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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 FOUR
INSTITUTIONALIZING THE MAD
Public care: admissions and institutional life

In 1790, an admission request was made to the burgomasters of Amsterdam by Jan Wijman to have his wife, Susanna van Leeuwen, admitted to the asylum or plague house. In this request, Jan stated that his wife ‘had been visited’ with madness nine months ago: her behaviour had worsened and he feared for tragic consequences if she was not properly kept.³⁶⁷ The statement was accompanied by a notarial document, recording the commentary of two of Susanna’s guards on her situation. They stated that her disposition was violent and that at least two or three people were needed to guard her and prevent her from hurting herself. The guards elaborated further, saying that her condition fluctuated between severe aggression and calmer behaviour, but now it had come to an extreme.³⁶⁸ When the burgomasters received Jan Wijman’s request, they asked the advice of the governors of the asylum about the case. In response, the governors sent their institution’s doctor to Susanna’s home to have her evaluated. As a result, a visitation note from Doctor Ottens was added to Wijman’s original admission request. Ottens declared that he had found Susanna to be mad and a danger to herself and everybody around her and required incarceration.³⁶⁹ The completion of this whole process of admission took only a couple of days; in the end, the burgomasters gave their permission to admit Susanna for one year on the condition that Jan could come to an agreement with the governors about the payment. Susanna was eventually admitted on April 9 1790 but soon afterwards, on May 12, her husband made a new request – this time for her release. This request was granted by the governors and less than a week later, on May 16 1790, Susanna died at home.

Susanna’s story shows the multiple parties involved in the process of admitting someone to an eighteenth-century urban institution. Her journey also reveals the interaction between these parties. Moving from private to public care meant that more parties became involved, particularly the urban authorities:

³⁶⁷ 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, Request for Susanna van Leeuwen (April 1790).

Original: ‘*Met krankzinnigheid is bezocht geweest.*’

³⁶⁸ Ibidem, Notarial document about Susanna van Leeuwen (2 April 1790).

³⁶⁹ Ibidem, Visitation report of Doctor Ottens (8 April 1790).

Original: ‘*Krankzinnig gevaarlijk voor zich en die bij haar zijn bevonden te hebben.*’

burgomasters, magistrates, institutional governors and other judicial authorities. In a majority of cases, permission from these parties was needed to have someone admitted, indicating that incarceration of the mad was taken seriously and followed a particular protocol. Furthermore, Susanna's case outlines the considerations and questions that these different parties addressed, such as: under what circumstances was someone eligible for admission, who paid for the admission and to which institution did someone belong? Because the authorities had an important say in these matters, the power balance shifted from the main caregivers to the authorities as soon as an admission request was made.

In this chapter, public care is considered to be care provided with the involvement of urban authorities in the non-private institutions where the mad were kept, such as asylums, hospitals and leper houses.³⁷⁰ The institutional history of asylums and public care for the mad is much more developed than the history of private care in the early modern period. This is mainly because the institutions and urban government have left more archival material and are therefore a more accessible topic for historical research. Influenced by a triumphalist way of writing medical history, analyses of these sources have resulted in an early historiography in which these pre-modern institutions have been portrayed in very negative terms. As historian Patricia Allderidge has stated, asylums were used as a historical cliché, and characterized as hell holes where 'things were awful for most people most of the time'.³⁷¹ From the 1980s onwards, early modern historians began to question this narrative; in doing so, they revealed the different asylum histories, in different European countries.³⁷² For example, in England, the infamous 'Bedlam' was the only government institution and, thus, can hardly be considered the prime example for the general treatment of the insane in that country. On the other hand, the private custodial mad business had flourished in England since the late seventeenth century.³⁷³ In Spain, we see – as early as the Middle Ages – small-scale urban institutions for the mad being built; meanwhile in France, larger-scale institutions that could accommodate a broad range of marginalities took in the mad from the seventeenth century onwards.³⁷⁴ In the Dutch Republic, we find a system that was a combination of sorts, where both local government-run and (semi-)private

³⁷⁰ See also: Chapter one, 30-45.

³⁷¹ Allderidge, 'Bedlam: fact or fantasy?', 17-33, p. 18.

³⁷² A small summary of this is given in: Lindemann, *Medicine and society*, 188-192.

The generalizations given here did not mean that these characteristics were set in stone. Local differences existed even within these countries and also overlap between the different types of care.

³⁷³ Porter, *Mind-forg'd manacles*, 121-129.

³⁷⁴ Carrera, 'Madness and melancholy', 6 and Castel, *The regulation of madness*, 19-21, 35-38 and 47.

institutions were of importance and had their own place in society. This dichotomy grew from an infrastructure that had already been in place for a long time in which well-organized institutional charity was provided by the church or municipality.³⁷⁵

The following chapter aims to contribute to Dutch historiography by placing the history of institutions for the mad in the Dutch Republic in a broader perspective. The first section focuses on both the interaction between the different parties involved and the changing power balance that emerges during the admission process. In analysing the shift in power from the community of care to the authorities, the research allows one to consider the roles of different people in dealing with madness during this period. The second section examines – for the first time – the distribution system that was in place in the cities. This examination makes it possible to relate this study to the general discussion about the insanity of place and the place of insanity in urban society.³⁷⁶ Section three explores daily life in the asylums of Amsterdam, Rotterdam and Utrecht. In this regard, we use the sources to delve into the personnel who worked at these asylums, factors of reciprocation, the types of care provided in these places and various (pre)conceptions about abuse. The last section on the negative image of the asylum draws more substantial conclusions from the sources to answer the main question of this chapter: were these asylums places to die, places of cure or places of care?

The admission process

As the example of Susanna showed, the admission process was influenced by many considerations and different parties were involved. In the previous chapter, we saw that the transition from private to public care generally encompassed a ‘breaking point’. When the mad could no longer be held within the urban community, a request for admission could be made to the burgomasters or governors of local institutions. The main caregiver (most often family), who defined the problem and who decided on the time and measure of intervention, usually requested confinement for a person with socially disruptive behaviour.³⁷⁷ When this happened, the balance of power shifted from the community of care to the authorities. After all, they made the final decision on the request and decided whether the situation was severe enough to

³⁷⁵ See also: Chapter one, 24-30.

³⁷⁶ Scull, *The insanity of place*, 14-15. In this book, Scull reflects on the ‘organizational havoc’ that the mad created for their families and for larger society. Scull notes that the ‘almost unbearable disturbances in the texture of daily existence’ created by mad behaviour has compelled us to react at all levels of social scale to maintain social order.

³⁷⁷ Manteufel, ‘*Zullen wij [...] malkander de hant niet bieden*’, 14.

incarcerate someone. This shift in the power balance made the relationship between the different parties one of dependency.

To obtain a better idea of the power balance shift and the relationship between the community of care and the authorities, it is important to understand the admission process itself. The admission procedure consisted of multiple stages; it customarily started with a request from the main caregivers to the urban government (burgomasters/magistrates) or governors of the institutions. These requests were drawn up by a clerk or notary and (more or less) had the same layout.³⁷⁸ This began with a formal protocol, introducing the initiator and the person for whom the request was made. Then, the situation was explained and a statement given, outlining what was requested. The sources themselves make it possible to obtain more insight into this element of the procedure: not only do we have the request itself; in the margins, the process of decision-making has also been registered. Most requests kept in the archives were directed to the burgomasters or magistrates of the city. In general, they in turn, asked the governors of the intended institution for advice in the decision-making process. In most cases the governors of the asylums were involved because the cases concerned the mad; hence, they either conducted the evaluation themselves or asked the institution's physician or *binnenvader* (sometimes also called *huismeester*) to make further enquiries. The goal of this was to establish whether someone was eligible for institutionalization and whether or not the institution was considered the best place for this purpose.

Requests made directly to the governors were usually less formal than those made to the burgomasters and could even be made in person to the *binnenvader* or *moeder* or during the governors' meetings. This informal approach could also explain why we have less information about this type of admission requests. In the former case, the *binnenvader* or *moeder* passed on the request to the governors, who then decided how to act. In the decision-making process, the governors needed, in most cases, agreement from the burgomasters to incarcerate someone, which brings the urban authorities back into the 'power balance' equation. The fact that the normal procedure of admission into the institutions required consent from one or more parties is interesting; firstly, because it shows that these admissions were not random; and secondly, because it shows that certain people were deemed fit to make a judgement on these questions.

³⁷⁸ Family played the largest role during this stage but also neighbours, friends and charitable institutions regularly made these requests. As seen in the previous chapter, admission requests for the houses of correction were made to the judicial authorities.

The admission process is also significant because, for the first time in the shift from private to public care, we witness the direct involvement of the urban government. The burgomasters became involved because they often decided on the admissions: this had not always been the case but, with growing bureaucratization, they became increasingly involved. Furthermore, many of the institutions were part of the city's institutional system, giving the burgomaster the final authority.³⁷⁹ In general, the approval of urban or judicial authorities was needed as adults could not be incarcerated in government institutions on the authority of their family alone.³⁸⁰ Thus, burgomasters had both direct and indirect control over the admission. The direct involvement was relatively straightforward: they had the final say (after caregivers had already undertaken action). The indirect involvement of the government is less apparent but no less important. This indirect control is revealed in the fact that burgomasters created the option of institutionalization in *government* organizations. As a result, the burgomasters may have exercised more agency in dealing with madness by contextualizing madness as a social problem and by contributing financial aid to the solution. In some ways, this contradicts the general idea that it was only from the nineteenth century onwards that the government had an increasingly larger role to play in the dynamics of madness.³⁸¹

The content of the admission requests could differ greatly in terms of specific information provided by the initiator. For instance, the content could be as limited as 'person X is mad' and needs to be admitted; alternately, some requests contained elaborate stories about the precise condition of person X, including the duration of the condition, the types of behaviour displayed, and the socio-economic situation of person X. From these more extensive requests, an abundance of information can be extracted. Indeed, we not only uncover the underlying reasons for the admission requests, but also the circumstances within which institutionalization was seen as the solution to the problem of madness. No matter whether the request was a few lines or filled pages, the final step in these requests was always the same: asking for permission to admit someone into an institution. Sometimes, a specific place was requested – but not always. In either situation, the authorities ultimately decided on where someone was admitted.

³⁷⁹ See also: Chapter one, 27-28.

³⁸⁰ To be clear, I do not claim that unjust or incarceration without permission did not happen but this occurred (in general) in the private sector and concerned people of the higher classes, who had more money to spend. Overall, authorization was needed for this practice as we see here, with the houses of correction and, even in chapter three, with incarceration or constraint in the home.

³⁸¹ Oosterhuis and Slijkhuis, *Verzichte zenuwen en zeden*, 29 and 38-39.

