Madness and the city
Interactions between the mad, their families and urban society in Amsterdam, Rotterdam and Utrecht, 1600-1795
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CHAPTER ONE
A PLACE FOR ‘UNHAPPY OBJECTS’
The development of urban care for the mad in Amsterdam, Rotterdam and Utrecht.

Historians agree that, between the thirteenth and eighteenth centuries in most western European cities, major changes in the organization of public facilities took place. In the early modern period, intricate systems of care began to develop and these systems became a vital part of the urban structure and society. Simultaneously, this system was closely related to the care that was provided for the mad in the cities. Several factors influenced the way in which these systems of care were formed and how they functioned. Factors such as economic growth and urbanization influenced many western European cities in this period, but all countries – even cities – had their own idiosyncrasies in the development of systems of care. Thus, while the eighteenth century saw the rise of the private mad-business in England and the establishment of state-driven hospitals generaux in France, the Dutch situation remained a mix of local institutional care and a private medical care market. Especially in the cities, these systems consisted of many different types and many different groups of people were involved. For instance, the local urban government, guilds, neighbourhood associations, church organizations and citizens all took part in providing care and support for those in need. Within this growing system of care, there was a special place for the mad. The Dutch Republic (1588-1795) was renowned for this elaborate urban system of care. Telling in this context were the many foreigners who commented on and admired the social (institutional) facilities of cities. The fact that the social provisions were mentioned so often showed that it was something quite remarkable in the eyes of foreigners; moreover, this admiration demonstrated that the Dutch system differed from the systems they were familiar with at home.

This chapter maps the development of the urban system of care during the early modern period and the place of the mad in this system. Care for the mad was – and has always been – subject to change and differed across cities, countries, and time. As such, the first section of this chapter explains how several different factors have played a role in the development of the system of care for the mad in Amsterdam, Rotterdam and Utrecht. By combining several factors such as economic

55 Van der Heijden, Civic duty, 3.
56 Van der Heijden et al. (eds), Serving the urban community, 7.
growth, population aggregation, government expansion and civic initiatives it becomes possible to place them within the necessary context required to understand how the care system in the cities was organized and how it fitted in the urban civic society.

Institutions were an important part of the urban care system and also the most prominent part of the care for the mad. Therefore, the specific institutions that housed the mad is the focus of the second section of this chapter. Many archival sources concerning the mad dealt with the people who needed to be (or were) institutionalized. This section delves into the question of why and how the several institutions (that cared to the mad) developed in Amsterdam, Rotterdam and Utrecht in the seventeenth and eighteenth century. Looking at their foundation and their position in the care for the mad offers an insight into their function in society.

In general, we can say that there were many similarities in the system of care in the early modern cities of the Dutch Republic; but, of course, there were also urban differences. For the three cities, I aim to emphasize these urban differences as much as possible, not only in this chapter, but also throughout this thesis. This chapter is mainly based on secondary literature both on the social systems of care and the historiography of the three cities. It is complemented with primary sources on the foundation and development of the institutions.

**System of care: Amsterdam, Rotterdam and Utrecht**

The system of care had always been an integral part of the urban landscape in the Dutch Republic; however, the amount of poor-relief initiatives and care institutions grew significantly during the period under study. Demographic changes of the sixteenth and seventeenth centuries did much to influence the provision of care – the delivery of care – which began to take a more structured form. In turn, this new structure changed the organization of care: that is, how this care was delivered. Factors such as urbanization, economic growth and religious reform thus forced a reallocation of communal services in early modern towns of the Dutch Republic. This subsequent mixture of private and public interests had the effect of involving

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58 For more information on the three cities see: Frijhoff and Prak (eds), *Geschiedenis van Amsterdam. Dl. II-1*; Frijhoff and Prak (eds), *Geschiedenis van Amsterdam. Dl. II-2*; Van der Schoor, *Stad in aanwas*; Van der Schoor, *De dorpen van Rotterdam*; De Bruin et al. (eds), ‘*Een paradijs vol weelde*’; Struick, *Utrecht door de eeuwen heen* and Van Hulzen, *Utrecht*. For more information about the development of systems of care in the early modern urban society, see for example: Lindemann, *Medicine and society*; Van der Heijden, *Civic duty* and Van der Heijden et al. (eds), *Serving the urban community*.  
59 Van der Heijden, *Civic duty*, 110.
more and more people in the urban care system. Thus, the provision of early modern amenities was carried out by both the urban government and civic initiatives. This created unclear or overlapping boundaries between private, public and ecclesiastical initiatives. However, these distinctions were much more evident when it came to the handling of the mad. As we will see in the following chapters, the private and public parties had their own role to play as the system depended more on communication and cooperation between the communal and bureaucratic system.

The development of these systems of care was part of wider societal changes. According to Mary Lindemann in her book, *Medicine and society in early modern Europe*, four factors in particular initiated the public investment in urban improvement: economic prosperity, population aggregation, government expansion and guild development. In Amsterdam, Rotterdam and Utrecht, these four factors were all present during the seventeenth century and influenced the way city governments and their citizens invested in their system of care.

**Economic prosperity**

During the early modern period, the economic position of the newly founded Dutch Republic grew rapidly, especially in the provinces of Holland between 1580-1670. Amsterdam’s economy grew exponentially, profiting from the fall of Antwerp in 1585 and, thus, becoming the trade capital of the world. Clé Lesger characterized Amsterdam in this period as the most important trade ‘gateway’, in which merchants ruled the city and the pursuit of new profitable opportunities was universal. Amsterdam functioned as a staple market for information and, combined with its trade function, this resulted in a growth of different industrial sectors in the city. Yet, Amsterdam also had its periods of economic difficulties. Especially in the eighteenth century, from 1730-1795, a period of economic stagnation emerged, which turned into economic downfall by the end of the century. An explanation for this trend (amongst others) was the increase of international trade in cities abroad, such as London and Hamburg, which affected Amsterdam’s position and instigated the collapse of several industries such as the tobacco, silk and industrial sector. However, in comparison to other cities in Holland, Amsterdam’s economy was less

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60 Ibidem, 17.
63 Frijhoff and Prak (eds), *Geschiedenis van Amsterdam. Dl. II* - 2, 219 and 262.
effected by the economic downturn, thanks to governments subsidies, the monetary market, trade with the colonies and diversification of the industries in the city.64

