



UvA-DARE (Digital Academic Repository)

Madness and the city

Interactions between the mad, their families and urban society in Amsterdam, Rotterdam and Utrecht, 1600-1795

aan de Kerk, M.A.

Publication date

2019

Document Version

Other version

License

Other

[Link to publication](#)

Citation for published version (APA):

aan de Kerk, M. A. (2019). *Madness and the city: Interactions between the mad, their families and urban society in Amsterdam, Rotterdam and Utrecht, 1600-1795*.

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: <https://uba.uva.nl/en/contact>, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

INTRODUCTION

‘There is much to be said about mad people before the nineteenth century’.¹ With this famous quote, Roy Porter succinctly highlighted the lack of attention for the mad in the period before psychiatry was born. And he was right, there is much to say about this group, certainly so in the Netherlands. Let us consider, for instance, the case of Janneke Maertens from the city of Rotterdam. In a notarial request from 1659 initiated by her husband, the honourable Reijngerecht van der Zee, close friends and neighbours made statements about the situation he and his wife had endured for over 12 years. They declared that Janneke had been completely without senses for years; so much so, that she no longer recognized anyone. The neighbours also pointed out that Reijngerecht had spent copious amounts of money during this time on medical treatments both in Rotterdam and Delft, but these had not improved her situation. Eventually, she was admitted to the Rotterdam asylum for life.² Over a century later, in 1776, another notarial testimony tells the story of one Jacob Marau from Utrecht. At the request of his wife Maria Puppelman, their landlord Hendrik Moerman and Doctor Jan van Goudenbergh both declared that Jacob had been bedridden and out of his senses for years. The situation had deteriorated so much ‘that he could not go without help and constant observation, just as a small child, and was therefore in no state to administer his own affairs’.³

These two vignettes offer a glimpse into how madness was described, how it influenced the daily lives of citizens in early modern Dutch cities, and how people tried to deal with this phenomenon. In the Netherlands, research into these stories of the early modern mad has been limited and considered challenging because of the lack of sources. This thesis will – for the first time – look into what *can* be said about the early modern mad and their caregivers in Amsterdam, Rotterdam and Utrecht by using the stories from the notarial archives and a variety of other sources.

Early modern madness does speak to the imagination. Solitary confinement in dark cells of asylums seen in horror movies or the more romantic view of the wandering town lunatic found in novels are just two of the stereotypical images that

¹ Porter, *Madmen*, 1.

² SR, *18 Archieven Notarissen Rotterdam*, inv. nr. 675, akte nr. 49, p. 95 (19 May 1659).

³ UA, *34-4 Notarissen Utrecht*, inv. nr. U248a013, akte nr. 27 (5 October 1776).

Original: ‘*Jacob bij continuatie is bedlegerig en buiten redensgebruik. Zo dat hij bij aanhoudentlijkheid moet worden geholpen en geobserveerd als een kind en dus buiten staat om enige directie over zijn zaken waar te nemen.*’

have found their way into our collective memory. Yet, do these images correspond to the reality of the mad in the early modern urban environment? As the two examples at the beginning of this introduction have already suggested, the daily reality of living with the mad was a much more complex matter. The question of how to deal with the mad was something that families, policy makers and communities were – and are still – struggling with. This thesis uncovers the daily reality of madness in early modern cities of Amsterdam, Rotterdam and Utrecht and identifies who the driving forces were in providing care for this group. By concentrating on everyday questions of a both practical and emotional nature, this thesis is foremost an analysis of madness in a social and cultural context. Thus, it aims to discern who the mad were and who were involved in the care process by reviving the previously lost and silent voices of the mad and their caregivers. In bringing these voices to light, we can determine what type of agency the different people involved had and what roles they played in the growing system of care, in which multiple institutions were established and the admission numbers rose during the seventeenth and eighteenth century. Gaining insight into their motivations, the different care options and interactions between the different actors – these all improve our understanding of the social and cultural conventions of dealing with madness. By addressing the agency of these different parties, it becomes possible to answer the main question of this study: how can the increase of the systems of care for the mad in Amsterdam, Rotterdam and Utrecht in the early modern period be explained and which driving forces were behind this increase?

Researching madness in the early modern cities means that urban society and its structure is a crucial factor in this study. How urban societies coped with people who deviated from the norm in any way, shape or form has always been of interest to historians, mainly because it not only gives insight into those deviating, but also about those *not* deviating: hence, about society and its shared moral values. In other words, the way madness was defined was a direct result of the existing norms of what was considered normal or socially and culturally acceptable behaviour. Therefore identifying when behaviour became a problem and localizing who took the initiative to deal with these problems of madness contributes to our understanding of the experience of madness in these societies and early modern society as a whole.

The early modern urban community was characterized by a complex system of care in which many actors came together and the community played a key role. As a rule, the majority of insane individuals were dealt with privately: that is, in the home. However, the growth of the urban care system and the institutions that housed

the mad in the seventeenth and eighteenth centuries also indicates an increase and shift towards public involvement and responsibility. Exploring a matter that was intrinsically private – such as madness – yet at the same time highly visible and public requires a more nuanced approach when it comes to defining such terms as private and public: an explanation about how they are used in this thesis would be beneficial at this point. First of all, the terms private and public used in the previous sentence indicate a certain emotional value. In this usage, private is indicative of those thoughts and feelings not to be revealed to a larger group and is thus contrary to public, which involves many people. The second kind of definition I would like to reflect on is the use of the terms private and public in regards to care. In this study, the division between the two will be made by the agency of the group that decided on the care. Therefore private care is defined as the care that was given to the mad from within the ‘community of care’ (family and social network), whereas public care concerns the care that was provided by the governmental or judicial authorities. This line is, however, not always clear-cut; often all parties needed each other to deal with the mad in urban society. Nevertheless, the distinctions made in this thesis between private and public care are not arbitrary. By bringing together these intra- and extra institutional stories, this thesis seeks to fill a (major) gap in Dutch historiography.

