



Historical Profile

Marcel Proust (1871–1922): a historico-medical review of his fatal asthma

Introduction

Looking for the name of Marcel Proust on search engines, it seems that the centenary of his death (1922) has gone unnoticed by medical doctors. Several essays on his illness have already been published, but the only scientific article from 2022 was dedicated to his father, Adrien Proust. For this reason, it is important to return to this topic, and provide new perspectives for investigation.

The historico-medical context

Marcel Proust's medical conditions have been widely studied, with detailed reconstruction of the history of his illness and the influence it had on his artistic production. Proust had recurrent attacks of severe asthma from the age of 9 years, later developing an obstructive lung disease, before dying of infectious pneumonia at the age of 51 years.

Marcel Proust grew up in a family of doctors and had the availability of personal acquaintances and medical texts from which to draw information: his father Adrien, and his brother Robert, were established professionals and, thanks to them, he was able to meet many famous doctors, who left traces in his biographical and literary experience.

Asthma, *meditatio mortis*

One of the most accurate descriptions of asthma by today's standards was that of John Floyer (1649–1734), a physician and polyhistor, himself suffering from asthma, who had defined the disease, separating it from other pulmonary disorders and recognising its hereditary nature. He identified the cause of dyspnoea in bronchial constriction, due to spasm, considering tonic spasm more like catalepsy than the clonic convulsion of epilepsy. According to Floyer, periodic asthma, understood as bronchial constriction, was influenced by environmental conditions, nutrition, physical exercise, passions, and the relationship between sleep and wakefulness.

In his text, *A treatise of asthma* (London, 1698), he firmly asserted the multifactorial nature of the disease, but the nervous hypothesis prevailed, because in the 19th century, scholars were particularly interested in the nervous system. Newer, more refined instruments and techniques had allowed the identification and description of the anatomical structures of the nervous system, decisively orienting the etiopathogenetic approach of many pathological conditions.

In 1896, Edouard Brissaud (1852–1909) published *L'hygiène des asthmatiques*, within the series *Bibliothèque d'Hygiène*

Thérapeutique. Brissaud, a pupil of Jean-Martin Charcot (1825–93), the founder of modern neurology, contributed to refining medical semeiology and neurological nosography and founded the "*Revue neurologique*", collaborating on the *Traité de médecine* of Jean-Martin Charcot and Charles Bouchard (Paris, 1894).

Brissaud, identifiable with the character of Dr du Boulbon within the work *Recherche*, proposed a detailed examination of asthma, of which he presented causes, clinical manifestations, and therapeutic strategies: his work became a landmark in the literature relating to asthma, considered "*une névrose pulmonaire accompagnée by catarrhe bronchique, de catarrhe bronchique, pénible infirmité...*", which translates as "a pulmonary neurosis accompanied by bronchial catarrh, painful infirmity".

After having retraced the theories of doctors of the past, Brissaud focused on the positions of Thomas Willis (1621–75), who considered asthma a true convulsive neurosis, due to problems of the nerves of the diaphragm.

Willis, based on the "spastic" theory, hypothesised that the asthma crisis represented a reflex phenomenon of nervous origin with an efferent pathway ending at the

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bronchial level. He considered asthma “the cruellest of lung diseases”. He distinguished three forms, in addition to the mixed form: one caused by obstruction of the upper airways; one caused by the presence of viscous humours in the bronchi; and a convulsive one, generated by problems in the muscle fibres, nerves, or brain.

Another inspiration for Brissaud's theory was Armand Trousseau (1801–67). Trousseau, in fact, had given a masterful description of asthma, the symptoms of which he had attributed to a spasmodic contraction of the bronchi, comparing it to a “diathetic neurosis”, a sort of “epilepsy of the lung”.

Based on his clinical experience and being an asthmatic himself, Trousseau had described the typical symptoms of a paroxysmal attack in an individual who, being in good health, had been abruptly awakened a few hours after falling asleep by a painful constriction in the chest and a feeling of suffocation. The difficulty in breathing was accompanied by a wheezing laryngotracheal breath during inspiration: the individual, instinctively induced to sit, given the serious state of anxiety, bent forward. Sweating increased and the serious reduction in oxygen supply caused the skin to become bluish (cyanosis). Once the attack had ceased, which could last several hours, the patient would open the window to breathe better, and the frequency and quantity of urine decreased, becoming reddish and rich in sediment. The attack could have been repeated more or less frequently, without a trigger and without a demonstrable organic lesion. In addition to this essential form, Trousseau added a form generated by triggering causes.

Although Trousseau's observations could have explained the allergic nature of the disease, the so-called nervous theory of asthma prevailed. The neurovegetative component of asthma had been demonstrated in 1842, when François Achille Longet (1811–71) had cut the vagus nerves and interrupted the fibres that innervate the bronchi, causing a reduction in bronchial calibre by stimulating the distal stump of these nerves: electrical stimulation of the pulmonary nerves caused bronchial constriction. Hence, the therapeutic solutions: preparations of belladonna or its derivatives were used for their antispasmodic properties on the bronchial muscles, taken orally or through direct smoking or its inhalation, burning dried leaves of *Datura stramonium*; ether, emetics, potassium nitrate, ammonia, through inhalation or applied to the throat, sulphur and arsenic, among others.

The beneficial effect of these treatments was probably attributable to atropine, an alkaloid with an anti-vagal effect. Asthmatics can become addicted to morphine and dependent on these substances. Cigarettes prepared with *Datura* and *Atropa belladonna* were successfully tested in asthma, in the cough of consumptives and in whooping cough, to quell bronchospasm. Their effectiveness was

probably due to the narcotic, sedative, and hallucinogenic properties of the former and for the capacity of dilation of the bronchi and reduction of smooth muscle contractions of the second.

