

Longing for Home: Robert Hamilton, Nostalgia, and the Emotional Life of the Eighteenth-Century Soldier

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First published in London in 1787, Robert Hamilton's *The Duties of a Regimental Soldier* announces in its opening pages a novel ambition to promote the welfare of a class of men 'whose situation, at best, is uncomfortable, and yet to whom the community are under obligations – I mean the *Soldiery*'.¹ Hamilton's declaration of support for the 'cause of the poor soldier' (*Duties*, I.2) dovetails neatly with a no less pressing concern 'that the office of a regimental surgeon [should] gain more respectability' (I.13). By showing how performances of compassion correlate with professions of respectability Hamilton underlines the material foundations of the discourse of sensibility: shows of feeling, that is, operate as a form of cultural capital, raising the status of the performer in the eyes of the world. My concern in this article, however, is not so much with the exposure of the material currents underpinning declarations of sensibility as with the *effect* such declarations have on notions of communal obligation and, more specifically, on the extent to which explorations of mental well-being might lead to the querying of dominant attitudes to the emotional lives of common or ordinary soldiers. Thus, while debates about the social standing of military surgeons do have a part to play in this account, not least due to their questionable status within army ranks, my principal interest is in how trends in mid-eighteenth-century medical education helped modify attitudes towards a group of men whose inner lives were deemed beyond the pale of rational enquiry; put simply, by showing ordinary soldiers exhibiting refined and 'delicate' feelings such as melancholy and grief, feelings hitherto regarded as the privilege of the officer classes, Hamilton's study marks a modest yet significant development in the history of sensibility and, more broadly, in the history of the emotions.² I will argue further that the extension of the sphere of sentiment to include common soldiers as well as officers affected not only attitudes towards class, but also towards conflict; for, as Hamilton's case

studies of low-ranking men suffering from the condition known as nostalgia suggest, feelings of alienation and displacement brought about by the removal from home might, if left unchecked, jeopardise the viability of military service and, by extension, undermine the ideological grounds on which nations wage war. More generally, as I will conclude, Hamilton's case-studies might also be regarded as symptomatic of a wide-spread discontent with the effects of modernity, providing insight into how men, and women, from all groups of society, found ways to resist regimentation in all its forms.

How Hamilton positioned himself in relation to the late eighteenth-century medical establishment and how, as a result of this positioning, he came to engage with the cause of the soldiery, is itself an interesting subject of enquiry. The *New Oxford Dictionary of National Biography* states that Robert Hamilton, 'army physician', was born in 1749 at Coleraine, county Londonderry, and that on 24 July 1780 he was awarded an MD degree from the University of Edinburgh, his thesis being entitled '*De nicotianae viribus in medicina*'.³ The *ODNB* notes further that on 27 July, a mere three days after graduation, Hamilton was granted a warrant as surgeon's mate of the 10th Foot Regiment, in which capacity he served for five years whilst maintaining civilian practises in Dorchester and Luton. Shortly after leaving the regiment on 1 May 1785 Hamilton established himself as a physician in Ipswich where, his obituary records, 'he soon acquired the public confidence, as well as a considerable share of *respectable* practice'.⁴ Hamilton's numerous professional accreditations add to the impression of respectability: in 1782 he is listed as a Fellow of the Royal Medical Society of Edinburgh, and in 1784 he is registered as an Extra-Licentiate of the Royal College of Physicians – a rare distinction for a non-conformist, non-Oxbridge medic – and, later, as a Fellow of the predominantly dissenting Medical Society of London.⁵ Hamilton returned to military medicine in 1795 as physician to the forces in the West Indies, only to succumb, within two months of joining, to a rheumatic fever that left him almost totally blind. Despite this handicap, he continued to practise medicine in Ipswich until his death at the age of eighty-one on 29 May 1830.

By contemporary standards, Hamilton's trajectory from lowly surgeon's mate to army physician would have been considered a success, yet the success story is made all the more remarkable by the fact that its subject was not 'descended', as the *Munk's Roll* entry implies, from 'a

Scottish family of respectability' (a possible allusion to the descendants of the seventeenth-century Scottish settler Sir James Hamilton), but was rather born the son of a humble weaver.⁶ As a young man Hamilton must have shown promise, enough at least to attract the attention of the Presbyterian minister and Arianist theologian John Cameron, who took him into his house in order to advance his education. Whilst working in County Antrim as a parish schoolmaster Hamilton, under Cameron's direction, continued with his studies, showing a keen interest in the natural sciences with a particular aptitude for anatomy.⁷ In 1776, at the relatively advanced age of twenty-seven, he was admitted to Cameron's *alma mater* as a medical student, where he studied for four years, making sufficient progress to become one of the very few students in his year to graduate as an MD.⁸ Why, with such a prestigious qualification to his name, Hamilton went on to enlist as a surgeon's mate, rather than embarking on a more lucrative career as a town or county physician, is most likely due to the want of a suitable patron, limited access to professional networks, and insufficient funds. Yet, leaving these factors aside, a career as a military surgeon was not an unusual course for a recently graduated Scottish medic, and although his salary would barely have covered basic subsistence Hamilton appears to have supplemented his income as a civilian practitioner, and might have earned extra from the allowances made for the purchases of medicines and supplies.⁹

As noted previously, a word that occurs frequently in connection with Hamilton is respectability. In an illuminating study of the social standing of physicians in eighteenth-century York Michael Brown has argued that while classification as a 'Physic' rather than as a surgeon-apothecary, which 'still carried the social stigma of craft or trade', could be regarded as an indication of a doctor's 'importance and visibility within the urban landscape', it might equally be read as an indication of 'the highly anomalous and uncertain nature of [his] social status'.¹⁰ Neither a member of the 'Gentry and Nobility' nor of 'Trade', the gentleman physician's professional ambitions often served as confirmation of his liminal social position. Nevertheless, for a medic seeking advancement, knowledge of classical literature and a familiarity with moral philosophy and metaphysics could, if presented correctly, compensate for the lack of a good family name and might enable the bearer to pass as a gentleman. Therefore, whilst Hamilton's position as the adopted progeny of a clergyman, and a dissenting one at that, may well have placed him at a social disadvantage, his professional status

as an MD gave proof, at least, that he had pursued a liberal, as opposed to a purely practical, education, and that he was therefore intellectually fit to associate with the upper ranks. How Hamilton drew on his classical training to enhance his civil standing, as well as the claims to respectability of the military surgeon will be considered presently.

