

II The Method of Interpreting Dreams: An Analysis of a Specimen Dream

The title that I have chosen for my work makes plain which of the traditional approaches to the problem of dreams I am inclined to follow. The aim which I have set before myself is to show that dreams are capable of being interpreted; and any contributions I may be able to make towards the solution of the problems dealt with in the last chapter will only arise as byproducts in the course of carrying out my proper task. My presumption that dreams can be interpreted at once puts me in opposition to the ruling theory of dreams and in fact to every theory of dreams with the single exception of Scherner's [p. 83 ff.]; for 'interpreting' a dream implies assigning a 'meaning' to it—that is, replacing it by something which fits into the chain of our mental acts as a link having a validity and importance equal to the rest. As we have seen, the scientific theories of dreams leave no room for any problem of interpreting them, since in their view a dream is not a mental act at all, but a somatic process signaling its occurrence by indications registered in the mental apparatus. Lay opinion has taken a different attitude throughout the ages. It has exercised its indéfeasible right to behave inconsistently; and, though admitting that dreams are unintelligible and absurd, it cannot bring itself to declare that they have no significance at all. Led by some obscure feeling, it seems to assume that, in spite of everything, every dream has a meaning, though a hidden one, that dreams are designed to take the place of some other process of thought, and that we have only to undo the substitution correctly in order to arrive at this hidden meaning.

Thus the lay world has from the earliest times concerned itself with 'interpreting' dreams and in its attempts to do so it has made use of two essentially different methods.

The first of these procedures considers the content of the dream as a whole and seeks to replace it by another content which is intelligible and in certain respects analogous to the

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original one. This is 'symbolic' dream-interpreting; and it inevitably breaks down when faced by dreams which are not merely unintelligible but also confused. An example of this procedure is to be seen in the explanation of Pharaoh's dream propounded by Joseph in the Bible. The seven fat kine followed by seven lean kine that ate up the fat kine—all this was a symbolic substitute for a prophecy of seven years of famine in the land of Egypt which should consume all that was brought forth in the seven years of plenty. Most of the artificial dreams constructed by imaginative writers are designed for a symbolic interpretation of this sort: they reproduce the writer's thoughts under a disguise which is regarded as harmonizing with the recognized characteristics of dreams.¹ The idea of dreams being chiefly concerned with the future and being able to foretell it—a remnant of the old prophetic significance of dreams—provides a reason for transposing the meaning of the dream, when it has been arrived at by symbolic interpretation, into the future tense. It is of course impossible to give instructions upon the *method* of arriving at a symbolic interpretation. Success must be a question of hitting on a clever idea, of direct intuition, and for that reason it was possible for dream-interpretation by means of symbolism to be exalted into an artistic activity dependent on the possession of peculiar gifts.²

The second of the two popular methods of interpreting dreams is far from making any such claims. It might be described as the 'decoding' method, since it treats dreams as a kind of cryptography in which each sign can be translated into another sign having a known meaning, in accordance with a fixed key. Suppose, for instance, that I have dreamt of a letter

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¹ [Footnote added 1909:] I found by chance in *Gradiva*, a story written by Wilhelm Jensen, a number of artificial dreams which were perfectly correctly constructed and could be interpreted just as though they had not been invented but had been dreamt by real people. In reply to an enquiry, the author confirmed the fact that he had no knowledge of my theory of dreams. I have argued that the agreement between my researches and this writer's creations is evidence in favour of the correctness of my analysis of dreams. (See **Freud, 1907a.**)

² [Footnote added 1914:] Aristotle [*De divinatione per somnum*, II (*Trans.*, 1935, 383)] remarked in this connection that the best interpreter of dreams was the man who could best grasp similarities; for dream-pictures, like pictures on water, are pulled out of shape by movement, and the most successful interpreter is the man who can detect the truth from the misshapen picture. (Büchschütz, **1868, 65.**)

and also of a funeral. If I consult a 'dream-book', I find that 'letter' must be translated by 'trouble' and 'funeral' by 'betrothal'. It then remains for me to link together the keywords which I have deciphered in this way and, once more, to transpose the result into the future tense. An interesting modification of the process of decoding, which to some extent corrects the purely mechanical character of its method of transposing, is to be found in the book written upon the interpretation of dreams [*Oneirocritica*] by Artemidorus of Daldis.¹ This method takes into account not only the content of the dream but also the character and circumstances of the dreamer; so that the same dream-element will have a different meaning for a rich man, a married man or, let us say, an orator, from what it has for a

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¹ [*Footnote added 1914:*] Artemidorus of Daldis, who was probably-born at the beginning of the second century a.d., has left us the most complete and painstaking study of dream-interpretation as practised in the Graeco-Roman world. As Theodor Gomperz (**1866, 7 f.**) points out, he insisted on the importance of basing the interpretation of dreams on observation and experience, and made a rigid distinction between his own art and others that were illusory. The principle of his interpretative art, according to Gomperz, is identical with magic, the principle of association. A thing in a dream means what it recalls to the mind—to the dream-interpreter's mind, it need hardly be said. An insuperable source of arbitrariness and uncertainty arises from the fact that the dream-element may recall *various* things to the interpreter's mind and may recall something different to different interpreters. The technique which I describe in the pages that follow differs in one essential respect from the ancient method: it imposes the task of interpretation upon the dreamer himself. It is not concerned with what occurs to the *interpreter* in connection with a particular element of the dream, but with what occurs to the *dreamer*.—Recent reports, however, from a missionary, Father Tinkdji (**1913, [516-17 and 523]**), show that modern dream-interpreters in the East also make free use of the dreamer's collaboration. He writes as follows of dream-interpreters among the Arabs of Mesopotamia: 'Pour interpréter exactement un songe, les oniromanciens les plus habiles s'informent de ceux qui les consistent de toutes les circonstances qu'ils regardent nécessaires pour la bonne explication. ... En un mot, nos oniromanciens ne laissent aucune circonstance leur échapper et ne donnent l'interprétation désirée avant d'avoir parfaitement saisi et reçu toutes les interrogations désirables.' ['In order to give a precise interpretation of a dream, the most skilful dream-diviners find out from those who consult them all the circumstances which they consider essential in order to arrive at a right explanation. ... In short, these dream-diviners do not allow a single point to escape them and only give their interpretation after they have completely mastered the replies to all the necessary enquiries.'] Among these enquiries are habitually included questions as to the dreamer's closest family relations—his parents, wife and children—as well as such a typical formula as: 'Habuiatine in hac nocte copulam conjugalem ante vel post somnium?' ['Did you copulate with your wife that night before or after you had the dream?'] —'L'idée dominante dans l'interprétation des songes consiste à expliquer le rêve par son opposée.' ['The principal idea in interpreting dreams lies in explaining a dream by its opposite.']

