Hysteria Complicated by Ecstasy

The Case of Nanette Leroux

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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.1 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.2 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.3 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.”4 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

Map 1 The geography of the Leroux case: Savoy in European context, circa 1890
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 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.

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. 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, 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.

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.
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 (1795–1881) 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 penniless, 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 and the son—in-law of a minor Revolutionary politician from Brittany, 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. During the 1820s, he wrote for Guizot's never-completed encyclopedia a long article on "ecstasy"—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." Bertrand père 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.

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). 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. Culturally French, Despine regarded Savoy as his "adoptive country" (*patrie adoptive*). 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. The position was also politically sensitive enough that the Jacobin Republic removed Despine père 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.

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. 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. Bertrand had initially encountered animal magnetism in 1813 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. Despina 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 Despina’s patients. As serendipitous converts to magnetism, Bertrand and Despina 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 a firm believer in empirical observation as his father, Despine had accumulated voluminous case notes in his course of 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”)—perhaps the surest sign of the filiopity 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 1844, 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,”

visitors who might benefit from the waters.” In addition, he made a habit of taking on as charity patients peasant girls in the area who, like Nanette Leroux, displayed nervous symptoms. The wholehearted support of the Despine clan for Enlightenment science belies the almost automatic linkage between that position and pro-revolutionary sentiment that obtained in metropolitan France: the Despines were, instead, an enlightened family that had cast in its lot with the Piedmontese monarchy and its administrative apparatus.

Two factors drew Bertrand and Despine together. The first was their mutual, passionate interest in animal magnetism, the precursor of what in the late nineteenth century would be called hypnosis. A medical theory and treatment brought to Paris from Vienna by Franz-Anton Mesmer in 1778,
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.19

Despine subsequently offered his data to other physicians involved in magnetism, but “these gentlemen failed to respond to my appeal.”20 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.21 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 Maillard 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 Maillard, was a literate agricultural laborer—he is at one point in the manuscript described as “having 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 Maillard, Despine depurized him to perform in Despine’s absence the incessant note-taking function that preserved raw data about the patient. Maillard 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. 79/198). So many passages of those notes found their way into the text that Despine entrusted to Bertrand that they nearly turned Maillard into the third author of the Leroux case.

Bertrand, however, found Maillard’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 Maillard’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 Maillard’s involvement: “The facts transmitted by this man [i.e., Maillard, 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 [Maillard’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 Maillard 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 Maillard 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 Maillard, 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 Maillard’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-1825.22 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. 8046, 1/148). A native of Trévigny, a small village in the vicinity of Aix-les-Bains, she spoke both French and the local patois.99

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.”100 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. 8046, pp. 1/149–2/144). 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,101 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 Maillard. “This Maillard,” Bertrand informs us with anticipatory excitement, “is going to play a major role in the history of our ecstatic” (ms. 8046, p. 4/146). As Bertrand tells it, Maillard so succeeded in “reassuring” the patient “by the force of his folksy eloquence (éloquence villageoise)” that her speech came back. But the cure proved ephemeral. So did more elaborate cures, 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 somnambulistic state, she reached a precipice and visually measured its depth. The ever-watchful Maillard 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 Maillard. 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 somnambulistic 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. 2050, p. 1/96). 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 Maillard—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 Maillard’s own father, also resident in the Girard household and referred to in the manuscript as “Maillard 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. 21/168). There is no evidence that Nanette cultivated a special relationship with her master, Monsieur Girard, but the paternal aura she ascribed 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 announced call to the house (ms. 2046, p. 14/159); another day, while doing chores, she ran into him on the road (ms. 2030, p. 30/58).

Nanette’s symptoms continued to mutate. As Despine summed up matters a year into the case, “The malady appears to change its form and yet to remain at bottom always the same” (ms. 2030, 94/60). Nanette began, for example, to issue prescriptions for her own cure, and when the designated items or series of procedures—jokingly called “amulets” or “talismands” by her caretakers—were furnished (most often by Maillard), 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 apotheosis 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. 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.”

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.” 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 Maillard, 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. 5/238).

Nanette’s feistiness comes through as well in the utterances she is recorded as making during her somnambulics 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, Peclet, 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. 6/179v–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.
The archives do not tell us whether or how the crisis, in either its financial or its affective aspects, was resolved; the couple stayed married, not surprisingly given the Catholic framework that governed their family life. Still, what emerges clearly from this story is the parallelism of Despine's professional and personal lives in the 1820s—that is, the presence in both spheres of women whose annoying independence of mind strained a nominally patriarchal system and suggested the difficulty of maintaining that system in a world that had, just decades before, seen revolutionary emancipation.

To be sure, female rebellion, whether at home or at work, did not visibly rattle Despine the paterfamilias, property-owner, physician, and local notable. He continued to accumulate the honors befitting his status. Thus in 1835 he was elected a corresponding member of the Royal Academy of Medicine in Paris. By letter-patent in 1841, the king of Piedmont authorized him to take up the title of baron that had once belonged to his long-deceased bachelor uncle and adoptive father. There is more than a touch of pomposity in Despine's recuperation of this bit of familial patrimony. The act may well bespeak a wounded ego needful of reinforcement—but also socially equipped to obtain it.

Chapter 3

MAKING SENSE OF THE CASE

The Authors' Understanding of the Case

In analyzing the Leroux case, it is important to distinguish the levels of that analysis: what the various participants thought was happening and what we, reading the text nearly two hundred years later, might surmise. Let me begin by teasing out the participants' views.

The striking fact is the agreement of all the participants about the cause of Nanette's illness. The case study mentions the prurient actions of the garde champêtre at least five times. A fresh glimpse of the offender or an overheard account of the offense suffices to provoke a relapse in Nanette. Even after her recovery in the lukewarm bath, she acknowledges the "extreme repugnance" that she still feels whenever she sees a chestnut tree because "a chestnut grove was the scene of the event that first made her sick" (ms. 2046, pp. 14/157v, 30/172v, 247). To be sure, the manuscript is vague about what, precisely, the garde champêtre did to Nanette. It calls his act an attentat à la pudeur—both a vernacular term and a technical legal one that in the Napoleonic Penal Code referred indiscriminately to a whole gamut of sexual behaviors, from exhibitionism to attempted (but unconsummated) rape. Thus, whatever its precise nature, the incident would seem, if set in the now-familiar Freudian paradigm, to be the sexual trauma at the root of Nanette's hysteria.

But that is not the participants' understanding of the matter. The concept of "trauma" was unavailable to them for this purpose: until around 1870 it existed in an exclusively physical register, denoting the adverse physical effects of a violent physical blow; only gradually did it expand, via the intermediate concept of "nervous shock," to include a sudden, overwhelming blow to a vulnerable psyche. Recourse to an alternate vocabulary enabled the participants to impute causal force to the Peclet incident just the same. But, once having done so, no one defined the incident as sexual in nature or speculated about the sexual feelings that it may have elicited in this young Catholic woman assumed to be a virgin. Instead, everyone concurred that Nanette simply felt "fright" (frayeur) when the policeman "violated her modesty," and that this "fright" served as the pathogenic agent.
As Ruth Leys has pointed out, "the rise of trauma theory was associated from the start with hypnosis." The late nineteenth-century French neurologist and alienist Jean-Martin Charcot, an early influence on Freud, "legitimated the conception of trauma by proposing that the hysterical crises he induced in his patients [by hypnotic means] were reproductions of traumatic scenes." I bring up this classic, fin-de-siècle linkage between trauma and hypnosis because the Leroux case manifests it in an oddly inflected fashion that can help us to appreciate the structure of early nineteenth-century reasoning. The Leroux case has its initiating "trauma," even if not precisely labeled as such. It relies on animal magnetism, the precursor of the method that would later be renamed hypnosis. Finally, in her spontaneous somnambulistic states, Nanette frequently reenacts the incident with Peclet—or, as Despine calls it, the "Peclet scene." Yet these three elements were pieced together by Nanette's doctors in a way utterly different from the way they would be pieced together at the fin de siècle.

