

THE PICTURE OF HEALTH:  
ART AND MEDICINE IN THE LIVES OF 20<sup>th</sup>-CENTURY ARTISTS  
HENRI DE TOULOUSE-LAUTREC AND VINCENT VAN GOGH

by  
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A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

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## Abstract

For this thesis, I wanted to explore a topic that I found interesting and that I could really enjoy researching. After a study abroad course in southern France in August 2015 during which we explored the locations that inspired artworks by Vincent van Gogh, I found my topic: health and art. After more research, I discovered that this topic could develop into a thesis. Specifically, this project investigates the ways in which the medical conditions of Henri de Toulouse-Lautrec and Vincent van Gogh affected their perspectives and relationships, and in turn, their artwork. In it, I explore the biographies of both of these artists and ways in which their health affected them from childhood to choosing a career and onward in the context of late 19<sup>th</sup> century France. I address the diagnoses that they received at the time they were living and the ways in which the treatments for and knowledge of those conditions have changed since that time. Then, I will analyze works of art through the lens of the artists' biographies and medical histories and will study the intersection of those two. While this topic has been addressed before, I propose that Lautrec's and van Gogh's medical conditions affected their lives, relationships, and careers in different ways but resulted in unique perspectives from each to view in their artworks.

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## INTRODUCTION

While art and medicine are often designated as separate entities, it is difficult to deny the effects of health on one's life or the effects of one's life upon their art. The idea that inspired this choice this topic was the progress for which both artists and medical experts and scientists strive. Art history delineates a timeline of art's progress, much like medical history clarifies the events of both ancient and modern medicine. Progress in art is expressed as movement through specific styles, expressing new ideas or statements, and conveying the artist's interests and ingenuity. Progress in medicine is based on trial and error, experimentation, inspiration, and ongoing hope for new ways to treat patients and to cure illnesses. In that regard, art and medicine have a common goal: the best and the newest progressive path forward. Art and medicine both are changing constantly. What doctors and artists do now will be outdated in the future.

Late 19<sup>th</sup>- and early 20<sup>th</sup>-century artists Henri de Toulouse-Lautrec and Vincent van Gogh embody the fast-paced changes of art and serve as examples of the rapid changes in medicine during this period of profound progress in both fields. Each of these now-famous figures in art history forged new paths in art by conquering traditional techniques, challenging the past, and creating novel styles and techniques. Each of these men also faced chronic medical maladies: mental illness, venereal diseases, genetic disorders, and more. During their lifetimes, the artists sought out the best healthcare available and received treatments recommended by top physicians. However, progress in medicine from the beginning of the 20<sup>th</sup>-century to now has been remarkable, especially in the realms of medicine

relative to these two artists: genetic testing and analysis, psychiatry, mental health medications, and safe—and often more productive—treatments for their other health concerns. The care that these artists received at the time of their careers greatly influenced and changed their work in different ways. Yet, had the artists been born today, those changes would not have been as dramatic or as clear given the advancements in treatment methods.

In the case of Henri de Toulouse-Lautrec, the artist found himself victim of both accidental and inherited health issues. At a young age, Lautrec fractured both of his legs from falling out of a chair and falling to the ground in two separate incidents, resulting in a lack of growth in his legs after that point. Lautrec was unusually short and his torso and arms were disproportionate to his legs because of it. Doctors today believe that Lautrec suffered from a dominant autosomal genetic disease called *pycnodysostosis* that causes unusual bone growth resulting in denser rather than longer bones.

Lautrec dealt with the differences in his appearance by regularly, and often excessively, imbibing alcohol, by poking fun at his own life, and by focusing on other figures of society who were also social outliers. Lautrec's artistic style even reflected his unusual perspective on life with bright almost-acrid colors and a flattened representation of figures reminiscent of Japanese prints. He gave visual form to a subset of Parisian Montmartre culture, which was quite different from the subjects celebrated by other artists in vogue at the time including Claude Monet and Auguste Renoir. Lautrec's subject matter also included the brothels and the lives of the prostitutes, a dejected yet important part of social life in Montmartre. While other

artists and journalists used images of prostitutes to send a message about Parisians' moral failings, Lautrec instead painted the women as they were: as real people, who were not scathingly unlike others. Lautrec's empathetic, social-class-transcending perspective on life shaped his works from the beginning of his career until the end.

Van Gogh is almost as well-known today for his episodes of mania and for his erratic behavior as he is for his legendary body of work. The Dutch man moved to France early in his life and attempted to fully integrate himself into the culture. He explored a few different career choices—including the ministry—before devoting himself entirely to art. One of van Gogh's dreams was to find the perfect place to settle down and set up an artist colony, which he was in the process of doing at the time of the now-famous ear incident. Chopping off his ear was a symptom of the underlying issues plaguing van Gogh throughout his life.<sup>1</sup> Not only did van Gogh suffer from mental illness of unclear diagnosis, but also self-diagnosed fits of "madness," gastrointestinal issues, had more than one run-in with venereal disease, nutritional deficits, alcoholism, absinthism, general anxiety disorder, a possibility of acute intermittent porphyria, and more. Today, it might be a simple fix to give van Gogh a prescription for each of his illnesses, but in his time, he turned to various medicinal treatments and extended stays in asylums. Van Gogh struggled to work after each episode, but he created some of his best and most well known works at the end of his stay at the Saint Remy asylum. While van Gogh's variety of health issues prevented him from a steady pattern of working, his sudden bursts of inspired work and intense productivity were a direct result of his altered mental

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<sup>1</sup> Some records suggest that he cut off his whole ear, but others indicate that he cut off only a part of his ear. See page 53 and following pages for more information.

state and the unique perspective it gave him. While he and his family consulted with many doctors to find many solutions for his ailments, perhaps van Gogh would not have produced some of his finest pieces had he been “fixed” by mental health experts of the time. Today psychiatric treatments and diagnostic methods are improved dramatically, but would his influence on the art world have been as great if he had been healthier?

In the following pages, I will explain the ailments affecting these renowned artists, the conditions that led to changes in the artists’ styles, and their treatment at the time. I will then discuss the progress in medicine since the late 19<sup>th</sup>-century that might have impacted the outcome of those his life, and that of those affected with the same issues that afflicted Lautrec and van Gogh.

To do so, I will first examine the biography and the medical history of each artist. Next, I will explore how their health conditions and/or their treatments affected their artistic styles. Finally, I will provide information about the medical treatment progress since then that now provides better options for individuals facing those maladies today.

## HENRI DE TOULOUSE-LAUTREC

The work of aristocratic-born French artist Henri de Toulouse-Lautrec had many distinctive qualities that made it stand out in the world of nineteenth century art. Besides his unique style of painting that utilized normally unfavorable colors and subjects from the shadier side of society, Lautrec stood out among his contemporaries physically (**Fig. 1**). The artist came to barely five feet in height, had short fingers, and needed a cane to walk. According to most biographers and art historians, his physical disability shaped his entire artistic career. Because of his own marginalization, Lautrec gravitated toward the social fringes of French society after finding that his physique did not allow him to fit into his father's aristocratic lifestyle and rugged activities. The world of Montmartre with its cabarets, dingy bars and prostitution, offered Lautrec endless inspiration for his artwork, as well as a level of acceptance previously unavailable from his own social class. The people of Montmartre—notably the prostitutes, madames, and cabaret crowds—allowed Lautrec entry into their realm that came with certain risks: increased alcohol consumption, specifically with absinthe, and the risk of venereal disease. Had Lautrec grown up to be a strapping young man rather than one who was quite short in stature and who had other physical deformities, he would have been more accepted in aristocracy and probably would have had a different perspective.

## FROM ALBI TO ABSINTHE: BIOGRAPHY

Lautrec was born in 1864 in Albi, France, as the only son of the Count Alphonse Charles de Toulouse-Lautrec-Monfa and Adele Zoe Tapie de Celeyran (**Fig. 2**). Henri's parents were cousins, which, while much more common during this time than now is still considered to be the cause of his physical disabilities.<sup>2</sup> While neither of his parents had obvious documented afflictions, it is likely that pycnodysostosis, the genetic disease that caused Lautrec's unusual bone structure and density, was autosomal, X-linked recessive and therefore only showed up with an affected X and a an unaffected Y. This genetic disorder resulted in Lautrec's bones ceasing to grow after he had a femur fracture in his left leg at age thirteen followed by another femur fracture in his right leg at age fourteen. The rest of Lautrec's body continued to grow, leaving him with a normally sized torso and arms atop significantly short legs.

While recovering from both of his injuries, Lautrec drew and painted and created a great number of samples of the legendary art to come. This time formed the foundation of his artistic training and he then went to Rene Princeteau for further learning of artistic craft.<sup>3</sup> After training with Princeteau, Lautrec moved on to Paris. He studied in the atelier of Leon Bonnat before also studying under

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<sup>2</sup> Large, aristocratic, 19<sup>th</sup>-century families often had cousins marry each other to concentrate power and wealth with the union of two individuals. As a count in southwestern France at the end of the 19<sup>th</sup> century, Alfonse's marriage to Adele would have been considered advantageous rather than socially unacceptable.

<sup>3</sup> Princeteau was deaf and mute as well as a close family friend who encouraged Lautrec greatly in his artistic pursuits. He taught many other students in art lessons and was renowned for his artistic skill.



Fernand Cormon.<sup>4</sup> During his time at Cormon's studio, Lautrec formed strong bonds with Vincent van Gogh, Louis Anquetin, and Emile Bernard—all of whom were to become fixtures of late-19<sup>th</sup>- and early-20<sup>th</sup>-century art. These various stints in formal training led Lautrec to refine his techniques in multiple media. He created prints, paintings, and drawings, all with equal amounts of expertise. As Cora Michael suggests, the "birth of modern printmaking and the explosion of nightlife culture" in Paris at the end of the nineteenth century provided a fertile field for Lautrec's success.<sup>5</sup> Unlike other well-trained and talented artists, Lautrec moved away from academic subject matter and focused on Parisian nightlife, portraying it in a unique point of view and distinguishable style. The perspective is that of a member of the group rather than an outsider, as other artists portraying this scandalous subset of society did. Lautrec joined the groups of people mainly in Montmartre as a participatory member rather than observing as a pure spectator in the nightlife. This gave him a unique perspective as a man of aristocratic origins who chose to socialize with people lower in societal stature than he was. He partook in many of the same behaviors that he depicted, whether drinking absinthe or frequenting brothels.

His distinctive style earned Lautrec a respectable position in the art world that still endures today. Only three years after beginning his pursuit of art while healing from his leg injuries, Lautrec created a painting that already showed promise (**Fig. 3**). In one of very few self-portraits, Lautrec shows himself in a mirror

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<sup>4</sup> Cora Michael, "Henri de Toulouse-Lautrec (1864–1901), Heilbrunn Timeline of Art History, "The Metropolitan Museum of Art." The Metropolitan Museum of Art Heilbrunn Timeline of Art History. May 2010.

<sup>5</sup> Michael, Cora.

with an assortment of objects strewn about in front of it. This rather haphazard foreground is a departure from the clean backgrounds and clear depictions of oneself that others used. This demonstrates the development of Lautrec's already unique style.

By 1886, he had published a large number of illustrations in various outlets, and the Mirliton Cabaret was displaying his paintings for sale.<sup>6</sup> By the late 1880s, Lautrec was exhibiting his works in a wide variety of galleries, cabarets, and had several art dealers.<sup>7</sup> He participated in his friend van Gogh's Exposition du Petit Boulevard in 1887 and Vincent's brother Theo introduced Lautrec's work into the Boussod & Valadon gallery in 1891.<sup>8</sup> All of these outlets allowed Lautrec to fully saturate the market and gave him a much better chance of selling work than many other artists who attempted to sell work from their homes, or to friends and acquaintances.

In December 1891, Lautrec won a commission for a design to publicize and promote the Moulin Rouge dance hall.<sup>9</sup> His design, *La Goulue: Moulin Rouge*, remains one of his most recognizable works (**Fig. 4**). This poster depicts a dancer in a Japonisme style: flattened forms, unmodulated forms, unusual croppings, and elevated perspective that was coming into vogue among Lautrec's contemporaries. In the foreground is a male, appearing to be relatively well-off—as indicated by his hat, long coat, gloves, and the general impression of his posture—as he strides

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<sup>6</sup> "Montmartre." National Gallery of Art: Toulouse-Lautrec and Montmartre. March 20, 2005. Accessed February 06, 2017.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Michael.

across the frame in profile. Lautrec did not depict his facial features or dress in detail, preferring instead to present a silhouette. The man's gestures and defined grimace and cheekbone convey a sort of feigned disdain for the act occurring to his right. The dancer, just past the man, throws her skirts up at the crowd. She is intent on her dance, rather than anything else. Her heels, full skirts, blouse and bun were common indicators in Lautrec's work of the character of the cabaret dancer. The silhouetted crowd has fewer details than the man at the front of the composition, but the variety of hats lends clues that these people are there for entertainment, and are of a relatively high social status. After *La Goulue: Moulin Rouge*, Lautrec embarked on one of the most productive periods of his career. He completed some of the more well-known pieces of his repertoire in his now-established and recognizable style: *The Englishman* (1892), *Divan Japonais* (1892-1893), *The Sofa* (1894-1896) and other works from the *Elles* series, *In the Salon of the Moulin Rouge* (1894), *At the Moulin Rouge* (1895), and many others (**Figs. 9-14**).

In *The Englishman*, he depicts a common encounter he might have come across out on the town. This painting depicts a customer whose reddened nose indicates that he has found a prostitute to hire or whom he has already hired. In *Divan Japonais*, he shows one of the most well known dancers of the time, Jane Avril, in the audience of a cabaret show. *The Sofa* provides a glimpse into Lautrec's close relationship with these women, as do the series of *Elles* works and *Prostitutes Around a Dinner Table* (1894) (**Fig. 15**). *In the Salon at Rue des Moulins* makes it clear how comfortable the women were around Lautrec as well as with each other. Lautrec includes himself as a member of the crowd enjoying an evening at the

Moulin Rouge and makes it clear how he found his way in this social scene. At first glance, Lautrec is not obviously sticking out of the group of people as he easily blends into this assembly of people. Each of these paintings differs in composition and subject matter, yet together they provide an idea of that life that Lautrec was living during his years in Paris.

While it appeared that Lautrec was on a serious trajectory toward success, he faced health issues exacerbated by his lifestyle. In 1899, Lautrec was institutionalized in a sanatorium for a few months, and ceased drinking during that time. He quickly started drinking again upon his release.<sup>10</sup> While in the sanatorium, Lautrec tried his best to prove his sanity by making artworks of the circus that was nearby (**Fig. 5**). These paintings and prints were apparently convincing enough to let him leave, as he left after only a few months. When he started drinking again after leaving the sanatorium, the pace of his work slowed markedly. There are few works from this period of Lautrec's life. His health deteriorated as a result of alcoholism and syphilis and Lautrec died of a stroke in 1901 at his mother's estate in southwestern France.

