

of the physiological dictum: *omne animal post coitum trisite*. The time-intervals would tally: The man is improved by every course of treatment and every absence from home—that is, by every period of relief from intercourse. Of course he is, as he says, faithful to his wife. His use of a condom is evidence of weak potency; being something analogous to masturbation, it acts as a continuous causative factor of his melancholia.

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My dear Fliess,
Reichenau, 29. 8. 94.

... On this Monday¹ I have collected only a few cases:
No. 3.

Dr. Z., physician. Age 34. Has suffered for many years from irritability of the eyes: phosphemum [Flashes], dazzle, scotomas, etc. These have increased enormously, to the point of preventing his working, during the last 4 months (since the time of his marriage). Background: masturbation since the age of 14, apparently continued up to the last few years. Marriage not consummated; greatly reduced potency; incidentally, divorce proceedings started.

Typical case of hypochondria relating to a particular organ in a masturbator at a period of sexual excitation. It is interesting to observe to what a superficial depth medical education penetrates.

No. 4.

Herr D. Nephew of Frau A. who died a hysteric. A highly neurotic family. Age 28. Has suffered for some weeks from lassitude, pressure on the head, shaky knees, reduced potency, premature ejaculation, the beginnings of perversion: very young girls attract him more than mature ones.

Alleges that his potency has been capricious from the first; admits masturbation but not for an unduly long time; has a long

¹ Obviously the day on which Freud went into Vienna for his consultation hour during the summer holiday.

period of abstinence behind him at present. Earlier, anxiety states in the evening.

Has he made a full confession? ...

A monograph by Moebius has appeared, called *Neurologische Beiträge*.¹ It is a collection of previously published little essays, very well done; they are important on the subject of hysteria. His is the best mind among the neurologists; fortunately he is not on the track of sexuality.

Actually I realize I have nothing to say at the moment. When I get back to Vienna my editor² will certainly be after me for articles. Might I not offer him a critical article on M's "Migraine"?³ You would have to let me have some of your observations. Will you not get your essay on the stomach-menstrual business⁴ off your chest as soon as you feel better? That is the kind of thing the profession is waiting for.

Sigm.

Draft G[Undated. ? 7. 1. 1895.⁵]

MELANCHOLIA

I

The facts before us seem to be as follows:

A. There are striking connections between melancholia and

¹ Moebius (1894).

² Dr. Paschke, editor of the *Wiener Klinische Rundschau*. Freud was one of his regular contributors.

³ The reference is presumably to a paper of Meyner's.

⁴ This article, frequently mentioned in the correspondence, was submitted to the *Wiener Klinische Rundschau* by Freud on Fliess' behalf and appeared in 1895. See Introduction, p. 6.

⁵ This draft, according to the postmark on the envelope that apparently belongs to it, seems to have been written on 7. 1. 1895, after a meeting with Fliess at Christmas. In it Freud follows the practice of the older German psychiatrists and uses the term "melancholia" to describe all states even of mild parathymia and depression. Freud naturally soon found this attempt to derive "melancholia" from a reaction to sexual excitation insufficient. He pointed out in "Further Remarks on the Neuro-Psychoses of Defence" (1896 b) that "'periodic melancholia' in particular appears to be reducible with unexpected frequency to obsessional affects and obsessional ideas" and hence could be explained by the nature of obsessional-neurotic conflict. A little later he recognized the whole attempt to have been