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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.

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CHAPTER TWO

WHO WERE THE MAD?

Looking at the mad, descriptions of madness and practices of self-determination

‘They called me mad, and I called them mad, and damn them, they outvoted me.’¹⁴⁷ This remark, made by English novelist Nathaniel Lee (c. 1653-6 May 1692) after being incarcerated in Bedlam for five years, exemplifies that madness was very much in the eye of the beholder. Lee’s statement also illustrates that defining madness in the early modern period – as well as today – was a challenge because madness is a concept that greatly depended on cultural and social factors. Nowadays, the medical classifications from the well-known *Diagnostic and statistical manual of mental disorders* (DSM) are considered the norm when listing the criteria for mental illness; however, in the early modern period, no such clear description existed.¹⁴⁸ Uniform measures to determine madness were thus not specified, neither in the medical world nor in society.¹⁴⁹ As such, ‘deviating from the norm’ may have been the only general feature to define madness in the early modern period. This is reflected in our sources, where someone was described as mad when he or she acted out, neither taking into consideration nor understanding, the social, moral and cultural etiquettes and behavioural norms. As we will see, these classifications come back time and time again in the documents.

Specifying who the mad were is, therefore, essential for a thesis concerned with the position of the mad in early modern Dutch cities. Hence, who were the mad is the central question in this chapter. This question has occupied historians of madness and psychiatry for decades. Much discussion has been raised around questions such as how to define this group, who were the people deciding who was mad, how reliable are the sources discussing this, what terminology should be used and how should we interpret the voices of the mad.¹⁵⁰ To prevent any form of retrospective diagnosis or engagement in a philosophical discussion about the definition of madness, I define someone or something as mad whenever someone is

¹⁴⁷ Porter, *Mind-forg’d manacles*, 2.

¹⁴⁸ Psychiatry online,

<http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596> [13February 2019].

¹⁴⁹ This does not mean that I claim that there are no descriptions of madness that can be used, only that the different descriptions vary and no clear uniformity can be discovered.

¹⁵⁰ Scull, *Madness in civilization*, 10-15 and Porter, *Waanzin*, 65-66.

described as such by his or her contemporaries in the sources.¹⁵¹ This pragmatic approach also has its flaws; for example, are the people described as mad really mad? Equally important is the opposite question of why were those who could be classified as mad not labelled as such? However, due to the lack of context and detail in early modern sources about the specific nature of the madness, these questions remain difficult to answer. Nevertheless, because people did not generally go to the great lengths (and costs) involved in having an official document drawn up without specific reasons, fraudulent situations seemed to have been mostly countered. Aside from this, the system also implemented many checks and balances to prevent wrongful accusation and incarceration of the mad. Keeping the specified definition mentioned above is therefore, in my opinion, the best to maintain in this thesis.

To answer the question of who were the mad, a demographic profile and an overview of the social and economic background of this group is first outlined in this chapter. Unfortunately, not all the sources provide much or even usable information on these factors; however, through combining many different source types and the information they provide on gender, age, marital status, origin, faith and socio-economic status, we can make some general remarks. The focus of the chapter then shifts to the question of how the mad are described in the sources. Analysing the terminology used to describe these people and the behaviour that was marked as mad will give us insight into who or what was defined as mad. In the final part of this chapter, the seldom-heard voices of the mad take central stage. Exploring these voices to see what the mad themselves had to say about their mental state, their care and their lives will help to fill these gaps in the Dutch historiography.

The mad

In the most recent overview work on the topic, *Madness in civilization*, Andrew Scull has stated that: ‘The mad, then as now, were found in all ranks of society, old and young, male and female alike’.¹⁵² In the historiography about early modern madness, remarkably little attention has been paid to the demographic characteristics of the mad. For the most part, this is due to a lack of sources that could provide this information. Yet, perhaps equally important, this is also due to the fact that historians of psychiatry have often had a different research focus. With the occasional exception, more interest has centred on the cultural and social construction of madness and less on the mad themselves. Fortunately, in both the works by Michael

¹⁵¹ See also: Introduction, 12-15.

¹⁵² Scull, *Madness in civilization*, 88.

MacDonald and Jonathan Andrews and Andrew Scull about the private healer Richard Napier (1559-1634) and ‘mad-doctor’ John Monro(1716-1791), some demographic characteristics were provided.¹⁵³ Their research has, for that reason, become a starting point for this analysis. Nonetheless, because the clientele of these two private physicians originated mostly from the higher and middle echelons of society, they were not completely representative in comparison to the mad population from the sources of Amsterdam, Rotterdam and Utrecht.

In this research, getting a comprehensive picture of the mad has been difficult for multiple reasons, the most important one being that the documents used were not uniform in the type of information they provided. Unlike patients files from the nineteenth and twentieth centuries, the sources from the early modern period are not adequate for giving complete and distinct information about the background of the mad. Still, a more general overview can be given, more specifically regarding gender, age, marital status, origin, religion, profession and financial payments for treatment, care or institutionalization.

Gender

Gender and madness have been a theme in the history of psychiatry for quite some time now. Most scholars contend that women more often than men suffered from mental illness.¹⁵⁴ In the introduction of the collected volume, *Sex and seclusion, class and custody*, which deals with the perspectives on gender and class in the history of British and Irish psychiatry, Jonathan Andrews and Anne Digby have argued that:

‘Gender perspectives on the history of [...] psychiatry and asylums were once dominated by a somewhat exclusive focus on women; on distorted, if not misogynistic, psychiatric constructions of femininity, and of specific female-directed treatment; on the creation of mental illness as a predominantly feminine disorder and on male-orchestrated abuse of women and chauvinism within psychiatry and psychiatric institutions.’¹⁵⁵

This biased image, however, cannot be supported by the early modern sources from the three Dutch cities studied in this thesis. Information about gender was collected

¹⁵³ Andrews and Scull, *Customers and patrons* and MacDonald, *Mystical Bedlam*.

¹⁵⁴ For example: Chesler, *Women and madness*, 173-179; Appignanesi, *Mad, bad and sad*, 6-8 and Ussher, *The madness of women*, 1-2 and 8-12.

¹⁵⁵ Andrews and Digby, *Sex and seclusion*, 8.

from 2065 people who were described as mad.¹⁵⁶ The majority, 1045, were male and 1020 were female. This indicates that, with only a slight differentiation, the balance between men and women was relatively equal.

In contrast, the research results about the patients of the English healers, Richard Napier and John Monro, did show an overrepresentation of women.¹⁵⁷ In Napier's patient notes, MacDonald found a significant difference between the number of male and female patients treated and speculated on the reasons for this. He mentioned the psychological frailty of women, the early modern gender roles and the overrepresentation of females in the cities as possible explanations.¹⁵⁸ Theories about the psychological frailty of women can be found in many early modern medical treatises. In these books, the physicians explain this phenomenon generally by the different humoral complexion of the woman and to the discrediting of the 'wandering womb'.¹⁵⁹ This resulted in the general belief that women were by nature more susceptible to madness than men.¹⁶⁰ Additionally, the pressure to perform according to gender roles often weighed more heavily on women than men in early modern culture. It was expected that women obey a man: first a father, later a husband, brother or guardian. Additionally, they were, in general, held to higher moral standards than men.¹⁶¹ This notion often relates back to their psychological frailty and the fact that women were usually blamed for the 'fall of man'.

The difference between the outcome of this research and that of Napier's and Monro's patients may be explained by the fact that, in this research, the sources vary: not only patient records of private practitioners were used. Taking a closer look into the two main source types; namely, notarial documents and admission requests, can therefore be a rewarding exercise. The notarial documents from the three cities encompass a group of 314 people: the majority of 197 were men and 116 were women.¹⁶² The opposite gender trend was found in the admissions from the three asylums for the periods 1640-1680 and 1740-1780. These totalled 848 people, 393

¹⁵⁶ In order to come to this number, I have used all available documents from Amsterdam, Utrecht, Rotterdam and the Court of Holland into account. However, because these archives sometimes contain multiple documents on the same person, this number is not 100% precise on how many individuals are represented in this research, but a general indication.

¹⁵⁷ Andrews and Scull, *Customers and patrons*, 30 and MacDonald, *Mystical Bedlam*, 35.

¹⁵⁸ MacDonald, *Mystical Bedlam*, 35-37.

¹⁵⁹ Jetter, *Geschiedenis van de geneeskunde*, 297-298 and Van Gemert, *De schat der gezondheid*, 40-41.

¹⁶⁰ Houston, *Madness and society*, 125.

¹⁶¹ Dialetti, 'From women's oppression to male anxiety', 19-37, p. 25-27.

