FREUD'S
SELF-ANALYSIS

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Although Freud had not made a thorough survey of existing literature on the subject, he must have been aware of its importance and known that it was possible to observe one’s own dreams scientifically. At the same time, the great originality of Freud can be gauged from the way he reversed the existing epistemological approach, associating dreams with internal, not external, stimuli, and studying his own dreams not in order to master them, but to let them give voice to the wish.

In July 1895, Freud left with his family to spend the first part of his holidays in rented accommodation apparently adjoining the former Hotel Bellevue on a pleasantly verdant wooded hill near the Kahlenberg overlooking Vienna (today the Bellevue has been replaced by other buildings—an engraving showing how it originally looked is reproduced in Grünstein (G 64a) – but the location is still much sought after). Now that Freud had broken with Breuer and found a valuable confidant in the person of Fliess, he was anxious to plough ahead. He wanted to do further work on the notion of ‘defence’, which he saw as the unifying element of the neuroses, and to complement his first paper on the subject (1894a) with a new publication (1896b). In April and May he had embarked on the more ambitious task of trying to work out a general psychological theory that would combine normal psychology, the dynamics of the nervous system, and neurotic mechanisms; but the difficulty of the subject, his swelling practice, and the demands of occasional publications (1895e, 1895f) prevented him from making headway. He longed for a little peace and quiet to sort out all those matters. And Freud’s mind was also exercised by the question of dreams: were the dreams of normal subjects like himself any different from those of the sick? Were only the dreams of the sick wish-fulfillments? Or were his own as well? As often happens with someone who puts a lot of effort into questions that are as yet unsolved, the beginnings of an answer appeared to him one night in a dream.

The dream of ‘Irma’s injection’
(July 24, 1895)

The antecedents of the dream

The day’s residues on which this so-called ‘specimen’ dream was based were extremely diverse. Freud applied the technique of free associations to every sentence, and fragment of sentence, contained in it; he also described most of those associations, whereas his method in subsequent dreams was less systematic. There was another reason for this: the dream, which Freud
hoped would help him bring into focus the scientific questions involved in dreams, normal psychology and neurosis, in fact exceeded his precon- scious expectations and made him see himself in focus. It passed in review every area of his life and featured many of the personalities, events, situations and ideas I discussed in the first chapter. Freud, fragmented into disparate pieces, was searching for his true unity. The system of identifications that had governed him up to then crumbled away. So far, his life had been dominated by the wishes of others. During that night of July 23–24, 1895, his dream questionned him about his own wishes.

It should be remembered that Freud was not solely preoccupied by his scientific work. He was anxious about his health, his job and his family. His comments on the dream mainly highlight worries of a medical nature. In the days leading up to the dream he had received several unpleasant pieces of news. A patient whose swelling of the nasal mucous membrane he had treated—on Fliess's advice—with applications of cocaine had developed necrosis. A hysterical whom he had allowed to go off to Egypt had an attack there that was diagnosed by an ignorant doctor as dysentery. The news from his half-brother Emanuel in Manchester and from his friend Fliess in Berlin was no better: arthritis had given Emanuel a limp, and Fliess, though a nose specialist, was suffering from a supplicative nasal infection. The very day before Freud had the dream, yet more bad news arrived. He met the son of an old lady to whom he had been giving injections twice a day (she later played a role in the discovery of the Oedipus complex), and learned she had had an attack of phlebitis while on holiday, probably caused by a dirty syringe (she was being treated by another doctor at the time). Finally, he had been visited by his assistant and friend, Dr. Oscar Rie (Otto in Freud's dream), who was also the family paediatrician. Otto, then a bachelor (he married one of Fliess's sisters in 1896), had the habit—which irritated Freud—of bringing presents. On this occasion, his choice of gift was particularly unfortunate: a bottle of pineapple liqueur, with the word 'Ananas' on it, which had gone off, smelled bad (of amyl) and had to be thrown away. Otto irritated Freud even more by telling him about a young hysterical whom Freud had recently treated (and whom he gave the pseudonym of Irma); when treatment had been broken off because of the summer holidays, the patient had disagreed with Freud over the solution he was offering her. Otto had seen her and thought her to be incompletely cured. Freud took the remark as a slight. That evening, he wrote a report on the case of Irma for Breuer (the Dr. M. of the dream) in order to vindicate himself. Working late, Freud suffered a fresh bout of the rheumatism that affected his left shoulder. To crown everything, Irma, as a friend of the family, was invited to the party the Freuds were to give three

days later for Martha's 34th birthday. The rest of the day was taken up with preparations for the party.

Freud was aware of the complexities involved in the doctor–patient relationship and of the repercussions they can have on the doctor's state of mind. 'During the summer of 1895 I had been giving psychoanalytic treatment to a young lady [Irma] who was on very friendly terms with me and my family. It will be readily understood that a mixed relationship such as this may be a source of many disturbed feelings in a physician and particularly in a psychotherapist. While the physician's personal interest is greater, his authority is less; any failure would bring a threat to the old-established friendship with the patient's family' (ID 106).

Freud is less forthcoming on his family worries. He alludes, in a note (ID 110), to the fact that his wife suffered from pains in the abdomen, and he intentionally brings his analysis of the dream to a close at the point where he remembers the thrombosis that affected Martha during one of her pregnancies (ID 118). The correspondence with Fliess throws more light on the matter. As I have already pointed out, Martha was expecting her sixth child at the end of the year. Freud gave Fliess the news on May 25 (cf. p. 113). It will be remembered that Fliess had focussed his research on the sexual cycle—23 days in males and 28 in females—and that he was hoping to use that observation to determine the periods when conception was unlikely. During their last meeting but one, in Munich (where Fliess was receiving treatment) in the summer of 1894, they had discussed sexual chemistry. Fliess had drawn Freud's attention to the important role he believed was played by a substance like trimethylamin. Moreover, Fliess, an ear, nose and throat specialist, was convinced that there was a connection between certain nose complaints and sexual dysfunctions. Freud often suffered from worrying sores on the turbinal bones of his nose, which Fliess had already cauterised in February 1895 in Vienna, and which Fliess treated with local applications of cocaine, again on the advice of his friend. The fact remains that Freud was not exactly overjoyed at Martha's sixth pregnancy. Perhaps he felt that he had enough responsibilities as it was with five children, on top of parents and sisters, to look after (F 135). Or else he thought that another pregnancy would not be good for Martha, who, in addition to looking after a large household, was already tired after her many babies (F186). And, as it turned out, the progress report of Martha's pregnancy that Freud gave Fliess during the coming months was not invariably good (August 16, September 23, October 31, and November 8).