Lautrec's poor health significantly impacted his artwork from the very beginning of his career. He chose to explore social circles considered lower than his own, in part because he did not participate fully in his own social circle because of his physical qualities. It became clear from an early age that Lautrec could not take part in the rugged, "manly" activities that his father enjoyed, such as riding horses

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<sup>10</sup> Mike McKierman. "Henri de Toulouse-Lautrec, *Medical Examination, Rue des Moulins* (1894)." *Occupational Medicine* 59 (2009): 367.

and hunting. Because of this disconnect between father and son, Lautrec found himself gravitating more towards his mother and his own artistic pursuits. The long recoveries from broken legs gave him extended periods of time necessary to jumpstart his creative career. The later encouragement of Princeteau led to his formal study of art, and to the productive and successful career that followed. While Lautrec's physical ailments impacted his start as an artist and also his subject matter, rather than holding him back his health catapulted him forward as an artist.

The question of exactly what afflicted Lautrec troubled him, his family and his doctors at the time and still presents a problem to physicians today. The ability to diagnose a patient posthumously poses a challenge, but especially when the diagnosis is still not totally understood, as in the case of Lautrec. Also, Lautrec did not suffer only from his bone irregularities. He also contracted syphilis at some point in his time in Montmartre, despite the city's attempts to control and minimize the spread of that disease that seemed to run rampant in Paris at the time. What is clear about Lautrec's medical history is that he had multiple health problems that were exacerbated by his heavy alcohol consumption and lavish lifestyle. While his lifestyle was not good for his health, he was not alone in the choices he made to enjoy the nightlife rather than a more wholesome living situation.

The social environment in late nineteenth-century Paris was a center of innovation in art and culture, and its nightlife brought an intermingling of social classes. Lautrec was quite attracted to this world and fully immersed himself in the variety of venues for the revelry of the time: bars, cafes, brasseries, brothels, and dance halls. While Lautrec did not fit within his own aristocratic social scene

because of his short stature and resulting apparently reduced athleticism, he was welcomed into Montmartre's social environment, which had far fewer reservations.

While the experience of going to a café introduced patrons into a new scene of life different than that as seen on the streets, the art, literary, and theatre cultures often meet in cafes, which were an important to Parisian. The rise in consumption of absinthe in Paris, combined with the increase in small businesses serving alcohol, resulted in a whole social scene revolving around drinking in public settings.

In his paintings, Lautrec reveals a good deal of information about his own lifestyle as well as the lifestyles and cultures of the brothels, dance halls, and cafes. The artist found comfort and excitement, and he "had become a personality in the Parisian avant-garde."<sup>11</sup> While van Gogh focused more on self-portraits for lack of funds to hire models, Lautrec found Montmartre to be an endless source of models and actually completed few self-portraits that did not involve inserting himself in the crowd of artworks. Prostitutes and high-ranking members of society alike were depicted in Lautrec's vivid paintings, demonstrating the mix of social classes in this new scene.

The reception of his illustrations, paintings, and prints was wildly positive, considering how different his style was from the academic painting and the subject matter of other contemporary artists such as the Impressionists. The bohemian culture of Montmartre was exciting enough on its own, but Lautrec added a unique point of view and style to make his works of art distinctive and desirable. People took notice of his unusual use of color and his inclusion of emotion after his work

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<sup>11</sup> Richard Thomson, "The Drinkers of Daumier, Raffaelli and Toulouse-Lautrec: Preliminary Observations on a Motif." *Oxford Art Journal* 2, (Apr., 1979): 32.

was shown at the Salon des Independents in 1891.<sup>12</sup> While other artists still were sorting through the relatively new elements of Impressionism, Lautrec was forging ahead in an avant-garde style of his own, shaped by his own experiences and perspective.

The drinking and prostitution of Paris also had its downsides. At this time in Paris, cafés were more public and traditional venues. By the late-19<sup>th</sup>-century, they were increasing in popularity as a place for people to meet and share a drink, usually liquor or absinthe. Lautrec found these cafés to be a place of enjoyment and social interaction where he could mingle with people of all kinds. However, in *A La Mie* (1891), Lautrec shows the darker side of this café culture. The subjects are engrossed in the alcohol at hand, rather than their companion or surroundings as morning sun shines through the window (**Fig. 6**). Painted with a heavy presence of patterns in shades of red and green around the edges of the composition, the focal point becomes the couple in black and white at the center. The contrasting reds and greens bring out each others' strengths and give energy and interest to the composition. This painting pictures this seedy couple at a table at a café, slumped over after heavy drinking, with heavy expressions and empty glasses. The woman's red hair is common iconography for a prostitute, so this could be a more "professional" meeting than a romantic coupling. The title "*A La Mie*" also refers to a man skipping out on paying a prostitute, further suggesting that this couple is a

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<sup>12</sup> Ibid.

prostitute and client.<sup>13</sup> Lautrec paints the couple as though he is sitting at a table just next to them. While he shows these daytime drinkers, prostitute and client, as far from pleasant, Lautrec does not present a scathing criticism of the two characters, but a presentation of them as they are.

Another painting that shows a snapshot of café culture and nightlife in general is *At the Moulin Rouge* (**Fig. 7**). In *At the Moulin Rouge*, Lautrec depicts the crowd commonly found at a café or dance hall: women with heavy makeup and aristocratic men, all of whom are shown in vivid colors and line. Women with almost ghoulish faces could be women just enjoying a night out on the town, but most likely were prostitutes, as indicated by their dress, theatrical makeup, and in some cases, red hair.

The world of brothels and prostitutes in late nineteenth-century Paris was complex and far-reaching, blending social classes and bending the rules of society. Lautrec enjoyed spending time in the brothels, and befriended many of the prostitutes, perhaps relating to their position between accepted and rejected from a “proper” society. Prostitutes generally did not have a high social status, but leaned toward more aristocratic social classes for business.<sup>14</sup> The blame fell to the prostitutes if venereal disease was suspected among aristocratic clients, despite the men having a part in this transaction. Therefore, prostitutes had to use caution in dealing with aristocratic men, because “as for working-class girls, destined by virtue

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<sup>13</sup> "At the Café La Mie." Museum of Fine Arts, Boston. February 5, 2017. Accessed March 06, 2017. <http://www.mfa.org/collections/object/at-the-caf%C3%A9-la-mie-32750>

<sup>14</sup> While there were different classes of prostitutes, ranging in social status, they were still separate from “proper” society.



of their origins to be of 'low sexual morality' they were to content themselves with avoiding contaminating the bourgeoisie [with venereal diseases]."<sup>15</sup> One of the biggest risks in visiting brothels, besides its cost or the strain it presumably would place on a client's monogamous relationship, was picking up some disease—specifically syphilis.

#### SIDENOTES ON SYPHILIS

The contraction of syphilis was common and the issues surrounding it created an environment in which the disease was made worse by the taboo connected to it. Symptoms could go unnoticed or ignored until the condition progressed and had already been spread. However, its commonality and the ease of its transmission and lack of obvious onset did not downgrade the stigma surrounding it. At a time when most aristocratic marriages were arranged with women of high social status who were presumably pure and virginal, it was quite a blow to one's reputation to mysteriously catch syphilis. The stigma of the disease was so shameful that syphilis:

...could be endured to the death without the sufferer ever saying anything to his spouse or mistress. The doctor was therefore often obliged to treat these latter in a conspiracy of silence, a situation of which he was frequently critical. Unless, which was even worse, the person who was infected knowingly allowed the disease to develop in another (or others) without saying anything. It was no longer a question of disease, but of prohibition, a sexual taboo reinforced by its very failure—Eros and Thanatos fiendishly reunited.<sup>16</sup>

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<sup>15</sup> Claude Quétel, *History of Syphilis*. Paris: Polity Press, 1986. 204.

<sup>16</sup> Ibid, 196.

At the time, it seemed better to some people to suffer the consequences of the disease than to seek out treatment and reveal that they had syphilis.

Information on the disease was plentiful, but not all of it was accurate or well founded. A variety of medical journals were devoted to syphilis, which most often fell under the auspices of dermatology. In some places, it had its own field of devoted “syphilologists.”<sup>17</sup> The most useful information in circulation at the time for sufferers of syphilis, took the form of rumors that provided alternative theories for how people acquired the disease:

Further means of accidental contamination were discussed, though some of them were somewhat dubious: syphilis in glassblowers observed in the years 1870-1880 (owing to the blowing-rod being passed mouth to mouth); vaccinal syphilis (caused by the gathering of the vaccine from unsuspected syphilitics); chancre of the gum caught at the dentists’s; chancre of the chin, cheek or neck due to a contaminated barber’s razor; chancre of the finger in a doctor or midwife etc. But the most priceless of them all was undeniably contamination from lavatory seats, an explanation which, thanks to the fact that syphilis could be localized in the genitals, saved a good many marriages.<sup>18</sup>

Fortunately for any committed or wedded partners straying from the bonds of relationships or marriage in favor of a fling with a prostitute, catching syphilis could be attributed to such a variety of sources. Despite the lack of evidence concerning most of the sources of syphilis listed above, these explanations were often more acceptable than the truth—catching syphilis from a prostitute.

While people came up with all sorts of explanations for their syphilis infections, governments began inspecting brothels and sent doctors to examine prostitutes to cut down on the rate of infection among visitors. Long before Lautrec

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<sup>17</sup> Ibid, 137.

<sup>18</sup> Ibid.

reached Paris, in 1810, “Inspections could be made at the dispensary (twice monthly), at a police station, or even in a regulated brothel. The systematic inspection of prostitutes or of girls suspected of being prostitutes who spent the night at the station for one reason or another” gave the police power to monitor even unregistered prostitutes.<sup>19</sup> While the police were not charging these prostitutes who were found to have syphilis with a crime, the monitoring discouraged the spread of infection and infected women were prevented from working in the brothels. Madams attempted to keep infections to a minimum and covered up existing cases with various methods.<sup>20</sup> Lautrec captures one of these inspections in his painting “In the Salon at Rue des Moulins,” including a woman at the right edge of the scene lifting her skirts (**Fig. 8**). This salon, with its rich interior decorations and women in fashionable clothing, was one of the more high-class establishments but was still not exempt from this routine. Lautrec’s depiction of this illustrates how integrated into the brothel environment he was.

Despite these efforts to monitor and contain syphilis infections among prostitutes, it was difficult to calculate the actual numbers of infected women because Paris had a large community of unregistered prostitutes who circumvented regulation by police. Unregistered prostitutes often operated as free agents. It was

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<sup>19</sup> Ibid, 213.

<sup>20</sup> According to Quétel in *History of Syphilis*, “Just before a sanitary inspection the madam would spirit away whores who were sick, and in particular those with syphilis. Or sometimes a healthy prostitute brought in from outside would be substituted for one who was sick—the doctor, for whom the brothel would often be the fifth or sixth he had visited that day, would be incapable of recognizing who was who. Moreover, venereal diseases could be disguised with a slightly astringent injection [...] There were even better tricks: a few scraps of sheep’s intestine cleverly stuck on and coloured with carmine would hide a chancre.” (223)

difficult to monitor their health, as doctors could not track them down at a brothel.<sup>21</sup> Ninety percent of unregistered prostitutes were said to have had syphilis.<sup>22</sup> This is a much higher percentage than that of registered prostitutes, and was more dangerous because of a lack of monitoring and increased difficulty in containment.<sup>23</sup>

In addition to prostitutes, people of all social classes and all income levels alike found themselves falling victim to the disease. The immediate answer in 1881 to a patient admitting having syphilis was hospitalized and, “as a matter of course, ordered to be bled once, to be purged four times, and to have the warm bath twice in the first week; and not until all these directions had been complied with, was the use of mercury commenced.”<sup>24</sup> Mercury was used as a cure-all for a variety of ailments, but this kind of initial treatment would seem quite questionable in more modern medicine with knowledge of its poisonous qualities.

Knowledge of syphilis at the time of Lautrec and van Gogh was nowhere near as advanced as it is now. It was unclear how exactly the disease spread, much less how to stop the progression of its symptoms. Some people believed sexual promiscuity to be the sole source of syphilis.<sup>25</sup> Sex now is clearly regarded as the main means to contract syphilis, and it is now clear that the disease develops from bacteria—not sinful behavior itself. Today, we know that the disease is widespread, and has a far-reaching area of potential contagion worldwide. But, as syphilis was

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<sup>21</sup> Ibid, 227.

<sup>22</sup> Ibid, 226.

<sup>23</sup> Ibid, 226.

<sup>24</sup> Colles, Abraham, Robert McDonnell, and George J. Stodart. *Selections from the Works of Abraham Colles: Consisting Chiefly of his Practical Observations on the Venereal Disease: and on the Use of Mercury*. London: New Sydenham Society, 1881. 16-17.

<sup>25</sup> Quétel, 203.

becoming more prevalent in the late 19<sup>th</sup>-century, each country named it according to which country they accused of spreading it to theirs:

...the Muscovites referred to it as the Polish sickness, the Poles as the German sickness, and the Germans as the French sickness—a term of which the English also approved (French pox) as did the Italians (which presented certain difficulties). The Flemish and Dutch called it ‘the Spanish sickness’, as did the inhabitants of North-west Africa. The Portugese called it ‘the Castillian sickness’, whilst the Japanese and the peoples of the East Indies came to call it ‘the Portugese sickness’. Only the Spanish, oddly enough, did not call it anything.<sup>26</sup>

This wide variety of names shows how far the disease affected—enough to garner multiple names as an apparent topic of conversation in multiple countries. These names came from a relatively long history of this “Castillian sickness,” which was noted as early as 1498 in a 2500-line medical poem “on the pestilential bubas” in the oldest account in Spanish on syphilis by doctor Francisco Lopez de Villalobos.<sup>27</sup>

While doctors made some progress in understanding syphilis in the years following this poem, it would take many more years of research to gain useful and practical knowledge for effectively diagnosing and treating the disease.

In Lautrec’s time, the treatment available was usually based on trial and error, rather than on information from formal clinical trials and research. While some treatments were helpful, some were rather harmful. The choice of treatment depended on the doctor’s inclinations. For many years, syphilis was largely regarded as a dermatological issue, so the dermatologists and syphilologists seeing patients mostly tried to treat the manifestations of the disease on the skin, and the specific cause of those symptoms was still unclear. Treatment options and advice

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<sup>26</sup> Ibid, 16.