¹⁶² This difference in this number is made up by a group of people for whom the gender is unknown. The unknown are people who are only mentioned as a person, patient, or object in the sources without a name or gender indication.

were men and 442 were women.¹⁶³ The discrepancy between genders might be explained by the goals of the different source types. If we take into consideration the possibilities (as described above) that the asylums admitted more women because they were the largest group living in the city and were more vulnerable to economic hardships, then their slight overrepresentation in the admission requests is explainable. On the other hand, because the notarial documents were used more often to record events of an aggressive nature, which then endangered the environment of the person in question, one would expect to find men more frequently in these documents. Thus, an analysis of the gender of the mad from Amsterdam, Rotterdam and Utrecht does not support the general assumption that women suffered more from madness than men and, indeed, shows a more equal representation of both.

Age

Each age category comes with its own mental challenges and examining the age division of the mad would therefore be worthwhile investigating. The age of the mad was, unfortunately, not often mentioned in the sources: of the 2065 people, only 348 had their age noted. Table 2.1 below shows that, of the 348 people, 169 were male and 179 were female. A salient point to note here is that the percentages in the age table show a similar age pattern to that presented by MacDonald about Napier's patients.¹⁶⁴ The largest age category in this research were people aged between 20-29 years, making up 122 people and 35.1 per cent of the total 348. Remarkable in this respect is the fact that, in recent research into the age of onset of mental disorders, this same age range was indicated as the period in which most mental illnesses first appear.¹⁶⁵ One of the explanations for this, as already analysed by others, was that in this age category, young adults went through multiple life changes. These changes were all connected to the transition from childhood to

¹⁶³ This number was not compromised by all the admission requests from this time but from the administration kept by the governors of the asylums from the period 1640-1680 and 1740-1780, derived from the sources:

SAA, 342-6 *Archief dol- of krankzinnigenhuis*, inv. nr. 951-954 *Krankzinnigen-boeken 1640-1745, 1700-1765, 1726-1792, 1746-1792*; SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 158-161 *Registers van opgenomen krankzinnigen 1619-1833* and UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv.nr. 2522-1 and 2522-2 *Resolutiën van de broeders van het Dolhuis 1593-1786*.

¹⁶⁴ MacDonald, *Mystical Bedlam*, 40.

¹⁶⁵ De Lijster, Dierckx, Utens et al., 'The age of onset of anxiety', 237–246 and Dagani, Signorini, Niessen et al., 'Meta-analysis of the interval', 247–258.

adulthood, and issues such as financial independence, marriage and child-rearing could bring about anxieties and cause mental turmoil.¹⁶⁶

If this was the case, an examination of the marital status of the mad could tell us more about who the mad were. When Michael MacDonald talked about the marital status of Napier's patients, he started with a statement about the effects of marriage on the mental health of men and women, suggested that marriage was a paradise for men and a purgatory for women.¹⁶⁷ As a result, MacDonald argued that more married women and more single men would have been struggling with mental problems. Napier's patient files confirm this hypothesis and show that the largest group of patients were married women.¹⁶⁸ It is striking that, while writing on the same topic, Andrews and Scull began with a different claim; namely, that *single* men and women were affected more by madness. However, this was not really the case and, for Monro's patients, married women also dominated in his records.¹⁶⁹ In both books, however, the authors note the physicians' lax manner of recording their patients' marital status: the same can be said about the sources in this research.¹⁷⁰ Information about the marital status of someone was not standard recorded information in the early modern sources. Establishing an answer to whether marital status had any bearing on madness is therefore difficult, even though we could look at the involvement of marital partners in the process of care by the mentioning of spouses in the sources.

In Table 2.1, more pertinent observations about age can be made. For example, it shows that only a small percentage of the people in this investigation were classified as children: only 6.9 per cent fall in the 0-19 age range. The reason for this low percentage could be explained by the fact that children suffering from madness were more likely to be kept at home as they posed less danger to their environment. Consequently, they do not (or only sporadically) appear in the sources. Exceptions in these cases are the wills that were drawn up by parents (caring for their child at home) who, in this way, arranged for their child's future care. The percentage of people above the 60-years age bracket was also small. One of the more straightforward explanations for this could be that life expectancy in this time was significantly lower; on average, life expectancy was between 28-32 years.¹⁷¹ This must have led to a lower percentage of elderly in early modern society. On the other

¹⁶⁶ MacDonald, *Mystical Bedlam*, 41.

¹⁶⁷ *Ibidem*, 47-48.

¹⁶⁸ *Ibidem*, 47.

¹⁶⁹ Andrews and Scull, *Customers and patrons*, 30.

¹⁷⁰ MacDonald, *Mystical Bedlam*, 47 and Andrews and Scull, *Customers and patrons*, 30.

¹⁷¹ Luiten van Zanden and De Moor, 'Mensen en economie in de Gouden eeuw', 17-18.

hand, the specialized facilities for this group, such as *hoffes* and homes for the elderly could have kept this group, to some degree, out of these sources and (therefore) this research.

Table 2.1

Age	City	Men	Women	Total	Percentage
0-19	Amsterdam	7	7	14	
0-19	Rotterdam	3	2	5	
0-19	Utrecht	4	1	5	
Total		14	10	24	6.9
20-29	Amsterdam	43	54	97	
20-29	Rotterdam	9	9	18	
20-29	Utrecht	4	2	6	
20-29	Hof van Holland	0	1	1	
Total		56	66	122	35.1
30-39	Amsterdam	31	34	65	
30-39	Rotterdam	5	5	10	
30-39	Utrecht	2	3	5	
Total		38	42	80	23
40-49	Amsterdam	20	17	37	
40-49	Rotterdam	6	3	9	
40-49	Utrecht	2	2	4	
40-49	Hof van Holland	1	0	1	
Total		29	22	51	14.6
50-59	Amsterdam	12	17	29	
50-59	Rotterdam	1	5	6	
50-59	Utrecht	4	0	4	
Total		17	22	39	11.2

60-69	Amsterdam	6	7	13	
60-69	Rotterdam	0	4	4	
60-69	Utrecht	0	1	1	
Total		6	12	18	5.2
70-79	Amsterdam	6	3	9	
70-79	Rotterdam	1	1	2	
70-79	Utrecht	0	1	1	
Total		7	5	12	3.4
80-89	Amsterdam	0	0	0	
80-89	Rotterdam	2	0	2	
80-89	Utrecht	0	0	0	
Total		2	0	2	0.6
Subtotal number of patients		169	179	348	100

Age of the mad: Amsterdam, Rotterdam and Utrecht.

Geographical origin

In almost all the sources, the place of residence or birth was recorded. People mostly came from one of the researched cities. Yet, in a couple of cases, people came from other countries or places in the Dutch Republic. This was remarkable because, as seen in chapter one, most urban institutions were (at least initially) unwilling to take in people from outside their city borders.¹⁷² That several people from outside the cities were present in the sources, again emphasizes the important regional function of these bigger cities in the management of the mad. Of the people who did not originate from Amsterdam, Utrecht or Rotterdam, most came from the neighbouring villages and towns such as: Maarsenveen, Vreeswijk, Vleuten, Ruwiel, Cuijlenborg, Kamerik, Gorinchem, Klaaswaal, Kralingen, Wageningen, Geertruidenberg, Delftshaven, Overschie, Alkmaar and Abcoude. Remarkably, the sources mention people coming from other cities such as Haarlem and Delft even though both had an asylum of their own. Speculating on the meaning of this, it seems plausible that

¹⁷² See also: Chapter one, 35.

family or friends brought someone to another city to prevent stigma by placing them outside their place of residence and thus out of sight of prying eyes.

Equally interesting is that the sources recorded information about the different countries where people originated from, revealing traces of European migration. These foreign-born newcomers came from Germany, Belgium, England, Denmark and Scotland. All these different nationalities can also be found in the book, *Migrantenstad*, by Erika Kuijpers. In her work, she explains the different migratory movements to the Netherlands and distinguishes the push and pull factors of these types of migration.¹⁷³ Consequently, it is not surprising that these groups were identified. In recent years, much more research has concentrated on the link between migration and mental health issues. In her book, *Migration and mental health*, Marjory Harper has argued that migrants were an important group in the research of mental health because ‘the dislocation or isolation caused by the absence of networks, coupled with uncertainties about identity, could destabilize not just modern transients but also those who simply migrated from A to B in much earlier years.’¹⁷⁴ Unfortunately, research in this field has mainly focused on the period from the nineteenth century onwards and little is known about the early modern period. Still, some of the general arguments about why immigrants were more prone to mental health problems also seem to be applicable to this period. It was particularly health issues such as higher rates of post-traumatic stress disorders in refugees and the sense of dislocation and isolation that created problems for this group.¹⁷⁵ Additionally, immigrants were ‘at-risk populations’ because they lacked a familial network and were often among the poorer inhabitants of a city.¹⁷⁶ The same issue can be found in the early modern sources. In chapter one, it was shown that migrants were also admitted into the asylums during this period; but, another remarkable source that showed the most explicit presence of foreigners was the *Cipiersrekening* of the poor prisoners from Amsterdam. In this bill, 41 people who were labelled mad were locked up under the city council building. Twenty of these people came from another country and four from another town in the Dutch Republic.¹⁷⁷ Of the 20 foreigners, four people were actually transported back to their home country on authority of the Amsterdam burgomasters. In most of these instances, they were put on a boat and placed under the supervision of the captain. The relatively high number

¹⁷³ Kuijpers, *Migrantenstad*, 15-26.

