

*To the friend
who did not save my life*

Hervé Guibert

Introduction by Andrew Durbin

Afterword by Edmund White

Translated by Linda Coverdale

semiotext(e)

Introduction by Andrew Durbin

A Guide for Living

In 1988, the French novelist and photographer Hervé Guibert was diagnosed with HIV. Two years later, Éditions Gallimard published *To the Friend Who Did Not Save My Life* (1990), a stark, autobiographical book about his desperate effort to gain access to an experimental "AIDS vaccine." *To the Friend* made Guibert both wealthy and famous, especially after an appearance on the French culture program *Apostrophes*. Posters of his handsome face went up around Paris, transforming him into a symbol of the intense suffering of seropositive men and women at the time. The cost of living is captured in solemn eyes and pursed lips and long spindly sentences. Though he promises in the opening section of *To the Friend* to become "one of the first people on earth to survive this deadly malady," he would die the following year, on December 27, 1991, only a few days after his 36th birthday, having written an additional five extraordinary books, most of which would be published posthumously.

To the Friend Who Did Not Save My Life is composed of a series of portraits of friends and lovers whom illness and its specters torment throughout its hundred chapters. Marine—based on the actor Isabelle Adjani—is dogged by rumors that she is HIV-positive after a mid-career debacle on the Paris stage. The cocky, Miami-based

pharmaceuticals executive and the novel's titular friend, Bill, brags about his connections to Melvil Mockney (a stand-in for the inventor of the polio vaccine, Jonas Salk), who had hoped to introduce immune therapy to combat HIV/AIDS; both the connection and Mockney's therapy come to nothing. (As Mathieu Lindon recalls in his memoir *Learning What Love Means* (2011), *To the Friend's* manuscript title was *Pends-toi Bill!* or, *Go Fuck Yourself, Bill!*) Jules and his wife Berthe—a couple based on Guibert's long-time lover Thierry Journo and his wife Christine Seemuller—fear not only for themselves, but their children when Jules discovers that he, too, is seropositive. Other sickened men flit by in the novel's short chapters: sons, boyfriends, brothers, strangers. The central and most arresting portrait is of Guibert's mentor, the philosopher Muzil, based on Michel Foucault, whose death the writer repeatedly returns to in the first half of the novel.

Guibert's gripping revelation of Foucault's final days in the character of Muzil, which had been kept secret by the privacy-obsessed French press, caused a stir in the country, rocketing Guibert to fame late in his young life. Muzil is cavalier about the virus when the first reports of a "gay cancer" arrive in Europe, and later he even admires its revolutionary effect on the community. After an annual trip to San Francisco, where Muzil prowls the city's famous bathhouses, he remarks that AIDS had created "new complicities, new tenderness, new solidarities" in the city's cruising grounds. When he tests positive, he conceals his diagnosis from almost everyone, even his partner. Death, Muzil argues, should retain an element of profound mystery, for the living and the dying. In a passing conversation with Guibert, the philosopher provocatively imagines a "death resort" built around such obscurity, where unwell or aging people who are ready to die slip behind a painting, into a secret

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room, after which they are never heard from again—an inversion of Dorian Gray's famous portrait, with the illusion of beauty swapped for good health. Muzil's resort provides a concise image for Guibert's late fiction, which is full of disappearances, revisions, and redundancies as characters die and resurrect, sometimes turn to shambles only to be found, a few pages later, back on their feet. In *To the Friend*, Guibert offers one brutal glimpse behind Muzil's resort painting after another. At the height of his intellectual powers, the philosopher struggles, in his final year, to complete a series of books on human sexuality but, like Foucault, fails to do so. (His name is likely a nod to the Austrian writer Robert Musil, who left his epic novel *The Man Without Qualities* (1930–43) unfinished. The substitution of an 's' for the last letter of the alphabet provides a note of finality both men were otherwise denied.) Eventually, he loses his memory, his ability to write, and his physical capacities; finally, he collapses in a pool of blood in his Parisian apartment.

"I can imagine several endings," Guibert writes toward the beginning of *To the Friend*, "all of which fall for the moment under the heading of premonition or heartfelt desire, but the whole truth is still hidden from me, and I tell myself that this book's *raison d'être* lies along this borderline of uncertainty, so familiar to sick people everywhere." Several endings meant that Guibert would devote much of his later work to the unfinished stories—and lives—shaped by this recursive sickness which, like the novel itself, is embedded with the history of venereal disease and its treatment, as well as the "new complicities, new tenderness, new solidarities" that attend to terminal illness.

After Guibert tests positive in the second half of the novel, his various, multiplying infections are remedied at the Institut Alfred-Fournier, which had served as an important syphilis hospital in the

19th century. Here Guibert points to another quiet substitution, one within the broader medical project that has long sought to pathologize gay life: that of HIV/AIDS for syphilis within epidemiological healthcare in France in the 1980s, from the way it treated gay men to the very hospitals it used to care for them. With the rise of HIV/AIDS, the old Institut was quite instantly revitalized, "enriched by the blood of seropositive patients," Guibert observes. He describes the nurses as if they might be wearing that season's Yves Saint Laurent: "With semisheer stockings and flats, straight skirts, and tasteful necklaces worn over their white smocks, the nurses look very chic ... They slip on their latex gloves as though they were velvet gloves for a gala evening at the opera." But the hospital's revival doesn't change the way doctors approach the treatment of HIV/AIDS; they are **anxious** about their patients, just as the patients are anxious about themselves. Physical, emotional, and intellectual contact between them (not only at the hospital, but in the pharmaceutical labs of the major manufacturers) is kept at a minimum, a major issue which would be taken up in the United States by ACT-UP. Governments meanwhile were debating whether to brand seropositive people in Europe, Guibert reports, or forcibly test "at-risk groups" on intra-continental borders.

