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Contested Medical Authority in Proust's *À la Recherche du Temps Perdu*

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ABSTRACT

This article studies how contested medical authority in the late nineteenth century is represented in Proust's *À la recherche du temps perdu* (1913–1927). Medical discourse and the authority of doctors regarding childhood diseases and disorders are challenged by the narrator/protagonist's mother and grandmother, in situations which articulate tensions between maternal and patriarchal authority over children's health and hygiene. Informed by the work of Michael R. Finn, Donald Wright, and Joan Tronto, this article traces the politics of care in Proust's work to show how intersections of class and gender inform the experiences of those living with illness, with ideas of care and scepticism towards medical expertise transcending class divisions.

KEYWORDS

Medical authority; maternal; scepticism; care; illness; class

This article examines how contested medical authority in the late nineteenth century is represented in Proust's *À la recherche du temps perdu* (1913–1927). Medical discourse and the authority of doctors regarding childhood diseases and disorders are challenged by the narrator/protagonist's mother and grandmother in the novel, in situations that articulate tensions between maternal and patriarchal authority over children's health and hygiene. Informed by the work of Michael Finn, Donald Wright, and Joan Tronto, this article traces the politics of care in Proust's work to show how intersections of class and gender shape the experiences of those living and dealing with illness, with ideas of care and scepticism towards medical expertise transcending class divisions.

Proust was part of a middle-class, liberal Parisian family, and in his writing he was, as Edward Hughes (2016) points out, 'both to share, and to take ironic distance from, the values, beliefs and prejudices of his class' (161). The protagonist's mother and grandmother are consistently shown to be concerned about his physical and emotional health and well-being, influenced by the early- to mid-nineteenth century cultural norms and ideals that shaped their mindsets as they grew up. How maternal figures and doctors in *À la recherche du temps perdu* are represented as they act and interact to care for a sick child is the central concern of this article; Françoise in her role as grandmother is another quasi-maternal figure besides the narrator's mother and grandmother who will be considered, since Proust depicts the full panorama of Belle Époque society. As Joan Tronto states, 'to care is to assume a burden', and historically women provide care; within patriarchal normality, care also lends itself to power asymmetry, morality, and duty (Tronto 1995, 102). Much scholarly work has been done on the importance of the mother/son relationship in both the life and work of Marcel Proust (Bersani 2013; Doubrovsky 1974; Grauby 2016; Grenet 2010; Kristeva 1994; Ladenson 1994; Lejeune 1971; Mehlman 1974; Richardson Viti 1994). Bragg and Sayers (2000) summarize the mother/son bond represented in the novel as 'basically oedipal and viewed by all who come to terms with it as pathological, [and] the bonding agent for the motif cluster of infantilism, invalidism, and literature' (169). This view places a heavy burden of responsibility on the mother's shoulders for the narrator's passivity in adulthood.

Donald Wright (2007), Michael R. Finn (2016), Jean-Yves Tadié (2000), and Bragg and Sayers (2000) have researched the representation of doctors in *À la recherche du temps perdu* and the medical milieu in which Proust grew up, thanks to his father's and brother's professional world and its interweaving

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into everyday family and social life. Both medical professionals and humanities scholars have explored Proust's own health conditions and traced the history of influence on the writer from such emerging medical fields as neurology, psychoanalysis, and sexology (Bogousslavsky 2007; Finn 1999; Ladenson 1999; Micale 2008; Sharma 2000). This article draws on the full range of this existing scholarship to reflect on the power dynamics of the child's sickroom and maternal health management of the child(ren) – regulation of the child's *hygiène de vie* in both the narrow and broader senses: narrow in the case of dealing with a single health crisis, and broad in the desire to live in such ways as to prevent or attenuate such health crises.