Historiography of madness

Madness has been a field of interest for historians for a long time and the history of psychiatry and madness has gone through different phases in recent decades.⁴ The focus in scholarship has mainly centred on grand historical narratives, beginning with the early writers of the history of psychiatry who situated its history in the context of a linear and purposeful progress. Scholars mostly discussed stories of medical triumph and the birth of psychiatry in the nineteenth century, without paying much attention to the human(e) and social aspects that lay beneath the history of psychiatry. In this regard, Michel Foucault’s theory on the great confinement of the mad, presented in his book *Folie et déraison: Histoire de la folie à l’âge classique* (1961), has had a major influence on the field to such an extent that no work on the history of madness can go without mentioning his contribution. The great confinement theory has, however, triggered many reactions, the main criticism from historians being the inadequate use of only a limited number of sources.

⁴ For a more elaborate overview of the historiographical changes see (for example): Houston, ‘A latent historiography?’, 289-310.

In the 1980s, a group of scholars sought to lead the history of psychiatry in a different direction, which instigated a new historiographical tradition. Both historians and social scientists entered the field, often inspired by new sociological, cultural and anthropological approaches. These scholars challenged those grand narratives that only related stories about linear purposeful progress; instead, they integrated other disciplinary approaches to the field, thus providing new insights into patients, doctor-patient relationships and the discursive ‘framing’ of diseases. One of the main protagonists of this development was Roy Porter, who advocated the study of medical history ‘from below’.⁵ Eschewing the Foucauldian framework, Porter enriched the field of medical history with new insights and countless books and articles that have remained popular up until the present day. In her survey from 2010, *Medicine and society*, Mary Lindemann concluded that it was no longer sufficient to write medical and psychiatric history as ‘an epic or romantic story of spectacular breakthroughs and embattled pioneers’. According to her, it ‘needed to account for all the greater social, cultural, and economic forces affecting Europeans from roughly 1500 to 1800’.⁶ I agree fully with this conclusion and this thesis engages with this scholarship and builds on its line of argument.

In the Netherlands, research into the history of psychiatry and madness does, however, remain limited, especially with regard to the history of early modern madness. The historiography of the past decades has mostly focused on the history of psychiatry after the nineteenth century, with an emphasis on institutional and treatment histories.⁷ Most influential for the field have been the contributions of Joost Vijselaar, who has conducted extensive research on the medical, institutional and, more recently, on the forensic developments of psychiatry in the Netherlands with a main focus on the nineteenth and twentieth century. Vijselaar also frequently discussed the changing mentalities in thinking about madness, thus advancing the field significantly.⁸ Influenced by Porter’s call (amongst others), Dutch scholars have also shifted their research focus; for example, Marijke Gijswijt-Hofstra, Pieter Spierenburg and Ranne Hovius have advocated for and worked on understanding the history of psychiatry and mental health care in its social, political, economic and cultural context in various centuries.⁹ Furthermore, the research of Harry Oosterhuis,

⁵ Porter, ‘The patient’s view’, 175-198.

⁶ Lindemann, *Medicine and society*, 3.

⁷ For example: Oosterhuis and Gijswijt-Hofstra, *Verward van geest en ander ongerief*.

⁸ For example: Vijselaar, ‘Eudoxus over de krankzinnigheid’, 109-112; Vijselaar and Bolt, *J.L.C. Schroeder van der Klok*; Vijselaar, *Het gesticht* and Vijselaar, *De magnetische geest*.

⁹ For example: Gijswijt-Hofstra et al. (eds), *Psychiatric cultures compared*; Spierenburg, *Verbroken betovering* and Hovius, *Vogels van waanzin*.

Jessica Slijkhuis, Timo Bolt and Leonie de Goei on the emergence of psychiatry and specific specialisations and trends in psychiatry in the Netherlands have been of tremendous meaning for the expansion and development of the historical field.¹⁰ Gemma Blok has also contributed appreciably to the field by concentrating on uncovering personal stories of professionals, carers and the outsiders in psychiatric care in several of her books, thereby changing the twentieth-century research on this subject.¹¹

Research into madness in Dutch early modern society, nonetheless, has remained a rather unexplored area of scholarship, with the exception of a few general works and historical studies about the *dolhuizen* (asylums) in the Netherlands.¹² One of the few scholars who *did* focus on the early modern period was Inge Mans in her book, *Zin der zotheid*, in which she researched five centuries of cultural history of care for the mentally disabled.¹³ Insightful research has also been carried out by Hans de Waardt. Even though he did not focus specifically on madness, his work on the influence of (irregular) healers, ideas about possession, and spiritual healing in the early modern period has been of great importance for our understanding of informal medical markets.¹⁴ Likewise, Frank Huisman's book about the early modern medical market in Groningen has enhanced our knowledge about how this market and its players functioned.¹⁵ However, more comprehensive research into the daily reality of the mad and their caregivers has not yet been carried out. The aim of this study is to address this particular deficiency in Dutch historiography of madness and to connect Dutch research to trends in international scholarship.

