

The Inner Life

by C. P. Boyko

A hundred years ago, in May, 1884, Freud received his first shipment of cocaine from the Danish pharmaceutical company Merck. He was then twenty-eight, and hoping to make a name for himself—or at least enough money to permit him to marry his fiancée. *The Interpretation of Dreams* was still fifteen years away. The coke was frightfully expensive.

He started by taking a twentieth of a gram, presumably by mouth. It made him feel good—or rather, it made him feel normal:

The psychic effect of *cocainum muriaticum* in doses of 0.05 - 0.10g consists of exhilaration and lasting euphoria, which does not differ in any way from the normal euphoria of a healthy person. One feels more vigorous and more capable of work; on the other hand, if one works, one misses that heightening of the mental powers which alcohol, tea, or coffee induce. One is simply normal, and soon finds it difficult to believe that one is under the influence of any drug at all. This gives the impression that the mood induced by coca is due not so much to direct stimulation as to the disappearance of elements which cause depression. One may perhaps assume that the euphoria resulting from good health is also nothing more than the normal condition of a well-nourished cerebral cortex which is “not conscious” of the organs of the body to which it belongs.

Freud had high hopes for cocaine. It relieved hunger, so he thought it might work as an anti-nauseant. His sister, in fact, had found it useful in dispelling seasickness. One researcher had found it effective in forestalling asthma attacks. It might have some application in the treatment of diabetes. In America there were numerous reported cases of using it to ease the withdrawal pains of morphine addiction. And, of course, it made people feel good. As Freud pointed out, there was no shortage of tranquilizers capable

of calming frazzled nerves, but as yet nothing one could prescribe to “increase the reduced functioning of the nerve centers.” Perhaps here was a potential cure for melancholia—that is, for depression.

But Freud’s hopes were never quite fulfilled. The fame that should have been his was snatched away by a colleague, Carl Köller, who discovered the potential of using cocaine as a local anesthetic in eye operations. This application, in fact, soon came to be recognized as nearly the only legitimate use of an unpredictable and often dangerous drug. Within a year, reports of addiction and toxic side effects had begun to appear in the medical literature. Freud, whose name was associated with the drug thanks to his popularizing articles, was denounced for having unleashed “the third scourge of humanity,” after alcohol and morphine. (In fact, one of his own good friends, Ernst Fleischl, who had, in the course of treating a phantom pain in his amputated thumb, become addicted to morphine, subsequently became, in the course of being treated for morphine addiction by Freud, addicted to cocaine.)

Freud defended himself, somewhat belatedly, in 1887 by saying that no one without an innate weakness was susceptible to “cocainism”; that is, no normal, healthy person could possibly succumb to addiction. He also blamed the needle: by mouth cocaine was harmless, under the skin sometimes dangerous.

This last argument, however, was a bald contradiction of what he’d written in an earlier paper. In 1885 he’d gone out of his way to reassure those harboring “unjustified fears” that “even subcutaneous injections—such as I have used with success in cases of long-standing sciatica—are quite harmless. I have no hesitation in recommending the administration of cocaine for withdrawal cures in subcutaneous injections of 0.03 - 0.05g per dose, without any fear of increasing the dose.” But two years later, he considered it “advisable to abandon so far as possible subcutaneous injection of cocaine in the treatment of internal and nervous disorders.” He further covered his tracks by removing from his list of published works the incriminating 1885 article. And even *fifteen* years later, in *The Interpretation of Dreams*, he was still absolving himself: “These injections in the dream

reminded me once more of my unfortunate friend who had poisoned himself with cocaine. I had advised him to use the drug internally only, while morphia was being withdrawn; but he had at once given himself cocaine *injections*.” Apparently Freud’s conscience wasn’t quite clear; no wonder he was having troubling dreams.

But in 1887, three years after he had first experimented with cocaine, three years after he had written his first “song of praise to this magical substance,” maybe Freud hoped no one would catch the change of heart; maybe he wasn’t aware of it himself. His enthusiasm, in any case, had suffered a blow; his interest began to flag. With this last, limp attempt at saving face, Freud put the whole mess behind him. “The Cocaine Episode,” as his biographer Ernest Jones disparagingly called it, was at an end.

The problem with this story, thought Devon, as he stood up and rubbed his hands together in the cold garage, was that Freud was again—or still—using cocaine as late as 1895. He admitted as much quite guilelessly in *The Interpretation of Dreams*, where he submitted one of his own dreams to analysis:

What I saw in her throat: a white patch and turbinal bones with scabs on them.

