

I

WILHELM FLIESS'S SCIENTIFIC INTERESTS

Freud's letters to Fliess give us a picture of him during the years in which he applied himself—tentatively at first—to a new field of study, psychopathology, and acquired the insight on which psychoanalysis, both as a theory and a therapy, is based. They enable us to see him grappling with “a problem that had never previously been stated”,¹ and struggling with an environment whose rejection of his work endangered his livelihood and that of his family; and to follow him along part of the road during his effort to deepen his newly-acquired insight against the resistance of his own unconscious impulses.

The letters cover the period from 1887 to 1902, from Freud's thirty-first to forty-sixth year, from when he had just set up in practice as a specialist in nervous and mental diseases until he was engaged in his preliminary studies for *Three Essays on the Theory of Sexuality*. To the years of this correspondence there belong, besides his first essays on the neuroses, the *Studies on Hysteria* (1895d), *The Interpretation of Dreams* (1900a), *The Psychopathology of Everyday Life* (1901b), and *Fragment of an Analysis of a Case of Hysteria* (1905e).

Reading these letters is rather like listening to someone speaking on the telephone: you can hear only what one party to the conversation is saying; the rest you have to guess. As in this case the listener is interested only in what is being said by the party whom he can

¹ The phrase is from *Studies on Hysteria*.

hear, he may at first be inclined to dismiss from his mind the speaker at the other end of the line. But very soon he finds he cannot follow satisfactorily unless every now and then he reconstructs the dialogue as a whole.

Freud's friendship with Wilhelm Fliess (1858-1928) was, so far as we know, the closest of his life-time, and it was so closely bound up, both as a helping and a hindering element, with the development of his theories in the nineties that it seems desirable to start with a brief outline of Fliess's scientific interests. If Fliess's letters to Freud were available, we should be in a position, not only properly to follow the exchange of ideas between the two men, but to obtain a reliable impression of Fliess's personality. As it is we have had to fall back on the little that we have been able to gather from Fliess's writings and from questioning those who knew him. All who knew him emphasize his wealth of biological knowledge, his imaginative grasp of medicine, his fondness for far-reaching speculation and his impressive personal appearance; they also emphasize his tendency to cling dogmatically to a once-formed opinion. These characteristics are partially perceptible in his published works.

Fliess was trained as a nose and throat specialist, but his medical knowledge and scientific interests extended over an area far wider than this comparatively restricted field. He was a consultant with a big practice in Berlin, which he continued to the end of his life, but otolaryngological therapy was merely the hub of his wide medical and scientific interests, which took him outside the field of medicine into that of general biology. The first of his more important published works, which he decided to write at Freud's suggestion (see Letter 10), was concerned with a clinical syndrome.

Fliess's interest was early roused by the fact that he found he was able to clear up a number of symptoms by the administration of cocaine to the nasal mucous membrane. On the basis of this discovery he convinced himself that he was confronted with a clinical entity, a reflex neurosis proceeding from the nose.¹ This, in Fliess's words, was to be regarded as "a complex of varying

¹ See Fliess (1892) and (1893).

symptoms, as we find to be the case in Menière's complex."¹ Fliess distinguished symptoms of three different types: head pains; neuralgic pains (in the arm, at the points of the shoulder-blades or between them, in the area of the ribs or the heart, the xiphoid process, the stomach, the spleen, the small of the back in the area of the kidneys; but "gastric neuralgias" in particular); and finally disturbed functioning, particularly of the digestive organs, the heart and the respiratory system. "The number of symptoms adduced is great," Fliess says, "and yet they owe their existence to one and the same locality—the nose. For their homogeneity is demonstrated, not only by their simultaneous appearance, but by their simultaneous disappearance. The characteristic of this whole complex of complaints is that one can bring them temporarily to an end by anaesthetizing with cocaine the responsible area in the nose."²

Fliess maintained that the aetiology of the nasal reflex neurosis was a double one. It could arise from organic alterations, for example "the after-effects upon the nose of infectious diseases", or it could be the result of functional, purely vasomotor disturbances. It was the latter that explained why "neurasthenic complaints, in other words the neuroses with a sexual aetiology, so frequently assume the form of the nasal reflex neurosis."³ Fliess

¹ This comparison was suggested by Freud. See Draft C.

² It is significant, though it is not mentioned in the correspondence, that Fliess indirectly owed his diagnostic criterium, the administration of cocaine to the nasal mucous membrane, to Freud, who had early drawn attention to the importance of the coca plant; Freud's investigations were continued by the oculist Koller. (See page 30, footnote 2, and *An Autobiographical Study*, 1925d.) See also the paper by Bernfeld (1953) on the subject.