poor man, a bachelor or a merchant. The essence of the decoding procedure, however, lies in the fact that the work of interpretation is not brought to bear on the dream as a whole but on each portion of the dream's content independently, as though the dream were a geological conglomerate in which each fragment of rock required a separate assessment. There can be no question that the invention of the decoding method of interpretation was suggested by disconnected and confused dreams.¹

It cannot be doubted for a moment that neither of the two popular procedures for interpreting dreams can be employed for a scientific treatment of the subject. The symbolic method is restricted in its application and incapable of being laid down

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¹ [*Footnote added 1909:*] Dr. Alfred Robitsek has pointed out to me that the oriental 'dream-books' (of which ours are wretched imitations) base the greater number of their interpretations of dream-elements upon similarity of sounds and resemblance between words. The fact that these connections inevitably disappear in translation accounts for the unintelligibility of the renderings in our own popular dream-books. The extraordinarily important part played by punning and verbal quibbles in the ancient civilizations of the East may be studied in the writings of Hugo Winckler [the famous archaeologist].—[*Added 1911:*] The nicest instance of a dream-interpretation which has reached us from ancient times is based on a play upon words. It is told by Artemidorus [Book IV, Chap. 24; Krauss's translation, **1881, 255**]: 'I think too that Aristander gave a most happy interpretation to Alexander of Macedon when he had surrounded Tyre [Τύρος] and was besieging it but was feeling uneasy and disturbed because of the length of time the siege was taking. Alexander dreamt he saw a satyr [σάτυρος] dancing on his shield. Aristander happened to be in the neighbourhood of Tyre, in attendance on the king during his Syrian campaign. By dividing the word for satyr into σά and τύρος he encouraged the king to press home the siege so that he became master of the city.' (σά Τύρος Tyre is thine.)—Indeed, dreams are so closely related to linguistic expression that Ferenczi [**1910**] has truly remarked that every tongue has its own dream-language. It is impossible as a rule to translate a dream into a foreign language and this is equally true, I fancy, of a book such as the present one. [*Added 1930:*] Nevertheless Dr. A. A. Brill of New York, and others after him, have succeeded in translating *The Interpretation of Dreams*.

on general lines. In the case of the decoding method everything depends on the trustworthiness of the 'key'—the dream-book, and of this we have no guarantee. Thus one might feel tempted to agree with the philosophers and the psychiatrists and, like them, rule out the problem of dream-interpretation as a purely fanciful task.¹

But I have been taught better. I have been driven to realize that here once more we have one of those not infrequent cases in which an ancient and jealously held popular belief seems to be nearer the truth than the judgement of the prevalent science of to-day. I must affirm that dreams really have a meaning and that a scientific procedure for interpreting them is possible.

My knowledge of that procedure was reached in the following manner. I have been engaged for many years (with a therapeutic aim in view) in unravelling certain psychopathological structures—hysterical phobias, obsessional ideas, and so on. I have been doing so, in fact, ever since I learnt from an important communication by Josef Breuer that as regards these structures (which are looked on as pathological symptoms) unravelling them coincides with removing them.² (Cf. Breuer and Freud, 1895.) If a pathological idea of this sort can be traced back to the elements in the patient's mental life from which it originated, it simultaneously crumbles away and the patient is freed from it. Considering the impotence of our other therapeutic efforts and the puzzling nature of these disorders, I felt tempted to follow the path marked out by Breuer, in spite of every difficulty, till a complete explanation was reached. I shall have on another occasion to report at length upon the form finally taken by this procedure and the results of my labours. It was in the course of these psycho-analytic studies that I came upon dream-interpretation. My patients were pledged to communicate to me every idea or thought that occurred to them in connection with some particular subject; amongst other things they told me their dreams and so taught

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¹ After I had completed my manuscript I came across a work by Stumpf (1899) which agrees with my views in seeking to prove that dreams have a meaning and can be interpreted. He effects his interpretations, however, by means of a symbolism of an allegorical character without any guarantee of the general validity of his procedure.

² [*Auflösung*' and *Lösung*' in the original.]

me that a dream can be inserted into the psychical chain that has to be traced backwards in the memory from a pathological idea. It was then only a short step to treating the dream itself as a symptom and to applying to dreams the method of interpretation that had been worked out for symptoms.

This involves some psychological preparation of the patient. We must aim at bringing about two changes in him: an increase in the attention he pays to his own psychical perceptions and the elimination of the criticism by which he normally sifts the thoughts that occur to him. In order that he may be able to concentrate his attention on his self-observation it is an advantage for him to lie in a restful attitude and shut his eyes.¹ It is necessary to insist explicitly on his renouncing all criticism of the thoughts that he perceives. We therefore tell him that the success of the psycho-analysis depends on his noticing and reporting whatever comes into his head and not being misled, for instance, into suppressing an idea because it strikes him as unimportant or irrelevant or because it seems to him meaningless. He must adopt a completely impartial attitude to what occurs to him, since it is precisely his critical attitude which is responsible for his being unable, in the ordinary course of things, to achieve the desired unravelling of his dream or obsessional idea or whatever it may be.

I have noticed in my psycho-analytical work that the whole frame of mind of a man who is reflecting is totally different from that of a man who is observing his own psychical processes. In reflection there is one more psychical activity at work than in the most attentive self-observation, and this is shown amongst other things by the tense looks and wrinkled forehead of a person pursuing his reflections as compared with the restful expression of a self-observer. In both cases attention² must be concentrated, but the man who is reflecting is also exercising his *critical* faculty; this leads him to reject some of the ideas that occur to him after perceiving them, to cut short others without following the trains of thought which they would open up to

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¹ [The stress upon the advisability of shutting the eyes (a remnant of the old hypnotic procedure) was very soon dropped. See, for instance, the account of psycho-analytic technique in Freud (**1904a**), where it is specifically mentioned that the analyst does *not* ask the patient to shut his eyes.]