The scabs on the turbinal bones recalled a worry about my own state of health. I was making frequent use of cocaine at that time to reduce some troublesome nasal swellings, and I had heard a few days earlier that one of my women patients who had followed my example had developed an extensive necrosis of the nasal mucous membrane. I had been the first to recommend the use of cocaine, in 1885, [*sic*] and this recommendation had brought serious reproaches down on me. The misuse of that drug had hastened the death of a dear friend of mine. This had been before 1895, i.e., the date of the dream.

Or was this guileless? To what exactly was Freud admitting? The “at that time” seemed to imply that the “frequent use” was, at the time of writing, a thing of the past; in other words, sometime between 1895 and

1898 or 1899, when he wrote the book and analyzed the old dream, he had given up the habit. And the phrase “to reduce some troublesome nasal swellings” suggested that his use of the drug had had, at least in his opinion, a clinical justification. But did this particular method of application preclude all others? Was he, through this limited confession, implicitly denying that he had used it in any other way, or for any other reason?

And he was worried about his state of health. It could not have been the nasal swellings themselves that worried him so much as the possible side effects of their *treatment*. He must have been afraid that he, too, like the patient who had “followed his example,” was going to end up with an “extensive necrosis of the nasal mucous membrane”—in other words, a dead, blown-out nose.

But this didn’t prove much more than that in 1895 he had begun to worry that putting the stuff up his nose might not be good for him in the long run. This bad dream might only have persuaded him to go back to taking the drug by mouth. Or it might not have changed anything at all. The only word that Devon had on the matter was, of course, Freud’s. And Freud did not always tell the strict truth—as he’d first demonstrated in 1887, then again in another passage from *The Interpretation of Dreams*:

Injectons of that sort ought not to be made so thoughtlessly. This sentence in the dream reminded me once more of my dead friend who had so hastily resorted to cocaine injections. As I have said, I had never contemplated the drug being given by injection.

Devon went into the house, moving almost on tiptoe. He looked at his digital watch: it was 10:56. For a moment he could not make these numbers mean anything; he wasn’t even sure if it was morning or night. Then, gradually, the bricks of his life fell back into place around him. Barb was on the phones tonight, and Devon was home alone with Clyde. He crept on stiff legs past Clyde’s open bedroom door but did not look into the darkened room, the only dark room allowed in the house. He closed the bathroom door softly behind him. He held his breath, thinking he had heard Clyde’s voice. When no sound came, he went to the medicine cabinet and looked in

the mirror.

Which was it: *still* or *again*? Did Freud use cocaine regularly for ten years, or did he at some point quit, then resume the habit? But even this by no means exhausted the possibilities. What was really meant by “regularly,” after all, or “habit,” or, for that matter, “quit”? How often had Freud taken cocaine? Once a week? Once a month? Three times a day? How much did his use vary over the years? How many times did he “quit”? Once? Once a week?

His mind was off again, racing pleasurably.

There was, unfortunately, very little concrete evidence to go on. During his engagement, which lasted four years, Freud wrote to his fiancée, Martha, almost daily. Aside from the published articles, these letters seemed to be the main source of information about Freud’s cocaine use—indeed, about much of his private or inner life at all; but even today, a hundred years after they had been written, most of them remained unpublished. Jones, in researching his sycophantic *The Life and Work of Sigmund Freud*, had been given complete access to the letters; a few years later Freud’s own son had edited a sparse, one-volume selection of them, which, not surprisingly (they spanned something like fifty years, and Freud had been a prolific letter writer) featured some sizeable gaps: like the maddening *three-year* gap between letters 107 and 108, dated July 13, 1891 and June 7, 1894. Between what Jones had chosen to reveal and what Ernst Freud had permitted to see the light of day, Devon could glean very little that was definite. It was like connecting the dots, but the spaces between the dots were astronomical.

The first mention of cocaine appeared in a letter to Martha dated April 21, 1884, when Freud was still awaiting his first shipment:

I am toying now with a project and a hope which I will tell you about; perhaps nothing will come of this, either. It is a therapeutic experiment. I have been reading about cocaine, the effective ingredient of coca leaves, which some Indian tribes chew in order to make themselves resistant to

privation and fatigue. A German has tested this stuff on soldiers and reported that it has really rendered them strong and capable of endurance. I have now ordered some of it and for obvious reasons am going to try it out on cases of heart disease, then on nervous exhaustion, particularly in the awful condition following withdrawal of morphine (as in the case of Dr. Fleischl). There may be any number of other people experimenting on it already; perhaps it won't work. But I am certainly going to try it and, as you know, if one tries something often enough and goes on wanting it, one day it may succeed. We need no more than one stroke of luck of this kind to consider setting up house.

