Biography

Prof. Hirsh is an internationally recognized scholar of turn of the century art in western Europe. She has served as a visiting curator at the Montreal Museum of Fine Arts and at the Schweizerische Institut für Kunstwissenschaft in Zurich. In 1998, she has served as a visiting Senior Fellow at the Center for Advanced Studies in the Visual Arts (National Gallery of Art, Washington, DC) and as a visiting scholar at the Art Institute of Chicago. Prof. Hirsh is the author of numerous scholarly articles and exhibition catalogues and five books, including Symbolism and Modern Urban Society, Cambridge University Press (2004), and has served as president of Rosemont College since 2006.
Abstract

One way to learn more about the understanding of and attitudes towards disease at any given time is through the visual arts. The “high arts” (e.g., painting and sculpture) and more popular imagery (e.g., illustrations, cartoons, and even advertisements) reveal the artist’s perceptions of their own societies and culture because they are arriving at imagery, and the stylistic depiction of that imagery, out of their own experience. This essay presents attitudes towards illness in western Europe in the late 19th century, when enormous shifts in understanding about health care were changing the way people, especially in the new metropolises, were thinking. This study focuses, furthermore, on the work of a group of artists called the Symbolists, who wanted to use visual clues (in style as well as subject) to express ideas and concepts rather than common depictions of the everyday world.

Key words: Symbolists, James Ensor, 19th century, disease, degenerates
The Sick City

The nineteenth century was one of epidemic disease: the bubonic plague was only finally described as an epidemic with a known means of transmission in 1898 and fatal illnesses such as cholera and influenza were experienced as attacks on whole populations. In some cases, inoculation for diseases such as smallpox, available throughout most of Europe since the late eighteenth century, was only addressed as a public health issue and distributed to the masses one hundred years later. Mental illness seemed to be on the rise, while venereal disease, especially syphilis, had become as commonplace as the blind and crippled children that it produced. While each disease had its own history of research and treatment protocol, the common flashpoint was its ubiquity and the feeling of total helplessness when faced by it. In the early 1880s, tuberculosis had been discovered to be caused by a particular germ. This meant that, instead of being a disease that was either hereditary or caused by a predilection, it was seemingly unavoidable: it was in the very air. In the meantime, doctors’ recommendations for how long syphilitics should wait before marriage varied between six months and six years after first symptoms. While there was an effort (without any medical knowledge as its basis at that time and without beneficial effect) to prevent the spread of syphilis to partners, no one knew how to curb the rise of congenital syphilis. As more was known about disease, it seemed, there was only more to fear.

One way to learn more about the understanding of and attitudes towards disease at any given time is through the visual arts. In traditional, so-called “high arts” such as painting, sculpture, drawings and prints, artists often reveal the perceptions of their own societies and culture because they are arriving at imagery, and the stylistic depiction of that imagery, out of their own experience and are presenting that imagery to an audience of their own peers. But the broader visual arts, including popular imagery such as that found in illustrations, cartoons, and even advertisements, often separately express these same ideas and therefore reinforce the

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1 This essay is a greatly condensed and amended version of the chapter “The Sick City,” from Sharon L. Hirsh, *Symbolism and Modern Urban Society*, 2004, with the permission of Cambridge University Press.
interpretations of traditional art. This essay presents attitudes towards illness in western Europe in the late 19th century, when enormous shifts in understanding about health care were changing the way people, especially in the new metropolises, were thinking. This study focuses, furthermore, on the work of a group of artists called the Symbolists, who wanted to use visual clues (in style as well as subject) to express ideas and concepts rather than common depictions of the everyday world. Because the Symbolists’ theories of art promoted visual art as a catalyst to thought, emotion, or even spiritual meditation, one might assume that their art would have little reference to the “real world” of disease, medicine, and urban life. On the contrary, they were very much people of their own time, so that their work offers a wealth of information, if we know where to look and are able to discover their references, about these very issues.

Of all the Symbolists, the Belgian painter and printmaker James Ensor is often considered one of the least esoteric and most immediately approachable artists. His drawing “Plague Here, Plague There, Plague Everywhere” (Fig.1) is thus revealing of the anxieties about disease in his time because it demonstrates not only knowledge of, but also new fears about diseases and the people who might carry them. By the 1880s, new scientific instruments, including improved microscopes, made it possible to “see” a previously unknown, hidden world that encouraged both fascination and fear (Larson in *Lost Paradise*, 1997, pp. 385-94). With 1870s findings about germs by Pasteur and others, and with 1880s discoveries of actual bacilli, such as the cholera and the tubercle bacilli isolated by Robert Koch, came new respect for diseases that to that time had been considered unknown acts of God.