¹⁷⁴ Harper (ed.), *Migration and mental health*, 6.

¹⁷⁵ Ibidem and Finlayson and Harper, ‘Is migration good for you?’, 239-258, p. 240 and 242.

¹⁷⁶ McCarthy and Coleborne (eds), *Migration, ethnicity, and mental health*, 2.

¹⁷⁷ SAA, 5061 *Archieven van de Schout en Schepenen*, inv. nr. 631-635 *Cipierrekeningen der onvermogene gevangenen*. (na. Der preventief in arrest gen.) Galgenmalen 1732–1810.

of immigrants in this particular source probably has to do with the nature of the source. Because this was the bill of the officer of justice for poor prisoners, these people belonged to the lowest strata of society and thus did not have a social network to fall back on. Those mad people with a social or family network who could care and vouch for them would have more likely been cared for at home or in other institutions in the city that were better suited to their needs. Consequently, when creating turmoil in the city, they were locked up by the jailer (*cipier*).

Religion

Specifying religious affiliations on the basis of the sources was complicated. The faith people worshipped was almost never mentioned explicitly. Still, traces of church membership could be found when a particular religious community became involved in the payment of care or signalling of a problem. Based upon the interference by various diaconates, church elders and poor-relief officers from the different religious communities, some observations can be made. The involvement of the church communities was a form of poor relief, which was organized in a relatively splintered fashion in Amsterdam, Rotterdam and Utrecht. All religious communities (e.g. Reformed, Lutheran, Catholic and sometimes Jewish) were responsible for the care of their own poor and consequently also their poor mad. Therefore, many of the representatives of the different religions in the Dutch Republic appear in the sources, more so since (due to pragmatic considerations), a tolerant attitude towards several different religions was maintained in the Dutch Republic.¹⁷⁸ Nonetheless, it is important to keep in mind that many of the inhabitants did not become full members of a church and not all church communities were able or allowed to organize themselves in official ways.¹⁷⁹

The most prominently involved church was the official or ‘public’ Reformed church. This is not an unexpected discovery as, during and after the Dutch Revolt, the Reformed religion became the privileged religion in all three cities. The Dutch Reformed Church community was therefore the largest community in all the cities, and its representatives often became involved, especially when the payment for institutional care needed to be arranged. Besides the Reformed Church, the Catholic Church and Catholic poor organization also played a pertinent role in the care of the mad. It is interesting to note that the Catholic Church had a greater presence in Utrecht: this most probably had to do with the fact that the city held the former

¹⁷⁸ Prak, *Gouden Eeuw*, 241.

¹⁷⁹ *Ibidem*, 230.

bishopric seat and therefore had more Catholic inhabitants.¹⁸⁰ Other minority groups can also be found in the source corpus, including the Church of England, Lutheran Church, French-speaking Reformed Church and the Church of Scotland. The population of the mad thus reflects the great variety of different religious convictions that was common for the Dutch Republic at this time.¹⁸¹

Only sporadically do Jews appear in the sources. Jews were allowed to settle in the three cities and Amsterdam had a relatively high percentage of Jewish citizens.¹⁸² The poor-relief and care facilities within the Jewish communities has been researched by, for example, Tirtsah Levie Bernfeld, but still little is known about the care for the mad within these communities in the Dutch Republic.¹⁸³ In his book about the Sephardi diaspora in Western Europe, Yosef Kaplan explains that, in Amsterdam, members of the Portuguese-Spanish Jewish community who had become mad were placed in the care of Ashkenazi Jews. These caretakers cared for the mad in their home for a fixed salary from the municipal treasury of the Portuguese-Spanish Jewish community. The amounts paid to the caretakers fluctuated; most likely, the payment was proportional to the severity of the behaviour of the person in question.¹⁸⁴ According to Kaplan, this was done to prevent them from going to the asylum. This situation lasted until at least 1730, when Jews were also sent to municipal institutions.¹⁸⁵ In the admission requests for the asylums, only one person mentioned as Jewish is found – in the Utrecht archive in 1774. However, this person was aided by the Anglican diaconate because he had been recently baptized into the Anglican Church.¹⁸⁶ In the notarial archives, only the Jewish Portuguese trader Isaac Rodriguez is found. He had initiated two notarial testimonies to describe the state of mind of his mad wife, Rica de Souza Britto.¹⁸⁷ Rica was the only Jewish person recorded in the notarial archives, with the exception of the

¹⁸⁰ Van Hulzen, *Utrecht*, 56-60.

¹⁸¹ Spaans, 'Unity and diversity as a theme in early modern Dutch religious history', 221-234, p. 222 and Van Dam, *Een calvinistisch land*, 15-42.

¹⁸² Prak, *Gouden Eeuw*, 237-240; Swetschinski, 'Tussen middeleeuwen en Gouden Eeuw', 53-96, p. 74-82 and Kaplan, 'De joden in de Republiek', 129-176, p. 141-143.

Jews settled in Amsterdam from the sixteenth century onwards and the first synagogue was founded in 1639. From 1610, Jews obtained permission to reside in Rotterdam. In Utrecht, Jews were granted permission to reside in the city from the sixteenth century but this permission was revoked and reissued multiple times during the early modern period; however, from 1788, permission was again granted on a large scale.

¹⁸³ Bernfeld, *Poverty and welfare*.

¹⁸⁴ Kaplan, *An alternative path to modernity*, 66-67.

¹⁸⁵ *Ibidem*.

¹⁸⁶ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv.nr. 2522-2 Resolutiën van de broeders van het Dolhuis (1737-1786), Admission request for converted Jew (19 April 1774).

¹⁸⁷ SAA, 5075 *Archief Notarissen*, inv. nr. 6053, 565 (14 July 1710) and 601 (15 July 1710).

treatment contracts made by the Jewish physician, Joseph Celle, to cure people from madness.¹⁸⁸ Lastly, one more Jewish man can be located: this time, in the archive of the Court of Holland. Mordechay Levy was arrested for murdering Levi Barentsz Polak during a fit of madness in 1715.¹⁸⁹ Keeping the care of their own mad within the community and in a domestic environment explains why the Jewish are underrepresented in the sources. From the sources, we can learn that religious affiliation of the mad was varied and little about specific different groups can be said because of the limits of the material used.

Socio-economic profile

The information in the sources regarding social and economic profiles is limited and fragmented. Still, by combining two socio-economic indicators, (for example, professions and economic situation) some insights can be gained. Looking at the information about the professions of the mad and/or people in their social network, it becomes possible to draw conclusions about their social status and place in society. Furthermore, explicit information about someone's economic situation or the amounts paid for care and cure by their family or social network were sometimes recorded, and these details can provide clues about the economic position of the mad.

Profession

To use profession as an indicator of social status requires some clarification. In 176 cases, information about professions or a former profession was recorded: either for the person afflicted with madness or for people in the afflicted's social network. Most of these professions can be classified as occupations belonging to the lower or middle classes. According to the developed scheme, Historical International Classification of Occupations (HISCO) Tree of Occupational Groups, these professions mentioned can be categorized into four major groups: service workers, production and related workers, transport equipment operators and, lastly, labourers.¹⁹⁰ The professions specified in the sources included (amongst others): a pastry chef, a tailor, a carpenter, a day labourer, a shopkeeper and a miller.¹⁹¹ Men

¹⁸⁸ I will elaborate on these contracts in chapter three, 85.

SAA, 5075.X Archief Notarissen, inv. nr. 10700, 210 (23 December 1739), inv. nr. 107002, 228 (22 June 1740), inv. nr. 10702, 314 (19 August 1740), inv. nr. 10702, 372 (19 September 1740) and inv. nr. 10703, 463 (17 November 1740).

