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Introduction

Marcel Proust (1871-1922) eventually came to the conclusion that “Medicine is a compilation of all the sequential and contradictory errors made by doctors... to believe in medicine is sheer folly, but not to believe in it a greater folly still, because from this accumulation of errors a few truths have eventually emerged”. His constant references to the world of medicine do much more than provide humorous comment on the idiosyncrasies of society. They are observations of people in quite specific circumstances: in illness, dying and death. As such, they are an expression of Proust’s desire to access and analyse humankind at its deepest level, in its ultimate essence. In the words of Henri Ellenberger: “What Marcel Proust indefatigably analysed were the many manifestations of polypsychism, the multiple shades of personality within us. He considered the human ego as being composed of many little egos, distinct though side by side, and more or less closely connected. Our personality thus changes from moment to moment, depending on the circumstances, the place, the people we are with. Events touch certain parts of our personality and leave others out.”

Proust’s life (1871-1922) spans almost the whole of the Belle Époque period (1870-1914), a time when profound new scientific and philosophical theories were challenging the very foundations and forcing a re-appraisal of human knowledge, theories and exploration the like of which had never been seen before, with people such as Albert Einstein and Max Planck leading the way. It was the age in which the first theories of quantum physics were being expounded, and in this respect Marcel Proust was very much a man of his time. For the exploration of subatomic particles was not only the concern of science; it was by extension the concern of Proust too. A depth of penetration and analysis, moving from the classical to the fine granular; the polyvalence of existence; existence in more than one sphere and in more than one condition at the same time; the multiplicity of meaning, glimpsed in twilight states of consciousness, accessed by a man with a highly developed perception, even in illness – that was Proust’s concern.

During the latter years of his life, Marcel Proust scarcely left his bed, let alone Paris. Yet he succeeded in opening up vast new worlds of understanding. From the dark confines of the sickroom, Marcel Proust shed a brilliant new light on a multi-faceted world of thoughts, objects and people.
Medicine and illness in the writing of Marcel Proust

Medicine, illness and the medical profession play a major part in the writing of Marcel Proust, *A la Recherche du Temps Perdu (In Search of Lost Time)* fairly bristling with medical references, metaphors, and doctors who possess varying degrees of ability. Proust frequently holds medicine up to ridicule, possibly in reflection of his own ambivalent stance towards the profession, his awareness of its shortcomings, while at the same time recognising his own dependence. Doctors are shown as incompetent and superficial – the more qualified they are, the more incompetent they appear. The main physician in the novel, Professor Cotard, writes fake certificates for his rich friend Madame Verdurin during World War I so that she can obtain croissants for breakfast while poor people are starving. Cottard makes stupid puns. When called in to examine a dying patient, Professor Dieulafoy merely asks for payment of his fee. Faced with such levels of professional inability, the way is cleared for self-medication... by narrator and writer alike.

Proust’s medical interest drew on solid foundations, and he certainly felt very sure of his ground. The reasons behind this interest and the ways in which medicine and illness function in his work are therefore key to an understanding of his thought and vision.
Marcel Proust on vacation with his family, circa 1892
Marcel Proust’s family background

Marcel Proust was born into a family with strong medical and academic connections. His father, Adrien, was a highly respected doctor of international renown, and his mother, Jeanne Weil, came from an intellectual Jewish family. In later years, his brother, Robert, became a prominent urologist. Around 1900, Marcel was acquainted with most of the medical intelligentsia of Paris; they knew him as their patient, and he mixed with them privately and on social occasions.

**Adrien Achille Proust** (1834-1903) was an outstanding figure in Third Republic France. With his medical achievements and his distinguished career, he was accorded a funeral approximating in scope and grandeur to that of a leading statesman. An epidemiologist and hygienist, and professor of hygiene at the faculty of medicine in Paris and chief physician at the city’s La Charité, Lariboisière and Hôtel-Dieu hospitals, he was entrusted with the task of studying the etiology and movement of cholera through Asia and Europe. International trade had made Europe vulnerable to the spread of cholera. In France cholera had reached epidemic proportions during the period 1830-1845, and during the siege of Paris in 1870. Adrien proposed an international endeavour to prevent this from happening. The *cordon sanitaire* would establish a border whereby nations would co-operate to enforce a strict quarantine for ships entering their waters. In 1869 the minister of Agriculture and Commerce sent Adrien on an arduous journey to Russia and Persia to discover by which route cholera had arrived from Russia during the 1832 epidemic. He was to return to Paris via Mecca, Turkey, and Egypt thus following the route of the epidemics of 1849 and 1866. In 1870 he was awarded the Légion d’Honneur for his efforts, but it was not until more than twenty years later that his proposal to set up the *cordon sanitaire* was agreed, and the International Office of Public Hygiene was formed in Paris. The Suez Canal Company raised strong objections to...
Adrien’s proposals and so a fifth cholera epidemic occurred in 1884 carried by ships that had passed through the Canal. State-enforced *cordons sanitaires* around Toulon and Marseilles successfully prevented the spread of cholera to other parts of France, and, at the same time, helped to establish Cannes, Nice, and Villefranche as fashionable resorts for the English gentry who had deserted Marseilles once the *cordon* had been put in place.

