

## Chapter 1

### PRELIMINARIES

This book comes stamped with the most distinctive of the historian's occupational credentials: it was inspired by an archival find. More than a decade ago, while poking around a Paris archive, I discovered a manuscript from the 1820s replete with cross-outs and inserts and bearing the intriguing title "Observations of Nanette Leroux: Hysteria Complicated by Ecstasy." The subject matter was peripheral to the research I was then conducting, but, after a cursory examination of the text, I felt unwilling to let it go and had the manuscript microfilmed. Thus preserved, it lay untouched in my desk drawer for some years before I took on the (not inconsiderable) task of reading and transcribing it.

As far as I can tell, the Leroux manuscript is terra incognita. Not only was it never published, it was never seriously reported in the French medical literature.<sup>1</sup> Even more significant is its length: it fills several notebooks and runs to over two hundred manuscript pages, divided roughly equally between the original, direct, and fragmentary notes taken about the patient and a more polished narrative of her illness later constructed from those notes.<sup>2</sup> Although I have not systematically studied the psychiatric case as a genre, I have a basic sense of its developmental pattern. It emerged around 1800 as a terse, skeletal form, with the "little stories" (*historiettes*) of Philippe Pinel, the founding father of French psychiatry, usually occupying no more than a printed page.<sup>3</sup> Over the course of the nineteenth century it grew in length, artfulness, and narrative complexity, making the Freudian version far more a culmination than a sharp rupture or an appearance out of nowhere. Toward the end of that century, French psychiatrists began to recognize, with a touch of surprise, their own participation in this trend. One observed in 1887 that his prolix account of a certain patient "savored of a novel," and another remarked in the early 1890s that a full report on his patients would more nearly approximate "a novel of manners and morals than it would a clinical observation."<sup>4</sup> In this context, the Leroux case caught my attention because of its patently excessive length—excessive, that is, for its date of composition, the mid-1820s. I was interested in finding out why this patient, described as a "peasant" or "simple village girl," inspired so much investment on the part of

her doctor that he departed from the scientific norms of his day and lavished upon her a zeal for writing that even his most precocious colleagues would not begin to display until sixty or seventy years later.

While it was from the vantage point of a historian of psychiatry that I initially gravitated to the Leroux manuscript, my subsequent work on it enabled me to see it in a broader light. As a “case,” it serves the function that Michel Foucault astutely ascribed in *Discipline and Punish* to those dossiers, full of observational detail about particular human beings, so characteristic of the power regime of the modern era: that of unwittingly constituting the biographies of powerless people.<sup>5</sup> An ordinary peasant like Nanette would certainly have eluded the historian if she had not been captured in the discursive web assiduously spun out by the nineteenth-century practitioners of medicine. The Leroux manuscript thus enables us to “meet” Nanette, albeit through a series of intermediaries who relate her actions in detail and sometimes quote her utterances; the exceptional length of the manuscript makes that meeting far more protracted and intense than is usually possible with people of Nanette’s social station who lived almost two centuries ago. However, contrary to Foucault’s assertion that disciplinary techniques invariably fix their human objects in place, rather like specimens pinned to a board,<sup>6</sup> Nanette manages to overflow the bounds of the standard case. We get a sense of her spunk and wit, of her creative use of the sparse means of self-expression that her culture put at her disposal, of her sly subversion of medical-scientific convention. Hers is, perhaps improbably, a memorable presence. Less completely realized than the heretical miller Menocchio in Carlo Ginzburg’s famous microhistory, she is nonetheless far more vivid than Alain Corbin’s shadowy Pinagot, the nineteenth-century clog maker chosen at random from the decennial tables of vital statistics of a little-known commune in the department of the Orne.<sup>7</sup>

But not only Nanette is on view in these pages. The manuscript likewise offers up an entire slice of life—a certain kind of early nineteenth-century rural and small-town life. The action takes place in Savoy, the Alpine region that was annexed to France from 1792 to 1814 and then again, definitively, in 1860, but that was otherwise a part of the multi-ethnic kingdom of Piedmont-Sardinia. Amidst occasional glimpses of grazing goats and the sale of cattle, the reader learns about the forms of popular and professional medicine available in the countryside in the decades immediately following the French Revolution; about the culture of the spa town, a typical destination of those nineteenth-century vacationers who had just begun to be called tourists; about the dissemination of elite scientific conceptions in a provincial backwater and the establishment there of a rudimentary scientific public sphere.