Freud was also wondering what to call the child. In a letter dated October 20, 1895, he assumed that Fliess would have no objection to his
Freud's private life between 1901 and 1909, Jones writes that on Sunday afternoons 'Frau Professor had her visitors, Anna Lichtheim, Bertha Hammerschlag, Frau Professor Königstein, the Rosanes couple, etc., and if it was anyone in whom Freud was interested he would drop into the drawing-room for a few minutes' (J II, 429). Anna O. was possibly invited to Martha's birthday party, which Freud anticipated in his dream. In any case she knew Anna Lichtheim, who was certainly invited. Anna L. must have reminded Freud of Anna O.: they were friends and both suffered from hysterical symptoms; the first name of one of them was the pseudonym of the other; and while Anna Lichtheim was a widow in real life, Anna O. was the symbolic widow of Breuer.

Freud's comments dwell particularly on an intimate friend of Irma's, who at one point in the dream replaces Irma, and who was examined by Breuer for false diphtheritic membranes. Freud suspected that she suffered from hysterical choking. He liked her very much and would have been pleased to have her as a patient. She was probably yet another of the young widows in Freud's immediate entourage.

The other characters in the dream are easy to identify. The dead friend who misused cocaine is Fleischl. The other friend, who mentions trimethylamin, is Fliess, whose name has a certain association with Fleischl. Otto and Leopold are two paediatricians, Oscar Rie and Ludwig Rosenberg, who were Freud's assistants at the Kassowitz Institute for Children's Diseases. The latter had married a sister of the former. Every Saturday evening, the three men went round to the home of the ophthalmologist Leopold Königstein for a game of tarot. It may even have been surmised that when Otto visited the Freuds on July 23 he examined Martha, who did not wish to be treated by her husband, and found her in poor health.

The dream occurred, says Freud, in the early hours of July 24, 1895.

**TEXT OF THE DREAM AND FIRST INTERPRETATION**

'A large hall—numerous guests, whom we were receiving. Among them was Irma. I at once took her on one side, as though to answer her letter and to reproach her for not having accepted my “solution” yet. I said to her: “If you still get pains, it is really only your fault.” She replied: “If you only knew what pains I’ve got now in my throat and stomach and abdomen—it’s choking me.” — I was alarmed and looked at her. She looked pale and puffy. I thought to myself that after all I must be missing some organic trouble. I took her to the window and looked down her throat, and she showed signs of recalcitrance, like women with artificial dentures. I thought to myself that there was really no need for her to do that. — She then opened her mouth properly and on the right I found a big white patch; at another place I saw extensive whitish grey scabs upon some remarkable curly structures which were evidently modelled on the turbinal bones of the

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1. Was this the same Lichtheim as the professor of neurology in Breslau who, with Carl Wernicke (himself a professor at the Universities of Vienna and Breslau), put forward a theory of aphasia that was later criticised by Freud in his book on the subject (1891b)? A passage from one of his letters to Martha from Berlin (March 10, 1886) suggests that this might have been so: 'I had a letter from L. in Breslau asking me to look up his sister-in-law and a Sändleaton [member of the board of health] who is also related to him.' The editors add the note: 'Presumably Rudolf Lichtheim, Hammerschlag's son-in-law' (L 255). I am not convinced of this. Lichtheim is rather a common German name, and there is no reason to doubt, unless more conclusive evidence emerges to the contrary, that Lichtheim the neurologist and Anna Hammerschlag's husband were simply two different people with the same name.
nose. — I at once called in Dr. M., and he repeated the examination and confirmed it. Dr. M. looked quite different from usual; he was very pale, he walked with a limp and his chin was clean-shaven... My friend Otto was now standing beside her as well, and my friend Leopold was perusing her through his bodice and saying: "She has a dull area low down on the left." He also indicated that a portion of the skin on the left shoulder was infiltrated. (I noticed this, just as he did, in spite of her dress.)... M. said: "There's no doubt it's an infection, but no matter; dysentery will supervene and the toxin will be eliminated."... We were directly aware, too, of the origin of the infection. Not long before, when she was feeling unwell, my friend Otto had given her an injection of a preparation of propyl, propyls... propionic acid... trimethylamin (and I saw before me the formula for this printed in heavy type)... Injections of that sort ought not to be made so thoughtlessly... And probably the syringe had not been clean' (ID 107).

Before carrying out a detailed examination of this dream, let me give my general impressions. The scenario of the dream seems to consist of two phases: first, a tête-à-tête conversation with Irma, where there is intense heterosexual attraction, and where the desire to observe — to observe the mystery of conception — is satisfied; then a discussion between men where the desire for knowledge is realised in the form of a search for causes. The unity of the dream resides in its description and explanation of sexuality. The 'hall' with its guests and Irma's 'throat' represent the female genital organs; it 'opened properly' and made 'receiving' possible — an image of coitus. A diagnosis of Irma's symptoms — she is 'choking', 'pale and puffy', suffering from 'pains' in her 'abdomen' and 'some organic trouble' — would strongly suggest pregnancy. The 'extensive whitish grey scabs' on 'some curly structures' are traces of sperm and represent impregnation. The phrase 'the toxin will be eliminated' contains an allusion to the miscarriage that Freud must have to some extent hoped for when he got the unexpected news that his wife was pregnant again. According to Fliess, 'trimethylamin' was a key ingredient of sexual chemistry; similarly, the examination of Irma's 'turbinal bones' was a kind of tribute paid by the dreamer to another of Fliess's theories, which postulated a connection between the nose and sex. As for the end of the dream and the moral of the tale — the 'injections' made 'so thoughtlessly' with a 'syringe' that 'had not been clean' — they refer to the need to resort to contraceptive techniques.

But this preliminary interpretation of the dream does not explain the discussion between Drs M., Otto and Leopold or the localisation of the 'dull area on Irma's left shoulder'. What we have here is another medical examination, which actually took place sixteen months earlier: Freud was the patient, not the practitioner; he was suffering from heart trouble; and Breuer and Fliess made very different diagnoses. Thus the dreamer was doubly present in his dream, both as the theoretician of the sexual aetiology of neuroses and as a patient suffering from a possibly fatal cardiac complaint. He may even be said to have been triply present, for the investigation of sex and the auscultation of the heart represent rather accurately the self-analysis that Freud had been intending to carry out for some time using one of his dreams — in fact this very one.