In both Rotterdam and Utrecht, a different economic pattern emerged in accordance with their different economic markets. Rotterdam’s economy was both specialized in trade and industry, resembling Amsterdam to some degree. Still, overall Rotterdam underwent a different economic development than other cities in Holland in the eighteenth century.65 Upon examination, we find that, although Rotterdam did encounter stagnation, it did not suffer significant economic decline: the city even went through a period of economic growth in the last half of the eighteenth century, thus deviating from the national trend. Utrecht, on the other hand, was not a maritime hub but a more provincial town. Due to its central location, it was influenced by two spheres: the seafaring and trade provinces in the west and the land provinces to the east. This combination imbued this city with a distinctive character.66 For instance, Utrecht was well-known for the fact that it had a larger population of wealthy and elite citizens than many other cities. Other contributions also made Utrecht economic situation unique: during the national disaster year of 1672 (rampjaar), Utrecht was occupied by French troops and, in 1674, it was struck by a hurricane that caused much damage and drove the city into economic crisis.67 Nevertheless, the economy of the city remained relatively stable until the 1730s, when the downfall of the industry sector resulted in great employment losses. Yet, this crisis was relatively small in comparison to the problems in ‘real’ industry cities such as Leiden and Delft. The reasons for this were varied: Utrecht was not exclusively dependent on the textile industry, but still focused for a large part on agriculture, an industry less effected by the international developments in trade.68

The three cities thus show differences in their economic profile, but all three benefitted economically from the Golden Age of the seventeenth century. In the last quarter of the seventeenth century, economic stagnation and even decline set in, instigated by wars over power, religion and trade routes, all which affected the Dutch economy in the following century. Despite all this, the overall increase of economic prosperity in the seventeenth century provided financial means for the funding of urban facilities. These economic developments were therefore essential to kick-start

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64 Ibidem, 262-265.
65 Bonke, De kleyne mast, 96.
66 Rommes, Oost, west Utrecht best?, 11-12.
68 De Bruin et al. (eds), ‘Een paradijs vol weelde’, 326-327.
investments in the urban system of care and also to keep it running in the eighteenth century.

**Population aggregation**

The economic boom and the developing trading industry attracted many people to the Dutch Republic and especially to its cities. This resulted in a marked population growth during the early modern period (see Table 1.1). Because death rates exceeded birth rates, population growth was instigated primarily by immigration. Economic opportunities drew economic migrants both from the rural hinterlands and abroad (mainly Germany and Scandinavia) to the cities in the Dutch Republic. Pragmatic policies on religion also attracted many to the Netherlands. These religious migrants included persecuted Protestant minorities and Jews from the Southern Netherlands, Spain, Portugal, France and the German states. This inflow of religious refugees confirmed the image of the Dutch Republic as a society ‘of all nations’.

Amsterdam was by far the largest city in the Dutch Republic and experienced an exceptional population growth during the seventeenth century, caused mainly by the influx of immigrants. Amsterdam was, therefore, an atypical city in the Dutch Republic, registering over 200,000 inhabitants in the second half of the seventeenth century. The growth of Rotterdam took off a little later: it grew from a medium-sized town of about 8,000 in the mid-sixteenth century to 50,000 by the end of the seventeenth century. Thus, Rotterdam remained significantly smaller than Amsterdam in terms of size and population. It is striking that the population numbers in Utrecht remained rather stable at about 25,000. No large migration took place and the city itself did not expand noticeably during the seventeenth and eighteenth centuries. The many monasteries and empty churches were re-used and either changed function or were torn down. On the vacant plots, new housing was built in such a way that Utrecht could expand within the limits of its own city walls. In contrast, early modern Amsterdam and Rotterdam were both forced to expand beyond their original city walls due to significant population growth.

The towns of the Dutch Republic, and especially Holland’s towns, were thus attractive destinations for migrants (both national and international): people were drawn to the cities. As a result, the Dutch Republic became the most urbanized

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70 See Table 1.1 about population growth and Prak, ‘Overleven in de Gouden Eeuw’, 8.
71 Bonke, *De Kleyn mast*, 249.
72 See Table 1.1 population growth.
society of the seventeenth century in Europe and arguably also in the world.\textsuperscript{74} The urbanization levels reached an average of approximately 20 to 30 per cent (of the inhabitants living in a town) with the exception of towns in the province of Holland, where the urbanization levels were as high as 60 per cent during the seventeenth century.\textsuperscript{75} In comparison to other European regions that experienced economic and demographic growth, such as France and England, the urbanization level of the Dutch Republic was exceptionally high.\textsuperscript{76} This can be explained by its strategic geographical location, which created growing economic opportunities and stimulated migration from both within and outside the Dutch Republic.

Table 1.1

<table>
<thead>
<tr>
<th></th>
<th>Amsterdam</th>
<th>Rotterdam</th>
<th>Utrecht</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
<td>1600</td>
<td>1600</td>
<td>1600</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>65,000</td>
<td>13,000</td>
<td>25,000</td>
</tr>
<tr>
<td>1622</td>
<td>104,932</td>
<td>19,500</td>
<td>30,000</td>
</tr>
<tr>
<td>1650</td>
<td>175,000</td>
<td>30,000</td>
<td>30,000</td>
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<tr>
<td>1670</td>
<td>219,000</td>
<td>45,000</td>
<td>-</td>
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<tr>
<td>1705</td>
<td>200,000</td>
<td>48,000</td>
<td>30,000</td>
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<tr>
<td>1732</td>
<td>239,866</td>
<td>56,000</td>
<td>25,244</td>
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<tr>
<td>1795</td>
<td>217,024</td>
<td>53,212</td>
<td>32,294</td>
</tr>
</tbody>
</table>

Population growth: Amsterdam, Rotterdam and Utrecht. Estimate numbers based on the work done by Jan Lucassen (IISG) and Peter Lourens, organized by Filipa Ribeiro da Silva (IISG).

Government expansion

The Netherlands had a long tradition of providing institutional custodial care at a local level. An organized system of (institutional) charity provided by the Catholic Church and municipality had been part of the urban fabric for centuries. During the Reformation, the Protestant Church closely allied poor relief with religious reform and took over the task of the Catholic Church as providers and regulators of charity and care. As regulators, the Protestant Church organized almsgiving and distribution of means to the poor but also financed some institutions especially for their own community. Providing care was thus a prominent task of the Church; but, during the seventeenth and eighteenth century, urban governments became increasingly

\textsuperscript{74} Prak, ‘Urbanization’, 15-31, p. 16 and 30.
\textsuperscript{75} Ibidem, p. 17 and Van der Heijden, 	extit{Civic duty}, 85.
\textsuperscript{76} Van der Heijden, 	extit{Civic duty}, 8.
involved with offering this kind of social care and public provision. For example, the urban governments began to interfere with the institutional care provided, dictating who could be admitted and appointing city physicians, doctors and apothecaries who provided care for the poor. The motivations behind this intervention were manifold. The republic’s political system, in which the local government became more important and powerful, combined with the factors of urbanization and population growth, increased the need for bureaucratization (in the form of regulation and administration of government activities). This changed the social structure of cities, which (in turn) instigated the need for a stronger governmental role in the provision of care. The reasons for this change were complex; however, being able to better regulate and control the inhabitants and keep the city free of undeserving poor and deviants were important aspects. In addition, the European fear – and reality – of plague and epidemics prompted the establishment of administrative mechanisms and the need for different local measurements at approximately the same time across all Europe’s cities.\textsuperscript{77} Urban governments thus began to fulfil a crucial role in the management of the city and also took on more responsibility for the social welfare of their citizens.

