

O Anna: being Bertha Pappenheim – historiography and biography

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Objective: To review the famous case of Anna O. (the index case of psychoanalysis) as seen by each generation, in the light of current knowledge and thinking.

Conclusions: The case was neither a catharsis nor a cure as described. Historical research has revealed a significantly different outcome, shedding new light on the motives of the chief protagonists, Breuer and Freud. No less interesting but greatly neglected is the life of Bertha Pappenheim, the real identity of Anna O.

Key words: Anna O., Bertha Pappenheim, Breuer, Freud, psychoanalysis.

Well over a century ago in fin-de-siècle Vienna, a 21-year-old woman had one of the strangest episodes known in medicine. In the prim surroundings of a comfortable middle-class home, she shrieked, had visions of black snakes, spurned water, threw fits, shuddered in agony and cried. She developed a squint, disturbances in hearing and vision and prolonged absences. She became paralysed down one side and lost the ability to speak her native German, using English instead. Her personality oscillated between one living in the present and one living 365 days earlier.

Her father fell ill with a subphrenic tubercular abscess while the family were staying at their holiday home in the spa of Isle (today Bad Isle). A surgeon attempted to drain the abscess; the illness ran a progressively relapsing course. The patient, who had a 'passionate love for the father who pampered her', nursed him at night. For the 2 months before he died, she was not allowed to see him and lied to about his condition. Consequently, his death came as a shock and she felt 'robbed'. She fell ill herself.

From December 1880 to June 1882, she was attended by Josef Breuer, the family physician. A dedicated physician and brilliant researcher, he discovered the role of the vagus nerve in breathing (Hering–Breuer reflex) and the semicircular canals in balance. Described by physicians in Vienna as 'the doctor's doctor', he had a keen interest in the fashionable specialty of neuropathology.

Breuer's patient, the bright, charming and beloved daughter of a man she devotedly nursed till his death from tuberculosis, was a surprising candidate for an illness that continues to baffle, intrigue and raise questions to each new generation of followers. The psychoanalytic historian Ellenberger described the story as 'a unique case of which no other instance is known, either before or after her'.¹ From these beginnings came psychoanalysis, Freud's vision of the unconscious world.

Breuer described her personality, noting that 'the sexual element was astonishingly undeveloped'. Despite early reservations and doubts – at one time, he wondered whether she had tuberculous meningitis – he diagnosed hysteria.

Inexorably drawn into the case, Breuer spent 2 hours a day with his patient. She in turn became dependent on his care and would invariably relapse when he was away for a few days.

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At a loss, Breuer suggested hypnosis; intuitively, his patient took the lead. Each afternoon she fell into a somnolent state; in the evening they did 'chimney-sweeping' sessions, discussing the symptoms of the day to make them disappear. She called this her talking cure.

Treatment was brought to a close when she reproduced a frightening hallucination of a black snake. After this, reported to have 'regained her mental health entirely', she remained well.

Breuer discussed the case on numerous occasions with his brilliant young protégé, Sigmund Freud. Freud had visited Jean-Martin Charcot (the 'Napoleon of neurologists') in Paris. Establishing a school and inspiring a generation of neurologists, Charcot devoted the last years of his career to studying hysteria, a condition he believed could be cured by hypnosis. Freud returned to Vienna singing the praises of his new mentor – and named his first son after him – convinced the cause of hysteria lay in hidden psychological trauma.

Although his heart was in research, Freud had gone into private practice as a neurologist to enable him to finally marry his fiancé Martha Bernays. Freud did not find private practice easy and it took a while to get established. He saw a series of female patients with hysteria. He used the conventional cures of the day: faradism (electrotherapy), warm baths, magnetic cures, but had little success. In desperation, he tried hypnotism. He was not a natural hypnotist, patients refused to go under and he began to eliminate the rituals of the practice, getting them to talk about the first thing on their mind.

From there, he had developed the 'talking cure', convinced the cause of hysteria lay deep in the unconscious: the repressed memory of sexual abuse. But all this was to come later.