Unfortunately, the very next letter in the *Letters of Sigmund Freud* was dated more than a month later—May 29—and contained no mention of his cocaine studies. The entire month of May, when he had actually begun to experiment with the drug, was missing.

The next reference to cocaine appeared only in June, when Freud assured Martha, whom he was about to visit, that he wouldn't be tired, "because I shall be travelling under the influence of coca, in order to curb my terrible impatience."

Then there was nothing, nothing at all for nearly a year. On May 17, 1885, he wrote:

When the letter came I was suffering from migraine, the third attack this week, by the way, although I am otherwise in excellent health. I took some cocaine, watched the migraine vanish at once, went on writing my paper as well as a letter to Prof. Mendel, but I was so wound up that I had to go on working and writing and couldn't get to sleep before four in the morning.

Then in January of 1886 he wrote from Paris:

Charcot invited me (as well as Richetti) to come to his house tomorrow evening after dinner. You can probably imagine my apprehension mixed with curiosity and satisfaction. White tie and white gloves, even a fresh shirt, a careful brushing of my last remaining hair, and so on. A little cocaine, to untie my tongue.

The next day he reported:

We drove there in a carriage the expenses of which we shared. R. was terribly nervous, I quite calm with the help of a small dose of cocaine, although his success was assured and I had reasons to fear making a blunder.

Devon noted that Freud had written “11 P.M.” above the date of this first Paris letter, and in it he apologized for having so exhausted himself working and writing that he could barely hold the pen. The same thing had also happened the night before: “Last night,” he wrote, “I went on writing the outline of my anatomical paper till I just couldn’t keep my eyes open.” Did this mean he was no longer taking cocaine in the evenings, that he had learned to avoid getting “wound up” too late in the day? He was evidently using the drug in Paris as a social lubricant—to combat shyness, to calm himself in company, to loosen his tongue—but not, perhaps, as an aid in his academic work.

Two weeks later, still in Paris, Freud wrote to Martha:

It is now 6 P.M. and at 9:30 I am going to Charcot’s, not without the fear of having a most unamusing evening. Needless to say, I have fewer preparations to make than for the first time, but I have felt so out of sorts all day that I haven’t done any work.

Later in the same letter he suddenly admitted:

The bit of cocaine I have just taken is making me talkative, my little woman. I will go on writing and comment on your criticism of my wretched self . . .

And two pages later:

Oh, how I run on! I really wanted to say something quite different. Here I am, making silly confessions to you, my sweet darling, and really without any reason whatever unless it is the cocaine that makes me talk so much.

The letter included a postscript, time-stamped, as it were, 12:30 A.M.:

Thank God it's over and I can tell you at once how right I was. It was so boring I nearly burst; only the bit of cocaine prevented me from doing so.

But in his first article on the subject Freud had written:

The effect of a moderate dose of coca fades away so gradually that, in normal circumstances, it is difficult to define its duration. If one works intensively while under the influence of coca, after from three to five hours there is a decline in the feeling of well-being, and a further dose of coca is necessary in order to ward off fatigue.

So, if he had taken that first bit of coke at 6:00, when he was writing the letter, it would have more or less worn off by the time he reached Charcot's at 9:30, three and a half hours later; in any case, it certainly couldn't have staved off boredom for the entire evening. Unless he was now taking *immoderate* doses, one had to assume he had taken a further dose before going to Charcot's. And when he returned to his room after midnight, he sat down to write a letter to Martha. He must have realized he was going to be awake all night.

Devon again had to pass Clyde's bedroom on his way back to the garage. This time he looked in, a solicitous but unworried smile on his face. Usually Clyde lay on his back with his head propped up by two or three pillows, staring dolefully out the door, waiting for sleep as though for a visitor (or, Devon sometimes thought, for death). But the room was dark and Devon could see nothing. He lingered there in the doorway for a moment, his smile frozen, waiting for his eyes to adjust. Clyde had not been sleeping well since his return from the hospital, and Barb had asked Devon to keep an eye on him.

A grunt emerged at last from the darkness. "What is it?" Clyde muttered.

"How you feeling?"

"Fine," said Clyde.

"Good," said Devon, sincerely. It *was* good that Clyde was feeling fine.

It was no holiday being shut up in the hospital, even if you had someone like Barb there to look out for you, to bring you books and illicit snacks. Devon would never forget the one and a half days he'd spent "under observation" in that hospital, eight months ago now, after what Barb and others gently referred to as his "breakdown" but which he preferred to call his crack-up. But that had been different.

"Good," he said again.

Clyde said nothing.

"Well, good night."

"Yeah, all right."

