

Shadows at La Salpêtrière: Charcot and the legend of the wandering Jew

L. C. Álvaro González

Neurology Department. Hospital Universitario Basurto, Bilbao, Bizkaia, Spain.
Department of Neuroscience. UPV/EHU, Leioa, Bizkaia, Spain.

This study was partially presented as an oral communication at the 75th Annual Meeting of the Spanish Society of Neurology, Valencia, 2 November 2023.

ABSTRACT

Introduction and objectives. Antisemitic rhetoric has permeated Europe for centuries. This rhetoric includes the belief that Jews present mental and physical defects and degeneration, and have links with such marginalised social groups as vagrants and prostitutes. The legend of the wandering Jew is a good example of this. According to this legend, a Jew denied Christ a drink of water on his ascent to Mount Calvary, an idea that has impregnated European culture. Neurology is no exception, with the figure of J.M. Charcot as the protagonist.

Methods. This study reviews Henry Meige's thesis *Le juif-errant à la Salpêtrière: études sur certains névropathes voyageurs* (The wandering Jew at La Salpêtrière: studies of certain neuropathic travellers), presented in 1893, the year of Charcot's death. Meige, 26 years old at the time, was one of the most prominent disciples of the Master of La Salpêtrière. Literature and images were also gathered from other sources.

Results. In 94 pages, Meige reviews the legend of the wandering Jew and describes five cases from La Salpêtrière studied by Charcot. The patients were four men and a woman, aged 23-49 years, all from Central Europe. Their physical appearance and attire were those of the stereotypical Jew, with a characteristic facies expressing deep suffering. They had been wandering around Europe for years. They presented headache, pain affecting the spine and limbs, sensory alterations, spasms, tunnel vision, urinary and genital symptoms, dyspepsia, insomnia, rheumatism, and asthenia. They were diagnosed with hysteroneurasthenia or (pseudo)epileptic ambulatory automatism. The reports emphasised their moral and intellectual fragility and the hereditary nature of their condition. Meige, at the time a resident under Charcot, was probably too young to have conceived the syndrome of the neuropathic traveller. In fact, the writing style suggests that the text was written by his master.

Discussion. These patients are miserable, hypochondriac, cursed people. They briefly improved with specific treatments (hydroelectrotherapy, painkillers, zinc). They constitute good examples of the phenomenon of the self-fulfilling prophecy, at a time when the Dreyfus affair (1894) unleashed a wave of antisemitism that shook the French Third Republic. This article illustrates the stance of the physicians working at La Salpêtrière, who embody the triumphant medical class.

KEYWORDS

Henry Meige, Charcot, La Salpêtrière, antisemitism, wandering Jew, syndrome of the neuropathic traveller

Introduction

Antisemitic rhetoric has permeated Europe for centuries. This rhetoric includes the belief that Jews present mental and physical defects and degeneration, and have links with the most disadvantaged social groups. Among their physical defects, authors have described distinct

features of the face and voice, and foot alterations, including pes cavus and even hooves, a symbol of the Devil in Christian imagery. Furthermore, Jews were associated with hysteria as a mental weakness, and the puritanical society of Victorian England saw in the Jews the secret reflection of their depravity, linking them with such social degenerates as thieves, beggars, and prostitutes.¹

The legend of the wandering Jew, like many other tales about fictitious Jews, may be considered part of this anti-semitic rhetoric. According to the legend, when Christ fell to the ground on his way to Mount Calvary and asked for a drink, a Jew refused to give him water. Christ said that the Son of God would die in a few hours but the Jew would wander the earth until Christ's Second Coming, that is, for all eternity. This wandering Jew has been known by many different names over the centuries, including Cartaphilus, Agasfer, Buttadeus, Matathias, and Juan de Espera en Dios ("John [who] waits for God," in Spanish).² In Spain, it was friar Benito Jerónimo Feijóo who recovered this figure in 1744; however, enlightened as he was, he considered it no more than a fable.³ Like other sources,^{1,2} he referred to the Benedictine monk Matthew Paris, who in 1229 insisted that the wandering Jew did exist, that his name was Cartaphilus, and that he was a shoemaker (in other versions, the wandering Jew was Pontius Pilate's doorkeeper). Since then, the wandering Jew had appeared on numerous occasions until the late 20th century. While friar Benito Jerónimo Feijóo, who was also a Benedictine monk, documented and analysed the origin of this legend, popular literature immortalised the wandering Jew in romances, popular songs, and books sold in town squares in the mid-19th century.⁴

Since the Middle Ages, Christian tradition has used the figure of the wandering Jew to illustrate divine punishment for the passiveness towards the death of Christ. This legend represents the perpetual punishment of the Jews for the murder of Christ, particularly during the Middle Ages, with such figures as Saint Jerome (4th century), Augustine of Hippo (4th century), Thomas Aquinas (13th century), and later Martin Luther and John Calvin. This was an attempt to segregate Judaism from Christianity, marginalising the former, stigmatising and condemning it for its passiveness towards the death of God.⁵ The legend of the wandering Jew is an excellent paradigm of this line of thought and tradition, which reached its peak in the Middle Ages with Matthew Paris. The fathers of the Church had already created the perfect breeding ground. The stigmatisation and subsequent marginalisation of the Jews facilitated the Jewish diaspora; the legend of the wandering Jew is a metaphor for this phenomenon.