² [The function of attention is discussed below (p. **593**).]

him, and to behave in such a way towards still others that they never become conscious at all and are accordingly suppressed before being perceived. The self-observer on the other hand need only take the trouble to suppress his critical faculty. If he succeeds in doing that, innumerable ideas come into his consciousness of which he could otherwise never have got hold. The material which is in this way freshly obtained for his self-perception makes it possible to interpret both his pathological ideas and his dream-structures. What is in question, evidently, is the establishment of a psychical state which, in its distribution of psychical energy (that is, of mobile attention), bears some analogy to the state before falling asleep—and no doubt also to hypnosis. As we fall asleep, ‘involuntary ideas’ emerge, owing to the relaxation of a certain deliberate (and no doubt also critical) activity which we allow to influence the course of our ideas while we are awake. (We usually attribute this relaxation to ‘fatigue’.) As the involuntary ideas emerge they change into visual and acoustic images. (Cf. the remarks by Schleiermacher and others quoted above on pp. **49** f. [and **71** f.]¹)¹ In the state used for the analysis of dreams and pathological ideas, the patient purposely and deliberately abandons this activity and employs the psychical energy thus saved (or a portion of it) in attentively following the involuntary thoughts which now emerge, and which—and here the situation differs from that of falling asleep—retain the character of ideas. *In this way the ‘involuntary’ ideas are transformed into ‘voluntary’ ones.*

The adoption² of the required attitude of mind towards ideas that seem to emerge ‘of their own free will’ and the abandonment of the critical function that is normally in operation against them seem to be hard of achievement for some people. The ‘involuntary thoughts’ are liable to release a most violent resistance, which seeks to prevent their emergence. If we may trust that great poet and philosopher Friedrich Schiller, however, poetic creation must demand an exactly similar attitude. In a passage in his correspondence with Körner—we

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¹ [Footnote added 1919:] Silberer (**1909**, **1910** and **1912**) has made important contributions to dream-interpretation by directly observing this transformation of ideas into visual images. [See below, pp. **344** f. and **503** f.]

² [This paragraph was added in 1909, and the first sentence of the next paragraph modified accordingly.]

have to thank Otto Rank for unearthing it—Schiller (writing on December 1, 1788) replies to his friend's complaint of insufficient productivity: 'The ground for your complaint seems to me to lie in the constraint imposed by your reason upon your imagination. I will make my idea more concrete by a simile. It seems a bad thing and detrimental to the creative work of the mind if Reason makes too close an examination of the ideas as they come pouring in—at the very gateway, as it were. Looked at in isolation, a thought may seem very trivial or very fantastic; but it may be made important by another thought that comes after it, and, in conjunction with other thoughts that may seem equally absurd, it may turn out to form a most effective link. Reason cannot form any opinion upon all this unless it retains the thought long enough to look at it in connection with the others. On the other hand, where there is a creative mind, Reason—so it seems to me—relaxes its watch upon the gates, and the ideas rush in pell-mell, and only then does it look them through and examine them in a mass.— You critics, or whatever else you may call yourselves, are ashamed or frightened of the momentary and transient extravagances which are to be found in all truly creative minds and whose longer or shorter duration distinguishes the thinking artist from the dreamer. You complain of your unfruitfulness because you reject too soon and discriminate too severely.'

Nevertheless what Schiller describes as a relaxation of the watch upon the gates of Reason, the adoption of an attitude of uncritical self-observation, is by no means difficult. Most of my patients achieve it after their first instructions. I myself can do so very completely, by the help of writing down my ideas as they occur to me. The amount of psychological energy by which it is possible to reduce critical activity and increase the intensity of self-observation varies considerably according to the subject on which one is trying to fix one's attention.

Our first step in the employment of this procedure teaches us that what we must take as the object of our attention is not the dream as a whole but the separate portions of its content. If I say to a patient who is still a novice: 'What occurs to you in connection with this dream?', as a rule his mental horizon becomes a blank. If, however, I put the dream before him cut up into pieces, he will give me a series of associations to each piece, which might be described as the 'background thoughts'

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of that particular part of the dream. Thus the method of dream-interpretation which I practise already differs in this first important respect from the popular, historic and legendary method of interpretation by means of symbolism and approximates to the second or 'decoding' method. Like the latter, it employs interpretation *en détail* and not *en masse*; like the latter, it regards dreams from the very first as being of a composite character, as being conglomerates of psychical formations. [Cf. pp. 418 f. and 449.]¹

In the course of my psycho-analyses of neurotics I must already have analysed over a thousand dreams; but I do not propose to make use of this material in my present introduction to the technique and theory of dream-interpretation. Apart from the fact that such a course would be open to the objection that these are the dreams of neuropaths, from which no valid inferences could be made as to the dreams of normal people, there is quite another reason which forces this decision upon me. The subject to which these dreams of my patients lead up is always, of course, the case history which underlies their neurosis. Each dream would therefore necessitate a lengthy introduction and an investigation of the nature and aetiological determinants of the psychoneuroses. But these questions are in themselves novelties and highly bewildering and would distract attention from the problem of dreams. On the contrary, it is my intention to make use of my present elucidation of dreams as a preliminary step towards solving the more difficult problems of the psychology of the neuroses.² If, however, I forego my principal material, the dreams of my neurotic patients, I must not be too particular about what is left to me. All that remains are such dreams as have been reported to me

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¹ [The technique of dream-interpretation is further discussed below (p. 522 ff.). See also the first two sections of Freud (1923c). The quite other question of the part played by dream-interpretation in the technique of therapeutic psycho-analysis is considered in Freud (1911e).]