One of the international trends in recent research on the history of madness is the increased focus on families as research units, since families are considered to have been of vital importance for the management of madness and the care for the mad. Historians of psychiatry have consequently sought to uncover their voices and

¹⁰ For example: Oosterhuis and Slijkhuis, *Verzichte zenuwen en zeden*; Oosterhuis and Gijswijf-Hofstra, *Verward van geest en ander ongerief*; Bolt and De Goei, *Kinderen van hun tijd* and De Goei, *De psychohygiënist*.

¹¹ For example: Blok, *Baas in eigen brein*; Blok, *Achter de voordeur* and Blok (ed.), *Gender en gekte*.

¹² General works: Vijselaar (ed.), *Dolhuizen-madhouses*; Van den Berg, *Rijp voor paviljoen III*; Brinkgreve et al. (eds), *Voor gek gehouden*; Binnenveld et al. (eds), *Een psychiatrisch verleden* and Van der Leen, *Geschiedenis van het Pest- en Dolhuis*.

BA and MA theses: Van Dijk and Mak, 'Geevende alle blijken van volcomen gekheyd'; Van Loon, *Een andere samenleving*; Aan de Kerk, *Verstoten of verzorgd* and Manteufel, 'Zullen wy [...] malkanderen de hant niet bieden'.

¹³ Mans, *Zin der zotheid*.

¹⁴ Amongst others: De Waardt, 'Witchcraft, spiritualism, and medicine', 369-391 and De Waardt, *Duivelse bezetenheid*.

¹⁵ Huisman, *Stadsbelang en standsbesef*.

actions in the archives.¹⁶ Patrizia Guarnieri, Akihito Suzuki and Joost Vjjselaar, for instance, have all shown that, in the nineteenth century, the family was closely involved when it concerned the care of their mentally disturbed family members.¹⁷ The importance of family care in the early modern period has also been studied and emphasized by Suzuki's research on household and extramural care in England in the eighteenth century and (more recently) by Elizabeth Walker Mellyn's work on mad Tuscans and the families.¹⁸ Both scholars have shown that the family in the early modern period played a vital role in society: not only as a crucial part of the care system but also as a disciplinary network that defined behaviour as acceptable or unacceptable. The current study examines the agency of this group by focusing on families and their understudied role in dealing with madness.

Apart from families, recent research has focused on extramural care. To go beyond the asylum walls and assess the experience of madness in society has been a pivotal task for early modern historians, mostly because asylum care in this period was still underdeveloped and small-scale. As a result, most of the insane were cared for outside institutions. Finding these alternative care options, such as home care, boarding out and private confinement, has been one of the main aims for medical historians in recent years. Still, due to the scarcity of sources, scholars have not yet been able to grasp the full significance and magnitude of this phenomenon of informal care. Nonetheless, the studies that are available on early modern social networks have broadened our view on the functioning of communities in early modern cities and have revealed a much larger variety of social informal care.¹⁹ For the first time, this study uses the notarial archives to uncover this world of extramural care for the mad, expanding its boundaries significantly and filling a major gap in the Dutch research field.

These two historiographical developments – a focus on family and extramural care – have also stimulated an interest in the history of emotions.²⁰ This is not surprising when considering that dealing with sickness (and especially mental illness) was a highly emotional process for both the afflicted and their caregivers: the combination of these fields makes for a promising research endeavour.

¹⁶ Previously also discussed in: Aan de Kerk, 'Strategic voices of care', 67.

¹⁷ Guarnieri, 'Madness in the home', 312-330; Vjjselaar, 'In and out', 277-294 and Suzuki, *Madness at home*.

¹⁸ Suzuki, 'The household and the care of lunatics', 153-175 and Mellyn, *Mad Tuscans and their families*.

¹⁹ For example in the volumes: Horden and Smith (eds), *The locus of care* and Bartlett and Wright (eds), *Outside the walls of the asylum*.

²⁰ Bound Alberti (ed.), *Medicine, emotion and disease* and Carrera (ed.), *Emotions and health*.

Nevertheless, establishing a method of analysis for the emotions expressed in textual form in early modern sources poses many challenges. After all, primary sources do not present a direct reflection of emotions, but are the representations of emotions. As Jean Starobiski puts it, ‘the history of emotions, then, cannot be anything other than the history of those words in which the emotion is expressed’.²¹ Still, these expressed emotions reflect social and cultural sentiments and can therefore be seen as an essential part of the history of madness. By investigating expressed emotions and their functions, this study ventures into the fields of emotional history and broadens its premises in the context of dealing with madness.

Early modern urban history provides a third important context for this research. The care for the mad intersected with many different urban structures but most directly with the social fabric of urban society and its poor-relief system. In early modern Amsterdam, Rotterdam and Utrecht, social networks were important for two reasons. Firstly, these networks were vital in creating the rules, norms and values, which the citizens of these cities needed to adhere to. Secondly, the social network was essential in creating and providing public facilities that proved crucial in times of need, as Manon van der Heijden has shown.²² Looking out for others and being part of the care system of the mad also relates to the urban poor-relief system. During the early modern period, the cities in the Dutch Republic went through several developments, which led to a major increase in the development of the urban poor-relief system, both in terms of numbers and capacity.²³ The public care for the mad was concentrated for a large part in this existing care system. Therefore, relating the care for the mad to the poor-relief system is pertinent.

The incorporation of all these different research fields within this investigation of the day-to-day life of the mad, required me to make choices with respect to methodology, which are addressed in the next section.