**Freud's Comments and Interpretation**

Few dreams have been the subject of so much comment. First there are Freud's own observations, which take up thirteen pages immediately following the text of the dream (ID 108–21), then fill eleven more pages at ten other points in the book (in Chapter 4, 'Distortion in Dreams': ID 136 and 140; in Chapter 5, Section A, 'Recent and Indifferent Material in Dreams': ID 165 and 173; in Chapter 6, Section A, 'The Work of Condensation': ID 292–5; in Section B, 'The Work of Displacement': ID 306; and in Section C, 'The Means of Representation': ID 314, 316 and 322; and finally in Chapter 7, Section A, 'The Forgetting of Dreams': ID 513). The dream has been examined by psychoanalysts such as Erik H. Erikson (1954), H. G. Leavitt (1956), and I. Berenstein (1974). Max Schur (1956), and in S, Chapter 3) throws light on one meaning of the dream by revealing the episode of Emma, who was being treated by both Freud and Fliess (I shall return to this episode later on). Alexander Grinstein (1980) devotes the first chapter of his book to the dream. His contribution to the subject focuses on Freud's likening of the Otto-Leopold pair to bailiffs Bräsig and his friend Karl, two characters in Fritz Reuter's celebrated novel, Ul mine Stromtid (An Old Story of My Farming Days), written in 1864 in Mecklenburg dialect.¹ A close reading of the novel by Grinstein leads him to the conclusion that it has an Oedipal structure; and he surmises that the dream has an underlying structure of the same nature. I find this extrapolation debatable, for it overlooks the long process of mediation and working-through that Freud needed to undergo, between July 1895 and October 1897, before he could succeed in recognising his own Oedipus complex. In any case, surely it must be possible, with a little determination, to detect an Oedipal problematic in virtually any dream?

Let me summarise the initial thirteen pages of Freud's comments. On first reading, the analysis of his dream seems a trifle untidy, probably because of the way it is fragmented by the systematic use of free associations. But it is in fact remarkably well structured, and unfolds like a play.

¹. Fritz Reuter (1810–74) rose to fame by writing the first literary work in the Low German dialect, Plattdeutsch. Freud suggested to Martha that she read the book, in a letter of April 19, 1884 (L 192).
with the characters being introduced in the early acts and the dénouement coming in the last.

The female characters are the first to come on stage (ID 108–11). The most important among them are the three recalcitrant patients, Irma, her friend, and Martha, while the governess with false teeth plays only a minor role. Freud’s feelings during this first act are embarrassment (at having to carry out a medical examination on a woman), annoyance (because they will not let him treat them), and fear. The second act brings on the male characters. First, there is a disturbing trio consisting of Fleischl, Breuer and Emanuel (ID 111–2). All of them Freud’s seniors, they stand in permanent accusation against him: he had hastened the death of the first with cocaine; the second had witnessed his errors of diagnosis and treatment; as for his half-brother, about whom Freud says nothing here, a later part of the self-analysis reveals Freud’s resentment of him. The act comes to an end with three other women bursting in on stage: the patient incorrectly treated with cocaine; another patient, called Mathilde, whom Freud had accidentally killed with sulphonial; and Freud’s eldest daughter, also called Mathilde, who had almost died of diphtheria. At this point, Freud’s feeling of anxiety turns into one of inescapable guilt. What is more, the human figures are no longer alone. Other elements—diseases, substances that cure or kill, and Death itself—have made their appearance.

The third act (ID 112–5) introduces two members of a new male trio: Otto and Leopold (the third person is being kept for the next act). This time they are Freud’s alter egos, both up-and-coming physicians of the same age as him. Berenstein (1974) points out that in the choice of the pseudonym Leopold there is a latent allusion to the Jewish quarter of Leopoldstadt, where Freud’s parents settled on arriving in Vienna. He also stresses the way the dream contrasts the two characters: Otto is less prudent, less meticulous, and hastier than Leopold. They are accompanied by a minor trio made up of a child in the Kassowitz Institute, the patient in Egypt with dysentery, and a patient of Breuer’s whose urine contained albumen. Here the drama reaches its climax, and there is a turning point in the trial—a trial it undoubtedly is. The first act begins with a defence speech by Freud (‘It is not my fault, but Irma’s’) and ends with his feeling afraid. In the second act, Freud stands accused by overwhelming evidence. In the third, that evidence is demolished by witnesses and lawyers. The question that lies at the heart of the tragedy, or the investigation, is now openly posed: who is responsible? The next act (ID 115–7) provides the dénouement, at Flies’s instigation: everything can be accounted for by the injection of trimethylamin. Accidents are always risky: they were responsible for Fleischl’s poisoning; Otto gives too many injections, and had brought as a gift an evil-smelling pineapple liqueur. But a conclusive explanation is to be found in trimethylamin. Irma’s complaint has been caused by her frustrated sex life. It is Freud who is right, despite his detractors, when he advocates the sexual aetiology of neuroses. The merry-go-round of cocaine, sulphonial, amyl and propyl has jolted to a halt: Freud has found the formula he was looking for. There remains the epilogue. As if following the rules of classical drama, it shows the main protagonists involved in the consequences of the solution. Flies will treat Irma. We see the three men in whose eyes Freud has vindicated himself—Fleischl, Otto, and the son of the old lady with phlebitis. In none of these cases had Freud’s syringe been responsible. The old lady reminds Freud of three women, Martha, Irma and Mathilde, who are connected by the theme of pregnancy. At this point, Freud breaks off his commentary, but adds: ‘It will be understood that I have not reported everything that occurred to me during the process of interpretation’ (ID 118 n.2). We can however infer its ending. Freud now feels fully responsible not only for his work but for the living being that Martha is about to bring into the world. This is not a case of a thoughtless trimethylamin injection. The furies who desire the death of that child as the price to be paid for the misdeeds of the father will not get the better of him. They have been warded off by the formula of life which Freud has discovered, and which he sees printed in bold type. The child will be Wilhelm or Anna.

This dream has a very precise meaning for Freud, which he passes on to us while at the same time hinting at other possible meanings: it shows that he is not responsible for Irma’s continuing illness. He throws the accusation back at Otto, who irritated him with his remarks and his presents: as always, Otto has shown bias and thoughtlessness. In any case, there are many other plausible reasons for the persistence of her complaint: Irma has rejected the solution that Freud suggested to her; or maybe her present pains are organic and not hysterical; or maybe they have been caused by a lack of trimethylamin, i.e. sexual satisfaction, to which she has been condemned by widowhood; or maybe, yet again, Otto’s unfortunate intervention was responsible for everything. The dream, then, is an arena where Freud pleads his cause to three understanding people (Leopold, Irma’s friend, and Flies) against three opponents (Otto, Irma and Breuer). This is the meaning of the dream if Irma’s illness is regarded as its main content.

Freud hinted at other possible interpretations connected with his fear of death or his counter-transference. But he discarded them in favour of a more essential conclusion: ‘For the moment I am satisfied with the achievement of this one piece of fresh knowledge. If we adopt the method of
interpreting dreams which I have indicated here, we shall find that dreams really have a meaning and are far from being the expression of a fragmentary activity of the brain, as the authorities have claimed. *When the work of interpretation has been completed, we perceive that a dream is the fulfillment of a wish* (ID 121). Here we yet again see the vital relationship between Freud and his work. Freud was wondering whether dreams were really wish fulfillments. The Irma dream confirmed that hypothesis for him. Furthermore, Freud noted subsequently that thoughts which follow on from dreams are still dream-thoughts. So the thought that dreams are wish fulfillments is an integral part of the dream content.

