As I mentioned in my conclusion to A Curious Case of Neuropathy, God is my witness that I have observed many times all the events involving our young Estelle. I had already seen them in many other patients stricken with illnesses of this kind. In my Introduction, I wrote that I have had the rare good fortune to encounter a fairly large number of nervous ailments among the clients at our baths. I have studied them under their different aspects and followed their progress under the influence of our balneological treatments. During most thermal seasons, my colleagues and I have observed the singular phenomena of catalepsy, variants of natural somnambulism, and many related nervous states. I now present the most remarkable cases of illnesses of this type that I know. I have organized them into three classes or series. The First Series comprises what has happened in my private practice. The Second Series involves a nomenclature of cases observed by my colleagues. The Third Series includes diverse cases not yet formally classified.

For the First Series, I selected from among my preferred patients because I could evaluate them better for having observed them myself. I recognized

- that each patient, even though afflicted with the same illness, had individual peculiarities as a function of idiosyncratic temperament, physical constitution, mood, education, and domestic habits;
- that in some patients, certain phenomena showed surprising constancy and similarity despite individual eccentricities;
- that some of these phenomena were entirely independent of the patients’ will or caprice, whereas other phenomena were influenced by their will or caprice;

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that most cataleptic patients present with a particular, characteristic appearance that seems to indicate a predisposition to the disorder. This presentation is so noteworthy that a physician with a little experience of catalepsy should be able to predict a patient’s degree of impressionability to magnetism. The collection of portraits of more than 30 patients of this kind that I had the opportunity to see unquestionably demonstrates the truth of this principle;

- that transposition of the senses always took place in my patients in whom catalepsy reached its fullest development and sleep (or the crisis state) reached its greatest depth. The external sense organs, or “organs of relationship,” lost their normal impressionability to the outside world and the patients’ focus turned inward.

It is important to note that even though this shift took place instantaneously, transposition of the senses did not occur identically in all patients. In one patient, for example, the sense of hearing experienced the transfer; in another, the sense of sight. In some, it was the senses of taste, touch, or smell; hearing remained intact or very little altered. In a few others, transposition of the five senses took place either simultaneously or successively.

These types of phenomena must be varied and unstable, because they parallel the mobility of nervous fluid, their principal instrument. To date, this nervous fluid has escaped all our investigations and all mechanical, physical, and chemical research. Although inexplicable in its nature, nervous fluid exists. It is known by its effects—always constant, identical, and regular.

There is no reason here to discuss the possibility or impossibility of transposition of the senses. I leave these disputes (that are useless to science at the present time) to those who believe only what they have experimented with themselves and who espouse this well known, arrogant philosophical adage as their motto: “None but we and our friends will understand.”

The Second Series involves a nomenclature of cases observed by my colleagues in Aix, or reported by scholars, doctors, or well-known foreign physicians whose authority is guaranteed.

The Third Series includes diverse cases, not yet formally classified, recorded by travelers, historians, and chroniclers. Typically, these people are not involved in healing. Yet, they are known for their truthfulness or their excellent critical approach. I do not consider all these isolated events to be catalepsy. Instead, they are nervous ailments. Their degree of exaltation, varied by circumstances, has more or less pronounced nuances of the marvelous phenomena. These