This legend took root in European culture, and can be found in the works of Hans Christian Andersen, Guillaume Apollinaire, Jean Potocki, Hermann Broch, Jorge Luis Borges, and Gabriel García Márquez, to name

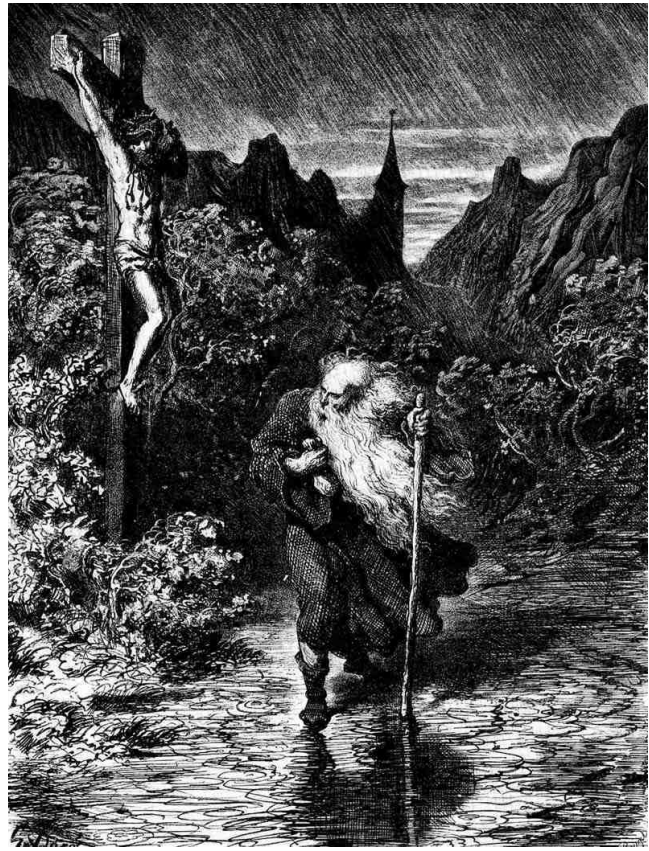


Figure 1. A classic representation of the wandering Jew in an engraving by Gustave Doré. These illustrations were common in the homes of working- and middle-class French families in the second half of the 19th century. They were often placed alongside a cross and an image of Napoleon Bonaparte.

a few.³ In the arts, it was one of the preferred subjects of Gustave Doré (Figure 1). Many films have portrayed the legend of the wandering Jew, particularly in Nazi Germany but also in other settings; the best-known example is Goffredo Alessandrini's 1948 film starring Vittorio Gassman.

In the 19th century, French society experienced a rupture after the well-known Dreyfus affair. The scandal divided society between Dreyfusards and anti-Dreyfusards. The latter were led by a violent, nationalist, anti-semitic group that controlled powerful media outlets. The affair began in 1894, when Captain Alfred Dreyfus, an Alsatian officer of Jewish descent, was convicted of treason. The Dreyfus affair shook French society for 12 years, and constitutes an early example of social injustice in the name of the state. It jeopardised the future of the French

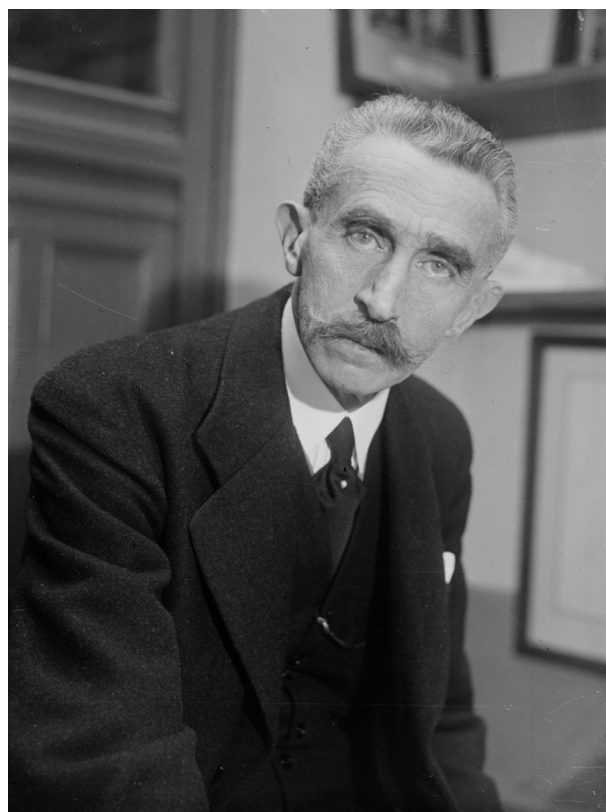
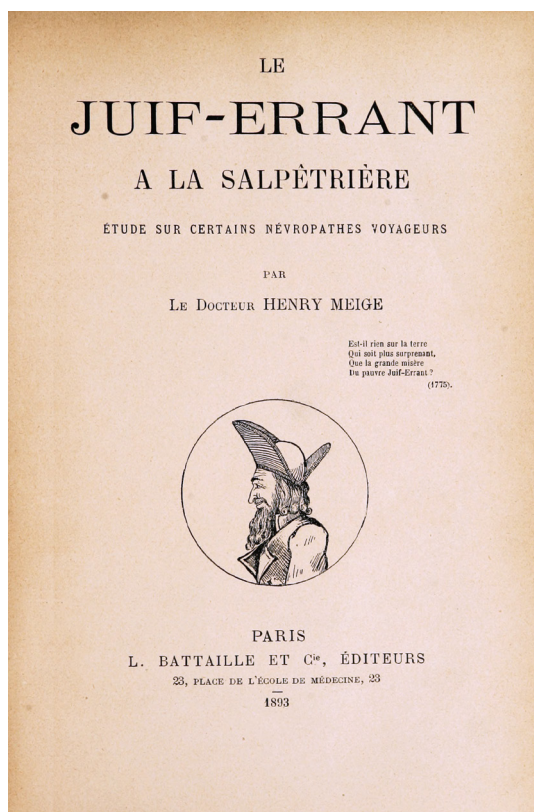


Figure 2. Image of the original work (1893) analysed in the present study (left), by Henry Meige (1866-1940) (right). Meige was one of Charcot's last students, and enjoyed the attention and direct supervision of his master until the latter's death. The poem and the mocking caricature are a true declaration of intent.