In the Dutch Republic, the change in the organization of care resulted in the local authorities (the burgomasters and magistrates of the cities) becoming key figures in this care policy. A large part of the urban care system was comprised of the urban institutions that shaped the Dutch Republic on all levels of society, such as hospitals, asylums and workhouses.\textsuperscript{78} This institutional system formed part of the poor relief, punitive, and medical-care systems of the cities and here, we also find the mad. The councils of these cities had direct and indirect control over these institutions.\textsuperscript{79} They founded, supervised and financed these facilities; they also decided on the admission, distribution and differentiation of the institutions in the city, which provided them with a central position in the process of institutionalization. The burgomasters, magistrates or (in some cases) court officials became involved because they were the ones who needed to legally approve most admissions. Furthermore, the right and ability to appoint town physicians and surgeons reinforced the position of the town council as care providers.

Multiple factors accelerated the structuring of the urban care system. Importantly, the reallocation of communal tasks to the urban authorities, which occurred in the early modern period, initiated the centralization and increase of civic

\textsuperscript{77} Lindemann, \textit{Medicine and society}, 194-196.
\textsuperscript{78} Prak, ‘Urbanization’, 15-31, p. 20.
\textsuperscript{79} See also: Chapter four, 96-98.
administration. Additionally, it allowed for clearer allocation of public tasks and, to some extent, a shift from private or ecclesiastical care to public care.\textsuperscript{80}

**Guilds and civic initiatives**

The last defining factor that Lindemann identified concerned guilds. Guilds have been extensively researched, including the part they have played in the provision of public security, economic regulations and public welfare.\textsuperscript{81} However, in terms of specific care of the mad in the Dutch Republic, the guilds did not contribute in any major way. Civic and religious corporations seem to have been more important players, not to mention individual citizens who participated alongside governments in providing public facilities.\textsuperscript{82} Religious initiatives have been mentioned earlier; in general, this meant that if someone belonged to a particular church community, that church provided (to some degree) certain support facilities. Most commonly, the church (community) provided poor relief or, in the cases of the mad, paid for admission into institutions or arranged for them to be boarded out with a fellow church member.\textsuperscript{83} However, individuals could also, and did, provide social provisions in the early modern local community. Frequently, they did so by means of financing support systems of care. Even though the state and the Church were greatly involved in providing care for citizens, the citizens of those cities paid for most of this care through either taxes or alms.\textsuperscript{84} Maarten Prak therefore characterized these citizens as ‘active agents shaping the life of their community – and their own lives as well.’\textsuperscript{85}

A specific civic initiative that deserves some extra attention in regards to the care of the mad was the role played by several wealthy benefactors in the foundation of the asylums. In both Utrecht and Amsterdam, a financial gift from such a benefactor led to the establishment of an asylum. To understand the underlying causes and rationale of the people and societies that built these institutions, we need to look into what motivated the benefactors who took these initiatives to establish them. Donations bequeathed by wealthy citizens in wills (or otherwise) to benefit the poor, sick and needy were commonplace in European countries throughout the later

\textsuperscript{80} Van der Heijden, *Civic duty*, 109.
\textsuperscript{81} Van der Heijden et al. (eds), *Serving the urban community*, 24.
\textsuperscript{82} For more information about guilds and the role they played in the early modern society, for example, see: Prak, *Republikeinse veelheid* and Prak, ‘Corporatism’, 281-304.
\textsuperscript{83} Van der Heijden et al. (eds), *Serving the urban community*, 8.
\textsuperscript{84} See also: Chapter three 83-84 and Chapter four, 100-101.
\textsuperscript{85} Teeuwen, *Financing poor relief*, 149-160.
\textsuperscript{86} Prak, ‘Urbanization’, 15-31, p. 22.
medieval and early modern periods. Charity alms-giving was employed by this group to confirm both their social and financial capital but also to acknowledge religious obligations, such as the care of destitute members of society. By performing this form of charity, people fulfilled their Christian and civic duties and gained respect in their community. The ultimate form of charity-giving was founding one’s own civic institution: such a project therefore became a prestigious undertaking. Both private founders and city governments took pride in this task, which led to the development of a type of institute that was to be characterized by foreign travellers in their travel logs as ‘castles of care’ (zorgpaleizen).\textsuperscript{86} One English visitor to the Amsterdam asylum commented on the exterior of this institution in 1662, declaring it ‘so stately that one would take it to be the house of some lord’.\textsuperscript{87} This showcased the role of these care institutes as prestige projects which contributed to the image and status city governments and urban citizens wanted to portray.

The establishment of the system of care in the Dutch Republic was influenced by many different factors impacting the structuring, financing and allocation of the system. The shift in who was responsible for providing care – in which the urban government became increasingly involved – sparked a dynamic restructuring of the public system of care, which would increase its bureaucratic reach as a result. Additionally, the financing of the system of care was fundamental: one could even say that it literally \textit{shaped} its establishment, due to the way in which charity, bequests and donations were regarded as social/religious duties for public and private parties. Even though we see some variations between the cities in the early modern period, this urban system of care became more elaborate and well organized in all of them. An important part of this system of care concerned the several specialized institutions that took care of the poor, the sick and the needy, respectively. Looking into which of these institutions housed the mad will therefore give us more insight into this system of care and how it provided for this group.

\textbf{Institutions for the mad}

Institutions were an essential part of the urban care system in the early modern cities of the Dutch Republic. These institutions were not only vital as care providers, but also as ‘archive makers’.\textsuperscript{88} They [were distinct from the urban environment in that

\textsuperscript{86} De Volkskrant, \url{https://www.volkskrant.nl/wetenschap/de-zorgpaleizen-van-de-17de-eeuw-be0d8452/} [13 February 2019].
\textsuperscript{87} Israel, \textit{The Dutch Republic}, 358.
\textsuperscript{88} Prak, \textit{Republikeinse veelheid}, 26.
these institutions were located in the cities and, in many cases, they therefore not only generally catered for the city inhabitants but were also available to people from neighbouring communities and rural areas. During the seventeenth and eighteenth centuries, more specialized institutions were founded: many facilities specified the groups of people they catered for or reassigned themselves to a specific purpose. Although specialization may have been evident, as we shall see, it was not always easily manageable. In studying the care for the mad in the early modern period, the historiographical focus has been on asylums and asylum care. Still, asylums founded in this period were not the only places that housed the mad. Indeed, they were placed in many more institutions in Amsterdam, Rotterdam and Utrecht. In the following section, the most important institutions that accommodated the mad are discussed.