A member of France’s public hygiene committee, he later became a member of the French medical academy, serving as its secretary from 1883-1888. He founded the international office of hygiene – which later became the World Health Organisation.

Adrien Proust also made significant contributions to neurology, his thesis in 1866 entitled: “On the different forms of softening of the brain”. Two essays followed: “On Aphasia” (1872) and “Aphasia and Trepanation” (1874), as well as his popular publication “The Hygiene of the Neurasthenic” (1897). Neurasthenia is here defined as a “weakness of nerve elements” with dyspepsia, headache, insomnia, and irritability among its main symptoms, and having its causes in anxiety, disillusionment, remorse, thwarted affection, and vexation. Those who, like Marcel, lived life in high society circles were especially prone to these symptoms. “Those who go out much, and especially women, have their whole day taken up by the duties that convention and the vain care of their reputation impose on them: visits, dinners, balls, and evening parties make their life one of continual constraint, and of obligations without respite.” The authors go on to describe the conditions of life “in society,” inviting us to reflect on “the excitement of all sorts that it occasions, on the physical fatigues that it brings on, and that almost inevitably result from the habit of too long and too copious meals in rooms that are often over-heated, on late hours, and on insufficiency of sleep at the proper times, one will not be astonished that it frequently causes the development of nervous asthenia.” This describes much of the action in Proust’s *À la Recherche du Temps Perdu* and it’s hard not to think that Ballet and Proust Senior’s descriptions derive in part from their observation of the young Marcel. Adrien also pointed to the effects of “bad education”, including excess attention and maternal preoccupation as a cause of neurasthenia. A reference to his son, then aged 26, perhaps?

Robert Proust (1873-1935) Following his father into medicine, Robert specialised in urology and gynaecology. The brothers Robert and Marcel enjoyed a close relationship throughout their lifetime, Robert actively supporting his brother’s writing career and editing and arranging from manuscript notes and fragments the final three volumes of *À la Recherche du Temps Perdu* after Marcel’s early death. In 1894 he became an intern with the urologist Felix Guyon, and in 1900 he completed his thesis on perineal prostatectomy, a procedure known to some of his colleagues as a “Proustatectomy.” In 1903 he commenced ten years as assistant to Samuel Jean Pozzi at the Broca Hospital. The first edition of Robert’s textbook on The Surgery of the Female Genital Tract appeared in 1904. An admirer of the work of Marie Curie, Robert pioneered the use of radiotherapy for cervical cancer, and recommended pre-operative use of radium. At the start of World War I Robert served at the front as a military surgeon and developed a mobile operating theatre for use close to the site of battles.

With this family background it was obvious that Marcel would meet many contemporary leading physicians – Dieulafoy, Pozzi and Vaquez were all frequent visitors, and Cotard studied
alongside Marcel’s father – later becoming “Cottard”, a key medical figure in Proust’s novel, as mentioned above. Medical topics were the common currency of everyday discussion in the Proust household. Did the discussion of neurasthenia – what we would today call psychosomatic illness and a topic which was fast becoming as popular as Jean-Martin Charcot’s hysteria – influence Marcel’s symptoms? Or did Marcel’s “neurasthenic manifestations” encourage his father’s interest in the topic? Whatever the case, the subject provided another strand of interest and a bond between father and son.

Although he never met Charcot (who died when Marcel was 12 years old), the shadow cast by France’s leading contemporary neurologist would undoubtedly have been massively influential, and Marcel would have known of the discussion surrounding neurasthenia.

Such was the ambience in which Marcel Proust grew up, fostering an interest in medicine that was to become a fascination, and providing every opportunity to gain at the very least a passing acquaintance with medical terminology and practice. He even began to identify closely with physicians. As he once said to his housekeeper, Céleste Albaret: “I am more of a doctor than the doctors”. Yet this fascination was underpinned by a strong ambivalence that was to express itself continuously in words and actions throughout his life: despite his readiness to write out medical prescriptions for friends and acquaintances, he claimed that the main effect of medicine was to prolong illness and that “to believe in medicine is sheer folly, but not to believe in it a greater folly still”; and despite his intense discussions with physicians, he increasingly selected his medications himself, adapting them as he saw fit and often neglecting the advice of medical men. Could it be that these interrogations served the purpose of gaining inspiration and input for his novel, much like his visits to Parisian high society salons?
Proust’s illnesses

Asthma plagued Proust throughout his entire life. But the list of his other ailments – both actual and imagined – is extensive and includes: neurasthenia, anxiety, palpitations, headaches, stomach trouble, hay fever, insomnia, speech difficulties, dizziness, thermal dysregulation and arthritis.