In addition to formal qualifications, literary cultivation and membership of professional societies, all of which Hamilton had and would acquire, the regular publication of learned books and essays was a sure-fire way for the aspiring practitioner to gain respect. Over the course of his career Hamilton completed a number of significant medical treatises, including contributions to studies of influenza, rabies, opium poisoning and to the treatment of persons rescued from drowning. Although the scientific value of these publications determined the author's worth as a medical scholar, a large measure of the social work performed by the act of publication was the result of the title's dedication and prefatory comments: Hamilton's first published work, a study of the 1782 influenza outbreak, is dedicated to Lieutenant Colonel Andrew Cathcart of the 10th Regiment of Foot;¹¹ his best-known work, the two-volume *The Duties of a Regimental Surgeon: With Observations on His General Qualifications; and Hints Relative to a More Respectable Practice*, to give the book its full and socially aspirant title, is dedicated initially to the Reverend W. Smith of Milburn, County Antrim, with thanks for the many 'benefits [...] derived from the PATRONAGE you long so generously have, and still continue to afford me', and then, in its revised form, to his earlier supporter John Cameron. Aware, perhaps, of the importance of securing himself within broad-based networks of respectability, throughout his writing career Hamilton balances in his dedications the duties owed to his non-conformist patrons with pointed references to figures of medical and military influence: in the first edition of *The Duties of a Regimental Surgeon*, for instance, the 'Rev. W. Smith A.M.' is cited as the brother of the 'late Lieut. General Smith' and brother-in-law to 'Dr Smith [...] the first practical physician in the metropolis of Ireland'.¹²

In addition to dedications, subscription lists provided further confirmation of the writer's rise in social standing over the course of his career. The 1787 edition of the *Duties* includes surgeons, physicians, military men, lawyers, learned societies and a smattering of Members of Parliament amongst its subscribers, whilst the 1798 *Remarks on Hydrophobia*, a monumental two-volume work

published in the wake of the physician's return from the West Indies, dedicated to another northern Irish Presbyterian mentor and conceived, possibly, as a means of compensating for the denial of half pay or a pension, boasts in its subscription list members of the gentry and notable personages from the realms of industry and science, such as Josiah Wedgwood, Sir Lucas Pepys and David Pitcairn, confirming at the same time, in its prefatory remarks and appendices, a distinguished correspondence with John Hunter and Sir John Gooch.¹³ The range of dedicatees and subscribers suggests that the attainment of social respectability was a matter not merely of gaining recognition as a medical professional but of establishing oneself as a member of 'a spatially extensive "community"', which by the late eighteenth century could still be understood in Habermasian terms as a 'public sphere of discourse' in which participating members 'identify with all those with whom they shared direct intellectual affinities, regardless of occupational specifics'.¹⁴

Given Hamilton's connections with learned societies in Suffolk, Norfolk and the Midlands, together with his early indoctrination in the rationalist, humanitarian strains of Presbyterianism (Cameron became a notable correspondent of Joseph Priestley), and his associations with scientific dissenters such as Thomas Beddoes and Erasmus Darwin, along with his sustained affiliation with the radical publisher Joseph Johnson, it should come as no surprise to discover that outside medicine Hamilton was also known as 'a warm advocate for civil and religious liberty', authoring in 1783 *Thoughts [...] Respecting the Establishment of a Regimental Fund, for the Relief of the Sick and Necessitous Wives of the Private Soldiers* and, in 1792, *An Address [...] For the Purpose of Considering the Propriety of Petitioning Parliament, for an Abolition of the Slave Trade*.¹⁵ That the author himself regarded his social concerns as being on a continuum with his medical interests is made apparent in those parts of *Duties of a Regimental Surgeon* which highlight the responsibilities of surgeons towards their patients, and which draw attention to the hardships suffered by soldiers and their families. These aspects of Hamilton's work will be addressed in due course; of more immediate interest is the means by which the wish to establish military medicine as a '*more* respectable *practice*', grounded in a defence of liberal education, with its emphasis on rational speculation as a supplement to observation and experience, provides the support for a radical, new understanding of the emotional life of the common soldier.

What might be termed the philosophical foundation of the *Duties* is established in the concluding chapter from volume two: ‘Necessity of a liberal education to practise medicine successfully – Regimental practice more the province of the physician than the surgeon’. To some extent, Hamilton’s privileging of the physician over the surgeon can be read as a defence of an established professional hierarchy.¹⁶ In this light, while the book’s preface makes explicit a wish to gain respectability for the army surgeon, the conclusion, with its defence of a medical education grounded in knowledge of natural, moral and experimental philosophy, literature and the classics, physiology, anatomy and the natural sciences, appears to confirm the surgeon in his traditional subservience to the physician.¹⁷ Yet, while this reinforcement of professional deference would seem to prioritise abstract over experiential learning, the author is at pains to remind his readers that military practitioners should be instructed in *both* the art and the craft of medicine, a view that reflects the influence of the Edinburgh curriculum with its emphasis on the value of observation and experience as a complement to reflection.

As the chapter advances, the defence of the university-educated, for which read Edinburgh-educated, physician shades over into a discussion of the part played by the mind in determining the health of the body. Echoing William Cullen’s holistic ‘notion of a nerve-mediated “sensibility”’, Hamilton states that military physicians should learn to attend to the ways in which ‘the passions, and dispositions of the mind’ influence ‘our health’ (*Duties*, II.221).¹⁸ Not for the first time in his study the author draws support for this claim by making an allusion to *Tristram Shandy* (1760-67), a novel pointedly concerned with the effects of physical trauma on the soldier’s mind and body: ‘Another author, in his facetious and humorous manner, compares the relation between the body and soul, to a coat and its lining; for, if you rumple the *one*, says he, you rumple the *other*’ (ibid.).¹⁹ Surgeons, he adds, due to the narrowness of their training, lack the ability to reason from analogy and thus to comprehend the influence the passions might have on the state of the body and *vice versa*. Only the physician, with his combined knowledge of the sciences, philosophy and the liberal arts, can discern the varied and subtle interactions of *psyche* and *soma* manifesting in apparently identical symptoms. A surgeon who has undergone an apprenticeship and who may, at best, have attended a few lectures

and gained a diploma is, he concludes, unsuited to treat the varieties of mental and physical illness that military, no less than civilian, life presents.

Hamilton's conviction that military 'Physicians' should acquire 'not only a knowledge of the *physical* but [of] the *moral* man' (*Duties*, II.221-2), needs also to be set in the broader context of eighteenth-century discussions of the passions. As is well known, variations on Francis Hutcheson's distinction between 'calm' affections and 'violent' passions, itself a derivation of Malebranche's division between inclinations and passions, are detectable in numerous eighteenth-century philosophical, religious and medical works: from David Hume's *A Treatise of Human Nature* (1740) to Lord Kames's *Elements of Criticism* (1762); from Jonathan Edwards's *Treatise Concerning Religious Affections* (1746) to Thomas Reid's *Essays on the Active Powers of Man* (1788), and from William Clark's *A Medical Dissertation Concerning the Effects of the Passions on Human Bodies* (1727) to William Falconer's *A Dissertation on the Influence of the Passions Upon Disorders of the Body* (1788). At Edinburgh, the convergence of moral sense theory with post-Lockean accounts of the interaction of mind and body is most evident in William Cullen's conviction that 'soul and body mutually affect one another'.²⁰ The influence of Hume's distinction between 'calm' and 'violent' passions can be seen in Cullen's belief that strong emotions, such as fear, anger or lust will induce rapid beating of the heart, whereas moderate emotions, such as hope, gratitude and aesthetic enjoyment, will calm it.²¹ In what amounts to a sophisticated modification of religious notions of the governance of the passions, inflected by contemporary moral sense philosophy, Cullen thus provides a physiological basis for a theory of human nature that regards individuals as at once the passive subjects of gross animal passions and as moral agents, capable of civility and refinement through the exercise of affections grounded in reflection.

Hamilton's focus on the emotional life of the patient is prompted, then, by a medical ethos that regards mental and physical well-being as co-dependant. The implications of this ethos for quality of care in military hospitals is significant: for suffering soldiers, no less than for ailing civilians, a medical regime founded in 'tenderness' and compassion will more likely lead to recovery than one that is governed by hostility and contempt (*Duties*, I.84). That discussion of the influence of the passions on physical health should occur in a treatise concerned with the well-being of soldiers can be

explained also by the sense in which a fascination with the origins, types and governance of the emotions had come to permeate all levels of human enquiry, including military theory.

