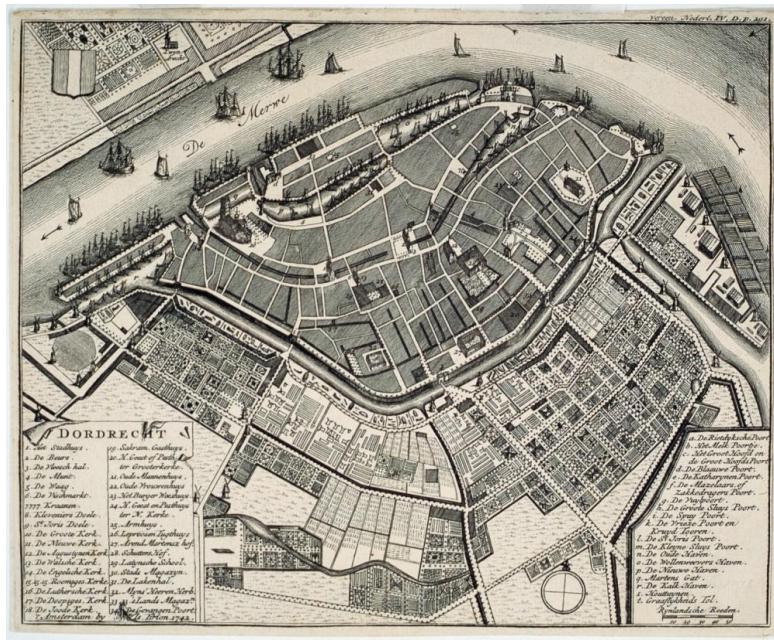


'Zullen wy [...] malkanderen de hant niet bieden'

Policies of Asylum Care for the Insane in 17th and 18th-Century Dordrecht



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Introduction

Every story needs a beginning. Writing the history of psychiatry usually starts out from the second half of the eighteenth century, when the idea took hold that institutions for the insane should be a place of cure. Ardent and eloquent advocates of reform eventually rose to fame as the founding fathers of the modern discipline: beginning with Battie and Tuke in England, Pinel in revolutionary France or, by the middle of the nineteenth century, Schroeder von der Kolk in the Netherlands. Much of what is known about the 'treatment' of the insane before that time was conveyed by the reformers themselves, and the contemporaries who responded to their efforts. Their accounts of the practices of the seventeenth and eighteenth century are 'eye-witness reports' that fire the imagination: locked up in their filthy, heavily barred cells the insane were left to the torments of their own affliction, as well as the keepers manhandling them. Whatever motivated the prevailing practices of treating them like 'wild animals' or dangerous criminals, was hardly reconcilable with concerns for health or humanitarian ideals. The descriptions of the reformers were not, of course, intended to familiarize an audience with the motivations and rationale of early modern asylum care: instead, they were meant to shame the policy makers of their own time into action, and to raise public support for reforms.

For similar purposes, the *History of Madness* became an explosive topic of scholarly and public debate in the 1960s, with the emergence of a movement equally critical of the contemporary, modern institutions. Denouncing scientific psychiatry as a sham, the 'anti-psychiatrists' turned the founding fathers' fame into notoriety. The therapies they introduced were tools of 'social repression' and their diagnoses 'manufactured': their approaches were different, to be sure, but no better than the crude methods of the early modern asylums, and equally served to dehumanize the insane. Fifty years later, however, the heated discussions have subsided. Postmodern Cultural Theory holds that social disciplining and construction are processes underlying *all* aspects of human society, and need not be associated with sinister motives or plots. Instead, they can be seen as the very stuff that all shared meaning and understanding is made of, even of our bodies, minds and selves. What all this means for conceptualizing and dealing with insanity, however, is often still left strangely disregarded.

'Appropriate' treatment is hardly a topic that fires passionate discussions anymore. From time to time, it surfaces in debates about the 'increasingly unaffordable' provisions of

present-time health care and welfare, or criminals declared *non compos mentis*. Policy making is the domain of experts, whose reliance on managerial and scientific expertise is hardly questioned or even reflected on: usefulness and measurability are increasing priorities, in psychiatry as well as in the (social) sciences in general. However, problems of insanity and expedient solutions are not naturally given, 'out there' to be discovered and addressed by technocrats and scientists. What is needed is more reflection on the process of construction, the *making* of the very concepts practically resulting in definitions and prescriptions. A historical approach can therefore contribute to more reflectivity: the background of the early modern asylum offers the opportunity to investigate the construction of expertise and intervention without taking psychiatric approaches as a point of departure. It enables critical distance, in order to re-think and historicize motivations and forms organization, and what they tell us about ourselves and the world we live in.

My own thesis, of course, is also a story: a history that needs a beginning, traces a development to a climax, and concludes with a denouement. Most likely, it will not have succeeded in avoiding all pitfalls necessarily entailed by the narrative structure. Deliberately, however, I have left much of the recent and undoubtedly insightful literature specifically about the nineteenth and twentieth century development of the psychiatric discipline unconsidered: early modern policies themselves are the subject of my inquiry, instead of their evaluation regarding what was envisioned as 'true', necessary or desirable later on. My objective, in short, is not 'not [to] assert how contemporaries should have spoken or acted, but to chart how they did.'¹

I am concentrating on supply side policies of early modern institutions, in the Dutch urban community. My contribution to this field of research is an analysis from a cultural historical point of view; a systemic approach combined with a long-time perspective. For reasons of practicality and historical appropriateness, the choice for a particular, local context was made, in order to enable an in-depth analysis of responses to insanity. The following case study traces the development in the city of Dordrecht through the seventeenth and eighteenth centuries, by mapping the institutional landscape in its relation to a specific reorganization: how can the policies regarding custodial care for the insane in Dordrecht, before the foundation of the *Stads Krankzinnig- en Beterhuis*, be related to the establishment of this institution after 1759?

¹ R.A. Houston, *Madness and Society in Eighteenth-Century Scotland* (New York 2000) 29.

As I am going to demonstrate, the godshuizen in early modern Dordrecht were perceived as a distinct form of collective social intervention. The various institutions for custodial care developed and specialized according to a rationale that is quite different from modern organization. They will be shown to have included overlapping functions, which are nowadays associated with public health- and social services or the penal system. Literature on the historical development in all those fields, alongside the historiography of madness and psychiatry regarding my timeframe, has enabled my navigation: towards an appropriate context and perspective regarding my case, and the primary sources on which my own analysis is based. Employing a qualitative method, I am relying on and interpreting the quantitative findings of recent research of the Dordrecht institutions.

Since supply side policies are the focus of my study, mostly official, prescriptive documents have been used. The Dordrecht Erfgoedcentrum DiEP holds the archives of the early modern agencies involved with the policies regarding the asylums or godshuizen: the urban government and law court, the Dutch Reformed Church, as well as the various institutions for custodial care.² Tracing the discursive practices allows for an assessment of the ideals and the rationale which guided the policy makers' perception and use of material resources: their definition of problems, suitable responses and possibilities of implementation. The image thus forming, of course, must not be taken as a reflection of actual material conditions at the time, let alone the experience on the demand side of custodial care. But it may contribute to a well informed analysis of the *interplay* of both perspectives in the future.

My thesis is structured according to the objectives developed above. In Chapter One, historiographic approaches will be assessed and evaluated regarding the Dordrecht trajectory of institutional care for the insane, and the theoretical outline will be introduced. Chapter Two will elaborate on the theoretical tools, and demonstrate their value in a more in-depth analysis of the seventeenth- and eighteenth-century policies of custodial care and their embedding in the local context. Chapter Three explores the foundation and organization of the Stads Krankzinnig- en Beterhuis after 1759. Elements of continuity and change will be interpreted regarding the historical culture of institutional responses to insanity in Dordrecht, and related to the research results of other historians. Finally, my

² Generally, the term 'custodial care' will be used in the following to describe institutional indoor provisions. Legal custodianship is referred to only where the Dordrecht *Weeskamer* regulations are explicitly mentioned.

conclusion will assess the relevance of my findings on several levels: while prompting many new questions, hopefully also new perspectives are opened up.

Chapter One - A Question of Context and Perspective

1.1. Historiography: seventeenth- and eighteenth-century responses to insanity

General perspectives

Establishing a 'new perspective' is not a simple task. It is easier to point out the weaknesses of existing approaches than to develop an appropriate alternative. My assessment of the existing literature is an effort at evaluation regarding my specific purposes, not an encompassing discussion of factual claims and merits.

From the nineteenth century until the 1960s, the history of institutional responses to insanity was written by psychiatrists interested in the history of their profession. Their scholarship was generally framed by the overall outlook of what came to be called the *Whig* interpretation of history. Historical developments were situated in the context of a linear, purposeful process: the unstoppable progress of knowledge and humanity, culminating in the present-day institutions and professions. The emergence of the psychiatric discipline was thus presented as a natural result of scientific discoveries and ethical insights.³ Controversies and differences in perspective reflected the diverging trajectories of the respective modern schools.⁴

Consensus of opinion, however, characterized the accounts of the eighteenth century. Enlightenment humanism and a scientific outlook took time to take effect in the 'dark age' of ignorance and superstition: the insane were misjudged and neglected, by the community at large as well as in the early modern asylums. In the absence of medical recognition and therapy, their treatment resulted in mere safekeeping at best, more often though in outright cruelty and abuse. Generally, the pre-history of psychiatry was represented as a static point of departure, and interest was restricted to the features which could be contrasted with nineteenth-century modernization. The 'real history' only commenced with the pioneers of moral treatment at the end of the century, preparing the ground for a more humane approach of care and cure, by liberating the insane from a

³ Roy Porter and Mark S. Micale, 'Introduction: Reflections on Psychiatry and Its Histories', in: Roy Porter and Mark S. Micale (eds.), *Discovering the History of Psychiatry* (Oxford and New York 1994), 3-36, 5-7; Roy Porter, *Mind-Forg'd Manacles. A History of Madness in England from the Restoration to the Regency* (London 1987) 4-5, 78, 79, 90-91.

⁴ Porter and Micale, 'Introduction', 6-11, 12, 21, 23.

benighted regime of whips and chains. The perspective of scientific psychiatry as a natural context for conceptualizing responses to insanity remained undisputed, until a broader movement of radical revisionism took issue with its very foundations.⁵

In the 1960s, Whiggish notions of progress and an inherently benign modernity became the subject of intense controversy, and the psychiatric profession came under attack from outside of the discipline: critical intellectuals in the social sciences and the humanities came to question the legitimacy of its knowledge claims and institutions. An activist anti-psychiatric movement developed, and campaigned for the radical re-definition of contemporary mental care. The critics denounced the alleged function of psychiatry as an instrument of power for *the system*: devoid of any true scientific base, psychiatric 'treatment' was in fact a means of enforcing the social discipline and conformity required to build and maintain a social order.⁶

Historical arguments were offered to substantiate such claims. For all their radical revisionism though, the critics maintained the periodization established in the Whig historiography. Their counter-narrative started with the late eighteenth-century reforms as well. Established, stereotypical accounts of the preceding era were equally accepted at face value, this time, however, in order to attack the celebratory account of the modern trajectory: far from representing liberation and humanitarian progress, the new 'therapies' were seen as even more encompassing and invasive techniques of control and repression.⁷

Contrary to the Whig interpretation, however, revisionist histories tended to make a connection between Enlightenment *Age of Reason* and the alleged cruelty of the old regime: from halfway the seventeenth century, they maintained, the mad became a matter of growing concern and alarm among the modern elites in the making. The Hungarian psychiatrist Thomas Szasz pointed to the replacement of religious concepts of evil and sin by the 'invention' of mental illness, leading to an increased interest in disciplining the mad. The subsequent 'manufacture of madness' was thus presented as an arbitrary process of scapegoating in order to punish socially undesirable behavior, comparable to the witch

⁵ Porter, *Mind Forg'd Menaces*, 4-5, 78, 79, 90-91.

⁶ Porter and Micale, 'Introduction', 6-11, 12, 21, 23.

⁷ Ibidem.

hunts of an earlier age.⁸ Most influential in the long run, however, was the French philosopher Michel Foucault, and his concept of the *Classical Age*. All about Europe, from the middle of the seventeenth century onwards, he claimed, the idea of *unreason* took hold and put an end to the 'dialogue with madness' compatible with earlier concepts of reason. The new dichotomy became the ordering principle of the emergent bourgeois society with its distinctive work ethics and morality: thus essential to the *epistème* of the time, unreason implied physical as well as conceptual exclusion from the realm of society and even humanity.⁹

According to Foucault, roughly between 1650 and 1800 a *Great Confinement* was initiated, in the course of which the mad were rounded up and locked away in asylums, along with others unwilling or unable to work: as an 'undifferentiated mass', a 'population without resources',¹⁰ the unreasonable had a right to be sustained by the community only under a harsh regime of confinement and work. Lumping together the insane with other social deviants demonstrated that madness had lost its earlier distinctive meaning, and was now perceived in solely negative terms. In the course of the eighteenth century, however, the mad came to stand apart in a new way, as essentially unable to conform to the rhythm of the confinement regime relying on work as a means of 'moral reform and constraint'.¹¹ By the turn of the century, other groups had been channeled from the asylums to the labor market, and the insane were left to be 'discovered' by doctors and philanthropists, as an isolated, dehumanized residue population, conveniently institutionalized already and in need of new approaches.¹²

The revisionist movement triggered prolonged and politically charged debates about the history of psychiatry and its social function. Only in the 1990s, academic historians set out to evaluate the claims made by sociologists and (anti-)psychiatrists. Critical of the grand narratives dominating the debates until then, they reassured the need for sound empirical research, proper contextualization and self-reflection. They pointed out that much of the

⁸ Richard E. Vatz and Lee S. Weinberg, 'The Rhetorical Paradigm in Psychiatric History: Thomas Szasz and the Myth of Mental Illness', in: Roy Porter en Mark S. Micale (eds.), *Discovering the History of Psychiatry*, 311-330, 315.

⁹ Foucault, Michel, *Madness and Civilization. A History of Insanity in the Age of Reason* (1989, repr. Abingdon 2005) *passim*.

¹⁰ Foucault, *Madness and Civilization*, 45.

¹¹ *Ibid*, 56.

¹² *Ibid*, 35-60.

present-day representations of the early modern asylum still relied on simplistic and one-sided claims, even outright propaganda, of Victorian reformers. From the beginning, writing the history of the *Gothic asylum* had served a distinct function in contemporary identity politics. Its demonization had long legitimized the general authority of the scientific psychiatric discipline. The revisionists, on their part, had simply used it to beat the Whig historians with their own sticks.¹³

The revisionist preoccupation with social control and repression stemmed from objections to the psychiatric institutions and professions of their own time, and provided a decidedly anachronistic perspective for early modern times. Nowadays, cultural historians tend to regard the revisionists as a case of 'the pot calling the kettle black' for pointing their fingers at Whig opponents for their presentistic and unreflective point of view.¹⁴ Empirical research into eighteenth-century responses to insanity, unbiased by Grand Narratives, revealed neither mere neglect nor increased scapegoating or policing of the mad. The notion of a Great Confinement appeared grossly out of proportion. Where comparisons were made, informal communal coping turned out to have dominated throughout, and institutional responses gained importance in proportion only very gradually. At least, local and national differences were too marked to allow for such generalization.¹⁵ Importantly though, the revisionist controversy sparked a new interest in the eighteenth century on its own terms.

In his book *Mind Forg'd Manacles* (1987), the British historian Roy Porter provides an overview of attitudes and responses to insanity in Georgian England. He characterizes the era as an age of localism, diversity and experimentation. State initiative regarding institutional coping was virtually absent: hardly any regulation regarding poor relief and lunatic asylums was undertaken until the nineteenth century.¹⁶ Porter locates the importance of the old Bedlam asylum, long referred to as the embodiment of the Gothic asylum and its horrors, in the role it played in the imagination of the contemporaries rather than in its practical use. As the only institution of its kind in all of England, it can hardly be considered as the prime example for the general treatment of the insane.¹⁷ Instead, custodial care for the insane was conducted as a commercial trade since the late

¹³ Porter and Micale, 'Introduction', 6-11, 12, 21, 23.

¹⁴ Porter and Micale, 'Introduction', 12.

¹⁵ Porter, *Mind-Forg'd Manacles*, 110-111, 119; Houston, *Madness and Society*, 109-110.

¹⁶ Porter, *Mind-Forg'd Manacles*, 7-8, 117-119; Houston, *Madness and Society*, 107-123.

¹⁷ Porter, *Mind-Forg'd Manacles*, 121-129.

seventeenth century by private entrepreneurs of all sorts, long lacking, as Porter emphasizes, any sense of a collective mission. Nevertheless, competition for affluent customers and the close personal contact with the inmates in the small-scale asylums generated a new cohort of autodidactic empiricists with a particular kind of expertise: effective *managerial* techniques were the most consequential 'discovery' of the eighteenth century.¹⁸ Nineteenth-century discipline formation and institutionalization appears from Porter's account as mainly a quantitative change: one model came to dominate and vastly increased in scale and scope.¹⁹ Despite his recognition that during the Georgian era non-institutional responses to insanity were much more common, Porter delves into the history of the asylum in order to confute interpretations of later developments that were based on false presuppositions.

The British historian Rab Houston, on the other hand, does not take the viewpoint of psychiatry into consideration at all in *Madness and Society in Eighteenth-Century Scotland* (2000).²⁰ Taking a cultural-anthropological perspective from below, he approaches his topic from *within* society: his investigation is directed at common sense attitudes towards insanity in day-to-day encounters and family life. Houston refutes the revisionist notion of great conceptual changes regarding the perception of madness occurring in the period. Insanity was and remained to be seen as a clearly identifiable category: a pitiful human condition and a contingency of life. Contemporaries could draw on a well established set of criteria in order to distinguish madness from other forms of undesirable behavior, and their decision to define it as a problem and take action is best represented as the sincere effort at protection and care they usually claimed it was. Very tangible problems of daily life, rather than big Enlightenment ideas, prompted families to seek legal and institutional help, and their increased preference for such means is explained by changes on the supply side rather than on the demand side. By the end of the century, Houston claims, asylums had created their own demand, and custodial care was seen as 'a prize rather than a penalty'.²¹

One of the few authors sticking to a historical grand scheme in the revisionist vein is the sociologist Andrew Scull. In *The Most Solitary of Afflictions* (1993), he recognizes the findings of recent historical research by making qualifications and nuances regarding the

¹⁸ Ibid, xi-xii, 206-222, 223-224.

¹⁹ Porter, *Mind-Forg'd Manacles*, 9-18, 274-283.

²⁰ Houston, *Madness and Society*, *passim*.

²¹ Ibid, 118.

Gothic horrors of the eighteenth-century asylum.²² But overall, he reasserts the notion of a purposeful, essentially repressive trajectory of the treatment of the insane, from early modern times to the present. Once again, he presents eighteenth-century practices as a contrast and necessary precondition for modern approaches. Cruel, physical techniques of management and a dehumanizing conceptualization were the consequences of changing attitudes towards work and the poor, in the course of a massive reorganization of Western European societies: behind the alleged charitable motives of institutions accommodating the insane in this period, he discerns the actual power logic of capitalist commercialization, undermining the old paternalistic order and its notion of responsibility. The 'capture' of the insane by the modern medical profession is presented as a real break.²³

Evaluation and further literature regarding the Low Countries

Scull's interpretative frame for the eighteenth century relies too much on hindsight to be of use for my Dordrecht case study. Porter and Houston, on the other hand, do provide inspiring examples for a historicizing approach that avoids teleology and anachronism. In my own analysis, I will follow their example by making an effort to reconstruct the meaning that eighteenth-century contemporaries gave to their responses to insanity, and explore the rationale of their choices. However, this general approach obliges me to consider that Houston and Porter deal with a context that is different from the early modern Low Countries in important respects.

In contrast to the situation in Scotland or England, the highly urbanized province of Holland had a long tradition of providing institutional custodial care on the local level. A well organized system of godshuizen had been part of the urban landscape for centuries, embedded in arrangements of institutional charity provided by church and municipality on a structural basis. Since their medieval origins, custodial care for the insane had always been a task of the godshuizen. There were no comparable facilities in Scotland and England at the time, where urban almshouses and madhouses were established mostly towards the end of the eighteenth century. While Porter and Houston can thus treat institutional responses as an emerging field, only gradually taking shape during the period under consideration,

²² Scull, Andrew, *The Most Solitary of Afflictions. Madness and Society in Britain, 1700-1900* (New Haven and London 1993) 48.

²³ Ibid, 1-56.

research into the treatment of the mad in the Low Countries must consider the institutional culture already in place. Therefore, my perspective on the context of the foundation of the Dordrecht Stads Krankzinnig- en Beterhuis in 1759 will not take into account the changes occurring in other countries at the time, or relate it to the emergence of the psychiatric discipline in the nineteenth century. Instead, the specificities of urban culture and charity provisions in the early modern Low Countries will provide the point of departure.