He suffered his first asthma attack at the age of 9 after a long walk in the Bois de Boulogne with family and friends. So severe was the attack that his father feared his young son would die, and the event left a great impression on younger brother Robert for the rest of his life. During Proust’s early years, he was given the Francis Treatment of Asthma, newly formulated by leading ENT surgeon Alexander Francis.

This asthmatic tendency became worse during Proust’s adolescence, and then remitted slightly before becoming apparent again in his early 20s, when it began to have an increasing effect on his lifestyle. Not satisfied with the advice given by his loyal physician Dr. Bize who accompanied him throughout his life, Marcel became a devotee of self-medication, making his own therapeutic mixtures to combat his various ailments; trional, veronal, adrenaline, caffeine, various barbiturates and other drugs were all favourite resources.

With increasing age, the attacks became worse: “For two days my asthma has been so violent that I’ve not been able to bear anything or anyone near me”… “a single asthma attack”… “two days of convulsions caused by asthma and suffocation during which writing was just as impossible as talking”… “an attack lasting thirty hours, when all movement (and all lack of movement) and all thought were impossible, attacks so violent that nothing could stop them”.

Fumigations of Legra and Escouflaire anti-asthma powders and Espic anti-asthma cigarettes reinforced his chaotic medical regime. So vigorous was he in his application of these remedies that he accidentally poisoned himself as a result; at least two severe episodes are recorded, in 1917 and 1921. The smoking of stramonium cigarettes was a common nineteenth century remedy, but combined with the stramonium contained in the anti-asthmatic powders, atropine poisoning was a likely outcome. On one occasion he claimed: “The air was so heavy today that the smoke from the powder I burned at 5 o’clock stayed in the room all day, even though all the doors were open. You couldn’t see a thing; anyone coming in would have coughed and cried”. And on another occasion: “I drank seventeen cups of coffee to calm an asthma attack”. Marcel read avidly around the subject and decided for a while that his asthma might be caused by threadworms. In a letter to Robert, he asked whether the administering of glycerine or mercury enemas might be the right course of action.
Asthma and neurasthenia

An examination of Proust’s childhood and of the role played by asthma throughout his entire life is central to an understanding of his thought and writing. A recurrent theme in *A la Recherche du Temps Perdu* is the fear of a separation from and rejection by his mother, the seminal influence being a traumatic childhood bedtime scene when little Marcel believed that his mother was far too busy entertaining the guests downstairs to give him his customary and much longed-for good-night kiss.

In those days, quite apart from an association with allergies and hay fever, asthma was considered to be a disease of nervous origin, a neurasthenic manifestation. This has led to an interpretation that the main emotional problem in asthma is one of fear of separation from the maternal figure, with the asthmatic attack equating to a repressed cry for the lost mother.

The consideration of asthma as a nervous disease explains why the leading neurologist Edouard Brissaud wrote “The Hygiene of Asthmatics” (1896), with a preface by Adrien Proust, and is also the reason why Marcel sought the advice of so many neurologists and neuropsychiatrists of his time.

Referring to the aforementioned list of Proust’s illnesses and bearing in mind the many and varied remedies he embraced, it has often been suggested that many of Proust’s ailments were self-induced, and that he may even have unconsciously preferred the way of life necessitated by his asthma to that of ordinary healthy people. It’s hard not to think that, in *The Captive*, Proust writes from experience when he describes a character who, “maddened by uninterrupted pain, to which was added insomnia broken only by brief spells of nightmare…called in no more doctors and tried with success, but to excess, different narcotics, trustingly reading the prospectus that accompanied each of them, a prospectus which proclaimed the necessity of sleep but hinted that all the preparations which induce it (except the one contained in the bottle round which the prospectus was wrapped, which never produced any toxic effect) were toxic, and therefore made the remedy worse than the disease. When one absorbs a new drug, entirely different in composition, it is always with a delicious expectancy of the unknown. One’s heart beats as at a first assignation. To what unknown forms of sleep, of dreams, is the newcomer going to lead one?”
Proust’s physicians

Edouard Brissaud (1852-1909)

From the age of 9 Marcel suffered repeated attacks of severe asthma. Probably due to the fact that asthma was considered to be a nervous disease, the doctors most frequently consulted by Proust were neurologists, among them Edouard Brissaud who maintained that asthma occurred in patients with a “morbid, capricious and autocratic personality.” Proust was fond of Brissaud but found him reticent about medicine, describing him as “a doctor despite himself,” and “an admirable man, with a vast intelligence, but a poor physician, who thought (I am exaggerating only a bit) that one should live on trional.”