Unsurprisingly, manuals of military discipline published in the early eighteenth century make great play of the suppression and control of those instinctive passions that would prevent the soldier from performing his duty. Thus, John Gittins's *A Compleat System of Military Discipline* (1735) begins with the claim that a 'soldier must always esteem Honour and the Publick Good above his own Safety; and ought to fear nothing but God and Dishonour [...] A Soldier ought not to let his Heart sink under any Disaster whatsoever'.²² With concern for one's own well-being subordinated to the supervening power of those abstract nouns – 'Honour', 'the Publick Good' and, above all, 'God' – the emotional complexities of the soldier's inner life are effectively displaced. The emphasis placed here on self-abnegation and the control of feeling seems to accord with Foucault's influential conception of the soldier as 'something that can be made', a machine that can be manipulated, ordered and made docile through disciplinary regimes.²³

In manuals dating from the second half of the century, however, a rather different picture emerges. In James Cuninghame's *Strictures on Military Discipline* (1774), for example, benevolent emotions, such as 'compassion' and 'tenderness' are admitted into the character of the soldier.²⁴ Echoes of Adam Smith's *Theory of Moral Sentiments* (1759), as well as of Jonas Hanway's strictures on the importance of Christian values to men-of-arms, are evident in Cuninghame's advocacy of the soldier as 'a man of charitable disposition' who, in his dealings with the enemy, shows 'kindness and mercy, and will do no violence, oppression, cruelty, wasting nor plundering':

[...] compassion and tenderness makes a man affected with the distresses of his fellow creatures, feeling all their afflictions, sympathizing with them in all their sorrows, and ready to his utmost ability to relieve them. Plato's character of a soldier is, 'that he ought to be both bold and mild, rough and gentle, the one to behave himself in the field, the other when he is out of it'.²⁵

In Cuninghame's conception the soldier's ability to resist the temptation to over-identify with the suffering of others, a condition that would see courage and fortitude replaced with anxiety and inertia, can be attributed in some measure to the emphasis in Smith's treatise on the regulation of fellow-feeling through temperance and restraint. Where, in Hutchesonian moral sense theory, empathy with distress was conceived as an infection, powerful enough to dissolve the boundaries between sufferer and spectator, in Smith's conception suffering is apprehended at a distance and with impartiality.²⁶ The threat of over-identification is thus checked by the conditions of a representational system that refuses to acknowledge the claims of unmitigated suffering. Tellingly, in outlining his theory Smith makes several references to the soldier as one who 'exposed to the hardships and hazards of war, maintains that control of his passive feelings upon all occasions'.²⁷ Where in early military manuals emphasis is placed on external controls, such as uniform and drill, here it falls on the encouragement of internal controls. Although potentially unruly passions such as grief and distress are admitted into this scheme, they are monitored and controlled by what Smith calls the 'ideal man within the breast', a third-party figure devised as a means of keeping aberrant feeling in check.²⁸

An important distinction between the elevated behaviour of the officer classes and the gross instincts of the lower order emerges in Henry Lloyd's essay 'Of the Philosophy of War' (1781). Writing 'Of the Passions', Lloyd, in Hobbesian vein, distinguishes between 'sensual' or 'animal' passions, such as pain and pleasure, and 'social passions', such as 'heroism, valour and courage', arguing that the latter are incompatible with 'extreme poverty' and that 'consequently these and other such affections of the mind can be found only in men placed above want'.²⁹ For Lloyd, 'great and heroic actions', which stem from the higher affections, are the sole province of the officer classes.³⁰ Nevertheless, a recognition of the part played by the social passions in determining ordinary men to fight leads the author to qualify the standard eighteenth-century view of the common soldier as a mere 'machine', and to recommend that officers cultivate 'a perfect knowledge of the passions' and of the 'sublime' art of rhetoric in order to 'persuade' and 'coerce' their men.³¹ As a further qualification of the idea of the common soldier as the docile subject of military discipline, Lloyd recommends to officers the importance of extending social passions, such as kindness and benevolence, to motivate 'rude, ignorant [and] intractable' men.³² In contrast, therefore, with earlier studies of military

emotions, the portrait that emerges in Lloyd's account is highly nuanced, involving a complex interchange of sensual and social passions, acknowledgement of the common soldier as a thinking and feeling individual, and a delicate negotiation of class distinctions.³³

Like Lloyd, Hamilton advises surgeons to treat their patients with gentleness and respect: 'What can add more to the distress of a poor sufferer under sickness, than roughness of behaviour in him from whom relief was expected?' (*Duties*, I.86). As an indication of the extent to which the culture of sensibility had come to permeate the whole of society, he states further that the 'noblest mind is always the most merciful, the most capable of tenderness and pity' (*ibid.*).³⁴ Echoing a widely held view of the army regiment as a quasi-familial structure, Hamilton suggests that as the suffering soldier has 'no friends near to sympathize with him; no parental, or fraternal anxiety to watch over him' it is left to the medical officer to perform the service of comforter and friend (II.85-6).³⁵ The patient, he adds, will 'not disregard the surgeon more for giving his directions in a soft and tender tone of voice'. In what amounts to a radical extension of Lloyd's conception of the common soldier as a sensible being, Hamilton concedes that private soldiers, no less than officers, possess 'humane and tender feelings' and that their 'rational faculties are not inferior to many who hold a high command over them' (I.87). Significantly, Hamilton draws support for his portrait of the emotionally literate soldier from the pages of eighteenth-century sentimental works. Noting, for instance, the soldier's habit of contrasting the meanness of his present conditions with the comforts of his former life, he includes a further quotation from *Tristram Shandy*:

But to think, may it please your honour, continued *Trim*, a tear stealing into the corner of his eye as he spoke – to think of two virtuous lads, with hearts as warm in their bodies, and as honest as God could make them – The children of honest people, going forth with gallant spirits to seek their fortunes in the world – and fall into such evils! (I.109)

Tristram Shandy is a novel much concerned with the sentimental life of soldiers, particularly those wounded, both mentally as well as physically, in the service of the state. Sterne's influence on

Hamilton's understanding of the emotional life of the common soldier is notable in a later, extended passage in the *Duties*, which discusses the treatment of a soldier rendered unfit for service by a curious combination of physical and mental symptoms.

The passage focusses on a Welsh recruit named Edwards who, 'only a few months a soldier [...] was young, handsome, and well made for service':

[...] but a melancholy hung over his countenance, and waness preyed on his cheeks. He complained of universal weakness, but no fixed pain. A noise in his ears, and giddiness in his head [...] His appetite was much impaired [he] slept ill, and started suddenly out of it, with uneasy dreams. At length he became indolent; seldom sat up at all; was constantly dozing [...] sighed deeply and frequently; nor could his attention be diverted to any external object. Something, it would seem, hung heavily on his mind. (I.121-2)

After three months in hospital, Hamilton reports that Edwards 'was quite emaciated [...] and so weak in his limbs, that he could neither get in nor out of bed without help; of late, also, had night sweats: in short, I looked on him as lost' (I.123). Baffled by the man's symptoms, which the surgeon diagnoses variously as incipient typhus and consumption, he seeks the opinion of the attending nurse who mentions 'the strong notions' the patient 'had got in his head [...] of home, and of his friends'. While the nurse dismisses Edwards's talk as 'the common ravings of sickness and delirium' (*ibid.*), Hamilton, struck by the peculiar force of the soldier's discourse, persists in drawing him out: the thought of returning home, he notes, 'is a theme which much affected' Edwards (I.124).