Historians of poor relief and 'welfare before the welfare state'²⁴ have generally not investigated the treatment of the insane in particular. Instead, their work gives insight in the general attitudes towards the needy, as well as specific categories and practices, developing in the period under consideration. The perspective of power and disciplining has received much attention in this field of research as well. It is widely acknowledged that charity and welfare arrangements assumed a pedagogical character in the age of confessionalization:²⁵ contrary to earlier notions of Christian charity, entitlements were increasingly perceived as 'earned through the fulfillment of social obligations'.²⁶ In the context of demographic and economic changes, shifting attitudes regarding work, social discipline and strangers became apparent in a more pronounced distinction between the deserving and the undeserving poor. Criteria of inclusion and exclusion were incapacity, deference and proximity, though none of them was sufficient on its own.²⁷

However, important qualifications have been made regarding this 'disciplining perspective', amounting to a recent *Perspektivenwechsel* in this respect according to the historiographic survey of the German social pedagogue Johannes Richter.²⁸ Firstly, the efficacy of coercive and repressive efforts are questioned. Outdoor relief could have played only a marginal role in securing subsistence, since such support was generally not sufficient

²⁴ Dorothy Porter, 'Health care and the construction of citizenship in civil societies in the era of the Enlightenment and industrialisation', in: Ole Peter Grell, Andrew Cunningham and Robert Jütte (eds.), *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (Aldershot etc. 2002) 15-31.

²⁵ Johannes Richter, *Frühneuzeitliche Armenfürsorge als Disziplinierung. Zur sozialpädagogischen Bedeutung eines Perspektivenwechsels* (Frankfurt/Main etc. 2001) 79.

²⁶ Porter, 'Health care and the construction of citizenship'; 19; also: Spaans, Joke, 'Weduwen, wezen en vreemdelingen. Sociale Zorg en Tolerantie', in: Thimo de Nijs en Eelco Beukers (eds.), *Geschiedenis van Holland 1572 tot 1759* (Hilversum 2002) 255-286, 260, 282.

²⁷ Richter, *Frühneuzeitliche Armenfürsorge*, 44.

²⁸ Ibid, passim.

to live on.²⁹ Indoor provisions appear equally unsuccessful as a means of influencing actual behavior, since the grip of the authorities was still weak and could be resisted or evaded in many ways.³⁰ Secondly, the productive aspects of social prescriptions have received more attention. The codification of criteria for eligibility opened up spaces for agency and strategizing on the demand side, since it made institutional responses calculable. Also, prescriptions had considerable self-disciplining effects on the behavioral norms of the supply side and the upper social strata in general. Overall, disciplining efforts are now seen as producing contingent results.³¹

Marco van Leeuwen develops the notion of a *mixed economy* of welfare: institutional poor relief was only one among several responses to poverty-related problems, for groups potentially on the receiving as well as the providing side. Choices and combinations were made according to the perception of risks and benefits.³² Regarding the specific situation in the Dutch Republic, recent historical work emphasizes the importance of corporatism. Urban governments shared the responsibility for social care with churches and craft guilds, neighborhood associations and private charitable foundations.³³ Joke Spaans was the first to point out that after the Reformation, initial centralizing efforts by the worldly authorities were soon replaced by policies that delegated responsibility to the various religious denominations.³⁴ Other historians have confirmed a similar development in other Dutch cities whose poor relief organization can be described as centralized or semi-centralized by the beginning of the seventeenth century, including Dordrecht.³⁵ Municipal governments strove to enlist the urban corporations for their policies of the common good, but their

²⁹ Ibid, 83; also: Marijke Gijswijt-Hofstra, 'Dutch Approaches to Poverty and Illness between the Golden Age and the Fin de Siècle', in: Ole Peter Grell, Andrew Cunningham and Robert Jütte (eds.), *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (Aldershot etc. 2002) 259-274, 262.

³⁰ Richter, *Frühneuzeitliche Armenfürsorge*, 95-96.

³¹ Ibid, 114-115.

³² Marco van Leeuwen, 'Histories of Risk and Welfare in Europe during the 18th and 19th Centuries', in: Ole Peter Grell, Andrew Cunningham and Robert Jütte (eds.), *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (Aldershot etc. 2002) 32-66, 32.

³³ Elise van Nederveen Meerkerk, and Griet Vermeersch, 'Reforming outdoor relief', in: Manon van der Heijden et al. (eds.) *Serving the Urban Community. The Rise of Public Facilities in the Low Countries* (Amsterdam 2009) 135-154.

³⁴ Joke Spaans, *Haarlem na de Reformatie. Stedelijke cultuur en kerkelijk leven, 1577-1620* ('s Gravenhage 1989); Joke Spaans, *Armenzorg in Friesland 1500-1800. Publieke zorg en particuliere liefdadigheid in zes Friese steden: Leeuwarden, Bolsward, Franeker, Sneek, Dokkum en Harlingen* (Hilversum 1997).

³⁵ Nederveen Meerkerk and Vermeersch, 'Reforming outdoor relief', 145-147, 153.

influence only went as far as their limited financial and bureaucratic capacities allowed: through more or less conflictual processes of negotiation and compromise, thus a division of labor was achieved.³⁶

These organizational features will be addressed below, in an overview of the Dordrecht trajectory of custodial care for the insane. In the following chapters, more attention will be paid to findings regarding the content of such provisions. In this regard, the work of Joke Spaans provides valuable information regarding the continuous role of religion in institutional charity, and matters of prestige associated with particular functions, regimes and target groups.³⁷ Marijke Gijswijt-Hofstra points out the interweaving of poor relief and health care in the eighteenth century,³⁸ which has encouraged me to include literature on the development of the medical profession from this perspective.³⁹ Overall, the literature on the history of social care has served me to clarify where and how responses to insanity were distinct from responses to other urban problems.

This aspect is lacking so far in the scarce works on the history of custodial care for the mad in the Low Countries. The topic has received some attention from social historians though, from a perspective of discipline and social control and modern notions of civic rights and personal freedom. These authors concentrate on the early modern practice of *confinement on request*, applied to persons of socially disruptive behavior that was not a criminal offence. Generally, they explore the influence of the demand side of institutional responses: it was the family who defined the problem and the bottom line of tolerance, and who decided on the time and measure of intervention.

In their book *Disordered Lives* (1996), the Belgian historians Catharina Lis and Hugo Soly inquire into the origins of 'collocation' in modern psychiatry. Their comparative study of three cities in the Southern Netherlands during the eighteenth century investigates an

³⁶ Manon van der Heijden, 'Conflict and consensus. The allocation of public services in the Low Countries 1500-1800', in: Manon van der Heijden et al. (eds.) *Serving the Urban Community. The Rise of Public Facilities in the Low Countries* (Amsterdam 2009) 21-41.

³⁷ Spaans, 'Weduwen, wezen en vreemdelingen', passim; Spaans, *Armenzorg in Friesland 1500-1800*, passim; Spaans, Joke, 'Welfare Reform in Frisian Towns. Between Humanist Theory, Pious Imperatives, and Government Policy', in: Thomas Max Safley (ed.), *The Reformation of Charity. The Secular and the Religious in Early Modern Poor Relief* (Boston and Leiden 2003) 121-136, 136.

³⁸ Gijswijt-Hofstra, 'Dutch Approaches', 259.

³⁹ W.Th.M. Frijhoff, 'Non satis dignitatis ... Over de maatschappelijke status van geneeskundigen tijdens de Republiek', in: *Tijdschrift voor geschiedenis* 96 (1983) 379-406; Frank Huisman (ed.), *Gezond weer op in Groningen. Gezondheidszorg en medisch beroep 1500-1900* (Groningen 1993) passim.

accelerating increase of confinement on request in this period. Criticizing Foucault, the authors claim that not a general epistemic shift but economic and social change accounts for the development, and that initiative was taken from below. They find that informal, communal strategies of coping with troublesome family members were undermined by the dislocating social effects of increasing proletarization. Families from the lower classes thus actively turned to institutions for help when the behavior of a relative threatened their material survival, and trespassed an emotional threshold.⁴⁰ The authorities, on the other hand, merely sanctioned their decision, but they did so ever more willingly and uncritically. They were not concerned with domestic problems at all, but with a new social policy of moral improvement and forced labor, aimed at the perceived idleness and orderlessness of the lower classes.⁴¹ Since such moral shortcomings were not illegal, and lacking a strong police force anyway, 'they held the keys of the house of correction in their hands, but they could only open the doors when the families asked them to.'⁴²

Both parties were thus preoccupied with 'unruly living',⁴³ although their criteria for 'danger' and 'scandal' were different ones. Accordingly, towards the end of the *Ancien Régime*, asylums and houses of correction filled up with pauper 'lunatics', who were often sound of mind according to all witnesses: such 'wrongful confinement' was common, since neither party had an interest in objectively clarifying their condition, and insanity was accepted as a euphemism for plain bad behavior.⁴⁴ Furthermore, there was a consensus regarding the appropriateness of an internal regimen relying on fear and physical coercion, since applicants as well as policy makers were primarily concerned with punishment and deterrence. In this respect, the authors subscribe to the Foucauldian view of a Great Confinement: they maintain that 'abuses regarding the declaration of insanity, (...) the frequent use of instruments of restraint and the silencing of the "patients" (...) [were] structural features to be found in most countries in Western Europe during the age of Enlightenment', including the United Provinces.⁴⁵

⁴⁰ Catharina Lis, and Hugo Soly, *Disordered Lives. Eighteenth Century Families and their Unruly Relatives* (Cambridge 1996) 198.

⁴¹ Ibid, 132-133.

⁴² Ibid, 199.

⁴³ Ibid, 23.

⁴⁴ Ibid, 30-31, 58, 76, 89, 194.

⁴⁵ Ibid, 175.

In various publications, the Dutch social historian Pieter Spierenburg includes responses to insanity in his inquiry into the history of the penitential system. Rebuking Foucault, he argues for a gradual, long-term development rather than a sudden 'birth of the criminal prison' on the break of modernity.⁴⁶ From his long-term perspective, he regards institutions like the Dutch *dolhuysen* of the fifteenth century as 'the first prisons'.⁴⁷ Like Lis and Soly, he acknowledges that from the beginning, socially disruptive behavior prompted institutionalization, and that the authorities became increasingly concerned with disciplining work-shirkers. But he emphasizes that with 'criminalizing the undeserving poor', the entitlements of the 'deserving poor' were strengthened,⁴⁸ and charitable institutions were increasingly differentiated until the end of the eighteenth century.⁴⁹

The treatment of the mad, however, is investigated *only* in the context of penal institutions that accommodated them together with other groups of deviants.⁵⁰ Spierenburg stresses the influence of the upper social strata on the demand side of confinement on request from the seventeenth century onwards. In that period, charitable as well as penal institutions were often on public display.⁵¹ The elite, however, came to prefer a more secretive approach for their 'black sheep' that allowed them to protect their family honor: for them, first 'secret wards' were attached to the public facilities, then private prisons or *verbeterhuizen* were established and run by private entrepreneurs.⁵² The insane followed the trajectory of other deviants in this respect, insofar as their families could afford the boarding fees. The private institutions coexisted with public houses of correction that did not offer the advantages of status and secrecy, but were more affordable for the lower social strata.

According to Spierenburg, economically hard times in the second half of the century enhanced the use of confinement on request in *all* social strata: everywhere, the numbers of requests were rising, and the applicants' argumentation stressed the financial risks involved

⁴⁶ Ibid, 143

⁴⁷ Ibid, 15.

⁴⁸ Ibid, 84.

⁴⁹ Ibid, 15, 83-84.

⁵⁰ Ibid, 253.

⁵¹ Ibid, 89-91; Pieter Spierenburg, *Verbroken Betovering. Mentaliteitsgeschiedenis van preïndustrieel Europa* (Hilversum 1988) 228.

⁵² Pieter Spierenburg, *The Prison Experience. Disciplinary Institutions and Their Inmates in Early Modern Europe* (New Brunswick and London 1991) 226.

with problematic behavior.⁵³ He claims that in the *verbeterhuizen*, madness became associated with 'immorality and misconduct', and in the long run, 'unacceptable behavior of the eighteenth century was redefined partly as mental disturbance'.⁵⁴ This part of his argument serves to underpin his explanation for the elite's apparent readiness to resign the disciplinary tool of private imprisonment in the nineteenth century: 'most *beterhuizen* were gradually transformed into houses for the mad',⁵⁵ which basically served the same objectives, and had the additional advantage that 'unacceptable behavior was not only concealed but also excused'.⁵⁶

Due to his perspective of penal responses, he thus comes close to Lis and Soly's assertion of the interchangeability of insanity and bad behavior by the end of the eighteenth century. According to Spierenburg, however, the redefinition of misbehavior not only served practical purposes, but enabled a decisive conceptual shift: 'a remarkably Foucauldian argument to come from such a stern critic of Foucault', as one of his reviewers observes.⁵⁷ Spierenburg includes the Dordrecht Stads Krankzinnig- en Beterhuis in his account.⁵⁸ Since he makes no mention of the predecessors of this house, it remains to be seen how far the context of penal institutions is significant for the particular local responses to insanity in a long-term perspective.

Regarding his references to the Dordrecht case, Spierenburg relies on the unpublished thesis of his student Jannemieke Geessink. Her research provides a wealth of quantitative data, from 1734 to 1808. In certain regards, her findings support the claims of the other historians. As elsewhere, requests for confinement were increasing towards the end of eighteenth century, in Dordrecht even much more pronouncedly:⁵⁹ from 2,6 to 13 per 10.000 inhabitants, while the numbers in Paris, Leiden and Rotterdam were fluctuating

⁵³ Pieter Spierenburg, 'Financien en familie-eer. Opluiting op verzoek te Leiden, 1680-1805', in: H.A. Diederiks, D.J. Noordam and H.D. Tjalsma (eds.) *Armoede en sociale spanning. Sociaal-historische studies over Leiden in de 18de eeuw* (Hilversum 1985) 118-135, 118, 131-134.

⁵⁴ Spierenburg, *The Prison Experience*, 255.

⁵⁵ Ibid, 254.

⁵⁶ Ibid, *The Prison Experience*, 255.

⁵⁷ David Garland, 'The Prison Experience: Disciplinary Institutions and Their Inmates in Early Modern Europe by Pieter Spierenburg', in: *The Journal of Modern History*, 66 (1994) 1, 117-120.

⁵⁸ Spierenburg, *The Prison Experience*, Part Three: 'Prison and Family Discipline', 223-254, Chapter 12: 'Conclusion: Imprisonment, Mentalities and Social Change', 277-282; Pieter Spierenburg, *Zwarte Schapen. Losbollen, dronkaards en levensgenieters in achttiende-eeuwse beterhuizen* (Hilversum 1995) passim.

⁵⁹ Jannemieke Geessink, 'Confinement op verzoek in Dordrecht, 1734-1809' (Erasmus University Rotterdam 1987) 50.

between 1 and 4 in this period.⁶⁰ Indeed, this increase was due predominantly to the rising numbers of requests from the low and lower middle strata of the urban population, since partial payment and pro deo arrangements were common.⁶¹ But her research does not support any generalizing claims regarding the interchangeability of insanity and 'bad behavior'. Geessink also assumes that the label of insanity did serve as a euphemism in certain cases, but a generally arbitrary use of the categories does not seem to apply at all. Noticing that madness was more often given as a reason for the confinement of women than for men, she stresses the relevance of gender issues instead.⁶² Also, a mainly punitive purpose of confinement for all inmate categories cannot be derived from her findings. Since there is no quantifiable source material from before 1734, Geessink does not refer to the organizational changes of the Dordrecht institutions in her analysis.

The available literature thus does point to poverty, or at least materially adverse circumstances, as a major factor of importance regarding confinement on request. So far, however, this aspect has been related mainly to developments in the last decades of the eighteenth century, and to the demand side of institutionalization. A short summary of the trajectory of custodial care for the insane will therefore help to assess the added value of the perspective of *urban charity* for a long-term analysis of the supply side.

1.2. The trajectory of custodial care for the insane in Dordrecht up to 1759

Institutions

The earliest efforts of the authorities to regulate interventions on behalf of the insane on the municipal level date back to the *weeskamer* charter of the late sixteenth century, when legal guardianship was implemented for orphans as well as all 'crancksinnighe, innocenten, simple, stomme ende onmachtighe personen, niet vroet ofte bequaem ghenoeugh zijnde, heur selven of heuren goeden te regieren.'⁶³ After 1596, all Dordrecht charitable institutions were formally regulated by the urban magistrate.⁶⁴ Custodial care for the insane had been provided by numerous religious houses on the basis of Christian charity until the

⁶⁰ Ibid, 50.

⁶¹ Ibid, 133-134.

⁶² Ibid, 99.

⁶³ GAD 489, inv.nr. 21939 (1615). First printed version of the original charter of 1576: GAD 10, inv.nr. 1.

⁶⁴ GAD 489, inv.nr. 10648.

Reformation. After 1572, their property was confiscated by the municipality. In the centuries that followed, several of these institutions continued to function, all regulated by the urban government and dependent on its support to varying degrees. The tasks and target groups of the medieval houses had been diverse and overlapping, but they had operated separately from each other. By contrast, under municipal regulation, an increasing specialization and division of labor developed, and finances and administration intertwined. This general observation, in advance of my findings below, helps to explain the confusing image that emerges from the effort of mapping the trajectory of a specific group of inmates, like the insane.

Two of the medieval houses that continued to exist into the eighteenth century can be counted as direct predecessors of the Stads Krankzinnig- en Beterhuis. The *Cellebroedersklooster* had been operated by the monastic order of the Alexians since the fifteenth century. Besides the care for sufferers of contagious and epidemic diseases, the friars maintained a 'Dolhuys', also often called 'Krankzinnighuis', in the monastery. The *Leprooshuis*, possibly even dating back to 1309, had been a parish institution from the outset. The original building outside the city walls was destroyed by a fire in 1572, after which its occupants, mainly lepers, insane persons and their caretakers, moved to another location in the Vriesestraat.⁶⁵

Besides these two, some other houses had played a role in the custodial care for the mad. Far from being a hospital in the modern sense of the word, the *Gasthuis* had accommodated the mentally ill, along with other groups of the sick and destitute, on a regular basis until at least 1625. A recent historian of the house reports that in this year, most of the 55 patients were orphans or lunatics. Thereafter, the mad were more often boarded out to private households.⁶⁶ In 1633, however, all *subsidiën* for the care of the insane were stopped; instead the city council ordered the Gasthuis to make annual payments to the *Krankzinnighuis*⁶⁷ that were maintained into the eighteenth century.⁶⁸

⁶⁵ J. Alleblas, *College van Regenten van het Stads Krankzinnig- en Beterhuis, vanaf 1853 Geneeskundig Gesticht voor Krankzinnigen te Dordrecht, 1759-1898* (Dordrecht 1979) 5-7.

⁶⁶ J.L. Kool-Blokland, *Van Heilig Sacramentgasthuis tot Merwedeziekenhuis. Zeven eeuwen ziekenverzorging in Dordrecht* (Dordrecht 1995) 75.

⁶⁷ Ibid, 77.

⁶⁸ GAD 133, inv.nr. 43.

Dordrecht also had two *Heilige Geest en Pesthuizen*, originally attached to the parishes of the Grote Kerk and the Nieuwe Kerk respectively. Since their foundation in the fourteenth century, the task of these houses had always been more varied than tending the plague victims alone. After 1666, there were no more epidemics in Dordrecht, but of course, that was not foreseeable for contemporaries. Both kept distributing alms to parishioners in need on set occasion well into the eighteenth century. In addition, the house of the Nieuwe Kerk had been taking in various groups of infirm of body or mind, and had a *dolhuisje* attached.⁶⁹ The function of custodial care was gradually diminished though, and finally abandoned for all practical purposes in 1723.⁷⁰ Payments to parishioners caring for insane persons at home are also sporadically documented, though only during the sixteenth century.⁷¹

The Heilige Geest en Pesthuis ter Grote Kerk had also functioned as an orphanage from the beginning. After the Reformation, its administration was put in charge of the Cellebroedersklooster, and in 1574, the Heilige Geest en Pesthuis ter Grote Kerk in the Vriesestraat took in the occupants of the Leprooshuis that was lost in the fire. By then, the city council had already given permission for the orphanage and Pesthuis/infirmary to move out, since the building in the Vriesestraat was in a deplorable state:

Over- midts die woeninge ende erven tot allen tijden op een gemeen vloet ondervloeyt zulcx
dat men alsdan vier oft brandt int zelve huys en mach gebruycken ende dat meer es, dat de
selve woeninghe zeer remetyck es overmidts de straat die in corte jaeren seer gehoocht es
alsoe dat bedden, huysraedt, linnen ende wollen daer doer gansselicken bederft ende te nyete
gaet.⁷²

When the Heilige Geest and Pesthuis⁷³ moved to its new quarters at the Lindengracht in 1579, the Leprooshuis population was left behind. The condition of the building in the Vriesestraat, however, prompted the city council make a proposal for the erection of dolhuisjes in the new Pesthuis. But the board of administrators protested vigorously, and

⁶⁹ Alleblas, *College van Regenten*, 8.

⁷⁰ <http://www.erfgoedcentrumdiep.nl/collectie/collectie/treffers?mivast=46&miadt=46&mizig=210&miview=inv2&milang=nl&mocols=1&mires=0&micode=24#t0> (last visited August 24, 2012).

⁷¹ Alleblas, *College van Regenten*, 8.

⁷² Cited in the online introduction of GAD 133, from GAD 23 inv.nr. 595. Probably erroneously, because GAD 23 inv.nr. 595 is a source from the 18th century.