In the kitchen Devon gulped two glasses of cool, delicious water. He felt that he was on the verge of a major discovery. It was almost a physical sensation, this feeling that the world's doors were unlocking themselves and waiting for him to step forward and open them.

He did not need Barb's sly, condescending look of approval to remind him that he had not felt this good in months. Only now that he was feeling good again, *right* again, could he admit to himself that he had gone through something like a period of depression. At the time, he'd sworn that there was nothing wrong with *him*; it was not *him* but *life itself* that was fucked up. But of course that was the tricky thing about depression: it so thoroughly blackened your view that everything you looked at, anything you turned your thoughts to, appeared black enough to be the cause of your unhappiness. It was all too easy when you were depressed to look at the world and say: No wonder I'm depressed—how fucking depressing it all is!

Devon supposed one also had to guard against the opposite fallacy. Perhaps happiness bathed everything in a golden light, made anything you looked at seem the probable cause of your happiness. But no, his newfound optimism was not delusive or manic; it was simply normal. *This* was what it felt like to be alive and healthy. This was the way a well-fed cerebral cortex was supposed to feel. His depression had made him forget this feeling, made him forget that time could be relied on to unfold its promises. Depression was a sort of temporal cage: inside it, you simply could not imagine that anything would ever change or improve; you were chained to the wheel of

this one endless moment of misery. But when you were not depressed, the future lay spread out before you like a landscape of possibilities. When you knew with an overpowering, almost bodily certainty that the present moment was *not* an isolated prison cell but a vestibule opening onto a vast field where there was fresh air and room to run, you felt almost omnipotent.

“Hey!,” Clyde called from his room.

“Sorry!”

Devon turned the light in the kitchen back on. Clyde needed the lights in all adjacent rooms and hallways to be on at all times, even while he slept. He also could not abide closed doors anywhere in the house (the bathroom door was his only grudging exception). He had, since his return from the hospital, become even more obstinate in these demands. As far as Devon could tell, Clyde did not fear anything imaginary, like monsters or ghosts, but rather feared broken communication. That was also why he refused to be left alone, why he needed to have someone in the house with him at all times: he needed to know that if he ever called for help, someone would hear him.

“Sorry,” Devon said again, then returned to the garage and to Freud.

There were very few direct references to cocaine in Freud’s published works. At least, the index volume of Winston’s battered old *Standard Edition* listed only a handful of page numbers under that word. There were the confessional dream analyses in *The Interpretation of Dreams*. There was a potted summary of “the cocaine episode” in his *Autobiographical Study*. Then, tucked away in the *Fragment of an Analysis of a Case of Hysteria*, there was this:

I had begun to suspect masturbation when she had told me of her cousin’s gastric pains, and had then identified herself with her by complaining for days together of similar painful sensations. It is well known that gastric pains occur especially often in those who masturbate. *According to a personal communication made to me by Wilhelm Fliess, it is precisely gastralgias*

of this character which can be interrupted by an application of cocaine to the 'gastric spot' discovered by him in the nose, and which can be cured by the cauterization of the same spot. In confirmation of my suspicion, Dora gave me two facts from her conscious knowledge: she herself had frequently suffered from gastric pains, and she had good reasons for believing that her cousin was a masturbator.

The middle sentence was not actually italicized by Freud, but seemed nevertheless to Devon to be typeset in a special font. He read it through several times but it did not acquire a firmer foothold in the paragraph. It did not belong there. It should have been relegated, at best, to a footnote. (And Freud, Devon had soon discovered, had no antipathy to footnotes.) It was bizarre enough that Freud believed that masturbation had something to do with stomach pains. It was equally bizarre that this Wilhelm Fliess believed that the nose had something to do with stomach pains. But what relation did the two beliefs have to each other? What did the nose have to do with masturbation? Who was Wilhelm Fliess?

Among the books that Devon had brought home from the McSeutor Library was, he was sure, the complete letters of Freud to Wilhelm Fliess. It took him a minute to find it; the garage was a mess, and he had not improved matters much by rescuing several boxes of Winston's library from storage. Tomorrow he would go out and buy shelves, and a little table, and a space heater. Tomorrow, after all, was not a hypothetical proposition, but a real place where things got done.

It gave him a thrill—a cool fluttering in his chest, as if from the wings of some giant moth—to see that the letters to Fliess spanned the critical years 1887 to 1904. He began to leaf through the book at random, allowing his attention to be drawn to paragraphs and sentences that a previous reader had bracketed in pencil and annotated in the margin with a question mark, exclamation point, or both.

