

## **Dr Karol de Beaurain – a psychiatrist’s profile. Part 2**

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### **Summary**

The paper sets out to recall the profile of Karol de Beaurain, a psychiatrist, who was one of first Poles to use the psychoanalytic method in treatment. So far, he has been mostly known as the one who was Witkacy’s psychoanalyst. Stanisław Ignacy Witkiewicz and Eugenia Dunin-Borkowska are the first patients who are known by their names and who received psychoanalytic treatment in the history of the Polish medicine. Stanisław Ignacy Witkiewicz’s letters and drawings originating from the psychoanalysis period served as a source of information about Witkacy’s psychoanalysis. The paper illustrates dr Beaurain’s fate during World War I when he was first a military doctor in Skoczów and then an assistant in prof. Piltz’s Neurological-Psychiatric Clinic in Kraków where he actively participated in the creation of a multidimensional programme of war neurosis treatment. After the war finished, initially Beaurain stayed at his assistant post at the Psychiatric Clinic in Kraków but then in 1921 he relocated to the National Psychiatric Hospital in Dziekanka near Poznań. With his professional expertise he contributed to the strengthening of the Great Poland region psychiatry that had experienced qualified personnel shortages after the German qualified staff left. The growing numbers of patients and the overload of professional duties were probably the factors that led to dr Beaurain’s premature death while he was holding the position of the head physician at the National Psychiatric Hospital in Owińska in February 1927.

**Key words:** psychoanalysis, history of psychotherapy, Witkacy

### **Witkacy’s psychoanalysis**

Dr Karol de Beaurain started his psychoanalytic practice in January 1912 or earlier. The first evidence for that could be traced on Stanisław Witkiewicz’s postcard sent to his son on 29<sup>th</sup> January 1912: “My Dearest! Thank you very very much for Mum’s card and Grandpa’s letter (...) My Oldie! do not let Beaurain use you in experiments.

He may make you believe you have some disease” [1]. That suggests that Stanisław Ignacy Witkiewicz (Witkacy) probably wrote in the letter to his father (the letter did not survive to the present day) that he at least started psychoanalysis. It must have been January 1912 and considering the frequent exchange of letters between the father and the son, hypothetically, the first psychoanalytic session could have occurred a few days before 29<sup>th</sup> January 1912. The friendly and familiar tone of Stanisław Witkiewicz’s letter about de Beaurain seems significant. It seems worthwhile to review the course of psychoanalysis starting from its beginning. De Beaurain might not have been very experienced in conducting psychoanalytic sessions as Witkiewicz later ironically pointed out while describing himself that he served as “an experimental guinea pig” [2].

Having quit his studies at the Academy of Fine Arts in Krakow in 1910 Stanisław Ignacy Witkiewicz returned to Zakopane. In 1912 when he was 27, he experienced a difficult time in his life and had concerns about “going mad” [3]. After some years Witkiewicz wrote that it was dr Karol de Beaurain who was “interested in my dreams and offered me (...) ‘a practical course’” [2]. The course of the psychoanalysis is most comprehensively reported (as a concurrent report rather than a memoir) in the letters to Helena Czerwijowska [3] and later works of Witkiewicz. He wrote the letters to Czerwijowska in a very open and emotional manner. The correspondence abounds in the descriptions of experienced feelings and in-depth reflections on them. These subjects along with deliberations over their mutual relationship are prevailing themes in the letters.

The frequency of psychoanalytic sessions is unknown but it cannot be ruled out that they may have occurred several times every week. Undoubtedly, the interpretation of dreams was the subject of the psychoanalysis. Witkiewicz wrote in the letter dated 5<sup>th</sup> May 1912: “Beaurain while asking about the dream inquired about my attitude towards you, Madam ...” [3]. What seems significant is the description of a dream analysis which was referred to after several years: “The other oddity of a dream (...) is the one which the meaningful sense was shown to me only by Freud by means of dr de Beaurain; it consists in a dream symbolizing subconscious and hidden mental content that refers to significant past events which were somehow forgotten as a deep trauma, mostly painful and bleak experience” [2].