⁷³ In the following, when the *Heilige Geest en Pesthuis* is referred to, the term will always indicate the house *ter Grote Kerk*.

finally a compromise was made in 1580, according to which it resigned the Cellebroedersklooster to the municipality, in exchange for the guarantee, 'dat men dat voors. pesthuys ofte heilige geesthuis ongemolesteert van sulcx ofte diergelucke voortaeen laten sal'.⁷⁴

In 1641, the city council resolved to join the administration and the funds of the Cellebroedersklooster and the Leprooshuis. Henceforth these two formed a single institution under a single board or regents, but the two separate locations were maintained. The building in the Vriesestraat went by the name 'Leprooshuis', even though no lepers were kept there anymore in the seventeenth century.⁷⁵ In 1658, it accommodated eleven persons,⁷⁶ mostly 'Simpelen, die haar in den Dronk verloopen, en eenige quaadwillige Vrouluden', according to a later chronicler.⁷⁷ The Cellebroedersklooster had thirteen cells for the insane, and also served as a prison: it was called *Arme gevangen-en krankzinnighuis* at the time, and mainly 'luyen en kwaadwilligen' were kept there in 1677.⁷⁸ The institution was chronically short of funding. It received substantial subsidies from the other godshuizen, which in 1631 the city council resolved to 'continueren voor altijd'.⁷⁹ Still, it was feared that such additional grants would not be sufficient in the long run, and the merger in 1641 was a further step in the process of consolidating the budgets for social care. The newly combined institution remained entitled to, and dependent on, the established subsidies.⁸⁰

In addition to the existing penitential facilities, the institutional form of a prison-workhouse appears to have been a matter of consideration for the Dordrecht magistrate since the early seventeenth century. However, the realization of the project was long prevented by fundraising problems. When a public lottery was held for this purpose in 1614, the costs turned out to exceed the income, and renewed attempts in 1646 and 1662 were similarly cut short. Only in 1670, a part of the Cellebroederklooster was destined as a *Werk-en tuchtuis*. By then, the city council had given up all attempts at private donations, and took to employing the funds of the existing godshuizen instead: the *Arme Weeshuis*, the *Gasthuis*

⁷⁴ GAD 23, inv.nr. 641.

⁷⁵ Alleblas, *College van Regenten*, 7.

⁷⁶ GAD 133, inv.nr. 90.

⁷⁷ Matthijs Balen, *Beschryvinge der stad Dordrecht* (Dordrecht 1677) 189.

⁷⁸ Ibidem.

⁷⁹ GAD 3, inv.nr. 252, folio 126; GAD 150, inv.nr 1364. In 1631, the subsidies were named as f 480 from the Heilige Geest- and Pesthuis ter Grote Kerk, and f 200 from the Arme Weeshuis, the Gasthuis and the Leprooshuis respectively.

⁸⁰ GAD 9, inv.nr. 36A.

and the Heilige Geest en Pesthuis ter Grote Kerk were ordered to contribute, 'waar jegens de voorn. drie godshuysen in het toecomende wederom sullen werden geexcouseert van eenige inocente ofte andere personen te onderhouden (...), de welke voortaan alleen tot Lasten van de Diaconie sullen comen.'⁸¹

It is doubtful, however, that the Werk- en tuchtuis ever became (fully) operational. By 1677, the Dolhuys allegedly featured two cells and four rooms for male as well as female *tuchtelingen*. But there are no sources about the actual use. Only in 1682, some construction work in the old monastery was carried out, and the city council urged the regents to finally pick up the new task. But still, the *rentmeester*'s accounts continuously kept stating that ""geene personen in het voorz. tugthuis geconfineert sijn geweest."⁸² Like in other cities in Holland at that time, the prison-workhouse was supposed to address the problem of foreign vagrants and beggars imposing on the farmers of the surrounding lands and on the urban charitable institutions. Maybe, a task in the disciplining of the cities' own mischief-makers was also envisioned. In any case, the scarce references to the target population mention ""vreemde armen" (...) "lantloopers" (...) "bedelaers, vagabonden ende andere moetwillige personen".⁸³

Apparently, the Werk- en tuchtuis was not meant to replace the Cellebroedersklooster's facilities for the insane, although it was assigned to the same board of regents. It was considered however, to sell the Leprooshuis in 1670, in order to raise funds for the new institution, but the plan was not pursued any further.⁸⁴ Instead, in 1723 the opposite move was made: the Cellebroedersklooster was sold, and its occupants were transferred to the Leprooshuis without any mention of the prison-workhouse. Henceforth until 1759, there was one single house in Dordrecht that provided custodial care for the insane: the *Leproos-, arme gevangen-en krankzinnighuis* in the Vriesestraat.⁸⁵

⁸¹ GAD 3, inv.nr. 254, folio 384.

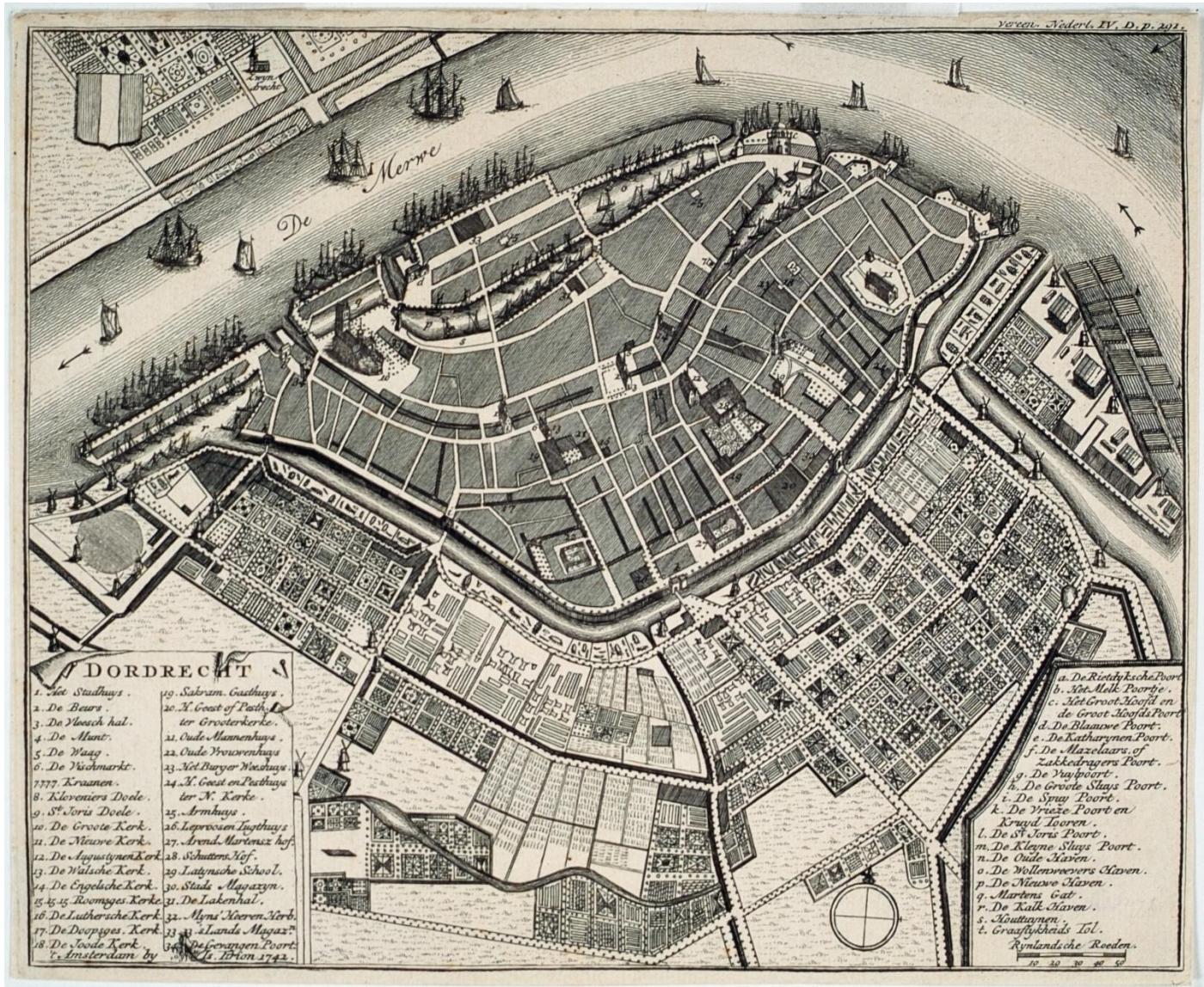
⁸² <http://www.erfgoedcentrumdiep.nl/collectie/collectie/treffers?miview=inv2&mivast=46&mizig=210&miadt=46&micode=133&milang=nl#inv3t1> (last visited August 25, 2012).

⁸³ http://www.erfgoedcentrumdiep.nl/collectie/collectie/treffers?mivast=46&miadt=46&mizig=210&miview=inv2&milang=nl&micols=1&mires=0&micode=133&mizk_alle=werk-%20en%20tuchtuis#inv3t1 (last visited August 25, 2012); GAD 3, inv.nr. 254.

⁸⁴ GAD 3, inv.nr. 254.

⁸⁵ Will be referred to simply as *Leprooshuis* in the following, where it is clear from the context that the combined institution after 1641 is meant instead of the separate locations in particular.

City map of Dordrecht, featuring the godshuizen, ca. 1742⁸⁶



⁸⁶ GAD beeldbank, inv.nr. 551_10042. Accessible online:
http://beeldbank.erfgoedcentrumdiep.nl/serveimage.cfm?file=large/1/0/551_10042.jpg

Accessibility

Only from 1734 onwards, (near-) complete records of the *Kamer Judicieel* regarding confinement on request are available in the *Oudrechterlijke Archief*.⁸⁷ For the preceding period, only sketchy evidence about the admission procedures can be obtained from the incomplete administration preserved the Leprooshuis archive. The earliest of all the surviving requests is addressed directly to the regents of the Krankzinnighuis, by a private person in 1643, who applied for the admission of his half-sister on the grounds of insanity.⁸⁸ For the period of 1682 to 1698, several *onderhandse akten* are found,⁸⁹ which resemble the *proveniers* arrangements that were common in other godshuizen of the time, stipulating that for a fixed, substantial sum of money, the Leproos- or Krankzinnighuis would provide care, board and lodging for an insane person for the rest of his or her life.

A certain degree of involvement by the municipality can be inferred though, from the occasional remark regarding the obtained 'approbatie van heeren borgemeesters ende regeerders vande voorz stad'.⁹⁰ Not all of the private agreements mention any reason why lifelong custodial was sought after.⁹¹ Others simply state the *krankzinnigheid* of the person in question, and contain a clause that in case of recovery, the subject would be discharged on the applicant's request. Voor Maeijcken Cornelisdr. such an arrangement was made, after 'nu eenigh tijd gelogeerd hebbende int voors. krancksinnigenhuijs (...), van nu af voortaan aldaer haer leven lanck (...) is mede conditie dat soo [zij] enigzins mochte komen te beteren, ten verzoike van [de suppliant] uijt het krancksinnighuijs sal worden overgebracht'.⁹² Until the early eighteenth century, none of the documents make any mention of the actual behavior that prompted confinement.

The oldest request decided on by the city law court yet found dates from 1712, and was submitted by the poor committee of the Dutch Reformed Church on behalf of Johanna Frosten, who was found to be 'dol en krancksinnigh'.⁹³ But gratis custodial care for the poor had always been a task of the godshuizen, and was officially recognized as an urban

⁸⁷ GAD 9, inv.nrs. 403 ff. On the availability and completeness of sources, see Geessink, 'Confinement op verzoek', 19-22.

⁸⁸ GAD 133, inv.nr. 86.

⁸⁹ GAD 133, inv.nrs. 96-98.

⁹⁰ GAD 133, 96.

⁹¹ GAD 133, inv.nr. 97.

⁹² GAD 133, 96.

⁹³ GAD 133, inv.nr. 102.

responsibility in the *stuck van den armen* in 1596.⁹⁴ Thus the available facilities for the mad were accessible to all social strata: where custodial care could not be paid for by relatives, it could be provided along the channels of charity. As far as we know, no private commercial madhouses or *verbeterhuizen* were ever operational in Dordrecht.

The known numbers suggest that custodial care for the insane was made little use of well into the eighteenth century. The Cellebroederklooster was reported in 1677 to have thirteen cells for the mad. For the Leprooshuis, altogether eleven inmates were mentioned in 1658, and the scheme to close the house in 1670 described it as 'van geen ofte weijnich gebruijck meer sijnde'.⁹⁵ The combined Leproos-, arme gevangen-en krankzinnighuis supported approximately thirty inmates per annum in the years before 1759. Considering the fact that the city had a population of just above eighteen thousand,⁹⁶ it is safe to assume that the problem of insanity was mostly dealt with in the communal or family setting.

Material support for such outdoor arrangements could be obtained on the grounds of charity as well. Poor relief for those unable to provide for themselves, as a principle, was reserved for members of the own community.⁹⁷ After 1615, the various religious denominations were required to take care of their respective members. Among these, the dominant 'official' Dutch Reformed Church was the only one to be actively supported by the city magistrate. Its poor committee, the *Diaconie*, served as the semi-centralized executive organ of urban poor relief: it received the revenues of indirect taxes raised on behalf of the poor, and was required to subsidize the other denominations on the request of the urban government when necessary.⁹⁸ The Diaconie statutes of 1615 regulated provisions for the needy in their own homes, the so-called *huiszittende armen*. Furthermore, a certain division of labor with the godshuizen was prescribed:

Ende alsoo billijck is (...) dat elck Godts-Huys ende Collegie sijne bysondere Lasten drage, sullen de voorzeyde Diakonen soo weynigh als doenlijck is, bemoeyen met kinderen die Vaderloos ende Moederloos zyn, ende (...) met Dulle ende Sinneloose Persoonen, maar sullen al-sulcke haar hebben te adresseren aan de respective Godts-Huysen deser Stede, alwaar men een

⁹⁴ GAD 489, inv.nr. 10648.

⁹⁵ GAD 3, inv.nr. 254, folio 348.

⁹⁶ Hubert Nusteling, 'De bevolking: van raadsels naar oplossingen', in: Willem Frijhoff, Hubert Nusteling and Marijke Spies (eds.), *Geschiedenis van Dordrecht van 1572 tot 1813* (Hilversum 1998) 72-108,78. Dordrecht had approximately 18.270 inhabitants in 1622, 18.100 in 1731, 18.014 in 1795.

⁹⁷ GAD 489, inv.nr. 10568.

⁹⁸ GAD 150, inv.nr 1364, 30.

vegelyck met kennisse van saken naar gelegenheyt sal ontfangen, hulpe ende by-standt doen na uyt-wisen der Fundatien, Ordonnantien, ende Instructien van den selven Huyzen.⁹⁹

But the respective responsibilities of the Diaconie and the godshuizen were not that clearly delineated. There is some evidence that besides custodial care, the godshuizen also provided support to families of the mentally ill at home. The Gasthuis did so, at least between 1625 and 1633. In the Leprooshuis archive, documents for six cases of such allowances in the period between 1631 and 1651 are preserved.¹⁰⁰ But fundraising efforts for the prison-workhouse had been pursued by economizing on the support for the mentally ill by the godshuizen: in 1670, the magistrate had contemplated selling the Leprooshuis for this purpose, and issued an explicit resolution to the effect 'dat het onderhout van innocentie ende andere personen in het toekomende sal moeten komen tot laste van de Diaconie, ende de Godshuysen daarvan werden ontheven'.¹⁰¹

There are hints though, that the Leprooshuis continued its practice of external support in some cases at least: in a 1714 request for custodial care, the applicants account that they have been receiving annual grants from the Leprooshuis board for 22 years yet, for the maintenance of their insane brother Abram van Pieterson. But due to his increasingly violent and dangerous behavior, they now felt there was no alternative for confinement anymore.¹⁰² However, there is no trace in the archive of the mentioned allotments of payments and raises; so very possibly, many more such arrangements were made, and continued after 1670. It could be presumed that the term *innocente personen* in the 1670 decree denoted only the harmless and quiet insane, but the very aforementioned Abram van Pieterson was described as *innocent* and violently dangerous in the same breath. At the very least, the prescriptions left room for interpretation in the eyes of the contemporaries.

It appears that in practice, the distinction between outdoor support on the one hand and custodial care on the other had long been a matter of location rather than of financial responsibility. It was not unusual for the Diaconie to pay for custodial care in the godshuizen for their clients: of the eleven inmates of the Leprooshuis in 1658, eight were accommodated at the expense of the Diaconie, and only three at the cost of the house.¹⁰³

⁹⁹ GAD 489, inv.nr. 10568, article 15.

¹⁰⁰ GAD 133, inv.nrs. 121-126.

¹⁰¹ GAD 3, inv.nr. 68, folio 73r-75r; GAD 27, inv.nr. 507.

¹⁰² GAD 133, inv.nr. 103.

¹⁰³ GAD 133, inv.nr. 90.

But the 1670 directive was perceived to entail a realignment of the customary practices that shifted financial responsibility from the godshuizen to the Diaconie. In the following, prolonged conflicts arose between the board of the Leprooshuis and the diaconate regarding custodial care for the insane: the former invoked the 1670 resolution and the latter the Diaconie directions of 1615, in order to shove off the costs.¹⁰⁴ The ongoing quarrels busied the municipal law court, until it complained 'dagelyks [te] werden opgehouden met questien ende geschillen ontstaande tusschen de heeren vaders ende regenten van het Dol, ende Leprooshuys ter eenren ende die van de Diaconie van den Huysarmen ter andere syde'. Thus in 1703 it finally felt obliged to clarify the rules by resolving

dat in het toekomende *bij het Dul- ofte Leprooshuys* soude behooren te werden onderhouden alle arme, dolle, kranksinnige ofte sinneloose personen die haar soodanig aenstellen ende gedragen dat haar selven ofte haeren evennaasten komen te quetsen, slaan ofte op andere maniere benaedeelen ofte het selve met redenen gevreest wert, soo dat in den borgerlyken omgange niet sonder perykel kunnen blyven ende daerom een strickte of minder strickte opluytinge van nooden hebben; dat daarjegens *bij de Diaconie* behoorde te werden versorgt alle onnosele en sinneloose personen die alleen maar opsigt behoeven dat haar eigen selver geen ongeluck mogen toebrengen, ende derhalven geen sluytinge van nooden hebben ende in een borgers huys kunnen werden gealimenteert.¹⁰⁵

Here, it is made clear that the urban authorities were indeed concerned with a distinction between the harmless and the dangerous mad, as assumed earlier on. But cautiously, it seems, the 1703 resolution codified the dividing line between indoor and outdoor support in terms of location rather than finances again. It is likely that the urban government envisioned a global division of costs along these lines, while at the same time it wished to keep the option of ad hoc allocation of funds according to its own interests. The plans for a prison-workhouse in 1670 had been such an instance: at the time, the city council had been concerned with enlisting the financial support of the godshuizen for its concern with disciplining work shirkers and vagrants. Generally, however, regarding the insane, it was more interested in controlling the barriers to indoor arrangements than in shifting the costs of pro deo provisions: custodial care was much more costly, and the urban government had

¹⁰⁴ GAD 3, inv.nr. 68, folio 73r-75r.

¹⁰⁵ Ibidem. Emphasis added.

assumed the final responsibility for all welfare provisions, Diaconie as well as godshuizen, anyway since 1596.¹⁰⁶

My assumption that the financial division of labor was *deliberately* kept vague, in order to maintain the city council's regulating scope of maneuver, would explain the seemingly inconsistent policies and arbitrary decisions in the following decades: some request were acquitted for the confinement of 'dangerous madmen' in the Leproos- or Krankzinnighuis on expenses of the Diaconie,¹⁰⁷ while on the other hand, the Leprooshuis' allowances seem to have continued. After 1703, all the preserved requests for custodial care in the Leprooshuis and Diaconie archives referred to violent and/or dangerous behavior. Since no documentation about the 'paying guests' in the Leproos- or Krankzinnighuis is available for the period between 1703 and 1743, it is impossible to establish whether the criterion of danger was only applied to pro deo arrangements or not.

1.3. Evaluation

Thus, in Dordrecht, institutionalizing the mad had always been an option throughout the sixteenth and seventeenth centuries: facilities and a legal framework were traditionally in place. But apparently, it was not a very common response, and under municipal regulation custodial care had become more exclusive over time. The city council's financial policies enhanced the specialization of the charitable institutions in certain target groups, and reserved the option to allocate resources according its own concerns. During the seventeenth century, the houses accommodating the mad had acquired additional tasks as penal institutions. However, the very combination of charitable and policing tasks tended to *diminish* the authorities' interest in custodial care for the insane, not to enhance it.

Institutional responses to insanity remained to be perceived and provided as a task of charity, but among these, outdoor provisions were increasingly prioritized: the Leproos- and Krankzinnighuis remained open *only* those who were a danger to their caretakers and the community at large, at least as far as pro deo arrangements were concerned. 'Danger' was introduced as a criterion to keep the majority of the 'harmless' insane out of the costly custodial institutions, which is a very different rationale than the supposed redefinition of madness as dangerous as suggested in many revisionist accounts. The Dordrecht trajectory

¹⁰⁶ GAD 489, inv.nrs. 10648, 10568.

¹⁰⁷ GAD 27, inv.nrs. 519, 524, 551.

from the mid seventeenth century onwards was characterized by a movement rather contrary to the development supposed by Foucault's Great Confinement. Neither an exclusion from the realm of society and humanity can be discerned, nor efforts to put the mad to work, or any undifferentiated alarm about unreason.

Undeniably, however, some changes occurred in the further course of the eighteenth century. In 1759, the decision was made to abolish the Leprooshuis, and a considerable financial and organizational effort was undertaken for a new institutional form to take its place: a combined 'urban madhouse and house of correction', the Stads Krankzinnig- en Beterhuis, was established in building of the Heilige Geest en Pesthuis, which was also dissolved in the process. The new facility then kept growing in size, until by the end of the century custodial care was provided for more than a hundred inmates, on request of families or the Diaconie. These developments will be addressed Chapter Three.

