Rivista di psichiatria 2023; 58: 190-194

The murder of the surgeon Antonio Parrozzani and the relationship between sexual disorders and paranoid thinking

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Summary. In this study we aimed to describe the relationship between sexual disorders and paranoid thinking describing the historical case of murder of the famous surgeon Antonio Parrozzani and the pathological personality of his murderer. Parrozzani was killed by Francesco Mancini, his patient in the past. Mancini was obsessed by his sexual problems due to hypothetical injuries after an inguinal hernia surgery, made by Parrozzani. Following treatment, the murderer likely lived his surgery as a traumatic event and developed a paranoid thinking against the surgeon, breaking out with the dramatic homicide. Parrozzani's case highlights the strong relationship between paranoia and sexuality, and likewise this relationship can be considered as a prodromic factor for a psychotic onset. Moreover, this case, supported by two psychiatric assessments of murderer, remembers once again the association between violence and paranoia. Therefore, clinicians should take into account the danger of the possible presence of paranoid obsession together with sexual problems, to prevent psychosis onset or violent acts related to paranoid delusions.

Key words. Clinical case, paranoia, sexuality.

L'omicidio del chirurgo Antonio Parrozzani e la relazione tra patologie sessuali e pensiero paranoico.

Riassunto. In questo studio ci proponiamo di descrivere la relazione tra disturbi sessuali e pensiero paranoico descrivendo il caso storico dell'omicidio del famoso chirurgo Antonio Parrozzani e la personalità patologica del suo assassino. Parrozzani è stato ucciso da un certo Francesco Mancini, suo paziente in passato. Mancini era ossessionato dai suoi problemi sessuali dovuti a ipotetiche lesioni dopo un intervento di ernia inguinale, operato da Parrozzani. L'assassino dopo il suo intervento, probabilmente vissuto come un evento traumatico, aveva sviluppato un pensiero paranoico nei confronti del chirurgo, scoppiato con il drammatico omicidio. Il caso Parrozzani evidenzia la forte relazione tra paranoia e sessualità, nello stesso caso questa relazione può essere considerata un fattore prodromico per l'insorgenza di una psicosi. Inoltre questo caso, supportato da due perizie psichiatriche dell'assassino, ricorda ancora una volta l'associazione tra violenza e paranoia. Pertanto, i medici dovrebbero tenere conto del pericolo di una possibile presenza di ossessione paranoide insieme a problemi sessuali, per prevenire l'insorgenza di psicosi o atti violenti legati a deliri paranoici.

Parole chiave. Caso clinico, paranoia, sessualità.

The victim

Antonio Parrozzani was an Italian surgeon born on March the 11th 1870 in L'Aquila (figure 1), but the origins of his family were in Isola del Gran Sasso, a little village in Abruzzo at the basis of the mountain Gran Sasso d'Italia, in Italy. He studied at the Sapienza University of Rome, and after his graduation in medicine he specialized in surgery[1]. In 1895, he served in the marine corps, as a medical lieutenant. Hence, he worked in the following hospitals in Rome: Santa Maria della Consolazione, San Giovanni and San Giacomo, before achieving the prestigious role of chief in the hospital of Tivoli, a small suburb nearby Rome.

Parozzani was an important surgeon being the first suturing of an injury to the left ventricle of the heart, representing a famous example in cardiological surgery[2]. He performed this operation with success

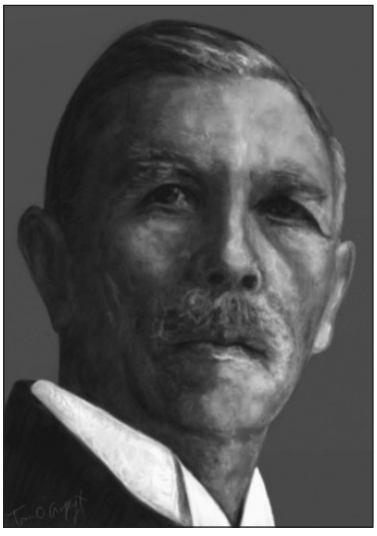

Figure 1. Antonio Parrozzani.

at Santa Maria della Consolazione Hospital in Rome on the 32-year-old laborer Adolfo Barboni, who was injured at the hearth after a stabbing[3]. Subsequently, he founded the Tivoli Hospital and became the chief of this institute.

