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Michael S. Roth

Dying of the Past: Medical Studies of Nostalgia in Nineteenth-Century France

Indiscreet consolations only embitter violent suffering.

Jean-Jacques Rousseau

*He knows that the more he thinks of his country, and of the objects
which are dear to him, the more he will suffer. It makes no difference!
It is sweeter for him to suffer.*

José-Feliciano Castilho

Case 1

Eugène L***, born in Paris, was sent to a wet nurse in the Amiens area and brought back to his family when he was two years old. The strength of his limbs, the firmness of his flesh, his coloring, the vivacity and gaiety of his character, everything indicated that he had been well cared for and that he was a vigorous child. During the fifteen days that his nurse remained at his side, Eugène continued to enjoy the most robust health; but as soon as she left he became pale, sad and morose. He was unresponsive to the caresses of his parents and refused all the food that had pleased him the most just a few days before.

Struck by this sudden change, Eugène's mother and father summoned Hippolyte Petit who, recognizing the first symptoms of nostalgia, recommended frequent walks and all the childish distractions that abound in Paris. These techniques, ordinarily so effective in such cases, failed completely, and the unhappy little boy, who was becoming weaker all the time, remained for whole hours sadly immobile, his eyes turned toward the door through which he had seen departing the woman who had acted as his mother. Called again by the family, the practitioner declared that the only way to save the child was to have his nurse return immediately

and take the boy away with her again. When she arrived, Eugène erupted with cries of joy; the melancholy imprinted on his face was soon replaced by the radiation of ecstasy and, to use one of his father's expressions, *from that moment he began to revive*. Brought to Picardy the following week, he stayed there about a year, enjoying the best of health. During his second return to Paris, Dr. Petit progressively separated the nurse from the child, first for a few hours, then for a whole day, then for a week, until he was used to being without her. This tactic was crowned with complete success.

Case 2

For a great many years there lived in Rue de la Harpe one of those men of stay-at-home habits for whom the only distraction consisted in occasional visits to the flower market and who, on returning home, would rediscover with ever-renewed pleasure his modest lodgings where order and cleanliness reigned everywhere. One day, as he hurried home, his landlord stopped him in the stairway and told him that the house had to be demolished because of some street repairs and that he would have to find another place to live for the next trimester. On hearing this news the poor lodger remained paralyzed with surprise and chagrin. Returning to his apartment, he immediately took to his bed and stayed there several months, the victim of a profound sadness accompanied by a raging fever. In vain his landlord tried to console him, promising him a more comfortable lodging in the new house that was going to be built on the land of the old one: "It will no longer be my lodging," he responded with bitterness, "the one I loved so much, that I embellished with my own hands, where, for thirty years, I had all my habits and where I cherished the hope of finishing my life!"

The eve of the day fixed for the demolition, he was warned that he must absolutely give back his keys the following day by noon at the latest. "I will not return them," he responded coldly. "If I leave here, it will only be feet first." Two days later, the *commissaire* was required to force open the door of the stubborn lodger. He found the poor man dead; he had

suffocated from the despair of having to leave the abode he cherished too much.

*

These two cases are from Jean-Baptiste-Felix Descuret's 1841 book, *La Médecine des Passions*.¹ They describe a disease which had received extensive medical attention in the 1820s and 1830s and which would remain a subject of scientific debate through the 1870s. The disease was nostalgia, an affliction that doctors regarded as potentially fatal, contagious, and somehow deeply connected to French life in the middle of the nineteenth century. It had first entered the medical lexicon in the seventeenth century, and it had been used as a diagnostic category throughout the eighteenth.² During the early decades of the nineteenth century, and especially in the 1820s and 1830s, there was an important increase in medical writings on nostalgia, and the disease attracted considerable medical attention, discussion and intervention. By the 1850s interest in the phenomenon *as a disease* had waned significantly and, except for a debate about its medical status in the 1870s, it would never again receive the sustained attention of the scientific world.³ Of course, the phenomenon of nostalgia did not disappear when the doctors ceased inquiring into it. Indeed, if its demedicalization resulted in the abandonment of the quest for a cure for nostalgia, we are now all potential experts on the condition. Nostalgia is no longer an *exceptional* condition to be studied by medical experts or to be experienced only by the diseased.

Descuret called little Eugène's disturbance "nostalgia from affection." With this label the author emphasized the psychological, or what he would have termed the moral, etiology of the disease. Other physicians placed a greater emphasis on the physical aspects of such maladies. Eugène's first impressions had been in Picardy; it was not only his affection for his nurse but his attachment to the environment around Amiens that had made the return to Paris a threat to his health. In this case, what Descuret called the child's "memory of the heart" was too faithful to its first object.⁴

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Separation was experienced as violent deprivation. Was there a point, however, when separation was desirable or necessary? When did it become pathological to experience deprivation as violently oppressive? Moreover, how did physicians (or anyone else) know when they were confronted with a medical problem? In order to judge pathology, some standard of normalcy was necessary; physicians had to determine what was the normal connection to one's past in the nineteenth century if they were to speak about it with expertise. In late nineteenth-century France, psychiatrists, neurologists and philosophers joined in the task of constructing the image of a normal *memory* via a conceptualization of memory disorders such as nostalgia, hypermnesia and split personality. Through the classification of *maladies de la mémoire* they were forming the "proper" connection between present and past.⁵

However, the connection between past and present is never only a problem of memory, but also a problem of history and of desire. Desire for objects in the past or for the past itself may be a necessary ingredient for many forms of recollection, just as it can be the crucial component of a pathological way of being in the present. In early nineteenth-century France, medical doctors wrote numerous studies of nostalgia as a pathology resulting from an excess of desire for the past, from the longing to return to a specific and crucial place in one's past.

