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Psychological Case-Writing in Late Nineteenth-Century France: From Observation to Narrative

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Keywords: narrative; Azam; Félicité; Forrester; cases; thinking in cases; psychology; analogy, nineteenth-century France

Abstract

In nineteenth-century France, medical and psychological knowledge circulated in the form of what we would now call ‘cases’; however, these cases did not necessarily have the same textual form, nor mobilise the same kinds of reasoning. This working paper analyses two ‘cases’ written by Bordelais surgeon Eugène Azam in the mid-1870s—one from surgical medicine, one from psychology—for what their contrasts can tell us about the emergence of psychology as a case-writing domain. More broadly, these transformations also elucidate the processes by which case histories as a textual form came to articulate a particular mode of reasoning: the ‘thinking in cases’ described by John Forrester. I read Azam’s famous 1876 observation of Félicité X and her ‘double personality’—a case that runs through psychology in late nineteenth-century France and beyond—against a set of Azam’s surgical observations communicated from 1874. In the surgical cases, impersonal narration and bare symptom narratives echo a ‘vertical’ or positivist style of reasoning. Félicité’s case, although structured globally on ‘vertical’ lines, reveals a rich fabric of interwoven narratives in its textual detail; these, in turn, open up the case history to horizontal modes of reasoning, and in particular to the kinds of analogical chains that characterise ‘thinking in cases’ in Forrester’s sense.

1. Introduction

When Eugène Azam penned his account of Félicité X—her extraordinary neurosis, double personality and periodical amnesias—he wrote as a ‘physician, [who] relate[s] as best [he] can an observation which belongs

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more to psychology than to medicine'.¹ He wrote, in other words, at the intersection of two case-reasoning fields—medicine and psychology—each of which enter into John Forrester's work on 'thinking in cases'.² As Professor at the Faculty of Medicine in Bordeaux, Azam (1822–99) was accustomed to documenting his interactions with patients in the form of cases, or 'observations', for such was the currency of medical knowledge in nineteenth-century France. As a physician invested in 'the progress of the medical sciences',³ Azam's writings were also inflected by principles of positive science, as exemplified in a medical context by Claude Bernard's experimental physiology. But when it came to Félicité's case, Azam acknowledged his uneasiness; the observation did not quite fit under a medical framework, and Félicité's 'periodical amnesia' raised different challenges for scientific representation. In this working paper, I explore how Azam responded to these challenges as he documented Félicité's two 'personalities' and established their relation to broader themes within psychological science. Specifically, I interrogate shifts in narrative style and modes of reasoning between Azam's medical case-writing, focused on accounts of surgical complaints and therapeutic interventions, and his extended observation of Félicité's case.

Such shifts are, I propose, suggestive of broader trends in the evolution of reasoning in cases, and thus add to scholarship on 'thinking in cases' initiated by Forrester's work (Forrester, 2017; Passeron and Revel, 2005a). The tensions and transformations that traverse Azam's psychological case-writing point notably to some ways in which *thinking* in cases can diverge from or overlap with *writing* in cases (or what are labelled as such). That is, in the shifts in Azam's writing between his medico-surgical cases and Félicité's case, we see how cases as a textual form might come to articulate

¹ 'médecin, je raconte de mon mieux une observation qui appartient plus à la psychologie qu'à la médecine' (Azam, 1876a: 481). Translations are my own unless otherwise noted.

² Forrester, 2017.

³ This was the aim of the Société de médecine et de chirurgie de Bordeaux, which Azam presided in 1876 (Société de médecine et de chirurgie de Bordeaux, 1877: v)

a particular model of scientific reasoning: the ‘horizontal’ reasoning along a ‘chain of precedents’ described by Forrester,⁴ set against ‘vertical’ ways of organising cases that more directly reflect Bernardian precepts. I take the distinction between ‘horizontal’ and ‘vertical’ organisations from Jean-Claude Passeron and Jacques Revel, who associate vertical configurations with inductive, deductive, and classificatory practices in the ‘hard’ sciences, where elements of a single category are often interchangeable. In contrast, analysis that proceeds through detailed description and comparison, as in clinical or historical reasoning, can be considered as organised horizontally.⁵

What distinguishes cases linked horizontally, for Passeron and Revel, is that their textual form, or ‘mise en récit’, ties together description and interpretation.⁶ My analysis traces the dynamics of this articulation—of narrative form with organisational mode—as it emerges in Azam’s psychological writing. But Azam’s work provides more than simply a rich case-study of a researcher moving between two case-writing fields. His study of Félicité may be situated as a critical forbear of the Freudian psychoanalytic case, and thus, to the extent that psychoanalytic cases occupy a central place in Forrester’s reflections, as an essential step in what it has meant, historically, to write and think ‘in cases’. The lineage in question passes from Azam’s work through French enquiry into hypnotism and pathological psychology, domains of which Freud can be viewed as ‘a critical and creative heir’.⁷ Indeed, it was precisely discussion of Félicité’s case—remarkable in its persistence and volume—that allowed the language and form of French psychology to emerge, according to Jacqueline Carroy, one of the rare historians to have analysed Azam’s

⁴ Forrester, 2017: 128–129.