¹⁸⁹ Nationaal Archief, 3.03.01.01 Archief Hof van Holland, inv. nr. 5385.A.3 Informatie inzake Mordechay Levy, die in zijn krankzinnigheid een manslag begaan had (1715).

¹⁹⁰ International Institute of Social History (IISH), <https://collab.iisg.nl/web/hisco/about> [13 February 2019].

¹⁹¹ Original: *suiker bakker kleermaker, timmerman, dagloner, winkeliers* and a *molenaar*.

were overrepresented in the sources but some working women could also be found. Most of these women were house servants – this profession was mentioned 18 times – but some were employed as wet nurses and even a tradeswoman was recorded.¹⁹² Interestingly, in most cases where a woman's profession was mentioned, these roles were fulfilled by single women, both younger and older. Thus, we see that women's professions here concerned a particular social group, one that was especially vulnerable when it came to hardship. On the other hand, household employees were also regularly asked to testify, so this might compromise the image slightly.

What also stands out when analysing the professions is that some more city-specific professions can be identified in the documents for each of the different cities. For example, in Amsterdam and Rotterdam, seafaring-related professions were mentioned on 15 occasions. This is naturally due to their position as harbour cities; however, because the job titles mentioned were sailors, barge captains or dockworkers, we can establish that these were not the highest earning jobs in the field.¹⁹³ For Utrecht, soldiers were mentioned more often in the sources compared to the other cities: namely, seven times. In all likelihood, this was related to Utrecht's central role as a location of military interest and, subsequently, the (relatively) large garrison stationed there.¹⁹⁴ One last point worth looking into is the frequent mention of medical and judicial professions. Not only doctors, surgeons and a pharmacist, but also a burgomaster, *schouten* (bailiffs), a lawyer, a notary and a court usher were recounted.¹⁹⁵ Speculating on why these types of professions were mentioned, it seems most logical that, because these professions were generally placed in a higher social position, sometimes had judicial power and were recognized as experts concerning the subject of madness, their voices in the sources as witnesses would have empowered the authoritative value of the sources.

When we come to analysing what this information about professions can reveal about the social-economic position of the mad, only general comments can be made mostly because we have to tread very carefully when combining information about both the mad and their social network. We can say with certainty that the people mentioned in the sources originated mainly from the lower and middle social strata. Drawing other hard conclusions, however, is not possible due to the lack of

¹⁹² Original: *dienstmaagd, dienstmeid, min and verkoopster*.

¹⁹³ Original: *schuitenvoerder, stuurman, zeeman, scheepstimmermanknecht, schuitenwerker, varensliedenlichterman, schipper, binnenschipper, marktschipper, scheepsmaker, schiptimmerman*.

¹⁹⁴ Van Hulzen, *Utrecht*, 51-56 and 66-67.

¹⁹⁵ Original: *medisch dokter, chirurgijn, apotheker, burgemeester, schout, schout bij nacht, advocaat, notaris and gerechtsbode*.

information and the fact that even within professions, great differences could exist in terms of wages and success of people in their jobs.

Economic situation

It was not uncommon for people to address their economic situation explicitly. This was particularly the case when people were in poor financial condition and expected to benefit from emphasizing their limited resources. Thus, the sources often noted that someone was poor, had spent all their financial means, or was already supported by a poor-relief organization. These declarations can be found in many different forms; most commonly, they were recorded in admission requests, where people specified that they were unable to pay for the admission of their loved ones. The admission request made by the widow Jannetje Kelderman is a case in point. Jannetje classified herself as being in indigent circumstances because her daughter Jannetje Kieviet had been admitted to the asylum about a year ago: she had only been able to pay for her upkeep because friends and family had helped her out. Now they refused to help her with the payment for another year and, since her daughter had not improved, she asked the burgomasters of Amsterdam to allow a prolongation of the confinement *pro deo*. To underscore her miserable state, several neighbours testified and confirmed her story.¹⁹⁶ The fact that *pro deo* requests were made or that the different poor-relief organizations and religious communities were frequently involved in discussions about the payment for care, shows that a significant amount of people in this study belonged to the lower echelons of society. It is also noteworthy to add that people were very rarely labelled as poor in the notarial documents; however, in the other sources used, this percentage is much higher.

The sources also provide details about the actual amounts that were paid for admittance to an institution or treatment by a doctor or surgeon. These care and cure fees could differ greatly, from just 30 guilders to thousands. The former was the minimum amount that needed to be paid annually in the Utrecht asylum. Almost all the asylums had a set minimum that needed to be paid for care, but not all were strict in keeping to this demand. Most payment agreements for the institutions varied between 80 to 200 guilders per year and sometimes a one-off fee of 30 to 50 guilders was required as an entrance fee.¹⁹⁷ In some cases, admission for life was arranged: for those admissions, a sum between 1500 and 2500 guilders was paid, sometimes

¹⁹⁶ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 955 Stukken over opneming, staten van verplegingskosten en van eigendommen van verpleegden 1581-1792, Admission request for Jannetje Kieviet (9 May 1770).

¹⁹⁷ See also: Chapter four, 100-101.

supplemented by the inheritance of a caregiver or the person admitted. The fees, even though they varied, could not be afforded by everyone.¹⁹⁸ For the private sector, less information was available about the amounts of money that were paid for care. In five doctor contracts from the Amsterdam notarial archive, amounts between 150 and 300 guilders were listed for the services of physician Joseph Celle.¹⁹⁹ These were no small amounts: this indicates to us that his clientele hailed from the middle and higher classes. In the notarial documents, some amounts paid for or intended for the future care of a mad family member were mentioned, but these also vary greatly: from 1400 guilders (paid for care for life) to 70 guilders paid annually.²⁰⁰

The mad in this research represented all social layers of society, with the exception of the highest classes, who had their own means to facilitate private options of care and do not (or rarely) appear in the sources.²⁰¹ As mentioned earlier in the chapter, these findings do not completely resonate with similar research into the patients of Monro and Napier: due to the use of institutional records, the lower strata could have been overrepresented in this research. The notarial documents and admission requests researched in this thesis were predominantly drawn up by the lower and middle classes of the urban population and, therefore, these people are the most prominent.

Describing the mad: terminology and behaviour

The way in which madness was described in early modern sources is telling for how contemporaries understood, explained and regarded madness and the mad. The following section examines in more detail the terminology used by families, friends, neighbours, governments and others in the social network to describe the mad and their behaviour.

¹⁹⁸ Economic historian Jan Luiten van Zanden established in his book, *Arbeid tijdens het handelskapitalisme. Opkomst en neergang van de Hollandse economie 1350-1850* (Bergen 1991) 137, that the average daily wage of a day labourer in the period between 1644-1780 fluctuated between 10 and 12 stiver. However in the book, *Nederland 1500-1815. De eerste ronde van modern economische groei* (Amsterdam 1995) 202, written by J. de Vries and A. van der Woude, they estimate the average day wage to be between 12 and 14 stivers.

¹⁹⁹ SAA, 5075.X *Archief Notarissen*, inv. nr. 10700, 210 (23 December 1739), inv. nr. 107002, 228 (22 June 1740), inv. nr. 10702, 314 (19 August 1740), inv. nr. 10702, 372 (19 September 1740) and inv. nr. 10703, 463 (17 November 1740).

²⁰⁰ For example: UA, 34-4 *Notarissen in de stad Utrecht*, inv. nr. U110a003, akte nr. 88 (20 February 1690) and inv. nr. U118a006, akte nr. 198 (16 October 1728).

²⁰¹ We encounter the upper class more sporadically in the notarial archive, identifying them by their names, the large amounts of money they offered for medical treatment, private care or confinement and certain rules or restrictions they applied to care.