### OTHER INTERPRETATIONS

1. **Relative to people in Freud's immediate milieu**

Freud's interpretation of his dream is by no means exhaustive. When offering that interpretation to his readers, he deliberately confines himself to his professional life. Moreover, the emphasis he puts on his own guilt feelings is important to him, for it constitutes his first self-analytic discovery about himself and is the common denominator of his counter-transference on to his patients, his embarrassment vis-à-vis his wife, his dependence on Fliss, his independence from Breuer, and his anxiety about being cardiac. But many other mutually complementary interpretations should also be taken into consideration. Let us first look briefly at those which involve Freud's relationship with important people in his professional and family milieu.

As regards Freud's counter-transference on to his young and hysterical female patients as symbolised by Irma, the wish fulfilled in the dream is the desire not to behave towards Anna L. (always supposing that my identification of Anna Lichtheim as Irma is correct) in the same way that Breuer behaved towards Anna O.: in other words, not to remain blind and therefore insensitive to the unconscious desire transferred on to the therapist by such young women or young widows—manifestly the desire to have a child by their own father; and not to let himself be swayed by that incestuous desire or by the temptation to satisfy it in real life (this is one of the few passages in the dream that hints at the imminent discovery of the Oedipus complex), when his patients relate how they were seduced, on reaching puberty, by their father or by his substitute. For in the dream Freud carries out a thorough examination of Irma's sexuality and sees in her an image—later he would have called it a phantasy—not only of coitus and pregnancy but, most of all, of conception; he also criticises a form of treatment that involves giving Irma just what she desires in her phantasy, a 'thoughtlessly' made 'injection'. Hence, too, the dream's criticism of Breuer: 'He [Dr. M.] was very pale, he walked with a limp and his chin was clean-shaven.' I interpret this to mean: he is lily-livered, his reasoning is unsound, and he is a greenhorn.

As regards his wife, Freud felt guilty about her new and unwanted pregnancy, which was bound to be an ordeal for her and might even endanger her health. He blamed himself for being careless in his application of contraceptive techniques ('The syringe had not been clean'). The dream brought back to him the conclusion he had eventually had to face three or four months earlier: Martha's symptoms were not hysterical but organic, they were symptoms of pregnancy. As André Berge has pointed out, the wish that is fulfilled in the dream is that of a miscarriage ('The toxin will be eliminated'), which would have brought the unfortunate pregnancy to a timely end.

As regards Fliss, the dream pays tribute to his ideas. It uses one of those ideas (that there is a connection between the nose and sex) as a framework in which to represent the latent content—a gynaecological examination—in a manifest content consisting of an examination of the nose and throat. The dream expresses Freud's wish to occupy as eminent a position in his speciality (the sexual anatomy of neuroses) as Fliss did in his own (the ear, nose and throat). Fliss's second major theory—that men and women are subject to different periodic phenomena regulated by the body's biochemistry—is introduced into the dream by trimethylamin, a substance which, Fliss believed, held the key to that system of regulation. Freud longed to make discoveries in psychology that could rank alongside those being made by Fliss in biology. He wanted to be Fliss and no one else but Fliss. The dream fulfils Freud's wish to espouse Fliss's views totally, to attribute great discoveries to him, and to identify with him.

At the same time, the dream is full of ambivalence—to use a term subsequently adopted by Freud—towards the very same Fliss. He had bungled his operation on Emma, one of Freud's patients (I shall describe the incident in detail later on). He had made his own wife pregnant, after claiming he was on the point of revolutionising contraceptive techniques by using his theory of periodic work out the days when women are fertile. It would seem likely that the examination of Irma is a disguise for Freud's latent desire to auscultate Tda Fliss, his friend's young wife and Breuer's former patient, whom he must have known before she got married. In this way Freud can get his revenge on the friend that made her pregnant; he has her as his patient, he is psychoanalysing her, he tries to see the child she is bearing in her womb—but another hint of the Oedipal nature of Freud's
transference on to Fliess and an anticipation of his coming discovery. Both of Fliess’s blunders, involving Emma and Ida respectively, are excused by Freud: his idealisation of Fliess must not be damaged by the intrusion of grievances.

Why should this be so? The dream reenacts another medical scene, which took place a few months earlier, in February, when Fliess visited Vienna. During that trip, not only did he perform his unfortunate operation on Emma, but he cauterised Freud’s turbinal bones. Another cauterisation session was due to take place in Berlin when Freud returned from his planned tour of northern Italy. When looked at from that angle, the Irma of the dream becomes Freud himself; he fulfills his wish to be treated by his friend, an omnipotent healer. Here again, there are hints of ambivalence. Freud was by then of the opinion that Breuer’s diagnosis of his cardiac episode the previous summer was more accurate than Fliess’s; disregarding the latter’s opinion, Freud had begun to smoke his much-loved cigars once again, and far from suffering any harmful effects, found them a useful stimulant. But in the dream the correct diagnosis proposed by Dr M. (Breuer) — ‘a dull area low down on the left’ — is immediately counterbalanced by the appearance of Fliess’s magic formula that explains the whole question of sexuality — the formula of trimethylamin. Freud’s underlying infantile wish is to be cured by Fliess as though by an omnipotent, good mother. I shall now discuss a number of existing interpretations in more detail and suggest some new ones.

2. Relative to Fliess and the Emma episode

Freud and Fliess both had nose complaints, respectively emphysema of the sinuses and purpuric rhinitis. In their letters they discussed the state of health of their noses at self-indulgent length. Thus on May 25, 1895, Freud wrote: ‘Now, to my ideas about the nose. I discharged exceedingly ample amounts of pus and all the while felt splendid; now the secretion has nearly dried up and I am still feeling very well’ (F 130). They were, so to speak, bound together by their noses, a bond made all the stronger by cocaine: Freud revealed the substance to medicine, and only just failed to discover its anaesthetic properties; Fliess urged his patients, Freud’s patients and Freud himself to undergo treatment of the affected parts of the nose with a local application of cocaine. This came as sweet revenge to Freud, who had been so mercilessly criticized for causing a new form of drug addiction. But strong admonishment, too, is contained in the penultimate sentence of the dream: ‘Injections of that sort ought not to be made so thoughtlessly.’ This is an allusion to the hypodermic injections of that turned Fleischl into a drug addict. Freud’s nose, alas, did not heal, nor did Fliess’s. Indeed,

Fliess was forced to cancel one of their ‘congresses’ so he could have an operation. No matter, Freud’s trust in him remained undiminished.

