

## The Madness of Princess Alice:

**Sigmund Freud, Ernst Simmel and Alice of Battenberg at *Kurhaus Schloß***

*Tegel*

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#### Abstract

During the winter of 1930, Princess Alice of Battenberg was admitted to *Kurhaus Schloß Tegel*, where she was diagnosed with schizophrenic paranoia. When Freud was consulted about her case by Ernst Simmel, the Sanatorium's Director, he recommended that the patient's ovaries be exposed to high-intensity X-rays. Freud's suggestion was not based on any psychoanalytic treatment principles, but rooted in a rejuvenation technique invented by Eugen Steinach, to which Freud himself had subscribed. In recommending that psychotic patients should be treated with physical interventions, Freud confirmed his conviction that the clinical applicability of psychoanalysis should not be extrapolated beyond the neuroses, yet he also asserted that a proper consideration of endocrinological factors in the aetiology and treatment of the psychoses should never be excluded.

#### Keywords

Alice of Battenberg, Sigmund Freud, Ovarian Radiation, Psychoanalysis, Ernst Simmel.

#### Introduction

My aim in this article is to critically reconstruct the first episode of the clinical history of Princess Alice of Battenberg—the mother of HRH Prince Philip, the Duke of Edinburgh, and thus the mother-in-law of Queen Elizabeth II—who was admitted to Ernst Simmel's psychoanalytic clinic at *Schloß Tegel* in early February 1930, where she was diagnosed as suffering from schizophrenic paranoia. Although the institution was hailed as the first residential psychoanalytic treatment centre, when Freud (who was a regular visitor) was presented with the details of the case, he recommended that the patient's ovaries be exposed to high-intensity X-rays, allegedly in order to accelerate her menopause. Apart

from the fact that this recommendation hardly counts as a psychoanalytic intervention, and therefore raises the question as to Freud's own belief in the therapeutic value of the clinical discipline he himself had invented, it also invites broader reflection upon the precise rationale for Freud's seemingly bizarre suggestion, and upon how this 'treatment' could be reconciled with prevailing clinical approaches to psychosis during the first half of the 20<sup>th</sup> century. As I shall demonstrate, Freud's advice to Simmel, which was dutifully executed, although not under Freud's supervision, was rooted in a controversial biological treatment paradigm to which he himself had subscribed—partly in an attempt to slow down the malignant cancerous growth in his mouth, partly with a view to enhancing his bodily strength and mental energy. Whilst his belief in the effectiveness of this procedure for the treatment of psychosis may be seen to signify a certain biological turn in Freud's understanding of severe mental illness, it also indicates that the founder of psychoanalysis was by no means afraid of experimenting with alternative healing practices, and did not disparage the value of physical interventions alongside psychoanalytic techniques, especially in those cases when the patient was purportedly suffering from a psychotic condition.

In the first part of the article, I shall succinctly rehearse the tumultuous life-history of Princess Alice of Battenberg (1885-1969) up to her admission at *Kurhaus Schloß Tegel* in early February 1930, so that the reader is in a position to contextualise her mental breakdown, both with reference to her social background and in terms of her fragile state of mind. Thereafter, I shall paint a detailed picture of the sanatorium to which she was admitted, focusing on key aspects of its developmental history within the psychoanalytic movement, and including descriptions of its facilities and its therapeutic policies. In a third movement, I shall then attempt to make sense of Freud's experimental treatment

protocol, situating it within his own clinical history and within broader discussions as to the applicability of psychoanalysis to cases of psychosis. Drawing on a wide range of archival sources, I shall demonstrate that Freud's recommendation to Simmel was not nearly as bizarre as it might first appear, although it may very well have resulted in the first application of an innovative therapeutic method to a woman with a severe mental health issue.

### **Princess Alice, a life uncommon**

When HRH Princess Alice of Battenberg arrived at the *Kurhaus Schloß Tegel* in early February 1930, she was a 45-year-old mother of five, who had been living with her husband, the disgraced Prince Andreas of Greece and Denmark (1882-1944), her children and a small handful of servants in exile for seven years in Saint-Cloud—an affluent small town to the West of Paris—at a house that had been loaned to them by her spouse's sister-in-law, HRH Princess George of Greece, the French psychoanalyst Marie Bonaparte (1882-1962), on her expansive family estate (Le Bail, 2010: 10).<sup>1</sup> Born at Windsor Castle on 25 February 1885, Princess Alice of Battenberg was the great-granddaughter of Queen Victoria and therefore a member of the British royal family. All the documents and testimonies pertaining to Alice's early childhood indicate that she was a lively, cheerful and feisty child, whose occasional rebelliousness did not go unnoticed. What was not picked up, however, at least not until little Alice reached the age of four, was that she was suffering from a profound hearing impairment owing to a congenital dysfunction of the Eustachian tubes (Vickers, 2004; Breidel Chatzidimitriou, 2006: 70), which delayed her speech acquisition, made it difficult for her to grasp conversations, and prevented

her from establishing close relationships with other children, including her younger siblings.

On 7 October 1903, at the age of eighteen, Princess Alice married Prince Andreas of Greece and Denmark in the Greek Orthodox church of Darmstadt (Breidel Chatzidimitriou, 2006: 116). Between 1905 and 1921, they had five children, of whom the last-born and only son, Prince Philip, would become the consort to Queen Elizabeth II, Queen of the United Kingdom, Head of the Commonwealth and Supreme Governor of the Church of England. After their wedding, the couple lived at the royal palace in Athens and at the Tatoï Summer residence in Dekeleia, yet a long concatenation of internal and external political conflicts in Greece, exacerbated by the country's troubled geopolitical and cultural positioning—between Western Europe and Asia, and between the Balkan nations and Northern Africa—threw the next twenty years of Alice's life into almost constant social turmoil. Nonetheless, between her numerous royal engagements, she found solace in dedicating herself wholeheartedly to all kinds of charitable work, inspired by her Aunt Ella—the Grand Duchess Elizabeth Feodorovna of Russia (1864-1918)—who, three years after the assassination of her husband (Grand Duke Sergeii Alexandrovich) in 1905, had become a nun and the founder of the Marfo-Mariinsky convent in Moscow. During the first Balkan War, which lasted from October 1912 until May 1913, Princess Alice established a field hospital at the front in Elassona, commandeering surgeons and nurses, organizing the transport of mattresses, bandages and medical equipment, and offering food and drink to the wounded soldiers, for which she was subsequently awarded the Royal Red Cross by the British monarch George V (Breidel Chatzidimitriou, 2006: 170-85).

