

Léon Vannier's Patients in the 1930s¹

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THE HISTORY OF HOMOEOPATHY and the scientific history of patients are completely under-exploited in French-speaking parts of the world. Except for the rich collection of letters sent to Tissot² such materials do not seem to be very plentiful. Moreover, most of these letters were written during the eighteenth century or at the beginning of the nineteenth century. In this context, homoeopathy can offer an opportunity for research in this field. Sébastien des Guidi (1769–1863), who introduced homoeopathy into France, wrote such records for the whole duration of his practice in Lyon (1832–63) until his death which have been partly studied by a homoeopathic physician,³ although further exploitation of this source remains possible. It seems that the habit of keeping such records did not disappear after the early days of homoeopathy for, at the end of the 1980s, the Boiron company found and bought a very impressive collection of more than 24,000 patients' records. Belonging to Léon Vannier (1880–1963), these records concerned the patients who consulted him from 1928 to 1958.⁴ Such material can be used to describe the social and geographical characteristics of patients, despite the considerable difficulty in interpreting the data.⁵ Some of these records contain letters sent by patients to Vannier though, unfortunately, Vannier's answers are almost never included in the records. Such a wealth of material has not yet been thoroughly studied, and so this preliminary study of the letters sent to Vannier in 1928, 1930 and 1931⁶ can only suggest some hypotheses for further studies on Vannier's records and similar correspondence. Some preliminary observations about this collection, about Vannier and the social characteristics of his patients

will lead to an argument that the letters are not only a testimony of patients' behaviour and representation of illness, medicine and homoeopathy, but that they are also a part, and an important one, of the therapeutic process and of the doctor-patient relationship.

Vannier and his Correspondence

AT FIRST GLANCE, the enormous collection of records is, paradoxically, disappointing. Each new patient was registered immediately by Vannier on preprinted forms. These forms not only provided a space to enter the name, address, profession and age, but also habits, constitution etc. Unfortunately, while the name, address and age are always indicated, other details are almost never given, especially those concerning occupation. On the other hand, Vannier wrote scrupulous medical biographies and, at each examination, lists of symptoms and of medicines he prescribed. However, analysis is difficult. First, the forms are so numerous that a complete survey seems impossible. Secondly, Vannier's handwriting is very difficult and sometimes quite impossible to read. Thirdly, Vannier, like every homoeopath, gives a description of numerous symptoms which cannot easily be translated into an 'allopathic' language. The interpretation is all the more difficult since Vannier had a particularly personal approach to homoeopathy.

Léon Vannier was one of the most important figures in French homoeopathy during the first half of the twentieth century.⁷ Born in Western France in the neighbourhood of Angers, he became a medical doctor in 1905 at the Faculty of Paris and set up immediately in the seventeenth district (*arrondissement*) of the capital where he lived and practised until his death. Vannier had a thriving practice throughout his life, but it is impossible to know exactly how many patients he received each year, month or day because the records are classified chronologically according to the patient's first visit. Each year, from the beginning to the end of the practice, an average of 800 new patients were registered. While half of them consulted Vannier only once or twice, 20 per cent went to him for more than 10 consultations.⁸ He was not only a medical man with an important practice, but also from 1926 the director of the first commercial company (Laboratoires homéopathiques de France) to produce homoeopathic medications on a large scale. Part of the profit was used to initiate a teaching institution (Centre homéopathique de France, founded in 1928) of which Vannier was President, and to subsidise a homoeopathic journal (*L'homéopathie française*) which had been established

by Vannier before the First World War.⁹ At the beginning of the 1930s Vannier's authority was contested vigorously among homoeopaths. One of his principal colleagues, Fortier-Bernoville, created a rival commercial company ('Laboratoire homéopathiques modernes') managed by the Boiron brothers, and a teaching centre with its own journal (*l'Homéopathie moderne*).¹⁰

It is not clear what role was played by personal animosities, financial interests and scientific arguments in this break-up. However, Vannier had a specific conception of homoeopathy. Belonging to the pure Hahnemannian tradition, he diagnosed and prescribed treatments after scrupulously examining all symptoms of the patient. According to Vannier, all symptoms should correspond to symptoms provoked by the use of one homoeopathic substance. He used to speak, for example, of ipeca or sulfur pathogenesis.

