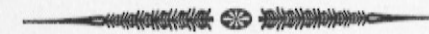


See Fig 5 + acknowledgment
in list of illustrations + p. 404.
with best regards,
Grace Golden

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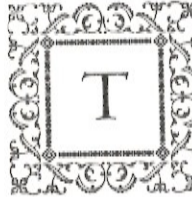


A Painting in Gheel
by Grace Goldin

GENTRAAL MUSEUM
UTRECHT
AGNIETENSTRAAT 1

A Painting in Gheel

GRACE GOLDIN

HE painting hangs on the wall of the old hospice (*gasthuis*) of Gheel in Belgium in what before 1969 was the reception room of the Mother Superior and is now a museum (Fig. 1). It purports to show a ward of this hospice in 1639, a date clearly visible in the lower right-hand corner of the painting. It is done in blacks, whites, browns, and greys, with some splashes of red—black and white in the uniforms, brown and white in the furniture and the sheets and curtains of the cupboard beds, brown and grey in the Netherlandish checkered floor and the foreground objects, with red accents in the following places: the patients' blankets, the jacket of the man in the upper right-hand alcove, the robe of the seated figure whose feet are being washed, the cap of the seated figure at the left margin behind the dog, and (a duller shade of red) the jacket of the seated woman in the right foreground. Just to the right of the jar toward which her bare toes point is the painter's mark (see enlarged detail, Fig. 16), a capital O bisected by a capital I, initials until now unidentified by experts at the Institut Royal du Patrimoine Artistique of Brussels, which lists the item as 'Soins des malades,' No. 104123. Whoever the painter was, he was not a very good one, and while this picture has been carefully housed, no one has thought to give it any care—it is uncleaned

First I want to thank Professor John D. Thompson of Yale University, who has made all my work in this field possible. The research was supported by United States Public Health Service Grant 5R01-HS-10063-04.

Dr. Luc Devlieghe of Bruges brought this picture to my attention with a reproduction at the Institut Royal du Patrimoine Artistique in Brussels. Mr. Willem van Broeckhoven was my knowledgeable guide at Gheel. The picture at Utrecht was first shown me in a catalogue by Mr. Albert Blankert at the Netherlands Institute for History of Art, The Hague, and photo copies and information about it were supplied by the staff of the Central Museum, Utrecht. The Librarian of the Medical-Historical Library at Yale Mr. Ferenc Gyorgyey, and its staff, have been strongly supportive as always, and Mrs. Alice Weaver of the Library of the New York Academy of Medicine was very helpful. Miss Beverly Pope expertly printed the illustrations. Prof. Stanley W. Jackson reviewed the paper and neatly excised several errors; any that remain are my own.

This essay is dedicated to Dr. Charles H. Talbot of the Wellcome Medical-Historical Library, London, who sent me forth on the journey.

and unretouched and the fabric is rotting. For that very reason it bears close scrutiny: because whatever was originally included in it is there still even though faded, and because the place is Gheel, known for its unique care of the insane since the fifteenth century and probably longer than that.

To explain the care of the insane at Gheel one must begin with the legend of St. Dymphna. Her father, an Irish king, seems himself to have lost his mind when her mother died, vowing to remarry only when he should find a woman as beautiful as the dead queen. Unfortunately, as Dymphna grew up she was the only woman who qualified. Her father proposed to her. A convert to Christianity, she refused in horror and fled with her spiritual Father, a monk called Gerebernus. They crossed the sea and hid in a forest where Gheel is now. The king pursued, located, and overtook them, proposed to his daughter yet once again, and upon her refusal beheaded them both. The museum that was the old hospice and the Church of St. Dymphna catercorner from it are well stocked with representations of the moment of beheading. It is the central image of the legend. At that point in her career Dymphna became eligible to perform cures for insanity, headache, and epilepsy.¹ Patients suffering from these illnesses came to pray at the two tombs; centuries later, the relics of Gerebernus were stolen and taken to Germany where a similar shrine was set up. Dymphna's coffin has been identified as Carolingian, so the legend is one of long standing; by the ninth century patients were coming to pray at her shrine. The first written reference to it is dated about 1245, the foundation stone of the church 1349, and the first sickroom was built in 1480.

The relationship of church, *gasthuis*, and sickrooms is shown in a print of 1859 (Fig. 2: #1 is the church, #7 the *gasthuis*, and #8 the sickrooms). The chapel of the hospice, built in 1476, was once the original ward. A row of private rooms was added, fronting the street and making up one side of a smaller 'sacred' courtyard (#3 of the plan, Fig. 2). As in other hospices of the time, some rooms were given to the priests, and some to those who could pay for them, for example, women of good family. A secular 'great courtyard' to the rear was formed by later wards of the seventeenth and eighteenth centuries, when the open ward had been turned into a chapel. According to Mr. Willem Van Broeckhoven, who is now in charge of the museum, only the sick of the town were nursed at the hospice; insane pilgrims were always taken care of in sickrooms against the church.

1. Saints martyred by beheading acquire a peculiar power over diseases in the region of the head. Sometimes they take their head in their hands and carry it to the place where they want to be buried. See H. H. Beek, *Waanzin in de Middeleeuwen* (Haarlem, 1969), pp. 186-187.