Third Republic, and revolts and changes in government took place when the documents incriminating Dreyfus were found to be false.⁶

Antisemitism was blatant in France and the legend of the wandering Jew became popular; in fact, working- and middle-class families frequently displayed illustrations of the figure in their homes, mainly Doré's drawings, beside a cross and an image of Napoleon (Figure 1).² In this context, we may wonder about the role of the triumphant medical class, represented by Charcot and La Salpêtrière, in the dissemination of this legend and antisemitism. To this end, we analyse a thesis on this topic, presented in 1893 by Henry Meige, one of Charcot's students.

Methods

We review the work *Le juif-errant à la Salpêtrière: études sur certains névropathes voyageurs* (The wandering Jew at La Salpêtrière: studies of certain neuropathic travellers),

presented in 1893 by a prominent disciple of Charcot's, Henry Meige (Figure 2), who was one of the Master's last direct students. This study was his doctoral thesis, supervised and directed by Jean-Martin Charcot, who died the same year that Meige defended the dissertation.

The thesis was studied, analysed, summarised, examined, and interpreted in the light of its historical context. A facsimile edition was printed in 2023,⁷ and the work is available online in PDF format.⁸

Results

In this 94-page doctoral thesis, Henry Meige describes the legend of the wandering Jew and analyses its historical evolution and significance, based on the most traditional interpretations of Christian imagery of his time. This is followed by a detailed description of five cases attended at La Salpêtrière. The thesis ends with a discussion and interpretation of the figure of the neuropathic

Jewish traveller, who presents an inevitable racial predisposition, is unable to adhere to the treatments recommended, and is condemned to roam the earth and visit hospitals across Europe in search of an unlikely cure.

We summarise the main features of each of these five cases.

CASE 1. Klein, a 23-year-old Hungarian Jew. The case was evaluated directly by J.M. Charcot in December 1888. Henry Meige reproduces his master's words. Klein had wandered miserably through Germany, England, Antwerp, Brussels, and Liège, and had been admitted to hospitals in some of these cities (due to rheumatism) before arriving at La Salpêtrière. His state is described as one of extreme poverty. He presented no visceral lesions.

All the symptoms observed in this patient were manifestations of nervous system involvement. He presented repeated episodes of several days' duration, characterised by spasmodic contractions of the right arm and forearm in ulnar extension, with similar contractions of the right hip and knee. He presented complete anaesthesia in these regions, with a proximal limit revealing a *gigot* (lamb leg) pattern, as shown in Figure 3. He also presented ageusia affecting the right side of the tongue. Joint movements were painful, with no signs of inflammation. He presented no hysterogenic points, headache, sacral plaque, confusion, or vertigo.

Meige directly quotes his master's clinical verdict:

L'hystérie paraît être primitive, c'est elle qui domine la situation, il s'agit d'un cas d'hystérie traumatique avec contracture [...] Il était d'ailleurs spécialement prédisposé à la névrose hystérique; c'est un israélite, remarquez-le bien [...] mentalement soumis au régime des impulsions.^A

Therapy achieved a considerable improvement in the patient's physical and psychological state. However, the duration of this improvement is unknown since the patient soon left for Brazil.

CASE 2. Moser B., known as Moïse, was a Jewish man of Polish descent. He was collected by the Russian troops and raised at a public institution in Saint Petersburg. At 46 years of age, he knew no trade. He had travelled

through numerous European countries. He had married in Budapest, had three children, and moved his family to Jerusalem. He lived on charity and the solidarity of his co-religionists, who had also supported the many medical treatments he had received while travelling around Europe. He arrived at La Salpêtrière in 1892, bearing a great stack of documents and medical records. These included reports issued by renowned physicians, such as Meynert, Erb, and Kussmaul.

Moser B.'s attire was grubby and untidy (Figure 4). His facies was characteristic of Central-European Jews, with a frown, a wrinkled forehead, and bright eyes revealing suffering, humility, and submissiveness. These were considered the characteristic features of the facies of the neuropathic traveller, also found in other patients. Moser B. entered Charcot's office and explained in detail his long list of ailments; the master listened with utmost calmness and attention, in the presence of Meige. He reported persistent headache (predominantly posterior pressing pain), pain along the spine, sacral plaque, unstable joint pain in the limbs without signs of inflammation, a wide range of digestive symptoms, and insomnia. He ruminated obsessively on a wide variety of sensory and motor symptoms in different parts of his body, which he described in great detail, differentiating them from one another. He was treated with electrotherapy, which improved his symptoms only briefly.

Moser B. stayed at La Salpêtrière for a year. He recounted his ailments time and time again, seeking a sympathetic ear. He talked to everyone working at La Salpêtrière, from the *patron* to the students. They all ended up ignoring him. He disappeared shortly thereafter. Meige concluded the description of the case wondering which country Moser B. would visit next on his wandering travels and which physicians he would tell his miserable story, in search of an impossible cure.