³ The value of Fliess's clinical writings is still disputed. German clinical literature contains a number of discussions of his work on nasal troubles. These are more or less summarized by G. Hoffer, who says in connection with the nasal asthmas that Fliess paid insufficient attention in his monographs on the nasal reflex neurosis to the work of others in the same field. The result was that at first "a number of enthusiastic followers . . . were opposed by a small circle of sceptics, which quickly grew, however". In Hoffer's opinion there existed "no justification whatsoever for attributing any special priority to nasal complaints as compared with nervous irritations in any other area of the body". ("Die Krankheiten der Luftwege und der Mundhöhle" in Denker and Kahler, Part III, page 263 *sqq.*) Other contributors to Denker and Kahler adopt a similar attitude, though several confirm the appearance of the syndrome described by Fliess and express a favourable opinion of the effectiveness of his therapeutic proposals.

In American medical literature Fliess's work was, so far as we are aware,

explained this frequency by assuming a special connection between the nose and the genital apparatus. He recalled the phenomenon of vicarious nose bleeding in place of menstruation, recalled that "the swelling of the turbinate bone during menstruation is to be observed with the naked eye," and reported cases in which the administration of cocaine to the nose led to miscarriage. He maintained that a special connection between the nasal and genital areas existed in men also. In his later works he developed this alleged connection further, basing it at first on purely clinical evidence.

From the clinical observation that "certain parts of the nose played an important part in the origin of two complaints (gastric neuralgia and dysmenorrhoea)" he concluded that "hyperplastic exogenous alterations in the nose" led to "lasting cure of the secondary phenomena when the nasal disturbance was removed," and that "vasomotor endogenous alterations in the nose" arose "essentially from the sexual organs".¹ Fliess was concerned with the problems of human sexual life in general, and Freud, at a time when he was only imperfectly informed about the work that Fliess was doing and projecting, was able to assume that he had solved "the problem of conception", *i.e.*, the problem of at what period likelihood of conception was smallest. Fliess's interests, however, were directed elsewhere.

In the spring of 1896 he sent to Freud his manuscript on "the relations between the nose and the female sex organs from the biological aspect", which was published at the beginning of the following year.² In it Fliess elaborates in several respects the theory that he had put forward in his previous work, namely that of a connection between the nose and the female genitals. He states that alterations in the nose are regularly to be observed during menstruation, and he discusses the diagnostic and therapeutic value of administering cocaine to the nose. He claims that this is considerable, because menstruation is "the prototype of numerous phenomena in sexual

not mentioned. Cf. the discussion of the nasal neuroses by R. A. Fenton in Jackson (1945); and in Sluder (1927). For more recent references to his work and its contributions to the field which today is covered by the term "psychosomatic medicine" see Holmes *et al.* (1951).

¹ Fliess (1895).

² Fliess (1897).

life . . . childbed and the act of birth more particularly being both in time and in their essential nature nothing but a transmutation of the menstrual process". "The real pains of delivery" and "nasal dysmenorrhoea, regarded morphologically", are "homologues".

These "facts", which Fliess sought to establish by numerous observations, led him to far-reaching hypotheses about the role of periods in human life. In his introduction he expresses his ideas more pointedly than in the often clumsy language of the monograph:

"Woman's menstrual bleeding", he says, is the expression "of a process which affects both sexes and the beginning of which goes back beyond puberty. . . .

"The facts before us compel us to emphasize another factor. They teach us that, apart from the menstrual process of the twenty-eight day type, yet another group of periodic phenomena exists with a twenty-three day cycle, to which people of all ages and both sexes are subject.

"Consideration of these two groups of periodic phenomena points to the conclusion that they have a solid inner connection with both male and female sexual characteristics. And if both—only with different emphasis—are present both in man and woman, that is only consistent with our bisexual constitution.

"Recognition of these things led to the further insight that the development of our organism takes place by fits and starts in these sexual periods, and that the day of our death is determined by them as much as is the day of our birth. The disturbances of illness are subject to the same periodic laws as are these periodic phenomena themselves.

"A mother transmits her periods to her child and determines its sex by the period which is first transmitted. The periods then continue in the child, and are repeated with the same rhythm from generation to generation. They can no more be created anew than can energy, and their rhythm survives as long as organised beings reproduce themselves sexually. These rhythms are not restricted to mankind, but extend into the animal world and probably throughout the organic world. The wonderful accuracy with which the period of twenty-three, or, as the case may be, twenty-eight whole days is observed permits one to suspect a deeper connection

between astronomical relations and the creation of organisms.”

