

Prof. Dr. Mark De Gier Solms received the Sarton Memorial Medal in 1996 (cfr. Sartoniana vol. IX, p. 99) and was interviewed by Prof. F. Geerardyn and Prof. J. Quackelbeen.

PSYCHOANALYSIS AND NEUROSCIENCES. A PARTICULAR PARCOURS INTERVIEW WITH MARK LEONARD DE GIER SOLMS¹

Filip Geerardyn and Julien Quackelbeen

Question: Can you tell us of your current professional occupation, what it is that you do and where?

Mark Solms: At this moment I am working in three different contexts, by which I mean clinical contexts. I am working in the division of neurosurgery in the *Royal London Hospital*. There I am involved in the diagnostic work up of the patients, presurgical and postsurgical. I am also involved in the diagnostic work up of neurological patients. And my specific area of expertise in that setting is understanding the neuropathological implications of mental changes. I don't know how much you know about this sort of thing but there is a whole medical specialisation concerning the understanding of the neurological correlates and implications of mental changes in, for example, memory, personality, ability to conceptualise and operate in space, the higher visual functions, the tactile agnosias, all of speech and language, calculation, and so on. All of these different aspects of mental life have specific ways of breaking down with specific lesions to specific parts of the brain, and also to some extent their specific pathological processes, in other words specific diseases. It is not only a matter of anatomy, where the lesion is, but also the type of pathology. You can make a contribution to the diagnostic work up for example of dementing patients by a careful, clinical examination of the quality of the mental change in the patient. Broadly speaking this goes under the heading of behavioral neurology.

Question: You do have some publications in this field?

Mark Solms: Yes, I can give you an example. A particularly fascinating case I published in, I think it was 1988, in the journal *Cortex*, an Italian neuropsychological journal.² Well, in fact what happened first of all was

when I was examining the patient, I gave him a very complex design to draw for me. It is called the complex figure of...

Question: Of Rey?

Mark Solms: Yes, oh, you know it ? It tells you many things and there are many questions which arise on the basis of how the patient performs on this task, and then you investigate those possibilities further. So this patient did this drawing. Well, depending on what the clinical question is and what it is that you are particularly investigating you would go in one or another direction. I mean, on a test like that the patient can perform poorly for many different reasons. But this patient did not do a particularly unusual drawing. It was more or less what one would have expected from a patient with his lesion, which was a frontal lobe abscess; he had frontal sinusitis, it is an infection of the sinuses in this part of the skull over here and as a result he developed a brain abscess in the frontal lobe, and the surgeons had drained the abscess, and now this was an investigation of how his recovery was proceeding after the operation. And the patient did this drawing which, as you know, is a very complicated drawing. He did it in a slightly haphazard way which is what you expect with frontal lobe lesions. The patients are slightly disinhibited, they have a more lackadaisical attitude to their own performances. And I then asked the patient to draw the thing again from memory.

Question: From memory?

Mark Solms: Yes, which is the typical paradigm with this test. You do not warn the patient that you are going to ask him to do that. I just asked him to draw it, took it away and then said "Now can you draw it for me again". And without batting an eyelid, the patient drew the thing again, the Rey complex figure, but he rotated it through 180 degrees so it was completely upside down and reversed. And when he did this I was astonished because if you try and do that deliberately, especially after brain surgery, it would be very very difficult. And yet he had done this with ease. It was clearly an automatic occurrence. It was not something that he was trying to do. And then from there I investigated the problem further and discovered that this patient in fact experienced episodes in which the entire visual scene was inverted. Perceptually he would see the world upside down, which is a truly

remarkable and unbelievable symptom.

And then it was a matter of investigating further the possible causes of this and looking into the literature; and I found 21 or so previous cases going back to 1840-something, with exactly the same clinical picture being described. We know very little about the brain mechanisms involved in the inversion. At the level of the eye you invert the image of what you see and then this is projected in a topographic, an exact topographic relation to the back of the brain. With modern imaging techniques it has been demonstrated that there is an inverse, inverted representation of the image perceived, directly mapped onto your striate cortex. And then something happens to that image in the further processing of it. If you can draw this kind of connection between the conscious perception of the world and the physiological representation of the perceptual process, something somewhere gets reinverted which in this patient had broken down. The most natural inference that one would make with a patient who is literally seeing the world upside down is that it has something to do with these mechanisms. So this paper that I am mentioning to you was an investigation of that patient.

However my most important piece of purely neuroscientific research is a study of the neurological organization of dreaming.³ I investigated the effects on the dream process of damage to different parts of the brain in 361 patients. This study led me to some unexpected discoveries of which I am really proud! For example, I found that the most important parts of the brain contributing to the psychological processes of dreaming are located in the higher cortical regions — not in the primitive brainstem structures that regulate the physiological processes of REM sleep. In fact I observed many patients with damage to those brainstem structures who continued to dream normally, and conversely, all of the patients in whom dreaming ceased completely as a result of these neurological illness suffered higher cortical lesions, in the parietal and frontal lobes.