What happens next could be described either as brilliantly resourceful or coolly manipulative. Hamilton informs the soldier that, as soon he is able, he shall be allowed to return home for a six-week furlough. The effect on Edwards is dramatic: 'He revived at the very thought of it' (*ibid.*). Whilst knowing that he does not have the power to fulfil this promise, the surgeon, impressed by the rapidity of his patient's recovery, encourages him to eat and to take a little exercise in order to strengthen himself for the journey. Within two months Edwards is out of the hospital and back in the

barracks. As news of the soldier's dramatic recovery spreads through the ranks Hamilton is faced with the dilemma of whether or not to disclose his deception, knowing full well that Edwards will 'relapse' if he tells him that he will not, after all, be returning home. Luckily for Edwards, the commanding officer is impressed by the surgeon's account of his unorthodox cure and agrees to grant the soldier his period of leave.

Taken out of context, the story of the ailing, seemingly incurable, soldier and his doggedly attentive physician could be read as an instance of Shandyian whimsy, on a par with the affecting description of Uncle Toby's nursing of the dying soldier Le Fever.³⁶ Hamilton's account is presented, however, not as a literary diversion, but as case study of the medical condition identified in Cullen's pioneering *Nosology* of 1769 as '*nostalgia*, or a longing after our native country, or home' (I.127). 'Nostalgia', a word combining the Homeric sense of *nóstos*, meaning 'homecoming', and *álgos*, meaning 'pain' or 'ache', was coined as a medical term by Johannes Hofer in 1678 to describe a form of homesickness prevalent among Swiss mercenaries deployed in the lowlands of France and Italy.³⁷

Drawing on the mechanical model that was beginning to replace humoral theory in the late seventeenth century Hofer attributes the disease to a blockage of the 'nerve channels' in that part of the brain that stores images of the patient's homeland.³⁸ In 1761, the Austrian physician Josef Leopold Auenbrugger, in his book *Inventum Novum*, drew on Hofer's account to describe a condition in which soldiers 'become sad, taciturn, listless, solitary, musing, full of sighs and moans. Finally, these cease to pay attention and become indifferent to everything which the maintenance of life requires of them. This disease is called nostalgia'.³⁹ In the wake of Auenbrugger's study, nostalgia was quickly taken up as a diagnostic category in medical discourse of the mid- to late eighteenth century, and was used in particular by practitioners of military medicine to account for the physical and mental infirmity of soldiers gripped by fantasies of return.⁴⁰ During the revolutionary and Napoleonic wars outbreaks of nostalgia among French prisoners of war, British expeditionary forces in Egypt, and colonial troops in India and the West Indies were widely reported.⁴¹ Soldiers with unusually strong attachments to their homelands, particularly those belonging to remote or mountainous areas, were said to be particularly prone to the disease.

Although Hamilton was not the only British practitioner to consider the illness – it is discussed also in William Falconer’s *A Dissertation on the Influence of the Passions Upon Disorders of the Body* (1788), Benjamin Rush’s *Medical Enquiries and Observations* (1794) and William Blair’s *The Soldier’s Friend* (1798) – his account is particularly valuable for the insight it provides into the mental health of British army soldiers. Of special note is Hamilton’s observation, derived from Auenbrugger, that the condition is especially prevalent amongst young people conscripted into the army by force. Quoting the Swiss physician and philosopher Johann Georg Zimmerman, author of influential mid-century essays on sentiment, solitude and national pride, he notes further that nostalgia ‘will be found among men of every nation, who, in foreign countries, feel the want of those delights and enjoyments they would meet with among their friends at home’ (I.128).⁴² No longer conceived in the strict Foucaultian sense as the docile instrument of a military machine, but rather as a complex, sentimental being, subject to disorders of the imagination, the nostalgic soldier gives voice to a deep-seated sense of anxiety, affecting all members of society, concerning the effects of commercial and imperial expansion on the domestic sphere.

The implications of this last point are explored in Hamilton’s concluding remarks on nostalgia. After describing several cases of the disease amongst civilians as well as soldiers, Hamilton ends his account with a description of the dissection of a soldier who, reportedly, had died of unrequited love. Like Edwards, the soldier had ‘no cough, but nightly sweats and exacerbations of fever’ and refused to take nourishment: ‘That he died from the effects of this depressing passion, all the corps to which he belonged agreed, some of whom knew his attachment before the regiment marched from their own country to this’ (I.131-2). The circumstances leading to the soldier’s unfortunate demise prompts Hamilton to draw a comparison with Samuel Richardson’s 1748 account of the protracted illness and death of Clarissa Harlow. Like Clarissa, melancholy overcomes the young man, to the point where, unwilling to eat, drink or sleep his body wastes away. Hamilton concludes that such cases ‘prove [...] the vast influences the passions have over the body, and how much it is incumbent on the practitioner to study the springs of the mind, as the source from which he is to deduce the causes of many diseases’ (I.134).

The allusion to *Clarissa* takes on additional force when it is recalled that the heroine's decline is brought on as a result of her abduction from 'her father's house', a place associated formerly with misery and confinement and now reconceived as a realm of love and protection.⁴³ That *Clarissa*, *avant la lettre*, as it were, should exhibit symptoms of nostalgia, a disease that would become associated with soldiers and, in some accounts, with young women who had left their families to go into service, complicates the standard critical reading of her protracted demise as the effect of a consumption issuing from a combination of love and religious melancholy.⁴⁴ It also gives an indication of both the variety and reach of psychological disorders in this period and of the dubious efforts made by scientific and cultural authorities to classify these disorders in accordance with rigid class categories: melancholy for the rich; nostalgia for the poor.⁴⁵ However, as Guenter B. Risse has pointed out, diagnoses of nervous illnesses were, in practice, by no means restricted to the affluent classes, and while medical literature went to considerable efforts to police the borders of hysteria, hypochondria and related maladies, the lower orders were no less susceptible to these forms of disease.⁴⁶

The reverse perspective on the comparison with *Clarissa* is no less compelling: the fact that the lovesickness of an existing soldier should be linked with the travails of a fictional middle-class woman tells us something about the curiously labile nature of gender distinctions in this period. As is known, cases of heightened or excessive sensibility, typically associated with 'delicate' young ladies of 'thin habit and pale complexion' were a frequent topic of discussion in medical literature.⁴⁷ While it was not unknown for men in polite society to exhibit nervous symptoms, leading some commentators to inveigh against the spread of effeminacy in the upper classes, the manifestation of morbid sensitivity in a soldier, and a lower-ranking one at that, shows how the irrational, uncontrollable drives of the female body were felt to be corroding a key institution of patriarchal society: as Edwards weeps, swoons, sighs and moans his body displays signs of a repressed femininity powerful enough to disrupt the rigid sense of masculinity on which military order is predicated.