Vannier's principal claim to originality lies in the method he used to examine each patient. He did not neglect clinical research and often sent patients to radiologists and ophthalmologists, and prescribed much biological analysis. Many of these records contain results of blood and urine tests, for example. At the same time, Vannier combined different, sometimes quite unorthodox, methods. He used not only psychology but also iriscopy, chirosopy, alchemy, graphology and phrenology among other approaches, saying that all these methods were based on observation.¹¹ The second originality was what Vannier called 'typology'.¹² According to him, homoeopaths had to determine to which 'type' each patient belonged. 'Type' was defined as a combination of two components: 'constitution' and 'temperament'. Constitution was the immutable part of the human being which could be determined essentially by the examination of the skeleton. Temperament was 'what is becoming' to a human being in deep relation with his constitution. The combination of constitution and temperament was the 'type' which was itself a combination of physical and psychological features, including some specific morbid predispositions and what Vannier called 'toxic level' ('niveau toxinique').¹³ This analysis can explain some characteristics of Vannier's treatments. He used not only homoeopathy but also isotherapy and organotherapy.¹⁴ In the purely homoeopathic field he usually used several medicines at the same time. The first was given to eliminate microbial, internal toxins and to drain organisms (the 'homéodraineurs'). The second was intended to treat the chronic disease or the patient's predisposition. Sometimes, a third was prescribed to treat crisis or to combat hidden diseases (tuberculous or cancerous states).¹⁵ Thus, Vannier was a charismatic man¹⁶, a well-known Parisian doctor who

charged high fees. Before the French Insurance Act was passed in 1930, the fee for a consultation, not reimbursed by any social institution, was 100 francs (a young clerk could earn 400 F a month).¹⁷ He was a homoeopath who used both orthodox and unorthodox treatments and whose originality could attract specific patients.

His originality can explain some social characteristics of his patients at the beginning of the 1930s. The majority of the patients belonged to the Parisian upper classes. In 1928, more than 60 per cent were Parisians, 15 per cent lived in the suburbs of the capital and 22 per cent lived in the rest of France or in foreign countries. Almost all the patients lived in cities and towns, almost none were countrymen. Geographical analysis of Parisian patients' residence clearly shows the domination of upper and upper middle classes. A great majority of his Parisian patients lived in western Paris especially in the most aristocratic district (sixteenth and eighth arrondissements). Only 15 per cent lived in the 10 eastern districts of the capital, which were also the poorest. The same contrast can be seen in the Parisian suburbs. Eighty-five per cent of suburban patients lived in the western suburbs, especially in Neuilly (the archetypal aristocratic suburb) which represented a quarter of his suburban practice.¹⁸ Some other indirect indications confirm the impression of well-to-do patients, such as the use of preprinted stationery and a typewriter, and letters sent from fashionable holiday resorts such as Cabourg, Deauville (Normandy) and Megève (Savoie). Unfortunately, the social status of patients is difficult to determine as professions are not generally recorded. Although not in the majority, the old and prestigious aristocratic families are particularly numerous. At the beginning of the 1930s, as in 1928 and 1941, the names of De Castries, De Bouillé, De Croy, De Chabrol and Gontaut-Biron can be found. Napoleonic aristocracy is represented by a member of the Ney family (prince de la Moskova). Besides the aristocracy, artists, members of the intelligentsia, politicians and their families were also present. The novelists Funck-Brentano and Dorgelès, the composer Serge Prokofiev and Léon Blum's wife consulted Vannier, together with other less well-known intellectuals. Senior civil servants, engineers, architects etc. formed an easily identified category. Though not numerous, some small manufacturers and merchants from the provinces can be found including 'France oblige', a wine-growing family from the region of Nantes.¹⁹ With these rare exceptions, patients were not, in any case, representative of the whole of society before the Second World War. After 1945 teachers, students, shopkeepers and artisans were more numerous than previously because of the extension to the national health scheme.