The incident that first began to shake that trust was unearthed by Schur (1966 and 1972) in some of Freud’s then still unpublished letters to Fliess. In February 1895, Freud started treating an apparently hysterical young woman called Emma.1 He asked Fliess to examine her to see if her abdominal symptoms were of nasal origin. During a brief trip to Vienna, Fliess saw Emma, advised on surgery, and carried out the operation himself; he also took the opportunity to examine Freud’s nose and cauterise his turbinal bones. Fliess learned subsequently, from Freud’s letters to him during March, that Emma’s operation had not been a success. Emma had suffered persistent pain, fetid secretions and some bleeding. Freud first attributed her complaints to hysteria, but changed his mind and called in a specialist, who tried without success to improve the drainage of the wound. A second specialist, examining Emma at her home, then discovered that Fliess had inadvertently left a half-metre strip of iodine-gauze in the cavity. The extraction of the gauze caused the patient to suffer a severe haemorrhage and to go into shock until a new packing was inserted. Freud felt badly shaken (out of shame rather than at the sight of blood) and recovered only after leaving the room and drinking a glass of cognac. He hesitated a whole day before writing to tell Fliess about his faulty action. Emma’s condition remained serious for some considerable time (future haemorrhages, danger of infection, and so on). Instead of admitting his mistake, Fliess was furious that his Viennese colleagues had suspected him of professional negligence and demanded a retraction. Freud hastened to quell his friend’s indignation: ‘For me you remain the physician, the type of man into whose hands one confidently puts one’s life and that of one’s family’ (F, April 20, 1895, 125).

The scenario of the Irma dream reenacts the Emma episode. A doctor (who is Freud this time, not Fliess) examines Irma’s throat, but he in fact describes what Fliess saw in Emma’s nose (in real life Freud no more examined his patients’ noses than he looked at Irma’s throat). The doctor is accused of making a professional error of judgment by one or two other colleagues. He defends himself, denies the charge, counterattacks and finally succeeds in shifting the blame on to a third party. In other words, Freud was assuming responsibility for Fliess’s error: he (Freud) was

1. This is probably the same Emma as the one whose case history is described in ‘Project for a Scientific Psychology’ (1904: SE, 135–36) as an example of the hysterical ‘first lie’: she was unable to go into shops alone, because some shop assistants had laughed at her clothes when she was aged about 12. Analysis brought to light an earlier incident which occurred when she was eight: a shopkeeper had grabbed her genitals through her clothes. Her ‘bad conscience’ was due to the fact that she had gone to the shop a second time and provoked the same reaction.

Assuming responsibility for Fliess’s error...
primarily to blame for the Emma episode because he had failed to make a sufficiently clear distinction between a hysterical and an organic symptom. The Irma dream was a post-traumatic act of repetition aimed at reparation. It harks back to the Emma incident so that the matter can be closed once and for all and any lurking doubts about Fliess's professional competence and moral honesty can be scotched. Dreams do indeed have a meaning: wish fulfillment. The Irma dream does, as Freud realised, fulfil one of his wishes—a wish to exonerate—but not in the way suggested by Freud: as Schur was the first to point out, it fulfils Freud's wish to exonerate Fliess.

The dream's bearing on Freud's relationship with Fliess does not reside merely in the Emma episode. As I have already mentioned, Fliess had already had his turbinal bones cauterised by his friend and was due to go to Berlin for a further operation after his tour of northern Italy. In the dream, Freud sees himself as a patient who is examined and treated by Fliess. And by identifying with a woman (the patient Irma), he offers himself as an object of Fliess's desire. Now it so happens that this wish, which the dream fulfils, has been frustrated in real life. The dream says: 'I at once took [Irma] on one side, as though to answer her letter and to reproach her for not having accepted my 'solution' yet.' This sentence should be understood as follows: Fliess no longer confines in me; he has not answered my last letter; I must write and chide him for not having approved my solution. Fliess had not replied to Freud's letter of June 12, 1895, which announced that despite his friend's repeated advice to the contrary he had started smoking again (F 132).

Understandably then, Freud wrote to Fliess on July 24, the day after his dream, to complain that his earlier letter had not been answered; he did not breathe a word, however, about the dream or the original way in which he had just begun to analyse it: 'Daimonic [Demon], why don't you write? How are you? Don't you care at all any more about what I am doing? What is happening to the nose, menstruation, labour pains, neuroses, your dear wife, and the budding little one? [...] Are we friends only in misfortune? Or do we also want to share the experiences of calm times with each other? Where will you spend the month of August? We are living very contentedly in Himmel!' (F 134). The Bellevue, where the Freuds were staying, was located on Himmelstrasse (literally 'Heaven Street').

As I have already pointed out, Ida Fliess, like Martha, was pregnant—

1. Freud used to employ this term in the Socratic sense of an attendant spirit and source of inspiration.
2. This sentence manifestly summarises the dream that Freud had just had about Irma's injection.

3. Relative to infantile wishes

Although Freud was to restrict himself, for some time to come, to the notion that dreams fulfill the wishes of the day preceding the dream, the Irma dream also needs to be examined from the angle of infantile wishes.

Freud was born on May 6, 1856. His parents had married on July 29, 1855. In other words, he was conceived almost immediately. The dream occurred on the morning of July 24, 1895. Its manifest content portrays Martha's 34th birthday, which is to be celebrated on July 26; its latent content represents, in my view, the 40th anniversary of Sigmund's conception. In the dream, Freud imagines the scene that resulted in his birth. This is suggested by the German word for 'birthday', Geburtstag, which literally means 'festival of birth'. The first sentence of the description of the dream also fits in with this interpretation: the 'large hall' is the female sexual cavity, and it is there that 'we were receiving' (in German, the verb empfangen has two meanings, 'to receive socially' and 'to conceive'). What is more, the venue of the reception, the Bellevue, is a name that must have been full of significance for Freud, who had a good understanding of French. On the analogy of the title of a famous paper later written by Freud, 'Ein Kind wird geschlagen' ('A Child Is Being Beaten'; 1916), the dream could well be called 'Ein Kind wird empfangen' ('A Child Is Being Conceived'). Berenstein (1974) sees the metaphor in the following terms: Freud and his wife 'conceive' lots of children, patients, and ideas.

The examination of the nose and throat is a gynaecological examination in disguise, a substitute for it. In the folds of flesh, in the pink cavities of the mother's vagina and uterus (a Latin word from the same root as the Greek φόρτα, from which the term hysteria is derived), there is a big white...
patch, the father's sperm. It is the kind of scene that may one day be protected from the risk of impregnation by Fleiss's clever calculations. Meanwhile, it has been responsible for Martha's present pregnancy (her sixth), Ida Fleiss's present pregnancy (her first), and the first pregnancy, forty years ago, of Amalie, whose difference in age from her husband Jacob was the same as that between Fleiss and Emma and between Freud and Irma. The scene is a 'maculate conception'.

The rest of the dream represents the rest of that scene. The dreamer moves from anhydrous propyl (whose unpleasant smell is paralleled by that of the sexual secretions) to propyl (propylæa, in Greek architecture, are an entrance; it is also a word given to the labia majora surrounding the vaginal orifice - cf. the 'large hall' at the beginning of the dream), then to propionic acid (which, as Erikson (1954) has pointed out, has a certain onasson to the liquid 'priapic'), and lastly to trimethylamin and its formula "printed in heavy type" (sexual secretions print such type on the bedsheets). I would suggest that the formula N(CH3)3 neatly fits Freud's childhood in Freiberg. The three CH₃s match the three families making up the protogroup in Freiberg - three couples (the Zaizic, Emanuel Freud and his wife, and, more recently, Jacob and Amalie Freud) and their respective children. A family consists of a husband and a wife who enact the scene and thus produce the third term, the child. The three families, which are themselves triadic, all have one member who is a common denominator - the nurse, Monika Zaizic. So the formula provides Freud, temporarily, with an explanation of his origins. The infantile wish of the dream is the wish to find out where children come from.