These are the broad principles of Fliess's period theory, which he continued to develop for many years, notably in his principal work *Der Ablauf des Lebens* (“The Course of Life”), of which the first edition appeared in 1906 and the second in 1923.¹ He supplemented the first statement of his theory in 1897 with a number of other monographs devoted to the subject of bisexuality, but he laid the chief emphasis on working out the mathematical “proofs” of his theory with an obstinacy and lack of objectivity which ignored all inconsistencies and inconvenient facts.

Some of Fliess's clinical findings have been adopted into modern gynaecology and otolaryngology, but his period theory, which roused critical interest at the time of publication, has been almost unanimously rejected by modern biologists; in particular, his period calculations, which were based on false inferences, have long since been recognised as fallacious.²

At the time of his meeting with Freud none of Fliess's works had appeared, but a capacity for bold thinking must already have characterized him. In the autumn of 1887 he paid a visit to Vienna for purposes of professional study, and Breuer advised him to attend Freud's lectures on neurology. He took the opportunity of discussing with Freud the new views which the latter was forming on the anatomy and functioning of the central nervous system. The projects which they discussed were only partially completed and published. The correspondence that followed began as that of two specialists who passed patients on to each other; and from 1893 onwards it became a regular exchange of ideas between two friends drawn together by common scientific interests, who continually

¹ See also his later, shorter and to an extent more popular works. (Fliess, 1924a, b and c.)

² A detailed criticism of the mathematical assumptions in Fliess's period theory was made by J. Aelby, a physician (Aelby, 1928). Fliess's researches were continued on a sounder basis by the gynaecologist Georg Riebold, whose writings on the subject from 1908 onwards were collected into a single volume (Riebold, 1942). In Riebold's view “some truth lurks” in Fliess's fundamental idea “that life follows a periodic rhythm . . . and the periods of twenty-three and twenty-eight days that he discovered are of frequent occurrence, but the claim made by Fliess, who in his vanity puts himself on a par with Kepler” is rejected as belonging to the realm of the psychopathological. The efforts of Riebold, Fliess and others to establish a relation between menstruation and other periodic

looked forward to but never attained their aim of jointly publishing their scientific work. The progress of their friendship was facilitated by the circumstance that in 1892 Fliess married a Viennese girl who belonged to the circle of Breuer's patients; the result of this was that in the early years the two men met frequently. Soon, however, they started arranging meetings outside the circle of their family and friends in Vienna, at which they exchanged their scientific ideas and findings. Freud called these meetings "congresses". Many of his letters fill in the gaps between the "congresses" and are full of references to what had passed between the two men in conversation.¹

In the first years of their friendship they had a great deal in common. Both were the sons of Jewish middle-class business men, specialists devoted to scientific research, concerned with setting up a family and establishing a practice. In 1886, the year before he met Fliess, Freud, who was the older by two years, had married and opened a consulting room at 8 Maria Theresienstrasse. During the years covered by the correspondence we see Freud's family increase from one to six; we hear of the removal to the flat at 19 Berggasse, which Freud was to leave forty-seven years later, after the Nazi occupation of Austria, to emigrate to England. We hear of Fliess's marriage to a Fräulein Ida Bondy, of Vienna, of the birth of their three children, and of the life of the two families in so far as this is reflected in the correspondence of two friends.

The resemblance of their outer circumstances was supplemented by the resemblance in the two men's intellectual background. Their

phenomena have been critically examined by Knaus (Knaus, 1938, p. 47): "With the advance of our knowledge of the functional connection between the glands related to the uterus and the organ of menstruation there disappears . . . belief in any deep cosmic connection between menstruation and its periodicity, and therewith the scientific repute of Riebold's period laws". Outside Germany no attention has been paid to Fliess's biological theories.

Apart from Aelby and Riebold, several otolaryngologists have observed a mystical tendency in Fliess's clinical writings. "To obtain a picture of the mental attitude underlying the whole, one should not confine oneself only to Fliess's rhinological writings, but also take into account his other works, which contain a number mystique which could quite well have been a product of the end of the Middle Ages." (F. Blumenfeld's article on "Die Krankheiten der Luftwege" in Denker and Kahler, Part II, page 51.)

¹ The result is that numerous passages and remarks, of which only a few are here reproduced, remain unintelligible in spite of all efforts.

scientific interests rested on a firm foundation of the humanities. They shared an admiration for the masterpieces of world literature, and exchanged quotations which fitted in with their trend of thought. Freud referred continually to Shakespeare as well as to Kipling and other contemporary English writers,¹ and owed to Fliess a closer acquaintance with the works of the Swiss writer Conrad Ferdinand Meyer, who remained a permanent favourite of his.