⁵ Passeron and Revel, 2005b: 26.

⁶ Passeron and Revel, 2005b: 26–27.

⁷ Carroy, 2005: 206; also e.g. Ellenberger, 1970; Carroy, 1991: esp. 219–213; Mayer, 2013.

observation and its scientific impact in any detail.⁸ From its first major diffusion in print in the *Revue scientifique* in May 1876 to the international hypnotism congresses of the *fin de siècle*, the case was circulated, critiqued, and evoked as an exemplar for comportments ranging from ‘double personality’ in general, through the capacities of altered psychical states, to the ‘fainting’ which accompanied switching states.⁹ This interest was sustained by some twenty-four communications—overlapping observations, reiterations, reflections, and updates on Félida’s condition—presented by Azam between 1876 and 1893.¹⁰ By the end of the century, the status of ‘the famous observation’ was such as to accord Azam ‘special mention’ among the precursors of scientific hypnotism,¹¹ and Félida semi-humorous recognition as ‘founder’ of the Chair of Experimental and Comparative Psychology at the Collège de France.¹²

Azam’s writing on Félida has a rather complicated publication history, with multiple, overlapping versions of what we might call the ‘original’ observation appearing in different outlets in 1876 and 1877. In this working paper, I examine the most widely diffused version of the case, as it was read before the Académie des sciences morales et politiques in May 1876, and quickly reproduced in the popularizing periodical, *La Revue scientifique*. Although the Academic communication did not appear in print until September 1877, I work from this ‘official’ version in preference to that of the *Revue scientifique*, except where the two texts differ.¹³ Before undertaking a close reading of the observation of Félida, however, I begin

⁸ See especially Carroy, 2001, and 1992. Giovanni Lombardo and Renato Foschi (2003) have drawn attention to the neglect of Félida’s case, and French psychopathology, more generally, in Anglophone histories of psychology.

⁹ E.g. Liégeois, 1889: 184–185, 342; Janet, 1889: 46. Félida has continued to exemplify at least one variant of ‘double personality’ in the history of science (Ellenberger, 1970: 136–138; Hacking, 1995: chap. 11).

¹⁰ See Jullian, 1901.

¹¹ Dumontpallier, 1889: 24.

¹² This last was by Pierre Janet (Carroy, 1991: 103).

¹³ Citations to Azam’s cases are provided parenthetically within the text.

with an examination of Azam's medical writing, in his 1874 'Nouveau mode de réunion des plaies d'amputation et de quelques autres grandes plaies' on the treatment of amputation wounds (published in 1875)—Azam's most significant medical communication from the mid-1870s. My analysis centres on the textual features of these 'cases'—their structure, narrative strategies, the presence of the subject—as well as on articulations between these textual features and the epistemological stakes of the cases.¹⁴ In its close attention to textual detail, this paper extends and complements Carroy's studies of Félida's case, which trace its role in controversies over double personality, and highlight the multiple collaborators involved in its production, beyond the pairing of Azam and Félida.¹⁵ With Carroy's broader work on cases similarly focusing on the psychologist-subject pair, it is my use of narrative analysis to examine psychological case forms which enlarges her initial explorations in this area (based on other French cases), as it does Anne Sealey's brief sketch of trends linking medical and Freudian psychoanalytic case histories.¹⁶

2. 'Observations', Facts and Impersonal Narratives

While I have been writing about Azam's 'cases', it is no accident that Azam uses the term 'observation' when he requests his reader's indulgence for any awkwardness in his communication about Félida (1876a: 481). The French *cas* appears only once in the text, and refers neither to the account as a textual entity, nor to the set of Azam's interactions with Félida; rather, it occurs in a context of classification, as Azam considers how best to characterize Félida's state in terms of existing medico-psychological nomenclature (1877a: 382). In this, Azam conforms to French medical

¹⁴ Although both cases were communicated orally, they circulated primarily in textual form, and indeed Azam wrote out the Félida case to be read on his behalf at the Académie; I thus refer throughout to 'texts', 'writing', 'readers', rather than to their oral counterparts. In passing, we can note the interplay between spoken and written 'making public' of Félida's case as it first appeared in 1876–1877 (c.f. Fyfe and Moxham, 2016).

¹⁵ Carroy 1991: 103–109; 1992; 2001.

¹⁶ Carroy 2005; Sealey 2011.

usage of the time; ‘cases’ in medical writing were almost always ‘cases of’, followed by the name of some disease entity.¹⁷ What physicians observed in their interactions, or communicated to their colleagues were *observations*, *faits* (facts), and sometimes *histoires* (natural histories/stories).¹⁸ Accordingly, it is in these terms that Azam and his colleagues refer to Azam’s writings about his surgical or psychological patients; the exception is *histoire*, which appears only in Férida’s case, usually paired with verbs of telling or publishing.¹⁹ Since *histoire* has connotations of storytelling, as the word for both ‘history’ and ‘story’, this divergence is suggestive of varying narrative approaches. ‘Observation’ and ‘fact’, in contrast, bear strong associations with a particular model of medical reasoning.

