatisfactory quantitatively and qualitatively. Too many 'psychotherapists' practicing today have only a minimum of relevant training. Conferees were divided as to whether priority should be given to increasing the number of psychotherapists or to improving the quality of training. They agreed unanimously that improved training is needed, and several pilot plans were proposed: 1, an extended program involving at least four years of full-time graduate study and supervised experience, leading to a new doctorate and aiming at the highest level of competence; 2, a briefer and more modest program (about two years) for older students, producing graduates who could function in an institutional setting under supervision, as exemplified in the pioneering experiment by Margaret Rioch and her co-workers at the National Institute of Mental Health; and 3, a school that would offer a training program on several successive levels, the first level bringing the student to approximately the degree of competence described in 2, above; the second producing a 'general practitioner' of psychotherapy with a doctorate and facility in several techniques; and higher levels

of training for research, scientific, and academic careers, or for such specialties as psychoanalysis or child psychotherapy. The point at which training in psychoanalytic technique should be introduced, however, was the subject of considerable discussion and elicited various opinions from those present.

A committee was formed to continue study of the issues opened at the conference, with particular reference to pilot projects. Further information may be obtained from the conference chairman, Robert R. Holt, New York University, Washington Square, New York 3, New York.

At the annual business meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, April 27, 1963, in Atlantic City, the following took office: Carl Binger, M.D., president; Eugene Meyer, M.D., president-elect; and William A. Greene, M.D., secretary-treasurer. Elected to Council positions were: Thomas H. Holmes, M.D.; Harold Persky, Ph.D.; and Herbert Weiner, M.D.

The twenty-first annual meeting of the Society will be held April 4 and 5, 1964, at the Sheraton-Palace, San Francisco.

THE FAMILY SERVICE ASSOCIATION OF AMERICA, the national accrediting organization for over three hundred marriage and family counseling agencies throughout North America, will hold a large-scale conference on family life and community needs November 13-16, 1963, at the Sheraton-Palace in San Francisco. Representatives will gather from all parts of the country to exchange views on the theme of the meeting, Strength to Families Under Stress. Dr. William C. Menninger will be the keynote speaker.

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