The influences that shaped the Proustian narrator's family milieu in the early- and mid-nineteenth century merit attention to contextualize what happens in the episodes from the novel that will be examined later in this article. The Napoleonic *Code civil* (1804) granted familial authority to the male head of the household. Rachel Fuchs (2008) observes that 'fathers long held authority within the conjugal family and served as intermediaries between the family and the state' (3) and Robert Nye (1993) affirms that 'nineteenth-century French males were given guardianship over their women and children by both custom and law and were made personally responsible for their protection and well-being' (46). Within this explicitly patriarchal framework, motherhood was the realm where women could wield power and authority. Fuchs (2018) states that by the end of the nineteenth century, most middle- and upper-class women 'subscribed to their male contemporaries' rhetoric of idealized motherhood and the proper behaviour of women' and their primary roles were those of wife and mother (77). James McMillan (1981) notes of fin-de-siècle French family dynamics that in teaching 'basic notions of morality and dealing out punishments when necessary, the mother was a much more immediate and powerful figure of authority than the father' (33).

In the narrator's case in *À la recherche du temps perdu*, parental responsibility for their offspring's health and well-being is shown to be shared, with both father and mother involved in decision-making around how to manage the protagonist's breathing difficulties: initially they follow the family doctor's advice not to let him go to the theatre (Proust I, 386), before agreeing to relent on the advice of the ambassador Norpois (Proust I, 431); they call on Cottard when the child's health deteriorates (Proust I, 489–90); they follow their doctor's advice to send the child to Balbec for sea air (Proust II, 7).¹ However, the mother and grandmother are to the fore in terms of daily rituals and restrictions for the purpose of cultivating, maintaining, and promoting his good health, a concern shown at Combray where, at the first mention of the grandmother, she criticizes the protagonist's father for letting him read indoors on rainy days and walks briskly in the rain due to her sense of 'la puissance de l'hygiène [et] la stupidité de mon éducation' (Proust I, 11), and where the mother struggles with her role in the *drame du coucher* through which she tries to force the child to exert his will and go to sleep without her (Proust I, 13–38). Mother and grandmother carry out this labour from within a network of relationships and influences – literary, medical, and social – that shape their ideas of what constitutes good care. Much of the social history this article draws upon analyses early- to mid-nineteenth-century French culture, because the Proustian narrator's somewhat conservative parents and grandmother grew up and may still be embedded in that mindset. For example, the grandmother fears future alcoholism almost more than the child's breathing difficulties, when the unnamed family doctor prescribes beer, champagne or cognac to ward off an attack (Proust I, 487) and reproaches the protagonist wordlessly with an 'air de blâme' (Proust II, 12) when he decides to follow this advice.

Rima Apple (2006) writes of motherhood in late nineteenth-century America that:

the blare of medical and scientific counsel has obscured voices of women [...], but it does not mean that mothers were silent or that they passively deferred to this medically sanctioned counsel. Mothers balanced positive and negative personal experiences with advice from a multitude of sources. [...] Over the nineteenth century and into the twentieth, however, a new consensus slowly emerged from this conglomeration of maternal practices: increasingly women turned to healthcare practitioners for advice on all aspects of infant and child care, physical and emotional. (12)

Apple's remarks are applicable to the late-nineteenth-century French context also, where information about child health management circulated in magazines such as *Le Conseiller des dames* (published 1847–92). For Elisabeth Badinter (2010), the French 'mère-pélican' is a new phenomenon of the nineteenth century (20). Siobhán McIlvanney (2019) notes that the ideologies of femininity espoused by French

journals ‘centre above all on woman as caring domestic nurturer and organizer of others, yet also characterize her as someone more than capable of making her own decisions and life choices’ (149).

As ‘main contributor to the well-being of the family – indeed, as the cornerstone and linchpin of family dynamics and health’ (McIlvanney 2019, 153), mothers policed the boundaries between the ‘internal and external domain’ (McIlvanney 2019, 153). Manon Mathias (2020) states that in late-nineteenth-century Western society, ‘the realization that disease spread through microbial transmission, especially human contact, intensified the fear of dirt and led to an increased obsession with cleanliness’ (129). Recent research on the spatial practices of motherhood shows that ‘ideas about motherhood, and mothers themselves, are produced through the spaces they occupy and how these spaces are animated through the act of caring for children’ (Johnson and Johnston 2019, 9). In *À la recherche du temps perdu*, the expectation of maternal investment in and ultimate responsibility for their children’s health is shown to be the norm in the middle-class Parisian milieu to which the protagonist and his family belong, where ideas about spaces or sites of contagion circulate like gossip between the mothers who control all aspects of their children’s social lives and movements:

