

# Édouard Manet's Tabes Dorsalis: From Painful Ataxia to Phantom Limb

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## Key Words

Edouard Manet · Tabes dorsalis · Syphilis · Phantom limb

## Abstract

Édouard Manet (1832–1883) is considered the ‘father’ of Impressionism and even of XXth century modern art. Manet’s genius involved getting away from the classical narrative or historical topics and replacing them by the banality of daily life. Technically, he erased volumes into flat two-dimensional coloured planes, and distorted conventional perspective with often gross brushstrokes intentionally giving an ‘unfinished’ aspect to the work. It is little known that Manet had a very painful second part of his life, due to excruciating limb and chest pains, which developed in parallel with proprioceptive ataxia and gait imbalance. Manet always remained discreet about his private life, and we mainly know that his future wife was his family piano teacher, with whom he had a *liaison* already at age 17. Later, the great but platonic passion of his life was the painter Berthe Morisot (1841–1895), who got married to Manet’s brother Eugène. In fact, we do not know whether he had any mistress at all, although he had several elegant ‘flirts’ in the mundane and artistic *milieu*. Thus, while Manet’s progressive painful ataxia from age 40 yields little doubt on its tabetic origin, how he contracted

syphilis at least 15–20 years before will probably remain a mystery. It is fascinating that Manet’s daily struggle against pain and poor coordination may have led his art to become one of the most significant of modern times, opening the way to XXth century *avant-gardes*, along with another victim of syphilis, Paul Gauguin (1848–1903). Manet never showed any sign of General Paresis, and like his contemporary the writer Alphonse Daudet, his clinical picture remained dominated by paroxysmal pain and walking impairment. Difficult hand coordination made him quit watercolor painting, and during the last 2 years of his life, he had to focus on small format oil works, whose subject was nearly limited to modest bunches of fresh flowers, now often considered to be his maturity masterpieces. Having become bedridden, he had to be amputated of one leg, which was developing gangrene probably associated with ergot overuse. While he died shortly thereafter, we have some witness anecdotes suggesting that he experienced a phantom limb: when Claude Monet (1840–1926) visited him and sat down on his bed, Manet violently shouted at him that he was just sitting on his (absent) leg, which provoked terrible pains. With its facts and mysteries, the subtle interaction between Manet’s illness and his work output remains one of the most intriguing stories in neurology of art.

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## Introduction

During his early 40s, Édouard Manet (1832–1883; fig. 1) developed a progressively devastating disease associated with gait imbalance, lack of coordination and severe lightning leg pains, highly suggestive of *tabes dorsalis*. He was born in Paris, where he lived all his life. At age 17, he had an affair with the piano teacher of his brothers, Suzanne Leenhoff (1830–1906; fig. 2), whom he subsequently married several years later. Later, the great but platonic passion of his life was the painter Berthe Morisot (1841–1895; fig. 3), who got married to Manet's brother. Manet always remained very discreet about his private life [1] and in fact, we do not know whether he had any mistress at all, although he had several elegant 'flirts' in the mundane and artistic *milieu*, including Méry Laurent (1849–1900), Stéphane Mallarmé's muse. Thus, while Manet's progressive painful ataxia from age 40 yields little doubt on its tabetic origin, how he contracted syphilis at least 15–20 years before will probably remain a mystery.

## The Father of Impressionism

Manet is commonly considered the father of impressionism. Less known is that Wassily Kandinsky (1866–1944) attributed his 'discovery' of abstraction to his visit to a Manet exhibition in Munich in 1910 at the Thannhauser gallery [2]. During the years 1850–1870s, Manet indeed developed a very personal style completely at odds with the conventional academic painting of the time. As a consequence, he encountered significant difficulties to be introduced to the exhibiting *Salons* in Paris, and often had to run parallel personal, self-supported, shows. The best known of these private exhibitions was the one in 1867 *avenue de l'Alma* in a wooden barrack built in front of that of Gustave Courbet (1819–1877), since both artists could not properly present their works at the *Exposition Universelle* (fig. 4). One year before, as a reaction to a discrediting press campaign often using gross jokes during the yearly *Salon*, the young writer Émile Zola (1840–1902) had published a series of vindictive articles defending Manet, and criticizing the sappy 'pastry' masters of academic painting exhibited there. These articles were immediately published in a book form as *Mes Haines* (my hates) and *Mon Salon*, leading to a strong friendship between Manet and Zola (fig. 5). At that time, the public image of Manet was entirely inappropriate, since people were imagining a bohemian, contesting and disinhibited artist, while Manet was a sophisticated,



Fig. 1. Édouard Manet photographed by Nadar, 1874 (1832–1883).