When, in June 1917, Alice's brother-in-law, King Constantine I of Greece, was forced to resign owing to increasing public unrest over his controversial neutrality policy during World War I, she and her husband followed many members of the Greek royal family into exile to Switzerland. After King Constantine I was reinstated in December 1920, the family returned to Greece, settling at the royal villa *Mon Repos* on the island of Kerkyra (Corfu), yet the homecoming was unexpectedly short-lived. Subsequent to the Greek army's capitulation to the Turks during the Summer of 1922 in the Asia Minor Campaign, revolutionary troops blamed the King and his supporters for the disastrous outcome of the war. King Constantine was once again forced into exile, ministers and high-ranking army officers were executed, and Prince Andreas was found guilty of military disobedience and desertion, and therefore 'degraded and condemned to perpetual banishment' (Vickers, 2000: 171). In early December 1922, Andreas, Alice and their five children left Corfu for London on board a Royal Navy cruiser, eventually settling at Marie Bonaparte's house in Saint-Cloud.

For the next seven years, Princess Alice divided her time between Paris and London, looking after her children, fulfilling her royal duties, reminiscing about her beloved Aunt Ella (who had been murdered by the Bolsheviks in 1918), dreaming of setting up her own convent, and selling Greek merchandise in a charity shop in the Faubourg Saint-Honoré (Vickers, 2000: 178). During this period, she also discovered the works of the now largely forgotten, Estonian philosopher Hermann Graf von Keyserling, who had established the *Schule der Weisheit* at the former Royal Stables building in Darmstadt in 1920, with the material support of Ernst Ludwig, the former Grand Duke of Hesse (1868-1937), who was Alice's maternal uncle (von Tryller, 1920; Keyserling, 1927: 69; Boyer, 1979: 545-54; Gahlings, 1996: 127-33; Fuechtner, 2011: 91-92).

On 3 October 1928, Prince Andreas and Princess Alice celebrated their silver wedding anniversary, and according to Vickers 'after that occasion Alice and Andreas were never happy together' anymore (Vickers, 2000: 198). Two weeks later, Alice was accepted in the Greek Orthodox church at a small private chapel in Saint-Cloud. In this way, she followed into the footsteps of her Aunt Ella, who had relinquished her Lutheran religion in favour of the Russian Orthodox faith back in 1891. Somewhat laconically, Vickers notes: 'Her change in religion may have triggered her illness, or maybe her illness triggered her need to adopt the faith' (Vickers, 2000: 198). Be that as it may, during the following months Alice did not seem to have given anyone any serious cause for concern. Vickers goes on to state that, if anything, 'she became more worldly than ever before, attaching more importance to material things, such as clothes and jewellery' (Vickers, 2000: 199). Alice's first symptoms of what could be designated alternatively as a 'mystical crisis' or an acute experience of 'religious ecstasy' seem to have occurred during the late Spring of 1929. After returning from a two-week visit to her mother in London, where she had also purchased a large collection of books on mystical and philosophical topics, Alice became convinced that her hands were endowed with divine healing power, and for longer periods of time she would lie on the floor of the house in Saint-Cloud, in order to assimilate the forces coming from above (Vickers, 2000: 200). To her mother's lady-in-waiting Nona Kerr, she disclosed how she had also become aware of potential husbands for her four daughters through a series of divine messages.

In November 1929, Prince Andreas expressed deep concern over his wife's wellbeing to his mother-in-law, claiming that she had become totally uncommunicative and no longer fulfilled any of her domestic duties. In mid-December, Alice wrote to her younger sister Louise Mountbatten (1889-1965) that she was 'so run down & had been

much worse with the flu in her head than the others had guessed' (cited in Vickers, 2000: 201). Leaving her husband and children to celebrate Christmas in Paris without her, Alice booked herself and a maid into a hotel in Grasse, a quiet town on the French Riviera to the north of Cannes, in order to get some much needed rest. When, to everyone's surprise, she returned to Saint-Cloud between Christmas and New Year, she informed her husband's cousin Princess Margrethe of Denmark (1895-1992), who lived in the neighbourhood, that she was a saint, and to a secret platonic lover in England she is alleged to have written that she had become the bride of Christ. On New Year's Day 1930, Alice's mother Victoria arrived in Paris from London, to find her daughter in a very poor state, both mentally and physically. After she was seen by a certain Dr Chignon, a deeply religious 'mental specialist', Alice's condition seems to have improved somewhat, yet the family's worries were by no means alleviated.

At one point, Prince Andreas and his mother-in-law summoned Dr Nikólaos Louros (1898-1986), Alice's Greek gynecologist, whose father Konstantinos (1864-1957) had already acted as the personal physician and obstetrician to the Greek royal family (Breidel Chatzidimitriou, 2006: 283), presumably because they thought that Alice's state of mind may have been conditioned by an endocrinological or 'typically female' physiological issue.<sup>2</sup> Some time during the second half of January 1930, Louros traveled from Athens to Paris, and reportedly diagnosed Alice's psychosis immediately (Vickers, 2000: 203; Breidel Chatzidimitriou, 2006: 282). Yet treatment-wise, Louros did not seem to have had much success with his patient either, Alice confiding in him that she could not comply with any of his suggestions (whatever they may have been) because Christ, who was always with her as her husband, had not been consulted about them. In the end, Princess Marie Bonaparte, who was by now a close friend of Freud's and a



distinguished member of the *Société Psychanalytique de Paris*, which she had helped to establish in November 1926 (de Mijolla, 2010: 358), advised that her brother-in-law's spouse be admitted to *Kurhaus Schloß Tegel*. This Louros conveyed to Alice as a treatment that had been recommended by the Lord Jesus Christ himself. And so, in early February 1930, Princess Alice of Battenberg and Dr Nikólaos Louros embarked on the long journey from Paris to Berlin.