Along with the telling allusion to *Clarissa*'s psychosomatic demise, among the case studies discussed by Hamilton is the story of a young lady consigned reluctantly to a boarding school. Like Edwards, the young woman's illness is relieved as soon as she is returned home. On the basis of this, it is tempting to conclude that what the male victim of nostalgia truly desires is release from the

strictures of military masculinity and a return to the pacific, avowedly feminine domestic sphere. The notion that indulging the patient's wish to return home is 'superior to all other remedies' has radical consequences.⁴⁸ While some commentators, noting that incidences of nostalgia increase when armies are at rest propose 'daily exertions in the open air' as a way to counter states of enervation and feebleness brought on 'by habits of indolence',⁴⁹ the majority concur that 'unless' the desire for repatriation is 'indulged, it very commonly proves not only incurable but even fatal'.⁵⁰ The ultimate cure for military nostalgia is contemplated in all the major studies, from Hofer's *Dissertatio Medica de Nostalgia* (1688) to Giambattista's *The Institutions of the Practice of Medicine* (1785), and again from Falconer's *Dissertation on the Influence of the Passions Upon Disorders of the Body* (1788) to Blair's *The Soldier's Friend* (1798); Hamilton's study is exceptional insofar as it actively promotes the cause of a victim of nostalgia, going so far as to assist in that victim's release from a disciplinary regime. How might we account for this peculiar act of indulgence?

A feature common to almost all the cases of nostalgia cited in these studies is that sufferers belong typically to barren, desolate regions such as the Swiss Alps and Welsh mountains and thus to areas deemed resistant to change. In a recent study of nostalgia, the intellectual historian Helmut Illbruck argues that a romantic fascination with inhospitable domains 'could itself become the sentimental object of nostalgia for an Enlightenment anxious it may have lost the sense of such simple and place-bound nostalgia'.⁵¹ As modernization takes hold, and individuals are forged as the subjects of factories, hospitals, prisons and barracks the notion of home, in the traditional sense, becomes increasingly elusive and perhaps even impossible. Thus, rather than home, what the nostalgic subject longs for might well be the sense of an unchartered, incalculable space, a lost *habitus* beyond the reach of the new disciplinary regimes. Rousseau's nostalgia for a waning pastoral tradition is apposite here: to be precise, what men like Edwards seem to long for is a return an imaginary, unspecifiable state of nature, prior to the traumatic impositions of industry, empire and commerce.

But what longing and, indeed, what degree of nostalgia does this indulgence of the patient's wishes suggest on the part of the surgeon and of his commanding officer? While in one sense the display of benevolence enables such men to credit themselves with the possession of high moral character, exercising a constrained form of sensibility directed towards the public good, in another

sense the emergence of the moral man of feeling can be seen as a reaction-formation to the dangerous allure of the heightened, self-indulgent, feminine sensibility of the nostalgic soldier. That Edwards' longing for home should strike a chord with the instruments of the Enlightenment is perhaps indicative of a widespread discontent with the civilizing process. In support of this possibility Illbruck suggests further that:

what a reasoned or Enlightenment perspective fears in nostalgia, especially nostalgia in its original sense as a consuming homesickness, is not only that which it must repress – something that cannot be made commensurate to the principle of Enlightenment – but also that which such nostalgia sees and tries to communicate, a disparity which in its deepest sense must to any outsider remain invisible and untranslatable.⁵²

In Hamilton's case, Edwards's 'disparity' must indeed remain 'invisible and untranslatable', for it serves as that impossible object of desire which the military regime must exclude as a condition of its coherence. What the soldier's body communicates, as it grows silent, as it weeps, expels and wastes away is a longing for something that cannot be expressed in any recognised language: namely, for a life free from discipline and control.

Interestingly, the name 'Edwards' occurs again in Hamilton's book. In a lengthy discussion of the medical implications of army 'discipline', the physician notes that 'in the end of 1781' Edwards, who 'had got drunk, and otherwise misbehaved', was sentenced to fifty lashes. 'In the army', he adds, 'this is accounted next to nothing' (*Duties*, II.40). Hamilton's wider interest in this section is with the effects of corporal punishment on men of different constitutions. Noting that 'some men are of a more robust, some of a more delicate make', and deducing from this that 'some are endowed with great sensibility' while 'others again are far less sensible' (II.39), he goes on to provide a detailed description of Edwards's appearance: 'he was of a thin, tall, genteel shape; his hair black, but soft, woolly, and thin on his head, with a skin remarkably white and smooth; he was a taylor'. Observing that 'taylors' are 'much confined within doors at their employment in the army' and are therefore 'more delicate and tender than those who are always in the open air' (II.39-40), Hamilton writes that

‘so much did this small punishment affect him, that notwithstanding every degree of attention to his cure, it was upwards of three months before he could bear his cross-belts, or even move his arms to work’ (II.40).⁵³ Notably, army physicians had been classed in the fifteenth century as on a par with ‘soldiers, shoemakers, taylors, barbers’ and ‘washerwomen’.⁵⁴

Although by no means disposed to mount a general critique of military justice, Hamilton displays sensitivity towards the lot of the individual soldier that betrays, once again, a concern with the transmission of affects across genders. By noting Edwards’s tall, slender, genteel bearing, his white skin, soft hair and ‘delicate make’, the surgeon gives voice to a persistent fascination with the indeterminate nature of the soldier’s body. Judith Broome has argued that in patriarchal societies masculine bodies are invariably hidden: ‘despite, or perhaps because of, its function as the norm, as an unmarked category the male body is not available for view; it is not the object of the gaze’.⁵⁵ In this instance a man’s body is displayed, but what the process of disclosure itself reveals is the male body’s unnerving similarity with the female body. In his variable status as woman and man, delicate patient and military miscreant, refined man of feeling and coarse, common soldier, Private Edwards troubles the imagination, forcing Hamilton to account for states of ambiguity exceeding the purviews of medical reason and military discipline.

Towards the end of the *Duties*, at the start of the chapter on the necessity of liberal education, Edwards makes his final, albeit somewhat oblique, return. Noting that ‘in a former part of the work I have adduced facts to prove the reciprocal influence the mind and body have over each other’ (II.219) he goes on to discuss a case of what might be termed ‘cultural nostalgia’, initially presented in Hofer’s groundbreaking dissertation and thereafter frequently cited in medical literature. The case concerns the effect of a particularly ‘wild and irregular’ tune on members of the Swiss army; the soldiers ‘it is affirmed, are so intoxicated with this tune, that if at any time they hear it, when abroad on foreign service, they burst into tears, and *often fall sick*, and *even die* of passionate desire to revisit their native country’ (II.220-1). Hamilton follows up this anecdote with a lengthy quotation from William Cowper’s *The Task* (1785) on the ability of music to evoke a sense of the past ‘with all its pleasures, and its pain’.⁵⁶ Expressions of sentiment on the part of medics are not uncommon, but in this case the display of literary refinement adds to the author’s share in a common culture of nostalgia.

In addition to Cowper, Hamilton quotes liberally from Thomson and Pope and, as we have seen, from Richardson and Sterne.