Depuis quelque temps, dans certaines familles, le nom des Champs-Élysées, si quelque visiteur le prononçait, était accueilli par les mères avec l’air malveillant qu’elles réservent à un médecin réputé auquel elles prétendent avoir vu faire trop de diagnostics erronés pour avoir encore confiance en lui [...]. Sans mettre ouvertement en doute la tendresse de maman qui continuait à m’y envoyer, certaines de ses amies déploraient du moins son aveuglement. (Proust I, 485–86)

Here the fashionable Champs-Élysées gardens are viewed with the same suspicion afforded a celebrated doctor whose diagnoses some critical mothers find wanting. Strikingly, the gardens are personified as a doctor. These gardens, originally royal land made accessible to the public during the reign of Louis XIV, were from the late seventeenth century called the Champs-Élysées, along with the avenue itself. Reconfigured in the 1830s and again in the 1850s, they attracted the public thanks to their location near the Élysée palace and the grand avenue itself, the range of amusements on offer, and the innovative public toilets provided in the 1860s or 1870s, as Charles Marville’s photograph (c. 1865) attests. The personification as a doctor of a constructed artifact of urbanism, notably one designed to improve living and sanitary conditions, suggests that Proust is making a point here about public health and Parisians’ uncertainty about the still recent Haussmannization of their growing city.

That such a salubrious space should be viewed negatively by middle- and upper-class mothers in the late nineteenth century may be read in multiple ways: the narrator might be ironically amused at the mothers’ (perhaps unfounded?) paranoia about the safety and cleanliness of this public place at a time when the germ theory of diseases was gaining recognition (Otis 1999; Susser and Stein 2009); he may be aware of the mothers’ social aspirations and their performance of discrimination in shunning spaces they perceive as having become *trop populaires* and therefore not sufficiently select; there may also be an element of social inclusion and exclusion being played out among the mothers themselves through the children. David Barnes (2006) notes that a ‘tradition of mutual fear and antagonism coloured relations between worker and bourgeois’, who were divided by the spatial segregation that ‘was only accentuated by the massive public works programs undertaken during the Second Empire’ and states that ‘the respectable Parisian bourgeois in the nineteenth century felt besieged by a filthy, sickly, disgusting army of criminals and vagrants’ (23). The twenty-first century reader might take as comic hyperbole the narrator’s assessment of his mother’s friends having to restrain their desire to ‘mettre ouvertement en doute la tendresse de maman’ and believe that this passage should be read humorously, given how the maternal and grandmotherly figures in *À la recherche du temps perdu* constantly exert themselves to try to raise the protagonist well in every sense, according to their ideals of ruling-class Belle Époque masculinity and its performance (Connell 2005). However, the work of cultural historians such as Rachel Fuchs (2008; 2018), Catherine Rollet-Echalier (1990) and Robert Nye (1993) shows that a social reality may underpin the sentiment communicated in this calling into question of the mother’s affection for her child.

Acknowledging ‘la tendresse de maman’ here points up the increased emotional investment in the bourgeois family in nineteenth-century France, as noted by Robert Nye (1993), who states that:

The evidence is not clear whether the higher levels of parental affection were the consequence or the cause of smaller families and more secure prospects for children, but they seem to have operated in tandem to encourage tighter emotional bonds in bourgeois families than in families of other classes. (44)

The ‘air malveillant’ of the women who are his mother’s friends and thus part of the narrator’s social group suggests that their misgivings are communicated to each other – and to any observant child present – through subtle, non-verbal means rather than frankly through their speech. The adjective ‘malveillant’ adds negative connotations to the positive action described by the verb ‘veiller’, the defensive act of staying awake and remaining vigilant to care for a sick person, defending them from danger. Here the mothers of ‘certaines familles’ are alert to judge and condemn what they perceive as the actions of mothers who are less careful – perhaps because they are less socially, culturally, and financially privileged.

