

Review of journal article by Wilfred Niels Arnold:

“The Illness of Vincent van Gogh”

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Review

Dr. Wilfred Niels Arnold extensively analyzed the historical research on the sickness that tormented artist Vincent van Gogh and eventually led to his suicide in 1890 at the age of 37. In his essay, "The Illness of Vincent van Gogh," he summarized his findings. During the last decade of his life, van Gogh had suffered off and on from a debilitating illness. Many theories have been presented to posthumously diagnose his condition. Dr. Arnold, a professor in the Department of Biochemistry and Molecular Biology at the University of Kansas Medical Center, presented his own theory. Using letters that van Gogh himself had written, he published his theory—that Vincent van Gogh died from an inherited metabolic disease known as acute intermittent porphyria (AIP), and that the disease had manifested and exacerbated due to van Gogh's lifestyle.

Arnold's findings are consistent with the psychoanalytical theory of artistic inquiry in that attempts are made to understand how psychological factors (viz., his mental state) affected not only his art, but his entire life as well. Also, while Vincent van Gogh was not well known as an artist outside of his region of The Netherlands, people today are interested not only in his eventual artistic success, but also in his character—a character that some thought had gone mad, and a character that would eventually resort to suicide. It is *because* his works became so praised that all elements of his life, including those of a medical nature, are of interest.

At least a dozen different proposals had been offered to explain van Gogh's condition, and many were recited and revised over and over in literature. While other theories have been proposed, none are as likely as AIP as a diagnosis. AIP can explain all of the symptoms that van

Gogh experienced. Other theories of van Gogh's illness discussed by Arnold that are inconsistent with all of the symptoms of AIP include epilepsy, manic depression, schizophrenia, neurosyphilis, lead poisoning, alcoholism and Ménière's disease. These other theories can only explain some, but not all, of the symptoms. Dr. Arnold believed that in order to get a full understanding, a reasonable researcher needed to include a working hypothesis of AIP. He and co-researcher Dr. Loretta Leftus were frustrated to see so many critics of the AIP hypothesis presenting little, if any, contradictory evidence, while sticking steadfastly to unlikely diagnoses.

Arnold's "The Illness of Vincent van Gogh" had four main purposes: (1) to better understand his illness, (2) to require proof when possible, just like the sciences do when making claims, (3) to analyze social and cultural aspects that interfere with a serious study of his illness, and (4) to recommend a higher level of structured skeptics.

The letters of Vincent van Gogh were indispensable in providing insight into how he was feeling and reacting to the illness. It took about 24 years, however, for his sister-in-law¹ to translate and publish the letters with the assistance of her son. She wisely had them translated into English, sensing that a broader market for such an important product required them to be available in a more dominant language worldwide.

No one would know more about van Gogh's symptoms than van Gogh himself, so those descriptions in the letters were given proper focus by Dr. Arnold. Those letters give a glimpse of the inner world of Vincent van Gogh, and many described how he was feeling. His symptoms included bouts of mental derangement and disability that were followed by periods of lucidity and productive creativity. Other symptoms included gastrointestinal problems, and at least one serious episode of constipation. He also experienced visual and auditory hallucinations.

Depression was common, leaving him productively immobilized. He also occasionally had fever,

¹ *The Complete Letters*, compiled by Johanna van Gogh-Bonger, contained 1,809 pages.

and experienced impotence. His condition worsened when he fasted or didn't get adequate nutrition through proper diet, and when he drank alcoholic beverages, especially the liqueur absinthe. He also had an unusual desire for camphor and other terpenes².

Six major attacks of the condition affected van Gogh during the last couple of years of his life, each one followed by a successful recovery. During periods of illness, he neither wrote letters nor painted. It is unlikely that van Gogh went insane, especially since he wrote that the doctors would support his insistence on lucidity if his dad happened to claim the contrary. Improvement in his condition was noticed the several times he went to the hospital, and upon each discharge he seemed to leave with no apparent permanent disability.

It was reported that van Gogh was known to nibble at his paints, and to drink turpentine and kerosene, contributing factors to a theory that would include insanity. Absinthe, his favorite alcoholic beverage, contained similar terpenoid compounds as turpentine itself, but his use of alcohol was only one factor.

Dr. Arnold believed that AIP was the illness for several reasons. People with AIP may often live their lives without symptoms. But lifestyle behaviors can result in its surfacing. Those with AIP cannot properly metabolize all that they ingest, and have high levels of porphyrins or related compounds in their urine and excrement. They also often have gastrointestinal problems and abdominal pains. Some attacks of AIP on a patient can be so severe as to cause paralysis. Low carbohydrate diets can make it worse, as can coffee and nicotine. Arnold wrote that "The combination of overexposure to camphor, absinthe abuse, and fasting or malnutrition would be injurious for anyone, but devastating for someone with AIP" (30-31). Arnold believed that all of the symptoms that van Gogh experienced could be attributable to AIP, especially in light of his

² Terpenes are any of a class of hydrocarbons consisting of two or more isoprene (C₅H₈) units joined together. Simple terpenes are found in the essential oils and resins of plants such as conifers. Turpentine is an example of such an oil.

consumptions, or the lack thereof in the case of his occasional fasting.

The beginning of the condition for van Gogh occurred when he was in his late twenties, which is consistent with the onset of AIP. Arnold suspects that van Gogh's father was the carrier of the inherited disease, but he was fortunate in that the symptoms never surfaced in his own life. But, being a reverend, van Gogh's father was not likely to abuse alcohol, nor was he likely to ingest paint, kerosene and camphor.

Many of these insufficient theories have persisted. One reason is that bad information gets passed down and is subsequently relied upon again and again. Another reason, as can be exemplified by journalists, is that many don't have the medical or scientific knowledge to be able to delve deeply. Arnold especially believed that the scientific community should hold a higher standard. For example, he pointed out that the Journal of the American Medical Association featured an article during the week of the centenary of van Gogh's death, stating that he had Ménière's disease rather than epilepsy (Arnold 38). Neither Ménière's disease nor epilepsy were medically warranted, and the author of the paper was remiss in failing to consider the strong possibility of AIP being the diagnosis.

Some in the art world didn't want to acknowledge his illness at all, thinking it might take away from his work, preferring instead to believe that the merit of his art should stand for itself. But Arnold believed that a *complete* picture of the man, including discussion of his inherited disease, and the complications of it brought on by his lifestyle, would actually *enhance* appreciation of his art.