<sup>27</sup> Ibid, 21.

included the following: upon noticing an ulcer, “you must immediately wash it thoroughly with soft soap, or apply it to a cock or a pigeon plucked and flayed alive, or else a live frog cut in two.”<sup>28</sup> Many theories began circulating in the 16th century that involved “sweating out” the illness and accelerating the elimination of the disease with salves, some of which contained mercury. “Frictions,” or ointment mixtures, often including mercury, were thought to be helpful as well. One treatment plan used at a treatment facility specific to syphilis consisted of a very involved set of processes:

...were using salves, of which, amongst other things, mercury was an obligatory constituent. Patients were given frictions one or more times each day and shut up in a steamroom in which a very high temperature was constantly maintained. The treatment lasted between twenty and thirty days. The patient following this regiment would begin to weaken. His mouth and throat would become ulcerated, and swell prodigiously. His gums would tumefy and his teeth would loosen and drop out. A revolting saliva would steam continually from his mouth. Many sufferers preferred death to this barbarous procedure, which cured barely one in a hundred.<sup>29</sup>

Clearly, this cure’s mortality rate and the side effects of ulcers, swelling, and losing teeth were unacceptable by today’s standards. But, mercury’s dangers were not clear at this point in time. It did seem to have some combatant effect on some diseases, including syphilis, so it became a key ingredient in many treatments. Mercurial plasters—bandages with mercury coating—and mercury-based ointments are just some of the examples using mercury in the battle against syphilis.<sup>30</sup> Though doctors acknowledged the dangers of mercury at the time to some degree, the dangers of syphilis seemed to outweigh the side effects of toxic

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<sup>28</sup> Ibid, 23.

<sup>29</sup> Ibid, 28-29.

<sup>30</sup> Ibid, 30, 31.

amounts of mercury. These mercurial options along with a few other medicines were still the main treatment methods for syphilis patients in the time of Lautrec, and provided a rather daunting prognosis.

It took a worldwide effort to find out more about “the Polish sickness” or “the Castillian sickness,” so that people could have more hope of a cure. Until the nineteenth century, a lot of confusion existed in distinguishing one variety of venereal diseases from another, and even confusion in distinguishing venereal diseases from leprosy.<sup>31</sup> The similarity in symptoms from different bacterial and viral sources often led patients and doctors to lump symptoms into an overall sexually-transmitted-illness category. A diagnostic test would not be developed until the premiere of the Bordet-Wassermann test in 1906.<sup>32</sup> Even after that test became available, it left room for possibilities of false positives and false negatives.<sup>33</sup>

As far as general recognition of symptoms specific to each disease, one doctor, Ricord, made great headway in making more rigorous examinations and differentiating the symptoms of one disease from another, although his methods (and those of his predecessors) may not have been ethically sound. Ricord was:

...one of the first to make systematic use of the speculum. His prime achievement was to distinguish syphilis from venereal papillomae, balanoposthitis and, above all, from gonorrhoea. Already, a few years earlier, Hernandez (to whom Ricord refers) had inoculated convicts in Toulon prison with gonorrhoea and concluded from the fact that they did not contract syphilis that gonorrhoea and the chancre were of a

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<sup>31</sup> John Lobdell and Douglas Owsley. “The Origin of Syphilis.” *Journal of Sex Research* 10.1 (1974): 77.

<sup>32</sup> Rebecca E. LaFond and Sheila A. Lukehart, “Biological Basis for Syphilis.” *Clinical Microbiology Reviews*, 19.1 (2006): 38.

<sup>33</sup> LaFond and Lukehart, 38.

different nature and did not belong to the same disease. Thus syphilis came to be recognized as syphilis, gonorrhoea as gonorrhoea.<sup>34</sup>

Now that syphilis could be clearly distinguished from other venereal diseases with similar symptoms, the main question remaining was its cause. Alfred Fournier had just determined the stages of the disease from the incubation of syphilis onward: “The primary syphilitic induration, the pseudo-chancere of the tertiary stage, the cephalic chancre, the infectious chancre, the extra-genital chancres, the diagnostic role of the chancre’s satellite buboes, the contagiousness of the secondary manifestations...” and a few more details.<sup>35</sup> Fournier’s work to determine the stages of syphilis helped to lay the groundwork for future experiments to determine its precise cause. Though patients and physicians alike noted its late-stage destruction of facial features in the sixteenth century, it was not until 1877 that formal, systematic research began on the symptoms of syphilis as relative to the bones.<sup>36</sup> This research, in combination with the work of Fournier and others, was part of the search for the source of syphilis and the ways to combat it.

Various experts had theories that syphilis developed from a bacterium rather than a virus, but it was not clear until later which bacterium caused the disease. It did not help that the microscopes available at the time were not well developed enough to enable physicians to see the miniscule bacteria that later proved to be the culprits.<sup>37</sup> After Louis Pasteur’s work in identifying bacteria as the source of transmissible diseases, it seemed much more feasible to find the source of syphilis

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<sup>34</sup> Quétel, 111.

<sup>35</sup> Ibid, 134.

<sup>36</sup> Ibid, 126, 141.

<sup>37</sup> Ibid, 140.



and various researchers dove into the task of determining the microscopic cause of syphilis. In 1878, Edwin Klebs found a “syphilitic helicomonad, a short and very slow-moving rod” in a syphilitic sore. In 1881, someone cited a fungus or Aufrecht’s diplococcus, a bacterium, as the source. In 1882, a bacteroid with a “gyratory motion” was discovered and associated with syphilis. Finally, in 1905, Fritz Schaudinn and Erich Hoffmann finally proved that the bacterium *Treponema pallidum* caused syphilis. From that point on, scientists strove to provide a means of bodily defense from this specific bacterium using various methods.

At this point in the early 20<sup>th</sup>-century, syphilis diagnosis and treatment options only began to improve as doctors and scientists learned more about what causes syphilis, the course of the disease, avenues of transmission, and ways to prevent and/or eliminate an infection. One of the leaders of this investigation was Paul Ehrlich, who devoted his medical studies to the “idea of tropism, which opened the way to that of cellular receptors” which then paved the way to “isolate a toxin which would affect microbes [in this case syphilis bacteria] but not damage the cell.”<sup>38</sup> Ehrlich made hundreds of slightly different chemical compounds in an attempt to find one that would kill the syphilis bacteria, but not harm the host cells. A major breakthrough came in May 1909, when “...in collaboration with the Japanese Hata, he had arrived at his 606<sup>th</sup> compound,” later named Salvarsan, which turned out to be the first extremely effective cure for syphilis. It stopped progression of the disease with the proper dosage and required no prolonged and

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<sup>38</sup> Ibid, 142. This is also the technical beginning of chemotherapy—using chemicals to combat disease.

rigorous treatment.<sup>39</sup> Now regarded as one of the pioneers of microbiology, Ehrlich also created Neosalvarsan as the 914th compound. It was easier to use and just as effective as Salvarsan.<sup>40</sup> Ehrlich's discovery was the beginning of the end for syphilis. People were clearly excited—Salvarsan even plays a role in several movies.<sup>41</sup> Finally, patients afflicted with this venereal disease had an answer other than salves, sweating, and starvation. Ehrlich and other microbiologists and physicians opened up a world of promise in miniscule organisms as treatment.

While Salvarsan and Neosalvarsan now provided an effective option for syphilis patients, the hunt for the perfect cure and reversal of any damage the disease had already done was not over. In 1921, two doctors briefly entertained the idea of using bismuth as a treatment in conjunction with others when "Sazerac and Levaditi discovered the treponemacidal power of bismuth" but this did not garner much support.<sup>42</sup> Bismuth in addition to other treatments was not as practical as a simpler, one-step method.

Another possible treatment proposed at this time actually involved affecting a victim of syphilis with another disease: malaria. Similar in theory to having syphilis patients sit in extreme heat in order to sweat out the disease, the idea behind treating syphilis patients with malaria was based upon its fever-causing

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<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Roger Dobson. "And the Oscar Goes to . . . Salvarsan." *BMJ: British Medical Journal* 334.7587 (2007): 229. PMC. Web. 20 Feb. 2017: 229.

<sup>42</sup> Quetel, 143.

qualities.<sup>43</sup> This treatment seemed extremely promising at the time of its development, and Julius Wagner-Jauregg, the psychiatrist behind this idea, received the Nobel Prize in Medicine in 1927 for his “development of malaria therapy for the treatment of neurosyphilis, or general paresis of the insane.”<sup>44</sup> Attention to ethics in medical treatments and practice caused this treatment plan to fall out of favor as a generally accepted treatment option for syphilis sufferers. While inciting fever to eliminate syphilis was promising, it did not offer the ideal treatment.

One of the difficulties to finding the perfect concoction to combat syphilis is that the bacterium that causes it, *Treponema pallidum*, is delicate and extremely difficult to isolate in a laboratory setting. The small-but-mighty *Treponema* gained such a reputation for being elusive that a song entitled *The Treponema* celebrated its tricky qualities:

I am the Spirochaete, slender and serpentine,  
And here in the indurated chancre I live.  
That Japanese Hata would like to drive me out  
From my mucous palace where I vegetate in contentment.  
Mercury and hectine lie in wait for me, I know,  
And Ehrlich's 606 which has always missed me.  
I don't give a damn for them! Believe me, they never  
Took away my appetite for supping  
On your lecherous bodies. Humans, pale humans,  
You can use phenol and wash your hands all you like;  
But you can't get rid of me, I'm hereditary.  
I'm prince of the blood, I'll have none of your laws,

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<sup>43</sup> Androutsos, Antoniou, Karananou, Kiappas, Lykourous. “Julius Wagner-Jauregg (1857-1940): Introducing Fever Therapy in the Treatment of Neurosyphilis.” *Psychiatriki*. 24.3 (July-Sept. 2013): 208.

<sup>44</sup> Cynthia Tsay. “Julius Wagner-Jauregg and the legacy of malarial therapy for the treatment of general paresis of the insane.” *Yale Journal of Biology and Medicine* 86.2 (June 2013): 245.

The only other two psychiatrists to be awarded Nobel Prizes were to Egas Moniz in 1949, inventor of the lobotomy, and to neuropsychiatrist Eric Kandel in 2000 for discoveries about the workings of signal transduction in the nervous system.

I'm a protozoan, an eternal parasite,  
I've killed plenty of rogues and a few kings to boot.<sup>45</sup>

Despite Salvarsan's effectiveness for treating syphilis with a few side effects, it was not the perfect treatment, as the song even notes.

Moreover, as early as 1916, physicians began publishing journal articles describing the dangers of Salvarsan and Neosalvarsan.<sup>46</sup> The main concerns about the new miracle drugs were about their arsenic content: "...in amounts equal to 34 per cent [sic], expressed as the metal arsenicum, or 44.9 per cent [sic], expressed as arsenious oxide."<sup>47</sup> To put this in perspective, small amounts of less than five milligrams of arsenic can result "in vomiting in diarrhoea but resolve in 12 hours and treatment is reported not to be necessary," but when ingested in an amount falling in the lethal range, death occurs within one to four days.<sup>48</sup> Clearly, while the drugs had the great benefit of eliminating the syphilitic infection, they incurred a large amount of risk.

Louis Pasteur suggested that "certain fungi and certain microbes" may exhibit antagonistic behavior and predicted in 1877 this behavior would one day "have beneficial consequences for human medicine."<sup>49</sup> Pasteur's hunch was correct, as Alexander Fleming and others proved to be true over the next century. In 1928, Fleming discovered the powerful and far-reaching benefits of the mold *Penicillium*

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<sup>45</sup> Quétel, 143. Originally a song in staff room of hospitals.

<sup>46</sup> William Willcox and J. Webster. "The Toxicology Of Salvarsan: Dioxydiamido-Arseno-Benzol (Salvarsan Or Kharsivan)." *BMJ: British Medical Journal* 1, no. 2883 (April 01, 1916): 473-78. Accessed March 1, 2017. doi:10.1136/bmj.1.2883.473.2883.

<sup>47</sup> Willcox and Webster. 2883.

<sup>48</sup> Ranjit Ratnaike. "Acute and Chronic Arsenic Toxicity." *Postgraduate Medical Journal* 79 (2003): 391-396.

<sup>49</sup> Quétel, 249.

*notatum*.<sup>50</sup> From this discovery stems the now large body of penicillin-derived medicines that cure a wide variety of ailments. Researchers in Oxford, England, purified the *Penicillium* mold in 1939, and by 1941, the United States “immediately launched into industrial production of the first antibiotics” which proved to be highly useful in time of war as well as for various common ailments.<sup>51</sup> Penicillin was effective in the treatment of syphilis as it was effective, had few side effects except for those allergic to penicillin, and was easy to use—much better than the potential for arsenic and mercury toxicity and their effects. The use of penicillin continued and in 1951, the U.S. Public Health Service published statistics on “six years of treatment of early syphilis with penicillin” in which “satisfactory results were observed in 98 per cent [sic] of cases, and no support was discovered for the idea that arsenic and bismuth made penicillin treatment more effective.”<sup>52</sup>

With this data surely came a sigh of relief from syphilis sufferers—no more supplemental treatments of arsenic and bismuth, which seemed to do more harm than good. The time of penicillin’s premiere as a treatment for syphilis came at a fortuitous time, also, as the transmission of syphilis and other diseases had increased with the Second World War.<sup>53</sup> In reference to cases in France alone, the following data presents the promise penicillin provided: “...cases of primo-secondary syphilis in France fell from 40 per 100,000 in 1946 to 5 in 1953 and 4.5 in 1952. There was a similar rapid decrease in cases of congenital syphilis, which fell

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<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

<sup>52</sup> Ibid, 250.

<sup>53</sup> John Frith. “Syphilis—Its Early History and Treatment until Penicillin and the Debate on its Origins.” *Journal of Military and Veterans’ Health* 20.4 (2012): 51.

from 7,114 in 1946 to 1,804 in 1952.”<sup>54</sup> Clearly, the penicillin was working. Unfortunately for Lautrec and others (perhaps van Gogh), this option for a far less painful and far more promising treatment was not available until decades after their deaths.

While syphilis definitely impacted Lautrec’s life and was a risk associated with the Montmartre lifestyle he so enjoyed, syphilis was not the main health problem that comes to mind with the mention of this artist.

#### A DISEASE BY ANY OTHER NAME:

#### TOULOUSE-LAUTREC DISEASE, OR PYCNODYSTOSIS

The diagnosis most associated with Lautrec relates to a more obvious medical issue with which the artist dealt. Lautrec is widely thought to have suffered from what is now called pycnodysostosis, commonly called “Toulouse-Lautrec disease.” The disease is now classified as a lysosomal storage disorder, characterized by Cathepsin K deficiency, but at the time when Lautrec was living doctors thought that he just had issues with his bone growth. Pycnodysostosis is a very rare condition, with very few documented cases. Most of those cases are found in people whose bloodline contains consanguineous relationships. The disease mainly affects bones, because of the role of Cathepsin K in bone regeneration and degeneration. But it is caused by an abnormality in the lysosomal enzyme, which is all throughout the body. Gelb and Guo presented this idea in more scientific terminology:

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<sup>54</sup> Quétel, 250.