De Beaurain also analyzed Witkacy’s relationship with his parents. At the final stages of the treatment, Witkacy wrote to Czerwijowska: “I see Boren<sup>1</sup> and the psychoanalysis is about to end but I did not get more faith in it. He keeps persuading me that I have an embryo complex without any success” [3]. The embryo complex was understood as a strong emotional bond with a physically absent father, Stanisław Witkiewicz (1851–1915), who was a famous painter, writer and “a discoverer” of Zakopane style. In his final years during his son’s youth he was receiving treatment abroad and was in a relationship with another woman. Not later than in October 1912 the relation with mother was worked on during psychoanalysis, which is corroborated by two letters originated from that time. They included the typical psychoanalytic terms: Mutter-problem and Mutter-complex [3].

<sup>1</sup> Witkiewicz in his letters sometimes resorted to the phonetic spelling of Beaurain’s surname, e.g., Boreę, Boren.

Not only letters, but also drawings introduce the mood of analysis. In 1912, probably in October, Eugenia Dunin-Borkowska, Witkiewicz’s close friend, became Karol de Beaurain’s patient. Witkiewicz reports on that in the letter to Czerwijowska dated 24<sup>th</sup> October 1912: “Mrs. Borkowska is undergoing psychoanalysis at Boren’s (I am saying that in secret – don’t say a word even to Barbara) and it seems to be of benefit for her” [3]. It can be concluded that the effects of Witkiewicz’s psychoanalysis were received in a positive manner since yet another person started their own psychoanalysis. Not many facts are known about Eugenia Dunin-Borkowska. She was an actress and a friend of Witkacy for numerous years. They wrote a play together entitled “Mister Price czyli bzik tropikalny” (“Mister Price, or Tropical Madness”) in 1920 [4]. She was admired for her fine intellect and profound knowledge [5]. She is usually presented as a wife of Władysław Dunin-Borkowski, a painter and Witkacy’s friend from studies [6]. The photographic copies of Eugenia’s portraits created by Witkiewicz have been preserved [7]. The series of six charcoal drawings seems thought-provoking. The last one has the most interesting title of “The influence of psychoanalysis by Boren. Cheerfulness and tranquillity” [7].

Stanisław Ignacy Witkiewicz and Eugenia Dunin-Borkowska are the first patients who are known by names and who received psychoanalytic treatment in the history of Polish medicine. Earlier case studies and publications [8] presented patients in an anonymous (their identity may not be established) and extremely brief manner as the therapy usually lasted for a short time. The treatment of Stanisław Ignacy Witkiewicz is the first known case of a therapy which lasted long enough for typical phenomena of psychoanalysis to occur (transference, work with symbols etc.).

Witkiewicz himself was reluctant to recognize the positive influence of psychoanalysis on him while he was attending sessions at dr de Beaurain’s. It was clearly much easier for him to do so in a series of Eugenia Dunin-Borkowska’s portraits, particularly, in the title which was referred to [7]. That demonstrates Witkiewicz’s general positive attitude to psychoanalysis which at that time did not apply to his own. Witkiewicz’s “embryo complex”, which got activated during transference, could inhibit relations with such a powerful man as undoubtedly his physician and analyst was. Additionally, he was a friend of the family (see the aforesaid conflict with dr Chramiec [9] or Stanisław Witkiewicz’s postcard [1]). A great tension over psychoanalysis could be sensed in the letters between Witkiewicz and Czerwijowska. At some point Witkiewicz misses psychoanalysis and points out to its positive impact on his development (“I had a conference with Boren but it seems it was too late (...)” [3]). However, at another time he undermines the significance of psychoanalysis: “I underwent psychoanalysis and I stopped believing in Beaurain and his affairs” [3]. Such a dynamic course of psychoanalysis was undoubtedly challenging for a doctor and psychoanalyst.