### **The first inpatient psychoanalytic clinic**

During the Weimar years, Berlin became one of the most important hubs of psychoanalytic activity, coming second to only the home and workplace of Freud himself. Prior to World War I, it was in Berlin that the psychiatrist Karl Abraham had opened the first private psychoanalytic practice in the German *Reich*, after he had relocated to the capital in early November 1907, following the completion of a clinical assistantship at the famous Burghölzli in Zürich (Falzeder, 2002: 12-15; Bentinck van Schoonheten, 2016[2013]: 49). In 1908, Abraham had also been instrumental in creating the Berlin Psychoanalytic Society, which would become almost as dynamic a cluster of intellectual and artistic visionaries as the London Bloomsbury group or the Parisian surrealists (Falzeder, 2002: 56-57; Zienert-Eilts, 2013: 107; Sanfeliu, 2014[2002]: 50). Inspired by Freud's seminal address at the Fifth International Psycho-Analytical Congress in Budapest in September 1918 (Freud, 1955[1919a]), in which he had called for the creation of psychoanalytic outpatient clinics where the neuroses of the 'common people' would be treated for free or at a significantly reduced cost, the Berlin-based psychoanalysts Max Eitingon and Ernst Simmel then founded the *Poliklinik für Psychoanalytische Behandlung Nervöser Krankheiten*, which officially opened its doors on 16 February 1920 (Brecht et

al., 1985: 32; Danto, 1999; 2005: 52-6; Sokolowsky, 2013: 56-7). Writing to Abraham in November 1920, Freud described the Berlin polyclinic—without irony or hyperbole—as the undisputed headquarters of the psychoanalytic movement (Falzeder, 2002: 434).<sup>3</sup>

Seven years after the creation of the Berlin polyclinic, Simmel managed to secure enough funds from private benefactors to also open the first and for many years only inpatient psychoanalytic hospital, on the idyllic grounds of *Schloß Tegel*, a short drive from Berlin's city-centre (Brecht et al., 1985: 50; Schultz and Hermanns, 1987: 61; Sokolowsky, 2010: 233; Staar, 2016: 48-53). When the Sanatorium officially opened on 1 April 1927, the main house comprised 50 rooms and could accommodate up to 74 patients, whilst also boasting a state-of-the-art bathhouse for hydrotherapy, and comfortable living quarters for the psychoanalytically trained doctors and the nursing staff (Simmel, 1927: 245; Brecht et al., 1985: 51; Schultz and Hermanns, 1987: 62).<sup>4</sup> Unlike the Berlin *Poliklinik*, the Sanatorium was never intended as a clinic where patients could receive treatment completely free of charge, yet from the start Simmel tried to keep the admission costs down, so as not to create yet another facility that would only be accessible to the upper echelons of society.

Freud was delighted with Simmel's initiative, and he adored the Sanatorium and its picturesque surroundings. The landscape with the lake is 'just lovely, somewhat Dutch, and the entire Tegel place like Wandsbek [near Hamburg, where Martha Freud had once lived]', he wrote to his loved ones in Vienna on 31 August 1928, the first day of his arrival there (Schröter and Tögel, 2012: 65). Between the end of August 1928 and the end of July 1930, Freud spent four periods of time at 'Simmel's place', his final sojourn lasting almost three months—from 5 May until 24 July 1930 (Tögel, 2006: 95-6; Schröter and Tögel, 2012).<sup>5</sup> During these years, Freud traveled to Berlin on a regular basis in order to

consult Professor Hermann Schröder at the dental clinic of the famous University Hospital (Charité) of the *Freie Universität Berlin*, who adjusted and sometimes replaced the mouth prosthesis Freud had been forced to wear after he had undergone surgery for jawbone cancer in 1923 (Tögel, 2006: 87-97).

In setting up his Sanatorium, Simmel undoubtedly benefited from his experience as a medical doctor in a military hospital for shell-shocked soldiers during World War I, yet he would have also found inspiration in his long-standing adherence to the socialist values of socio-economic equality and the free access to goods and services, as translated in freely available (or at least affordable) physical and mental health care for the general public. Hence, Simmel's clinic was as much an innovative residential psychoanalytic treatment facility, as it was an institutional experiment about the mutually beneficial, therapeutic alliance of psychoanalysis and socialist politics (Schultz-Venrath, 1995; 1996; Danto, 2009). And although the number of people treated at Tegel at any given time would remain small—between 25 and 30 patients (Simmel, 1937: 139)—Simmel wanted to ensure that as many people as possible would benefit from the clinic's psychoanalytic approach, especially when the only available alternatives were imprisonment or forced admission to a lunatic asylum. In practice, however, patients were often referred from the Berlin *Poliklinik* and presenting with neurotic symptoms of hysteria, obsessive-compulsive disorder, phobia and addiction, or with character and personality disorders (Schultz and Hermanns, 1987: 62-3; Danto, 2009: 341).<sup>6</sup> As to psychotic patients, Simmel conceded that his experience with them had been rather limited, despite the fact that the demand was there, because the facilities could only accommodate early-stage schizophrenic and paranoid patients who had 'retained considerable contact with the object-world' (Simmel, 1929[1928]: 76). For those patients presenting with a florid

psychosis, 'special quarters' in the form of a closed wing would need to be added to the clinic, in order to provide them with specialist care (Simmel, 1929[1928]: 76; Brecht et al., 1985: 52). In this respect, Simmel's efforts failed. Reinhold von Heinz, whose family still owned the old Humboldt castle (the actual *Schloß Tegel*), and with whom Simmel had signed a lease for the Sanatorium building, opposed the creation of a closed treatment facility for psychotic patients in the Tegel park, owing to the anticipated loss of investments in the land should such a building be established (Brecht et al., 1985: 55).