Eugène had been sent to a wet nurse in the countryside, a custom not unusual for a middle-class child in the early nineteenth century, although this does not mean that sending a child away to nurse was uncontroversial during this period. At least since the Enlightenment mothers had been urged to nurse their own children, yet it seems that at least forty per cent of children born in Paris in the mid-1800s were placed with rural wet nurses.⁶ In the case of Eugène, the child seemed to suffer no ill effects from his two years in the countryside. On the contrary, he was a vigorous two-year-old, a fact that must have made his decline into lethargy even more frightening to his parents.

It is not surprising that Dr. Petit quickly made the diagnosis of nostalgia in the little boy. Early in the century doctors had

already warned that children who were sent out to nurse would be especially vulnerable to the disease. In his medical thesis of 1803, for example, Denis-François-Noël Guerbois warned that the child sent out to nurse would confront the pain of the world when still most vulnerable to it:

It is not the idea of the future that torments him [the child]; he does not have it at all, he cannot have it yet. It is therefore only the memory of the past. It is the first pain that he suffers; nothing can soothe it (*l'adoucir*).⁷

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Happily, nature softens the rude confrontation with the world. Most babies forget their nurses and their first pain of separation. Still, Guerbois urged mothers to breastfeed their own children: “[You] give them more than life, since you assure at least for their tender years a happiness which will be unclouded.”⁸ If mother’s milk preserved children from early sorrow, one may, however, wonder whether it made them vulnerable to psychological disorders later on. Most children do not, of course, forget their mothers, who remain the traditional home of nostalgic affection. Indeed, Guerbois himself suffered from the disease of nostalgia during his difficult tenure as an army doctor during the wars of the revolutionary period: “Sweet memory [of his mother], you were my only consolation and yet you tormented me without end!”⁹

Although not many medical writings concentrated on nostalgia as a childhood illness, almost all identified the origins of the disease in the first affective connections to people and places in the child’s world. The doctors believed that attachment to one’s earliest memories was so frequently the core of this disorder because the first impressions on the brain were permanent. Since they were never erased, they could become the object of attachment at almost any time. Even those writers generally suspicious of physicalist explanations agreed that the first impressions made on the child’s brain conditioned his or her later affective life.¹⁰ The desire to return to the scene of those impressions, the desire

to experience again the affections of home and native soil were overpowering factors in impeding the nostalgic person from living in the present.

10 Little Eugène's attachment to his lost nurse rendered him morose, pale and unresponsive to any pleasures his parents could provide. These signs, we might say, were of depression, or what in the nineteenth century was called melancholy. Although the question whether nostalgia was a discrete illness was the subject of much debate in the medical literature of the period, the disease was usually differentiated from melancholy because of the specificity of the object.¹¹ Nostalgia was also thought to have a rapid pathogenesis: if left untreated, the disease would soon affect major bodily organs (lungs, digestive system and the brain were mentioned frequently) and be fatal. Therefore, the nostalgic person suffered not only from a sentiment, but from an affective disorder that destroyed the body:

Thus, this chagrin becomes a morbid tendency, entering the domain of pathology, since it can terminate in death caused by a series of latent inflammations, and, in as little as a month's time, attacks various organs and weakens all the [body's] functions, above all those of the nervous system, the immediate seat (*siège*) of nostalgia.¹²

Forgetting could be a protection against nostalgia, but no doctor thought it wise to forget one's origins completely. How could physicians understand this disease, which seemed to be the result of "our finest natural sentiments," but which could spread to others and be fatal?¹³ The question was not simply academic: they were faced with the task of saving individuals from the slow, steady debilitation brought on by nostalgia:

Everything one tells him to do he does mechanically; he obeys without murmuring, without complaining; he is the most docile of all creatures, but it is a docility with indolence, and he does what he is told without ever going beyond the orders one gives him. Why? It is

because he has abandoned his life and reserves for himself only his bitter thoughts, which keep him always distanced from the present and from dreaming of a happier future. Cold, impassible, he proffers not a single word of reproach against those who make his life miserable; everything is indifferent to him; always alone, he does not look for a friend to whom he could open his soul. Yet, if the unfortunate one could find within himself the consolations he needs! Far from it, it is by burrowing into his solitude that he can augment his sorrow. Little by little his features become drawn, his face is creased with wrinkles, his hair falls out, his body is emaciated, his legs tremble under him; a slow fever saps his strength; his stomach refuses nourishment; a dry cough fatigues him; soon the decline of energy does not permit him to leave his bed. Then he wraps himself in his sheets, refusing to respond to the questions he is asked; his lips contract with force if one tries to make him swallow some liquid. He speaks to himself, his discourse is incoherent; the fever becomes even greater, and soon he succumbs.¹⁴