The things they mentioned betrayed the two men's predominant interests. Among Freud's books is a two-volume edition of Helmholtz's lectures, which Fliess sent him as a Christmas present in 1898. Freud, who followed medical literature closely in the nineties, kept sending hurried postcards² to his friend in Berlin drawing his attention to articles on otolaryngological matters which Fliess might have missed in the German, French and English medical press. He also mentions his study of the works of contemporary psychologists, his growing interest in prehistoric and archaeological studies of the first modest beginnings of Greek and Roman civilization, which was a substitute for his long-desired and long-postponed journey to Italy in a Goethean mood. Among the few contemporary events to which Freud drew particular attention was Sir Arthur Evans's discoveries in Crete; he mentions the first newspaper report of this event, which led to the reconstruction of an unknown civilization from the rubble of the past.

There was a sharper contrast in the physical environment in which the two men lived. The contrast between the tired, cramped Vienna of Franz Josef and the lively, go-ahead Berlin of Wilhelm II is often vividly reflected in Freud's letters. The contrast extended into the economic sphere. In Vienna medical practice, "right to the very top of the tree", was severely affected by every economic recession, every one of which, in addition to the effects of the ups-and-downs in Freud's reputation with his colleagues and the public, was reflected in his household's welfare. Fliess's letters betray no such anxieties. His practice seems to have grown rapidly and uninterruptedly. In any case, after his marriage he was exempt from financial worries.

¹ In postcards or letters not reproduced here.

² Not reproduced here.

The contrast between Vienna and Berlin extended into the political field. Freud reports the defeat of the Liberals in Vienna, the victory of the anti-Semites, who took over the city administration, and the anti-Semitic tendencies in the Vienna Medical Society, the medical faculty and the academic administration which for a long time withheld from him the title of professor. Freud had every right to expect that the title of professor would act as a stimulus to his practice, as the Viennese public at that time awarded its confidence to specialists according to their academic status.¹ The two friends followed the news of the Dreyfus trial and Zola's "battle for justice" with understandable interest; in this connection Fliess seems to have extolled the progressive spirit prevalent in Berlin and Germany.

However, the true motive of the correspondence was not provided by the similarity in the two men's origin, intellectual background and family situation or, indeed, by anything personal. Even in the years of their closest friendship the relations between the two families were never close, and plans for them to meet in the summer holidays never came to anything. All Freud's letters that have come down to us go to show that the true motive behind the correspondence was the two men's common scientific interests.

We may connect the increasing frequency with which they exchanged ideas,² and the increasing confidence and friendship reflected in the change from the use of the formal *Sie* to the familiar *Du*, with a significant change in Freud's personal and scientific relationships—his estrangement from Josef Breuer (1842-1925).³ Freud had been in close contact with this important personality ever since his student days. Breuer, who was Freud's senior by thirteen years, had described the cathartic treatment of a patient to

¹ Appointments of this kind were connected with neither duties nor privileges. The designation *Privatdozent mit dem Titel eines ausserordentlichen Professors* corresponds approximately to that of associate clinical professor in American medical schools.

² See page xi.

³ Freud frequently described his relations with Breuer and thus "certainly did not under-estimate the debt of psycho-analysis" to him. See *On the History of the Psycho-Analytic Movement* (1914d), the obituary of Josef Breuer (1925g), and *An Autobiographical Study* (1925d).

him¹ as early as the beginning of the eighties, and ten years later the two men agreed to write a book on hysteria together.

Differences of opinion which led to their eventual estrangement soon arose, however. Freud's thought advanced by leaps and bounds, and the older and more timid Breuer could not reconcile himself to the position of a follower. In a letter to Fliess (No. 11) Freud reports conflicts with Breuer in connection with their first jointly written paper;² and during their work on their joint book, *Studies on Hysteria*, which appeared in 1895, the difficulty of co-operation constantly increased. When the book finally appeared the two authors specifically drew attention in the introduction to the divergence of their views.

