Marcel Proust and the global history of asthma

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Marcel Proust, 1871-1922

- born in Paris
- *Les Plaisirs et les Jours* (1896)
- *À la recherche du temps perdu* (1913-27)
- Literary preoccupations with memory and guilt
- Died from pneumonia
Marcel Proust’s asthma

- first attack, aged 9, walking in the Bois de Boulogne
- regular, severe attacks of asthma and hay fever throughout his life, shaping his daily rhythms and dictating his creativity – slept during the day and worked at night
- described in detail, particularly in letters to his mother
Marcel Proust’s asthma

`Ma chère petite Maman,
An attack of asthma of unbelievable violence and tenacity – such is the depressing balance sheet of my night, which it obliged me to spend on my feet in spite of the early hour at which I got up yesterday.’ (c. 1900)

`As soon as I reached Versailles I was seized with a horrifying attack of asthma, so that I didn’t know what to do or where to hide myself. From that moment to this the attack has continued.’ (26-8-1901)
Marcel Proust’s asthma

`Cher ami,
I have been gasping for breath so continuously (incessant attacks of asthma for several days) that it is not very easy for me to write.’

(Letter to Marcel Boulenger, January 1920)
Treating Proust’s asthma

- Stramonium cigarettes
- Legras powders
- Espic powders
- Epinephrine
- Caffeine
- Carbolic acid fumigations
- Escouflaire powder fumigations
- Isolation – cork-lined bedroom
- Opium
- Morphine
- Sea, lakeside and mountain resorts

`Ma chère petite maman,

Yesterday after I wrote to you I had an asthma attack and incessant running at the nose, which obliged me to walk all doubled up and light anti-asthma cigarettes at every tobacconist’s as I passed, etc. And what’s worse, I haven’t been able to go to bed until midnight, after endless fumigations . . .’

(31 August 1901)
Aristocratic diseases

Asthma and hay fever regarded as `nervous’ conditions, more prevalent in the educated, civilised upper classes:

`The fact of exemption from hay fever of savages and practically of the laboring classes in civilized countries, suggest that we must look upon hay fever as one of the consequences of higher civilisation.’

William Dunbar, 1903
Aristocratic diseases

`Sufferers from hay fever may, however, gather some crumbs of comfort from the fact that the disease is almost exclusively confined to persons of cultivation. As, therefore, summer sneezing goes hand-in-hand with culture, we may, perhaps, infer that the higher we rise in the intellectual scale, the more is the tendency developed. Hence, as already hinted, our national proclivity to hay fever may be taken as proof of our superiority to other races.’

Morell Mackenzie, 1884
Asthma and social class: late 20th century

Figure 2: Patients consulting GPs for asthma by social class, England & Wales, 1991-92

Source: ONS
Asthma and social class: late 20th century

Figure 6: Asthma mortality by social class, SMRs in men aged 20-64

Source: ONS
Asthma, ethnicity and social class: late 20\textsuperscript{th} century
Explaining the shifting image of asthma

1. Rising trends in asthma
2. Rising mortality from asthma
3. Race and asthma
4. Global trends in asthma
1. Rising trends in asthma

- Warren Vaughan, 1941
  - 3.5 million asthma sufferers in US
  - 6 million hay fever sufferers
  - 12 million patients needing treatment for allergies
1. Rising trends in asthma

*Trends in Asthma Reported by GPs*
Mean weekly incidence in 12 week periods
All persons  all ages  England and Wales  1976-1995

Sharp rises may be artefactual
1. Rising trends in asthma


Note: The survey questions for asthma changed in 1997; data before 1997 cannot be directly compared to data in 1997 and later.

2. Rising mortality from asthma

- Prior to the mid-20th century, asthma was regarded as a mild condition which was rarely fatal unless complicated by other diseases:

  `Spasmodic asthma not only does not directly destroy, but is compatible with remarkable prolongation of, life: the popular adage likens the possession of the disease to a “lease of long life”.`

  Walter Hayle Walsh, 1871
2. Rising mortality from asthma

![Graph showing rising mortality from asthma in New Zealand, England & Wales, and Australia from 1910 to 1960.](image)

FIG. 1. Asthma mortality (deaths per 100,000 persons) in persons aged five to 34 years in New Zealand, Australia, England and Wales, 1910–1960. Adapted from Speizer & Doll (1968) Beasley et al (1990) and Baumann & Lee (1990).
2. Rising mortality from asthma

- 1959-66: asthma mortality increased x 8 in children 10-14 years
- 1959-66: deaths from asthma increased from 1% to 7.2% all deaths in same age group
- 1966: asthma the 4\textsuperscript{th} commonest cause of death
2. Rising mortality from asthma

Figure 2: Asthma deaths per 100,000 per year in the 5- to 34-year age-group in New Zealand, England and Wales, Australia, West Germany, Canada and the United States during the 1960s and 1970s.
2. Rising mortality from asthma

Figure 3: Sales and prescriptions of beta agonist inhalers (thousands) and asthma deaths per 100,000 per year in the 5- to 34-year age-group in England and Wales during the 1960s.
3. Race and asthma
TENSION BLAMED FOR NEGROES’ ASTHMA

FROM A SPECIAL CORRESPONDENT

NEW YORK, JULY 25

Medical authorities have reported a “startling” rise in asthma recently among New York Negroes and Puerto Ricans. Specialists in respiratory illness, psychiatry, psychosomatic medicine, and epidemiology attribute it at least partly to tensions arising from conditions related directly or indirectly to the civil rights movement.

Such tensions, authorities say, would not be different from those which have been described in medical literature as having been associated with asthma attacks in doctors’ private patients.—New York Times News Service.
3. Race and asthma

Possible explanations for asthma epidemics in US inner city areas:

- emotional conflict
- ‘damaged black psyche’
- urban air pollution
- environmental inequalities, poor housing, cockroach infestation (1967)

Waves of asthma declined in 1970s as the result of new housing, Medicaid, allergy and asthma outpatient clinics, and new asthma drugs.
4. Global trends in asthma

- 1960s: WHO immunology unit - Howard Goodman, Giorgio Torrigiani - clinical immunology and immunopathology, including allergies

- 1970s, Alain de Weck, Bern

- WHO meetings:
  - 1978, Geneva
  - 1984, Florence
4. Global trends in asthma

Results of WHO surveys:

1. The existing burden of asthma and other allergic diseases in developing countries was not insignificant.

2. The prevalence of asthma in developing countries was likely to increase with industrialisation and Westernisation.
4. Global trends in asthma

1. Papua New Guinea
   - 1960s: asthma rare
   - 1980s: 7.3% adult population

2. Japan
   - asthma prevalence doubled between 1955 and 1971
   - hay fever: none in 1930s, but 33% children by 1986

3. India
   - Delhi study, 1961: 1.81%
   - Patna study, 1966: 1.76%
   - 1992-5: 3.5-6%
   - Late 1990s: 15%
Conclusion

Figure 1. Changes in asthma point prevalence observed since 1956. The locations used different diagnostic criteria, but these were consistent within each study location. Different studies for the same nation are distinguished by a, b, c, and d. Data from Pearce et al. (2000).