CASE 3. Gottlieb M. was a Jewish man of Russian descent, raised between Vilnius and Saint Petersburg. When he arrived at La Salpêtrière in February 1892, he was 42 years old. He had an enjoyment of travel and had led a nomadic lifestyle from an early age. He had travelled around Russia, Austria, and England, and had been admitted to several hospitals (in England, apparently due to liver problems). He was illiterate, though he spoke several languages.

^A"Hysteria seems to be primitive, it is what controls the situation. This is a case of traumatic hysteria with contracture [...]. Furthermore, he was particularly predisposed to hysterical neurosis; note that he is an Israelite [...] mentally subjected to the regime of impulses."

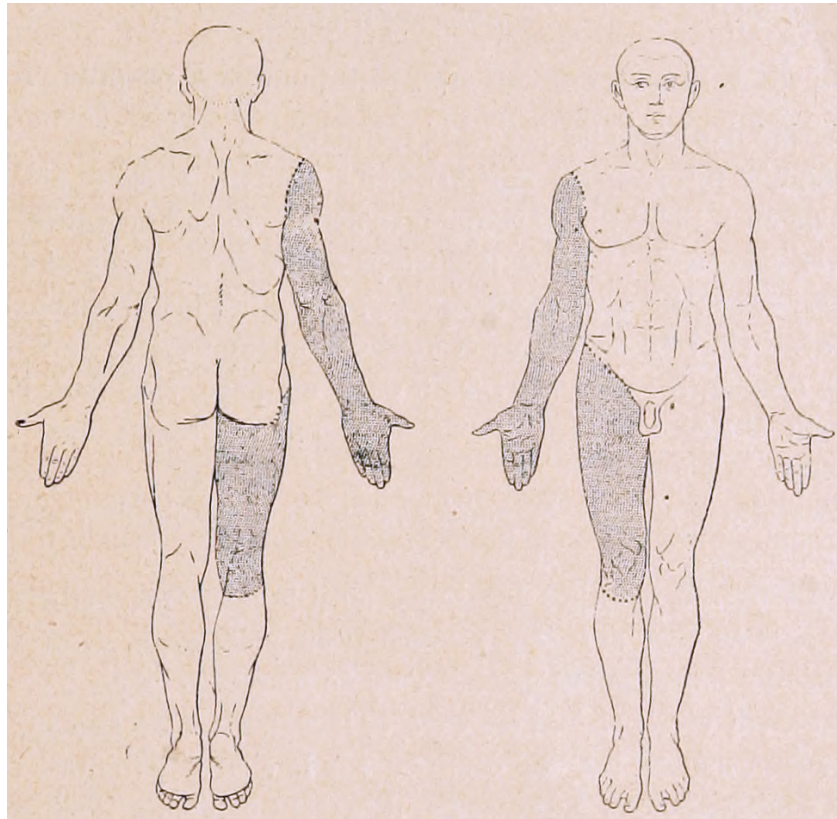


Figure 3. Original drawing of the areas presenting numbness in case 1 (Klein), revealing a *gigot* (lamb leg) pattern.

He wore old clothes, worn-out shoes, and a glum expression that revealed suffering, in line with the typical facies of the neuropathic traveller (Figure 5). In the pocket of his coat, he carried what he called a “cordial,” a drink to lift his spirits in disheartening moments—undoubtedly alcohol.

Gottlieb’s account of his symptoms was detailed and unending, with an abundance of both words and gestures. Among his many symptoms, he reported posterior tension headache, spinal pain, sacral plaque, digestive problems, insomnia, and erratic limb pain. He stayed at La Salpêtrière for several hours, refusing to accept the treatments recommended, which he was familiar with and was sure would be of no use. His short stay at La Salpêtrière was sufficient for Meige to profile the patient’s clinical history and document the case with pictures and drawings. These resources were of added value to the

practice of medicine and neurology, which were thriving at the time. Availability of artists (like Meige himself) or a photography department was a cutting-edge approach enabling accurate documentation of diseases.

CASE 4. Sigmund S. was a 49-year-old Israelite, diagnosed as hysteroneurasthenic. He suffered dramatic nervous attacks after having been struck by lightning. He was raised in a family of musicians and merchants from Germany and Italy. Sigmund was a polyglot and had been a child prodigy at the cello since the age of eight years. In August 1892, he was struck by lightning while walking through the woods in Brussels. He lost consciousness, and presented various injuries and amnesia after the episode. When he woke up, the left side of his body was paralysed.

He presented frequent, irregular episodes of hysteroepilepsy lasting two or three hours. These were rarely

preceded by hysterical aura (headache with fear of explosion and a feeling of imminent danger). Rather, they were usually preceded by irritability, and followed by crying. He could not remember what had happened. He forgot the languages he used to speak, and lost musical memory. He abandoned music. In 1895, professor Benedickt diagnosed him with paralysis secondary to fulguration. He received hydrotherapy for 18 months. Years earlier, in 1892, Dr Schnee, in Toeplitz, had diagnosed him with epilepsy and administered thermocoagulation (ie, therapy with fire); scars were visible on his back and sides. After the second session, Sigmund rose, like Lazarus, presenting sudden resolution of the paralysis of the left side of his body. However, the dizziness, sacral plaque, digestive problems, and insomnia persisted. He recovered his musical skills, but not the languages.