When the cataclysmic collapse of the US stock market in October 1929 triggered an unprecedented, worldwide economic crisis, the Sanatorium's already precarious financial situation aggravated, to the point where it was threatened with closure.<sup>7</sup> Always prepared to lend a helping hand to the psychoanalytic cause, Freud eventually took it upon himself to try and rescue the organisation. To this effect, he at one point went so far as to suggest that Tegel be turned into a corporation, with members of the International Psycho-Analytic Association buying shares, yet few if any psychoanalysts felt sufficiently secure to invest in the project (Brunswick and Lachenbruch, 1964: 105-6; Heller, 1992: 125; Danto, 2009: 345; Schröter and Tögel, 2012: 83). Until August 1931, the clinic survived mainly by virtue of private subsidies from wealthy psychoanalysts, including Marie Bonaparte and Max Eitingon, yet in the end it was decided that without any additional sources of income these donations would not be sufficient to make the clinic financially viable.<sup>8</sup>

### **Freud's experimental treatment protocol**

Although it had allegedly been advised by none other than the Lord Jesus Christ himself, Princess Alice's admission to the Sanatorium *Schloß Tegel* in the early days of February

1930 first of all raises questions about the nature of her condition, and the way in which it was handled by her immediate family and her 'health care providers'. When Nikólaos Louros arrived at Saint-Cloud he is said to have diagnosed Alice immediately as suffering from psychosis (Vickers, 2000: 203; Breidel Chatzidimitriou, 2006: 282). If we assume that the diagnosis was correct, and therefore discard the possibility that Alice's psychosis was but the symptomatic expression of an underlying structure of neurosis, the patient's transfer to Simmel's clinic would definitely not have been the only treatment option. Entirely understandable as it may be that, as a member of the Greek and English royal families, Princess Alice was never going to be sent to any of the large-scale public asylums in Paris for psychiatric care, she could have been admitted to one of the smaller private psychiatric clinics in France, Germany or England, or could have been referred to an individual psychiatrist for diagnosis and treatment.

It would be quite tempting, here, to hypothesize that Marie Bonaparte's 'divine' recommendation to her husband's sister-in-law—as transmitted via the mouthpiece of Nikólaos Louros *cum* Jesus Christ—was inspired by financial rather than clinical considerations, or at least by a combination of the two, were it not for the fact that the Prince and Princess Andreas of Greece were everything but well off, and only managed to survive in Paris during the 1920s by virtue of the largesse of Marie Bonaparte herself, who also paid for the young Prince Philip's schooling. It seems much more likely that Marie Bonaparte's motives for sending Alice to Tegel were genuinely inspired by her authentic belief in the therapeutic effectiveness of Simmel's approach. After all, Princess Marie was one of the staunchest supporters and fiercest advocates of the Freudian cause, and by implication of Freud himself, so it would be entirely plausible for her personal and doctrinal transference to the man and his work to constitute the one and

only reason behind her advice—also taking into account that the Sanatorium *Schloß Tegel* was the only psychoanalytic clinic of its kind, that it was small-scale, set in tranquil surroundings, and completely removed from public exposure.

Nonetheless, in the Winter of 1930 Marie Bonaparte would have also known that the Sanatorium did not specialize in psychotic disorders, that Simmel and his senior staff had little or no experience treating these conditions, that the construction of a closed annex for psychotic patients on the Tegel grounds had been vetoed, and that the clinic was never intended for severely disturbed individuals. When Simmel signed the lease for the building on 6 November 1926, it was explicitly stated that the Sanatorium would cater for ‘the admission and treatment of patients suffering from various illnesses *with the exception of physical deformities, sexually transmitted diseases, and mental patients [Geisteskranken]*’ (Schultz-Venrath, 1996: 111—italics added). However, apart from her psychotic condition, the most important hindrance to Princess Alice’s treatment at Tegel, which no one seems to have taken into account, was that she had a severe congenital hearing impairment, which might have roused in her an almost natural suspicion, especially towards medical authorities in unfamiliar environments, and which would have rendered her psychoanalytic treatment next to impossible, at least in the ‘Tegelian setting’, with the analytic couch in the centre of the room and the analyst’s chair at a 120-degree angle above the head end of the couch, quite far removed from it (Welter, 2012: 109). For some reason, it did not occur to Princess Marie Bonaparte (nor to the Lord Jesus Christ, for that matter) that psychoanalysis, in its conventional form, may not be the most suitable type of treatment for a patient who is profoundly deaf.

When Princess Alice arrived at *Kurhaus Schloß Tegel*, Simmel diagnosed his new royal patient as suffering from schizophrenic paranoia, with a firmly established

delusional system, in which she was convinced that she was the one and only woman on earth who had been chosen as the spouse of Jesus Christ (Simmel, 1930).<sup>9</sup> In his report to Binswanger, Simmel elaborated that, upon her arrival at Tegel, Princess Alice was physically weak, because she had long since identified with the role of a sinner, engaging in acts of self-punishment and starving herself for days on end. Nonetheless, Simmel had managed to establish a good rapport with his patient, whom he found very sympathetic. Following her admission, Princess Alice gained weight, and was prepared to accept that her intimate experiences with Jesus Christ appeared as delusional to the outside world, and that she would therefore have to be cautious and reserved when talking about these to others. Simmel allowed her to leave the Sanatorium as she wished, and so she would occasionally visit the theatre in Berlin and go on other excursions.