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There were various theories about the causes of nostalgia and even some possible cures, and by the 1830s a consensus existed concerning some basic aspects of the disease. The major symptom was seen as an excessive attachment to something in the past, usually, but not necessarily, one's native soil or one's family. The disease could strike both men and women, and it was found in various age groups.¹⁵ However, young men between twenty and thirty seemed to be the most vulnerable. A multitude of widely varying circumstances could become "predisposing causes" of nostalgia. A dissertation of 1831 lists the following as the principal ones: a melancholic or nervous temperament; too lenient an education followed by a strict regime; no education at all, so that the individual was deprived of the consolations of study and philosophy; strong and sad passions, love (especially happy love), and disappointed ambition; the tribulations of prisoners and emigrants; "ignorance of language"; origins in mountainous

regions; “abuse of women” (i.e. womanizing); masturbation; a change in way of life; unusual food; the existence in a new country of native, contagious diseases; premature ossification of bone sutures of the skull and of arteries of the brain; changes in climate (especially high pressure systems). Autumn seemed to be an especially dangerous time, and soldiering a particularly vulnerable profession.¹⁶ Indeed, virtually anything could trigger the onset of the disease. The same thesis lists the following “occasional causes”: a love letter, a picture, a conversation, a song, hearing the accent of one’s native country, a sudden change in social position or habits.¹⁷

In the case of little Eugène, the onset of the disease seems simple enough. His attachment to his nurse appeared remarkable only when she was absent; only then was it clear that this connection inhibited other relationships and could even result in serious physical complications. Dr. Petit’s advice was standard for the time: create new loves for the person suffering from love sickness; find new joys to erase the domination of the old. Paris offered the small boy a host of distractions from his obsessive desire: the key was to find a new passion. In his medical dissertation of 1866 Sava Petrowitch (with bigger boys in mind) specifically warned that “only *satisfied love* can perfectly cure nostomania,” platonic love was insufficient.¹⁸

By what means could the physician direct the patient away from the past and toward the possibility of new passions or distractions? How could he enter the nostalgic person’s imagination in order to bring it back to the world of the present? This was especially difficult because the patient wanted nothing so much as to be left to dream of the past, often lacking the energy even to express the desire to return to it. In other words, the satisfactions available to the nostalgic adult came only through the illness; patients did not want to give up the gratification of their symptoms. Several theses and articles emphasize that the doctor should enter into what we would today describe as a transference relationship with the nostalgic. In order to gain his or her confidence, in order to have a role in the patient’s imagination, the doctor should participate in the illness. A thesis of 1846 notes that the

doctor must become a new father to the nostalgic person.¹⁹ Delmais-Eugène Pilet goes a step further when he writes: “By penetrating into the recesses of a person’s heart to read there the desires, passions, solitudes, the chagrins that react on his organism, you create the ways to remedy the disorders produced, and you elevate your profession to the heights of a true priesthood.” Pilet is clearly thinking of an adult patient, and here the emphasis is on redirecting, not merely distracting, him or her. Moreover, the doctor must become a part of the illness, not just an antidote to it: “Joy is not the remedy for pain, nor love for hatred. In order to calm strong passions, one must first appear to share them: in sharing them one weakens them, and in weakening them one can succeed in extinguishing them.”²⁰

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If the cure of a nostalgic adult often depends on a doctor’s complex transference relationship with the patient, Eugène’s illness allowed for a much more direct therapeutic intervention: send the boy back to the place of his longing. Dr. Petit satisfied the child’s yearning to return in order slowly, progressively to detach him from this first relationship at a later stage. Although the physicians were aware that the patient can never actually return to the past, the literature is full of examples that demonstrate the possibility of going home again.²¹ Thus, nostalgia is often conceptualized in spatial, rather than temporal, terms: the patient desires to return to the *scene* of his or her memory, and sometimes – as in the case of little Eugène – the doctor can oblige. Even if the scene has changed, the strategy usually works. Reestablishing the connection with the lost object of desire is the surest cure of the dreaded disease.

Sometimes, of course, it was impossible to send the patient home. Many of the medical studies on nostalgia were written by military doctors who could not return soldiers to their *pays*. Furthermore, soldiers who wanted to avoid combat were tempted to fake nostalgia, claiming to their commanders and doctors that they suffered from being so far away from home. However, these malingerers were betrayed by their complaints: true nostalgics would conceal their disease, withdrawing into lethargy without disclosing the origin of their suffering. True

nostalgics derived their only satisfaction from the symptoms of their disease and therefore strove to protect their longing, to concentrate all their energies on it:

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To the extent that this physical deterioration progresses, the brain concentrates its forces with ever-increasing perseverance on an exclusive series of ideas. The sick person seeks solitude, during which he can caress his favorite chimera without any obstacle and feed his pain; and later, when the debility of organic actions makes all movement painful to him, he isolates himself, absorbed by his fatal thinking in a repose that further accentuates the total power of this thinking and the progress of organic degradation that it has already provoked.²²

The nostalgic, like the masochist, wants to protect his or her desire, wants to preserve the longing.²³ Attachment to a lost object usually connects a person to the world because that attachment is the kernel of the desire to *re*find the object. One weaves connections with the world because it offers so many imitations of the desired object. In the case of the nostalgic, however, attachment leads the sufferer to renounce the world as an illusory place made up of mere simulacra of the objects desired. As Susan Stewart has noted, "Nostalgia is the repetition that mourns the inauthenticity of all repetition and denies the repetition's capacity to form identity."²⁴ The task of the physician, then, is to detach the patient from this longing either by granting the wish to return home or by creating new possibilities for satisfying this passion. Dr. Petit's treatment combined these two elements. Eugène was sent back to the scene of his satisfaction so that later he would have the strength to be detached from it. He had not only to be weaned from his nurse but also to be introduced to the world beyond Picardy as a place where he could seek substitutions for the satisfactions that had gradually been left behind.