Reasons for admission

From the admission request, much can be learned about the reasons for admission. Joost Vijselaar has looked into the types of behaviour that have instigated a process of institutionalization in the Netherlands in the nineteenth century.³⁸² He identified four main reasons for admission: causing social disturbance, being a danger to others, being a danger to oneself and needing care and treatment.³⁸³ These four general considerations can also be discerned in the admission requests from the seventeenth and eighteenth century. In this period, it was especially being a danger to the environment and not being able to take care of oneself that most frequently led to admission. In their requests, initiators often placed the emphasis on the impossibility of living with and caring for the person in their custody. For example, when Symen Staal wanted his wife Maria Barents to be admitted to the Amsterdam asylum, he stated that ‘with great sadness’ he had experienced that his wife (after giving birth to a son) had become troubled in the brain and that this was accompanied by madness.³⁸⁴ This condition was of such a severe nature that she was extremely dangerous to herself and others: she needed to be restrained on several occasions and could not be left alone around fire. Because Symen was a labourer with three children to feed and, realizing that his wife needed to be looked after day and night, he knew he was no longer capable of caring for her. A visit from the asylum physician confirmed Symen’s reasons for the request and he concluded that Maria needed to be admitted into the plague house (as opposed to the asylum) because she did not act in an aggressive or evil manner. The burgomasters therefore decided to give their approval for admission into this house.³⁸⁵

As pointed out, the reasons for admission – as defined by Vijselaar above – did not change significantly over time. The same main reasons for admission remain applicable for the two centuries under study. This can be explained in part by the acuteness of many of the situations revealed in the admission requests: often, institutionalization was seen as the only solution. As chapter three demonstrated, when the behaviour of the mad could no longer be handled in the privacy of the

³⁸² Vijselaar, both in his book and in several published articles, has addressed and investigated this issue: Vijselaar, *Het gesticht*, 120-122 and Vijselaar, ‘In and out’, 277-295.

³⁸³ Vijselaar, ‘In and out’, 277-295, p. 282.

³⁸⁴ SAA, 342-7 *Archief van beide Gasthuizen*, inv. nr. 1263 Stukken betreffende verpleging en verpleegden, 1595-1795, Admission request for Maria Barents (6 August 1779).

Original: *‘Dat zijn vrouw Maria Barents in de laatste maand juli laatstleden in de kraam is bevallen van een zoon thans nog in leven, dat even gedachte zijn vrouw tot zijn droefheid nu sinds 10 a 12 dagen heeft gelaboreerd aan een zodanige ongelukkige getroebleerd van hersenen verzeld met krankzinnigheid.’*

³⁸⁵ Ibidem.

home, madness instantly became a social problem. Institutionalization thus became an answer that could guarantee the safety and social order of the urban environment. Still, simply mentioning the reasons for an admission in a request was not enough to guarantee admission. First, an assessment needed to be made to support these claims.

Assessing the admission

The urban government had the final say about these admission requests thanks to their authority on all municipal matters. In 1722, for instance, the burgomasters of Rotterdam not only compelled the asylum governors to admit the mad Jan Kamel into their institution, they also forced them to provide care and pay for his stay.³⁸⁶ Despite the considerable display of power shown in these matters, the urban government did not make the evaluations regarding admissions themselves. Instead, they turned to others for advice in assessing the situation. In the story above about Symen and his wife Maria, we learned that it was the asylum physician who judged that Maria needed to be admitted. Crucially, he added that she should be sent to the plague house and *not* the asylum because she behaved in a particular way. The task of the burgomasters or magistrates in the request process was generally to seek advice such as this from the governors of the intended institution. This advice was usually given in the form of an evaluation, which could be carried out by the governors, by the ones who were in charge of the daily care in the institutions (*binnenvaders* or *huismeesters*) or – as we saw with Maria – by the institution’s physician. The *binnenvaders* or *huismeesters* were most probably asked because of their experience with the mad and their knowledge of the current vacancies in the institutions. However, from the eighteenth century onwards, the decision-making process became more influenced by evaluations given by physicians. Even though the asylums already employed physicians in the seventeenth century, it was in the eighteenth century that they became a more important factor and were consulted for most of these admission requests.³⁸⁷

Apart from a few, rare exceptions, the mad themselves had no say in the admission process.³⁸⁸ It can however still be argued that – to some degree – the mad had an influence on the admission process during the evaluator’s visit. In some of these visitation reports, there is evidence that physicians or other evaluators engaged in conversation with the inflicted. For example, we read about the melancholic Gerrit

³⁸⁶ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 1 Resoluties van de Regenten van het Pest- en Dolhuis 1639-1744, Admission obligation for Jan Kamel (7 March 1722).

³⁸⁷ See also, Chapter five, 129-132.

³⁸⁸ See also: Chapter two, 61-68.

Weggelte, who was evaluated by Doctor Schaaf in 1768: ‘Totally sane, non-violent, sometimes complaining of an inner emotional battle; advised that the mother should give it a little more time.’³⁸⁹ We can further speculate that, during these visits, the mad could influence the admission advice by portraying (or not portraying) certain behaviours; that is, if they still had any control over their behaviour. This advice was always given with a certain precision and caution: this is substantiated by the sources, which show that multiple visits were made or different doctors became involved in the decision-making process when evaluators found it difficult to pronounce a judgement.

What also stands out in these sources is that, in many of the different admission requests, a certain time period for the duration of the admission was specified. This time period varied from as short as a couple of months up to a year, or simply for the duration of the ailment. This time specification was usually suggested by the applicants of the admission and decided upon during the assessment. The suggestion of hope for improvement of the condition in these time specifications implies that admission for ‘life’ was, in general, not the customary standpoint for these incarcerations.

Payment for admission

What the admission requests revealed was that the question of payment for admission was an important aspect of the request process and a complicated one. Discussions about payment can be found in the margins of many admission requests, but separate payment requests for these admissions were also frequently made. Payment requests were usually made by the social network if people were unable to pay the admission fee and could be submitted either in combination with an admission request or separately. These payment requests were addressed to the burgomasters (called *pro deo*), poor-relief institutions, the governors of the intended institution or church communities. The questions involved with the discussion about the payment for admission, such as who was responsible and what needed to be paid, was handled differently by the authorities in each of the towns. Nevertheless, by researching the writing in the margins of the requests, clues as to how they arranged payments can be found.

³⁸⁹ SAA, 342-6 *Archief van het Dol- of Krankzinnigehuis*, inv. nr. 955 Stukken over opneming, staten van verplegingskosten en van eigendommen van verpleegden. 1581-1792, Admission request for Gerrit Weggelte (August 1768).

Original: ‘*Zijnde geheel en al bij zijn zinnen, niet quaadaardig, klagende zomwijlen te zijn in eene zekere gemoeds strijd; hebbende aan de moeder geSRaden het nog eenige tijd met haar zoon aan te zien.*’

In the admission process, all the different groups in the community of care could become involved with payment of the institutional care of the mad. If the family could afford to pay for this care, it usually did: friends or neighbours also contributed in some cases. Yet, in view of the fact that the institutions we are discussing can be classified as social urban institutions, we should also consider that they were mostly intended for the poor. As such, payment was frequently a problem and could often not be afforded by the group initially responsible for doing so. In these cases, we see the payment request being made or the religious groups and poor-relief organizations becoming involved. This was not strange, because relief for the poor was conditioned by religious and moral factors as much as by socio-economic and political ones. Indeed, their ethics of collective responsibility in the face of social problems made them important groups in this issue.³⁹⁰ Who eventually held responsibility for payment thus varied, and these arrangements were very significant. Particularly in Utrecht, the debate over who was responsible to pay for a particular individual was often extensive. For example, nobody was admitted into the Utrecht Asylum before the financial aspects of the agreement were settled. In regards to the poor, this usually meant that the burgomasters forced the Almoners' Chamber (*Aalmoezenierskamer*) to cover the costs of those who could not fall back on other possibilities because they (for instance) did not belong to one of the churches.³⁹¹ In Amsterdam and Rotterdam, on the other hand, some sources show that destitute people who were unable to pay and did not belong to a church were admitted on orders from the burgomasters, making the institution responsible for the costs. This demonstrates that the burgomasters had the final say in who was responsible for the payment to the institution that cared for the mad in question.

If it was decided who was responsible for the payment of the admission, the next issue was coming to an agreement about the amount that needed to be paid. To begin, we can look into the payments made by the family and social network. In general, if the family was in some way able to contribute to the payment, they were obliged to do so. The next step was to come to an agreement with the governors of the institutions about the amount. Prices for admission were not fixed but were usually charged according to a private person's financial situation: the amounts, therefore, vary greatly.³⁹² Still, in the institution's archives, different 'standard'

³⁹⁰ Huguet-Termes and Arrizabalaga, 'Hospital care for the insane in Barcelona', 83.

³⁹¹ The Almoners' Chamber (*Aalmoezenierskamer*) was an organization in charge of the care for the poor people who did not belong to or claim help from the local church community, parish or guild.

³⁹² These amounts vary for sums as large as 1500 guilders for a lifelong admission, but also range from 500 to only 30 guilders per year. In addition, we also see sums paid per week or month.

amounts for admission can be found. For example, the amount that was paid yearly in the asylums of the three cities was around 100 guilders and in Utrecht, a standard fee of 30 guilders was charged when someone was taken in.³⁹³ If no money could be paid, other strategies were employed by the asylums. For instance, if people could not pay for the admission themselves, they could provide a guarantee commitment for this payment from a second party such as friends, neighbours or a distant family member. Remarkably, as part of the (payment) conditions for some of these admissions, arrangements had been made in which family or friends pledged to do the laundry of the person incarcerated and to provide them with the proper clothing and bedding.³⁹⁴ This would occur not only when people were unable to pay but also as part of the general payment agreement. For the poor-relief institutions and diaconates, different payment criteria applied because they enjoyed a special position in the cities. These groups cared for specific people (the poor) and had therefore come to special agreements with the institutions about the amount to be paid for people under their responsibility, which was usually less than the normal fee. Unsurprisingly, the payments again varied per city and per organization. Standard amounts can be found for charitable organizations, such as poor-relief organizations, church parishes and communities; but within this standard, the cost ranged between approximately 30 to 80 guilders a year.³⁹⁵

Admission numbers

When looking at the asylum admission numbers from the seventeenth and eighteenth century, the information from Amsterdam and Utrecht shows a clear increase of

³⁹³ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 926 In- en uitgegane stukken betreffende het college van Regenten; UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2522-1 Resolutiën van de broeders van het Dolhuis 1593-1737 and SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 17 Ingekomen stukken en minuten van uitgaande brieven van de Regenten van het Pest- en Dolhuis en van de Commissie uit de Stad, 1655-1819 and inv. nr. 178 Requesten met appointement inzake opneming van krankzinnigen 1654-1712.

