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Fugue and the Fugitive: Notes on an Urban Pathology

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Abstract

In 1887 psychological medicine first recognized the condition of fugue, a medically recognized form of hysteria that was essentially a flight from identity – both geographical and psychological. While its cause and nature were subject to debate, the fugueur's primary symptom was the inexplicable compulsion to undertake a temporary period of travel, which was inevitably accompanied by a bout of amnesia. This condition saw the romantic figure of the solitary traveller become entangled with confused, denied, or repressed identity in what was tantamount to an exile from the self.

The theorization of the condition of fugue roughly coincided with the emergence of the flâneur, who – characterized by Baudelaire as fundamentally fugitive in nature – was to become emblematic of Parisian modernity. This paper suggests that the condition of fugue, through the relationship it forged between the individual and the modern city, can be regarded as pathologizing the figure of the flâneur – a link implicit in Benjamin's reading of the flâneur in The Arcades Project. Locating this disorder among other psychological malaises that emerged in response to industrialization, and the changing nature of the modern city as exemplified by the Haussmannization of Paris, this paper will consider the condition of fugue as a parallel discourse to that of the flâneur.

Introduction

The seventeenth, eighteenth and nineteenth centuries saw the growing incidence of exploration and travel expand and redefine the horizons of European experience. From the expeditions of explorers that came to reveal new and exotic worlds, to journeys exemplified by the prestigious 'Prix de Rome', travel was associated with enlightenment – entailing new understandings of culture or geography and, importantly, one's own identity and self-awareness. The figure of the roaming traveller subsequently adopted a

somewhat romantic position in history, literature, and philosophy. This was particularly connected with an idealistic captivation with solitude (and the solitary journey) as facilitating reflection – whether that be *spiritual*, *educational*, or a reflection upon the *self*. From early accounts of the Christian hermits, known as the desert fathers, who wandered into the harshest of landscapes in search of enlightenment, through to the organized ambling of the aristocratic gentleman undertaking the Grand Tour, or the more modest figure of the *flâneur* who became emblematic of Parisian modernity, travel has been persistently associated with ideas and moments of transition and identity. In 1887 psychological medicine was to recognize a subversion of these associations, coinciding with the first diagnosis of the condition of *fugue*. The identity of the *fugueur* in many ways represented a pathologizing of the figure of the *flâneur*, a link implicit in the etymology of these identities in addition to both the writings of Baudelaire and Benjamin. This paper will discuss fugue, locating it among other, firstly, psychological and, secondly, poetic conditions associated with modernity and travel.

Illness and Place

During the period spanning the seventeenth through to the nineteenth centuries, travel was frequently associated with the healing of both mind and body. During this time convalescents often travelled in search of relief for various ailments: journeying, for example, to coastal retreats for the benefits of sea bathing or to mountainous regions for altitude therapy. While belief in the curative aspects of travel and place was a recognition of the benefits of a change in environmental and geographical conditions, it was also (particularly during the nineteenth century) an acknowledgement of the unhealthy state of the bustling, unsanitary, or polluted city, and in many cases a reflection on the home itself. Relocation to a new climate or geography was believed to assist conditions ranging from rheumatism or consumption through to complaints such as deafness, that today seem unlikely to be improved by a change in air or altitude.¹ In the eighteenth and nineteenth centuries these longstanding relationships were altered by the recognition of a number of medical conditions seen to be associated with the environment, and more specifically *place*. Travel became associated with illness, not only as a source of respite, but also as a catalyst and later a *symptom* for certain medical conditions.