Terminology

In general, the terminology used to describe the mad in the early modern Dutch Republic is quite diverse and often seems rather random. A similar pattern has been observed in other European countries.²⁰² Often multiple terms were used in the same document and regarding the same person. To bring more specific meaning to these diverse terms remains a complicated matter, but some distinctions can be made. For example, we can distinguish between terms used for the mad and for the simple-minded: the latter category was usually described as ‘innocent’, ‘simple’ or ‘foolish’.²⁰³ Less frequent terms such as ‘weak in the brain’, ‘childlike’ or ‘stupid’ were also utilized.²⁰⁴ For the mad, a much broader variety of terms was employed, but most frequently the term ‘mad’ (*krankzinnig*) was used. Other commonly used terms included: ‘not capable of using one’s reason’, ‘insane’, ‘without senses’ and ‘troubled in the brain or mind’.²⁰⁵ Some terminology was also directly related to social behaviour such as ‘afflicted with evil madness’, ‘frenetic’, ‘maniacal’, ‘melancholic’, ‘raving’ and ‘furious’.²⁰⁶ It is noteworthy to add here that, from the eighteenth century onwards, medical terms became more frequent. People described someone (for example) as ‘suffering from a brain disease’, ‘having raging fevers’ and as a ‘hypochondriac’.²⁰⁷

If we look at the terminology, most telling is the specific vocabulary people added before the actual term of madness was mentioned, such as: inflicted with, suffering from, visited by, troubled with, attacked by, void of or hurt in. This particular framing of madness shows how people thought about the origins of madness. In particular, these constructions demonstrate that people thought that madness was something that could befall you, either by an accident, misfortune or by a divine power. Regarding the last concept, the sources do not reveal much about belief in godly interference. The only two types of references that can be found are the expression such as: ‘It has pleased the Lord to visit him with madness’ and ‘he

²⁰² English: MacDonald, *Mystical Bedlam*, 247-248.

Spanish: Carrera, ‘Madness and melancholy’, 12-14.

Italian: Mellyn, *Mad Tuscans and their families*, 16-18.

²⁰³ Original: *innocent, simpel* and *onnozel*.

²⁰⁴ Original: *zwak in de hersenen, als een kind* and *dom/stom*.

²⁰⁵ Original: *buiten het gebruik van verstand, in het verstand geslagen, in verstand ofte zinnen gevisiteerd, is zodanig van verstand misdeeld, getroubleert in het verstand, zwakheid van de hersenen, bezocht met een indispositie in de hersenen, zinneloos, dol, hersenen op hol geraakt, met buitensporige gedachten bezet, buiten zinnen, mal and zot*.

²⁰⁶ Original: ‘*Aangedaan is met een zekere kwaadaardige dolligheid, met buitensporige gedachten bezet, frenesie, manisch, melancholisch, razend* and *uitzinnig*.’

²⁰⁷ Original: *hersen ziekte, razende koortsen* and *hypochondrisch*.

See also: Chapter five, 132-135.

will heal from this ordeal if it pleases the Lord'. This type of reasoning was something also often seen when people talked about sickness in the early modern period. Remarkable in this context is that possession as an explanation model for madness was never mentioned. We do find a few cases in the Amsterdam notarial archive, however, in which someone's condition was described as a religious delusion.²⁰⁸ According to Rab Houston: 'Religion was not used as an omnibus explanation nor as a universal indicator of mental problems during the seventeenth or eighteenth centuries'.²⁰⁹ The sources for the Dutch cases seem to confirm Houston's thesis. Still, because religion was central to people's daily lives in this period, it did play a role in statements about mental conditions. It offered not only one of the explanation but was also part of the cure to the medical and common man.²¹⁰

It is worth mentioning that the vocabulary used for the mad was not particularly gendered and the same terms were employed to define both men and women. The social position of someone could influence the diagnosis given but, in general, contemporaries felt that the same mental infirmities could affect both men and women of all ranks of society.²¹¹ Despite the fact that the terminology was so varied and sometimes even simplistic, lay people were capable of making rather fine distinctions between types of incapacity: these distinctions were also made when they discussed the behaviour of the mad.²¹²

Mad behaviour

People generally identified madness on the basis of particular behaviour. According to Mary Lindemann: 'Madness could be read in the face, in rolling unfocused eyes, twisted features, vacant stares but also on the body more generally.'²¹³ These types of changes in the physical appearance of the mad, however, were rarely mentioned in the Dutch sources. Even so, certain behavioural patterns were used when this group was described. In the introduction of this chapter, I stated that acting out, not

²⁰⁸ SAA, 5075 *Archief Notarissen*, inv. nr. 3958, 27 (6 September 1693), inv. nr. 5425, 961 (12 June 1710), inv. nr. 5902, 97 (7 October 1706), inv. nr. 6053, 565 (14 July 1710) and 601 (15 July 1710), inv. nr. 6415, 643 (6 September 1709), inv. nr. 7095, 1149 (17 June 1709) and *ibidem*, 5075.X *Archief Notarissen* inv. nr. 11513, 103 (7 April 1750) and 109 (10 April 1750).

²⁰⁹ Houston, *Madness and society*, 323.

²¹⁰ McCray Beier, *Sufferers and healers*, 154 and Van Lieburg, 'Religion and medical practice', 135-143, p. 135 and 138.

See also: Introduction, 13-15.

²¹¹ Lindemann, *Medicine and society*, 46.

²¹² Houston, *Madness and society*, 171.

²¹³ Lindemann, *Medicine and society*, 42.

taking into consideration or understanding, the social, moral and cultural etiquettes and behavioural norms were used as classifications for madness. As Rab Houston has remarked, keeping within these conventions meant an awareness of the body, respect for close family, proper behaviour in public places and knowing one's place in society.²¹⁴ In the sources from the Dutch Republic, all these conventions (or, more aptly, the lack thereof) can be found as indicators of mad behaviour. In the following paragraphs, these behaviours and the differences between the descriptions given of the mad and the simple-minded will be analysed.

A difference in behavioural pattern was an important line that marked the distinction between the mad and simple-minded. English philosopher and physician John Locke (1632-1704) once described the difference between 'idiots' and 'madmen' by pointing to their capacity to use reason. According to him, 'idiots' were (to a degree) deprived of reason. The mad, by contrast, were able to use their reason but used the wrong ideas and propositions to form them.²¹⁵ In the Dutch sources, the behaviour of the simple-minded generally did not cause immediate problems or dangerous situations for society. Their behaviour was classified as childlike, implying that they could not work or could only perform simple tasks and needed supervision. Thus, they were not able to live without the help of others. A case in point was the notarial testimony made about Abraham Jansz. who was an orphan, placed in the orphanage in Rotterdam at the age of nine. In this testimony made on the authority of the governors of the orphanage, multiple people declared 'that they had always known, because of the way he behaved, that Abraham was not right in the head'.²¹⁶ This became apparent when it was discovered that he was unable to learn how to read and write; furthermore, since he was not capable of learning a profession, he would never be able to provide for himself.²¹⁷ This posed a problem for the governors because Abraham had reached the age to leave the orphanage but was not able to live independently. Significantly, this example also reveals that simple-mindedness was frequently identified as something that was a congenital malformation or something that happened to someone after an accident.

The mad, in contrary to the simple-minded, were typically associated with a temporary loss of control, which occurred more suddenly or could befall someone. This loss of control could result in aggressive behaviour, a (sudden) change of mood

²¹⁴ Houston, *Madness and society*, 175.

²¹⁵ Pietikainen, *Madness. A history*, 70.

²¹⁶ SR, *18 Notarissen te Rotterdam*, inv. nr. 140, akte nr. 130, p. 228 (23 March 1626).

Original: '*Altijd gemerkt en uit deszelfs handel en wandel bevonden hebben dat den voors Abram Jansz niet wijs is geweest maar ter contrarie innocent ofte mal.*'

²¹⁷ *Ibidem*.

and the making of incomprehensible decisions. Usually madness caused great and immediate problems for the person involved and his or her environment and the behaviour patterns involved here were causing danger, disturbance and inability to take care of oneself. Instigating dangerous situations was probably the most frequently mentioned behaviour in the sources when describing the mad. In the notarial testimony about Albert van Heerden, all these behavioural markers can be found. At the request of Albert's wife, Margareta van Udem, five neighbours and his surgeon declared that Albert had been acting as a mad person for the last couple of weeks and sometimes became enraged, cursing, threatening and insulting many of his neighbours.²¹⁸ Albert also chased his wife and children out of their home in the middle of the night and caused such commotion on the street with his mad, violent behaviour 'that hundreds of people gathered in the streets and in front of his house'.²¹⁹ Finally, the neighbours stated that the situation had become so severe that living in the same house or in proximity of Albert had become impossible, mainly because he had threatened to kill and run a knife through his wife, children, and some of the witnesses. Thus, the sudden change in behaviour, which then escalated and caused danger and hindrance to many, typified the mad in this period.

What stands out in the sources is the frequent comment on the combination of madness and the excessive use of alcohol. On 40 occasions, the consumption of alcohol was mentioned in the sources concerning the mad: 25 of these cases concern sources from Amsterdam. One such example is the notarial testimony made about Wibe Cornelisz.. In this source, drawn up on request of his wife, five people stated that Wibe had lost his sanity. Wibe had bought houses and ships without having the money, consequently accruing a huge debt along the way. He was also a hazard in handling fire and had become aggressive and verbally abusive. At the same time, he also abused alcohol; for example, he had spent 170 guilders in one day on food and brandy when he went on a trip with a prostitute.²²⁰ Significant in this regard is that a clear distinction was always made between madness and alcohol abuse.²²¹ That the

²¹⁸ SAA, 5075 *Archief Notarissen*, inv. nr. 6242, 1141 (20 October 1707).