³⁹⁴ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 951-954 Krankzinnigen-boeken 1640-1745, 1700-1765, 1726-1792, 1746-1792.

³⁹⁵ SAA, 5028 *Archief van Burgemeesters*, inv. nr. 595 Godshuizen in het algemeen, gasthuizen, huiszittenhuizen, Spin- en Nieuwe Werkhuis, folder Gasthuizen, Discussion about payment for the mad by the diaconates (without date); SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 17 Ingekomen stukken en minuten van uitgaande brieven van de Regenten van het Pest- en Dolhuis en van de Commissie uit de Stad 1655-1819, Extract of the resolutions of the burgomasters (2 March 1719) and UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2635-I Requesten, vonnissen, overeenkomsten enz. betreffende de opneming van krankzinnigen in het gesticht, 1609-1766, Request made for Maria Carinue (18 April 1692).

admissions in the two asylums.³⁹⁶ Although Rotterdam's numbers are not as impressive as its counterparts, they too indicate an increase in admissions in this period. According to Pieter Spierenburg, hard economic times in the second half of eighteenth-century Netherlands fuelled admission requests in all strata: everywhere the numbers of requests were rising and the applicants' arguments all stressed the financial risks involved with problematic behaviour.³⁹⁷ Nevertheless, the economic situation was not the only explanation for the increase of admission requests as all three cities experienced different economic fluctuations and, yet, all asylums dealt with an increase in numbers. This phenomenon is not limited to the Netherlands, either. In England, where the economic situation was much better in the eighteenth century, an increase in the incarceration of the mad in the private mad business occurred as well. Arguably, the accessibility of the institutions has played a role in this increase, in which an increase in supply (development of government institutions) may have increased the demand. This trend can also be seen in the nineteenth-century Netherlands: new and larger asylums were built, but institutions constantly struggled with overpopulation and ever-increasing admission requests.³⁹⁸ Table 4.1 below lists the asylums admission numbers for two 40-year periods. In order to establish these numbers, I used a sample of 40 years in both the seventeenth and eighteenth century from the administrative sources of the asylums in all three cities. Unfortunately, the register from the Rotterdam asylum was very incomplete for the eighteenth century, compromising the image of the change in the admission numbers. Therefore, in the table the numbers from Rotterdam are included but marked in red and the information from Amsterdam and Utrecht will be used as the guideline to provide a general image about the admission increase. Table 4.1 shows an exponential increase in admissions numbers in both these cities: for Amsterdam, the numbers have more than tripled in the eighteenth century.

³⁹⁶ See Table 4.1.

³⁹⁷ Spierenburg, 'Financiën en familie-eer', 118-135, p. 118 and 131-134.

³⁹⁸ Oosterhuis and Slijkhuis, *Verzichte zenuwen en zeden*, 91 and 97-98.

Table 4.1

	1640-1680	1740-1780
Amsterdam	83	296
Utrecht	81	123
Total	164	419
Rotterdam³⁹⁹	252	14
Total	416	433

Asylum admission numbers: Amsterdam, Utrecht and Rotterdam. Numbers were collected from: SAA, *342-6 Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 951-954

Krankzinnigen-boeken: 1640-1745, 1700-1765, 1726-1792, 1746-1792, 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 and SR, *230-01 Archief van het Pest- en Dolhuis*, inv. nr. 158-161 Registers van opgenomen krankzinnigen 1619-1833.

Previously we have already ascertained that economic factors cannot wholly account for this increase in admission numbers and that other factors such as accessibility and supply should also be considered. By looking at the growth capacity of the asylums in Amsterdam, Utrecht and Rotterdam, we can discern that, even though their capacity grew, this was not enough to keep up with the increasing demand.⁴⁰⁰ Consequently, institutions were compelled to stop admissions or were forced to house people in less than ideal situations, such as rooming two people in one cell. Another possible explanation why the asylums could not keep up with the demand for admission was the fact that many of these spots had already been bought up by *proveniers*. It is interesting to note that, in the asylums of Utrecht and Rotterdam, *proveniers* were mentioned more frequently. In Rotterdam in 1662, the burgomasters even had this practice investigated and eventually concluded that: ‘The asylum was an unsuitable institution to house this group of people. The institution had become overcrowded with *proveniers*, and it was felt that these persons, who in

³⁹⁹ For Rotterdam the admission numbers for the eighteenth century were thus incomplete due to gap of information in the register for this period, but also the number for the seventeenth century deviates significantly from those of Amsterdam and Utrecht. Speculating on the reasons for this gap it was remarkable that in contrast to the Amsterdam and Utrecht asylum in Rotterdam we see a much higher number of people leaving the asylum after only being admitted for a short period of time during the seventeenth century. Which could indicate that the changing around of patients was much higher in Rotterdam explaining the difference in the amount of admission being made.

⁴⁰⁰ See also: Chapter one, 36.

some cases had never even been mad, did not belong to the institution.’⁴⁰¹ Why then, were asylums admitting this group? The most probable reason for this was financial, because the sums paid for this type of admission were high.⁴⁰² However, during the eighteenth century, the custom of *provenierschap* in the asylums had slowly run its course: the financial gain had decreased, the institutions were overcrowded and asylums were no longer perceived as places to provide this service. Further explaining these problems of admission numbers and the discussions about who belonged where can best be illustrated by looking into the requests for transfers between institutions made by family members and the governors.

Distribution

Requests were regularly made by governors of institutions or family members to transfer someone from one institution to another. The involvement and agency of the urban government can, therefore, also be found in the distribution of the mad among institutions. During this distribution process, urban authorities were in charge and made decisions in collaboration with the governors as to whether someone was to be transferred and where to. It is striking to note that judicial authorities from smaller towns and villages around the three cities regularly requested transfers of the mad from their care to an institution, which underlines the function of these cities as hubs in the care of the mad.⁴⁰³ Significantly, these transfer requests show a clear differentiation amongst the institutions in function and care level for the mad.

Until now, scholars have not addressed distinctions between the different patient groups (that is, grouping according to the severity of madness) that were housed in these cities’ institutions. A close analysis of these differentiations can therefore be very insightful both in the context of dealing with madness and also in the placement of these different government institutions within urban society. If we recall, the first chapter of this thesis explored the different institutions in which the

⁴⁰¹ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv.nr. 1 Resoluties van de Regenten van het Pest- en Dolhuis 1639-1744, Advice about the non-suitability of the asylum for the many *proveniers* who were not mad (16 September 1662).

Original: ‘*Dat het dolhuis niet alleen zeer onbekwaam is omme een proveniers huis daarvan te maken maar ook deszelfs inkomen zulks niet wel kan lijden omme zo nu en dan luiden aan te nemen haar leven lang gedurenden die niet dol ofte krankzinnig zijn en de geconsidereerd den suppliant zijn zinnen wel machtig is ende daarbij jong van jaren in dien volgende de regenten van dit huis gants ondienstig ja ten hoogsten schadelijk is den suppliant in het zelve huis te nemen.*’

⁴⁰² The amounts paid varied but were substantial: sums in excess of thousands of guilders were no exception; additionally, inheritances were promised after the death of a patient in many cases.

⁴⁰³ For example: SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 178 Requesten met appointment inzake opnemng van krankzinnigen 1654-1712, Admission request Claartie Pieters (1710).

mad were incarcerated. This analysis revealed interesting elements in terms of distribution; for instance, that some institutions had special accommodations for the mad or had a mission statement that specified the types of mad who could be admitted there. Especially in Amsterdam, there were many institutions that had special accommodation arrangements for the mad or simple-minded.⁴⁰⁴ For Utrecht and Rotterdam, however, the information about the care of the mad in different types of institutions is more limited. Nonetheless, by combining the evidence, a general image can be formed.

Relocation or (in some cases) removal from an institution was, as a rule, requested when someone was no longer considered to belong to that institution. This custom simultaneously shows that the institutions had their own target groups *and* that the urban population knew about this. Another reason for relocations requests, especially those originating from institutional governors, had to do with a lack of space. Overall, the urban institutions struggled with the number of admissions requests and endured a chronic lack of space. How frequently these relocations occurred is hard to estimate. In the archives, around 60 of these requests have survived; however, because of the sporadic preservation of some archives, this does not necessarily tell us something about the frequency, only that relocations did take place in this period and between different institutions. These surviving requests can still reveal a great deal about the function of the institutions and what type of madness they housed.

All the institutions had their own target population and were categorized accordingly. Of course, these divisions were not set in stone, but replacement requests for certain people characterized as mad do reveal some particular distinctions. In Amsterdam, Utrecht and Rotterdam, the asylums were the only institutions equipped and particularly intended for the raving mad. Their layout with cells, called *dolhuisjes*, was specifically designed for this group. The function of the asylum as a place for the raving mad becomes clearer when we look into a request made by the governors of the Amsterdam plague house in 1780.⁴⁰⁵ In this request, the plague house governors asked the burgomasters to authorize the transfer of Kunigunda Lehner to the Amsterdam asylum. The governors had stated that (on the authority of the burgomasters) Kunigunda, who had lost her mind, had been put into their care. In the following year, Kunigunda's circumstances deteriorated and she

⁴⁰⁴ See also: Chapter one, 30-45.

⁴⁰⁵ SAA, 342-7 *Archief van beide gasthuizen*, inv. nr. 1263 Stukken betreffende verpleging en verpleegden, 1595-1795, Request for the transfer of Kunigunda Lehner to the asylum (26 September 1780).

had become completely mad and needed to be incarcerated to prevent harm to herself or others. During her rage, she tore the clothes from her body, leaving her naked. With winter coming shortly, locking her up in the cells intended for the insane in the plague house had become impossible because those cells were too cold. The only option left was to lock her in a box-bed or closed bed (*bedstee*) in the ward intended for sick women, but because she raged and yelled day and night, she bothered the ill who needed their rest to recover. The governors saw no alternative other than to put this case to the attention of the burgomasters and to ask them to authorize Kunigunda's transfer to the asylum, which was intended for these kinds of 'unhappy objects'.⁴⁰⁶ The burgomasters judged that Kunigunda was indeed no longer suitable for the plague house and approved her relocation to the asylum.

