The diagnosis of art: melancholy and the *Portrait of Dr Gachet*

Dr Paul Gachet (1828–1909), born in Lille, studied medicine in Paris and Montpellier, and wrote a thesis entitled *Étude sur la mélancolie*.¹ In 1858, he returned to Paris to practise as a doctor and moved to Auvers-sur-Oise in 1872. There he befriended many painters, including Cézanne (who painted *The House of Dr Gachet*), Daubigny, Guillaumin, and Pissarro. Gachet himself became an artist, signing his works 'P van Ryssel'.

Vincent van Gogh (1853–1890) moved to Auvers on 20 May 1890, after leaving the asylum at St-Rémy. He made three portraits of Gachet, an etching (May 1890) and two paintings (June 1890)—the second, for Gachet himself to keep, a near copy of the first.² The best known of these, *Portrait of Dr Gachet* (oil on canvas, 67×56 cm, location unknown), shows the doctor with his head propped on his right hand; his elbow rests on a table next to a purple foxglove and two books, *Germinie Lacerteux* (1865) and *Manette Salomon* (1867), both by the Goncourt brothers, Edmond and Jules.

The portrait is profoundly melancholic: the colours are mostly heavy and oppressive; the two novels are depressing in content—*Germinie Lacerteux* is about a young servant who lives a debauched life and dies miserably in the workhouse and *Manette Salomon* describes the lives of four more or less unsuccessful painters. Gachet is palpably depressed—his head-in-hand pose is classical,² as is his facial expression. Van Gogh wrote that Gachet's face was 'grief-hardened'; '...he certainly seems to be suffering [*nervous trouble*] as seriously as I', and 'he is sicker than I am'. But van Gogh saw himself going beyond the doctor's individual melancholy to a more general state. As he wrote to Gauguin, 'I have a portrait of Dr Gachet with the heart-broken expression of our time'. And to his brother Theo: 'I had to paint [*him*] like that to convey how much expression and passion there is in modern heads...that is how one ought to paint many portraits'.

And what is the foxglove doing in the painting? Some have suggested that it is the badge of the physician²—a role that it plays nowhere else in art. Others have suggested that Gachet treated van Gogh's seizures with digitalis. It has even been suggested that digitalis toxicity may have accounted for van Gogh's love of yellow,³ which does not bear scrutiny.⁴ But in the 19th century, digitalis was used to treat some psychiatric problems, including delirium tremens and mania, and it was also sometimes used to raise the spirits. According to William Withering's son: '...women of the poorer class in Derbyshire...drink large draughts of Foxglove tea, as a cheap means of

Figure 1 *Portrait of Dr Gachet* (1890) by Vincent van Gogh (oil on canvas, 67×56 cm, location unknown) [in colour online]

obtaining the pleasures or the forgetfulness of intoxication'.⁵ Van Gogh described Gachet's foxglove as being 'of sombre purple hue'. Perhaps he included it as another symbol of melancholy.

But why was Gachet melancholic? Was it endogenous depression? Or was it the symptom of some physical illness? In the painting, his hands are slightly pigmented, albeit paler than his sunburnt face, and his nails are completely pale. Could he have had Addison's disease? Alas for this hypothesis, van Gogh's painting is impressionistic, not realistic; a contemporary photograph of Gachet shows that he had a fuller face than van Gogh portrayed; his hands are not seen. In fact, the portrait of Gachet is more like van Gogh himself or his brother, Theo, than Gachet. And indeed Gachet had asked van Gogh to paint it in the style of one of his self portraits.

Perhaps Gachet was, like van Gogh, addicted to absinthe.⁶ We encourage further speculation.

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Case analysis in clinical ethics

R Ashcroft, A Lucassen, M Parker, M Verkerk, G Widdershoven
 246pp Price £24.99 (p/b) £55.00 (h/b)
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 Cambridge: Cambridge University Press

This book demonstrates clinical ethical deliberation in practice. It takes a complex clinical case and shows how it can be analysed from different theoretical ethical perspectives. The history is presented by a clinical geneticist and includes her own narrative, and those of the two relevant patients, their general practitioners and an oncologist. It relates the story of a young mother, with a strong family history of breast cancer, who is contemplating prophylactic bilateral mastectomy. Unknown to her, but known to the genetics team, her aunt, who has been treated for breast cancer, is a carrier of the relevant gene mutation. This knowledge could allow predictive testing of the young woman—if the result were negative, mastectomy would be unnecessary. The aunt, however, refuses to divulge her clinical and genetic history, despite strenuous attempts at persuasion by the genetics team. The dilemma is whether to breach the aunt's confidentiality in order to provide substantial benefit to her niece, or to respect confidentiality at significant cost to the younger woman.

The case is analysed by experts in several theoretical ethical approaches. These include the mainstream utilitarian and 'four principle' perspectives, and approaches which are currently attracting increasing interest, including narrative, virtue and feminist ethics, hermeneutic, post-structural and phenomenological analysis, and deliberative and empirical ethics. Finally, the clinical geneticist and the editors offer clinical and philosophical reflections, respectively, on the exercise.

All chapters are written clearly, even those on hermeneutic and post-structuralist analysis. This should not only enlighten, but also reassure, the clinician reader whose instinctive response to these latter approaches might be one of suspicion.

Though the case history was comprehensive, several ethicists laid emphasis on different aspects of it, requested more information or suggested that some relevant information be teased out in greater detail. This shows how different ethical methodological approaches can lend richness and depth to the analysis of a clinical ethical problem.

Perhaps not surprisingly, the ethicists reached a range of differing conclusions, from justifying breach of the aunt's confidentiality to the opposite conclusion. Several experts acknowledged that neither their own approaches nor the alternatives could solve the dilemma. This is not necessarily a comfort to the scepticist, rather it emphasizes that ethical deliberation serves not necessarily to compute the correct answer, but to ensure that all relevant information and factors have been considered and given due weight.

The book succeeds in its aim of illuminating the wide array of methods and theoretical approaches currently in use in clinical ethics. It would be of interest and value to trainees and career doctors in general and specialist practice.

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