Towards a perspective

Overall, neither the Whig interpretation nor the revisionist perspective appear to provide an appropriate frame of reference for my case study. The Dordrecht developments surely do not support the claim that the mad were perceived as an indistinct part of a grey mass of urban problems. Instead of conceptual indifference or merely punitive objectives, the local responses reveal a clear sense of the considerable practical problems resulting from insanity. The earliest sources demonstrating that the municipal government assumed responsibility for the insane, are the regulations for legal guardianship and urban poor relief issued around 1600: the problem was defined principally through the inability to earn a livelihood and the lack of accountability. The entitlement to collective assistance was explicated in terms of care and support. These principles were maintained through the centuries to come, consistently and unequivocally acknowledged by all institutions involved, if only by saying that the costs were someone else's responsibility. Behind all conflicts involved with the specific division of labor, a continuous, common sense regarding the problem is thus implied, much like Houston and Porter have suggested based on their findings in England and Scotland.

In Dordrecht, problems regarding wellbeing and safety were defined in the negotiation process of the respective institutions. In general, risks for the insane themselves were to be addressed by outdoor provisions, peril for others and the community at large

through indoor arrangements. The distinction was primarily one of location, and secondarily one of financial responsibility. Custodial care in the asylum was more expensive, and it was made more exclusive over time when means were scarce and priorities were to be set. Thus it was constructed as a last resort by supply side policies, by making acute 'danger' the prime criterion for admission. It was along this trajectory that custodial care for the insane came to signify *stricte of minder stricte opsluytinge*. Generally therefore, it is implausible and even misleading to prioritize the perspective of penal objectives and institutions over charitable motives and welfare provisions in the specific case of Dordrecht.

Instead, policies regarding custodial care for the insane will be treated in the context of a *system* of charitable institutions for collective social intervention, among them the godshuizen, which can be approached as a proper *field* in the sense of the French sociologist Pierre Bourdieu.¹⁰⁸ Urban charity was organized according to official as well as implicit rules, by groups and interests defined by the respective positions in the field. This perspective, I believe, is flexible enough to investigate the various aspects taken as significant in the existing literature on eighteenth-century asylums. But at the same time, it will allow to relate them to the contemporary frame of reference, and to assess their relative importance for the contingent, local development.

The concept of a *mixed charitable economy* will serve to investigate the policy makers' room of maneuver in conceptualizing problems and appropriate solutions regarding the insane. In my Dordrecht case study, it will be used to highlight aspects of interrelation between indoor and outdoor provisions, and within the asylum system. It is well suited to complement Bourdieu's notion of a specific *economy* that defines the functioning of a field and prescribes 'sensible practices'.¹⁰⁹ The means of exchange are conceptualized by Bourdieu to involve different forms of *capitals*: economic (in the form of money and goods), social (relations and networks), cultural (valued abilities, skills and knowledge), and crucially, symbolic capital (legitimacy and prestige).¹¹⁰ In the following, the Dordrecht asylum economy will be shown to have involved an exchange and investment of capitals by all participants, resulting in their specific entitlements within the cultural context of the time.

¹⁰⁸ Pierre Bourdieu, *The Theory of Practice* (Cambridge 1990).

¹⁰⁹ Ibid, 66.

¹¹⁰ Richard Jenkins, *Pierre Bourdieu* (London etc. 1992) *passim*.

Chapter Two - Historical Frame of Reference and Ordering Principles

According to Eric Palmen, a Dutch social historian of the eighteenth century, the history of welfare 'deserves a central place in historiography, because its organization and motivation tell us what we, as a society, stand for.'¹¹¹ In early modern Dordrecht, the field of urban welfare arrangements was clearly given shape as a tightly knit system of institutions regulated by the local authorities. The rationale if its organization in place by 1759, however, needs to be analyzed more closely. How exactly did the policies tell the members of the early modern Dordrecht community who they were and what they stood for? Which ideas of 'sensible practice' developed for the management of custodial care? Which categories were formed in the process, regarding the proper objectives, policies and target groups of institutional welfare, and how did the insane fit in?

2.1. The organic metaphor and household symbolics

Spierenburg points out that the characteristics of role assignment provide insight into the contemporary perception of an institution.¹¹² In particular, he analyzes the regime of the early modern prison-workhouse as regulated according to the model of the preindustrial family household.¹¹³ Consistent with seventeenth- and eighteenth-century perceptions of the family as a social unit based on hierarchy and paternal authority, the management structures stressed values of subordination and obedience. This idea accounts for the paternalistic terminology of 'fathers' and 'mothers',¹¹⁴ and the specific role allocation regarding personnel and internees. According to Spierenburg, the construction of a 'family illusion'¹¹⁵ was a typical feature of the elite's dealing with subordinate strata, since such terminology and structures were not applied in private prisons for the more privileged groups.¹¹⁶

¹¹¹ Eric Palmen, 'Sociale zekerheid en armenzorg', in: Willem Frijhoff, Hubert Nusteling and Marijke Spies (eds.), *Geschiedenis van Dordrecht van 1572 tot 1813* (Hilversum 1998) 234-251, 234. My translation.

¹¹² Spierenburg, *The Prison Experience*, 105.

¹¹³ Ibid, 100-115.

¹¹⁴ Ibid, 110.

¹¹⁵ Ibid, 106.

¹¹⁶ Ibid, 239.

The Dordrecht asylum regulations and instructions illustrate that the family (household) model was no characteristic of penal regimes, but a common feature all charitable institutions by the beginning of the eighteenth century. Members of the boards of regents were referred to as *Heren Vaders* and *Vrouwen Moeders*, and the daily supervision was assigned to the live-in *binnenvader* and -*moeder*. Spierenburg maintains that the prison-workhouse inmates were equated not to children, but rather to journeymen, in a household conceptualization that hardly distinguished between living and working space.¹¹⁷ In Dordrecht, however, neither such association with work is found, nor an unequivocal limitation to dealings with the lower classes. Instead, the paternalistic terminology was used in a broader sense. The weeskamer regulations for the assignment of legal guardianship refer to

alle personen, tsy Mans, Vrouwen ende Ghesellen ofte Dochters wesende boven haer vijf
ende twintigh Jaren, die by kennisse van die van den Gherechte der voorsz. Stede, ende ten
versoecke van de vrienden, ende andersints, ter saecke van heur ongheschickt ende
onghereghelt leven, ende onnuttelijck doorslaen, ofte doorbrenghen, van heure goeden
gheinterdiceert is d'administratie van de selve heure goeden ende *stadts-kint* ghemaect
zijn.¹¹⁸

This connection not with social status, but with social *incapacity* points to a paternalistic frame of reference for the conceptualization of power relations in general. Indeed, the corporatist order was represented as a 'natural given', according to which collective 'bodies' as well as individuals were perceived to function. In Dordrecht, the idea of the human body itself as a family household, and its political connotations, was eloquently set forth by Johan van Beverwijck. The seventeenth-century physician belonged to the urban social and political elite, thanks to both his academic status and family relations.¹¹⁹ In his capacity as a 'city doctor', he was responsible for medical assistance in the local godshuizen, and the Gasthuis in particular. His scholarly work was reprinted many times and held in high esteem far into/throughout the eighteenth century.¹²⁰ It also appears in a library inventory

¹¹⁷ Ibid, 111.

¹¹⁸ GAD 489, inv.nr. 21939. Emphasis added.

¹¹⁹ Eric Palmen, 'De politieke elite', in: Willem Frijhoff, Hubert Nusteling and Marijke Spies (eds.), *Geschiedenis van Dordrecht van 1572 tot 1813* (Hilversum 1998) 211-220, 220.

¹²⁰ Cees Esseboom, 'Gezondheidszorg', in: Willem Frijhoff, Hubert Nusteling and Marijke Spies (eds.), *Geschiedenis van Dordrecht van 1572 tot 1813* (Hilversum 1998) 211-220, 260-261.

of the Repelaers,¹²¹ a patrician family whose members were active in the boards of regents of all the godshuizen accommodating the insane in the period of my research.¹²² Not a scientific medical work in the modern sense, his book *Schat der ongesontheyt* connects moral lessons from the Bible and Classical Antiquity to human anatomy/physiology: 'Uit de Ont-leadinge ende het gebruyck van alle de Leden, sien wy dat de Nature de selvige in ons lichaem geplant heeft.'¹²³ Arguing for the conceptual interchangeability of bodily and political organization, van Beverwijck proceeds:

Ick sal (...) aenwijsen dat de POLITYK selver in de Onleadinge te leeren is, ende dat uyt het Onderlingh Ampt van de Voornaemste ende Dienstbare Leden men sien kan, hoe Princen ende Magistraten behooren te regeren, ende hoe de Ondersaten moeten gehoorsamen. Uit de Herssenen aenmercken de Overheden, hoe sy 't volck recht moeten wijsen: uyt het Herte, hoe sy 't leven ende wel-varen van de Borgers moeten bewaeren: uyt de Lever, hoe sy de Stadt ofte 't Land van alle nootdruft moeten versien. Want de herssenen in't opperste van't Lichaem als in een Koninghs-stoel verheven zijnde, doen recht, ende verdeelen de Amtten in alle billickheydt uyt, aen het Werktuygh der Sinne. Het Hert, als een Koningh, beschermt met sijn leevendige waermte het Leven. De Lever voedt, gelick aen een mildt Prins, op sijn eyge kosten het *huysgesin van't gantsche Lichaem*. Nu't gemeen volck zal oock lichtelick de wetten van onderdanigheyt uyt het dienende Werktuygh kunnen afnemen.¹²⁴

Importantly thus, power and the imperative for charity is put in the context of hierarchically ordered, but essentially reciprocal relations, in which obedience of both the higher and the lower faculties to a natural order of things ensures the healthy functioning of the whole:

Elck Lidt leeft wel in sijn beroep, beschadight geen ander, ende geeft elck het sijne (...) Ende indiender maer een van sijn ampt op en houdt, soo valt terstont al den hoop in duygen. (...) Want de Leden hebben allegader malkander van doen, ende het eene kan het ander in't minste niet ontberen. Even-eens gaet het in een Gemeene Sake, daer de meerder de minder, ende de minder de meerder de hant moet bieden. (...) zullen wy dan oock malkanderen de hant niet bieden, *dewijl wy allegader Leden van een Lichaem zijn?*¹²⁵

¹²¹ GAD 150, inv.nr. 1416, p.17.

¹²² Online lists of regents are available as appendix to the inventory descriptions of GAD 22 and GAD 133, based on GAD 489, inv.nr. 62324.

¹²³ Johan van Beverwijk, *Schat der Ongesontheyt ofte Genees-konste vande Sieckten* (Dordrecht 1644) 281.

¹²⁴ Ibidem, 281. Emphasis added.

¹²⁵ Ibid, 282-284. Emphasis added.

Symbolic structures of practice

The organic analogy can be seen as the frame of reference in the superordinated "field of power" (politics) at the time, which following Bourdieu "is the source of hierarchical power relations which structure the other fields."¹²⁶

Prescriptions of course were actively made, and did not automatically flow from an impersonal idea. Bourdieu himself sought to avoid the pitfall of determinism with his concept of the *habitus*. It is applied to describe the internalized 'rules of the game' according to which a field is functioning. Socially constructed and transmitted, but individually appropriated and enacted, the habitus is thus taken to produce as much as reflect lived reality. Functioning as a frame of reference, it allows improvisation and strategizing according to a conception of the world that is perceived as 'given' and 'natural'. It allows different groups and individuals enrolled in a field to assess their own position and act accordingly. Not necessarily, however, by simply conforming to and implementing prevailing norms: rather, the habitus enables sharing in social meaning, thus framing reflection and agency rather than determining individual and collective perception and behavior.¹²⁷

Such an understanding serves to counter much of the criticism that Foucault's epistemic 'archeology of thought'¹²⁸ has met: among historians, his deductive, idealistic approach in the *History of Madness* is mostly seen as deterministic.¹²⁹ Advocates of Foucauldian theory, as Gary Gutting, maintain that he never envisioned any 'simple correspondence between a general structure of thought and specific beliefs and actions.'¹³⁰ However, Bourdieu's concept of the habitus is better suited to investigate the actual relationship in an empirical way. For the Dordrecht case study, the habitual framework of an 'organic household order' provides an insightful perspective for interpreting the regulation of welfare provisions on different levels: regarding the wider urban community, the asylum system, and the internal regimen of the respective houses. The asylum as such can be seen as a symbol and embodiment of collective identity; regulated to function as a display of the well ordered household, according to the 'natural' hierarchical order.

¹²⁶ Jenkins, *Pierre Bourdieu*, 86.

¹²⁷ Bourdieu, *The Theory of Practice*, 52-65.

¹²⁸ Gary Gutting, *Foucault. A Very Short Introduction* (Oxford 2005) 32-33.

¹²⁹ Houston, *Madness and Society*, 12.

¹³⁰ Gutting, *Foucault*, 40.

2.2. Policies of the charitable economy

The distribution and legitimacy of power

Without questioning genuine feelings of compassion and moral obligation, specific incentives for collective action and motivations of policy making can be addressed. The Dordrecht asylum system was closely related to the central field of political power: the urban magistrate and especially the city council, i.e. *Oudraad*, which combined legislative and executive power on the municipal level, including welfare provisions. The asylums' boards of regents were inaugurated by and directly accountable to the *Oudraad*; regulations and instructions were negotiated in close cooperation. The boards were carefully constructed to reflect the 'higher faculties' of the community: according to a decree from 1672 that was confirmed on several occasions eighteenth century, the board members were to be recruited for 50% from (former) members of the city council itself and for 50% from the 'most notable' citizenry.¹³¹

Each godshuis, except for the Leprooshuis and Cellebroedersklooster, featured two boards, consisting respectively of male and female regents. The latter were wives or widows, sometimes sisters or daughters of the above groups, to the same percentages. A system of cooptation ensured that the proportions were maintained, and resulted in a relatively small number of prominent families being represented. Very often, positions in different institutions were combined, and eventually passed on to younger family members who continued the practice.¹³² The Dordrecht patriciate, from which high public officeholders were recruited, was characterized by an aristocratic life style and a high degree intermarriage. Of these families, 26% were enrolled in economical activities, most commonly as traders or producers of broadcloth, wood, grain, wine or beer. The highest strata were able to purchase *heerlijkheden*, i.e. administrative and judicial entitlements in the surrounding lands entailing considerable privileges and revenues.¹³³

¹³¹ GAD 3, inv.nr. 254, folio 539; GAD 134, inv.nr 8, p. 24-28; GAD 18, inv.nr. 15 (including an extract from resolutions of the *Oudraad* of 1787).

¹³² Palmen, 'De politieke elite', 211-220; lists of board members can also be found and compared in the inventory descriptions of the archives of the respective houses, on the website of the Dordrecht Municipal Archive: <http://www.erfgoedcentrumdiep.nl/collectie/collectie> (last visited August 24, 2012).

¹³³ Palmen, 'De politieke elite', 218-220.

Asylum board membership, however, was a honorary, unsalaried task. But at least in the case of the Gasthuis, the regents did maintain business relations with the asylums under their charge. It is doubtful though, that this practice was as unproblematic and widely accepted 'well into the nineteenth century', as Kool-Blokland, historian of this house, claims it was.¹³⁴ A 1679 resolution of the Oudraad expressly forbade such profitable arrangements, making an exception only for the supply of beer.¹³⁵ Apparently, this was a concession to some of the most prominent regent families, i.e. Van Santheuvel, Repelaer and Onderwater, as the established owners of breweries.¹³⁶ However, the exception is only found in a single asylum instruction¹³⁷ and the Heilige Geest en Pesthuis regulation stipulated that provisions were to be purchased, where

de beste in deught ende minst in prijs te becomen zijn. (...) De heren vaders en vrouwen moeders zullen ieder op hare commissie trachten de ware op het profijtelijcx in te kopen, ten minsten ten overstaan van drie vaders ofte drie moeders ende vermogen selfs geen leverantie te hebben omme geen quaad nadenken aan iemand te geven.¹³⁸

Still, board membership clearly enhanced other forms of capital advantageous to an elite standard of living. 'Social capital' consisted in useful contacts to be made and maintained, in the form of patronage, assigning contracts and employment. Furthermore, especially for those aspiring to high public offices, the cooperation with senior members of the city council could prove valuable in their later careers. For young members of the elite, and for families from the sub-top, the function offered the opportunity to gather 'legitimate knowledge', or 'cultural capital': administrative experience and the manners appropriate to their elevated position was likely to enhance further upward social mobility.¹³⁹ Running a well ordered public household entailed responsibility for the management of funds and provisions, real estate and staff, which can be regarded as an exercise in business and political acumen and leadership qualities. More important than economic gain, however, the function generated 'symbolic capital'. The regulations were clearly concerned with public opinion, self scrutiny and self discipline regarding 'honorary' motives and conduct. Thus the

¹³⁴ Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 71.

¹³⁵ GAD 9, inv.nr. 36A.

¹³⁶ Palmen, 'De politieke elite', 219.

¹³⁷ GAD 134, inv.nr. 8, p. 25-28, article IX.

¹³⁸ GAD 23, inv.nr. 6.

¹³⁹ Van Leeuwen, 'Histories of Risk and Welfare', 37; Palmen, 'De politieke elite', 211-220; Palmen, 'Sociale zekerheid en armenzorg', 243-251.

charitable character of the function legitimized 'demands for recognition, deference, obedience, or the services of others'.¹⁴⁰ These demands were explicated in the instructions for the internal asylum regimen, as I will demonstrate below, but they were symbolically transferred to the elites' position in the wider urban community.

Indoor and outdoor provisions

Throughout the seventeenth and eighteenth centuries, the Dordrecht asylums were embedded in the wider organizational structure of urban poor relief. The allocation of financial means required prioritizing, and budgetary concerns contributed to the respective division of labor and conflicts between outdoor and indoor arrangements, and the different asylums. The diaconate of the Dutch Reformed Church was interwoven with the municipal elite to a way lesser degree than the asylum boards. Looking at the family names of the deacons, there is hardly any overlap.¹⁴¹ The office could also be a stepping stone towards higher functions, but it was considerably more work-intensive, and less prestigious:¹⁴² the deacons could hardly distinguish themselves as the 'heads of household' of a well ordered microcosm like the asylum regents. Provisions for the huiszittende armen were supplied as subsidiary support consisting of bread, fuel, clothes and money. Medical assistance was paid for on prescription by the Diaconie- or city doctors.¹⁴³ Financially, the committee operated mainly on parochial funds and collections, and structural allotments from the urban treasury.¹⁴⁴

The Dordrecht asylums functioned as quasi-independent urban facilities; their own funds were drawn from bonds and obligations, and from the lease of land, which together formed the trusts belonging to the respective houses. Where possible, additional sources of income, as legacies and gifts, were supplemented by boarding fees and other contributions of the inmates' families. Financial support from the municipality was provided to fill up deficits in the budget.¹⁴⁵

¹⁴⁰Citation: David Swartz, 'Bridging the Study of Culture and Religion: Pierre Bourdieu's Political Economy of Symbolic Power' in: *Sociology of Religion* (1996) 57 (1), 71-85, 77.

¹⁴¹ GAD 489, inv.nr. 62324.

¹⁴² Spaans, 'Weduwen, wezen en vreemdelingen', 260-261.

¹⁴³ Palmen, 'Sociale zekerheid en armenzorg', 237-238; GAD 134, inv.nr. 8, p. 194-205.

¹⁴⁴ Palmen, 'Sociale zekerheid en armenzorg', 236.

¹⁴⁵ Ibid, 234-239.

Contrary to other major Holland cities, the seventeenth century was no 'Golden Age' for Dordrecht: the urban administration struggled with financial problems that became ever more urgent.¹⁴⁶ In the first half of the century, sharply rising prices, especially of grain, posed a double problem for the poor relief arrangements: while more people were applying for charity, provisions were more expensive to supply.¹⁴⁷ In the magistrate's efforts to raise funds on behalf of the Diaconie and asylums, a marked shift can be discerned from this time on. Indirect taxes, public collections and lotteries were already established sources of income for this purpose. However, the deployment of these means became more extensive, and increasingly came to burden the higher socio-economic strata. First, the duty on peat was raised, and the customary apprenticeship fees paid to the crafts guilds for the Arme Weeshuis orphans were abolished. Tax increases for the sale of real estate followed.¹⁴⁸ In 1699, additional levies on the corn trade and funeral processions were charged for the benefit of charity, as well as inauguration fees for public offices. Payments for wedding ceremonies and privileged seats in church became to be allocated exclusively to the Diaconie.¹⁴⁹ Among the general price policies or *duurtemaatregelen* was a ban on exporting grain, brewing beer and distilling brandy that impaired the businesses of the local elite.¹⁵⁰ In the 'charitable economy' thus, an increasing emphasis on the responsibility of the higher faculties of the urban organism can be discerned.

Importantly, a leading social position enabled and required the *re-investment* of capitals. Of course, financial means were to be generated. But importantly, fundraising involved stimulating the elite's peer- and clientele networks, which required the utilization of social, cultural and symbolic capital. An Oudraad directive of 1698, for example, urgently called on the city's notaries to prompt testators to bequeath part of their fortunes to the poor.¹⁵¹ Generally, taxes were shifted from means of subsistence to luxury goods and elite status symbols. (Non)contribution was thus constructed as a matter of honor and shame, visible to all members of the community. The strong habitual emphasis on *reciprocal*

¹⁴⁶ Nusteling, 'De bevolking', 83-85; Hubert Nusteling, 'De stadsfinanciën: maatstaf van welvaart', in: Willem Frijhoff, Hubert Nusteling and Marijke Spies (eds.), *Geschiedenis van Dordrecht van 1572 tot 1813* (Hilversum 1998) 72-108, 129.