Most strikingly the Leroux manuscript problematizes early nineteenth-century attitudes toward sexual violence and sexuality in general. The aspects of the manuscript that appear most densely opaque to a twenty-first-century sensibility concern those activities and feelings that we would, automatically and without a second thought, label as sexual but that appear not to have been so labeled by the authors of the case. Hence the case seems amenable to a Foucauldian reading; its events appear to have transpired in the temporal zone before “sexuality” that Foucault, ascribing a very particular meaning to that term, famously hypothesized in volume 1 of his *History of Sexuality*. In other ways, as we will see, a generically Freudian reading seems appropriate for it—not surprisingly, given that the mental condition called hysteria was the one on which Freud first hammered out the principles of psychoanalysis. By assuming that Nanette possessed an unconscious that, in the Freudian manner, enabled her to express herself symbolically—and by scouring her historical context to make sure that we are not reading her symbolic manipulations anachronistically—we can go beyond the bare recorded “facts of the case” to suggest how this quasi-literate young peasant woman experienced her early nineteenth-century world. I will undertake those two readings below.

My goal in this book is both methodological and substantive. Having stumbled upon a peculiarly rich and puzzling manuscript and, in an effort to understand it, having followed the diverse leads that it contains, I became committed to trying to “get as much out of it” as possible, to “milking it for all that it’s worth,” or, in less colloquial terms, to using it as a microhistory that illuminates a larger history. In chapter 2 I have worked toward this goal by filling in its multiple contexts with detailed empirical research, by thickly describing—insofar as the sources allow—the various environments, immediate and more distant, that impinged upon Nanette and her doctors. In part, I have worked through a self-conscious application of my own twenty-first-century sensibility, registering those modes of behavior and reasoning that my nineteenth-century cast of characters took for granted but that I find surprising or bizarre. In chapter 3 I have followed the lead of two theorists, Foucault and Freud, whom the case called immediately to mind. In the end I will argue that the case of Nanette Leroux enables us to see a momentarily successful but ultimately (and inevitably) failed strategy for self-making on the part of a young, early nineteenth-century peasant woman in a milieu chiefly defined by the peculiar culture of the spa town of that era and by the macrohistorical situation: the ideological backlash after the French Revolution, exacerbated in the case of Savoy by the return of the region to governance by the Piedmontese monarchy; and the nascent consumer revolution.

The story of Nanette Leroux, I will try to show, unfolds at a transitional moment in European history, when a burgeoning economy coupled with a remembered revolution allowed the protagonist to translate the circumstances of her personal unhappiness into a clumsily articulated striving for a measure of autonomy.

### The Authors of the Case: An Inbuilt Polyphony

The Leroux case has, in effect, two main authors and two auxiliary ones.

Unlike Sigmund Freud and Josef Breuer, the far more famous pair who worked together on the cases that comprised their pioneering *Studies on Hysteria* (1895), the two main authors—the French physicians Alexandre Bertrand (1795–1831) and Charles-Humbert-Antoine Despine (1777–1852)—were not exactly collaborators. The younger man, Bertrand, assumed the actual task of writing the case study, using as his primary source the journal of treatment kept by Despine. It is doubtful that Bertrand ever met Despine or, for that matter, Nanette Leroux. Since Despine entrusted his case notes to Bertrand, we can assume that considerable sympathy and friendly rapport, probably generated by means of letters, existed between the two men. Yet the Bertrand who emerges in the manuscript is invariably critical of Despine's interpretations, so that in telling the story of Nanette's illness, he turns it into a curious polyphony of conflicting authorial voices. Bertrand's layered narrative is oddly similar to the one that Freud would eventually achieve in his cases, although the Frenchman's layering effect comes from the scientific debate between the two doctor-authors rather than from the intrapsychic conflicts of the patient or the divergent agendas of patient and analyst.

