

CHAPTER XII

THE FIRST PREGENITAL STAGE OF THE LIBIDO¹ (1916)

I

IN his *Drei Abhandlungen zur Sexualtheorie*, which first appeared in 1905, Freud gave a comprehensive account of his views concerning the sexuality of the child. In the third edition of the book, published in 1915, he has amplified those views, so that it is still to-day the standard work on the subject.

The advances which have been made in psycho-analytical knowledge have required us to assume the existence of certain stages in the early development of the infantile libido. Freud calls those stages the 'pregenital organizations' of the libido, since they do not as yet show a predominating importance of the genital organs.

The following remarks relate to the earliest of those stages of development. They are supported by extensive observations which were exclusively made before the theoretical views concerning the libidinal stages were put forward.) A preconceived theory of the pregenital organizations cannot therefore have influenced the choice of that material. It seems to me necessary to point out this, since each further extension of the sexual theory will probably meet with objections similar to those raised at the first appearance of the *Drei Abhandlungen*. Nevertheless, before presenting my material and the conclusions which I have

¹ [No. 52, A. B.]

drawn from them, I shall have to review the fundamental facts upon which the theory of the pregenital stages of the libido is based.

In his remarks on the earliest phenomena of infantile sexuality Freud was able to refer to an authority who long before him had arrived at new and daring, but at the same time convincing, conclusions in this sphere. This important piece of pioneer work had been carried out by Lindner in 1879 in his studies on sucking habits in children. He had not failed to notice the libidinal character of the process; he remarked on the fact that sucking, even when it did not serve the purpose of satisfying hunger, was carried out by children with an intensity which completely absorbed their attention. He had also observed an excitement in the child during the act of sucking which increased to a kind of orgasm, and he considered that the falling asleep of the child after this occurrence was an effect of the gratification it had obtained. Furthermore, he drew special attention to the instinct of grasping which is associated with sucking, and recognized the gradual transition of sucking to masturbation—that is, to an activity of an undoubtedly sexual character.

Freud accepted Lindner's views, and he established definite characteristics for infantile sexuality, as they are most clearly seen in that primitive form of instinctual activity, sucking. These characteristics are, that in the first place the instinct is not directed on to another object, but is manifested auto-erotically. In the second place, this most primitive form of sexual expression is not an independent phenomenon, but is dependent upon a function important for the preservation of life, namely, sucking for nourishment; so that it is the reproduction of a pleasurable stimulus which the child has experienced during feeding. In the third place, the attainment of the pleasure is attached to an 'erotogenic zone'—the mucous membrane of the lips. Gratification of the need for nourishment and gratification of the erotogenic zone cannot be separated from each other in their earliest state. The mucous membrane of the lips must, moreover, possess erotogenic quality, which fluctuates

in intensity in different children, for they exhibit the tendency to suck for pleasure in very different degrees.

According to Freud a similar double function attaches to the anal aperture of the alimentary canal as well. He believes that in early childhood this aperture does not have excretory functions alone but also subserves infantile sexuality as an erotogenic zone. The child seeks to re-experience the local sensations necessarily associated with the emptying of the bowel, and, by holding back its contents, is able to intensify those sensations. As with the lip-zone, the erotogenic capacity of the anal zone must be presumed to vary with each individual. The deliberate intensification of this accessory pleasure obtained in defæcation by stimulating an erotogenic zone is, like sucking, similar in nature to genital masturbation, which is also practised in early infancy.

Besides the auto-erotic phenomena of early childhood Freud describes certain component-instincts which are directed from the outset upon other persons as sexual objects (pleasure in looking and exhibiting, active and passive components of cruelty). At first these component-instincts are not organized firmly together, but proceed independently in the obtaining of pleasure. It is only later that the erotogenic zones and component-instincts become united under the primacy of the genital zone. When the sexual instinct enters into the service of procreation its development reaches its normal completion.

As we have said, Freud has called 'pregenital' those stages of the development of the libido which precede the setting in of the primacy of the genital zone. They relate to antecedent stages of the later 'normal' sexuality, through which the libido of the child generally passes without anyone being aware of the alterations that are occurring. The same processes, which under normal conditions are not especially noticeable, become 'highly active and able to be detected by superficial observation' (Freud) in pathological cases.

Up till now the psycho-analysis of neurotic cases has enabled us to infer the existence of two such pregenital

organizations. The earliest is the oral stage, which may also be called the cannibalistic stage. As has already been said, in this stage sexual activity is not yet separated from the taking of nourishment. Freud says: 'The object of the one activity is also that of the other. The sexual aim consists in the incorporation of the object' (p. 60); and he adds a remark which is important for the understanding of sucking for pleasure: 'Pleasure-sucking can be considered as being the remains of this hypothetical stage of organization which our pathological material has led us to assume. It can be looked upon as a sexual activity which has become detached from nutritive activity, and which has exchanged its external object for one belonging to its own body.'

From his psycho-analysis of the obsessional neurosis Freud was able to infer the existence of yet another pregenital organization. He says: 'A second pregenital phase is the *sadistic-anal* organization. In this the duality of sexual life which is an integral part of it has already come into existence. But it cannot at this period be called *male* and *female*; it must be termed *active* and *passive*. The *activity* arises from the bodily musculature in virtue of the instinct of possession; the *passivity* is pre-eminently connected with the erotogenic mucous membrane of the intestinal canal. Both impulses are directed to objects, which are not, however, the same. At the same time other component-instincts are functioning in an auto-erotic way. In this phase, therefore, sexual polarity and the external object are already discoverable. But there is as yet no organization of the component-instincts or subordination to the function of procreation.'

I have now roughly indicated the present position of the theory of sexuality as far as it applies to our subject. While the observations which have led to the description of the sadistic-anal organization have found special consideration in psycho-analytic literature—I refer particularly to Jones' important communications—the earliest, 'oral' stage of development of the libido awaits further investigation. As Freud has stated, it is our pathological material which compels us to assume its existence. This fact indicates that

we are concerned with developmental processes which are hardly accessible to direct observation in children. At this early period the child can give no information about the processes of its instinctual life. Besides, in normal conditions development in the first year of life takes place so quietly that generally no obvious manifestations of the changes that are occurring can be observed; and later, when repression has fully set in, the individual is naturally less able than ever to give information about the earliest events of his life.