At this time, the traveller risked a number of seemingly curious complaints that were thought to evolve from the relationship between individuals and their environment. For example, the disease of nostalgia – being a pathological form of homesickness – was characterized by an inability to assimilate to one's newfound conditions.² Both the rise

and disappearance of incidences of this malaise were inherently linked to modernity and the influence this exerted on place.³ While transport improvements increased the incidence of travel, seeing nostalgia become more common, the changing nature of place induced by urbanization and the beginnings of globalization was also seen to dull the sense of separation and loss that incited this complaint.⁴

The Influence of the Environment

The changing nature of place as a result of modernity was also linked to a number of other conditions, such as agoraphobia, estrangement, and neuroasthenia, which have been theorized in recent times by, among others, Anthony Vidler.⁵ Understandings of these complaints in many ways developed from the discourses that emerged towards the end of the eighteenth century theorizing the nature of the influence that the environment exerted on its inhabitants. By the nineteenth century, environmental theories of human character and identity were so pervasive that sentiments, emotions, and even moral character were seen to be determined by one's surroundings.⁶ Qualities such as a passionate temperament or bravery were accordingly attributed to the nature of the countryside or climate of one's birthplace. The nature of a terrain was also seen to *alter* the characteristics of people.⁷ Thus, if temperature or rainfall were capable of affecting one's disposition or moral character, such theories offered a foundation for the discussion of the influence of the *man-made* environment on a person, specifically the *home* or at a larger scale the *city*. The existence of sumptuary laws in many countries also supported the belief that moral character could be affected by one's surroundings and material possessions – whether that be an ornate house or an excess of embroidery on one's clothing.⁸ The suggestion that the changing nature of the modern city, through the widening of streets or increases in pollution, could not only alter one's character, but also affect one's ability to function normatively, were subsequently plausible suppositions.

Exemplified by the drastic changes to the city of Paris implemented by Haussmann under Napoleon III, the modern city was the locus of new kinds of public spaces that signified a radical transformation from the intimate and rambling spaces inherited from the medieval city.⁹ The boulevards and public squares associated with Haussmannization accommodated the increasing population and facilitated the seamless movement of large numbers of people. Such spaces generated a set of psychological interactions between the individual and the city that were to attract the attention of doctors, philosophers, and architects alike. Similarly, rail travel and its associated infrastructure exerted an irrevocable impact on the character of both the city and the provinces, firstly through the

generation of new types of spaces and spatial relationships, secondly, through the increasing efficiency and affordability of travel, and thirdly, through enabling the experience of speed and motion. Rail travel seemingly resulted in an acceleration in the 'pace' of the city, in terms of both experience and perception.¹⁰ Subsequently the perception of the city, for many individuals, began to be defined by the experience of motion and passage, which accompanied and exacerbated the sense of social and cultural disengagement written of by the likes of Simmel. Conditions such as agoraphobia, neurasthenia, and estrangement became linked to the new spaces generated by the modern city – whether this be a place where one lived or where one merely travelled to temporarily. Such relationships between characteristics of place and psychological wellbeing were explored in the writings of, among others, Camillo Sitte, who related agoraphobia to the aesthetic criticisms of new urban spaces, in addition to the writings of Georg Simmel and Siegfried Kracauer on estrangement. These conditions, particularly nostalgia and estrangement, were firstly related to ideas of disconnection with both the environment and the other inhabitants of the city, and secondly to an unwillingness or inability to assimilate. Paradoxically, the transportation measures that saw the city become more accessible were also the cause of much of the disconnection felt by its inhabitants.

Fugue

At the close of the nineteenth century a medical condition emerged that effectively inverted traditional relationships between health and travel, seeing travel transformed from a *cause* or *treatment* to a *symptom*. In 1887 psychological medicine was to recognize the condition of *fugue*, which was also often identified by the more descriptive appellation *ambulatory automatism*.¹¹ While the term is best known through its musical context, fugue was a medically recognized dissociative condition that saw sufferers subject to intermittent episodes in which they were inexplicably compelled to take flight from their everyday life and undertake a period of travel. In 1907 Pierre Janet introduced the disorder to medical students as “one of the most wonderful phenomena of hysteria”, describing it as “the hysterical mania of running away”.¹² While it is easy to dismiss this disorder as another quirk of nineteenth-century medicine, as Ian Hacking has noted, the condition still exists in diagnostic texts. Hacking observed that contemporary diagnoses of fugue see it regarded more often as a symptom rather than a condition in its own right – although this understanding was often implied in early-twentieth-century medical texts dealing with the condition.¹³

