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DISCUSSION

Goya: 'In sickness and in health'

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Abstract The following paper serves primarily to discuss the nature and cause of the multiple, documented illnesses suffered by the 18th Century Spanish artist Francisco Goya y Lucientes. In doing so it explores the artist's defiance of contemporary social mores, religious doctrines and the rigid standards of artistic romanticism. Furthermore, it examines the impact of illness upon artistic expression and the apparent correlation between heightened artistic proficiency and clinical depression with particular reference to the aforementioned artist. In addition, it provides a brief insight into the complexion of medical practice in Spain during the period of the Inquisition contrasted with those standards of conduct encompassed within the newly emerging movement of Enlightenment.

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Born in the rural Aragon region of Spain in 1746, Francisco Goya y Lucientes, the son of an artisan, surely cannot have conceived of the political tumult, personal turmoil and social ferment that would plague him throughout the course of his life, at once both nurturing his artistic temperament and ravaging his health. From Romantic dissident, to political satirist and advocate of Enlightenment, in Goya's art it is possible not only to observe the shift within Spanish society from that governed by the established religious mores, to that which promotes the values of secularism, but also to chart the gradual decline of Goya's constitution as paradoxically coupled with the heightening of his powers of perception.

To define the characteristics of the Romantic period is somewhat problematic as Romanticism, by temperament, defies the very nature of definition. In the most general of terms it may be described as the surrender of classical standards of restraint, moderation, objectivity and discipline to the newly established values of emotional abandon, visionary self-expression and naturalistic wonderment. As an artistic movement Romanticism achieved genesis around 1780 and was eventually superseded by the onset of so-called Enlightenment in 1848, hence, in chronological terms alone, it is entirely possible to categorise Goya as an artist of the Romantic period. However, though the stark realism of emotion and inventiveness of content are perhaps sympathetic to those values encompassed within the classification of the Romantic Movement, many of the artistic

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traits typically associated with Goya are in complete opposition to these principles. He often cares little for accuracy of composition, but rather favours the fundamental interaction of forms upon the canvas; he states that he 'has no master aside from his own invention' whereas the Romantics themselves purported that inspiration was governed by an exogenous force, the beauty of nature, for example; additionally, and perhaps most pertinently, his focus is on the inhabitants rather than the habitat. Landscape, where necessary, is awarded little importance in comparison to the human content of the composition and tends to perform an atmospheric rather than literal function. In short, Goya was an artistic non-conformist, a revolutionary.

The life of Francisco Goya was plagued by indisposition although there are four discrete occasions of acute illness which are often cited, occurring in 1777, 1787, 1819, and finally in 1828, the year of his death. Immeasurable speculation as to the aetiology of these illnesses has been made based upon an accumulated series of symptoms acquired through the analysis of Goya's letters, accounts of his health made by his friends and acquaintances and the records of his personal physician, Dr. Eugenio Garcia Arrieta. These symptoms, which included deafness, transient paralysis, partial blindness, depression, nausea, dizziness, pain and a general sense of malaise, provide a vast diagnostic scope which is reflected in the broad spectrum of their proposed origins.

In 1927 Dr. Roy Villanova of the University of Saragossa presented an inaugural address to delegates at a conference in Pathology and Clinical Medicine during the course of which he made reference to Goya's state of ill-health, categorizing it as the product of progressive arterio sclerosis, typhoid fever and otitis resulting from early childhood measles.¹ Villanova's diagnosis of typhoid fever is reinforced both by Goya's documented rheumatic problems, whose severity often resulted in prolonged periods of paralysis, and reports that the artist, upon the recommendation of his physician, frequently sojourned in the region of Bordeaux in order to seek the waters of Plombieres and Bagnères which were rumoured to alleviate such symptoms. Furthermore, severe infection with *Salmonella typhi* may result in the development of a state of delirium, defined as: 'an acute, reversible organic mental disorder characterised by reduced ability to maintain attention to external stimuli and disorganised thinking as manifested by rambling, irrelevant or incoherent speech...A reduced level of consciousness, sensory misperception, disturbance of the sleep wakefulness cycle and a level

of psychomotor activity, disorientation to time, place or person and memory impairment'² may also be observed, symptoms to which Goya himself frequently alludes.