This follows, of course, a long history of blaming gay men for the prevalence of venereal disease, and for dismissing them as hopeless cases for modern medicine, people who could never be "saved." Guibert's near contemporary, the philosopher and activist Guy Hocquenghem—who died from AIDS-related complications in 1988—describes the **treatment** of syphilis in *Homosexual Desire* (1978), only a few years before the first appearance of the first cases of HIV/AIDS, in terms that would have been instantly recognizable to Guibert, as he sat in the Institut Alfred-Fournier:

The shame that accompanies the disease, the repressive system by which the social worker has virtual police rights in cases of syphilis (including access to the files and his ability to force the patient to declare all sexual contacts who could have been infected) are sufficient to explain the spread of the disease. It is difficult for someone to admit that he has syphilis. Syphilis is not just a virus but an ideology too; it forms a fantasy whole, like the plague and its symptoms as Antonin Artaud analyzed them. The basis of syphilis is the fantasy fear of contamination, of a secret parallel advance by both the virus and by the libido's unconscious forces; the homosexual transmits syphilis as he transmits homosexuality.

So, even as the medical establishment conquered syphilis with the miracle of penicillin, it failed to conquer the faggots, leaving partly dormant a repressive system that sprang to life again with AIDS, as this novel testifies.

Once more "fantasies of contamination" spread across Europe and the US, and seropositive men and women were denied medicine and basic courtesy while being subjected to hopeless experimental treatments, "double-blind" tests by which you might be deluded into thinking you would receive medication but were given only a placebo, public disgust, and outright indifference. Even when Guibert is told that he has tested positive for HIV, the nurse presupposes his fore-knowledge, as if it were a given—or an inescapable fate: "How long have you known that you're seropositive?" It is an appalling irony that, even though the Swiss pharmaceutical company Roche patented the first antiretroviral drug, Saquinavir, in 1988, the year Guibert received his diagnosis and Hocquenghem died, it wouldn't be made available to patients until 1995.

Much of the *To the Friend* is riven with desperation and fear, especially as it moves toward its final chapters. As David Caron notes in an introduction to Guibert's diary of his final few weeks, *Cytomegalovirus*, "Some French activists criticized him for what they saw as apolitical and romantic self-involvement." Countering this idea, Caron wonders whether "the very affirmation of personhood in the face of the dehumanizing discourses so prevalent at the time represents in fact a legitimate combative stance?" I tend to agree. But Guibert expresses his own doubts about his autobiographical project, which would be carried out after *To the Friend* in several more works, including *The Compassion Protocol*, *My Valet and Me*, *The Man in the Red Hat*, *Paradise*, *Cytomegalovirus*, and his collected diaries, *The Mausoleum of Lovers*. After relaying to his reader Muzil's final days in *To the Friend*, he wonders:

What right did I have to record all that? What right did I have to use friendship in such a mean fashion? And with someone I adored with all my heart? And then I sensed—it's extraordinary—a kind of vision, or vertigo, that gave me complete authority, putting me in charge of these ignoble transcripts and legitimizing them by revealing to me (so it's what's called a premonition, a powerful presentiment) that I was completely entitled to do this since it wasn't so much my friend's last agony I was describing as it was my own, which was waiting for me and would be just like his, for it was now clear that besides being bound by friendship, we would share the same fate in death.

What is especially powerful about Guibert's writing is that he reclaims from Hocquenghem's "social worker with police rights"

(that is, the state working to "contain" him) the right to tell the manifold story of a virus—and the community it has so deeply affected. This personal writing, with its portraits of suffering friends and lovers, expresses a politics cognizant of its limitations, its lack of coherent program, lack of ideas for how to save the community (and the life) from which it comes. Instead, it espouses an essentially humanizing politics, as Caron notes, one in which the emotional and social deformities produced by illness, and the medical establishment which failed to rescue many of those who would die from it, are made vivid. In this regard, Guibert reinvigorates the French tradition of writing about the psychosexual realities of venereal disease (think of Charles Baudelaire and Gustave Flaubert, whose literary lives were shaped by incurable syphilis) for a contemporary audience facing a contemporary virus. His innovations in the genre, with their terse Thomas Bernhardian flavor, would continue in the writings of several younger French writers, including Guillaume Dustan.

Toward the end of *To the Friend*, Guibert acknowledges that no one can save his life, that he will not gain access to the "AIDS vaccine" from America, and so he turns toward the hope provided by writing. *To the Friend* will become a record—and redress—of struggle, one that will speak for him even when he can no longer speak. "I won't give up my book to save my life," he declares. Guibert comes to the same conclusion as Muzil did years before him: that one of AIDS's few mercies is the emphasis it places on the little time it gives you. What to do with the unsaved life? Use it, Guibert implores his readers, and rage—or write. Many of the lessons of this unsaved life, recorded here and now back in print, remain to be learned.

—Miami, 2019

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I had AIDS for three months. More precisely, for three months I believed I was condemned to die of that mortal illness called AIDS. Mind you, I wasn't imagining things, I really did have the disease, and the positive test results to prove it, as well as lab workups showing that my blood was beginning to deteriorate. But after three months, something completely unexpected happened that convinced me I could and almost certainly would escape this disease, which everyone still claimed was always fatal. Just as I had told no one save a few of my close friends that I was doomed, I told no one save these same friends that I was going to make it, that I would become, by an extraordinary stroke of luck, one of the first people on earth to survive this deadly malady.