Most lysosomal enzymes are constitutively expressed in all cell types, and their clinical manifestations reflect the accumulation of undergraded substrate (or substrates) in various cells and tissues. In contrast, the phenotype of Pycno is restricted to bone, and there is minimal substrate accumulation in osteoclasts.<sup>55</sup>

The idea that this disease is not strictly a bone disease, but instead affects lysosomal enzymes that in turn affect bones, was only recently discovered with more knowledge of biochemistry and metabolism. It is not exactly simple to treat a lysosomal disorder so the treatment for pycnodysostosis today mostly consists of managing the symptoms. However, with more research and knowledge of enzymes and gene therapies, “future approaches to correct the abnormal bone metabolism in Pycno could include bone marrow transplantation to provide normal osteoclasts, or osteoclast-targeted enzyme or gene replacement strategies.”<sup>56</sup> Growth hormone use in afflicted children has increased their growth rate to a more normal rate when used in clinical trials.<sup>57</sup> While pycnodysostosis is extremely rare, information about Cathepsin K deficiencies also can benefit arthritis treatments so there are incentives beyond the narrow scope of pycnodysostosis patients to discover more about treatment options.<sup>58</sup>

Unlike arthritis, there is a clear indication in pycnodysostosis that consanguinity in parents increases the likelihood of the disease. In other words, this

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<sup>55</sup> Bruce D. Gelb, Guo-Ping Shi, Harold A. Chapman, Robert J. Desnick, "Pycnodysostosis, a Lysosomal Disease Caused by Cathepsin K Deficiency." *Science* 273.5279 (1996): 1238.

<http://www.jstor.org.umiss.idm.oclc.org/stable/2891254>

<sup>56</sup> Ibid.

<sup>57</sup> Ashraf Soliman, Anna Rajab, Issa AlSalmi, Assim Darwish, and Maurice Asfour. "Defective Growth Hormone Secretion in Children with Pycnodysostosis and Improved Linear Growth After Growth Hormone Treatment." *Archives of Disease in Childhood* 75 (1996): 242.

<sup>58</sup> Gelb, Shi, Chapman, Desnick, 1238.

is a genetically inherited disease rather than a disease developed later in life or from a virus. Children still can have pycnodysostosis when neither of their parents had the disease, indicating that it is passed on with autosomal recessive inheritance. The parents would each have one copy of a mutated gene and their union would result in a 1:4 likelihood of pycnodysostosis according to Mendelian genetics. This mutation is not clearly caused by any outside influence, but rather a combination of “nonsense, missense, and stop codon mutations in patients.”<sup>59</sup> So while the original mutation of the gene is rather random, the combination of two mutated copies in a zygote increases in likelihood with two parents that are carriers of a mutated copy. Unfortunately, for Lautrec, it has been shown that mutations often are shared among family members, and his parents were first cousins in a smaller aristocratic family.

While it made sense to conserve the bloodline and the prominence and wealth of a family by keeping marriages between cousins and concentrating power and money, aristocratic unions often resulted in narrowing the gene pool in families rather than increasing its genetic diversity. If Lautrec’s parents had branched out and coupled with people unrelated to them, or even more distantly related to them, Lautrec’s chances of developing this rare genetic disease would have dramatically decreased.

With more specialized, detailed, and less expensive methods of genetic analysis available now, it would be possible to sequence Lautrec’s genome and deduce more information about his specific health issues that stemmed from his

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<sup>59</sup> Ibid 1240



genetic makeup, and to do so relatively quickly. What was once a dream to sequence the human genome is now a reality, and there are options for genetic testing offered to parents from as the time as early as confirmation of pregnancy. Had Lautrec been born today, his mother would have options available to analyze her son's genetic makeup even before birth to predict any issues that could potentially be solved in utero or alleviated soon after birth. Different technologies have made genetic testing and sequencing easier, such as microassays, targeted tests for specific life-threatening diseases, as well as cheaper and more accessible for more isolated and rural populations.<sup>60</sup> The progress from Lautrec's time to now in diagnosing disease and understanding more about genes' influence on disease is extraordinary, and the progress is sure to continue for many more years.

Whatever the specific diagnosis may be that resulted in Lautrec's short stature and status as both insider and outsider, the condition's influence on his life clearly appears in his artworks. Lautrec's unique style and earlier studies show his raw talent but also his personal twist on painting, printmaking, and more that is slightly startling in ways but beautiful in others. His subject matter gravitates toward a different crowd of Parisians on the fringes and this was a more comfortable environment to him than his aristocratic roots. His voluntary, liminal position in society affected the way Lautrec saw the world and the pictures of it that he created.

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<sup>60</sup> There is a new method being developed in Oxford, England, of sequencing deoxyribonucleic acid (DNA) bases that utilizes a small device connected to a computer rather than bulky lab equipment. Reference "Oxford Nanopore Technologies" for more information on the website <https://nanoporetech.com/>.

## CONCLUSION: LAUTREC

Lautrec's medical issues largely impacted the way in which he related to other people in his world: his parents, his friends, and specific groups to which he gravitated throughout his life. Lautrec found a certain magnetism among groups of people who also were on the fringes of society, such as prostitutes and circus people, perhaps due to his sense of rejection from aristocracy but still belonging to that world in some ways. While Lautrec's chosen peers (prostitutes, cabaret dancers, et cetera), were accepted by members of high society for their various jobs and skills, they never were fully integrated into high society and were regarded as "lesser" people—except to Lautrec. The places in which there was a clear blending of social classes in the cafes, bars, and cabarets became Lautrec's home. He saw himself as part of a group, and painted himself into scenes and on the same plane as his fellow outcasted subjects. His emphasis on groups in his compositions also reveals a sense of unity present in those environments. Lautrec tried to blend into the social circles of the lower classes, rather than staying in his own higher-class crowd. Van Gogh distanced himself from his own group and sought out a group he could somehow adopt or make his own but never seemed to be able to do so. Unlike van Gogh, Lautrec achieved this integration in many aspects.

## VINCENT VAN GOGH

Another late-19<sup>th</sup>-century visual artist whose health dramatically shaped his painting style was Vincent van Gogh. His multiple chronic maladies and indulgence in the temptations of alcohol, absinthe, and prostitution likewise left him searching for cures, but producing work that remains among the most idiosyncratic and creative of all of Modern art. To represent van Gogh's story, I will begin with a brief outline of his eventful life and pertinent medical events. Next, I will explain the various treatments he endured, in order to shed light on the artist's experience. Finally, the chapter concludes with descriptions of how van Gogh's work demonstrates the full extent of the impact of disease on his life and in turn his work. Van Gogh's behaviors were far from "normal" for the last few years of his life, mostly due to the way his illnesses affected him. They would cost him everything—his friends, his dream of having a "Studio of the South," and ultimately—his life.

Whereas many other artists could get along well with fellow members of the art community, van Gogh struggled from the beginning to get along with many people. His family tried its best in every way to give him the opportunities to have a happy and successful life, yet it seems that whatever they did was not helpful for van Gogh's afflictions overall. To add to his difficulties in dealing with others, van Gogh struggled to sell paintings and was, by his own measure, unsuccessful in his various careers. Looking back in hindsight on van Gogh's life, it is hard to believe that he did

not find success from the start as a painter. However, considering his many health complications exaggerated any preexisting behavioral issues, it is easier to understand why van Gogh's life progressed in such a tumultuous way.

## DEVOTION TO AND DEVELOPMENT OF AN ARTISTIC CAREER:

### EARLY LIFE

Vincent van Gogh was born on March 30, 1853, in Groot-Zundert in the Netherlands, near the Belgian border. Vincent was especially close to his brother, art dealer Theo, with whom he corresponded throughout his life. His parents constantly worried and cared for him, whether or not they were living together or had not seen him for months.<sup>61</sup> His early years are not well documented, but extensive artifacts and a plethora of letters by Vincent provide a wealth of information about his life after leaving his parents' home.<sup>62</sup> The extensive amount of communication between family members also reveals a lot of the missing pieces of the timeline of van Gogh's life. Primary-source materials reveal the medical family history of van Gogh's immediate and more-distant family in bits and pieces, possibly shedding light on the origins of his own health issues.

Van Gogh followed current research in healthcare and cures for his various ailments even from a young age as pictured in an early portrait of the artist (**Figure 16**). Even if the sources of this information he consulted were not necessarily valid, van Gogh had a long-time interest in his own health; whether or not he heeded the medical advice he received. He paid many visits to many doctors and kept up with current literature and popular opinion of treating his various issues, and followed

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<sup>61</sup> Jan Hulsker, "The Elusive van Gogh, and What His Parents Really Thought of Him," *Simiolus: Netherlands Quarterly for the History of Art* 19, no. 4 (1989): 246. doi:10.2307/3780752.

<sup>62</sup> Laura Prins, "Van Gogh's Physical and Mental Health: A Chronology," in *On The Verge of Insanity: Van Gogh and His Illness* (Hartford: Yale University Press) 2016, 92.

their advice without knowledge of its accuracy. While medicine was one of his interests, he never pursued it past its utility for his own care. He had a respect for and interest in medicine as can be seen in his portraits of doctors as well as noticed in his correspondence in general (**Figs. 17, 18, 19**).

Van Gogh's original career aspirations demonstrate a different side of the man now known for his dubious mental health and revolutionary Modern style of painting. Van Gogh originally sought to study theology and become a missionary, despite several difficulties in that career path.<sup>63</sup> While working for the art dealer Goupil and Cie starting in Brussels in 1873, van Gogh devoted himself more to studying the Bible than to his current vocation.<sup>64</sup> His time working at Goupil and Cie ended after lack of productivity and passion for the work led both he and his boss to conclude that it was time to move on after April 1875, though it was not a clean break, as van Gogh did not clearly communicate that he was quitting the job, but instead just did not return.<sup>65</sup>

Van Gogh was interested in French Naturalist literature and took it upon himself to read a variety of works of literature around this time that influenced his relationships, especially with women. He read Jules Michelet's book *L'Amour*, over and over again, taking notes from its subject of the happiness experienced when a man pursues a suitably submissive woman in his own pursuit of women.<sup>66</sup> Though he attempted to build this type of relationship in his own life with his landlady's daughter, the young girl was already engaged, and subsequently rejected van Gogh's

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<sup>63</sup> Ibid.

<sup>64</sup> Prins, 92 and Hulsker, 243.

<sup>65</sup> Hulsker, 243.

<sup>66</sup> Judy Sund, *Van Gogh*. (New York: Phaidon Press) 2002, 30.

pursuits.<sup>67</sup> This rejection sent van Gogh into a period of acting out at work, and resulted in his transfer to the Goupil and Cil office in Paris in 1876.<sup>68</sup> After this vocation did not work out for him even after transferring to the Paris branch, van Gogh stayed in Paris and went on a job search at the beginning of 1876, which caused his parents to worry about his future.<sup>69</sup> He moved around for a few months until settling down in Amsterdam at his uncle's home to pursue religious studies.<sup>70</sup>

Perhaps taking inspiration from his father's career as a reverend, van Gogh decided upon studying religion to become a missionary or preacher. He moved to Amsterdam in 1877 for a year to study intensely for a test "that would allow him to study theology at university."<sup>71</sup> Despite his religious fervor, Vincent's personality proved to be a hindrance in his chosen career path. Just as in his art dealer work, his difficulty in speaking to people and adhering to social norms presented difficulties for his career as a missionary. After a trial period as a missionary in Brussels, he was fired, and did not receive an invitation to work as a Protestant missionary at the end of his six-month trial period in a mining village in south Belgium.<sup>72</sup>

During his time as a missionary, he took it upon himself to explore the idea of hard work by studying people he classified as "hard workers." His artworks showing laborers reveal an obsessive concentration on this idea. His employers cited several other reasons for not continuing to employ van Gogh: his eccentric nature, that he "was reportedly a poor speaker," and that he related to the miners and their families

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<sup>67</sup> Ibid.

<sup>68</sup> Ibid, 31.

<sup>69</sup> Hulsker, 248.

<sup>70</sup> Sund, 338

<sup>71</sup> Prins, 92 and Hulsker, 248.

<sup>72</sup> Prins, 92.

*too* much for the community's liking.<sup>73</sup> Perhaps van Gogh was infringing on traditions of the community or acting as an insider when he was still an outsider in this group.

Van Gogh and his dear brother Theo had a falling out after his missionary dreams did not come to fruition. Theo felt that Vincent was using the family's rather meager funds to support himself, instead of developing his own career to do so.<sup>74</sup> The many letters between van Gogh and his parents demonstrate that they did give him a large amount of financial support, paying rent, sending money for food and potential emergencies, and returning any requests from van Gogh with as much as they could provide.

In 1879, van Gogh returned home briefly to reevaluate his life plan after both art-dealing at Goupil and Cie and the missionary job fell through, before returning to Belgium again until early 1880.<sup>75</sup> During this brief stay, Theodorus Van Gogh, Vincent's father, expressed his worry over van Gogh's apparent "melancholy," lack of care for himself, weight loss, and the "ugly faces" he made in times of stress and poor health.<sup>76</sup> These slightly spastic expressions on van Gogh's face were perhaps tics, and in addition to the first more obvious signs, were indicative of his future ailments. Theodorus saw his son struggling and quickly arranged to have him examined by one of the leading physicians and pioneers of psychiatry of the time, Johannes Nicolaas Ramaer.<sup>77</sup>

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<sup>73</sup>Ibid.

<sup>74</sup> Ibid, 93.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.



Psychiatry then was a relatively new field, and people were just beginning to move away from Sigmund Freud's psychoanalytic methods of behavioral analysis. Van Gogh backed out of his appointment at the last minute and did not end up going to see Ramaer as his father wished. But Ramaer used descriptions of van Gogh's irregular behavior and physical ailments as provided by his father to diagnose "a physical cause — a cerebellar lesion, which can disrupt motor control and balance."<sup>78</sup> "Cerebellar lesions" can refer to a variety of causes of damage within the cerebellum, resulting in difficulty with controlling movements of legs and arms and difficulty in managing speech in more advanced cases.<sup>79</sup> Depending on the location in the cerebellum, a lesion can cause any of the following: "a lack of coordination of ongoing movements," an impairment of "the ability to stand upright and maintain the direction of gaze," "difficulty maintaining fixation" with eyesight, depreciated muscle tone, "difficulty controlling walking movements," "difficulty performing rapid alternating movements," "over- and under-reaching," and "impairments in highly skilled sequences of learned movements," such as painting.<sup>80</sup> Many accounts of van Gogh note an odd shuffle with which he walked, but it is difficult to definitively deduce a cerebellar lesion purely from the way in which the man walked.