¹⁴⁷ Palmen, 'Sociale zekerheid en armenzorg', 238-239.

¹⁴⁸ Idem, 236, 239.

¹⁴⁹ Idem, 236.

¹⁵⁰ Idem, 240.

¹⁵¹ GAD 150, inv.nr 3164, p. 19.

relationships leads one to suspect that along with the investments of the higher faculties, their expectations of return, in terms of symbolic capital, were also on the rise. Pressing financial concerns did affect the provisions of custodial care for the insane, as shown in Chapter One. But more than an indiscriminate economizing effort, changes appear to have been a matter of *prioritizing*, as the following section will explore in more detail.

2.3. Management and regimes

Buildings and staff

Reducing the visible effects of poverty and incapacity obviously reflected positively on the ordering faculties of the social body. This does not mean, however, that institutional arrangements were meant to remove or isolate the inmates from the community. Under the assumption that the asylum household was constructed as a symbolic representation of the whole community, its exemplary function comes to the fore. To begin with, the Dordrecht godshuizen were far from hidden from the eye of the public. Much to the contrary: situated within the city walls and in close proximity to their neighbors, they were highly visible in the urban landscape. The houses were integrated in the local economy as a source of employment and an outlet for goods and services, and usually open to relatives, friends and other visitors. Although no evidence for outright 'sightseeing' is found,¹⁵² the outward appearance as well as the interior were thus on public display to a considerable extent. During the seventeenth and eighteenth centuries, the Dordrecht asylum system was increasingly modified to function as a status symbol for the 'higher faculties' of the municipality. Certain houses and target groups, however, appear to have been prioritized.

The original architecture of the medieval monasteries, in which many godshuizen resided, was unpretentious, representing the orders' modesty and retreat from the world. In 1616 though, the entrance and facade of the Gasthuis was converted to a stately portal with ornaments and inscriptions.¹⁵³ The board assembly rooms featured fine mural paintings, and framed portraits of the regents in representative poses.¹⁵⁴ After 1668, the chamber for the

¹⁵²http://www.erfgoedcentrumdiep.nl/collectie/collectie/treffers?mivast=46&miadt=46&mizig=210&miview=inv2&milang=nl&micols=1&mires=0&micode=22&mizk_alle=inleiding (last visited August 24, 2012).

¹⁵³ Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 58.

¹⁵⁴ Idem, 70; for more examples and illustrations, also see: Palmen, 'Sociale zekerheid en armenzorg', 236, 239, 242, 246.

female board was decorated with gilded furniture, mirrors and crystal, and windows featuring the coats of arms of the regent families.¹⁵⁵ The Heilige Geest en Pesthuis ter Grote Kerk acquired paintings of renowned artists, among them a commissioned portrait from around 1738 depicting a female regent with an orphan child in poses referring to classical and biblical motives.¹⁵⁶ The Cellebroedersklooster, on the other hand, was sold unaltered in 1723. When the old, ramshackle Leprooshuis was finally rebuilt in 1724-1725, no such representative features are mentioned.¹⁵⁷ The new facade can be described as neat, but plain. Still, a plaque with the city's coat of arms was added above the otherwise unadorned entrance.

In all the godshuizen, the facilities and provisions for the inmates were to be sober and functional, appropriate to status of the 'lower functions'. But generally, they were considerably more complete and of higher quality than those of regular outdoor poor relief.¹⁵⁸ Often, clearly pride was taken in the furniture and household equipment, and many articles in the instructions were devoted to their maintenance and representation.¹⁵⁹ Inventory lists of the Leprooshuis and Krankzinnighuis from the early eighteenth century, on the other hand, evoke a rather seedy picture,¹⁶⁰ and inmates were required to bring their own bedding, clothes, and crockery, 'want dese goederen 't huijs veel kosten door de vernieling'.¹⁶¹

Regarding the material means to display the benefits of the charitable economy outlined in the previous chapter, the boards of regents had a clear advantage over the representatives of outdoor poor relief. On the other hand, shortcomings or 'disorder' in the display also reflected more directly on the contributors and policy makers themselves: the community as a whole, and increasingly its leading faculties. Not only the buildings and interior of the asylum were on display. In characteristic ways, the godshuis employees and

¹⁵⁵ Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 69.

¹⁵⁶ S.A. van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis* (Dordrecht 1886) 14-15.

¹⁵⁷ A.J. Busch, 'Het Leprooshuis', in: *Kwartaal & Teken van Dordrecht* 1 (1977) 15-18, 16.

¹⁵⁸ According to my comparison between the regulations and instructions for the godshuizen and those for the Diaconie.

¹⁵⁹ GAD 22, inv.nrs. 1, folio 70-75, 6; GAD 18, inv.nr. 16; GAD 134, inv.nr. 8, p. 25-28.

¹⁶⁰ GAD 133, inv.nr. 33.

¹⁶¹ GAD 23, inv.nr. 7. Erroneously, this document had been included in the archive of the Heilige Geest and Pesthuis ter grote Kerk. Much more likely, it belongs to the Leprooshuis and/or Krankzinnighuis, according to my own research results and the assessment of a senior archivist of the Erfgoedcentrum DiEP. Unfortunately, it cannot be dated any more accurately than 'around 1700'.

population were managed in order to function as a prime example of the well ordered household, as well behaved and representative members of their social class. High demands and expectations in this respect become apparent in the early eighteenth-century regulations and instructions for the godshuizen.

It was the regents' task to recruit and instruct the heads of staff in charge of the day-to-day operations. The regulations make no mention of specific employment criteria, but they must have been recruited from middle to lower social groups. The binnenvader and binnenmoeder were directly subordinated to the boards. The instructions generally explicated their status as the representatives of the regents, but even as such, they were clearly considered subordinate parts of the hierarchically ordered body. Generally, very tight boundaries were set to their scope of decision-making. Improvising was to be avoided: any extraordinary events were to be reported to the regents who were to take over or issue specific instructions. Binnenvader and -moeder were required to live in the godshuis, where they were expected to implement exact schedules of daily, weekly and seasonal routines that structured their lives as much as that of their charges. Often the instructions explicated their tasks in great detail: safety, cleanliness, and orderly behavior were to be achieved in exactly prescribed ways.¹⁶² The instructions for the Krankzinnig- or Leprooshuis, however, were much less meticulous in this respect.¹⁶³

The capitals held out in prospect by the positions of binnenvader and -moeder were also aligned to the subordinate function. They received a fixed salary, and various clauses in the regulations prevented any further accumulation of economic capital. The Heilige Geest en Pesthuis instructions expressly forbade any additional earnings, and generally all handling of cash, household items and provisions had to be accounted for.¹⁶⁴ Since the preceding and successive careers of the binnenvaders and -moeders are unknown, it is difficult to assess the value of social and cultural capitals acquired in this function, beyond the microcosm of the asylum. The only thing that is safe to say is that they held no prospect of upward social mobility across the existing class boundaries. Most regulations and instructions contained no legitimate possibilities for entrepreneurship, creating patronage relations or establishing 'expert knowledge' distinct from their superiors. Within the asylum regimen, however,

¹⁶² GAD 22, inv.nrs. 1, folio 70-75, 6; GAD 18, inv.nr. 16; GAD 134, inv.nr. 8, p. 25-28.

¹⁶³ GAD 23, inv.nr. 7.

¹⁶⁴ GAD 22, inv.nrs. 1, folio 70-75, 6; GAD 18, inv.nr. 16; GAD 134, inv.nr. 8, p. 25-28.

adherence to the rules set by the 'higher faculties' ensured an economically secure and respected position for life for the binnenvader and -moeder as representatives of the regents. Compliance to the rules set out by the high faculties ensured a legitimate place, and entitlement to the benefits 'naturally flowing' from a healthy functioning in the organic whole. The desired order within the asylum was thus implemented in symbolic ways, and stabilized by material means.

An unmissable undercurrent in all the staff instructions for the prestigious houses is a good measure of distrust. The 'lower faculties' were not only to be guided, but to be controlled and kept on a tight rein: any scope of action provided on merely good faith seems to have been regarded as a slippery slope, most surely leading to disorder and blatant misuse. Such risks were clearly to be avoided where the employees were expected to run an exemplary *public* household that reflected directly on the municipal elites. The instruction for the binnenvader of the Krankzinnig- or Leprooshuis, however, seems to have put him in a somewhat more independent position. It is the only instruction that allowed the binnenvader to raise a charge 'bij het incoomen (...) als mede bij 't uijtgaan', and it contained the rather laconic remark: 'ook geschiet wel dat van luijden van fatsoen een silver Lepel en Vork voor de Binnenvader mede werde gebragt, en bij vertrek voor de vader blijft.'¹⁶⁵

While binnenvader and -moeder were generally living in the godshuis itself where they received free board and lodging, those of the Leprooshuis moved into one of the adjacent houses belonging to the institution in the Vriesestraat at the end of the century.¹⁶⁶ After 1697, they even held a formal rental contract with the municipality for their own domicile as well as for the Leprooshuis in its entirety.¹⁶⁷ Such an arrangement should not be taken to reflect a more trusting attitude in this case; the binnenvader still had to account for all expenses involved with the care for the building and inmates made from public means.¹⁶⁸ But altogether, the above mentioned exceptions point to a more independent position, for better or worse: the regents seemed more willing to take 'risks' here, possibly because less emphasis was put on a symbolic identification with the idealized body of the community.

¹⁶⁵ GAD 23, inv.nr. 7.

¹⁶⁶ Busch, 'Het Leprooshuis', 16.

¹⁶⁷ GAD 133, inv.nr. 83.

¹⁶⁸ GAD 133, inv.nr. 78.

Target groups and specialization

The somewhat exceptional position of the houses for the insane thus points to the low prestige ascribed to their role. Regarding the inmate populations and internal regimes of the other godshuizen, more evidence points to the marginal, but "special" position of the mad in many respects. A distinct hierarchy of preferred target groups characterizes the development in the first half of the eighteenth century. Orphans were clearly up front in this respect. No less than three houses took them in: the Heilige Geesthuis ter Grote Kerk had by then ceased to provide indoor care for any other groups. The Arme Weeshuis was reserved to orphans of Dordrecht citizens, while the *Nieuw Armhuis*, founded in 1707, also took in foundlings, illegitimate children and half-orphans or those with a father from abroad.¹⁶⁹ All these houses issued new, extensive regulation in this period, that reflected a decided emphasis on the orphans' (potential for) cultural capital. The *Nieuw Armhuis* also took in Diaconie-supported adults for whom outdoor provisions were not sufficient anymore, but all passages specifying the behavioral regimen and care for the charges refer to children.¹⁷⁰

The orphans were clearly expected to acquire the proficiencies of a 'proper way of life' that would entail their emancipation into the existing social, economic and moral order. The daily routines evolved around school, catechization and learning an appropriate trade. In their busy schedule, hours for wake-up and bedtime, meals, prayers, school and work were all set.¹⁷¹ Great emphasis was put on the outward appearance of the children. Everywhere, detailed instructions were given for personal hygiene. The Heilige Geest orphans were clothed in blue uniforms featuring the municipal coat of arms. Going to church entailed an orchestrated procession order by pairs, ordered by height or the accomplishment in chores. Certain greeting rituals were compulsory and to be performed at prescribed occasions; disobedience was severely sanctioned with the (threat of) denial of food or trousseau, and corporeal punishment.¹⁷² Separate instructions for the orphans themselves were issued, one for the boys and one for the girls. The opening clauses demanded:

¹⁶⁹http://www.erfgoedcentrumdiep.nl/collectie/collectie/treffers?miview=inv2&mivast=46&mizig=210&miadt=46&micode=18&milang=nl&mizk_alle=18+++Verenigd+arme+wees+en+nieuw+armhuis#inv3t1 (last visited August 24, 2012).

¹⁷⁰ GAD 134, inv.nr. 8, p. 25-28.

¹⁷¹ Ibidem; Idem, p. 11-24; GAD 23, inv.nrs. 1, folio 70-75, 6, 27, 28; GAD 18, inv.nr. 16.

¹⁷² GAD 23, inv.nrs. 1, folio 70-75, 6, 27, 28.

1. Sij sullen toonen alle eerbiedigheit aan alle aansienlijke Persoonen, en voornamentlijk aan die gene die in eenige bedieninge vande kercke, van de Republiecq en van de stad sijn, haer groetende, en eerbiedigheid aendoende op alle behoorlike maniere in alle voorvalle en gelegenthelyd, 't sij in het paerticulier 't sij int publiecq.

2. Sij sulle een besondere zorg dragen om te behagen, en gehoorsamen aan de binnenvader en moeder, haer aendoende alle eer en eerbiedighejd, haer onderwerpende aan haer onderwijsinge en vermaninge, sonder eenigh tegenseggen.¹⁷³

The Heilige Geesthuis, as a prime example of the hierarchical, well ordered household, demanded obedience, diligence, piety and trimness in all respects. In return, it offered rewards for the orphans' investment, as an advance to their prospects in the community at large: a trousseau at leave, and during their stay a standard of accommodation, diet and clothing appropriate to the respectable, self-supporting population rather than the Diaconie-supported poor.¹⁷⁴

Such high-investment disciplining efforts, however, were made only for those who were considered to be able conform to the demanding symbolic regime: children below the age of six, and 'valetudinaire kinderen', e.g. the sickly or handicapped, were not taken into custodial care. Instead, they were boarded out to private households on expenses of the house.¹⁷⁵ But generally, 'good behavior' was expected of all occupants of the godshuizen. Thus the Nieuw Armhuis regulation contains a telling catch-all clause, that emphasized the conditional character of all entitlements in the charitable asylum economy, for staff as well as inmates:

Indien iemand van de Bediendens of Gealimenteerdens, het zy in of buiten dit voorseyde huis, haar qualick quamen te comporteren, zullen deselve eerst (...) door de Heren Vaders, en (...) Vrouwen Moeders werden gecorrigereerd; en by continuatie van haar quaad gedrag (...) zonder eenige conniventie uit dit Huys werden gezet.¹⁷⁶

Such a rule, to be sure, could not apply to the Leprooshuis, for obvious reasons: binnenvader and -moeder held a rental contract that could not be annulled at will, and the inmates were admitted precisely *because of* their intolerable behavior. Still, the house was clearly not

¹⁷³ GAD 23, inv.nrs. 27, 28.

¹⁷⁴ GAD 134, inv.nr. 8, p. 11-24; GAD 23, inv.nrs. 1, folio 70-75, 6; as compared to GAD 134, inv.nr. 8, p. 194-205.

¹⁷⁵ GAD 23, inv.nr. 6.

¹⁷⁶ GAD 134, inv.nr 8, p. 24-28, article VIII.

perceived of as a prison (only), since the only measure of disciplining the inmates explicated anywhere entailed *dismissal* from custodial care, thus stressing the charitable character of the institution:

En indien eenige Personen (...) die tegenwoordig door de Diaconie in het Leprooshuys of elders mogte zijn besteed, de welke bij de Heeren Vaders geoordeeld wierden dat in dit Huys niet genoegelijk konden werden gealimenteerd, om haar kwaadaardigheid, Lamheid of om dat haar zelve door andere Ligchamelijke indispositie niet kunnen behelpen (...) of (...) zoodanig als gemeld is quamen te veranderen, [dan] zullen dezelve alle aan de Diaconie werden overgegeven en gelaaten, om door dezelve zoo en daar het dienstigste zullen ordeelen te werden onderhouden.¹⁷⁷

This article no. 7 is part of the Nieuw Armhuis regulation of 1707, apparently included in order to prevent the new house from being burdened with such difficult subjects. And as a matter of fact indeed, the opening of the New Armhuis it did nothing to relieve the Leprooshuis, even quite the contrary. It entailed a marked further specialization within the asylum system. The Diaconie assembly reported the binnenvader's complaints in this regard,

aangezien de heeren vaderen van't nieuwe armhuys het groodste getal van zijn besteden hadden overgenomen en alleen bij hem gelaaten de misirablen en innocente personen welque hij nu voor de prijs van 32 stuyvers niet conden houden, vermits hij voor't cleyn getal van de miserable besteden desselfs bediende moeste houden als voorheen voor altesamen.¹⁷⁸

It is doubtful that the above article no. 7 was ever used by the Leprooshuis itself. The only instance found in the archives is the case of Jan Harlingen in 1756: he was expelled from the Nieuw Armhuis under explicit reference to the said article. Thereafter, he was admitted to the Leprooshuis on request of the Diaconie, on the expenses of the house. Of course, the deacons routinely mentioned that 'uyterste gevaren' were at stake, and 'stricte opsluyting' was required. But interestingly, the regents' consent to his admission put emphasis on the mental state of the charge, confirming that he was found to be 'innocent' and therefore held it necessary 'dat denselven bewaert werde'.¹⁷⁹ Clearly, insanity was a factor that lead to exemption from disciplining measures. To a certain extent, this was exactly the rationale

¹⁷⁷ GAD 134, inv.nr. 8, p. 25-28, article VII.

¹⁷⁸ Palmen, 'Sociale zekerheid en armenzorg', 241. Citation with reference to GAD 27, inv.nr. 309.

¹⁷⁹ GAD 27, inv.nr. 550.

that excluded the mad from other charitable institutions in the first half of the eighteenth century.

Health, doctors, management

Another, much older, reason not to combine custodial care for insane with other inmate populations was a concern with 'health'; not that of the mad however, but that of the other occupants. An early instance of such an argument is found in the Heilige Geesthuis regents' refusal to have cells for the insane attached to their infirmary in 1580, mentioned in Chapter One. Such a combination, they wrote, 'dunkt ons (...) niet wel behoorlucken wesen ende soude (...) tenderen tot groote affterdeele ende beswaarnisse van de sieken die aldaer daegelucx (...) zieck ende cranck gebracht worden'.¹⁸⁰ Similarly, the Gasthuis ceased to provide custodial care for the mad when it started to specialize in the acutely sick and injured.

Generally at the time, the ill were cared for at home, if necessary attended to by a doctor and supported by poor relief. Only when family care was not available, they could be admitted to the Gasthuis as an act of charity. Kool-Blokland's research into the regimen of the house during the seventeenth century shows a preoccupation with temperance, regularity and self-containment, in order to achieve the fine balance that constituted good health according to the Galenic humoral model.¹⁸¹ Therefore, epileptics were sent away when medication had been tried to no avail: their seizures were feared to have a further disturbing effect on the already weakened bodies of the other patients.¹⁸² Since the dismissal of epileptics on such grounds is reported from 1625 onwards, it is likely that the same rationale applied to the insane, who were more often boarded out after that very year.¹⁸³

These policies were introduced in the Gasthuis exactly during the tenure of Johan van Beverwijck: from 1625 until 1633 he was employed as *stadsdoctor* and the physician of the house.¹⁸⁴ The only preserved instruction for the Gasthuis dates from 1626,¹⁸⁵ and its rules

¹⁸⁰ GAD 23, inv.nr. 641.

¹⁸¹ Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 92.

¹⁸² Idem, 94.

¹⁸³ Idem, 75.

¹⁸⁴ Esseboom, 'Gezondheidszorg', 260-261; Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 92.

¹⁸⁵ GAD 21A, inv.nr. 13.

are concerned with practical challenges of the time. During the wars of the 'Dutch Golden Age', the Gasthuis was adapted to the cities' requirements as a harbor- and garrison base. The staff was held to keep order among the patient population of unruly soldiers and sailors, and to prevent visitors and relatives from sharing in meals and other provisions.¹⁸⁶ Still, the maxims of a healthy balance in diet, rest and exercise were followed, which van Beverwijck construed from the Galenic model of medical theory and combined with the metaphorical equations of the individual and social/political organism rising to prominence in his time.¹⁸⁷

Van Beverwijck was surely an extraordinary figure of his time. Historians of the medical professions rightly emphasize that the work of such prominent authors indeed says little about their influence on the majority of ordinary practitioners.¹⁸⁸ Considering van Beverwijck's position in the Dordrecht community, however, it is safe to assume a closer connection with local practices. Although the Galenic model came to be overtaken by a new, more experimental approach to anatomy and physiology in the course of the seventeenth and eighteenth centuries,¹⁸⁹ this development was not reflected in adjusted instructions for the Gasthuis. Apparently, the customary application of the Beverwijckian 'healthy lifestyle' remained in high esteem. Habitually, discipline and health were thus seen as intrinsically intertwined: unruliness of the body, though not the patients fault to be sure, was seen as unhealthy. But since it was seen to constitute not only a symptom, but also a health hazard to others, it provided a rationale for excluding the insane from a 'medical regimen', and thus accounted for the separate trajectories of custodial care.

The regents of the Dordrecht institutions for the insane had little prospect of distinguishing the regimen as a prime example of the well ordered household along the lines set out by the most prestigious charitable institutions of the time, the Heilige Geesthuis and the Gasthuis. Still, features of the habitual frame of reference become apparent on closer consideration. The instructions for the Leprooshuis and Krankzinnighuis can be interpreted as a (rudimentary) adaptation of the Beverwijckian 'healthy regimen'. Cleanliness received some attention, as the rules demanded 'dat ten minste eens sweeks alle Ellendigen werden verschoont en gereinigt, en haar sitplaatsen gesuijvert, tot conservatie van des selfs gesontheijt en voorcoming van quade ziekten'. Furthermore, several articles were devoted

¹⁸⁶ Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 61-62.