The facts of normal erotism make it plain that the mouth has by no means given up its significance as an erotogenic zone. And the study of the sexual perversions shows still more clearly that the mouth can take over the whole significance of a sexual organ, *i.e.* can fulfil a genital rôle. Furthermore, psycho-analysis of the neuroses shows that very frequently the mouth has lost its significance as an erotogenic zone only as far as consciousness is concerned, and that this significance persists in the unconscious and is manifested in consciousness through substitutive formations, which we know as neurotic symptoms. We owe to psycho-analysis the knowledge that these phenomena are equivalent to infantilisms. They represent partly a persistence of infantile instincts in the unconscious, partly a return to libidinal stages which had already been left behind. That such repressed infantilisms could be rendered unrecognizable through numerous alterations and indeed turned into their exact opposites, has been shown by Freud in 1915, precisely in connection with phenomena related to the mouth zone. According to him, neurotics in whom the erotogeneity of the oral zone had originally been very marked, and in whom this had perhaps been expressed by a continuance of the sucking habit for many years, are often affected by nervous vomiting in later life.

But even though all these phenomena justify us in inferring the existence of an early 'oral' stage of the libido, we still have no clear picture, no direct view, of this archaic condition which is extraordinarily far removed from the instinctual life of the normal adult. I should therefore like

to bring forward some psychopathological material which has hitherto been almost unknown or at least quite disregarded, and which goes to show that the instinctual life of the infant persists in some adults in a positive and unmistakable fashion, and that the libido of such persons presents a picture which appears to correspond in all its details to the oral or cannibalistic stage set up by Freud. I shall begin by giving the most extreme symptoms of a case of this kind as far as they are of interest in this connection. They will throw light on a whole series of psychopathological phenomena to which no special investigation has hitherto been devoted. Finally, I shall consider a question which has arisen out of the recent studies made on the psychogenesis of the obsessional neurosis. The investigations of Freud¹ and Jones² have shown that compulsive symptoms result from a defence against sadistic-anal impulses. It may be expected that a similar defence against a threatened relapse into the oral organization will also lead to the formation of quite typical symptoms; and the correctness of this expectation seems to be corroborated by certain findings of psycho-analysis. I should like to attempt, on the basis of our material connected with the earliest pregenital organization, to make two contributions to psycho-analytic theory—namely, to consider the question of the origin of psychic states of depression, and to discuss the problem of the ‘choice of neurosis’.

II

The material I shall first bring forward comes from the psycho-analysis of a case of dementia præcox (Bleuler’s ‘schizophrenia’). The patient did not present the well-known picture of a psychosis with delusions, hallucinations, etc., but that variety of the illness which has been termed ‘simple’ dementia præcox. Patients of this group, which Bleuler has also recently classified as ‘schizophrenia simplex’, do not show the above-mentioned gross symptoms

¹ ‘The Predisposition to Obsessional Neurosis’ (1913).

² ‘Hate and Anal Erotism in the Obsessional Neurosis’ (1913).

of mental disturbance. They rather exhibit definite associative disturbances and, particularly, alterations of feeling and impulse, such as one finds in severe cases side by side with delusions. The associative activity of these patients proceeds so far along organized paths that a psycho-analysis can be carried out with them just as well as with a psychoneurotic. Indeed the work is even facilitated in such patients on account of the abolition of many inhibitions. In the neurotic a great deal of material is prevented from becoming conscious, and therefore from being spoken about, on account of the intense repression; whereas in these patients the material lies quite near consciousness, and in certain circumstances is expressed without resistance.

My patient came from a family in which cases of severe catatonic dementia præcox had already occurred. He was by no means deficient in intelligence, and had had a secondary education. After leaving the routine of school life he had made but little progress in his academic studies, and certain peculiarities which he had shown as a scholar had developed more strongly in him. When he came to me for treatment his conduct in many ways resembled that of an intelligent child. Neither his special subject nor any events in the external world were able to excite any serious interest in him. He amused himself at most with trifles and purely superficial things; but he turned his attention chiefly on to his own ego in a markedly narcissistic manner. The slightest fancy, a pun on a word, etc., could occupy him intensely and for long periods of time. His own physical condition absorbed his interest more than anything else. His genital and anal sensations were of the highest importance to him. Moreover, he was addicted to anal as well as to genital masturbation. During the period of puberty he derived pleasure from playing with fæces, and later on he occupied himself with his bodily excretions. For instance, he took pleasure in eating his own semen. But his mouth played a very special rôle as an erotogenic zone. As often happens in this kind of case, he was conscious of the sexual character of certain of his symptoms, though to an outsider they would not at once have appeared in this light.

The patient directed my attention to the erotogenic significance of the mouth when one day he spoke of 'mouth pollutions' as something quite ordinary and well recognized. On being questioned, he described an occurrence which frequently took place. He would wake up in the night from an exciting dream to find that saliva was dribbling out of his mouth. In his free associations he proceeded to bring forward a great deal of material regarding the erotogenic significance of the mouth. I will give the most instructive facts in this connection.

According to the patient's own statements he had not been able to wean himself from the love of milk as a boy. At school he had never been able to get sufficient milk to drink. This tendency still existed, but had changed in certain respects. Up to the age of fifteen he had not simply drunk milk out of a cup or glass, but had had a particular method of sucking it in. He used to curve his tongue upwards and press it behind the upper teeth on the palate and then suck in the milk. The milk had to be neither hot nor cold, but at body temperature. He obtained a particularly pleasant sensation in doing this. He added spontaneously: 'It is like sucking at the breast'. 'I suck at my own tongue as though it were the nipple.' At fifteen he had given up this kind of sucking and had at the same time begun to take cold beverages. Nevertheless, his desire for milk had by no means been overcome, and indeed its sexual determination had come out very distinctly in the following years through frequent occurrences which the patient reported as though they were something quite ordinary. He used often to wake up at night with violent sexual desires; he then used to drink some milk which he had placed ready in his bedroom. He used often to get up at night and go to the kitchen for milk. If at any time he could not find any he used to put an end to his sexual excitement by masturbating; but otherwise he used to satisfy himself by taking milk. He himself felt that his longing to suck milk was his deepest and most primitive instinct. Genital masturbation, strongly though it dominated him, seemed to him to be a secondary thing.