As Michel Foucault’s studies of the rise of the medical profession suggest, this was a social as much as a scientific dominance (Foucault 1978, I part 3,4), so that medical and social discourses were increasingly embedded into each other. Dealing with disease required less the religious acceptance that viewed illness as a natural part of a divinely instigated cycle of life and more a societal responsibility, shared by patient and medical community. As doctors exercised increasing authority, in practice and law, they gradually took responsibility for a deluge of complex social and medical issues, which were in many European nations called “the Social Question.”
These included how research discoveries were made, announced, and disseminated, who was responsible for ordering and carrying out quarantines, the legality or morality of contraception and abortion, and even who should be liable for the care of orphaned or abandoned children, the aftermath of disease who were the future generation.

By the late 19th century, these medical issues had spilled out of doctors’ offices and into the street, and discussion of previously private medical conditions became banal. On the classified pages of the popular Brussels socialist paper *La Reforme* in 1885 (Fig. 2), an advertisement announcing cures for “overexcitement, diminished virility, enfeebling of the nervous system, maladies of the bladder, kidney, and the prostate, drops etc.” was published alongside announcements for a folding screen, petroleum, and even coded notices for abortions in the ad for “Mme. Peeters” (Hirsh 2004, chap.5). Every family had its medical stories, which they were increasingly willing to share.

Illness and death were topics addressing unknown or unseen causes, physical but also spiritual worlds, and forces of nature and God. These became favorite subjects for the artists known as Symbolists, whose art, unlike the “Realists” who immediately preceded them, addressed the emotional, spiritual, or even unworldly side of life. Throughout the 1890s Munch, a Norwegian Symbolist artist, chronicled the family experience of disease and death in an extended series of drawings, prints, and paintings. Having in earlier works addressed the fact of illness in institutionalized settings (an infirmary, a morgue), he then turned as a Symbolist to the emotional and spiritual experience of death and dying. In almost all of these, the emphasis is on the survivors – the ones who have to grapple with the meaning of death.

In *Dead Mother and Child* (Fig.3) the living family members assume poses that render them vertical, in stark contrast to the dead mother who lies in harsh horizontality. The rift between living and dead is further visualized by differences in color and mass: while the living are depicted with intense solid forms, the dead mother and even the bed on which she lies are briefly sketched, pale and flat, as if already a disembodied presence in the room. This in turn makes Munch’s juxtaposition of the mother’s form with that of the little girl, in a bright red dress
and with staring dark eyes, more compelling. Between the child and her elders, represented by the old woman and man behind the foot of the bed, the now-deceased mother is the visible “missing” generation in the family tree, a situation common to these times of rampant early death. Either depicted or implied in Munch’s paintings of the dead and dying is that this experience is more spiritual than physical. Like the blind grandfather in Maurice Maeterlinck’s 1890 Symbolist drama *The Intruder* (who is Death), those attuned to the spiritual presence are able to experience death as an actual, fearful but palpable being. In Munch’s work, the doctor has done what little he could, the family has tried to make the dying one more comfortable, and it is now the metaphysical concept that really invades *The Death Room*, as Munch titled several of his works.

But in Ensor’s work, which often adopts the humor of traditional “dance of death” imagery, a satirical eye is cast on the all too human inadequacies of late-nineteenth-century medicine. In *The Bad Doctors* (Fig. 4), five doctors, the models for whom were professors of medicine at the Free University in Brussels (Heymans 1997, pp. 87-97), squabble over a patient who, with most of his intestines pulled out and lying on the floor, is going to die anyway. That this end is inevitable is clear not only in the display of the nastiest of medical tools—including a saw, bloodstained knives, and still dripping sphincter—but also in the doctors’ comportment, or lack of it, as they jostle with one another, tripping over the intestines that entwine several of their legs and as one manages to pickpocket the other. That such misdeeds are a regular part of the medical profession is implied by the open ledgers that lie on the floor. These read:

> I made a mistake/nothing to give to P

> Received 1000/Good client/Should take my time on this/ Women C croaked at seven o’clock

> Dispatched X/Nothing received/Waiting for Z

> I left a sponge in/the stomach/Peritonitis broke out.