In A la Recherche du Temps Perdu Brissaud is thought to have inspired the character of Dr. du Boulbon who is described as “a specialist of nervous diseases, the one to whom Charcot, before dying, had said that he would dominate neurology and psychiatry.” Du Boulbon is called in to examine the narrator’s grandmother, who “no longer went out of doors, and scarcely rose from her bed,” and tells her: “You will be cured, Madame, on the day, whenever it comes – and it rests entirely with you whether it comes today – on which you realise that there is nothing wrong with you and resume your ordinary life.” He goes on to advise her: “Go to the Champs-Elysees, Madame, to the clump of laurels which your grandson loves. The laurel will be beneficial to your health. It purifies. After he had exterminated the serpent Python, it was with a branch of laurel in his hand that Apollo made his entry into Delphi. He sought thus to guard himself from the deadly germs of the venomous monster. So you see that the laurel is the most ancient, the most venerable and, I may add – something that has its therapeutic as well as its prophylactic value – the most beautiful of antiseptics.” The narrator contrasts this approach with that of Cottard “who had been called in to examine my grandmother – and who had infuriated us by asking with a subtle smile, the moment we told him she was ill: ‘Ill? You’re sure it’s not what they call a diplomatic illness?’ – tried to soothe his patient’s restlessness by a milk diet. But incessant bowls of milk soup gave her no relief, because my grandmother sprinkled them liberally with salt, the injurious effects of which were then unknown.”

Brissaud is thought also to have inspired the character of Professor E*** in A la Recherche du Temps Perdu. In The Guermantes Way, the narrator catches sight of Professor E***, “almost a friend of my father and grandfather, acquainted at any rate with them both,” pursues him into his apartment in the Avenue Gabriel, and implores him to “call at our house in half an hour’s time” and examine his grandmother. “Call at your house! Really, Monsieur, you can’t mean such a thing. I’m dining with the Minister of Commerce. I have a call to pay first. I must change at once, and to make matters worse my tail-coat is torn and the other one has no buttonhole for my decorations. Would you please oblige me by not touching the lift-buttons. You don’t know how the lift works; one can’t be too careful. Getting that buttonhole made means more delay. However, out of friendship for your family, if your grandmother comes here at once I’ll see her. But I warn you I shan’t be able to give her more than a quarter of an hour.” When he does examine her, “pressed for time though he was, his offensive manner changed, such is the force of habit, and his habit was to be friendly, not to say playful, with his patients. Since he knew that my grandmother was a great reader, and was himself one, he devoted the first few minutes to quoting various favourite passages of poetry appropriate to the glorious summer weather.”

“Your grandmother is doomed,’ he said to me. ‘It is a stroke brought on by uraemia. In itself, uraemia is not necessarily fatal, but in this case seems to me hopeless. I need not tell you that I hope I am mistaken. At all events, with Cottard you’re in excellent hands. Excuse me,’ he broke off as a maid came into the room with his tail-coat over her arm. ‘As I told you, I’m dining with the Minister of Commerce, and I have a call to pay first. Ah! Life is not all a bed of roses, as one is apt to think at your age.’"
Jules Cotard (1840-1889)

“He’s our family doctor, a worthy soul whom we adore and who would bend over backwards for our sakes; he’s not a doctor, he’s a friend. I don’t suppose you have ever heard of him or that his name would convey anything to you, but in any case to us it’s the name of a very good man, of a very dear friend, Cottard.”

It is generally agreed that Proust based the character of Professor Cottard on the real-life Parisian neurologist and psychiatrist Jules Cotard, a classmate of Proust’s father at the Ecole de Médecin. We first meet the fictional Professor in the second volume of *A la Recherche du Temps Perdu* as a dinner guest (one of the “faithful”) of M. and Mme. Verdurin. Proust describes a somewhat socially insecure man who was “never quite sure of the tone he should adopt in response to anyone who addressed him, whether his interlocutor wanted to make a joke or was serious,” and describes his “hesitating manner, his excessive timidity and affability” which, in his youth had “called down upon him endless taunts and sneers,” and how “wherever he went, save at the Verdurins’, where he instinctively became himself again, he would assume a repellent coldness, remain silent as long as possible, be peremptory when he was obliged to speak, and not forget to say the most cutting things. He had every opportunity of rehearsing this new attitude before his patients, who, seeing him for the first time, were not in a position to make comparisons, and would have been greatly surprised to learn that he was not a rude man by nature. Complete impassivity was what he strove to attain.”

Despite a warning to the narrator that “Cottard will bore you, and that alone will prevent his treatment from having any effect...He has made allowances for the difficulty of digesting sauces, for gastric trouble, but he has made no allowance for the effect of reading Shakespeare,” Proust’s Cottard is nevertheless a confident and gifted physician of whom the “most intelligent of the younger doctors used to assert that if they themselves ever fell ill Cotard was the only one of the leading men to whom they would entrust their lives.” The narrator concludes: “I was in no way disturbed at finding my doctor a bore...I very much doubted whether intelligent people required a different form of hygiene from imbeciles, and I was quite prepared to submit myself to the latter.”