*

Nostalgia is the refusal to consider any but a world lost to the past as the habitable world. Our second case describes a man whose world is being rendered obsolete, who finds the scene of his life being *made into the past*. The unhappy lodger cannot imagine being alive in any place other than the one that he is told will no longer exist.²⁵ It is not the passage of time, necessary psychological separation from origins, or the longing for return that causes his nostalgia. His disease is caused by progress.

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The medical literature on nostalgia is permeated by the idea that the disease derives from the very instinct that makes a person attached to his or her native soil, and that without it peoples from all over the globe would flock to the most fertile areas.²⁶ It is this instinct that ties people to their roots and preserves their fidelity to family, home and *pays*. Some writers emphasize the links between nostalgia and patriotism, whether to celebrate the French desire for freedom or to explain that the French make poor colonizers because they miss their homeland so much.²⁷ Pierre-Urbain Briet thought that the 1830 revolution was motivated by political nostalgia, which he describes in the following terms: “the first person who was aware of what he had lost and who in his despair pronounced the word ‘tyrant,’ this man became nostalgic for freedom.”²⁸ Political nostalgia was an expression of the refusal to feel at home in an unjust political regime. Unlike more typical cases of the disease, this type of nostalgia could lead to action.

Many of the medical writings consider the links between nostalgia and progress. In his article on music in the *Encyclopédie*, Rousseau had already noted that primitive people are more vulnerable to the disease than civilized people.²⁹ There was a strong consensus that as a country became more civilized, and as people became more cosmopolitan, the incidence of nostalgia diminished. Louis-Alexandre-Hippolyte Leroy-Dupré celebrated this progress in 1846: “Cerebral nostalgia becomes more rare each day thanks to rapid communications which modern industry is beginning to establish among peoples who will soon be nothing more than one big family.”³⁰ Pilet, however, was concerned that the disappearance of nostalgia signaled the development not of a

healthier society but of one that was no longer able to feel the absence of some of its essential ingredients:

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One has to say it, nostalgia is a disease that is tending to disappear and that is observed less frequently each day: the establishment of rapid communications, the inundation of a ceaselessly invasive civilization, erases one by one the moral colors that so often created the disease in other times. General cosmopolitanism results in one becoming attached to anything ... everywhere materialist egoism is substituted for the noble instincts of the heart, everywhere the positive kills the imagination and its divine creations ... the further we move away from a state of simplicity, the less we cling to the tombs of our ancestors and to the soil on which we were born.³¹

For Leroy-Dupré the man who could not leave his apartment was, like his building, almost an anachronism. For Pilet, he was expressing a positive sentiment that was unfortunately being erased in a world bent on modernization.

Most cases of nostalgia were not caused by the destruction of a person's home, but by the longing to return to a home one had left. Doctors noticed that if a person's original home was radically different from the place where he or she now lived, the chances of affliction by nostalgia were increased. Thus, people from mountainous or primitive regions (Auvergne, Brittany) were at great risk when they joined the army or went to work in Paris. Some doctors claimed that women were less susceptible to nostalgia because "they took their home with them" when they moved from their parents' house. As Allard noted, women "ordinarily leave their home (*demeure*) only to establish connections which give birth to an attachment so strong that they easily forget their former habits."³² Although some physicalist explanations were offered, it was the sedentary mode of life of most women that was said to protect them from nostalgia.

One group of women, however, was especially vulnerable to the disease. Domestic servants sent far from their villages to

earn a living were targets for many kinds of abuse. Taking refuge in their memory of home often led to the development of nostalgia. Hyacinthe Musset recounts a dramatic case in 1830:

Françoise Cottineau, 25 years old, poor but honest, had just had her beloved mother buried. Her father, already old and infirm, found in her a friend who, with the gentleness of her character, her delicate and cheerful attentions and the sweet fruit of her work, charmed his last years. In a region ungrateful by nature, Françoise soon saw that her own work would no longer suffice to keep her father alive, since his suffering increased his needs. She became a domestic in a chateau half a league from her paternal home. Love is so powerful! And when crime, covered with gold, comes knocking at the door of indigence, it is very difficult not to open up to it. Françoise, perhaps in an excess of filial piety, was weak enough to consent to the passion of the young farmer on whom good fortune had been pleased to smile. The cad swore to marry her and to take care of her father. Françoise became pregnant; and, as the proverb says: "Misery is always wrong" (*Le malheur a toujours tort*). The ungrateful farmer did not keep his promise.

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Françoise confessed all to her father, but nonetheless he threw her out of the house. Eventually she was well cared for and had a "happy delivery" in Nantes. "But," Musset tells us, "Françoise had resolved to die."

Nothing was neglected, she was provided with everything that could please her taste and her senses. The virtuous woman who had taken her under her wing promised to adopt her child and did in fact adopt him. For all the affection she was shown Françoise gave her thanks with burning tears. She had regrets for only one thing; it was not life (she asked for death), but the cottage in which her unhappy father lay. My colleague, M. Aubinai, who

came from her region and had had her mother as wet nurse and her as his first housekeeper, came to see her very often and made every effort to heal the wounds of a broken heart ... one could plant no flower on the tomb of this unfortunate girl. She abstained from all food and died in the midst of the most horrible convulsions, weeping for her *pays* and begging my colleague to ask her father's pardon.