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2 In Maeterlinck’s play, only the grandfather and the youngest of the family gathered have any idea of the presence of death, a continuation of Romantic belief in the spiritual awareness of the very young and old.

3 “Dance of Death” was a popular image from medieval times, in which Death (usually a skeleton) claimed people of all ages and walks of life. It emphasized the inevitability of death.
Death, smiling, enters the “surgery”. Painted immediately after the cholera epidemic that struck Belgium in 1892, Death here shows the strains of a busy year, wearing a togalike outfit that has been patched, with a foot that is bandaged, and carrying a shoulder-strapped bag that drips more intestines, presumably the untidy leftovers from the previous victim. In this as in so many of Ensor’s works, the usual Symbolist “style” of suggestion is heavily laced with satire. Using the well-known doctors as stereotypical medical figures, Ensor caricatures the uselessness of contemporary medicine by means of “sick” colors and shocking contrasts. Against a sky-blue backdrop of wall, the figures appear as cutouts in black and white, while the patient’s bedding seems to rise around him in angry colors of off-red and orange. The painting is, like most Symbolist works, highly manipulated but here caricatured to the point of distortion.

Finally, in the urbanite Munch’s work, the mundane, unidealized and even dehumanized existence of patients in a city clinic became the means of making tangible the netherworld of the sick. In an undated sketch (Fig. 5), Munch depicted a motley lineup of patients, each being seen in herd-like fashion by a doctor. The men, stripped to underwear, range in figure types from severely emaciated to a heavy “fat cat” – a type often used by Munch to represent the lustful capitalist. They wait in line for their examination, which seems to be restricted to a study of the fat gentleman’s mouth. Even this care seems useless, however. Each of the patients is covered with spots over his entire body, exhibiting signs of smallpox or syphilis, contagious diseases that now present well beyond the initial stage. At the end of the line stands Death, smirking at this humiliating and ineffectual clinic.

This later understanding of the city’s mishandling of sick masses was shared by Rainer Marie Rilke’s hero in The Notebooks of Malte Launids Brigge, a young visitor who encounters Paris as a sick city. Brigge actually introduced the city in the very first sentence of his presumed “notebooks” as a locus of illness:

So this is where people come to live: I would have thought it is a city to die in. I have been out. I saw hospitals. I saw a man who staggered and fell down. A crowd formed around him, sparing me the rest. The map had marked Val-de grace, Hôpital militaire.
The street began to smell from all sides. It smelled as far as I could distinguish, of iodoform, the grease of french fries, fear….(Rilke 1996, p.7)

Soon, the sick city becomes more personal for Brigge:

I was afraid. One must take some action against fear, once one has come down with it. It would be horrible to get sick here, and if someone thought of taking me to the hospital, I would certainly die there…This excellent hospital is very old, already in the time of King Clovis people were dying here, in a few beds. Now there are 559 beds to die in. Like a factory, naturally. With production so enormous, each individual death is not carried out very carefully: but that isn’t important. It’s the quantity that counts. (Rilke 1996, p. 10)

When Brigge himself must seek a cure for his overwrought nerves, a condition that has developed only since his arrival in Paris, he is sent for electrotherapy to no less a clinic that the Salpetrière (where Doctor Charcot, famous for his hysteria studies, had practiced). This process, with its relegation to the public waiting room, reinforces Brigge’s recognition that, in Paris, he has now been branded as one of the nameless sick:

There was a wooden bench in front, along the whole length of the wall, and on this bench they were sitting, who knew me. Yes, they were all there…these people sitting shoulder to shoulder on an endless line. The air was foul, heavy, filled with clothing and breath…I had been directed here, among these people, to this overcrowded public waiting-room. It was so to speak, the first official confirmation that I belonged to the category of outcast. (Rilke 1996, p. 41)

After waiting hours, Brigge is interviewed by several doctors, all in a hurry; he is returned to the waiting room, but he can no longer stand the sights, the stench, and the screaming. He leaves the hospital running.

In Munch’s Women in Hospital (1897, Munch Museum, Oslo), Brigge’s horror of anonymous mass medicine is visualized. Three women stand, stripped to the waist, with stooped shoulders and stilled poses that emit both pain and boredom. The main figure, completely nude,
is the only one with an articulated face; her apathy is clear as she paces like a caged animal in the common waiting room.