In an article published in the New York Times in 1972, Boyce Rensberger referred to psychiatrist Dr. William G. Niederland's hypothesis in which he declared that, owing to his dense application of paint, and bold brushstrokes, Goya was exposed to 'several times as [many] splashing and vaporising lead compounds as other painters', and consequently, '...could have absorbed into the blood stream sufficient levels of poisonous lead to cause brain damage and other debilitating symptoms'.³ Indeed Dr. Niederland maintains that the artist's symptoms were more consistent with 'fulminating lead encephalopathy, a disease whose major symptoms go away, as Goya's did, with the removal of the environmental source of lead', than, for example, with syphilis or psychotic illness. However, as art scholar Nigel Glendinning asserts, 'there seems to be no adequate evidence to show that Goya used less lead carbonate based pigment in the years after [his acute illness] than he had before, and it [therefore] seems difficult to argue that what Dr. Niederland calls Goya's plunge into 'a harsh, often merciless and vengeful view of the world without and within' should have been due to this cause alone'.⁴

Others have also attempted to definitively classify Goya's multiple complaints: Dr. Daniel Sanchez de Rivera proposes syphilis as a causative factor, whilst Terrence Cawthorne, writing in the Proceedings of the Royal Society of Medicine, dismisses this diagnosis, suggesting as an alternative, Vogt-Koyanagi syndrome — a condition not dissimilar to Meniere's disease, which comprises bilateral uveitis, discolourative iritis and glaucoma, coupled with the onset of acute deafness, impaired balance and the sensations of giddiness, dizziness and sickness.

Robert Hughes, however, in examining the broader social and historical context, refers to Dr. Arrieta's North African expedition of 1820, the motivation for which was the study of 'Eastern Plague' — a somewhat generic term employed to categorise a series of viral illnesses of which Yellow Fever is a member. The transportation of causative contagions via Mediterranean shipping routes was such that epidemics of Eastern Plague occurred relatively frequently in the Spain of Goya's era and it is this observation, coupled to the fact that Arrieta was considered to be a plague specialist, that compels Hughes to speculate that 'Goya may have been stricken by such a virus'.⁵

Perhaps a more prudent approach, however, would be to examine the established symptoms in

the manner proposed by Occam's Razor, a scientific and philosophical rule devised by the 14th Century scholar and theologian, William of Occam, which determines that entities should not be multiplied unnecessarily ('*essentia non sunt multiplicanda praeter necessitatem*') and is interpreted as requiring that the simplest of competing theories be preferred to the more complex or, similarly, that explanations of unknown phenomena be sought first in terms of known quantities.⁶ Adhering to this standard, it appears that each of Goya's documented conditions, with the exception perhaps of deafness which may be feasibly associated with Dr. Villanova's proposed diagnosis of otitis media,

may be attributed to the somatic manifestation of severe depression.

Depression is defined as 'a mental state of depressed mood characterised by feelings of sadness, despair and discouragement. It in many ways resembles the grief and mourning that follow bereavement: there are often feelings of low self-esteem, guilt and self-reproach, withdrawal from interpersonal contact and somatic symptoms such as eating and sleep disturbances'⁷ – conditions which are aptly represented by the etching taken from Goya's *Los Caprichos* collection (Plate No. 43) entitled, 'The sleep of reason produces monsters' (Fig. 1), in which we observe a figure,



Figure 1 Goya's 'The sleep of reason produces monsters' (1797–98), etching with aquatint – 21.6 × 15.2 cm. Herbert. F. Johnson Museum of Art, Cornell University.

presumed to be the artist himself, consumed by despair and haunted by a writhing mass of nightmarish forms unwittingly conjured by his own addled mind. For centuries past the cause of such depression has provided a subject for much voracious debate: is it scientifically feasible to exclusively regard both psychological and somatic symptoms as the products of defining events within one's existence; alternatively, does necessity dictate that they be attributed, at least to a certain extent, to the chemical dysfunction of the human body; or does there exist some form of inherent genetic predisposition possessed of the potential for manifestation when provided with the appropriate stimulus? In Goya's case it is difficult to assess, posthumously, the degree to which each proposed causative factor may have influenced the apparent onset of his depression, and indeed whether or not the diagnosis of depression, though it appears viable, is in fact medically accurate. Thus, given the absence of both a detailed family history and reliable medical evidence, it is possible to explore only one aspect of causation: the impact of experience.