The sickrooms today (Fig. 3) are a modern reconstruction of the third version of this interesting appendage. Version three perished, together with the church tower and its roof, in bombardments of the Second World War. This fourth building, a meticulous copy from old photographs and prints, was opened just 400 years after the completion of the tower—but as a museum. However, patients were kept within living memory in the third building.

From the church one enters a largish room for attendants and services. Two connected open rooms of similar size for patients on the upper floor, and one on the ground floor, were assigned to quieter cases (*les tranquilles*), and on the upper floor the room nearest the church had a window opening into it so some patients could see the altar at will. But in the corners of the three rooms for the innocents were smaller cells, four in all, windowless save for one barred window giving upon the larger room, as did the door (Fig. 6). These were for the wildly disturbed (*les furieux*). 'The sick were never called *fou* in Gheel,' Mr. Van Broeckhoven told me, 'they had the name only of pilgrims.'

The ritual of healing was as follows: Three times a day, for nine days (a novena), the patient was led around the church, either inside or outside, three times, morning, noon, and night. At each procession round the church, he or she had to crawl barefoot through a little tunnel about four feet high under the reliquary containing the bones of St. Dymphna, which stood and still stands behind the high altar (Fig. 4). And if the patient was capable of praying he had to recite thirty paternosters as he carried out this ritual.

A large wooden pair of scales was kept in the chapel of St. Dymphna on the right side of the church. One end of the scales was made into a chair in which the patient could sit, the other held a sack of wheat against which he could be weighed. If he was found to be heavier than the sack of wheat, then he gave less. But sometimes a sum of money commensurate with the price of the wheat was given.

The patient was ordered to sleep in his clothes for the nine days of the novena, no change being permitted.²

Space in the sickrooms was strictly limited; there was a turnover only once in nine days, and the shrine was a popular one. Furthermore, one could not always be sure that a cure was effected. Those waiting their turn for the novena, or waiting for the cure, or, if cured, to be sure it was per-

2. *Ibid.*, pp. 217-218. Here and wherever specifically indicated, I owe translations or paraphrases from Beck's book to Dr. Charles H. Talbot.

manent,³ were lodged at first with the priest, then with the priest's friends, next in neighboring, and finally in the more distant houses—'not for treatment, not for care, just for waiting,' said Mr. Van Broeckhoven, explaining the gradual transition from a rite of pilgrimage to the phenomenon of a whole town committed to domiciliary care of the insane. Harboring patients who were waiting—and paying for their accommodations—accustomed the townsfolk to having the mentally ill around them, while the income became a main source of livelihood. Patients might stay on after their novenas, having nowhere else to go or having formed attachments, and some stayed so long that they, their care, and the income from it, were handed down from father to son and the patients became members of the family. They worked alongside the father in the fields, they tended the children for the mother. A physician visiting in 1848 reported an undetermined number of violent episodes, far fewer than the greater liability of such a community might suggest, with only moderate indulgence in the restraint of chains and other such implements on the part of the guardians. He added, however, that 'they have authority to transfer violent and excitable patients to the regular asylums at Antwerp, Brussels, and elsewhere.'⁴ He concluded: 'It may be a tolerable place of residence for the quiet, chronic insane, but it is not a good curative arrangement for those who are excited or violent, or who require medical treatment.'

Opinion in our time is considerably more favorable. There are still 2,000 mental patients domiciled in the town of Gheel in a manner unique in the world. Dr. Harry Shapiro of the American Museum of Natural History in New York City is involved in a study of Gheel today being conducted by Prof. Leo Srole of the Psychiatric Institute at Columbia.⁵ Dr. Shapiro investigated twelve patients, chosen at random, in their families. He was deeply impressed to discover how much better off they were than those in institutions. 'These patients form the most extraordinary relationships,' he observed. 'They would not receive such care in an institution. Psychiatrists in this country point out that the treatment is nothing new—but treatment is not the question. What is at issue is the *care* of these people.' *Soins des malades*.

3. *Ibid.*, pp. 170-171.

4. A. M. Shew, 'The insane colony at Gheel,' *Amer. J. Insan.*, (State Lunatic Asylum, Utica, N.Y., 1879-80), 36, 18-27. This paper also appeared in the *Proceedings of the Connecticut Medical Society*, 1876-79, 3d ser. 1, 153-161. I owe the first reference, along with other useful ones, to Prof. Stanley W. Jackson, the second to Miss Elizabeth H. Thomson.

5. This research project is being carried out under the auspices of three institutions: the Department of Psychiatry of the College of Physicians and Surgeons, Columbia University, New York; the University of Leuven; and Dr. Shapiro's Department of Anthropology at the Museum of Natural History.

Custodial care in Gheel is a living issue today, even a controversial one. We may yet see a serious attempt to return to the human scale of the Middle Ages in the care and overall treatment of mental patients.⁶ Does the picture of the *gasthuis* ward tell us anything about how mental patients were cared for in the seventeenth century, although they supposedly never were treated in the hospice?