²¹⁹ *Ibidem*.

Original: *'De voornoemde van Heerden door zijn gek en krankzinnigheijt op de straaten zich zelve met een soodanigen een gewelt uitte dat er om de honderde van menschen op de straat bij en voor zijn huis aanzien vergaderen.'*

²²⁰ *Ibidem*, inv. nr. 5740, 61 (8 January 1701).

²²¹ This can be found most explicitly in the request for admission into the houses of correction in the different cities. Such a strict distinction was made here between the requests that were made for someone suffering from madness in contrast to people that were admitted due to their impertinent behaviour and excessive alcohol abuse described many times as *'dronken drinken'*. In these sources, the combination of madness and alcohol abuse can also be found but was mentioned separately.

two were nonetheless intimately connected and regularly went hand in hand and even aggravated the behaviour of the mad was also affirmed in medical discourse about alcohol use and addiction in the early modern period.²²² This link between alcohol and madness in the sources, therefore, does not seem odd. A telling example of this is, when talking about the different types of madness, was that the famous seventeenth-century physician Johan van Beverwijck (1594-1647), who described drunkenness as a ‘maniacal fury without fever’.²²³

After having researched who the mad were and how they were classified, the next section focuses on the voices of the mad in the sources. These rarely heard voices reveal how the mad themselves thought about their condition, how they handled themselves and sought care during this process.

Voices of madness

In 1985, Roy Porter made his call for a medical history from below, encouraging colleagues to write a more patient-oriented history.²²⁴ Since then, many historians have sought to recover the voices of these previously silent and marginalized groups and have made great progress with this. Nevertheless, in a reflective article on this call in 2016, Bacopoulos-Viau and Fauvel stated that ‘after thirty years the silence of the mad still reigns.’²²⁵ The mad have proved to be a complex group to define and an even harder group to extract stories from. Searching for their voices has therefore been a strenuous task, both because of the limited availability of sources left by this group and the nature of their condition. In this, they differ from the sufferers of physical ailments because, due to their lack of reason, the insane often lost control over themselves and their affairs and had little direct say about their treatment.²²⁶ Porter’s *A social history of madness* can still be seen as an unparalleled effort, in which the thoughts and feelings of the mad were explored through their autobiographical writings.²²⁷ This and other studies have given us a glimpse of the substantial role patients could play during their own illness and in negotiating their cure. The still relatively new field of oral history has, since the turn of the millennium, made some progress in recording and analysing the voices of

²²² Van der Stel, *Drinken, drank en dronkenschap*, 88-104.

²²³ Van Beverwyck, *Schat der ongesontheit*, 347-350.

²²⁴ Porter, ‘The patient’s view’, 175-198.

²²⁵ Bacopoulos-Viau and Fauvel, ‘The patient’s turn’, 1-18.

²²⁶ Porter, *Madmen*, 229.

²²⁷ Porter, *A social history of madness*.

madness.²²⁸ In regards to the early modern period however, a lack of sources and autobiographical writings has brought about a silence, one that scholars find tough to breach. In the Netherlands, the sources have only been studied sporadically, notably, the study by scholars of some correspondence, including that of Jan Swammerdams (1637-1680) and Caspar Barlaeus (1584-1648), both who wrote about their episodes of melancholy.²²⁹

In this section, the voices of the mad take centre stage. These voices shed even more light on the people behind the label ‘mad’ and show how they reflected on their condition and managed their treatment and life. By investigating these rare individual statements, I aim to provide a broader insight into the motives and actions of this (thus far) silent group of people. It should be noted that, because the number of sources was so limited, the voices of these mad people are not entirely representative and we have to tread tentatively in discussing them. Still, these sources present remarkable new information and help to make the first attempt at filling a major gap in Dutch historiography. The existence of such a gap is, according to Porter, no surprise and partially to blame on notions of embarrassment and diplomacy, which have undoubtedly played their part in silencing the mad.²³⁰ The stigma on madness, as discussed previously, could thus have played a role in suppressing these voices here just as the legal status of the mad played a significant role in early modern society.²³¹ To be declared *non compos mentis* and to be overruled by others in decision-making was a serious matter – both then and now – and resulted in limited access to the voices of the mad.

Proving yourself sane or insane

Most of the sources in which the voices of the mad appeared were drawn up either to prove sanity or insanity and the need for help. Proving your sanity was directly linked to being in control and able to decide for yourself. As Porter describes in his book, *Madmen*: ‘For people judged insane but trying to prove their sanity, the very act of putting pen to paper, ‘composing’ a testament, was clearly significant in itself – evidence surely of “composure”.’²³² This can also be seen in the Dutch sources; for example, in the elaborate notarial testimony made at the request of Cornelia

²²⁸ Examples of this: Gittens, *Madness in its place*; Davies, ‘Silent and censured travellers?’, 267-292; Dickinson, ‘Curing queers’ and Louter, *Uit de inrichting*.

²²⁹ Blok, *Caspar Barlaeus* and Kooijmans, *Gevaarlijke kennis*.

²³⁰ Porter, *Madmen*, 235.

²³¹ See also: Introduction, 13-15.

²³² Porter, *Madmen*, 259.

Grave.²³³ In this source, she claimed to be completely sane, after her mother had lured her to Rotterdam under false pretences and intended to have her admitted in an institution for the mad. With this testimony, Cornelia tried to prove that the claim of insanity was completely irrational: she had several family members and household employees supporting her, stating that she was – and had been – sound of mind, reason, memory and of indisputable comportment. Moreover, she wrote that she upheld her good name and had always acted responsibly, which was now placed into disrepute by her mother's claim. The case of Cornelia shows that false accusations could be harmful for the accused and needed to be countered. In another notarial testimony, made on the initiative of Leonart Leonartz. van Ceulen, we see that, although the reasons for drawing up a testimony to claim sanity can be similar, the circumstances could vary.²³⁴ In his testimony, it was made clear that Leonart had been mad for a couple of years but had recently been cured. One of the witnesses stated that Leonart had come under his care and supervision during his fit of madness three years ago, but that he had completely recovered and was again able to use his reason and was therefore discharged in June 1673. The need to prove his total recovery and the frankness Leonart displayed about his period of madness raises questions about the perceived stigma on madness and the specific use of this document in this light. Even though the circumstances of both cases were different, drawing up these documents was apparently carried out from the necessity to prove the person in question was able to use their reason, to administer their own affairs and, simultaneously, to protect his or her good name.

Claiming sanity and putting pen to paper sometimes led to the opposite of the intended result. Incoherent writing, for instance, could elicit a stronger conviction of someone's insanity. In the last years of his life, the former Amsterdam burgomaster Coenraad van Beuningen (1622-1693), who had become mad, wrote several letters filled with religious prophecies and ravings.²³⁵ These letters were so full of incomprehensible ideas that they proved to many that he had (now) definitely lost his mind. Whether this was also the case for lawyer Johan Herll is also a question in point. Herll wrote several letters to the court to prove his sanity and demanded

²³³ SR, *18 Notarissen te Rotterdam*, inv. nr. 249, akte nr. 90, p. 180 (20 April 1668).

²³⁴ UA, *34-4 notarissen in de stad Utrecht*, inv. nr. U060a010, akte nr. 73 (19 August 1673).

²³⁵ For example in: Van Beuningen, *Sendbrief van de hr. C.v.B. aan de heer David Pina* (Amsterdam 1689).