Wilhelm Fliess was an ear, nose, and throat specialist from Berlin who had

some strange ideas. According to Fliess, there was “in the nose, as in the cerebral cortex, a specific localization for the individual distant symptoms in other organs.” Swellings of the nasal mucosa and pathology of the turbinate bones and the sinuses were, in his view, responsible for such diverse symptoms as pain in most parts of the body, migraine and other types of headaches, heart problems, respiratory difficulty, gastrointestinal upsets, and, finally, all manner of disturbances in the functioning of the female genitals, causing dysmenorrhea (painful menstruation), miscarriage, and more. In clinical proof of all this, Fliess cited the visible swelling of the turbinate bone during menstruation, the occurrence of vicarious nosebleeding during menstruation and pregnancy, and the fact (Devon had to read this twice) that cocaine applications to the nose were capable of inducing accidental abortions.

“The number of symptoms adduced is great,” wrote Fliess,

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 constellation of complaints is that one can bring them temporarily to an end by anaesthetizing with cocaine the responsible area in the nose.

In other words, thought Devon, the “nasal reflex neurosis” was a catch-all diagnosis for any malady whatsoever that seemed to clear up rather nicely when you put cocaine up the patient’s nose.

This preoccupation with the same drug that Freud had more or less single-handedly brought to the attention of the European medical community must have been what brought the two men together. Even Jones (while airing the obligatory diagnosis of transference and latent homosexuality) had touched on the truth:

Both Freud and Fliess suffered from migraines, and the two men conjured up various theories, none of them very fruitful, to account for this distressing disorder. Then, as was fitting in his relation to a rhinologist, Freud suffered badly from nasal infection in those years. In fact, they both

did, and an inordinate amount of interest was taken on both sides in the state of each other's nose. Fliess twice operated on Freud, probably cauterization of the turbinate bones; the second time was in the summer of 1895. Cocaine, in which Fliess was a great believer, was also constantly prescribed.

It was prescribed, apparently, not only by Fliess to Freud, but by both men to their patients. In May, 1893, Freud wrote to Fliess: "I am now making this diagnosis very often and agree with you that the nasal reflex is one of the most frequent disturbances. Unfortunately, I am never quite sure what to do then." So he sent his patients to Fliess for operations, who returned the favor by sending his own patients to Freud for psychoanalysis; and in the meantime both prescribed cocaine for a host of problems.

Devon dropped the book on the concrete floor, stirring up a little cloud of sawdust. Absentmindedly cracking his knuckles in precisely the way he had trained himself not to do in court, he stood and began pacing.

How much cocaine had Freud himself really been using? It was impossible to tell. There were few direct references to his personal use, and the gaps between these few were wide enough to accommodate any theory. At any rate, an absence of proof was not proof of abstinence.

All Devon, or anyone, knew for sure was that in May of 1893 Freud was writing to say that he had interrupted a migraine by applying cocaine to both nostrils. In January of 1895 he was "keeping the nose under cocaine," that is, repeatedly painting his nostrils to prevent renewed swelling. In April of the same year he was pulling himself out of some kind of "miserable attack" with an application. In June he was admitting quite bluntly, "I need a lot of cocaine." Then, abruptly, in October of 1896—the day of his father's funeral—he was claiming to be done with it: "Incidentally," he wrote, "the cocaine brush has been completely put aside." And that was all he wrote.

Devon twisted a kink out of his neck with a loud crack and padded into the kitchen. What he needed, he decided, was a timeline. Yes! He could already see it: a luminous ruler into which he would drive the key dates like

posts, after which the gaps would become as clear and well-defined as missing puzzle pieces. The procedure was so straightforward that it would be less like noting up a case than solving an engineering problem, less like connecting dots than fitting tongues into grooves. In his imagination he could hear the oiled ball bearings rolling against one another as another piece of the mechanism fell into place.

About three and a half hours later, he realized that a timeline was not, after all, a useful idea. The chronology was not what mattered. It was not the objective but the subjective, not the outward appearance but the secret inner life that he was after. He did not care *when* Freud had needed a lot of cocaine or when he had put the cocaine brush aside; he wanted to know *why* Freud had needed a lot of cocaine, and *how* he had put the cocaine brush aside. He wanted to know what it had been like for Freud, being Freud, at that time of his life.

And this, Devon realized, was what he could never know. It was not just that all his source material was translated from a language he did not understand, or that so many letters and other documents were inaccessible to him, or that the pertinent letters he did have were written to Freud's fiancée or closest friend and therefore drew on a private stock of idioms and anecdotes. It was not just Freud's secretiveness (he had set the tone in 1885 when he had burned all his papers and boasted to Martha, "let the biographers worry, we have no desire to make it too easy for them!") or the frequent inscrutability of his prose that made Devon despair. He would have been in no better a position if Freud had been here in the garage with him and feeling talkative.