Freud collected four cases of hysteria and persuaded a reluctant Breuer to write up the case that had made such an impact on him 12 years earlier; this became the centrepiece of their book *Studies on Hysteria*. Freud's rush to get *Studies on Hysteria* into print in 1895 was to ensure that Pierre Janet did not get credit for discovering the psychological treatment of hysteria.²

Breuer had reservations about publishing the case. His commitment to the case played havoc with his working and home life and he swore never again to subject himself to such an ordeal.³ As subsequently became evident, the case had turned out far from successfully and the patient was admitted to a psychiatric hospital where a significant amount of effort went into curing her of morphine and chloral hydrate addiction. This may have led to criticism from colleagues that his conduct was 'less than exemplary' – a

reference to his tendency to dispense morphine to his patients.⁴

To ensure anonymity – a dubious enterprise considering the close-knit circles of middle-class Jewish Vienna – the patient's name was given as Fraülein Anna O.

Breuer's case history was written from 'incomplete notes'.⁴ In the discussion he used the term 'repress', the first documented mention of the central tenet of psychoanalysis.⁵

The book received a less than modest response. Freud, anticipating the legend of the prophet in the wilderness, accused colleagues of being too timid to accept his shocking findings. The truth was less exciting. In the Vienna of Krafft-Ebing, sexual perversion was nothing new, nor the idea that neurosis stemmed from childhood abuse.

The drama of the case enveloped its protagonists. While Breuer accepted there could be a sexual element in hysteria, he doubted whether this was the only cause. He cautioned Freud against being too dogmatic but did not get a warm response. Freud drew away and later rejected Breuer.⁶ In Freud's view, Breuer was not Faustian enough to accept the truth of the daring hypothesis that became the leitmotif of psychoanalysis: that hysteria was caused by repressed sexual trauma.

Freud began to gather around him the circle of disciples to launch the enterprise of psychoanalysis into the world. As psychoanalysis developed, the Anna O. case was read and re-read, repeatedly cited as a reference and recognized as the first case to be treated with psychoanalytic methods. Peter Gay described it as 'the founding case of psychoanalysis'.⁶

Yet Anna O. was never destined to rest in a museum for long. Freud discussed the undisclosed ending to the case with people around him, including Jung, the destined crown prince. At a conference in 1925, by which time the two had gone their own way and he had few reasons to keep silent, Jung stated that the case had been far from the success the authors claimed and could by no means be regarded as a cure.

In 1932 Freud told Stephan Zweig that Breuer had not brought the case to a successful conclusion as claimed in the book. Some time after he ended his active involvement with her, he was called round to the house, where Anna lay on the bed, writhing in pain. 'Now comes Dr B's child', she cried. Recognizing a pseudocyesis (hysterical pregnancy), Breuer hastily hypnotized her to remove the symptoms and fled the house. He took his wife on a hastily arranged second honeymoon to Venice, as a result of which his daughter Dora was born.

This story was emblematic: Breuer, lacking the steel of the true conquistador, blinked at the crucial

moment, refusing to recognize the erotic element in the transference. Freud, by contrast, had held his gaze and had gone on to discover the truth at the basis of psychoanalysis.

The sniping did not end either. Freud, perhaps suffering from a guilty conscience, made reference in a footnote to a 'reconstruction' of a memory in which Breuer had confirmed the hysterical pregnancy, communicated by his daughter after he died. Freud's 'reconstruction' was no more valid than any other recovered memory and has been firmly discounted by researchers.⁷

There the matter would have rested, Breuer being only the first of a long line of apostates that Freud banished from his circle, allowing his acolytes to gossip about them as much as they wished. Little of this passed beyond the insular world of psychoanalysis.

Freud's authorized biography was published in stages after 1953 by one of his most loyal followers, Ernest Jones. The biography (or hagiography) was a careful work of censorship designed to ensure that the legend of the founder of psychoanalysis was maintained intact, free of blemishes and awkward events. In conjunction with Anna, Freud's daughter and chief intellectual heir, Jones ensured that any number of embarrassing documents were excluded from the text.

But, perhaps to divert attention from the numerous elisions, Jones produced one rabbit from his hat, a drastically altered version of the Anna O. case.⁸ Jones reiterated the story of the false pregnancy, stating that Breuer had left the house 'in a cold sweat', never to return. For the first time, the name of the patient was publicly disclosed, to the fury of her family and surviving relatives: Anna O. was Bertha Pappenheim.