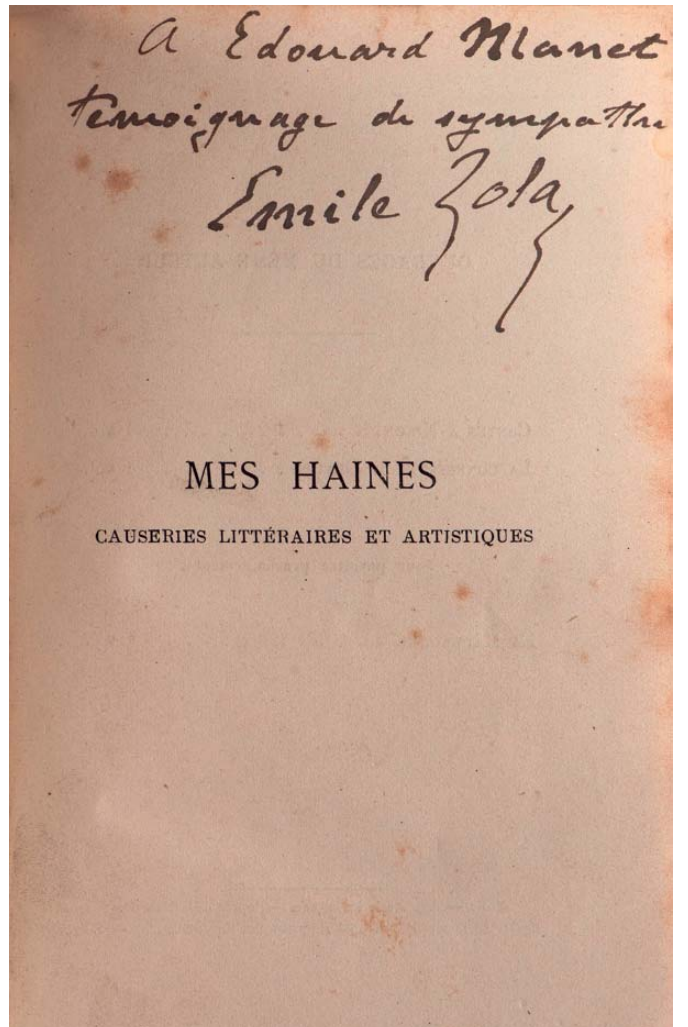
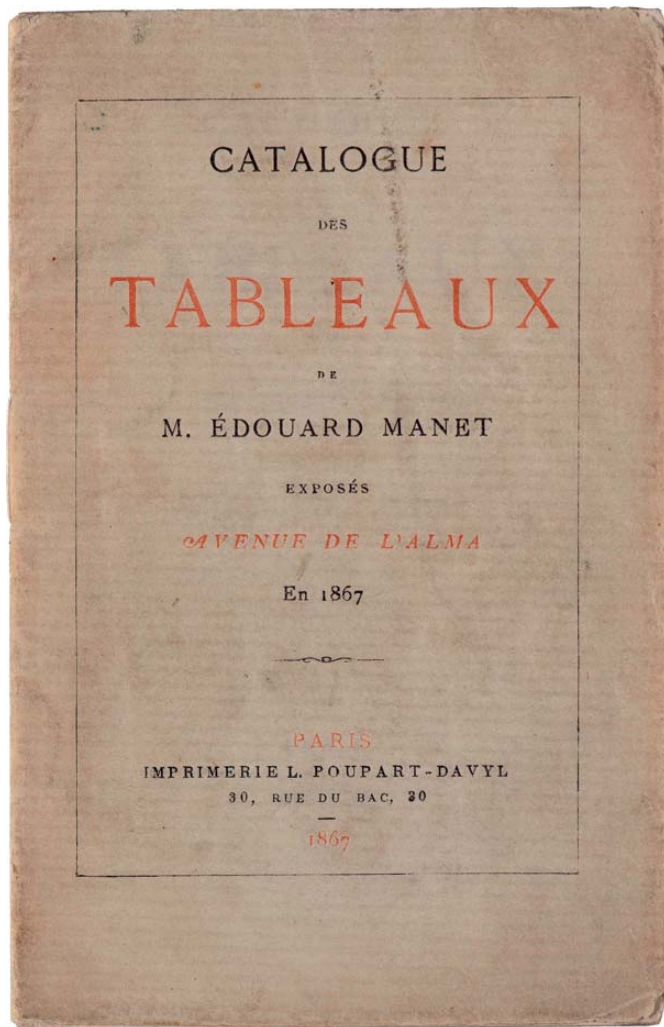
conventional, well-dressed and rather wealthy bourgeois, whose goal was to be officially recognized. Nevertheless, it is remarkable that this goal never made him change his 'revolutionary' style, and he rather behaved as if the repeated presentation of his art to a hostile public would finally evolve into acceptance and admiration.