In terms of clinical diagnosis and treatment, Simmel seemed to have been rather unsure, poised as he was between ‘schizophrenic paranoid’, ‘psychotic’ and ‘neurotic-prae-psychotic libidinous constitution’. Perhaps Simmel felt that he and his staff did not have enough clinical expertise to correctly assess and work with certain psychotic patients. Perhaps Princess Alice did not respond as positively to the treatment as first expected. Perhaps it was generally believed that the ‘hyperlibidinous’ nature of the patient’s hallucinations and delusions required a more advanced type of intervention than the standard Tegel protocol.<sup>10</sup> Fact of the matter is that, at some point, Freud himself became involved in Princess Alice’s care. During the Winter and early Spring of 1930, Freud was back in Vienna, and he would not return to Tegel until the 5<sup>th</sup> of May that year—roughly one month after Alice had discharged herself from Simmel’s clinic (on 7 April 1930), four days after she had been re-admitted by force to Binswanger’s Bellevue, and a day before Binswanger asked Simmel to provide him with his own

observations on her case. Thus, Freud did not get a chance to examine Princess Alice himself, and he would therefore have had to rely on Simmel's personal impressions and clinical assessment of her, supported by what Marie Bonaparte may have shared with him about her husband's sister-in-law. From Freud's correspondence with Simmel, it would appear that no letters were exchanged between the two men about Princess Alice's case, which may indicate that Simmel and Freud discussed the matter only in person, or over the phone rather than in writing. In any case, from Simmel's letter to Binswanger of 13 May 1930, written eight days after Freud's return to Tegel, and thus possibly with the direct input of Freud himself, we learn that by way of additional treatment for Alice's condition, Freud had recommended to Simmel 'an exposure of the gonads to X-rays, in order to expedite the menopause' (*Röntgenbestrahlung der Keimdrüsen, um die Menopause zu beschleunigen*) (Simmel, 1930). The procedure was eventually carried out by Dr Erich von Schubert, at an intensity where it would result in semi-castration (*halben Kastrationsdosis*), purportedly without Alice objecting to it, maybe because she was once again told that the Lord Jesus Christ himself had actually suggested it . . .

Purely relying on Vickers' and Breidel Chatzidimitriou's accounts of Princess Alice's treatment at Tegel (Vickers, 2000: 205-6; Breidel Chatzidimitriou, 2006: 282), one might be led to believe that Simmel's words to Binswanger constitute the only evidence we have in support of the fact that a semi-castrative X-ray treatment is indeed what Freud had suggested. However, in early January 1930, roughly one month before Princess Alice arrived at Tegel, Marie Bonaparte had already written directly to Freud about her condition, no doubt because she was pondering the psychoanalytic treatment option, or



at least interested in Freud's perspective on the matter. Freud replied on 15 January with the following words of wisdom:

. . . You know that with psychoses of this sort we accomplish nothing by analysis. Above all, there is of course missing the normal ego with which one can form an alliance. We know that the mechanisms of the psychoses are not different in nature from the neurotic ones but we do not have at our disposal the quantities of excitation that would be needed to change these mechanisms. The hope for the future lies with organic chemistry, that is to say, the access to it by way of endocrinology. This future is still very far to-day, but every case of psychosis ought to be studied analytically, because the insight gained thereby will one day direct chemical therapy. . . (Freud, 1930a).<sup>11</sup>

An even more telling comment on the case was included in a letter Freud sent to Bonaparte on 10 March 1930, about a month after Princess Alice had been admitted to Tegel:

Simmel was in Vienna, I spoke with him a long time about (the patient) . . . He hopes to be able to cure by means of analysis a paranoid disturbance of this sort and is proud of her having declared to him that now he was going to replace Christ for her! I have urged him rather to clutch at every straw of organic influence such as ovarial [*sic*] irradiation. I do certainly not underestimate psychic factors, but do people who value something always have to overrate it at the same time? (Freud, 1930b)<sup>12</sup>

Why would Freud have recommended to Simmel that Princess Alice's ovaries be exposed to high intensity X-rays? Simmel explained to Binswanger that it was 'in order to expedite the menopause' (Simmel, 1930), yet hyperlibidinous as Alice's condition may have been this in itself would seem rather odd in light of the fact that, at the time, the menopause was regarded as a possible trigger for psychosis rather than a stabilizing factor, which is probably why Louros had at one point subjected Alice to a gynecological examination (Vickers, 2000: 205; Simmel, 1930). Where could Freud have come across the curious panacea that he held out to Simmel as a possible remedy for Princess Alice's predicament? Not in any accepted psychoanalytic doctrine, nor in any psychiatric textbook, but in the works of the illustrious Austrian endocrinologist Eugen Steinach. During the 1920s and 30s, Steinach enjoyed world-wide fame for inventing the 'Steinach operation', a surgical procedure involving the ligation of a man's 'vasa deferentia'—the ducts transporting sperm cells from the testes to the urethra—so that orgasm would no longer coincide with the ejaculation of spermatozoa (Steinach, 1920). After having performed this vasoligature on fatigued male rats, Steinach observed that the animals had been given a new lease of life: their activity levels increased, they put on weight, and they even displayed a renewed interest in mating (Steinach, 1920: 25-42). As was to be expected, it did not take him long before he also tested his procedure on ageing men, and exalted he must have been when he observed that the effects were broadly similar: after undergoing the procedure, listless and placid male specimens of the human species rapidly regained their youthful vitality (Steinach and Loebel, 1940: 207-31; Sengoopta, 2003: 125).