The asylums also made requests for the transfer of people who they regarded as 'not mad enough' for their institution. In 1774, the governors of the Amsterdam asylum asked permission from the burgomasters to transfer three women to the plague house, because the former was overpopulated.⁴⁰⁷ They wrote to the burgomasters that they only had one cell available and did not have the required space if any admission requests (by more suitable patients) were made. They selected three patients who, according to the inspections made by asylum employees, could be moved to the plague house.⁴⁰⁸ The first patient, Carlotta Johanna Lansberg, was very unhealthy and had a head ailment. Because of her physical health problems, the governors thought she would be better off in the plague house. The second patient was Aaltje Ouderheimers: the governors believed it was important that she remain incarcerated but she had shown no signs of aggression, rather an apathetic character and regularly refused food. The third patient, Trijntje Teunissen, initially transferred to the asylum from the disciplinary institution (*Spinhuis*) was deemed a fit candidate to move to the plague house because she showed the same (relatively) mild behaviour as Aaltje. She was therefore not a suitable patient for the asylum. The burgomasters approved the request and the three women were transported to the plague house.⁴⁰⁹ This request demonstrates the position of the plague house as an

⁴⁰⁶ Ibidem.

Original: '*Voor zodanige ongelukkige voorwerpen geschikt te doen transporteren.*'

⁴⁰⁷ Ibidem, inv. nr. 924 'Resolutieboek, beginnende met den Jaare 1720', Request for transfer of three women (5 September 1774).

⁴⁰⁸ The fact that these inspections were made tells us something about the care provided in the asylums, this will be addressed in the next section.

⁴⁰⁹ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 924 'Resolutieboek, beginnende met den Jaare 1720', Request for transfer of three women (5 September 1774).

Original: '*Carlotta Johanna Lansberg, een ongezond mens dat met kwaad zeer op het hoofd bezet is, om welke kwalen zij beter in het pesthuis zoude zijn. Aaltje Ouderheimers omdat zij na de consideratie*

institution with an intermediate function: a similar role can also be seen in the plague houses in Rotterdam and Utrecht.⁴¹⁰ In this respect, Carlotta's case may again be pertinent: the comment on her physical illness could also reflect the notion that the plague house was considered the best option for people afflicted with both mental and physical problems.

One of the preconceptions about the distribution of the mad was that large quantities of mad were placed in the so-called disciplinary institutions (*Tuchthuizen* and *Werkhuizen*).⁴¹¹ However, transfers were made from the disciplinary institutions to the asylum, demonstrating another reality, perhaps. The disciplinary institutions were not intended for the mad but – sometimes – they would be incarcerated there. The struggles that ensued between the governors of the disciplinary institutions, governors of the asylums and the family members of the mad can still be traced in the archives of all three cities. Most frequently found in the sources were requests made to relocate someone from the workhouses to the asylums because of the nuisance he/she caused and the danger posed to other inmates.⁴¹² The request made for Dirckje Huijbrechts by her sisters in Rotterdam in 1680 is a case in point. The sisters explained that Dirckje had been admitted to the workhouse (*Padua*), but her behaviour had gotten so out of hand and she caused such riots that she could no longer be dealt with in this institution. They further argued that it was also extremely dangerous to release her from confinement in light of the safety of other people on the street and because of the fear that she would start a fire. So, her sisters and the warden of the workhouse realized that the only solution was confinement in the asylum.⁴¹³

Another reason for transfer from a workhouse to an asylum was used in the request by the family of Hester Moot, made in 1675. The family explained that, in 1674, Hester had been confined to the workhouse on provision of the court because of her madness. She was housed there amongst beggars and other rabble and, instead

van dit godshuis opgesloten moet blijven, is zeer lusteloos en weigert dikwijls om voedsel te gebruiken. Trijntje Teunissen is den 22^{ste} augustus uit het spinhuis ingebracht, en is volgens de rapporten van onze suppoosten (voor zoverre de ondervindingen van die weinige dagen haar opgeeft) precies als de voornoemde Aaltje.'

⁴¹⁰ See also, Chapter one, 33-38.

⁴¹¹ Spierenburg, *The prison experience*, 253-255 and Spierenburg, *Zwarte schapen*, 70-87.

⁴¹² SAA, 347-1 *Archief van regenten over het Spin-en Nieuwe Werkhuis*, inv. nr. 1 Protocol op de notule 1782-1795, p. 39 (3 June 1785) and p. 42 (29 July 1785) and inv. nr. 13 Ingekomen- en minuten van uitgegane stukken 1792-1806, Request for the transfer of Wilhelmina Gaaij (7 September 1798) and Doctor's visitation and judgment (18 September 1798).

⁴¹³ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 178 Requesten met appointement inzake opnemng van krankzinnigen 1654-1712, Admission request for Dirckje Huijbrechts (26 July 1680).

of improving her state of mind, the provocations and mockery from the other inhabitants only worsened her condition. Her family feared that if she stayed in this workhouse, she would never be able to come to her senses again. Consequently, they asked the burgomasters to place her in the leprosarium or plague house, 'because the workhouse was no place for the mad' and Hester had never hurt anybody as a result of her madness.⁴¹⁴ Again, this request demonstrates that disciplinary institutions were not deemed equipped to care for this group.

Relocations for this particular type of patient group raise an obvious [very interesting] question: how did they know whether someone was criminal or just mad? The real dilemma was, of course, finding a suitable place for someone who was both. A prison system as we know it today was not yet in place in the early modern Dutch Republic. As punishment, people could be incarcerated in disciplinary institutions but – as seen above – these were not fit places for the mad. Nonetheless, mad people being incarcerated by the judicial authorities can be found in the sources. As shown in chapter two, in Amsterdam, the mad were sometimes kept in the basement of the town hall and this practice was also found in Utrecht and Rotterdam.⁴¹⁵ People were only kept there for a short time: usually because of the necessity of a quick confinement when someone posed an immediate danger to society.

A good illustration of the mingled boundaries between mad and criminal (and the resulting incarceration issue) is the transfer Carel Frederik Frensz. who was incarcerated in the *boeien* after he had displayed 'outrageous behaviour towards decent citizens'.⁴¹⁶ He was duly taken prisoner by the public prosecutor; however, because Carel's behaviour was judged to be the result of madness he was transported to the asylum, on order of the burgomasters, and not prosecuted. The case shows that the penal system was not the first choice for the care of the mad. Carel's transfer to the asylum also reveals that people at the time had certain ideas about what was criminal behaviour and what was 'mad' behaviour and the appropriate treatment for each. This was not surprising if we reflect on how the penal system was used in this

⁴¹⁴ SAA, 342-7 *Archief van de Gasthuizen*, inv. nr. 1263 Stukken betreffende verpleging en verpleegden, 1595-1795, Transfer request for Hester Moot (28 August 1675).
Original: 'Dat het werkhuis geen plaats is daar waar zinneloze of krankzinnige luiden zijn.'

⁴¹⁵ See also: Chapter two, 52-53.

⁴¹⁶ SAA, 342-7 *Archief van beide Gasthuizen*, inv. nr. 1263 Stukken betreffende verpleging en verpleegden, 1595-1795, Memorandum about Carel Frederik Frensz. p. 13 (12 March 1739).

Original: 'Vele buitensporigheden had gepleegd ten opzichte van verscheiden goede burgers.'

time: in general, long-term punishment via restriction of freedom was not common in the early modern period, with the exception of the workhouses.⁴¹⁷

As a rule, the leprosaria, old people homes and orphanages in the three cities only admitted the simple-minded (not the mad). Even so, these institutions employed strict rules and regulations for this group. Those admitted needed to be able to function within the daily routine of the institution; that is, they should not display fits of aggression or cause much commotion and be capable of caring for themselves on a minimum level. These were hard requirements and a few examples from journals kept by the governors of the Amsterdam leprosarium serve to illustrate this. In 1777, Governor van den Broek paid a visit to Mrs Bicker to inform her about the recent violent behaviour of her simple-minded son, Michiel Wijnants: his conduct meant that he could no longer be cared for at the institution. Mrs Bicker reacted by arranging for her son's admission to the plague house through the burgomasters.⁴¹⁸ Again, this case tells us something about the clientele of the plague house and the intermediary nature of this institution. Maria Helena Peters, who was admitted to the ward of simple-minded women in the leprosarium of Amsterdam was also judged by the governors as an 'unsuitable object' for the house.⁴¹⁹ She could not be brought to any form of reason; nor could her vicious behaviour be tamed by the caregivers and because of this she disrupted the peace. Her guardians were summoned to the office of the governors where they were told that the institution 'had employed all its options in order to calm Maria down, but this had failed and that, according to their agreement, Maria was to be removed from the institution within eight days.'⁴²⁰ Again, this example shows that strict codes of conduct were implemented and that the governors were only willing to provide housing for a specific group of simple-minded. Similar transfers from orphanages and diaconate institutions can also be found in the archives, in which the same reason was always given: the houses were not equipped to deal with the behaviour that was displayed.

⁴¹⁷ For more information on the development of restriction of freedom used as punishment and the foundation of an integral prison system see: Fijnaut and Spierenburg (eds), *Scherp toezicht*; Spierenburg, *The prison experience*; Spierenburg, *The emergence of carceral institutions* and Steensma, *Straffen door de eeuwen heen*.

⁴¹⁸ SAA, 369-4 *Archief Leprozenhuis*, inv. nr. 341 Staten, houdende opgave van proveniërs en onnozelen, p. 206 (23 January 1777).

⁴¹⁹ *Ibidem*.

Original: 'Zij geen voorwerp was om alhier gehouden te worden.'

⁴²⁰ *Ibidem*, p. 220 (19 February 1778).

Original: 'Een preuve genomen had om door alle mogelijke middelen dit mens tot bedaardheid te brengen. Niets het allerminste van succes was geweest en derhalve regenten begeerde dat zij binnen den tijd van 8 dagen uit dit huis zouden moeten worden weggehaald. Dit alles conform het contract en na afgesproken te hebben welk bedrag er betaald moest worden.'

The differentiation between these institutions provided a guideline for admissions but, most of the time, the urban authorities made the final decisions about admission and distribution. Clearly, the urban government played a central role in the system of institutionalization of the mad. Equally important in this matter is the fact that the general public knew about the diversity between the institutions and used their knowledge and agency to get someone transferred to an appropriate place. Differentiation was therefore a vital mechanism for all levels of society in housing the mad, even though lines could sometimes be blurred. Nevertheless, with the growth of the institutions and the increasing pressure on them to admit more (appropriate) patients, it seems that distribution became a more pressing matter. Because the asylum was the only place designed specifically for the mad, the next section examines the institutional life of this particular institution.