Before answering, let us compare the picture with one very nearly contemporary of the interior of a ward of St. Catherine's Hospital, Utrecht, in 1635, just four years earlier than the date of our painting (Fig. 5).⁷ The first thing about the picture that strikes us—no, the second, since the first must be the amazing perspective, which the frame follows—is a strong surgical emphasis. The entire foreground is taken up by surgical activities. At a table in the left foreground the walking wounded are being cared for (Fig. 9). Bloody bandages are discarded all over the floor. In the right foreground a patient in a chair is having a leg wound dressed, and there are two figures on crutches, a man and a woman. The man in black behind the table, wearing a hat, must be the surgeon, the hatless one dressing the patient's leg must be his assistant. Whether the two visitors in black capes are physicians, we cannot say. Three of the four female attendants are busy with the food service: one with a jug, one with two cups, one with a basket from which she has taken, of all things, a bunch of carrots. The painter's palette, like his skill, was limited—black, white, green, tan, and a red modulating to orange, so perhaps they had to be carrots.

The patients lie in cupboard beds. Some wear turbans—we guess these are the men. Some do not, among them both women and men. The two are divided neither by sex nor by the width of the room, as one would expect. Instead of lying naked, as was the case at the equivalent latitude of Amsterdam in the early sixteenth century—as we know from the patient ward depicted in the 'Seven Works of Mercy' by the Master of Alkmaar, at the Rijksmuseum—these patients are warmly dressed, in high-necked, long-sleeved garments. Some lie two to a bed, though some beds are shown empty. In the rendition of cubicles the perspective is particularly

6. Another institution exciting much interest today with a medieval approach is St. Christopher's Hospice, London, for patients with catastrophic diseases and a three-month prognosis of life. There one does not find resuscitative machinery, relatives exiled to a waiting room, religion exiled to the chapel. St. Christopher's is run with expert understanding of modern pain-killers but a strong insistence on religion as the best illumination for the dying, their kin, and those who nurse such patients. Relatives crowd round the bedside at the moment of death and there is not a resuscitative machine in the house.

7. From the collection of the Centraal Museum, Utrecht.

fetching; empty beds are shown from the side, while filled ones are tipped on end to display their contents. Chamber pots, which must have stood on a shelf behind the patient's head, are also shown tipped over; this is no working model. The painter of the Utrecht hospital makes the one at Gheel look like an Old Master. But the Utrecht painting does afford a useful comparison: it is an actual ward interior and even a reasonably realistic one, allowing for the painter's deficiencies.

At Gheel the foreground table is being used for the dining service, the objects on and under it indicate the menu (Fig. 16): soup in the bowl and bread in the basket, as at Bruges 150 years later and in most hospitals well into the nineteenth century. It must be autumn, for a mound of ripe grapes is on the floor. Patients' diets were everywhere enriched by seasonal produce. Also on the floor can be discerned a beer jug and mug, a pair of scissors, and a cat—again as at Bruges, cats and dogs had the run of the place.⁸ The housekeeping implements in this picture are very like those the sisters used for 300 years in this hospital, who indeed only turned over their old utensils to the museum when they moved out of the original building in 1969. The painting is now displayed in the museum behind a table on which are laid out cups and spoons, a mixing bowl, a wicker basket, a copper washbasin, and a copper warming pan, some one of which might conceivably have been used as the painter's original model. The picture very sketchily indicated over the altar of the chapel in the upper left-hand corner of the painting has been identified as an Assumption of the Virgin, still in the museum's possession. Doubtless it did hang over the altar of the almshouse chapel in the seventeenth century. The painter's props were genuine.

But the people in the picture are confusing. Many more things are going on than ought to take place in a ward at dinner time, and the incongruity here is more evident than in the painting (1778) by Johannes Beerblock of the interior of St. John's Hospital, Bruges (also shown at dinner time), because the room is smaller. The Bruges ward was an immense open one of about 150 cubicles. Beerblock painted it as a vast space, peopled rather sparsely, and even so he got in forty-eight figures or parts of figures. In the room at Gheel are seventeen figures and the space is crowded. Imagination, too, is under a strain, for this narrow space contains two members of the religious staff—a priest with a chalice and a nun with a taper; a nurse with a warming pan, a foot washing, a traveller toasting his legs before a roar-

8. Grace Goldin, 'A walk through a ward of the eighteenth century,' *J. Hist. Med.*, 1967, 22, 121-138.

ing fire, over which a big cooking pot is hung; and who is that large baby in the foreground? Particularly, who is the fellow with the fool's cap?

Before trying to answer the questions, let us look at one more picture, published over the title of 'The Pest House in Hamburg' (Fig. 10) by Ernst Königer, who describes it thus: 'The patients are packed in a large hall, in which doctors in professional attire with wigs carry out amputations, while the dying receive last rites from clerics . . . Plague epidemics had great consequences,' he continues.⁹ ' . . . Treatment of the disease consisted of blood-letting, perspiring, purging, taking medicine which strengthened the heart, and opening the bubos. By smoking out with aromatic wood and resin the infected rooms were disinfected,' etc.