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For Musset this was an ideal case of nostalgia because it showed how even our finest impulses can lead to fatal illness. Françoise was a loyal daughter whose sentiments for her father were strong, even noble. But she lived in a harsh, ungrateful land and found a harsh, ungrateful lover. Musset does not say this, but she also suffered from an ungrateful father. Even so, her loyalty to her father remained strong, and there was no sign of nostalgia as long as she could return home. When cut off from her father and *pays*, however, the strength of her noble sentiments made it impossible for her to live. There seemed to be no place worth living in. The shelter and good care she found in Nantes made no difference to her; they only fostered the yearning she felt. Dr. Aubinais followed the standard treatment. As a compatriot he shared her sentiments, tried to distract her, to offer her other attachments, most importantly her child and her new home. For Françoise, however, without hope of return there was no reason to live.

At the end of his essay Musset considers how others might be prevented from falling victim to the disease that had claimed Françoise. "Should one try to smother," he asks, "this sweet sentiment which makes us cherish with such tenderness our family, our friends, and the places where we have been born?"

Pleasure, joy, agreeable sensations, sweet and constant impressions constitute the happiness of a person, make him the most perfect and fulfilled of beings. One must only try to arm people against the evils sometimes born from a delicate sensibility. There is an immense difference between too much sensibility and cold apathy.

A good and sensitive heart may indeed cause suffering, it is true; but it is also the source of the sweetest pleasures and the most beautiful virtues.³³

Here Musset expresses the same concern as Pilet: the disease of nostalgia is rooted in facets of our humanity whose “cure” would leave us deeply impoverished, even horribly mutilated.

Thus, the investigation of nostalgia led some physicians to reflect on how our ties to the past functioned both to provide meaning in our lives and to make us vulnerable to pathology. As long as Rue de la Harpe was not scheduled for modernization, the habits of the lodger in case number two were benign, even quaint. However, as soon as those habits were broken, as soon as he was denied the possibility of maintaining them in the present, they became malignant. Françoise’s affection for her father was not excessive. On the contrary, it added not only sweetness but also nobility to her difficult existence. However, once she was forced out of her home and *pays* by her father’s hardheartedness, these affections proved poisonous.

We have seen that doctors noticed an inverse relationship between “civilization” and nostalgia. Both Pilet and Musset worried that in the course of our becoming civilized we would lose the capacity to be attached to anything over time. By the 1850s, however, the triumph over nostalgia was seen as a victory of historical progress. As France became more modern, the disease would disappear:

Happily, nostalgia diminishes day by day; by descending little by little among the masses, instruction will develop the intelligence of people, making them more and more capable of struggling against this disease. Everything that touches civilization, in perfecting the human species, makes man understand his role as an individual, his part in the common work, and, in enlightening his spirit, submits the impulses of his heart to reason.³⁴

The point here is not merely that with progress everything improves, but rather that steam engines, regular mail and

telegraph lines link us with the “*mère pays*.” An 1874 dissertation did warn that if a major cataclysm destroyed these modern networks of communication, there would be a resurgence of nostalgia.³⁵ By the end of the decade, the entry in the *Dictionnaire Encyclopédique des Sciences Médicales* would be even more confident: “*Le mal du pays*, already rare in our time, is destined to disappear before the progress of hygiene and civilization.”³⁶ A dissenting voice can be found in an anonymous entry for the Lefèvre Prize for essays on nostalgia offered by the Academy of Medicine in 1872. The author noted the decline of nostalgia in society but, like Pilet and Musset decades before, he lamented the loss of the feelings that once gave rise to the illness. Significantly, there were only three entries to this strange competition – and only the one expressing nostalgia for nostalgia received no mark of distinction.³⁷

The essay that was awarded the highest distinction was a detailed account of current thinking on nostalgia written by August Haspel, who was well placed to assume a magisterial tone after forty years as a doctor in military hospitals. Haspel argued that the disease could arise from organic causes or from a “disposition of the soul.” He called nostalgia a “hypochondria of the heart,” wanting to allow for both moral and organic causes. The other essay to receive a *mention* from the Academy was written by a naval doctor who had intimately experienced nostalgia during long sea voyages. For Auguste Benoist de la Grandière, no one completely escapes the “melancholic influence of his memories,” but the nostalgic’s memories of his native soil become overpowering. Grandière argued that nostalgia was indeed a disease, although he recognized that it often left no physical trace of its existence. More than any other disease, it showed the influence of the psychological on the somatic, and to deny its existence as a disease would be to deny the importance of the soul, “the seat of our passions.”³⁸

In 1875 the *Archives Générales de Médecine* published a blistering attack on Haspel’s prize-winning essay, an attack to which Grandière’s essay was just as vulnerable. For Charles Lasègue, to speak of a disease without a physical base or clear

boundaries in etiology and evolution was a “danger to science,” an exercise in sentimentality, not reasoning.³⁹ Nostalgia had never signified a “pathological unity,” he claimed, so it was impossible to say whether there was a decline in the incidence of the disease. The disease was perhaps only a medical fantasy.