These facts speak for themselves. There cannot be the slightest doubt of the sexual significance of the patient's sucking of milk or of the rôle played by his mouth as an erotogenic zone. His behaviour at night, as described by himself, can easily be seen to be a continuation of the behaviour which neurotically disposed children show in the first and second years of life. These children find great difficulty in acquiring the habit of an unbroken night's sleep. They wake up in the night once or more often and make known through their crying, or, if they are old enough, through other signs, that they desire the breast or the bottle. If they are given milk to suck they are gratified and become quiet; if not, they are able to obtain a substitutive gratification by putting their thumb or finger in their mouths and thereby stimulating the oral zone, or by giving another erotogenic zone, say the genital one, an adequate masturbatory stimulus.

Our patient's behaviour fully coincided with that of the infant. From the fact that as an adult he still felt most intensely that form of gratification which bore the character of incorporation, it is clear that his libido had experienced a strong fixation in the earliest pregenital stage, *i.e.* the oral or cannibalistic one. Sucking served him as a method of taking nourishment and of obtaining sexual pleasure, although its first function certainly sank into the background in comparison with the second. I may remind the reader of the so-called 'mouth pollutions' already mentioned by the patient. We generally consider the flow of saliva as a sign of appetite. But in this patient, whose mouth zone was so markedly in the service of his sexuality, such a flow was an accompanying symptom of a sexual excitement occurring during sleep. His libido therefore showed a tendency to discharge itself through the predominant erotogenic zone of the first years of childhood.

What psycho-analysis was able to discover in regard to the patient's further libidinal development is of extreme interest. From the subject of sucking, his associations led on to the historically later developed form of taking nourishment, *i.e.* to eating. In this connection he brought forward

a memory to which other important associations became added. He said that when he was a little boy he had had the idea that loving somebody was exactly the same as the idea of eating something good. Since childhood he had had 'cannibalistic ideas'.¹ These ideas were at first traced back along associative paths to his fourth year. At this age—I was able to check the correctness of his statements as to the date—he had had a nurse to whom he had been very much attached. It was she who was the centre of his cannibalistic phantasies. At a later period the patient still often used to want to bite into her, and 'to swallow her, skin, hair, clothes, and all'.

But psycho-analysis was able to penetrate even deeper. A further association of the patient's showed that the taste of meat reminded him of milk; both were 'greasy and sweet'. He said that just as he many times experienced a sudden longing for milk, so he did for meat. It seemed to him as though he wanted a substitute for human flesh. His associations led from this point to the phantasy of biting into the female breast; and here it was that his ideas of meat and milk had a direct connection. I may add that the period during which he had been nursed at the breast had been unusually full of important occurrences. Various circumstances had rendered it necessary for his wet-nurse to be changed several times and for the period of breast feeding to be considerably prolonged. These events were bound to have an effect on a child in whose sexual constitution the mouth zone was so strongly accentuated. They must have facilitated the fixation of his libido on an earlier stage or its regression to such a stage.

In conclusion, it may be mentioned that the patient also experienced a marked degree of pleasure in eating, of which his tendency to over-eat gave ample proof. But this accentuation of pleasure in eating did not to his mind bear

¹ Perhaps it is not superfluous to remark that the expression as well as the idea here quoted came from the patient himself. The expression 'cannibalistic ideas' is not borrowed from the *Drei Abhandlungen zur Sexualtheorie*. The psycho-analysis from which I am quoting took place in 1912, whereas the third edition of Freud's book, which contains that expression for the first time, did not appear till 1915.

the same sexual significance as the sucking did; it appeared to him to have a secondary character. Nevertheless, it showed his tendency to excite his erotogenic zones in every way. Even when his libido found new sources of pleasure the earlier ones showed no diminution of their importance; and this peculiarity persisted in the further development of his instinctual life. It explains the fact that when he was grown up his libido never achieved uniformity of direction. He could not attain a normal emotional attitude towards other persons and could not advance to object-choice; and at the same time his different erotogenic zones maintained their original independent significance. Of these, however, it was the mouth zone whose excitation he found by far the most pleasurable, and about whose importance for him he spoke with most affect.

The characteristics of this case may be summed up as follows:

1. The oral zone was more important than the other erotogenic zones. Pleasure in sucking was particularly strong. Sucking milk produced a state of gratification.

2. The sexual function and the nutritive one were associated in the act of sucking.

3. The patient had the desire to incorporate the object which attracted his wish-phantasies. (He himself called this a cannibalistic impulse.)

These are, however, the same characteristics which Freud has been led to attribute to the earliest stage of libidinal development in infancy. The agreement is complete, and causes no astonishment to anyone who has recognized from his own psycho-analytical work to how great a degree Freud's theories are the result of direct observation, and how far they are removed from idle speculation.

An adult whose libido is found to be in a condition such as that just described deviates to an extraordinary degree from the normal. The extreme nature of the symptoms in such a case renders intelligible to us related phenomena which we meet in other persons in a less marked degree or in a more disguised form.

III

There are considerable differences even in healthy children with regard to the time at which they are weaned. These differences are partly based on external conditions, but they can in part only be explained by variations in the individual. Thus the transition from the taking of nourishment by sucking to drinking in the narrower sense takes place sometimes earlier, sometimes later.

With regard to the external factors, ethnological, social and family conditions have to be taken into consideration. In quite a number of partially civilized peoples the children are not weaned until the fourth or even the sixth year. And even among the people of one country, or even of one district, weaning takes place at very different periods. Among our own lower classes it is fairly frequent for older children to be given the mother's breast from time to time when she has a younger child to suckle. Neurotic mothers will frequently delay the weaning of their child for a long time, because the act of giving suck gives them the strongest physical feelings of pleasure; this is particularly so in women with genital frigidity in whom the breast has obtained an over-great significance as an erotogenic zone.

However, we are more interested in those cases in which the child itself causes difficulties in its weaning. We can recognize these resistances in a child even during the period of sucking, when it has to pass from the mother's or wet-nurse's breast to the bottle; and we observe very remarkable differences in the behaviour of children in this connection. Many become used to the change in the course of a few days; and some children, who in feeding at the breast do not use sufficient energy in sucking, very soon prefer the bottle, because the food flows out from it without trouble to them. There are, however, children who resist with great obstinacy the transition from the breast to the bottle. This resistance becomes quite manifest when the child is expected finally to give up taking nourishment by sucking. It frequently happens that neurotically dis-

posed children react to the attempt at weaning by taking so little food that the mother is compelled to give in to them for the time being. In pronounced cases difficulties of this kind can continue up to school age. I might mention, for example, a girl of nine years who could not be induced to take her breakfast with her family before going to school. In order not to allow the little girl to go to school fasting, her mother used to bring a bottle of warm milk to her in bed every morning. The other meals the obstinate little girl took with the family as usual. In a case reported by Gött, a thirteen-years-old boy had to be weaned from the bottle. This reminds us of the particularly marked case which I have given above in detail.