As illnesses came to be treated in increasingly public ways, it was society itself that was seen as sick. Often, critiques were voiced by members of the upper and middle classes, aimed at the lower classes. Only in the 1880s was attention paid to the scourge of tuberculosis that had overtaken miners: the fact that these were the very people who had at the same time begun to call violent strikes only lent to the air of anxiety that now surrounded them. The quasi-scientific study of lower-class crowds had its basis in political and social upheavals, and the terminology of these crowd studies were etymologically peppered with the rhetoric of disease. Nineteenth-century historians Hippolyte Taine, Gabriel Tarde, and Scipio Sighele all wrote about the “insanity” of crowd behavior; Taine in particular built a pathology of the crowd and even suggested that there was a “germ” that might allow the crowd’s “passion” to spread unchecked if it were not governmentally controlled; he called this the “law of mental contagion.”(Taine 1878, p.133)

But a dread also developed of the middle and upper classes who led secret debauched lives, leaving in their wake a progeny that was physically and morally impoverished. The practice of Eugenics – a term deriving from the Greek *eugenes* (well born) – stemmed directly from these fears. The movement’s founder, Sir Francis Galton, cousin of Charles Darwin, combined his belief in Darwin’s natural selection with nineteenth-century theories of heredity, and advocated eugenic “breeding” of a new, stronger race. In this way, Eugenics joined other protest movements, including feminists and public health organizations, in social hygiene reform.

Ensor’s “Plague Here, Plague There, Plague Everywhere” (Fig. 1) therefore offered conflicted indictment of both the lower classes with their filth and germs and the upper class with their ability to travel and carry further their own, at times immorally gotten, infections like syphilis. The ignorance of Ensor’s framing figures with their dirt and germs is matched by the complacency of the two central couples as they sit chatting above the steaming pile of feces. Both classes, furthermore, were recognized to be most dense and dangerous in the cities (Sontag 1978, p.15).
As inheritors of one of the most slum-ridden aftermaths of the Industrial Revolution, Victorians produced the first real study of this correlation, in Edwin Chadwick’s *Inquiry into the Sanitary Condition of the Labouring Population of Great Britain of 1842*, which spelled out in unforgettable detail the filth, poverty, and illness of that time. Chadwick’s classic treatise was one of the first to use comparative death rates as well as lurid description to make his point about the role of overcrowding and unsanitary conditions for disease. Although in England this report led to the establishment of the Board of Health in 1848, decades passed in other European countries before increasing fears would accomplish similar results.

The later reforms were related to a spate of influential studies, such as that published by George Hansen in Munich in 1889, which argued for the superiority of country bred citizens as a condition for national health and military strength based, he claimed, on statistical evidence. According to Hansen, the city was slowly engendering its own decline, inevitably ending in social death (Hansen, 1889, pp. 27, 28, 147-150, 196-202). Summarizing only ten years later the entire century’s distrust of dark, dank, and dense cities was Adna Ferrin Weber’s statistical analysis of population in western Europe. Weber’s study set the standard for scientific studies (Weber 1967, p.9). And yet he thoroughly agreed with Hansen’s conclusions defending country against city. He worried, as Hansen had, about the future health of the race, agreeing that this was due to more than mere physical frailty. In the chapter titled “Physical and Moral Health of City and Country,” Weber concluded that his study had clearly established what previous commentators had intimated:

This life of the great cities is not the natural life of man. He must under such conditions deteriorate physically, mentally, morally. In short, cities are the site, and city life the cause of deterioration of the race.(Weber 1889, p.368).

Weber borrowed form another predecessor, G.B. Longstaff, the colorful description of the sickly city dweller:
The narrow chest, the pale face, the weak eyes, the bad teeth of the town-bred child are but too often apparent...long life in towns is accompanied by more or less degeneration of race (Weber 1889, p. 389).

In addition, one could develop neurasthenia, a nerve disease brought on by the overstimulation of modern life, which could lead to insanity.⁴ Weber found that insanity was an illness that “prevails chiefly in cities” (Weber 1967, p.392), and that even physical stature was already showing the deleterious effects of city life: men were shorter and smaller in big cities. Weber concluded by calling city slums virtual “death-traps” (Weber 1967, p. 414) and ended his statistical study with plea for cleaner water, good paving, drainage, and generally improved cities.