Lasègue argued that the army doctors responsible for much of the writing on nostalgia were not real experts on “troubles intellectuels.” Had they had the proper training and tried to link nostalgia with other recognized psychological disturbances, they would have seen that the “*mal du pays* has more to do with poetic elegies than with medical descriptions.”⁴⁰ With reference to contemporary efforts to classify the range of mental disturbances, he emphasized that experts in psychological disorders should have made a proper taxonomy of nostalgia and shown where it was situated on the nosological map. His attack on the category of nostalgia was clearly a defense of the recent gains made by the young profession of psychiatry. “The asylums of convalescents, this admirable creation of our time,” he wrote, “are a homeland (*patrie*) for no one, and yet how many sick people have found a cure there?”⁴¹

Nostalgia was disappearing as an illness, whether one believed that it had never really constituted a disease or whether one believed that historical progress was eliminating the malady. Writing at the end of the 1870s, V. Vidal attempted a kind of synthesis of the various views on nostalgia. He criticized Haspel for seeing the disease almost everywhere and remarked that too often doctors writing about the illness had “sacrificed their scientific research to the pleasure of riddling their writings with poetic citations.”⁴² Nonetheless, he considered that Lasègue had gone too far in claiming that the disease had never existed. He noted that the illness was no longer seen because progress had eliminated its chief predisposing agents. In a land where centralization and communication were advanced, people were able to return to the scenes of their earlier happiness.

Recognizing nostalgia as a disease, but a disease of the past, allowed Vidal to celebrate historical progress and also to

acknowledge the positive evolution of medicine. Lasègue's violent criticism of the literature on nostalgia was too threatening since it suggested that many doctors were ignorant and unscientific. Widal pointed out some of their errors but underlined instead the fact that medicine had grown more sophisticated in its capacities for differential diagnosis, just as French society had grown more sophisticated in providing people with more possibilities for happiness. Doctors should turn their attention away from nostalgia not because it had merely been an imaginary disease, but because technology and public education were making people less vulnerable to the poisonous claims of the past.⁴³

As nostalgia was being eliminated as a medical concern in the 1870s, psychiatrists were directing their attention to another disorder that would become central to those claiming expertise on *troubles intellectuels*. Lasègue had also complained that hysteria was the "waste paper basket of medicine where one throws otherwise unemployed symptoms," and he concentrated on developing a systematic account of the pathological unity of the disorder.⁴⁴ It was, however, the work in this area of his colleague (and rival) Jean-Martin Charcot that would be fundamental for French psychiatry from the 1870s. As medical writings on nostalgia diminished by the end of the decade, hysteria became the focus of professional French psychiatry.⁴⁵

The nostalgic person expressed an "excessive" attachment to the past through a retreat from the world of the living. The retreat was such that patients did not even call attention to their malady but quietly pursued their desire to return to the past until death. The unhappy lodger became obsolete along with his apartment. He rejected change. By the 1870s doctors agreed that the rejection of change, the attachment to the past, could now be considered at best a historical phenomenon. They agreed that an excessive attachment to the past was no longer manifested in a disease called nostalgia. The history of medical writings on nostalgia in nineteenth-century France thus shows how physicians developed a narrative to explain not only how the normal, modern individual left the past behind while growing to maturity, but

how the country had struck a healthy balance between present and past through hygiene and civilization.

This is not to say that doctors did not recognize casualties of progress. If nostalgia was erased by the developments of industrialization and centralization, these same aspects of historical change were said to be responsible for the exhaustion of the nerves defined as neurasthenia. Hysteria and neurasthenia earned their places on the professional map of psychiatry (through neurology) because their psychological dimensions were not given priority over their physical dimensions. In Charcot's terms, the physical "stigmata" of the diseases could be described as necessary moments in their development. The *place* of the diseases was in the body, even if suggestion, hypnotism and social factors were seen to play roles in their evolution. The *place* of nostalgia, on the other hand, was never successfully localized in neurological terms, nor could it be. The *place* of nostalgia, even when the disease erupted in physical forms, was in the past. How could neurology cure a person of the past? The narrative that made nostalgia a medical anachronism attempted to do that.

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The flamboyant hysterics examined and displayed by Charcot in the Salpêtrière seem very far indeed from the nostalgics who wanted to disappear, who desired only to be removed from the present. In the grand gestures and convulsive attacks of the hysterics we may find yet another form taken by maladies of memory in the nineteenth century. After all, Freud, following Charcot, would claim that hysterics suffered from reminiscences, from memories laden with forbidden affect which intrude into consciousness in disguised form. If hysterics, however, suffer from memory, there is no sense in which they suffer from nostalgia: they have nothing to which they long to return. Or perhaps I should say that they do not suffer from the desire to recapture the past any more than other people do. For Freud, the very structure of human desire was nostalgic: "the finding of an object is in fact a

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refinding of it.” Or, as he says later in regard to the death instinct:

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It would be in contradiction with the conservative nature of the instincts if the goal of life were a state of things which had never yet been attained. On the contrary, it must be an *old* state of things, an initial state from which the living entity has at one time or other departed and to which it is striving to return by the circuitous path along which its development leads.⁴⁶

For psychoanalysis, desire is, in a sense, nothing but nostalgic. Thus, if by the end of the nineteenth century nostalgia becomes almost invisible as a medical pathology, it soon reappears as an essential aspect of normal desire. Nineteenth-century French medicine came to see historical progress as the cure for nostalgia and the conditions giving rise to it. Ironically enough, psychoanalysis would come to regard progress itself as a symptom of nostalgic desire.