During the roaring twenties, literally thousands of men in various parts of the world decided to check themselves into their local clinic for a vasoligature, in an attempt

to regain their physical, psychical and sexual fitness. One of the most famous people to be 'steinached' was Professor Sigmund Freud. When he entered the clinic of the urologist Professor Viktor Blum on 17 November 1923, at the age of 67, Freud believed that the operation might improve his 'sexuality, his general condition and his capacity for work', and most importantly that it might prevent his jawbone cancer—with which he had been diagnosed earlier that year, and for which he had his first prosthesis fitted just five days before the vasoligature—from reoccurring or progressing (Schur, 1954; 1972: 363). To the German-American journalist and poet George Sylvester Viereck, Freud conceded: 'The Steinach operation sometimes arrests untoward biological accidents, like cancer, in their early stages. It makes life more livable. It does not make it worth living' (Viereck, 1930: 27). Whether the vasoligature did have the effects Freud had been hoping for is a matter of dispute. To Harry Benjamin he would appear to have said that it had strengthened his vitality, and that the progress of his cancer had also been slowed down by it (Benjamin, 1970: 7; Haeberle, 1985). However, two months after the operation, Freud wrote to his Hungarian colleague Sándor Ferenczi: '[U]p to now I have felt nothing reassuring from the effects of the Steinach operation' (Falzeder, Brabant and Giampieri-Deutsch, 2000: 119). Six-and-a-half months later, Freud again mentioned to Ferenczi that the operation had done nothing for him (Falzeder, Brabant and Giampieri-Deutsch, 2000: 161). Maybe Freud only felt the beneficial impact later, but even if the procedure did not have the desired results his belief in its value does not seem to have diminished. On 18 October 1926, almost three years after he had been 'steinached', Freud acknowledged receipt of a complimentary copy of a book by Steinach's German follower Peter Schmidt with the words: 'You know that I personally participated in Steinach's discovery and that I remain utterly convinced of its scientific significance' (Freud, 1926). Until November

1934 at least, Freud continued to have regular injections of male hormone for their anabolic effect (Molnar, 1992: 177).

In its original form, the Steinach operation would evidently only offer the prospect of rejuvenation to the male half of the human species. Steinach therefore set to work on the development of a procedure that would have the same effect on women. This he found in the X-raying of the ovaries, which he had already designated in his 1920 volume on rejuvenation as the female equivalent of the vasoligature (Steinach, 1920: 46-7; Walch, 2016: 186-94). When Freud advised Simmel that Princess Alice's ovaries should be X-rayed, he thus wanted her to be 'steinached', not so much in order to induce or accelerate the menopause, but with a view to re-balancing her hormones and seeing her youthful vitality restored. In light of the contents of the letter Freud sent to Marie Bonaparte on 15 January 1930, I am also tempted to conclude that when Bonaparte *cum* Louros *cum* Jesus Christ recommended that Alice be admitted to Tegel at least one consubstantial person in this peculiar guardian trinity knew that it would not just be for her to be treated psychoanalytically, but also for her to undergo some form of organic, somatic intervention. In Marie Bonaparte, Freud would have encountered no resistance whatsoever to this alternative therapeutic approach, and not just because of her unconditional loyalty towards him. Of all 'Freud's women', Marie Bonaparte was the one who most fervently, if not always openly, believed in human biological determinism (Appignanesi and Forrester, 1993: 343-5; Amouroux, 2012: 220-7; 2016: 107-9). In fact, Steinach would have been no stranger to her either, and not just because of his public notoriety. During the late Summer of 1927, she had met Steinach at her hotel in the Semmering, where she was staying because Freud was also spending his holidays there, although in a family-friendly villa rather than in the hotel itself (Schröter, 2011: 369-70).

Bonaparte wrote in great detail about her accidental encounter with the great man to Dr Jean Troisier, the Head of a Laboratory at the prestigious *Institut Pasteur* in Paris, where he was conducting research on non-human primates, notably with Bonaparte's financial support:

Here at the hotel I met Steinach, who spends all his holidays here. He's a very curious and very interesting man. I attracted his sympathy and he invited me to dine with him every evening. We talked until the early hours, about endocrinology of course . . . What emerges from all these considerations, in a general sense, is the almost absolute parallism between biology and psychoanalysis with regard to the entire theory of the libido, as if . . . the human psyche would only be a reflection of what, in the depth of the body, is being realised by cells and hormones.  
(Bonaparte, 1927)

When Freud wrote to Bonaparte about endocrinological and chemical treatment options for Princess Alice's psychosis, just a couple of weeks before her admission to Tegel, he was thus preaching to the converted. Simmel did not consult Marie Bonaparte before implementing Freud's advice—after all, she was not a medical doctor and did not even have formal academic qualifications—yet her key position within the psychoanalytic movement and Freud's inner circle (Stein-Monod, 1995[1966]: 410-12), as well as her being the only 'professional' woman in the phalanx of experts taking care of Princess Alice, not to mention her own royal blood, would undoubtedly have counted for more than what the records suggest. To the best of my knowledge, Steinach had never tested the effects of his discovery on psychiatric

patients, so Alice's X-ray treatment may very well have been the first and only application of the Steinach technique to a woman with a severe mental health problem.

## Conclusion

Early in 1928, the Hungarian psychiatrist István Hollós (Isidor Hesslein), who had been in analysis with Freud during the Spring of 1918 (May, 2018[2015]: 273), sent his former analyst a complimentary copy of his book *Hinter der gelben Mauer*, in which he reflected critically upon his yearlong experience working as a clinician in a neurological and psychiatric institution in Budapest, often adopting a bitterly satirical tone that would not have been misplaced among some of the anti-psychiatric manifestos of the 1960s (Hollós, 1928[1927]; Harmat, 1988*a*: 112-20; 1988*b*: 365; Schneider, 2001: 196-8). Belatedly acknowledging Hollós's gift, Freud confessed that the delay was due to the fact that he 'did not like these people [psychotic patients], that they annoyed [him] and experienced them as too far away from all that is human. Hence, a remarkable kind of intolerance, which would have made [him] quite unfit as a psychiatrist' (Freud, 1928; Eissler, 1974: 65; Harmat, 1988*a*: 117).

