

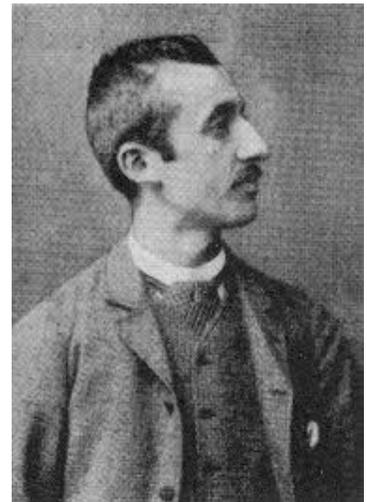
The first Dromomanian

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In the eighteen sixties a twelve year old French boy from Bordeaux set out on his own without the permission or knowledge of his family. He did not get too far, only to a nearby town where he found employment in the service of a travelling umbrella salesman, his brother managed, rather easily, to track him down. When his brother confronted him the boy seemed to be a bit confused and confessed that he was at a bit of a loss to explain why he was there carting about umbrellas for an unknown salesman. The boy, Albert Dadas, returned home and resumed his career working as an apprentice with a manufacturer of gas equipment.

Some years later as a gainfully employed adult, Albert disappeared from his workplace with one hundred francs given to him by his employer to purchase coke for the equipment. He was found on a bench in Paris, sent back to his family and he worked diligently to pay back the hundred francs to his employer. Dadas, although perhaps a bit socially awkward, was essentially a good and reliable worker however he would periodically disappear and head out on the road for destinations unknown to his family, his coworkers and even, oddly enough, to himself. He managed to visit a good deal of France and beyond, Belgium, Germany, and Austria onto Moscow, Constantinople and Algeria. Upon his return, whether upon his own volition or by the help of authorities, he would have little recollection of where he had been or by what means he had arrived there.



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At some point Dadas became aware that his sudden departures and his lack of memory was somehow out of the norm and that perhaps he should get to the bottom of this. He was admitted to a hospital of Saint-Andre and came under the notice of Philippe Tissie, a doctor who diagnosed him with a mental illness in which he would uncontrollably set off to wander. Albert Dadas became the first *fugueur* who came to the attention of the medical community. This community placed a number of tags on Albert's condition depending on their location, the Germans called it *wandertrieb*, others *automatisme ambulatoire*, *determiniismo amgulatorio*, *dromomania*, and *poriomanie*. Regardless of how it was labelled it was a real condition and in the late nineteenth century and early twentieth centuries it became something of a fad to find a fugueur and put forward one's hypothesis.

Ian Hacking has provided us with Dadas' life and the history of his condition under which he suffered in his 1998 publication of *Mad Travelers: Reflections on the Reality of Transient Mental Illness*. This was not some condition that enabled its subjects to depart without responsibility or care, there were real repercussions and Albert Dadas



Le docteur Philippe TISSIÉ.
Phot. Panajou.

suffered horribly from them. He would live his life in a routine and productive manner but at some point he would experience headaches, anxiety, sweats and insomnia then off he would go. His travels would not be without effects, he was arrested numerous times usually for matters related to vagrancy. In Moscow he was arrested and held for three months with political prisoners, some of whom were removed for execution. He was forcibly marched, with other undesirables, to the border of the Ottoman Empire and dumped, he had to find his own way home. He deserted the army at one point and was sentenced to three years hard labor but because of his condition served only eight months. He convinced a friend to travel with him, but the friend succumbed to exhaustion and died in Belgium. His mother passed away during one of his wanderings. He had been engaged to marry but his behavior brought an end to that relationship.

Otherwise it would have been easy to see that his wandering was no more than shirking his responsibilities and perhaps in some way it was, but Albert Dadas would blank out,

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his demeanor would become sullen and withdrawn, and as stated earlier he would not recall much of his journey. But he would manage to plan his wanderings and figured out where he could get assistance. He relied on the assistance of French consulates about Europe, sometimes receiving financial aid or a train passage home, to some degree he learned to work the system. What brought on these wanderings is not something to be discussed in detail here but as a child of eight he fell severely on his head, but where we today have means of detecting injury, the medical knowledge of mid nineteenth century France could not determine if there was lingering or permanent damage.

In the latter half of the nineteenth century there seemed to be an epidemic of *fugueurs* who left their responsibilities and hit the road. Those studied by the medical community tended to return home for how else could they have been studied? Ian Hacking has suggested that this wandering condition did not die out but *fugueurs* in later years were diagnosed with other conditions, schizophrenia or bi polar disorder perhaps, so the label of *fugueur* has fallen into disuse.

Could we not perhaps suggest that historical travellers are *fugueurs* or *dromomanians*, roaming from home and leaving their responsibilities behind? Of course not for if all our travelers were like Albert Dadas we would unlikely have any of their accounts for they could not have managed to leave us any details. But I do suggest that most of these sojourners fall somewhere on the scale of which Albert and others are the extreme. All were eager to travel taking advantage of the opportunity for flight or to find independence and participating in what Ian Hacking calls 'pathological tourism'. Do we not all, and I am addressing myself and likely yourself the reader, aim to get away for one reason or another? We return to and accept our responsibilities and routines but we are already planning our next escape before our plane touches the ground of our home airport. We are not to be diagnosed with a disorder, but we are on the scale for the need to wander of which Albert Dadas was an extreme example.

There is amongst us a mild madness. This madness does not make us dysfunctional, we all have jobs and professions to which we return, we have homes and children that we maintain and raise with at least a moderate degree of responsibility. We travel for escape, to some degree to abandon our responsibilities. For the modern traveler we always return to those responsibilities, the alternative is to die enroute.