¹⁸⁷ Idem, 62, 92.

¹⁸⁸ Frijhoff, 'Non satis dignitatis ... ', 382.

¹⁸⁹ Idem, 61-65, 92, 96, 116-117.

to the diet of the wards; a topic especially dear to the Beverwijckian heart: 'Den Binnenvader zal de ongeluckige voorwerpen wel gemeen maar gezond voedsel moeten geven, vooral warm in wintertijd, en voor, en najaar'.¹⁹⁰

Dietary provisions were also the means of choice for stratifying the regimen to reflect the status of the different inmate groups. In any case, 'paying guests' were to be privileged over convicts and 'ordinary' persons of bad behavior: 'Den binnenvader zal wel onderscheid moeten maken tusschen Luijden die betaalen of slegt voorwerpen, die door de boeien en slechte maniere van Levenswijze, tot sulke ongelukke werde gebracht (...) wel prinssepaal in de schafting'. However, the insane were at the very bottom of the hierarchy in this respect: 'De Schaffting (...) dienden geschikt te werden naar mate met fasoenelijke Luijde heeft, en het gene van die tafel overschied aan de gebeterde te geven, en weder minder soort van Eten aan degeene die geheel buijten haar verstand zijn'.¹⁹¹

The quality of provisions thus depended mainly on social and financial capital, i.e. the family's willingness and ability to pay. In itself, this principle did not account for such a crass reduction of the insane to the lowest rank. However, comparison with the rationale behind the regimes of the Heilige Geest orphanage and the Gasthuis may suggest an explanation: the mad were not expected to be 'disciplinable' in any respect; neither conscious well-behavior nor well balanced bodily functions could be expected, so that incentives were regarded irrelevant. The mad remained eligible to good charitable practice in general, to be sure. But their position was defined by a decided lack of cultural capital to put in the balance: due to the marked specialization of the institution, their appearance and behavior could not reflect the status of the social group they belonged to, and thus their condition emphasized dysfunction within the organic order of the charitable economy. Only recovery could put them back in state to participate in reciprocal relations again, and to earn any exceeding entitlements.

The adaptation of features of the 'healthy' Beverwijckian regimen to the Krankzinnigen Leprooshuis, however, should not be taken as an attempt at *curing* the insane. Rather, it reflected the general, habitual frame of reference of the policy makers. The role of doctors in the Dordrecht asylum system deserves some special attention here. Neither the Leproos- nor the Krankzinnighuis had a 'house doctor' throughout the seventeenth and eighteenth

¹⁹⁰ GAD 23, inv.nr. 7.

¹⁹¹ Ibidem.

centuries, like the Gasthuis and the Pesthuis had. But the *stads medicinae doctores* had an advisory function regarding the godshuizen, in the admission procedure for confinement on request.

A doctor's statement was generally not obtained by private applicants, but by the institutions involved in the procedure. On receipt, the Kamer Judicieel routinely forwarded the requests to the regents of the Leproos- and Krankzinnighuis huis for comment, prior to making any decision. In some cases, a statement of the Diaconie doctor was attached to the deacons' request right away; in others, the court ordered a declaration. But most frequently, the doctors were consulted by the Heren Vaders to confirm the insanity of the person in question and the need for confinement. Generally, such 'medical declarations' were very brief, just a few lines noted on the original request. The terminology did not differ from the formulations laypeople used. A typical statement reads as follows:

Wij ondergeschreven ordinaris medicinae stadsdoctoren, gevisiteerd hebbende Lijsbeth Elseman, hebben deselve volcomen krancksinnigh en in de hersenen geraakt bevonden den 8 Julij 1724.¹⁹²

A negative advice regarding admission commonly stated that the person in question was enigsins in de hersenen getroubleert gevonden, sonder dat ons op die tijden eenige quaadaardigheyd is gebleken; [wij] oordelen derhalve dat desche geen strict confinement van nooden heeft.¹⁹³

The function of the *stads medicinae doctores* may be characterized as that of 'sensory organs' in the service of the higher faculties. Quite regularly though, the regents and/or Kamer Judicieel overruled the doctors' advice.¹⁹⁴ Therefore, the doctors can hardly be counted among the asylum's policy makers. For the final decision of the court, the testimony of laypeople as relatives and neighbors also carried weight: insanity, and health in general, were not the exclusive domain of the medical profession of the time. Also, there is no evidence that their advisory role extended to the content of the regimen in any direct way.

Medical assistance in the Leproos- and Krankzinnighuis was generally restricted to physical ailments, and was often delegated to barber-surgeons. Pieter van Esch was one of them. In 1772, he wrote a sizeable book about his long and successful career that had

¹⁹² GAD 27, inv.nr. 519.

¹⁹³ Idem, inv.nr. 525.

¹⁹⁴ Idem, inv.nrs. 524, 525; GAD 9, inv.nrs. 403-406; GAD 22, inv.nr. 483.

started with his employment as a *stads chirurgijn*. In this quality, he had been responsible for medical assistance in the Leprooshuis, as he proudly announces in the preamble. Of the hundreds of cases he describes, however, the only Leprooshuis patient he refers to at all, is the unfortunate Pieter Nel, whom he treated in 1723 with a branding-iron for a 'beenknobbel op het hoofd', which he did not, however, relate to her insanity in any way.¹⁹⁵ Only one instance surfacing in my archival research testifies to the medicinae doctores' idea of suitable treatment for insanity: Sophija Louwa was

bevonden eenigsints getroubleert te zijn, sonder dat ons enige quaadaardighijd gebleken is,
soo dat deselve soo verre niet vervallen is off soude onder een goede directie en behoorlijkcke
assistentie van medicijnen mogelijck tot een beter staat gebragt werden.¹⁹⁶

Here, cure was clearly not expected from admission to the Leproos- or Krankzinnighuis, but an alternative to be tried before such a measure was taken. On the other hand, there is the instance of the request on behalf of Jannichje Marssenveen, an orphan of the Arme Weeshuis who had fallen mad. The request accounted

[dat zij] bij provisie in't Leproos - of 't Krancksinichhuijs (...) is gebracht, om te sien hoe sich die
quael soude schikken, dan dat het selve kind omtrent een maend in het voorsz. Leprooshuijs
geweest sijnde, en ook de stadsdocoren gevisiteert wesende, daer een geen beterschap wert
bespeurt, waerom dat kind in het gesegde [huis] sal dienen te blijven (...) soo lange tot dat selve
van de voorsz. quale sal sijn ontheven.¹⁹⁷

In any case, those admitted were not all regarded as 'hopeless cases': on many occasions, the requestor and/or the authorities refer to admission 'ter tijt en wijle denselven van [zijn/haar] krankzinnigheyt herstelt'.¹⁹⁸

Over time, the Leprooshuis and Krankzinnighuis had come to specialize, for better or worse, in an increasingly work-intensive and low-status inmate population: only the most unruly qualified. These are the very conditions that appear to have prompted crude and even cruel management 'techniques' elsewhere, as many studies have suggested. There is no empirical basis for a sound assessment of the actual treatment and living conditions in

¹⁹⁵ Pieter van Esch, *Heelkundige Waarnemingen en Konst-Bewerkingen, Door eigen ondervindinge geoefend en beproefd, met nodige aanmerkingen ter zake dienende, en door bijgebrachte gevallen van Geleerde Schryveren, bevestigd en gestaft* (Gouda 1772) 70.

¹⁹⁶ GAD 27, inv.nr. 517.

¹⁹⁷ GAD 18, inv.nr. 383.

¹⁹⁸ e.g. GAD 133, inv.nr 104.

the Dordrecht asylums at the time. What can be said though, is that the sources do not support the assumption that punishment or castigation were part of the *policies* regarding the insane, for either practical or ideological reasons. The internal regimen did not explicate any demands regarding orderly and submissive conduct, nor any prescriptions for enforcing discipline by corporeal means.

It is beyond question that custodial care for the mad entailed their physical confinement and constraint: the dolhuisjes so often referred to in the sources were narrow cells for this very purpose. One might say that emphasis lay on custody rather than on care. However, the inventory lists of the Leprooshuis and Krankzinnighuis, while meticulously listing every tiny bit of equipment, contain no mention of the infamous whips, chains and manacles that are found in many other houses for the mad at the time.¹⁹⁹ Even if such items were deliberately kept secret, that would point to a consensus that 'good charitable practice', as it was understood in Dordrecht at the beginning of the eighteenth century, excluded such means.

By the early eighteenth century, the Dordrecht asylum system was a symbol of civic pride. It was structured to function as a 'well ordered household', just as individual bodies and social or political units as the family, the city or the state. A shared habitus framed by the organic metaphor enabled this communication. The management and regimen of the asylum was constructed to serve as a showcase of the *idealized* organic social order. In very tangible ways, it demonstrated the members of the Dordrecht community who they were and what was expected of them. The asylum conveyed the hierarchical order of the Dutch *standenmaatschappij* of the time, in which the higher faculties assumed a 'natural' authority for leading the lower parts. Their responsibility for the wellbeing of the urban organism as a whole entailed a strong emphasis on reciprocal relations. High investments by the leading social groups entitled them to high expectations of the beneficiaries of welfare provisions, in terms of discipline and obedience.

The principle, however, worked both ways: the needy could earn entitlements by investing according to the supply side's terms. Unsurprisingly, the insane were a low priority target group in such an order. Their particular inability for self-governance put them firmly

¹⁹⁹ Lis and Soly, *Disordered Lives*, 172-175.

under the charitable responsibility of the leading faculties, and custodial care for the insane was integrated in the Dordrecht system of welfare provisions. But discipline of body and mind was neither expected nor demanded, and thus there was no incentive to accord the insane a prominent position in the 'showcase' of the godshuis: they were not suited for demonstrating the merits of the fulfillment of social obligations in the charitable economy. Thus in the margins of the asylum system, custodial care for the insane developed a niche with alternative rules, allowing for more liberty of management and financial substitutes for prestige.

Chapter Three - Reform after 1759: the Stads Krankzinnig- en Beterhuis

3.1. Defining the problems, considering alternatives

Health and Charity

The regents of the Leprooshuis were held to ensure a proper supervision of the houses under their care: at least once a week, 'behoorlijk inspectie'²⁰⁰ was to be taken. Unfortunately, no documentation is preserved that could clarify how conscientiously this task was carried out, or what the assessment of the regents entailed; the minutes of the assembly for the period after 1680 are missing. Halfway the eighteenth century, however, the city council took on an extensive reform of the existing welfare provisions, which was to affect outdoor relief as well as the asylum system. In its course, a delegation of the Oudraad visited the Leprooshuis and issued a report that summed up a series of grievances, and concluded in the emphatic advice to close down the house in its existing form as soon as possible. Its presentation to the Oudraad assembly of December 13th in 1759 prompted lengthy considerations regarding alternatives, before finally the decision was made for the foundation of the Dordrecht Stads Krankzinnig- en Beterhuis.

The report of the 1759 inspection brought to the fore some glaring inadequacies of the accommodation in the Vriesestraat. As early as in 1574 the Heilige Geesthuis regents had complained about the notorious dampness of the building, in their appeal to the city council to grant their move to the Lindengracht. According to their judgment, the problems were 'nyet te helpen ofte beeteren en es ten waer dat men tselve huys geheel ende al offbrake twelck soude comen tot groote excessive costen'.²⁰¹ However, there are no sources in the archive that point to extensive renovation works undertaken in the following 150 years. Most likely, only some inevitable makeshift reparations were made in this period,²⁰² since there were recurring plans for selling the house. Such considerations were only abandoned in 1695, when the most recent call for bids had yielded a most disappointing offer of only f 2900. In the following, the Leprooshuis was rented out to the binnenvader. In 1723, the city

²⁰⁰ GAD 23, inv nr. 7, article I.

²⁰¹ Cited in the online introduction the inventory of GAD 133, with reference to GAD 23, inv.nr. 595. This is probably an error though, since the named source is from the 18th century.

²⁰² http://www.erfgoedcentrumdiep.nl/collectie/collectie/treffers?mivast=46&miadt=46&mizig=210&miview=inv2&milang=nl&micols=1&mires=0&micode=133&mizk_alle=geschiedenis (last visited August 24, 2012).

council finally resolved to replace it, and commissioned the construction of a new building, which was completed for the total sum of f 12.859,60.²⁰³ As became apparent, the new premises were not much better, or the old and equally defective side-buildings remained in use as well. Anyway, the verdict of the 1759 report on the conditions was crushing:

IJder die de toestand van het Leprooshuijs van binnen bekend is, weet het dat de constructie van dat huijs zoo bekrompen is, dat de plaats die gedestineert is tot het opluijten van sulke allerdeerniswaardigste subjecten als zijn arme krankzinnige en dulle menschen, zeer bedompt is, zeer ongezond, en dus tot merkelijke verzwaering van de ziekte van sulke subjecten. dat verders het verblijf, hetwelk in dat huijs geschikt is voor innocente en simpele arme subjecten van't Leprooshuijs en van de Diacony ook ellendig is, zodanig dat er bij de laatste inspectie ondervonden is, dat sommigen in hokjes, als kotten langs de open plaats, anderen op de vliering onder het dak gelogeert zijn, hetwelk in koude winters, eerder naar het oeffenen van straffen over die ongelukkigen, als na werken van barmhartigheid gelijckend. dat mede het getal van all wat te zamen in dat Leprooshuijs zit opgesloten, so groot is en dat de subjecten so veelderlike zijn van soort, dat een mensch dat maar even simpel is, door de geduurige onrust aldaar binnen korte geheel gek moet worden.²⁰⁴

Such conditions were clearly regarded as nothing short of a disgrace to the prevailing ideas of good charitable practice. Also, the insane were unequivocally recognized as 'ill', in formulations again testifying to the habitual attitudes regarding health as articulated by van Beverwijck. Already in *Schat der Ongesontheyt*, disturbance of the brain resulting in madness was assumed to be brought about by 'koude en vochtige lucht'.²⁰⁵ According to van Beverwijck, proper safe-keeping of the mentally ill had to assure 'dat hy noch sijn selven, noch een ander enigh hinder en doet'; 'geraas [en] geroep' was seen as most aggravating. Instead, 'stilte, en weinig woelen is noodzakelijck (...) de weynige die bij hem zijn, moeten verstandig en den sieken aangenaem wesen'.²⁰⁶ Cold and dampness, jostle and mayhem thus disqualified custodial care for the poor insane in the Leprooshuis from the charitable realm, and likened it to a penal regime, which was explicitly condemned. This maldevelopment was subsequently addressed according to the prevailing norms. It is unlikely that such conditions had developed overnight, or came as a complete surprise to the

²⁰³ Busch, 'Het Leprooshuis', 16.

²⁰⁴ GAD 3, inv.nr. 126, bijlage D, folio 12.

²⁰⁵ GAD 489, inv.nr. 39505, Deel II, p. 23.

²⁰⁶ Ibid, p. 37.

policy makers. But apparently, concerns with the health and comfort of the insane in 1759 provided strong arguments for separating the trajectories of penal and charitable institutions.

Finances

A major problem, and undoubtedly a main reason to take action at this very point, was the deplorable state of finances, regarding the provisions of poor relief in general, and the Leprooshuis in particular. Evidently, the deficiencies of the accommodation were restricted to the quarters of the 'beneficiaries' of pro deo arrangements, since the report stated

dat het eenige gedeelte van dat gebouw, dat goed is, en langs de Vriesestraat komt, nu
gebruikt word en ook bekwaam is tot logement van besloote commensalen, zijnde personen
die om krankzinnigheid, innocentie of kwade conduites op eige beurs en kosten geconfineert
zitten.²⁰⁷

Apparently, the contractual position of the binnenvader entailed a package deal that allowed him to run an urban asylum with a profitable enterprise on the side, in the low-profile niche of the charitable economy. Unfortunately, the contracts of the binnenvader in 1759, Lucas Thornton, are not preserved in the archive. The rental agreement between the regents and his predecessor from 1697 does not clarify the situation: it merely stated that the contract included 'the whole Leprooshuis', for which the terms of payment were then stipulated.²⁰⁸ Most elucidating, however, is the balance sheet presented to the assembly of December 13th, illustrating the yearly earnings and expenses. Apparently, Thornton was paid only a modest allowance of f 25 per year 'voor recognitie', while he owed f 80 for rent. No emoluments from 'paying guests' are mentioned on the receiving side, and instead of specified items for food and other personal requirements of the inmates, a standard lump sum of f 114 per year is listed under expenses, per inmate that was 'maintained by the house'.

Very likely thus, Thornton received a fixed amount of money for the pro deo inmates, as well as the boarding fees from 'paying customers', and was expected to provide for the keep on his own account. Apart from this item, all the house's funds and revenues were spent on the maintenance and heating of the buildings, the salaries of the rentmeester and

²⁰⁷ GAD 3, inv.nr. 126, bijlage D, folio 12.

²⁰⁸ GAD 133, inv.nr. 83.

Diaconie doctor. On the whole, the balance showed a structural yearly deficit of f 2800,²⁰⁹ which had to be compensated by ad hoc allocations from other charitable funds or directly from the municipal chest. The budget management of the binnenvader was evidently seen as a problem, but not the main source of the difficulties:

Aan de eene kant blykt by examinatie van dit werk, dat onder anderen de Financie van dat Huys geruineerd is, en by continuatie geruineerd sal worden, door het groot aantal van de subjecten, welke aldaar tot kosten van het Huys geconfineerd worden (...). De tegenwoordige Binnenvader de menage in dat huys voor zyn eige rekening doende, en dus alle het Profyt dat op dat Huijs zit, trekkende; So zouw het heel wel kunnen zijn, dat, wanneer in dit Huys een andere voet van Huyshouden geintroduceert werd, daar door juyst geen 2800 gld s'jaars werd tekort gekomen (...) dog is en blyft het egter absoluut ontegenzeggelyk, dat dit alles zo veel niet zal uytwinnen, dat dit Huys zonder merkelyke subsidien bestaan zal kunnen.²¹⁰

Indeed, the finances of poor relief, indoor as well as outdoor, were a cause of great concern at the time. Earlier in 1759, the city magistrate had announced the need to 'renovate and amplify' the current regulation for the Diaconie. From the earliest draft, regulations for poor relief had always entailed prioritizing: under reference to the scarcity of means and dire times, persons not eligible or even frauds were to be prevented 'den rechten armen het broot voor den mont af te snijden'.²¹¹ Over time, however, the 'righteous poor' were ever more clearly distinguished from the 'good for nothings'. The criteria were formulated in more detail, and in increasingly moralizing phrases.²¹² In 1759, however, according to the Oudraad, the Diaconie was not just tight on finances but on the verge of collapse: its own funds were all but spent, and the subsidiary means from the urban chest, consisting of the 'Liefdegaven der goede Burgery en Ingezetenen', were in no way sufficient for the continuation of support. Instant measures were to be taken, to avert the imminent 'ruïne van de Diakenie'.²¹³

As the most 'unfortunate and truly indigent', the 1759 directions explicated the old and infirm, widows and orphans.²¹⁴ Categorically excluded from outdoor relief were those '[die] een ergerlijk leeven leiden en dus hun onvermogen aan hun zelven te wijten hebben';

²⁰⁹ GAD 3, inv.nr. 126, entry of December 13, 1759.

²¹⁰ GAD 3, inv.nr. 126, bijlage D.

²¹¹ GAD 489, inv.nr. 10648, article XIII.

²¹² Ibid, inv.nr. 10568.

²¹³ GAD 134, inv.nr. 8, p. 195.

²¹⁴ Ibidem, article XIII.

and the list was long: drunkards, gamblers, whores and crooks, slackers and those living in concubinage, especially when they had begotten any children out of wedlock.²¹⁵ The reform amounted to tightening the administrative net of control, leaving less room for individual decisions of the deacons. Several points aimed at a stricter enforcement of the exclusion of strangers. And the supplementary character of the provisions was emphasized: before granting relief, the deacons were held to investigate more thoroughly whether there were any other sources of support to be drawn on. Could the applicant, his spouse and children earn a livelihood with their own hands work? Were they entitled to support by other funds, like guilds or pious foundations? Did they have any assets of their own? For those still eligible, however, special emphasis was put on obligations of solidarity: the deacons could *order* the beneficiaries to take care of sick and otherwise incapacitated family members, and withdraw relief from those who refused.²¹⁶

Directions regarding indoor provisions, however, were left unaltered. The insane were still mentioned in the same breath with the most deserving; and provisions had already been restricted to a bare minimum according the directions of the previous decades:

Daarom sullen de Diakenen sig, so weinig hun enigsints doenlyck is, bemoeien met kinderen die vaderloos en moederloos zijn, (...) met zieke, kranke, dolle en sinnenloose Persoonen, maar alle sulke Persoonen renvoeieren aan heeren Vaders en Regenten der respective Godshuisen binnen deze Stad, alwaar deselve ongelukkigen naar uytwijsen der fundatien, ordonnantien, en instructien van deselve huisen, sullen werden ontfangen en hulpe en bystand genieten. Voorts worden Broederen Diakenen gelast eractelick naar te komen, en te agtervolgen de contracten door de Diakenie van tijd tot tijd met respectieve Godshuizen aangegaan.²¹⁷

In 1759, the old Leprooshuis was clearly seen as a financial burden that affected the mixed charitable economy as a whole: its deficits had to be compensated from municipal funds that were bitterly needed for other purposes. But also, it was unacceptable that the scarce means were being wasted on an institution that generated no symbolic capital, since its charitable objectives were discredited by the squalor that endangered the health of the occupants and could only be described as a punishment. The policy makers were tied to their own norms: tightened criteria of eligibility strengthened the entitlements of the

²¹⁵ GAD 134, inv.nr. 8, p. 199, article XVII.