However, Freud's firm conviction that psychotic patients could not be treated psychoanalytically did not preclude his pursuing and advocating a psychoanalytic understanding of the psychoses, as his close study of Daniel Paul Schreber's memoirs (Freud, 1958[1911*c*]), his lifelong correspondences with Eugen Bleuler (Schröter, 2012) and Ludwig Binswanger (Fichtner, 2003[1992]), and the aforementioned letters to Marie Bonaparte illustrate. In a sense, it is precisely because of Freud's specific psychoanalytic understanding of the psychoses, as 'narcissistic neuroses' (Freud, 1963[1916-17*a*]: 447),

that he continued to deem psychotic patients untreatable psychoanalytically. Also, just because he himself regarded the clinical extrapolation of psychoanalysis to the treatment of psychotic patients an utterly futile enterprise, be it in a closed ward and *pace* Simmel's best efforts, does not imply that he was also therapeutically pessimistic as regards their prognosis and recovery. It is just that he situated the appropriate course of therapeutic action for this cohort elsewhere, beyond the boundaries of psychoanalysis but possibly informed by it. As such, bizarre as it may be for the founder of psychoanalysis to rely on experimental rejuvenation methods rather than his own clinical techniques for advancing Princess Alice's treatment, Freud's suggestion was entirely in keeping with his belief that psychotic patients could be understood psychoanalytically, yet could only be treated by other than psychoanalytic means. Furthermore, brutal and unwarranted as the X-raying of Alice's ovaries may appear to us now, during the 1920s and 30s the procedure was globally accepted as an effective 'cure' for the symptoms of ageing, and an energizing course of action for women who had somehow lost their vitality. It may not have been a standard part of the psychiatrist's clinical toolkit, but as a somatic intervention it was neither massively different nor totally antagonistic to the predominantly physical treatment protocols that were characteristic of psychiatric institutions during the first half of the 20<sup>th</sup> century.

After having been 'steinached', Princess Alice seems to have become fitter, physically as well as mentally. Simmel reported to Binswanger that her treatment had been as successful as it could have been, given the circumstances, yet that he would have preferred to continue working with her instead of seeing her going home (Simmel, 1930). After Alice discharged herself from *Kurhaus Schloß Tegel*, she returned to Saint-Cloud, yet this was by no means the end of her predicament. Indeed, in many ways, it was just

the beginning. On 2 May 1930 she was sedated by force and sectioned, on the instructions of her mother, at Binswanger's Bellevue in Kreuzlingen, where she stayed for 2,5 years, during which time her condition substantially worsened (Vickers, 2000: 209-44). At one point she tried to escape, but was arrested at the nearby train-station and locked up again. After many months of trying to persuade her mother that she should be released, the latter finally agreed to her being referred to the open Martinsbrunn Sanatorium in Merano, which was still under the directorship of its founder Dr. Norbert von Kaan. She arrived there on 23 September 1932, but stayed for a mere two months, after which she did not return to her family, instead spending the next seven years living a nomadic existence in various parts of Europe (Vickers, 2000: 245-56). During World War II, Alice lived in a small apartment in Athens, ran soup kitchens for the hungry Greek citizens, and provided shelter to a Jewish family (Breidel Chatzidimitriou, 2006: 329-37). After the war, she followed into the footsteps of her Aunt Ella and established her own religious order on the Greek island of Tinos (Breidel Chatzidimitriou, 2006: 362-7). From then on, she would only ever appear in public wearing a nun's habit, often cutting a strikingly otherworldly figure—at once commanding and fragile, serene and rebellious, steadfast and ethereal—as when she advanced solitarily yet ostensibly in charge of the royal procession down the aisle of Westminster Abbey at the Coronation of Elizabeth II. Following more political unrest in Greece, she eventually left the country in 1967 and lived in Buckingham Palace, where she died peacefully on 5 December 1969. Her remains were placed in the Royal Crypt of St George's Chapel at Windsor Castle until August 1988, when they were finally transferred to the crypt of the Russian Orthodox Church of Mary Magdalen in Jerusalem. There she is now laid to rest, according to her own wishes, alongside her beloved Aunt Ella.



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## Notes

- <sup>1</sup> Unless otherwise indicated, all biographical details pertaining to Princess Alice and her family have been taken from her official biography by Hugo Vickers (2000), who also wrote the entry on her for the *Oxford Dictionary of National Biography* (Vickers, 2004), and from the only other extensive study of her life and times, by Tonis Breidel Chatzidimitriou (2006). Marie Bonaparte, who was the great-grand-niece of the Emperor Napoleon, had married Prince George of Greece and Denmark (1869-1957), the second-in-line to the Greek throne, in 1907. Following the death of her father in 1924, she moved back to the family estate in Saint-Cloud, went through a severe emotional crisis, decided to have cosmetic surgery on various body parts, and became increasingly interested in psychoanalysis. She eventually entered analysis with Freud on 30 September 1925, and would become one of his most loyal friends and supporters (Bertin, 1983: 142-150; Stouten, 2011: 73-80; Amouroux, 2012: 46-51). Unless otherwise noted, all translations from foreign-language sources in this article are my own.
- <sup>2</sup> Interestingly, Breidel Chatzidimitriou (2006: 283) stipulates that it was not Nikólaos Konstantinou Louros, but his father Konstantinos Nikólaou Louros, who came to Paris, which I have not been able to corroborate on the basis of any primary sources. Vickers (2000: 203-5) simply refers to Dr Louros, whereas Princess Alice's patient file, which is held in the Binswanger-Kreuzlingen archive at the University of Tübingen, refers to Prof. Dr. N. C. Louros.
- <sup>3</sup> The original plan was for the first free clinic to be opened in Budapest, financially supported by the wealthy Hungarian brewer Anton von Freund (Antal Freund von Tószeg), whose wife and sister had been in analysis with Freud and who had himself been successfully treated by Freud for a psychotic episode in February 1918 (May, 2018[2015]: 257-8). However, von Freund died of cancer in January 1920, before the project could be initiated (Freud, 1955[1920c]; Huppke and Schröter, 2011: 53). The *Poliklinik* in Berlin was made possible by virtue of the generous financial assistance of Max Eitingon, as well as by donations from its affiliated members (Freud, 1961[1923g]; Pomer, 1995[1966]; Brecht et al., 1985: 32; Schröter, 2004: 184-86; Wilmers, 2009: 177-94; Fuechtner, 2011: 21).