Methodology: terminology, cities and sources

Uncovering the daily lives of the mad can only be achieved by extensive research into the archives; subsequently, this research not only has a strong focus on primary sources but is also largely directed by them. This thesis does not aim to provide a comparative or completely comprehensive analysis of all available evidence, but

²¹ Matt, ‘Recovering the invisible’, 41-56, p. 43.

²² More information about the importance of the social network: Van der Heijden, *Civic duty* and Van der Heijden et al. (eds), *Serving the urban community*.

²³ More information about this growth and the importance of the urban poor-relief system can be found for example in: Spaans, *Armenzorg in Friesland*; Van Wijngaarden, *Zorg voor de kost*; Van der Vliis, *Leven in armoede*; Schmidt, *Overleven na de dood* and Boele, *Leden van één lichaam*.

seeks to build on material from three particular cities (Amsterdam, Rotterdam and Utrecht) to paint a balanced and nuanced picture.

A study of madness requires some further clarification regarding the use of terminology. This is especially so because, in both past and present, different terms have been used to describe people with mental problems. In this thesis, I employ the term ‘madness’ – in Dutch *krankzinnigheid* – instead of the more contemporary, common use of the term ‘mental illness’. This choice is made for several reasons. The first and main motivation for using madness is that, in the early modern period, it was the term commonly employed by both medical professionals and common people. To use a more neutral term such as mental illness for the seventeenth and eighteenth century seems, therefore, to be anachronistic and shaped by our current medical perspective, thereby changing the connotation of the term as it was used during this time. Andrew Scull aptly captures this reasoning in the following quote:

‘Madness has a much broader salience for the social order and the cultures we form part of and has resonance in the world of literature and art and of religious belief, as well as in the scientific domain. And it implies stigma, and stigma has been and continues to be a lamentable aspect of what it means to be mad.’²⁴

The term ‘madness’ thus respects the period under scrutiny and, importantly, also points to the stigma it created over time.

Under the group of ‘mad’, I also include a sub-group of people who were identified in the early modern period as ‘simple-minded’. This was a group of men and women with mental problems who were mentioned regularly in the sources; however, the terminology used to indicate these people was different to the ‘mad’ and thus distinguished them as a separate entity.²⁵ In the historiography, the mad and simple-minded were often studied separately; for the purpose of this study, several types of mental problems have been considered to obtain a larger source corpus, which necessarily includes a wider variety of people. As with the term madness, I chose to use the term simple-minded because it does justice to the many terms used in the early modern Dutch sources.²⁶ Still, over time, many different terms have been

²⁴ Scull, *Madness in civilization*, 14.

²⁵ In chapter two, I elaborate on all the different terminologies for both madness and simple-mindedness used in the sources, the behavior specified and their connotations.

²⁶ Terms such as: innocent, simple and stupid or idiotic were all used to define this group. Original terms used: *innocent*, *simpel* and *onnozel*.

used to identify this specific sub-group, such as idiots, mentally retarded or people with an intellectual disability. Yet, because all of these cause problems of anachronism, I have disregarded them in this study.²⁷ In discussing the sources, I try to stay as closely to the original text as possible, which means that someone or something is defined as mad in this thesis whenever someone is referred to as ‘mad’ by his or her contemporaries in the sources.²⁸ Crucially, implicit in accepting this approach as the way to define who was mad (and consequently who was selected for this research), is also the notion that, in general, ‘people did not describe friends and neighbours as incapable simply because they were different, but because they displayed persistent and pronounced patterns of dysfunctional behaviour’.²⁹ By choosing this more pragmatic approach to the sources, the aim is to prevent any form of retrospective diagnosis or engagement in a philosophical discussion about the definition of madness.

That madness was both a social and cultural construct implies that the terms must be interpreted in a period-specific way and given their proper historical context. Even though I do not engage in philosophical discussions about exactly what madness is, the stigma that comes with the use of this term is important to address. This can be achieved by looking into public mentalities about madness. Descriptions of the mad and their behaviour give a broad impression of what was seen as mad. Yet, to get a better grasp of early modern views on madness and their accompanying preconceptions, we will need to understand the ideas that underpinned this kind of thinking. In the absence of a contemporary equivalent of the *Diagnostic and statistical manual of mental disorders* (DSM), the popular lay opinion played a crucial role in defining preconceptions about madness.³⁰ But what influenced these views? The answer to this question would justify a thesis in its own right: I therefore limit myself here to some general remarks.

Of great influence on this public mentality in the early modern period was the idea that the state of the body correlated with the state of the mind. Subsequently, in treating people for illnesses, the physical symptoms needed to be equated with someone’s mental or moral state of being.³¹ This made perceptions of health and sickness numerous, intertwined and complex. The most influential medical theory in

²⁷ See for example: McDonagh, *Idiocy* and Goodey, *A history of intelligence and ‘intellectual disability’*.

²⁸ Only when the sources indicate that there were reasons to doubt the reference, I have disregarded them or will mention this explicitly while discussing them.

²⁹ Houston, *Madness and society*, 2.

³⁰ Elmer, ‘The care and cure of mental illness’, 228-256, p. 234.