The two terms resonate with longstanding traditions in medical writing, as well as with the framework of mid-nineteenth-century scientific medicine, each tending to establish a distinction between the facts as observed and any interpretation or theorizing related to them. Gianna Pomata has traced the early modern emergence of the ‘observation’ as a distinctive medical genre, characterized by a clear demarcation of the ‘case narrative’ from its ‘learned commentary’, coupled with a generalized ‘suspicion of theory’.²⁰ Similar themes recur in the scientific ambitions of mid- to late-nineteenth-century medicine, for which Claude Bernard’s experimental physiology constituted the most influential model in France. As Bernard puts it in his *Introduction to the Study of Experimental Medicine*, it is ‘essential’ to distinguish between ‘the experimental fact and its interpretation’²¹; facts, once observed, could never be destroyed (306,

¹⁷ On this point in contemporary medical cases, and the narrative forms to which it gives rise, see Hurwitz (2017).

¹⁸ See e.g. communications in the *Mémoires et bulletins de la Société de médecine et de chirurgie de Bordeaux* for 1876.

¹⁹ Azam, 1876a, 1877a, 1893: 37–38; Janet, 1876; Dufay, 1876; Bouchut, 1877.

²⁰ Pomata, 2011: 56–57, 67.

²¹ ‘il y a toujours deux choses essentielles à distinguer dans la critique expérimentale: le fait d’expérience et son *interprétation*’ (Bernard, 1865, 332).

310), whereas theories are much less stable or dependable, being always susceptible to correction or rejection by the facts (e.g. 23, 63, 287). Observation as a process implies ‘the plain noting (*la constatation pure et simple*) of a fact’ (29), undertaken ‘without any preconceived idea’ (41).

The medical observations presented by Azam in 1874 partake of the characteristics of both ‘fact’ and ‘observation’; indeed, the terms appear largely interchangeable in medical communications of the sort undertaken by Azam and his Bordeaux medical colleagues.²² Communicating his surgical work to the Société de chirurgie de Paris, Azam reported a series of twenty-six short ‘observations’ of treating amputation wounds (and some other large wounds) by means of a new protocol.²³ In his communication, Azam takes care to preserve a distinction between the observations and their bearing on his new method. ‘Here are the facts’, he announces, ‘After a succinct narration I will outline and discuss the method’.²⁴ This ordering of facts and discussion reproduces reasoning processes present in conventional medical writing and promoted by Bernard; it signals that these particular observations of amputation wounds are uncontaminated by theoretical preconceptions, and reciprocally incites the reader to refrain from prejudging them. Nevertheless, what is evident from the outset is the way Azam envisages relations between these cases and the method in general. For Azam had, in fact, expounded the method previously—at the 1873 meeting of the Association française pour l’avancement des sciences—but had met with criticism for failing to underpin his ideas with ‘sufficiently precise observations’ (1875: 297). The 1874 observations are intended to provide precisely that missing support, that is, to underlie Azam’s claims for the

²² See papers in the *Mémoires et bulletins de la Société de médecine et de chirurgie de Bordeaux* for 1875 and 1876.

²³ Azam was careful to share the credit for developing the new method with his colleagues at the Saint-André Hospital in Bordeaux, but it was he who undertook to explain, promote and defend the method (see Jullian, 1901: entries 74, 77, 99, 101, 115).

²⁴ ‘Voici les faits. Après leur narré succinct j’exposerai et je discuterai la méthode’ (Azam, 1875: 298).

method with concrete evidence, in the same way that Bernardian facts could confirm (if they did not negate) an experimenter's idea.²⁵ They primarily do so through tallies of cures, or rapidity of certain stages, and only rarely does Azam have recourse to a particular observation to explain a feature of the method.²⁶ To use Passeron and Revel's terms, Azam's amputation observations relate to his method along a *vertical* axis; they are textually separate, and essentially undifferentiated for the purposes of interpretation.

In addition to functioning structurally like Bernardian facts, Azam's medical observations echo this logic in their textual features. The accounts of amputation wounds are recounted briefly, in what seems a bare minimum of words, a result which is achieved primarily by systematically removing articles, pronouns, and extraneous verbs. As described by Harriet Nowell-Smith in her analysis of late nineteenth-century Canadian medical cases, such stylistic features have the effect of excising the patient from the text.²⁷ They also act to elide the presence of a mediating observer, such that the observations provide the illusion of a transparent, 'plain noting' of the facts. In Azam's observations, the surgeon thus tends only to appear when it is a matter of identifying who performed the operation. Sometimes, his role is voiced actively, as in observation 11, an amputation performed by Azam—'I undertook the amputation of her thigh'—but more often, the information is conveyed in the passive voice, in sentences of the form: 'Amputated in town by M. Denucé in November 1873'.²⁸ Here, the patient (a man) is the object of the verb 'to amputate', but even in this passive form, his presence is only implicit, in the absence of both the personal pronoun and auxiliary verb (i.e. 'he was') from the

²⁵ Bernard 1865: 56.