Parrozzani reached important professional successes, and he founded his own surgery school. However, he developed also a deeply personal and existential dissatisfaction as well as marital unhappiness. Periodically he went to the slopes of Gran Sasso to participate in hunting trips together to his brother-in-law. During these days he regenerated his soul between mountains, woods and nature, far from professional duties and his wife, who, in the meantime, seemed to consolidate her extramarital affairs[1].

The murder

During the afternoon of November 2, 1930, after work, prof. Parrozzani exited from the Tivoli hospital to go back home. Outside the door of the medical building, there was a man, tailored of grey, that fired six gunshots against the surgeon (three at the head, one at the shoulder, one at the abdomen, and one at the arm). Parrozzani was in vain brought to the closest hospital, where he indeed died because of the brutal aggression.

Parrozzani's wife and her lover immediately became the prime suspects, followed by the nephew of the surgeon, Raffaello Parrozzani, who repeatedly asked for money loans from his uncle. During the following days, other people were investigated, none of whom was processed and indicted.

After a week, the police arrested the suspect Francesco Mancini, who complained in several occasions in the past, about his surgical operation made by prof. Parrozzani and also showed its hate towards the estimated physician. Mancini, in addition, mysteriously fled on the day of the murder wild living around the hills and mountains of Tivoli. When he came back in to the city, was submitted to an accurate interrogation and, finally, he crying, confessed the homicide. Mancini motivated his murder explaining that, in the past few months, he was one of Parrozzani's patients and that an operation for hernia reduction performed by the famous surgeon left him sexually impotent[1].

Psychiatric assessments of murderer

Soon after, Francesco Mancini was given two full psychiatric screenings to evaluate a possible mental disorder that could explain the dramatic homicide. Two important Italian psychiatrists made the assessment: the prof. Placido Consiglio and the doctor Enrico Salustri[1].

Both psychiatrists described Mancini as affected by a paranoid disorder, characterized by grandiose ideas, persistent delusions, hypochondriacal concerns about his sexual health, and frequent kinaesthetic hallucinations. After these screenings, Mancini was finally diagnosed as suffering from a clear sexual complex about erectile function[4].

According to the perspective of prof. Consiglio, Mancini after the surgery on his inguinal hernia, developed an actual delusional ideation, with paranoid features and several obsessions. Although it was clear that Mancini lived the surgery as a psychic trauma that caused the related psychopathological condition, the experts also hypothesized genetic and familiar factors that could explain the criminal psychopathy.

Prof. Consiglio interestingly concluded his report by describing Mancini as a persecuted-persecutor and hypochondriac-vindicator person, whose symptomatologic features belonged to the paranoid spectrum.

Nevertheless, further medical evaluation highlighted that the murderer was reformed by the army service for two reasons: he suffered from syphilis in the past, and he had a relative with an unspecified mental disorder. The physician of the psychiatric hospital wrote that Mancini killed Parrozzani because of persecution delusion.

In this regard, the patient explained that during his operation, there were thirteen persons and residents of Parrozzani, and according to his perspective, they performed the surgery for his hernia. After the operation, Mancini declared to have lost his sexual function. He indeed explained that the erectile function became "incomplete, difficult, and fleeting". The complete clinical picture figured Mancini feeling affected by his virility, and developing fear and shame toward women. He indeed had difficulties mating and having sex both with "honest women" as well as with "meretrices"[1]. However, it is important to notice that Mancini did not have any sexual activity before his surgery. To this end, dr. Salustri hypothesized that his erectile difficulties were lifelong.

Sexual disorders and paranoid thinking

The history of psychoanalysis is strictly related to paranoid psychopathology, and the best example of this was the Freudian description of the Schreber case, in which sexual psychopathy has been explained in terms of paranoid delusion. According to von Krafft-Ebing's sexual psychopathology, president Schreber showed cross-dressing behaviors, explaining transvestitism perversion with a compromission of sexual identity[5]. However, the origin of the unusual or deviant sexual behaviors of Schreber was the pathological ma-

nifestation of an obsessive sexual form of paranoid psychosis. In the same manner, Mancini dramatically manifested his paranoid personality by killing the famous surgeon. The patient had in fact a profound obsession with his sexual function and the stigma of impotence. He developed erectile difficulties and attributed the problem to surgery for inguinal hernia. In particular, he identified Parrozzani as the cause of his sexual problems. This aspect is due to the action of a specific defense mechanism, unconsciously implemented to alleviate the paranoid obsession. In these cases, in fact, paranoid personalities do not accept negative and unsupportable parts of self and act through a peculiar defense mechanism called projection[6].