Why, you may ask, does that particular infantile wish provide the dream content rather than one of the many other repressed wishes of childhood? Surely because it is particularly relevant to Freud's current situation. He knows that he must study himself if he is to make any headway in the study of an uncharted land, the unconscious. He has cast off his moorings. He must rely not on Brücke, Meynert, Charcot or Breuer, but on himself and himself alone. He is, in a sense, about to be born again, with Fleiss acting as midwife. Following the example of Goethe and his hero Wilhelm Meister, Freud will accomplish his own Bildung. This imminent second birth cannot fail to evoke him his first birth, which brought him into the world. Something tells him, after his origins have appeared in the dream, that like Bergotte in Proust's novel he has just 'taken off'. Moreover, the propylæa are not only an entrance but a triumphal arch. Freud was well acquainted with those of the Acropolis (he saw them for himself in 1904), and he had visited the Propylæa in Munich while Fleiss talked to him about trimethylamin. He saw himself as a hero walking through that portico, which symbolised both the power and the glory; he had 'penetrated' the secret; everything had gone rather smoothly, except for a twinge of bad conscience that he was doing his best to shake off.

The story of the kettle referred to by Freud in his comments on the dream should, I believe, be approached from this angle: 'The whole plea - for the dream was nothing else - reminded one vividly of the defence put forward by the man who was charged by one of his neighbours with having given him back a borrowed kettle in a damaged condition. The defendant asserted first, that he had given it back undamaged; secondly, that the kettle had a hole in it when he borrowed it; and thirdly, that he had never borrowed a kettle from his neighbour at all' (ID 119-20). The story takes on a particular piquancy if the kettle is replaced by an object that its shape suggests, i.e. a woman's belly. The man accused of having 'borrowed' his neighbour's wife or daughter and of having returned her 'in a damaged condition' defends himself in three ways: no, I returned her undamaged; she already 'had a hole' in her; I did not lay a finger on her. When someone is the first to examine a new subject, does he not differ from it?

4. Relative to Freud's work
The Irma dream contains the symbolic representation of several elements that will form part, or already form part, of Freud's discovery.

A large hall - numerous guests, whom we were receiving. This is a figurative representation of the notion of the preconscious, which is just beginning to take shape in Freud's mind; there is an implicit guardian of the threshold as well as many identifications/projections, which are contained in it and which Freud decides to 'receive', in other words to recognise as such. This part of the dream fulfills Freud's wish to 'conceive' a new science.

To reproach [Irma] for not having accepted my 'solution' yet. The solution referred to here is 'psychical analysis' and the taking into account of sexuality which it entails, and which Breuer, who, incidentally, knows Irma well, has refused to accept. In an already mentioned letter of June 12, 1895, which Fleiss did not answer, Freud also revealed that he was 'overflowing with new ideas', and that his 'theories on defence have made an important advance' (F 131). The dream expresses a worry: Breuer did not accept Freud's solution to the problem of the aetiology of hysteria; would Fleiss, in turn, pour cold water on the solution that Freud was moving towards in his attempt to elaborate a general theory of the psychical apparatus?

The laryngeal-cum-gynaecological examination of Irma's throat is not
only a figurative representation of Freud’s ideas on the aetiological role of sexuality in hysteria, but also a reenactment of the original scene—another ‘primal’ scene—between Joseph Breuer and Anna O. The symptoms displayed by Anna O. (the pseudonym Breuer gave to Bertha Pappenheim) were those of imaginary pregnancy followed by phantom childbirth; in the dream, the symptoms displayed by Irma (the pseudonym Freud subsequently gave to a patient who was probably called Anna) are those of coitus followed by pregnancy (pains, a choking sensation, a ‘puffy’ look). This is a further argument in support of my contention as to the identity of Irma. It would also explain more satisfactorily why Freud intended to call his sixth child Anna ‘if he turns out to be a girl’: the name would symbolise the first major discovery—that of the meaning of dreams—made by his father with the help of the Anna–Irma figure. It would also make it easier to understand why Anna Freud was the only one of his children who became a psychoanalyst.

The scene where Irma’s throat is examined is a figurative representation of:

- the ‘fertile’ discovery which Freud feels he is carrying in him like a child, whose gestation is laborious, but which he is now confident of bringing into the world;
- the certitude that hysterics have repressed ideas not only, like Anna O., of pregnancy and childbirth, but of every phase of coitus (before, during, after);
- Chrobak’s prescription for the hysterical wife of an impotent husband: ‘Rx Penis normalis dosim repetatur’ (Prescribe repeated doses of normal penis) (SE 14, 15);
- the method of free associations, with artificial suggestion or the pressure technique, in other words acceptance of resistance (‘She showed signs of recalcitrance’) and an invitation to the patient to speak freely (‘She then opened her mouth properly’).

The concluding tableau of the dream is a printed inscription. This feature, which recurs in many subsequent dreams, is interesting in the light of a remark in Studies on Hysteria (1895–6, SE 2, 288): ‘It was as though we were examining a dossier that had been kept in good order.’ Memories we believe to be forgotten are recorded somewhere and, if the right technique is used, they can be retrieved. In the Irma dream, the recorded inscription is the formula for trimethylamin. Its ternary structure, when looked at from this fresh angle, can be seen to match the three types of neurone that Freud was about to use as a basis for his formula of the nervous apparatus. The formula $\phi \chi \omega$ appeared for the first time in a letter to Fliess written three weeks after the dream (F 135). The dream had set Freud thinking again, after a pause of two months, about a general theory of normal and pathological psychology. There is a hint of this already in his letter of August 6: ‘It is bold but beautiful, as you will see’ (F 135).