Because there was, around every mind, every inner life, an impenetrable wall. Most people never invited you in, and even those who did did not have keys to half the doors in their own houses. A year ago Devon had spent fifty hours interviewing Rodland Miller—the most willing and forthcoming affiant imaginable—and still he hadn't been able to foresee what would happen when they put him on the witness stand. There came a point in

every interrogation and in every line of research, no matter how deep you went or how meticulous you were, when the information simply dried up. The more closely you looked at anyone, alive or dead, the more distantly they looked back.

The only way to get into another's life was to project yourself there, imagine yourself into them. He remembered now why he had given up reading the biographies of great and famous men. It was because every life was, viewed from the outside, more empty space than dots, and every biographer had therefore no choice but to connect the dots in his or her own individual, imaginative way. Most historians and biographers were too timid, however, to speculate much. But speculation was the only road to truth. A line, however it was arrived at, said more than any number of dots. Fiction, because detailed, would always be truer than fact, which could only ever be partial.

A short story or film about Freud as a young man experimenting with cocaine or grappling with addiction would be more telling than the most assiduously researched biography, because the facts could never puncture the wall, could never push through to the inner life. Devon, however, had always disliked so-called literature, with its unabashed irrelevances, its cloistered melodramas, its idiosyncratic ways of slicing up and presenting the universe. Stories and novels seemed to him both obscenely private and obscenely trivial, like the dreams a stranger insists on sharing with you. For this reason, as he moved down the bright hallway towards the bathroom, the floorboards creaking explosively beneath his feet, as he crept past Clyde's black room and the sure sense of eyes upon him, as he closed the door delicately behind him and stood before the mirror, Devon imagined he was watching a movie: *The Story of Freud and Cocaine*.

Freud, deep in thought, walking through the streets of Vienna, the four fingers of each hand slotted primly into his waistcoat pockets.

Freud in his office, persuading one of his fidgety patients that she was hypnotized. He retreated behind the desk to write a letter while the woman

pretended to be asleep.

Freud seated before the fireplace, reading aloud, with sonorous pride, his son Martin's latest poem.

Freud in his study, carefully, but with an air of nonchalance, tapping his last remaining crumb of cocaine onto a piece of brown paper. He hesitated, thinking perhaps of Martha's silent disapproval—or of his dead friend Fleischl.

Freud in his study, putting a pinch of the white substance on his tongue, thinking with self-satisfaction that when the supply of one's vice was limited, using it was a kind of virtue, for one was also thereby using it *up*, getting rid of it.

Devon corrected his picture of Freud, remembering to cast him not as a sour, shrewd, bespectacled old man clutching a cigar who unaccountably spoke English with a lisping Austrian accent, but as a pudgy thirty-five-year-old in a shabby suit who spoke gruff but eloquent German (and French and Italian and English) and who suffered from migraines and a propensity to bleed from the nose into his thick, lustrously oiled moustache.

He saw this Freud seated on a train, red-faced and sweating, eyelids lowered like shutters against a coming storm, afraid that his screaming heart would explode or seize up in his chest.

Freud at Charcot's, gauche, unsure of himself, hungry to make a good impression. He wondered if anyone was laughing at his French. He wondered if anyone could tell that he had taken a bit of cocaine before stepping into the carriage with Richetti. He glanced in a mirror and decided that no one could. The light from this lamp was peculiar, that was all. He looked the same as ever.

Freud, at 2:00 A.M., creeping through his apartment, moving almost on tiptoe, afraid to disturb Martha or the children.

Freud, seated behind a patient, struggling not to fall asleep.

Freud going through a period of depression—not that he called it that. There were simply good days, when work was a joy and an adventure of perpetual discovery, when the words flowed effortlessly from his pen and he marveled at his own perspicacity; and there were bad days: "Fathomless and

bottomless laziness, intellectual stagnation, vegetative dreariness. I have never before even imagined anything like this period of intellectual paralysis. In times like these my reluctance to write is downright pathological. Every line is torture.” On bad days he sat at the window, fingering his bust of Aristotle like a lecturing phrenologist, despising himself for ever having thought himself worth something, capable of something great. Sometimes, on his bad days, if there was work to do, he took a little cocaine, and felt almost normal again. There was, of course, no evading altogether the bad day; it could only be postponed. Indeed, the next day he would probably feel even worse. But it was a universal truth, he felt, that humans would always elect to pay for a present pleasure with a future pain. It soothed him to think that he was only acting in accordance with intransigent human nature, as everyone must do.