This is no pesthouse. Such a conglomeration of hospital activities never went on in one room in 1746 or any other time—particularly not in the pesthouse, since people often felt such deathly fear of plague that they forgot or neglected to endow crowded pesthouses with the usual hospital chapel!¹⁰ No, this splendid example is what I call a 'kol-bo picture,' *kol-bo* being a modern Hebrew word for 'portmanteau' and alluding to the old saying, 'Turn it and turn it, everything is in it.'

It is a celebration of the virtue of Charity. A housewife gives alms to the poor in the left margin, and Lady Bountiful¹¹ places her alms in a poor box in the right margin. Above her are symbols of a heavenly cure, abandoned crutches tied to a pillar in the church. In the context of the picture itself are references to two of the classical Works of Mercy: Giving Drink to the Thirsty, left foreground, and Feeding the Poor, rear center. Kitchen help entering the door with huge baskets of bread provide a kind of transition between the hospital as almshouse and the hospital as a medical institution where cures were attempted through scientific intervention—the eighteenth-century hospital was just ceasing to be the first, and just taking on the second function. The bread brought in goes both to Feed the Hungry, and to supply ward requirements in a routine manner. This is no ordinary ward, however; it is a complicated catalogue of patients in two categories, paupers and the sick, and of patient care in both the charitable and medical senses of the word.

In the center foreground two well-known eighteenth-century surgical operations are in progress, couching for cataract of the eye, and a leg am-

9. Ernst Königer, *Aus der Geschichte der Heilkunst von Ärzten, Badern und Chirurgen* (Munich, 1958), pl. 44 and p. 42.

10. Dieter Jetter, 'Zur Typologie des Pesthauses,' *Sudhoffs Arch. Gesch. Med.*, 1963, 47, 292.

11. An allegorical figure of Charity or Misericordia, says Prof. J. Gribling of Amsterdam, who has a vast collection of pictures dealing with the Seven Works of Mercy.

putation. The patients—particularly the more spectacular of the two, the one having his leg sawed off—are prayed for by a woman seated at the foot of a patient's bed in the right foreground. Behind her, on crutches, stands another such patient, with a swollen belly. Next to him a bandage is being applied to a woman's shoulder. In the left foreground last rites are being administered to a dying patient, and around his bed are grouped 'poor objects' of charity unrelated to this last charitable act: a pauper with bandaged arm, a pauper in rags walking on a stick, a legless cripple resting on his hand-prop. In the rear an aged crone, bent double with arthritis, hobbles along on two canes. And behind her a dead body is being carried out. A row of sick lie upon pallets, and in the left rear corner of the room two sick persons occupy one bed. They may have the plague, but they could be suffering from so many other ailments. Finally, against the rear wall are six single cells locked and barred, with tiny windows from two of which mournfully peer the heads of the insane.¹² Nothing has been omitted—except, maybe, the plague. The picture is an exact opposite of the one in Utrecht—stylistically adept, in content incredibly complicated.

Keeping in mind these elements of an eighteenth-century interior, let us revert to the seventeenth-century scene at Gheel and try to read the record left for us here. There has obviously been a telescoping of space. The chapel was probably not as small nor in the location shown. There was a reception room for the poor, but the curtain looped over the entrance warns us to beware—it is obviously a theatrical curtain.¹³ The poor vagabond (Fig. 8) warming his feet by the fire definitely belongs to this hospital—for a single night, the limit of charity offered to passersby.¹⁴ 'Those whom one receives in the evening,' says a French text of 1496, 'shall be sent forth in the morning and others received the following night.'¹⁵ In what spirit the poor and ailing received into the hospice ought to accept their sufferings is clearly indicated by a painting over the mantelpiece of Christ carrying his cross (Fig. 15), a prevailing hospital motif. Contemporary auxiliary sick wards, for example, of the Hospital de Santa Cruz in

12. In pointing out the cells for the insane some years ago, Dr. Dieter Jetter opened my eyes to this picture.

13. A similar curtain was looped over the right side of the Beerblock painting, so skillfully that only after reporting on the painting did I become aware that the purpose of the curtain is to mask the omission of an arcade and column (both are visible in the watercolor painting of the same ward) in order not to block the view of the emergency patient being put to bed and the nuns at the serving table.

14. The Hospital (almshouse) of St. Cross in Winchester, England, is still bound by statute to proffer on demand the 'Wayfarer's Dole'—a piece of white bread and a cup of beer.

15. Beek (n. 1), p. 146.

Barcelona (1635), were decorated by representations of the Stations of the Cross in *azulejos* (painted tiles) over each bed number.

With the help of Mr. Van Broeckhoven, who consulted the *gasthuis* archives for the costumes prescribed for sisters of the Augustinian order, we may identify the religious personnel in this picture as follows: a postulant in her first period of trial, who washes the feet of the new arrival; a novice in her second trial period, who carries a warming pan; four sisters who have made their 'temporal promise' or provisional vows, two of them actively engaged in nursing tasks (we judge that neither has yet taken her eternal vows, for neither wears the bridal ring); and finally two women wearing the garb reserved for important activities, black robe and open coif. One of these is engaged in a religious duty, she carries a long taper and assists the priest; the other is in charge of distributing food. This latter personage, an older woman, stands in the center of the picture (not of the table where the food is dished out, for that would have put her too much to one side). She can only be the Mother Superior. Hers the responsibility of seeing to it that each poor patient receives an equal share, a sacred task not to be entrusted to underlings.