³¹ Raber, ‘The common body’, 99-124, p. 105.

early modern Europe was the Galenic humoral theory, also known as humoralism or the concept of the four humours. Humoralism was a model for explaining the workings of the human body and assumed that health (physical and mental) was the result of a perfect balance in the body between the four essential elements: black bile, yellow bile, blood and phlegm. This theory dated back to ancient Greece and involved a complex set of interactions between the balance of each of the bodily humours, with diet, activity and climate. The Galenic theory also described four types of personalities that were all the result of an excess of one of the four humours. Excess blood would lead to a sanguine temperament, black bile to a melancholic temperament, yellow bile to a choleric temperament and phlegm to a phlegmatic temperament. Other factors such as cold and heat, moisture and dryness, time of day, season, country and city life, place of birth and many more also needed to be considered to determine the exact composition of one's personality and her or his susceptibility to illnesses.³²

In addition to medical ideas about the origin of madness, madness was also prone to particular negative stigmas. One of the most persistent of these was the idea that madness was God-given and a form of punishment for bad, sinful behaviour.³³ However, it is remarkable that the sources on which this study relies, did not express the idea of punishment for sin in relationship to madness.³⁴ What the sources did show was that, due to the disruptive and strange behaviour the mad could display, someone's reputation in society could be damaged. This not only affected someone's social status, but also economic status, especially if someone was not seen as capable of handling financial matters. This loss of status and capability could also influence someone's legal and consensual rights status.³⁵ In the judicial system, this could even result in being declared mad or *non compos mentis*, which had both positive and negative consequences: positive in the sense that someone was no longer held responsible for their actions and negative in the sense that the person in question lost the right to decide for him- or herself. Rab Houston's work, *Madness and society*, has mapped these consequences but concluded that, in the end, one forfeited more rights than one gained.³⁶ More specifically, if declared mad by the judicial system in the Dutch Republic, one was deemed incapable of making decisions for oneself and was put under guardianship of others. Furthermore, people who were declared mad

³² Ibidem, p.104.

³³ Wear, 'Religious beliefs', 145-169, p. 147.

³⁴ See also: Chapter two, 58-59.

³⁵ Andrews and Digby (eds), *Sex and seclusion*, 18.

³⁶ Houston, *Madness and society*, 57.

could no longer be held responsible for their actions, a notion that would have major repercussions on the ideas of punishment for this group.³⁷

Cities

In selecting the cities for this research, several factors were taken into consideration. The choice for Amsterdam, Rotterdam and Utrecht was mainly influenced by the availability of promising archival collections. First and foremost, these three cities all have a notarial archive which is accessible (or partly accessible) and searchable via keywords. Secondly, each city also had an asylum with a relatively well-preserved archive. In addition, the cities were selected because they had a distinct urban character and underwent different developments during the seventeenth and eighteenth century.³⁸ Combining the information from all three cities ensures that this thesis is more representative while, at the same time, providing a more in-depth foundation for analysis.

The periodization of this research is closely linked to the availability of sources. Because the sources were sometimes scarce for particular periods, choosing a broader time frame allowed for a wider net to be cast during the archival research. Related to that reasoning is also the fact that the notarial archives have been made searchable only for limited time periods and (in some cases) also with a special focus on only one particular period of time.³⁹ Additionally, the use of both materials from the seventeenth and eighteenth century has made it possible to cautiously define certain long-term developments. As a starting point, I use the beginning of the seventeenth century, mainly because the availability of sources before this period was even scarcer and from the seventeenth century onwards more sources became available. Using 1795 as an endpoint for my study is mostly related to the fact that the proclamation of the Batavian Republic on 19 January 1795 brought about changes in the organization of medical and institutional fields.

Sources

One of the main methodological challenges in this research was the selection and use of sources. The sources – or the lack thereof – have often been identified as one of the main obstacles for uncovering the social reality of madness, which also partly explains why this type of research has not been conducted before in the Netherlands.

³⁷ See also: Chapter two, 62 and 64-65 and Chapter three, 91.

³⁸ In chapter one, I explore these different characters and developments during the seventeenth and eighteenth century.

³⁹ I elaborate on this when discussing the sources used in this research.

To gather sufficient information from the sources, I have conducted in-depth archival research in Amsterdam, Rotterdam and Utrecht: collecting and analysing a wide variety of primary sources including institutional, legal, poor relief, medical, governmental and personal documents. This resulted in a significant corpus for each city.⁴⁰ It is, however, important to stress here that the source corpus for the eighteenth century is larger than that of the seventeenth century: in some cases, this might also influence the analyses and comparisons between the longer-term developments. This difference in corpus size can be explained by the rise of urbanization and therefore bureaucratization in the eighteenth century, which resulted in an improved and more thorough administrative urban system. Furthermore, it is important to keep in mind that, even though combining sources like notarial documents, admission requests and legal documents will provide a more inclusive picture, all sources are still the product of selection, bias and distortion.⁴¹ Because most of the sources used for this research are scattered over time and vary in quantity, the main focus has been on conducting a qualitative analysis. However, several quantitative patterns from both the notarial archives and admission documents have been utilized to develop a demographic profile of the mad.

In selecting the sources concerning madness, it was important to tread carefully and several factors have helped in this process. By having researched over 300 notarial documents, about 2,000 admission requests, not to mention hundreds of other governmental, judicial, medical and ego documents, I developed selection criteria specifically based on a sensitivity for the expressions commonly used in these cases. In the following section, I briefly reflect on my search through the archives and indicate which source types were included in this research and discuss their advantages and shortcomings.