To critique silently but damningly may be understood as a strategic positioning of oneself in a game of social inclusion and exclusion, since such a discreet mode of communication will rely on a shared opinion or point of view on the matter under discussion. Gilles Deleuze (1970) underlines the apprenticeship to signs that threads through the Proustian narrative, and which is evidenced in this exchange of glances in bourgeois homes. Perhaps for these middle-class mothers, insufficient maternal solicitude for the health and well-being of her child(ren), or the lack of performance of such gendered feminine concern, may betray a want of financial, social, and cultural capital. Hughes (2016) notes that the individual life narratives in Proust’s novel ‘point to a wider social revolution [...] which, in very broad terms, sees the political and social triumph of the bourgeoisie’ (161). Only those in the know during the social gatherings evoked above, or hyper-sensitive to nuance, will realize what is really happening in such seemingly innocuous conversations between middle-class mothers.

Rachel Fuchs (2008) states that according to the legal historian André-Jean Arnaud, ‘the aim of the Civil Code in 1804 was to sanction social order as conceived by the bourgeoisie’ (4). The Proustian narrator is a child of this social milieu, as evidenced throughout the novel by his family’s material comforts, professions, homes, servants, behaviour, social relations, cultural values, and education. Doctors were not necessarily themselves members of the bourgeoisie, given the potential, since the French Revolution, for meritocratic advancement in the medical profession. Erwin Ackerknecht (1967) affirms that the French Revolution ‘gave poor country boys [...] a chance to study medicine’ and stresses the ‘rise of gifted poor boys’ (xii) thanks to Napoleon’s championing of the sciences after the Revolution. Considering what he calls the ‘chaotic’ picture of medicine during the period 1794–1848, Ackerknecht states that ‘we should never forget that, at all times, doctors of all possible persuasions were practising in Paris’ (xiii). Jean-Yves Tadié (2000) remarks that ‘a medical career, even more than an academic one, has always been a means to social improvement’ (28). George Weisz (1987) stresses the political manoeuvring and changes of fortune of the diverse institutions that were involved in medical education and oversight in the early nineteenth century in France, a period when the government recognized the need to synthesize existing activity for the better provision of public health.

Cynically irreverent publications such as Louis Huart’s 1841 *Physiologie du médecin* and later, Charles Soller and Louis Gastine’s *Défends ta peau contre ton médecin* (1907) underline the venality of French doctors and question their motivations. Taken together, the rapid expansion of cities and increasing wealth of the bourgeoisie in the nineteenth century, coupled with advances in scientific and medical research and knowledge, the pioneering work of hygienists such as Alexandre Parent-Duchâtelet, expanding literacy and journalism, and the French government’s attempts to make positive public health interventions for the good of the general populace during the Third Republic, meant that there was something of a cacophony of voices disseminating information about contagion, disease, and treatment of or care for sick children (Le Berge 1992).

David Barnes (2006) states that:

During the last quarter of the nineteenth century, the everyday behaviours and mores of ordinary French people, the very definition of a healthy and civilized lifestyle, the place of medicine and science in French society, and the contours of national identity all underwent dramatic transformation in France. Here [...] we are in the messy human world of experts and lay people with sometimes conflicting agendas, caught up in changes the magnitude of which they often did not fully understand, attempting to survive in and sometimes to improve the world around them. (179)

The figure of the untrustworthy ‘médecin réputé’ evoked above in the Proustian narrator’s reading of his mother’s friends’ reactions to any mention of the Champs-Élysées gardens raises the question of hygiene concerns and a maternal desire to safeguard children against illness, to such an extent that appeals are

made to professional knowledge beyond the family circle. The fact that these mothers convey negative judgements of a celebrated doctor to each other in silence suggests that they resist any open, direct challenge to the doctor's authority – a doctor who was most frequently male (though as of 1870 this was no longer always the case). Julie Fette (2007) tracks the entry of women to the professions of law and medicine during the Third Republic, when sexism, classism and ageism characterized both professions' gatekeeping concerns, driven by fears about economic survival and shifts in professional identity. Fette affirms that 'women were in fact only one unwanted social category among many in the French professions; foreigners, naturalized citizens, and the lower social classes also served as scapegoats for supposed overcrowding and loss of tradition' (61).