Seven years later, after a fire in his home, Sigmund began to present attacks resembling those he had experienced previously. He visited several healthcare centres in Brussels and Paris, and was diagnosed with epileptic attacks secondary to lightning strike. He was treated with showers and electrotherapy, with poor results. In February 1889, he visited La Salpêtrière for the first time. The physicians there observed left-sided paralysis, with a tendency to painful resistance to movement. Reflexes and electrical response were normal. He presented left-sided numbness, with hypersensitive points in the left testicle and left pseudo-ovarian and mamillary points. Syringomyelic dissociation was observed in the left arm, as well as numbness in a sleeve pattern (Figure 6). The patient also presented total hearing loss in the left ear, without signs of structural damage, as well as hypogeusia on the left side of the tongue. A visual field test revealed restriction of the outer isopters, predominantly on the nasal side bilaterally, which improved only slightly in the follow-up examination (Figure 7).

In August 1892, Sigmund's daughter died due to a cholera outbreak in Hamburg. His attacks reappeared, and he again visited La Salpêtrière. This time, he looked refined and was clean-shaven, although his expression still revealed suffering—the facies of the neuropathic traveller. He reported a tendency to moaning and uncontrollable crying, tension headache, erratic pain, sacral plaque, and digestive problems. His symptoms worsened with stormy weather, which triggered right-sided tremor. At the end of the clinical history, it is noted that the patient was a keen hiker who loved the mountains and often went on



Fig. 8. — Moser B. dit Moise.

Figure 4. Drawing of Moser B. (case 2), by Henry Meige, presenting the typical facies. The patient is untidy, with the attire of a homeless person; he is wearing a coat with a bulging right pocket, where he carries a stack of medical reports.

long, dangerous hikes. This information was conclusive for establishing a diagnosis of neuropathic traveller.

CASE 5. The fifth case was a 49-year-old woman from Dugna, in Russia. Widowed at the time of the assessment, she had been married to a merchant and had two healthy children in Kyiv. She had chronic headache and erratic pain, described as neurasthenic. Two years earlier, she had presented an episode of haemoptysis, seeking

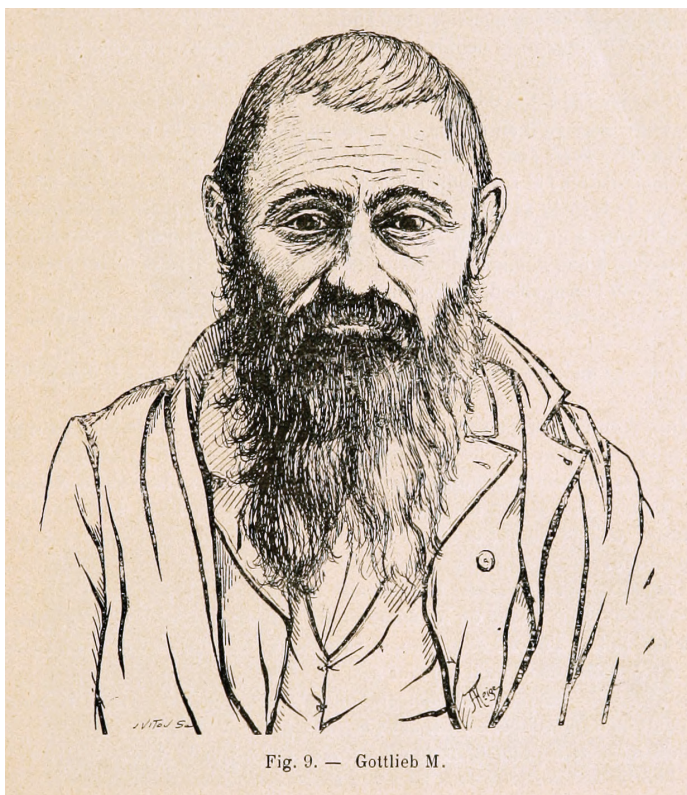


Fig. 9. — Gottlieb M.

Figure 5. Gottlieb M. (case 3) in a picture taken by the photography department at Charcot's neurology service (left). His untidy appearance is further reinforced by the bottle of liquor he carries in the left pocket of his coat (a "cordial," in his own words). To the right, an illustration from Meige's thesis portraying the characteristic facies of the neuropathic traveller.

treatment in Merano, Italy. This first episode lasted several minutes and caused generalised weakness; she had to be supported to prevent her falling to the ground. After the episode, she had visited numerous healthcare centres in Germany, Italy, and Russia. Dr Meige notes that the patient, who was well aware of the fame of La Salpêtrière, had mysteriously gathered the necessary resources to travel to Paris; a curious skill of the Israelites, he points out.

She presented the characteristic facies, and described her symptoms with a profusion of details, gesturing vividly and exhibiting strong expressive abilities. Her clothes betrayed long pilgrimages. She carried a bundle of papers including prescriptions and reports issued at other centres, as well as a curative elixir. She reported posterior tension headache, pain affecting the spine and limbs,

and digestive problems. She received a number of therapies, including zinc, and presented remarkable improvements. Extremely grateful to Dr Charcot, she left once more for her homeland.

Table 1 presents a summary of the main characteristics of the syndrome of the neuropathic traveller described by Meige and Charcot.