The Doctor–Patient Relationship and Representations of Illness

SOCIAL CHARACTERISTICS ARE NEITHER SUFFICIENT to describe this group of patients nor to understand the role of correspondence in the doctor–patient relationship. The Vannier practice was not a sum of individual men and the doctor–patient relationship was not only a personal one but integrated with a complicated network of relationships which bound doctors, patients, families and friends into a social unit. The search for a doctor was not, in this case, an individual one. The proportion of new patients who were recommended by husbands, wives, parents' relatives and friends seems to be very high. In 1928, 70 per cent of patients came because of a personal recommendation. Recommendations of family or friends were more numerous than medical referrals (45 per cent came as a result of the recommendation of friends; 55 per cent because of advice from medical practitioners and family members).²⁰ Medical referrals can be found but only in the case of some doctors who were fascinated by the particular methods and techniques used by Vannier. The best example is that of a Saint-Étienne doctor who showed some specialisation in electrotherapy and x-rays. He was very interested in iriscopy and wanted Vannier's help to practice this method.²¹ Another, who followed Vannier's lectures, asked him for a diagnosis to cure his father.²² These examples recall the network of Hahnemann's correspondents where it was not uncommon for medical practitioners to ask for advice to treat their relatives. The boundary between lay people and medical men seems to remain unclear in homoeopathic correspondence.²³ In most cases, other doctors were used by Vannier to give him further information on patients: a radiologist, a gynaecologist and others who do not seem to be homoeopaths were in close and regular contact with him. Some of them had a more intimate relationship with him, calling him 'Cher maître' or concluding letters with 'affectionately'.²⁴

Hostility between homoeopaths and other doctors seemed to be weaker than in the past. Relations with 'allopathic' doctors were also an opportunity to enlarge homoeopathic circles. Giving medical advice to a woman living in the Grenoble school of medicine (the librarian's wife?), Vannier asked her to give him the list of medical students in order to send them examples of homoeopathic journals.²⁵ He also offered some homoeopathic books for the library. Advice of both homoeopaths and other doctors led to important consequences. Patients alternated the use of homoeopathic medications with 'allopathic' medicines. Some of them asked Vannier's permission; others informed him without waiting for his permission. Undoubtedly, many others used classical medicines without telling Vannier.²⁶ Of greater interest are cases where patients hesitated.

The mother of Jean, born in 1930, hesitated when a tonsil operation was suggested in 1933. She hesitated once more in 1948 (her son Jean was then 17 years old) when teeth extraction and skin tests were suggested by other doctors. Unlike previously, on this occasion she refused to follow Vannier's advice. Despite her faithfulness (she said she always consulted Vannier when she was anxious about her family's health), she did not hesitate to seek some other advice and biological analysis.²⁷ Even when a doctor was as charismatic as Vannier, contact was not limited to only one doctor. This is a fact which historians have to consider even when the role of other doctors remains unclear.

Families, friends, wives and husbands played a great role as intermediaries in the doctor–patient relationship. In some cases, one member of the family seemed to be in charge of the health of the whole family. Vannier recalled the wife of a member of the French Institute who, on many occasions, had arranged consultations for other family members. 'Today', she wrote, 'the request comes from Marocco'. She translated it in these terms: 'Ask doctor Vannier if homoeopathy uses a remedy which could make easier the life of a pregnant woman'.²⁸ The case of a 67-year-old lady shows how contested by families the homoeopathic treatment could be. Two friends told her to write to Vannier. However, her son was astonished after she came home from the first visit, because she could neither describe clearly the diagnosis nor the name of the affected part of her body that she wanted to be treated.²⁹ This example shows clearly how difficult it was for people to comprehend a homoeopathic description of an illness even when they were in favour of homoeopathy and how the organic representation of the body was deeply rooted. As members of the urban upper classes Vannier's patients cannot be considered as a homogeneous group entirely devoted to him and to homoeopathy. Other doctors, families and friends also played a role in determining the thought and behaviour of each patient in relation to homoeopathy. In some cases, family pressure can explain different attitudes towards the doctor. In addition to anxiety, especially about children, the predominance of upper-class patients can explain the persistence of a relationship of patronage between patients and doctors long after the well-known disappearance of the sick man described by Jewson.³⁰ On 28 May 1930 a mother with an aristocratic name wrote to Vannier using curt and brusquely direct questions. She was convinced that the treatment prescribed by Vannier was responsible for the decline in her daughter's state of health. She called on Vannier to tell her daughter what to do as soon as possible.³¹ Other patients did not hesitate to inform Vannier of their disappointment, that there was no noticeable improvement