In the passage above, Proust depicts the intersection of the dominant bourgeoisie, embodied by the wives and mothers of ruling-class men, with the representatives of the increasingly politically active medical profession, who may or may not themselves come from the same social world and be skilled at navigating it – who may be a foreigner, a naturalized citizen, or from a lower social class. The mothers' hesitation to engage in open criticism of the celebrated doctor suggests that they are in a stalemate or standoff, where anxiety for a sick child's health is in tension with the expertise the doctor might or might not have – both medically and socially. As the works of Jack Ellis (1990) and Catherine Rollet-Echalier (1990) show, the Third Republic (1870–1940) was a period that addressed concerns about infant and child mortality rates and the declining birth rate in France, and where technological and political means were put in place to improve children's physical and moral environment. While variolation techniques to guard against smallpox became known in France, Great Britain, and Ireland from the 1720s onwards, in the 1870s vaccination was in its infancy, with Louis Pasteur then working on vaccines for a wide range of conditions (Bazin 2014; Susser and Stein 2009). Infant and child mortality rates were still high: an estimated 178 per 1000 infants in the first three years of life died every year (Ellis 1992, 735).

In this context, by seeing wary mothers react to the name of the Champs-Élysées gardens the same way they do to a doctor's name, Proust reflects the rising challenge to parental and more precisely maternal authority posed by medical doctors who were increasingly assertive both politically and professionally. Rachel Fuchs (2018) affirms that:

Doctors were among those who took the lead in the battle against infant mortality and depopulation. Late-nineteenth-century advances in science and medicine increased the political power of doctors [...]. In particular, newly discovered medical information about the pasteurization of milk and control of communicable diseases encouraged doctors to become politically active. (61)

Doctors or medical teams both real and fictional appear or are mentioned in *À la recherche du temps perdu*, including du Boulbon, Cottard, Charcot, Bénédicte Morel and Fagon (Louis XIV's physician). In his preface to Donald Wright's book, Antoine Compagnon (Wright 2007, 9) states that 'la médecine vise au statut de science dominatrice dans la société de la Belle Époque. Les médecins prétendent au contrôle social de tous les individus et de toutes les activités'. Wright (2007) shows how medical discourse is woven into the Proustian narrative to blend ideas of scientific and artistic innovation, refusing any opposition between science and art. Noting the superior self-image of nineteenth-century doctors writing about mental illness, many of whom see themselves as 'l'idéal à atteindre afin de faire disparaître les symptômes des diverses maladies', Wright states that 'Proust ne partage pas cette vision du médecin' (342).

Wright analyses Proust's representation of Cottard as socially inferior but scientifically dominant, as evinced when his admiring patient Mme Verdurin calls him 'docteur Dieu' (Proust III, 353): this is the nickname Sarah Bernhardt gave the famous doctor Samuel Pozzi, with whom Proust corresponded and a person 'dont la bienveillance a marqué toute sa jeunesse', as Lawrence Joseph's account shows (2001, 11). Samuel Pozzi, the subject of Julian Barnes's 2019 biography *The Man in the Red Coat*, had a love affair and subsequent friendship with Bernhardt; he was one of the models for Cottard in Proust's novel (Barnes 2019). In the episode where Proust's young protagonist is suffering from multiple possible illnesses and Cottard is called, the doctor's interaction with the protagonist and his parents shows the tensions between professional status and social class that Donald Wright mentions:

Mais les hésitations de Cottard furent courtes et ses prescriptions impérieuses: 'Purgatifs violents et drastiques, lait pendant plusieurs jours, rien que du lait. Pas de viande, pas d'alcool.' Ma mère murmura que j'avais pourtant