My second field of interest is closely related to that study. Traditional behavioral neurology and neuropsychology such as it has developed since the end of last century is interested in the exploration of the representation of mental functions in physical tissue. Scientists are concerned with the question of how mental functions are represented in the tissues of the brain, a question which has clinical relevance but also enormous scientific implications for us, and philosophical implications for that matter. However, the problem is that have concentrated almost exclusively

on higher functions, on what they call higher functions, which from a psychoanalytical point of view means superficial cognitive functions, the conscious functions or preconscious functions at best. Things like language, in the sense that they use the term, which is really the behavioral aspects of language and at most an analysis down to its grammatical structure. And visual perception, recognition processes, visual recognition processes, calculation, spacial reasoning, these sort of things.

Like I said, the problem is that they have always focused only on those higher functions. And I think, together with a number of other colleagues, that there is a need for us to understand more about the deeper aspects of mental life and how they relate to the brain. And there have recently been developments in this direction. People like Damasio, whom perhaps you know, and others are beginning to try and incorporate these aspects of mental life into behavioral neurology, to explore the neurological correlates of deeper mental functions.

Now, this is the second area that I am working in. I am working in a children's clinic. It is a psychoanalytic clinic in fact, traditionally, but it has been a clinic which has always taken on unusual kinds of problems. They have studied, in analysis, blind children, children with severe diabetes, physically handicapped children. This is the *Hampstead Clinic*, or the *Anna Freud Centre* as it is now called. What we have set up there now is a service for children to come where there is any doubt about whether their behavioural symptoms have a neurological component to them or not. Many children with learning problems and with strange emotional difficulties, where the question arises, the diagnostic question in the first instance: "Is there something wrong with this child's brain?". And we offer a diagnostic service there, contributing to the decision about "is this child's brain normal or not?" and then as a second step beyond that, by taking some of these patients into analytic treatment.

What we are particularly interested in obviously is the patients in which we find that there is a neurological abnormality, and taking these patients into analytic treatment. This provides us with insights into the psychological consequences and the psychological correlates of their brain lesions in relation to these deeper aspects of mental life. So, we consider not only the diagnostic aspect. Into that same service we are also taking children with known neurological disease, cases in which it is definite that there is a lesion, that there was a tumour or one or another disease process. Mostly we are taking in epileptic children, and we study these children

analytically trying to get to an analytic understanding in the classical sense of the word, a truly analytical understanding of what the mental correlates are of that physical disease process. I mention children because it is the children's clinic that I am working at, but my wife and colleague Karen Kaplan Solms and I have done similar studies with adult patients also. And as the developmental aspects belong to a psychoanalytic psychology, it is important for us to study these problems in all ages of the developing mind.

The third aspect is purely psychoanalytic work. At the *Hampstead Clinic* I have private consulting rooms and I see psychoanalytic patients. When I say private consulting rooms in fact I only have very few private patients. Most of the patients that I am seeing in analysis are either derived from these other groups that I mentioned, but also, because I am just recently qualified. I am treating patients from the London Clinic of *Psychoanalysis* which were my training patients and whom are still in analysis with me.

Question: Can you tell us something about the whole of your curriculum. We started with the ending. Could you start with the beginning? You are of South African extraction, I believe. Apart from the name of Mark Solms you also have a few other names. The question has been put to me of how do we actually call him and what do the names in between mean?

Mark Solms: Well, the name of Solms is a very old German name. The first records of my family who originally came from the Braunfels area near Frankfurt in Germany date from 1126. From there the family spread in just that little area: from Braunfels to Laubach and Lich in the north, and in the south down as far as Frankfurt itself. The vast majority of my family still lives in that area, and in fact there is quite a well-known analyst in Vienna, Wilhelm Solms. I do not know if you know him. He was from the branch of my family which was originally in Frankfurt, the Solms-Rödelheim branch. But he now lives in Austria. He is my only relative in this field.

In 1838, two Solmses left Germany. One went to America and one went to South Africa. As you know there were enormous political uncertainties at that time for the aristocracy in Europe. I presume that it was related to these uncertainties that these young men went out to the New World. The one who went to America only stayed there briefly. Apparently his fiancée was very unhappy with the environment and he went back to

Germany. But my family stayed in South-Africa and they remained a very small family in South-Africa. Around the time of the First World War, because of the German colonisation of what is now known as Namibia, a lot of my family were there, because it was a German cultural environment. But others were in South-Africa proper which was at that time a British colony.