Notarial documents

The use of the notarial archives from Amsterdam, Utrecht and Rotterdam has made it possible to conduct research that not only considered the history of civic institutions, but also the extramural experiences of madness. For a long time, research into this phenomenon was deemed unachievable. Yet, as early as 1992, Herman Roodenburg had called upon Dutch historians to use the notarial archive for their historical research because of its ability to provide insight into the personal lives of individuals.⁴² Nevertheless, few Dutch medical historians or historians of

⁴⁰ A list of the archives used in this thesis is provided in the sources and archives section.

⁴¹ Andrews and Scull, *Customers and patrons*, 109.

⁴² Roodenburg, 'De notaris en de erehandel', 367-388.

psychiatry have used this archive in their research thus far, primarily because most of those archives were not easily accessible, let alone searchable using keywords or topics. Recent digitalization projects in Dutch archives, which include new search methods or index cards, have created exciting new opportunities for research.

The notarial archives from Amsterdam, Rotterdam and Utrecht have all been made searchable using keywords. However, because the notarial archives are not evenly disclosed for the whole period of this project, a little over 50 per cent of the 310 notarial documents were drawn up in the first half of the eighteenth century.⁴³ Although this should be taken into consideration when analysing the sources, they provide us with remarkable new research opportunities into the world of extramural care for the mad. In the notarial archive, we can find multiple source types, including testimonies, procurations, contracts, testaments, agreements and appointments of guardians. All these documents reveal different aspects of dealing with madness and therefore complement each other. Particularly noteworthy is the fact that we encounter people from different social and economic backgrounds. This quality allowed me to broaden the scope of this research and investigate the differences between urban groups. The notarial documents also contained information about people who lived in neighbouring villages and towns and therefore also tell us something about the accommodating role of the city.

In working with notarial documents, it is important to keep in mind that they were drawn up by a notary, that there were costs involved in the process, and that

⁴³ The notarial archive of Amsterdam had been made partially accessible in the eighties through an intricate card index system for the period 1701-1710, which allows the user to search for keywords. But also, for other periods such as 1578-1620 and later in the eighteenth century, it was possible to collect some documents via this system, but the centre of gravity is still on the beginning of the eighteenth century.

SAA, *5075 Archief van de Notarissen*,

<https://archieff.amsterdam/inventarissen/overzicht/5075.nl.html> [13 February 2019].

In September 2016, a project has started via the website *vele handen* to make all the notarial document (1578-1915) in the Amsterdam archive searchable on topic and keywords. This project is still in progress and up to now 17.5% has been completed.

Vele handen,

https://velehanden.nl/projecten/bekijk/details/project/amsterdam_notarieel_2 [13 February 2019].

The notarial archive of Utrecht has been made accessible online for the period 1560-1811. This also allowed to search this digital archive through keywords.

UA, *34-4 Notarissen in de stad Utrecht*,

<https://hetutrechtsarchieff.nl/notariele-akten> [13 February 2019].

In Rotterdam the notarial archive from 1585-1811 has been made accessible for the period 1585-1650 (98%), 1651- 1660 (25%) and 1661-1714 (some indexes). These has also been made searchable digitally and on keywords.

SR, *18 Archieven van de Notarissen*,

<http://www.stadsarchieff.rotterdam.nl/collectie/notariele-akten> [13 February 2019].

they were usually made for a particular purpose. Documents were supposed to be drafted in a particular way and protocols had to be followed regarding tone and vocabulary. This affected the way agreements and testimonies were drawn up and the language that was used. Keeping these factors in mind during the analyses of the sources was essential, but it did not mean that the information given was less valuable. For instance, the fact that there were costs involved in drawing up a notarial document is of some importance because it meant that people might have taken the necessity of it more seriously. It was difficult to find out how much drawing up a notarial document or admission request cost; however, by looking at the administration of a notary and government costs for seals (to make the documents official), some estimates could be made. For example, drawing up a notarial testament would have cost about 5 guilders, a notarial testimony generally 16 stivers: only when it was defined as a large testimony with many witnesses were the cost higher. In comparison, the costs for an admission request (depending on the number of suppliants) were between 5 and 9 stivers, thus being significantly lower.⁴⁴ Economic historians have established that the average daily wage of a day labourer in the period between 1644-1780 fluctuated between 10 and 14 stivers, making the average price manageable for most people.⁴⁵

Determining the purposes of the notarial documents was not always evident, as this was not always explicitly stated [in the source]. In the healing contracts, procurations and testaments, the intentions were usually made explicit; however, especially in the testimonies the goals of the initiator(s) were not always clear. For some cases, we can only speculate on their meaning and motivation. Because notarial documents had a certain legal authority and these testimonies were sometimes added to the admission requests to elaborate on someone's situation (and to emphasize the need for an admission), we can at least establish that these documents did have considerable meaning.⁴⁶ In analysing all notarial documents, I identified four main goals for drawing up these documents in the cases of madness. The main reason was institutionalization, which is made explicit in multiple testimonies by emphasizing

⁴⁴ SAA, 5075 *Archief van de Notarissen*, inv.nr. 1034. Register betreffende notariële honoraria and inv. nr. 2856 Notariële honoraria. Also, the *Herenboekjes* from 1768, 1775, 1780 and 1790: SAA, 15030: *Collectie Stadsarchief Amsterdam: bibliotheek*, inv. nr. 117402, 117409, 117415 and 117426.

⁴⁵ Luiten van Zanden, *Arbeid tijdens het handelskapitalisme*, 137 and De Vries and Van der Woude, *Nederland 1500-1815*, 202. Economic historian Jan Luiten van Zanden established that the average day wage of a day labourer in the period between 1644-1780 fluctuated between 10 and 12 stiver. However, in the book by J. de Vries and A. van der Woude, they estimate the average daily wage at somewhere between 12 and 14 stivers.