Having completed almost a year of psychoanalysis, in December 1912/January 1913 Witkiewicz drew a portrait of dr Karol de Beaurain. He possibly took a photograph of him beforehand. The photograph presents de Beaurain’s right-hand profile [10]. He reported on the drawing on 5<sup>th</sup> January 1913: “I have completed a portrait of dr Boren and it is a successful piece” [3]. The father also liked the portrait very much and he wrote in the letter dated 4<sup>th</sup> April 1913: “Out of all portraits the one of dr Beaurain is

outstanding” [1]. The further fate of the portraits is unknown. Subsequent facts [11] suggest that de Beaurain did not receive them or did not collect them in the course of psychoanalysis. In the catalogue of lost drawings one can find a photograph of a portrait drawing [7]. We can see a “double” portrait that presents both the left profile and the face. Karol de Beaurain is wearing a jumper and a collared shirt. His body (head, chest, shoulders, arms) is well-built. He is bald with short hair at the back of his head. He has grown a long moustache and straight beard. His forehead is wrinkled and the portrait is dominated by a straight and deep look.

At the beginning of 1913 S.I. Witkiewicz wrote in the letters to Helena Czerwińska: “the psychoanalysis is about to end” [3]. No specific date when the psychoanalysis was completed can be traced. It possibly might have occurred between 10<sup>th</sup> and 30<sup>th</sup> March 1913, which is suggested by the letters dated on those days [3]. After numerous years he would write that “in 1912 [he did] a systematic “practical course” in psychoanalysis” [2]. That also suggests that the psychoanalysis probably ended at the beginning of 1913 indeed. To sum up, it lasted no shorter than approximately 14 months from the second half of January 1912 (father’s letter dated 29<sup>th</sup> January) until the mid-March 1913 (the letter of 10<sup>th</sup> March). Witkiewicz himself wrote he “could not complete the psychoanalysis due to external factors” [2]. The reasons might have been the changes in de Beaurain’s life (he left Zakopane and started work in Wisła, more information on that to follow) or the changes in Witkiewicz’s life. The psychoanalysis was probably completed in March 1913 as planned and then it was supposed to be resumed but that did not occur and that is what Witkiewicz recalls as being incomplete.

Approximately a year after completing analysis and almost a one-year long engagement to Witkiewicz, Jadwiga Janczewska committed suicide on 21<sup>st</sup> February 1914. Witkacy’s mental state was very poor and he kept experiencing suicidal tendencies. At that time Karol de Beaurain did not work in Zakopane any longer. He was likely to recommend to Witkacy psychoanalytical treatment in health-resort in Wisła [11]. However, Witkacy opted for something else as at the same time his friend, Bronisław Malinowski, suggested that Witkacy participates in the scientific expedition to Australia [12]. Shortly after he set off for his journey, he wrote a farewell letter to de Beaurain. It mostly included descriptions of S.I. Witkiewicz’s unwell mental condition:

*“Honorable and Dearest Doctor:*

*I did not come to yours as every moment I spent in the country struck terrible blows to my ambition. Either death or New Guinea.(...) I bid farewell then to the Honorable Doctor and place my kisses on your Mrs’s hands. I thank you two for everything.*

*S. Witkiewicz*

*The portrait of myself and a drawing of yours will always be ready for collection” [11].*

The letter also conveys some biographical data. As it can be concluded, at that time de Beaurain did work in Wisła where he invited Witkiewicz and after his wife’s death he was in a relationship with another woman that Witkacy sends his regards

to. Witkiewicz was likely to get on well with her as except for the phrase “place my kisses on your Mrs’s hands” [13] which he frequently directed at Maria Dembowska, a friend of his father, he adds “I thank you two for everything” [11], which occurs in Witkiewicz’s letter less frequently and could be interpreted as a positive attitude towards both of them and not only as a formal polite phrase. The last sentence suggests that dr de Beaurain did not possess his portrait drawing for some reason.

Not much is known about Karol de Beaurain’s further contact with Stanisław Ignacy Witkacy. Witkacy was a really close friend of Janusz de Beaurain, dr Beaurain’s younger son. They would spend a lot of time together as adults and the relationship with Janusz is a recurrent motif in Witkiewicz’s correspondence, whereas the traces of Karol are just fragmentary. In the letter to his wife dated 27<sup>th</sup> August 1926 he wrote: “Borę is as silent as a grave” [14]. It may mean that in 1926 Witkacy was trying to renew the contact with dr de Beaurain. What possibly could have driven him to do that were strong fears of future along with difficulties he experienced in the relation with his wife.