So the war in Europe was played out on colonial territory between these two protectorates, the colony of Britain which was South-Africa and the colony of German which was Sudwes Afrika. My family split then at that time between those who supported the English and those who supported the Germans. My branch of the family supported England in the war. So, from that point onwards, from the First World War onwards, my little branch of the family became English speaking whereas the rest of my family in South Africa speaks Afrikaans. There is a white population who predominantly speak either English or Afrikaans; a funny little division. So, that is the story about where my name comes from.

I do not know if you want me to tell you anything of my individual biography, from where I was born. Perhaps it is more my education that you are interested in. Well, the school I went to was *Pretoria Boys* which is in Pretoria as the name indicates. Then I went to *University of Witwatersrand* in Johannesburg, which is nearby. My first degree was in the humanities. I did a bachelor's degree in which my major subject was history of art. And in fact I was particularly interested in African art.

Question: The tribal African art?

Mark Solms: Yes. I think probably the origin of my interest in the history of science comes from that training in the history of art. And it was only then that I moved to the sciences and eventually to the medical school. I was very fortunate to have professor Saling, whose name appears on a number of my early publications, as my mentor, and who interested me in this field which I have been describing to you — the field of neuropsychology. My main experience, and I think which has also been very important for the direction that my work has taken, is that there are such enormous clinical needs in a Third World country like South-Africa, that those of us who had a social conscience about the political situation in South-Africa felt very guilty about just pursuing research interests and just pursuing academic interests.

In various ways, members of my social circle tried to make a contribution to the political struggles that were going on. It was not in my nature to become involved in anything publically political. It was more my nature to make a contribution, more on the human level. So I worked at the *Baragwanath Hospital*, which is the name of the largest hospital in Africa, and in the southern hemisphere. It is in Soweto, just outside Johannesburg. There I saw literally hundreds and hundreds of patients, which is the sort of experience that I think perhaps a hundred years ago physicians like Charcot at the Salpêtrière had. This sea of humanity and an immensely varied clinical experience and exposure to an immense number of cases is a great advantage I think for clinical training. And at the same time in that way I was, hopefully, I believed, making some contribution also on the human level, because I was not paid for the work that I did at that hospital.

I also worked at the *Johannesburg Hospital* in the neurology department and the neurosurgery department, which was the main academic hospital in that area. Then we had a subsection of a teaching hospital, called the *Eden Vale Hospital*, where we had a neurological rehabilitation unit. My wife and I started the work with adults that I mentioned to you earlier at that hospital.

You know if you are working in an acute case setting, you see a patient, you make a contribution to the diagnosis, or to the prognostication, or the post-operative work up or the home management of the case, and then you do not see the patient again, perhaps for a few months, perhaps never again. But in a rehabilitation setting, the patient is living there and you see the patient every day. And you are then forced to recognise that the brain lesion has not just changed the patient's language or just changed their visual perception or just left them with a paralysis: it has changed their whole life. It has changed everything about them as a person. And I think that was a very important influence also on the direction that my research interests have taken, which is that there I was confronted in a very practical way, with having to somehow come to grips with the fact that the entire personality of the patient is affected by a brain lesion. And in trying to understand these patients, we first very naively, not having had an education in this, started trying to apply psychoanalytical concepts and methods to try and get a better understanding of the way in which they had changed. One of the main reasons why I left South Africa was my recognition that there was something about this science, psychoanalysis, which made it very different from for example neurological science. It is not

something that you can just learn by working with patients and reading books. One has to undergo an analysis oneself. There was no possibility of that in South-Africa.

Question: What was your first contact with psychoanalysis?

Mark Solms: Well, my first contact with psychoanalysis was again through my mentor, Michael Saling. His father was an internal physician from Berlin who during the war came with the Jewish refugees from Germany to South-Africa which at that time was a British colony.

Question: He came directly from Germany to South-Africa?

Mark Solms: No, his father, Michael Saling's father left Germany in 1938 and went to South Africa and I think he must have had a knowledge and interest in psychoanalysis. And his son who was my teacher, Michael Saling, imparted to me this interest in psychoanalysis that he had, an intellectual interest in psychoanalysis. And the first contacts I had with psychoanalysis were Freud's monograph *On Aphasia* and his *Project*.⁴ These were two books that Michael Saling, my professor, recommended to me to read, which he thought were outstanding contributions to neuroscience, the aphasia monograph as an outstanding analysis of the problem of aphasia in itself and the *Project* as an outstanding intellectual masterpiece. And it was through those two works and especially through the *Project* at that time that I thought: "This is something that I have to understand more about." And then I read Freud systematically after that. But we were very isolated out in South-Africa because it was impossible to really pursue a proper education in psychoanalysis. It was just a matter of reading and I read as much as I could.

Question: Do you mean there were no analysts in South-Africa?