Discussion

Henry Meige was 26 years old when he defended his doctoral thesis in 1893. The oldest case of his series was that of a patient attended in 1889; at the time, Meige was 23 years old and probably would have been beginning his training in neurology. It is hard to believe that, at this early stage in his career, a recent arrival at the most renowned centre for neurological care would have been

able to establish, all by himself, the diagnostic criteria for the syndrome of the neuropathic traveller, as it was called. The notes and quotes from his master, and the examination of the cases by Charcot (as in case 1) make it obvious that the *patron* of La Salpêtrière was the true author of the work. He supervised Meige's doctoral thesis, but was ultimately unable to see its defence, as he died the same year. I reached this conclusion because, unlike other authors,⁹ I honestly doubt that Henry Meige could have made the initial description of this entity, notwithstanding his prolific career: he accurately identified that gigantism and acromegaly were the same entity, though with different ages of onset; he became an expert in tics, publishing a book on the topic that became internationally renowned and was translated into English by none other than Kinnier Wilson; and, most notably, described Meige syndrome. Without a doubt, during his training he was a brilliant, enthusiastic young man, devoted to his master, who would in turn indulge Meige as he was the last of his students. He had a complete loyalty and conviction that the entity was real, even in spite of the argument put forward by Feijóo (an enlightened intellectual, as mentioned earlier), a century and a half earlier, that the wandering Jew was no more than a fable.³

The title page speaks for itself (Figure 1), with a short poem that reads as follows: "Est-il rien sur la terre / Qui soit plus surprenant / Que la grande misère / Du pauvre Juif-Errant? / (1775)."^B

The drawing on the title page is also highly suggestive: a stereotypical representation of a miserable Jew, with a hat that reinforces the image of poverty, and an expression of affliction and pain. These verbal and visual images capture the aura of doom associated with the legend, which Meige assimilated to the bitter end. Not only France, after the Dreyfus affair, but also the triumphant medical class itself had taken a side in the subject of antisemitism.

The famous painting *A clinical lesson at the Salpêtrière* was painted in 1887. Meige does not appear in it, probably because he was yet to arrive at the centre. The painting does depict Paul Richer, to Charcot's right, against the rear wall of the room, sitting at a desk holding a set of paintbrushes. A neurologist and artist, Richer was a professor at the École des Beaux-Arts in Paris. Henry Meige,

^B"Is there anything on Earth more extraordinary than the great misery of the poor wandering Jew? (1775)."

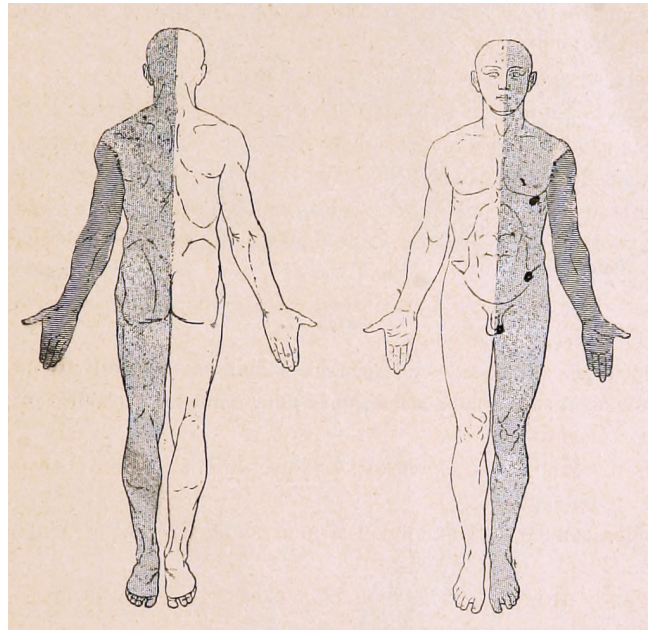


Figure 6. Areas of sensory involvement on the left side of Sigmund's body (case 4), with three hystero-genic points on the same side.

though somewhat younger, shared Richer's passion for the arts. The pair would visit museums and patients, and make excellent observational drawings. Meige and Richer were good friends. At the École des Beaux-Arts, Meige was head of the chair of artistic anatomy. However, he never abandoned medicine or neurology, as reflected in his work. Like Charcot himself, Meige and Richer were excellent draughtsmen. At the time, illustrations of clinical and histological material were extremely useful, and findings were illustrated and photographed. Charcot's service at La Salpêtrière had a photography department, which produced abundant material, some of which has been published. The condition receiving most attention was hysteria, as the historian Didi-Huberman demonstrated in an excellent book.¹⁰ The disease was dramatised and performed on stage. The above-mentioned symptoms and the famous Tuesday lessons constitute good examples of this. Different forms and stages of attacks were described with great rawness and verism. The narrative of images is not necessarily accurate, as these always reflect a historical moment, a time and an ideology; this is particularly true in the case of health and

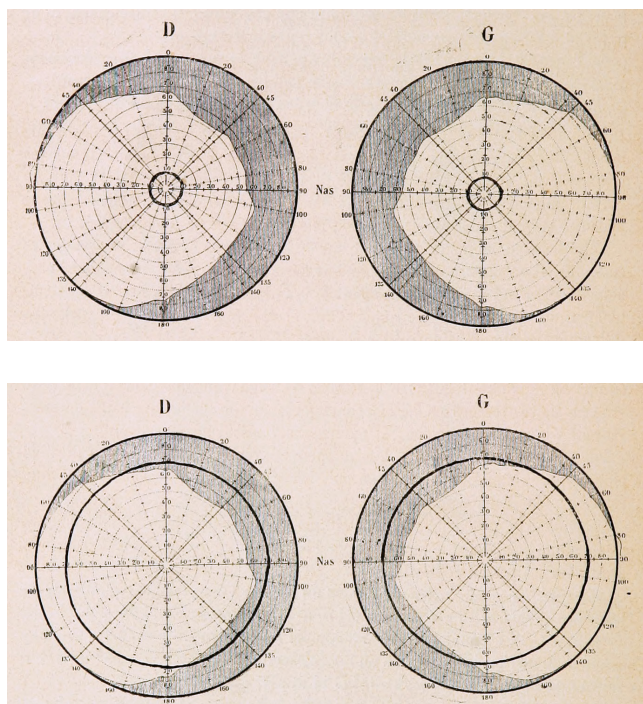


Figure 7. Visual field test of case 4, revealing decreased vision in the nasal side bilaterally (above), and minimal improvement in the follow-up examination (below).