Stanisław Ignacy Witkiewicz’s psychoanalysis conducted by Karol de Beaurain clearly ended with success despite the patient’s (declared at least) resistance. Witkacy underwent individuation (soon after the psychoanalysis he adopted the pseudonym), more easily separated himself from the father and possibly from the mother, he got engaged and became more creative (he was writing a novel, took photographs and painted at that time). Witkacy’s later creation suggests his fascination with psychoanalytic ideas always perceived in a positive manner as well as his attachment to the theory of complexes.

Witkiewicz did not only make references to psychoanalysis as a theory, but he also created specific characters in his works, e.g., dr Bechmetiev of “Insatiability” [16] whose real life counterpart was allegedly dr Karol de Beaurain. That is not certain though since several [15] psychiatrists may be identified in Witkacy’s surroundings. Therefore, Bechmetiev could combine numerous traits. 23 years after the treatment, S.I. Witkiewicz wrote a book entitled “Niemyte dusze” (“Unwashed Souls”) [2] which he dedicated to Karol de Beaurain. He started the work with the summary of his psychoanalysis: “I got familiar with Freud’s method, so-called, psychoanalysis owing to a friend of my parents (somewhat mine as well considering a big age gap), dr Karol de Beaurain, in memory of whom I dedicate this work with a feeling of deep gratitude, respect, admiration and fondness. For years I did not appreciate what the first almost a pioneer of Freudian ideas did for us and indirectly for me” [2].

## Wisła

On 24<sup>th</sup> October 1912 (still during his psychoanalysis) Witkacy wrote to Helena Czerwijowska that they have two guests in the guesthouse “Nosal” run by his mother: Jadwiga Janczewska and “Mr. Lewicki, a brother of Mrs. Boren” [3] (“Nosal” guesthouse has a record of Konstanty Lewiecki from Poznan staying there at that time [17]). The relation with Mr. Lewiecki seemed so good that he became a model for photographs (unpublished so far). In Ewa Franczak and Stefan Okołowicz’s collection a box with

photographs was preserved. It was signed “Mr. Rzeszotko, Moi in room J., Lewicki, Ms. Jastrzemska.” In the description Stanisław Ignacy Witkiewicz confused the surname spelling in Jastrzębska and definitely Lewiecki [6]. Konstanty Lewiecki was a journalist and writer in Poznań. He was born in 1864 and died on 4<sup>th</sup> February 1927.

The first wife of dr Karol de Beaurain, Zofia Kosmowska, died on 19<sup>th</sup> November 1913 and she only had sisters. Therefore, at that time dr Beaurain had already remarried probably to Maria Lewiecka (all previous publications concerning Witkacy keep quiet about the second marriage of de Beaurain). The guest list from a year and a half before records the stay of Maria Beaurain from Poronin in the second half of March in 1911 [18], which suggests that Karol divorced Zofia and married Maria. Maria came from Poznań province and in April 1907 Karol donated 10 crowns for the people of the Great Poland [19]. He definitely did that because of patriotic motives but the deed could also be related to his relationship with Maria. The amount of the donation was significant as it was sufficient to buy five kilograms of coffee. De Beaurain’s later fate made his ties with the Great Poland even stronger. Witkacy quoted de Beaurain with a slight irony in the letter to his wife of 27<sup>th</sup> September 1929: “(...) When we felt so good. Is it only about the cursed gender stories to which no one (from men) had it arranged in a different manner, and the old Borę always claimed that a m[an] has to have many women as living with only one is a form of masturbation” [20]. If de Beaurain expressed this or similar view, based on the quote it cannot be certain in what circumstances he did so.