Asylums (Dolhuyzen)

At the end of the Middle Ages, the first asylums were founded in several European countries. These specialized institutions had first emerged in the Arabic world as early as the eighth century. The first asylum in the Netherlands was founded in s’Hertogenbosch in the fifteenth century. In 1442, Reinier van Arkel left a statement in his will, that a part of his inheritance should be used to found an institution for the mad. 89 Relatively soon after, in 1461, an asylum was established in Utrecht: for the rest of the northern Low Countries, this example was not followed for more than a century. In 1562, Amsterdam became the third city in the Northern Netherlands to establish an asylum. One explanation for this delay was the fact that multiple other institutions in these cities – plague houses, leprosaria and hospitals – had fulfilled the task of caring for the mad until that time. Yet, between 1550 and 1650, at least 14 references were made regarding foundations of separate wards or institutions for the mad in the Dutch Republic. This suggests an increased need to confine this group separately.

Figure 1. Utrecht Asylum 1661. Print: Abraham Rademaker, 'At the asylum of Utrecht', from *Topografie van Nederland*, 1661, Universiteitsbibliotheek Leiden.

Figure 2. Location of Utrecht asylum. Print: Anonymous, 'Map of Utrecht', from Joan Blaeu, *Atlas van Loon*, 1649 (artwork in the public domain).
The foundation of the asylums in the Dutch Republic followed two trends. The first was the establishment via a donation from a wealthy benefactor. This can be seen in the foundation history of the Utrecht and Amsterdam asylums. In Utrecht, the benefactor, Willem Arntsz, donated an amount shortly before his death to the governors (regenten) of the Saint Barbara and Saint Bartholomeus hospitals on the condition that, within a year after his death, they would build a house for the poor mad. On January 26 1461, the asylum was ready for its first patient. The building was located on the corner of the Lange Nieuwstraat and the Agnietenstraat with room for six people. The story of the foundation of the Amsterdam asylum confirms the social and religious significance of such bequests. The story tells us of a wealthy woman called Christina Boelens, who was attacked by a mad woman during her pregnancy. The latter grabbed her by the throat but Christina escaped and later vowed (together with her husband Hendrik Pauluszoon Boelens) that, if their baby was born healthy, they would ask the city government for a place to build an asylum. After the birth of their child in 1561, Hendrik donated 3,000 guilders for this purpose. The town council provided a plot, where the Ursula cloister had been previously located, on the Kloveniersburgwal. However, the donation was insufficient to establish the asylum: after deliberation, the town council donated the rest of the money and, in 1562, the asylum opened, consisting of 11 cells.

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91 See Figure 1.

92 SAA, 342-6 Archief van het Dol- of Krankzinnighuis, inv. nr. 928, Memorie over de geschiedenis van het gesticht, p. 2.

93 See Figure 3.
Figure 3. Amsterdam Asylum 1617. Print: Anonymous (J. van Meurs?), ‘The Dolhuis after Its Renovation and Extension of 1617’, from O. Dapper, Beschrijvinge van Amsterdam, Amsterdam 1663 (artwork in the public domain).

Figure 4. Location of Amsterdam asylum. Print: Anonymous, ‘Map of Amsterdam in the Netherlands’, from Joan Blaeu, Atlas van Loon, 1649 (artwork in the public domain).
The second trend that can be discerned was the incorporation of the asylum within other existing institutions. The creation of the Rotterdam asylum is a case in point. It became part of the plague house, which was founded in 1599: ten years later, a couple of cells for the care of the mad were built into this institution. Thereafter, it became known as the Pest-en Dolhuis (The Plague and Madhouse).\(^{94}\) When, from 1662 onwards, plague epidemics became less frequent, the function of the house slowly changed from plague house to primarily an asylum for the mad.\(^{95}\) Still, it was not until 1716, when the city decided to build a special plague house on the outskirts of the town, that the building in the Hoogstraat became exclusively an asylum. It did however not stay an exclusive institution for long because, from 1754 onwards, the institution collaborated with the house of correction called Padua, and a special ward was founded within the walls of the asylum called Kley Padua. In this ward, the mad who were admitted in the house of correction were placed here to separate them from the other people who displayed unwanted and immoral behaviour.\(^{96}\)

The urban government was closely involved in all these processes of foundation. In Amsterdam, they donated additional money for the establishment and, in Rotterdam, permission was given by the burgomasters to integrate an asylum within the plague house. This permission or help from the city government illustrates its awareness and sensibility towards dedicated places of care for the mad. In the early modern period, the growth of cities necessitated increased urbanization and the subsequent need for a more structured city life. In this environment, the problems this group caused became a more pressing matter for urban governments. Noteworthy too is the fact that, looking at Figures 2, 4 and 6, which show the location of these asylums on the map, all were located within the city walls. This clearly demonstrates that these institutions and the mad living within them were – literally and figuratively – still very much part of the urban society.\(^{97}\)

\(^{94}\) See Figure 5.
\(^{97}\) See Figures 2, 4 and 6.
Figure 5. Rotterdam Asylum 1790. Print: Jan Bulthuis, ‘The Dolhuis, Hospital and Old Women’s House in Rotterdam The Netherlands’ (artwork in the public domain).

The asylums of Utrecht, Amsterdam and Rotterdam were originally constructed for a specific group of people: the urban poor insane who were citizens of the city and needed to be locked up. Who really ended up in these institutions during this period, however, changed and depended on the institution. For instance, the requirement of someone needing to be poor to qualify for admission was quickly abandoned because the institutions needed to be, for the most part, self-sufficient. Consequently, if richer citizens wanted to make use of the institution and they were willing to pay for it, they were rarely refused. This financial consideration was also the reason behind the admission of proveniers in the Utrecht and Rotterdam asylum. The requirement that people needed to be official citizens (poorters) or inhabitants of the city in question for a set amount of years before they could be admitted in the asylum could also not be upheld. With the growth of cities and their inhabitants, not to mention the high number of migrants, the pressure on the asylums to admit more people grew. Inevitably, non-citizens, immigrants, and foreigners were admitted during the seventeenth and eighteenth centuries. Furthermore, admission policies also differed amongst the cities. In Amsterdam and Utrecht, for example, the asylum usually only accepted the ‘raving’ mad and frequently denied access to the more docile mad. In Rotterdam, by contrast, the institution also housed plague victims, proveniers and soldiers. And, because of the later collaboration with the house of correction, the Rotterdam asylum sometimes also housed unmanageable individuals and other social deviants.