“It is not enough that a physician who is called in to treat cases of this sort should be learned. Confronted with symptoms which may be those of three or four different complaints, it is in the long run his flair, his instinctive judgement, that must decide with which, despite the more or less similar appearance of them all, he has to deal. This mysterious gift does not imply any superiority in the other departments of the intellect, and a person of the utmost vulgarity, who admires the worst pictures, the worst music, who is without the slightest intellectual curiosity, may perfectly well possess it....

But Cotard’s hesitations were brief and his prescriptions imperious: ‘Purges, violent and drastic purges; milk for some days, nothing but milk. No meat. No alcohol’...Then, as my health deteriorated, they decided to make me follow Cotard’s prescriptions to the letter; in three days my ‘rattle’ and cough had ceased...and we realised that this imbecile was a great physician.”

“‘I am not in the habit of repeating my prescriptions. Give me a pen. Now remember, milk! Later on, when we’ve got the breathlessness and the agrypnia under control, I’m prepared to let you take a little clear soup, and then a little broth, but always with milk; au lait! You’ll enjoy that, since Spain is all the rage just now; ole, ole!’ (His pupils knew this joke well, for he made it at the hospital whenever he had to put a heart or liver case on a milk diet.)”

But on one occasion Cotard, while on holiday at the seaside resort of Balbec, is humiliated by the local doctor, “merely a thoroughly conscionous doctor who knew everything, and to whom you could not mention the slightest itch without his immediately prescribing, in a complicated formula, the ointment, lotion or liniment that would put you right...But he was in no way eminent.” Proust goes on to describe how “a grand duke who had come for a few days to Balbec and whose eye was extremely swollen had sent for Cotard who, in return for a wad of hundred-franc notes (the Professor refused to see anyone for less), had put down the
inflammation to a toxic condition and prescribed a disintoxicant treatment. As the swelling did not go down, the grand duke fell back upon the general practitioner of Balbec, who in five minutes had removed a speck of dust. The following day, the swelling had gone."

Professor Jules Cotard, born at Issoudun on June 1st 1840, studied brain damage in infancy and cerebral atrophy following strokes or trauma. He also described acute behavioural and personality changes due to heightened levels of blood sugar, as well as psychotic delusions in schizophrenics, morbid depression and hypochondria. The syndrome named after him was one that he described as “délire de négation,” the delusion that one has ceased to exist and that the external world has no reality. Cotard reported this condition in 1880 at a meeting of the Societe Medico-Psychologique when he presented the case of a 43-year old woman who believed that she had “no brain, nerves, chest, or entrails and was just skin and bone,” that “neither God nor the Devil existed” and that “she was eternal and would live forever.”

Professor Cotard dies from overwork (“...he had exerted himself too much for his age”), but Jules Cotard died on August 19th 1889, aged 49, after nursing his daughter who was suffering from diphtheria.

Georges Dieulafoy (1839-1911)

“'Have you sent for Dieulafoy? No? That was a grave error. And if you had only asked me, I would have got him to come – he never refuses me anything, although he has refused the Duchesse de Chartres before now. You see, I set myself above a Princess of the Blood. However, in the presence of death we are all equal,' he added, not in order to assure me that my grandmother was becoming his equal, but perhaps because he felt that a prolonged discussion of his power over Dieulafoy and his pre-eminence over the Duchesse de Chartres would not be in very good taste. His advice did not in the least surprise me. I knew that, in the Guermantes family, the name of Dieulafoy was regularly quoted (only with slightly more respect) among those of other tradesmen who were ‘quite the best’ in their respective lines. And the old Duchesse de Mortemart, nee Guermantes would prescribe almost automatically, with a droop of the eyelid, in serious cases: ‘Dieulafoy, Dieulafoy!’ as, if one wanted a place for ices, she would advise ‘Poire Blanche,’ or for cakes ‘Rebattet, Rebattet.’ But I was not aware that my father had, as a matter of fact, just sent for Dieulafoy.”

Perhaps because at the time of writing A la Recherche du Temps Perdu, the “eminent man” was “no longer with us,” Proust assigns no fictional name to Georges Dieulafoy: “His name alone presaged the dignity with which he would sustain the part, and when the servant announced: ‘M. Dieulafoy,’ one thought one was in a Moliere play. To the dignity of his bearing was added, without being conspicuous, the litheness of a perfect figure. His exaggerated good looks were tempered by a decorum suited to distressing circumstances. In the sable majesty of his frock-coat the Professor would enter the room, melancholy without affectation, uttering not one word of condolence that could have been construed as insincere, nor being guilty of the slightest infringement of the rules of tact. At the foot of a deathbed it was he and not the Duc de Guermantes who was the great nobleman. Having examined my grandmother without tiring her, and with an excess of reserve which was an act of courtesy to the doctor in charge of the case, he murmured a few words to my father, and bowed respectfully to my mother, to whom I felt that my father had positively to restrain himself from saying: ‘Professor Dieulafoy.’ But already the latter had turned away, not wishing to seem intrusive, and made a perfect exit, simply accepting
the sealed envelope that was slipped into his hand. He did not appear to have seen it, and we ourselves were left wondering for a moment whether we had made it vanish without sacrificing one iota of the gravity – which was if anything accentuated – of the eminent consultant in his long frock-coat with its silk lapels, his noble features engraved with the most dignified commiseration. His deliberation and his vivacity combined to show that, even if he had a hundred other calls to make, he did not wish to appear to be in a hurry. For he was the embodiment of tact, intelligence and kindness. The eminent man is no longer with us.”