More information on the madness of Coenraad van Beuningen see website: Ons Amsterdam, <https://www.onsamsterdam.nl/dossiers/15-dossiers/dossiers/3299-stadslegenden-het-huis-met-de-bloedvlekken> [13 February 2019] or *NRC Handelsblad*, <https://www.nrc.nl/nieuws/1996/03/12/de-gekte-van-van-beuningen-7302464-a1309387> [13 February 2019].

release from the Utrecht asylum on 23 April 1666. Johan was incarcerated on the authority of his brothers Thomas and Arnold Herll, who had purchased him a place for life in the Utrecht asylum for the amount of 1500 guilders.²³⁶ This action initiated a series of letters of objection from Johan, which have been kept in the Utrecht archive.²³⁷ In these letters, he protested against his incarceration and simultaneously questioned his brothers' motives. That his brothers were scared of his writing abilities became clear from a letter written by one of them saying that Johan had always been able to express himself well through writing but that his madness presented itself in other ways.²³⁸ With his letters, Johan managed to force the governors of the asylum to justify themselves regarding his admission in front of the court and town council.²³⁹ The burgomasters judged that Johan was 'harmed by this incarceration because they could not see any signs of madness in him'.²⁴⁰ This ruling resulted in a bureaucratic discussion about who was responsible for the authorization of this incarceration. Eventually, the story did not end well for Johan: after his escape from the Utrecht asylum by climbing the wall, he vanished only to be found two days later, murdered in Zuilichem.²⁴¹

Although rare, cases can be found in the archives where people wanted to prove they were insane or claimed a moment of temporary insanity. This latter claim can be found in two revocations from the notarial archives. The first comes from Anna Bosschaers, who revoked an accusation she had made before the judicial authority in Rosmalen. In this document, she accused her nephew, his wife and children of doing her wrong and keeping her in Rosmalen against her will. Yet, in the revocation, Anna stated that she had been without reason and affected in her senses at the time the accusation was drawn up and that they had only acted out of love and in her best interest.²⁴² In the second revocation, Johan Pieter Geraeds

²³⁶ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2522-1 Resolutiën van de broeders van het Dolhuis 1593-173, Negotiation about payment for Johan Herll (23 July 1666).

²³⁷ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2643 Requesten van Johan Herll, licentiaat in de rechten en advocaat voor het Hof van Gelderland, aan het stedelijk bestuur, bewerende dat hij ten onrechte in het gesticht is opgesloten, 1667. Hierbij eenige brieven van zijn beide broeders betreffende zijn toestand.

²³⁸ Van Dijk and Mak, *'Geevende alle blijken van volcomen gekheyd,'* 21.

²³⁹ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2522-1 Resolutiën van de broeders van het Dolhuis 1593-1737, Account about visitation of the aldermen to Johan Herll (20 May 1667).

²⁴⁰ *Ibidem*.

Original: *'Dat men zo een man geweld dede, dat men hem opsloot als hij niet konden zien dat hij krankzinnig was.'*

²⁴¹ *Ibidem*.

²⁴² SR, 18 *Notarissen te Rotterdam*, inv. nr. 1047, akte nr. 58, p. 291 (2 December 1685).

Original: *'buyten reden in haar verstand geturbeert.'*

declared that ‘he had been physically unhealthy and unsound of mind for a while now’.²⁴³ He continued by stating that he wanted to revoke his promise of marriage to Petronella Muyckens that he had made during his indisposition. A couple of days before this notarial document was drawn up on January 11 1706, he had spent a night with Petronella; but, due to his mental indisposition and the large intake of alcohol, he could not remember signing the marriage agreement. Now having come to his senses again, he let the notary draw up this revocation.²⁴⁴ The judicial system dictated that official documents could only be signed by people who were sound of mind and lack of this sense of reason was cited by Anna and Pieter in both revocations. Both felt that their statements or agreements were not made with their full consent. It seems difficult to determine, however, whether these were really events in which the persons in question had become mad or just regretted a decision. Nevertheless, the fact that they made the statement about their mental health does say something about how these claims were used.

In court cases from the Courts of Utrecht and Holland, this *compos mentis* question became an even bigger issue and could mean the difference between life or death. Claiming temporary insanity could, in these cases, help the accused in reducing his/her sentence, but it could also backfire if deceit was discovered.²⁴⁵ In a court case of Klaas van der Berg, accused of the murder of his ten-year-old neighbour Mietje, the big question was: did Klaas cut Mietje’s throat during an episode of madness or not?²⁴⁶ This question was of great importance because a guilty verdict would mean a death sentence for Klaas. To answer this question, the Court of Utrecht had multiple people testify and they also interrogated Klaas. During several interrogations, Klaas declared that he had no recollection of the murder and did not know whether he had committed the crime. However, because other people said he did, it must have been so. Asking for mercy he described himself as ‘a sad person who was man one day but mad the following’.²⁴⁷ When asked about the day of the

²⁴³ UA, 34-4 notariissen in de stad Utrecht, inv. nr. U123a004, akte nr. 4 (15 January 1706).

Original: ‘Te kennen gevende dat hij comparant een geruime tijd achter den anderen ongesont aan den lichame ende zeer indispoost van zinnen is geweest en wel insonderheid ontsent werd.’

²⁴⁴ Ibidem.

²⁴⁵ NA, 3.03.01.01 Archief Hof van Holland, inv. nr. 5469.10, Verhoor van Johanna Louisa Grawin, een landloopster en lichtekooi, die zich voor krankzinnig had willen doen doorgaan (21 March 1757).

²⁴⁶ UA, 239-1 Hof van Utrecht, inv. nr. 99 Registers van criminele sententies 1530-1811, p. 376r -377v (3 March 1792) and Van Dijk and Mak, ‘Geevende alle blijken van volcomen gekheyd’, 4.

²⁴⁷ UA, 239-1 Hof van Utrecht, inv. nr. 99 Registers van criminele sententies 1530-1811, p. 376r -377v (3 March 1792).

Original: ‘Om dat hij zo een bedroefd mensch is, en dat het den eenen dag een mensch is, en dat het den anderen gekheijd is.’

murder, he recollected that he had drunken Dutch gin (*jenever*) in the morning, which caused him to be unsound of mind. Eventually the court ruled that it was proved that Klaas had been mad for a significant time and had committed the murder during this mental state; so, he was *non compos mentis* at the time. They sentenced him to imprisonment for life, paid for by himself, so that he would never be able to hurt anyone ever again.

The final form in which the claim of insanity was made by people was when they wanted to get help from the authorities. This call for help can be found in three notarial attests from Amsterdam made on the initiative of the person in question. In these attests, the neighbours of two women and one man declared that all three suffered from a loss of their reason and senses, were poor and physically and mentally unable to provide for themselves and for these reasons were in dire need of help.²⁴⁸ Most noticeable in these three attests was that the initiative was made by the persons suffering from madness, which at the same time might make us doubt the severity of their condition: they were, after all, still able to have a notarial testimony drawn up. Besides this, it is also striking that the stories were framed in the same way. In all three cases, madness had befallen on them, which deteriorated their standard of life and this miserable situation would definitely result in disaster if nothing was done.²⁴⁹ Making this a larger social issue and framing the attests as a cry for help was therefore key and showed how the urban poor, struggling with madness, could use their agency to get help from the government or welfare organizations.²⁵⁰

Self-determination

To prove yourself sane or insane was one form in which the voices of the mad showed true. But, from the eighteenth century, several documents uncover a new concept; namely, the actions of the mad to manage their own illness. This self-determination has been identified as a modern trend encouraging self-development of patients suffering from mental illness.²⁵¹ But, the four cases uncovered in this

²⁴⁸ SAA, 5075 *Archief Notarissen*, inv. nr. 3917, 1021 (13 December 1710), inv. nr. 4764, 797 (13 September 1709) and inv. nr. 6198, 481 (11 May 1702).

²⁴⁹ This can be found in all the above-mentioned sources but in SAA, 5075 *Archief Notarissen*, inv. nr. 3917, 1021 (13 December 1710) this is made very explicit.

Original: 'In een zodanige miserabele staat is waardoor zij zekerlijk van honger en kommer zal omkomen als er geen maatregelen getroffen worden.'

Translation: 'In such a miserable state in which she with no uncertainty would die from hunger and misery if no action is undertaken.'

²⁵⁰ See also: Chapter five, 139 and 143-145.

²⁵¹ Sheldon, Williams and Joiner, *Self-determination theory in the clinic*, 109-125.

research revealed that this was a concept that came into force much earlier. In reviewing the four cases, I will show that in the Dutch Republic in the eighteenth century these people were using their agency to control and manage their illness process.

The four cases can be divided in two categories; admissions requests for oneself and the organization of future care in the case of loss of sanity. For the first, two examples can be given, one from the Rotterdam asylum archive and one from the Amsterdam notarial archive. In the case from Rotterdam, Lijsbet Lievens, who was a widow and wardness of the orphanage in Rotterdam, made an admission request for herself.²⁵² In this request she wrote that ‘she was struck by such an extreme feeling of dejection that she feared and worried she would fall into some sort of accident’.²⁵³ In order to prevent such unfortunate events she requested to be admitted into the asylum until she had recovered from her sombre and depressed thoughts. The fact that someone wanted to be helped by the government was not new. It was, however, remarkable that in this case, Lijsbet pleaded for herself without any extra witnesses. She talked about her own condition, her fears and what she saw as the solution. These reflections were very rare and also limited in form, but they do tell us something about the experience of madness by Lijsbet. Identifying her state of mind as disturbing and dangerous for herself and others could be interpreted as self-reflection and her action accordingly as self-determination.