While its cause and nature were subject to debate, the condition of fugue saw travel become entangled with confused, denied, or repressed identity. Fugue was essentially a *flight from identity*, a flight that was at the same time physical, geographical, and psychological. It is important to note at the outset of this discussion that the *fugueur* was prototypically male. Significantly, this was largely because, as Ian Hacking noted, it was much easier for men to travel at this time than women.¹⁴ A woman was more likely to 'dissociate' at home than through travel. Episodes were accompanied by temporary amnesia, and the fugueur often adopted a new identity during his travels. The condition was fundamentally a dissociative disorder that sought retreat through a purposeful, pathological form of travel.

Nineteenth-century medical thought situated this condition somewhere between the two competing diagnostic factions of hysteria and epilepsy, with the politics of medicine determining which of the two triumphed.¹⁵ Hysteria, as Hacking noted, was typically a condition affecting women rather than men. Female hysteria was usually attributed to moral deficit or decay, while in men it was usually the consequence of some kind of physical trauma, usually in childhood.¹⁶ Accounting for such trauma generally occupied an important part of the case history of patients afflicted by (hysterical) fugue presented in medical and psychological texts. The distinction between male and female hysteria problematized the diagnosis of fugue for many physicians, seeing it challenge the very gendered understandings inherent in the condition, and often making a diagnosis of epilepsy less problematic. In the early twentieth century, more diplomatic medical sources shifted the distinction between hysterical or epileptic fugue, seeing it ascribed to *temporal* rather than *moral* factors. Subsequently, short fugues were often considered a function of epilepsy whereas longer episodes were regarded as hysteria. These temporal distinctions also affected the spatiality of the complaint; short fugues were less likely to yield epic international journeys than longer ones. Thus epilepsy-related fugues were arguably more domestic in their scale than hysteria-related episodes.

In order to understand this condition it is useful to briefly examine a case study. The first official fugueur was a French gasfitter named Albert Dadas who, having previously led a 'normal' life, suddenly disappeared and was later found – a considerable distance from home – working as a travelling umbrella salesman.¹⁷ The account of Albert was documented by Philippe Tissié in his medical thesis *Les Aliénés Voyageurs* (1887). Drawing from Tissié's account, Ian Hacking remarked that Albert, upon his discovery, "acted as if awaking from a deep sleep, groggy and confused, astonished to find himself where he was, carrying umbrellas".¹⁸ Albert experienced a number of subsequent

episodes where he would compulsively travel to distant towns, provinces, and countries upon hearing the name of a particular place spoken. Albert's fugues saw him travel throughout France, and later Belgium, the Netherlands, Russia, and even Africa. It was recorded that Albert had a love of travel that extended from his childhood, a factor that undoubtedly influenced his decision to (working as a cook) join the military.¹⁹ Episodes were also recorded during the time of Albert's enlistment, indicating that this was more than an inclination to travel, but rather a compulsive and pathological flight. Interestingly, while many fugueurs expressed a captivation with travel, most lived in constant fear of being overcome by further episodes.

The account of Albert mirrors dozens of narratives that emerged in late-nineteenth and early-twentieth-century psychological writings. Sweeney, for example, wrote of his encounter with a 43-year-old contractor. In August 1902 Sweeney's patient boarded a train in Colorado City with the intent of travelling to a neighbouring town where he was engaged on a construction project.²⁰ Sweeney observed that the patient experienced an amnesiac period spanning 50 days from boarding the train, when he found himself "walking the streets of a country village; the houses looked strange and unfamiliar and the people he saw were wholly unknown to him."²¹ The patient remarked that he felt dishevelled and confused, and completely without memory of the two months that had passed since boarding the train.