On this twenty-sixth day of December, 1988, as I begin this book, in Rome, where I've come alone and against everyone's advice, fleeing that handful of friends who, fearing for the state of my morale, tried to persuade me not to leave, on this holiday when everything is closed and every passerby is a stranger, in Rome where I realize once and for all that I do not like my fellow men, where, determined to avoid them like the plague, I therefore have no idea with whom or where I can go to have a bite to eat, several months after those three months when I was truly convinced I was lost, and after the months that followed when I was able to believe myself saved by the luckiest of chances, wavering now between doubt and lucidity, having reached the limits of both hope and despair, I don't know what to think about any of these crucial questions, about this alternation of certain death and sudden reprieve, I don't know if this salvation is a decoy intended to soothe me, dangled before my eyes like a trap about to be sprung, or a genuine science fiction adventure in which I shall play the role of a hero, and I can't tell if it's a ridiculously human failing to have faith in this deliverance and this miracle. I have a sense of the structure of this new book I've been harboring within myself all

these last weeks, but I don't know how it will unfold in its entirety; I can imagine several endings, all of which fall for the moment under the heading of premonition or heartfelt desire, but the whole truth is still hidden from me, and I tell myself that this book's *raison d'être* lies only along this borderline of uncertainty, so familiar to all sick people everywhere.

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I'm alone here and they feel sorry for me, they worry about me, they think I'm not taking good care of myself, so these friends (who can be counted on the fingers of one hand, according to Eugénie) telephone me regularly, compassionately, me—a man who has just discovered that he doesn't like his fellow men, no, I definitely don't like them, I rather hate them instead, and this would explain everything, that stubborn hatred I've always felt, and I'm beginning a new book to have a companion, someone with whom I can talk, eat, sleep, at whose side I can dream and have nightmares, the only friend whose company I can bear at present. My companion, my book, which I'd imagined would proceed according to the original flight plan, has already begun to wrest the controls from my hands, even though I might appear to be the captain of this exercise in contact flying. There's a demon stowed away in my baggage compartment: TB. I've stopped reading these pages to keep the poison from spreading. It's said that each reintroduction of the AIDS virus through bodily fluids—blood, sperm, tears—renews the attack on the already infected patient; perhaps they're just saying that in an effort to contain the damage.

My blood continues to deteriorate with each passing day; for the moment, my condition might be described as a case of leukopenia. My most recent test results, dated November 18, show a T4 count of 368, whereas a healthy man's range is between 500 and 2000. The T4 cells are the leucocytes against which the AIDS virus directs its initial attack, gradually weakening the immune system. The final offensives, the pneumocystis and toxoplasmosis that ravage the lungs and brain respectively, are launched when the T4 count drops below 200, and these assaults can now be slowed down by the drug AZT. Early in the history of AIDS, T4 cells were called "helpers," while the remaining leucocytes, the T8s, were called "suppressors." Before anyone had ever heard of AIDS, an electronic game invented for the amusement of adolescents portrayed the effects of the virus in the bloodstream. On screen, the circulatory system was a labyrinth through which roamed the Pacman, a yellow cartoon blob controlled by a lever; as it gobbled up all it encountered, stripping the various passageways of their plankton, Pacman was itself threatened by the sudden appearance and proliferation of even more gluttonous red blobs. If you compare AIDS to the Pacman game, which remained popular for quite a long time, the

T4s would stand for the initial inhabitants of the labyrinth, while the T8s would be the yellow blobs, themselves closely pursued by the HIV virus, represented by the red blobs and their insatiable appetite for immunological plankton. Long before my positive test results confirmed that I had the disease, I'd felt my blood suddenly stripped naked, laid bare, as though it had always been clothed or covered until then without my noticing this, since it was only natural, but now something—I didn't know what—had removed this protection. From that moment on, I would have to live with this exposed and denuded blood, like an unclothed body that must make its way through a nightmare. My blood, unmasked, everywhere and forever (except in the unlikely event of miracle-working transfusions), naked around the clock, when I'm walking in the street, taking public transportation, the constant target of an arrow aimed at me wherever I go. Does it show in my eyes? I don't worry so much anymore about keeping my gaze human as I do about acquiring one that is too human, like the look you see in the eyes of the concentration camp inmates in the documentary *Night and Fog*.

I felt death approaching in the mirror, gazing back at me from my own reflection, long before it had truly arrived to stay. Was I already throwing this death into other people's faces whenever I looked into their eyes? I didn't talk about this to everyone. Until then, until the book, I hadn't admitted it to everyone. Like Muzil, I would have liked to have had the strength, the insane pride, as well as the generosity, to tell no one, allowing friendships to live as lightly as air, carefree and eternal. But what can you do when you're at rock bottom, and the disease is jeopardizing even friendship itself? I did tell some people: Jules, then David, then Gustave, then Berthe, I would've preferred not to tell Edwige but I felt from the first time we lunched together in silence and falsehood that it was driving us horribly apart and that if we didn't cleave immediately to the truth it would soon be forever too late, so to remain true to her I told her, and as things turned out I had to tell Bill, sensing as I did so that I was losing all freedom, all control over my illness, and then I told Suzanne, because she's so old she isn't afraid of anything anymore, because she's never loved anyone except a dog over which she shed tears the day she sent it off to be put to sleep, Suzanne who is ninety-three and whose life expectancy became the

same as mine when I confessed my secret, which her memory might erase or turn into fantasy from one moment to the next, Suzanne who was completely prepared to forget such a shocking idea right then and there. I didn't tell Eugénie; I have lunch with her at La Closerie: does she see it in my eyes? I find her company increasingly boring. It seems to me that my relationships with people are no longer interesting unless they know the truth; everything else has collapsed, become meaningless, worthless, lifeless outside the purlieu of this momentous news, beyond the reach of friendship's daily bulletins, where I draw the line, condemned to solitude by my refusal to speak. If I were to tell my parents, I'd risk having the whole world dump shit on my head, all at the same time, I'd be letting every last asshole on earth crap on me, letting myself be buried under their stinking shit. My chief concern, in this business, is to avoid dying in the spotlight of the parental eye.