Mark Solms: At that time, no. Not at all. Up till 1989 I had no formal education in psychoanalysis.

Question: But there was a possibility to be trained as a psychoanalyst?

Mark Solms: No, that was not possible.

Question: Fritz Perls was not there?

Mark Solms: Fritz Perls... Well, you are going back a long way. Fritz Perls was no longer in South-Africa at that time and also — as far as I know — was no longer a psychoanalyst. But Wulf Sachs came from Berlin, well, from Russia via Berlin — he was analyzed in Berlin — and he moved to South-Africa in the 1920's. And he took a number of people into analysis, including Ann Hayman and Sadie Gillespie who are still currently members of the *British Psychoanalytical Society*. He took five people into analysis and he formed an IPA recognised study group. And they would have then been the nucleus of a future *South African Psychoanalytic Society*. Fritz Perls was a member of this group. But Wulf Sachs died suddenly and unexpectedly, and while all of his patients were still in analysis with him; none of them had yet qualified. So, all of them had to transplant themselves to London in order to complete their analysis and their training. And because of the nature of psychoanalysis which is such a slow process and which you cannot really plan, they said: "Well, I am going to just be here for three years and then I shall go back. I have to just see where it takes me." It happened that these people did not go back to South-Africa. As a direct consequence of Wulf Sach's death, psychoanalysis disappeared in Britain. It is a remarkable fact that in the *British Psychoanalytical Society* — I am not sure how big it is, maybe about 300 members — 18 are South African. Around about 18. Probably it is an oversimplification to say: "It is just because of Wulf Sachs' death". Because of the way in which things then developed in South-Africa after 1948. With the Apartheid government, it became more and more of an unanalytical atmosphere. It was really impossible to function as a psychoanalyst in that society. People who left South-Africa, as they had to in order to train in psychoanalysis, were then able to see what they previously would perhaps not have been able to see, and that made it very difficult for them to go back.

Question: Are things still like this?

Mark Solms: Well, it has been like that until 1987, I think, or thereabouts. One analyst moved to South-Africa. Her name is Aubertin, Katherine Aubertin, trained in Paris, she was a patient of André Green. And just after I had gone to London and had interviews to apply for psychoanalytic

training which I did in 1987, or perhaps it was late 1986, somewhere around there, she had just arrived in South-Africa then. She was not sure whether she was going to stay or not. At that time she was just having a look to see if it was possible for her to live there. And I had already started the ball rolling of going to England and so I did do that. But I must mention this, that during that period, for about three and a half years, before I applied for training in London, so in other words from about 1983 onwards, I did have a sort of an analysis. I entered into an analytic psychotherapy with a psychiatrist in Johannesburg by the name of George Warren. He had himself been analyzed by a member of the *British Psychoanalytic Society*, so I had at least an inkling of what psychoanalysis was about and the motivation to want to do more and to have a proper analysis.

Question: A good introduction...

Mark Solms: Yes. I in fact only started my formal analytic education in 1989.

Question: And now you are recognised as an analyst in England?

Mark Solms: Yes, I qualified from the institute in January this year.

Question: I would like to return to your publications. Do you also have typically psychoanalytic publications apart from your historical studies?

Mark Solms: Apart from historical and theoretical studies and translations I published nothing in psychoanalysis. No clinical publications. That is not through lack of interest in purely psychoanalytic matters. It is more out of a recognition out of my not yet being in a position really to contribute. But I hope in future years to do so.

Question: Just harking back to the stoppages in your career..., according to your curriculum I believe you have also been given a number of honours, or should I say research scholarships to perform scientific research. Could you tell us something about that, what the most important are?

Mark Solms: Well, I won a few prizes from my own university. During my studies I was the best scholar on a number of occasions and I won

prizes for that but these were not financial prizes, just a certificate of acknowledgement from the university itself. Then I received small amounts of funding, again from my own university. Nothing dramatic. I won one scholarship which was called the *Henry Bradlow Scholarship* which had a financial aspect to it as well. But our university, the *Witwatersrand University*, was also, unlike most of the South African universities, a very socially conscious university and very aware of its position. A lot of the funds of the university which in a European university would have gone to supporting graduate students and young researchers, went towards supporting underprivileged students at the undergraduate level. You know, at that stage, schools were separated between white and black schools and the pupils from the black schools were at an enormous disadvantage. And unless the university did something to help them to come into the universities, then we would just be perpetuating what the government was doing. So most of the resources of our university, then and still now, have gone into the funding of that sort of work. I had to rely on private funding, my own funds first of all. And then when it came to my wanting to train in psychoanalysis I received a very generous scholarship from what is called the *South African Foundation for Scientific Study and Research* which is a private foundation endowed by an industrialist who himself underwent an analysis in his youth and who felt immense gratitude to psychoanalysis for what it had done for him. So that foundation gave me a research and study grant which enabled me to move to London. Since then I had funding from the *Simenauer Foundation* which is again a private foundation that was endowed by a German analyst. Presumably for historical reasons he wanted to leave his money to the *British Psychoanalytical Society* rather than to German societies. That was a very large grant that he gave to our institute and they gave some of it to me. The other research funding that I have had has been from the *Freud Literary Heritage Foundation* in New York which is chaired by doctor Kurt Eissler.