Now here was Wilhelm Fliess: short, barrel-chested, wide-eyed, bursting with health and confidence, yet holding something back, like a tightly coiled spring. Fliess came bounding up to Freud, pumped his hand up and down, cracking his arm like a horsewhip, and congratulated him effusively on an excellent lecture.

Freud, reading a letter from Fliess, frowned.

Freud, writing a letter to Fliess, smiled.

Freud on his way to meet Fliess for their annual “Congress.” This time, it was not just the train causing his anxiety: Fliess had threatened to “take another look at that *Shmoitsl*”—which meant another operation. Freud did not like going under the knife at any time, but there was, he felt, something uniquely terrifying about having the soft, sensitive tissues of the nose pierced and peeled apart by cold surgical instruments. (Years later he would write to his friend, “I find it very expedient that surgeons never take the pain they cause into account; if they did, they obviously would not find the courage for many a thing. I still shudder—an echo—at your heroism in the early period of our friendship. I could tolerate nothing at all.”) It was, he told himself, the nature of the operation itself that caused his grief and trepidation, not the surgeon or his methods. Indeed, he felt sure that he could never have put himself under the hands of anyone but his good friend

Wilhelm.

(In fact, though Freud would hardly admit it, he had good cause for anxiety. One of his own patients, Emma Eckstein, had nearly died following one of Fliess's operations. The good surgeon had, it turned out, left half a meter of gauze behind in her nasal cavity; when, two weeks later, Freud's colleague Dr. Rosanes found and removed it, the poor girl had a near-fatal hemorrhage. The "flood of blood" made Freud woozy; he had to leave the room. But then again, as he'd swiftly reassured his friend Wilhelm, and as he now reassured himself, that ordeal had not been Fliess's fault, but Rosanes's, for pulling out the gauze so recklessly. Freud also could not entirely discount the possibility that the poor girl was bleeding hysterically in order to monopolize his, Freud's, fatherly attention. The mind, after all, was a mysterious place.)

Freud settling himself, with heroic nonchalance, into a suitable *fauteuil* in Fliess's crisp, lavender-wallpapered hotel room, while Fliess chewed on a crust of bread and went about the room without haste, patting his pockets and laying out his gleaming instruments on a nearby armoire.

Fliess took his friend Sigmund's head firmly between his rough, dry hands and tilted it backwards. He bent over from the waist, his back as straight as a well pump handle, and peered, unblinking, down into Freud's nose. He made a satisfied gurgle in his throat and murmured, "Just so." Then, without another word, he reached for the cocaine bottle, withdrew the brush, and generously spackled the inflamed, bright red interior of both nostrils. Within a minute the blood vessels had begun to constrict and the swollen tissue visibly to subside. Within five minutes, as the drug, unbeknownst to either man, passed through the Schneiderian membranes, into the bloodstream, then percolated through the blood-brain barrier and into the brain, Freud began to feel much better indeed: it was as if all the doors and windows in his head had sprung open at once and all the dark corridors in his mind had been flooded with sunshine, and he could see that they went on forever, corridors upon corridors, rooms adjoining rooms, and he realized that he could move as far as he needed to in any direction, at his own pace, in his own time. It was not too late. Someday he would do

something great. He did not even notice when Fliess made the first incision—though some time later he did notice that Fliess was spending a lot of time fussing about in the wrong nostril. But he would have been a fool to worry: his friend Wilhelm was a great man, a genius, the best of all doctors.

Devon remained in bed, or rather on the bed, for several minutes after he heard Barb arrive home. Then he got up, changed his clothes, and went down the hall to the kitchen, turning off lights as he went. At night, having every room lit made the house feel open and institutional, like a museum or an office. In the morning, however, as the first blue glow began to ooze in through the windows and render the lights superfluous, the house felt exposed and sterile, like a waiting room or a morgue.

Clyde was a bluish swath of fuzz protruding from a chink in his cocoon of blankets.

Barb was at the stove, hunched over a frying pan, with her usual undecided look of attending to everything at once. Devon sat down at the table with an involuntary groan, for he knew the sausages were for him. He resented the assumption that he would be awake, let alone hungry.

“Good morning, sunshine.”

He looked around for cigarettes; that is, without moving his head, he moved his gaze across the portion of tabletop directly in front of him. The thought of chewing and swallowing anything seemed as pointless and alien as the wartime atrocities of savage tribes, but he could imagine a case being made for sucking a cloud of chemicals into his lungs.

He felt as though he had been tricked. The way he felt now was the most forceful and concise refutation imaginable of his earlier optimism. He was being chastised for his meaningless enthusiasm with this meaningless despair.