bien besoin d'être reconstitué, que j'étais déjà assez nerveux, que cette purge de cheval et ce régime me mettraient à bas. Je vis aux yeux de Cottard, aussi inquiets que s'il avait peur de manquer le train, qu'il se demandait s'il ne s'était pas laissé aller à sa douceur naturelle. Il tâchait de se rappeler s'il avait pensé à prendre un masque froid, comme on cherche une glace pour regarder si on n'a pas oublié de nouer sa cravate. Dans le doute et pour faire, à tout hasard, compensation, il répondit grossièrement: 'Je n'ai pas l'habitude de répéter deux fois mes ordonnances. Donnez-moi une plume. Et surtout du lait. [...]' Il écouta d'un air glacial, sans y répondre, les dernières objections de ma mère, et, comme il nous quitta sans avoir daigné d'expliquer les raisons de ce régime, mes parents le jugèrent sans rapport avec mon cas, inutilement affaiblissant et ne me firent pas essayer. Ils cherchèrent naturellement à cacher au professeur leur désobéissance, et pour y réussir plus sûrement, évitèrent toutes les maisons où ils auraient pu le rencontrer. Puis mon état s'aggravant, on se décida à me faire suivre à la lettre les prescriptions de Cottard; au bout de trois jours je n'avais plus de râles, plus de toux et je respirais bien. Alors nous comprîmes que Cottard, tout en me trouvant, comme il le dit dans la suite, assez asthmatique et surtout 'toqué', avait discerné que ce qui prédominait à ce moment-là en moi, c'était l'intoxication, et qu'en faisant couler mon foie et en lavant mes reins, il décongestionnerait mes bronches, me rendrait le souffle, le sommeil, les forces. Et nous comprîmes que cet imbécile était un grand clinicien. (Proust I, 489–90)

Cottard's comic collapse from the height of professional authority to the depths of social uncertainty is deftly conveyed as this passage unfolds. At the outset of this dialogue, Cottard's aristocratic status as medical expert and his conquest of the private familial territory of the sickroom is shown through the adjective 'impérieuses' applied to his clinical prescription. The protagonist's father plays no active role in this scene. The mother's murmured resistance – based on concerns with the child's delicacy and physical weakness that are made manifest through the juxtaposition of horse and human in the narrator's recounting of this standoff – triggers Cottard's fear that his 'douceur naturelle' may have come through and his 'masque froid' slipped. He responds with social awkwardness and abuses his position of power by being rude, underlining the reverence for his (divine?) word that he is used to from his patients and their families: 'Je n'ai pas l'habitude de répéter deux fois mes ordonnances'.

Cottard withholds any explanation that might help the listening parents, particularly the overtly dubious mother, to understand his recommendations, thus policing the professional boundaries that preserve medical knowledge for the practitioner. The parents decide not to follow Cottard's advice, which leads to social awkwardness and their voluntary withdrawal from social spaces where they might cross paths with the doctor. This suggests that, despite Cottard's humbler social status, the protagonist's parents are not ready openly to flout the medical expert's advice. Their spatial retraction away from any house where they might meet him demonstrates that Cottard's professional standing trumps established social capital – the idea that they 'cherchèrent naturellement à cacher au professeur leur désobéissance' suggests that the parents are themselves in the position of disobedient children, while the use of 'naturellement' ironically conveys the newly emerging social order in Belle Époque Paris.

Growing alarm at the child's worsening state of ill-health, rather than any confidence in Cottard, motivates the protagonist's parents to follow the doctor's advice carefully, with dramatically positive results. The concluding sentence shows the mismatch between Cottard's professional and personal status, pairing as it does, to humorous effect, the family's new understanding of him as an 'imbécile' who is also 'un grand clinicien'. The twice-repeated expression 'nous comprîmes' represents the protagonist's family as a single entity who share a single point of view and judgement of Cottard. The protagonist's parents are doubly chastened by their mistake in dismissing the initial advice Cottard gives and their failure to grasp his brilliance. Their relief when the child's breathing improves is underlined in the swelling rhythm of the sentence that concludes 'qu'en faisant couler mon foie et en lavant mes reins, il décongestionnerait mes bronches, me rendrait le souffle, le sommeil, les forces': the listing of smaller elements of cleared airways, easy breathing and sleep that combine to grant the child increased vitality is a typical Proustian expansion – here, inner bodily states project outwards into engagement with the world beyond the self. All these gifts are bestowed by Cottard, the agent who succeeds in unblocking the child's bronchial tubes: 'il décongestionnerait mes bronches'. Parents and child find themselves in new bodily and social territory and states of being thanks to the charmless medical man.