Maria Beaurain nee Lewiecka, a daughter of Władysław Lewiecki and Aniela nee Krzyżanowska, was born on 16<sup>th</sup> July 1866 in Grębanin in the Great Poland province [21]. She came from a noble family. Seweryn Żółtowski, who died in 1891, was the first husband of Maria [22]. Maria became Mrs. Beaurain at latest in 1911 [23]. Witkacy’s letter of 1914 mentions Beaurain’s remarriage [11] when the first wife was already dead. Also, a document of 4<sup>th</sup> April 1919 written by an associate dean of the Faculty of Medicine at the Jagiellonian University says that “dr Beaurain is married and has one child” [24].

As mentioned before, in 1914 Karol de Beaurain did not practice in Zakopane as he relocated to Wisła where he ran a hydrotherapy centre. The press from 1910, e.g., “Zakopane” magazine, reports that: “(...) in the beautiful West Beskidy mountains at the altitude of 450 metres above sea level there lies a beautiful village, Wisła. It was transformed into a health resort by Bogdan Hoff. He lived here for a long time and in 1906 built a hydrotherapy centre which attracts hundreds of visitors every year. (...) The centre is appropriately equipped with a good and cheap guesthouse and it guarantees a patient all the comfort and a thorough course of treatment” [25]. Only few press adverts could be found today, e.g., the one from “Kurier Warszawski” of 27<sup>th</sup> June 1908: “Źródła Wisły (Springs of Wisła). Hydrotherapy centre. Guesthouse Hotel “Piast” and villas for rent. Prospectus free of charge. The owner: Bogdan Hoff. Wisła Ustron Silesia Austria” [26]. A well-known balneologist, dr Józef Zanietowski, designed the arrangement of the hydrotherapy centre. He was also the first physician who looked after the patients [27]. Stays in Wisła were recommended to: “overworked persons, those with neurotic or cardiac disorders, convalescents and children in par-

ticular” [27]. Unfortunately, the centre did not bring expected profits. In August 1913 the centre was bought over by the company “Spółka Wiślańska” (“Wisla Company”) which was established for that purpose [28, 29]. Before the centre was bought over, lively press propaganda occurred during which some people called for the rescue of the Polish spa from Germanization [28]. In 1914 the company nominated dr Karol Beaurain as a new director [28]. When he took up the post, he aimed at further develop the centre and his hydrotherapy knowledge gained from prof. Wilhelm Winternitz in Vienna was very helpful in that. Unfortunately on 28<sup>th</sup> July World War I broke out.

### Krakow

The fate of dr de Beaurain at the start of World War I can only be hypothesized. A press note relating to Janusz de Beaurain sheds some light as it reports him to be “a son of a military doctor in Skoczow in Silesia” [30]. Shortly after the war broke out, on 31<sup>st</sup> July 1914 a general mobilization was announced in the area of Cieszyn Silesia (where Wisla was located) and the conscripted men joined three Cieszyn regiments of Austria. On 31<sup>st</sup> October 1914 the Cieszyn military crew was transferred to Skoczow where one of the Austrian military hospitals was founded. Dr de Beaurain probably worked there until he was transferred to Krakow. In March 1917 as a result of “military allocation” he started work at prof. Jan Piltz’s Neurological-Psychiatric Clinic in Krakow [31].

Since the breakout of World War I the clinic was re-organized into a military neurotic-psychiatric ward of the clinical fortress hospital and it was famous for its treatment of war neuroses understood as posttraumatic disorders in contemporary terms [32]. When de Beaurain arrived at the clinic, two special wards of war neurosis treatment had already been established. These were the wards where “the military authorities would send the most serious cases for treatment from different parts of the Austro-Hungarian Empire” [33]. De Beaurain joined the experienced team supervised by prof. Piltz. The team included Stefan Borowiecki, Jan Landau, Cezary Onufrowicz, Stefan Pieńkowski [34] and Eugeniusz Artwiński, who was a medical student at that time. Dr de Beaurain with his expertise also in the field of psychoanalysis turned out to be a highly valuable addition to the team. Although he worked in the clinic for several months, it was him who professor Piltz mentions twice in the article “Contribution to the study of so-called war neuroses and their treatment based on own observations” published on 1<sup>st</sup> December 1917 [35]. Those references suggest that he valued de Beaurain’s contribution to create an efficient program of war neurosis treatment. While writing about psychotherapy, Piltz recommended an indirect suggestion which “as expressed by the clinic assistant, dr Beaurain, should be given direction and dynamic action” [35]. Except for “individually applied psychotherapy” [35] other support techniques were included in the treatment such as learning to walk. De Beaurain was successful in that field as well. As professor Piltz reported: “The clinic assistants, dr Artwiński and dr Beaurain, while treating hysterical gait disorders, they developed, independently of each other, a method which consists in the distribution of movements of high coordination into a series of others which are less complicated or differently