The three asylums constantly struggled with the availability of space and were forced to expand their capacity multiple times. Looking at the original size of the asylums (with only room for six to 11 people) and comparing this with the population of the cities, it seems obvious that demand quickly outgrew capacity. The main cause of this was the rapid population growth during the seventeenth and eighteenth centuries. Combined with the parallel factors of urbanization and the increasing need to remove ‘dangers’ and deviants from the cities, it is hardly surprising that the sources show the constant effort of the governors to expand these institutions. In Amsterdam, the asylum quickly became too small and, in 1615, the complex was expanded by an additional 17 cells to a total of 28 cells. In 1637, a

98 Provenierchap was a common practice in the sixteenth and seventeenth century, and occurred in various institutions. It was the practice in which a person bought a place for life in an institution (for him/herself or another). Provenierschap was generally used to ensure lifelong care or favourably arrange one’s twilight years. Proveniers in these specific cases were sane people who bought a place for life in the asylum.

99 Van Lieburg, Gilden, gestichten en gezondheidszorg, 53.
second expansion was already necessary and, again in 1703, which increased the number of cells to 53. Still, because of the increase of the Amsterdam population in this period, this was not nearly enough to contain all the mad. A final expansion followed in 1765, after which the asylum could house up to 90 people. In Utrecht, expansion was also constant and, in 1660, the institute was enlarged to make room for 45 people. The issue of the lack of rooms, however, remained; peoples’ request for admission were frequently turned down. The literature on the Rotterdam asylum also recalls several extensions of the building in the eighteenth century. Mart van Lieburg has estimated the amount of people that were cared for by warden (binnenvader) Jan Brouwer and his wife to be somewhere between 30 and 50 during their employment from 1679-1703. This is a significant increase from the six cells they started with in 1609.

Financing the asylums was a continual burden throughout the duration of their existence. The governors constantly had to cope with a lack of resources and, on multiple occasions, the city government needed to step in to keep the institutions running. In the eighteenth century in particular, all three asylums struggled with their finances, becoming ever more dependent on the help of the urban government. As a result, the government became closely involved with the management of the institutions. The asylums accumulated their money through gifts, alms and admission fees. The gifts and alms were generated through the organization of lotteries, regular collections and during the annual fair days. On fair days, people could visit these closed institutions and take a look at the inhabitants for a certain sum. The largest part of the income, however, was derived from admission fees or inheritances left to the asylums for admissions.

Eventually, only a small portion of the mad ended up within the walls of the asylum, due to the limited capacity of these institutions during the seventeenth and eighteenth centuries. Furthermore, because the main task of the asylum was to house
the raving mad, they usually rejected people with milder forms of madness as not suited for their institution. So, this group of mildly mad people needed to be housed somewhere else and a multitude of other institutions took in these groups. Which institution they ended up in varied between the cities, and these differences can probably be explained by variation in both the size of the cities and the availability of the remaining institutional sources of each city.

City hospitals and plague houses (*Gasthuizen* and *Pesthuizen*)
The early modern hospitals (*Gasthuizen*, literal translation: guest houses) were an important part of the system of care in the cities and had existed from the Middle Ages onwards. Before becoming an institution for the poor (and) sick, these hospitals housed many different types of people; for example, travellers, vagabonds, *proveniers*, invalids and the needy.\(^{106}\) Hospitals were institutions of charity in which the primary criteria of admission were as likely to be economic and social as they were medical.\(^{107}\) In the early modern period, the hospital’s function changed significantly and they became places where only the sick were admitted. In general, with the exception of Amsterdam, hospitals accommodated the mad; but, because their facilities were not equipped for the raving mad, who needed to be bound and locked up, this group was generally transferred to the asylum. The more docile mad with physical ailments were generally transferred or referred from the asylum to the hospitals and plague houses. These plague houses and wards were part of the hospital system and founded during the several plague epidemics when it became apparent that the sufferers needed to be separated in order to prevent contamination. Many cities, subsequently, had these plague houses, which not only contained those who suffered from the plague, but also treated a mix of other infectious and dermatological diseases.

In Rotterdam, the asylum originated inside the existing plague house and, therefore, the institutions were closely connected. This combined function probably also explained why no traces of the mad can be found in the archives of the city’s hospital (*Stedelijk Gasthuis*). The archive of the Rotterdam asylum did reveal some information about admission to the city’s hospital. Several transfers show that the hospital, in this case, was not deemed the best destination for the mad.\(^{108}\) In contrast,

\(^{106}\) Mooij, *De polsslag van de stad*, 49.  
\(^{107}\) Henderson, Horden and Pastore (eds), *The impact of hospitals*, 19.  
Utrecht, probably due to its former status as seat of a diocese, had as many as 18 hospitals. Unfortunately much of the records of these institutions has not been kept and only a few traces of the mad who were held in these institutions were found in resolution books from the asylum. These few comments refer to the fact that the St. Laurens hospital, the St. Anthonis hospital and the St. Bartholomeus hospital all housed the mad and that those mad who could not be held in the hospitals were transferred with some regularity.\textsuperscript{109} Besides this information, we find an agreement made between St. Bartholomeus and St. Barbara hospitals and the asylum in 1583 to the effect that both hospitals would pay a certain amount to the asylum per year. In exchange, the asylum would take in all the patients from the hospitals who needed to be locked up or tied down.\textsuperscript{110} Utrecht did not have a plague house, which was rather uncommon for medieval and early modern cities and it was only in 1520 that one of the city’s hospitals was specially assigned for the care of this group, but no mention of the mad being housed here can be found.

The most information about the mad in hospitals and plague houses was accessible for Amsterdam. Here, one of the largest institutions that housed the mad was the plague house or *Buitengasthuis*, which was part of the city’s hospital infrastructure and consisted of the *Binnengasthuis* and *Buitengasthuis* (the ‘inside’ guesthouse and the ‘outside’ guesthouse). The last was located on the outskirts of the city, on a vacant plot at the current Overtoom and was originally founded in 1635. After the last outbreak of the plague in Amsterdam in 1664, the building was used to shelter patients with all sorts of infectious and foul diseases such as scabies, typhus, dysentery and syphilis.\textsuperscript{111} The *Buitengasthuis* also housed the mad.\textsuperscript{112} The institution was a square building surrounded by water and trees. Its idyllic appearance was often praised in descriptions of the city and it was even called ‘a royal palace’.\textsuperscript{113} The building had four wards, one for the mad, one for the simple-minded and two for other (kinds of) patients. In these special wards, the men and women were separated.\textsuperscript{114} This facility only had a limited number of cells for the