This is how I saw things, and I said so to Dr. Chandi when he began tracking the evolution of the virus in my body: AIDS isn't really an illness, and to call it one is a simplification, for it's a state of weakness and surrender that uncages the beast within, which I must give free rein to devour me, which I allow to inflict upon my living flesh the operations of disintegration it was preparing for my corpse. The microorganisms responsible for both *Pneumocystis carinii* pneumonia, that boa constrictor of the lungs, and the brain-destroying cysts of toxoplasmosis may be present inside each one of us but are kept in check by a healthy immune system, whereas AIDS gives them the green light, opening the floodgates of destruction. Lying in his hospital bed, completely in the dark about what was eating him alive, Muzil had it figured out even before the experts: "The damned thing must have come from Africa." AIDS, which crossed over to us from the blood of green monkeys, is a disease of witch doctors and evil spells.

Dr. Chandi—whom I'd been consulting for over a year, after leaving Dr. Nacier without any explanation, considering him guilty of indiscretion, of gossiping about the rather droopy balls of certain celebrities in his care, but reproaching him even more, actually, for having mentioned, when he diagnosed my shingles, that doctors were seeing a resurgence of that particular sequela of chicken pox in their seropositive patients, since up to that time I'd refused to take the test for the virus first known as LAV, then HIV, tossing into drawers over the years his various lab requisitions directing me, under my real name or an assumed one, to have my blood tested, telling myself that such a step would drive a nervous type like me to suicide, convinced that I knew the results beforehand and didn't need to take the test, being levelheaded or just fooling myself, allowing at the same time that a minimum of moral decency required that one conduct one's love life, which tends to slow down with age, as though one were infected by the disease, keeping in the back of my mind, while passing through a hopeful phase, that this was also the way to protect myself, but maintaining that the test served only to reduce unfortunate souls to the most abject despair as long as no cure was yet available, which is exactly

what I replied to my mother, who had written asking me to reassure her (the shameless egotist) on this worrisome subject—Dr. Chandi (this new general practitioner whom Bill had recommended to me with high praise for his discretion, even pointing out that he was treating a mutual friend who had AIDS, which friend I could therefore immediately identify and who despite his celebrity had thus far been shielded from rumor by the absolute discretion of his physician) performed the same procedures in the same order each time he examined me: after the usual auscultation and taking of blood pressure, he would check the soles of my feet, the skin between my toes, delicately inspect the opening of the ever-sensitive urethra, and then I would remind him, after he'd palpated the groin, belly, armpits, and the throat up under the jaw, that it was useless to proffer the slim wooden depressor that my tongue has stubbornly refused to have anything to do with ever since I was a child, for I prefer to open my mouth very wide at the approach of the flashlight beam, contracting my guttural muscles to draw the uvula back up against the palate, but each time Dr. Chandi would forget that he obtained a much better view from this maneuver than from brandishing that slick little stick bristling with imaginary splinters, and he had added to this examination routine, in the course of his inspection of the soft palate (making quite a thorough job of it, as though it were subsequently up to me to keep a close watch on this area to see if it concealed some decisive sign regarding the progress of the fatal disease), a study of the tissues of the frenum, often bluish or bright red, that anchors the tongue to the floor of the mouth. Then, grasping my skull from behind with one hand and pressing hard with the thumb and index of the other against the middle of my forehead, he would ask me if that hurt, while studying the reactions of my irises. He'd

wind up the examination by inquiring if I hadn't been suffering lately from fairly constant bouts of diarrhea. No, everything was fine, and with the help of ampules of Trophisan in a glycol base, I'd gained back the weight I'd lost during my attack of shingles, tipping the scales at 154 pounds.

Bill was the first to tell me about this famous disease, it must have been sometime in 1981. He'd just returned from the United States, where he'd come across the first clinical reports about this strange death and its specific provenance in a professional journal. He himself spoke of this mysterious illness with both skepticism and real foreboding. Bill is the manager of a large pharmaceutical laboratory that manufactures vaccines. While dining alone with Muzil the next day, I passed on Bill's alarming news. My friend fell off the sofa in a paroxysm of laughter. "A cancer that would hit only homosexuals, no, that's too good to be true, I could just die laughing!" As it happened, Muzil was already infected with the retrovirus, since its latent period, as Stéphane told me the other day, is now known to be about six years, although this is being kept quiet to avoid spreading panic among the thousands who are seropositive. A few months after Muzil's fit of hilarity at dinner, he went into a deep depression; it was during the summer, I could hear the change in his voice over the phone, I'd stare disconsolately from my studio apartment over at my neighbor's balcony (that's how I'd discreetly dedicated a book to Muzil, "To my neighbor," before having to dedicate the next one "To a dead friend"), I was

afraid he might throw himself from this balcony, I was stretching invisible nets from my window to his to save him, I didn't know what was wrong but I could tell from his voice that it was something terrible, and later I learned that he confided in no one but me, that day when he told me, "Stéphane is sick with love of me, I finally understand that I am Stéphane's sickness and that I'll remain so all his life, no matter what I do, unless I disappear; the only way to save him from his illness, I'm sure of this, would be to do away with myself." But the die was already cast.