coordinated” [35]. Professor Piltz must have highly valued de Beaurain’s contribution and his expertise as when World War I ended, from 1<sup>st</sup> April 1919 to 31<sup>st</sup> March 1920 he offered him the appointment as an assistant at the Neurological-Psychiatric Clinic replacing dr Onufrowicz [36]. In the following year he was appointed a senior clinic assistant and then from 1<sup>st</sup> April 1921 until 31<sup>st</sup> March 1922 the appointment was extended [36].

### Dziekanka

In July 1921 he stepped down from the post [36] because he wanted to take up the position of the deputy head physician in the National Psychiatric Hospital in Dziekanka near Poznan, which he did on 25<sup>th</sup> July 1921 [37]. Dziekanka, located in the previous Prussian partition, suffered from a considerable shortage of staff after the German personnel left. Dr Aleksander Piotrowski, who was the head in Dziekanka at that time, took up the position on 1<sup>st</sup> July 1919 and he reported that: “the relations were devastating as there were no experienced doctors, neither was there any experienced nursing staff. The number of physicians was very low as there were merely two unqualified assistant doctors at best” [38]. There were also moments when the head was an administrator at the same time and the only physician in the hospital which looked after on average 445 patients on a daily basis. Piotrowski wrote about the personnel situation as follows: “The medical staff has not reached its full capacity so far due to the lack of suitable candidates. Dziekanka sent its doctors to other hospitals where they took up managerial positions” [37]. The data suggests that the psychiatry in the Great Poland province urgently required professional support and found it in the person of dr Beaurain. When he joined the staff in Dziekanka, except for the head, two other physicians, who recently joined, worked there. However, it was him who replaced Piotrowski, the head, when he went on a business trip in July 1922 [39]. In 1923 on average 574 patients were receiving treatment in Dziekanka daily. Except for the head, five other doctors were employed there (dr Karol de Beaurain, dr Oskar Bielawski, dr Michał Siemionkin, dr Stanisław Salkowski and dr Brunon Nowara) [40]. In the same year dr de Beaurain was teaching patients church singing classes and directed the church choir [40] possibly as part of the occupational therapy promoted by A. Piotrowski, the head [37]. That is one of the few hints suggesting de Beaurain’s religion as the choir was later taken over by a Catholic organist [37]. De Beaurain must have been familiar with Roman Catholic songs. A Protestant choir functioned in the hospital as well. During daily conferences the medical staff discussed patients’ conditions, therapeutic treatments they carried out and discussed interesting cases. They were forensic experts for courts in Bydgoszcz, Poznan, Inowroclaw, Ostrow, Leszno and Wrzesnia. Since 1922 scientific gatherings of the hospital medical staff were organized every fortnight. They were devoted to “the discussion of current scientific affairs in the field of psychiatry, psychology and related disciplines” [37]. In his presentations, Karol de Beaurain often made references to psychoanalytic interpretation of psychopathological symptoms (sometimes opposing to the views of other presenters) and presented clinical cases and the lecture “On traumatic neuroses” [41].

On 30<sup>th</sup> November 1923 he reviewed two psychiatric papers in French. The first one presented the case of *bouffée délirante* – a psychosis which originated “as a consequence of a conflict between moral compulsion imposed by society in a mother’s figure and the female patient’s stimulated sex drive. (...) She sought escapism in a disease in which sexuality occurred with the force of a natural element. (...) While determining the psychoanalytic formula, the patient’s condition can be named a victorious attack of unconscious states directed against the patient’s consciousness” [42]. In the second paper, he reviewed three cases of schizophrenia which was preceded with epileptic seizures. The use of contemporary nomenclature (schizophrenia) and text references to Piltz’s pupillary reflexes [42] should be noted.