After Manet left the academic studio of Thomas Couture (1815–1875), where he had studied for seven years, he fully developed a personal, new way to treat the subjects of his paintings, which led him to be ostracized as a rebel in art [3]. The work of Manet was indeed 'revolutionary', at first because he quickly moved away from the symbolic, historical and mythological subjects of aca-

Fig. 2. *La lecture*, Suzanne Manet (née Leenhoff) by Manet (ca. 1865).

Fig. 3. Berthe Morisot lying, by Manet (ca. 1872).

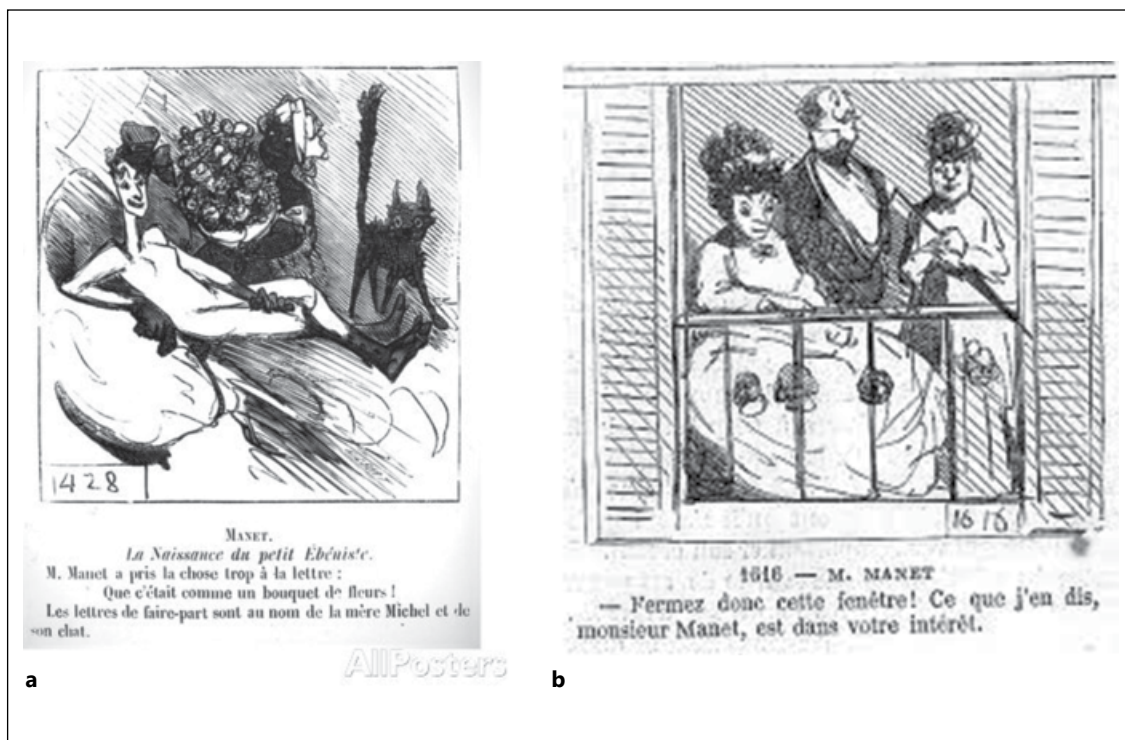
(For figures 2 and 3 see next page.)



**Fig. 4.** Manet's private exhibition catalogue in 1867 at *avenue de l'Alma*. Though printed in 500 copies, only a handful of them have survived, because visitors threw it away.

**Fig. 5.** Book dedication of Zola to Manet in *Mes Haines* (my hates), 1866, shortly after their encounter.





**Fig. 6.** 1867 comic cartoons of Manet's paintings (**a.** *Olympia*; **b.** *Le Balcon*) from *Le Journal Amusant*.

democratic painting. Instead, he focused on scenes of daily life, taken in a 'real' setting, which would become so popular with the impressionists 20 years later. In 1867, his *Olympia* was considered pornographic because it forthrightly showed a nude young woman insistently looking at the public while waiting on a couch for a client. Large numbers of joking and aggressive people gathered in front of *Olympia* at the *Salon*, where it was exhibited (fig. 6), while much more erotically suggestive nude paintings by academic artists such as Alexandre Cabanel (1823–1889) or Jean-Léon Gérôme (1824–1904) did not produce any hostile reaction. Moreover, in his works, Manet transformed the usual perspective, often in a way to annihilate the perception of depth and to emphasize the two-dimensional nature of painting by erasing the representation of volume. Besides, he commonly used rather gross brushstrokes inspired from Velazquez (whom Manet called '*le peintre des peintres*', that is, the greatest painter of all), often giving to the work an 'unfinished' aspect. The famous art critic of *Le Figaro* Albert Wolff (1835–1891) and other critics indeed wrote that he just painted 'sketches', attributing it to lack of maturity. It is only rather shortly before his death that Manet became more widely recognized and accepted in public, in part due to a few art crit-