In 1773 Goya was married to Maria Josefa Bayeu, sister of the influential Spanish artist, and painter to King Charles III, Francisco Bayeu y Subias, an arrangement widely rumoured to have been founded upon ulterior motives. Despite Goya's irrefutable renegade tendencies he was certainly not lacking in ambition and was entirely cognizant of the fact that, in order to express what was perceived as a somewhat controversial political stance without incurring immediate retribution, one must initially possess the support, whether it be financial or moral, of a figure of significant social status. Thus, from Goya's perspective Bayeu provided the perfect opportunity to gain access to the Royal Court, though inevitably the pursuit of this goal demanded that he compromise the integrity of his relationship with Maria, introducing an irrevocable tension into the marriage.

Regardless of the fact that the arrangement was decidedly unhappy, the couple succeeded in producing a number of offspring, all but one of whom, Javier Goya, died either at birth or in early childhood. Certainly such an occurrence lends a degree of support to Dr. Sanchez de Rivera's diagnosis as the potential for transmission of the *Treponema pallidum* spirochete between Goya and his wife, considering the intimacy of their relationship, is such that she would almost certainly have contracted syphilis and, consequently, could quite feasibly have transferred that infection to her foetus, either via the placenta or indeed during the birth process, inevitably resulting in its premature death. Indeed, it has often been suggested

that Goya's depiction of Saturn gorging himself upon one of his progenies is illustrative of the artist's own sense of guilt and self-loathing resulting from what he may, quite naturally, have perceived to be a degree of personal responsibility for the untimely deaths of his children.

Additionally, Goya suffered a series of successive rejections of both a personal and professional nature. Indeed the ambiguous, though apparently unrequited, complexion of his affection for the Duchess of Alba is well documented. Furthermore, he received significant critical disparagement during his initial foray into Madrid's established art-scene whereby he twice entered the competitions of the Royal Academy of San Fernando, both in 1763 and 1766, on each occasion failing to secure the vote of a single adjudicator. This setback, combined with the disfavour he encountered at the hands of the Inquisition (following the abdication of Charles IV) and the introduction of the process of 'purification', enacted upon all who were suspected of collaboration with Joseph Bonaparte, would indeed have impacted his psyche to a certain extent though, admittedly, to a variable degree depending upon his intrinsic level of emotional resilience.

Finally, one must consider the disproportionately high incidence of mood disorders among artists of all media, both past and contemporary, in comparison to that of the general population as a whole. Writing in response to Dr. Sanchez de Rivera's publication of 1943, Dr. Joaquin Aznar Molina described Goya's temperament as fundamentally generous, warm and sociable but with a tendency towards violence as a result of physical or mental suffering, conditions which he regarded as the archetypal components of hypersensitivity. In support of this conclusion it may be suggested that artists characteristically display an inherent propensity towards heightened, rather than hyper, sensitivity which predisposes not only their artistic faculties, whereby a person who possesses a greater awareness of his environment, be it internal or external, is better equipped to accurately portray that environment in an emotive and evocative manner, but also their increased susceptibility to fluctuating extremes of emotion. This is not to suppose that art is an obvious precursor to 'madness', nor that mood disorder sufferers instinctively gravitate towards the artistic profession, but rather that the two are intrinsically intertwined: that depression is an unfortunate but inevitable corollary of an artist's voluntary exposure to all facets of existence. Indeed, as Foucault asserts in reference to the 'black paintings' which adorned the walls of Goya's Madrid residence – the quinta del sordo (house of the deaf man), 'Goya's forms are borne out of nothing: they have no background, in

the double sense that they are silhouetted against only the most monotonous darkness, and that nothing can assign them their origin, their limit and their nature...All that is present is the most internal.'⁸

In 1819 Goya suffered a prolonged period of precarious health following which he produced what is perhaps one of his most renowned and enigmatic works, his 'Self-portrait with Dr. Arrieta' (Fig. 2). Upon initial inspection it appears to be a standard portrait presented in the tradition of religious, ex-voto imagery (ex-voto being Latin for 'out of thankfulness') whereby a votive offering typically, although not necessarily, an object, expressive or symbolic of a wish, prayer or vow and intended to inspire devotion to a saint or deity, is

exhibited at a shrine or altar, a supposition endorsed by the artist's inscription adorning the base of the canvas which reads: 'Goya thankful, to his friend Arrieta: for the skill and care with which he saved his life during his short and dangerous illness, endured at the end of 1819, at 73 years of age. He painted it in 1820'. However, as is characteristic of all of Goya's portraits, the image is allegorical. The figure to the left of the physician bears the appearance of a priest though he is not remarkably dissimilar to Arrieta in both mien and gesture: each man clutches a receptacle in his right hand, Arrieta's presumably containing a tonic of some description and the priest's accommodating the transubstantiated blood of Christ, intended for the sacrament of Holy Communion. Customarily the