Using paintings as "symptoms," some have argued that he had some difficulty maintaining focus and even "impairments in highly skilled sequences of learned

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<sup>78</sup> Ibid, 93.

<sup>79</sup> Dale Purves, George Augustine, David Fitzpatrick, Lawrence Katz, Anthony-Samuel LaMantia, James McNamara, Mark Williams, editors. *Neuroscience*. 2nd edition. Sunderland (MA): Sinauer Associates; 2001, 610. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK10899/box/A1732/>

<sup>80</sup> Ibid, 612.

movements” as he advanced from such realistic representations to his characteristic style of vibrant colors and energetic lines. While it is possible to diagnose some maladies purely from a description of symptoms without seeing a patient, this obviously incurs risks.

The desperation which van Gogh’s father arranged the appointment probably encouraged Ramaer to want to help in some way, with or without the patient present. The physical explanation of Vincent’s issues (a cerebellar lesion) did not seem to placate van Gogh’s parents, who desperately wanted to have him committed to a psychiatric treatment program in the Belgian village of Geel.<sup>81</sup> Their attempt at intervention led to van Gogh’s serious resentment of his parents, and his moving away from them and to Brussels in October of 1880.<sup>82</sup>

With a religious career in the past, his health wavering, and his family dynamics thrown into chaos, Vincent embraced change, and in June of 1880, he finally communicated with his brother to report that he had decided “to become an artist,” and “threw himself into drawing.”<sup>83</sup> Just as with his missionary aspirations, van Gogh immersed himself in all facets of his future career with his characteristic fervor.

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<sup>81</sup> Prins, 93.

<sup>82</sup> Ibid, 93-94.

<sup>83</sup> Ibid, 94.

## EARLY HEALTH CONCERNS

At this time, van Gogh tried to enrich his life in all ways that might improve his chances of success as an artist. Van Gogh bathed often, paid attention to his health, and ate more healthfully while studying at the academy in Brussels, and he sought out artists for advice and help.<sup>84</sup> Van Gogh took much better care of himself at this time than in previous years, when he moved away from home or when he pursued theology. However, van Gogh moved back in with his parents again in 1881, and van Gogh took it upon himself to see the doctor Ludovicus Cornelis van Genk in nearby Etten.<sup>85</sup> Van Gogh wrote in his letters that he was not especially concerned with treating any particular symptoms, but was experiencing “insignificant malaise” and chose to see Van Genk because:

...in general, well or not well, I like to speak to a doctor from time to time to find out if everything is all right. If one hears wholesome and true words about health now and then, it seems to me that one gradually acquires much clearer notions about such matters, and if one knows more or less what one should take care not to do, and what one should abide by, one isn't tossed about by the shifting words of opinion, by all manner of nonsense that one hears so often concerning health and ill health.<sup>86</sup>

The above excerpt from a letter to his brother makes it clear that van Gogh tried to monitor his health regularly and acknowledged the importance of checkups and preventative care. Despite these early inclinations toward listening to others' health advice with a discerning ear, van Gogh did not do so in his later years.

After this checkup with van Genk, van Gogh's state of health fluctuated greatly until his death. He experienced emotional turmoil after his cousin refused

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<sup>84</sup> Sund, 44.

<sup>85</sup> Prins, 94-95.

<sup>86</sup> Ibid.

his marriage proposal, and had a falling-out with his father that resulted in van Gogh moving away to The Hague in 1881, where his father had tried to bring him for treatment years earlier.<sup>87</sup> The Hague is still one of the largest cities in the Netherlands, is the seat of the Dutch government, and is the center for various organizations and healthcare facilities. It is likely that van Gogh decided to move to The Hague in part because it offered some of the best healthcare available in the vicinity.

Van Gogh's correspondence with his brother suggests that by 1882, van Gogh was so ridden with anxiety and nervous energy that he felt "feverish."<sup>88</sup> At this time, he invited a pregnant prostitute, Sien Hoornik, to live with him, the facial tics returned, and in June of 1882, Vincent was diagnosed with gonorrhea and admitted to the Municipal Hospital at The Hague.<sup>89</sup> Unfortunately for van Gogh, Hoornik and child moved on and could not fulfill the role in which van Gogh thought she would. His behaviors in 1882 all seem to indicate what is now classified as a "manic episode" that occurs periodically in manic-depressive disorder patients. While van Gogh suffered various ailments in the previous years, this was one of the early climaxes of his poor health brought about by a combination of issues—gonorrhea, and possible manic-depressive disorder.

With the advent of modern imaging methods, scientists and physicians were able to visualize how the mind works and grasp its mysteries. The treatments van

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<sup>87</sup> Prins 95.

<sup>88</sup> Letter from Vincent van Gogh to Theo van Gogh, Letter 507, in: *The Complete Letters of Vincent Van Gogh II*, Boston: 1978, 607. Translated in: Van Gogh, Vincent. *The Letters of Vincent Van Gogh*. London: Constable and Robinson Ltd., 2003.

<sup>89</sup> Prins, 95.

Gogh received were some of the best available. France, Paris in particular, was a hub of medical progress in the late-nineteenth and early-twentieth centuries. Physicians and surgeons communicated with other medical professionals in British and American hospitals to ensure that they kept their techniques, practices, and treatment plans up to date. Today, a scan of van Gogh's brain would either reveal more about what was causing his eccentricities and health issues, or it would show that his brain was working normally, leading to a search for a more physical affliction manifesting in neurological issues. This was not available in van Gogh's time, however.

Van Gogh received treatment for gonorrhea consisting of quinine and pure or alum water.<sup>90</sup> Quinine was a relatively novel treatment in 1882. It is a naturally occurring nitrogen-containing compound found in the bark of cinchona trees, and repurposed from its original use by Peruvians for large-scale malaria treatment. While quinine was the drug of preference for treating malaria until the mid-20<sup>th</sup> century, doctors experimented with using it to treat multiple diseases. There are now alternatives to quinine, as it is not practical to attain. While this was an atypical plan for treating gonorrhea, van Gogh's healthcare provider was not alone in using quinine for various ailments.<sup>91</sup> The more typical treatment at the time was the same as the treatments for syphilis, as the symptoms of the two were rather indistinguishable at the time. There was no clear mention of gonorrhea in the future,

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<sup>90</sup> Prins 95.

<sup>91</sup> E.A. Fischkin "The Arsphenamine Treatment of Syphilis," *The American Journal of Clinical Medicine*, 29 (14) (Jan. 1, 1922) 247. The journal included an entire section of information about treating gonorrhea and "general systemic" issues in the early-20<sup>th</sup> century with quinine. The effectiveness of the quinine treatment is unclear, but many physicians believed in its use for diseases other than malaria.

so perhaps this quinine treatment actually worked. Despite his previous bout with venereal disease, he had another gonorrhoea scare during a visit to Amsterdam.

After this first hospital stay, van Gogh resolved to immerse himself in his art. One of the first works van Gogh completed after staying here was the chalk, pencil, pastel and watercolor work *Road in Etten* (1881) which shows a tree-lined boulevard he saw in his time in Etten (**Fig. 20**). In this study, he began with working on his technical skills and concentrated heavily on drawing. At this time, his personal style emerges, as seen in this drawing. While very realistic in representation and in color, the lines of the composition have a certain rhythm to them that is seen throughout his works. At this time, van Gogh began work on one of his first commissioned works: a panorama for his uncle, for which *Nursery on Schenkweg* (1882) was a study (**Fig. 21**). This was during the time when van Gogh was living in The Hague, and this panoramic scene shows a familiar view van Gogh saw there. The difference between *Road in Etten* and *Nursery on Schenkweg* makes it clear that by this time van Gogh was comfortable with the basic skills and was moving toward developing his unique, idiosyncratic style. Van Gogh had mastered the technical and basic handling of different media, progressing from simple drawings to color theory studies, panoramas, and then settling into his most well known, vibrant paintings of people and landscapes.

Van Gogh moved to Antwerp from 1885 to 1886.<sup>92</sup> Here, Van Gogh was low on funds and enjoyed no success selling his paintings. He lived the stereotype of the “starving artist.” His primary sources of nutrition included bread and coffee, which

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<sup>92</sup> Prins, 97.

really proved to do more bad than good for his health, despite his own beliefs about the benefits of this diet. Coffee's high acidity can bring on many ill effects, and these effects were exacerbated by van Gogh's main gustatory intake of bread: "[The diet] weakened him physically and caused him gastric and dental problems. His teeth fell out, which meant he was unable to chew his bread properly, while his stomach could not digest the unmasticated food."<sup>93</sup> This unbalanced diet would have resulted in a stomachache at the very least. These gastric and dental issues were later compounded with a chronic cough that would "bring up phlegm," according to Van Gogh's correspondence.<sup>94</sup>

#### MEDICAL MALADIES

Despite his reluctance to treat these conditions, the artist seems to have reached a breaking point after a while of suffering. Van Gogh had an appointment with Dr. Hubertus Amadeus Cavanaille in Antwerp in January or February of 1886, although van Gogh never explicitly stated the reason for his visit.<sup>95</sup> But the physician's grandson, Dr. Amadeus Cavanaille, Junior, professed eighty years later that his grandfather treated van Gogh for syphilis.<sup>96</sup> As Laura Prins points out, none of the other doctors mentioned treating him for this disease, casting doubt upon this diagnosis, especially since it was revealed eighty years later.<sup>97</sup> It would not be out of the question for van Gogh to have had syphilis, based on his previous gonorrhea

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<sup>93</sup> Letter 225, from Vincent to Theo, in Prins, 97.

<sup>94</sup> Ibid, 97.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

<sup>97</sup> Ibid.

diagnosis, close association of the two venereal diseases, and frequent visits to brothels, which would have increased his chances of contracting gonorrhea. However, it was just as possible then as it is now (if not more so) to obfuscate certain aspects of one's medical history from doctors. That possibility of selectively presenting issues to physicians likely increased with the number of doctors in multiple locations that van Gogh consulted. Treatments mentioned by van Gogh in his letters suggest that he was being treated for a sexually transmitted disease. He references castor oil (used for stomach problems) and sitz bath with alum (used to treat symptoms and discomfort of syphilis, among other venereal diseases).<sup>98</sup>

Due to van Gogh's difficulties in dealing with people, it is no surprise that he had difficulty in romantic relationships with women. He was drawn to brothels, his only two love interests were both prostitutes, and he was treated for venereal disease at least once. Had he contracted syphilis, this could explain some of his issues especially related to his neurological and psychological issues that could align with symptoms of late-stage syphilis. One of the symptoms of late-stage syphilis is the deterioration of the palate, which later advances to include the degradation of nasal cavities, which result in facial deformities that could include having an open cavity in the center of the face (**Figure 23**). It is quite possible that the dental issues as well as the phlegmy cough van Gogh experienced were connected to the palate deterioration of late-stage syphilis. Other symptoms of late-stage syphilis that plagued van Gogh included "personality changes, emotional instability, memory

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<sup>98</sup> Ibid, 98.



impairment, hallucinations, and hyperactive reflexes.”<sup>99</sup> Another clue that supports the theory that van Gogh had syphilis was that he read three medical books “dealing with the treatment respectively of illnesses in women, diseases of the urinary tracts and the genitals in men and women, and children’s illnesses.”<sup>100</sup> As these books would surely have made for interesting finds, they are not the usual topics of light reading for leisure.

### ABSINTHE IN THE ATMOSPHERE: PARIS

In 1886, van Gogh moved to Paris again.<sup>101</sup> In later accounts, van Gogh confessed that his time in Paris was most destructive to his mind and body.<sup>102</sup> A large new city that had an active nightlife and various opportunities for debauchery did not benefit van Gogh’s rather delicate health. While in Paris, van Gogh underwent a “major operation on his mouth, for he had lost almost all his teeth because of the poor state of his stomach,” according to Theo in a letter to their mother.<sup>103</sup> It is unclear exactly what kind of operation this was, but was most likely to address his previous complaints about his mouth as connected to his stomach. The numerous opportunities for drinking and apparent neglect of his health did not benefit the poor state of his stomach.

In addition to these issues, van Gogh gained a reputation for drinking heavily. By the time van Gogh reached Paris, “[s]pirits were almost twice as important in the

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<sup>99</sup> LaFond and Lukehart, 29-49.

<sup>100</sup> Prins, 98.

<sup>101</sup> Sund, 339.

<sup>102</sup> Prins, 99.

<sup>103</sup> Ibid. Letter from Theo to Anna van Gogh. Charles, Victoria. *Vincent van Gogh*. (Parkstone International, 2014), 87.

total volume of alcohol consumed during the 1880s and 1890s than during the preceding decades of that century or the decades after the First World War.”<sup>104</sup> This high rate of consumption was in fact record-breaking for France, which was one of Europe’s greatest consumers of alcohol as a country.<sup>105</sup> Living in Paris in the mid-1880s, van Gogh would have found himself at the beginning of the decade with “the highest consumption rate of distilled alcohol of any in France’s history, never dipping below four litres per person, and the period from 1880 to 1914 is much higher than any other similar period.”<sup>106</sup> In fact, “an article in *La Croix* in 1886 estimated that alcohol caused 2,000 deaths each year in France, and that the number of those made insane by drink had doubled since 1854.”<sup>107</sup>

To add to his issue of the general prominence of drinking issues, the high degree of isolation that van Gogh experienced during his time living in Paris took its toll. According to art historian Judy Sund, while living in Montmartre, in a room alone, after moving out of his brother’s apartment, “he led a reclusive life. His only friend was a young English colleague, Harry Gladwell, who spent many evenings reading the Bible with van Gogh and sharing frugal meals in his quarters.”<sup>108</sup> Perhaps as a way to seek companionship or merely to get out into the city, van Gogh began frequenting the same bars, cafes, and dance halls of Montmartre as Lautrec. He depicted figures of the bars and cabarets, as well as a few prostitutes, but he did

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<sup>104</sup> Michael Marrus. “Social Drinking in the Belle Epoque,” *Journal of Social History* 7.2 (1974):122.

<sup>105</sup> Ibid. France was ranked number seven in consumption of distilled alcohol 1871-1880, then jumped to #1 or #2 in 1890s right with Germany, Belgium, and Holland.

<sup>106</sup> Ibid.

<sup>107</sup> Ibid, 117.

<sup>108</sup> Sund, 30-31.

so in a different way than Lautrec. Van Gogh painted these figures as downtrodden, overwrought, and not enjoying themselves in the atmosphere. Van Gogh's *Agostina Segatori in Le Tambourin* (1887) shows a view of the woman owner of this cabaret and restaurant that van Gogh (and Lautrec) frequented (**Fig. 24**). The colors of the painting do not share the same excitement as Lautrec's depictions of cafes and recreational activities there, as they are muted greens and greys with only a few areas of bright red and bright yellow. Though not all of van Gogh's images of cafes were like this one in overall tone, the prostitute's facial expression and mannerism is seen in other paintings showing the more undesirable aspects of the café culture.