In the first place, the etiology of Nanette's hysteria was already on the surface from the beginning; Nanette experienced no difficulty in remembering the Peclet incident, and she readily named it as the point of origin of her illness. Second, although Nanette's reenactments of the "Peclet scene" were repeatedly mentioned in Maillet's notes, neither Bertrand nor Despine seemed to accord them much importance. The lack of interest was plainest on Bertrand's part: he simply omitted the data from his narrative of the case. Since memory recovery—so critical at the fin de siècle—was simply not an issue in the Leroux case, we are left to ask for what purpose Despine used magnetism on Nanette, and why Bertrand supported this therapeutic strategy. In other words, we must wrest this case from the French fin-de-siècle and early Freudian frame of reference in which it seems so uncannily to fit and place it firmly in the conceptual world of its own era.

Despine and Bertrand were not interested in helping Nanette to integrate her malady and her disturbing encounters with Peclet into her understanding of herself and her life: such a project of assisted self-construction, so suitable to the late twentieth and early twenty-first centuries, was beyond their medical ken. They had a much more circumscribed and affectively cooler agenda: to eradicate Nanette's symptoms. At a historical moment when magnetism, banned from official science in 1784, was preparing to make a renewed bid for recognition by the French Academy of Medicine, the scientific curiosity of both men was bound up with the questions of whether and especially why magnetism could accomplish that eradication. They were in accord in regarding Nanette more as an occasion for this abstract scientific investigation than as a particular person whose suffering was compelling in its own right. At that point, however, the two physicians parted company. They favored different explanations of magnetic phenomena and had opposing philosophical allegiances, thus generating the internal tension that runs through their supposedly collaborative case.

Despine fit the mold of the Enlightenment-era magnetizer. He basically subscribed to the late eighteenth-century tradition of Mesmer, who cured his patients by seating them together around large tubs, or baquets, from which protruded metal rods, and the Marquis de Puységur, who staged his cures as bucolic pageants, with his peasants connected by ropes to a large magnetized elm near his chateau. Like Mesmer and Puységur, Despine believed that the therapeutic agent in these cures was a physical one: an invisible magnetic fluid emanating from an external source that acted upon the magnetic fluid in the patient's own body, redistributing it so as to restore health.

Despine's physicalistic stance pervades the Leroux case, emerging most forcefully in his avowal that his main scientific aim in bringing Nanette to Aix was to verify the findings of Dr. Petetin of Lyons. At the end of the previous century, Jacques-Henri-Désiré Petetin, who like Despine held a medical degree from the Montpellier Faculty, had made a name for himself by focusing his attention on the disease entity of hysterical catalepsy and singling out the transport des sens—a phenomenon he himself had accidentally discovered—as its essential feature. Defining the universal fluid of the natural philosophers as electrical rather than magnetic, he explained the transport des sens as a compression of the nerves in the patient's sensory organs that squeezed the electrical fluid contained in those nerves elsewhere, thus endowing uncannily altered body parts with transient sensory capacities. "Henceforth," he proclaimed in 1787, "the enlightened physician will view the human body as an electrical machine," albeit one "endowed with feeling and intelligence and set to movement by its own forces." Committed to testing the thesis of Petetin, Despine frequently measured Nanette's electrical properties, expecting to find them altered at times of nervous crisis (ms. 2046, pp. 15/155v, 174v). In fact he used Petetin's treatises as a kind of playbook for his work on Nanette, dutifully repeating the Lyonnais physician's experiments with sticks of sealing wax, human chains that served as conduits of "the subtle electrical fluid" to the patient, and, one of the experiments hilariously mimicked by Nanette, blowing on the tip of the patient's nose to end a somnambulistic crisis. Petetin may even have been Despine's model for the conflict he experienced between his vocations as healer and scientist, for the Lyonnais physician often ruefully confessed his fear that he would inadvertently cure a cataleptic patient before he had the chance to perform all the experiments he had planned for her.
Through the lens of Petetin (and here we must extrapolate because Despine is silent on the matter), the role of Peulet in Nanette’s illness boiled down to a mechanical one: Peulet so terrified the girl that her agitated mental state had strong physiological sequelae; it tightened the nerves in her sensory organs and disequibrated the electrical fluid in her nervous system, thus bringing on her cataleptic symptoms. The components of Despine’s medical armamentarium—magnetism, electricity, baths, and showers—were designed to introduce new physical forces into that pathologically unbalanced system, forces that would, he hoped, restore a healthy balance.

In keeping with this fundamental orientation, Despine tended to believe in the literal, flat-footed physicality of all the phenomena in the case. When Nanette, in a variation on the transport des sens, was viewing her interior organs and claimed, at Despine’s prodding, to see worms in her intestines—five of them, to be exact, all whitish in color, and the fifth with a long yellow spot on its back—Despine noted wistfully, “Had the patient been obliged to stay with me a few days longer, I would have given her a purgative in order to [expel the worms] and verify the fact” (ms. 2046, p. 8/190v). Similarly, before Nanette described her self-administered cure in the bath, complete with its phallic baton and orgasmic shudder, Despine, trying to understand why the treatment had succeeded, pressed her to tell him the precise temperature of the bathwater! Nor, coming from him, should that apparently comical question surprise us: bathwater of various temperatures had long been a mainstay of Despine’s practice. His medical thesis explored the relative advantages of lukewarm and warm-to-hot, as well as explaining in detail how the former worked to spread a renewing “calm... throughout the entire machine,” as he, like Petetin, called the human body.12

Despine’s title for the case, “History of the Catalepsy of Nanette Roux” (ms. 2046, p. 294v), underscores the centrality for him of the diagnostic entity catalepsy and of Petetin’s gloss on it. Bertrand’s alteration of the title, replacing “catalepsy” with “ecstasy,” likewise betrays his theoretical leanings. Indeed the first time that Bertrand speaks in the first person in this case, and thus inserts himself into the proceedings as something more than a scribe, is when he introduces the term “ecstasy” (ms. 2046, pp. 7/149v–8/190).

As his published writings indicate, Bertrand regarded ecstasy as a preferable label for the state identified by magnetizers as sleepwalking or somnambulism. He was well aware that he had chosen an attention-getting term. Derived from Greek roots meaning the state of being outside oneself, ecstasy had long been associated in the Christian tradition with such intense spiritual experiences as divine inspiration and mystical union with a transcendent object. As Bertrand observed, Enlightenment physicians leery of “superstition” had struck the term from medical discourse precisely for this reason. By contrast, Bertrand, a deeply (if unconventionally) religious man, a deist with a quasi-mystical Rousseauian sensibility and a strong moral streak,13 wanted to exploit the term’s religious connotations to argue for the compatibility of science and religion.