He had been wrong. He had been wrong about Freud. He had been wrong to be excited. There was nothing exciting about Freud’s cocaine use. Until last night he had somehow taken it for granted that Freud was a great man, someone to be admired. He must have formed this opinion twenty

years earlier during his undergrad, when, in preparation for a psychology course, he had read a few of Freud's "classic" works. *Totem and Taboo* and *Civilization and its Discontents* had proved spectacularly useless as background to an introduction to the physiology of the retina and the localization of brain function, but he had nevertheless come away with an impression of Freud as a brilliant and fearlessly independent philosopher of the soul—an impression that had probably only been inflated retroactively by the extent of his disappointment with the psychology course, and its circumvention of philosophy and of the soul.

His erratic reading of the past three nights had at first corroborated this impression. Freud was certainly brilliant (he seemed to have memorized a lot of Goethe and Shakespeare, anyway), and he was undeniably a good writer (his prose, at least, proceeded with a stately grace and polite, almost wheedling formality that obscured the occasional incoherence of his ideas or the faults in his logic), and Devon had been positively delighted to discover passages like this, which seemed to reveal the torment of a genius at loggerheads with the unimaginative fools around him:

I am pretty much alone here in the elucidation of the neuroses. They look upon me as a monomaniac, while I have the distinct feeling that I have touched upon one of the great secrets of nature. I cannot talk about it to anyone, nor can I force myself to work, deliberately and voluntarily as other workers do. I must wait until something stirs in me and I become aware of it. And so I often dream whole days away. Everything in me is very quiet, terribly lonely.

But then there were also passages that Devon simply could not digest, theories of Freud's that were not any less bizarre than those of his friend, Wilhelm Fliess, to whom he wrote things like this:

Now, a child who regularly wets his bed until his seventh year (without being epileptic or the like) must have experienced sexual excitation in his earlier childhood. Spontaneous or by seduction?

Devon could not decide if this was just plain silly nonsense, or evil,

irresponsible nonsense.

He had only wasted a few nights on Freud, granted. But he had also wasted a few nights on James Joyce, a few nights on William James, a week of nights on De Quincey. His thesis—that there were great men who had achieved greatness not *despite* the drugs they used but *because* of them—was slipping away from him. What was slipping away, in fact, was the indefensible contention that there had ever been, that there ever could be, such things as “great men.”

He had no thesis. There was no project. There would be no book. It had been a stupid idea anyway. Had he really thought that a polemic against the current drug laws would win back for him the status and respect that he’d lost? Had he really believed that a writing career would make up for the one that had been taken from him? He felt chastened for his delusions, like an ignorant, misbehaving child.

He had been wrong. Depression was not the feeling of being imprisoned. Happiness was not the feeling of freedom. It was exactly the other way around. Happiness was being tucked snugly into a single moment. Happiness was a winding hike through dense woods to who-knows-where. Happiness was blind.

Depression was having all the future spread out before you. Why take a step down any path at all if you could already see where it led? Misery was walking down a long straight hall, driving down a long straight highway. He could see exactly where he was headed; there would be no surprises, and no exits.

Barb put her chin on her shoulder and looked at him.

“Rough night?”

“No,” he said.

She was not discouraged; his first response to most questions in the morning was “No.”

She transferred the spatula from one hand to the other. In her left she held it like a surgical instrument; in her right, like a club.

“Up late working again?”

“No,” he said, this time in the tone that meant “don’t ask.”

“Couldn’t sleep?”

“No,” he said, and she could tell that he had stopped listening to her.

She looked at him closely, her forehead wrinkled with concern. He was still depressed. She did not know what to do about it. On the phones it was easy: you made sure they were safe, that they were not going to hurt themselves, and then you listened. They wanted to talk—that’s why they called. She did not know what to do with someone who did not want to talk.

He had been getting better, too; that was what was so frustrating, so disappointing, about these funks of his in the morning. In the last couple of weeks he had begun to smile again, even to laugh. She didn’t claim to understand what he was up to in the garage with his books so late every night, but it was clear anyway that he had an *interest* again. This made her so happy that she was tempted at times to embrace him, or to cry.

She turned back to the stove and herded the sausages to one side of the pan to make room for the eggs. There was one thing at least she could do for Devon, and that was make sure he ate. A body could do nothing if it was not well-nourished.

“What about those bookshelves?” she asked.

He scowled up at her, as though she had used one of his own arguments against him. “What about them?”

“Should we get them this morning? The Do-It will be open by eight. I’m sure Clyde would come along.”

“No,” he said, his tone close to “don’t ask.”

“The early bird gets the worm . . .?”

“They’ll still be open later,” he said, though he didn’t sound as if he believed it.