Mother Superior must have looked something like her portrait here (Fig. 7). It would be imperative to record a reasonable likeness of one who was the central figure of both the canvas and the almshouse. The face of the *religieuse* with the taper is also somewhat individualized. But the artist spared himself on the other sisters. The same three-quarter view of the same face is entered under six carefully differentiated coifs. All the eyes stare off dreamily into the distance—eyes ranging in color from light blue to brown. There is a slight cast to the right eye. The pattern of beautiful identical heads makes this picture seem primitive and unreal; what is more, not one single figure in it, staff or patient, looks straight out at you, nor do they regard one another, nor do they look down at the work they are doing; even the baby seems withdrawn.

The faces of the patients, however, are all different. Even the little splotch of a face inside one of the cubicles, suspended between a chamber pot and a crucifix (Fig. 14), has a distinct personality. His medication stands on the table beside the crucifix. Predominant among the patients is the large man having his feet washed. Washing the feet was a ritual, not a hygienic act. Each patient was to be received into the house as though he were the host returning, the Lord Jesus Christ Himself, who said, 'Inasmuch as ye have done it unto one of the least of my brethren, ye have done it unto me.'

In an upstairs parlor of the Hospital of St. John of God (S. Giovanni di Dio) in Florence hangs a little-known (to judge from its state of preservation, quite unknown) painting of the saint, a towering foreground figure. One detail from this painting (Fig. 13) shows the interior of a ward in one of the hospitals he was famed for having founded. The saint is seen once again, kneeling, with a solid gold halo, washing the feet of the arriving stranger, who, it is made quite clear, is the Christ Himself. The head sheds rays of light, the right hand is lifted in blessing.

The large seated figure in the painting in Gheel seems very nearly as symbolic (Fig. 12). Though he lacks a halo, his face is Christlike, and his robe is the biggest, brightest splotch of red in the picture. Compared to the treatment of the same motive in Utrecht, how realistic the Utrecht painting, how mystical this! But a trace of the Utrecht surgical reality is present even here: a very dim mark, a wound or scar, on the leg being washed.¹⁶ Similarly, the even larger seated figure with the fool's cap—he would tower over the others if he stood up—seems simply to be the symbol of a madman, until one remembers that Gheel was a place of madmen.

I think this picture represents the care of *all* the sick at Gheel, whether physical or mental cases. Although it is thought that the insane were not admitted to the hospice, but only to the sickhouse over the way, I believe *both* sickrooms are represented in this picture. Close examination finds allusions to the 'pilgrims' everywhere. The physically ill in the cubicle beds and the vagabond at the fire are relegated to the background, tiny, indistinct. With the exception of the central Christ-figure, every patient in the foreground is either mentally ill or closely connected with a hospital for the mentally ill.

The identifications which follow owe much to a remarkable book just published, H. H. Beck's *Waanzin in de Middeleeuwen* (Haarlem, 1969)—published, alas, so far only in Dutch. The author spent a lifetime collecting or taking photographs of every pictorial representation he could find having to do with insanity in the Middle Ages, and these are reproduced, some of them in color, together with a text based on a thorough exploration of relevant sources in several languages.¹⁷

16. Robert Herrlinger, in *History of medical illustration* (1970), p. 16, cites Sudhoff's reminder of 'a pronounced developmental link between the representation of the washing of Odysseus's feet on Grecian urns and the same act depicted in connection with the apostles in medieval miniatures.' It will be remembered that Odysseus was recognized during foot-washing by a scar on his leg. At the foot-washing in Gheel, is the slight scar meant as a mark of identification of someone quite different?

17. I had all picture captions translated; Dr. Charles H. Talbot chose passages of the text for translation which dealt with problems suggested by the painting in Gheel.

On page 161 of this book, a caption from a text of 1320 reads as follows: 'The fool and the demented are dressed in fool's clothing, barefooted, with a long unbelted robe. . . .' From this I judge that the boy in the Gheel painting leaning on the chair of the central Christ-figure is one of the mad, also from his shaved head, of which more anon. The girl standing by him would be his female counterpart, a sign that the hospital takes in patients of every age and of both sexes. Then the baby is mad too? No, the baby represents the foundlings of the hospital, for as Beck observes (p. 255):

In the fifteenth and sixteenth centuries, an institution was developed that aimed at permanently segregating the mentally disturbed. This is a novelty, on the borderline between the Middle Ages and the later period. It seems that primarily the institution was not meant for the crazy, but for the homeless. In this connection, the combination of joint care for the mentally disturbed and foundlings is striking.

It is an interesting thing that no patient seen in this picture is chained or restrained in any way. We know that manacles were used in the sickroom in Gheel, old photographs show them, and there was also a large oak bed with holes in the plank sides to which chains might be attached—this paraphernalia went up in flames during World War II. There is no sign of it in the seventeenth-century ward. Nor is there a single supernatural manifestation—no devils, big or little, emerging from the mouth as the sickness is exorcised as shown in countless examples in Beck's book. The wooden altarpiece at the high altar in St. Dymphna's Church (1515) represents the obsession of the Irish king as a devil, first a little devil standing on a pedestal as Dymphna's mother is dying, then a devil the size of the king himself, following him about, whispering in his ear, prompting his wicked actions. The last episode of the altarpiece (Fig. 11) records two cures effected at this shrine, one of a man and another of a woman. Two symbols that a cure is in progress have been utilized: the man in the foreground has his wrists still chained but the manacles that bound his ankles have fallen off, and a devil issues from the head of the possessed lady. St. Dymphna is traditionally represented as pinning the devil beneath her heel.