Similarly, Janet recounts the story of a railway worker referred to as 'P' whom, having left a coffee house in Nancy to dine with a neighbour, awoke nine days later lying in a field in Belgium, covered in snow, and astonished by his situation. The accounts recovered from 'P' revealed a series of alarming details including an attempt to enlist to sail to the Dutch Indies.²² Another account tells of a Parisian fugueur whom, in a coffee house in Algeria, was awakened from his fugue by a newspaper story describing the disappearance of a 29-year-old man he immediately realized was himself.²³

Such flights often saw the fugueur traverse boundaries that were both *geographical* and *moral*. Albert, it was documented, was often compelled to steal, trespass, or stow away in order to reach his destination, and was repeatedly detained for vagrancy or other acts of legal transgression.²⁴ Because of the accompanying amnesia, accounts of the fugueur's journeys were usually assembled through fragmented evidence, the testimony of various witnesses, documents from arrests, and from information retrieved through hypnosis – lending this already curious condition a further sense of mystery. Subsequently, there are few recorded accounts of the perceptions of space experienced during the fugueur's flight

other than recollections of disorientation, unfamiliarity, and confusion experienced upon emerging from an episode – although a number of medical texts remark on patients experiencing a sensation of vertigo prior to embarking on a fugue.²⁵ Case histories have predominantly been concerned with presenting material retrieved during hypnosis that explains actions rather than offering impressions. The accounts of both witnesses and doctors, however, generally describe the fugueur as being afflicted by a kind of daze or delirium, implying a sense of narcosis in the fugueur's awareness and experience of place.

The flight of the fugueur, as Ian Hacking has observed, was not an act of wandering, rather the involuntary flight was seemingly purposeful in nature. Despite their compulsive behaviour, fugueurs were generally indistinguishable from other travellers of the age – although (despite class distinctions) they were often mistaken for vagrants, which was itself considered an act of legal transgression. Vagrancy acts in Britain, for example, specified that once identified vagrants should be transported back to their territory of origin – a practice that was often abused by individuals seeking free passage. As the cost of this relocation was borne by the discovering parish, it was prudent – and hence rather common – for vagrants to be imprisoned instead as beggars or paupers.²⁶ If the prison system was growing concerned by the proportion of its population who were known vagrants, as it was by the commencement of the twentieth century, then the medical profession should have been alarmed by the number of fugueurs being mistakenly processed as vagrants.²⁷

In response to such concerns, there were calls for fugueurs to be issued with special papers, which would ensure they were dealt with appropriately in the case of arrest or discovery. Such moves would seem futile in view of the fact that many fugueurs went to seemingly deliberate efforts to lose papers that could prove their identity during such episodes. However, this gesture was effectively an acknowledgement that fugue was a *medical* condition and not a *moral* one.²⁸ This was an important distinction on a number of counts. Firstly, as previously noted, while male hysteria was often attributed to *trauma*, medical thought of the time believed there to be an association between *female* hysteria and *moral decay*. This was a factor that influenced the way in which the condition of fugue was framed within medicine – driving the debate as to whether fugue was a form of hysteria or epilepsy. Secondly, to cast this condition as *medical* effectively exonerated sufferers from the moral transgressions undertaken during their fugues.

The fugueur's flights were assisted by the growing ease of travel in the nineteenth century – utilizing trains and ships. Interestingly, in his discussion of the social construction of this malaise, Ian Hacking locates fugue among the culture of the bicycle in modern France, as a means of discussing the modernity of this condition – although arguably Hacking's extended reference is somewhat superfluous other than to illustrate the interests of Albert's treating physician.²⁹ Fugue was most commonly encountered in the French provinces, although it soon 'spread' to the city and other countries. It is, however, the use of modern transportation networks, and the disconnectedness of 'the passage' that links fugue with general theories of estrangement, and arguably characterizes this disorder as, fundamentally, a malaise of modernity.