All these studies concluded that, because of the new metropolis, the European race was in a state of degeneration. In this single term could be understood all of the diseases of the era. In the late century the distinctions between one illness and another, as well as one behavior or appearance rather than another, were less distinct that we might imagine, with numerous “conditions” classified or imprecisely grouped together. An array of pathologies – including tuberculosis and syphilis as well as depopulation, crime, mental illness, prostitution, and suicide – were banded together in the last quarter of the century to be commonly associated, creating a model of cultural crisis based on the general notion of degeneration. This theory, introduced in widely read books on degeneracy written around 1860 by Benedict-Augustin Morel, proposed progressive adaptation that could develop, in succeeding generations, weak or morbid functions, resulting in degeneration (thus opposite the regeneration of the Darwinian model). By the 1890s it was common for doctors to identify “clusters” of symptoms such as ‘degenerate insanity’ or ‘heredotuberculeux’ in which one disease was linked, through degeneration, to others (Nye 1984, p. 57).

⁴ Although neurasthenia was, like tuberculosis, linked both to city life and hypersensitivity as well as to accompanying images of weakness (also, most often, in women), it was diagnosed with a complex host of often contradictory symptoms such as headache, sleeplessness, and lethargy, all of which differed from those for consumption. Stott has identified a visual code for neurasthenia, based primarily on a pose, “Melancholia” (the head held by one had, staring at the ground), signifying the total enervation that became one of the most commonly recognized symptoms of the condition. I thank Annette Stott for her clarification of these ideas.
Eventually, there developed a generic degenerate who was to be feared for his or her ability to destroy the health of the race. Furthermore, because of the complex and overlapping medical constructs of this condition, the degenerate was especially horrifying because his or her disease almost always included mental deterioration. Early on, Morel’s “Law of Progress” had claimed that because of the hereditary factor, each succeeding generation would have increasingly deleterious symptoms. This process of degeneration into dementia acquired yet another complication when, in the 1890s, Fournier’s research identified the increasingly common condition called GPI (general paralysis of the insane) as a condition of tertiary syphilis. Thus, by the 1890s, there was neither a cure to the many diseases implicated in degeneration nor a hope of control over the degenerates because they were all, at one point, “imbeciles or idiots” (Morel in Gilman and Chamberlain 1985, p.122). Finally, these conditions were linked to urban population, also on the rise and seemingly uncontrollable. “The world of civilization,” Max Nordau (whose 1892 book Degeneration called the alarm to the world) proclaimed, “is an immense hospital ward” (Nordau 1883, p. 1).

But how could one identify the degenerate? How could healthy citizens recognize degenerates in order to avoid them at all costs? Intriguingly, because all of those writing about degeneration claimed a medical basis for their diagnoses, visual symptoms or “stigmata” were considered imperative to study. Throughout the second half of the nineteenth century, since the time of Morel and his diagnosis based on physical appearance as well as moral and mental “inferior” deformations, a visible map of degeneracy had been sought. By the time of the Symbolists, these symptoms – like the various diseases linked to degeneration – were commingled into a “look” of the degenerate. Morel observed in cretinism, an inherited thyroid deficiency, common mental retardation as well as numerous developmental defects and several nonrelated illnesses. Hernias, goiters, pointed ears, absence of secondary teeth, stunted growth, cranial deviations, deafness and muteness, blindness, albinism, “club feet,” elephantitis, scrofula, tuberculosis, rickets, and sterility were identified as secondary results of cretinism and were in turn exacerbated by the effects of alcohol, tobacco, and opium (Pick 1989, p. 50). The actual
appearance of the cretin was, however, according to Morel, close to that already imagined in literature as an animalistic creature, such as the dying cretin seen in Balzac's *Country Doctor*: a being with “deep circular folds of skin, on the forehead, the sodden eyes resembling those of a cooked fish, and the head, with its short, coarse, scantily-growing hair…[who] had neither the graces of an animal nor the mental endowments of a man” (Balzac 1965, p.44).

Historian Daniel Pick has asserted that the “cretin’s body became the degenerate’s body” (Pick 1989, p. 47). Susan Spongberg, on the other hand, has suggested that the syphilitic body was the degenerate body (Spongberg 1997, p.157). and offers as evidence the late-century changed view of the prostitute as morally degenerate (Sponberg 1997, 169 and 172). But by the 1890s, these and other distinct conditions had conflated into one disease of degeneration, while at the same time, the mentally ill as well as any other outcasts of society were recast as moral degenerates. Nordau in his 1892 book summarized these, and what emerges is a vivid description of the “perfect” degenerate:

- Deformities, multiple and stunted growths in the first line of asymmetry, the unequal development of the two halves of the face and cranium; then imperfection in the development of the external ear, which is conspicuous for its enormous size, or protrudes from the head, like a handle, and the lobe of which is either lacking or adhering to the head, and the helix of which is not involuted; further, squint eyes, hair-lips, irregularities in the form or position of the teeth, pointed or flat palates, webbed or supernumerary fingers, etc. (Nordau 1892, p.17)

To this list must be added the psychological “manifestations” of the degenerate’s behavior, which were also observable: alcoholism, excessive sexual drive, and of course, insanity itself. The “beauty” of these symptoms, as art historian Shearer West has pointed out, was that they are so numerous and so general that they could be manipulated to apply to almost anyone, and particularly to Nordau’s enemies (West 1994, p. 17).

The most frightening but fascinating aspect of degeneration for the Symbolist artists must surely have been, however, the fact they themselves were implicated: creativity had long been
connected to “madness” and thus to degeneracy (Nordau 1892, p.101). The Symbolists in particular, however, had become for many the prime examples of degeneracy itself. It was Nordau who made this connection most forcefully in his various writings: Chapter 3 of his Degeneration was devoted to “Symbolism.” Although his analysis here is of literature, he addresses most of the writers who had the strongest connections to Symbolist artists. Thus his diatribes against the writers could be and were easily applied to their like-minded associates in the visual arts:

The Symbolists are a remarkable example of that group-forming tendency which we have learnt to know as a peculiarity of ‘degenerates’. They had in common also the signs of degeneracy and imbecility: overweening vanity and self-conceit, strong emotionalism, confused disconnected thoughts, garrulity, and complete incapacity for serious sustained work.

In his diagnoses of Symbolist artists, Nordau also pathologized their work:

The Symbolists, so far as they are honestly degenerate and imbecile, can think only in a mystical, i.e. in a confused way. The unknown is to them more powerful than the known:…their emotions overrule their ideas. When persons of this kind have poetic and artistic instincts, they naturally want to give expression to their own mental state (Nordau 1882, p. 118).

There is evidence that many Symbolists accepted at least some elements of this argument. In Munch’s diaries, for example, he morbidly wrote:

Two of mankind’s most horrible enemies were granted to me as an inheritance…tuberculosis and mental illness. Sickness and insanity were the black angels that guarded my cradle. A mother who died young gave me a weakness for tuberculosis; an overly nervous father, so pietistically religious as to be almost insane, the
descendant of an ancient family, gave me the seeds of insanity. From the moment of my birth, the angels of anxiety, worry and death stood at my side.\textsuperscript{5}

For the Symbolists, implication of themselves in this devolution had become a public issue; connections between degeneration and their type of art had begun to appear in the press, and even in art criticism.\textsuperscript{6}

Nordau in his 1892 \textit{Degeneration} had gone much further than Lombroso in identifying the Symbolist art and literature of the 1890s itself as a sure sign of degeneracy on the part of its authors as “the symmetry of face and cranium finds, as it were, its counterpart in their mental faculties, which in turn are evident \textit{in the works themselves}. While Morel cited “emotionalism” as a chief characteristic of degeneracy, however, Nordau in 1892 focused more on artists’ moral degeneracy: “That which nearly all degenerates lack is the sense of morality and of right and wrong. For them there exists no law, no decency, no modesty” (Nordau 1892, p. 17-19). Like the prostitute’s body, therefore, the artist’s work would inherently carry the signs of degeneracy in its very subject and style. Overly emotional, “sick” art could promote insanity on a cultural level.

\textbf{ENSOR, DEGENERATE GENIUS}

For Symbolists, both called and self-identified as degenerates, it was impossible to ignore the sick city. In 1887, Ensor painted \textit{Tribulations of St. Anthony} (Fig. 6) in which he had replaced the biblical desert of temptations with all the symptoms of a modern urban hell. Into a hallucinatory landscape are crowded traditional icons of sin, including a “beautiful” woman, monsters, and the boat of Charon crossing the river Styx. Closer inspection, however, reveals additional and especially modern means of torture, in little-disguised references to city disease. Throughout the lower land portion of the scene are dirty figures, human and animal, from which

\textsuperscript{5}Ms. T 2759 (EM III), Munch Museum Archives, c. 1907-8, as dated and trans. by Heller 1984, p. 15.