During the discussion that arose from the presentation of a catatonia case at the clinical gathering on 7<sup>th</sup> December 1923 he said that “the case perfectly illustrates the fluidity of boundaries between mental and physical functions. The same trauma or emotional conflict may produce different clinical symptoms in different cases depending on an individual reaction of a person. The study of patient’s unconscious states would reliably clarify the symbolism of their complexes (...)” [43]. Furthermore, while discussing the case of a psychotic female patient on 18<sup>th</sup> January 1924 he argued that “the inconsistencies of diagnosis result from insufficient interviews when the state of stupor passes, the case would probably be explained by “*bouffée délirante*” against the background of an erotic conflict. The patient’s alleged delusions of sinfulness are explained by real guilt, the illegitimacy of her motherhood which became her calamity, an obstacle to a new romance and coveted marriage” [44].

Undoubtedly, de Beaurain adopted a psychoanalytic approach to patients since 1911 even if he could not treat some of his patients with psychoanalysis due to the chronicity of their disorders. One should also note the classically Freudian understanding of libido and structural conflict as well as a typically Jungian application of psychoanalysis in case analyses of psychosis and the use of terminology related to complexes. He also stressed the need to carry out a typically psychoanalytic extensive study of patients with regards to the significance of symbolic symptoms.

Other shorter reports present de Beaurain’s patients’ diagnoses. He demonstrated three cases of women with the following chronic conditions: patient O. – with melancholy, patient D. – suffering from sclerosis disseminata with epileptic seizures [45] and patient O. – with manic-depressive psychosis [46]. In the discussion on the usability of an erythrocyte sedimentation rate, he emphasized the importance of developing a proper research methodology [47].

On 4<sup>th</sup> January 1924 at a meeting of “the medical staff in Dziekanka and participating doctors from Gniezno” [41] “Mr. de Beaurain delivered a speech on traumatic neuroses. It was based on the experience of the University Clinic for Nervous and Mental Diseases in Krakow. While characterizing the conditions for the development of traumatic neuroses, the presenter listed the guidelines which should be complied with in treatment. He absolutely disapproves the use of abrupt means and the treatment of traumatic patients as malingerers. A templated approach should be avoided and having penetrated patient’s psyche, the patient should be treated in an individual manner. A suggestion equipped with direction and dynamic action should be applied.

The presenter illustrates less common clinical symptoms by means of a series of photographic images. Based on the extensive clinical data, the presenter arrives at the conclusion that all traumatic neuroses are curable with the application of skilful treatment in appropriate conditions. One should learn from war experience and apply that knowledge in practice.

Traumatic patients should be treated immediately and multiple examinations and medical reports should be avoided as they instill into the patient even stronger belief the he or she is seriously ill. Medical reports on traumatic neurosis often present great difficulties even to experienced neurologists – so would it not be more correct to start without any lengthy fuss the treatment of neurosis as soon as possible considering its curability? As in these cases a matter of compensation is at stake so the matter should be regulated by law which will determine that neurotic patients, unless they forego the claim to compensation, shall undergo treatment under the guidance of experienced neurologists. To achieve that, special wards at neurological-psychiatric clinics or hospitals or equivalent national institutions should be established” [41].

In the absence of a publication by Karol de Beaurain, almost the entire report was quoted as it presents well his view on posttraumatic neuroses and their treatment. It also demonstrates his extensive experience in that field, approach to patients and how much he was involved in the problem. All of the presented views are very modern and remain valid today. The suggestion about the need to establish specialist wards must have originated from his work experience during World War I in Krakow and that view remains valid at present as well.