The gendering of this malaise as almost exclusively affecting men gives rise to some rather interesting comparisons between the fugueur and the flâneur. The dissociative amble of the fugueur, it can be argued, represented a pathologizing of the flâneur, and conversely, the flâneur was also a romanticization and urban incarnation of the figure of the solitary traveller – whether travelling for enlightenment or as a manifestation of illness. This point was alluded to by Walter Benjamin in his discussion of the streets of Paris in *The Arcades Project*. Here, Benjamin described street names as "intoxicating substances" and compared their evocative power to "certain pathological phenomena" and specifically "the patient who wanders the city at night for hours on end and forgets the way home".³⁰ While the pathological condition Benjamin alludes to is seemingly less complicated than fugue, the confused and alienated state in which fugueurs inevitably undertook their journeys engages with the new discourses of the city that had begun to emerge in response to the changing nature of place, as exemplified by the writings of, among others, Baudelaire and Benjamin.

The Fugueur and the Flâneur

The philosophical consensus that modernity irrevocably altered the experience of the city culminated in two parallel discourses, which have yet to substantially converge. These are the figure of the flâneur – as illustrated in the work of Baudelaire and later Benjamin – and discussions of the psychological consequences of the 'new' city – exhibited in discourses of alienation, distraction, agoraphobia, or, as this paper suggests, *fugue*.

From the nineteenth century the figure of the flâneur, as Janet Wolff has suggested, adopted a role that was heroic in both art and society. Arguably engaging with both the picaresque and romantic literary accounts of the solitary traveller, Wolff argues that the

flâneur was a heroic figure precisely because of his disengagement with his surroundings.³¹ The figure of the flâneur was inextricably linked to the landscape and character of the modern city – most specifically Haussmannized Paris – and its representation. The flâneur subsequently became an emblematic figure of Parisian modernity ultimately representing a peculiar assimilation of the individual into the modern city. While this association was fundamentally one of mobilized disengagement and distraction, in contrast, the fugueur's disengagement with place was simultaneously represented by a paradoxical ability to assimilate with the city (insofar as they often did not attract attention or suspicion) and a lack of assimilation – in terms of the very nature of their flight.³² The discussion of these figures necessarily diverges beyond this notion of 'the passage', insofar as while the purposeful strolling of the flâneur was disinterested in destination, the fugueur was seemingly fixated with this.

In his essay 'The Painter of Modern Life', Charles Baudelaire wrote of the figure of the flâneur, stating:

For the perfect *flâneur* ... it is an immense joy to set up house in the heart of the multitude, amid the ebb and flow of movement, in the midst of the fugitive and the infinite. To be away from home and yet to feel oneself everywhere at home; to see the world, to be at the centre of the world, and yet to remain hidden from the world.³³

Baudelaire's use of the term 'fugitive' is somewhat significant. The act of taking flight, and of hiding in the crowd, was a quality that in many ways resembled the pathological flight of the fugueur. The fugitive nature of the flâneur was again raised by Baudelaire in the same piece, where he wrote:

[W]e might liken him to a mirror as vast as the crowd itself; or to a kaleidoscope gifted with consciousness, responding to each one of its movements and reproducing the multiplicity of life and the flickering grace of all the elements of life. He is an 'I' with an insatiable appetite for the 'non I', at every instant rendering and explaining it in pictures more living than life itself, which is always unstable and fugitive.³⁴