² [At the beginning of Section E of Chapter VII, Freud reflects upon the difficulties imposed upon his exposition of the subject by this programme, which is already laid down in his preface to the first edition (p. xxiii). As he points out on p. 146 and again on p. 151 n., he is often led into disregarding it. In spite of his declared intention, he makes use of many of his patients' dreams, and more than once (e.g. on p. 149 f.) enters into a discussion of the mechanism of neurotic symptoms.]

from time to time by normal persons of my acquaintance, and such others as have been quoted as instances in the literature dealing with dream-life. Unluckily, however, none of these dreams are accompanied by the analysis without which I cannot discover a dream's meaning. My procedure is not so convenient as the popular decoding method which translates any given piece of a dream's content by a fixed key. I, on the contrary, am prepared to find that the same piece of content may conceal a different meaning when it occurs in various people or in various contexts. Thus it comes about that I am led to my own dreams, which offer a copious and convenient material, derived from an approximately normal person and relating to multifarious occasions of daily life. No doubt I shall be met by doubts of the trustworthiness of 'self-analyses' of this kind; and I shall be told that they leave the door open to arbitrary conclusions. In my judgement the situation is in fact more favourable in the case of *self*-observation than in that of other people; at all events we may make the experiment and see how far self-analysis takes us with the interpretation of dreams. But I have other difficulties to overcome, which lie within myself. There is some natural hesitation about revealing so many intimate facts about one's mental life; nor can there be any guarantee against misinterpretation by strangers. But it must be possible to overcome such hesitations. 'Tout psychologue', writes Delbœuf [1885], 'est obligé de faire l'aveu même de ses faiblesses s'il croit par là jeter du jour sur quelque problème obscur.'¹ And it is safe to assume that my readers too will very soon find their initial interest in the indiscretions which I am bound to make replaced by an absorbing immersion in the psychological problems upon which they throw light.²

Accordingly I shall proceed to choose out one of my own dreams and demonstrate upon it my method of interpretation. In the case of every such dream some remarks by way of preamble will be necessary.—And now I must ask the reader

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¹ ['Every psychologist is under an obligation to confess even his own weaknesses, if he thinks that it may throw light upon some obscure problem.']

² I am obliged to add, however, by way of qualification of what I have said above, that in scarcely any instance have I brought forward the *complete* interpretation of one of my own dreams, as it is known to me. I have probably been wise in not putting too much faith in my readers' discretion.

to make my interests his own for quite a while, and to plunge, along with me, into the minutest details of my life; for a transference of this kind is peremptorily demanded by our interest in the hidden meaning of dreams.

Preamble

During the summer of 1895 I had been giving psycho-analytic treatment to a young lady 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. This treatment had ended in a partial success; the patient was relieved of her hysterical anxiety but did not lose all her somatic symptoms. At that time I was not yet quite clear in my mind as to the criteria indicating that a hysterical case history was finally closed, and I proposed a solution to the patient which she seemed unwilling to accept. While we were thus at variance, we had broken off the treatment for the summer vacation.—One day I had a visit from a junior colleague, one of my oldest friends, who had been staying with my patient, Irma, and her family at their country resort. I asked him how he had found her and he answered: 'She's better, but not quite well.' I was conscious that my friend Otto's words, or the tone in which he spoke them, annoyed me. I fancied I detected a reproof in them, such as to the effect that I had promised the patient too much; and, whether rightly or wrongly, I attributed the supposed fact of Otto's siding against me to the influence of my patient's relatives, who, as it seemed to me, had never looked with favour on the treatment. However, my disagreeable impression was not clear to me and I gave no outward sign of it. The same evening I wrote out Irma's case history, with the idea of giving it to Dr. M. (a common friend who was at that time the leading figure in our circle) in order to justify myself. That night (or more probably the next morning) I had the following dream, which I noted down immediately after waking.¹

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¹ [Footnote added **1914**:] This is the first dream which I submitted to a detailed interpretation. [Freud describes some first groping attempts at the analysis of his own dreams in *Studies on Hysteria* (**Breuer and Freud, 1895**). They will be found mentioned in the course of the long footnote attached to the entry of May 15 in the Case History of Frau Emmy von N. This passage is quoted in full in the Editor's Introduction (p. **xiv** f.).]

Dream of July 23rd—24th, 1895

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’s 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 white¹ 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 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 percussing her through her 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.

This dream has one advantage over many others. It was immediately clear what events of the previous day provided its starting-point. My preamble makes that plain. The news which Otto had given me of Irma's condition and the case history

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¹ [The word ‘white’ is omitted, no doubt accidentally, in the 1942 edition only.]

which I had been engaged in writing till far into the night continued to occupy my mental activity even after I was asleep. Nevertheless, no one who had only read the preamble and the content of the dream itself could have the slightest notion of what the dream meant. I myself had no notion. I was astonished at the symptoms of which Irma complained to me in the dream, since they were not the same as those for which I had treated her. I smiled at the senseless idea of an injection of propionic acid and at Dr. M.'s consoling reflections. Towards its end the dream seemed to me to be more obscure and compressed than it was at the beginning. In order to discover the meaning of all this it was necessary to undertake a detailed analysis.

Analysis

The hall—numerous guests, whom we were receiving. We were spending that summer at Bellevue, a house standing by itself on one of the hills adjoining the Kahlenberg.¹ The house had formerly been designed as a place of entertainment and its reception-rooms were in consequence unusually lofty and hall-like. It was at Bellevue that I had the dream, a few days before my wife's birthday. On the previous day my wife had told me that she expected that a number of friends, including Irma, would be coming out to visit us on her birthday. My dream was thus anticipating this occasion: it was my wife's birthday and a number of guests, including Irma, were being received by us in the large hall at Bellevue.

I reproached Irma for not having accepted my solution; I said: 'If you still get pains, it's your own fault,' I might have said this to her in waking life, and I may actually have done so. It was my view at that time (though I have since recognized it as a wrong one) that my task was fulfilled when I had informed a patient of the hidden meaning of his symptoms: I considered that I was not responsible for whether he accepted the solution or not—though this was what success depended on. I owe it to this mistake, which I have now fortunately corrected, that my life was made easier at a time when, in spite of all my inevitable ignorance, I was expected to produce therapeutic successes.—I noticed, however, that the words which I spoke to Irma in the dream showed that I was specially anxious not to be responsible for the pains

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¹ [A hill which is a favourite resort in the immediate neighbourhood of Vienna.]

which she still had. If they were her fault they could not be mine. Could it be that the purpose of the dream lay in this direction?