For Brissaud, the productive cough represented the signal that the attack was resolving in the clear and viscous sputum, where pearly findings could be appreciated, visible to the naked eye, which Laennec (1781–1826) had defined as “*crachats visqueux et tenaces*”. The catarrh, blocked during the contraction of the smooth muscles of the bronchi in the excretory channels of the bronchial glands, was released at the end of the attack, which Laennec had called *asthme convulsif*.

Brissaud, through auscultation and percussion, distinguished an asthmatic attack (temporary) from emphysema (permanent): while demonstrating knowledge of the most recent microscopic research on the exudate of asthmatics, he considered asthma in the context of “constitutional nervousness”. For the treatment of essential asthma, hydrotherapy, physical exercises, prophylaxis, and anti-spasmodic drugs were recommended; moreover, “psychic asthma” is of particular importance, for which “intellectual rest” and a moderate lifestyle can ensure the non-susceptibility of the nervous centres. Among the various spurious forms, Brissaud demonstrated knowledge of hay asthma, which he believed to be typical of the Anglo-Saxons, caused by grass pollen, in particular conditions (eg, sun, dust) and in certain individuals, mainly those considered as “neuropathic”.

Marcel Proust's disease

Proust had suffered his first asthma attack at the age of 9 years. Subsequently, his asthma had worsened, and he had been visited by numerous doctors. However, the only doctor who took care of Proust during the last 20 years of his life was Maurice Bize, a family doctor who visited him faithfully every Friday from 1904 onwards until his death.

Proust's asthma was probably a common and severe form of bronchial asthma associated with allergies and hay fever. The non-respiratory manifestations reported by Proust, such as cardiac spasms, dyspepsia, headache, and backache, were attributed to neurological causes.

Treatments quickly became chaotic, with numerous self-prescribed drugs and diets: fumigations with anti-asthma powders, anti-asthma cigarettes, ether syrup, balsamic substances, opium derivatives, barbiturates, chloral hydrate, adrenaline, euvalpine, sparteine, aspirin, and other drugs were used by him in various mixtures.

He had at least two serious episodes of intoxication accompanied by disturbances of consciousness, in 1917 and 1921, probably caused by excessive intake of barbiturates. Proust combined hypnotic drugs, such as barbiturates (eg, methyl sulfonyl and barbital) with stimulants such as adrenaline and coffee, which caused

him memory dysfunction, slurred speech, dizziness, clumsy gestures and falls, which he linked to the “apoplexy” from which his parents had died.

In addition to his asthma attacks, it is probable that Proust developed the condition that is now referred to as chronic asthmatic dyspnoea, which corresponds to chronic obstructive pulmonary disease (COPD), with enlargement of the anteroposterior thoracic diameter, as demonstrated by his latest photographs.

In October, 1922, Dr Bize isolated pneumococci in his sputum: infectious bronchitis degenerated into infectious bronchopneumonia and Proust refused further treatment, arguing that doctors should not prolong miserable lives. A final interesting symptom is Proust’s changed sense of temperature, perhaps attributable to a hypothalamic dysfunction induced by chronic drug abuse over many years.

Neurologists at Proust’s bedside

As asthma was considered a nervous disease, it is not surprising that the most famous doctors consulted by Proust were neurologists or neuropsychiatrists. Proust consulted Joseph Babinski (1857–1932) for the first time in the spring of 1918, when he thought he needed to undergo brain surgery because he feared he would develop facial paralysis. In 1904, Proust turned to Dr Jules Dejerine (1849–1917), Charcot’s second successor at the *Clinique des Maladies du Systèmes Nerveux* at *La Salpêtrière*. Proust knew that Dejerine’s so-called cure included a strict 3-month isolation, but he decided to be admitted, then cancelled the reservation.

He then turned to Dr Paul-Auguste Sollier (1861–1938), another student of Charcot, who worked in a clinic in the Paris suburb of Boulogne-sur-Seine, where he proposed a shorter and less rigorous isolation than Dejerine’s. Proust remained in the clinic until Jan 25, 1906, mainly to correct his sleep-wake rhythm, completely altered by the habit of working at night. The treatment had no effect and, indeed, as Proust himself wrote, it made the situation worse. Proust also had relations with Dr Paul Dubois (1848–1918), a psychiatrist from Bern, Switzerland, who had published *Les psychonévroses et leur traitement moral*, which was later translated into English as *Psychic Treatment*

of Nervous Disorders (The Psychoneuroses and Their Moral Treatment) in 1905. He then turned to Dr Henri Auguste Widmer, who had a very well-known clinic in Valmont, Glion-sur-Montreux, Switzerland. He turned to Dr Widmer again a few years later, when asthma began to torment him even during a stay at the seaside.

Conclusions

Proust’s illnesses influenced his work, so much so that some scholars have suggested that there is a very close correlation between his creative genius and the ailments he suffered from, particularly insomnia and asthma.

Proust suffered from asthma throughout his life, but the list of his other symptoms is extensive: neurasthenia, anxiety, palpitations, headaches, stomach upsets, hay fever, insomnia, slurred speech, dizziness, temperature dysregulation, and arthritis. The use of fumigations with Legras and Escoufflaire anti-asthma powders and Espic anti-asthma cigarettes further aggravated his already irregular medical regime, causing at least two serious episodes of accidental poisoning.

In October, 1922, Marcel Proust contracted influenza, probably worsened by living in an unheated room, using only hot water bottles and woollen clothes: lying motionless writing for hours and hours. He continued to work, regardless of the advice from family and friends. Notably, his doctor, Dr Bize, decreed that if he just worked less, the influenza would clear up within a week.

But the printers were waiting and there were proofs to correct. Unfortunately, the proof of his work could not be read because of his untimely death, but his genius lived on.

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