⁴⁶ Gehlen, *Notariële akten uit de 17e en 18e eeuw*, 13.

the risk of escalation of the situation if someone was not locked up. These testimonies were regularly added to an admission request. A second reason for drawing up a document was to limit the legal power of a mad family member and gain control over this person, her or his money and belongings. A third reason for drawing up notarial wills in particular was to arrange and secure the future care of a mad family member. Lastly, the documents were used to make the distinct claim that the behaviour of this person was a result of madness to prevent legal problems and avoid reputation damage.⁴⁷

Institutional sources

The second set of rich source material constituted institutional records, particularly those of the three city asylums. Because the archives of the three asylums have survived to a large extent, much information can be derived from them. Despite some differences between the asylum archives in terms of types of sources and density, combining them sheds light on how these institutions were run. In addition to these institutional sources from the asylum, other essential sources include those of the cities' hospitals, houses of correction, leper houses (leprosaria), plague houses, work houses and old-age homes. These different types of institutions housed the mad and their records not only disclose information about institutional life, but also about community care and the involvement of families during the period of admission. For example, families were not only the main driving force in making the admission request: if they were able, they paid or did laundry for the person in confinement and sometimes even actively requested the release of their relatives.⁴⁸

From these institutional archives, the copious amounts of admission requests made for the insane are of great relevance. An analysis of the large number of admission requests has revealed that – in most cases – additional information about someone's situation was given to prove the urgent need of the admission, meaning that these documents are insightful in revealing the lives of the mad in society. Furthermore, these sources were also particularly useful in this research because they helped to define the moment when madness became a public problem and which types of behaviours were seen as problematic. The notes in the margin of these requests disclose the involvement of doctors and poor-relief organizations, discuss finances and conditions for admission, and specify why and how the distribution of patients amongst the institutions was managed. Since most of these requests were

⁴⁷ The use, function and costs of drawing up notarial documents has been previously discussed in: Aan de Kerk, 'Strategic voices of care', 70.

⁴⁸ See also: Chapter four, 101 and 114-116.

directed to the city officials, the urban government became involved in the process of institutionalization. These sources also highlight the vital role of these officials: they were the ones who decided whether or not someone could be admitted. Therefore researching the institutional sources was crucial in bringing together both the public and private care provided for the mad in urban society.

Other sources

In research about the mad in the early modern period, various historians have used court and legal records, poor relief, or religious/parish administration, all of which have helped them to better understand how madness was defined, what types of behaviour caused problems and what types of arguments were made in their defence.⁴⁹ For this research, I also consulted and included these other types of sources. The search through the archives did not always generate useful information; nevertheless, combining bits and pieces from these archives was essential for the wider understanding of dealing with madness.

My search through the judicial archives of the different Dutch cities and the provincial courts of Utrecht and Holland has established that the judicial authorities were very influential when it came to deciding on the intersection of madness and criminality. The 16 cases from the courts, which were all different and unique in both form and content, particularly show the importance of the judgement from these authorities in the question of guilt and need or severity of punishment for someone afflicted with madness in the criminal system. The main involvement of the judicial authorities was found in the city archives and demonstrated the role they played in the requests made for confinement (either in a house of correction or private facility) for which they had to give approval.⁵⁰ The number of sources found in the judicial archives were few, but they most certainly add to the comprehension of dealing with madness and the accountability of the behaviour from this group.

Compared to existing studies on (especially) the English care for the mad by parish and poor-relief organizations, the Dutch parish and poor-relief administration seems more limited regarding the services they provided for the mad.⁵¹ In the Dutch Republic, the Reformation greatly affected the way in which poor relief was

⁴⁹ For example: Mellyn, *Mad Tuscans and their families*; Houston, *Madness and society* and Turner (ed.), *Madness in Medieval law*.

⁵⁰ Also researched by Pieter Spierenburg in his works: Spierenburg (ed.), *The emergence of carceral institutions*; Spierenburg, *Verbroken betovering*, 189-220 and Spierenburg, 'Imprisonment and the family', 115-146.

⁵¹ For example in: Houston, 'Clergy and the care of the insane', 114-138; Andrews, 'The (un)dress of the mad poor', 131-156 and Rushton, 'Lunatics and idiots', 34-50.

organized. The United Provinces became a multi-confessional society, in which each religious community had its own church, administration, charity and poor-relief system. Furthermore, religious institutions were not the only ones providing poor relief: the local government also provided, or forced someone else, to pay for those poor who were not part of a particular religious community. This would suggest that an abundance of information about how these different religious groups dealt with the mad in their midst would exist. Unfortunately, a broad search of religious archives has not yielded much information. However, what was found were the frequent discussions about which organization was responsible for the payments of treatments or admission of the mad and the practice of boarding out the mad parishioners with private persons or clergy by several church boards.