²⁶ One example is the discussion of complications provoked by secondary haemorrhage in relation to observation 12 (Azam, 1875: 309).

²⁷ Nowell-Smith, 1995.

²⁸ 'je lui fais l'amputation de la cuisse' ; 'Amputé en ville par M. Denucé, en novembre 1873.' (Azam, 1875: 302, 303)

statement.²⁹ Indeed, patients are rarely individuated beyond enumeration of their sex, age, and the condition requiring amputation. Rather, as in Nowell-Smith's examples, the observations focus on procedures—the dressing used—and symptoms—‘it arises a deep abscess’³⁰; such are the non-human protagonists of these impersonal narratives, structured by chronology (date, or days since the amputation), and a set of therapeutic interventions (e.g. removing the suture). The impersonal approach is furthered, in Azam's writing, by the greater capacity of French verbs to take an impersonal form, as in ‘*il survient*’ (it arises), or the tortuous (even in French) ‘*il est procédé à l'amputation*’ (it is proceeded to the amputation) (300). Nonetheless, some trace of a reasoning observer, embedded in a ‘research narrative’ persists amidst the depersonalized prose³¹: often merely the remark that there is something to be learnt from a given fact (302, 303, 306), but occasionally more extended speculation around causes (observation 22, p. 306) or avenues for further investigation (observation 16, p. 302). As we turn to Félicité's case, where the object of study is memory and ‘personality’, we will see a dramatic increase in such interventions, and related narrative complexity.

3. Interwoven Narratives: The Case of Azam and Félicité

At first glance, however, Azam follows the conventions of the medical observation in his psychological writings by establishing a typographical separation between his ‘exposé’ of the observation and an extended set of ‘reflections’, the latter divided in turn into four numbered sub-sections (1876a, 1877a). The exposé, which I also refer to as the ‘observation’ or

²⁹ In French, the verb *amputer* can take a person (i.e. not only a body part) as its direct object, in which case it has the sense of ‘to perform an amputation on’.

³⁰ ‘*Il survient un abcès profond*’ (Azam, 1875: 302).

³¹ In exploring the function of narrative in the modern sciences, researchers in the Narrative Science Project have developed distinctions between ‘research narratives’ and ‘narratives of nature’. Robert Meunier, in particular, has investigated the interplay between such narrative types in modern research articles. On broader forms of ‘narrative knowing’ in science, see Morgan and Wise (2017).

‘case’,³² exhibits further characteristics of a Bernardian fact—once observed, not to be altered—in that it is identical, word for word, in the two versions of the case history, as published in the *Revue scientifique* and the proceedings of the Academy.³³ This might seem unremarkable—after all, they are supposed to be reproductions of the same case—but for pronounced differences in the introductions to the two texts, and in the reflections which follow them. For Azam took advantage of the long period which elapsed between the reading of his communication to the Académie des Sciences morales et politiques and its publication in the proceedings both to provide an update on Félida’s condition and to address initial critiques of the case (1877a: sections III, IV).³⁴ That he did not also revise the exposé itself implies that he conceived the observation in Bernardian positivist terms—the same kind of reasoning that led staunch positivist Rudolf Virchow to insist that extracts taken from an autopsy report be reproduced ‘using the exact words’ of the original.³⁵ Azam further displays Bernardian modes of reasoning when enunciating the scientific import of his case; as he construes it, the observation contributes to knowledge through a vertical process of generalisation: from ‘the history of Félida’ (the exposé), Azam draws ‘a certain number of *hypotheses*’ (the reflections), considering the latter to be ‘the more or less winding paths which lead to the truth’.³⁶

If Azam’s psychological observation is consistent with medical models when taken as a structural whole, its narrative strategies and length transform it from a depersonalised chronicle into a rich narrative fabric, in which Azam’s own narratives of research and of scientific collaboration are interwoven horizontally with details of Félida’s life. Where physical

³² The heading ‘exposé’ is rendered as ‘case’ in an 1876 English translation of Azam’s text (1876b: 585).

³³ There is one substantive exception, which I signal below.

³⁴ Azam signals the update in section IV (1877a: 408).

³⁵ Virchow, 1880 [1876]: 144.