A sociological dimension of the relationship between Bertrand and Despine should be underscored. The former, though young, struggling, and pennurious, was very much the scientific player in the big city; the latter, though materially comfortable, was very much the provincial. The son of a Breton merchant<sup>8</sup> and the son-in-law of a minor Revolutionary politician from Brittany,<sup>9</sup> Bertrand had taken full advantage of the post-1789 dispensation of a career open to talent. Trained at prestigious schools in Paris (the Ecole polytechnique, the Paris Faculty of Medicine), he edited the science column of the progressive newspaper *Le Globe* and hobnobbed with some of the most important intellectuals in the capital, men like the future prime minister François Guizot and the aging philosopher Maine de Biran.<sup>10</sup> During the 1820s, he wrote for Guizot's never-completed encyclopedia a long article on "ecstasy"<sup>11</sup>—a term that figures in his title for the Leroux case, and a

concept so closely identified with his scientific position as to be his virtual signature.

A product of France's new meritocratic educational system, Bertrand likewise readied his son for success within its confines. "My instruction . . . was his most cherished preoccupation," the son recalled. "He used to speak to me in Latin on every subject . . . and predicted"—rightly, as it turned out—"that I would be admitted to the Ecole polytechnique with the highest grade on the entrance examination."<sup>12</sup> Bertrand *publish* published several books during the 1820s, but his promising career was cut short by his premature death in 1831 at the age of thirty-six. An apparently trivial accident—a fall on the ice when he was en route to a patient's bedside—dislocated his thigh and ultimately destroyed his perennially delicate health.<sup>13</sup>

A local notable eighteen years Bertrand's senior, Antoine Despine (as he was called) had little contact with the glamorous intellectual life of Paris. Born in the Alpine region of Savoy, he received his medical degree in France at the Montpellier Faculty and then followed in his father's footsteps by entering the medical administration of the state-run thermal baths at Aix-les-Bains, then called Aix-en-Savoie (see fig. 1).<sup>14</sup> Indeed the spa so dominated his consciousness and defined his medical horizons that it even formed the subject of the required thesis that he wrote for the medical degree.<sup>15</sup> Culturally French, Despine regarded Savoy as his "adoptive country" (*patrie adoptive*).<sup>16</sup> The position of director of the thermal baths thoroughly integrated him and his father into the Savoyard civil service, casting them in such official state roles as welcoming the Piedmontese royal family when they visited the facility at Aix in 1824 to express their support for its mission.<sup>17</sup> The position was also politically sensitive enough that the Jacobin Republic removed Despine *from* from it in 1792, when France annexed Savoy; he got his old job back only in 1815, after the fall of Napoleon and the restoration of Italian rule.<sup>18</sup>

Despite his geographical distance from Paris, Antoine Despine must have imbibed the ethos of the French Enlightenment from his earliest childhood, for his physician-father personified the very type of the enlightened scientific amateur. Joseph Despine owned one of the few documented sets of Diderot and d'Alembert's *Encyclopédie* to find its way into eighteenth-century Savoy; he helped to introduce inoculation for smallpox into the region; and he so fetishized empirical observation that he recorded the temperature and humidity near his home in Annecy three times a day for more than fifty years.<sup>19</sup> Enlightened philanthropic impulse and scientific curiosity led the son to extend his own medical practice beyond the wealthy clientele who flocked to the spa. Under his stewardship, the spa added a separate facility for "poor



animal magnetism aspired to scientific status for over a century but found itself, more often than not, sharply out of favor with the French scientific establishment. A “true martyr’s faith,” a friend of Bertrand’s described it, expressing the opinion that advocacy of it had cost Bertrand appointment to prestigious chairs.<sup>21</sup> Bertrand had initially encountered animal magnetism in 1818 while still a medical student when a visit to his hometown of Nantes happened to coincide with that of a flamboyant, proselytizing, itinerant magnetizer. With scant concern for professional prudence, he then began lecturing on the subject, both publicly and at his home near the Saint-Sulpice Church in Paris, within months of receiving his medical degree.<sup>22</sup> Despine had first encountered animal magnetism in 1821 when a physician with a passing knowledge of it happened to be taking the waters at Aix and tried out its techniques on one of Despine’s patients.<sup>23</sup> As serendipitous converts to magnetism, Bertrand and Despine thus shared the quasi-automatic bond of men committed to the same unpopular, somewhat risky cause.