Breuer willingly followed Freud in his early assumptions; he took over from him the conceptions of defence and conversion, though he clung to the French psychiatric assumption that a special condition, designated as hypnoid, was responsible for the origin of hysterical phenomena. Freud's fundamental assumption about the functioning of the psychical apparatus, which he formulated as the principle of constancy of psychical energy (pp. 21 and 135), was also accepted by Breuer and elaborated by him. Differences seem to have arisen when Freud's clinical experiences and first theoretical reflections pointed towards the importance of sexuality in the aetiology of the neuroses.³ At the time of the appearance of *Studies on Hysteria* it was still just possible in public to bridge over the gulf between the two men. If the restraint with which the problem of sexuality is dealt with in *Studies on Hysteria* is compared with what Freud says in a paper on the anxiety neurosis published before the book appeared,⁴ and if one takes into consideration the wealth of insight which Freud, as these letters testify, had already obtained, one will have some idea of the difficulties he must have had to contend with. His older friend and mentor, who years before had

¹ The case of Anna O. in *Studies on Hysteria*.

² "Vorläufige Mitteilung über den psychischen Mechanismus hysterischer Phänomene." It was later reprinted as the introductory chapter of *Studies on Hysteria*.

³ Cf. Freud's account in *On the History of the Psycho-Analytic Movement* (1914d).

⁴ "On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description 'Anxiety Neurosis'" (Freud 1895b).

introduced him to the problem of hysteria, now refused him his encouragement and support.

No support was to be expected from the official representatives of psychiatry and neurology at the university. Meynert, Freud's former teacher, had already rejected his first essays on hysteria, and Krafft-Ebing regarded him with indifference and reserve. His immediate circle of medical friends was entirely under Breuer's influence. But what Freud found burdensome seems to have been, not so much Breuer's rejection of his discoveries, as his oscillation between criticism and admiration. (See, for example, Letters 24, 35, 135.)¹

Freud's friendship with Fliess filled the gap left by his estrangement from Breuer and provided a substitute for a friendship and intellectual relationship that had ceased to be viable.² He had lost confidence that he would be understood in his own immediate circle, and his Berlin colleague became, in Freud's own words, his only audience.

In the early years of their correspondence Freud kept Fliess informed of his work in progress and sent him copies of everything he wrote. Fliess soon became the confidant to whom he communicated clinical material, his latest findings, and the first formulations of new theories. Thus we find among Freud's letters, not only half-thought-out outlines of new ideas and plans for future research, but some finished essays that were scarcely to be surpassed in his later works. The result was that Freud subsequently asked for a number of drafts sent to Fliess to be returned to him to be used for purposes of publication. Also some of the phases in the development of Freud's theories, and some of the detours he made before arriving at them, are ascertainable only through the material published here.

We do not know what was the effect of all this on the mind of the recipient. We can conclude from Freud's letters that he occasionally

¹ A passage in an accidentally preserved letter from Breuer to Fliess, dating from the summer of 1895, several months after the appearance of *Studies on Hysteria*, says: "Freud's intellect is soaring; I struggle along behind him like a hen behind a hawk."

² F. Wittels concluded correctly, in our opinion, from the dreams reported by Freud in *The Interpretation of Dreams* that Fliess's role was to replace his lost friend. Wittels also found an ambivalent attitude to Fliess in Freud's dreams—a conclusion which Freud drew himself (Letter 119). (Wittels, 1924, pp. 88 sqq.)

expressed doubts or remonstrances, but frequently approved and agreed. The material became richer in content only when differences of opinion became pronounced and Fliess insisted more and more emphatically that his own period theory must be regarded as the basis of Freud's theory of the neuroses.

The letters give us plenty of information about Freud's attitude to Fliess's work. At least for the first ten years he followed it with extreme interest and was full of admiration for it. It is significant that his enthusiasm for Fliess's work was always greater immediately after he had met him, or after Fliess had written to him about it; in his comments on the scientific papers that Fliess sent him he is noticeably restrained.

This circumstance lends support to the suspicion that his over-rating of Fliess's personality and scientific importance corresponded to an inner need of his own. He made of his friend and confidant an ally in his struggle with official medical science, the science of the high-and-mighty professors and university clinics, though Fliess's contemporary writings show that such a role was remote from his thoughts. Freud, to bind his friend closer to him, tried to elevate him to his own level, and sometimes idealized his picture of his assumed ally into that of a leader in the world of science.

No doubt the over-estimation of Fliess reflected in these letters had an objective as well as a personal basis. Freud not only needed Fliess as an audience and an ally, but looked to his association with him to provide answers to questions with which he had been occupied for years—questions about the border-line between the physiological and psychological approaches to the phenomena which he was studying.

II

PSYCHOLOGY AND PHYSIOLOGY

“I was not always a psychotherapist, but was trained in local and electrical diagnosis like other neuropathologists, and I still find it a very strange thing that the case histories I describe read like short