³⁶ ‘les hypothèses sont les voies plus ou moins détournées qui conduisent à la vérité.’ (Azam, 1877a: 408) Emphasis in original.

symptoms defined the amputation patients, Félida's physical manifestations are a matter of small interest for Azam; he expounds them in a single paragraph and unproblematically designates hysteria as the disease entity underlying her various troubles (1877a: 368). What counts in the observation is Félida's 'singular life'³⁷—or singularly 'doubled' life—as 'a young woman whose existence is tormented by an alteration of memory which presents no analogy in science'.³⁸ In brief, from her teenage years, Félida suffered from what Azam described variously as 'double/split personality', 'double life', or 'periodical amnesia'. With little warning, she would switch from her 'normal state' (*état normal*) into a second, altered state, her '*condition seconde*'. Serious, hard-working, and with morose tendencies in her normal state, Félida became cheerful, vivacious, and sociable in the *condition seconde*. To this modification in 'personality' was added an alteration of memory: when in her normal state, Félida had no memory of what occurred during her time in the *condition seconde*, whereas in the latter state she recalled events from both 'lives'. When Azam first examined Félida in 1858–59, she spent around three to four hours every day in the *condition seconde* (365, 367), but by the time he recommenced his observation in the mid-1870s, it had expanded to fill the major part of her life (375–376).

The text's thematic focus on Félida's singular-but-doubled existence is paralleled by narrative features which present her as an active character in the story. Far from stripping out subject pronouns, Azam makes very frequent use of his subject's name and correspondingly curtails his recourse to passive or impersonal constructions. For example, in the first six paragraphs of the observation (which relate Félida's antecedents), Félida's name occurs five times as an active grammatical subject, 'she' appears thrice, and there are only four impersonal or passive clauses

³⁷ Forrester, 2017: 24.

³⁸ 'une jeune femme dont l'existence est tourmentée par une altération de la mémoire qui n'a pas d'analogues dans la science' (Azam, 1877a: 363).

(1877a: 363–364). An even more radical shift lies in the way the text accords a significant place not only to Félida’s interior view, but also to her own narrative of her condition. On the one hand, Azam employs indirect style to portray Félida’s affective states, such as when ‘in [her] second life, her pregnancy didn’t worry her and she bore it quite cheerfully’.³⁹ On the other hand, Félida’s sentiments and experiences are narrated in what are ostensibly her own words,⁴⁰ sometimes in direct speech (e.g. 369, 379–381), and also in an extended section in indirect style in the second half of the observation. Here, Félida recounts how she deals with the gaps in her memory that characterise her normal state, notably describing what happened when she switched states during a funeral (377–378). Her personal narrative has epistemic value, in Azam’s view, even though including it means he risks losing his status as authoritative narrator with control over the coherence of his text: ‘Here I think I should report certain episodes in the existence of our patient (*malade*), related by her. They will grant an excellent and complete idea of her state’.⁴¹ But Félida’s contribution to the case extends beyond her individual narrative; the observation additionally reproduces her particular naming system for the two states. The particularity resides in the fact that ‘she has always held that the state, whichever it is, in which she is at the moment of speaking to her is the normal state, which she calls her *raison*, by opposition to the other state that she calls her *fit/attack (crise)*’.⁴² As a result, Azam is frequently concerned with ‘unravelling’ Félida’s terms to determine her

³⁹ ‘Dans cette deuxième vie, sa grossesse ne l’inquiétait pas, et elle en prenait assez gaiement son parti’ (Azam, 1877a: 370). This contrasts with her normal state, in which Félida had no knowledge of the pregnancy, such that the concomitant physical changes perplexed and saddened her (369–370).

⁴⁰ For the purposes of this essay, I set aside any consideration of whether these portions of the text can meaningfully be counted as transmitting Félida’s voice.

⁴¹ ‘Je crois devoir rapporter ici certains épisodes de l’existence de notre malade, racontés par elle. Ils donneront de son état une idée excellente et complète.’ (Azam, 1877a: 377)

⁴² ‘elle a toujours soutenu que l’état, quel qu’il soit, dans lequel elle est au moment où on lui parle est l’état normal qu’elle nomme sa *raison*, par opposition à l’autre état qu’elle appelle sa *crise*.’ (Azam, 1877a: 366) Emphasis in original. As Carroy remarks, Félida’s term ‘*crise*’ recalls the vocabulary of *magnétisme*. Carroy also examines the terminology employed by Félida’s husband to describe her state and how it might be intertwined with their marital relations (1991: 107–109).

‘true’ state during a given interaction (e.g. 375–376, 380). This interpretative work is visible in the text, but does not supersede Félida’s account: ‘I question her, and I learn that she is in *her reason* (she speaks correctly today)’.⁴³ Indeed, the observation privileges including Félida’s view over providing a unified, coherent narrative; the reader is exposed to a certain confusion,⁴⁴ which perhaps mirrors Félida’s disorientation on being confronted with unpredictable gaps in her memory.