After fulfilling his military obligations with a long stint as an intern in the hospital at Biskra, Dr. Nacier had become interested in geriatrics; at that time he was working in a hospice for the elderly on the outskirts of Paris, and as we were then still on friendly terms, he invited me to visit him there and to bring along a camera, which might easily be hidden in the pocket of the white coat he would provide so that I might pass for one of his colleagues during rounds. Dr. Nacier's belief that I was secretly intrigued by moribund flesh had been inspired by the photonovel I'd devoted to my two great-aunts, who were then eighty-five and seventy-five years old. He was entirely mistaken about this, for not only did I not take a single picture in that old-age home, I wasn't even tempted to take one, and that visit in disguise filled me with shame and horror. Dr. Nacier, that handsome young man so popular with elderly ladies, that former male model who had tried unsuccessfully to become an actor before reluctantly entering medical school, that dapper dandy who boasted of having been raped at the age of fifteen (in the Grand Hotel in Vevey, where he was staying with his parents shortly before the automobile accident that would claim his father's life) by one of the actors who played James Bond, that man was too

ambitious to resign himself to a career as an internist earning eighty-five francs a visit from flabby, smelly, fussy patients, all hypochondriacs, in a crummy neighborhood doctor's office that might just as well be a cesspool. That's why he first tried to make his name through the creation of a designer death resort, complete with registered trademark, which, in the form of a high-tech clinic, or do-it-yourself kit, would replace those long revolting death agonies with the speed and fairy-tale atmosphere of a first-class trip to the moon (not reimbursed by Medicare). To persuade the banks to finance this venture, Dr. Nacier had to come up with someone whose moral authority would protect such a project from any suspicion of shadiness. Muzil was the ideal godfather for this baby. Through me, Dr. Nacier easily obtained an appointment with Muzil, with whom I was going to have dinner afterward. When I arrived, I found my friend beside himself with glee, a mad twinkle in his eye. This project—which he dismissed, quite reasonably, as utterly worthless—was at the same time like finest catnip to him. Muzil never laughed so much or so heartily as when he was dying. Once Dr. Nacier had left, he said to me, "This is what I told your little buddy: that nursing home of his, it shouldn't be a place where people go to die, but a place where they pretend to die. Everything there should be luxurious, with fancy paintings and soothing music, but it would all be just camouflage for the real mystery, because there'd be a little door hidden away in a corner of the clinic, perhaps behind one of those dreamily exotic pictures, and to the torpid melody of a hypodermic nirvana, you'd secretly slip behind the painting, and presto, you'd vanish, quite dead in the eyes of the world, since no one would see you reappear on the other side of the wall, in the alley, with no baggage, no name, no nothing, forced to invent a new identity for yourself."

Muzil had become obsessed with his own name. He wanted to obliterate it. I'd asked him to contribute an article on criticism to the newspaper I worked for, but he kept putting me off, at the same time trying to avoid hurting my feelings by claiming he was unable to write because of excruciating headaches, so I finally suggested that he publish the piece under an assumed name. Two days later it arrived in the mail, a limpid and incisive text, along with this note: "What flash of insight told you that the problem isn't the head, but the name?" He proposed signing the article "Julien de l'Hôpital," and two or three years later, whenever I visited him in the hospital where he lay dying, I'd remember this somber nom de plume that never saw the light of day, because obviously the big daily newspaper I worked for had no use for an article on criticism by "Julien de l'Hôpital." A copy of it sat around for a long time in a secretary's files but had disappeared by the time Muzil asked for it back; I found the original at my place and gave him that, and Stéphane discovered at his death that he'd destroyed it, along with so many other texts, hurriedly, during the last few months before his collapse. I was probably responsible for the destruction of an entire manuscript on Manet he'd once mentioned and which I later

asked him to lend me, hoping it might help with a study I'd begun writing, "The Painting of the Dead," which I never completed. It was because of my request that Muzil, who'd promised to loan me the piece, went digging around in his chaotic mess of papers for the manuscript, which he found, reread, and tore to shreds that very day. Its destruction meant the loss of tens of millions of francs for Stéphane, even though Muzil left as his sole will and testament a few laconic and doubtless well-chosen instructions that kept his work inviolate, materially preserving his manuscripts from his family by leaving them to his companion, and morally withholding them from his companion's control by forbidding all posthumous publication, thus preventing Stéphane from concocting his own work from Muzil's leftovers, forcing him to strike out on his own, and therefore limiting the damage that might have been done to his legacy. Stéphane did succeed, however, in making Muzil's death his business, and perhaps that's how Muzil had intended to make him a present of it: by inventing the job of defending this new, original, and fearsome death.

Just as he was careful, beyond the limits he established for his oeuvre, to erase that name made inordinately famous throughout the world, he tried to make his face invisible, although he was particularly easy to recognize, thanks to several distinctive features and the many pictures of him published by the press over the previous decade. Whenever he invited out to dinner one of the few friends he still enjoyed seeing (chosen from a select circle he had ruthlessly reduced during his last years, by pushing his acquaintances out into a distant zone of friendship that suddenly meant he no longer had to spend time with them, limiting their relationship to an occasional note or phone call), as soon as he entered the restaurant—shouldering the cherished friend aside, if he had to—he'd make a beeline for a chair that would allow him both to sit with his back to the other patrons and to avoid facing a mirror, and only then would he recover his aplomb, politely offering the chair or banquette he didn't want to his guest. The public would see only the gleaming and self-contained enigma of that skull he took care to shave every morning, on which I sometimes observed, when he opened his door to welcome me, trickles of dried blood that had escaped his notice, and when he gave me two tiny, smacking kisses

on each cheek, I could smell the freshness of his breath and realized he'd had the courtesy to brush his teeth shortly before I was due to arrive. He couldn't go out much in Paris, where he felt too well known. When he went to the movies, all eyes were on him. Some nights, from my balcony at 203 Rue du Bac, I'd see him leave his place wearing a black leather jacket with chains and metal rings on the epaulets, taking the open passageway that links the various staircases at 205 Rue du Bac, going down to the underground garage where he kept his car, which he drove rather clumsily, like a panic-stricken mole with his nose shoved nearsightedly against the windshield, and he'd set out across Paris for Le Keller, a bar in the douzième arrondissement, where he'd pick up victims. In a closet in the apartment, which the handwritten will had put off-limits to the family, Stéphane later discovered a huge bag filled with whips, leather hoods, leashes, bridles, and handcuffs. These items, which he claimed not to have known about, gave him a feeling of unexpected revulsion, he said, as though they were now dead as well, and stone-cold. Following the advice of Muzil's brother, he had the apartment disinfected before taking possession of it, still unaware that most of the manuscripts had been destroyed. Muzil adored violent orgies in bathhouses. He didn't dare frequent the baths in Paris for fear of being recognized, but when he went off to give his annual seminar near San Francisco, he went at it to his heart's content in that city's many bathhouses, which have since been closed because of the epidemic and turned into supermarkets or parking lots. San Francisco's homosexuals could act out their wildest fantasies in those places, using old bathtubs for urinals, where victims would lie all night waiting to be defiled, or wedging sections of dismantled trucks into upstairs rooms for torture chambers. In the autumn of 1983, Muzil returned from his seminar with a dry