The second factor that brought together these physicians from center and periphery was Despine’s acute sense of his own intellectual limitations and inadequacies. As firm a believer in empirical observation as his father, Despine had accumulated voluminous case notes in the course of his work with patients. He often began the day’s entry with meteorological information (“fine weather in the morning, snow showers in the evening” or “cold weather, barometric pressure 27 1/4, intermittent rain and snow”<sup>24</sup>)—perhaps the surest sign of the filio piety that marked his scientific style. Thus awash in painstakingly collected and potentially valuable raw material, he felt the need for a more sophisticated colleague who could serve as a kind of ghostwriter and convert his notes into coherent narratives. This helpmeet would also, presumably, have the contacts necessary to get the finished product published.

Despine hinted at the story behind the doubly authored manuscript in the introduction to a book that appeared in 1840, some fifteen years after he had completed his treatment of Nanette Leroux. Then in his sixties, he depicted himself as “living far from the sanctuary of letters and even from the savant societies outside the capital, not in the habit of writing, restricted to the medical knowledge I acquired nearly a half-century ago at the schools of Montpellier and Paris or to that possessed by those who practice medicine in the provinces.” He had thus sought a more conceptually minded collaborator who could repair his deficits, impose order on the mass of clinical observations that he had amassed during a long career, and present them convincingly to a skeptical audience. After approaching a number of physicians in such urban centers as Paris, Lyons, and Geneva, he finally found his man in Alexandre Bertrand. Accordingly, he sent him the “totality of my notes,”

which Bertrand planned to use “in a large work devoted to the comparative study of catalepsy, ecstasy, magnetism and various kinds of somnambulism.” A full six volumes of this magnum opus were planned, but Bertrand’s premature death in 1831 scuttled the project.<sup>25</sup>

Despine subsequently offered his data to other physicians involved in magnetism, but “these gentlemen failed to respond to my appeal.”<sup>26</sup> Bertrand’s scientific papers eventually passed into the hands of his son, soon to be a noted mathematician and, eventually, perpetual secretary of the Academy of Sciences.<sup>27</sup> As a result of this prestigious affiliation, Joseph Bertrand deposited his father’s scientific papers in the archives of the Institut de France together with his own, and it is there that the Leroux manuscript has resided ever since, duly listed in the Institut’s printed catalogue but nonetheless consigned to long obscurity.

To a lesser degree, two additional people contributed to the writing of the Leroux case. Consider this telling line from Despine’s daily notes: “Worked with her and Mailland on the history of her malady” (ms. 2030, p. 14/40). “Her” refers of course to the patient Nanette; apparently Despine actively sought the young woman’s collaboration in his attempt to arrive at a full and accurate picture of her evolving pathology. He also, at the conclusion of the case, conducted and transcribed an extensive “exit interview” with her, eliciting her opinion of his various treatment strategies. The other individual mentioned in the citation above, Joseph Mailland, was a literate agricultural laborer—he is at one point in the manuscript described as “hav[ing] been at the plow all day” (ms. 2030, p. 26/52)—who displayed a spontaneous emotional rapport with Nanette; after the onset of her malady, he frequently served as her *de facto* caretaker and confidant. Aware that Nanette spent large amounts of time in the company of the kindly Mailland, Despine deputized him to perform in Despine’s absence the incessant note-taking function that preserved raw data about the patient. Mailland sometimes communicated his notes to Despine by messenger (ms. 2046, p. 174); at other times, he brought them with him when he accompanied the patient to Aix for a medical consultation (ms. 2046, p. 72/193). So many passages of those notes found their way into the text that Despine entrusted to Bertrand that they nearly turned Mailland into the third author of the Leroux case.