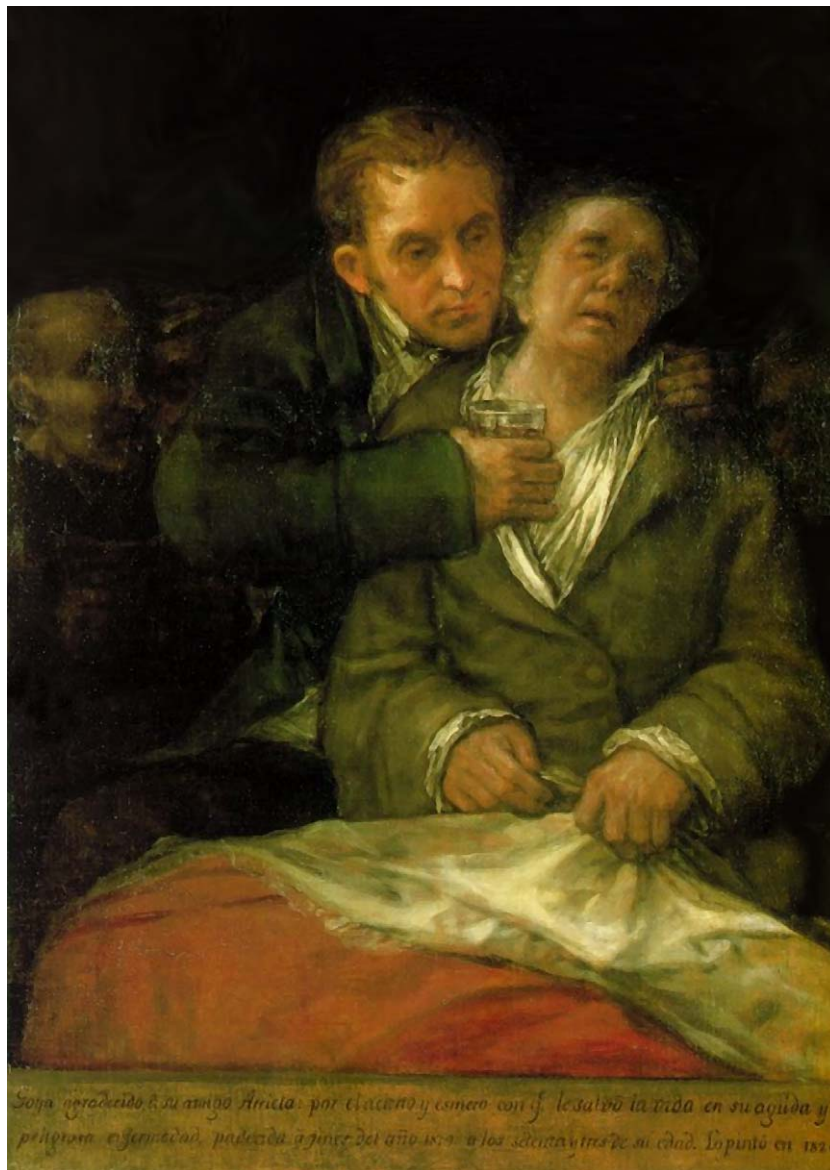


Figure 2 Goya's Self portrait with Dr. Arrieta (1820), oil on canvas — 117 × 79 cm. Institute of Arts, Minneapolis.

priest would be present at the bedside of the dying man in preparation for the administration of the Catholic ritual of last rites, however, in Goya's depiction of events, the clergyman has been banished to the shadows whilst the physician, a man of scientific persuasion, has been promoted to the light of the foreground as if to parallel the emergence from obscurity of the Age of Enlightenment and the gradual termination of the established religious doctrine.

It is perhaps somewhat ironic that Goya should choose to engage in such fervent promotion of the medical profession when one considers that on previous occasions he had proceeded to vehemently

protest against its members, portraying them as fraudulent, incompetent witches and remiss, rapacious asses, an example of which is provided by the Los Caprichos etching entitled 'Of what illness will he die?' (Fig. 3), whereby an asinine physician dressed in modish attire – his hoof displaying a stone of ostentatious proportions – is depicted in the ostensible act of attempting, if not somewhat indifferently, to appreciate the pulse of his deceased patient – the artist's implication being that the essential aetiology is in fact the flagrant ineptitude of the attending practitioner. Goya was, however, not entirely alone in his criticisms of the medical practice, nor were his claims unsubstantiated.