and claiming that the treatment increased the symptoms. They finally abandoned the treatment.³² A totally discouraged 32-year-old woman wrote curtly: 'Please send me what I requested in my last letter'.³³ Vannier was required usually to send medicines to patients and to transmit prescriptions to the homoeopathic pharmacy which had been set up in the rue de Messine. Requests made by patients for appointments or home visits were rare but not completely nonexistent.³⁴ A new patient made an appointment with Vannier at his own convenience in order to visit a horticultural fair on the same day.³⁵ The telephone seems to introduce a new type of relationship between rich patients and doctors during the 1930s. It allowed one of them to make an appointment with Vannier for the following day. Living in the countryside during her holidays, a lady complained of the lack of a telephone in her village.³⁶ Along with patients' anxiety and the inheritance of a relationship of patronage, the use of letters and the telephone could lead to real harassment of doctors by patients. Between 11 and 30 May 1931, one of Vannier's patient sent him four letters and called him on the telephone at least three times. The letters began by recalling the previous phone call and ended by announcing the further call.³⁷ Letters and, probably, phone calls were full of urgent questions and anxiety. On the other hand, some of Vannier's clients were more friends than patients. A member of the old aristocracy, Gontaut-Biron, informs Vannier of her daughter's marriage before she tells her family and asks him to keep this information secret.³⁸ Another family, loyal to Vannier for more than a quarter of a century, congratulated him warmly when he received the 'Légion d'honneur'.³⁹ This sort of patient who campaigned for the spread of homoeopathy recalls the early times of homoeopathy. Patients who considered Vannier as a saviour are also typical. Describing their father's last days, two brothers turned themselves towards Vannier as to a god and wrote that they were determined to do everything to save their father.⁴⁰ A similar attitude can be found when the wife of a master artisan wrote: 'I hope that, as usual, you will be able to bring me relief' and some months later: 'Could you give my husband back health and joy'.⁴¹ In fact, each patient could have a great variety of attitudes depending on their changing circumstances. This brief analysis would suggest that doctor-patient relationships are always changing and that patients' attitudes do not belong to a particular homogeneous category with immutable characteristics but can successively demand, implore, obey, disobey, be loyal, confident or disappointed. When it existed, the relationship of patronage could not summarise, in any case, the relationship between Vannier and his patients.

Letters sent by patients were not the expression of isolated patients but rather reflected the mindset which results from the multiplicity of relationships with doctors, friends and family. Letters not only reflected a prior and independent state from the medical consultation but also contributed to the construction of the patient as social reality and to the construction of the relationship with the doctor. Even if influenced by relationships with doctors, families and friends, the doctor–patient relationship remained a specific one. However, letters to Vannier were not a completely free exercise as Vannier asked some patients to write to him. Many letters began with the following sentence: ‘As you asked me I am going to describe my state of health during a fortnight (or a month) after the beginning of the treatment you prescribed.’ It is not possible to know if this use of correspondence was systematic. However, patients who were asked to write Vannier were not always provincial or foreign patients but also Parisians living in the city where Vannier practised. Even if it is impossible to affirm this with certainty, it seems clear that Vannier was conscious of the role the correspondence could play in the process of healing. Medical biographies were requested by Vannier from each patient who came to his practice and the main events were duly recorded by Vannier. Patients who could not visit Vannier had to send him such biographies. Some of them described their symptoms according to questionnaires probably prepared by Vannier. Questions were posed on urine, general state of health (age, previous illnesses, use of alcohol and tobacco, and weight).⁴² Other questionnaires were guidelines for a description of symptoms from head to foot.⁴³ Letters were also prepared from day-to-day notes describing symptoms.⁴⁴ Some of these notes can be found in Vannier’s patients’ records and show that such letters were the result of lengthy reflection and observation and not just the spontaneous expression of the feelings of patients at the moment of writing. Thus, letters can be considered as a type of semi-controlled literature not unlike the autobiographies requested by some French criminologists like Lacassagne at the end of the nineteenth century.⁴⁵ However, if the doctor’s request played the major role, that does not mean that patients had no freedom at all and always wrote what Vannier wished.