Bertrand, however, found Mailland’s quasi-authorial role more questionable than did Despine. With a firm, hierarchical sense of the cognitive superiority acquired through specialized scientific education, he doubted Mailland’s ability to observe reliably. (One of the peculiarities of the pair of authors of this case is that the politically conservative Despine was a scientific democrat, while the politically democratic Bertrand was a scientific elitist.) On at

least three occasions in the course of his case history, Bertrand gave voice to his sharp reservations about Mailland's involvement: "The facts transmitted by this man [i.e., Mailland, in his function as note-taker] cannot, obviously, inspire the confidence merited by the direct observations of Monsieur Despine and the physicians who with his permission attended the experiments. We can use them only to get a general idea of the patient's condition" (ms. 2046, p. 14/156). And later, "I find in [Mailland's] account several events that would be of the highest interest had they been reported by a trustworthy observer. These notes [of Despine] contain some events of which Mailland was the exclusive witness" and are thus, Bertrand implies, sullied or tainted (ms. 2046, p. 174). Or finally a disdainful retort in Bertrand's hand in the margin of a case note reporting a trip Mailland took with Nanette to Chambéry, where she and her entourage noticed a watch that had moved backwards: "An absurdity which shows how badly and with what prejudice [these] observers see" (ms. 2030, p. 34/60). Accordingly, Bertrand's rendition of the case tends to silence Mailland, pruning his factual contributions back to a bare minimum. But since we possess an unedited set of case notes as well, we are in a position to restore Mailland's interventions. His extensive role in the case, as active participant as well as note-taker, will be properly explored below.

### The Plot Summary

Before proceeding further, a basic plot summary is in order. In this section, I set forth the main "events" of Nanette's illness and treatment, interweaving them with information about her social and family background, her occupational situation, and her personality traits. My purpose is to familiarize readers with this narrative well in advance of their encounter with the actual text of the case, thus equipping them to follow critically the interpretive moves I will make in chapter 3.

In crafting this summary, I have taken care to anticipate my later focus on three features of the case: Nanette's memorable self-cure, which both Despine and Bertrand referred to as the "famous scene" in the bath; Nanette's request for a watch, an object that she invested with curative powers; and the aggression against Nanette that precipitated her illness. Readers should, in turn, be sure that they take away from the plot summary a clear sense of all three of these central features.

The Leroux case unfolded over a period of some three years, probably mid-1822 to mid-1825.<sup>28</sup> According to that timetable, Nanette initially fell ill

in the summer of 1822; Despine took charge of her care in March 1823 and ended his treatment in September 1824; he continued to follow the patient, now officially regarded as cured, in an informal, ad hoc manner through the summer of 1825.

When the case opens, Nanette Leroux is eighteen years old, a “red-haired, freckled, bright-eyed” Savoyard village girl who had attained puberty some years before, when she “menstruated for the first time at the age of fifteen and a half.” She had received an education a bit above her social stature, having spent a year with the nuns learning to read and write (ms. 2046, 1/143). A native of Trévigny, a small village in the vicinity of Aix-les-Bains, she spoke both French and the local patois.<sup>29</sup>

Throughout the duration of the case, she was employed as a servant in the household of a certain Monsieur Girard, where her duties included cleaning, sewing, and tending the goats that grazed outside her master’s house. “A shepherdess of flocks,” Despine called her retrospectively in a text, published long after the conclusion of the case, in which he also remarked that she “had always lived in the country” and “belonged to a comfortably off (*aisé*) family.”<sup>30</sup> Exactly what qualified peasants as “comfortably off” in Despine’s scheme of things is not clear. The case notes never mention Nanette’s father, who, we can assume, had either died or abandoned the family; Nanette’s mother is a shadowy presence, apparently also resident in Monsieur Girard’s household, perhaps chronically ill; there is no allusion to siblings. That the family had a nest egg of sorts emerges toward the end of the case in a brief and somewhat cryptic report of Nanette’s disgruntlement when her mother refuses to convert into cash an annuity that she is receiving from a local seminary, presumably the interest on a charitable donation she had made. The context of the remark suggests that Nanette wanted her to liquidate the asset and turn it into a dowry (ms. pp. 241–42). Probably her mother preferred to keep the nest egg for herself as a means of support in old age. Thus, while the Leroux family was not destitute, “comfortably off” seems an exaggeration.