Jones' attitude to the case may be judged from the comments of Breuer's biographer, Hirschmüller, who described him as 'having a certain fixed attitude which would bear closer examination. His account should be treated with some caution by the historian.'⁵

Now that Anna O. had a real name, so to say, there was a flurry of interest but little was done. The Jewish community of Austria had been wiped out in the Holocaust, or fled from Europe. To refute Jones' claims (predominantly the account of pseudocyesis), a modest biography was published by Dora Edinger but never had wide distribution.

The new information caught the attention of the most indefatigable researcher of psychoanalysis, who paved the way for the great tide of Freudian revisionist histories at the end of the century – although it is doubtful that he had this in mind when he started.

Henri Ellenberger, a Swiss psychiatrist and psychoanalyst, wrote a definitive history of psychoanalysis, *The Discovery of the Unconscious*.¹ Ellenberger believed

that Freud had picked up ideas that had been around since ancient times. In the 18th century the rise of 'magnetic cures' rekindled interest in the unconscious, and further developments occurred after Charcot became interested in hypnosis. Almost singlehandedly, Ellenberger resurrected the neglected career of Pierre Janet and showed that many of his ideas preceded Freud.

Ellenberger had good reason to question the official version of the case, stating that Jones' version 'is fraught with impossibilities ... based on hearsay and should be considered with caution'.

A meticulous historian, Ellenberger obtained a picture of the young Bertha Pappenheim in 1882, showing an attractive, healthy-looking young woman in a riding outfit – an image markedly at odds with Breuer's description. In an ingenious piece of detective work, the picture was screened under special light in the forensic laboratory of the Montreal City Police to reveal the name of the photographic studio. After one false lead, Ellenberger tracked down the Sanitarium Bellevue at Kreuzlingen, Lake Constance, where Pappenheim was admitted for treatment.

Given permission to investigate the hospital records, he found Pappenheim's file, including Breuer's handwritten account of the case, in a dusty basement. Ellenberger's excitement as he sat down to read the file can only be imagined, in his hands he was holding the case notes of the most famous patient in psychoanalysis. The notes, however, revealed an outcome he could scarcely have expected.

Far from being the cure and recovery that Breuer had claimed, Pappenheim had been admitted to the psychiatric hospital from 12 July until 29 October 1882 in a wretched state, addicted to morphine and chloral. She followed a long and stormy course with periods of confusion and psychosis. She still experienced trances, hallucinations, convulsions and severe facial neuralgia. On one occasion she tried to hang herself from a tree.

She improved, was discharged and, over the next 5 years, had to be admitted three times to the Inzerdorf Sanatorium for a total of 10 months. During this time one of her physicians (reported to be a Dr Holländer) fell in love with her, which prompted her removal from the hospital. It took 7 years before she had fully recovered and was able to return to her family. In 1887 Martha Bernays wrote that she still suffered from hallucinations in the evenings. She finally left hospital in July 1887. No more was known of her medical history after that but, in view of her active career, it was assumed she remained well.

After a preliminary paper and mention in his book, Ellenberger published his findings in a 1972 paper.⁹ He summed up the case with the arch comment that the famed prototype of a cathartic cure had been

neither cathartic nor a cure. Hirschmüller, Breuer's biographer, later discovered additional documents related to the case. From this followed, in Harold Merskey's words, a minor cataract of writing about the case.

Ellenberger's findings were taken up by a most unusual historian, Elizabeth Thornton,¹⁰ described as 'Freud's most neglected and undervalued critic'.¹¹ Thornton, a medical librarian at a London teaching hospital, had permission to attend neurological case meetings. In 1976 she wrote a book on Charcot's hysterical patients, noting that many of the women were coached and allowed to stay on in hospital only if they put on a good display at presentations.¹² Many cases of hysteria had temporal lobe epilepsy.

Breuer, it will be recalled, diagnosed Anna O. with hysteria, a diagnosis that had far wider application than today. Over time the condition has atrophied, dwindling to conversion and dissociative disorders,¹³ a far cry from the hysteria of Charcot, Freud and Breuer.

Thornton reviewed Freud's early cases, showing mismanagement in some cases and missed organic illness in others. She came up with the intriguing hypothesis that Anna O. had tuberculous meningitis, the infection presumably coming from her father whom she had nursed before he died. It should be recalled that her sister died from tuberculosis. Although tuberculous meningitis was usually fatal, Thornton pointed out that there were records of non-fulminating cases that had recovered in the pre-antibiotic era.