Institutional life in the asylums

The early modern asylum has long been haunted by a very negative image: as institutions of abuse and horror, where the mad were not treated but imprisoned in dark cells until their death. Patricia Allderidge, in her article, *Bedlam: fact or fantasy*, has characterized this idea in a very insightful manner, as she writes: ‘In seventeenth- and eighteenth-century practice, the madman in confinement was treated no better than a beast; for that was precisely what, according to the prevailing paradigm of insanity, he was.’⁴²¹ In an observation from 1777, a military medic from France gave a completely different, more positive, image about these institutions. He described the Amsterdam asylum as the following: ‘This type of institution should function as an example for whom is interested in them. I believe it impossible to visit a more moral or well-kept home [...] the unhappy people are only kept in their cells until they’ve calmed down [...] And they are well cared for, even the worst ones.’⁴²² This statement suggests that the image of the asylum as a place of horror might not be accurate; this negative stereotype needs more research and nuance. An examination of the functions of these institutions will not only help form a better idea of the daily life in these institutions, but will also help to answer the real question that underlies the negative image of the asylum: to what extent were these asylums places to die, places of cure or places of care?

The asylums expressed their own function to the public most prominently through rhymes and poems placed on their building walls. On the facade of the

⁴²¹ Allderidge, ‘Bedlam: fact or fantasy?’, 17-33, p. 25.

⁴²² Hellinga, ‘Het Amsterdamsche dol- of krankzinnigenhuis’, 1617.

Amsterdam asylum, for example, two little rhymes placed above the entry gate stated:

*'Dit Godshuys is gesticht uyt liefde, milt van aert,
En toomt de Dolheyd, die zichzelf noch niemant spaer.'*

and

*'Die met cranzinnichheit syn begaeft,
Die werden hier, gespyst ende gelaeft.'*

[*'This godly house was founded from love, of a nature mild.
And tames insanity, who leaves neither himself nor anyone undefiled'*

and

*'Those who were with insanity gifted,
Were here with food and drink uplifted']*

Looking at the meaning of these inscriptions, we can firstly state that they gave an accurate indication of the general care provided. There was no medical care with the specific intention of curing madness; however, the residents of this house were removed from the outside world, looked after and kept safe. The fact that medical care was absent was not remarkable; before the end of the eighteenth century, European hospital care of the insane tended to be custodial, rather than medical.⁴²³ In Rotterdam, the function of the asylum was formulated in another way with a poem that highlighted several aspects of the institution:

*'Hier wordt de woedende Krankzinnigheid betoomt,
Daar ze in den kerker brult, dat ieder schrikt en schroomt;
Hier wordt de Onnoozelheid geleid met zagte zeelen,
Die als een simpel kind al mijmerend loopt spelen;
Hier wordt de Dronkenschap en snoode ontugtigheid
Besteed, beteugeld en tot beterschap bereid;
Dus moet de reine Deugd dit heilzaam oogmerk prijzen,
Maar hij, die nimmer valt, behoeft niet op te rijzen.'*⁴²⁴

⁴²³ Huguet-Termes and Arrizabalaga, 'Hospital care for the insane in Barcelona', 86.

⁴²⁴ Van Lieburg, *Gilden, gestichten en gezondheidszorg*, 56 and Van der Leen, *Geschiedenis van het pest- en dolhuis*, 3. Poem carved on stone windows on the front of the asylum after a renovation in 1745, but originated from 1664, author unknown.

[This is where raging madness is controlled,
Where it screams in the dungeon and spooks all, even the bold;
Here innocence is guided with ropes mild,
One who ponders and plays like a simple child;
Here the drunkenness and evil vices are boarded,
Being subdued and to improvement ordered;
So, the virtue of this goal must be praised,
But he whom never falls never has to be raised.']

This poem alludes to the more mixed composition of the Rotterdam asylum and also emphasizes a moralistic reading. In the aforementioned rhymes from the Amsterdam asylum, the focus was directed more towards the Christian charity aspect of the institution, as seen in the first line, ‘This godly house was founded from love’. However, for Rotterdam the disciplinary aspect is given precedence. For example, the poem refers to drunkenness, fornication and the willingness to choose virtue; this seems to fit more with the character of the houses of correction than those of the asylums which – if we recall – were intended for the raving mad. How then, can we explain the existence of this type of poem on the exterior of the Rotterdam asylum? The most probable explanation is the connection the asylum had with the house of correction (*Padua*) in Rotterdam, hosting within their walls the special ward *Kleyn Padua*.⁴²⁵ An interesting side note for this poem which links it to the house of correction is the reference to the use of restraints, indicated by the term ‘*zachte zeelen*’. Historian Mart van Lieburg indeed has taken this phrase as proof that the Rotterdam asylum used force on its inmates.⁴²⁶ However, to conclude from this poem alone (no other sources being recalled by Van Lieburg) that restraining someone was common practice seems a little farfetched.⁴²⁷ In short, what these poems and inscriptions have in common is that they clearly show the function of asylums as places of care, in which people were withdrawn from society for their own and society’s benefit.

Management and personnel

The governors managed the asylums and were in charge of the administration of these institutions. In most asylums, the group of governors consisted of *regenten* and

⁴²⁵ See also: Chapter one, 33.

⁴²⁶ Van Lieburg, *Gilden, gestichten en gezondheidszorg*, 56-57.

⁴²⁷ In the section about the negative image of the asylum, I will address this question in depth. See also: Chapter four, 116-122.

regentessen, males and females (respectively) from the urban elite and appointed by the burgomasters. This position can be considered as a kind of charity work for the upper classes: governors were usually not paid wages. Still, there were enough people who wanted to fulfil this position, as the role provided them with prestige and the possibility of other more lucrative functions.⁴²⁸ In the asylums, the *regentessen* were responsible for the household administration of the institution, which included tasks such as buying household effects and monitoring the personnel. The *regenten* were responsible for most of the larger administrative decisions, such as extensions and remodelling of the institutions, hiring personnel, assessing admissions requests, deciding on releases and bookkeeping. *Regenten* were also obliged to report to the urban government. To fulfil these tasks, both the *regenten* and *regentessen* met regularly; the frequency varied but, in most asylums, the regents gathered once a week. The decisions made during these meetings were registered in the minutes, which offer a glimpse into how these institutions were ran and who was involved.

How daily life in the asylum was managed can be outlined by a variety of sources. In particular, the resolutions of the governors' meetings from the three asylums reveal much information about the daily struggles of the institutions. In addition, these sources also document the appointment of employees and show who participated in the daily care of the mad. In all three asylums, the people who were most intensively involved with the mad were the *binnenvader* and *moeder* and some of their appointment contracts can be found in the minutes of these meetings. Several things stand out in these contracts: the *binnenvader* and *moeder* were usually a couple and appointed as such, meaning that if one died, the other could not always stay on. The contracts also reveal how much they were paid: this sum varied between 150 to 300 guilders a year.⁴²⁹ This was not a well-paid job; however, it did have some appealing secondary conditions. Food and accommodation were often included in the appointment, for instance. These small details tell us three important things about the job: firstly, that people who held these jobs were not always qualified; secondly, that there were always people willing to do this job; and thirdly, that these positions were often filled for the duration of someone's life.

More interesting still is the insight the contracts give into the tasks of the *binnenvader* and *moeder*. Even though these tasks could differ per asylum, in general, they were quite similar. The contracts stated that they were obliged to take

⁴²⁸ Tang and Wigard, *Amsterdamse gasthuizen*, 17 and 25.

⁴²⁹ Van der Leen, *Geschiedenis van het pest- en dolhuis*, 22-23.

SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 924 Resolutieboek, beginnende met den Jaare 1720, For example: (17 August 1722) and (1 June 1734).

care of the mad, providing for food, ensuring a clean living space and personal hygiene.⁴³⁰ In a contract from 1788 in Rotterdam, the level of care required is clearly prescribed:

‘[The *binnenvader* and *moeder*] needed to offer their help to those unhapp[il]y incarcerated, they needed to treat them correct[ly] and take care of them. They were not allowed to abuse the inmates and also needed to supervise and make sure that the other servants and maids kept to these rules, and otherwise report this to the governors. The *binnenvader* also had to check the whole asylum twice a day to make sure everything was in good condition.’⁴³¹

This last task not only included checking the building and personnel, but also the inmates. In this regard, the *binnenvader* and *moeder* had an important role in assessing the condition of the mad. Through daily observation of the different inmates, the *binnenvader* and *moeder* determined whether incarceration was needed or whether someone’s condition had improved, whether special care was needed or whether someone could be released. Within the walls of the asylum, they were the eyes and ears of the governors. One very unique source from the archive of Rotterdam is the diary from *binnenvader* Jan Brouwer (employed from 30 June 1679 until 12 November 1703).⁴³² This record revealed information about his daily life as part of the institution. Quite remarkably, Brouwer recorded that some of the inmates of the asylum were used as personnel and helped with the upkeep of the building and daily tasks.⁴³³ This could only be done if their behaviour would allow for this,

⁴³⁰ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 2 Resoluties van de Regenten van het Pest- en Dolhuis 1773-1790, Appointment *binnenvader* and *moeder* (22 February 1788) and SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 924 Resolutieboek, beginnende met den Jaare 1720, For example: (17 August 1722) and (1 June 1734).

⁴³¹ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 2 Resoluties van de Regenten van het Pest- en Dolhuis 1773-1790, Appointment *binnenvader* and *moeder* (22 February 1788).

Original: ‘*Moeten hulp bieden aan geconfineerde in ongelukkige omstandigheden, ordentelijk behandelen en zorg voor ze dragen. Ze niet mishandelen en ook toezien dat dit niet gebeurd door knechten en meiden en anders hiervan rapport doen. Vader moet 2 x per dag een ronde doen door het hele huis om te vernemen of alles goed gaat.*’

⁴³² SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 148 Dagboek van de Binnenvader van het Pest- en Dolhuis 1679-1703.

⁴³³ Ibidem and Van Lieburg, ‘Het dagboek (1679-1703) van Jan Brouwer’, 245.

That this was also the case in the Utrecht asylum can be found in: Van der Weyde, ‘De behandeling der krankzinnigen’, 5009.

illustrating much about the attitude towards the inmates and the purpose of their stay in the institution: rehabilitation with the view of reintegrating into society.

Besides the *binnenvader* and *moeder*, more people were employed to run the asylums. For example, all asylums hired maids and servants to assist the *binnenvader* and *moeder* with their domestic tasks, including cooking, washing and maintenance of the house. Cooking and providing the inmates with proper nutrition was an important part of the daily care of the insane. Interestingly, very specific documentation concerning the weekly food plans (showing what types of food were provided to the inmates) exists for all asylums.⁴³⁴ What stands out in these weekly lists is the variation the asylums had to offer: an inmate's diet consisted of meat, fish, grains and vegetables and contained a relatively high nutritional value for this period, particularly in comparison to what the lower classes were accustomed to.⁴³⁵ Arguably, for most of the people incarcerated, this was a step up from their normal diet.