The etymological link between the condition of fugue and the term fugitive was not entirely coincidental. Just as the term fugue itself – in both its musical and psychological usages – refers to 'a flight', both the terms *fugue* and *fugitive* were derived from the Latin term *fugere*, meaning 'to flee'. Despite the etymological roots of such terms, the flâneur became a figure who, arguably, flirted between *hiding* and *seeking*. Whereas Baudelaire

characterized the flâneur as a fugitive seeking refuge in the crowd, and subsequently the city, Benjamin extended this, seeing the flâneur more purposefully become “the explorer of the crowd” and a kind of detective.³⁵ A role also alluded to in the fugueur’s management of the delicate balance between an altered (automated) consciousness, described with terms ranging from *daze* to *delirium*, which saw the fugueur detach from the realities of their life and moral character while still retaining the ability to function seamlessly in society. Like the flâneur, the fugueur was both a fugitive and an explorer in the crowd.³⁶ This fact is made more remarkable by accounts of debilitation caused by the act of travel, or the nature of place, implicit in the understanding of conditions such as agoraphobia or nostalgia.

The automated nature of the fugueur’s travels also invite inevitable comparisons to the *dérivist*, the situationalist incarnation of the flâneur. While the flâneur was purposeful in his movement in the city, the *dérivist* – being one whom embarks on a *derive*, as defined by Guy Debord (1956) – was a drifter. The *derive* corresponded deliberately to the automatic experimentations of the surrealists, and was captivated by the notion of a designed randomness as a way of engaging with and revealing the urban fabric. In the submission of the subject to an automated amble, the *dérivist* was very much a romantic (and perhaps unwitting) reconceptualization of the fugueur.

Conclusion

In conclusion, the condition of fugue, like that of the flâneur, essentially converted the solitary walker from a romantic image to a condition of modernity, and more specifically, disconnectedness.³⁷ The fugueur exhibited various forms of disconnection. The purposeful flight, which was characteristic of the condition, represented an estrangement from the sufferer’s everyday life, in addition to an estrangement from both the landscape they fled *from* and the one they fled *through*. The amnesiac nature of the episode represented a disconnection from the fugueur’s normative self – and subsequently it is possible to read this condition as a kind of exile, albeit a temporary one. In these terms, fugue can be interpreted as much an exile from *home* as it was an exile from the *self*.

Endnotes

¹ For discussion of travel as a treatment, see Geo H. Savage, ‘The Use and Abuse of Travel in the Treatment of Medical Disorders’. A Paper Read before the Medico–Psychological Association at the General Meeting, London, 21st November 1900, *Journal of Mental Science* 47 (1901), 236–42; Simon M. Kevan, ‘Quests of Cures: a History of Tourism for Climate and Health’, *International Journal of Biometeorology* 37:3 (1993), 113–24.

² For a discussion of nostalgia and its relationship to place, memory, and identity, see Nicole Sully, *Architecture and Memory: A Philosophical and Historical Inquiry*, PhD Thesis, University of Western Australia, 2004; Nicole Sully, 'The Privileged Place of Home: Place, Memory and the Disease of Nostalgia', in John Macarthur and Antony Moulis (eds), *ADDITIONS to Architectural History, Proceedings of the XIXth Annual Conference of the Society of Architectural Historians, Australia and New Zealand*, CD Rom (Brisbane: SAHANZ, 2002).

³ Jean Starobinski, 'The Idea of Nostalgia', trans. William S. Kemp, *Diogenes* 54 (1966), 81–103.

⁴ The decrease in the incidence of nostalgia as a result of the loss of regional identity saw some nineteenth-century theorists celebrating modern society for helping to overcome the disease – a departure from more general criticisms lamenting the loss of regional identity and the alienation resultant from large population increases, and the aesthetic and social impact of the integration of the 'machine age' into the urban fabric. While the changing nature of place decreased cases of nostalgia, the diagnosis of nostalgia itself was to become obsolete, firstly, through developments in bacteriology that reduced the misdiagnosis of other diseases such as tuberculosis as cases of nostalgia, and secondly, because of Freudian psychology, which recast nostalgia in terms of ideas of fixation and regression. See Sully, 'The Privileged Place of Home' and Starobinski, 'The Idea of Nostalgia'.