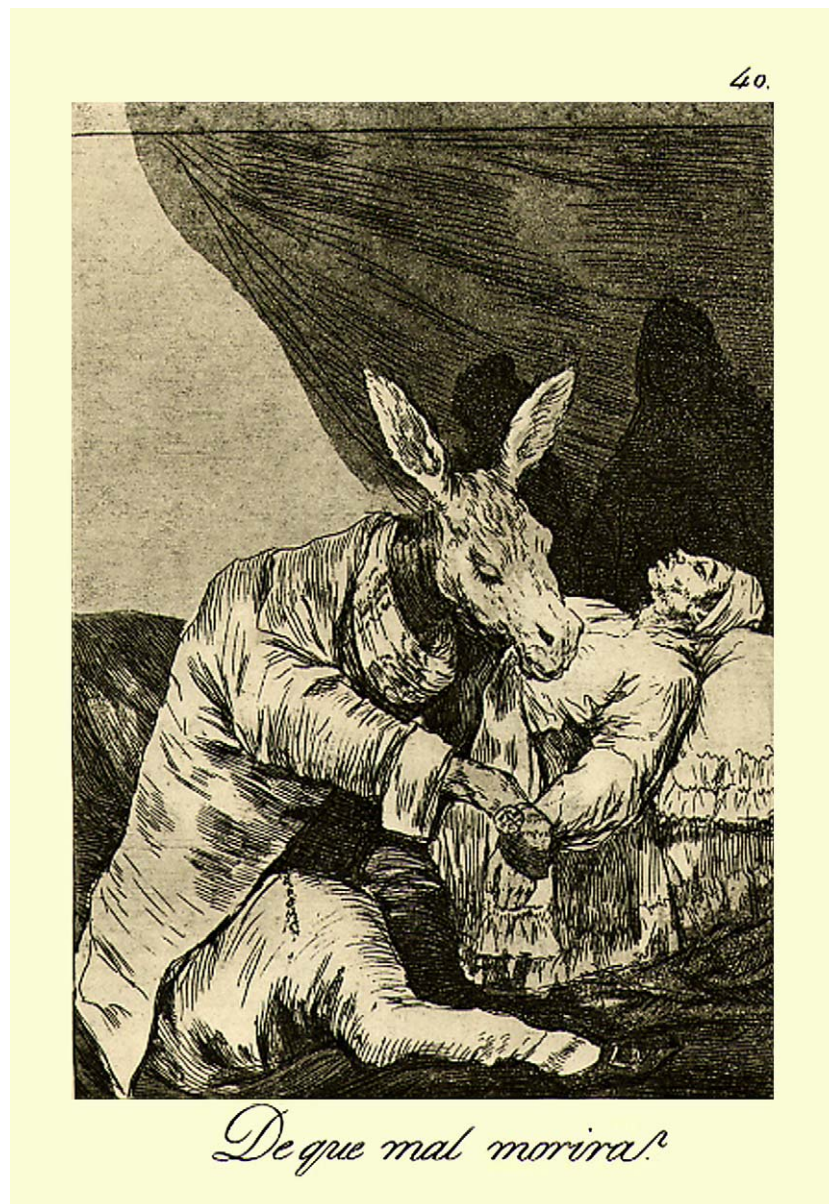


Figure 3 Goya's 'Of what illness will he die?' (1799), etching with aquatint – 21.3 × 14.8 cm. Biblioteca Nacional, Madrid and The Metropolitan Museum of Art, New York.

Indeed, as Voltaire concurrently expressed, 'men must have religion and not believe in priests, just as men must have a diet and not believe in physicians' — a stance supported by both the long-established Spanish tradition of referring to physicians as 'matasanos'⁹ or 'killers of the healthy', and the fact that the practice of surgery in Madrid was primarily conducted by members of an organisation known as the brotherhood of 'sangradores', or blood-letters. The absence of an acceptable degree of medical competence may be largely attributed both to the restrictions on scientific education enforced by the Inquisition (whereby, for example, the notion of dissection was adjudged to be entirely superfluous and grossly inappropriate) and the dogmatic insistence that physical explanations of illness were necessarily subordinate to those of a metaphysical basis, which thus ensured that any physician possessed of a conflicting opinion would certainly endure immoderate ridicule and, though it may now appear somewhat laughable, professional disrepute!