Such behaviour on the part of the child can be explained in no other way than as an obstinate adherence to the pleasure which sucking affords him through the agency of the lips as an erotogenic zone. Now we have learned from observation that persons who cling to infantile pleasure-sucking are invariably seriously hampered in the development of their sexuality. Their instincts of nutrition and of sexuality remain to a certain extent intermingled. Their libido does not find the way to a living, human object in a normal manner, but seeks its gratification in the first instance in sucking up a material into the mouth.

The part that sexuality plays in pleasure-sucking which persists into later years appears very clearly in those persons who, as adults, have the impulse to suck at the female breast. This kind of sexual practice stimulates them more strongly than normal cohabitation. One of my patients explained to me that in such an erotic situation he was in a curious state of divided feelings. On the one hand he was afraid that milk might come out of the breast, and on the other he was angry and disappointed when none did. In this case the sexual interest in sucking greatly preponderated; nothing remained of its other significance except an inquisitive, uneasy expectancy as to whether the breast would yield milk.

It is well known that after being weaned children preserve a tendency to suck sweet things. We frequently

find in neurotic men with strongly suppressed libido an intense, impulsive desire for sweet things. They take a particular pleasure in sucking at sweets very slowly. In two very pronounced cases I could establish with certainty that it was the sucking-pleasure originating in infantile auto-erotism which had pushed aside the active impulses of the libido and which procured for the subject the most pleasurable feeling of all. One of these patients used to suck sweets in bed in the evening, and then go off to sleep with a feeling of having been gratified. The similarity of this behaviour with that of the child in the sucking period is very obvious. Normal male erotic behaviour was completely suppressed in this case. The other patient showed infantile traits to an unusual degree. His libido was quite without male activity, and instead made thorough use of every auto-erotic source of pleasure. When he set out to his work in the morning he used to go through a characteristic performance. He used to behave as though he were a little boy, and on going used to say to his wife: 'Sonny is going to school now'. On the way he used to buy sweets just as children do, and take great pleasure in slowly sucking them. The patient spoke of this childish amusement with great animation, while sexuality in the sense of normal male behaviour possessed an unusually small interest for him. In the course of his psycho-analysis it became evident from many signs that the libidinal interest belonging to the normal sex function was entirely attached to auto-erotic processes. We can here clearly see the failure of the separation of the function of taking nourishment from that of sex, from the fact that sucking sweet substances received such a strong libidinal emphasis.

In this briefly outlined case we have an example of a failure to leave the infantile pleasure in sucking. The next example will illustrate a subsequent regression to this source of pleasure.

A neurotic young girl, who had for many years practised masturbation, was one day 'enlightened' by a book as to the wickedness and danger of her habit. She was seized with anxiety and succumbed to a depression of spirits which

persisted for a long time. She abstained completely from masturbation. During this period of sexual abstinence and depression of spirits she was often taken with a violent longing for sweets. She bought and consumed sweets in the greatest secrecy and with feelings of pleasure and gratification the intensity of which surprised her. She had all along had the most extreme disgust of normal union with a man; and now she had completely abandoned her genital sexuality through this strict self-prohibition against masturbation. It was therefore comprehensible that her libido should enter upon a regressive path and take possession of the oral zone in the manner described. It may be added that in her psycho-analysis many facts were produced which indicated the existence of repressed wishes referring to sucking the male genital.

Having seen that the sucking of substances into the mouth is to be looked upon as a sexual act in certain people, we shall find that new light is thrown upon certain other phenomena that appear very frequently in neurotics.

IV

Many neurotics suffer from abnormal feelings of hunger. Women in particular are affected with this symptom. Specialists in nervous diseases are very well acquainted with those female patients who are suddenly seized with hunger in the street or other places, and must therefore take care always to have something to eat with them. Such persons habitually wake up with a gnawing hunger, and they prepare for this before going to bed by putting some food beside them. Certain characteristics of this neurotic hunger are to be noted, namely, that it has no relation to whether the stomach is full or empty, that it comes on at irregular intervals, and that it sets in like an attack with accompaniments of a harassing nature which do not belong to the normal need for nourishment, the most important of which are feelings of anxiety.

The patients complain of their 'attacks of ravenous hunger'. They recognize the difference between normal

hunger and this 'ravenous hunger', but nevertheless are inclined to confuse the two conditions with one another. They show the most violent resistances when psycho-analysis discloses the connection of their neurotic ravenous hunger with repressed libido. However, certain signs betray the fact that we are on the right path. For example, the great frequency of these hunger attacks in frigid women is very striking. And one of my male patients, who showed the symptom of neurotic hunger in a pronounced degree, laid emphasis on the sensation that his hunger was pulling at his testicles.

Strong libidinal impulses, against the undisguised appearance of which consciousness protects itself, can be unusually well masked by a feeling of hunger. For hunger is a sensation that can be admitted to oneself and to others, even if it is excessive. No one, not even the patient himself, suspects from what source the neurotic symptom obtains its power. In some cases this impulse can be so strong that the patient is forced to adapt and subordinate his whole way of life to his morbid craving for food. The power that such a neurotic hunger obtains over the patient enables us to estimate the enormous strength of the repressed impulses which gain expression by this means. As examples I will bring forward some facts of a really amazing nature taken from one of my psycho-analyses.