Question: How did you arrive at the whole collection of the so-called pre-analytic writings? How did you come to assume or receive this assignment?

Mark Solms: Well, I think that was in quite an amusing way. I read Frank Sulloway's book, probably in about 1980 or 1981, and there is a footnote in that book in which he mentions that Freud's pre-analytic writings as he

called them, are going to be published at last and that was going to make an enormous difference.⁵ So I looked into his bibliography at the back of his book, because at that stage I was developing an interest in psychoanalysis from my own background in neurological sciences. And I had read Freud's *Project* which my professor had recommended to me and I had read the aphasia book. I thought: "Well, I want to read more". And so, here was a collected edition of Freud's neurological writings, so "let me get it". So I looked in the bibliography and I saw to my disappointment that it was not yet out and that they did not give a date. It was forthcoming, still to be published. But at least it mentioned that the *Hogarth Press* was the publisher. So I waited patiently until about 1983, but it never appeared. I kept on asking my local academic bookseller to keep an eye out for this and as soon as he saw the announcement he was to let me know. But it never came. So eventually I wrote to the *Hogarth Press*, and John Charlton was a director, the director responsible for Freud editions, and I asked him when this edition was going to appear, and told him that I was getting impatient. He told me then, which I did not know being out in South-Africa, that the editor Erwin Stengel, the editor of that edition, had died and he had not completed it, and that they had abandoned the idea of doing it. And it is not surprising to me that they had to abandon the idea of doing it, first of all because I have subsequently seen Stengel's material and it was very far from ready to be published as a proper scholarly edition of Freud's neurological writings, but also if you do not have somebody like Erwin Stengel who was an analyst and a neurologist and who has knowledge of German and of English, it is very hard to continue the work. There really are very few people who have those basic necessary qualifications. I said to John Charlton that I would be very grateful if he would let me have a look at least at what Stengel had done, because this area was of particular interest to me, given the direction that my work was then beginning to take. At first he was anxious about letting me see this material. And so I gradually got to know him and went and saw him in London and spoke to him about this. And the idea gradually developed from me being a potential buyer of this collected series, to my taking over the responsibility of editing it. And so they gave me all of Stengel's material. And then at the same time I became aware of the fact that Paul Vögel in Frankfurt had been working also on an edition, a German edition of Freud's neuro-scientific works for the *Fischer Verlag*. He was also a neurologist. He was not a psychoanalyst but he was very admiring of Freud and, again like me, he had come to know Freud

through his neurological writings. He wrote a number of papers on Freud's *On Aphasia* in which he pointed out to neurological audiences the great value of this work. He also had died before he could finish the work. In fact he lost his eyesight and so he could not complete it and then he died. *Fischer Verlag*, on hearing that I had now taken over the project in London, proposed to combine forces with us and I took over the project for them too, and we turned it into a single project. So all of professor Vogel's work was made available to me also. So I had a leg up from then onwards to be able to continue the work with the foundations at least having already been laid.

Question: So you are now the editor, both of the German and the English editions?

Mark Solms: Yes.

Question: How is the job getting on ? You announced it for 1999?

Mark Solms: Yes. As I have said, the work that was done by my predecessors was made available to me. So I think that when you date what I have been doing, the time span that I am working in is not what would otherwise have been the case. I did not have to start from scratch. I already had this material to begin with. And in the case of the German edition, that was quite considerable material. For example, the entire anatomical works and the entire cocaine papers, had already been edited by Vogel and by his assistant, Frau Ingeborg Meyer-Palmedo, who had done a lot of work tracing all the sources, copying them, checking the quotations and that sort of thing. And that has been over years. I mean, they had been working since the 70's. And so was professor Stengel in London, working since the 70's. I formally took on the project in 1989. I signed the contracts with the publishers and began the actual work. There was a lot of spade work that I had to do because a lot of material had been discovered since then, since Stengel and Vögel had been working on it. A lot of new material had been discovered; I had to collect all of that together and there was also work which both of them had not been aware of and which I had to get. These really are very obscure publications, many of them. Inevitably the last ones are the most obscure and the most difficult to get. And I also had very