²¹⁶ Ibid, p. 199-200.

²¹⁷ Ibid, p. 198.

deserving. The Leprooshuis in 1759 stood for high investments but a negative revenue, for the supply side as well for the demand side of the charitable economy.

Alternatives

To redeem the failings of the old Leprooshuis and improve the treatment of the poor insane, the assembly of 1759 concluded 'dat het een christelijk, medelijdend en menschlievend werk zijn zal, alle deze ongelukkige subjecten in het Geesthuis te plaatsen en met subsidies uit de revenuen van de H. Geestgoederen te doen beter oppassen en alimenteeren'.²¹⁸ By this declaration of principle, custodial care for the insane was unambiguously (re)asserted in the realm of charity, and the discursive emphasis shifted from custody to care. A major investment was required though, which entailed a redistribution within the existing 'infrastructure' of the asylum system. The distinct priorities of the previous era had resulted in what may be called a 'surplus' regarding the orphanages, therefore the Heilige Geest orphans could simply be assigned to remaining Arme Weeshuis and Nieuw Armhuis respectively. Their keep there would require no more than a small portion of the Heilige Geest funds, the rest of which, along with the prestigious building at the Lindengracht, could then be allocated to the new institution for the insane.²¹⁹

Regarding the final form of the new godshuis, the assembly contemplated various proposals for alternatives brought to the fore by the commission of inspectors. The question of health was addressed only implicitly: in any case, the building of the Heilige Geesthuis was to be appropriated for custodial care for the poor insane, which provided the opportunity to remove all grievances in this respect. But despite the explicit rejection of 'het oeffenen van straffen', once again the idea of a Tugt- en Werkhuis surfaced as an institutional form of custodial care. The consideration was clearly inspired by the expectation of financial advantages: everyone who benefited from pro deo arrangements should contribute to their keep with their own hands work, as much as he or she was able to.²²⁰ For example, the inmates could be held to produce clothes and linen for the benefit of the house.

Additionally, the foundation of a vrijwillig werkhuis was envisioned, preferably to be installed in the former Pesthuis, adjacent to the Geesthuis orphanage and accessible from a

²¹⁸ GAD 3, inv.nr. 126, bijlage D.

²¹⁹ Ibidem.

²²⁰ Ibidem.

separate entrance: here, the commission reckoned, the Diaconie-supported poor who claimed to be unable to find employment could be put to work. The 'voluntary' character of the facility, however, depended on a peculiar interpretation of the term: Diaconie officials were to supervise the work of their charges, and would be held to cut off all support for those who did not turn up, complained, or otherwise failed to show sufficient 'naarstigheid'.²²¹ Those who refused or quit, would be sanctioned with confinement in the Tugt- en Werkhuis.

All such considerations regarding work were meant to relieve the urban system of charity of its growing financial burdens: the prime objective was profitability, not educational effects. Spierenburg has demonstrated for the Amsterdam *prison*-workhouse, that unprofitability was willingly and knowingly accepted, in order to employ work as a means of penal correction. In the Dordrecht reorganization of 1759, however, work and discipline were never considered as ends in themselves. Thus the case supports Spierenburg's further assessment that, by contrast, the new *voluntary* workhouses of the Northern Netherlands in the second half of the eighteenth century were not associated with judicial institutions, but entailed a 'combination of traditional notions of charity with utilitarian views'.²²²

Several objections, however, were pointed out right away in the 1759 assembly. Since such work projects had not been profitable in other cities, the magistrate did not feel inclined to set up an enterprise by itself, and considered that it would be hard to find a private investor. All the more so, since the lion's share of the profits had to be clearly assigned to the poor relief provisions, 'ter voorkoming van alle argwaan, nadenken en kwaadspreeken, alsof de regering de Arme Luijden ten profijt van de stad, en mogelijk nog erger [voor zichzelf] wil laten werken'.²²³ This concern with public opinion is likely to refer to a recent scandal scratching the charitable reputation of the regents: in 1754, an attempt had been made to put some Diaconie-supported children to work in a silk factory owned by prominent godshuis regent. The children had refused, backed up by their families and neighbors, and the assignment had finally been enforced only after intervention of the

²²¹ GAD 3, inv.nr. 126, bijlage D.

²²² Spierenburg, *The Prison Experience*, 141.

²²³ GAD 3, inv.nr. 126, bijlage D.

magistrate and bailiff.²²⁴ Thus, forced labor for recipients of charity was a very sore and current issue in the Dordrecht community at the time.

Probably, the insane were regarded as exempt from the requirement to 'work for all who can' for most practical purposes anyway. But separate accommodation did not follow automatically. Explicitly, however, their condition was considered only in combination with social status. The policy makers worried about the persons 'aldaar geconfineerd, dog alles op eige beurs en kosten (...) of het niet enig afzien zoude kunnen geven, dat (...) [deze] in een en het zelve Huijs geplaatst zouden moeten worden, voor *all in cas van krankzinnigheid en innocentie*, met andere personen (...), namentlijk die met handen arbeid hun kost zullen verdienen'.²²⁵ Similarly, it was added for consideration 'of het niet enigsints odieus en hard kan voorkomen, dat diegenen, die op eige kosten door haer vrienden opgesloten moeten worden, voor *al zo zulks geschied om krankzinnigheid of innocentie*, geen andere plaats binnen deze stad kunnen vinden, als in Een Tugthuys'.²²⁶ Not only work itself, but also a regimen of custodial care designed to enforce such a requirement was seen as inappropriate. Again, symbolic capital, or reversely, discredit in the public opinion was at stake here. A separate or at least stratified regimen was regarded indispensable for those who could put social and financial capital in the balance.

The 1759 reorganization clearly required a different approach to the charitable task, but at the same time, it had to take into account the specific 'household order' of the Leprooshuis that had developed in the margins of the charitable economy. The position of the old binnenvader Thornton was a concern in this respect: a new institutional form was to be achieved 'zonder de man in zijn contract te kort te doen'.²²⁷ In any case, he was entitled to an annuity when his former position was made redundant, although it was believed that he would not raise any serious objections, since he was said to have complained about the 'burden' of the care for the poor inmates. Thus, the commission was confident that an agreement would not be too hard to come to, since it would relieve the old binnenvader of 'een allerlastigst en dikwils dangereus beroep'.²²⁸ One possibility was to rent out the old

²²⁴ Kool-Blokland, *Van Heilig Sacramentsgasthuis*, 81; GAD 150, inv.nr 1364, p. 14. The factory owner was Philip van den Brandeler, regent of the *Nieuw Armhuis*.

²²⁵ GAD 3, inv.nr. 126, Bijlage D. Emphasis added.

²²⁶ Ibidem. Emphasis added.

²²⁷ Ibidem.

²²⁸ Ibidem.

Leprooshuis to a private entrepreneur, for the accommodation of paying guests only. A 'besloten commensaalhuis', as a purely commercial enterprise, would not function as a 'stads of godshuis' anymore, and the Leprooshuis funds could be fully employed for the new charitable institution.²²⁹ Dissolving the Leprooshuis altogether, on the other hand, had the same advantage, and in addition, the facilities could be kept in reserve, to serve as a quarantine infirmary in case of a new plague epidemic, 'waarvoor God deze stad genadelyk beware':²³⁰ since the Heilige Geest en Pesthuis was to be converted, it seemed wise to make other precautions regarding a risk that was still to be reckoned with. In this case, of course, separate 'apartments' would have to be arranged in the new institution for confinement on request, in order to preempt the objections attached to a regimen without proper internal stratification.

Finally, the establishment of a Stads Krankzinnig- en Beterhuis was considered the most favorable option 'so om aldaar te plaatsen de subjecten, die door krankzinnigkeit en innocentie alsmede om kwade conduites jegenswoordig in het Leprooshuis geconfineerd worden, so tot lasten van het Huys als van de Diaconij.'²³¹ While disciplining in a wider sense remained an integral part of the charitable household order, a strict dividing line was drawn regarding judicial institutions: henceforth, no convicts of any criminal law court were to be accommodated.²³² The inmates' social capital of was a factor of importance: the connotation of the title with the contemporary private Verbeterhuizen would appease the public opinion regarding forced labor for the poor as well as enable the attraction of affluent customers. Custodial care for the insane would henceforth be a collective task of the urban community in the widest possible sense. All parts of the communal body perceived to be able to participate in reciprocal relationships were expected to contribute, in order to employ the infrastructure of the charitable economy to the full extent.

²²⁹ Ibidem.

²³⁰ Ibidem.

²³¹ Ibidem.

²³² Ibidem. The minutes of the assembly make no mention of alternatives for criminal punishment: of course, some existing possibilities remained unaffected by the plans, such as (still much employed) corporeal punishment, exile and provisional detention in a cell of the city hall. In the following years, Dordrecht convicts served their custodial sentences in the Tuchthuis in Gouda, according to: J.J.E Blok, "'Om in 't openbaar strengelijk te worden gegeesselt.' Criminaliteit in Dordrecht 1749-1800' (Erasmus University Rotterdam 2010) masterthesis, 43-46, 75, 87.

3.2. Implementing solutions

During the following two decades, the Stads Krankzinnig- en Beterhuis acquired the institutional form that would remain in place until the house was reorganized and acquired the status of a *Geneeskundig gesticht voor krankzinnigen* in 1843. To begin with, in 1761 new boards of regents were installed that reflected the heightened status of the house, as well as its embedding in the system of urban charity. The male board was composed of Oudraden without exception, the same administrators already in charge of the Nieuw Armhuis, plus two deacons of the Dutch Reformed Church. And for the first time in Dordrecht, a female board was established for a godshuis for the insane, featuring the wives of the said Heren Vaders. As a rentmeester, one of the burgomasters was engaged.²³³ Along with the building, the furniture and interior decorations of the Heilige Geesthuis were taken over, including the portrait of the regent with an orphan child in classical pose, henceforth adding luster to the assembly of the new Stads Krankzinnig- en Beterhuis.

Accommodation and sustainability

As it turned out, closer inspection of the Pesthuis revealed that the premises were 'most unsuitable' for a vrijwillig werkhus, and the schemes for relief works for the Diaconie-supported poor were abandoned. Construction work for the conversion of the Heilige Geesthuis for its new assignment was taken up in 1760. First, most of the poor inmates from the Leprooshuis were moved over, while the 'paying guests' were still kept in the building at the Vriesestraat until their new, separate apartments were completed. During the renovation of the building, plans were repeatedly altered, due to budgetary concerns as well as practical considerations. The construction works were financed by the municipality, and *uiterste menage* was to be observed. Security and safety were priorities, but comfort and health of the inmates were clearly taken into consideration.²³⁴

It was beyond dispute that cells were required 'voor dulle en innocente menschen die sluijting nodig hebben'.²³⁵ According to the initial plan, fifteen such 'huisjes' were to be installed in the former groote Pestkamer, where a central stove would provide warmth, and

²³³ GAD 489, inv.nr. 10568.

²³⁴ GAD 22, inv.nr. 1, Memorie voor de nieuwe inrichting van het gebouw.

²³⁵ Ibid, folio 5.

the existing sewage could be utilized for the 'secreeten' that would be built into each cell.²³⁶

But the rentmeester argued for a change of plans:

1e om de onlijdelijke stank die vijftien nagt en dag in de dulle hokken openstaande secreeten
in dat vertrek voorall in de somer sullen veroorsaken

2e om de onrust die de eene mensch aan de ander sal veroorsaken, als sullende in een terreyn
van 12 voet breed en 18 voet lang 12 menschen moette sitten en dus nagt nog dag stilte zijn

3e om de bedomptheit, die altoos in dat vertrek zijn zal, vermids de vengsters ten minsten 6
voet boven de grond van de kamer sullen moeten blijven, en er dus in de hokken nooitje verse
lugt sal kunnen komen.²³⁷

It was finally decided to build the cells in a corner of the binnenvader's garden, in close proximity of the kitchen, whose facilities could then be utilized without any great effort. It did not take long for the rumor to spread, and soon the neighbors filed a complaint to the city council about the plans to build the cells that close to their properties: they feared for their own peace and quiet, and the marketable value of their real estate. After closer inspection of the site, however, the burgomasters were assured that thick walls and a covered walk-way, shielding and connecting the cells, would sufficiently prevent any noise to spread to the adjacent houses, 'heel anders als in het Leprooshuijs waar de klank zicht al om verspreid, omdat de dulle direct aan de blote lucht zitten.'²³⁸ Thus, the neighbors' objections were discarded, and the work proceeded according to the new plan, 'zoo voor 't gemak en de gezondheit van de ongelukkige dolle en innocente menschen, als wegens de goede ordre en de faciliteit om alles op het oog te hebben en te bedienen.'²³⁹ According to a floor plan of 1766, 22 'huisjes' in the garden and another 5 indoors were designated for the 'furieuse mannen', while 27 more cells for the women were situated on the first floor.²⁴⁰

Separate 'wandelplaatsen', explicitly for the insane men and women, were set out in the gardens 'ter verluttiging', enclosed by high wooden fences meant to curb the noise and prevent escape.²⁴¹ In the house, the many window panes were a safety concern, but the regents discarded the ideas of wooden shutters or even bricking up the openings, and opted

²³⁶ Ibid, folio 6.

²³⁷ Ibid, folio 11.

²³⁸ GAD 22, inv.nr. 1, entry of March 2, 1761.

²³⁹ Ibid, entry of March 5, 1761.

²⁴⁰ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, appendix. Floorplan after 1766.

²⁴¹ GAD 22, inv.nr. 1, Memorie inrichting, folio 6.

for bars and latticework instead, 'om so veel minder het lig te belemmeren (...) [en] om bij tijd en wijlen de vertrekken wel te kunnen lugten'.²⁴² Also, the need for constant observation of the charges was considered in the layout of the premises. The servants' rooms were situated next to or opposite the cells.²⁴³ The shape of the refectory was altered to remove any corners hidden from view, and even a 'geheijme trap' was built, enabling the binnenvader 'bij nagt en ontijden mede boven te komen (...) [om] alles te horen wat er boven omgaat'.²⁴⁴

In the layout of the building, the separation of the sexes was observed regarding the bedrooms, common rooms, infirmaries and refectories, but hardly any special arrangements were made to separate the insane from detainees for 'bad behavior'.²⁴⁵ As already apparent in the contemplation of alternatives in 1759, distinctions were rather made on the basis of class than regarding the condition of the inmates. But probably, the policy makers did not expect to accommodate poor inmates on the grounds of misbehavior in any great numbers. According to the general trend in Dordrecht charitable provisions, and especially custodial care, bad behavior rather entailed the exclusion from support. The plans for a Tugt- en vrijwillig werkhuis, that would have given a more prominent role to coercion and deterrence, had been given up. In the Krankzinnig- en Beterhuis, initially no new inmates for 'quade conduites' were admitted, and partial payment, though technically possible, was hardly ever granted.²⁴⁶

In 1761, the (decent part of) the old Leprooshuis was still in use, for 'paying guests' on the account of the binnenvader, but also for some seventeen inmates on the expenses of the Diaconie. Their move to the new Krankzinnig- en Beterhuis was delayed by budgetary straits. Also, health concerns were invoked to justify the postponement, regarding the 'harmful fumes' of fresh plaster and lye that lingered in parts of the renovated building. But financial problems were clearly the main reason: during the first years, the new institution was still dependent on subsidies even for the maintenance of its inmates so far, and plainly could not afford the keep of seventeen additional pro deo charges at once.

²⁴² Ibid, folio 8-9.

²⁴³ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, appendix. Floorplan after 1766.

²⁴⁴ GAD 22, inv.nr. 1, Memorie inrichting, folio 3r.

²⁴⁵ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, appendix. Floorplan after 1766.

²⁴⁶ Geessink, 'Confinement op verzoek', 131.

The municipality had already provided the means for the renovation of the building, and when confronted with renewed requests for financial support, the Oudraad resorted to the 'time-honored' practice of redistribution between the different charitable funds. With the foundation of the Krankzinnig- en Beterhuis, the Diaconie had been officially released from the support for the Leprooshuis charges, but temporarily, the former boarding fees were reestablished in 1762. Furthermore, the new institution was granted additional allotments from the Heilige Geest funds and delay of payment for other commitments.²⁴⁷ The regents were keen, however, on moving the 'paying guests' of the Leprooshuis to the new house. The Oudraad had given its permission in 1763, but only another two years later, the financial situation allowed for the realization of separate apartments for 'private customers' on the top floor.²⁴⁸

Efforts to render the new institution financially self-reliant entailed putting the inmates to work, according to the ideas put forward in the Oudraad assembly of December 1759. Since the plans for a vrijwillig werkhus had been discarded, the directions were slightly altered to fit the regimen of the Stads Krankzinnig- en Beterhuis. Still, it was envisioned to produce and repair clothes and linen, for the house itself and if possible for the other godshuizen and the Diaconie. Women who were not proficient with needle and thread and the male inmates could be held to spinning wool, flax 'hekelen' and the like. Separate workshops were established for the male and female inmates. In principle, the obligation to work applied to all inmates on pro deo provisions, but as the 1760 minutes of the regents' assembly explicitly added, especially to those confined 'om quade conduites en debauches'.²⁴⁹

Another source of income were the boarding wages. The Diaconie was not fully freed from the maintenance costs for the inmates confined on their request, but owed a contribution of f 10 a year;²⁵⁰ poor committees of other towns, however, were charged f 110. Private Dordrecht citizens were required to pay for their relatives according to their means: where families were found unable to pay the full price, the difference was offset by the house. A classified system of boarding fees was introduced in 1766. The package deals included food and drink, the use of bedlinen and shaving costs for a year: 'first class'

²⁴⁷ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, 33-38.

²⁴⁸ Ibid, 31.

²⁴⁹ GAD 22, inv.nr. 1. First entry.

²⁵⁰ Geessink, 'Confinement op verzoek', 32.

accommodation was available for f 256,12, and 'second class' provisions for f 122.²⁵¹ The policies regarding the building all aimed at the sustainability of the 'good charitable practices' that were promised to the poor insane in 1759. Inmates for bad behavior were expected to contribute: either they would work for the benefit of the house or they would be 'paying customers'. Designating the new house as a *Verbeterhuis* reflected the interest in affluent clientele, and letting all inmates share in the 'good care' that was envisioned for the poor insane would add to a positive overall impression: charitable policies of security and health would benefit all parties.

Regimen: staff and inmates

From the outset, not only the board of regents was remodeled according to the heightened status of the house, but also the staff was managed more closely along the lines of the other prestigious godshuizen of the time. The first of the reformulated directions was issued in 1761, when a new rentmeester was installed. In order to function as the eyes and ears of the Heren Vaders, he was instructed to visit the house at least twice a week, 'ten eijnde naauw Regart te nemen, off het sig in alles, soo met opsigt op de Binne Voogden, als met relatie tot de Subjecten ordentlijk toedraegt.'²⁵² He was expected to report and offer his advice to the regents, especially regarding the work program and other administrative and financial matters. But as his involvement in the construction works illustrates, he was regarded competent in a wide range of internal affairs, including the health of the inmates.

For the live-in staff of the Stads Krankzinnig- en Beterhuis, the directives for the old Leprooshuis were provisionally maintained during the early years. In 1772, finally a new instruction was issued: featuring 47 articles, it is by far the most comprehensive of all godshuis regulations preserved in the archives.²⁵³ In an exemplary way, it represents the effort to adapt the established principles of good healthy and charitable practice of custodial care to the specific requirements of the new house: the tight reign of the hierarchical, well ordered household was reasserted as the basic rationale of functionality. In all internal affairs, the authority of the regents as the leading faculties was absolute; the powers of the lower ranks were derived from this 'natural' given, and strictly executive: wherever the

²⁵¹ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, 42.

²⁵² GAD 22, inv.nr. 1, instructions staff.

²⁵³ Ibidem. By comparison: the instruction for the binnenvader of the Heilige Geest en Pesthuis had nineteen articles; those of the other orphanages had less.

prescriptions allowed for discretionary decisions, consultation and prior consent of the Heren Vaders was required.²⁵⁴ Most importantly, full responsibility for the functioning of the exemplary household remained with the command chain of management: contrary to other houses, neither rituals of obedience and deference, nor any demands for self-discipline on behalf of the inmates are to be found.

The binnenvader was obliged to ensure the proper surveillance of the premises, the subordinate staff and the inmates. A whole range of punctual routines signifying a 'proper lifestyle' was to be observed, including catechization, work and bedtime.²⁵⁵ His personal attendance was required at all meals and distribution of provisions.²⁵⁶ Generally, the implementation of appropriate routines and the presence of authority were expected to achieve the desired order. No catalogue of punitive measures was considered necessary; instead, there was the catch-all clause that in any case of 'desordres', the binnenvader was permitted to lock up the subject in one of the cells and report immediately to the regents, who were then to decide on appropriate sanctions.²⁵⁷

In principle, all measures of restraint were embedded in a regimen in the service of safety, security and health. Any abuse and maltreatment of the inmates was explicitly forbidden. Probably, the 'secret staircase' mentioned above was meant for the supervision of the servants as much as for keeping an eye on the charges, considering the requirement for the binnenvader 'behoorlijke toesigt te houden op de knegts (...) en sorg dragen dat de geconfineerdens in't gemeen en ook *insonderheyd de ongelukkige Kranksinnigen* door deselve niet werden mishandelt, maar naar behoren werden versorgd en opgepast'.²⁵⁸ The binnenvader was to visit all inmates on a daily basis,²⁵⁹ and observe their current condition and behavior: he was to ensure safe custody in one of the cells for those who were 'buiten staat of gevaarlijk (...) om onder andere subjecten te verkeren', but not for longer than strictly required. Those who were merely feared to disturb the night's rest in the dormitory were to be locked up every evening, en let out again every morning.²⁶⁰

²⁵⁴ Ibid, articles 2, 14, 19, 20, 21, 22, 23, 26, 29, 34, 36, 39, 40, 47.