His 1819 thesis for the medical degree revealed him to be a scientific thinker who refused to allow science to disenchant the world. He rallied sarcastically against mechanistic modes of explanation that vitiated the human sense of wonder. (“The mystery of generation no longer has anything incomprehensible about it; the embryo, a simple product of the aggregation of spermatic molecules joined together by virtue of the laws of affinity, is formed in its mother’s uterus like the salts in a chemist’s crucible: by a veritable crystallization.”) He preferred to retain the mystery of vision—the main subject of the thesis—than to accept Condillac’s then-popular Enlightenment view that, through the exclusive impression of rays of light on our retinas, our eyes can see only colors and that our notions of distance, shape, and extension derive from touch rather than sight—that, in other words, our eyes see only after having received the education afforded them by our hands. After refuting Condillac to his own satisfaction, Bertrand declined to offer an alternate explanation of vision. If asked, he volunteered defiantly, “I will reply that I cannot conceive how it occurs, that I merely recognize that that’s how it is, and that it’s worth more to acknowledge our ignorance than to adopt an erroneous opinion.” What science required above all, in his early nineteenth-century Romantic-tinged view, was “to rid itself of the mania of explaining everything.”14

In his effort to recuperate ecstasy as a modern scientific term, Bertrand deliberately expanded its meaning. He took it to refer to the whole range of experiences of “being outside oneself,” whether joyous or not, whether or not perceived by the person involved as having a religious significance. With generous ecumenism, he specified that there was nothing necessarily pathological about ecstasy; although it often accompanied nervous illness, it might also arise from a robust “mental exaltation.” Through this exercise in nomenclature, Bertrand intended to affirm simultaneously, first, the subjective authenticity of ecstatic phenomena; second, the religious meaning that the ecstatic might ascribe to them; and, finally, their completely naturalistic underpinnings.15

For Bertrand, ecstasy was simply a point along the continuum of states of human consciousness. Inspired by the physiologist Xavier Bichat, he laid out a series of correspondences. Death corresponded to the inert, material aspect of our being; sleep corresponded to the continuous “organic life” of
circulation, respiration, digestion, and the like that sustained us as living beings; wakefulness corresponded to the spontaneous “animal life” that we carried on in perceptual relation to the external world. Now, as Bertrand’s identification of it with sleepwalking might suggest, ecstasy was intermediate between sleep and wakefulness. It consisted in a radically heightened awareness of the movements and rhythms of our internal organs, of perception trained not outward but on the organic life. This inward-turning, corporeal hypersensitivity of ecstasy explained the ecstatic’s sense of being in an altered state. It also explained the unusual abilities these individuals displayed: to view their internal organs, to prescribe appropriate remedies for their own apparently intractable diseases. Paradoxically, then, the total corporeal absorption of ecstasy, which cut the ecstatic off from the external perceptual field that ordinarily dominated consciousness, enabled persons with a religious sensibility to believe that they had made contact with the transcendent. A contemporary of Bertrand’s grasped this point entirely when he noted that ecstasy, about which “Monsieur Bertrand [had] published some remarkable works,” was one of those “mysterious” yet undeniable phenomena that eluded a coarse materialist epistemology. “Under the rubric of the ecstatic state, he [Bertrand] brings together all those marvelous vital concentrations (if one may speak thusly) in which man, folded back upon himself, in some manner frees himself from the external world and communicates with the supernatural.”

Bertrand developed his view of magnetism in tandem with his assertions about ecstasy, seeing the two as closely related phenomena. His view of magnetism was, to be sure, a thoroughly iconoclastic one from which the magnetic fluid of Mesmer had been summarily banished. A self-consciously nineteenth-century thinker, he belonged to a loose group of Restoration supporters of magnetism who sought to render that controversial and much-maligned practice scientifically respectable. They did so by distinguishing (as one of their number put it) the unregenerate and sectarian magnétistes, who refused to bend Mesmer’s orthodoxy line about the cause of magnetic phenomena, from the progressive and open-minded magnétiseurs, who wished to remain agnostic about matters of causality while employing the technique experimentally in an effort to arrive at their own scientific understanding of it. Members of the latter group typically believed that magnetism worked by some unspecified mental means, that its rituals and paraphernalia empowered psyche to shape soma. This was the basic tack that Bertrand took with respect to both magnetism and ecstasy; he believed that entrance into both states was achieved by mental rather than physical means, and that the causal burden for both phenomena should be placed squarely on the persons who experienced them.

Given these convictions, which aligned him philosophically with his more famous friend Maine de Biran, Bertrand’s interjections into the narrative of the Leroux case were for the most part argumentative, even impatient attempts to correct Despine’s physicalistic view of magnetism and to assert a mentalist alternative. Take, for example, his comments about the acoustical phenomenon, a term coined by Despine—and for which he had “acquired a sort of celebrity in the community of magnetizer-physicians”—to refer to Nanette’s inability when in nervous crisis to hear sounds unless they came from certain directions, as determined by the shape of the room. When these conditions obtained, however, she could perceive even barely audible sounds through walls and closed doors; she also experienced painful sensations if someone else in the house walked through the relevant “sonorous pathway” and severed it. Despine considered the acoustical phenomenon “entirely physical,” dependent upon the patient’s “exquisite sensibility.” Bertrand rejoined that “what we have here is, in a word, a purely psychological phenomenon, whose cause ought not be sought outside the patient herself” (ms. 2046, p. 10/192). Later he added cautiously: “I am making use here of the term [acoustical phenomenon] employed by Monsieur Despine although I am persuaded that there is nothing at all ‘acoustical’ in this whole business and that the ideas of the patient as influenced by the people surrounding her played an almost exclusive role” (ms. 2046, p. 5/187).

Or take his comments about the transport des sens. “All the assertions about the transfer of hearing to different body parts,” he complained, “present absolutely nothing decisive in favor of that marvelous phenomenon.” To explain it, one need only invoke the subjective state of the patient. “When, then, an ecstatic affirms that she hears only by means of the foot, the knee, the elbow, or any other part of the body except the ears, all that we can conclude (while fully admitting the [subjective] veracity of the assertion) is that hearing can function for her only upon the condition that her interlocutor touches her foot, her knee, her elbow, etc.” (ms. 2046, p. 13/155).

Or, finally, take his comments about Nanette’s attachment to Maillard. At numerous points in the case, Nanette is loath to quit the company of this middle-aged man whom she calls by the pet name “my little one.” Most poignant are those scenes in which, at her entreaty, Maillard touches her left breast to alleviate her symptoms; but even after the therapeutic work has been accomplished, she wants the intimate contact prolonged and refuses to allow him to remove his hand (ms. 2046, pp. 82/164–83/165). “The partisans of animal magnetism,” Bertrand writes disdainfully, “will doubtless see in the need that Nanette felt for Maillard’s presence the proof of a magnetic influence that he exercised over her.” But, Bertrand continues, not only were
Despine's attempts to test Nanette's electrical properties in the proximity of Maillard inconclusive, Nanette's own statements were "completely unfavorable to this way of seeing." Nanette often said that she needed Maillard by her side so that she could confide in him the "curative recipes" that she was devising for her own condition. As Bertrand quotes her directly, "When Maillard is near me, he asks me what will relieve me, and then I don't suffer as much or for as long a time" (ms. 2046, p. 174v).

Bertrand's jabs at a physicist understanding of magnetic phenomena and his proposals for an alternative interpretation employ a range of vocabulary. At times he designates the phenomena in question as "psychological," and at other times he traces them to Nanette's "ideas" or "imagination." So large did imagination loom in the theory of some dissident magnetizers of the 1920s that one of that group even suggested replacing the term "animal magnetism" with the clumsy neologism phantasiécouisme, derived from the Greek words meaning "power of the imagination." But, at least within the confines of the Leroux manuscript, the overarching concept that seems to join Bertrand's various terms together is confiance: "confidence" or "trust." The influence over the patient attributed by magnetizers to fluid were for Bertrand acquired by the patient over herself, though in a mediated and disclaimed fashion, through her trust in some thing or person. That sentiment of trust could so act on her physiology as to move her across the threshold into ecstasy or modify her nervous symptoms. Hence Bertrand channeled up to Nanette's confiance both the efficacy of her amulets (ms. 2046, p. 30/172v) and the early cure effected by Maillard's "folksy eloquence" (ms. 2046, p. 4/146). Any success that Despine achieved in eradicating her symptoms through the employment of magnetism was similarly, we can surmise, actually a mental cure brought about by her trust in the magnetizer.