Correspondence also played a role in the process of healing. Only a few letters indicate a growing feeling of disappointment in the patient. On 3 June 1931 a Parisian patient began to wonder whether the treatment he had been prescribed was a suitable one. He noticed what was improved and what was worse in his state of health. A fortnight later he stated that the treatment had no good effect. At the end of the month he announced

that he was abandoning the treatment.⁴⁶ Most of the letters show how patients were progressively convinced that their general state of health became better and better even when there was no clear reason to think so. The most striking case is described by a single letter to Vannier from a 48-year-old Parisian architect. Writing one week after the treatment had begun, he claimed that sudden high temperature and bronchial obstructions continued. Using the present indicative at the beginning of his letter he suddenly used, at the same time, past and present tenses. 'I *suffered* a lot from this extremely feverish state. I *cannot* endure hotness and I *felt as if I was* burning. The phenomena *seemed* to decrease after the treatment had begun which *made me* happy. I *seemed* to notice an improvement, but I *cannot* be sure of the result'. 'The result is poor' he concluded but 'the inflammation I *suffered* is decreasing'.⁴⁷ Announcing a bacillary expectoration, a 43-year-old man wrote, however, 'the treatment you prescribed a fortnight ago seems to suit me. I have a good appetite, I sleep well enough, I am not often tired'.⁴⁸ Many other examples show the same process. A lady of 45 wrote that 'the result is that I am feeling not worse' but she concluded: 'In short it would be rather better'⁴⁹ ('il y aurait plutôt du mieux'). After the discovery of colibacillus, a lady living in Amiens wrote: 'However, the improvement of my state of health still continues and my weight remains as usual'.⁵⁰ Conviction and moral determination, of course, played a great role in this process. A clear example is given in a letter written during the battle of France in May 1940. 'I should have written to you 10 days ago but events were so dramatic that I decided to wait. At the beginning of the treatment I had had great hope for improvement. [After a bad cold] I am convinced that the treatment is having an effect and that the improvement is going to come.'⁵¹

Letters not only contribute to a psychological process of self healing but also show how, over a lengthy period, they helped the displacement of problems. Treated for a nasal affliction, a loyal patient forgot his illness for which the treatment seemed to be inappropriate and gave more and more importance to his general state of health. Three weeks after the beginning of the treatment he noted: 'I am suffering exactly the same discomfort as before, with neither increase nor decrease in the symptoms. My general state is not worse. I even note the almost complete disappearance of the fever from which I suffered before.' A month later, he wrote: 'It is quite certain that my general state is much better despite periods of great fatigue which I endure more easily than before. There is certainly a very perceptible improvement in this area'. Unfortunately, the local infection (sinusitis) remains unchanged, without aggravation but without improvement.⁵² Two

months later, the patient noted that the sinusitis was not worse, though he forgot to write that it was not better. At the beginning of the following year he had completely forgotten about the sinusitis. He wrote: 'I am most certainly [certainment] in a better state from all points of view.'⁵³ Unfortunately, a year later, a letter sent to Vannier by a radiologist shows that the patient still suffered from acute sinusitis.⁵⁴ The holistic treatment, of course, could reinforce this self-healing process.

Conclusion

IN CONCLUSION, THESE EXAMPLES show how complicated but how rich the study of medical correspondence can be. Letters written by patients not only tell what patients thought or suffered from but also what they did. Writing about illness seems, in this context, more an activity than a testimony. It is evidence not only of reflection but also of creativity. Letters allow us not only to describe the behaviour of patients but also offer a view of the dynamic and always changing process in which illness and treatment are socially constructed. This social construction was neither built by independent patients nor dictated by doctors but elaborated in a host of changing interrelations between doctors, patients, friends and families. Thus, such studies suggest an abandonment of over-precise categories such as loyal, confident, disappointed patients, charismatic doctors and so on. Today, the significance and function of patients' letters are very close to the description and interpretation given for Tissot's patients.⁵⁵ Even if Vannier's patients had clear and common social features, they did not form a homogeneous category. According to their experience, age, sex and network of relationships, each patient seems to be unique. Moreover, each patient changed during the treatment and the work of writing could be a reason for this change.