Nanette’s health had always been sound until the summer of 1822, when she suddenly manifested a variety of blatant nervous symptoms. Most prominent among them were convulsions, lethargy, and an episodic presentation of the rigid, immobile posture that physicians of the era called catalepsy—a stubborn muscular contraction that fixed the arms, legs, and other body parts, statuelike, in the positions they happened to be occupying when the symptom took hold. Despine chose catalepsy as the proper medical label for her condition as a whole, although he specifically identified certain of her symptoms as hysterical. Moreover, during her periods of nervous “crisis,” as her doctors

called them, Nanette often engaged in somnambulism, or sleepwalking; with her eyes closed and a look of astonishment on her face, she would perform routine tasks or, more typically, act out “scenes” (the word is, again, that of the doctors) as if she were on stage. In her ordinary waking condition, she remembered nothing of what transpired during these episodes. She possessed, in other words, the capacity to enter spontaneously into an altered state of consciousness—the altered state that the techniques of animal magnetism of the era could elicit artificially.

There was no mystery in Nanette’s mind about the precipitating cause of her illness, and her doctors agreed with her assessment of the matter. As Bertrand puts it, “the patient attributed the onset of her malady, not without reason, to the repeated frights caused her by an evil person, a rural policeman (*garde champêtre*), who on several occasions tried to offend her modesty (*attenter à sa pudeur*)” (ms. 2046, pp. 1/143–2/144). Here and throughout the manuscript, Nanette’s doctors, presented with the capsule description of the attack on Nanette, opt for “fright” as the specific pathogenic agent in her case. Medical personnel were not called until November, several months after she fell ill. Upon examining Nanette, a local physician, Dr. Vidal, prescribed a “calming potion.” By this time the patient believed herself in such grave danger that a priest was summoned to hear her confession and administer extreme unction.

Nanette did not, however, die. Instead, her malady persisted and, in the protean manner of both catalepsy and hysteria,<sup>31</sup> continued to generate new symptoms—most notably at this point loss of speech and episodes of the *transport des sens*, a migration of sensory capability from the organs in which it is physiologically lodged to other parts of the body.

The first therapeutic breakthrough occurred in January 1823 and was due to the interventions not of Dr. Vidal but of the layman Mailland. “This Mailland,” Bertrand informs us with anticipatory excitement, “is going to play a major role in the history of our ecstatic” (ms. 2046, p. 4/146). As Bertrand tells it, Mailland so succeeded in “reassuring” the patient “by the force of his folksy eloquence (*eloquence villageoise*)” that her speech came back. But the cure proved ephemeral. So did a more elaborate cure, involving blistering agents and rubdowns with fresh butter, carried out on Nanette by an uncredentialed country healer whom Bertrand sardonically called the “village Aesculapius.” In March, when the illness had been effectively entrenched for some eight months, Dr. Despine, the highest medical authority in the region, visited Nanette. Finding her in the throes of both mutism and the *transport des sens*—he spoke to her through the nape of her neck and she replied in sign language—he wasted no time in advising that she be brought

to his establishment in Aix-les-Bains for a battery of therapies, including baths, showers, and electro-magnetism.

From the first, Despine approached Nanette in the dual capacity of doctor and scientist. Fascinated by the resemblance of her symptoms to some he had read about, he planned not only to try to relieve her suffering but also to pin down the nature and cause of her symptoms by repeating on her the “experiments” that a certain Dr. Petetin had described in the medical literature (ms. 2046, p. 6/148v). The case history, perhaps mirroring Despine’s own confusion in this regard, does not always clearly distinguish between those procedures he undertook in the name of healing and those he ventured for purposes of experimentation and the production of scientific knowledge.

Upon receiving her first hot bath at Aix a week later, Nanette manifested the transport des sens in florid form: “Her ears lost their capacity to hear and that sense moved successively to her elbows, breasts, abdomen and fingertips” (ms. 2046, p. 7/142). Nanette would experience the transport des sens repeatedly, and its bizarre anatomical displacements give rise to oddly poetic turns of phrase in the text of the case—for example, “They tried in vain to make the patient hear them by touching her” (ms. 2046, p. 202). As Nanette’s caretakers grew more accustomed to this symptom, they noticed that her senses could migrate “in the blink of an eye,” and that each such migration was physiologically marked either by shivers or by gooseflesh (ms. 2046, p. 20v). The oddity of Nanette’s symptoms can, in the telling, give them a somewhat comic air. But Nanette was rarely lighthearted or amused when beset by her illness. Instead she frequently entertained suicidal thoughts (ms. 2046, p. 15/157). Once, while combing the Girard property in a somnambulant state, she reached a precipice and visually measured its depth. The ever-watchful Mailland seized her arm, fearing that she intended to throw herself over the edge (ms. 2030, p. 20/46).