The centrality of confiance in Bertrand's interpretation of the Leroux case does not represent a theoretical perspective entirely original to him. It derives from the doctrine of psychosomatic reciprocity featured in late eighteenth-century French medicine and especially its nascent psychiatric specialty, where it justified Pinel's pathbreaking use of a gente "moral [i.e., psychological]" treatment" on the insane. It could be found as well as in an even older strand of commonsensical medical wisdom, passed from one generation of physicians to the next. Thus the article "Physician" in the authoritative early nineteenth-century Dictionnaire des sciences médicales devoted a full three pages to "the art of obtaining patients' trust (confiance)." Bertrand's adherence to the doctrine of psychosomatic reciprocity and its implications for his therapeutic stance can be clearly seen in his comments in Le Globe in 1826 on a case that in certain ways echoes Despine's treatment of Nanette.

That case, which had just appeared in a major Paris medical journal, concerned an adolescent of peasant origins treated by the chief doctor of the hospital in Rouen for a painful spasmodic hiccup accompanied by a strange sensation, likened by the patient to a vapor or cloud and called an "aura" by the doctor. This aura roamed freely throughout the patient's body. It eventually settled in the region of his arms where, in his own words, it held him captive: the painful hiccup, he perceived, would cease only if he could successfully immobilize the wandering aura. The patient thus devised his own ad hoc scheme for acquiring the requisite mastery. When the aura reached his fingers, he clenched his fist, thus trapping it for days at a time. The doctors, likewise believing in the physicality of the aura, proposed a therapy that built upon the patient's: they wrapped his fist with a handkerchief to fortify the containment of the aura and recommended that he permanently sacrifice the use of one hand to the cure of his hiccup! But then a second aura appeared, outfoxing doctors and patient alike.

Bertrand ends his long account by saying that he would owe apologies to his readers for wasting their time with such a story had it not served to reveal the deplorable "state of science with respect to nervous afflictions in an era when educated physicians could actually write such things and a medical journal could print them without commentary." Where French medicine had gone awry, in Bertrand's opinion, was in forgetting the reciprocal influence of mind and body and hence failing to appreciate that bizarre symptoms such as the linked hiccup and aura derived from the "conviction of patients" and could be cured only by altering those convictions. He found vindication of his point in the fact that this particular hiccup had stopped of its own accord when the patient was sent home to tend his father's plow, thus quitting the Rouen seminary in which he had enrolled against his wishes. Bertrand may have been working on his redaction of the Leroux case at the time that he penned this astringent newspaper column. In any event, he surely would have seen Despine's errors of misplaced physicality as a variant on the egregious ones of the Rouennais doctors.

The Leroux case thus functions as a textual battleground on which Bertrand's psychologicist assumptions confront Despine's physicalistic ones. At least for Bertrand, that philosophical preference had a decidedly political cast. During the Restoration, when the memory of the upheavals of 1789 still colored almost every aspect of French life, Bertrand's insistence on the reciprocal powers of psyche and soma was, in its own domain, a strategy of post-revolutionary reconciliation. The revolution had sharply politicized science, coding it both as an automatic ally of radical politics and, given the materialist and reductionist bent of much science of the era, as an enemy of religion.
The reductionist "physiological medicine" of F.-J.-V. Broussais, so popular among Paris physicians in the 1820s and 1830s, was a conspicuous sign of the continuation of the revolutionary appropriation of science; and hence Bertrand attacked it relentlessly in his column in Le Globe, aligning himself instead with a mollifying "eclectic medicine." In that light, Bertrand's psychologic understanding of animal magnetism must be seen not only as a way to rescue from accusations of charlatanism a practice that he regarded as medically valuable and epistemologically sound. On a grander scale, it was also a way to neutralize the radical political connotations of science and thus to integrate a revamped science into a new and stable postrevolutionary order: one that steered a safe course between irreligion and Catholic orthodoxy, between excesses of liberty and authority.

By contrast to eighteenth-century figures like Pinel, who presented the doctrine of psychosomatic reciprocity in starkly secular terms, Bertrand seems to have wanted to reconnect it to its old religious roots. He wanted to draw from the healing power of the patient's confidence in the physician a lesson about the health-giving nature of basic Christian belief as well as its compatibility with a posture of scientific rigor. Given his personal religiosity, it is hard not to hear a reference to the transcendent in his observation in one of his published works that "the discovery of the beneficent [and] regular . . . effects on man of hope, of faith in a salutary power . . . is equivalent to the discovery of an entirely new truth." Hence the importance of Bertrand's friendship with the future prime minister Guizot. It is easy to understand why Guizot, who in the 1830s and 1840s became the most important architect of the middle-of-the-road political position he called the justement milieu, found a congenial spirit in Bertrand, the medical architect of an ecstasy that could be both religiously credible and amenable to scientific investigation.

So sharp and intractable is the disagreement between Despine and Bertrand that emerges in the course of the Leroux case that the reader cannot help but wonder whether Despine had been fully aware of Bertrand's views when he entrusted his notes to the young Paris physician. Had his provincial vantage point prompted him to assume that the contemporary scientific scene contained only partisans and adversaries of animal magnetism? Was he naively unaware of the internal debates that fractured the mesmeric community itself? All too aware of them, Bertrand described his own subtly (and ironically) shaded position thusly: "While among the [adversaries of animal magnetism], I pass for one of the most excessive believers, in the eyes of the partisans, I am only a kind of heretic, a hundred times more inexcusable than the most obdurate unbeliever." Or did Despine perhaps recognize his intellectual differences with Bertrand but assume that the younger man would tactfully deemphasize them in the context of their collaborative venture? Anyone who knew Bertrand well, however, would know that he cast diplomacy to the winds when presenting his scientific views. For example, in 1827 he wrote for Le Globe a reply to the article on sleep published there several weeks before by Théodore Jouffroy, a talented young philosopher of the school of Victor Cousin, who was, like Bertrand himself, one of the journal's core group of collaborators. (This was, in fact, the text that first brought Bertrand to my attention and eventually led me to the Leroux manuscript.) In the original article, Jouffroy, seeking to extend his school's central tenet about the unity of the self, insisted that the self led a single, uninterrupted existence despite its alternating states of wakefulness and sleep. While expressing his admiration for Jouffroy, Bertrand picked that argument apart with surgical precision, prompting a fellow journalist for the Le Globe to deplore privately his polemical outspokenness: "A long, too long article by Bertrand on sleep, which was quite unnecessary and could have been much shorter. . . . But [Pierre] Leroux [the Globe editor who was a close friend of Bertrand's] first had it printed and only then invited my opinion. When I saw the fait accompli, I said that Jouffroy should have been asked in advance what he thought of it and whether he found it wounded." In writing up the Leroux case, Bertrand behaved in a similarly blunt manner, zealous for the truth but fundamentally insensitive to Despine's feelings.