A female patient of mine used to suffer from severe attacks of ravenous hunger as soon as she had gone a few steps from home. She never left her house without taking some food with her, and when she had eaten this she used to have to go into a confectioner's or some such place in order to appease her hunger. But it was in the night that this need for food used to overcome her most strongly. In the course of years her condition had got to such a pitch that she used to take two or three big meals during the night. Although her dinner was not enough and she used to eat another big meal before going to bed, she used to wake up in the night with a gnawing hunger to which she always had to yield. The result of this constant eating was naturally a marked increase in her weight. She used to eat

chiefly vegetables at night, ostensibly because they were less fattening. At the time of her psycho-analytic treatment she was living in a boarding-house. She had accumulated large supplies of preserved vegetables, and each evening she used to prepare the meals she was going to take at night. She used to go to sleep at about ten o'clock and wake up at one, three, and five A.M., and eat a large meal each time. Between six and seven in the morning she would hurry down to the kitchen and beg for her breakfast. Her behaviour was very reminiscent of the 'spoilt' baby who repeatedly wakes up in the night and will only be quietened when its mother gives it something to drink. This patient was, it may be remarked, an only child. On the other hand, the behaviour of patients of this kind, who crave for food at short intervals and undergo tortures if their desires are not gratified, is extraordinarily similar to that of morphinists and a good many dipsomaniacs. Regarding those conditions, psycho-analysis has succeeded in showing that the intoxicating poison affords the patient a substitutive gratification for that activity of his libido which is denied him. The symptom of excessive and compulsive eating may be regarded in the same light.

The case just described differs from those discussed earlier in that the patient did not desire to suck milk or to indulge in other sucking activities, but had a morbid craving for taking solid food very frequently. The patient's whole behaviour becomes intelligible to us only when we recognize the pleasure-value—conscious or unconscious—which eating had for her. Although she never enjoyed a night of peaceful, uninterrupted sleep, she offered the greatest resistance to an analysis of her attacks of hunger and to giving up her meals during the night. It was, moreover, not merely the eating itself that was charged with so much affect; for she enjoyed a certain fore-pleasure in the purchase of her provisions, the preparation of her meals, etc.¹

¹ In order to supplement the above very incomplete abstract of a psycho-analysis, I may refer to the patient's preference for vegetarian meals at night. The rational explanation she herself gave was insufficient and not really correct as to facts. If we see in her whole behaviour a form of auto-erotic gratification, then her avoidance of flesh at night is quite intelligible.

V

Neurotics whose sexuality is stunted to such an extent that they remain in a greater or lesser degree attached to nutritional sucking or to eating, show as adults no special tendency to thumb-sucking, at least as far as my experience goes. And again, those adult neurotics who have remained pronounced thumb-suckers show as a rule no particular libidinal accentuation of the function of taking food. On the contrary, such persons often have a dislike of food, especially milk and meat, and suffer from nausea and vomiting.

It may sound a strange assertion, but we can nevertheless say that compared with that group of neurotics which we have just discussed, adult thumb-suckers represent a more advanced stage of libidinal development. Their libido has achieved a certain independence of the nutritive instinct, in so far as the obtaining of pleasure is no longer associated with sucking for nutriment. Their oral zone has certainly retained its predominant rôle, and they, too, are still far removed from having made a successful transference of their libido on to objects. In real life they show many signs of the strongest repudiation of sexuality, whereas in their phantasies the use of the mouth for sexual purposes (such as fellatio and cunnilinctus) plays a prominent rôle—for the most part, if not always, it is true, with the negative affect of nausea and horror.

The tenacity with which these neurotics cling to the auto-erotic stimulation of the mucous membrane of the lips and to the erotic use of the mouth—at any rate in their abundant store of phantasies—is easily comprehensible if we look back at the behaviour of the small child. We need only call to mind the intensity with which the child even from its earliest days indulges in 'pleasure-sucking'. The zest with which it pushes both hands into its mouth, the impetuous way in which it catches at its fingers with its lips, its complete abandonment to the rhythmical motion of sucking and the final gratificatory effect of the whole

process—all this shows what power is exercised by those early instinctual impulses. This power is clearly perceptible from the fact that many people remain subservient to it even in adult life.

The behaviour of such persons resembles that of the infant in another respect also. According to my experience, neurotics who have not overcome the sucking habit tend to indulge in a very high degree of auto-erotic stimulation of other zones, especially the genitals. We also find that the small child, besides having pleasure in sucking, tends to take hold of some part of its own body and to carry out on it rhythmical plucking movements. We may call to mind the child's habit of pulling at the lobe of its ear with one hand while sucking the thumb of the other. And very often that hand will seek the genital region in order to stimulate it by means of similar movements.

The thumb-sucking of adults which appears so strange to us is more explicable when we remember that in normal adults the mouth has not quite lost its rôle of an erotogenic zone. We look upon kissing as a thoroughly normal expression of the libido, although it is true that the erotogenic zone in this case serves the purpose of object-love. The kiss does not claim the significance of a final sexual aim, but only represents a preparatory act. And yet here, too, the boundaries are ill-defined; certain forms of kissing can constitute the essential aim of the person's sexual desire. The lip zone in particular takes over real genital functions with a frequency that must not be underestimated.

I shall give some further details from two of my psychoanalyses. They show the course taken by the childish propensity for the sucking habit in a particularly instructive manner, and supplement one another in many ways.

The first patient, a middle-aged man, was suffering from a chronic neurosis, the most troublesome symptom of which was an intractable insomnia. In tracing the psychosexual causes of this trouble, we discovered certain things concerning the vicissitudes of his libido (or, what comes to the same, the development of his neurosis), some of which I give below.

In his earliest childhood the patient had been addicted in an unusual degree to sucking his thumb. When he grew older and nevertheless kept up the habit, the usual nursery methods were applied. His fingers were smeared with a bitter-tasting fluid; and the boy did in fact leave off sucking them. Nevertheless the success of this device was only apparent. The little boy made use of a corner of his pillow or bedclothes instead and used to fall asleep sucking or chewing at them. His parents interposed to stop this new practice, with the result that he submitted to all outward appearance, only to seek a fresh pleasure-substitute. Presently traces of his teeth were discovered in his wooden bedstead. He had adopted the habit of gnawing it as he lay in bed.

During the years before puberty the patient's need of giving his mouth pleasurable stimulus before going to sleep became more and more imperative, and some such stimulus became the indispensable condition of his falling asleep. For many years masturbation played an important part in his auto-erotic methods of getting to sleep. After puberty, especially when he was about twenty years old, he had severe struggles about giving up the habit, struggles in which old prohibitions out of his childhood became operative once more. He used often to succeed for long periods in giving up masturbation, but he had to purchase this success at the expense of an intractable insomnia which used to last for the same length of time. He resorted to medical advice and took sleeping-draughts. But he soon got so dependent on these that he had to carry out another struggle to give them up in their turn. And this struggle, alternating with the struggle against masturbation, had recurred several times in the course of years. When the patient had begun treatment with me and was feeling slightly better, he abstained from the use of sleeping-draughts on two successive nights. On the day after the second night he came to me in an obvious state of annoyance, and when he had lain down in the usual manner for treatment and had told me about the previous night, I observed that he placed his right thumb in his mouth, and instead

of going on speaking, sucked his thumb. His resistance could scarcely have been expressed more clearly. This resistance, originally directed against his parents and teachers, and now against the physician through the transference, was as much as to say: 'If gnawing at the sheets, masturbation, and all other means of sleep are forbidden me by you, then I shall turn again to my oldest gratification. So now you see that you can do nothing with me.' The fact that he should have sucked his thumb under the very eyes of his physician was an obvious sign of defiance.