None of this is in the seventeenth-century painting. Another sort of cure is being attempted. I owe to Dr. Charles H. Talbot's sharp eye and vast understanding of seventeenth-century medical practices the first intimation that a scientific treatment is in progress—this is no mere routine combing or search for lice. Two patients, a man and a woman, are being treated by nurses, each nurse with her hands on the patient's head doing some-

thing to it. Dr. Talbot advised, 'Look for vinegar!' I did, and found a reference to it in Michel Foucault's *Madness and Civilization*. Describing methods of combatting insanity by letting it out of the body, either through deliberately inflicting wounds or by evacuation, and opposite methods of dissolving within the body the fermentations that give rise to madness, Foucault terms vinegar the medication that was supposed to do both:

As an acid, vinegar dissolves obstructions, destroys foreign bodies as they are fermenting. But in external application, it can . . . draw harmful humors and liquids to the surface. . . . Vinegar would act in any situation according to this double determination, even though one of these two modes of action can no longer be analyzed in a rational . . . fashion. It functions, then, directly, without intermediary, through the simple contact of two natural elements. Hence it is recommended to rub the head, shaved if possible, with vinegar.¹⁸

Anointing the head as a cure for madness appears to be a very old practice. Beck reproduces (p. 79) an anointing from a thirteenth-century book, which was copied from a sixth-century manuscript. Beck also alludes to the vinegar treatment. Under a picture of 'the frenzied person' he quotes the accompanying text:

These people are dangerously ill, but they are not aware of their illness. Help must be given to them both as regards diet and medical care as quickly as possible, otherwise they will die. They must be placed on a very restricted diet, such as a small piece of bread which has been steeped in water several times. As regards medical care, the patient's head should be shaved at the outset and then washed with luke-warm vinegar.¹⁹

This is of the fifteenth century, and Foucault's rationalized therapy dates from the eighteenth. The 'acid' was considered sovereign for madness for a very long while.²⁰ Lucky the patient who escaped with the preliminary acid treatment and wasn't subjected to the heroic last resort: trephination.

The barefoot female patient seated by the bed in the ward at Gheel (Fig. 17), with her right arm in a sling, is being treated with vinegar from a small, round vial in the nurse's right hand. The nurse's left hand is partially cupped against the patient's forehead, to keep the liquid out of the eyes; the patient nevertheless holds her left eye shut.

18. Michel Foucault, *Madness and civilization, a history of insanity in the age of reason* (New York, 1965), p. 166. The volume was brought to my attention by Mr. Michael Bodemann.

19. Beck (n. 1), p. 84 (caption). C.H.T., tr.

20. It dates back at least to Galen, who 'advised the letting of blood from a vein in the head and the application to the head of a mixture of oil of roses and vinegar. . . .' S. W. Jackson, 'Galen—on mental disorders,' *J. Hist. behavioral Sci.*, 1969, 5, 377.

The man with shaved head (Fig. 18) is being treated with an implement one can only interpret as a brush since combs have taken a toothed form since Egyptian times. We suggest a soft brush, akin to the modern shaving brush, for spreading the vinegar over and into the scalp—in other words, for the second stage of the treatment. The nurse's hand no longer needs to cup, as when pouring; it still, however, holds up the patient's forehead and protects the eyes.