Stepping back from the text, we find another kind of mirroring here, or rather a prefiguring, in the sense that Azam’s narrative choices resemble what are more often perceived as ‘formal departures’ taken by later psychological/psychoanalytical case-writing.⁴⁵ I refer specifically to the textual presence of what Forrester calls ‘the unique psychoanalytic experience of *both* patient and analyst’,⁴⁶ that is, the knowledge made out of the interaction of both parties in the psychological observation. Félida’s contribution appears most strikingly in her idiosyncratic present-centred terms for the two states; confusing to the external observer, they also grant the reader insight into the logic of her interior perspective. Moreover, their inclusion has something of the same mimetic effect as Freud’s making his cases ‘reflect the disjointed narratives offered by patients’⁴⁷; although Azam probably includes Félida’s terms, like her longer account, primarily for reasons of completeness. But a desire for completeness does not prevent Azam from interpreting Félida’s terms, that is, from doubling the narrative at these points by presenting ‘a psychological tale different to that of the patient’.⁴⁸ If Azam’s parenthetical corrections are of limited extent, compared to the kind of intertwining, theoretically driven narratives Carroy remarks in Pierre

⁴³ ‘Je l’interroge, et j’apprends qu’elle est dans *sa raison* (elle dit juste aujourd’hui)’ (Azam, 1877a: 380). Emphasis in original.

⁴⁴ The confusing effect of Félida’s terms is also noted by Ian Hacking (1995: 167).

⁴⁵ Sealey, 2011: 42.

⁴⁶ Forrester, 2017: 65; also Sealey, 2011: 42.

⁴⁷ Sealey, 2011: 43.

⁴⁸ ‘un récit psychologique différent de celui du patient’ (Carroy, 2005: 219).

Janet's psychotherapeutic work, they are nonetheless indicative of the way Azam, like Janet or Freud, provides much more than a simple 'narrative of nature', in that he also enters the observation as a character and narrator of his own story.⁴⁹

Particularly in its early stages, Azam's observation of Félicité is as much a narrative of his scientific activity, as of her condition. Interwoven with descriptions of Félicité's comportment and with her individual perspective, Azam comments on the business of observation, his thought processes, and various influences on his scientific development. Not only did Azam have a network of colleagues who supported his efforts (in the face of broader scepticism), but he weaves an account of their interactions into the observation. This social narrative of science adds explanatory depth to the text, as we see how colleagues' suggestions inflected the contours of Azam's observation, notably prompting him to try hypnotism on Félicité, initially in the hope of curing her, and to test certain limits of her amnesia (e.g. 1877a: 367–368, 370, 374).⁵⁰

Of greater interest, however, are the ways that Azam's presence in the text as reasoning observer tends to contravene the medical model of an observation. While it is conceivable that a report of Félicité's perspective would count as 'plain noting' of the facts for the purposes of completeness—though its literary form would remain troubling—it seems hard to justify Azam's intrusions into the observation with reference to this model. Least problematic are the occasions when Azam supplements his plain research narrative of actions performed, and makes visible the considerations and contingencies that inform those actions. He enunciates his thoughts, for instance, on encountering Félicité in her then-rare normal state one day in July 1875: 'Making the most of an occasion perhaps

⁴⁹ On Janet and Freud, see Carroy (2005: 219) and Sealey (2011: 42).

⁵⁰ Carroy qualifies the observation as 'polyphonic', based on the contribution of Azam's research networks to his work (1992: 76; 2001: 51–53). Her analysis here is historical and biographical, where mine is narrative.

difficult to meet again, I study her with care'.⁵¹ Just like mention of the number of times Azam had witnessed various phenomena (1877a: 365, 368), this remark functions to model the traits of a good observation, on the one hand, and to legitimate his findings by demonstrating his reliability as an observer, on the other hand. His observation thus shares narrative features with eighteenth-century French natural histories, as analysed by Mary Terrall,⁵² though for Azam, legitimation appears more urgent than pedagogy, given initial doubt of his account (1877a: 370, 1893: 37). Further thickening of the research narrative sees Azam elucidate both the clues which let him interpret Félida's confusing terminology—'the memory I had of the past had thus already enlightened me'—and also provide alternative explanations for some phenomena—'I could have taken for hallucinations of hearing and smell certain hyperaesthetic states'.⁵³ He even offers some straightforwardly interpretative statements, such as when he judges Félida's *condition seconde* superior to her other 'life' (367).⁵⁴ At these moments, Azam's text collapses the separation between 'observation' and 'interpretation', and thereby departs from the vertical logic of Bernardian science that framed his medical cases, and that organises Félida's case into exposé and reflections. Rather, in the rich narrative structure of the observation, with its multiple intertwined threads and proliferating detail, we can discern the emergence of the psychological observation as 'case'—and of horizontal ways of configuring case knowledge.

⁵¹ 'Profitant d'une occasion, difficile peut-être à retrouver, je l'étudie avec soin' (Azam, 1877a: 380). Translation adapted from Azam (1876b: 597).

⁵² Terrall, 2017: esp. 51–52.

⁵³ 'le souvenir que j'avais du passé m'avait donc déjà éclairé' (Azam, 1877a: 376). 'J'aurais pu prendre pour des hallucinations de l'ouïe et de l'odorat certains états hyperesthésiques' (369).