A perhaps surprising omission, given the novel's ubiquity in late eighteenth-century culture, is Henry Mackenzie's *The Man of Feeling* (1771). Might it be mere coincidence that a key episode in *The Man of Feeling* focusses on a moving encounter with a discharged soldier named Edwards? Mackenzie neglects to say much about Edwards's appearance, noting only that he is old and that his 'face had the marks of manly comeliness impaired by time; his forehead was not altogether bald, but its hairs have been numbered; while a few white locks behind crossed the back of his neck'. Clearly, this is not the pale, thin and delicate young man described by Hamilton. However, we learn also that the veteran 'had that steady look of sorrow, which indicates that its owner has seized upon his griefs till he has forgotten to lament them; yet not without those streaks of complacency, which a good mind will sometimes throw into the countenance, through all the incumbent load of its depression'.⁵⁷ Harley, the sentimental hero of Mackenzie's novel, responds to Edwards's plight with a typically lachrymose display of benevolence: recognizing the old soldier to be a friend from his youth the scene ends with the younger man pledging to "imprint the virtue of thy sufferings on my soul" and to announce: "Come, my honoured veteran! let me endeavour to soften the last days of a life, worn out in the service of humanity: call me also thy son, and let me cherish thee as a father."⁵⁸

In what was to become a paradigmatic illustration of communal obligation to the distressed, Harley grants Edwards a picturesque 'hut' on a smallholding, which the veteran, assisted by his benefactor, sets about 'improving'.⁵⁹ The picturesque farm, with its neat kitchen garden, artificially channelled brook and model windmill, contrasts with the sublime landscape in which the veteran is first encountered. Whilst initially, Edwards and the surrounding wild and rocky landscape had resembled a painting by 'Salvator', now the picture more closely resembles a scene by Morland or Wheatley.⁶⁰ If the earlier impression had thrilled Harley with sublime delight, the sight of the rehoused veteran affords an opportunity for aesthetic pleasure of a gentler, more domesticated turn; yet in both cases, whether stirred by wildness or moved by images of pastoral calm, what the distinguished viewer longs for is an encounter that conveys the illusion of authenticity. Whether housed or unhoused, Edwards conveys the image of a body and of a landscape that 'would present an

imaginary resolution to social contradictions [...] and at the same time function as objects for visual consumption'.⁶¹

In sum, what both Edwardses might be said to manifest, through their poverty, sickness and homesickness, as well as in their status as sentimental objects of desire, is a longing, on the part of polite society, for release from regimentation in all its forms. Such longing reaches beyond the simple wish to replace the disciplinary regime of the army, and its attendant investment in violent social, territorial and physical transformations, with Arcadian visions of natural order, geo-political harmony and personal ease; for what Harley and Hamilton also seem to 'remember' in their related displays of charity towards the suffering soldier is, at base, a fading culture of paternalistic control. Just as, in Broome's words, the category of the picturesque sought to "recapture" a landscape undergoing change' so the exercise of 'sentimental benevolence' towards the rural poor attempted to recapture a mode of respectability perceived as disappearing.⁶² The longing for home that Hamilton describes with such attention may therefore be read as an aspect of the medical practitioner's overarching concern with professional and social standing. But while, on the one hand, Hamilton's sympathy for Edwards's condition manifests a capacity for emotional refinement congruent with upper-class paternalism, thereby establishing the physician as *both* a man of feeling *and* as a man of rank, on the other, the sense in which a low-ranking soldier should display symptoms formerly regarded as the exclusive preserve of polite society and, in particular, of privileged young women, casts a somewhat dubious light on Hamilton's claims to distinction. What this case study illustrates, in other words, is the extent to which the blurring of divisions between politeness and professionalism, exemplified in the physician's eagerness to show off his cultural credentials while acknowledging the value of experience, is related, at once, to the melancholy pleasures of nostalgia – in terms of mourning for endangered hierarchies and fixed codes of deference – as well as to the desire to liberate oneself from the restrictions of the past. To some extent, therefore, Edwards's refined and troublingly feminized condition may be understood as symptomatic of the unresolved feelings underpinning bourgeois claims to respectability in the late eighteenth century.⁶³

¹ *The Duties of a Regimental Surgeon* was first published by Joseph Johnson in 1787. The book was adapted and partially translated by E. B. G. Hebenstreit as the three-volume *Handbuch der militairischen Arzneikunde für Feldärzte und Wundärzte* in 1790. Unless otherwise stated my text is the second edition, published as *The Duties of a Regimental Surgeon Considered: With Observations on His General Qualifications; and Hints Relative To a More Respectable Practice, and Better Regulation of that Department* [...], 2 vols (London: T. N. Longman, 1794). Vol. I.ii. Eighteenth Century Collection Online. Gale. University of Leicester. [<http://galenet.galegroup.com>, accessed 21 March 2014]. Subsequent references in this article are to this edition, abbreviated as *Duties* followed by volume and page number.

² The strength of feeling underpinning efforts to improve the social status of army medical staff is exemplified by Robert Jackson's insistence that surgeons and physicians should be 'entitled to a defined and respectable rank'. See *Remarks on the Constitution of the Medical Department in the British Army* (London: T. Cadell and W. Davies, 1803), p.35. In the seventeenth century Thomas Burton and Thomas Sydenham helped popularise the idea that nervous diseases, such as hysteria, hypochondria and melancholy were the sole preserve of the affluent classes. For an informed discussion of mental illness and class in the context of eighteenth-century Edinburgh medical practice see Guenter B. Risse, *New Medical Challenges During the Scottish Enlightenment* (Amsterdam and New York: Editions Rodopi, 2005), p.311-49. The effort to confine melancholy to the upper ranks of society is typified by George Cheyne's declaration: 'I seldom if ever observ'd a heavy, dull, earthy, clod-pated Clown, much troubled with nervous Disorders', in *The English Malady: Or, a Treatise of Nervous Diseases of All Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, &c.* (London and Bath: G. Strahan and J. Leake, 1733), p.262.

³ Charles Creighton, rev. Paul E. Kopperman, 'Robert Hamilton', *Oxford Dictionary of National Biography*, Oxford, 2004; online edn January 2008 [<http://www.oxforddnb.com/view/article/12122>, accessed 23 March 2014].

⁴ *Gentleman's Magazine*, 147 (1830), p.564-5; emphasis mine.

⁵ For further discussion of the role of medical societies in the professionalization of medicine see Jacqueline Jenkinson, 'The Role of Medical Societies in the Rise of the Scottish Medical Profession, 1730-1939', *Social History of Medicine* 4:2 (1991), p.253-75. For a detailed account of the part played by the Royal Medical Society of Edinburgh in shaping professional identities in this period see Risse, *New Medical Challenges During the Scottish Enlightenment*, p.67-104.

⁶ William Munk, *The Roll of the Royal College of Physicians of London: Comprising Biographical Sketches of All the Eminent Physicians Whose Names are Recorded in the Annals*, 3 vols (London: Published by the College, 2nd ed. 1878). Vol. II (1701-1800). 443; online edn 2004 [<http://munksroll.rcplondon.ac.uk/Biography/Details/2005>, accessed 21 March 2014].

⁷ Alexander Gordon, rev. M. J. Mercer, 'John Cameron', *Oxford Dictionary of National Biography*, Oxford, 2004; online edn 2004 [<http://www.oxforddnb.com/view/article/4445>, accessed 23 March 2014].

⁸ Lisa Rosner notes that MDs accounted for no more than 20% of the student body at Edinburgh in the mid-eighteenth century and were thus considered an 'elite body'. See *Medical Education in the Age of Improvement: Edinburgh Students and Apprentices, 1760-1826* (Edinburgh: Edinburgh University Press, 1991), p.63. For contemporary descriptions of the courses taken by medical students see [J. Johnson] *Johnson's Guide for Gentlemen Studying Medicine at the University of Edinburgh* (London: Robinson, 1792).

⁹ Rosner observes that the army and navy and the East India Company 'provided the main opportunities for medical men who preferred or whose finances required them to practice outside the country' and that demand grew as a result of the war in America. Surgeon's salaries varied between £100 and £200 per year depending on the regiment; surgeon's mates could expect to earn between £60 and £120. See Rosner, *Medical Education in the Age of Improvement*, p.20. Hamilton discusses the inadequacy of army surgeons' salaries in *Duties*, I.3-4, and presents a rationale for increasing the annual salary to £200 in *Duties*, II.185-211. In a discussion of rank Hamilton notes that 'In the line of actual subordination the surgeon ranks not only below the youngest ensign, but the quarter-master and adjutant': *Duties*, I.4.