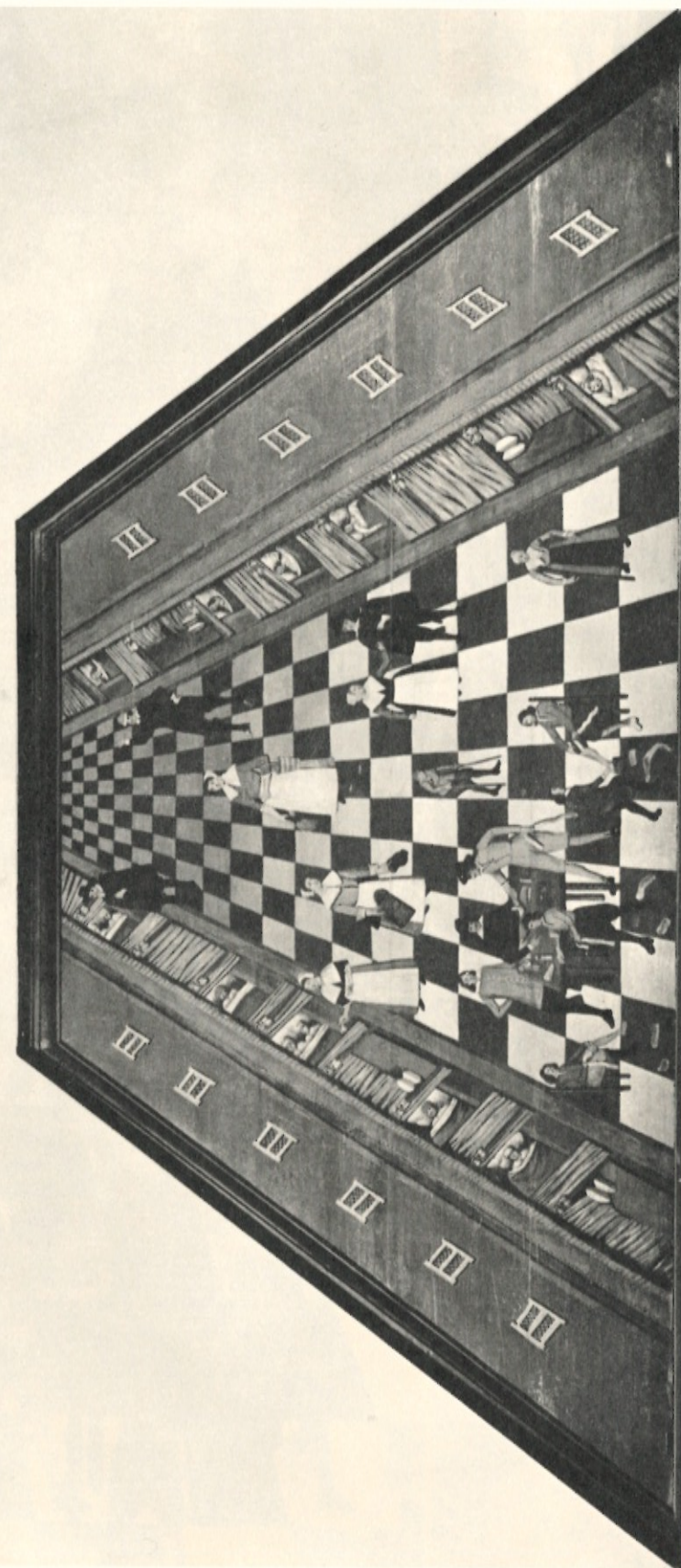
The cupped hand and lowered eyelid denote some biting liquid, but blander preparations were used then as well. A London physician's casebook of 1628, only eleven years earlier than our painting, records in detail two different treatments for madness, one for a poor, the other for a wealthy, patient.²¹ The poor woman was bled and given beer and 'sleepers.' She is said to have recovered. The rich woman was given a common clyster and bled plentifully 'in the Cephalick Vein, on both Arms, at the Saphena in both Feet, at both the Salvatellas, in the Forehead, under the Tongue, and by Leaches to the Hemorrhoid Vein.' She was made to vomit strongly—once every three or four days she was vomited twelve times and twice or thrice purged downward. Thereafter her head was shaved and to it was applied warm water in which rosemary, sage, lavender, etc., had been boiled. Cloths soaked in the same mixture were wrapped about her head; it was anointed with *Oleum Mandragorae*, and to it were applied, as the ultimate therapy, 'the warm Lungs of Lambs, Sheep, young Whelps, Pidgeons alive.' In this case it is not recorded whether the patient recovered.