In the seventeenth century, physicians and surgeons began to be employed by the asylums to treat the inmates for any physical illnesses. In Amsterdam, a contract dating from 1733 with surgeon Stollenkamp gives us some indication about the tasks and salary associated with this role. Stollenkamp was paid 100 guilders for one year and dedicated himself to treating the inmates, preparing their medication, shaving the mad (at least four times a year or as the governors wished), and visiting inmates every morning during periods of extreme cold.⁴³⁶ In the eighteenth century, the asylum physician became increasingly involved with assessing the severity of the condition of people for whom an admission request was made.⁴³⁷ From the resolutions of the governors of the Amsterdam asylum, we also learn that a doctor was appointed without a contract; however, in 1777, an annual sum of 150 guilders was paid to a doctor who treated the inmates for physical ailments. The salary that the physician and the surgeon received for their work was thus a set amount per year. This amount was not high for these professions: physicians and surgeons therefore

⁴³⁴ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 1 Resoluties van de Regenten van het Pest- en Dolhuis 1639-1680, Meal list (12 December 1662); SAA, 342-6 *Archief van het Dol- of Krankzinnighuis*, inv. nr. 928 Memorie over de geschiedenis van het gesticht, met aantekeningen over bestuur en beheer. M.S. Hovius, p. 19-22 and Van der Weyde, 'De behandeling der krankzinnigen', 5009-5010.

⁴³⁵ Vanja, 'Madhouses, children's wards, and clinics', 117-132, p. 126.

⁴³⁶ SAA, 342-6 *Archief van het Dol- of Krankzinnighuis*, inv. nr. 924 Resolutieboek, beginnende met den Jaare 1720-1791, Appointment of new surgeon Stollenkamp p. 15 (28 november 1739).

⁴³⁷ Ibidem, Appointment of new doctor p. 17 (September 1745) and p. 43 (3 February 1779) and Hellinga, 'Het Amsterdamsche dol- of krankzinnighuis', 1612.

must have had supplementary incomes. Still, occupying this function provided some kind of prestige and also a steady income.⁴³⁸

Medical care

As noted briefly above, providing medical care for the mad was not one of the main tasks of the asylum. This did not mean that medical care was completely absent. The employment of asylum physicians and surgeons shows that medical care was considered important (again countering the negative image of asylums as horror houses). Nonetheless, the asylum physician and surgeon were not employed to cure the mad from their mental condition, only from physical ones. Still, medical care for the mental conditions of the inmates did occur in the asylum when requested by family members. The previous chapter showed that, in the early modern medical market, cure options were indeed offered to those disturbed of mind.

That treatment was an option when incarcerated is demonstrated in the request made by Elizabeth Vlek in 1732 to the burgomasters of Amsterdam: she wanted her son Abraham treated in the asylum by a physician called Joseph Celle.⁴³⁹ Elizabeth explained that her son had already been incarcerated in the asylum for four years: his situation had not improved and she could not imagine him getting better without the help of a competent physician. Because she herself was a poor woman, she could not pay for the services of the physician or the prescribed medications. The only hope she had left was that her son could be treated by a physician and – with God’s blessing – would be cured and able to pick up his old profession (as a surgeon) and provide for the household. She had also heard that another inmate, Abraham Lameer, also incarcerated in the asylum for a long time, had been treated by Doctor Celle and had recovered in such a way that he was released and could now administer his own affairs again. Thus she asked the burgomasters to authorize Celle to treat her son in the asylum (at their cost).

In the minutes, a comment was made about the further course of action concerning this request, namely that the burgomasters approved the request and that Joseph Celle could examine Abraham Vlek in the asylum to see whether it was

⁴³⁸ Nieuwenhuis, ‘De teloorgang van een beroepsgroep’, 60.

⁴³⁹ 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, Treatment request for Abraham Vlek (June 1731).

Doctor Joseph Celle was the same physician for whom several treatment contracts were found in the archives, see chapter three, 85.

possible to cure him from his madness.⁴⁴⁰ This request is interesting because it reveals a variety of elements about institutional life. One significant element brought to light here is the notion of ‘being cured’. Clearly it could be done under the right conditions. Implicit in Elizabeth’s tale is also the positive expression of both cure and care: cure *is* possible and care – medical and non-medical – does have an impact on the condition of the mad. Additionally, sources show that families or the community of care stayed involved and informed about the conditions of their loved ones. Ultimately, this house was not intended as a place to spend your life, but only a period of time until the situation improved.

Inside and outside: push and pull factors

Asylums were not institutions closed off from urban society: they were very much a part of it. Even though the inmates were locked inside, several push and pull factors influenced their stay in these institutions. Looking into the connection the inmates had with the outside world will also help to understand the function of these institutions within the larger urban fabric.

Both from inside and outside the institution, there were factors that kept the incarcerated connected to ‘real life’ and the outside world. The most telling evidence in this regard is the simple fact that family members could visit their (mad) relatives inside these institutions. Although no official policy documents about this can be found in the archives, the general sense can be derived from other primary documents. For instance, in the minutes of a governors’ meeting for the Rotterdam asylum, a request was made by Margareta Willemina Tips on May 31 1776 to regain the right to visit her brother Gosewijn Tips. This request shows that visits occurred.⁴⁴¹ In the archive of the Haarlem asylum, further evidence of visitation rights can be found. In 1686, Jacques Pietersen (husband to Maria Leenderts, who was admitted to the asylum) had lost the right to visit his wife by himself because of his ‘display of affection’ for her during these visits, which upset her after he left.⁴⁴²

Visits were not the only way the incarcerated could have contact with the outside world. As mentioned earlier, doing the laundry for someone inside was often part of the payment agreement for these institutions. This meant that some sort of

⁴⁴⁰ Ibidem, inv. nr. 924 Resolutieboek, beginnende met den Jaare 1720, Visitation Abraham Vlek by Joseph Celle p. 8 (5 September 1731).

⁴⁴¹ SR, 230-01 Archief van het Pest- en Dolhuis, inv. nr. 2 Resoluties van de Regenten van het Pest- en Dolhuis 1773-1790, Request from Margareta Willemina Tips to be able to visit her brother again (31 May 1776).

⁴⁴² Van Loon, *Een andere samenleving*, 47-49.

Original: ‘Zijn genegentheijt voor haar te verteren.’

contact was ensured between the people incarcerated and their family members (or whoever did their laundry). In contrast to the stereotype image of the asylum as a kind of prison, visitation rights and connections with the outside world (via bringing and collecting laundry) highlight the reciprocal function of the asylum. Family and caregivers were very much involved with this group and consequently had eyes in the asylum and on the situation of the mad. This interaction demonstrates that caregivers and family had an awareness over what happened in the asylum, how the people were treated and whether the condition of the incarcerated had worsened or improved.

It is therefore also no surprise that, as a consequence of this, there were not only requests made for admission but also many requests for release. In this regard, family members usually asked for a release when the situation had improved and they wanted to try private care again at home. In the Rotterdam archive, we find many of these release requests made to the governors. In all these cases, the governors relied on the expertise of the physicians and the *binnenvader* and *moeder* to decide about someone's release. For example, in the case of Sara van Beveren, her friends made an admission request in 1731 because she had been visited with a 'heavy internal battle of thoughts and innocence'.⁴⁴³ They requested admission into the asylum and for the administration of her goods and the care of her children to be put in someone else's hands.⁴⁴⁴ This request was granted on December 29 for the duration of one year. Only six months after her admission, a new request was submitted stating that Sara, with the blessing of the Lord almighty, had again come to her senses and her friends now asked for her release from the institution.⁴⁴⁵ This was approved on the condition that the administration of her goods would still stay in the hands of the curator for the remaining six months.

The practice of requesting for release can also be found in the archive of the Amsterdam asylum, the *krankzinnigenboeken*: books which contain the administration of the admissions and releases for this institution. Here, we find multiple admissions that end with release requests from family and friends, always with the statement that – due to the improvement of the situation of the incarcerated

⁴⁴³ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 192 Requesten met appointement en bijlagen inzake opneming, continuering en betaling van het verblijf, en ontslag van personen wegens wangedrag in resp. uit het Beterhuis 'Malta', gericht aan het College van de Weth 1725-1795, Admission request for Sara van Beveren (1 December 1731).

Original: 'Is bezocht met een zware strijd mimeringh en innocentie.'

⁴⁴⁴ Ibidem.

⁴⁴⁵ Ibidem, Request for the release of Sara van Beveren (June 1732).

– they wanted to resume private care at home.⁴⁴⁶ What is striking, however, is that caregivers were not the only ones to make release requests: asylum governors also requested the release of those incarcerated. This reinforces the impression that the governors also had insight into the condition of the mad in their institutions and undertook action when someone could be labelled as cured. It is quite likely that these petitions were made by governors when caregivers were absent; but we can also attribute their intervention to the more practical need for space.

Temporary release from the asylums could also be granted, a custom comparable with the modern day practice of furlough. Two examples of this are found in the sources. The first comes from Amsterdam: in 1781, permission was granted to three inmates (two men and a woman), whose condition had improved during their stay in the asylum, to leave the house during the day and come back at night for a period of 14 days.⁴⁴⁷ The second source comes from the Utrecht asylum: in 1668, Cornelis Rodesteijn was permitted to ‘leave the institution, after a period in which he had the freedom to move in and out of the institution, in order to earn his own money.’⁴⁴⁸ In addition, the sources also showed people regularly displaying a pattern of leaving and entering the asylum multiple times over the years. Such was the case with Cornelis van Oosterhout, who had been admitted to the Amsterdam asylum eight times over a period of 25 years before dying there in November of 1776.⁴⁴⁹ This pattern of going in and out of the asylums perfectly illustrates connection between society and asylum and the different push and pull factors the asylums dealt with in this period.

Negative image of the asylums

The negative image of the early modern asylum, which I briefly mentioned in the introduction of this chapter, was based on generalized assumptions. The previous section has shown that life in these institutions was capable of variety and certain

⁴⁴⁶ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 951-954 Krankzinnigen-boeken: 1640-1745, 1700-1765, 1726-1792, 1746-1792.

⁴⁴⁷ *Ibidem*, inv. nr. 924 Resolutieboek, beginnende met den Jaare 1720-1791, Permission to leave the institute during the day for three inmates (7 August 1781).

⁴⁴⁸ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2522 Resolutiën van de broeders van het Dolhuis (sedert 1820 huismeesters en regenten) 1593-1737, Permission for Cornelis Rodesteijn (14 March 1668).