As one of the main aims of the current research is to uncover voices of all parties involved in dealing with madness, the voices of the mad *themselves* were also of great significance. Other historians have had similar aims, but uncovering these voices of the mad in the early modern period has proved to be a particularly challenging undertaking. Some progress has been made by researching rare personal sources, such as diaries and letters.⁵² Unfortunately, in the Netherlands, few ego documents have been preserved and texts containing descriptions and experiences of madness are even less common. Hypothesizing about why this would have been the case, when considering that the Dutch Republic had a relatively high literacy rate, provokes several possible explanations. For example, this lacuna could have been caused both by the fact that diary writing in this period was not yet popular in the Republic and by the existing stigmas about madness that refrained people from writing to others about their mental problems. Nevertheless, this extensive archival research has uncovered around 20 documents that do seem to capture the rare voices of the insane. In addition, a register of autobiographic documents from the sixteenth to the beginning of the nineteenth century has made it possible to locate additional ego documents.⁵³ To complement these sources, I have also used several early modern medical handbooks and looked into government regulations concerning the treatment of the insane to facilitate this research with a broader outlook on early modern madness.

⁵² For example, in: Porter, *A social history of madness* and Hodgkin, *Madness in seventeenth-century autobiography*.

⁵³ Lindeman and Scherf (eds), *Egodocumenten van Nederlanders*. Onderzoeksinstituut Egodocument en Geschiedenis, <http://www.egodocument.net/index.html> [13 February 2019].

To organize the documents collected, gain greater comprehension of the material and discover certain patterns, the sources have been entered in a database system called NVivo.⁵⁴ This digital programme allows users to organize, store and retrieve data. Because it has been designed for qualitative research in the social sciences, Nvivo is also well-suited for historical research. A particularly useful tool in NVivo is the possibility to code the sources, as this made it possible to identify the different themes that the sources revealed. This coding procedure has helped to direct the focus of the research and the outline of the thesis. By combining all the sources from the different archives and organizing them in a database, this research has incorporated the experience of madness both inside and outside the walls of the asylum for the first time in the Netherlands.

Outline

This thesis will start with a chapter that maps the developments of the urban care system in Amsterdam, Rotterdam and Utrecht. For all three cities an overview is given of urban developments during the seventeenth and eighteenth century, concentrating on factors that impacted the cities' systems of care such as: population growth, economic situation, structure of the city government and guild and civic initiatives. Furthermore, this chapter reflects on the institutional system of care and delves into the different institutions in the cities that housed the mad. Explaining the development of these systems of care in the cities, their institutions and the function they provided allows us to place the Dutch situation within an international context.

Research into the life of the mad cannot go without some reflection on who the people researched and identified as mad in this study were. This is the focus of chapter two. Firstly, I consider the demographic characteristics of this group, observing factors such as: gender, age and social and economic profile. Thereafter, the different terms used to describe the mad during the early modern period are investigated as well as the specific behaviour linked to these labels. Finally and most importantly, this chapter will study the rare voices of the mad and reflect on the agency they had in handling their own condition and the display of self-determination in their care.

In chapter three, the focus will shift from the mad themselves to the people who cared for them outside of the institutions. In this system of private care, it is the family that played one of the most important roles in both providing and arranging care. By extracting the voices of caregivers from the different sources, their

⁵⁴ QRS International, <https://www.qsrinternational.com/nvivo/home> [13 February 2019].

involvement and agency becomes clear: interestingly, a larger community of care is also revealed. Besides these families, we find a larger social network of neighbours, friends, employers and employees who participated in dealing with madness in the urban space. Examining these different groups and the ways they were involved in this private care allows us to appreciate how the mad were handled and also to observe the social ties in early modern urban cities. Private care existed in many different forms including home care, boarding out, medical or non-medical care and private confinement: all of which will be explored in this chapter. Yet, what if all these private care options were exhausted and madness became a public instead of a private problem? Seeing what type of behaviour or what circumstances tipped the balance and caused a breaking point is the final topic discussed in this chapter.

The fourth chapter moves the centre of attention from private to public care. Exploring how people ended up in the public care system (consisting of institutions), this chapter seeks to answer questions such as: which people were involved in organizing institutional care? And what was the goal of incarceration? This will lay a foundation to understand what part these institutions played in dealing with madness. Additionally, the role of the urban authorities – namely the burgomaster and judicial authorities – is researched and explained. Their role in public care becomes clearer when we analyse how people were distributed amongst the different urban institutions and the reasons that were used to justify their decisions. Lastly, this chapter reflects on the asylums and the question of whether these were places to die, places of cure or places of care. By painting a picture of how life in the asylums was organized, issues about care, cure and abuse as well as the push and pull factors surrounding these issues are addressed.

In the final and concluding fifth chapter, I discuss the changes and developments that occurred during the two centuries researched in this thesis. Shifts in medical paradigms influenced the function of medical professionals and medical theory during the process of care and cure. These changes put into perspective, and even downplay, the role attributed to the nineteenth century as turning point in the history of psychiatry. Furthermore, the increase of emotional expressions in the sources during the eighteenth century requires some more contemplation on this phenomenon. To use these emotional expressions and especially the expression of compassion to investigate and unpack the motives of the people who expressed them brings us closer to the motivations and strategies of caregivers. Chapter five concludes by bringing together all elements of the research in a reflection of how the urban care system was used in dealing with the mad. Analysing ideas about bureaucratic agency, growing institutionalization, moral economy and the

humanitarian narrative and combining these with the changing ideas about madness in the early modern period reveals the complex reality of early modern day-to-day life of the mad and the people involved in caring for them. This reflection ultimately provides an answer to the question of how the increase of this system of care for the mad can be explained and what the driving forces were behind this increase. In answering this crucial question, this thesis accomplishes a three-fold task: firstly, it addresses a significant gap in Dutch historiography; secondly, it outlines what place this particular Dutch history has within an international perspective; and thirdly, it demonstrates the relevance and utility of Dutch sources and connects them to the international field.