Irma's complaint: pains in her throat and abdomen and stomach; it was choking her. Pains in the stomach were among my patient's symptoms but were not very prominent; she complained more of feelings of nausea and disgust. Pains in the throat and abdomen and constriction of the throat played scarcely any part in her illness. I wondered why I decided upon this choice of symptoms in the dream but could not think of an explanation at the moment.

She looked pale and puffy. My patient always had a rosy complexion. I began to suspect that someone else was being substituted for her.

I was alarmed at the idea that I had missed an organic illness. This, as may well be believed, is a perpetual source of anxiety to a specialist whose practice is almost limited to neurotic patients and who is in the habit of attributing to hysteria a great number of symptoms which other physicians treat as organic. On the other hand, a faint doubt crept into my mind—from where, I could not tell—that my alarm was not entirely genuine. If Irma's pains had an organic basis, once again I could not be held responsible for curing them; my treatment only set out to get rid of *hysterical* pains. It occurred to me, in fact, that I was actually *wishing* that there had been a wrong diagnosis; for, if so, the blame for my lack of success would also have been got rid of.

I took her to the window to look down her throat. She showed some recalcitrance, like women with false teeth. I thought to myself that really there was no need for her to do that. I had never had any occasion to examine Irma's oral cavity. What happened in the dream reminded me of an examination I had carried out some time before of a governess: at a first glance she had seemed a picture of youthful beauty, but when it came to opening her mouth she had taken measures to conceal her plates. This led to recollections of other medical examinations and of little secrets revealed in the course of them—to the satisfaction of neither party. '*There was really no need for her to do that*' was no doubt intended in the first place as a compliment to Irma; but I suspected that it had another meaning besides. (If one carries out an analysis attentively, one gets a feeling of whether or not one has exhausted all the background thoughts that are to be expected.)

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The way in which Irma stood by the window suddenly reminded me of another experience. Irma had an intimate woman friend of whom I had a very high opinion. When I visited this lady one evening I had found her by a window in the situation reproduced in the dream, and her physician, the same Dr. M., had pronounced that she had a diphtheritic membrane. The figure of Dr. M. and the membrane reappear later in the dream. It now occurred to me that for the last few months I had had every reason to suppose that this other lady was also a hysteric. Indeed, Irma herself had betrayed the fact to me. What did I know of her condition? One thing precisely: that, like my Irma of the dream, she suffered from hysterical choking. So in the dream I had replaced my patient by her friend. I now recollected that I had often played with the idea that she too might ask me to relieve her of her symptoms. I myself, however, had thought this unlikely, since she was of a very reserved nature. She was *recalcitrant*, as was shown in the dream. Another reason was that *there was no need for her to do it*: she had so far shown herself strong enough to master her condition without outside help. There still remained a few features that I could not attach either to Irma or to her friend: *pale; puffy; false teeth*. The false teeth took me to the governess whom I have already mentioned; I now felt inclined to be satisfied with *bad* teeth. I then thought of someone else to whom these features might be alluding. She again was not one of my patients, nor should I have liked to have her as a patient, since I had noticed that she was bashful in my presence and I could not think she would make an amenable patient. She was usually pale, and once, while she had been in specially good health, she had looked puffy.¹ Thus I had been comparing my patient Irma with two other people who would also have been recalcitrant to treatment. What could the reason have been for my having exchanged her in the dream for her friend? Perhaps it was that I should have *liked* to exchange her: either I felt more sympathetic towards her friend

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¹ The still unexplained complaint about *pains in the abdomen* could also be traced back to this third figure. The person in question was, of course, my own wife; the pains in the abdomen reminded me of one of the occasions on which I had noticed her bashfulness. I was forced to admit to myself that I was not treating either Irma or my wife very kindly in this dream; but it should be observed by way of excuse that I was measuring them both by the standard of the good and amenable patient.

or had a higher opinion of her intelligence. For Irma seemed to me foolish because she had not accepted my solution. Her friend would have been wiser, that is to say she would have yielded sooner. She would then have *opened her mouth properly*, and have told me more than Irma.¹

What I saw in her throat: a white patch and turbinal bones with scabs on them. The white patch reminded me of diphtheritis and so of Irma's friend, but also of a serious illness of my eldest daughter's almost two years earlier and of the fright I had had in those anxious days. The scabs on the turbinal bones recalled a worry about my own state of health. I was making frequent use of cocaine at that time to reduce some troublesome nasal swellings, and I had heard a few days earlier that one of my women patients who had followed my example had developed an extensive necrosis of the nasal mucous membrane. I had been the first to recommend the use of cocaine, in 1885,² and this recommendation had brought serious reproaches down on me. The misuse of that drug had hastened the death of a dear friend of mine. This had been before 1895 [the date of the dream].

I at once called in Dr. M., and he repeated the examination. This simply corresponded to the position occupied by M. in our circle. But the '*at once*' was sufficiently striking to require a special explanation.³ It reminded me of a tragic event in my practice. I had on one occasion produced a severe toxic state in a woman patient by repeatedly prescribing what was at that time regarded as a harmless remedy (sulphonal), and had hurriedly turned for assistance and support to my experienced senior colleague. There was a subsidiary detail which confirmed the idea that I had this incident in mind. My patient—who succumbed to the poison—had the same name as my eldest daughter.

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¹ I had a feeling that the interpretation of this part of the dream was not carried far enough to make it possible to follow the whole of its concealed meaning. If I had pursued my comparison between the three women, it would have taken me far afield.—There is at least one spot in every dream at which it is unplumbable—a navel, as it were, that is its point of contact with the unknown. [Cf. p. **525**.]

² [This is a misprint (which occurs in every German edition) for '1884', the date of Freud's first paper on cocaine. A full account of Freud's work in connection with cocaine will be found in Chapter VI of the first volume of Ernest Jones's life of Freud. From this it appears that the 'dear friend' was Fleischl von Marxow (see p. **482 n.**). Further indirect allusions to this episode will be found on pp. **170 f.**, **206**, **216 f.** and **484**.]

³ [See below, p. **513**.]