Original: *‘Ende is als doen Cornelis Rodesteijn toegestaan hem uit het huis te mogen begeben, de welke enige tijd vrijheid hadden gehad om in ende uit te gaan vermits den zelve vermeende hem buiten kosten van het zelve huis te komen generen.’*

⁴⁴⁹ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 951-954 Krankzinnigen-boeken: 1640-1745, 1700-1765, 1726-1792, 1746-1792.

liberties; for some, it was even a place of healing and rest. Dominant preconceptions about asylums – people never left alive, inmates were abused and no care was provided – were not evinced in the sources. Many of these assumptions are based on the idea that people dumped their unwanted family members in these institutions: as this chapter and the previous demonstrate, this was not the reality. Getting someone admitted was a long and elaborate process: many parties were involved and needed to cooperate for a successful request. In an attempt to shed light on the preconception that people never left asylums alive, admission records from all three asylums were collated to reconstruct admission numbers in the houses for the periods 1640-1680 and 1740-1780. When we look at these numbers (see Tables 4.2-4.4), it becomes clear that the percentage of people released from the asylum was almost always higher than the population that died in the asylum.⁴⁵⁰ In a study about the way the mad were handled in the early modern period in the Utrecht asylum, a similar overview was made for the period 1730-1799 that also confirms this trend.⁴⁵¹ Consistent numbers and the practice of release requests (see previous section) demonstrate that most people stayed only temporarily in these asylums. This claim can further also be underlined by the fact that, in numerous admission requests, incarceration was requested for only a limited period of time.

Table 4.2

<i>Amsterdam</i>	<u>1640-1680</u>	<u>Percentage</u>	<u>1740-1780</u>	<u>Percentage</u>
	<u>Amount</u>	<u>(%)</u>	<u>Amount</u>	<u>(%)</u>
Released	34	41.0	158	53.3
Transferred	2	2.4	15	5.1
Deceased	47	56.6	123	41.6
Unknown				
Total	83	100	296	100

Admission outcomes: Amsterdam. SAA, *342-6 Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 951-954 Krankzinnigen-boeken: 1640-1745, 1700-1765, 1726-1792, 1746-1792.

⁴⁵⁰ In the case of Amsterdam, these numbers are relatively complete, but in both Utrecht and Rotterdam for one of the periods this information was incomplete. In the case of Rotterdam, the registration was incomplete in numbers and in the case of Utrecht, no information about this was given for the 81 admissions in that period. Because this information is administered and extracted differently for all the cities these numbers are biased but can give a general image.

⁴⁵¹ Van der Weyde, 'De behandeling der krankzinnigen in vroeger tijd te Utrecht', 5010.

The research shows that in this period (from the 234 people admitted) 89 were released, 36 died and the remainder is unknown.

Table 4.3

<i>Utrecht</i>	<u>1640-1680</u> <u>Amount</u>	<u>Percentage</u> <u>(%)</u>	<u>1740-1780</u> <u>Amount</u>	<u>Percentage</u> <u>(%)</u>
Released			36	29.3
Transferred			0	0
Deceased			8	6.5
Unknown			79	64.2
Total	81	100	123	100

Admission outcomes: Utrecht. 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.

Table 4.4

<i>Rotterdam</i>	<u>1640-1680</u> <u>Amount</u>	<u>Percentage</u> <u>(%)</u>	<u>1740-1780</u> <u>Amount</u>	<u>Percentage</u> <u>(%)</u>
Released*	127	50.4		
Transferred	2	0.8		
Deceased	79	31.3	14	100
Unknown	44	17.5		
Total	252	100	14	100
*In this number 18 people who escaped from the asylum are also included.				

Admission outcomes: Rotterdam. SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 158-161 Registers van opgenomen krankzinnigen 1619-1833.

A second misconception had to do with the notion that people who were locked up in asylums suffered continuous abuse: physically and mentally. In fact, the asylums were mainly used for rather extreme cases of madness; in the eyes of contemporaries, the asylum was best equipped to deal with this particular group. In his research of the Rotterdam asylum, Mart van Lieburg has claimed that the asylum had an array of means of coercion at its disposal, such as whips, chains and straitjackets.⁴⁵² Nonetheless, little to no signs of use of whips or physical punishment can be found in the archives studied. Indeed, some of the sources even suggest the contrary, especially if we revisit the contract for the *binnenvader* and *moeder*, which clearly states: ‘They are not allowed to abuse the inmates and also needed to

⁴⁵² Van Lieburg, *Gilden, gestichten en gezondheidszorg*, 57.

See also: Chapter four, 109-110.

supervise and make sure that the other servants and maids kept to these rules, and if not need to report this to the governors'.⁴⁵³ Still, a couple of cases showing the use of chains and other restraint devices can be found. In the Utrecht asylum, the minutes of the governors show the extraordinary case of *Dragonder* (his real name was never used) who was admitted in the institute on 28 April 1788.⁴⁵⁴ Almost two years later, this person was again mentioned because, on multiple occasions, he had wrecked his room, torn his clothes and broken the chains that were used on him, costing the house over 250 guilders in reparation. The document states that 'he possessed a unexplainable strength with which, even now being bound in iron shackles on both hands and feet, he managed to wreck and tear apart everything he got his hands on driven by an untameable, more evil-than-mad character and a lust to break and destroy things'.⁴⁵⁵ This mainly caused financial problems for the institution and 'after having exhausted all the more gentle options without result' the *huismeester* now asked for compensation for the cost and/or a transfer from the asylum.⁴⁵⁶ In Amsterdam only *one* eyewitness account mentioned the use of chains and only in the sense that the noise of the chains disturbed the neighbourhood.⁴⁵⁷ Of course, restriction in terms of freedom was part of these institutions but none of the sources describe hurting or whipping the mad, especially not as a type of punishment.⁴⁵⁸

⁴⁵³ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 2 Resoluties van de Regenten van het Pest- en Dolhuis 1773-1790, Appointment of *binnenvader* and *moeder* (22 February 1788).

Original: 'Art.22. De binnevader en binnemoeder zullen aan de respectieve geconfineerdens alle hulp en soulagement in derzelver ongelukkige omstandigheden moeten toebrengen en zelve ongelukkige omstandigheden moeten toebrengen en dezelve in alle ordentelijkheid behandelen en voorts zorg dragen dat dezelve door elkanderen of door de knechts of meiden niet mishandeld worden en in gevallen zulks tot hunnen kennis mogt komen, daarvan aanstonds aan de praesid der regenten verslag moeten doen teneinde bij regenten alsdan daromtrent zoodanig zal worden gehandeld als zij zullen oordeelen te behooren zullende de binnevader en binnemoder ten minstens twee maal des daags 't geheele huis door moeten gaan om te vernemen of alles in goede orde is.'

⁴⁵⁴ Vijselaar and Bolt, *J.L.C. Schroeder van der Kolk*, 25-26 and UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2522-3 Resolutiën van de broeders van het Dolhuis (sedert 1820 huismeesters en regenten), 1787-1827, Permission admission

Dragonder (28 April 1788).

⁴⁵⁵ *Ibidem*, Statement about *Dragonder* behaviour and damages he caused (29 March 1790).

Original: 'Dat eene onbegrijpelijke kragt bezit end at onaangezien hij zelfs als nu met ijzere boeijen aan handen en voeten gesloten is door zijne ontembare en meer kwaadaartige dan krankzinnige verniel en breeklust noch dagelijk met breken en stukken scheuren doorgaat.'

⁴⁵⁶ *Ibidem* and Negotiations about financial compensation (20 April 1790 and 27 April 1790).

Original: 'Dat ook alles is aangewend om door zagtheid gemelde *Dragonder* te tragten tot bedaren te brengen, maar dat alle hulpmiddelen daar omtrent ook tevergeefs zijn geweest.'

⁴⁵⁷ Pley and De Boer, 'De razerny', 273. However, the accuracy of this account can be called into question because a couple of years before this account, the town council and the governors of the asylum discussed the sound-proofing of the cells and claimed that nothing could be heard.

⁴⁵⁸ In the archive of the leper house in Amsterdam, punitive measurements (such as a big log of wood chained to someone's leg – *blok aan het been*), can be found in the recollection of three simple-minded

Restraints were only mentioned as an option to prevent the afflicted from harming themselves, others or property and was thus used as a last resort when the other more gentle ways had not managed to calm someone down.⁴⁵⁹ In general, the worst cases were locked in their cells, while the calmer residents could wander freely around the institution and its courtyards.

Abuse, however, could exist in multiple forms. In the archive of the Rotterdam asylum in the governors' resolutions of December 12 1662, a report was made about the terrible state the mad were in. Governor van de Walle stated in this report that all the simple-minded and mad who were staying in the house were in a bad state and full of pests.⁴⁶⁰ This situation was the result of a long period of misconduct by *binnenvader* Willem Jansz. who, in drunken rages, displayed violent behaviour, cursed at the other employees, insulted the governors and failed to manage the asylum according to his contract.⁴⁶¹ When Willem was fired, the report was made and the governors decided to order the new *binnenvader* and *moeder* to clean all people in the institution, wash, repair or replace their clothes, shoes and sheets.⁴⁶² This neglect can also be seen as a form of abuse because the incarcerated were in a dependant situation. Still, while the circumstances might make modern-day Europeans shiver, they were more common during this period and these unhygienic conditions were generally prevalent in poorer neighbourhoods of all cities where people lived in small spaces and in higher density.

In the different archives of the asylums, no further cases of abuse (with the exception of neglect) can be found. In the archive of the Amsterdam plague house, one sexual abuse case was documented. In a notarial testimony, *binnenvader* Hendrik Alderling was accused in 1785 by *binnenmoeder* Maria Assis of sexually abusing a female inmate in the plague house. Maria declared to the regents of the

inmates, who were punished for aggressive behaviour, running away and stealing. SAA, 369-4 *Archief Leprozenhuis*, inv. nr. 306 Resoluties, later notulen van regenten. 1747 -1789, Entries about: Hendrik Nagelhout (26 July 1775 and 5 October 1775), Michiel Wijnants (9 January 1777) and La Marche (17 January 1787).

⁴⁵⁹ In the thesis of Erik van Loon on the Haarlem asylum, he mentions also only one case in which someone was restrained. In my opinion, this observation about Josijntje Dirx, who was bound to her bed after she had attempted suicide by banging her head into the wall of her cell with such force that her skull was cracked open, can be seen as additional proof of the fact that restraint was not carried out without considerable reason.

Van Loon, *Een andere samenleving*, 55.

⁴⁶⁰ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr.1 Resoluties van de Regenten van het Pest- en Dolhuis 1639-1744, Notice about the terrible state the mad are in (12 December 1662).

Original: 'Dat hij ondervonden hadden dat zo wel de innocente als dolle zeer ongehavent ende vol ongedierte waren waarop gedelibereerd zijnde.'