ics who, after Zola, supported him with fervor. These mainly included Edmond Duranty (1833–1898; who wrote the first book ever on the impressionists, in 1876), Stéphane Mallarmé (1842–1890), and above all Jules de Marthold (1847–1927), who found for him the striking formula '*la peinture dans la peinture*' (the painting inside the painting) [4].

Manet's most mature and productive years however were strongly marked by disease. Indeed, around 8 years before his death, Manet started to develop pain in the lower limbs, along with progressive gait imbalance. This relentless disease finally transformed his last years into an ordeal, also modifying his ability to paint because of excruciating pains, exhaustion and lack of coordination. To our knowledge, there were no cognitive changes. It is fascinating that Manet's daily struggle against pain and poor coordination did not preclude his art to become one of the most significant of modern times. It even seemed to boost certain specific innovations, due to the physical constraints, finally opening the way to XXth century *avant-gardes*, along with another victim of syphilis, Paul Gauguin (1848–1903). Manet's fight to continue to paint, even in a limited way, may indeed have stimulated an otherwise intact creativity.

## Manet's Disease

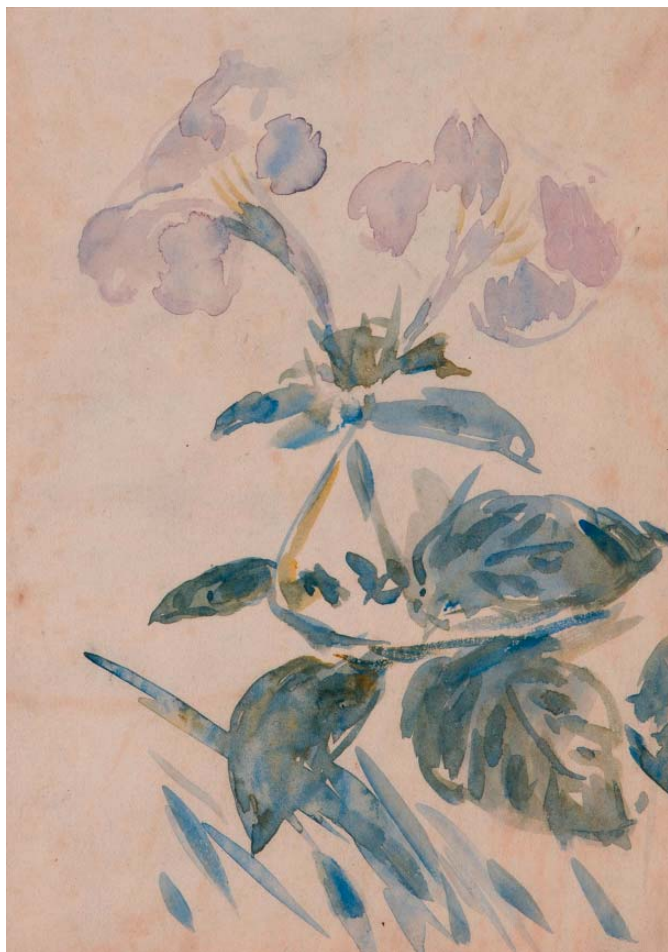
Antonin Proust (1832–1905), Manet's lifelong friend since 1858 and biographer [1], who became a famous French politician, underlined that very little was known on his friend's private life. Manet's health was good until the 1870s, and during the 1870 Franco-Prussian war, he was incorporated in the army. He thinks that it was in 1875 that he started complaining of pain in the legs, with subsequent occasional falls in the street. However, it is obvious that he concealed these problems, and it is only in 1879 that we have the first medical information, when Dr. François Siredey (1831–1890) advised him to spend a thermal cure at Bellevue, close to Paris [1]. Dr. Siredey had been appointed chief physician at *Lariboisière* in 1872, after having worked at *Hôpital Saint-Antoine*. He was a very bright clinician, having obtained the first rank at the Dijon school of medicine in 1851 and at the *médecin des hôpitaux* contest in 1865 in Paris. At Bellevue, Manet had therapeutic showers and massage 4–5 h a day. This did not really interfere with his work, since he remained quite productive with 28 oil paintings that year. At Bellevue, he even concentrated on watercolors, which necessitated rapidity and precise, well-coordinated, skills, leading to a wonderful series of still lifes often included in letters to friends (fig. 7).