It had never occurred to me before, but it struck me now almost like an act of retribution on the part of destiny. It was as though the replacement of one person by another was to be continued in another sense: this Mathilde for that Mathilde, an eye for an eye and a tooth for a tooth. It seemed as if I had been collecting all the occasions which I could bring up against myself as evidence of lack of medical conscientiousness.

Dr. M. was pale, had a clean-shaven chin and walked with a limp. This was true to the extent that his unhealthy appearance often caused his friends anxiety. The two other features could only apply to someone else. I thought of my elder brother, who lives abroad, who is clean-shaven and whom, if I remembered right, the M. of the dream closely resembled. We had had news a few days earlier that he was walking with a limp owing to an arthritic affection of his hip. There must, I reflected, have been some reason for my fusing into one the two figures in the dream. I then remembered that I had a similar reason for being in an ill-humour with each of them: they had both rejected a certain suggestion I had recently laid before them.

My friend Otto was now standing beside the patient and my friend Leopold was examining her and indicated that there was a dull area low down on the left. My friend Leopold was also a physician and a relative of Otto's. Since they both specialized in the same branch of medicine, it was their fate to be in competition with each other, and comparisons were constantly being drawn between them. Both of them acted as my assistants for years while I was still in charge of the neurological out-patients' department of a children's hospital.¹ Scenes such as the one represented in the dream used often to occur there. While I was discussing the diagnosis of a case with Otto, Leopold would be examining the child once more and would make an unexpected contribution to our decision. The difference between their characters was like that between the bailiff Bräsig and his friend Karl²: one was distinguished for his quickness, while the other was slow but sure. If in the dream I was contrasting Otto with the prudent Leopold, I was evidently doing so to the advantage of the

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¹ [For details of this hospital see Section II of Kris's introduction to the Fliess correspondence (**Freud, 1950a**).]

² [The two chief figures in the once popular novel, *Ut mine Stromtid*, written in Mecklenburg dialect, by Fritz Reuter (1862-4). There is an English translation, *An Old Story of my Farming Days* (London, 1878).]

latter. The comparison was similar to the one between my disobedient patient Irma and the friend whom I regarded as wiser than she was. I now perceived another of the lines along which the chain of thought in the dream branched off: from the sick child to the children's hospital.—*The dull area low down on the left* seemed to me to agree in every detail with one particular case in which Leopold had struck me by his thoroughness. I also had a vague notion of something in the nature of a meta-static affection; but this may also have been a reference to the patient whom I should have liked to have in the place of Irma. So far as I had been able to judge, she had produced an imitation of a tuberculosis.

A portion of the skin on the left shoulder was infiltrated. I saw at once that this was the rheumatism in my own shoulder, which I invariably notice if I sit up late into the night. Moreover the wording in the dream was most ambiguous: '*I noticed this, just as he did. ...*' I noticed it in my own body, that is. I was struck, too, by the unusual phrasing: 'a portion of the skin was infiltrated'. We are in the habit of speaking of 'a left upper posterior infiltration', and this would refer to the lung and so once more to tuberculosis.

In spite of her dress. This was in any case only an interpolation. We naturally used to examine the children in the hospital undressed: and this would be a contrast to the manner in which adult female patients have to be examined. I remembered that it was said of a celebrated clinician that he never made a physical examination of his patients except through their clothes. Further than this I could not see. Frankly, I had no desire to penetrate more deeply at this point.

Dr. M. said: 'It's an infection, but no matter. Dysentery will supervene and the toxin will be eliminated.' At first this struck me as ridiculous. But nevertheless, like all the rest, it had to be carefully analysed. When I came to look at it more closely it seemed to have some sort of meaning all the same. What I discovered in the patient was a local diphtheritis. I remembered from the time of my daughter's illness a discussion on diphtheritis and diphtheria, the latter being the general infection that arises from the local diphtheritis. Leopold indicated the presence of a general infection of this kind from the existence of a dull area, which might thus be regarded as a metastatic focus. I seemed to think, it is true, that metastases like this do

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not in fact occur with diphtheria: it made me think rather of pyaemia.

No matter. This was intended as a consolation. It seemed to fit into the context as follows. The content of the preceding part of the dream had been that my patient's pains were due to a severe organic affection. I had a feeling that I was only trying in that way to shift the blame from myself. Psychological treatment could not be held responsible for the persistence of diphtheritic pains. Nevertheless I had a sense of awkwardness at having invented such a severe illness for Irma simply in order to clear myself. It looked so cruel. Thus I was in need of an assurance that all would be well in the end, and it seemed to me that to have put the consolation into the mouth precisely of Dr. M. had not been a bad choice. But here I was taking up a superior attitude towards the dream, and this itself required explanation.

And why was the consolation so nonsensical?

Dysentery. There seemed to be some remote theoretical notion that morbid matter can be eliminated through the bowels. Could it be that I was trying to make fun of Dr. M.'s fertility in producing far-fetched explanations and making unexpected pathological connections? Something else now occurred to me in relation to dysentery. A few months earlier I had taken on the case of a young man with remarkable difficulties associated with defaecating, who had been treated by other physicians as a case of 'anaemia accompanied by malnutrition'. I had recognized it as a hysteria, but had been unwilling to try him with my psychotherapeutic treatment and had sent him on a sea voyage. Some days before, I had had a despairing letter from him from Egypt, saying that he had had a fresh attack there which a doctor had declared was dysentery. I suspected that the diagnosis was an error on the part of an ignorant practitioner who had allowed himself to be taken in by the hysteria. But I could not help reproaching myself for having put my patient in a situation in which he might have contracted some organic trouble on top of his hysterical intestinal disorder. Moreover 'dysentery' sounds not unlike 'diphtheria'—a word of ill omen which did not occur in the dream.¹

Yes, I thought to myself, I must have been making fun of

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¹ [The German words '*Dysenterie*' and '*Diphtherie*' are more alike than the English ones.]

Dr. M. with the consoling prognosis ‘Dysentery will supervene, etc.’: for it came back to me that, years before, he himself had told an amusing story of a similar kind about another doctor. Dr. M. had been called in by him for consultation over a patient who was seriously ill, and had felt obliged to point out, in view of the very optimistic view taken by his colleague, that he had found albumen in the patient's urine. The other, however, was not in the least put out: ‘*No matter*’, he had said, ‘the albumen will soon be eliminated!’ —I could no longer feel any doubt, therefore, that this part of the dream was expressing derision at physicians who are ignorant of hysteria. And, as though to confirm this, a further idea crossed my mind: ‘Does Dr. M. realize that the symptoms in his patient (Irma's friend) which give grounds for fearing tuberculosis also have a hysterical basis? Has he spotted this hysteria? or has he been taken in by it?’