For most of 1823 and 1824, Nanette’s life obeyed a distinctive rhythm: periods of aggressive treatment and experimentation at Aix alternated with periods of convalescence in her native village of Trévigny under the supervision of Mailland. His concern for her welfare and patience for her foibles never abated. He played the various “dramatic” roles in which she cast him, including that of her fantasized suitor, in her often repetitive somnambulant scenes. He endured her calling him by the hardly respectful name “my little one.” He deciphered her sign language when she was mute and, once having figured out what she wanted, ran errands for her (ms. 2030, p. 11/36). Like a tender father, he went to her bedside when she was having nightmares and put her on his knees to comfort her (ms. 2030, p. 4/29). Only rarely would he allow himself to grumble at her neediness: “‘It bothers me to be always attached to your petticoats’” (ms. 2030, p. 19/45).

Clearly the fatherless Nanette sought a father figure in the middle-aged Mailland—and, given her strained relationship with her mother, a particularly nurturing father figure at that. She accentuated this theme by forging a close bond with Mailland's own father, also resident in the Girard household and referred to in the manuscript as "Mailland père" or the "old man." In an amusing phrase that sustained her reversal of the ordinary order of the generations while simultaneously emphasizing the issue of generational continuity, she called him "the little one's little one" (ms. 2046, p. 21/163). There is no evidence that Nanette cultivated a special relationship with her master, Monsieur Girard, but the paternal aura she ascribed him to him was manifest in the profound psychological upset she experienced upon hearing, toward the end of the case, the news of his death (ms. 2046, p. 6/179.) Thus Nanette seems to have tried to construct a safe haven for herself, one full of fathers, within the bounds of the Girard household. But her protection remained incomplete. One day the garde champêtre who had attacked her paid an unannounced call to the house (ms. 2046, p. 14/156); another day, while doing chores, she ran into him on the road (ms. 2030, p. 30/56).

Nanette's symptoms continued to mutate. As Despine summed up matters wearily a year into the case, "The malady appears to change its form and yet to remain at bottom always the same" (ms. 2030, 34/60). Nanette began, for example, to issue prescriptions for her own cure, and when the designated items or series of procedures—jokingly called "amulets" or "talisman" by her caretakers—were furnished (most often by Mailland), her condition momentarily improved. The first of these prescriptions was for a watch, indeed a watch of a very particular description. Henceforth that watch made frequent appearances in the case, becoming something of a leitmotif.

Despine seems to have regarded Nanette as a prize patient. So remarkable were her sensory capabilities during her nervous crises that he showed her off in various informal settings in and around Aix, always scrupulously recording the names of the witnesses present. This tendency reached its apogee when, having a business engagement in Geneva, he brought Nanette along in order to satisfy the curiosity of some Genevan scientists with whom he was in contact.

Throughout her illness Nanette exhibited a characteristic feistiness, a decided lack of that passivity and pliability that etymologically define "the patient." This personality trait, evident almost immediately upon her arrival in Aix, appears in Despine's case notes only in passing, when he is in the process of making other points. Yet, left unthematized by the doctor, it strikes the reader as salient and pervasive. For example, on Nanette's fourth day at the spa, Despine administered to her a form of hydrotherapy known as the