Just as this observation allows us to see very clearly the relations of thumb-sucking to sexuality, so the following abstract from another psycho-analysis shows what complicated phenomena are derived from infantile sucking for pleasure.

A large group of neurotics have an abnormally strongly accentuated pleasure in sucking from the beginning, and tend in adult life to make perverse use of the mouth, yet they nevertheless produce the strongest resistances against acts of this kind. They also present nervous symptoms which occur in the region of the mouth zone. The patient of whom I am about to speak belongs to this group.

The patient, a seventeen-year-old boy who came to me on the advice of his medical attendant, was extremely taciturn and reserved during the first consultation. As I was with difficulty succeeding in getting single short answers out of him, I noticed that he was continually doing something with his mouth and the surrounding parts. Sometimes he would bite his upper or his lower lip, or lick them with his tongue; sometimes he could be seen to suck in his cheeks; then he would clench his jaws so tightly together that the muscles of mastication stood out visibly; or he would open his mouth wide and close it again; then again he would obviously be sucking at his teeth or gums.

When the treatment had succeeded in removing his inhibition in speaking, for a time at least, he told me of a great many more practices associated with the oral cavity, all of which were of a pleasurable nature. An ungovernable

impulse to suck was the especial feature of those habits. He needed to make continual sucking movements, no matter whether he was alone or with other people, whether he was occupied or idle. When he was about thirteen years old he had had to wear a regulating plate on account of the irregularity of his teeth. The pressure of the plate on his gums had been painful to him. But he had made no complaint and had preferred to react to the stimulus with a continual sucking at the part of the gums concerned. He further admitted that he could obtain pleasurable feelings in yet other ways. He used to use his tongue in order to make stroking and tickling movements against his palate; and these movements gave him voluptuous sensations. He was quite aware of the sexual nature of all these acts. We may well speak of an *oral masturbation* in a case of this kind.

Certain symptoms of the patient stood in the closest relation to the erotogeneity of his oral cavity. In the first place his compulsive habit, already mentioned, of opening his mouth wide certainly had such an origin. For as soon as he was with a male person he had a compulsive phantasy of taking the other man's penis into his mouth. And while he was half giving way to this phantasy with feelings of terror, and half attempting to ward it off, he would make that gasping movement of his mouth whose meaning could not be a matter of doubt for a moment.

Now we regularly observe that an organ from which too much is demanded as an erotogenic zone is no longer able to carry out successfully its other functions.¹ In the present case the mouth could not carry out those functions which were of a non-sexual nature. As soon as the patient was in the company of other persons it was almost impossible for him to speak or eat. For instance, he was unable to carry on a conversation with his colleagues in the common workroom. And if in the course of the morning they took out some lunch which they had brought with them and

¹ Freud has dealt with this process more especially in the case of the eye in his paper on 'Psychogenic Visual Disturbance according to Psycho-Analytical Conceptions' (1910).

began to eat it, it was impossible for him to do the same. He used to bring back his sandwich uneaten in the middle of the day, and throw it away in the street, so as not to be questioned about it at home. The effect of the psycho-analytic treatment in this connection is worth noting. His compulsive homosexual attitude, associated with constant anxiety, had scarcely given way to normal sexual interests when he became capable of eating and speaking with his colleagues.

We can see in both these cases what a dominating influence the pleasure in sucking obtains when it persists into adult life, and how it can affect a person's whole conduct. Apart from the few extreme cases of this nature, there are a great many people who have to pay a certain permanent tribute to their oral zone without actually forming any severe neurotic symptoms. The conflict between their auto-erotism and other interests in life is settled by means of compromise-formations. For instance, such people may be efficient and capable in their work—they may have been able to sublimate successfully a part of their libido—but their auto-erotism dictates the conditions on the fulfilment of which their capacity to work depends. I once treated a neurotic who could only concentrate on mental work if he had previously masturbated. In a similar manner many people can only concentrate their thoughts if they at the same time put a finger in their mouth or bite their finger nails or gnaw a pen-holder. Others have to bite or lick their lips while they are doing hard work. Their auto-erotism only permits them to work consecutively so long as it receives a certain measure of gratification at the same time. And the necessity many men are under of smoking while they work may be to some extent accounted for in the same way. But there are more complicated factors at work here.

It is not possible to make a sharp distinction between normal inclination and habit on the one hand, and pathological compulsion on the other in this matter. For practical purposes, however, we can in general set up one criterion, viz. the manner in which the individual tolerates

temporary abstinence from the accustomed stimulus. The reaction of a person to the frustration of a source of pleasure on which he is morbidly fixated will bear a pathological stamp. He will form neurotic symptoms.

VI

There is no doubt that in the normal person the gratification of his sexual needs exercises a marked influence on his disposition. Yet the healthy person is capable of tolerating a temporary lack of his accustomed gratification within certain limits. He is, moreover, able to procure certain substitutive gratifications along the line of sublimation. The same thing can be said of a great number of neurotics. But others are extremely intolerant of every diminution of their accustomed pleasure, and the more so the less their instinctual life is removed from the infantile level. They are very like 'spoilt' children. Their libido incessantly craves for its accustomed gratification. In consequence they become completely dependent on it and react with great displeasure if they have to dispense with their usual pleasure. And this displeasure passes over into a marked depression of spirits.

This origin of neurotic depression of spirits does not seem to me to have been sufficiently highly estimated. The neurotic person's auto-erotic gratification has two uses: it prevents a depression of spirits when it is threatened and removes it when it is there. Its use in the first sense is illustrated by the fact that many neurotics immediately turn to their usual method of gratification early in the morning in order to prevent a depression of spirits. This refers to those people who have difficulty in the morning in shaking off sleep. Every new day, every return to waking life, fills them with lively displeasure. This displeasure would last and spoil the whole day for them if they did not have recourse to their usual form of gratification as to a prophylactic against their neurotic depression. And the various kinds of excitation of the oral zone, which have already been discussed in detail, are of

particular significance in this respect. Neurotic behaviour of this kind cannot be better exemplified than in the case mentioned above of the nine-year-old child who could not be got to leave her bed in the morning until she had been given her beloved bottle of milk.