We are now in a position to speculate about the precocious length of this case history, one of the remarkable features about it noted earlier. Its prolixity seems driven by the use of animal magnetism on the patient—a method not employed by the physicians who pioneered the properly "psychiatric" case histories of that era: Pinel (who was tentatively sympathetic to magnetism) and the early nineteenth-century asylum-doctors who followed in his footsteps. It seems to have been the singularly puzzling and controversial nature of magnetic phenomena in the 1820s that spurred both principal authors of the Leroux case to amass and set forth as much data and argument as possible. In particular, the obsessive note-taking of Despine and his deputy Mailland, which is responsible for the surprisingly thick description of Nanette's malady that we now possess, derived not only from the Savoyard doctor's evidentiary protocols but also from his wish ultimately to persuade a skeptical scientific audience. Since Despine believed in the intrinsic validity of the eye-witnessing of spectacle, he seems to have treated the case history as providing the reader with a kind of substitutive spectacle in the medium of words. According to his excuse for the long-windedness of a case he published in 1840, copious detail was "necessary to make the phenomenon credible to
those who did not witness it." Another magnetizer, writing up the carefully controlled experiments he conducted at a Paris hospital in the 1820s, offered this blunt apology: "I promised a faithful account of the facts; the rule of scrupulous exactitude that I imposed on myself made me wordy." A second, auxiliary factor seems to have encouraged the magnetizers of this era to write unusually expansive case histories of their nervous patients. Given the dubious scientific status of magnetism, such cases unfolded, not in the crowded and regimented environment of hospitals or asylums, where the doctor could spend only limited time with each of his patients, but in informal, often domestic settings. Frequent daily interaction between patient and caregivers generated abundant data and in turn conducted to journal-keeping by the caregivers. Nanette’s case, which Despine followed outside his normal workday and in which his efforts were seconded by those of the resident caretaker Maillard, can be compared in this regard to the one of Estelle that Despine copiously documented and eventually featured in his published work of 1840: the eleven-year-old and her mother traveled from Switzerland to Aix especially for the purpose of the treatment and set up house near Despine’s spa for a full year. The case of the preadolescent Alexandre Hébert, recorded in 1812–13 in the journal of the eminent magnetizer the Marquise de Puységur and subsequently published, carries the domestic motif to an extreme: the boy moved into Puységur’s chateau and took to sleeping in his bedroom. The length of the Leroux case seems, then, to stem from a combination of factors, both typical of early nineteenth-century cases treated by means of magnetism: its informal, ad hoc setting and hence leisurely pace in the gathering of clinical data; and the authors’ perception of the scientific task at hand—persuading early nineteenth-century readers of the veracity and naturalistic underpinnings of the somatic wonders unleashed by animal magnetism.

A Twenty-First-Century Interpretation of the Case

So dramatic and engrossing is the philosophical clash between Despine and Bertrand that it deflects our attention from the plight of Nanette Leroux. In their collaborative telling, she risks becoming her doctors’ football, the occasion for an impassioned scientific dispute. But the abundant data collected by Despine and Maillard—some of it narratively ordered by Bertrand and some of it simply excluded—allow the twenty-first-century reader to draw her own conclusions about what happened in the case. My interpretation here has three parts. The first and third parts, using the insights of ethnopsychiatry and Freud, respectively, place the focus on the patient; the middle section, making use of Foucault, continues the analysis of the authors’ mental universes, though from a standpoint outside their own self-representations.

Before proceeding with this interpretive effort, it will be useful to situate it with respect to the authorial interpretations just considered. Despine and Bertrand differ sharply in their approaches to Nanette’s illness, but these two early nineteenth-century physicians nonetheless share certain limitations in understanding that serve as an invitation to the historian to try to improve on their work. Despine has chosen a framework of physical explanation that seems to cut him off from the emotions palpably swirling about in the case. He knows, of course, that Nanette’s illness is a misfortune, and he wants to play the humanitarian role appropriate to the enlightened physician. But his conceptualization of her illness and treatment in terms of invisible fluids, electrical charges, and vastly expanded sensory capacities seems to stand in the way of any empathy he might feel for a young woman repeatedly preyed upon by an officer of the law and suffering an array of painful and bizarre nervous symptoms. Nor are his antennae alert to the remarkable emotional rapport that Maillard has been able to achieve with Nanette—the aspect of the case that is perhaps most original, that might even be called novelistic in its depiction of character and its exploration of the obscure recesses of the human heart. By contrast, Bertrand’s psychologistic understanding of the case and his focus on trust increase the emotional range of his response to it. It is he who zeroes in on Maillard’s natural gifts as a healer (even as he doubts Maillard’s credentials as a scientific observer), and he who emphasizes the salutary effects on Nanette of the humble laborer’s kindliness. As he constructs the narrative, the sensitivity of the layman Maillard routinely serves as a foil for the obtuseness of the expert Despine.

But if Bertrand’s psychologism adds depth to the rather flat story line advanced by Despine, the case of the peasant boy suffering from hiccup and aura, as discussed in Le Globe by Bertrand, reveals the limits of the Paris doctor’s mode of understanding. Bertrand has nothing but contempt for the Rouennais doctors who, endorsing the boy’s belief that a strange physical entity is loose in his body, tie a handkerchief over his fist in order to arrest its movements. According to Bertrand, the symptom of aura and hiccup express the boy’s unhappiness at having been forced to study for the priesthood; hence a spontaneous cure occurs when he is released from the seminary and allowed to return to his native village. But, while more sophisticated than the physicalism of the Rouennais doctors or that of Despine, Bertrand’s thesis of a general psychological causality closes down the path it boldly opened. It bypasses the particular details of the symptom; it does not even try to account
Hence the importance of Despine’s December 1848 letter to the archbishop. The vocabulary of instinct, absent from the Savoyard doctor’s technical lexicon in the 1820s, was at his disposal two decades later. His use of the term “instinctive” in adjectival form—an early nineteenth-century neologism derived from a late medieval noun hints at the specific conceptual work he was asking “instinct” to do: to become mobile and dispersed, to widen the scope of a single innate impulsion (“instinct” as a noun) by becoming a potential predicate of a large number of nouns. Such conceptual work is fully consonant both with Davidson’s argument about the significance of a sexual instinct and with Foucault’s account of the invention of “sexuality.” Also new in this passage are Despine’s efforts to decipher, however generally, his patients’ movements during their somnambulic episodes and to submit as evidence these products of his own interpretation: the movements were, he tells the archbishop, self-preservation in nature, not sexual. By contrast, the Despine of the Leroux case was loath to interpret anything. He cleaved to the strictly literal meaning of his empirical data: hence his memorable question about the temperature of the bathwater after Nanette’s self-cure in the bath.

Despine’s brief discussion of etiology in his correspondence with Monsignor Alexis thus points, if not to a full-fledged discursive shift with respect to “sexuality,” at least to a discursive shift in the making, one that took shape during the two decades following the Leroux case. The evidence for such a shift is, moreover, bolstered in Despine’s long introduction to his book of 1840, *Emploi du magnétisme animal*, which includes a discussion of contemporary debates about the epistemology of the “human sciences” (Despine’s term). After sketching out the two basic positions that view human life in either exclusively material or exclusively spiritual terms, Despine mentions a third, “middle” position: the hypothesis that an “instinctive force” or “instinctive power” is “given by Nature to all living animals” and can serve as an “intermediary and union” between the seemingly incompatible principles of matter and spirit. While describing himself (without false modesty) as incapable of adjudicating this philosophical quarrel, Despine cannot refrain from declaring his preference for the third position. “In the treatment of nervous illness,” he relates, “he saw such extraordinary manifestations of the instinctive power” that he came to regard it as far and away the “most probable” explanation of “vital phenomena.” Although he does not say so, we can infer that this position is a new one for him: his characterization of the first, materialist position as supposing human beings to possess “sorts of electrical batteries sufficient to produce and maintain vital movements” sounds, after all, suspiciously like the stance of the Despine of the Leroux case.