Moreover, the theory—a triad expanding into other triads—matches the formal construction of the dream, where figures mostly appear in sets of three. In other words, the dream contains a symbolic representation of its own structure. It is instructive to set out this part of Freud’s self-analysis in abstract, formal terms, by arranging the most important figures revealed by it in a table according to their order of appearance and, to a certain extent, their hierarchical importance. It looks like this:

```
  The Widows  Irma
    Irma’s friend
    Martha
  Breuer
  Fliess
  Fleischl
  Emanuel
  Otto
  Leopold
  Fliess

  Freud
  His Elders

  His Equals
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This arrangement produces the same pattern as the formula for trimethylamin when set out in full:

```
C
 \ H
H
\ H
C
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So it looks very much as though, in his dream, Freud realised that dreaming, far from being a disorganised activity as was generally believed, obeys a strict and secret pattern, of which the ternary structure is one illustration. Immediately before the mention of trimethylamin in the dream, there is an allusion to a common series in organic chemistry, in which each term is obtained from its predecessor according to a specific

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1. Lacan first had the idea of comparing the ternary structures of the figures in the dream and of the formula for trimethylamin (Study Seminar on texts under the auspices of the Société Française de Psychanalyse, November 4, 1933, unpublished).
law of progression and whereby substitutions enable a transition to another series to be made. Here is the alcohol series:

Methyl \( \text{CH}_3 \)  
Ethyl \( \text{CH}_2\text{CH}_3 \)  
Propyl \( \text{CH}_2\text{(CH}_3\text{)} \)  
Butyl \( \text{CH}_2\text{(CH}_3\text{)}_2 \)  
Amyl \( \text{CH}_2\text{(CH}_3\text{)}_3 \)

A reaction between amyl and ammonia, \( \text{NH}_3\), yields trimethylammonium.

The dream’s evocation of the other organic series (the acid series: propionic acid) and of the compounds obtainable from each term (the propyllic compounds) can be interpreted as the symbolic transcription of its diversity of meanings, which I have just examined. As the dream unfolds, Freud’s mind understands how it operates: the dream’s formal processes are, like its latent wishes, represented in its content. The Irma dream provides an answer to the question Freud has been asking himself for months (do dreams have a meaning?): yes, it says, not only do dreams express the meaning of our wishes, but that meaning derives from their symbolic structure. Indeed, could a wish be expressed at all without fitting into that structure?

Freud was now in possession of that knowledge, though he was not yet conscious enough of it to express it explicitly. It was to be the fountainhead of the science that would shortly be known as psychoanalysis. In collaboration with Breuer, Freud had already discovered that hysterical symptoms have a meaning. During the night of July 23–24, 1895, he correctly surmised that normal mental processes such as dreams also have a meaning. Like many great finds, his crucial discovery came to him in a dream. But what was unique on this occasion was the fact that the secret of dreams was revealed by a dream. That secret had implications that went far beyond dreaming, as Freud soon realised. There exists in man a thought process – usually unconscious one – whereby he strives to get his wishes recognised by his fellow men. The fact that the thought process is symbolic does not mean, as was believed by Jung and those of Freud’s followers who were unfaithful to his basic thinking, that it can be reduced to a mere set of allegories and images.1 This is spelled out to us by Freud’s use of chemical concepts and the logical and mathematical framework of his commentary. But that is not all. Like any German schoolboy, Freud had been taught how Kekulé von Stradonitz, while day-dreaming, had discovered the hexagonal structure of benzene \( \text{C}_6\text{H}_6 \) and its derivation in relation to carbon C. Freud dreamt that, like some latter-day Kekulé, in his dream he was making a discovery that showed a certain kinship with Kekulé’s in its form (though it was triangular, not hexagonal), and, in its content, with Flies’s theories about sexual chemistry – a discovery involving not C, carbon, but N, the formula for the mystery of origins, and also, according to Rosolato (1969, p. 46), the secret cipher of Aleph, the alpha and omega of knowledge. I disagree, on the other hand, with those who see the formula as a forerunner of the Oedipal ‘triangle’. In July 1895, Freud had no inkling yet of the Oedipal organisation of the instincts, and he was never to describe it in terms of a triangle.

Although Freud kept in his possession some of the results of his self-analytical work, he was certainly unaware of the full range of interpretations that seem plausible to us today in the light of the documentary evidence we possess and the various personal and scientific problems that he was known to be grappling with at the time. It was for that very reason that his internal development continued. In the following period, while Freud subjected his dreams, then his memories and parapraxes, to psychoanalytic examination, striving principally to identify processes (condensation, displacement, dramatisation, repression, regression and so on) and to establish where they take place (the unconscious, the pre-conscious, consciousness), a parallel and concomitant, but different and largely unconscious, mental activity continued to focus on the phantasy contents, identifications/projections, and defensive conflicts peculiar to them. Occasionally some element of that mental activity was picked up and exploited by the psychoanalytic process. Often the psychoanalytic process was represented figuratively in those especially important products of mental activity, dreams. It was precisely because Freud concentrated on the formal aspect of what is produced by the unconscious that he was able not only to understand how the psychic apparatus worked but also to give the unconscious dynamic the relatively discreet corner of his psyche, outside of which it would have fallen silent.

The many passages of The Interpretation of Dreams where the dream of ‘Irma’s injection’ supplies examples of primary psychical processes cannot be dated, though we do know they were written long after July 1895. They nonetheless deserve examination. In the longest of those passages (ID 292–5), Freud emphasises the mechanism of condensation. Irma is a ‘composite figure’. She represents both herself, the friend of hers that Freud wanted to treat, Freud’s eldest daughter, a woman patient killed by Freud, a child from the Kassowitz Institute, a governor who tried to conceal her false teeth when examined by Freud, and lastly Martha. Dr M.
is composed of two people, himself (Breuer) and Emanuel. Finally, propylene is a kind of ‘compromise’ between amylene, which belongs to the Otto group, and Propylaeae, which belongs to the opposite Fliess group; the Propylaeae is a monument in Munich, where Freud had met Fliess a year earlier.

Further points revealed by the Irma dream are discussed in other, shorter passages of The Interpretation of Dreams (they are listed earlier on in this chapter). They include:

- the distortion of the wish fulfilled by the dream (the scene where the wish is fulfilled seems indifferent in the manifest content; the dreamer’s perception of events does not reflect reality, but his wishes; Chapter 4);
- the importance of the day’s residues: the wish hiding behind the plea: I am justified because I am a man of worth, so ‘I may allow myself to do this’ (Chapter 5, A);
- the absence of displacement, in contrast to subsequent dreams (Chapter 6, B);
- the lack of logical representation, particularly in the chronological sequence and in the impossibility of alternatives being expressed in dream images (Chapter 6, C);
- one of the meanings of identification, i.e. the attribution of a common element to two persons in the dream, or the wish to exchange one of those persons for the other (ibid.);
- the significance of forgetting to interpret any detail, however apparently trivial, that appears in the text of the dream (Chapter 7, A).

5. Relative to the body image

The final angle from which the dream can be interpreted is that of the body image. I have already pointed to the image of the penis in the dirty syringe and to that of the female genitals in the buccal or nasal cavity. These are metaphorical devices. In this connection, it is worth remembering that Anna O. had consulted Breuer about her severe cough (tussis nervosa). But the infantile sexual theory that children are conceived by the mouth and throat, although implicit in the dream, was something that Freud came to recognise only much later, with the case of Dora. It should be noted, too, that the architectural space in which the dream takes place (a ‘large hall’ with a ‘window’) or which the dream evokes (the Propylaeae in Munich) is also a symbolic representation of the female sexual organs. The dream’s setting, then, reduplicates the dream’s central scene. This reduplication is not merely a repetition designed to emphasise the importance of the scene.