⁵ Anthony Vidler, *Warped Space: Art, Architecture, and Anxiety in Modern Culture* (Cambridge, MA: MIT Press, 2000); Paul Carter, *Repressed Spaces: The Poetics of Agoraphobia* (London: Reaktion, 2002); Jonathan Andrews, 'Letting Madness Range: Travel and Mental Disorder, c.1700–1900', *Clio Medica* 56 (2000), 25–88; Kathryn Milun, *Pathologies of Modern Space: Empty Space, Urban Anxiety, and the Recovery of the Public Self* (New York: Routledge, 2007).

⁶ William Falconer, *Remarks on the Influence of Climate, Situation, Nature of Country, Population, Nature of Food and Way of Life on the Disposition and Temper, Manners and Behaviour, Intellects, Laws and Customs, Form of Government, and Religion of Mankind*, (London: C. Dilly, 1781).

⁷ Falconer, *Remarks on the Influence of Climate*, 186. Falconer cites cautions given to soldiers from barren countries, lest their engaging in the pleasures offered by a fertile country would make them less brave.

⁸ Falconer commended the Swiss on the introduction of sumptuary laws to regulate moral character.

⁹ For a discussion of Haussmann's changes to Paris, see David H. Pinkney, 'Napoleon III's Transformation of Paris: The Origins and Development of the Idea', *Journal of Modern History* 27:2 (1955), 125–34; David P. Jordan, 'Haussmann and Haussmannisation: The Legacy for Paris', *French Historical Studies* 27:1 (2004), 87–113.

¹⁰ For a discussion of motion, speed, and modernity, see Stephen Kern, *The Culture of Time and Space, 1880–1918* (Cambridge, MA; London: Harvard University Press, 2nd Edn, 2003), ch. 5.

¹¹ The history of the disease of fugue has been most comprehensively discussed in the English language by Ian Hacking. See, for example, Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses* (Cambridge, MA: Harvard University Press, 1998); Hacking, 'Automatisme Ambulatoire: Fugue, Hysteria, and Gender at the Turn of the Century', *Modernism/Modernity* 3:2 (1996), 31–43; Hacking, 'Les Aliénés Voyageurs: How Fugue Became a Medical Entity', *History of Psychiatry* VII (1996), 425–49.

¹² Pierre Janet, *The Major Symptoms of Hysteria: Fifteen Lectures Given in the Medical School of Harvard University* (London, New York: Macmillan Co, 1907), 44–5.

¹³ Hacking, 'Automatisme Ambulatoire', 32. The consideration of fugue as a symptom was in many ways implicit in debates concerning the relationship between fugue and hysteria or epilepsy. The notion that fugues were a symptom was implied, for example, in J. W. Courtney's essay, 'On the Clinical Differentiation of the Various Forms of Ambulatory Automatism', *Journal of Abnormal Psychology* (August 1906), 123–34.

¹⁴ Hacking wrote: "a man in a daze with shabby clothes and little money could travel for days, quite safely, until he was arrested by the vigilant police, but a woman simply could not do that, then or now." Hacking, *Mad Travelers*, 49, see also Hacking, 'Automatisme Ambulatoire', 34.

¹⁵ For a discussion of the politics and debates surrounding whether fugue was a form of epilepsy or hysteria, see Hacking, *Mad Travelers*, Ch. 2.

¹⁶ Hacking, *Mad Travelers*, 32–5.

¹⁷ The story of Albert Dadas (the first fugueur) is recounted by Hacking in his discussion of the social construction of the disease of fugue in *Mad Travelers*. Hacking draws largely from Philippe Tissié, *Les Aliénés Voyageurs* (Paris: Doin, 1887).

¹⁸ Hacking, 'Les Aliénés voyageurs', 432.

¹⁹ Hacking, *Mad Travelers*, 21–2.

²⁰ Sweeney's account is described in Courtney, 'On the Clinical Differentiation of the Various Forms of Ambulatory Automatism', 132.