Notes

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- 1 Jean-Baptiste-Felix Descuret, *La Médecine des Passions ou Les Passions considérées dans leurs Rapports avec les Maladies, les lois et la Religion* (Paris, 1841), 716–18. The cases are not dated.
- 2 For a detailed account of the history of medical discussions of nostalgia, see Klaus Brunnert, *Nostalgie in der Geschichte der Medizin* (Düsseldorf, 1984). See also Edward Casey, “The World of Nostalgia,” *Man and World* 20 (1987): 361–84; George Rosen, “Nostalgia: A ‘Forgotten’ Psychological Disorder,” *Clio Medica* 10, no. 1 (1975): 28–51; Jean Starobinski, “Le concept de nostalgie,” *Diogène* 54 (1966): 92–115; Susan Stewart, *On Longing: Narratives of the Miniature, the Gigantic, the Souvenir, the Collection* (Baltimore, 1984); and the special issue on memory in the *Bulletin de Psychologie* 42, no. 389 (1988–1989), especially the articles by André Bolzinger, “Jalons pour une histoire de la nostalgie,” 310–21; and Gilles Micouin, “De la nostalgie à la neurasthénie: une rupture épistémologique,” 322–27.
- 3 However, there have been periodic reconsiderations of nostalgia as a medical category throughout the late 19th century and during our own century. See, for example, M. Bachet, “Etude sur les états de nostalgie,” *Annales Médico-Psychologiques* 108 (1950), 1:559–87, 2:11–34; Bolzinger, “Jalons pour une histoire de la nostalgie,” 320–21; J. P. Porchet, “La nostalgie. A partir de jeunes militaires” (Thèse de médecine, Lille, 1979).
- 4 Descuret, *La Médecine des Passions*, 715.
- 5 See my “Remembering Forgetting: *Maladies de la Mémoire* in 19th-Century France,” *Representations* 26 (1989): 49–68.
- 6 George D. Sussman, *Selling Mother’s Milk: The Wet-Nursing Business in France, 1715–1914* (Urbana, Ill., 1982), 112. See also Elisabeth Badinter, *L’Amour en plus: Histoire de l’amour*

- maternel* (Paris, 1980); Joan Scott and Louise Tilly, *Women, Work and the Family* (New York, 1978); Edward Shorter, *The Making of the Modern Family* (London 1976).
- 7 D.-F.-N. Guerbois, "Essai sur la nostalgie: appelée vulgairement maladie du pays" (Thèse de médecine, Paris, an XI [1803]), vol. 31, no. 290, 13.
 - 8 Ibid., 14. The final sentence of this quotation is repeated in Delmais-Eugène Pinel's article, "Nostalgie," in the *Encyclopédie méthodique*, "Médecine," vol. 10 (1821), 662. See also H.-J.-M. Hyacinthe Musset, "Essai sur la nostalgie" (Thèse de médecine, Paris, 1830), vol. 9, no. 292, 10.
 - 9 Guerbois, "Essai sur la nostalgie," 3.
 - 10 M. Reynal, "Dissertation sur la nostalgie" (Thèse de médecine, Paris, 1819), vol. 2, no. 35, 9; J. J. A. Martin, "Dissertation sur la nostalgie" (Thèse de médecine, Paris, 1820), vol. 8, no. 250, 13; Julien-Vincent Huet-Bienville, "Dissertation sur la nostalgie" (Thèse de médecine, Paris, 1821), vol. 6, no. 190, 5; Jules Yvonneau, "Considérations médico-philosophiques sur la nostalgie" (Thèse de médecine, Paris, 1821), vol. 1, no. 34, 8; José-Feliciano Castilho, "Dissertation sur la nostalgie" (Thèse de médecine, Paris, 1831), vol. 7, no. 235, 24–25; Auguste Benoist de la Grandière, *De la nostalgie ou mal du pays* (Paris, 1875), 3.
 - 11 Reynal, "Dissertation sur la nostalgie," 8.
 - 12 François-Théophile Collin, "Considérations sur la nostalgie" (Thèse de médecine, Paris, 1832), vol. 9, no. 271, 8. Gilles Micouin, "De la nostalgie à la neurasthénie," emphasizes that nostalgia was part of the early 19th-century tradition of psychosomatic medicine, which was willing to consider the effects of ideas or emotions on the body. According to Micouin, the disease was later removed from the concern of doctors, who only wanted to consider the effects of the body on ideas or emotions.
 - 13 On natural desire turned bad, see Reynal, "Dissertation sur la nostalgie," 7. Several dissertations repeat the idea that without the desire at the root of nostalgia peoples from all over the globe would flock to the most temperate zones. For an early expression of this idea, see Rémi-Victor Allard, "Dissertation sur la nostalgie" (Thèse de médecine, Paris,