cough that was tearing his lungs out and slowly wearing him down. Between fits of coughing, however, he was eager to report on his latest escapades in the baths of San Francisco. That day I remarked to him, "Those places must be completely deserted now because of AIDS." "Don't be silly," he replied, "it's just the opposite: the baths have never been so popular, and now they're fantastic. This danger lurking everywhere has created new complicities, new tenderness, new solidarities. Before, no one ever said a word; now we talk to one another. We all know exactly why we're there."

I first met Muzil's secretary on the day of my friend's funeral, which I attended with Stéphane. A few days later I met the man again on a bus, and he told me a few things I hadn't known. We still weren't certain whether Muzil had ever realized exactly what was killing him; his assistant assured me that in any case, he'd been aware that the illness would prove fatal. All through 1983, Muzil regularly attended the meetings of a humanitarian association, which were held in a dermatological clinic run by someone who belonged to the organization that sends doctors all over the world when there's a political or natural disaster. The first cases of AIDS were being treated at this clinic because of the dermatological symptoms involved, in particular Kaposi's sarcoma, which begins on the feet and legs with reddish-violet marks that eventually spread all over the body, even to the face. Muzil would cough like mad at these meetings, where everyone discussed the situation in Poland after the coup d'état. Despite Stéphane's and my urging, he refused to see a doctor, finally giving in only when the head of the clinic voiced his concern over that persistent, hacking cough. Muzil spent a morning in the hospital having tests done, and told me he'd forgotten how completely the body loses all identity once it's delivered

into medical hands, becoming just a package of helpless flesh, trundled around here and there, hardly even a number on a slip of paper, a name put through the administrative mill, drained of all individuality and dignity. They slid a tube down his throat to examine his lungs. The head of the clinic was soon able to determine the nature of Muzil's illness from the results of these tests, but to safeguard the reputation of his patient and colleague, he took steps to keep the truth from leaking out by monitoring the medical records and lab results linking that famous name to this new disease, by falsifying and censoring this paper trail so that Muzil could retain a free hand with his work until his death, unencumbered by troublesome rumors. He made the unusual decision not to tell even Muzil's companion, Stéphane, whom he knew slightly, so as to keep this terrible specter from haunting their friendship, but he did inform Muzil's assistant, so that he would devote himself more than ever to his employer's wishes and help him with his final projects. During our talk on the bus months later, the assistant told me that the head of the dermatological clinic had spoken with him shortly after this meeting with Muzil, when the doctor had gone over the test results with his patient only to have him put an end to the discussion with an abrupt wave of his hand, while the intent look in his eyes had become more piercing than ever. "How long?" he'd asked. That was the only question of importance for him, for his work, for finishing his book. Did the doctor then tell him exactly what was wrong? I doubt it, even today. Did Muzil even give him a chance to speak? A year earlier, during one of our suppers in his kitchen, I'd steered him toward that question, the relationship between doctor and patient when it comes to telling the truth about a mortal illness. I was afraid I might be suffering from liver cancer as a result of a poorly handled bout of hepatitis.

Muzil had said to me, "The doctor doesn't tell the patient the truth straight out, but he gives him the means and the opportunity, by talking in a roundabout way, to figure it out for himself, which also allows him to remain blessedly ignorant, if that's really what he wants." The head of the clinic prescribed massive doses of antibiotics for Muzil, which brought his cough under control and so deferred his death for an indeterminate time. Muzil got back to work, tackled his book again, and even decided to give a series of lectures he'd been thinking of postponing. He didn't mention this interview with the doctor to either Stéphane or me. One day he announced his intention of going halfway around the world with a team from that humanitarian association he helped sponsor, on a dangerous mission from which, he led me to understand, he might never return, but I could see in his face that he was somehow testing my reaction, that he was still undecided and wanted my advice. He was taking off for the ends of the earth to seek that dreamed-of little door to oblivion hidden behind the picture in the ideal death resort. Frightened by this project and doing my best not to show him how upset I was, I replied casually that I thought he'd be better off finishing his book. His endless book.

He'd begun his history of human behavior before I met him, which must have been early in 1977, since my first book, *Death/Propaganda*, came out in January of that year, and it was after my book appeared that I was lucky enough to join his small circle of friends. The first volume of his monumental study had already been published, and although originally conceived as an introduction to the work, had expanded until it became a book in its own right, thus delaying the publication of the real first volume, which then became the second, even though it had been ready to go to press when that introduction had knocked it out of first place, in the spring of 1976, when I hadn't met him yet, when he was for me only a celebrated and fascinating neighbor, an author of books I hadn't read. When this introduction appeared, and was roundly criticized because its thesis was fundamentally opposed to the ideas on repression then in favor, he had agreed, for the first and last time (since he refused all subsequent invitations), to appear on the intellectual variety show called "*Apostrophes*." I didn't watch this program at the time, but Christine Ockrent, Muzil's favorite television announcer (he often jokingly called her his little—or big—sweetie, and whenever I arrived too early for dinner at his place, he'd make