But what could be my motive for treating this friend of mine so badly? That was a very simple matter. Dr. M. was just as little in agreement with my ‘solution’ as Irma herself. So I had already revenged myself in this dream on two people: on Irma with the words ‘If you still get pains, it's your own fault’, and on Dr. M. by the wording of the nonsensical consolation that I put into his mouth.

We were directly aware of the origin of the infection. This direct knowledge in the dream was remarkable. Only just before we had had no knowledge of it, for the infection was only revealed by Leopold.

When she was feeling unwell, my friend Otto had given her an injection. Otto had in fact told me that during his short stay with Irma's family he had been called in to a neighbouring hotel to give an injection to someone who had suddenly felt unwell. These injections reminded me once more of my unfortunate friend who had poisoned himself with cocaine [see p. 111 n.]. I had advised him to use the drug internally [i.e. orally] only, while morphia was being withdrawn; but he had at once given himself cocaine *injections*.

A preparation of propyl... propyls ... propionic acid. How could I have come to think of this? During the previous evening, before I wrote out the case history and had the dream, my wife had opened a bottle of liqueur, on which the word ‘Ananas’¹

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¹ I must add that the sound of the word ‘Ananas’ bears a remarkable resemblance to that of my patient Irma's family name.

appeared and which was a gift from our friend Otto: for he has a habit of making presents on every possible occasion. It was to be hoped, I thought to myself, that some day he would find a wife to cure him of the habit.¹ This liqueur gave off such a strong smell of fusel oil that I refused to touch it. My wife suggested our giving the bottle to the servants, but I—with even greater prudence—vetoed the suggestion, adding in a philanthropic spirit that there was no need for *them* to be poisoned either. The smell of fusel oil (amyl ...) evidently stirred up in my mind a recollection of the whole series—propyl, methyl, and so on—and this accounted for the propyl preparation in the dream. It is true that I carried out a substitution in the process: I dreamt of propyl after having smelt amyl. But substitutions of this kind are perhaps legitimate in organic chemistry.

Trimethylamin. I saw the chemical formula of this substance in my dream, which bears witness to a great effort on the part of my memory. Moreover the formula was printed in heavy type, as though there had been a desire to lay emphasis on some part of the context as being of quite special importance. What was it, then, to which my attention was to be directed in this way by trimethylamin? It was to a conversation with another friend who had for many years been familiar with all my writings during the period of their gestation, just as I had been with his.² He had at that time confided some ideas to me on the subject of the chemistry of the sexual processes, and had mentioned among other things that he believed that one of the products of sexual metabolism was trimethylamin. Thus this substance led me to sexuality, the factor to which I attributed the greatest importance in the origin of the nervous disorders which it was my aim to cure. My patient Irma was a young widow; if I wanted to find an excuse for the failure of my treatment in her case, what I could best appeal to would no doubt be this fact

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¹ [*Footnote added* 1909, but omitted again from 1925 onwards:] In this respect the dream did not turn out to be prophetic. But in another respect it *was*. For my patient's 'unsolved' gastric pains, for which I was so anxious not to be blamed, turned out to be the forerunners of a serious disorder caused by gall-stones.

² [This was Wilhelm Fliess, the Berlin biologist and nose and throat specialist, who exercised a great influence on Freud during the years immediately preceding the publication of this book, and who figures frequently, though as a rule anonymously, in its pages. See Freud (**1950a**).]

of her widowhood, which her friends would be so glad to see changed. And how strangely, I thought to myself, a dream like this is put together! The other woman, whom I had as a patient in the dream instead of Irma, was also a young widow.

I began to guess why the formula for trimethylamin had been so prominent in the dream. So many important subjects converged upon that one word. Trimethylamin was an allusion not only to the immensely powerful factor of sexuality, but also to a person whose agreement I recalled with satisfaction whenever I felt isolated in my opinions. Surely this friend who played so large a part in my life must appear again elsewhere in these trains of thought. Yes. For he had a special knowledge of the consequences of affections of the nose and its accessory cavities; and he had drawn scientific attention to some very remarkable connections between the turbinal bones and the female organs of sex. (Cf. the three curly structures in Irma's throat.) I had had Irma examined by him to see whether her gastric pains might be of nasal origin. But he suffered himself from suppurative rhinitis, which caused me anxiety; and no doubt there was an allusion to this in the pyaemia which vaguely came into my mind in connection with the metastases in the dream.¹

Injections of that sort ought not to be made so thoughtlessly. Here an accusation of thoughtlessness was being made directly against my friend Otto. I seemed to remember thinking something of the same kind that afternoon when his words and looks had appeared to show that he was siding against me. It had been some such notion as: 'How easily his thoughts are influenced! How thoughtlessly he jumps to conclusions!'—Apart from this, this sentence in the dream reminded me once more of my dead friend who had so hastily resorted to cocaine injections. As I have said, I had never contemplated the drug being given by injection. I noticed too that in accusing Otto of thoughtlessness in handling chemical substances I was once more touching upon the story of the unfortunate Mathilde, which gave grounds for the same accusation against myself. Here I was evidently collecting instances of my conscientiousness, but also of the reverse.

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¹ [The analysis of this part of the dream is further elaborated below (p. **294** f.). It had already been used by Freud as an example of the mechanism of displacement in Section 21 of Part I of his very early 'Project for a Scientific Psychology', written in the autumn of 1895 and printed as an Appendix to Freud (**1950a**).]

And probably the syringe had not been clean. This was yet another accusation against Otto, but derived from a different source. I had happened the day before to meet the son of an old lady of eighty-two, to whom I had to give an injection of morphia twice a day.¹ At the moment she was in the country and he told me that she was suffering from phlebitis. I had at once thought it must be an infiltration caused by a dirty syringe. I was proud of the fact that in two years I had not caused a single infiltration; I took constant pains to be sure that the syringe was clean. In short, I was conscientious. The phlebitis brought me back once more to my wife, who had suffered from thrombosis during one of her pregnancies; and now three similar situations came to my recollection involving my wife, Irma and the dead Mathilde. The identity of these situations had evidently enabled me to substitute the three figures for one another in the dream.