¹⁰ Michael Brown, 'From the Doctors' Club to the Medical Society: Medicine, Gentility and Social Space in York, 1780-1840', in *Eighteenth Century York: Culture, Space and Society*, Borthwick Texts and Studies 30, ed. Mark Hallett and Jane Rendall (York: University of York, 2003), p.59-69, at p.62.

¹¹ Robert Hamilton, *A Description of the Influenza; With its Distinction and Method of Cure* (London: J. Johnson, 1787), front matter. Eighteenth Century Collection Online. Gale. University of Leicester. [http://galenet.galegroup.com, accessed 24 March 2014]

¹² Robert Hamilton, *The Duties of a Regimental Surgeon Considered [...]*, 2 vols (London: J. Johnson, 1787). Vol. I.i-ii. Gale. University of Leicester. [http://galenet.galegroup.com, accessed 24 March 2014] The fact that Hamilton's doctoral thesis is 'most happily dedicated to [the] patronage' of the Reverend William Smith suggests further that it was Smith and not Cameron who provided the funds for his university education. *Tentamen inaugurale, de nicotianae viribus in medicina; ut et de ejus malis effectibus in usu communi et domestico, examen [...]* (Edinburgh, 1780), front matter; translation by Sarah Knight. Eighteenth Century Collection Online. Gale. [University of Leicester. http://galenet.galegroup.com, accessed 24 March 2014]

¹³ Robert Hamilton, *Remarks on Hydrophobia; Or the Disease Produced by the Bite of a Mad Dog, or Other Rabid Animal*, 2 vols (London: Longman, 1798). Vol. I.ix-xxviii. Eighteenth Century Collection Online. Gale. [University of Leicester. http://galenet.galegroup.com, accessed 24 March 2014]

¹⁴ Michael Brown, 'Medicine, Reform and the "End" of Charity in Early Nineteenth-Century England', *English Historical Review*, 124: 511(2009), p.1353-88, at p.1384.

¹⁵ Titles cited in *Gentleman's Magazine*, 147 (1830), p.565.

¹⁶ Lisa Rosner notes that 'the rank of physician to the Army continued to outrank the Surgeon, with even the newest Physician given seniority above an experienced surgeon and twice the amount of pay, even though the two men might treat similar conditions'. *Medical Education in the Age of Improvement*, p.19.

¹⁷ Hamilton quotes from the army physician Richard Brocklesby in support of this argument: 'a want of early culture, almost a total privation in youth of intercourse with the most refined part of their

profession; and [...] an absolute neglect of liberal education in the generality of Surgeons are all together apt among them to induce Quakery, or, at best, a narrowness in thinking about medical subjects, and an absence of that comprehensive, and universal knowledge [...] which indeed is requisite to complete a Physician'. *Duties*: I.102-3. Richard Brocklesby, *Oeconomical and Medical Observations* [...] (London: T. Becket, 1764), p.37.

¹⁸ Cullen's theory is discussed in Risse, *New Medical Challenges during the Scottish Enlightenment*, p.339.

¹⁹ Hamilton draws further support from Sterne's novel in his discussions of military discipline (*Duties*, II.68) and the causes of nostalgia (I.88). A surprising omission is the following: 'whoever has read *Hippocrates*, or Dr. *James Mackenzie*, and has considered well the effects which the passions and affections of the mind have upon the digestion [...] may easily conceive what sharp paroxysms and exacerbations of his wound my uncle *Toby* must have undergone'. Laurence Sterne, *The Life and Opinions of Tristram Shandy, Gentleman*, ed. Melvyn and Joan New (Harmondsworth: Penguin, 1997), p.68. The popularity of James Mackenzie's *History of Health, and the Art of Preserving it* (1758) offers a good indication of the wide-spread influence of Scottish medical theories in this period.

²⁰ William Cullen, 'An Essay on the Hypochondriac Disease (in a letter)', p.72. Thomson/Cullen Papers MSS Collection, University of Glasgow Library, quoted in Risse, *New Medical Challenges during the Scottish Enlightenment*, p.154.

²¹ See John P. Wright, 'Substance versus Function Dualism in Eighteenth-Century Medicine', in *Psyche and Soma: Physicians and Metaphysicians on the Mind-body Problem from Antiquity to Enlightenment*, ed. John P. Wright and Paul Potter (Oxford: Oxford University Press, 2000), p.237-54, at p.251.

²² John Gittins, *A Compleat System of Military Discipline* [...] (London: J. Humfreys, 1735), p.ii.

²³ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1995), p.135. In 'Friendship as a Way of Life' (1984) Foucault revises his punitive account of military life to accommodate notions of friendship, camaraderie and mutual support. This

aspect of Foucault's later thought is discussed by Brian Joseph Martin in *Napoleonic Friendship: Military Fraternity, Intimacy and Sexuality in Nineteenth-Century France* (Durham, New Hampshire, University of New Hampshire Press, 2011), p.10-12.

²⁴ James Cuninghame, *Strictures on Military Discipline, in a Series of Letters, With a Military Discourse* (London: John Donaldson, 1774), p.124.

²⁵ Cuninghame, *Strictures on Military Discipline*, p.125. See Plato, *The Republic*, trans. Tom Griffith (Cambridge: Cambridge University Press, 2000), p.59-60 (374b-376c).

²⁶ For further discussion of this distinction in moral sense theory see Philip Shaw, *Suffering and Sentiment in Romantic Military Art* (Aldershot: Ashgate, 2013), p.12-13.

²⁷ Adam Smith, *The Theory of Moral Sentiments*, ed. Knud Haakonssen (Cambridge: Cambridge University Press, 2002), p.177.

²⁸ Smith, *The Theory of Moral Sentiments*, p.170.

²⁹ Lloyd's discussion comprises the second part of his *Continuation of the History of the Late War in Germany* [...] (London, 1781), p.69-96, at p.82.

³⁰ Lloyd, *Continuation of the History of the Late War*, p.85.

³¹ Lloyd, *Continuation of the History of the Late War*, p.70

³² Lloyd, *Continuation of the History of the Late War*, p.72.

³³ In an important qualification of Foucault's account of the eighteenth-century soldier Yuval Noah Harari argues that absorption of 'the culture of sensibility' in the late eighteenth century helped officers to resolve the logistical problems associated with an outmoded 'Cartesian military ideal': 'First, sensible co-optation was far cheaper and faster than brutal coercion [...] Secondly, once the military machine was reenvisioned as a sensitive organic machine rather than a lifeless puppet, it greatly eased the command and control difficulties'. *The Ultimate Experience: Battlefield Revelations and the Making of Modern War Culture, 1450-2000* (Houndmills: Palgrave Macmillan, 2008), p.180-1. For commentary on Harari's response to Foucault see Matthew McCormack, 'Liberty and Discipline: Militia Training Literature in Mid-Georgian England', in *Soldiering in Britain and Ireland, 1750-1850: Men of Arms* (Houndmills: Palgrave Macmillan, 2013), p.159-78, at 160, 174-5.

³⁴ Both Cullen and his colleague John Gregory believed that medical practitioners should exercise gentleness and consideration in their dealings with patients: '[sympathy]', writes Gregory, 'naturally engages the affection and confidence of a patient, which, in many cases, is of the utmost consequences to his recovery', in John Gregory, *Lectures on the Duties and Qualifications of a Physician* (London: W. Strahan and T. Cadell, 1772), p.19-20. See Risse, *New Medical Challenges during the Scottish Enlightenment*, p.143.