Michael Marrus also posits that van Gogh suffered from acute intermittent porphyria, a metabolic disorder with symptoms that matched many of van Gogh's. However, no evidence of his being tested for acute intermittent porphyria survives. The thujone in absinthe that van Gogh consumed regularly would have negatively impacted the sufferers of this disorder. Thujone, an active component of absinthe, is thought to have exaggerative effects on any preexisting porphyrogenic issues.<sup>109</sup> At this time, the diagnosis of "absinthism" even came into use due to the variety of detrimental effects of excessive and addictive use: "Absinthism was associated with gastrointestinal problems, acute auditory and visual hallucinations, epilepsy, brain damage, and increased risk of psychiatric illness and suicide."<sup>110</sup>

In addition to the negative effects of absinthe, van Gogh was also ingesting large amounts of other forms of alcohol. Difficulties in analyzing the effects of

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<sup>109</sup> John Strang, Wilfred N. Arnold, and Timothy Peters. "Absinthe: What's Your Poison?" *British Medical Journal* 318.7225 (1999): 1591.

<sup>110</sup> *Ibid.*

absinthe, containing alcohol and thujone, as opposed to effects of alcohol stem from the fact that most people experiencing any effects of thujone were experiencing it through the use of absinthe. Excessive alcohol consumption also would have contributed to van Gogh's gastrointestinal issues, and late-stage heavy drinking could have caused his later memory impairment and eventual dementia. Later arguments question the possibility of absinthism being a separate syndrome from alcoholism, or if it was purely episodes of "acute alcohol intoxication, withdrawal, dependence, and other neuropsychiatric complications—major health and social problems, but not unique to absinthe."<sup>111</sup>

Van Gogh struggled to be industrious in Paris. He did not work much in the winter of 1886-1887, perhaps due to his high rate of imbibing absinthe and other alcohols, which handicapped his ability to work.<sup>112</sup> His productivity fell and many of his works that he did complete at this time include paintings of cafes, drinks, and drinkers. By the next fall, van Gogh was thoroughly exhausted by this lifestyle, and like the previous winter, he painted very little. However, one of the last works he completed in Paris was a self-portrait at his easel, which he described to his sister Wilhelmina as "something like, say, the face of—death" (**Figure 25**).<sup>113</sup> It is clear that at this time that van Gogh was aware of his own substandard state of wellbeing. Van Gogh acknowledged his Bacchanalian lifestyle in Paris by attributing most of his stomach complaints, fatigue, nervous system issues and general periods of "stupor"

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<sup>111</sup> *Ibid.*

<sup>112</sup> Prins, 99.

<sup>113</sup> Van Gogh to Wilhelmina, Letter 626 (1888) in Prins, 99.

to his time there.<sup>114</sup> The painting does not appear as muted or dark as earlier portraits, or as morbid as the description may suggest—in van Gogh’s face, that description is clear. He appears exhausted and worn down, in spite of the bright colors and energetic lines around him. The light coming in from the back right of van Gogh places a shadow on his face, highlighting his desperate expression. He appears deep in thought, perhaps about his future career or about his current state of exhaustion and exasperation.

Not one to completely ignore his health issues, Vincent sought help for his problems. The artist saw his brother’s doctor, David Gruby, who gave him advice. He wrote about Gruby during his time in Arles:

I think Gruby’s in the right in these cases: eat well, live well, see few women, in a word live in anticipation just as though one already had a brain disease and a disease of the marrow, not to mention neurosis, which really does exist.<sup>115</sup>

This advice still holds strong as nutrition and lifestyle contribute greatly to one’s health. Van Gogh’s mentioning of neurosis is especially interesting. At the time, mental health was a relatively unexplored field. Neurosis often was attributed to physical causes, as exemplified in Ramaer’s earlier diagnosis.<sup>116</sup>

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<sup>114</sup> Prins, 100.

<sup>115</sup> Ibid 99.

<sup>116</sup> Ibid, 93.

## IN SEARCH OF LIGHT: ARLES

Needing a break from Paris, van Gogh resigned in 1888 to live in Arles, where he believed the light and air and environment would spark his creativity and energize his work. He also believed he would be able to recover from his health issues in Arles, and eventually become the founder of an artists' colony in this small town in the South of France. While van Gogh's works up to this point made a technically advanced and successful use of color, after studying works and artists of color theory and experiencing the light of Arles, he infused his works with even more color. Arles offered a completely different atmosphere from Paris: beachy, relaxed, airy, bright, and cheerful, while Paris at this time was busy, claustrophobic, and rather dirty.

The history of Arles also provided a lot of inspiration for van Gogh as it used to be a Roman settlement. The painting *Café Terrace at Night (Place du Forum in Arles)* (1888) featured a café near the ancient Roman amphitheater and references the forum (**fig. 26**). While his environment changed to a more uplifting locale, van Gogh kept up some of his old habits. At the café pictured in *Café Terrace at Night*, van Gogh would have had the opportunity to drink just as he had in Paris, only with a slightly different crowd. After some time in Arles, he began to eat more nutritious meals with the assistance of Mr. and Mrs. Ginoux, the owners of the Café de la Gare (**Fig. 27**).<sup>117</sup> Van Gogh admired and valued Madame Ginoux. Gruby's advice seemed to be working for van Gogh, although he chose to disregard some parts of his admonishments. While he tried to eat well, he fell into the usual temptation spiral of

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<sup>117</sup> Ibid.

overindulgence in alcohol and prostitutes: “Van Gogh visited the brothel once a fortnight, with all the risks that entailed,” even after hearing horror stories from his friends who frequented the same brothels.<sup>118</sup> While van Gogh found new inspirations and new subjects in Arles, which fueled a period of production, his old habits held him back from sustaining that productivity and garnering any major successes from it during his lifetime.

Following his dream of founding an artists’ colony, van Gogh invited his contemporary, successful, established artist Paul Gauguin, to join him in the bright town of Arles. Once Gauguin finally agreed, it seemed that the knowledge of his arrival almost sent van Gogh into disrepair. Van Gogh furiously fixed up his Yellow House, decorating the rooms and painting a great number of artworks in order to impress an artist he greatly respected and admired. He “barely allowed himself to rest and his overwork left him suffering from eye strain.”<sup>119</sup> While van Gogh’s paintings may lead viewers to think he had vision issues because of his dynamic lines used to represent stationary objects and his sometimes surprising use of colors, this is the first mention of any ophthalmological problems. While there is evidence that prolonged alcohol abuse can negatively affect eyesight, it is more likely that van Gogh was using lines to emphasize certain contours he saw in the composition.<sup>120</sup> The stress van Gogh placed on himself surely contributed to his later mental and physical health issues. In addition, the excessive drinking in which

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<sup>118</sup> Ibid. One scare kept Vincent away from the brothels for a brief period of time, but he wrote to Emile Bernard soon thereafter, saying that continence greatly benefitted him.

<sup>119</sup> Ibid, 102.

<sup>120</sup> James Steel and John Cockcroft and James Ritter, “Blind Drunk: Alcoholic Pancreatitis and Loss of Vision.” *Postgraduate Medical Journal* 69, 808 (1993): 151.

he was partaking due to stress connected to Gauguin's arrival, with Gauguin once he arrived, and after Gauguin departed, manifested in a variety of issues for van Gogh. Also, his budget, which he decided on with Gauguin, included a hearty amount of funds for alcohol that surpassed the budgeted amounts for food and for rent.<sup>121</sup> He gained a reputation in the town as a crazy drunk, resulting in townspeople treating him as a feared spectacle.

The two artist roommates had vastly different personalities. Gauguin was a "ladies' man," had good relationships with locals, and found success in selling his artworks. Surely the stress of Gauguin's success, so close to van Gogh—who only sold one painting during his lifetime and struggled in interpersonal relationships—exaggerated any preexisting health issues.

In December of 1888, van Gogh famously cut off his ear (or part of it depending on sources), and brought that severed appendage to a brothel, and asked for one girl upon whom he would bestow the ear (**Fig. 28**). The girl was quite traumatized, to the point of fainting. The next morning, local police came to van Gogh's Yellow House to pick him up for the nefarious act. Police found him barely conscious, in a pool of his own blood. They took him into an Arles hospital, where he was admitted "early in the morning of 24 December" and "tended to by Felix Rey, the resident physician."<sup>122</sup> Felix Rey, who would become van Gogh's doctor for many years after this event and pictured in **Figure 3**, tried to make sense of the episode,

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<sup>121</sup> Martin Gayford, *The Yellow House: Van Gogh, Gauguin and Nine Turbulent Weeks in Arles*. (London: Penguin Books, 2007), 112.

<sup>122</sup> Nienke Bakker. *On the Verge of Insanity: Van Gogh and His Illness* (Hartford: Yale University Press, 2016), 40.



settling on a diagnosis of “an attack of acute mania with generalized delirium.”<sup>123</sup> At this time in nineteenth-century France, *manie* (mania) and *delire* (delirium) had separate meanings: an insane, agitated state and delusions, respectively.<sup>124</sup> The diagnosis of both shows a snapshot of the state of mental-health treatment at the time, which was barely in its infancy. Van Gogh stayed in the hospital until January 7, 1889. During his stay, Dr. Rey informed Theo by a letter of his brother’s state, after diagnosing him with “mental disturbance”:

I had no choice yesterday but to confine him to separate quarters. My superior drew up a certificate of mental illness today, in which he diagnosed general insanity and requested special treatment in an institution. We await the mayor’s instruction to commit him to the departmental asylum; he is being closely guarded in a room.<sup>125</sup>

The mayor’s involvement in van Gogh’s mental-health care illustrates the concentration of power over healthcare in the government, rather than in the hands of doctors. Van Gogh’s vague diagnosis of “mental disturbance” conveys the mystery of any psychiatric disorders or afflictions at this time.

After this episode, van Gogh spent the remaining years of his life in turbulent health. Disturbed by van Gogh’s “episode,” Gauguin left van Gogh and the Yellow House behind to go to Tahiti.<sup>126</sup> Dr. Rey believed that epilepsy caused most of van Gogh’s symptoms. Van Gogh also experienced tinnitus, which could have been a symptom of over-sensitivity to stimuli, or perhaps indicated epilepsy or another seizure disorder. He prescribed van Gogh bromide, cinchona wine, and long walks to attempt to calm his often-agitated state of mind, and to curb the occurrence of more

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<sup>123</sup> Ibid.

<sup>124</sup> Ibid.

<sup>125</sup> “Letter from Dr. Felix Rey to Theo van Gogh,” (1888) in: Bakker, 43.

<sup>126</sup> Gayford, 267.

“episodes.”<sup>127</sup> The use of bromide was fairly common for a variety of health problems and people believed it was a sort of cure-all.<sup>128</sup> The cinchona wine and long walks were less founded in scientific evidence or old-wives’ tales, but perhaps forced van Gogh to settle down and relax for lengths of time.

Unfortunately, another attack struck van Gogh on February 4, 1889, afflicting him with auditory hallucinations and a “profoundly impaired” mental state, according to his physician in the hospital at the time, Dr. Albert Delon.<sup>129</sup> In his letters, van Gogh described his illness as “fever or hallucinations or madness,” nodding to the idea of miasma.<sup>130</sup> Miasma is not a disease in itself, but rather a method of contagion to spread some affliction throughout the air. In the 19<sup>th</sup> century, miasma was a common complaint in connection to expansion of industrialization and crowding of towns and cities. In several letters, van Gogh notes that the city of Arles had some odd affliction in the air that seemed to affect everyone in the town. While this concept of miasma captures some broad ideas relating to germ theory, it did not fully explain infections or contagious diseases, nor did it explain van Gogh’s episodes.<sup>131</sup>

While this city-wide pandemic theory about Arles never garners attention again in his notes, van Gogh focused on his own health. He checked into San Remy,

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<sup>127</sup> Bakker, 103.

<sup>128</sup> Douglas Fish. “Treatment of Delirium in the Critically Ill Patient.” *Clinical Pharmacy* 10, 6 (1991): 456-466.

<sup>129</sup> Bakker, 103.

<sup>130</sup> Ibid.

<sup>131</sup> Richard Hollingham. *Blood and Guts* (New York: St. Martin's Press, 2009), 213. Examples of ways to treat the “evil” miasma in a building include burning the actual building down or fumigating a building or just rebuilding a hospital outside of the “bad” air of a city.

an institution outside of Arles where Dr. Theophile Peyron diagnosed van Gogh with epilepsy, based on the patient's explanations of his attacks, as well as on accounts from other physicians who had seen him.<sup>132</sup> Peyron did not prescribe the same treatment as Rey (bromide or cinchona wine), but instead encouraged van Gogh to take on a regular and healthful routine. Van Gogh describes his treatment plan in a letter: "As for me, it's going well — you'll understand that after almost half a year now of absolute sobriety in eating, drinking, smoking, with two two-hour baths a week recently, this must clearly calm one down a great deal."<sup>133</sup> However, it seems that the stress of being surrounded by others at the asylum, whom he viewed as far worse-off, and not improving, bothered van Gogh. He ate paint at one point during his stay, resulting in the seizure of his beloved art supplies as well as development of major respiratory distress due to the toxicity and resulting swelling of his throat.<sup>134</sup> Van Gogh also suffered frequent panic attacks, and generally felt stupefied from his time in the asylum, rather than cured.<sup>135</sup>

The treatments available at the time for mental illness of any kind are closer to what we today would consider torture, rather than legitimate medical treatment. It is not clear what treatments van Gogh underwent at San Remy, but he did not stay for the remainder of his life. Instead, he moved from place to place, trying to find peace. Van Gogh saw many different physicians, each acting on their own opinions specific to their specialties or experience. There was no clear evidence of these doctors consulted one another about van Gogh's conditions or treatment, which

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<sup>132</sup> Bakker, 106.

<sup>133</sup> Letter 782, in: Prins, 106.

<sup>134</sup> *Ibid*, 114.

<sup>135</sup> *Ibid*, 106, 117.

now would be commonplace. Once he retired in the small town of Auvers, Van Gogh became even more withdrawn than he had been in Arles. The local townspeople made a spectacle of this strange man just out of the asylum. Children followed van Gogh around town, tormenting him and teasing him to the point of bullying. Adults also treated van Gogh as more of a circus act than a citizen.