The second example involved Ameldonk van der Voorst, who terrorized his family and the household staff during his fits of madness. The notarial testimony was drawn up on the request of his wife and eight (ex)household employees made declarations about the extreme behaviour of Ameldonk.²⁵⁴ They described him as being possessed with extreme thoughts for several years, which went hand in hand with a malicious temper. This resulted in his household being in a constant state of alertness for his possible violent outbursts. In these outbursts, he considered himself a prophet who lived amongst devils and threatened that he would sacrifice his wife, children and household employees. He often drank too much during these outbursts, making him completely delirious. To keep safe during these episodes, everybody

²⁵² 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 Lijsbet Lievens (29 August 1743).

²⁵³ *Ibidem*.

Original: ‘*Dat zij door hoog gaande droefgeestigheid nu en dan werd aan gevochten en daar door in zodanige bestrijdinge geraakt dat zij met reden beducht ende bekommerd is t’eniger tijd in het ene of andere ongeval te zullen vervallen.*’

²⁵⁴ SAA, 5075 *Archief Notarissen*, inv. nr. 5425, 961 (12 June 1710).

locked themselves in their rooms out of fear for abuse. They also feared great disasters, which were bound to happen if Ameldonk was not quickly locked up somewhere. The testimony described an extreme situation in this household, but most striking were the final sentences of the document. In this part it became apparent that Ameldonk had certain moments of lucidity in which he had stated: 'That his family should not hope for improvement of his condition, because he would only deteriorate. He realised that this would only result in even greater discomfort for his household and left last Tuesday to Delft where he had himself committed to the house of correction.'²⁵⁵ That Ameldonk took the responsibility for his condition during a lucid period and had himself incarcerated in Delft again showed that, even in madness, people used their agency and self-determination to handle their condition. Because both Lijsbet and Ameldonk had themselves admitted, it evokes questions about the role and image these institutions had, which is further discussed in chapter four.²⁵⁶

The second category shows a different phenomenon; namely, people taking preventative measures in the case of becoming mad. Both cases were notarial procurations found in the notarial archive of Utrecht and resemble each other on multiple levels. In 1723, Maria Langle (an elderly woman) authorized Alexander Carel Phillips van Wachendorff to take care of her and organize her affairs in the event that she lost her memory or senses. She explicitly stated that, if this should happen, Wachendorff needed to ensure that 'her friends or others would not remove her from the city but that she would reside in her current house during the ordeal.'²⁵⁷ In the other procuration from 1764, Jacoba van Henghel, an old spinster who was sickly of body but completely sane, stated that she had been limited in her senses some time ago. During that period, however, she was so affected by it that she was in no condition to administer and govern her goods or herself. In the event that the condition returned, she wanted to prevent interference from random people regarding wardship over her goods or herself. So, Jacoba appointed her two sisters Aletta and Clasina as wardens. Together, they were responsible for Jacoba's care and administering her affairs and goods. In return, they would receive revenue from all

²⁵⁵ Ibidem.

Original: '*Dat zij niet hoefden te denken dat hij beter zou worden maar alleen maar erger en dat hij ook beseft heeft van het zware ongemak hij op zijn huisgezin heeft en dat hij afgelopen dinsdag naar Delft is vertrokken om zich daar in het betershuis te besteden.*'

²⁵⁶ See also: Chapter four, 108-122.

²⁵⁷ UA, 34-4 Notarissen Utrecht, inv. nr. U169a002, akte nr. 29 (27 April 1723).

Original: '*Door haar vrienden of anderen niet uit de stad word gevoerd maar haar in de huisinge als nu bij haar bewoond te laten blijven.*'

Maria's assets and properties. In addition to this, she also appointed them testamentary executors in case of her death.²⁵⁸

An in-depth analysis of these two cases reveals two important points. First of all, both procurations were made by elderly single women who possessed a certain amount of wealth. In the second example, this wealth is detailed, as Jacoba listed all her assets and properties.²⁵⁹ Maria did not explicitly mention assets but she did stress the housing issue, implying that it held some value. Furthermore, because there were no official male legal representatives (such as a father or husband) in the event they became mad, these women might have felt more urgency than others to arrange this care.²⁶⁰ The second pertinent point is the fact that these women put their wishes in writing in the event that they lost their senses. For Jacoba, it had been clear that she had already struggled with madness before but, in Maria's case, this is not clear, which keeps us wondering about her background story. Their fear about the future if they lost their senses motivated these women to have these procurations drawn up.²⁶¹ Speculating on this further, it might also be that Jacoba and Maria had come across other people who, as Maria described it, had 'lost their memory'. Witnessing the consequences of this may have motivated them to act for themselves. Thus, taking one's life in one's own hands and managing how those around them should act, seemed to be an ultimate act of self-determination for these women.

Notwithstanding the fact that there were only four cases regarding self-determination, this element remains important in regards to integrating the voices and actions of the mad into the greater story about madness. Simultaneously, the cases mentioned above prompt many questions, which these limited sources cannot answer. Despite these limitations, what these individual statements do show is that agency of the mad should not be overlooked and that, from the eighteenth century onwards, the mad in the Dutch Republic were not only aware of this agency, they were using it.

Conclusion

This chapter focused on the question of who the mad were and explored how they were described and what type of agency they had in early modern Amsterdam, Rotterdam and Utrecht. Specifying who the mad were, however, remains a

²⁵⁸ UA, 34-4 *Notarissen Utrecht*, inv. nr. U247a003, akte nr. 71-1 (8 September 1764).

²⁵⁹ *Ibidem*.

²⁶⁰ Schmidt, *Overleven na de dood*, 244-245.

²⁶¹ This fear of the reoccurrence of a mental condition, exemplified by these women, can be found in more sources; for example, in the diary of Pieter de La Rue who struggled with melancholy: Pieter de La Rue, *Beschrijvingen van mijn leven*, UB Amsterdam, coll.hss. XVI C 11 (without date) p. 7-8 and 27-29.

complicated question to answer. Nonetheless, general remarks can be made about the representation of this group in the sources. The prominent image arising from the sources is that the mad population in all cities consisted of an equally distributed group of men and women. Most of these were aged in their early adulthood and stemmed from the middle and lower echelons of the society. The majority of the mad originated from the cities researched; but, the sources also reveal that certain migratory trends of the early modern period in that surrounding areas were represented in the group. By combining the information from a large group of sources, we are thus able to sketch an image of the demographics of this much understudied group. Significantly, this chapter has also shown that, compared with demographic statistics from other countries – derived mostly from either the patient list of one specific physician or one asylum – it is precisely this combination of different sources that results in a more comprehensive image.

This chapter also explored the terminology and behaviour used to describe this group of people by their contemporaries, who did make distinctions between the mad and simple-minded. To indicate either madness and simple-mindedness, multiple terms were used – seemingly interchangeably – making it hard to differentiate between a specific term and the related behaviour. It was possible, however, to discern certain patterns regarding terminology; namely, that deviating from the norm in behaviour were indications often used to determine madness. One important difference established between the two categories in the sources was that simple-mindedness referred to people who were without reason and therefore unable (either now or in the future) to take proper care of themselves. The mad, on the other hand, were seen as having temporarily lost control over their reason and consequently acted out, mostly in a dangerous manner (either physically or morally) for themselves or others. This clear delineation between the two groups fits with the general image in the historiography; by focusing on this practical definition of madness and using this definition in selecting the sources, a more thorough idea can be formed about this group and behavioural norms in urban society.

This study is thus the first in historiography to have concentrated on the voices of the mad in the Netherlands during the early modern period. In doing so, this research has shown that this group definitely had some type of agency. The sources demonstrate that the mad used their agency to reflect on their own condition and acted accordingly. What stands out in these documents is that most declarations were made by the mad during periods of lucidity (or assumed lucidity) – as we saw in the admission requests made on the initiative of three Amsterdam residents. This may seem an odd observation; however, putting pen to paper while suffering

extremities of madness was something that remains rare, especially for this period. Still, this small corpus illuminates the voices and actions of the people in question: they clearly exhibited agency and had a central role in the process of dealing with their affliction. The mad, therefore, frequently utilized this agency when they needed help or recognition by the government or judicial system, whether that be an approval for incarceration, release from an institution, for financial help or simply to gain and maintain legal authority.

In the following chapter, the analytical focus is directed towards the private care for the mad and the voices of the family and social network. Exploring how care was arranged within society, who were involved and which types of care were available will further help to understand how the daily reality of the mad and their caregivers was shaped in the cities.