In a letter to the Canadian Medical Association Journal, published on February 10th 1968, Dr R.L. DuBerger wrote: “Dieulafoy was the French prototype of Osler. To the gifts of an inquisitive and hard-working mind he added those of an exquisite knowledge of all the subtleties of the French language, both spoken and written. His lectures were models of oratory, and the overflowing halls were occupied by a majority of non-medical listeners who were spellbound when he spoke and wildly applauded when he finished. His writing was of the same quality; he published innumerable articles, but his outstanding work was Manuel de Pathologie Interne in four volumes and 16 editions 1880-1910. Although this now is in the dim past, I still recall one chapter. He deals with the fact that a bursting appendix brings a relief of pain, while peritonitis is spreading, giving a false sense of improvement. The elegant title of this chapter is ‘L’accalmie traîtresse de l’appendicite’ How much can be said in a few words! I was too young to know this great man. When I went to Paris in 1925 he had been dead a few years, but Dieulafoy was still spoken of with reverence.”

Dieulafoy is now best remembered for identifying a lesion that bears his name but which he called “exulceratio simplex.” In 1898 he reported three cases of a gastric ulceration so superficial and so easily missed that surgeons had failed to see it even at autopsy. Dieulafoy identified this lesion as one with superficial erosion, limited to the mucosa, and with an arteriole at its centre causing massive bleeding: “Once the stomach opens, we could not see it because we did not know its location and it passed unnoticed…The ulceration is located towards the upper part of the stomach and the rest of the gastric mucosa is normal.” He found miliary abscesses that perforated the gastric lumen exposing normal blood cells beneath to peptic digestion. Urgent surgical intervention was needed “if the patient vomits half a litre to a litre of blood and if hematemesis is repeated two or three times in 24 hours.”

Joseph-Francois-Felix Babinski (1857-1932)

Of all the neurological specialists in Paris, Joseph Babinski (1857-1932) was Marcel’s main contact during the last years of his life. Léon Daudet was of the opinion that Babinski was the finest neurologist in the universe, having worked with him during Charcot’s tenure at La Salpêtrière. Proust had known Babinski when he had cared for his mother in the weeks prior to her death in 1905. Yet it was not until 1918 that he consulted him again when as a result of facial paralysis and aphasia he feared he would suffer the same fate as his mother. As well as re-assuring him that trepanation was not required, Babinski made him repeat complicated words (“constantinopolitain”, “artilleur de l’artillerie”), to demonstrate that his slurred speech was not concealing some “grave cerebral cause” and that veronal abuse was a more likely reason. Babinski is best-known for his description of Babinski’s reflex first reported by him 1896. A normal reflex in infants, the Babinski reflex occurs after the sole of the foot has been firmly stroked. The big toe then moves upward or toward the top surface of the foot and the other toes fan out. In adults and in children over 2-years old this can indicate an underlying nervous system or brain condition causing reflexes to react abnormally.
Samuel Jean Pozzi (1846-1918)

The surgeon and “father” of French gynaecology, Samuel Jean Pozzi, was a life-long friend of the Proust family. Marcel remembered his first “dinner in town” was with Pozzi in the Place Vendome when Marcel was still in his teens. In 1903 Marcel’s brother Robert became Pozzi’s assistant at the Broca Hospital where Pozzi had established the first public gynaecological clinic. Pozzi also ran a private medical practice and catered to members of the upper echelons of Parisian society. A patron of the arts who counted poets, painters, and actors among his closest friends, and actress Sarah Bernhardt among his lovers, Pozzi had the wards at the Broca decorated by the painter Georges Clairin and declared: “I treat my patients with Beauty.” Pozzi’s *Traité de Gynécologie* was first published in France in 1890 and was translated into five other languages. It became the first internationally acclaimed textbook on the subject and was the standard reference work until the 1930s.