Breuer, it will be recalled, had considered whether Anna O. had tuberculous meningitis, but dismissed the possibility, just as he had the opinion of an ophthalmologist who explained the convergent squint as due to paralysis of the abducens nerve – which most physicians would regard as an organic condition.¹¹

Thornton was also able to shed light on Anna's inability to speak her native German while using English, finding a case report on a Chinese woman reverting to a language she had not spoken since childhood after a stroke.

Thornton's challenge provoked others to review the case. Psychoanalysts uncritically accepted the Breuer/Jones version, with Ellenberger's findings considered only to a limited extent, if at all.

In the 1950s, the high-water mark of psychoanalysis, several writers claimed that Anna O. was suffering from schizophrenia, an understandable preoccupation of American psychiatry at the time, but lacked real evidence.¹⁴ Several decades later this was resurrected as borderline personality. Reflecting recent trends in psychotherapy, multiple personality disorder followed, one author stating that Breuer

'unwittingly encouraged and amplified' Anna's dissociations.¹⁵

English psychiatrist Lindsay Hurst claimed cerebral sarcoidosis, an illness that can cause a plethora of neurological symptoms associated with spontaneous remission. Sarcoidosis can have cerebral complications and often lasts for 12–24 months. Another diagnosis he suggested (but did not disclose his preference) was 'spontaneous acute disseminated encephalomyelitis', a condition causing drowsiness, ocular palsies and paralysis.¹⁶ Support for the latter came from epileptologist, Pierre Flor-Henry, who believed that Anna O. probably suffered from sub-acute limbic encephalitis.¹⁷

Another view on Anna O.'s illness comes from Harold Merskey, reflecting a swing from neurological explanations to psychiatric diagnosis.¹⁸ Merskey has devoted a distinguished career to the study of pain and hysteria. In an extensive review of the case, taking into account all the organic and psychological explanations, he found that Anna O. had a severe depressive illness, typical of major depressive disorder with melancholia.¹³ After a protracted illness she recovered and had gone on to an energetic and active career in social work, the product of a cyclothymic temperament.

However, Andrea Orr-Andrews, a psychoanalyst with experience in neurology, came to the conclusion that Anna O. had temporal lobe epilepsy complicated by iatrogenic dependence on chloral hydrate and morphine.¹⁹ The oscillation of Anna's moods and behaviour from day to night was typical of a delirium, induced by drug withdrawal. She had the rare form of reflex epilepsy (an explanation Thornton had given for some of Charcot's cases), exemplified by Breuer's ability to induce trances by holding up an orange. Less convincingly, Orr-Andrews claimed that Anna O.'s subsequent career was indicative of an epileptic personality (or Geschwind syndrome).

These findings were recently reviewed by de Paula Ramos, who concluded that the diagnosis should be chloral hydrate and morphine dependence, with mood disorder (primary or drug induced).²⁰ He noted that Anna O. was using extremely high doses of chloral hydrate (5 g a night) and morphine 100–200 mg day⁻¹. Such doses are potentially lethal for the ordinary person and could be used only in someone with a high tolerance. Many of her symptoms, including negative and pseudo-hallucinations, altered states of consciousness, periods of confusion and agitation, weight loss and severe pain are consistent with addiction and withdrawal states.

The notes from Bellevue Hospital indicate that much effort went into treating the addiction. There are references in letters to Binswanger, the hospital superintendent, from her mother and cousin.

Furthermore, Breuer wrote that 'a considerable measure of guilt apparently lies on my head' for the patient's drug dependence.⁵

This view is strengthened by the patient, writing to the hospital director after her discharge: 'You will realize that to live with a syringe always at the ready is not a situation to be envied.'

A last word on the case – for now, at any rate – comes from Freud researcher, Mikkel Borch-Jacobsen. In *Remembering Anna O: A Century of Mystification*,⁷ he reviews the relationship between Freud and Breuer after publication of *Studies on Hysteria*. Breuer was ambivalent about the case, to say the least. His wife was not happy about the time he devoted to his patient, and he later visited Anna at the sanatorium as a friend, not a patient. Afterwards he vowed 'never again to submit himself to such an ordeal'.⁴

Borch-Jacobsen finally and unequivocally scotches the Freud-inspired campaign of denigration. There was no pseudocyesis and Breuer did not flee to Venice for a second honeymoon. His daughter Dora was born 3 months before he ended his involvement with the case, and she committed suicide in Vienna, not New York, before deportation by the Nazis to a concentration camp.