Notes

- 1 I warmly thank William (Bill) Dougherty for the correction of this text.
- 2 Studied by scholars of the 'Institut romand d'histoire de la médecine', Geneva and Lausanne. See Vincent Barras and Philip Rieder, 'Écrire sa maladie au siècle des Lumières' in Vincent Barras and Micheline Louis-Courvoisier (eds.), *La médecine des Lumières: autour de Tissot* (Geneva, 2000).
- 3 Jacques Baur, *Les manuscrits du docteur comte Sébastien des Guidi: contribution à l'histoire du développement de l'homéopathie en France* (Paris, 1999).
- 4 The material is kept in the Boiron Company building in the Lyon (Sainte-Foy-les-Lyon) neighbourhood, and can be consulted with the agreement of Mrs Mure who is in charge of the historical archives (several collections of papers from different homoeopathic pharmaceutical companies, societies and leaders of homoeopathy such as Vannier and Henri Boiron). This whole body of material is of great interest for the study of the history of homoeopathy in France during the twentieth century.
- 5 Olivier Faure, 'La clientèle d'un homéopathe parisien au XXe siècle' in Olivier Faure (ed.), *Praticiens, patients et militants de l'homéopathie aux XIXe et XXe siècles (1800-1940)* (Lyon, 1992), 175-96.
- 6 Among more than 2,100 records, 58 contain one or several interesting letters. Each patient was registered by a number, which I have used in the footnotes in order to respect confidentiality.
- 7 No scientific biography of Leon Vannier has been published, although the main events of his life have been related by his wife and by his son. See Jeannine Vannier, *Le docteur Léon Vannier: confidences et souvenirs* (Paris, 1968).
- 8 Faure, 'La clientèle', 181.
- 9 Olivier Faure, 'Eine zweite Heimat für die Homöopathie: Frankreich' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 48-73.
- 10 Henri Duprat, 'La société rhodanienne et le Dr Léon Vannier', *Le Propagateur de l'homéopathie* (1931), 297-311.
- 11 Léon Vannier, *Doctrines de l'homéopathie française* (Paris, 1931).
- 12 Léon Vannier, *La typologie et ses applications thérapeutique* (reprint, Lyon, 1985).
- 13 Archives Boiron, Fonds Vannier, 6J (conférences), 'La doctrine homéopathique'.
- 14 Léon Vannier 'La vraie thérapeutique: isothérapie et homéopathie', *Homéopathie française* (1929), 500-31.
- 15 Archives Boiron, Fonds Vannier, 6J (conférences), 'Le drainage'.
- 16 As shown by many patients who have considered him as a saviour (see below).
- 17 Faure, 'La clientèle', 180.
- 18 Faure, 'La clientèle', 186-90.