On the other hand, there was no finished work during the first half of 1880, and Dr. Siredey sent him back to Bellevue from the end of May until October, after the advice of Dr. Materne (the closest collaborator of Dr. Beni-Barde; fig. 8), who treated Manet in Paris (Auteuil) at the *Établissement Hydrothérapique du Dr. Beni-Barde*, rue de Miro-mesnil. At Bellevue, Manet complained of the treatment, which he considered a 'torture', in a letter to Méry Laurent, Mallarmé's mistress, who was also very intimate with Manet. He spoke of a 'punishment', which he had 'to undergo as before in (his) life'. He compared the brutality of the Bellevue therapies with that with Dr. Beni-Barde in Paris: 'The *Beni-bardeuses* (the women in charge of the showers) were soft', he wrote to Laurent. Dr. Joseph-Marie-Alfred Beni-Barde (1834–1919), the 'father of hydrotherapy', had studied in Toulouse and had worked for some time at Bellevue, before opening his own institute at Auteuil in Paris. There, he had famous patients, such as Jules de Goncourt (1830–1870), Alexandre Dumas (1802–1870), Alphonse Daudet (1840–1897) and Guy de Maupassant (1850–1893) [5]. Antonin Proust [1] remembered that showers therapies were prescribed to Manet by his general practitioner Dr. Siredey at Beni-Barde's center. He also emphasized the constant attempts by Manet to hide

his medical problem: 'When the *Beni-bardeuses* will see me joking while going down the stairs of the swimming pool, I will be cured, and that will not be long' [1]. On July 24, he wrote to Marguerite, the young sister of the elegant Mrs. Jules Guillemet: 'I do not know whether this is the good weather, but I feel much better, and I could hope to go back to Paris if this improvement would continue' [6].

However, Manet had to use a stick and complained to Proust of feeling awkward in his movements. When offered a seat at a famous hat shop, he replied: 'I have nothing to do with this chair, I am not handicapped', stating to Proust: 'They pretended that I was a legless cripple in front of the women who were there' [1]. He also wrote to his pupil Eva Gonzalez (1849–1883) and to Zola that he was feeling much better, but by 1881–1882, Proust noted that Manet was getting anxious about his physical state. Manet spent the 1881 summer in Versailles, from where he wrote to Mallarmé: 'I am not very glad of my health since I have been in Versailles', attributing this to a change in the weather. He got rather depressed away from Paris, and back home, he wrote to Bethé Morisot: 'The year is not ending well for me concerning my health'. He was then seen by the famous professor Pierre Potain (1825–1901), who thought that Manet's ataxia may not be due to syphilis. This news rejoiced Manet, who compelled himself to follow the advice of Potain, who had ordered ergot derivatives. Dr. Siredey however warned Manet and Antonin Proust about its overuse risks. But Manet also became upset with Siredey: 'Now I am getting lugubrious. This is Siredey's fault. When I see doctors, they look like sergeants or undertakers. But I feel much better' [1].

In 1882, 'he was walking with difficulty and came to see me only with huge efforts and accompanied', Proust remembered [1]. He visited Manet at Bellevue and reported that he remained ambiguous about his condition: 'It would be easier for me to follow the slope downhill, but it is better to climb up rather than to tumble down'. He was angry with Dr. Siredey not being able to improve his state, Proust reported. He spent the summer in Rueil-Malmaison just outside Paris, trying to walk without a stick despite great pains and imbalance. But on 8 July, 1882, the newspaper *Le Figaro* wrote that 'we are sorry to hear that Mr. Manet is now quite ill'. Manet was very upset about this information and wrote a reply to be published in the newspaper: 'I am not ill. I just had an ankle distortion before I left Paris'. His writing was becoming dysgraphic, but Manet attributed it to a bad quill. Back to Paris, he started to read novels, which was unusual for him, but as a 'distraction to the pains of ataxia' [1]. Pierre



**Fig. 7.** *Pervenches*, watercolor realized during the cure at Bellevue in 1880.

Prins (1838–1913), the husband of the violinist Fanny Claus (1846–1977; the second woman with Berthe Morisot in Manet's *Le Balcon*; Manet was good man at the marriage of Prins and Claus), reported on Manet's dealing with leg pain and ataxia: 'He was flattering his leg as one does with the neck of a restive horse' [7]. Manet's return home had been precipitous, due to his condition, and he prepared his will on September 30, but still along with words of reassurance to his family and friends. This was the time when he started to paint small bunches of fresh flowers in simple vases [8]. He had to quit watercolor, because he could not cope with its speed requirements, so that he now focused on oil painting. His awkwardness and difficulty with handling the brushes forced him to paint small formats, at home *rue de Saint-Petersbourg*, since he could not walk anymore to his studio. It is striking that these modest still lives with flowers may be



**Fig. 8.** Portrait of Dr. Materne, pastel by Manet (1880).

considered Manet's summit in art and skills, and indeed their technical and emotional achievement is extraordinary (fig. 9).