\textsuperscript{109} UA, 709-4 Archief van regenten van het Krankzinnigengesticht, inv. nr. 2522-1 Resolutiën van de broeders van het Dolhuis 1593-1737.
\textsuperscript{110} UA, 709-3 Archieven van regenten der Vereenigde Gods- en Gasthuizen 1311-1812, inv. nr. 1832 Stukken betreffende een geschil tusschen de regenten van het gasthuis en die van het Dolhuis over de verpleging in het Dolhuis van een dischgenoot van het gasthuis, 1666/67.
\textsuperscript{111} Tang and Wigard, Amsterdamse gasthuizen, 33.
\textsuperscript{112} Ibidem.
\textsuperscript{113} Querido, Godshuizen en gasthuizen, 101.
\textsuperscript{114} SAA, 342 Archief van beide Gasthuizen, inv. nr. 1187 Aanteekeningen uit Wagenaar’s Geschiedenis van A. over de Gasthuizen, door den regent Hovius, en door hem en andere later vermeerderd.
mad, similar to the ones in the asylum; understandably, because they also housed many other patients who benefitted from peace and quiet, the institution was not suited for housing the raving mad. In sum, the hospitals were thus seen as places for people suffering from physical ailments; but, in some plague houses special facilities were provided for the mad. The mad were kept here until they caused too much hindrance for the other users of the institution.

**Houses of correction (Verbeterhuizen)**

Houses of correction began to appear during the late sixteenth century and were intended as institutions where people could imprison family members who displayed unwanted and immoral behaviour or who suffered from madness. We can subdivide these institutions into city houses of correction and private houses of correction. The difference between them was that the city houses were managed or rented out by the city government while the private ones were owned by individuals. The latter, nonetheless, still had to adhere to the rules and regulations of the city government, making them semi-private institutions, which would give them a unique position in the medical market. Admission into these houses was generally accessible for the higher and middle classes because a significant amount of money had to be paid to the warden. However, in the city houses of correction, the poor were sometimes also admitted – at the cost of the city.  

Due to the clientele this institute catered for, the living conditions were generally relatively decent, and money could buy you almost anything from coffee and tobacco to books and writing supplies. To get someone admitted into these institutions, either the burgomasters and/or the court needed to provide consent. This permission was given for a set period of time, usually one or two years, after which a new approval for an extension had to be requested for someone to continue to remain locked up. The same process counted for an early release. In general, the warden of the institution was asked for advice in cases of both admission and release. It is important to stress here that the houses of correction were not places where people were sent as a kind of punishment by the government. On the contrary. However, there has been a debate amongst historians as to what extent these houses were used by the urban elites to get rid of their unwanted relatives or spouses.  

Telling in this regard is that several people preferred to have their relatives admitted in houses of correction outside their own city of residence. This could be explained

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in three ways; placing someone further away avoided stigma and gossip, the family’s place of residence was ill-equipped for the task, or the reputation of an institution elsewhere made this choice attractive.\textsuperscript{117}

Unfortunately, in Amsterdam, no archive from this institution has survived. Nevertheless, by combining several archives, we do know that a city house of correction was located on the Weteringschans and the mad were cared for there. Amsterdam was relatively late with the foundation of a house of correction. In 1694, the city government bought the location for this purpose and resold it to two entrepreneurs, who they also appointed as wardens. In 1695, the first person was admitted.\textsuperscript{118} The house was specifically meant for ‘melancholic, mad or other persons who are not capable to administer their own person and goods to house them in the institution and if possible cure them.’\textsuperscript{119} That this policy was actually carried out can be discerned in the admission requests found in the archive of the \textit{Shout} and \textit{Schepenen} from Amsterdam, which stressed the incapability of inmates to administer their affairs and the possibility of cure for the mad while being locked up.\textsuperscript{120} The Amsterdam house of correction was resold to the city in 1718 and was subsequently rented out to the wardens. These wardens did not all show the most admirable and appropriate behaviour; for example, in the beginning of the eighteenth century, one warden was fired for immoral relations with a female inmate and another reprimanded after the escape of two inmates. This resulted in a sharpening of the rules and regulations for the wardens by the court officials in 1737: since that time, no more scandals or complaints can be found in the archives.\textsuperscript{121}

Like Amsterdam, Utrecht does not have an archive for the houses of correction and it is only through notarial archives and the asylum, court and old city records that we can gather information about the three private houses of correction (\textit{de vurige kolom}, \textit{het huis van gemak} and \textit{Rustwijck}). Most informative are the documents from the Court of Utrecht, which contain reports of an inspection carried out by court officials, rules and regulations for the houses and their keepers, and comments from and about the detained.\textsuperscript{122} Rather striking was the visitation report

\textsuperscript{117} Ibidem, 34.
\textsuperscript{118} Oldewelt, \textit{Amsterdamsche archieffondsten}, 76-77.
\textsuperscript{119} Ibidem, 77.
\textsuperscript{120} SAA, 5061 \textit{Archief Schout en Schepenen}, inv. nr. 1259-1279 Reg. Der door Schepenen geconfineerden met de requesten 1686 -1795.
\textsuperscript{121} Vriese, ‘Het verbeterhuis’, 47.
\textsuperscript{122} UA, \textit{702-7 Archief van het gerecht}, inv. nr. 3279 Rapporten, besluiten, reglementen en verslagen van visitatien betreffende de verbeterhuizen, het toezicht daarop en de
from October 1749, in which four women incarcerated in *huis Rustwijck* complained about the unbearable nuisance they endured from a couple of mad inmates, who caused them to suffer from sleep deprivation. Not only did the women ask for a solution for this problem, they also wanted to be separated from these people. This request shows that, even in institutions specifically meant for the mad, their care did not always fit easily into an institution that also cared for other people.

In Rotterdam, the main house of correction was called *Padua* and was part of the workhouse of Rotterdam. Already by the beginning of the seventeenth century, several attempts were made by the city government to found a workhouse in the city. Eventually, in 1663, the institution was established, located on the Korte Hoogstraat. In this workhouse, a special ward was opened in April 1706, which was separated from the rest of the institution. The ward consisted of cells intended for men and women of the urban middling sort, who needed to better their lives: in this ward also people with mental problems were admitted. This section of *Padua* grew quickly and around 1736, due to overcrowding of the house of correction, a new ward was needed. It was called *Kleyn Padua* or *Malta* which became integrated into the asylum and was specifically meant for the mad who were admitted into the house of correction. This new additional ward relieved *Padua* of this group, and [preventing the problem of other inmates being annoyed by this group], as was the case in Utrecht, reinforced the asylum as the place for the mad.