- 1820), vol. 5, no. 139, 6–7.
- 14 Collin, “Considérations sur la nostalgie,” 10.
- 15 Several writers thought that women were less vulnerable to the disease because their way of life was less likely to lead them away from home than the ways of life open to men. All agreed that girls who moved to cities for domestic work were particularly vulnerable to the disease.
- 16 Castilho, “Dissertation sur la nostalgie,” 13–14. (This list of causes follows the order of the original.)
- 17 Ibid., 15.
- 18 Sava Petrowitch, “De la nostomanie” (Thèse de médecine, Paris, 1866), 42. The term “Nostomania” is the attempt to create a technical word for nostalgia. C. Castelnau, in opposition to the distractions of Paris, recommends religion’s promise of other-worldly satisfactions: “Considérations sur la nostalgie” (Thèse de médecine, Paris, 1806), 19. Castilho advises the doctor to provide a passion for something else, little matter what: “Dissertation sur la nostalgie,” 27. Cyr. Ducrest de Lorgerie prescribes an even more general treatment. In language that recalls Homais’ sage counsel to Emma, he writes that the doctor should excite the patient’s imagination in order to destroy the effects of a diseased imagination: “Dissertation sur la nostalgie” (Thèse de médecine, Paris, 1815), 18.
- 19 Louis-Alexandre-Hippolyte Leroy-Dupré, “De la nostalgie” (Thèse de médecine, Paris, 1846), no. 134, 26.
- 20 Martin, “Dissertation sur la nostalgie,” quoting Tourtelle (author of a treatise on hygiene), 22–23. Pilet, “De la nostalgie: considérée chez l’homme de guerre” (Thèse de médecine, Paris, 1844), vol. 12, no. 43, 29.
- 21 See Louis-Jacques Bégin, “Nostalgie,” in *Dictionnaire de médecine et de chirurgie pratique* (Paris, 1834), 12:84.
- 22 Ibid., 79. See also Castilho, “Dissertation sur la nostalgie,” 21. (The epigraph of this article is from *ibid.*, 17.)
- 23 See Gilles Deleuze, *Présentation de Sacher Masoch* (Paris, 1967), 32–33, 119–22, 126–29. Susan Stewart states that “The nostalgic is enamored of distance, not of the referent itself” (*On Longing*, 145). According to Grandière, the person with nostalgia “becomes at the same time the

artisan and the victim of his own suffering” (*De la nostalgie ou mal du pays*, 103).

24 *On Longing*, 23.

25 Rue de la Harpe, in the Fifth Arrondissement, has a long history of being reshaped to fit the modernizing city. Later in the 19th century it would be almost entirely transformed by Haussmann’s reconstruction of the city. See Jacques Hillairet, *Dictionnaire historique des rues de Paris* (Paris, 1963), 621–22.

26 See, for example, Allard, “Dissertation sur la nostalgie,” 6–7; Raoul Chenu, *De la nostalgie* (Paris, 1877), 30.

27 On patriotism and nostalgia, see Musset, “Essai sur la nostalgie,” 6. Perhaps it is significant that this thesis was presented in December 1830. On colonization and nostalgia see V. Vidal, “Nostalgie,” in *Dictionnaire Encyclopédique des Sciences Médicales* (Paris, 1879), 13:361; Brunnert, *Nostalgie in der Geschichte der Medizin*, 177–79.

28 Pierre-Urbain Briet, “Essai sur la nostalgie” (Thèse de médecine, Paris, 1832), no. 162, 8.

29 Rousseau is explaining that as the Swiss lose their “première simplicité” they become less vulnerable to the dangerous effects of the music of the “Ranz des vaches.” Of course, for Rousseau the price paid for this increased immunity is extremely high.

30 Leroy-Dupré, “De la nostalgie,” 28n.

31 Pilet, “De la nostalgie,” 19. The point about the inverse relation between civilization and susceptibility to nostalgia is often made by citing examples of non-Europeans. Pilet mentions the North American Indian who asked how he could move to a place where his ancestors were not buried, unless their bones would follow him. Another example repeated in the literature is that of Assan, a young Chinese man, who embraces a tree in Paris that reminds him of his homeland.

32 Allard, “Dissertation sur la nostalgie,” 9. See also Brunnert, *Nostalgie in der Geschichte der Medizin*, 177. In summarizing earlier discussions of women and nostalgia, Théodul Ribot writes of a greater natural plasticity among women: *Problèmes de psychologie affective* (Paris, 1911), 66.

- 33 Musset, "Essai sur la nostalgie," 38. He recommends education as protection against the disease. Education should make people more stoic, enabling them to cope with the difficulties that would otherwise destroy them.
- 34 (?) Morin, "De la nostalgie aux points de vue philosophique et médicale," *La France Médicale et pharmaceutique* 3, no. 26 (1856): 204.
- 35 Charles-François-Alexandre Gueit, "Quelques Considérations sur la Nature de la Nostalgie, ses Causes et son traitement" (Thèse de médecine, Montpellier, 1874), no. 74, 36.
- 36 Widal, "Nostalgie," 380.
- 37 "De la Nostalgie," manuscript no. 3 pour le prix fondé par M. le Docteur Lefèvre, Archives de l'Académie de la Médecine.
- 38 Grandière, *De la nostalgie ou mal du pays*, 182–85.
- 39 Charles Lasègue, review of A. Haspel, *De la nostalgie*, in *Archives Générales de Médecine*, 6th ser., 25, no. 1 (1875): 760.
- 40 Ibid., 762.
- 41 Ibid., 763.
- 42 Widal, "Nostalgie," 366.
- 43 Ibid., 380. Ribot's late, brief discussion of nostalgia is intended to provide evidence for the importance of affective memory, an important topic in early 20th-century psychology: *Problèmes de psychologie affective*, 63–67.
- 44 See Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge, 1987), 324, 328. For a description of Lasègue's work on hysteria, see Etienne Trillat, *Histoire de l'hystérie* (Paris, 1986), 122–25.
- 45 Trillat, *Histoire de l'hystérie*, 126–79; Ilza Veith, *Hysteria: The History of a Disease* (Chicago, 1970), 228–56; Elizabeth Roudinesco, *La bataille de cent ans: Histoire de la psychanalyse en France* (Paris, 1982), 1:21–49. Phillip R. Slavney, *Perspectives on "Hysteria"* (Baltimore, 1990), 131–32.
- 46 Sigmund Freud, *Beyond the Pleasure Principle* (1920), in *Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. James Strachey, 24 vols. (London, 1953–74), 18:38.