Manet's anger was not limited to doctors, but also extended to... his mother: 'One should not have children when one makes them such', he said, while his condition severely deteriorated. On March 13, 1883, Manet's mother wrote to a nephew: 'The leg is now taken with lightning pain'. He was seen by Dr. Siredey and René Marjolin (1812–1895), with a swollen foot and bursts of fever. On April 6, he could not stand up anymore, and showed whole body tremor with fever, developing a black foot on the left. After hesitating 5 days, the doctors (Dr. Siredey, Dr. Marjolin and Dr. Paul Tillaux (1834–1904, who was a professor of surgery) decided upon an amputation. Manet had also asked Dr. Verneuil (1823–1895) for his opinion, which was not different, while the





**Fig. 9.** Flowers in a vase, one of the last paintings by Manet (1882).

famous homeopath Dr. Simon warned against an operation ‘which will kill him’. He even sent his friend Dr. Paul Gachet (1828–1909), Renoir’s and Pissarro’s physician, who would also follow Vincent van Gogh a few years later, to try and convince Manet. Manet just replied that he would do a pastel of Gachet’s children after he got better [9]!

On April 20, the following article appeared in *Le Figaro*:

Yesterday at 10 o’clock, doctors Tillaux, Siredey and Marjoin visited the patient, whom they found in good mood. The limb that had to be amputated was in an appalling state. Gangrene had developed to a point that the nails were coming off just by touching [...]. The operation was performed below the knee. Manet did not suffer. The day has been as good as one could hope and yesterday evening, when we asked for some news, his condition did not predict any severe complication.

The amputation had taken place at Manet’s home, in the living room, by professor Tillaux, assisted by Dr.

Siredey and Dr. Marjolin, 2 interns and Manet’s brother Gustave. Every day, a health bulletin written by Dr. Marjolin was stuck up at the concierge door of the building [9]. However, it seems that Manet quickly became very weak and knocked down, and his wife Suzanne and son Léon had to stay by his bedside, before he died on April 30. Manet’s colleague painter Edgar Degas (1834–1917) stated that he had been killed by ergot, which had been given by a Dr. Abel Hureau de Villeneuve (1833–1894), but no further information about this seems available.

It is striking that Manet apparently showed evidence for a phantom limb phenomenon shortly after the amputation, before he died 10 days later. Indeed, although his son Léon reported that Manet once lifted the sheet to show him the loss of his leg, several witnesses mentioned that he still complained of pain in his absent foot. Prins [6] stated that ‘he complained of still having pains in it [the foot], as it is apparently often reported in amputees under chloroform’. When his colleague painter Claude Monet (1840–1926) visited him after the operation and put his cap on the blanket at the place of the absent foot, Manet shouted: ‘Careful! You hurt and cause pain in my foot!’, and he said the same to visitors who gave him the impression that they were sitting down at the lower part of his bed [9].

While we have no definitive proof that Manet’s disease was *tabes dorsalis*, there is little doubt about the diagnosis of his relentless ataxic syndrome with paroxysmal pains. It is also likely that the final evolution leading to the amputation of the left leg may at least partly have to do with the overuse of ergot derivatives. It should be emphasized that at no time did Manet show signs of impaired cognition, which is compatible with the fact that *tabes dorsalis* and General Paresis typically are 2 non-associated manifestations of tertiary syphilis. While Manet had extensive hydrotherapy, it seems that he did not undergo the Sayre-Moczutkorski suspension treatment, which was currently used by famous physicians, such as Charcot. Whether this therapy was proposed to Manet and he refused it is not clear. By then the therapy already had a bad reputation. Slightly later, its use by Charcot on Daudet signified the end of their friendship, after the patient developed severe hemoptysis. Daudet compared its feeling to a ‘melting’ of his spinal cord, and reported that it remained a semi-clandestine procedure ‘in the dark corner of the baths, after everyone had left’, adding: ‘A real Goya. I said. Yes, that’s it. A Goya’ [10]. Other therapies included mercury, bromure, gold, and the ‘exotic’ Brown-Séquard elixir extracted from guinea pigs, but we do not know if any of them was tried on Manet.