What happened in the last days of van Gogh's life is subject to interpretation, and has been a popular topic among van Gogh scholars, art historians, and curious people in general. The more widely accepted theory is that in a final fit, van Gogh took it upon himself to take his own life by shooting himself in the stomach. This wound left van Gogh bleeding for several hours until he was found on the brink of death. His doctor tended to him at his bedside when he was taken to his home, but according to the lore of the story, van Gogh said if the doctors treated and saved him, he would just have to injure himself again.<sup>136</sup> After a lifetime of turmoil and lack of recognition for his magnificent works, van Gogh died from this wound in his home with his brother at the bedside.<sup>137</sup>

While the popular opinion is that van Gogh committed suicide in 1890 after a long and tortured life, several scholars and commentators suggest an alternative view. Biographers Gregory White Smith and Steven Naifeh, provide new information about van Gogh's fatal injury, even highlighted in a *Vanity Fair* article. They point to the fact that the artist did not leave a suicide note —and in fact, his last

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<sup>136</sup> Sund, 302.

<sup>137</sup> Ibid, 302.

correspondence was quite cheerful.<sup>138</sup> He had just ordered a large amount of paint a few days before his death.<sup>139</sup> While *Vanity Fair* is not the most definitive source of art history, investigative journalism, or murder mystery answers, the information the article presents does provide a different perspective on the death of this artist in a more mainstream media outlet.<sup>140</sup> The book by Smith and Naifeh includes a wealth of evidence supporting this theory. From the information presented by Smith and Naifeh, it would not be a logical conclusion to guess that van Gogh would have injured himself next.

The logistics of van Gogh's self-inflicted injury raise concerns, according to Smith and Naifeh. Rather than fire a clear shot to his head or heart, as is more common in calculated suicide attempts, van Gogh's injury was in the abdomen, and led to a painful, 29-hour-long death.<sup>141</sup> Despite his reputation for psychosis, they argue that there is no fitting explanation for self-inflicting a purposefully torturous injury, when just days earlier, things were going well.

Adding to the mystery, no accounts referred to the artist's death as suicide at the time.<sup>142</sup> The ear accident gained a lot of attention but his suicide did not garner the same amount of notice. Doctors and people who knew van Gogh also could not explain where he would have gotten a gun. The people of Auvers claimed that no

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<sup>138</sup> Steven Naifeh and Gregory White Smith. *Vincent van Gogh* (London: Profile, 2012), 869-870.

<sup>139</sup> *Ibid*, 871.

<sup>140</sup> Steven Naifeh and Gregory White Smith, "Was Vincent Van Gogh Murdered? NCIS: Provence: The Van Gogh Mystery," *Vanity Fair*, December 2014, accessed January 3, 2017: <http://www.vanityfair.com/culture/2014/12/vincent-van-gogh-murder-mystery>.

<sup>141</sup> Smith and Naifeh, *Vincent van Gogh*, 869.

<sup>142</sup> *Ibid*, 869.

one had seen him that day with a gun or with his paints.<sup>143</sup> Eventually, the townspeople patched together a story that seemed to answer all of the questions circulating at the time: van Gogh had asked to borrow a revolver from the inn owner Gustave Ravoux and had gone on a painting expedition. He suffered a gunshot wound to the abdomen, and came back after dark to the inn and sought medical attention. At that point, police and doctors got involved.<sup>144</sup>

Smith and Naifeh thus suggest that it is possible that van Gogh was murdered, rather than being a victim of suicide.. Given the dearth of surviving hard evidence, it is extremely difficult to determine whether his death was a suicide or a murder, especially this long after the incident (or accident).

Like the ear episode, van Gogh's death has been highly sensationalized since his time. The 1956 movie *Lust for Life*, for example, presented the suicide theory.<sup>145</sup> Despite the conflicting theories about the end of van Gogh's life, with his death ended and fairly tumultuous life. Much of the brilliance about van Gogh's artwork is attributed to his eccentric personality, unique perspective, and chronic mental-health issues. Several of the qualities that added to his artistic endeavors detracted from his relationships with others and his mental and physical condition puzzled doctors searching for a true diagnosis and treatments for years.

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<sup>143</sup> Ibid, 870.

<sup>144</sup> Ibid, 871.

<sup>145</sup> *Lust for Life*. Produced by John Houseman. Directed by Vincente Minnelli. By Norman Corwin. United States: Metro-Goldwyn-Mayer, 1956. The movie *Lust for Life* premiered in 1956 and won one Oscar. It was based on the novel *Lust for Life* by Irving Stone, was written by Norman Corwin, and was directed by Vincente Minnelli and George Cukor.

## MANIÈ, DELIRÈ, OR MORE: VAN GOGH AND MENTAL ILLNESS

Psychiatry at this time was early in its development, but did exist as a field of medicine rather than in its less formal respect in the past. However, treatments at the time and knowledge of the diseases of the mind were nowhere near what it is today. Physicians and surgeons alike feared altering the inner workings of the mind too much, and did not fully understand how the brain worked.

Van Gogh's physical ailments included mostly gastrointestinal issues, affects of excessive alcohol consumption, sexually transmitted disease, a potential diagnosis of tinnitus, and reactions to consumption of toxic paints. His psychiatric issues are less clear but no less important to his development as an individual and artist. Van Gogh was diagnosed with psychosis, delirium, mania, and anxiety during his lifetime, and has received many other potential diagnoses posthumously. Incessant alcohol consumption led to withdrawal symptoms during his bouts of cessation, and increased the likelihood of *delirium tremens*. This is a condition resulting from alcohol abuse in which patients experience extreme withdrawal symptoms to the extent of experiencing tremors and hallucinations.<sup>146</sup> Today, patients presenting symptoms of *delirium tremens* and anxiety usually would be prescribed anti-anxiety medications. But in the late-nineteenth century, the typical treatments for delirium and anxiety were camphor (for sleeping) and bromide (a calming agent).

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<sup>146</sup> The song "S.O.B." by Nathaniel Rateliff and the Night Sweats has been suggested to include descriptions of delirium tremens. Nathaniel Rateliff and the Night Sweats. Nathaniel Rateliff and the Night Sweats. Bottleneck Music Limited. 2015.

Recently, mental-health practitioners have proposed an additional possible hindsight diagnosis of bipolar disorder for van Gogh. They cite documented evidence in letters and known events of his life (ear removal, multiple moves, periods of high productivity) that van Gogh was prone to manic and depressive stages, regarded as telltale symptoms of bipolar disorder, throughout his life. The definition of bipolar disorder, as stated in the latest *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is split into many different subsets of bipolar disorders, but overall focuses on a presentation of both mania and depression over a specific period of time.<sup>147</sup> There is controversy surrounding this newest edition of the *DSM*, as it has changed the diagnoses for many mental disorders.<sup>148</sup> Treatments for bipolar disorder include lithium tablets, anticonvulsants to induce calmness and alleviate any mood swings, and prescription medicines such as Latuda that work as “mood balancers.” The lithium-salt baths that van Gogh received while at the asylum were an early form of what is now used as bipolar treatment. The other treatments he received while at the asylum included a regular diet and generally healthy regimen, such as one van Gogh attributed to Gruby, which would have benefitted all of his health issues.

Van Gogh also suffered from a variety of other medical issues, the majority of which are unclear from his own accounts, and were diagnosed as different diseases depending on which doctor he saw. It is not surprising that doctors had difficulties

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<sup>147</sup> Donald Black and Jon Grant. *DSM-5 TM Guidebook the Essential Companion to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. (Washington, DC: American Psychiatric Publishing, 2014),1044.

<sup>148</sup> Jonathan Gornall. “DSM-5: a fatal diagnosis?” *British Medical Journal* 346, 7909 (May 2013): 18-20.



determining precisely what affected van Gogh, based upon the number of problems he had. Van Gogh complained of psychotic “fits,” gastrointestinal issues, sensitivity to sounds, intense paranoia, delusions, a facial tic, and sexual impotence. Any one of these problems could prove puzzling as to uncovering the reasons for and the treatment moving forward. But the combination presented a complex issue for physicians and early psychiatrists at the time.

Referring to mental disorders with specific terminology is a relatively recent practice. From 1880 until 1952, the point at which the American Psychological Association Committee on Nomenclature and Statistics published the first *Diagnostic and Statistical Manual of Mental Disorders*, diagnosing mental disease was an imprecise practice. Until the mid-twentieth century, patients were categorized as having one of seven ailments: mania, melancholia, monomania, paresis, dementia, dipsomania, or epilepsy, which replaced the earlier umbrella term “idiocy/insanity” from the 1840 census.<sup>149</sup> Whereas today the diagnosis would be designated as a specific disorder outlined in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders*, that authoritative text did not come out until 1952. The World Health Organization also revised the *International Classification of Diseases (ICD)* in the mid-twentieth century to include a more expanded, but still not complete, “10 categories for psychoses and psychoneuroses and seven categories for disorders of character, behavior, and intelligence.”<sup>150</sup> At the time of van Gogh’s diagnosis, imbalances of the mind were felt to be due to an imbalance of the body,

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<sup>149</sup> "History of the DSM." DSM History. Accessed January 10, 2017: <https://www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm>

<sup>150</sup> Ibid.

caused by environment, personality, or general mental capacity. While many people still understand “chemical imbalances” of the mind to manifest themselves in mental disorders, such as bipolar disorder or schizophrenia, no hard scientific evidence proves that different levels of certain chemicals are the root cause of mental illness.

It is even difficult today to diagnose psychiatric illness, because it is extremely difficult to see the brain at work. This fleshy mass encased in the skull does not really appear to do much, since it has no markedly pulsating parts, externally visible movements, or obvious secretions. The workings of the brain occur on such a microscopic level that it really is only possible to view the effects of the brain’s operations, rather than its actual mechanics. While something could be amiss in a certain process that produces a hormone that regulates an individual’s happiness, it is difficult to pinpoint an exact site in the brain to target. Repairing the mind involves fewer concrete, straightforward mechanical solutions, unlike in many surgical procedures or infections. Currently, beta-blockers, serotonin imitators, and other prescription medications alter the chemical concentrations of the brain to make an individual’s behavior more “normal.”

#### PIECES OF THE PUZZLE: ARTWORKS AS SYMPTOMS OF VAN GOGH’S CONDITIONS

The trajectory of van Gogh’s fluctuating health is apparent in his paintings, especially when viewed in chronological order. His earliest works featured earthy palettes, traditional subjects (portraits and landscapes) and methods of depicting those subjects, reflecting his time spent in art school when he first started taking his

career as an artist seriously. When van Gogh moved to Paris, his work began to get brighter in color and in subject matter.

His landscapes and still-lives reflect the changes in his lifestyle. The differences between *Woman at Le Tambourin* (1887) and a later painting of a woman in a similar pose, *L'Arlesienne: Madame Joseph-Michel Ginoux* (1888-1889), demonstrate the stylistic progression in van Gogh's style as he moved from Paris to Arles. When he first arrived in Arles, the pride he took in his dream of the artists' colony that he wanted to start in the Yellow House was obvious from his painting of the home: presenting the house as just as bright as it could be, with people milling about and the house as a clear focal point of the composition (**Fig. 29**). Van Gogh saw the saturated colors of Arles as full of life and hoped that the light there would have reinvigorating qualities in his own life. This painting shows the optimism with which van Gogh embarked on this Arlesienne adventure, though many of his plans never came to fruition.

Paintings created by van Gogh before and during his stay in the asylum also reflect the different stages of his work and states of mind.<sup>151</sup> One description of his paintings' connection to his mental state even draws a comparison between his mindset and that of individuals on psychedelic drugs (See *Night Café*, **Figure 22**):

Of the *Night Café*, painted several months before his first overt psychotic episode, he wrote, "and all of this in an atmosphere like a devil's furnace of pure sulphur" (Letter 534<sup>152</sup>); and he described the

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<sup>151</sup> One particular way in which the asylum affected Vincent's work was when he was put in isolation, he copied monochrome prints of popular artists and created several versions of the masterpieces in his own style.

<sup>152</sup> Letter 534, in Russell Monroe "The Episodic Psychoses of Vincent Van Gogh," *The Journal of Nervous and Mental Disease*. 166. No. 7, (1976): 488.

first *Starry Night* as follows (Cat. F474<sup>153</sup>), “On the blue-green expanse of sky the great bear sparkles green and pink, its discrete pallor contrast with the harsh gold of the gas” (Letter 533B<sup>154</sup>). Referring to himself and other impressionists, Vincent wrote to his sister, Wilhelmina, “We are all of us more or less neurotic. This renders us very sensitive to colors and their particular language, the effects of complementary colors and of their contrast and harmony” (Letter W23<sup>155</sup>).<sup>156</sup>

Whether or not these notes reveal van Gogh’s use of drugs, an over-indulgence in absinthe, or his vibrant imagination, it is clear that his view of the world was unique. His health impacted this view of the world, both through his view of himself and his view of others and relationships with others. The *Night Café* shares a glimpse of the world of bars and drinking in which van Gogh spent much of his time. It was there where van Gogh could feel a part of a group in ways that he had not previously experienced. He struggled to find a group in which he could fully be a member, but here in a café, he could temporarily be part of a group, whereas in previous situations, such as in Etten or in his pursuit of the priesthood, he could not. *Night Café* portrays various people scattered around a café at what appears to be the end of the night, judging by the empty glasses scattered around the tables and chairs in disarray. The pulsating lines sounding out from the pendant lights give the impression of fading energy or of lights coming on at the end of the night to signal the close of the café. The patrons of this establishment are mostly slumped over their tables, showing the less glamorous and less desirable aftereffects of this Bacchanalian lifestyle. Unlike Lautrec, van Gogh does not include himself in these

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<sup>153</sup> Cat. F474, in *ibid*, 488.

<sup>154</sup> Letter 533B, in *ibid*, 488.

<sup>155</sup> Letter W23, in *ibid*, 488.

<sup>156</sup> *Ibid*. 488.

scenes and usually does not place his viewpoint as even with the subjects. These factors emphasize his status as an outside participant in the scene, even if this was a place to feel more at home than others.

While in the asylum, van Gogh completed a variety of paintings but the environment of the asylum prompted his choice to paint landscapes over painting fellow patients as subjects. Here was a group of which van Gogh did not want to be a part. He did not view himself as nearly as bad off as the other patients. He gravitated towards painting the surrounding landscapes as a way to escape the walls of the asylum and to take in the natural beauty surrounding such an institution.

One of the few depictions of a fellow patient at the asylum is *Worn Out: At Eternity's Gate* (1890) (**Fig. 31**). This painting shows an older, balding man in a blue-grey set of pants and long shirt, leaned over his knees, with his hands in fists covering his face as he sits in a chair turned slightly away and to the right from the viewer. The room in which he is sitting has wooden floors and there is a fireplace with a fire burning in the background. The overall palette is muted, with the brightest colors being the reds and oranges of the fire and the light blue hue of the man's clothing. This balance of colors demonstrates van Gogh's passionate studies of color theory and his application of those lessons.