⁴⁶¹ Ibidem, Notice about the misbehaviour of *binnenvader* Willem Jansz. (May 1662).

⁴⁶² Ibidem, Notice about the terrible state the mad are in (12 December 1662).

hospitals that on the afternoon of August 13, while looking for Hendrik, she entered his room and caught him with his pants down on top of the patient Clara Kips, who was admitted in the plague house because she was simple-minded. When the two saw Maria, Clara ran out of the room and Maria said to Hendrik: ‘What do you think you are doing? There are better men than you hanging from the gallows; you are taking advantage of the mad’: after this pronouncement, she left the room.⁴⁶³ Maria’s testimony resulted in Hendrik Alderling’s dismissal.⁴⁶⁴ Even though this was the only example found in the archives about this type of abuse and we must be cautious about making larger claims, specifically because the archives that have been handed down are not always complete and it could also be that cases like this one have purposely been left out for the reason that they could do damage to the reputation of the institution.

Another type of abuse was wrongful incarceration. In chapter two, the case of Johan Herll was discussed, who pleaded for his release after being (in his view) wrongfully incarcerated in the Utrecht Asylum for life by his brothers.⁴⁶⁵ We can also find a case in Rotterdam where the sister of Gosewijn Tips accuses Gosewijn’s ex-wife and family of wrongfully incarcerating Gosewijn in the asylum to obtain wardship over his money and possessions for their own benefit. She was also convinced that her brother was not insane and was therefore helping him get out of this situation. She tried to regain access to her brother via the Court of Holland (in an earlier section, I discuss her request to the governors of the asylum about this) and tried to arrange a new agreement over the wardship of Gosewijn’s possessions, which was granted to her by the court.⁴⁶⁶ What stands out in both these examples was that a family dispute was at the core of the issues and that the authorities were willing to intervene and help straighten things out.

One type of mistreatment of the mad, often stressed in literature, was the opening of the asylums during the yearly carnivals. During this period, visitors paid an entrance fee of two stivers to see the inmates. This practice had become customary

⁴⁶³ SAA, 342-6 *Archief van het Dol- of Krankzinnigenhuis*, inv. nr. 1059, In- en uitgegane stukken rakende het algemeen bestuur vóór 1795, Declaration from *ziekenmoeder* in the *pesthuis* Maria Assis about the *ziekenvader* Hendrik Adelijn (2 September 1785).

Original: ‘*Kaarel wat begint gij daar, daar hangen er beeter aan den galg als gij, houd gij het met gekkinnen.*’

⁴⁶⁴ Ibidem, inv. nr. 1019 *Notulen-Boek wegens het Gast- en Pesthuys, 1634-1795*, Note about the discharge of *binnenvader* Hendrik Alderling (24 August 1785).

⁴⁶⁵ See also: Chapter two, 63-64.

⁴⁶⁶ SR, 230-01 *Archief van het Pest- en Dolhuis*, inv. nr. 17 Ingekomen stukken en minuten van uitgaande brieven van de Regenten van het Pest- en Dolhuis en van de Commissie uit de Raad, 1655-1819, Several documents concerning the admission of Gosewijn Tips (1776).

mainly due the revenues it provided: the asylums were always struggling for money and this delivered much-needed extra revenue. Normally, the houses were closed off to the general public and could only be visited by either family members or the rich – mainly physicians – who were willing to pay a good deal of money to see the inside of these institutions and their inmates. But during the yearly carnival ‘opening’, everybody who could afford the fee had the chance to visit the mad. One such visitor to the Amsterdam asylum described this as a spectacle in which the mad were driven to outbursts by the visitors, who were not satisfied to simply observe these sad creatures but also felt the need to taunt them.⁴⁶⁷ In all three cities, this practice provoked discussion to a greater or to a lesser extent about the possible negative effects this asylum ‘open day’ had on the inmates. In Utrecht, the discussion can be retraced in the archive of the asylum and the burgomasters. In an extract of the resolution of the burgomasters from February 26 1759, a report was discussed about the possible abolition of the carnival practice. The advice was that opening up the asylum to visitors should be abolished but also that the (financial) considerations of the governors of the institution needed to be accounted for.⁴⁶⁸ The burgomasters followed this advice but decided on adjournment: the actual abolition of the practice was pronounced on May 14 1781 – 22 years later. This decision was finally taken because the burgomasters felt that ‘the *Dolhuis kermis* (asylum carnival) was often misused for sin and inappropriate behaviour and with this, the mad, instead of being treated with the proper compassion and sympathy, were teased, ridiculed, harassed and abused in such ways they would recede into rage’.⁴⁶⁹ Because of ‘their great wisdom and fatherly compassion, the burgomasters implemented the measurements necessary to protect the unhappy people, who were visited by God, from the sins and abuse and ensured they were left in peace; therefore they prohibited the unruly

⁴⁶⁷ Van den Berg, *Rijp voor paviljoen III*, 16.

⁴⁶⁸ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2530 Extract uit de resolutiën van de Vroedschap betreffende de voorgenomen afschaffing van de Dolhuis-kermis (26 February 1759) and UA, 709-3 *Archieven van regenten der Vereenigde Gods- en Gasthuizen*, 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, Request from the governors of the Utrecht asylum to the burgomasters (7 October 1583).

This shows the financial need and hardship of the institution even with the revenues from the carnival and admission fees.

⁴⁶⁹ UA, 709-4 *Archief van regenten van het Krankzinnigengesticht*, inv. nr. 2526-1 Brieven en stukken, ingekomen bij Huismeesters en regenten, 1752-1828, Extract from the resolution of the burgomaster (14 May 1781).

Original: ‘*Dat aangemerkt de zo genoemde dolhuis kermis grotelijks misbruikt wordt tot zonden en ongebondenheden en bij zonde de krankzinnigen in plaats van medelijdig beschouwd en behandeld te worden zo geplaagd, bespot, getergd en mishandeld worden dat ze in razernije vervallen.*’

carnival opening of the house.’⁴⁷⁰ The governors’ ongoing discussion also shows what circumstances were taken into account in the decision-making process; but ultimately, the well-being of the incarcerated in the asylum was the decisive factor. Why this practice was not abolished until late in the eighteenth century could have to do with the changing perceptions influenced by Enlightenment thinking.⁴⁷¹ In this regard, the mad were increasingly seen as deserving humane assistance and the notion of the salubrious institution and surroundings were an important part of this humane approach.⁴⁷²

A final and third preconception that boosted the negative image of asylums was that no care was given in these institutions. However, sources from previous paragraphs convincingly demonstrate that care was certainly provided to inmates. Doctors and physicians offered care for physical ailments, mental care could be given on request and basic care such as food and a clean shelter was provided by the staff. The fact that people were only locked in their cells or restrained for their own protection further demonstrates the character of the house. In addition to these elements, sources also highlight the importance of patient observation in the asylums and also at the time of admission. Observation was used to indicate certain behavioural patterns and was an essential indicator of someone’s condition (and possible improvement). This supervision shows that admission was only granted if no other option was possible and that release was the general goal. The environment in which people were kept in the asylum – in relative seclusion and with minimal stimulus – testifies to the fact that these institutions used the experience of incarceration itself as a healing method, just as the famous Doctor Phillip Pinel did in France.⁴⁷³ That the condition in the asylums might have not been as terrible as often claimed and seen as places of care is illustrated by the fact that, sometimes, people even tried to admit themselves into these institutions, as seen in chapter two.⁴⁷⁴

If one reflects on the information from the asylum archives, it is possible to both discredit and nuance the negative image these institutions have endured over

⁴⁷⁰ Ibidem.

Original: ‘*Edel achtbare naar derzelver hoge wijsheid en vaderlijke mededogen zodanige middelen gelieven te beramen waar door die zonden en baldadigheden geweerd werden ende ongelukkige van god bezochte mensen in vrede en rust gelaten werden en kon het zijn de ongeregelde kermis geheel afgeschafft mocht worden.*’

⁴⁷¹ Vijselaar and Bolt, *J.L.C. Schoeder van der Kolk*, 32-33.

⁴⁷² Oosterhuis and Slijkhuis, *Verziekte zenuwen en zeden*, 26-27.

⁴⁷³ Shorter, *History of psychiatry*, 10-12.

⁴⁷⁴ See also: Chapter two, 65-67.

the years. In the context of the early modern period, the early modern asylums in the Dutch Republic were truly places of care, cure and security in which the inmates were held until they recovered enough to go back into society.

Conclusion

Researching the admission process for the mad in early modern Amsterdam, Utrecht and Rotterdam has shown that incarceration was not an arbitrary process. Instead, it was a complex system that necessitated close collaboration between the community of care and the urban authorities. As this chapter has revealed, the community of care (mostly family) used their agency to instigate incarceration via an admission request or a legal complaint, which would then bring the public authorities into play. The urban government and judicial authorities thus became involved at the last stages of this process of dealing with madness: when the situation had become unbearable and someone was no longer able to function within urban society. Such intervention was necessary to get someone admitted into an institution because they were the only ones who had the authority to do this. Hence, private and public parties addressed the behaviour of the mad in a manner that was mutually beneficial.

The entire incarceration process – from the admission request to the release – reveals much about the conditions of asylums as places of care and cure; and indeed, as places of death. Admissions were not taken lightly and assessments were always made to evaluate the severity of the affliction and the subsequent suitability of the institution. Precautions were taken to ensure that the type of care was matched as much as possible to the person in question: different types of madness and mental retardation had their own place in the different institutions; likewise, the people involved, whose task it was to supervise, evaluate or diagnose the condition of inmates also positively determined the care and (sometimes) cure of their charges. They reviewed the person in question, advised on the course of action, assessed the necessity of admission and also the right place of admission. This clearly demonstrates the elaborate process of incarceration of this group.

The negative image of institutional care and especially of asylum care as a place of horror and incarceration for life, has been significantly nuanced and even disputed by the sources. These early modern Dutch asylums were not institutions that were closed off from society but, on the contrary, part of urban life. The care provided was up to date with the standards of society and only rarely were recollections of abuse of any form found in the sources. Moreover, the sources revealed a positive image: the mad were kept for limited periods of time in the asylums and they were cared for and could receive visits from their relatives. These

people (alongside the employees) observed the situation of the mad and functioned as an extra layer of control: their agency went a long way to influence daily reality in the asylums. This collaboration between the private and the public sphere was ultimately the key in handling this social problem and for safeguarding people in the institutions, the private and public space. Collaboration only worked when people saw eye to eye in matters concerning madness. Therefore, in the final and concluding chapter, the changing attitudes towards madness, the framing of madness and using the system of care will be the focus.