- <sup>4</sup> There is some confusion in the literature as to when exactly the Sanatorium opened. Simmel-scholars generally state that it opened on Sunday 10 April 1927 (see, for example, Schultz and Hermanns, 1987: 61; Hermanns and Schultz, 1990: 80; Staar, 2016: 50), yet in his presentation of the clinic in the *Internationale Zeitschrift für Psychoanalyse*, Simmel himself announced that the new facility would open on Friday 1 April 1927 (Simmel, 1927: 245), which is confirmed by a letter Freud sent to Simmel on the same day (Brunswick and Lachenbruch, 1964: 102), whereas in the promotional brochure accompanying the opening it was mentioned that it had become operational on 11 April (Tögel, 2006: 176).
- <sup>5</sup> Hermanns and Schultz (1990: 81) state that Freud was also in Tegel on 24 June 1928, yet this is contradicted by a letter Freud sent to Ferenczi on 19 June 1928 from the Semmering, in which he wrote: 'On the 24<sup>th</sup>, Professor Schröder from Berlin is coming to Vienna to examine me, and if he promises me something I can hardly do otherwise than go to Berlin to him' (Falzeder, Brabant and Giampieri-Deutsch, 2000: 341).
- <sup>6</sup> For the tenth anniversary of the *Poliklinik*, Otto Fenichel compiled some interesting statistics on the clinic's patient population, which show that of the 604 treatments initiated between 1920 and 1930, a mere 45 had been offered to schizophrenic and schizoid patients, whereby 26 of those had been broken off (Fenichel, 1970[1930]: 17).
- <sup>7</sup> In March 1929, during Freud's second stay at the Sanatorium, Simmel had already written to the German Minister of State for Cultural Affairs, asking him to co-sign an appeal for financial help from private individuals and organisations, through which he no doubt also hoped to secure some form of government support for the clinic (Brecht et al., 1985: 52). When no funds were forthcoming, Freud expected the Sanatorium to shut down (Paskauskas, 1993: 663), and between 15 September and 20 October 1929 it effectively went into administration (Paskauskas, 1993: 664).
- <sup>8</sup> Towards the end of the 1920s, Max Eitingon's family business also started losing money, and so he too could no longer support the *Poliklinik* and the Sanatorium with the same, regular stream of funds as he had done before (Wilmers, 2009: 194; Schröter, 2015).
- <sup>9</sup> According to the database of the German Lost Art Foundation, the archives of the Sanatorium *Schloß Tegel* were lost in 1944. The only account of Princess Alice's condition and treatment during her time at Tegel is contained in a letter Simmel sent to Ludwig Binswanger on 13 May 1930, in response to

the latter's request for information from 6 May, i.e. five days after Princess Alice had been forcibly admitted to his Sanatorium Bellevue in Kreuzlingen on the instructions of her mother (Simmel, 1930; Vickers, 2000: 209-10; Breidel Chatzidimitriou, 2006: 282), and where she would be detained until the end of September 1932 (Vickers, 2000: 219-21).

<sup>10</sup> Again, nowhere in the transcript of Simmel's letter to Binswanger is there a mention of Princess Alice's deafness, and the way in which it affected her treatment.

<sup>11</sup> This quotation comes from Marie Bonaparte's own typewritten translation of a section of a longer letter by Freud to her (hence the ellipses at the beginning and at the end, which are part of the original document), which seems to have been prepared for Ernest Jones, in support of his work on Freud's biography. Jones included this very same section of Freud's letter to Bonaparte in the first appendix to the third volume of his biography of Freud (Jones, 1957: 449), yet producing his own, more fluent translation, deleting the ellipses, and removing Bonaparte's contextualising comments. Unless Jones simply improved on Bonaparte's translation, this may suggest that he also had access to Freud's original letter which, in all likelihood, is in the closed section of the Marie Bonaparte Papers at the Library of Congress. From Jones's reproduction of the letter, the reader cannot infer that it concerns Freud's advice in the case of Princess Alice, because Jones deleted Bonaparte's explanatory note at the top of the typescript, which leaves no doubt as to the identity of the patient, despite her not being mentioned by name: 'This letter is about the religious delirium of a patient 45 years old, I spoke to you confidentially about. She was sent to Tegel, where Simmel tried first pure analysis, in spite of Freud recommending ovarial [*sic*] Strahlung [radiation]' (Freud, 1930*a*). The last sentence of this note should not be taken to mean that Freud had already recommended 'ovarian radiation' *before* Alice arrived at Tegel, because the note would have been added by Bonaparte to contextualise her translation some time *after* the original letter had been written.

<sup>12</sup> Much like the previous citation, this one is again taken from Marie Bonaparte's partial typewritten translation into English of Freud's original letter to her, which may also be preserved in the closed section of the Marie Bonaparte Papers at the Library of Congress. Both the ellipsis and the interpolation are Bonaparte's, and here too she added an explanatory note before this particular paragraph, which comes at the end of a longer series of excerpts: '(about the patient, then 45 years old, of whom I spoke to you confidentially. Religious delirium.)' (Freud, 1930*b*). As to Simmel having

been proud of the fact that he had managed to get Alice to substitute him for Jesus Christ, this reappeared in his report to Binswanger as Alice having succeeded in situating Jesus Christ and her analyst at the same level [*auf eine Ebene*], and it chimes with an argument Simmel had developed in his 1929-'30 lecture course at Tegel, in which he had stated: 'The principle [of the psychoanalytic treatment of psychosis] should entail a gradual encirclement of the psychotic process, so that it is only centred on the psychoanalyst and the analytic situation, i.e. kept firmly within the analytic consultation room, and from that point onwards the treatment can then be attempted' (Simmel, 1929-30).

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