The chronology of Despine’s intellectual evolution adheres remarkably well to Foucault’s chronology of the emergence of sexuality. That congruence in turn suggests that, despite the brevity of *The History of Sexuality*, volume 1, and its less than exhaustive documentation—which Foucault himself once likened to Swiss cheese—Foucault was no mean historian. He possessed an intuitively accurate sense of the discursive textures that characterized the different decades of the nineteenth century. He likewise possessed an intuitively accurate sense of the timing of the gradual historical shift—the emergence of sexuality—that occupied him in that book.

**Nanette’s Timepieces**

While the theoretical insights of Foucault shed light on the authors’ puzzling nonrecognition of the sexual in the Leroux manuscript, a generically Freudian approach will help to make sense of another salient aspect of the case: Nanette’s request for a watch to cure her illness. In this section, I explore the multiple meanings of that request in an effort to grasp Nanette’s subjective understanding of her situation and, by extension, some of the causes of her malady. In part, I proceed historically, investigating the place of watches and of time-telling more broadly in Nanette’s early nineteenth-century milieu, which encompassed a peasant village and a proto-modern spa town. In part, I am guided by the psychoanalytic assumption that Nanette possessed an unconscious stratum of mind that enabled her to manipulate symbols expressively.

When Nanette, following the standard scenario of hysterical catalepsy, began to issue prescriptions for her own cure, her very first prescription called for a small gold watch (ms. 2044, p. 16/158). Indeed the watch, which she mentioned to her caretakers with great reluctance, was the only discrete object, as well as the only expensive one, that she named in this context in the course of her illness. Nanette’s other “amulets” and “talismans” (as Despine liked to call them) took the form of complex sets of fanciful instructions involving ordinary, everyday items—for example, take two five-franc pieces, place one on Nanette’s left ear, the other on her right breast, and press forcefully on each; or separate an egg, putting the white in one bowl and the yolk in another, and then put a little of the white on Nanette’s left breast, cook the rest, and give it to her to eat (ms. pp. 17/159–18/160). Prescriptions of this sort seem to have hailed from the world of peasant folk incantation. During the nineteenth century, as under the Old Regime, itinerant booksellers hawked inexpensive sorcerers’ spell-books in the French countryside. These texts
enumerated rites for (among other purposes) lifting the spells that had presumably caused the infirmity of farm animals—for example, hang a talisman written in bovine blood around the sick cow’s neck, scatter salt and holy water, light a holy candle, and then proceed three times around the stable reading prayers from the spell-book; or a more streamlined version of the same, walk around the beast three times reciting a garbled Latin formula. We have no evidence that Nanette, a caretaker of flocks herself, subscribed to or participated in such sorcery, but her recipes for her own cure clearly indicate her familiarity with its language and cadences.76

Nanette’s demand for a watch is striking in several respects. In the first place, it represents a sharp break from the “instructional” prescriptions rooted in peasant sorcery and thus indicates that, in keeping with the exposure to upper-class urban society afforded her as a pupil at Aix and later as Despine’s patient, Nanette had a range of discursive possibilities at her disposal. Second, owing to their legibility, watches were part of the standard equipment of early nineteenth-century seamen’s experimentation. In Petetin’s 1805 case of a nineteen-year-old woman who exhibited cataleptic symptoms in the wake of a convulsive physical ailment, visual powers momentarily shifted to the patient’s abdominal region; in that state, she correctly identified as the queen of spades the playing card placed on her stomach and then read the time—precisely seven minutes to ten—when her husband’s watch was placed in the same anatomical position.77 A physician announcing, probably tongue in cheek, his newly acquired belief in animal magnetism in 1820 repeatedly cited a patient’s ability to read a watch without using her eyes as emblematic of the efficacy of the magnetic fluid. Thus: “I conceived of this nervous agent as enjoying, like heat, the capacity to penetrate solid bodies, in such a way that Dr. Fausd’s somnambulist could tell the time from that physician’s watch when it was placed behind her head.” Or: “I felt so disposed to believe [the doctrine of animal magnetism] that I expected that at the very first opportunity I would put some beautiful vaporous patient to sleep and have her read the watch tucked away in my waistcoat pocket.”78 Thus Nanette both mimicked a stock, even trite motif of magnetic discourse and altered it with marked originality. She did not merely read, with some non-ocular organ, a watch belonging to a male superior, be he husband or doctor, and manifestly supplied by him for purposes of an experiment. She boldly demanded a watch of her own.

In the third place, her demand was striking because personal timepieces were still relatively rare at this date, generally not the possessions of peasants. For two centuries after its first appearance at the end of the fifteenth century, the watch—the technologically difficult achievement of the miniaturization of the components of the clock—remained strictly a luxury item, the appanage of kings, princes, nobles, and only the wealthiest of commoners. During the eighteenth century, to be sure, the clientele for watches grew sharply, the combined result of a general diffusion of consumer goods during that era and an Enlightenment-inspired scientific curiosity and fascination with technical gadgets. In the second half of that century, greater division of labor, undertaken largely by aggressive Swiss watchmakers in commercial competition with their well-established French counterparts, increased the scale of production. But only in the late nineteenth century did the mechanization of production make watches available to a mass market.79 The social status associated with watch-ownership during the period of the Leroux case can be inferred from the definition of “watch” offered in the 1799 edition of the dictionary of the Académie française: “Little portable clock. The watch (montre) could not be better named because, when it is shiny, people take great pains to show it off (montrer).”80 Describing a rather coarse silver watch, dubbed a “peasant’s watch,” that enjoyed wide dissemination among the popular classes of the period 1820–40, one historian has retorted, “the designation ‘peasant’s watch’ is certainly a misnomer since at the time purchasing power in the countryside rarely permitted the acquisition of a watch.”81 The master historian of everyday life in nineteenth-century France, Alain Corbin, dates the beginning of the proliferation of household clocks in the French countryside to the late 1860s, and the proliferation of watches among agricultural laborers to the opening decades of the next century.82

Hence a watch stands out as a noteworthy request on the part of a peasant girl in the 1820s. Several factors conduced to Nanette’s heightened awareness of watch-ownership as a possibility. The first was the proximity of Savoy to the watchmaking centers of Geneva and Besançon as well as the existence of a more rudimentary watch industry in Faucigny, in Savoy itself.83 Indeed, in one of the episodes of the case, when Nanette and Maillard take a carriage from Aix to Annecy, their fellow travelers actually include a watchmaker (ms. 2046, p. 281/170). And it was the nearby Besançon watch industry, led by the Japy firm, that in the opening decades of the nineteenth century pioneered the procedure of making rough-hewn products (bouches) that were subsequently finished in other workshops, a procedure enabling a significant expansion of output.84 Also no doubt piquing Nanette’s curiosity about personal timepieces was the large number of peddlers who followed the traditional trade routes criss-crossing the mountains of Savoy and whose packs typically contained watches for sale.85 As mentioned earlier, Despine’s case notes even record the visit of one such peddler to Nanette’s house in Trévigny. Finally, Nanette’s intermittent presence at the spa at Aix-les-Bains, which drew a wealthy—and no doubt watch-wearing—international crowd,
must have increased her interest in watches. The spa seems also to have taught her about fashion trends: she asked not for just any gold watch but for one of a particular new style: a montre à savonnette.