**Disciplinary institutions (Tucht-, Werk-, Rasp- or Spinhuizen)**
Disciplinary institutions became common in the cities of the Dutch Republic at the beginning of the seventeenth century, following the example of Amsterdam, which opened its first such institution in 1596. These penal institutions were meant for the punishment of, amongst others, beggars, vagabonds, prostitutes and petty criminals who were usually confined here on the authority of the court or urban government. The idea behind incarceration [in these institutions] was rehabilitation: the making of moral citizens through hard physical labour. The urban governments in the Dutch Republic were relatively early with the establishment and legitimization of these types of institutions and the workhouse model was developed more fully here than in England. Even though the institutions were not intended for the mad,

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123 Ibidem, Visitation report (11 October 1749).
126 Ibidem, 41.
in some cases, they would end up in these disciplinary institutions in all three cities. Because these institutions were not especially equipped for this group, their admission caused tension between the governors of the disciplinary institutions, the governors of the asylum and the family members of the mad. In the archives of all three cities, the requests for the transferal of this group can be found, which could indicate that admission into one of the institutions was initially based on certain behaviour that was displayed and not on the cause of this behaviour.127

In Amsterdam, three types of penal institutions were established: the Rasphuis (the institution for men), Spinhuis (the institution for women) and the workhouse. Remarkable was the fact that in both the Spinhuis and Rasphuis in Amsterdam, a special secret ward existed. In this ward, people could be admitted at the request of their family members. This process resembled the admission into houses of correction and supposedly these wards also functioned as a place for the confinement of the mad.128 Primary sources for these institutions in Amsterdam, however, do not show that many mad were kept here. Only scarce material on this particular subject reveals the life of the mad in these places. Most of this material deals with the transfer of this group out of the institution because of the nuisance they caused and the danger they posed for other inmates and vice versa.129

The workhouse in Rotterdam was founded in 1663 by the urban government but, quickly afterwards, it was rented out to a warden and became part of the house of correction.130 The archive from the Rotterdam workhouse reveals nothing about its mad inhabitants. This can be explained by the fact that the workhouse and house of correction were a combined institution in Rotterdam; therefore, it was not the workhouse, but Padua and (later) Kleyn Padua that were deemed the places for this group of people. In the archive of the Rotterdam asylum, however, requests for transfers from the workhouse to the asylum can be found, perhaps for the same reasons as those mentioned above.

In Utrecht, a workhouse was founded in 1615 after a bequest in his will of 1602 by Evert van de Poll, a lawyer of the Staten van Utrecht. Unfortunately, no

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127 See also: Chapter four, 104-108.
128 Vriese, ‘Het verbeterhuis’, 47.
129 SAA, 347-1 Archief van regenten over het Spin- en Nieuwe Werkhuis, inv. nr. 1 Protocol op de notule 1782-1795, p. 39 (3 June1785) and p. 42 (29 July 1785). And inv. nr. 13 Ingekomen- en minuten van uitgegane stukken 1792-1806, Request for the transfer of Wilhelmina Gaaig (7 September1798) and Doctor’s visitation and judgment (18 September 1798).
archive of this institution has survived, but some traces can be found in other archives. In particular, one request made by the warden of the Utrecht workhouse to the burgomaster of the city of Utrecht was interesting because it dealt with another problem of keeping the mad in the penal institutions. In this request from 1699, the warden asked for financial compensation for the cost incurred for the confinement of mad Aefken Michielsen. Aefken was sent to the workhouse but had been unable to provide for herself through physical labour ‘due to a defect in her senses’. The warden of the workhouse was compelled by the court to pay for her maintenance and he did so until her death half a year later. However, now he was requesting compensation. This case shows two important aspects regarding life in the disciplinary institutions. First of all, it was important that the confined were able to perform manual labour; second, it became a financial problem if this could not be carried out. However, if the behaviour of the mad was mild enough that it allowed them to live and work in the disciplinary institution, they were probably allowed to remain and therefore no mention of them would be made in the communication with other parties. The lack of source material could be partly explained by this.

Leprosaria and proveniers houses (Leprozen- and Proveniershuizen)
Many medieval cities had leprosaria or leper houses, usually located just outside of the city walls. This type of institution existed in all three cities. Archives for the leprosaria can be found in both Amsterdam and Rotterdam. As the name suggests, these institutions were originally built for the purpose of housing lepers; however, contamination rates for this disease diminished and were almost non-existent after the sixteenth century. Consequently, the houses were transformed to proveniers houses. In these houses, people – usually the elderly – could buy themselves a place – usually for life – as a form of life insurance or retirement plan. In both Amsterdam and Rotterdam, these houses also admitted the simple-minded.

The leprosarium in Amsterdam was located outside the Sint Antoniespoort: the exact date of its foundation remains a mystery. From the seventeenth century onwards, this institution became a place that mainly housed proveniers. It is not clear at what point this change occurred because the archive lacks information from the

131 UA, 702-1 Stad Utrecht, secretarie 1577-1795, inv. nr. 458 Requesten aan burgermeesters en vroedschap, houdende verzoeken om opneming van personen in of ontslag uit het tuchthuis 1682-1710, Request from warden about Aefken Michielsen (26 November 1699).
132 Ibidem.
Original: ‘door mankement van haar zinnen.’

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early seventeenth century. What the sources do show was that, besides the proveniers, the leprosarium also took in the simple-minded.\(^{134}\) Depending on the amount of money that was paid for admission, these people were either admitted into a private accommodation or assigned a place in the wards for simple-minded men or women.\(^{135}\) An extensive look through the late seventeenth- and eighteenth-century sources show that this Amsterdam institution only admitted the simple-minded because, unlike the mad, they could function within the daily routine of the institution.\(^{136}\) In general, this meant they should not display aggression or cause commotion and were capable of caring for themselves on a minimum level.

The population of the simple-minded in the leprosarium in Amsterdam was never very large, between 21 and ten people in the period 1675-1810.\(^{137}\) It is, therefore, rather peculiar that, after a long history of financial problems in 1749, when the governors asked for financial support from the burgomasters, they decided that the leprosarium should be transformed into a house for the simple-minded. This decision was the result of a major struggle between the city government and the governors with the existence of the institution at stake. This conflict was resolved in 1751, when an agreement was made that forbade the leprosarium to take in any more proveniers, because the city government wanted to centralize care for the simple-minded.\(^{138}\) However, by 1759, the governors began again with the admission of proveniers: we can conclude from this behaviour that centralization of the care for the simple-minded was – at that moment – a less pressing issue for the Amsterdam city government.

In Rotterdam, the leprosarium likewise changed during the sixteenth century into a proveniers house. Yet, it was not until 1670 that the house was completely set up as a proveniers house and the name of the institution changed to reflect this new direction. This did not mean that the house only took in proveniers: it also admitted the simple-minded. Indeed, the proveniers house was famous for its care and cure of children with scabies and other dermatological conditions, who were treated as in and out patients.\(^{139}\) Unfortunately, very little is known about the care for the simple-

\(^{134}\) Van E., ‘Het Leprozenhuis te Amsterdam’, 85.