I should like to discuss in greater detail those neurotics who employ a pleasurable oral stimulus to dispel their depression. I shall purposely leave aside the question of alcohol as a corrective for depression, because its effect as a narcotic complicates the matter.

The case of a young cyclothymic female patient whom I had under observation is particularly instructive. She was scarcely able to get mental contact with other people at all, and had tended to withdraw from them and yield entirely to her auto-erotic inclinations. When she became depressed she used to employ various means to relieve her condition, of which the chief one interests us here. This was to buy some food. Even while she was eating it she would feel her spirits rise. Another method which acted beneficially on her frame of mind was characteristic of her auto-erotic tendencies. She used to ride in a tram for hours together and obtain from this a very marked pleasure in movement.¹ If she felt depressed she used to spend the greater part of the day in taking tram rides and eating food which she carried about with her.

How deeply rooted in the infantile all things of this kind are was demonstrated to me very clearly in the psycho-analysis of a young man whom I treated for a neurotic depression. He was unable for many years after puberty to transfer his libido on to other women on account of being very strongly fixated on his mother. For a long time he had found a substitutive gratification in his profession, until certain circumstances brought on an internal conflict of which he was not conscious. His fixation on his mother and his contrary tendency to detach himself from her came into violent conflict. His work ceased to gratify him. The first result was a depression of spirits, at the beginning of which something surprising happened. One day, filled

¹ See Chapter X.

with an intense dissatisfaction with life, feeling without energy and wanting nothing to eat, he went to bed. His mother brought him a cup of milk. As he put the cup to his mouth and his lips came in contact with the fluid, he had, as he expressed it, 'a mingled sensation of warmth, softness, and sweetness'. This sensation surprised him, and yet seemed to be something known to him in the distant past; and at the same time it had an inexplicably soothing effect on him. Psycho-analysis soon solved the puzzle. The patient had been nursed by his mother during the whole first year of his life, and had sucked with great intensity (a fact which was told me by his own parents). During the following years he had often grasped at his mother's breast, and had used fond expressions for it in his childish language. When now his attempt to get rid of his fixation had failed, as I have described, and he began to suffer from a severe depression, he unconsciously turned again to his earliest source of pleasure. The milk brought him by his mother awakened the earliest traces of pleasurable memories, and he was able to alleviate his depression for the time being.

A phenomenon well known to the specialist in nervous diseases now becomes intelligible. Depressed or excited neurotics are often favourably influenced, though only for a time, by merely swallowing medicines, even when they have no sedative action. To explain this fact we are accustomed to fall back upon the suggestive effect of the medical prescription; but experience goes to show that neurotics can feel soothed for the moment by taking anything into the mouth, without a medical prescription. An important factor is here easily overlooked. In the life of every person there was a time when he was freed from all excitement by taking a fluid. The 'suggestive' effect of a bottle of medicine does not lie only in the physician's treatment by any means, but at least as much in its function of supplying something to the patient's mouth which arouses echoes in him of his earliest pleasurable memories.

The tendency of nervous people to want first one diet and then another prescribed for them, and to prefer as far

as possible a fluid *régime*, is also partly explicable in this way. We may call to mind more especially that class of patients who like to be fed by a nurse in bed.

We must, however, not forget the very frequent refusal of food by such patients. This symptom appears in neurotic diseases in numerous and often disguised forms. I will only mention loss of appetite, nausea in regard to eating, sickness and vomiting. Concerning the origin of these symptoms there is nothing of importance to be added to what has already been said.

We often find in people who are mentally depressed a conscious and openly expressed tendency to reject food. This tendency is observable in its most pronounced form in those depressions which are met with in the psychoses. Hence we may expect that the psycho-analysis of these diseases will give us information about the deeper causes of such a refusal of food.

VII

Among the most important and striking manifestations of depressive mental disturbances are found two symptoms which have an immediate relation to the taking of food. These are the refusal to take food and the fear of dying of starvation.

When, some years ago, I made a first attempt¹ to explain the structure of depressive mental disturbances on psycho-analytical lines, I did not give those two symptoms the consideration which they now appear to me to merit. I believe that I am now in a position to give further information concerning the psycho-genesis of depressive states, but I am well aware how far I am from being able to furnish a comprehensive and conclusive solution of the problem.

Anyone who observes a melancholic depressed person at all attentively will at once receive the impression that the patient has no desire to live; and he will be inclined to see in his refusal of food the expression of a suicidal tendency. There is nothing to object against the correctness of this

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explanation in itself. Nevertheless, the psycho-analyst cannot be satisfied with it, because it is incomplete and one-sided. The question arises why, if the patient has decided to die, he should choose the lengthy and uncertain way of starvation. Moreover, psycho-analytical experience puts one on one's guard against accepting too readily an idea which seeks to trace back a psycho-pathological phenomenon to conscious and logical causes.

In the same way the origin of the second of the two symptoms mentioned above—the fear of dying of hunger—cannot be accounted for by a few simple causes. This fear of starvation is found most frequently in states of depression belonging to the period of involution. A primitive psychological view of this condition would perhaps be as follows: When a man feels that he is ageing he inclines to worry about the future; and, since the tendency to nervous and psychic disturbances is especially great in the period of involution, this worry is expressed in a morbid anxiety or in a depressive delusion, according to the disposition of the individual.

Such an explanation does not deal with the essence of the condition. It only views the idea as it is formulated—its manifest content. It discloses neither the impelling forces of the psychosis, nor the deeper meaning of the symptoms. In psycho-analysis the latent content of the morbid ideas is looked for. Already in my earlier paper¹ I was able to point out that depressed, low-spirited patients mourn for their lost capacity to love. Now the period of involution, in which states of depression break out most frequently, brings with it a decrease of genital erotism. Among women the feeling of being no longer the object of male desire is of especial significance. But psycho-analysis of depressive mental disturbances occurring in earlier life shows that the same situation obtains. The sick person rejects from consciousness the perception of this internal alteration. At the same time his libido undergoes a regressive change of a particularly far-reaching nature.