His death came on June 13th 1918 when Maurice Machu, a former patient whose leg had been amputated by Pozzi and who had since then become impotent, demanded that Pozzi operate on him again. When Pozzi refused, Machu drew out a pistol and shot Pozzi four times in the stomach. An operation was performed in an attempt to save him, but his wounds proved fatal.
Joseph-Jules Dejerine (1849-1917) and Paul-Auguste Sollier (1861-1938)

Proust had been recommended to “unlearn your asthma,” and so became determined to seclude himself in a sanatorium, as his late mother had implored him to do, to begin concentrating on the unlearning process. In 1904 Proust consulted Dr Joseph-Jules Dejerine, the second successor to Charcot at the Clinique des Maladies du Systèmes Nerveux at La Salpêtrière, and unanimously recognised as France’s leading neurologist. From 5th December 1905 Proust booked a room for three months at the nursing home of the Sisters of Sainte-Marie de la Famille in the Rue Blomet where Dejerine was the director. As the date approached, Proust became increasingly anxious at the thought of an enforced and strict 3-month period of isolation, and so he cancelled the reservation and immediately made instead an appointment to see Paul-Auguste Sollier, another of Charcot’s former pupils. The regime at Sollier’s clinic at 145 route de Versailles in Boulogne-sur-Seine was less strict than that of Dejerine, lasting only six weeks rather than three months, so Proust admitted himself and stayed until 25th January 1906. Proust was allowed visitors on Tuesdays, Thursdays, and Saturdays between two and four o’clock in the afternoon. According to George Painter, Proust’s biographer, the “isolation-chamber at Billancourt had become a mere annexe to Proust’s bedroom at 45 Rue de Courcelles, and he was living precisely as before, with asthma unabated.” Proust may not have unlearned his asthma, but his habitually disordered sleeping pattern which consisted of working at night, writing A la Recherche du Temps Perdu, sleeping by day, rising at around 8.00 or 9.00 p.m., and ordering breakfast at 11.00 p.m., was greatly improved. “For the first time for five years he was sleeping at night and breakfasting before noon.” Nevertheless, on his return home Proust complained: “I came back here more ill than when I left.”

Sollier was an expert on hysteria and memory. The therapy he advocated involved subjecting patients to the experience of an emotional state and situation from earlier in their lives, as opposed to the exercise of cognitive, voluntary memory. Through these “reviviscences“, or emotional re-awakenings, it was intended that patients should obtain a new mental and affective balance, leading to an improvement of the reported symptoms.

The similarity between Sollier’s theory and Proust’s discovery and analysis of involuntary memory is quite striking. Moments of involuntary memory are described by the narrator in Proust’s novel as “moments of great happiness”. These moments are not subject to human will, and as such they are elusive. Experiencing past situations and past events in their qualitative and emotional complexity affords him the revelation: time is not lost. The sterile process of voluntary memory, with its inability to seize the reality and immediacy of the past in the present moment, is contrasted with involuntary memory – a randomly triggered memory fully charged with emotional factors, providing a qualitative awareness of a moment in past time. Time regained.
The death of his parents – the starter’s gun?

On November 26, 1903, Adrien Proust was found unconscious on the floor having suffered a cerebral haemorrhage. Three days later, he died, aged 69.

On September 26, 1905, Marcel’s mother died of a “uremic crisis”, but with hemiparesis and aphasia – symptoms highly suggestive of a stroke. She was aged 56.

The death of Marcel’s mother was an awful shock for him, so much so that he thought he would never overcome his loss.

Already very familiar with his father’s studies on stroke, aphasia and neurasthenia, after Adrien Proust’s death his interest in neurology and neurologists increased. When Marcel’s mother died, his worry that he might develop brain disease was reinforced even further.

From 1905 onwards, Proust’s dedication to writing began in earnest.

He was seen far less in society and lived now only for his written craft. In tandem with these efforts, his asthma became much worse. Medicine, that “excessively comical science(?)” offered no remedy. He informed Madame Straus that he was going to write “a long book”. After 1909, he spent nearly all his time in his apartment, shut away in his room, the shutters closed and the curtains drawn, the walls lined with cork to shut out all distractions. His only activity: writing *A la Recherche du Temps Perdu*. 
Illness, sensitivity, perception

A man of great sensitivity, illness provided him with a cocoon within which he could shield and comfort himself, an inexhaustible fund of reasons to excuse himself from social commitments, a special status through which he could claim love and attention, and not least of all a special perspective through which he could observe, analyse and understand human behaviour.

In Proust’s view, those who suffer enjoy a privileged position and are elevated to another level of being: “Only through suffering can we enter the heavenly kingdom”. Those who suffer from illness have a special understanding and an almost divinatory insight. He writes of “…this sort of instinctive and almost divinatory knowledge the mariner has of the sea, the prey has of its hunter and, if not the doctor then certainly the patient often has of his or her illness”. He claims: “Implicit in illness is a grace that brings us close to the realities of an existence after death”. Sufferers of nervous disorders have a very special status: “The wonderful, much-to-be lamented family of patients with a nervous disease are the salt of the earth. Everything great in the world comes from neurotics. It is they and they alone who have founded religions and created great works of art. The world will never know the full extent of the debt it owes them, nor just how much they have suffered in providing mankind with these gifts”. Illness is not the only prerequisite for a special talent, but forms part of the clockwork mechanism within the mental machinery that heightens the powers of analysis, “…the deeper the suffering in our heart, the greater the works we create”.