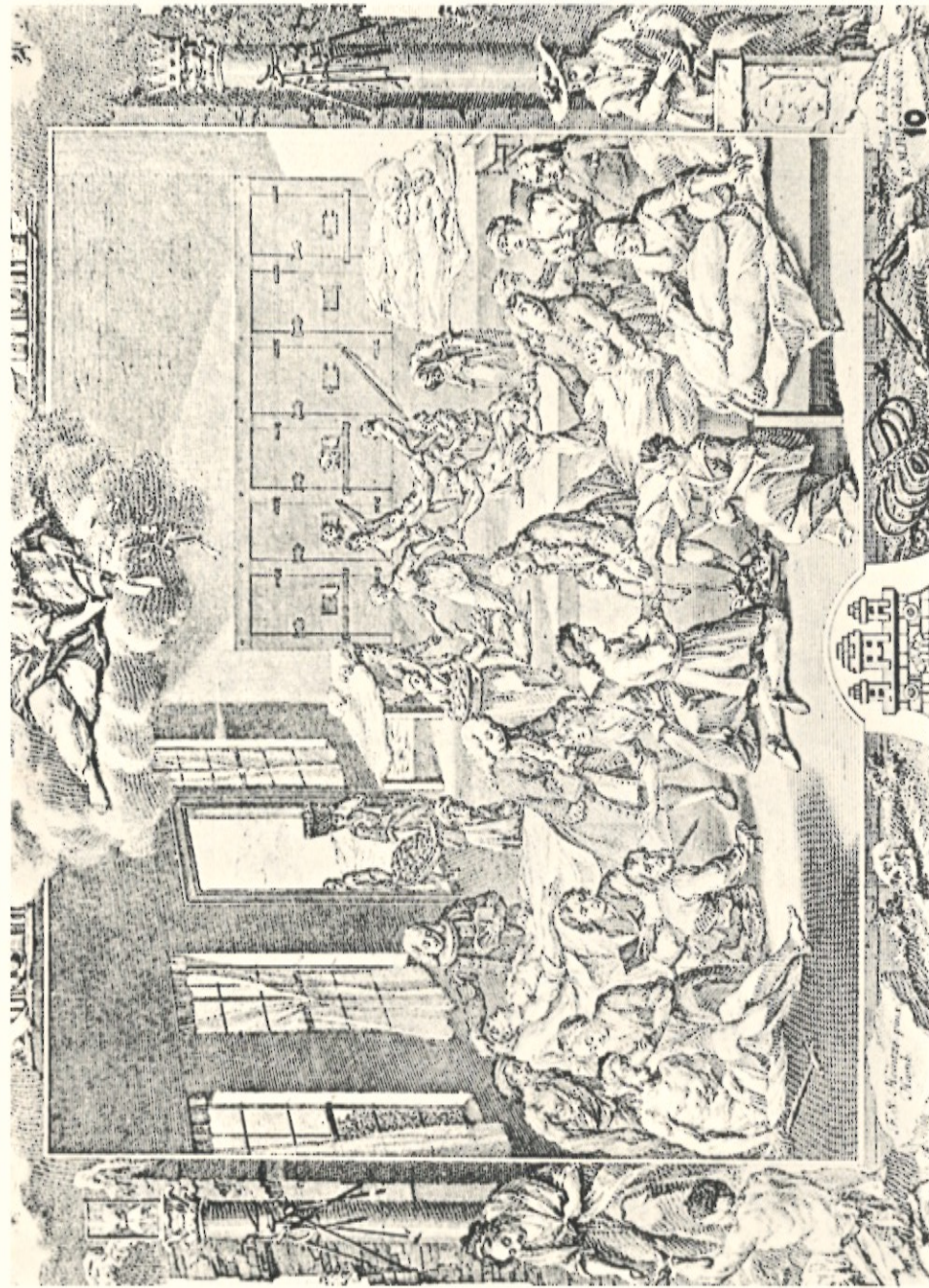
Should, however, the application of curative substances to the shaved head prove of no avail, hope for the patient's reason need not be abandoned. Enter the priest with his remedy, the chalice—in the picture at Gheel we see him advancing from the chapel, a large, strong, passive figure, bearing help. A cure might be effected by letting the patient drink from the chalice the water in which the priest's fingers had been washed during Mass, that is, after the breaking of the sacred host.²² As in all hospitals that try to deal with mortal illness—no less today than in past centuries—where science fails, the chapel takes over.

21. R. Hunter and Ida Macalpine, *Three hundred years of psychiatry 1535-1860* (London, 1963), pp. 122-123.

22. Beek (n. 1), pp. 217-218. C.H.T., tr. This was part of the ritual of the novena in the seventeenth century. 'And after that, they are always being read over.'













ILLUSTRATIONS

Fig. 1. Unknown painter, *Care of the Sick*, 1639. (120×235 cm.)

Fig. 2. Detail of a lithograph (1859) from a drawing by T. G. Kuyt, priest of Gheel, showing the Church of St. Dymphna (#1), the sickrooms (#8), and the *gasthuis* (#7) with its small 'sacred' courtyard (#3). The reliquary of St. Dymphna is being borne in a procession of patients and clergy circling the church. (From P. D. Kuyt [the artist's brother], *Legende der Martelaren van Gheel SS. Dymphna en Gerebernus*, Antwerp, 1860.)

Fig. 3. The sickrooms today.

Fig. 4. The passage under the reliquary, St. Dymphna's church.

Fig. 5. Anonymous Utrecht master, *Interior of St. Catherine's Hospital*, somewhat before 1635. (107×131 cm. [above] to 300 cm. [below].)

Fig. 6. One of the rooms for the *furieux* with overlay of religious paraphernalia, photographed in 1937 before bombing. Note window bars.

Fig. 7. Detail, *Care of the Sick*: Mother Superior.

Fig. 8. Detail, *Care of the Sick*: vagabond warming himself at the hospice fire.

Fig. 9. Detail, Utrecht painting: surgical table.

Fig. 10. *The Pest House at Hamburg*, 1746. (From Ernst Königer, *Aus der Geschichte der Heilkunst*. . .)

Fig. 11. Extreme right-hand panel of altarpiece, Church of St. Dymphna, Gheel. Two mad patients being cured by the Saint.

Fig. 12. *Care of the Sick*, lower left-hand corner.

Fig. 13. St. John of God washing the feet of the Christ. Detail from a painting at the Hospital of S. Giovanni di Dio, Florence, identified as late seventeenth or early eighteenth century by Prof. Ulrich Middeldorf of the Kunsthistorische Institut, Florence; no further information seems to be available.

Fig. 14. Detail, *Care of the Sick*: patient in cubicle with chamberpot, medicine, crucifix.

Fig. 15. Detail, *Care of the Sick*: painting over the mantle.

Fig. 16. *Care of the Sick*, lower right-hand section.

Fig. 17. Detail, *Care of the Sick*: female patient.

Fig. 18. Detail, *Care of the Sick*: male patient.

(Photographs in Figs. 1, 2, and 12 by Willem Van Broeckhoven; in Figs. 5 and 9 from the Centraal Museum, Utrecht; all others by Grace Goldin.)