## Tabes Dorsalis at Manet's Time

The first detailed descriptions of locomotor ataxia date back to 1858 by Guillaume Duchenne de Boulogne (1806–1875), who was also the first to have the intuition of a role of syphilis, which he mentioned as an ‘antecedent’. In 1840, the German neurologists Moritz Romberg (1795–1873) and Karl Wunderlich (1815–1877) had already reported gait imbalance from poor proprioception, alluding to ‘*tabes dorsalis*’, and Wilhelm Erb (1840–1921) and Karl Westphal (1833–1890) emphasized a loss of tendon reflexes in the lower limbs in this condition [11]. This ‘radicular-posterior column syndrome’ was also associated with lightning lower limb and visceral pains. While this condition has now become exceedingly rare in the Western world, due to early antisiphilitic treatment, it was not uncommon at all in the XIXth century, having affected famous people, such as E.T.A. Hoffmann (1776–1822) or Alphonse Daudet. Conan Doyle (1859–1930) and the French neurologist Jules Sottas (1866–1945) wrote their thesis on the disease. Jean-Martin Charcot's (1825–1893) first paper on *tabes dorsalis* appeared in the *Gazette hebdomadaire* in 1862 with Alfred Vulpian (1826–1887) as co-author [12]. They emphasized progressive gait ataxia, quoting Romberg and Wunderlich, as well as Duchenne de Boulogne. From 1862 to 1872, Charcot published 8 articles on *tabes dorsalis* [12]. In particular, he emphasized in 1866 with Charles Bouchard (1837–1915) the importance of arthropathies and joint pain with fractures, and the development of amaurosis (optic *tabes*).

However, it was the dermatologist Alfred Fournier (1832–1914) who made the most extensive early descriptions of *tabes dorsalis*, with a famous textbook on locomotor ataxia in 1882 [13] (fig. 10), after he had claimed the syphilitic origin of *tabes* in 1875–1876. It is striking that this textbook appeared only a few months before Manet's death in 1883. The *tabes* textbook followed another one on *La syphilis du cerveau* (brain syphilis) in 1879, in which the issue of General Paresis was developed. Fournier was chief of service at *Hôtel-Dieu* from 1868 to 1876, and then at *Hôpital Saint-Louis* until 1880. In 1883, he also made the first report of congenital syphilis. When speaking of locomotor ataxia/*tabes dorsalis*, Fournier used the term of ‘Duchenne's disease’. One may wonder if the clinical case of a famous writer reported in pages 23–24 of his textbook was not Alphonse Daudet, whom we know had been examined by Fournier [10]. It was Fournier who summarized into 8 broad categories the clinical manifestations

of *tabes dorsalis*, which could combine into numerous variant forms:

- (1) Sensation impairment, with lightning pains, back pain, superficial and deep sensation loss and hyperesthesia.
- (2) Eye movements and pupillary disorders.
- (3) Genital-urinary dysfunction.
- (4) Gait imbalance and dysfunction.
- (5) Visual disorders.
- (6) Gastric disorders, including the ‘great gastric painful crisis’.
- (7) Laryngeal disorders, with spasmodic cough, suffocation, and apnoeiform apnea.
- (8) Various disorders: ‘rectal accidents’ including anal incontinence, dizziness and vertigo, frontal headache, and auditory/olfactory dysfunction.

The organic origin (the ‘arachnitis’) of General Paresis dated back to the 1822 thesis of Antoine-Laurent-Jessé Bayle (1799–1858) under the supervision of Antoine-Athanase Royer-Collard (1768–1825), the first holder of a teaching position for mental medicine in France (who also medically ‘supervised’ marquis Donatien de Sade's case during his internment at Charenton). But its syphilitic origin was evoked only in 1857 by Friedrich von Esmarch and Peter Willers Jessen, approximately at the time when Duchenne de Boulogne mentioned that syphilis was found in the history of patients with *tabes dorsalis* [14]. It was however only in 1905 that John Siegel, followed by Fritz Schaudinn, reported a microorganism in patients with syphilis (they spoke, respectively, of a ‘protozoan’ and of a ‘spirochete’). Hideyo Noguchi was able to cultivate the agent only in 1911 (*Treponema pallidum*), and along with Moore in 1913, he demonstrated its presence in the cerebral cortex of patients with General Paresis. A similar treponemic chronic arachnoiditis was also confirmed in patients with *tabes dorsalis*, several decades after Fournier's textbook and Manet's death.