²¹ Courtney, 'On the Clinical Differentiation of the Various Forms of Ambulatory Automatism', 132.

²² Janet, 45–51.

²³ Janet, 54.

²⁴ Interestingly, Hacking cites the World Health Organization's definition of the condition, which argues that sufferers maintain 'self-care', for example buying tickets and maintaining personal hygiene, etc. (Hacking, 'Automatisme Ambulatoire', 32.). However, accounts of Albert's fugues clearly demonstrate that while maintaining personal hygiene, etc., he undertook moral compromises that he would not undertake when not on a fugue.

²⁵ Courtney, 'On the Clinical Differentiation of the Various Forms of Ambulatory Automatism', 125.

²⁶ Lionel Rose, *'Rogues and Vagabonds': Vagrant Underworld in Britain 1815–1985*, (London & New York: Routledge, 1988), 5.

²⁷ For a discussion of the prison system and its concerns of over vagrancy, see Rose, *'Rogues and Vagabonds'*, 143.

²⁸ Lionel Rose, recounting the opinions of the magistrate Randal Jackson, notes that in eighteenth-century Britain, for example, vagrants were regarded as a 'sub-criminal class, a fixed element that persisted irrespective of trade conditions'. Hence, vagrancy was regarded as a moral condition rather than related to social circumstances. See Rose, *'Rogues and Vagabonds'*, 2.

²⁹ For Hacking's discussion of the bicycle, see Hacking, *Mad Travelers*, 14–16.

³⁰ Walter Benjamin, *The Arcades Project*, trans. Howard Eiland, Kevin McLaughlin (Cambridge: Belknap Press, 1999), 518.

³¹ Janet Wolff, 'The Invisible *Flâneuse*: Women and the Literature of Modernity', *Theory Culture & Society* 2:3 (1985), 40.

³² The automated nature of the fugue's flight resembles in some respects what Simmel termed the blasé, being the detachment that resulted from over-stimulation from the metropolis. Georg Simmel, 'The Metropolis and Mental Life', in Gary Bridge, Sophie Watson (eds), *The Blackwell City Reader* (Oxford: Blackwell Publishing, 2002), 14.

³³ Charles Baudelaire, 'The Painter of Modern Life', in Charles Baudelaire, *The Painter of Modern Life and Other Essays*, trans. and ed. J. Mayne (London: Phaidon Press, 1964), 9.

³⁴ Baudelaire, 'The Painter of Modern Life', 9–10.

³⁵ Benjamin, 'Paris Capital of the Nineteenth Century: Expose of 1939', in *The Arcades Project*, 21. Benjamin also wrote: "Preformed in the figure of the flâneur is that of the detective. The flâneur required a social legitimation of his habitus. It suited him very well to see his indolence presented as a plausible front, behind which, in reality, hides the riveted attention of an observer who will not let the unsuspecting malefactor out of his sight." Benjamin, *The Arcades Project*, 442. For a discussion of this, see also Rob Shields, "Fancy Footwork: Walter Benjamin's Notes on *Flânerie*" in Keith Tester (ed), *The Flâneur* (London; New York: Routledge, 1994), 61–80.

³⁶ As Janet recounted in 1907: "Patients who make fugues need a great many perceptions and recollections to enable them to travel without any mishaps. 'What is most wonderful in fugues,' Charcot said, 'is that these individuals contrive not to be stopped by the police at the very beginning of their journey.' In fact, they are mad people in full delirium; nevertheless, they take railway tickets, they dine and sleep in hotels, they speak to a great number of people. We are, it is true, sometimes told that they were thought a little odd, that they looked preoccupied and dreamy, but after all, they are not recognized as mad people." Janet, 60.

³⁷ For a discussion of the solitary walker as a romantic image, see Jeffrey C. Robinson, *The Walk: Notes on a Romantic Image*, (Norman, OK: University of Oklahoma Press, 1989).