But what of Anna's symptoms? Could they have been faked, that is, was she malingering? Breuer stated that she was truthful and trustworthy. Yet, in December 1881, she told Breuer that her symptoms were imaginary, an explanation he adamantly rejected. As Swales notes, this creates a dilemma: if Breuer had unequivocally accepted his patient as truthful up to that point, why did he then assume she was a liar? The denials and doubts must have continued because Breuer had to write to Binswanger, the hospital superintendent, pointedly rejecting his charge that her complaints were faked.

Ellenberger had little doubt about the origin of Anna O.'s illness, describing it as 'analogous' to the great cases of magnetic illness in the first half of the 19th century in which the patient dictated to the physician the therapeutic devices to use, prophesied the course of the illness, and announced its terminal date.¹

He noted the striking resemblance between cases of magnetic illness such as Anna Emmerich Friedericke Hauffe (the 'Seeress of Provost') and Estelle L'Hardy.¹ To this list can be added Rika van B (MacMillan)¹³ and the Belgian 'stigmatic' Louise Lateau (Swales),²¹ demonstrating that Anna O.'s illness was 'shaped, if not inspired' by the suggestive power of such famous illnesses.

The thaumaturgic practices of the famous magnetic patients are intriguing. These cases, notably Louise Lateau, recreated the passion of Christ in their symp-

toms and were intimately involved in the cult of the Madonna. Events were timed to occur with the Christian calendar and, significantly, just as Anna O. had terminated therapy with Breuer by recreating the events surrounding her father's death, they predicted the end of the treatment.

Despite being a devout orthodox Jew in later life, Anna O. was disinterested in these matters in her youth. She went to a Catholic school and, after her mother died, slept in a bed with a cross and the Latin letters for Jesus engraved on the headboard. Her spinster and presumably virginal status is well known.

Could it be possible that she was imitating the Catholic magnetic patients to such an extent that her subsequent life of austere Judaism was an example of what Freud would later call reaction formation?

Carl Hansen, the Danish stage hypnotist, had given well-publicized performances in Vienna in early 1880 – Anna's illness started at the end of that year. The Breuers, Freuds and many others in their circle had seen his induction of paralysis, anaesthesia, amnesia, prolonged muscular spasm, hallucinations and other bizarre behaviour. The performances were a sensation, provoking intense controversy; Hansen filed a lawsuit in his defence but police closed down the show.

It was inconceivable that Anna could have been unaware of Hansen's performance²¹ and, drawn into an intense relationship with her physician after her father's death, she gave an almost exact repetition of his stage cases. In the great tradition of magnetic patients, she 'led all the way and her doctor followed'.

PART 2: BEING BERTHA PAPPENHEIM

Bertha Pappenheim's paternal grandfather, Wolf Pappenheim, a descendent of Rabbi Nathan, came from Pappenheim in Bavaria (from whence the family name is derived).⁵ Later he inherited a fortune from his wife (née Calman) and moved to the Pressburg Ghetto. He had two sons, Kalman and Siegmund, Bertha's father.

Siegmund Pappenheim settled in Vienna as a wealthy grain merchant. A practising orthodox Jew, he contributed to the Schiffshul synagogue building fund. After the death of her mother in 1879, he was appointed guardian of Freud's future wife, Martha Bernays, who became friendly with Bertha.⁴

Recha Goldschmidt, Bertha's mother, was born in Frankfurt on the Main. Recha's father, Benedikt Salomon Goldschmidt, a commodities merchant, married first Bella Braunschweig, then after her death, her sister Sprinze (Sabina). The family was prominent, with connections to many well-known Jewish families, including the Hombergers, Warburgs and Rothschilds.

Among her antecedents were Heinrich Heine and the acclaimed diarist, Glückel of Hameln.