Scottish shower; he had just introduced it at Aix a year or so before and would soon become locally celebrated for the supposed efficacy of its “perturbational action” on nervous patients.<sup>32</sup> As he described it in the Leroux case, “a stream of cold water is directed at one part of the naked body while the rest of the body is immersed in hot water.” Other authors embellish that unappealing description, making it more unappealing still. For example, “The patient is successively subjected to the action of jets of water at 35 degrees [Reaumur or 110 degrees Fahrenheit] and at temperatures that can be lowered to that of melting ice.”<sup>33</sup> Or, “Subjected beforehand to the action of hot water and, at the moment that sweating begins, having a barrel of ice water poured abruptly over your body, you are reimmersed in cold water just the way a blacksmith douses his red-hot iron”; the “singular transition” thereby produced is revealed on the patient’s face by a “piteous grimace.”<sup>34</sup> Apparently wishing to exercise some control over her new, strange, and vulnerable situation of patienthood, Nanette had requested that no more than two observers (Despine and a female attendant) be present during the treatment. When Despine callously ignored her strictures and invited other interested members of the community into the consulting room—they all counted on the lethargy induced by the hot water to dull her perceptions and responses—she immediately protested his act of bad faith by beating the water with her fists and emitting shrill cries (ms. 2046, pp. 7v–8/150).

On that same day, she also inaugurated the cheeky practice of appropriating Despine’s therapeutic techniques for her own ends. During one of her attacks of somnambulism, she enacted a scene with Mailland, casting him as a fantasized suitor whom she named Gouard. She repeated on him “all the electrical and other experiments that had been tried on herself, . . . giving him shocks from the Leyden jar, blowing on his nose according to Petetin’s method for restoring equilibrium, laughing at everything” (ms. 2046, p. 9v). About five months later, she gained a measure of mastery over the Scottish shower that, at Despine’s hands, had so much upset her. She “had a little Scottish shower of her own invention set up and took one almost every day.” This self-prescribed version of Despine’s celebrated treatment proved more efficacious than the genuine article; it successfully curtailed the spontaneous reappearance of her crises (ms. 2046, p. 3/238).

Nanette’s feistiness comes through as well in the utterances she is recorded as making during her somnambulant scenes: she occasionally swears, indicated in the French text (and in my English translation) by the decorously abbreviated adjective “f. . . .” Thus, for example, when asked to read a caption without use of her eyes, she expresses impatience with the experimental task: “There’s not a f. . . bit of writing under the pictures” (ms. 2046, p. 186).

Frustrated by the intractability of her symptoms, she vows to “remain a full year without another attack of this f. . . illness” (ms. 2046, p. 75/186). She attaches that same profanity to the name, Pecelet, of the policeman who offended her modesty (ms. 2046, p. 200). On the basis of the manuscript evidence, these and other lapses into profanity occur only when Nanette is in an altered state of consciousness. Despine represents her lucid speech—at least when she converses with him—as exquisitely polite. Querying her after her recovery on the effects of his various essays in hydrotherapy, he further probes one of her answers by asking, “The hot water was useless then?” And Nanette, quite the lady, responds, “I beg your pardon, but it really did me more harm than good” (ms. 2046, p. 245).

The turning point in Nanette’s illness, which must be taken into account in any interpretation of the case, occurred in September 1824. It entailed another of her personal appropriations of Despine’s therapeutic techniques, though one that demonstrated even more creative flair than usual. Announcing to Despine that “she no longer [had] anything to fear from her illness,” she was cajoled by her doctor into reporting the “strange” incident that had in her view definitively released her from her suffering. Two weeks before, while comfortably settled in a lukewarm bath that she had drawn herself, she had placed a stick of sealing wax (one of the stock accoutrements of Despine’s magnetic experiments) across her lower abdomen and pubic area. She then took a drinking glass and marched it over her body. When she placed it, mouth down, like a cupping glass over the nipple of her left breast, she experienced a kind of “overall shudder” accompanied by an “electric fire” that passed through her insides. Once these violent movements had subsided, she found her nervous ailments gone. From that day forth, she was happy, active, and hard-working (ms. 2046, p. 6/179r–v). By Christmas, several admirers had declared their wish to marry Nanette. Some consulted Dr. Despine about the health of their prospective bride. Implicitly crediting what he would call the “famous scene” in the bath, he pronounced her cured and fit for marriage as long as her husband treated her with “gentleness and consideration” (ms. 2046, p. 242).

Nanette was married in January 1825. The picture begins to darken just as Despine’s journal—and the case study—close. Nanette, we are told, would not “long enjoy the health that she had with such difficulty recovered” (ms. 2046, p. 9/182). She became pregnant in July and by November was constantly distraught; ominously, the *clou hystérique*—the hysterical pain that feels like a nail in the head—had reappeared.