⁵⁴ Whether the 'superior' state should be termed 'normal' rather than implied to be pathological would become a major point of contention between Azam and other scholars in the field (e.g. Robertson, 1876). It was this criticism that Azam principally addressed when he revised his 'reflections' before publication in the *Séances et travaux* in 1877. I trace Azam's use of 'normal state' in a forthcoming article.

4. Hypothesis and Analogy

Such horizontal configurations are not, however, in evidence when Azam reflects explicitly on the epistemic value of Félida's case. Just as vertical logic informs the global organisation of the case (into exposé and reflections), Azam conceives the case as contributing to psychological knowledge and medical science through the vertical intermediary of the 'hypothesis'. Citing Crookes, Azam closes section III of his reflections with a declaration of the importance of hypotheses to advancing scientific knowledge (1877a: 407–408); he would repeat this sentiment, including once with further reference to Crookes, in updates to the case.⁵⁵ To privilege hypotheses in knowledge-making is also, whether explicitly or not, to follow Bernard's lead, and it is Bernard who enunciates the verticality of this form of reasoning. Judging hypotheses 'indispensable' in 'carry[ing] science forward', Bernard evokes the vertical movement by which they 'draw us out of the fact' towards generalisations.⁵⁶ Azam accordingly justifies, or rather 'excuses', 'the care, the meticulousness (*minutie*)' that he brings to reporting and updating Félida's case in terms of the 'importance' of 'the questions that this study raises, from the point of view of cerebral physiology and psychology'.⁵⁷ His apologetic tone implies that the minutia of his observation have little epistemic value in themselves, beyond the requirement to record the fact 'sincerely and clearly' (1876a: 481, 488).

Rather, what gives the 'fact' of Félida's condition its importance—and leads to such key questions—is its exceptional nature: it 'presents no

⁵⁵ Azam, 1877b: 580, 1878: 195.

⁵⁶ 'les hypothèses sont indispensables et [...] leur utilité est précisément alors de nous entraîner hors du fait et de porter la science en avant.' (Bernard, 1865: 285, also 45)

⁵⁷ 'Les questions que soulève cette étude, au point de vue de la physiologie cérébrale et de la psychologie, ont une telle importance [...]. Cette importance sera mon excuse pour le soin, la minutie, que j'apporterai dans le supplément qui va suivre.' (Azam, 1877b: 577) These comments appear in an 1877 update on the case. As Carroy points out, over the many updates to the case, Azam formulates his hypotheses in the terms of a succession of popular psycho-physiological theories (1992: 77–78).

analogy in science'.⁵⁸ Tellingly, it is with this declaration that Azam begins both versions of the case history, the only part of the introduction to be reproduced word-for-word. Similarly, when asserting the importance of hypotheses to science, Azam characterizes the observation from which he drew them as 'the narrative of an *anomaly*'.⁵⁹ If Félida's uniqueness is supposed to grant greater importance to Azam's hypotheses and questions, such a description is also potentially problematic, given the positivist requirement to connect facts back to known science; the 'isolated' fact is a mere curiosity, as Azam acknowledges in a later update to the case (1878: 194). Nonetheless, on a declarative level, Azam holds to a view of Félida as exceptional, even amidst discussions of how her *condition seconde* relates to other psychological phenomena, such as those of somnambulism. 'The *condition seconde* [...] is not of the same nature as the analogous states already observed, or rather already published', he concludes.⁶⁰

There is a dissonant effect produced here, as Azam continues to insist on Félida's exceptionality, or at least difference ('not of the same nature'), in the midst of drawing connections through analogy. His discomfort is, I propose, expressive of a tension between the way he frames the process of knowledge-making, and the mechanism by which he connects Félida's case to existing science. For as Azam's remark signals, it is to analogy that he turns when he wishes to situate his observation of Félida. 'Shall we seek out analogies?',⁶¹ he opens his reflections on the significance of Félida's troubles of memory. But analogy makes connections along winding and contingent paths reminiscent of Michel Serres's 'North-West passage',⁶² along horizontal 'chains of precedents' from particular to particular, 'with

⁵⁸ 'n'offre pas d'analogie dans la science' (Azam, 1876a: 481, 1877a: 363).

⁵⁹ 'l'histoire de Félida est le narré d'une *anomalie*' (Azam, 1877a: 407). Emphasis in original.

⁶⁰ 'la condition seconde [...] n'est pas de la même nature que les états analogues déjà observés, ou plutôt déjà publiés' (Azam, 1877a: 385).

⁶¹ 'Recherchons les analogies?' (Azam, 1877a: 384).