The Pappenheim marriage in 1848 had been arranged, as was often customary at the time. The family lived in the Leipoldstadt Jewish Quarter before moving in 1880 to Liechtensteinstrasse (close to where the Freuds lived). Recha Pappenheim never enjoyed living in Vienna away from her family. There are claims the relationship was unhappy and Siegmund Pappenheim frequented brothels,²² but no evidence exists for this.

Breuer described Recha Pappenheim as 'very serious'; Jones, less respectfully, as 'somewhat of a dragon'. She lost two daughters; Flora died 3 years before Bertha was born, and Henriette died of tuberculous meningitis when Bertha was eight.

Bertha's brother Wilhelm practised law in Vienna. He was described as 'an accomplished gentleman' with the most complete library on socialism in Europe. The siblings were estranged, Bertha claiming he bullied her unmercifully during childhood.

Born in Vienna on 27 February 1859, Bertha went to a Catholic school, there being no Jewish day school in Vienna at the time. Despite her father's orthodoxy, she had a liberal upbringing. According to Breuer, she was 'thoroughly unreligious' and had a powerful intellect with great poetic and imaginative gifts. She could speak English, French and Italian, as well as Hebrew and Yiddish.

While Breuer said she led a monotonous existence as a 'superior young lady', this is at odds with the picture of a lively young woman in riding habit. As was common for women from her background, she went horse riding, did needlework, played the piano (until late in life) and went to the theatre; she especially enjoyed Shakespeare.

After discharge from the Sanatorium Bellevue, she stayed with relatives in Germany for some months and attended a nursing course at the Union Clinic in Karlsruhe. Returning to Vienna in 1883, she relapsed and had three long stays at Inzerdorf sanatorium. By 1888 she had recovered and moved with her mother to Frankfurt, Germany where her career in social work began.

She founded and directed a home for orphaned Jewish girls for 12 years. After her mother's death in 1905 she lived at the orphanage. In 1904 she founded the League of Jewish Women, followed in 1907 by a teaching institution affiliated with the organization. She led an international campaign against prostitution, described as 'white slavery', and its exploitation of young Jewish women from Eastern Europe and the Near East. She travelled widely in Eastern Europe and the Middle East, often experiencing hardship, if not danger, to inspect brothels. There were also visits to

Palestine, London, Paris and New York to publicize the campaign.

Her work, although not always free of controversy, was regarded as a beacon for others. Her dedication was legendary and she is considered the founder of social work in Germany.

She wrote extensively: fairy stories, Jewish prayers, and a play depicting female characters who were exploited by men. She maintained a wide correspondence, much of which was destroyed during the war, including an exchange with the philosopher Martin Buber.

By all accounts, Bertha was a lively engaging personality, free of psychological problems. She lived alone and never married. She had a good sense of humour, loved good food and had a fine collection of glass, porcelain and tapestry.

Bertha returned to Vienna in 1935, dying of cancer on 28 May 1936, heavy with foreboding at the tragedy she predicted for European Jewry. Her grave lies in the Old Jewish Cemetery of Frankfurt. Her death was commemorated with a 40 page special edition of the journal she had founded.⁹

In 1954 Bertha Pappenheim was honoured as a pioneer social worker with the issue of a stamp by the West German Republic.

CONCLUSION

Beyond Anna O. beckons the chimera of Bertha Pappenheim, mostly luculent, sometimes wavering and cryptic. Each generation will impose its own vision on Anna O., but it is Bertha Pappenheim who deserves our attention.

What Bertha Pappenheim thought about Anna O. cannot be known because she is alleged to have destroyed any documents pertaining to her childhood or youthful illness. Dora Edinger, her biographer, disclosed that while she never discussed the illness with relatives, she was always scathing about psychoanalysis.

Some indication of her attitude is gleaned from the one of her doctors at Bellevue Sanatorium who noted her 'disparaging judgements against the ineffectiveness of science in regard to her sufferings'.⁹ In later years she exclaimed, 'As long as I live, psychoanalysis will never penetrate my establishments'.²³

Until the Freud archives relent in their vice-like grip on the relevant documents, ambiguities will abound. In Borch-Jacobsen's words, the game goes on.

The last word, surely, goes to Bertha Pappenheim: 'If there will be justice in the world to come, women will be lawgivers, and men (will have) to have babies. Will Saint Peter keep his job?'²¹

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This paper is dedicated to Jeff Kaplan who understood that *Litvak* thinking is the best approach to history.

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