The term montre à savonnette probably derived from the analogy between the shape of the watch (round and slightly convex) and that of a small, molded piece of toilet soap (savonnette). Other styles of watches were named after the objects they resembled, most famously the ubiquitous “onion watches” but also “Nuremburg eggs.” The chief feature of a montre à savonnette was its double-sided case, with a metal cover affixed not only to the back but also to the front, thus shielding the face, which was not immediately visible. The supplementary cover had both an esthetic function and a utilitarian one, safeguarding the glass, which was extremely fragile at this date. The user opened the front cover by means of a push button, said to be “the secret.” During the nineteenth century, the montre à savonnette was the style of watch overwhelmingly favored by women. Perhaps its covered face, accessible only to those entrusted with “the secret,” seemed a suitable evocation of female modesty. Until the end of that century, when plain, undorned versions appeared, it was usually a luxury product: made of gold, decorated with enamel or carefully executed engravings (see fig. 9).85

A female owner, almost certainly well-to-do, would wear it on a cord around her neck (en sautoir) in keeping with the fashion of the day (see fig. 10). This is the way Nanette wore it: “She places it at her neck with a black cotton cord and at that very moment no longer feels ill” (ms. 204G, p. 34/60). Despite the feminine associations of the montre à savonnette, Nanette seems to have learned of the new style from a male wearer—indeed, a wearer from the high ranks of Savoyard society and someone whom she must have encountered when Despine trotted her out for public demonstrations. A certain Noé Martin, a member of the Annecy senatorial clan with which Despine’s wife’s family was intermarried, initially lent Nanette the watch in question, presumably after she expressed a desire for it; Despine, believing in its therapeutic powers, later purchased it for her.86

In practical terms, Nanette had no pressing need for a watch. Church bells and the position of the sun would have satisfied her time-telling requirements. Probably part of the allure of that commodity was for her, as for the eighteenth-century Paris servants studied by Cissie Fairchilds, the elevated social status that it connoted.87 Even Bertrand considers the possibility that Nanette requested a watch in order “to satisfy her vanity” (ms. 204G, p. 16/158v). Yet, I want to argue, a watch signified more to Nanette than an effort to pass for one of her social betters. Together with another element of the case, it turned temporality into a dominant theme. That other element is menstrual periodicity.

Despine and Bertrand displayed an unflagging interest in Nanette’s menstrual cycle. The almost obsessive texture of this interest can be seen in the opening pages of the case, where we learn that Nanette menstruated for the first time at the age of fifteen and a half; that her periods had always been somewhat irregular; that she had good coloring, except for her premenstrual pallor; that her fatal encounter with the policeman immediately suppressed a period already begun; that her doctors delayed her initial transfer to Aix for four days because they refused to move her while she was menstruating. And so on.88 In voicing this lively concern, Despine and Bertrand were fully typical of French physicians of their era, who tended to revere the menstrual flow as the privileged “sign and measure of a woman’s health.”89 (As mentioned earlier, the data about her menstrual cessation during Peclet’s attack may also reflect the traditional understanding of catalepsy as caused by a blockage of bodily fluids.)

The French word for menstrual period is règles, which is also the word for “rules.” To have one’s menstrual period is to be règlée or, literally, regulated. There is no overt indication that Nanette regarded the doctor’s preoccupation with her menstrual cycle as intrusive; but her request for a watch makes
that point, I think, in veiled form. It announced her wish to be the keeper of her own clock rather than someone living exclusively in the passive and unreflective medium of biological time. And the French vocabulary for clocks and watches is virtually identical to that for menstrual periods, thus juxtaposing those two orders of temporality and implicitly conveying that same message. At one point, Nanette succumbs to lethargy, and she tells Despine that her crisis was provoked by the fact that her watch has stopped. Despine then winds and sets the watch. Pronouncing it régulée—that is, regulated, in good order, displaying the correct time—he restores it to Nanette, who immediately revives. Despine surmises that Nanette had forgotten to wind the watch, that it had run out (ms. 2046, p. 212). The French word he employs for run out, écoulée, is a cognate of the word used for menstrual flow, as in another passage of the case: “Since her trip, Nanette has felt very well. Her periods have flowed (écoulée) abundantly” (ms. 2046, p. 240).

I would hazard that the regularity of her menstrual periods, as well the doctor’s constant inquiry into them, represent to Nanette society’s expectations of her. Indeed, to be régulée in French is also to have paid one’s bill, to be squared away. As a young woman living in a rural setting in nineteenth-century France, Nanette was supposed above all to be reliable and predictable in a procreative capacity; her biological cycle—a phenomenon utterly outside her willful control—defined her social being. It is noteworthy in this regard that as soon as Nanette marries, Despine becomes just as fixated on the continued presence of her menstrual periods as he was previously fixated on their worrisome absence. “Nanette has been married for three months. She is not yet pregnant. Her periods have appeared at the usual times” (ms. 2046, p. 242).

Despine’s medical thesis of 1802, written when he was a relatively young man of twenty-five, shows just how deeply entrenched in him—and in the medical idiom of the day—this mode of thinking was. Surveying the inhabitants of Aix as part of his “medical topography” of the region, Despine noted that the good Alpine air produced individual longevity and the fecundity of marriages—six children on average. When he turned his attention to “the sex,” as women were called, menstruation loomed large: “Puberty ordinarily arrives between the ages of fourteen and twenty.” That peasant women essentially belonged to the natural order of reproduction and child-rearing and lacked membership in the cultural order was axiomatic to the young Despine. “The arduous tasks of the household constitute almost their entire education,” he reported; “from childhood a girl is delivered up to the work of domestic economy.” Significantly, Despine found this pattern beneficial rather than limiting. For, following traditional eighteenth-century medical lore on
this subject, he then added (ironically, given the attention he would later lavish on cataleptic peasant girls), "Thus [country] women are sheltered from the nervous afflictions so common in large cities." 87

That Nanette uses the conventions of cataleptic symptomatology to demand a watch of her own surely speaks of her wish—probably largely unconscious and hence articulated symbolically through the medium of symptom—for some freedom from society's relentless demands on her biological performance, some measure of self-regulation. She apparently wanted to participate in the momentous cultural change that, in his classic work on the history of the clock, David Landes associated with the advent of the watch: a "personalization of time," a "guide to self-imposed programmes" that was "ever-visible, ever-audible," unlike its precursors, the turret clock on the town square or the hourly bells of the church.90 Nanette's demand for a watch can also be understood as the converse of Jean-Jacques Rousseau's famous abandonment of his watch some seventy-five years earlier. Rousseau reports in his Confessions that after his Discourse on the Arts and Sciences won the essay prize of the Dijon Academy in 1750 and he had briefly experienced public fame, he felt a need to reform his way of life in accordance with the thesis of that Discourse, spurning the so-called progress of modern society which had alienated human beings from the natural, morally superior way of life of their originary condition. "I began my reformation with my dress," he noted. "I gave up gold lace and white stockings and wore a round wig. I gave up my sword and sold my watch, saying to myself with unbelievable delight, 'Heaven be praised, I shall not need to know the time any more.'" 90 Rousseau's exhilaration at dispensing with the unnatural rhythms of modern life represented by possession of a watch is thus the mirror image of Nanette's request for a watch. For her, that thoroughly artificial instrument represents an elevation above society's insistence on the purely biological determination of her female condition.