Today, we know that only 10% of patients with untreated syphilitic primo-infection will develop a full-blown tertiary disease. One third of these primarily infected patients will develop meningeal invasion after 3–18 months, before less than one third of those will eventually develop the much more delayed tertiary stages, with General Paresis developing after around 5–15 years, and *tabes dorsalis* after 15–30 years. This long delay for *tabes dorsalis* probably explains its lower occurrence before the antibiotics era, and indeed, we know of much more cases in the XIXth-century famous people likely to have been affected with General Paresis



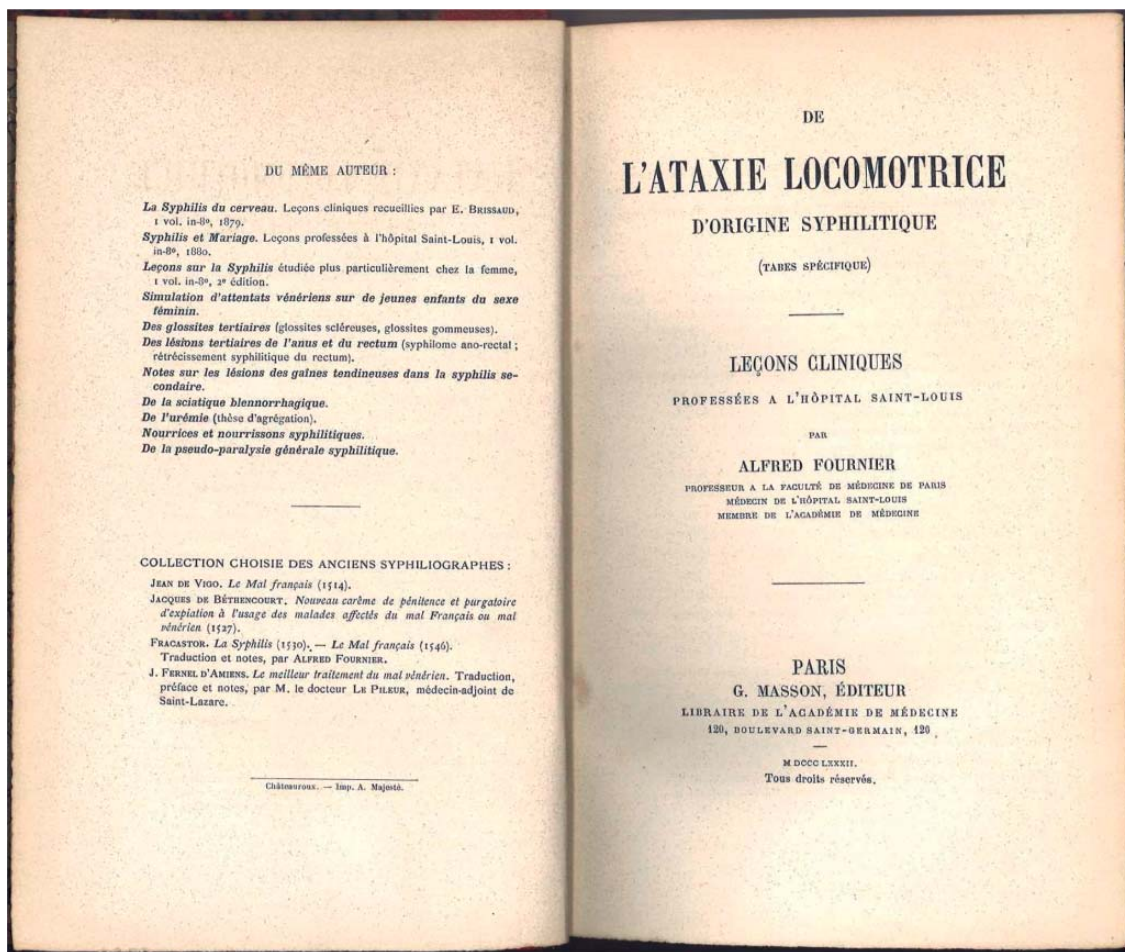


Fig. 10. Alfred Fournier's 1882 book on *ataxie locomotrice*.



Fig. 11. Portrait of Jeanne Duval by Manet (1862).

(Schumann, Maupassant, Goncourt, Nietzsche, and many other possible candidates such as Flaubert, Baudelaire, Wilde, van Gogh, Beethoven or Schubert...) [15]. With reference to Manet, it is also striking that his father died of General Paresis. Moreover, one of his most celebrated paintings is the portrait of Baudelaire's companion Jeanne Duval (fig. 11), who was disabled at the time, with all the suggestive signs of *ataxie locomotrice*. The painting dated from 1862, approximately 12 years before Manet developed the first manifestations of his own *tabes*.

#### Disclosure Statement

The authors have nothing to disclose.

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