³⁵ See, for example, Mr de Jeney, *The Partisan: Or, the Art of Making War in Detachment* [...] (London: R. Griffiths, 1760): an officer should be considered 'the Father of a Family' (p.9); Samuel Bever, *The Cadet. A Military Treatise* [...] (Dublin: S. Powell, 1756): 'the soldiers look on [the Lieutenant Colonel] as their father' (p.163). *The British Volunteer: Or, A general History of the Formation and Establishment of the Volunteer and Associated Corps* [...] (London: T. Egerton, 1799): the Royal Duke is a 'father to his soldiers' (p.32).

³⁶ See Sterne, *Tristram Shandy*, p.344-58.

³⁷ For detailed discussion of the origins and development of nostalgia as a medical category see Helmut Illbruck, *Nostalgia: Origins and Ends of an Unenlightened Disease* (Evanston: Northwestern University Press, 2012), p.29-42 and p.101-126.

³⁸ See Linda Marilyn Austin, *Nostalgia in Transition, 1780-1917* (Charlottesville: University of Virginia Press, 2007), p.7.

³⁹ *On Percussion of the Chest: Being a Translation of Auenbrugger's original treatise entitled 'Inventum novum ex percussione thoracis humani, ut signo abstrusos interni pectoris morbos detegendi'* (1761), trans. Sir John Forbes (1824). Facsimile edition (Baltimore: The Johns Hopkins Press, 1936), p.16.

⁴⁰ Illbruck notes that Cullen's *Nosology* follows Hofer in placing the disease under the category of 'locales' rather than 'neuroses'. As a local 'disease of the imagination', rather than a general affliction of the nervous system, nostalgia thus remains 'close to yet clearly distinct from melancholy'. Illbruck, *Nostalgia*, p.42.

⁴¹ For an account of the effects of nostalgia on British soldiers in tropical climates see Benjamin Mosely, *A Treatise on Tropical Diseases: On Military Operations; and on the Climate of the West-Indies* (London: T. Cadell, 1792), p.131-2.

⁴² Johann Georg Ritter von Zimmermann's *Über die Einsamkeit* was published in German in 1784-6. The book appeared in English as *Solitude Considered With Respect to Its Influence Upon the Mind and the Heart* (London: C. Dilly, 1792). Zimmermann discusses nostalgia in a Swiss national context in the revised version of *Vom Nationalstolz* (1768). The original text was translated into English as *An Essay on National Pride* in 1771.

⁴³ See Judith Broome, *Fictive Domains: Body, Landscape, and Nostalgia, 1717-1770* (Cranbury, NJ: Associated University Presses, 2007), p.40-1.

⁴⁴ See Clark Lawlor, "'Long Grief, dark Melancholy, hopeless natural Love": *Clarissa*, Cheyne and Narratives of Body and Soul', *Gesnerus* 63 (2006), p.103-112.

[http://www.gesnerus.ch/fileadmin/media/pdf/2006_1-2/103-112_Lawlor.pdf. Accessed 25 March 2014] For a critical response to pathological readings of *Clarissa*'s illness see Adam Budd, 'Why *Clarissa* Must Die: Richardson's Tragedy and Editorial Heroism', *Eighteenth-Century Life*, 31:3 (Fall 2007), pp.1-28.

⁴⁵ In 1788 William Falconer observes: 'the lower ranks are not exempted from this disease'. *Dissertation on the Influence of the Passions upon Disorders of the Body* (London, 1788), p.91. Gale. University of Leicester. [<http://galenet.galegroup.com>, accessed 22 March 2014] Commenting on Johannes Hofer's discussion of instances of nostalgia in all levels of society Judith Broome notes that while 'the traditional association of melancholy was restricted to the upper and middle-classes, nostalgia was accessible to everyone, in one form or another'. *Fictive Domains*, p.18-19.

⁴⁶ See Risse, *New Medical Challenges During the Scottish Enlightenment*, p. 311-50.

⁴⁷ *Memoirs of the Medical Society of London*, 3 vols (London: C. Dilly, 1792), Vol. III.77. Eighteenth Century Collection Online. Gale. University of Leicester. [<http://galenet.galegroup.com>, accessed 25 March 2014]

⁴⁸ Borsieri de Kanilfield Giambattista, *The Institutions of the Practice of Medicine*, trans. William Cullen Brown, 4 vols (Edinburgh: W. Mudie, 1800-1803), Vol. IV.251.

⁴⁹ William Blair, *The Soldier's Friend: Or, the Means of Preserving the Health of Military Men* (London: Longman, 1798), p.73.

⁵⁰ *The Edinburgh Practice of Physic and Surgery* [...] (London: G. Kearsley, 1800), p.543.

⁵¹ Illbruck, *Nostalgia*, p.18.

⁵² Illbruck, *Nostalgia*, p.12.

⁵³ In 1799 Kingsmill Davan writes: 'Sedentary professions give birth to [melancholy] [...] taylor's, painters, and glass-blowers are often victims to it'. *An Essay on the Passions: Being an Attempt to Trace Them from Their Source, Describe their General Influence, and Explain the Peculiar Effects of Each Upon the Mind* (London: Vernor and Hood, 1799), p.48. Eighteenth Century Collection Online. Gale. University of Leicester. [http://galenet.galegroup.com, accessed 22 March 2014] Davan's comments mark a significant departure from the official view of melancholy as the exclusive preserve of the middle and upper classes.

⁵⁴ See Francis Grose, *Military Antiquities Respecting a History of the English Army* (London: S. Hooper, 1786), p.272.

⁵⁵ Broome, *Fictive Domains*, p.36.

⁵⁶ From 'Book VI: The Winter Walk at Noon', l.14. See *William Cowper: The Task and Selected Other Poems*, ed. James Sambrook (London and New York: Longman, 1994), p.197.

⁵⁷ Henry Mackenzie, *The Man of Feeling*, ed. Brian Vickers (Oxford: Oxford University Press, 2001), p.64. Like Hamilton's soldier, Mackenzie's Edwards is lashed for neglecting his duties, in this case for assisting an Indian prisoner, a fellow victim of excessive military discipline, to escape. See p.69-71.

⁵⁸ Mackenzie, *The Man of Feeling*, p.71.

⁵⁹ Mackenzie, *The Man of Feeling*, p.75.

⁶⁰ Mackenzie, *The Man of Feeling*, p.64. For discussion of this scene in the context of eighteenth-century visual culture see W. B. Gerard, *Laurence Sterne and the Visual Imagination* (Aldershot: Ashgate, 2006), p.103-105.

⁶¹ Broome, *Fictive Domains*, p.18. For discussion of Mackenzie's influence on later, 'romantic' conceptions of the distressed soldier see Shaw, *Suffering and Sentiment in Romantic Military Art*, p.70-1 and p.211-17.

⁶² Broome, *Fictive Domains*, p.35.

⁶³ Interestingly, what Hamilton seems to misremember in his case study is the precise identity of his subject. Although the muster rolls for the 10th Foot Regiment list a soldier named John Edwards as sick for consecutive periods in 1780 when the regiment was stationed in Newcastle-upon-Tyne, there is no mention of a soldier with this name in the sick list for Tynemouth in 1781, which is the place and year that Hamilton establishes. National Archives. Muster Rolls WO 12/2751. 10th Foot 1st Battalion (1779-1789): 29, 31, 44, 45. *Duties*, I.37.