During his stay in the asylum, he copied a variety of prints of well-known works to keep from boredom and to stave off insanity. The originals were black-and-white prints, but van Gogh spent hours meticulously copying them and adding his own choices of colors to emulate what he saw in the image. In *Prisoners' Round (After Gustave Dore)* (1890), van Gogh adds muted and cold colors to the bottom half

of the composition, gradually progressing up to warmer oranges and reds and browns (**Fig. 32**). Van Gogh adds his typical style of lines as well—seeming to emanate the energy with which he painted through undulating lines suggestive of movement. This painting could also represent how van Gogh felt living in the asylum: trapped. The increase in color and light nearing the top of the composition gives the idea of an openness to the sky and a possibility of escape.

Another image of the asylum that nods to the idea of escape and entrapment is van Gogh's *Corridor in the Asylum* (1889) (**Fig. 33**). The painting offers an almost abstracted view, with green shadows dividing a hallway into large pieces of red, and the yellow ceiling and white columns adding elements of curvilinear shapes and contrast. The end of the hallway, just like the top of the prison courtyard walls, is bright and hopeful with light filling the space. It is almost as if this is a scene in which van Gogh contemplated running down the hallway and escaping this asylum, where he thought himself to be the sane one.

One of van Gogh's most famous paintings and arguably the most famous painting completed during his stay at Saint-Remy is *Starry Night* (1889) (**Fig. 34**). In this popularly reproduced image, van Gogh depicts the view out of his window at the asylum: a sleepy town spread out beneath a sky of bright stars and moon with rolling hills in the distance, all seemingly just out of reach past a large cypress tree on the left in the foreground. The colors of the composition suggest the basic ideas of the subject matter: blue sky, yellow stars, and green trees. In typical van Gogh style, however, he does not just use one blue or one yellow or one green—van Gogh combines a wide variety of shades of these colors to give a two-dimensional image

and the designs within a clear depth and constant interest across the page. This image of the town is one which van Gogh would have looked at often, and perhaps longed to join just as he had longed to join groups in the past.

#### A LOOK INSIDE THE MIND OF VAN GOGH: SELF-PORTRAITS

In his thirty-six self-portraits painted over the course of ten years, one can easily see the progression both of van Gogh's style and his health. Energetic brushstrokes dance across a page, electrifying objects and providing vibrancy regardless of the color palette. Though his distinctive face is recognizable in each portrait, the mood of each painting and expression on his face changes slightly depending on his health and location and recent life events. Van Gogh made his first few self-portraits in the spring and fall of 1886 while he was living in Paris. Those four canvases depict van Gogh in the academic style in which he learned to paint. For example, the painting *Surprising Self-Portrait* (1886) shows the artist in an almost Caravaggio-esque style, with intense chiaroscuro (**Fig. 35**). Van Gogh's face is almost in pitch-back darkness, lit in high contrast, while still keeping an overall muted, dark palette. In other portraits, van Gogh also has a green tinge to his face, perhaps indicative of his relationship with Lautrec, who was using these acrid colors at the same time in Paris. By 1887, van Gogh moved to depicting himself in a slightly more distinctive way, incorporating his characteristically bold, unblended, heavily impastoed brushstrokes to depict his beard, hair, and lapel in the painting *Self-Portrait in a Grey Felt Hat* (**Fig. 36**). While this painting still appears "academic" and

naturalistic, it begins to show the emergence of van Gogh's unique style and brushwork.

By early 1887 in Paris, van Gogh fully embraced his idiosyncratic style. *Self-Portrait in a Grey Felt Hat* reveals a view of the artist appearing slightly concerned and anxious, with brushstrokes adding energy as the subject fully faces the viewer with a more confrontational gaze (**Fig. 36**). At this time, van Gogh also was experiencing one of the most significant spans of debauchery during his time in Paris. He had been experiencing conflict with his family, as well as health issues. The excessive alcohol consumption that really took hold of van Gogh in Paris surely impacted his view of himself, as well as his art. Van Gogh confessed in various sources that at least two weeks would go by after his attacks before he could work again, so it clearly impacted his artistic productivity.<sup>157</sup> His attacks, which were followed by rest periods are perhaps indicative of epilepsy, which doctors proposed and attempted to treat.

His remaining self-portraits from 1887 in Paris depict a brooding, serious man articulated in what would become van Gogh's idiosyncratic palette (blues and oranges usually dominating), as well as a tired, languid depiction of van Gogh in straw hats. Vincent depicts himself in loose brushstrokes and colors ranging from a blue-tinged face and deep orange hair and beard, to a golden face with a brighter orange-yellow beard and hair. Each self-portrait differs in palette. In his spring and summer paintings, van Gogh introduces a new pose in which he is slightly angled and turned toward the viewer to make direct eye contact with them. For example,

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<sup>157</sup> Monroe. 483.



*Self-Portrait* (1887), shows van Gogh with his shoulders angled slightly to his right side with his deep blue-green eyes looking out from beneath furrowed eyebrows in an almost skeptical expression. Short, expressive, unblended brushstrokes comprise the whole painting (**Fig. 37**). These short brushstrokes give the impression of speed and quick rhythmic movement, contrasting with the rather stoic expression on van Gogh's face. The background of the work appears unfinished, as though van Gogh's thoughts overcome him in the act of painting. In this painting, we see the intense energy and the mystery of van Gogh. Self-portraits from the rest of his time in Paris differ slight but similarly reveal this nervous version of van Gogh.

By September, van Gogh painted one of his more famous self-portraits, *Self-Portrait Dedicated to Paul Gauguin* (1887). In this painting, van Gogh has monk-like hair and is obviously much thinner than before. He has hollowed cheekbones, and the smooth light-blue and green background lends a blue and green tinge to his face (**Fig. 38**). This self-portrait stands apart from van Gogh's usual works.<sup>158</sup> The background brushstrokes form a halo-like shape around van Gogh's head, perhaps hearkening back to his theological career aspirations, while also attesting to the ongoing influence of Eastern religion upon van Gogh. In Arles, van Gogh hoped to found an artists' colony, and invited Paul Gauguin to join him as soon as possible. The two artists and others of the time were influenced by the collection craze for all things Japanese. The monk-like appearance, flatness, and patterning of the painting borrow from Japanese subjects ("Japanaiserie"), while also borrowing the formal

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<sup>158</sup> Not only does this painting stand out visually, it also has a rich history involving a sketchy sale and later possession by Nazi art dealers, now belonging to the Fogg Museum at Harvard.

flatness of Japanese art (“Japanisme”). Van Gogh and his brother Theo actually had a collection of Japanese prints, which clearly influenced his style.

This portrait also is a representation of the relationship and art affinities between van Gogh and Gauguin, which ended up causing van Gogh much pain and emotional distress. Once Gauguin agreed to come to Arles, van Gogh bent over backwards to prepare the house for Gauguin. Van Gogh sent himself into a nervous, frenzied state. By November, it became clear in his *Self-Portrait* (1889) (**Figure 40**) that at this time he was in a more depressed than manic state. This self-portrait, with a green background and green-and-red shaded face with bright-green eyes, shows an almost morphed depiction of van Gogh, with a typically clear and brooding face and an almost melting ear, neck, and back of the head. This portrait represents van Gogh’s feeling that his dreams of starting an artists’ colony with Gauguin were not meeting his reality. The light hits van Gogh’s face in a harsh way, creating contrast between the two sides of his face and instilling a sense of exhaustion in the viewer. The thicker brushstrokes and apparently thicker paint also give an idea of a more serious and emotional response, in contrast to his more delicate and light brushwork.

Following the ear incident, van Gogh painted another self-portrait, *Self-Portrait with Bandaged Ear and Pipe* (January 1889), as Gauguin left Arles and van Gogh’s dream of the artists’ colony (**Figure 41**). This portrait stands out from the others. Van Gogh uses color blocking in the background, employs complementary colors so close to each other to create the sensation of stronger color, and he adds a slight smoothing of the wild brushstrokes within the large blocks of color. His

characteristic brushstrokes are still present, but with less variation in shades. Van Gogh paints himself as unmistakably broken, with uneasy eyes and tired expression and a bandage holding him together. After this portrait, van Gogh completed few paintings in what would be the last few months of his life.

#### CONCLUSION: VAN GOGH

Van Gogh has become most well-known for his recognizable brushstrokes, energized work, and exquisite use of bold color. His distinctive style was not as popular during his life as it is now, as he only sold one painting during his lifetime. However, the notoriety of his mental health and events of his life have helped make his artwork invaluable and well-known worldwide. From his failure as a preacher due to his behavior conflicting with so many other people, to the “fits” that incapacitated him for weeks at a time, it is clear that his mental health and physical health impacted his career. The unique style of van Gogh started from an academic, traditional art education but began to take its own direction relatively quickly.

While in hindsight his mental and physical diagnoses are still unclear, the range of afflictions—from physical diseases manifesting themselves in odd behaviors to a combination of both physical ailments and mental illness—instilled in him a particular attitude toward people that isolated the artist, gave him an intensely individualized and idiosyncratic perspective and left him in constant search for a better place and life, and directed van Gogh’s choices in subject matter. While he was in some of the same spots at the same time as Lautrec, he had a different perspective in part because of his different diagnoses. The wealth of

information reflected in his self-portraits may not have been available had van Gogh been more successful while he was alive, as he would have been able to afford models to sit for his paintings. Van Gogh could have stayed on the academic art path, but instead was driven away with his desire to create something different, driven in part by his difficulties with trying to fit into the world. Without van Gogh's fits and periods of frenzy, he would have had a relatively normal rate of production, but a more homogenized style and subject rather than the fluctuations in his paintings that occurred. Overall, van Gogh suffered greatly from his various afflictions and fairly tortured mental state. However, the combination of van Gogh's issues resulted in some of the best works of art in the Modern art world and would have been quite different had his life, mind, and body been more "normal."

## FINAL CONCLUSION

The ways in which health impacts a person's life seem obvious: if you have health issues, your life changes in various ways both small and large. Something as small as a cold can make it a bit harder to get out of bed in the morning, while something large such as an Alzheimer's diagnosis can affect not only your life, but the lives of the everyone connected to you. The health problems van Gogh and Lautrec encountered vastly impacted their lifestyles, as well as the courses of their lives. In turn, their lifestyles affected their careers and the art that they produced. While it is common argued that each artist's health completely shaped his artworks, I cannot fully embrace that opinion. Instead, I propose that the health conditions of Lautrec and van Gogh shaped their perspectives and outlooks upon life, influenced their relationships and degree of success, and all of this is projected into their art. Their diseases factored into their lives and indirectly into their artwork, but were not the only determining factors in their unique styles. Instead, they were a catalyst.

From their youths, these two men clearly were different from the families into which they had been born. Van Gogh could not seem to get along with anyone for long, including his family (minus Theo, his only lifelong friend). He moved from place to place, searching for the right fit. He struggled with relationships with women, and never ended up finding a relationship in which someone loved him just as much as he adored her. However, his

many physical ailments surely impacted his emotions, as anyone who has had a health issue can attest. Van Gogh's difficulties with people extended to impact his career, and caused him to lose job after job as an art dealer and missionary. But it finally led him to a more solitary vocation: art. Had van Gogh had different people skills, perhaps he would have gone on to be a great missionary, and we would be reading about Vincent van Gogh, the famous Dutch preacher, rather than of Vincent van Gogh, the famous Dutch Modern painter.

Even in his career as an artist, his eccentricities and health issues affected him. Van Gogh was never the most stable figure emotionally and physically. His relationships with others, especially his friend Gauguin and his family, were constant roller-coaster rides. Unlike other artists that made connections and affectively marketed themselves to get their artworks out into the market and make a decent living, van Gogh turned to his brother and a few other dealers for help in selling his paintings. This was unsuccessful. While van Gogh went to Arles in hope of light and inspiration, he ended up facing bullying and ridicule from townspeople who did not understand this relatively odd man with odd habits who appeared in their town. His mental illness in combination with physical ailments resulted in behaviors that did not mesh well with "normal" behaviors of others around him. His relationships with his family members and work associates suffered as part of this, and led him to go through life mostly alone. Van Gogh's illnesses changed his perspective on life and that is greatly reflected in his works. His viewpoint and perspective outside of the paintings, usually at an odd angle from above, illustrates his feeling of being an outsider. The line style that is so idiosyncratic with van Gogh

now is a type of visible manifestation of his constant energy—whether nervous or excited. The subject matter also reflects his focus on people in similarly dejected positions in society, though in a different way from Lautrec. Van Gogh paints figures with a lot of emotion, usually alone or in a small group, and often appearing to not enjoy the situation in which they are in immensely. This style is quite different from Lautrec's depictions of nightlife in which everyone seems to be enjoying themselves.

Lautrec also found differences between his future and his family's future. Born with a level of fragility that did not allow him to fit into the masculine ideal to which his father subscribed, Lautrec looked to other groups of people than his family for acceptance and comfort. Unlike van Gogh, who struggled to fit into most social groups to which he tried to gain entrance, Lautrec found himself widely accepted and embraced by the people of Montmartre. He enjoyed an active social life as well as successful career during his lifetime. His health issues affected his body more than his mental state, and he found a home, socially, in a group in which those physical issues did not really matter. While his time with groups of prostitutes and in brothels did not positively impact his physical health, as he contracted syphilis through these interactions, the time with these people was valuable for Lautrec's attitude and outlook on life. Whereas van Gogh focused on people who still did not fit in like him, Lautrec had a focus on people enjoying life no matter the situation.

Looking collectively at van Gogh's self-portrait works compared to Lautrec's, great emphasis on the individual appears in van Gogh's, and on the group in Lautrec's. Perhaps this is because of the differences in the two artists' interactions

and comfort with people. This is especially interesting when considering the artists' time spent in Paris, during which they were living in the same area (Montmartre), and running in some of the same circles—yet had such different lives in such similar situations. Both van Gogh and Lautrec were loners from an early age, perhaps because health problems held each back from social activities. While van Gogh focused on workers and more raw and sad emotions, Lautrec depicted entertainment, recreation, and lighthearted emotions. The differences in their lifestyles would not seem that different on paper, but in terms of their daily activities, relative contentment, and relationships with others, there was a world of difference.

While it is impossible to say exactly what was causing each part of Lautrec and van Gogh's health issues, it is clear that those diseases and conditions did affect their lives, and that their lives affected their artwork. Unlike other arguments relating to medicine and art in the lives of these two artists, I do not intend to argue that some specific disease infected Lautrec or van Gogh with the "creative spirit" or made them uniquely predisposed to become artists. The ways in which they grew up, their relationships, their productivity and success, and their personal wellbeing as affected by their health conditions and these all contributed to their unique styles and played nearly equal parts in making these artists such stars of the late-19<sup>th</sup>-century art world and now.



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