It is, at a more profound level, the regression to a very early interchangeability of the container and the contents, in other words to a mechanism of primary thought which in this case is a metonymical mechanism.

The dream also evokes a whole series of sensations, which range from the gustatory (the pineapple liqueur) and olfactory (the smell of amyl, the implicit stench of nasal suppuration) to the chromatic (the ‘whitish grey scabs’ and, no doubt, the reddish-violet turbinal bones), coenaesthetic (‘It’s choking me’), and tactile (‘Leopold was perceiving her’ and ‘I noticed this, just as he did, in spite of her dress’). This sensorial richness, which is fairly typical of Freud and ties in with what I have already said about his basic empiricism, contrasts with the fact that most ordinary dreams consist chiefly of visual sensations and secondarily of auditory sensations. It is true that vision plays an important part in the dream (he looks down Irma’s throat) and that there are two snatches of dialogue (the exchange between Freud and Irma, and the discussions between Freud, Dr M., Otto and Leopold). But the final visual image is of a very special nature: it is the sight of an inscription (the formula for trimethylamin), in other words a reading, a decipherment.

The dream also alludes to excretory functions such as defecation (‘dysentery’) and urination (‘the toxin will be eliminated’; Fliess had told Freud that trimethylamin is eliminated in the urine). Similarly, as Eva Rosenblum has pointed out, there is a play on the word Ananas, ‘the sound [of which] bears a remarkable resemblance to that of my patient Irma’s family name’: Ananas is pronounced in German in exactly the same way as Anna nass (wet Anna); so she stinks.

She has a dull area low down on the left. In his comments, Freud connects this detail first with the painful rheumatism that had just affected his left shoulder once again, and secondly with memories of clinical examinations involving cases of pulmonary tuberculosis. The cases, which he does not mention by name, are easily deduced. Three great friends of Freud’s — Minna Bernays’ fiancé, Ignaz Schönberg, Sophie Schwab’s young husband, Josef Paneth, and Anna Hammerschlag’s young husband, Rudolf Lichtheim — had all died of tuberculosis, leaving behind them three inconsolable ‘widows’. The latent content is probably as follows: if Martha, who was experiencing a difficult pregnancy, happened to die, if Freud became a widower, one or other of these desirable widows would be available to replace her. There is confirmation for this: with regard to Freud’s daughter Mathilde, whom he mentions in his commentary, Eva Rosenblum tells me that there is a well-known joke in Germany about the widower who collapses on to his wife’s brand-new grave exclaiming
'Mathilde, Mathilde, so eine krieg ich nicht wieder' ('Mathilde, Mathilde, I'll never find another like her').

But let us return to the body image. What was Freud worried about on the left? Over the previous two years, heart trouble had caused him pain and concern, but matters had improved so much that he had just decided to start smoking again. The dream materialises both the threat issued by Fliess (Fliess had auscultated Freud—just as Leopold percusses Irma—and warned him that there would be a recurrence of his cardiac intolerance to nicotine) and Freud's determination to contravene that threat.

The last reference to the body concerns the navel, a visible sign of man's origin in his mother's body. The reference comes in a note that is difficult both to translate and to understand: 'There is at least one spot in every dream at which it is unplumbable—a navel [Nabel], as it were, that is its point of contact with the unknown [Unerkannten, literally the "ungraspable"].' Eva Rosenblum tells me that Freud did not write Unbekannten (the unknown), the word which one would expect in the context, and which appears, incorrectly, in most translations. If Freud preferred Unerkannten it was probably because the word called the biblical expression ein Weib erkennen (to know a woman). The overall meaning of the note is in any case hard to 'grasp', and, unconsciously and symbolically, Freud no doubt wished it to be so. If he meant that the psychoanalytic interpretation of dreams cannot be brought to a successful conclusion, it would contradict the work he had done on this dream and his definitive and oft-repeated discovery that the meaning of dreams, in the last account, is wish-fulfilment. A phantasy, then, has infiltrated both his thinking and its written expression, a phantasy that would have made him write, if he had used plain language: the woman we dream of is the woman to whom we were once connected by the umbilical cord, and who remains 'unknowable' by us in the biblical sense. Freud's feeling that it is impossible fully to interpret a dream or a symptom is much more an internal resistance caused by the barrier against incest than the consequence of any inadequacy in his theoretical and clinical equipment. This brief and obscure footnote is the only point in the whole dream and its extensive commentary—and I cannot say that this comes as a surprise to me—where an Oedipal emotion, which in any case goes no further than the incestuous dimension of the Oedipus complex, makes a fleeting appearance before being swiftly nipped in the bud. It would be an abuse of psychoanalytic ideology to go so far as to interpret the dream's half-avowed hostility towards Otto, Breuer and even Fliess as the expression of a specifically parricidal wish. It was only when his father died that Freud began to admit the possibility that such wishes might exist. For the time being, as I have already suggested, he was content to defend himself against his own ambivalence.

Thus, the Irma dream makes a kind of inventory of the body, with, in the background, the five external senses, the internal sensibility, and references to most of the major functions such as breathing, circulation, elimination, reproduction, phonation, the nervous system and, to a lesser extent, nutrition (represented only by an undrinkable liqueur). Highlighted in the foreground are sensitive points of an erotogenic or painful nature—facts, functions and areas that belong sometimes to the dreamer's own body, and sometimes to the body which constitutes the object of his wish. In this respect, the wish that the Irma dream fulfills is the paradisical wish to possess the mother's body and to merge the child's body into it. This may indeed be the deeper meaning of dreams in general, a hypothesis first outlined by Stein ('Dreams enable us to find paradise lost every night', 1968a, p. 87) and later fully formulated by Pontalis (1972). It does seem, however, that the hypothesis works better for men's dreams than for women's; no doubt the wish to possess the body of the father is equally important in women's dreams. But the Irma dream's euphoric inventory of a properly working body necessarily implies its opposite, an inventory of a sick body. The dream lists all the disorders from which Freud had suffered or was still suffering—intestinal symptoms (dysentery), the pharyngitis of 1881 that prevented him from swallowing or speaking, nasal suppuration, and heart trouble. Freud is the patient he himself examines in the dream. In other words, the dream expresses his wish to carry out self-analysis.

In this sense, the dream of 'Irma's injection' is a programme dream for the whole series of subsequent discoveries that were to constitute psychoanalysis. It spells out the identity of both the body of the dream and the dream of the body. Freud experiences the unconscious, whose corpus he has set out to establish, as the body of the crime from which he must exculpate himself, for it represents symbolically, and contains metonymically, the desired body of the unpossessed mother. But it was here, precisely, that in the early morning of July 24, 1895, his wish finally took shape: he was going to be able to regain possession, at a symbolic level, of the very thing whose possession, at a carnal level, he had been obliged to renounce.