I have now completed the interpretation of the dream.² While I was carrying it out I had some difficulty in keeping at bay all the ideas which were bound to be provoked by a comparison between the content of the dream and the concealed thoughts lying behind it. And in the meantime the ‘meaning’ of the dream was borne in upon me. I became aware of an intention which was carried into effect by the dream and which must have been my motive for dreaming it. The dream fulfilled certain wishes which were started in me by the events of the previous evening (the news given me by Otto and my writing out of the case history). The conclusion of the dream, that is to say, was that I was not responsible for the persistence of Irma's pains, but that Otto was. Otto had in fact annoyed me by his remarks about Irma's incomplete cure, and the dream gave me my revenge by throwing the reproach back on to him. The dream acquitted me of the responsibility for Irma's condition by showing that it was due to other factors—it produced a whole series of reasons. The dream represented a particular

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¹ [This old lady makes frequent appearances in Freud's writings at this period. See below, p. **239**, and *The Psychopathology of Everyday Life (1901b)*, Chapter VIII (b and g) and Chapter XII (Cb). Her death is reported in a letter to Fliess of July 8, 1901 (**Freud, 1950a**, Letter 145). 1

² [Footnote added 1909:] Though it will be understood that I have not reported everything that occurred to me during the process of interpretation.

state of affairs as I should have wished it to be. *Thus its content was the fulfilment of a wish and its motive was a wish.*

Thus much leapt to the eyes. But many of the details of the dream also became intelligible to me from the point of view of wish-fulfilment. Not only did I revenge myself on Otto for being too hasty in taking sides against me by representing him as being too hasty in his medical treatment (in giving the injection); but I also revenged myself on him for giving me the bad liqueur which had an aroma of fusel oil. And in the dream I found an expression which united the two reproaches: the injection was of a preparation of propyl. This did not satisfy me and I pursued my revenge further by contrasting him with his more trustworthy competitor. I seemed to be saying: 'I like *him* better than *you*.' But Otto was not the only person to suffer from the vials of my wrath. I took revenge as well on my disobedient patient by exchanging her for one who was wiser and less recalcitrant. Nor did I allow Dr. M. to escape the consequences of his contradiction but showed him by means of a clear allusion that he was an ignoramus on the subject. ('*Dysentery will supervene, etc.*') Indeed I seemed to be appealing from him to someone else with greater knowledge (to my friend who had told me of trimethylamin) just as I had turned from Irma to her friend and from Otto to Leopold. 'Take these people away! Give me three others of my choice instead! Then I shall be free of these undeserved reproaches!' The groundlessness of the reproaches was proved for me in the dream in the most elaborate fashion. *I* was not to blame for Irma's pains, since she herself was to blame for them by refusing to accept my solution. *I* was not concerned with Irma's pains, since they were of an organic nature and quite incurable by psychological treatment. Irma's pains could be satisfactorily explained by her widowhood (cf. the trimethylamin) which *I* had no means of altering. Irma's pains had been caused by Otto giving her an incautious injection of an unsuitable drug—a thing *I* should never have done. Irma's pains were the result of an injection with a dirty needle, like my old lady's phlebitis—whereas *I* never did any harm with my injections. I noticed, it is true, that these explanations of Irma's pains (which agreed in exculpating me) were not entirely consistent with one another, and indeed that they were mutually exclusive. The whole plea—for the dream was nothing else—reminded one vividly of the defence put forward by the man

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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. So much the better: if only a single one of these three lines of defence were to be accepted as valid, the man would have to be acquitted.¹

Certain other themes played a part in the dream, which were not so obviously connected with my exculpation from Irma's illness: my daughter's illness and that of my patient who bore the same name, the injurious effect of cocaine, the disorder of my patient who was travelling in Egypt, my concern about my wife's health and about that of my brother and of Dr. M., my own physical ailments, my anxiety about my absent friend who suffered from suppurative rhinitis. But when I came to consider all of these, they could all be collected into a single group of ideas and labelled, as it were, 'concern about my own and other people's health—professional conscientiousness'. I called to mind the obscure disagreeable impression I had had when Otto brought me the news of Irma's condition. This group of thoughts that played a part in the dream enabled me retrospectively to put this transient impression into words. It was as though he had said to me: 'You don't take your medical duties seriously enough. You're not conscientious; you don't carry out what you've undertaken.' Thereupon, this group of thoughts seemed to have put itself at my disposal, so that I could produce evidence of how highly conscientious I was, of how deeply I was concerned about the health of my relations, my friends and my patients. It was a noteworthy fact that this material also included some disagreeable memories, which supported my friend Otto's accusation rather than my own vindication. The material was, as one might say, impartial; but nevertheless there was an unmistakable connection between this more extensive group of thoughts which underlay the dream and the narrower subject of the dream which gave rise to the wish to be innocent of Irma's illness.

I will not pretend that I have completely uncovered the

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¹ [This anecdote is discussed by Freud in Chapter II, Section 8, and Chapter VII, Section 2, of his book on jokes. (**Freud, 1905c**), in the second instance in relation to this passage.]

meaning of this dream or that its interpretation is without a gap. I could spend much more time over it, derive further information from it and discuss fresh problems raised by it. I myself know the points from which further trains of thought could be followed. But considerations which arise in the case of every dream of my own restrain me from pursuing my interpretative work. If anyone should feel tempted to express a hasty condemnation of my reticence, I would advise him to make the experiment of being franker than I am. 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 fulfilment of a wish.*¹

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¹ [In a letter to Fliess on June 12, 1900 (**Freud, 1950a**, Letter 137), Freud describes a later visit to Bellevue, the house where he had this dream. ‘Do you suppose’, he writes, ‘that some day a marble tablet will be placed on the house, inscribed with these words?— In This House, on July 24th, 1895 the Secret of Dreams was Revealed to Dr. Sigm. Freud At the moment there seems little prospect of it.’]