complex contractual negotiations to get through, which sounds like something which is peripheral to a project of this sort but in fact it is a big part of the reality of trying to do a scholarly edition of Freud. It is a minefield of legal issues, copyrights and other complexities. There is material that is restricted, there is material that is held and copyrighted by one person, other material by another person and different publishers... I spent nearly a year on just dealing with that sort of things. And by 1990 I started actually doing the translations and the editing. At this point now, in 1995, I have completed the first translation of everything. So I now have an English translation of the entire works and I have editorial notes that I have been taking as I have been going along. Of course I have also had to collect the vast literature on Freud's neuroscientific works. That is actually a very big body of literature, which I have had to collect in order to be able to compile the editorial introductions and the footnotes. Now at this point I am about to start back from the beginning again, to improve on the translations, to make final corrections and then to work up the editorial apparatus, and it is that that I am expecting to take another four years to complete. So that is where things stand. Recently I have also been asked to take executive editorial responsibility for a forthcoming revised edition of the 24-volume *Standard Edition of the Complete Psychological Works of Sigmund Freud*, so that has impeded my rate of progress on the *Neuroscientific Works* as well.

Question: What, of all that you have done so far, do you consider the most important? If, say, you had to present someone with your three most important publications, studies, merits, what would these be?

Mark Solms: Well, I would have to say that my most important work has not been done yet. I am in a position at this point to know what I am going to be doing in the next few years, because of course I have started on all of this. And I think that the most important work is first of all what we have been discussing: Freud's neuroscientific writings, the publication of these works, and incidentally I must mention that although they will appear in simultaneous English and German editions, French and Italian editions have also been agreed. The *PUF* are doing the French edition and in Italy it is *Borrengeri* who is doing the Italian edition. And there are scholars who are beginning to work on that. They will be translating my editorial work into their languages and obviously the Freud texts too. I think that this is

not only going to be important historically, to have this information and these works available. I think it can have an impact also on the status of psychoanalysis now and on the future of psychoanalysis. I think if we have a better understanding of where these concepts come from and how they relate to neurology.., which is not a simple matter... but Freud was very well aware of the complexities and he thought very deeply on these problems, and this comes out from these neuro-scientific writings, one can see. I think, I hope that this will stimulate an interest in the relationship between psychoanalysis and neuroscience and in that way contribute to the scientific development of psychoanalysis in relation to these problems. The situation is very different in America from what it is here in Europe. I think that psychoanalysis is in quite a serious crisis in relation to developments in the neurological sciences in America. And I am hoping that by making these works available in English, especially in America, we can prevent too crass and too quick an answer of how we can relate psychoanalysis to neuroscience, which I think is the way things seem to be going in America, where it has been heading in a direction which is very detrimental to psychoanalysis. I am hoping that by introducing the complexity of Freud's vision of these things into that debate in America, I am hoping that this will reinvigorate a proper psychoanalytical understanding of these problems, and in that way influence research directions in America. Mentioning America, I think that relates to the second most important work that I am doing. Since 1993, I have been going to New York once a month. We have a research group there, it is at the *New York Psychoanalytic Institute* and it is called the *Neuroscience Research Group*, headed by doctor Arnold Pfeffer. I have been meeting with this group monthly and presenting lectures to them on the relationship of psychoanalysis to contemporary neurological science. How can we, as psychoanalysts, understand and make use of current advances in neurological science ? What is the meaning of all of this to us ? How can we assimilate it ? Should we be assimilating it ? If so, what aspects and in what ways should we be assimilating all of these enormous developments which I really think, in spite of all of the problems with them from our point of view, psychologically and psychoanalytically, I think that there can be no doubt that there have been enormous advances in our knowledge. I think if psychoanalysis is going to remain at the vanguard of thinking in mental science, we have to somehow take account of these developments. And by being invited to give these lectures in New York, I was given the opportunity to consider these problems. First of all I

gave a series of 8 lectures, starting in, I think it was September 1993.