\textsuperscript{6}Examples include critical reviews of Munch’s work linking his “insane genius” to Nordau’s degeneration (Georg Voss, “Kunst und Wissenschaft,” copy from Munch Museum Archives). Also Van Gogh was not only aware of Lombroso’s and others’ theories, but expressed a fascination with them as well as in the general question of artists and illnesses. According to the research of art historian Aaron Sheon, Van Gogh considered himself vulnerable to neurasthenia and related his own diagnoses of epilepsy to degeneration.
infected body fluids seem endlessly to flow: with noses running, open sores, and public
defecating, the contagious mob surrounds the saint, marker of modern man. Charon’s boat is
crawling with bugs, while flying figures above – half human, half animal – add their own flatulent
germs to the air. The saint himself, crouching in the left corner of the composition, looks over this
swarming mass of disease toward a dubious doctor at the very right corner of the canvas.
Although the doctor holds a gigantic hypodermic needle (or an equally oversized sphincter) and
seems to aim it at the masses, his own white coat is filthy, and his own nose is running out of
control. That urbanity now represents the greatest temptation to a modern saint is perhaps best
suggested by the inclusion of a flying air balloon in the sky above – a sight incorporated into
images of modernity following its introduction by Edward Manet in his view of the Paris Exposition
of 1867. Most important is the fact that Anthony is seated in a modern cafe from hell, where the
supposedly enticing but actually disfigured Venus serving drinks wears a halo of blood red, and
the odd band of entertaining degenerate musicians (one green figure uses his crab claws to
stroke Orpheus’ lyre) are themselves covered with sickly spots. The modern saint need not seek
out temptations in the desert; they are all available, full of disease and decay, right on the city
street.

In the same spirit, Ensor painted Self-Portrait with Masks (Fig. 7). As we now realize,
Ensor surrounds himself here with the dregs of society who carry the stigmata of their own
degeneracy as well as the diseased seeds of future generations, all painted with the color and
technical distortion belying, according to Nordau, the artist’s own sick state. Several of the
faces/masks have wall-eyes or no eyes (optical paralysis and decay being a common side effect
of tertiary syphilis); numerous features are deformed and asymmetrical, especially the two faces
with twisted mouths at the bottom right of the canvas (disfigurement being related to syphilis but
also to criminality and degeneration). One female mask, located below Ensor is hollow-eyed and
has her nose eaten away, similar to depictions of syphilitic wasting. The fulsome, fleshy mask of
a black-haired, crooked-nosed woman that is one-third cropped on the right of the canvas, by
contrast, seems fashioned after the Russian photographs of criminals and prostitutes published
by Lombroso. Immediately to Ensor’s right are black masks, which have been related to the
Belgian Congo (Berman 2002, p. 62-5), geographically representing the spread of venereal
disease and the newly colonized world to which was brought, as the press punned, “civilization
and syphilization” (Quétel 1990, p. 195). In this respect, both evolutionary theory and racial
anthropology had coalesced by the last quarter of the century and were used to identify the
nonwhite races as degenerations from the ideal physical characteristics of whites or
“unprogressed” civilizations waiting to be developed (Pick 1989, p. 20-2). To this, finally, must
be added at least two masks whose noses are either elongated or “hooked,” such as the
prominent mask in the middle left of the canvas; these, although never cited by the Jewish
Nordau, were common caricatures of the Jew, taunted as an outsider and clearly considered as a
degenerate in numerous caricatures appearing in Brussels artists’ journals (Berman 2002, p. 59-
60). The final end of Ensor’s degenerate crowd is spelled out in the three death heads that
appear, leering, in the background.

As clear as these references to medical definitions of degeneracy are, however, they are
even more potent as signifiers of artistic degeneracy; as outlined in particular by Nordau. As
noted earlier, Nordau declared that the degenerate has “no modesty;” and identified the
degenerate artist as one with an excessive “emotionalism,” given to “rambling imagination” and
“mysticism.” (Nordau 1892, pp.18-22). The most obvious symptom found in degenerate art itself
was related to these personality defects, namely, a love of garish color – a stigmata already
mentioned by Lombroso. Nordau describes the degenerate as even dressing like one, and thus
the opposite of the normal middle-class man who would properly choose a “uniform” of black and
white as signifier of his seriousness. Nordau’s portrayal of the decadent could describe Ensor
here, wearing “the red dress coat with metal buttons….with which some idiots in…gardenia try to
rival burlesque actors.” As Nordau summarized this, he verbally presented an Ensor-like crowd:

…[T]hey for the most part cannot limit themselves to one pattern, but cop several at
once, which jar one with another. Thus we get heads set on shoulders not belonging to
them, costumes the elements of which are as disconnected as though they belonged to a
dream, colors that seem to have been matched in the dark. The impression is that of a masked festival, where all are in disguises... (Nordau 1892, p. 9).