We can go even further in this exercise in what might be called the historical phenomenology of telling time. In his study of bell ringing in the nineteenth-century French countryside, Alain Corbin argues that the peal of the bell marking the hour (and making a variety of other announcements) was an auditory stand-in for the community as a whole. Hence Napoleonic administrative reforms that redrew parish boundaries and thus "despoiled" certain villages of their bell-ringing functions were experienced by the affected villagers as powerfully disorienting; they also gave rise to protracted disputes. Corbin speaks of the sound of the bell as creating "a territorial identity for individuals living always in the range of its sound," as providing "a sense of being rooted in space." 90 By inference, then, the withdrawal from

an obligatory reliance on bells that possession of a watch made possible would signify a separation from the communal matrix, an individuation.

The case history lends support to this view by emphasizing Nanette's thoroughgoing identification with the watch. I have already mentioned the incident in which the stoppage of the watch causes her to succumb to nervous crisis and its rewinding restores her to her normal condition. Ordinarily she took pains to avoid this mechanical cessation: Despine testified to "the attention that the patient had always paid to the watch, even in a semisomnambulistic state" (ms. 2046, p. 24/160); she refused to allow Despine or Maillard to remove it from her person and always "set the watch exactly and checked it several times during a visit to my office" (ms. 2046, pp. 225-226). There is also a variant on that basic phenomenon. In November, she is horrified to notice that the watch is moving backwards, and she almost goes into crisis (ms. 2030, p. 54/60); in December, Despine records that Nanette herself presented the singular symptom of only being able to walk backwards, especially when climbing stairs (ms. 2046, 51/173). A summary statement from the case puts forth the hypothesis that the watch had become Nanette's proxy for an acceptable version of her self, for her integrity: "The influence of the watch on Nanette and the necessity of the movement of its gears for the complete set (l'intégrale) of that girl's functions were once again confirmed" (ms. 2046, p. 175).

From the vantage point of the prominence of the watch, then, the story of Nanette's illness can be read as a story of her attempt at self-regulation against the odds: after all, it is she who engineers her own cure by giving herself a bath and manipulating Despine's stick of wax and a cupping glass on her own body. Hence the unfortunate aftermath of the case: once Nanette married and her pregnancy confirmed society's definition of her as a reproductive body, the symptoms of her old malady returned.

Another mention of règles in the case, a very elaborate one where the word denotes literal "rules" rather than menstruation, verifies from another angle my hypothesis about Nanette's wish for self-regulation. It occurs in a portion of Despine's casebook that Bertrand chose to ignore when preparing his own narrative, and, like the "imaginary scene with Peclet" that he similarly ignored, it concerns an enactment by Nanette in an altered state of consciousness—called "cataleptic lethargy" in the text by Despine and hence equivalent to what Bertrand would call ecstasy.

In the middle of the afternoon, inspired by Maillard's announcement that he was going home to nap, Nanette left the house where she was employed as a servant. She passed the chestnut grove where the attack had occurred and indicated her recognition of the significance of the site by a series of gestures
(she was at the moment mute): shrugging her shoulders; emitting long sighs; 
imiming surprise, indignation, and pain. She then saw a "goat, foreign to the 
domain, that had penetrated into it." Nanette was apparently on such intimate 
terms with the goats in the vicinity that a "foreigner" or "stranger" immediately 
stood out to her. A while later she encountered her master's shepherd 
and his flock. According to the text, "she appears to recognize [the animals], 
to distinguish one from another, and mentally to identify each by its name." 
She then tried to convey something to Maillard by means of gestures; when 
he guessed her meaning incorrectly, she became impatient, approached his 
ear, and used ordinary speech. She "asks in a very low voice what the limit of 
the domain is at that particular point so it can serve as a rule (règle) to her 
when she leads the animals to pasture" (ms. 2030, pp. 19/45–21/47).

This scene, culminating in Nanette's anxious quest for a "rule" to govern 
her actions as a shepherdess, is rightly called "long and extraordinary" by the 
author of this particular set of notes (either Maillard or Despine). The great 
unspoken irony and insult of the attack was, of course, the official status of its 
perpetrator as a man entrusted to uphold the law. Among the main tasks of 
the garde champêtre—a post uniformly instituted throughout rural France 
and its annexed territories by revolutionary legislation—was to ensure that 
farm animals graze exclusively on the land of their owners. As indicated by 
one of the rare, surviving records of the daily rounds of an early nineteenth-
century garde champêtre, the infraction most frequently brought to light by 
his surveillance, the one for which he issued the largest number of summons 
(procs-verbaux), was illegal pasturage. This was, after all, the era following 
the revolutionary abolition of the village commons, and the strict regime of 
private property was still a relative novelty in the countryside. Even Des-
pine's case notes—hardly intended as a record of postrevolutionary agricul-
tural conditions—mention a second instance of animal trespass, this time of 
sheep in a vineyard above Aix. Alain Corbin, once again serving as our 
informer about the French rural mentality, emphasizes the high charge car-
bied by trespass of all kinds in this era. Describing another region of France, 
he notes that the firm establishment of spatial boundaries so preoccupied 
country folk during the early nineteenth century that disputes about them 
filled the judicial archives. "A cut hedge, a moved boundary marker, the place-
ment of a fence on a neighbor's property, even a mere opening in a hedgerow 
or a widening of a ditch or a cut in an embankment suggest an attempt to 
usurp someone else's property, an act of aggression."

Hence, by asking Maillard for the "rule" that she should follow in her herd-
ing of goats—and, moreover, posing the question in a setting where her pain-
ful memory of the attack has been reactivated—Nanette implicitly asserted 
that she was a rule-governed person, that she could be counted on to follow 
the very rules of the modern liberal order that the garde champêtre was sup-
posed to enforce, even while the garde champêtre wantonly broke those rules. 
Her insistence on her conscientious, Kantian-like respect for social rules 
served as a foil, both clever and powerful, to her male doctors' insistence on 
her predominantly corporeal nature and their idealization of her menstrual 
regularity. In gender terms, Nanette enacted a role reversal, arrogating to 
the female an association with the law and its maintenance that is tradition-
ally gendered male.

She also indicated her allegiance to the liberal principle of universalistic 
law: she both embraced the ideal of the garde champêtre and rejected its cor-
rupt instantiation in Pedlet.

Putting Together the Pieces of the Puzzle

I have thus far examined, from my twenty-first-century perspective, only 
selected aspects of the Leroux case—though critically important ones, to be 
sure: the time-bound vogue of the transport des sens among nineteenth-
century nervous patients, especially those in southeastern France and Savoy; 
Despine and Bertrand's strange nonrecognition the sexual content of the 

case; the significance of the watch to Nanette. How, then, should we put these 
partial views together and interpret Nanette's malady in a holistic fashion?

My hypothesis that Nanette "learned" the particular symptomatology of 
the transport des sens should not be taken mean that she was a malingering, 
deliberately and in every respect feigning her pathology. I believe rather that 
Nanette fell ill spontaneously. Her extreme suggestibility (also manifested in 
the ease with which she could be magnetized) enabled her to incorporate the 
transport des sens into her repertory of symptoms, without any conscious 
deliberation on her part, once the spa doctors had indicated their expectations 
in that regard. Hence, while the symptom is surely remarkable, it does not tell 
us very much about why Nanette fell ill or what she sought unconsciously to 
express in the language of symptom. By contrast, her choice of a watch—and, 
more precisely, a newly fashionable montre à savonnette—as a "talismanic" 
object capable of curing what ailed her is, as I have indicated, a symptom par-
ticular to Nanette. It can thus be legitimately regarded as expressive of the 

sources of her personal unhappiness.

But the watch and the wish for self-regulation that it represented by no 
means exhaust the causes of Nanette's illness. Although, in recounting and 
interpreting the case, Despine and Bertrand left its sexual aspects unrecog-
nized—although, in Foucauldian terms, the discursive object sexuality