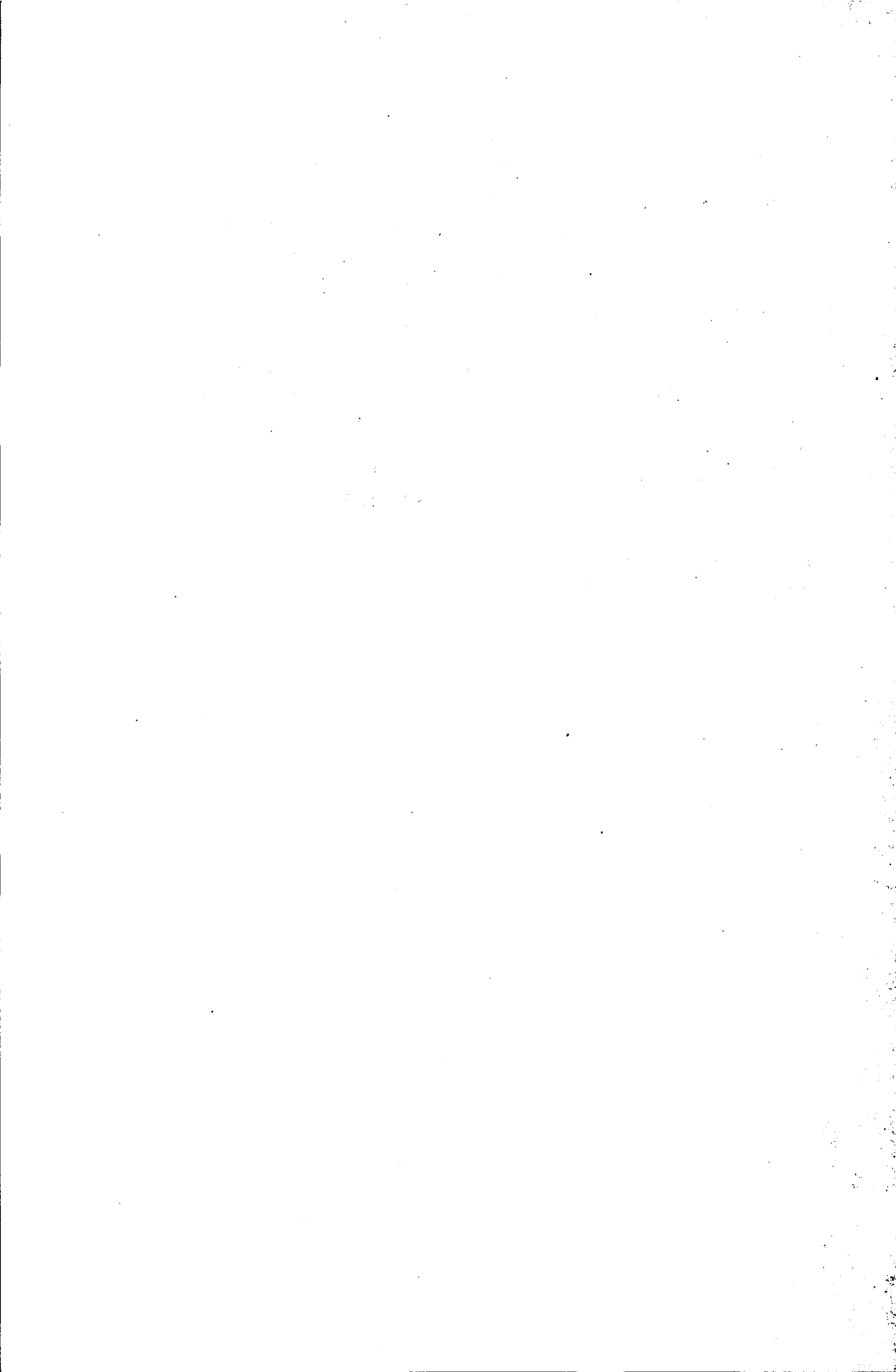
When you ask what is one of my most important works, I think this is one of my most important works, but it is only going to appear in print in about 1997. Each lecture deals with a different part of the brain, considering it in relation to psychoanalysis. What do we know of this part of the brain, what does that mean to us in psychoanalysis. The last lecture is a view of the brain as a whole in relation to psychoanalysis. But also in that lecture series I have discussed methodological problems and historical problems and so on. Those will be published in a monograph series by the *Journal of the American Psychoanalytic Association*. In that series only four monographs were published and they stopped it in the early 1960's. Now they are restarting the series and these lectures will be the fifth monograph in that series, published by *International Universities Press*. And that will come, hopefully in 1996, but probably only the next year.

If I can mention a third thing, I think that the third most important work that I am involved with is the work arising from what I mentioned we started in South-Africa already, that is conducting actual psychoanalytical investigations of patients with damage to different parts of the brain. Using a psychoanalytic method to understand these patients opens a whole new world, to be able to really appreciate what the internal life of these patients is like. It is absolutely fascinating. But I think also scientifically that is a very important direction for us to go in, in order to be able to, on a rational basis, understand how our concepts, in all their complexity and subtlety, how they relate to the tissues of the brain. And as I was saying in the discussion after my lecture yesterday, I think that these case studies are the beginnings, I would hope, of a new research trend in psychoanalysis. Now those case studies I am publishing also, together with my wife, who saw most of those patients. In fact I saw only a few of them, she saw more of them than I did. That will be published by *Karnac Books* in London and *International Universities Press* in New York, but we are still busy editing those.

Notes

¹ On the occasion of the *International Conference on Freud's Pre-Analytical Writings (1877-1900)* at Ghent University, 12-15 May 1995.