\(^{135}\) These were called the ‘onnozele mannen zaal’ and ‘onnozele vrouwen zaal’.

\(^{136}\) SAA, 369-4 Archief Leprozenhuis, inv. nr. 306 Resoluties, later notulen van regenten 1747-1789.

\(^{137}\) Van E., ‘Het Leprozenhuis te Amsterdam’, 88.


\(^{139}\) Van Lieburg, Gilden, Gestichten en gezondheidszorg, 41-50.
minded: the archive divulged only a couple of admission contracts.\textsuperscript{140} What we learn from these was that families had purchased a place for life for their simple-minded family members for a significant sum. Nonetheless, the institution could still remove someone from their halls, if they were unable to obey the rules of the house or acted inappropriately.\textsuperscript{141} This type of regulation can also be found in the Amsterdam leprosarium and reinforces the idea that this was only a place for the docile simple-minded and not for the raving mad.

Orphanages and homes for the elderly (\textit{Weeshuizen and Oude Mannen- and Vrouwenhuizen})

The last group of institutions in which the mad were cared for were orphanages and homes for the elderly. In the archives of Rotterdam and Amsterdam, the mad can be found in these houses, too. [Surprisingly, the search through the archives of the orphanages themselves did not result in any useful material.] What can be deduced from the small amount of information gathered was that the orphanages took in simple-minded children. However, the orphanage was not an institution that could house (raving) mad children, or simple-minded or mad young adults. These limitations become apparent in the admission request made by the governors of the Rotterdam orphanage to the governors of the city’s asylum and best illustrated by the admission request made for Margarita Alexanders in 1742.\textsuperscript{142} In this request, the governors of the orphanages stated that they took in Margarita in 1722 with the understanding that she could stay until she was 22 years old. She was now already 25 and, yet, she still lived in the orphanage; moreover, because of her ‘innocence’, she would never be able to sustain herself. As her mental incapacity caused problems in the orphanage, they asked the burgomaster of Rotterdam to relieve them of their responsibility. The burgomasters allowed this and Margarita was transferred to the asylum on the condition that the governors of the orphanage remained responsible for paying for her maintenance.\textsuperscript{143} Not all requests had such positive outcomes: we can also find examples of similar requests being declined. The governors of the Amsterdam asylum, for example, simply refused to take in the simple-minded from

\begin{footnotesize}
\begin{enumerate}
\item RA, 22 Archief van het Leprooshuis of Proveniershuis te Rotterdam, inv. nr. 37 Losse contracten van verpleegden 1615-1834.
\item Ibidem, for example the contract for Gerit Pietersen (7 September 1655).
\item SR, 230-01 Archief van het Pest- en Dolhuis, inv. nr. 180 Requesten met appointement, bijlagen en vonnissen inzake opneming, continuering en betaling van het verblijf, en ontslag van krankzinnigen in resp. uit het Pest- en Dolhuis 1713-1819, Admission request for Margarita Alexanders (13 April 1742).
\end{enumerate}
\end{footnotesize}
the orphanages, because they ‘judged this to be counterproductive for the person in question’.

Only in Amsterdam do we find references to the mad and simple-minded being cared for within an elderly home. The Amstelhof was founded in 1681 by the Reformed diaconate and located between Nieuwe Keizersgracht and the Nieuwe Herengracht, where the Hermitage Museum is currently based. Originally, this house was founded for widows and single women over the age of 50, who had been members of the Reformed church for more than ten years and had been living in Amsterdam for at least 15 years. Despite the seemingly restrictive admission requirements, the institution quickly became crowded: one of the problems was the large number of sick and mentally disturbed elderly women who had taken residence in the Amstelhof. To deal with the problem of mentally disturbed women who caused hindrance to other residents, one of the basements was remodelled and made into a gekkenkelder (mad basement), later called the zwakkekelde (weak basement). In this basement, there was room for 48 women and they were locked in this specific part of the house when they were not able to remain in the common rooms. A female warden (zwakkebewaakster) was appointed and responsible for the daily care of this particular group of women.

In the three early modern cities, the mad can thus be found in many different institutions. Bringing together all the information about these institutions and the place of the mad in them has shown that the institutional system was of great importance in the care for this group in the urban environment. How exactly people made use of these institutions and which role they had in the care of the mad is examined further in chapter four of this thesis.

Conclusion
In the cities of Amsterdam, Rotterdam and Utrecht, an elaborate system of care came into existence during the early modern period. The development of this system was part of wider religious, social, cultural, economic and political changes in the urban

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144 SAA, 342-6 Archief van het Dol- of Krankzinnighuis, inv. nr. 955 Stukken over opneming, staten van verplegingskosten en van eigendommen van verpleegden. 1581-1792, Note from the governors of the asylum to the burgomasters about four people belonging to the Lutheran diaconate (March 1773). Original: ‘waarom het opsluiten in een krankzinnighuis haar mogelijk nadelig zijn zoude.’


environment and was prompted by different factors; namely, economic prosperity, population growth, increasing involvement of the government and guild/civic initiatives in organizing care. During the seventeenth and eighteenth centuries, the system of care expanded significantly and became integral to the lives of the cities’ inhabitants. In this system, private and public interest became intertwined; therefore, communication and cooperation between all parties was essential for the system to function.

One of the most important parts of this system for the organization of care for the mad was the urban institutional system. As the second section of this chapter outlined, the city asylums were of particular interest in this regard: not only were they great archival makers, but these asylums were the only place specifically intended to house the raving mad, who needed to be withdrawn from society. During the seventeenth century, increasingly specialized care for various socially vulnerable groups was provided, such as the poor and the sick: the mad also had their own place in this system. However, while specialized care multiplied, so too, did the number of institutions involved with the care for this group. We have seen that the city’s hospitals, leprosaria and even old-age homes could – at some point or another – have special facilities for the mad (or simple-minded). Not all these houses were specifically intended for this group, of course, but when the sources tell us that the mad could indeed be located in these various houses, it demonstrates that different types of madness had their own place in the institutional system and multiple options were available to the inhabitants of the cities. The important questions of how these people ended up in these institutions, in what ways they were distributed among them, and what day-to-day life in these institutions looked like are addressed more fully in chapter four. In the next chapter, we focus on who the mad people were. Exploring their demographic characteristics and the terminology used by contemporaries to describe the mad and their behaviour will prove insightful in the quest to know more about this diverse group of people. Significantly, the following chapter will also search for the rare voices of the mad themselves to reveal how they handled their condition and what type agency they had.