From childhood onwards Proust had harboured the desire to write and to capture the elusive essence that he felt was hidden beneath the surface of everything. The reflection of pink rooftops and the sky in a pond once moved him so deeply that in his enthusiasm he cried out loud: “Zut! zut! zut! zut!” He saw it as his duty not to express the scene in mere words, but to see beyond them, to analyse more clearly and in a more insightful and penetrating way. In “Le Temps Retrouvé”, the final volume of A la Recherche du Temps Perdu, he likens himself to a land surveyor who, having stripped things of their superficial qualities is left with a linear substratum. Merely listening to the words people speak is in no way satisfying for Proust; his interest is not what people say, but how they say it, this information giving access to the deeper levels of their character and foibles. The essence he sought was not to be found in mere conversation, but “at a greater depth, beyond superficial appearance…in a zone a little further away”. Dining with friends in town was ultimately a waste of time from a social point of view: “I didn’t see my fellow diners: the thing was, when I thought I was looking at them, I was in fact x-raying them”.

His ideal was: “Moments of profound illumination, when the spirit descends to the very depths of all things and illuminates them just like the sun sets in the sea”.
Use of language

The medical characters in Proust’s novel express themselves using bizarre language, thus making themselves grotesque and giving vent to Marcel’s scepticism of the profession. A hotel director recommends the use of “calypptus” to soothe “sores of the throat”. On another occasion, he tries to reassure a guest with the information: “There won’t be anyone in the room above you to make any noise; there’ll be no-one to stress your trepanum”.

The Duchesse de Guermantes advises Madame de Varambon not to take too many throat pastilles as they could be bad for her stomach. Madame de Varambon replies that this is quite impossible, as the pastilles are destined for her bronchi, not for her stomach.

At times, however, Proust is skewered by his own inadequate medical knowledge. Following his mother’s illness and death, he became terrified of developing aphasia and was convinced that trepanation was the only course of action likely to help – a concern probably rooted in the title of one of his father’s books “Aphasia and Trepanation”. In June 1918, the neurologist Joseph Babinski was fortunately able to assure him that he did not require trepanation to cure his facial paralysis and aphasia!

Yet such examples of grotesque ignorance can be balanced by Proust’s recording of neurological conditions which were hitherto virtually unreported, such as phantom limb syndrome and post-stroke depression associated with aphasia.

There are those who argue that Proust’s illnesses influenced not just the content but the style of his writing: in 1945 Dr. Corganian de Corganoff claimed that “the rhythm of Proust’s sentences is the rhythm of asthmatic dyspnoea”. Others have claimed that the “flow of Proust’s sentences is the literary and literal translation of one of his asthma attacks” (Dr. Georges Rivane, 1945).
Following his mother’s death, Marcel became terrified of developing aphasia and was convinced that trepanation was the only course of action.

Joseph Babinski was able to assure him that he did not require trepanation to cure his facial paralysis and aphasia!
Proust’s sexuality

Whereas homosexuality and homosexual characters feature prominently in *A la Recherche du Temps Perdu* the narrator is always at pains to present himself as nothing more than a passive observer. These observations were admittedly further grist to the mill of Proust’s human exploration and his comprehensive interest in all natural phenomena, alongside his interrogation of doctors and his interest in gaining access to Parisian high society. But he was seriously interested in the male sex and had intense relationships. A possessive man, he was capable of being highly critical, even cuttingly hurtful, if he felt his position in the relationship was in any way threatened. Despite his efforts to keep his sexual inclination secret from his family, his mother was allegedly scandalised on seeing a photograph of Robert de Flers, Lucien Daudet and her son Marcel together in relaxed pose.

Photograph of Marcel Proust (seated), Robert de Flers (left) and Lucien Daudet (right), circa 1894. Lucien was known to be homosexual, and his affectionate gesture hinted towards a relationship between them, allegedly scandalising Marcel’s mother when she saw the photograph.
October - November 1922

In October 1922, Marcel Proust contracted influenza, probably as a result of living in an unheated room, lying motionless for hours on end writing, his only source of warmth hot-water bottles and woollen clothes. On returning from an evening party – his last excursion – he caught cold on top of the influenza. Yet despite a weakened constitution, he still carried on working, ignoring the advice of family and friends. His physician Dr. Bize said that if only he would work less the influenza would clear up within a week. But the printers were waiting, and there were proofs to be corrected. Even his brother Robert’s pleading was in vain.

On November 18, he asked for beer, which was duly brought from the Ritz. He complained of seeing a fat, ugly woman in the doorway. This hallucination frightened him enormously, and when Céleste, his housekeeper, said she would chase it away, he told her not to. At about four o’clock in the afternoon Professor Babinski was called for, but could only report that nothing more could be done. Adjusting Marcel’s position on his pillow, his brother apologised for causing him such discomfort, to which he replied: “Yes, my dear Robert”. Marcel Proust died shortly afterwards. Professor Robert Proust cited pneumonia and a burst abscess on the lung, leading to septicaemia, as the final causes.