me walk around outside for a while so that he could have her all to himself on the TV screen until eight-thirty), showed a short clip on her news broadcast—which he wouldn't have missed for anything—on the night of his death, in June of 1984. What Christine Ockrent actually reran was one huge, endless fit of laughter, taped during that program of "*Apostrophes*," showing Muzil in a tie and three-piece suit, literally cracking up at a moment when everyone expected him to be as serious as the pope and pontificate about one of the tenets of his subversive history of behavior, and that burst of hilarity warmed my heart at a time when I thought it had turned to ice, when I switched on the TV over at Jules and Berthe's place, where I'd taken refuge the night he died, to find out how they were going to present his obituary on the evening news. That was the last tape of Muzil I ever watched, for since then I've refused, from fear of the pain it would cause me, to face any other images of his presence, save those of dreams, and his great shout of laughter, which I've preserved forever in a freeze-frame, delights me still, even though I'm somewhat jealous that laughter so fantastic, so impetuous, so luminous, could have burst forth from Muzil at a time just before our friendship was to begin. In the same way that he attacked the foundations of society's collective assumptions regarding sex, he'd begun to undermine the structure of his own labyrinth. He'd announced the titles of the following four books in his mammoth history of human behavior on the back of the first volume to appear, because the next one was already completed and he had all the documentation he needed for the others. Committed to the first section of a project for which he has drawn up the plans, designed the framework and vaults, sketched in connecting passageways and areas of shadow, following the rules of a system that has already proven its value in his previous books and won him his

international reputation, he's now struck with boredom, or some terrible misgiving. Everything comes to a halt, the plans go out the window, and he stops working on this huge project already plotted out on his dialectical graph paper. At first he intends to move the second volume to the end of the series, or at least to set it temporarily aside, so that he can approach the subject from another angle, shift the beginning of his study back in time, and invent a new methodology of exploration. Following peripheral paths from detour to detour, allowing supplementary paragraphs to burgeon into something more like complete books, he becomes lost, discouraged, destroys pages, abandons efforts, reconstructs, rearranges, slowly falling prey to the insidious lassitude of withdrawal, of persistently avoiding publication, and is exposed to the most jealous rumors of all kinds, accusations of impotence, senility, his silence interpreted as an admission of error or vacuity, seduced more and more by the dream of an endless book that would raise every possible question, that nothing could bring to an end save death or exhaustion, the most powerful and fragile book in the world, a treasure-in-progress whose creator holds it out toward—or snatches it back from—the abyss with every twist and turn of his thoughts, toying with the idea of consigning it to the flames with each fit of dejection, a bible destined for hell. The certainty of his approaching death put an end to this dream. Realizing his days were numbered, he began to reorganize his book with absolute clarity. In the spring of 1983, he and Stéphane left for Andalusia. I was surprised that he made reservations in second- or third-class hotels; he was often thrifty in such matters, and yet after his death, numerous checks amounting to several million francs were found in his apartment, checks he hadn't bothered to deposit. Actually, he was more horrified than anything else by luxury, but he disapproved of his mother's

stinginess when she let him have only some chipped crockery after he asked her for a token gift for his recently purchased house in the country, where he dreamed of spending glorious and productive summers with us. The day before he left for Andalusia, Muzil summoned me to his home, and pointing at two big folders bulging with papers lying side by side on his desk, he told me solemnly, "These are my manuscripts. If anything happens to me on this trip, I want you to come over and destroy both of these folders. You're the only one I can ask to do this, and I'm counting on your promise." I replied that I could never do such a thing and so was obliged to refuse. Muzil was shocked, disgusted, and deeply disappointed by my reaction. As it turned out, he wasn't to finish his work until months later, after rearranging the whole thing one last time. When he collapsed in his kitchen, where Stéphane found him lying unconscious in a pool of blood, he had already handed his two manuscripts over to his editor but was going to the Bibliothèque du Chaussoir every day to check the accuracy of his footnotes.

When I returned hurriedly from Mexico in October of 1983, after having implored the manager of Air France in Mexico (who received me with his feet up on his desk, contemplating the steady drip-drop leaking from his ceiling into a pot, courtesy of the storm raging outside, while I stood there dripping as well and begging for pity) to allow me to go home on an emergency basis by waiving the restrictive conditions of my damned excursion-rate ticket with the set date of departure and thirteen-day minimum stay, after having violent attacks of fever even on the plane winging me helpfully home to my native land, surrounded by carousing tourists decked out in sombreros gulping down their last snorts of tequila with gleeful squeals, I called Jules from the airport only to learn that during the entire time I'd been in Mexico, he'd been hospitalized himself with high fevers, his body covered with mysterious swellings, having test after test performed on him—without conclusive results—at the hospital in the Cité Universitaire, until he was finally sent home. Staring out at the grayish landscape of a Parisian suburb through the window of my taxi, which I thought of as my ambulance, considering the fact that the symptoms Jules had just described to me were the same ones people were beginning

to associate with that famous plague, I told myself that we both had AIDS. In an instant, this certainty changed everything, turned everything upside down, even the landscape, and this both paralyzed and liberated me, sapped my strength while at the same time increasing it tenfold; I was afraid and light-headed, calm as well as terrified: I had perhaps finally achieved my end. Others, of course, did their best to persuade me I was wrong. First Gustave, in whom I confided that very evening, and who told me skeptically on the phone from Munich that I shouldn't start imagining things just because I'd had a scare. Then I went to dinner at Muzil's the following evening (he was already in a rather advanced stage of the disease, since he had less than a year to live), and he said, "Poor baby, what else are you going to get all worked up about? If all the viruses traveling around the world ever since charter flights became so popular were deadly, you'd better believe there wouldn't be many people left on this earth." This was the period when the most incredible rumors were circulating about AIDS, but they seemed believable at the time because we knew so little about the nature and workings of what hadn't yet been narrowed down to a virus, a slow virus or retrovirus related to the kind that is harbored by horses. We heard you could catch AIDS from sniffing amyl nitrite, which suddenly became hard to find, or that it was a biological weapon launched by either Brezhnev or Reagan, depending on whom you listened to. At the very end of 1983, when Muzil was back coughing worse than ever (having stopped taking those antibiotics, which he'd been downing in doses a neighborhood pharmacist assured him were strong enough to kill—funny thing—a horse), I said to him, "Actually, you hope you have AIDS." He shot me a black look, one that brooked no appeal.