A deeper insight into the structure of depressive psy-

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choses has led me to conclude that in these patients the libido has regressed to the most primitive stage of its development known to us, to that stage which we have learned to know as the oral or cannibalistic stage.

Even under normal conditions traces of a regressive change of the libido can be seen in the age of involution; and in neurotic persons the signs of this process stand out with unmistakable clearness. But as a rule the regression is not such an extensive one, and it pursues a quiet and even course. The certain signs of this process are so well known to the psycho-analyst that a slight reference to them will be sufficient.

In the climacteric many persons give more attention to the question of nutrition than they used to do. Parallel with the retrogression of the sexual functions (in the strict sense of the word) there appears an increased interest in the matter of food. The regressive tendency of this process is clearly shown from the fact that such persons frequently revert to a childish partiality for sweets. It is also worth noting that at the same time increased attention is given to the functions of the bowels. The more the genital zone retires into the background as a source of pleasure, the more many individuals turn back to oral and anal erotism. It can be frequently noticed that people of this age have an increasing tendency to make oral and anal matters the subject of their conversation.

As we have said, the same kind of thing is found in neurotics to a marked extent. In them ideas concerned with the taking of food assume a hypochondriacal¹ character.

In melancholic states of depression the libido seems to regress to the earliest stage of development known to us. That is to say, in his unconscious the melancholic depressed person directs upon his sexual object the wish to incorporate it. In the depth of his unconscious there is a tendency to devour and demolish his object.

In my earlier paper I pointed out certain striking agree-

¹ I refer the reader to Freud's discussion of the psychogenesis of hypochondria. According to him this affection is based on a regression to narcissism; in other words, to one of the early stages of the libido. (Cf. Freud, 'On Narcissism: an Introduction' (1914).

ments in the structure of melancholia and obsessional neurosis, and in this connection I called special attention to the ambivalence of feelings and the original predominance of sadism in the affective life of both classes of patients. I see now the necessity of emphasizing what seems to me to be an essential difference between those two disorders. I still think that in each case the libido is predominantly hostile towards the object of its desires and endeavours to destroy it; but it seems to me that in contrast to the sadistic desires of the obsessional neurotic, the unconscious wish of the melancholic is to destroy his love-object by eating it up.

Some of the self-accusations of melancholics draw the attention of the psycho-analyst to impulses of this kind, although the patients themselves are entirely unconscious of the connection. These self-reproaches have much that is typical in them. Many patients assert that they are the greatest criminals of all times and insist that they alone have brought all misfortune, all sin, into the world. Anyone who is acquainted with the methods of expression used by neurotics and psychotics will understand without difficulty the deeper meaning of such hyperbolic self-accusations. The patient is warding off from consciousness quite different ideas which would otherwise be particularly terrible and intolerable to him; and I think I am able to say that these ideas relate to his cannibalistic impulses. In certain cases this is quite obvious. For instance, Kraepelin in his text-book of psychiatry quotes among other examples the following: 'According to himself the patient had plunged the whole world into misfortune, had eaten his children and drunk up the springs of grace'. Most often, however, those self-accusations undergo a peculiar distortion.

We see the cannibalistic wish-phantasies very clearly expressed in one particular form of depressive delusion. This delusion was extraordinarily widespread among people in the past and has not wholly disappeared even at present. It is that of being transformed into a wild, man-eating animal—a were-wolf. The older psychiatry was so familiar with this delusional self-accusation that it gave to this particular form of 'possession' the name of *lycanthropy*.

More frequently, however, a peculiar distortion of the patient's self-accusations takes place. Whereas he consciously denies the *quality* of the desired act, he accuses himself of a *quantity* of crimes which he cannot possibly have committed in reality.

If we assume that the deepest repressed wishes of the melancholic are of a cannibalistic nature, that his 'sins' in their essence refer to a forbidden, even detested, act of eating, then we understand the great frequency with which he refuses to take food. He behaves as though complete abstention from food could alone keep him from carrying out his repressed impulses. At the same time he threatens himself with that punishment which is alone fitting for his unconscious cannibalistic impulses—death by starvation.

The patient's anxiety lest he should die from hunger is now quite easy to understand too. His desire to 'incorporate', to devour the desired object, meets with powerful internal resistances. Just like other desires the cannibalistic desire becomes changed into neurotic anxiety when its realization meets with too great a resistance. It is threatened with the fate of never being realized. The edict has gone forth that the mouth zone shall never experience that satisfaction which it longs for; and the result is a fear of dying of starvation.

I cannot leave the subject of the melancholic disturbances without pointing out that in the above discussion I have attempted only to explain the wish-content of certain depressive delusional ideas and the unconscious strivings that underlie certain characteristics in the conduct of the melancholic, and not the causes of melancholic depression in general. To attempt to solve this far-reaching problem does not come within the scope of the present investigation.

VIII

The unconscious cannibalistic impulses which appear to me to underlie definite symptoms of depressive mental disturbances also exist in normal adult people. They occasionally come to light in their dreams.

An acquaintance once reported to me the following dream: He saw before him a dish of food which his wife had prepared for him. The food looked like vegetables, but upon it lay the legs of a child, as though they had been cooked in the vegetables. They reminded him in his dream of the limbs of his little son. He awoke in great horror and, starting up out of sleep, realized quite clearly that he had been about to devour parts of his own child in his dream.

The horror which this man experienced at the mere thought of such an act is the same with which we are all filled when we think of the customs of cannibals. Even at the present time it occurs among certain peoples that a chief will kill his rebellious son, or cause him to be killed, and then eat him up.

In many legends of civilized people we meet with the god who devours his own children. This is not the place to enter into mythological and ethnological details. I can only refer the reader to the wealth of material which Rank has collected in his work on the *Inzestmotiv*, particularly the chapter which is devoted to the 'motif of dismemberment'.

The numerous facts which I have brought together compel us to accept Freud's theory of an early cannibalistic stage in the development of the libido. This phase of the individual instinctual life corresponds exactly to the cannibalistic stage of civilization which has persisted up to the present day among certain peoples and which has also been traversed by the so-called 'cultural' races on the long road of their development. And just as certain psychic products of the healthy and sick individual are reminiscent of that early stage of his childhood, so in its legends and fairy-tales does the race as a whole preserve the traces of its remotest past.

SELECTED PAPERS OF
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WITH AN INTRODUCTORY MEMOIR BY
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