- ² M. SOLMS, K. KAPLAN-SOLMS, M. SALING, P. MILLER, Inverted Vision after Frontal Lobe Disease, *Cortex*, 1988, 24, pp. 499-509.
- ³ M. SOLMS, *The Neuropsychology of Dreams: A Clinico-Anatomical Study*, Lawrence Erlbaum Associates: in press.
- ⁴ S. FREUD, *Zur Auffassung der Aphasien. Eine kritische Studie* (1891b), Frankfurt am Main, Fischer Verlag, 1992, 168 pp. [English translation: *On Aphasia. A Critical Study*, New York, International University Press, 1953, xv + 105 pp.] S. FREUD, Entwurf einer Psychologie, (1950c), G.W, Nachtragband, 1987, pp. 373-477. [English translation, Project for a Scientific Psychology, S.E., vol. I, pp. 281-387.]
- ⁵ F. SULLOWAY, *Freud, Biologist of the Mind*, London, Burnett Books, 1979, 612 pp.



SARTONIANA: ONOMASTIC INDEX: VOLUMES I – XII

Abraham E.: III, 17

Assoun PL.: I, 59

Balthazar H.: XI, 153

Bennet S.: VIII, 107

Beukers H.: XII, 11, 39

Bissell C.: X, 167

Blondeau R.A.: V, 87

Bosman – Jelgersma H.A.: III, 65

Brockliss L.: X, 15, 43

Couloubaritsis: XI, 15, 43

Dams R.: VIII, 81

De Baets P.: XI, 249

De Boodt M.: II, 69

De Clerck K.: II, 173; IV, 9; V, 71

Deelstra H.: VIII, 85

De Mey M.: IX, 143

Depaepe M.: VII, 141

Dermout L.: VI, 111

De Ridder – Symoens H.: V, 75; X, 9

De Vroede M.: II, 177

De Win P.: IV, 93

Dorikens M.: XI, 197

Dowson D.: XI, 253

Driesch (von den) A.F.: VI, 15, 37

Dubois D.M.: IX, 27

Fankhauser R.: III, 87

Feenstra R.: IV, 13

Frängsmyr T.: V, 17, 27

Fransen T.J.F.: II, 47

Garfield E.: V, 109

Gautier A.: IV, 27

Geerardyn F.: XII, 211

Gekeler O.: II, 139
 Godderis J.: VIII, 51
 Gysel C.: VI, 117

Hallyn F.: V, 41
 Heyde K.: XI, 113; XII, 181
 Hoorens J.: I, 113; VI, 11; X, 75
 Houtzager H.L.: VI, 83
 Huygelen C.: X, 79

Iserentant C.: XII, 185

Jansen – Sieben R.: X, 117

Koolmees P.: XII, 153
 Künzl E. : XI, 71

Lambrecht D. : IV, 89 ; VII, 239
 Leguebe A. : IV, 33
 Lemli J. : VI, 61
 Lox F. : I, 11 , 105 ; II, 135 ; IV, 67 ; V, 11
 Luyendijk – Elshout A.M. : II, 105, 119

Mammerickx M. : I, 115
 Merton R.K. : I, 23

Pinxten R. VII, 55

Quackelbeen J. : I, 53 ; IX, 13 ; XII, 211
 Quintyn J.B. : I, 109

Rubens R. : VIII, 47 ; IX, 75 ; XII, 9

Sarton G. : VI, 177 ; VIII, 129
 Sarton M. : VI, 177, IX, 177
 Schadewaldt H. : I, 141
 Sebestik J. : IV, 71
 Simon F. : VII, 137
 Solms (De Gier) M. : IX, 99 ; XI, 283 ; XII, 211

Storme M. : IX, 121

Thiery M. : I, 15, 137 ; II, 11, 97 ; III, 37 ; V, 83 ; VI, 79 ; VIII, 9 ; IX, 9, 177 ; X, 111 ; XI, 67

Turner G.L.'E. : VIII, 19, 33

Van Camp K. : IV, 111

Van Caenegem R. : VII, 245

Van Cauwenberge P. : VII, 173

Van Cauwenberghe A. : VIII, 103 ; X, 163 ; XII, 61

Vandamme F. : I, 17, 91 ; III, 9, 83 ; V, 39 ; IX, 15, 139

Van de Vijver G. : XI, 9

Vanden Berghe G. : XII, 89

Vandewiele L. : II, 15, 31 ; III, 57 ; VII, 11

Van Hoof J. : XII, 149

Van Laere J. : IX, 79

Van Schoonenberghe E. : XII, 93

Van Severen R. : VI, 57

Velle K. : XI, 157

Verhulst A. : III, 71

Werner D. : VII, 59

Wieme W. : II, 43 ; IV, 107 ; VIII, 15

Willemot J. : VII, 177

Winkel L. : IX, 125

Wittop Koning D. : VII, 17, 41

Zuse K. : IX, 61