disease.¹¹ The focus, the selection of scenes, the setting, and, above all, the underlying ideology in the image reveal its *raison d'être*. Hysteria is the best example of this, and we may include neuropathic travellers in this group of patients. As mentioned earlier, the diagnostic criteria also include characteristic facial features, poverty, an irresistible urge to wander, and, most importantly, Jewish ethnicity. All these features turned these individuals into outcasts, doomed to wander forever under Christ's curse and the segregation of one religion from the other. The imagery of Meige's thesis, including the title page, the excellent portraits of patients, photographs, and examination results, confirm this idea.

Regarding hysteria, Charcot clashed fiercely with another of his disciples, Axel Munthe, who soon noticed the theatricality of the sessions and the dehumanisation of the patients. He also became aware of the indications and methods used, which he knew well since he had been trained in hysteria and hypnosis in the prestigious school of Nancy. As might be expected, Charcot, *le grand patron*, did not accept the criticism, and immediately

expelled Munthe. Fortunately, Munthe had sufficient expertise and resources to succeed in medicine, and his work, including the practice of hypnosis, became a model of values for medical and neurological practice.¹² Henry Meige, however, was younger and lacked specific training; therefore, he unquestioningly accepted the judgement of his master, who cast a great shadow over La Salpêtrière and whose first responsibility was training his students.

Effectively, images relay a context and an ideology. The figure of the wandering Jew, with his restlessness and tendency to travel and wander, is found in the Bible itself. Cain is probably the first predecessor of the legend. After the murder of his brother, he was also cursed by God:

And now art thou cursed from the earth [...] When thou tillest the ground, it shall not henceforth yield unto thee her strength; a fugitive and a vagabond shalt thou be in the earth. [...] My punishment is greater than I can bear. [...] Behold, thou hast driven me out this day from the face of the earth; and from thy face shall I be hid; and I shall be a fugitive and a vagabond in the earth [...].¹³

This is the clearest and oldest among many biblical references to the concept of eternal punishment and the curse, from a supreme being, to walk the earth alone. The Titans provide a more recent example. More specifically, Prometheus presents similarities with the wandering Jew. The Titans were ancient, divine creatures who defied the gods, stealing their secrets and revealing them to humans. Prometheus stole fire from Zeus and gifted it to humans. Punishment did not take long: Zeus condemned Prometheus to roll an immense boulder up a hill and then back down, for all eternity. According to other versions, Prometheus, or more likely Ixion, another Titan, was chained to a mountain, where every night an eagle came to feed upon his liver, which would regenerate during the day, and so on. These scenes were painted by Titian; the paintings are displayed at Museo del Prado (Madrid). The selection of the subject matter is not arbitrary; rather, Titian captures the ideology of the time. The paintings were requested by Philip II during the Counter-Reformation and the war against northern Europe, where the monarch feared there were traitors among his ranks. With these images, he warned them of the risks they would be taking if they betrayed him: not death, but rather condemnation to an eternity of solitude and suffering.^{14(p72-73)}

When Meige's thesis was published, in 1893, antisemitism was rampant in France. It was the perfect breeding ground for the Dreyfus affair, which broke out a few months later, in 1894. This was the time of the Third Republic,⁶ the longest-lasting republic in French history, beginning with the defeat in the Franco-Prussian War (1870) and the humiliation of the Paris Commune (1871), until the Nazi invasion in 1940. The Third Republic consolidated the republican ideals, definitively rejecting the monarchy and the traditional concept of empire. Such fundamental rights as compulsory, secular education, the right to strike, freedom of assembly, freedom of thought, and the secular state became deeply ingrained in society. Several radical left governments took power, religious orders were forbidden to teach in schools (some of these orders then moved to Spain), and anticlericalism spread across all fields. In parallel with these changes, France experienced rapid economic growth, with the enrichment of the dominant classes and a growing foreign influence. French society was extremely polarised in those years of peace. In this context, over the second half of the Third Republic, several corruption scandals came to light, with the Dreyfus affair being the best-known and most relevant to this article (1894). Dreyfus was an Alsatian officer of Jewish descent, who was serving the country in French Guiana. He was accused of treason and sentenced to life imprisonment in the colony. The affair revealed growing, widespread antisemitic sentiment, but also gave rise to a considerable number of passionate supporters of Dreyfus, dividing French society between the Dreyfusards and the anti-Dreyfusards. It was in 1898 that the tables were turned, with the publication of Zola's famous letter entitled "J'accuse...!"; some time later, evidence came to light that the accusations against Dreyfus were false, with the true culprit being Major Ferdinand Esterházy, a committed antisemite protected by the French military.

Meige's doctoral thesis was published a year before the Dreyfus affair. By then, antisemitism was already widespread across France, including among the medical class, as shown by the materials analysed in the present study. Any other explanation for the entity of the neuropathic traveller seems unlikely (Table 1). The features of the characteristic facies are completely nonspecific; the remaining manifestations are attributed to hysteria and hysteroepilepsy, and the definitive diagnostic criterion is the irresistible urge to travel, which was frequently associated with Jewish individuals. This feature would

Table 1. Summary of the characteristics of neuropathic travellers according to Meige and Charcot.