Before the episode analysed above, the narrator underlines the basis for his parents' attitude to Cottard. News of his gift for diagnosis precedes him, but this does not eclipse the personal failings that undermine their confidence in him: 'Ce don mystérieux n'implique pas de supériorité dans les autres parties de l'intelligence et un être d'une grande vulgarité, aimant la plus mauvaise peinture, la plus mauvaise musique,

n'ayant aucune curiosité d'esprit, peut parfaitement le posséder' (Proust I, 488–89). In framing Cottard's visit to the child protagonist with this sentence, the narrator shows that the parents may be snobs, baffled that a doctor could be talented without sharing their refined cultural tastes. However, he also makes a potentially valid point about the psychological acuity needed in Belle Époque medicine to deal effectively and carefully with the growing problem of mental ill-health and male hysteria (Micale 2008). Uncertain as they are about their delicate, sensitive child's health and how best to manage it, the protagonist's parents cannot be sure whether physical or psychological factors underlie his symptoms.

The figure of Françoise provides a useful working-class counterpoint to the middle-class mothers who feature in the Champs-Élysées passage discussed above and the doctor/parent interactions in Proust's novel. Françoise knows about modern medical technology such as X-rays (Proust I, 53). Unlike the solicitous narrator's mother, Françoise is callous in her disregard for the asthmatic kitchen maid's suffering at Combray after she gives birth (Proust I, 79–80) due to her professional jealousy: she wants to ensure above all that no other servant displaces her (Proust I, 122). This passage shows how fleeting Françoise's respect for medical authority is. She is moved to pity for the maid only when she reads the description of her symptoms in the medical dictionary that she is sent to fetch (Proust I, 121), whereas bearing witness to the distressed maid's pain merely irritates her, as shown through her 'ronchonnements de mauvaise humeur, même d'affreux sarcasmes' (Proust I, 121). The detached, clinical list of symptoms in the medical text rouses a momentary tenderness towards the unfortunate maid – 'la pauvre!' (Proust I, 121) – but this fellow-feeling does not survive once the busy Françoise closes the book and returns to the sickroom.

In contrast to her tough attitude towards potential rival servants that the narrator finds so disconcerting to observe, Françoise shows a devotion to her grandson consistent with that of ruling-class mothers: 'quand son petit-fils était un peu enrhumé du cerveau, elle partait la nuit, même malade, au lieu de se coucher, pour voir s'il n'avait besoin de rien, faisant quatre lieues à pied avant le jour afin d'être rentrée pour son travail' (Proust I, 122). The narrator understands that Françoise is motivated by an 'amour des siens et son désir d'assurer la grandeur future de sa maison' (Proust I, 122) that is utterly consonant with the hopes of ruling-class mothers too. This cross-class doubt about medical authority mirrors other shared beliefs and practices between French citizens from seemingly very different walks of life (cf. Larkin 2018). Her physical strength in being capable, even at the later life stage of being a grandmother and sick herself, of walking sixteen kilometres (the approximate distance of 'quatre lieues') through the night, after and before full working days, distinguishes Françoise from the restrained physical range and norms of behaviour expected of ruling-class women in the Proustian narrative, who travel accompanied either by male family members or by servants and, like *tante* Léonie, may take to their beds for years at a time. Perhaps tellingly, no doctor is mentioned in relation to the care of Françoise's grandson. Self-reliance and her protective, vigilant presence must suffice. Yet the Proustian narrator understands and admires the love that Françoise shows through her walking and expresses no hierarchy of maternal solicitude through this episode. Instead, love as action unites the chief maternal carers in *À la recherche du temps perdu*, as they trust their instincts and stand guard, weighing up advice from doctors (and (m)others) along the way.

À la recherche du temps perdu suggests that raising healthy children in Belle Époque France was both delightful and potentially distressing for parents of all classes, especially maternal figures and carers. The novel traces the upheavals of the early- and mid-nineteenth century medical and urbanist realms, as they shaped and reshaped the matter of Paris as city, home, and workplace for families and the doctors who tended them. While Proust's novel focuses largely on the upper bourgeoisie, its depiction of maternal figures who provide care to children, and control access to them, shows how maternal scepticism of medical authority is a phenomenon that seems to transcend class, in a world in which class barriers may initially appear rigid and impenetrable. In so doing, the novel makes use of Belle Époque medical discourses and caring practices to trouble the boundary between self and other, civilized and lowly, present and past.

Note

1. References to Proust's novel are taken from the Pléiade edition published 1987–89 in four volumes, and include author name, volume number and page reference.

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