Irrespective of the inconclusive nature of his illness, of the sorrows and indiscretions of his private life, or the self-satisfied posturing of his critics, one cannot deny the magnitude of Goya's contribution, not only to the sustained progression of artistic expression, but furthermore, to the establishment of those values of dispassion and moral consciousness which are fundamental to a successfully functioning, inclusive society. He was 'the tongue of war',¹⁰ the biographer of a nation and a converted advocate of Enlightenment. As Aldous Huxley phrased it: 'for us who look at [his works] it may be that their real point and significance consist precisely in the fact that they image forth so vividly and yet, of necessity, so darkly and incomprehensibly, some at least of the unknown quantities that exist at the heart of every personality'.¹¹ This is the true essence of Francisco Goya y Lucientes.

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References

1. Royo Villanova R. 'Goya y la medicina', *Lección inaugural del curso de patología y clínica medicas*. Spain: University of Saragossa; 1927–1928.
2. On-line medical dictionary. Available at URL: <http://cancerweb.ncl.ac.uk/cgi-bin/omd?query=delirium>. Accessed March 14th, 2004.
3. Rensberger B. *The New York Times* 28th February 1972.
4. Glendinning Nigel. *Goya and his critics*. New Haven, London: Yale University Press; 1977.
5. Hughes Robert. *Goya*. London: Harvil; 2003.
6. Merriam Webster online dictionary. Available at URL: <http://www.merriam-webster.com/cgi-bin/dictionary?book=Dictionary&va=occam%27s+razor>. Accessed March 23rd, 2004.
7. On-line medical dictionary. Available at URL: <http://cancerweb.ncl.ac.uk/cgi-bin/omd?query=depression>. Accessed March 14th, 2004.
8. Foucault Michel. *Madness and civilization: a history of insanity in the age of reason* [translated from French by Richard Howard]. London: Routledge; 1989.
9. Burke Michael. *The Royal College of San Carlos: surgery and medical reform in the late eighteenth-century*. Durham, N.C; 1977.
10. Voznesensky Andrei. *Antiworlds and the Fifth Ace, I am Goya*. New York: Anchor Books; 1959.
11. Huxley Aldous. *The complete etchings of Goya*. New York: Crown Publishing; 1943.

Further reading

- Symmons Sarah. *Goya: in pursuit of patronage*. London: Fraser; 1988.
- Ciofalo John J. *The self portraits of Francisco Goya*. Cambridge: Cambridge University Press; 2001.
- Wolf Reva. *Francisco Goya and the interest in British art and aesthetics in late eighteenth-century Spain*. New York: New York University; 1987.
- Tomlinson Janis A. *Francisco Goya y Lucientes, 1746–1828*. London: Phaidon; 1994.
- Lafuente Ferrari Enrique. *Goya, Francisco de, 1746–1828: The frescos in San Antonio de la Florida in Madrid; historical and critical study* [translated by Stuart Gilbert]. New York: Skira; 1955.
- Wilson-Bareau Juliet. *Goya: drawings from his private albums*. London: Hayward Gallery; 2001.
- Gudiol Ricart, Jose Maria. *Goya: Francisco de Goya y Lucientes*. London: Thames and Hudson; 1990.
- Gassier Pierre. *Goya, Francisco de, 1746–1828: the drawings of Goya: the complete albums* [translated by Robert Allen and James Emmons]. London: Thames and Hudson; 1973.
- Harris Enriqueta. *Goya*. 2nd ed. London: Phaidon; 1972.
- Rothenstein Sir William. *Goya*; 1990.
- Gudiol Ricart, Jose Maria. *Goya, 1746–1828: biography, analytical study and catalogue of his paintings*. Barcelona: Poligrafa; c1985.
- Williams Gwyn A. *Goya and the impossible revolution*. London: Allen Lane; 1976.
- Perez Sanchez Alfonso E, Sayre Eleanor A. *Goya and the spirit of enlightenment* [with contributions from Anes, Gonzalo]. Boston: Museum of Fine Arts; c1989.
- Tomlinson Janis A. *Goya in the twilight of enlightenment*. New Haven: Yale University Press; c1992.
- Malraux Andre. *Goya: drawings from the Prado*. London: Horizon Press Editions d'Art Albert Skira; 1947.
- Cuddon JA. *The penguin dictionary of literary terms and literary theory*. 4th ed. London: Penguin; 1999.