⁶² Serres, 1980.

no guarantee of self-consistency'.⁶³ In short, it is the mode of reasoning that Forrester and others identify in case-based disciplines,⁶⁴ and it is orthogonal to Azam's preferred mode of reasoning (i.e. by hypothesis).⁶⁵ Most strikingly, Azam does not only have recourse to analogy in his reflections on Félicité's case, but it also enters the observation proper (the exposé) through the narratives of the research process, where it is seen to guide his investigations and interpretations of certain phenomena. He is notably prompted to re-examine the limits of Félicité's amnesias by considering how 'forgetting' plays out in other 'famous *facts* of double life', especially in the case known in French as 'MacNish's American woman' (1877a: 368).⁶⁶ A more complex example of analogical reasoning on Azam's part seemingly inspires him to construe Félicité's *condition seconde* in terms of phenomena of hypnotism. He goes on to argue this point at length in his reflections and in later instalments of the case, yet introduces it first as something between a post-hoc justification for hypnotising Félicité and an insight into how he came to perceive Félicité's transition state (372). What matters is not that Félicité can be hypnotised, but the resemblance of her 'spontaneous' transition between states to various observations of spontaneous hypnotism. Strikingly, Azam refrains from any explicit mention of 'resemblance' or 'analogy' here; instead, he simply remarks that Félicité's spontaneous transition 'naturally made me think about hypnotism',⁶⁷ before listing a number of 'examples' (1876a: 483, 1877a: 372).⁶⁸ These examples take the form of conventional medical case histories in miniature: first, brief identification of the observer and what he observed, then a typographically demarcated interpretation. If

⁶³ Forrester, 2017: 128, 51.

⁶⁴ Forrester, 2017: 51; Passeron and Revel, 2005b: 26.

⁶⁵ Indeed, Bernard associated reasoning by analogy with 'conjectural' empirical medicine, which he worked to supersede by his 'certain' experimental medicine (1865: 374).

⁶⁶ My emphasis. 'MacNish's American woman' is Mary Reynolds (Ellenberger 1970: 128–129).

⁶⁷ 'la transition d'un état à l'autre, m'avait fait naturellement songer à l'hypnotisme' (Azam, 1877a: 372).

⁶⁸ There are four examples in the *Revue scientifique* (Azam, 1876a: 483), two in the Academic proceedings (Azam, 1877a: 372). This is the one substantive divergence between the two versions of the exposé.

individually the examples exhibit a vertical splitting of observation from interpretation, when read together, they constitute a ‘chain of precedents’, linking self-hypnotism provoked by sewing, through self-hypnotism at the discretion of the subject, to predictable but spontaneous ‘sleep’ (1876a: 483). Azam leaves it to his reader to forge the last link in the chain, to wit, Félida’s spontaneous ‘sleep-like’ transition into the *condition seconde*. Indeed, he explicitly denies that he is reasoning from particularities: ‘I will draw no consequences from these facts’.⁶⁹ If Azam refuses to admit to analogical reasoning here, his text nonetheless configures Félida’s condition into a horizontal chain, and invites its readers to do likewise.

5. Conclusion

In one sense, it is not surprising that Azam might attempt to evade the epistemic implications of his psychological case-writing, in that they tend to depart from his practice of writing medical cases, and the ways he understood their utility. In the medical science of mid-1870s France, to reason in cases was to extract general conclusions from one or many discrete observations (or alternatively, to deploy those observations in support of some overarching idea). Azam’s surgical observations of 1874 accordingly function as ‘facts’, separated vertically—both conceptually and textually—from his general method of treating amputation wounds, in a model that echoes the principles of Bernardian positive science. Their textual structure mirrors this mode of reasoning; the impersonal and symptom-focused language of the observation-as-text provides the illusion that it can be identified with the observation-as-plain-fact, quite separate from any interpretation.

But when Azam pursues psychological enquiry—into the ‘double life’ manifested by Félida—the textual features of his observation cannot sustain this illusion. Under the challenges of representing psychological

⁶⁹ ‘Je ne tirerai aucune conséquence de ces faits.’ (Azam, 1877a: 373)

phenomena, his depersonalised medical style gives way to a narrative richness. Intertwined with the ‘narrative of nature’ relating Félida’s memory troubles, are Félida’s account of her singular experience, and a ‘research narrative’ reporting Azam’s conjectures and collaborative interactions, as well as his observational actions. Any of these additional narratives might run afoul of positivist exhortations to note the facts ‘pure and simple’, but it is around the matter of terminology that Azam’s psychological writing most definitively collapses the distinction between fact and interpretation. When it comes to naming Félida’s state at any one point, the narrative is unmistakeably doubled, between Félida’s idiosyncratic, relativist viewpoint and Azam’s external interpretation.

Significantly, when Azam opens up his case to multiple interweaving strands, a move that prefigures literary features of the Freudian psychoanalytic case, he also opens the observation itself to analogical reasoning. Yet, he continues to express a vertical model of knowledge-making in regard to Félida’s case, as for his surgical observations. What we see in Azam’s psychological observation, then, is a disjunction between shifts on a textual level and what happens on a structural or conceptual level. As a result, reading Félida’s case closely allows us to do more than simply unpack the textual and narrative dynamics in an exemplary case from nineteenth-century French psychology. These dynamics also, ultimately, reveal the emergence of psychological case-writing that also ‘*thinks* in cases’—in Forrester’s sense of configuring knowledge horizontally—out of a form of medical case-writing that organised its knowledge vertically.

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