A lot suggests that Beaurain’s experience in the treatment of traumatic neuroses influenced the views of psychiatrists in Dziekanka. On 6<sup>th</sup> December 1927 dr Zajączkowski was presenting a case of a patient diagnosed with traumatic neurosis at the Dziekanka doctors’ meeting, he suggested the existence of “pathological subconscious complexes” as the reason for the persistence of symptoms [48]. That was followed by prof. Aleksander Piotrowski who in subsequent discussion firmly argued against the application of Kaufman’s method in neurotic treatment regarding it as dangerous for the patient and destructive for a doctor-patient relation [48]. He also supported payments of a substantial one-off compensation instead of permanent pension.

Despite the intense workload, while working in Dziekanka, he translated the work by Theodore Flournoy entitled “William James’ philosophy” [49]<sup>2</sup>. This seemingly insignificant fact tells a lot about dr de Beaurain. He was not a professional translator and must have selected the book himself. Flournoy was a medical doctor and he represented a rational stand in psychology. His work “From India to the planet Mars” disclosed mediumship as cryptomnesia and projection and strove to prove the existence of subconsciousness (C.G. Jung planned to translate this work) [51]. William James’ philosophy certainly supported the view and made references to the psychology of

<sup>2</sup> The Polish edition of P. Benoit’s “Forgotten” [50], which was published at the same time, was translated by P. de Beaurain who was not known for any other publications. Considering how rare the surname in Poland is, it is likely that the individual was related to Karol de Beaurain. The title page was provided with the female form “tłumaczyła” (“translated”), so it could be P [Mrs] de Beaurain.

religious experiences. Theodore Flournoy worked also as a professor at the University of Geneva at the time when Karol de Beaurain studied there, so the possibility of de Beaurain meeting him at that time or at least attending his lectures may not be excluded. The beliefs of the author, Theodore Flournoy, and the book ‘protagonist’, William James, reflect Karol de Beaurain’s views as well. His involvement in therapeutic work, recognizing the reality of psychic phenomena or treating the patient as the subject become more comprehensible.

### Owinska

After almost three years of work in Dziekanka on 2<sup>nd</sup> June 1924 de Beaurain became the head physician at the National Psychiatric Hospital, which does not exist any longer, in Owinska [52]. The hospital in Owinska was a large institution which looked after on average 558 patients on a daily basis [52]. In addition to the adult ward, the hospital had a school and a kindergarten for mentally handicapped children. In 1924 dr Stanisław Górny was the head of the hospital. Furthermore, three other physicians were employed there: dr Eugeniusz Rhenke, dr Karol de Beaurain and dr Stefan Węcewicz [52]. From 1925 onwards the number of patients under care rose by approximately 100 every year (1925 – 646, 1926 – 734, 1927 – 895) [53]. Five of the doctors who were employed in the hospital (in 1925 dr Rediger joined the team) were overburdened with work. On 27<sup>th</sup> August 1926 dr Eugeniusz Rhenke, the first from head physicians, died. As reported, the death occurred “after return from holidays” [54]. That was the time when S.I. Witkiewicz mentions in the letter to his wife on 27<sup>th</sup> August 1926 that he did not receive any response: “Borę is as silent as a grave” [14].

Shortly afterwards on 12<sup>th</sup> February 1927 S.I. Witkiewicz wrote to his wife: “the old Borę is very sick and it seems Janusz will leave” [14]. Dr Karol de Beaurain died two days later on 14<sup>th</sup> February 1927 [55] in Owinska due to heart condition which was probably aneurysm (“aneurysm of heart”) [55]. As his obituary reported “he died performing his medical duties till the very last moment” [55]. He was buried on 16<sup>th</sup> February at the cemetery in Owinska. The exact location of his burial is yet to be found.

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<sup>3</sup> After the article was accepted for printing, new information was found on dr de Beaurain's second marriage. On the basis of this, the identity of dr Beaurain's second wife was confirmed and the marriage was concluded in Krzemieniec on 6<sup>th</sup> July 1903. The data from the marriage certificate of dr Beaurain with Maria Żółtowska nee Lewiecka were placed in an online database by Danuta Wojtowicz covering the nineteenth-century public registers from Volhynia [56]. The original document is located in the State Archives of the Ternopil Oblast in Ukraine.