By the 1890s degenerates were commonly viewed - despite their origin in medical texts discussing the individual (cretin, criminal, etc.) - as an underworld of society itself, particularly visible in urban crowds (Pick 1989, p.4). Ensor's crowd represents Nordau's degenerate masses: “Thus a regular concourse is established about a victim of degeneration. One hysterical joins another. And this crowd, because it is driven by disease, self-interest and vanity, makes much more noise and bustle than a far larger number of sane men...” (Nordau 1892, p. 133). For Nordau, this tendency to band together – whether in “the association of neuropaths, the founding of aesthetic schools [or] the banding of criminals” – explains current art “schools.” And “today,” declared Nordau, “they are the Symbolists” (Nordau 1892, pp. 30-32).

But if Ensor here portrays himself as Symbolist among other degenerates with whom he was critically cast, he makes a point of nonetheless distinguishing himself from them. Although some have described Ensor in 1900 as newly “paranoid,” especially about his art and his health, (Lanhendonck 1999, p. 9) he does in this self-portrait exude some confidence. Despite his dandified dress, his is the one face in this crowd that retains three-dimensional reality, and some normalcy. While all the other faces are painted with thick paint, crudely mixed or even smeared on the canvas, Ensor’s own complexion is delineated with thinner, more feathered strokes of blended colors. In this composition the colors are so blatant and garish that they work as a caricature of “normal” color, but the artist's own face is simply pale. In contrast to the eyes of his surrounding crowd – which are either vacant or wall-eyed - Ensor himself delivers a penetrating gaze, with naturalistic eyes that hold a clear focus, toward the viewer.

When this self-identification as healthy, and “normal” in appearance is added to the hat’s reference to his predecessors in famous Flemish and Dutch Baroque art (both Rubens and Rembrandt painted themselves in costume with feathered hats), then Ensor’s self-image perhaps is an exception that Morel suggested and on which Lombroso expanded. In his original treatise on criminality and the insane, Lombroso had allowed that in some very rare cases, as a genetic
quirk, the bad genes of degeneracy might combine to produce the opposite: the genius, who was nonetheless a result of heredity, along with his fellow degenerates. While Lombroso’s followers subsequently refused this anomaly, it was a notion that Nordau applied with renewed vigor, claiming, however, that unlike Lombroso’s genius who might well help the progress of humankind, such a genius was the worst of degenerates who would be capable of extreme harm if left unchecked.

CONCLUSION

It is commonly agreed that the Romantic image of the artist as genius was imbedded into Symbolist theory, based on the aesthetic of artist as seer, or even priest (Hirsh 2004, chap. 1). The Symbolist genius, however, was one who, according to their own theory, was completely above the crowd (and normalcy) rather than below it. In terms of actually living in society, however, this Romantic concept of the genius (which had also been predetermined, since one was “born” an artist) had been necessarily “different” from regular society; the mid-century development of the artist as bohemian was predicated on this assumption. By the time of the Symbolists in the late nineteenth century, therefore, the aesthetic of the artist as priest had its own history of artist as bohemian, living a lifestyle dangerously close, as Rilke’s Brigge noted, to the outcasts and degenerates on the street. Ensor’s self-identification as the genius among the degenerates, therefore, was one that aptly described the position with which the Symbolist artists identified in the sick city.

Although exhibiting some of the so-called symptoms of degeneracy, and making art that had been itself accused as symptomatic of disease, Symbolist artists were actually the self-identified geniuses among the degenerates. By means of their work, we gain insight into the frames through which they and their audience – people living in newly crowded urban centers – thought about illness, disease, and death. Experiencing health care themselves but also observing it in their families, their friends and even in the greater public arena, they could not help but address it in their art, even in art that purportedly related most to ideas and ideals. For a Symbolist like Ensor, it was also a means of reconciling himself to his times. For Ensor,
awareness of the sick city around him only attenuated his ability to see the masks, and the symbols, relating all this to a world of ideas, and contemplation of mortality versus immortality; he was the Symbolist diagnostician.
FIGURE 2. Advertisements from the Classified section of *La Réforme* (Brussels) no. 185, July 2, 1885. Photograph courtesy of Pierce Bounds.