Tireless wanderers: neuropathic travellers
Jews of different origins, generally poor and obscure (racial predisposition)
Restless search for a cure for their ailments: <ul style="list-style-type: none"> — Characteristic facies (normally nonspecific) — Emotional, moving, detailed account of symptoms — Attire of a homeless person, with typical features (a stack of medical reports and a bottle of liquor) — Tension headache — Erratic pain affecting the spine and limbs — Digestive and genital symptoms. Insomnia — Hysterical seizures and other manifestations of hypochondria
Long medical pilgrimages across Europe
Poor adherence to treatment. Short-lived improvements

predispose the Jewish people to the syndrome: stigmatisation disguised as a neurological syndrome that was in fact a reinterpretation of the legend of the wandering Jew. The wave of antisemitism in the 1890s is reflected in this syndrome, even before the scandal of the Dreyfus affair.

A final remark should be made about Freud, an eminent Jew who received neurological training under Charcot at La Salpêtrière and completed his doctoral thesis. His knowledge on the topic influenced the development of his psychoanalytic theory several years later. Freud also wrote about antisemitism, highlighting the most relevant aspects of Judaism: monotheism, rejection of theatricality, a special consideration for earthly moral values, and the defence through tradition of the Jewish people, providing them with strength and purpose to resist external attacks.¹⁵ There is no evidence that Charcot was ever disrespectful toward Freud for religious reasons. In any case, this neither supports nor discredits the objective data presented and discussed in the present article.

As shown by recent anthropological studies in Western populations, racism toward foreign people and the unknown continues to be deeply rooted in contemporary society, which hinders its eradication.¹⁶ And yet, when the poor or the different succeed and exhibit their values in the society from which they are traditionally segregated, they are accepted. We see this today with black or African-American sports stars. However, this phenomenon does not prevent chronic racism from remaining latent, with all its consequences. This is true both in contemporary society and, undeniably, in 19th-century society, a time when Charcot and Freud coincided as master and disciple (1885-1886) but the former had probably begun to devise the notion of the neuropathic traveller, which a few years later would be developed in Meige's thesis. These poor, cursed travellers bore little relation to Freud: an insurmountable anthropological abyss lay between them, despite their shared religion.

Conflicts of interest

The author has no conflicts of interest to declare.

References

1. Gilman SL. *The jew's body*. London: Routledge; 1992.
2. Wikipedia: la enciclopedia libre [Internet]. Wikipedia; 2024. Judío errante [cited 7 Dec 2022]. Available from: https://es.wikipedia.org/wiki/Jud%C3%ADo_errante
3. Feijoo FB. Cartas eruditas y curiosas: tomo II/1745 [Internet]. Carta XXV: del judío errante; [cited 7 Dec 2022]. Available from: <https://www.biblioteca-antologica.org/es/wp-content/uploads/2019/09/FEIJOO-Cartas-eruditas-y-curiosas-II.pdf>
4. Martínez López E. La leyenda del judío errante en la literatura de cordel española [Internet]. Alicante (ES): Biblioteca Virtual Miguel de Cervantes; 2016 [cited 7 Dec 2022]. Available from: <https://www.cervantesvirtual.com/obra/la-leyenda-del-judio-errante-en-la-literatura-de-cordel-espanola/>.
5. Aguirre Gorgona JJ. El judaísmo y la muerte de Dios. Meer [Internet]. 5 Mar 2024 [cited 7 Dec 2023]. Available from: <https://www.meer.com/es/71118-el-judaismo-y-la-muerte-de-dios>
6. Banville J. La Troisième République. In: *Histoire de France*. Paris: Perrin, Département de Place des Éditeurs; 2022; p. 489-526.
7. Meige H. *Le juif-errant à la Salpêtrière: étude sur certains névropathes voyageurs*. New Delhi: Skilled Books, Classic reprints; 2023.
8. Meige H. *Le juif-errant à la Salpêtrière: étude sur certains névropathes voyageurs* [Internet]. Paris: L. Bataille & Cie. ; 1893 [cited 8 Dec 2023]. Available from: <https://iiif.wellcomecollection.org/pdf/b21013706>
9. Owecki MK, Bogusz H, Magowska A. Henry Meige (1866-1940). *J Neurol*. 2017;264:2348-50.
10. Didi-Huberman G. *Invention de l'hystérie. Charcot et l'icongraphie photographique de La Salpêtrière*. Paris: Éditions Macula; 1982.
11. Gilman SL. *Health and illness. Images of difference*. London: Reaktion Books; 1995.
12. Álvaro LC. Axel Munthe: modelo de valores para la praxis neurológica actual. *Neurosci Hist*. 2014;2:15-25.
13. Nacar E, Colunga A. *Sagrada Biblia*. Madrid: Biblioteca de Autores Cristianos; 1979. Génesis 4:12-15. [King James Bible [Internet]. [s.l.]: King James Bible Online; ©2024. Genesis: chapter 4; [cited 4 Apr 2024]. Available from: <https://www.kingjamesbibleonline.org/Genesis-Chapter-4/>].
14. Kennedy IG. *Tiziano*. Cologne: Taschen; 2020.
15. Freud S. *Moisés y la religión monoteísta y otros escritos sobre judaísmo y antisemitismo*. Madrid: Alianza Editorial; 2015.
16. Brown-Iannuzzi JL, Cooley E, McKee SE, Hyden C. Wealthy whites and poor blacks: implicit associations between racial groups and wealth predict explicit opposition toward helping the poor. *J Exp Soc Psychol*. 2019;82:26-34.