- 19 Archives Boiron, Fonds Vannier, record no. 12320.
- 20 Faure, 'La clientèle', 190.
- 21 Archives Boiron, Fonds Vannier, fichier de malades, letter to Vannier, 29 January 1930 and 7 December 1931 (record no. 12432). In the following references, only the record is cited.
- 22 Record no. 12337, letter to Vannier, 2 January 1931.
- 23 As shown by letters sent to Hahnemann, kept in the Institut für Geschichte der Medizin (IGM) der Robert Bosch Stiftung Stuttgart, Bestand A.
- 24 Record nos. 11709 and 11723.
- 25 Record no. 12441, letter sent by Vannier, 15 December 1931.
- 26 Faure, 'La clientèle', 184–85.
- 27 Record no. 12861, letters to Vannier, 10 and 18 May 1948.
- 28 Record no. 12459, letter to Vannier, 9 August 1956. 'Demande au docteur Vannier si l'homéopathie emploie un remède pour rendre la vie d'une future maman plus confortable'.
- 29 Record no. 11937, letter to Vannier 3 June 1930. 'Mes enfants m'ont reproché de ne pas vous avoir demandé ce que vous me trouviez, quel organe j'avais à surveiller et à soigner particulièrement.'
- 30 N.D. Jewson, 'The disappearance of the sick man from medical cosmology', *Sociology* 10 (1976), 225–44.
- 31 Record no. 11722.
- 32 Record no. 12637, letters to Vannier, 3, 18 and 28 June 1931.
- 33 Record no. 12244, letter to Vannier, 24 November 1930. 'Veuillez avoir l'obligeance de mettre à ma disposition ce que je vous ai demandé dans ma lettre précédente. Je ne vais pas mieux et suis tout à fait découragée.'
- 34 Record no. 13048, letter to Vannier, 21 August 1934.
- 35 Record no. 12792, letter to Vannier, 9 May 1933.
- 36 Record no. 12536, letter to Vannier, 16 June 1931.
- 37 Record no. 12636, letter, 22 May 1932. 'J'essaierai de vous donner les détails comme vous me l'avez indiqué au téléphone [begining of the letter] ... J'aurai un grand besoin de vous voir, ne pourriez vous me recevoir demain, ce faisant, vous me rendriez un immense service ... P.S. je vous téléphonerai à trois heures [end of the same letter].'
- 38 Record no. 12665, letter to Vannier, November 1931.
- 39 Record no. 12459, letter to Vannier, 9 August 1956.
- 40 Record no. 12320, letter to Vannier, 30 December 1930
- 41 Record no. 12653, letter to Vannier, 5 May 1936: 'Je pense qu'il vous sera encore possible de me procurer le soulagement que j'espère. Profonde reconnaissance' and

- 28 June 1937: 'Mon mari se décourage et s'attriste. A lui aussi ne pourriez vous pas rendre santé et joie?'
- 42 Record no. 12572.
- 43 Record no. 12850.
- 44 Record no. 12253.
- 45 Philippe Artieres, *Clinique de l'écriture: une histoire du regard médical sur l'écriture ordinaire au XIXe siècle* (Paris, 1998).
- 46 Record no. 12637, letters to Vannier, 3, 18 and 28 June 1931. 'Je me demande si ce traitement est très salutaire ... Votre médication jusqu'à ce jour ne m'a guère donné d'espoir, de consolation et de soulagement ... La médication que vous m'avez ordonnée vient de me déclencher une jaunisse ... J'ai donc suspendu tout traitement.'
- 47 Record no. 11700, letter to Vannier, 20 February 1945. 'J'ai beaucoup souffert de cet état brûlant. Je ne puis plus supporter la chaleur et, souvent le jour j'étais brûlant de la peau comme si un feu intérieur me dévorait. Ces phénomènes semblaient s'apaiser depuis quelque temps après le traitement et on a semblé pouvoir constater une amélioration qui me satisfaisait. Mais je ne puis être affirmatif quant au résultat ... Le résultat est médiocre mais l'inflammation dont je souffrais est en voie d'apaisement.'
- 48 Record no. 12496, letter to Vannier, 17 March 1932.
- 49 Record no. 12501, letter to Vannier, 13 February 1932. 'En résumé, il y aurait plutôt du mieux.'
- 50 Record no. 12900, letter to Vannier 13 February 1938.
- 51 Record no. 12912, letter to Vannier, 29 May 1940. 'Dès le début du nouveau traitement j'ai eu l'espoir d'un mieux. A partir du 11 j'ai eu un fort rhume qui a du aggraver mon état de dépression. C'est fini maintenant. Avec des alternations de moins mal et de plus mal, j'ai l'impression que le nouveau traitement agit plus heureusement, que le mieux va venir. J'ai, ces jours derniers encore souffert d'une sensation d'épuisement mais il y a eu des instants de faiblesse et comme une idée que l'état physique s'améliorait et que le mieux mental viendrait ensuite.'
- 52 'Il y a certainement, de ce côté-ci une amélioration très sensible.'
- 53 Record no. 12562, letters to Vannier, 15 April, 19 May, 11 June and 25 July 1931.
- 54 Record no. 12562, letter to Vannier 1 February 1933.
- 55 See note 2.