Projection is often used in paranoid functioning, in which an internal threat together with negative aspects of self are projected toward external reality, most often to other people, who are then perceived as threatening. This phenomenon is particularly evident in psychotic disorders involving persecutory delusions[7].

Another aspect related to paranoid thinking is represented by the exposition of traumatic events. The relationship between post-traumatic stress disorder and male sexual dysfunction has, in fact, already been described, with an important role of paranoid symptomatology[8]. Traumatic events may play a central role in psychological functioning, and some vulnerable personalities could develop mental disorders involving both sexuality and psychological functioning[9,10]. A subject living a traumatic experience like an accident, a natural catastrophe, a mourning, a disease diagnosis, or a health problem could react in several ways. Coping attempts are the main strategies in response to trauma, in both adaptive and maladaptive ways[11]. Likewise, defence mechanisms could be activated to react to a traumatic event. In this case, it also is possible to identify mature and immature defence mechanisms to cope with anxiety and depression related to a traumatic event[12].

However, in other cases, defence reactions may be the result of stressful life events, arising with paranoid and conspirator thinking. To this end, a clear example of this mechanism is represented by some individual reactions to the Covid-19 pandemic, lived both a collective and personal trauma[13,14].

In all these cases, after the exposition to a traumatic experience, both psychological and sexological functioning can be impaired[15]. In particular, as previously said, in our case of murder, a particular hybrid psychopathological circle was triggered by the interaction between paranoid thinking and erectile dysfunction. Mancini was obsessed by his erectile difficulty, and he developed paranoid thinking toward Parrozzani. From a psychopathological point of view, it is possible to consider the surgery as a traumatic event for Mancini. The trauma of surgery probably unveiled a latent and unconscious part of Mancini's personality. However, it is possible to consider the psychopathology of murder as a severe form of disease, where mental and sexual motives interweave and generates dramatic and violent acts. In this regard, the murder of Parrozzani is nearer to the several cases of sexual murders in which paranoid thinking combines with sexual reasons. Sexual problems coupled with paranoia can be prodromes of violent behaviors, intimate partner violence, and femicide[16]. In fact, since the psychiatric assessment of Mancini, it was possible to hypothesize a sort of distorted view of the female gender. It is not difficult to imagine that the murderer also had a negative relationship with women, although this is only speculation[17].

In this regard, a previous study established specifically a relationship between erectile dysfunction and paranoid ideation[18]. Therefore, in our clinical case analysis, we hypothesized that erectile dysfunction may represent a feature of psychosis, that clinically manifested with violent behaviors. This psychopathological and violent development followed a specific pathological trajectory, in which the paranoid obsession about sexual function exploded with a homicide.

Conclusions

The Parrozzani case of dramatic homicide underscores the connection between sexuality and paranoid thinking and it highlights the need to consider sexual obsession as a possible symptom of paranoid psychosis. Our research has shown that certain forms of sexual dysfunction can be seen as early warning signs of psychosis, and in some cases, an obsession about the sexual function can increase the likelihood of violent behavior. This case serves as an important reminder that pathological sexuality can be a marker of subclinical psychosis and may even lead to criminal acts. To date, clinicians should be pay a great attention to problematic sexual behavior, above all in people seeking help for mental and relational problems. Some aspects of problematic sexuality could be related to latent forms of psychotic disorders.

Conflict of interests: the authors have no conflict of interests to declare.

Acknowledgements: a special thanks to Nicole Bonfini and Antonio Matarelli for the first informal and casual conversation on this historical fact.

Funding: this article is supported by Sapienza grant 2021 (RM12117A60BDF685)

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Comprendere il cambiamento.

Il mondo degli adulti non può continuare a ignorare che, per milioni di ragazzi, il virtuale è parte del processo di costruzione del reale, è il simbolico con cui governare la realtà. La coscienza, insomma, non è più cosa da carta e penna e dovremmo scendere a patti con questi cambiamenti e comprenderli, se vogliamo riappropriarci del compito più importante affidato ad una società: quello di educare i propri giovani a diventare ciò che sono, non facendoli sentire mendicanti di parole ma signori del linguaggio.

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