Shortly after my return from Mexico, a huge abscess appeared on the back of my throat, which made swallowing difficult and eating impossible. I was no longer seeing Dr. Lévy, whom I blamed for not taking proper care of my hepatitis and for treating all my ailments too lightly, especially a tenacious pain in my right side that I was afraid might be liver cancer. Dr. Lévy died soon thereafter of lung cancer. Eugénie had suggested that I go to the Centre d'Exploration Fonctionnelle, where I found a new internist, Dr. Nocourt, the brother of one of my colleagues at the newspaper. I badgered him unmercifully, consulting him at least once a month about that pain in my side, nagging him until he gave me lab requisitions for every possible and imaginable examination, naturally including the blood workups that would show my transaminase levels, as well as a sonogram (during which the blobs formed on screen by my internal organs were studied by both me and the technician, who palpated my greased abdomen with the end of his probe, as I hurled abuse at him for examining me with an eye so cold and equable that it had to be hiding something, so I accused this eye of gross deceit, until my suspicions caused the man to burst out laughing and observe that it was very rare to die of liver cancer

at the age of twenty-five), and finally a uroscopy that was a miserable ordeal: humiliated, lying naked for more than an hour—no one had warned me how long this exam would take—on a chilly metal table under a skylight where I could be seen by some workmen up on the roof, unable to call anyone because they'd forgotten all about me, with a huge needle stuck into a vein, dripping into my arm a purplish-blue liquid that made it feel boiling hot, until from behind a screen I heard the technician return, tell a colleague that she'd taken the opportunity to run out to the butcher's for a steak, and then ask him about his recent vacation on the island of Réunion. As it happened, this investigation finally turned up something, which both relieved and disappointed me, because Dr. Nocourt announced that the problem was an extremely rare but completely benign phenomenon that he'd never encountered in all his thirty years of practice: a renal malformation, probably congenital, a kind of pocket where crystals could accumulate, thus provoking that sharp pain in my right side, which the urologist believed could be eliminated by massive doses of sparkling water and lemon, but even before I could devote myself to a frenetic consumption of lemons, the twinge in my right side promptly disappeared, now that I knew what was causing it, and for a very short period of time I was left, like an idiot, without any pain at all.

In the meantime, Eugénie had advised me to consult Dr. Lérissou, a homeopath. Eugénie would spend whole nights in his waiting room, biding her time until the providential appointment, sitting with her husband and sons, along with society women and street people (since it was a point of honor with Dr. Lérissou to make countesses pay a thousand francs for a visit, while he gave the same attention to the homeless absolutely gratis), Eugénie staring fixedly at the consulting-room door where sometimes, at around three in the morning, Dr. Lérissou would appear and with a tired wave of his hand, usher in her entire little family—all in perfect health—who would then emerge with prescriptions for ten yellow capsules about the size of a peanut to be taken before meals, five medium-sized capsules, seven blue tablets, and a batch of pellets that were to be placed under the tongue to dissolve. All this medication almost killed one of Eugénie's sons when he came down with ordinary appendicitis, since Dr. Lérissou did not approve of intrusive procedures, ablation, or chemical treatments, placing his faith instead in herbal remedies and nature's own equilibrium, which meant that Eugénie's son wound up with peritonitis complicated by various opportunistic infections, entailing three operations that

left a lovely scar running from pubis to neck. Marine waxed ecstatic about Dr. Lérisson, telling me he was a saint who sacrificed his personal life, and even his poor wife (whom she was happy to have out of the way), to practice his art. Whenever Marine went to consult him, which was three or four times a week, she didn't have to bother with the waiting room: an assistant would recognize her dark glasses and whisk her through a hidden door into a dressing room adjoining the doctor's examination room, where he conducted his most titillating experiments on his most famous female patients, shutting them up nude inside metal chests after affixing all over their bodies needles filled with concentrates made from herbs, tomatoes, bauxite, pineapples, cinnamon, patchouli, turnips, clay, and carrots, from which lockers they would stagger out as if drunk, and a handsome shade of scarlet. Up to his ears in patients, Dr. Lérisson was not taking on any more suckers. Thanks to the exceptional recommendations of Eugénie and Marine, I finally obtained an appointment, after negotiations with an ultra-private secretary, for the following trimester. I cooled my heels in the waiting room for four hours, surrounded by truly depressing faces, and when an assistant in a completely ordinary white coat opened the door and called my name, I said, "No, I've got an appointment with Dr. Lérisson." "Come in," he told me. "But there's some mistake," I replied, suspecting some kind of trick, "I want to see Dr. Lérisson in person." "But I'm Dr. Lérisson—come in!" he insisted, slamming the door behind me in irritation. Eugénie's and Marine's infatuations had led me to expect a Don Juan. Dr. Lérisson could tell what my problem was just by looking at me. Peering intently at my eyelids while he pinched my lip, he said, "You have dizzy spells, don't you?" After my obvious reply, he added, "You're one of the most unbelievable spasmophiliacs I've

ever met, perhaps even more so than your friend Marine, and she's a champion in that department." Dr. Lérisson explained that spasmophilia wasn't really a disease, nothing organic or mental, but rather a formidable potential for bodily torment springing from a lack of calcium. Spasmophilia was thus not a psychosomatic illness, but the selection of the object and locus of the pain it was capable of producing was the result of a semivoluntary, or more often unconscious, decision on the part of the patient.