²⁵⁵ Ibid, articles 40, 20, 18.

²⁵⁶ Ibid, articles 10, 11, 33.

²⁵⁷ Ibid, article 19.

²⁵⁸ Ibid, article 9. Emphasis added.

²⁵⁹ Ibid, article 10.

²⁶⁰ Ibid, article 15.

Cleanliness and hygiene were held in high regard. The cells were to be cleaned and ventilated every day to prevent any 'stank en verrotting', and the 'unfortunate' subjects in permanent confinement had to be moved for this purpose.²⁶¹ On admission, all subjects were to undergo a thorough washing, delousing and change of clothes.²⁶² The binnenmoeder was held to see to the daily routines in this respect: the inmates were to be washed and combed every day, regular change and the maintenance of their clothes was to be provided, the beds had to be made, and generally all rooms were to be kept clean and tidy.²⁶³ When required, medical treatment was to be called in and supervised by the binnenvader and -moeder: paying guests were free to chose their doctor, and inmates on pro deo provisions were attended to by the stads medicinae doctores or surgeons.²⁶⁴

Again, a most prominent place was given to the rules concerning the diet of the inmates. Food was to be provided in time and abundant enough, it had to be fresh and stored and prepared with care.²⁶⁵ A detailed 'schaftlijst' of several pages specified the menu for three meals a day, seven days a week. As in earlier times, dietary provisions were also a means of internal stratification. However, the insane were no longer assigned the lowest rank in the hierarchy. The new instructions made no difference regarding the individuals' condition: instead, the quality of provisions was fully dependent on social and economical capital, i.e. the ability of the inmate's family to pay. By 1772, a three-class-system was established: the two upper classes consisted of fully paid package deals only, while in the lowest class, partial payment and pro deo arrangements were possible.²⁶⁶ The above rules for a sufficient and healthy diet applied to all, as well as a certain measure of 'luxury' in the form of daily allotments of coffee and tea.²⁶⁷ Inmates from the highest 'classis', however, were entitled to a separate table, and were served half an hour before the others. Their menu was distinguished by more variety according to season and choice, and additional

²⁶¹ Ibid, article 16.

²⁶² Ibid, article 5.

²⁶³ Ibid, articles 5, 8, 17, 27, 29.

²⁶⁴ Ibid, article 25.

²⁶⁵ Ibid, articles 12, 32, 36, 37, 38, 39.

²⁶⁶ GAD 22, inv.nr. 567.

²⁶⁷ vgl. Lis and Soly, *Disordered Lives*, 178-179.

'verkwikkingen' as wine, tobacco and snuff were available on account.²⁶⁸ In the second class, such benefits could be purchased individually.²⁶⁹

The binnenvader was expressly forbidden to grant the privileges reserved to the higher classes' inmates to members of the lowest, 'als gunst of uit toegeefelijkheid'.²⁷⁰ Such a rule fit in with other prescriptions that aimed at curbing the relative independence which the position had entailed in the old Leprooshuis. The binnenvader of the Stads Krankzinnigen Beterhuis was not allowed to take on 'customers' anymore. A formal resolution of the Kamer Judicieel was required now in all cases, and he was obliged to keep record of all admissions and hand over the official documents to the rentmeester.²⁷¹ Furthermore, he had to account for all goods that entered and left the house; the quantities of the provisions he was allowed to keep for himself and his family were precisely stipulated.²⁷² His administration had to be accessible at all times, and delivered for examination to the regentesses and rentmeester with all documentation and receipts.²⁷³

In all emphasis on accountability, the instruction resembled the regulations of the orphanages; if anything, it was even more pronounced in this respect. Certain characteristics, however, were actually taken over from the older instructions. The whole idea of selling consumer goods to the inmates or asking fees for certain privileges, of course, was one. But also, the rule is found that customers of the highest class were required to bring a silver plate and fork, as well as two pewter plates and a water jug: upon discharge or death of the inmate in question, however, these goods then became the property of the house.²⁷⁴ The binnenvader and -moeder, on their part, were only allowed to take on certain 'emoluments' from members of the highest classes, fixed at very modest rates, 'en sullen sig voorts met het Tractement aan hen bij Heeren Regenten jaarlijks toegelegd moeten tevreden houden'.²⁷⁵ In the Leprooshuis, the prospect of additional profit had functioned as a kind of compensation associated with the 'difficult and oftentimes dangerous' position and the low status in the charitable field. It is arguable whether, in the eyes of potential

²⁶⁸ GAD 22, inv.nr. 1, instruction staff 1772, articles 7, 35, 42, 43.

²⁶⁹ GAD 22, inv.nr. 567; GAD 22, inv.nr. 1, instruction staff 1772, schaftlijst.

²⁷⁰ Ibid, article 13.

²⁷¹ Ibid, articles 1, 2, 3, 4.

²⁷² Ibid, article 34.

²⁷³ Ibid, articles 20, 27, 31, 36, 41, 42, 45.

²⁷⁴ GAD 22, inv.nr. 567.

²⁷⁵ GAD 22, inv.nr. 1, instruction staff 1772, article 45.

candidates, all the prestige bestowed on the 'new household' by the policy makers could make up in this respect: the 1772 instruction was issued after the death of the old binnenvader, but repeated advertisement of the vacancy as far away as Amsterdam yielded no suitable applications, and only a year later a new couple was finally found.²⁷⁶

3.3. Repercussions in the system of urban charity

Of course, the new Krankzinnig- en Beterhuis continued to function in the wider field of public urban charity. Since the institution was fully specialized in custodial care for the insane and dealing with problematic behavior, the other godshuizen transferred inmates accordingly from time to time.²⁷⁷ Structural subsidies from other houses, however, were abolished, even though the new institution never became financially self-reliant and municipal support in one form or another remained necessary.²⁷⁸ For most purposes, the Heilige Geest funds were employed on the Oudraad's orders, if only grudgingly conceded by the administrators of the funds, who would rather have sustained the support for orphans instead. When the Heilige Geest resources were finally merged in the Stads Krankzinnig- en Beterhuis' budget in 1809, the act merely officialized a well established practice.²⁷⁹ But the city continued to pay a portion of the pro deo provisions and subsidized admissions, which outnumbered the cases of fully paid confinement by far. Requestors could apply for admission on costs of the house, the Diaconie or the city respectively, and final assignment was up to the Kamer Judicieel when the request was found justified.²⁸⁰

Increasing confinement on request

The inmate population of the Krankzinnig- en Beterhuis grew quickly after 1760.²⁸¹ It is likely that the trend was closely related to increasing economic pressure. In Dordrecht, the demographical development, tax revenues and grain prices all point to a marked impoverishment of the middle and lower strata of the population in the second half of the

²⁷⁶ <http://kranten.kb.nl>. Employment ads for binnenvader and -moeder of the Dordrecht Krankzinnig- en Beterhuis in the *Amsterdamsche Courant*, September 5 and 19, 1772 and October 6 and 17, 1772.

²⁷⁷ GAD 18, inv.nrs. 389, 390.

²⁷⁸ Geessink, 'Confinement op verzoek', 34.

²⁷⁹ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, 37; Alleblas, *College van Regenten*, 9.

²⁸⁰ Geessink, 'Confinement op verzoek', 34.

²⁸¹ Ibid, 48-51.

eighteenth century, especially after 1770.²⁸² Some well-founded quantitative research is available already, that allows for comparing the expansion of outdoor and indoor arrangements: Geessink provides figures for the Krankzinnig- en Beterhuis, while Palmen offers an analysis of the development of Diaconie support. The statistics show some striking correspondences, pointing to a rather straightforward correlation between material deprivation and support: both indoor and outdoor provisions had tripled by the 1790s compared to the lowest point around the middle of the eighteenth century.²⁸³

For the period between 1750 to approximately 1780, however, the expenses for outdoor support remained stable, at a slightly lower level than during the first half of the eighteenth century, even decreasing slightly between 1757 and 1762. Initially, the 1759 revision of the Diaconie instructions, aimed at reducing the costs for poor relief, thus does appear to have sorted some effect, even if the outcome might have fallen short of the policy makers' expectations. The numbers of requests for confinement, on the other hand, suddenly doubled after 1759, and kept rising quickly thereafter, in contrast to the numbers for outdoor support. The increase was mostly due to partially paid and pro deo admissions, which, if also related to the 1759 reforms of the charitable system, was surely an unforeseen and unintended effect.

Looking after an insane relative could be time-consuming and stressful, and had always entailed the risk of being reduced to poverty, when it prevented (potential) wage-earners from working. Poor relief by itself was not sufficient to live on, and supported families would have had little resources to spare, in terms of time, energy and money. Tightening eligibility criteria for outdoor support had stressed the obligations to (family) solidarity regarding care at home, and even entailed supervision and sanctions to enforce the requirements: 'De Diakenen zullen sig zorgvuldiglijk wagten eenige bedeelingen te doen aan de geenen (...) die in staat zijn, andere bedeeld wordende Persoonen in ziekte of anderzins op te passen en, door de Broeder van hun Quartier daar toe gelast zijnde, weigerig zijn 't zelve te doen'.²⁸⁴ Thus where family members did not feel up to the task, for whatever reason, any semblance of 'unwillingness' had to be carefully avoided, and it could

²⁸² Nusteling, 'De bevolking', 83; Nusteling, 'De stadsfinanciën', 123-124.

²⁸³ Geessink, 'Confinement op verzoek', 51, 98; Palmen, 'Sociale zekerheid en armenzorg', 237.

²⁸⁴ GAD 134, inv.nr. 8, p. 199-200.

be expedient to stress the danger to life and limb, and threats to the public order, in order to obtain custodial care.

These eligibility criteria, to be sure, had long been made clear and explicit, and employing the language of the authorities could have been a 'reliable' strategy on the part of the requestors, even if their own criteria might have been different ones. But better prospects of proper charitable treatment in the new Stads Krankzinnig- en Beterhuis could have been an important pull. The bad reputation of the predecessor institutions might have prevented families to take the step to confinement earlier. The above mentioned request by the Heren Pieterson in 1714, who had been looking after their insane brother at home for over 20 years, testifies to their reservations in this respect: they regretted that confinement had become necessary, knowing that 'veele personen in Publique Dolhuijsen strikt opgesloten werden, hun nog overig verstand en kennisse 't eenemaale komen te verliesen'.²⁸⁵ Such apprehensions had been explicitly addressed by the asylum reform of 1759, and the efforts for improvement were surely noticed on the demand side as well.

But the rate for admission to the Krankzinnig- en Beterhuis on the grounds of insanity did not account for the surge of confinement on request in the last decades of the eighteenth century: following a decided increase after 1759, the figures for this group remain more or less stable, showing ups and downs. The figures for confinement for 'quade conduites', by comparison, were lower in the beginning, then roughly comparable until the 1770s; thereafter, however, they kept rising until they outnumbered the requests regarding insanity 5:1 around 1800.²⁸⁶ But importantly, *relatively*, more insane persons were admitted to gratis confinement throughout.²⁸⁷ Thus, institutionalization for insanity and 'bad behavior' respectively did certainly not occur indiscriminately.

Apparently, it was rather the pull of the new institution than the push of the economic malaise of the late eighteenth century that played a role in the development of confinement for insanity. Demand and supply regarding custodial care for persons of bad behavior, by contrast, seems to have been affected more directly by impoverishment. Lis and Soly may be right in assessing that adverse economical circumstances added to domestic problems, by provoking socially disruptive behavior as well as lowering the threshold of

²⁸⁵ GAD 133, inv.nr. 103.

²⁸⁶ Geessink, 'Confinement op verzoek', 97-98.

²⁸⁷ Ibid, 134.

tolerance.²⁸⁸ But there is no reason to assume that the policy makers gladly 'open[ed] the door'²⁸⁹ to the house of correction for this group, because it served their own interests of disciplining the lower classes. The preferred sanction for disruptive behavior was the withdrawal of public support: in the 1759 amendment regarding the 'huiszittende armen', custodial care did not figure as a means of deterrence.

Still, under the pressure of increasing poverty, the urban government resorted to granting pro deo provisions on the grounds of bad behavior as well,²⁹⁰ most likely though as an act of charity to the afflicted families. Thus, unintended and unforeseen, the explicit list of reasons for exclusion from outdoor support came to provide arguments for requests for gratis confinement for this group in the long run. Geessink reports the regents' growing distress regarding the steadily increasing expenditures:²⁹¹ although the boarding fees were raised in time, the income thus generated never sufficiently compensated the costs for pro deo provisions and partial payments of the less well-off.²⁹² In 1770, a new rule was introduced that demanded to let admission for poor persons of bad behavior take place by daylight, as a means of deterrence by inflicting shame.²⁹³

The Stads Krankzinnig- en Beterhuis clearly remained to be seen as a *charitable* institution for custodial care for the insane. Measures that were intended to sustain it did not turn it into a commercial or even self-supporting enterprise. Instead, they bound the supply side to their own rules, and enabled strategizing. Confinement for bad behavior turned from a financial asset to a liability, and overall, increasing costs for pro deo admissions were clearly a consequence that was neither envisioned nor welcomed.

The charitable economy

Regarding the functioning of the 'charitable economy', the trend discerned in the period before 1759 continued through the second half of the century. The leading faculties of the Dordrecht community were tied to their own standards and took their responsibility accordingly. Tax collections on elite status symbols were further extended, with the

²⁸⁸ Lis and Soly, *Disordered Lives*, 48-52, 112-127.

²⁸⁹ Ibid, 199.

²⁹⁰ Geessink. 'Confinement op verzoek', 131.

²⁹¹ Ibid, 133.

²⁹² Ibid, 34.

²⁹³ GAD 22, inv. nr. 1, entry of February 5, 1770.

introduction of the 'heergeld' on wine and domestic servants, as well as levies on carriages and distilled liquors.²⁹⁴ The highest strata were expected to put their social and symbolic capital in the balance, in order to raise the means for public welfare. Their personal participation in the general collections was seen to promise higher revenues: the deacons explicitly invited the members of the Oudraad to attend, '"om aan deze extraordinaire collecte eenige extraordinaire luijster en defftigheid bij te setten".²⁹⁵

Despite all appeals to the self-reliance of the beneficiaries of poor relief, the policy makers accepted a shift of responsibility to the supply side of provisions, which is apparent in the instructions for the Stads Krankzinnig- en Beterhuis already. Despite the escalation of costs, barriers to pro deo arrangements for custodial care were not raised.²⁹⁶ In order to provide for the ever-increasing demand, a municipal commission was installed in 1768, which conducted annual inspections of the premises, in order to determine which inmates could be discharged to make room for new admissions.²⁹⁷ In the early years of the new institution, the regents had insisted on partial payment by the requestors at least, but were then overruled by the Kamer Judicieel which accorded full exemption.²⁹⁸ From 1779 onwards, the regents personally visited the applicants at home prior to the admission, in order to form an opinion about their circumstances first-hand. Overall, their reports convey the impression of far-reaching leniency in the view of domestic misery; their comments often reveal an explicit reluctance to extract 'den uitersten penning' from people in obvious distress, even when it was caused by reprehensible misbehavior. When insanity was the reason to seek confinement, they were even less inclined to insist.²⁹⁹

It is telling that after 1779, the city doctors were hardly ever consulted on requests for admission anymore.³⁰⁰ Since the overall number of Diaconie-supported poor was increasing, they might have just been too preoccupied with other duties. But most likely, their advisory function became redundant when the regents assumed a more direct, personal role in the admission procedure. Expertise regarding institutionalization in general, and insanity in particular, was not perceived as the exclusive domain of the medical

²⁹⁴ Palmen, 'Sociale zekerheid en armenzorg', 237.

²⁹⁵ GAD 150, inv.nr 1364, p. 19.

²⁹⁶ Geessink, 'Confinement op verzoek', 34.

²⁹⁷ Van der Chijs, *Geschiedenis van Dordrecht's krankzinnighuis*, 62.

²⁹⁸ Geessink, 'Confinement op verzoek', 33.

²⁹⁹ Ibid, 135.

³⁰⁰ Ibid, 20.

profession: lay testimonies by relatives and neighbors remained common, and ultimately, the regents themselves felt competent to decide. As Geertje Mak and Geert van Dijk have concluded regarding admission procedures for the insane in Utrecht during the eighteenth century, a prominent function of the doctor was that of an 'investigator' of domestic affairs.³⁰¹ In Dordrecht, in the face of growing threats to the healthy functioning of the asylum and the urban community as a whole, responsibility was shifted further to the higher faculties, thus cutting short the perception of a mere intermediary. Overall, a conservative assertion of the habitual frame of reference, rather than innovation or 'modernization', characterized the developments of the second half of the eighteenth century.

³⁰¹Geert van Dijk, and Geertje Mak, "'Geevende alle blijken van volcomen gekheyd.' Veranderingen in opnameprocedures bij krankzinnigen gedurende de 18e eeuw in Utrecht' (Utrecht University 1987) 64-69.

Conclusion

In Dordrecht, custodial care for the insane was firmly integrated in the institutional landscape of charity throughout the seventeenth and eighteenth centuries. The institutions for urban welfare were regulated according to the frame of reference that ordered community as a whole, to function as an interrelated *system* of collective social intervention: the policy makers perceived themselves as the 'higher faculties' of a god-given, natural order, which endowed them with the privileges and responsibilities according to their social position. Asylums in the time frame of my research were developed into prestigious showcases of the prevailing hierarchical and paternalistic order.

Discipline was conceived as the natural, self-evident principle of organization, observable in the proper 'household order' or 'health' of individual as well as collective bodies: from political government to family relations and every single member. Proper functioning, however, depended on balanced reciprocal relations. High investment in terms of conformity and obedience to the ordering principle justified high expectations in return. By investing in charity, the policy makers of welfare provisions enhanced and legitimized their elevated position in the community. Their very aspirations to social leadership bound the policy makers to their own charitable standards. Poor relief was provided as supplementary support, and became ever more costly under deteriorating economic conditions in the seventeenth and eighteenth century. In generating and allocating the necessary means, the prestige of the much more costly asylum system played an important role: it was regulated to display the merits of proper fulfillment of social obligations, on the part of the benefactors as well as the beneficiaries.

Accordingly, until 1759, target groups that were suited to display the functionality of the whole were prioritized in custodial care. Where members of the community disqualified themselves from collective support by willful violation of the social rules, it was increasingly withdrawn, or penal responses were deployed. The insane, however, were clearly seen as exempt from such sanctions, since their condition was characterized by the *disability* to function. Incapable of maintaining themselves, they were entitled to support, guidance and treatment, but not necessarily to a place in the asylum: responsibility lay with the family, and provisions of outdoor poor relief when necessary. Even in times of tightening budgets and economizing, barriers for them were raised only regarding indoor custodial care: they

were eligible only where families could not contain aggression and danger, and where the wellbeing of others was at risk.

Within the asylum system, they were reduced to a marginal position by policies that depended on reciprocal relations and valued social conformity. The very unruliness of their bodies and minds made them unsuitable for inclusion in the regimen of the high-profile godshuizen of the time. Highly disciplining routines regarding conduct and appearance came to distinguish the well ordered household of the orphanages. Diligence, trimness and obedience of the children were awarded with high quality provisions. Such high standards, however, were set only for those who were expected to be able to conform. The insane were clearly not. Since discipline and health were perceived as essentially related, their condition was clearly seen as an illness: health, however, was neither an exclusive domain of the medical professions, nor was *cure* associated with custodial care. In the stads- or godshuizen that specialized in care of the sick, the insane were also not welcome. Since they qualified for custodial care only where their inability for discipline was asserted, their condition was feared to endanger the healthy and natural response of other sick bodies to efforts of balancing and cure, and they were increasingly barred from charitable infirmaries.

Thus the specialization of the asylum system entailed the separation of the mad, and an adaption of established 'good charitable approaches' to their special problems. Accommodation for the insane required safe custody first, and healthy practices second. Since the internal regimen could not rely on disciplining, only a minimum of 'proper', 'healthy' routines was provided. The low profile of these institutions, however, made it more difficult to allocate the personnel and financial means required for their maintenance. Resources were transferred from more 'profitable' branches of the asylum system, in the form of monetary subsidies, but were still never sufficient. The staff, perceived to fulfill a dangerous and unprestigious task, were compensated with a loosening of the reins, and were thus allowed to make an economic profit of their own, and prioritize their work accordingly.

Certainly though, the mad were not perceived as 'wild animals' or criminals, and where, over time, prioritizing and economizing resulted in conditions that resembled punishment rather than good charitable and healthy practice, the policy makers intervened: in 1759, it was asserted that the contrary to its proper assignment, the display of the asylum for the insane exposed that the necessary high investments of the supply side were going to

waste. Financial and humanitarian motives for the foundation of the Stads- Krankzinnig en Beterhuis were thus intertwined. Accordingly, the new institution was regulated to restore healthy, charitable practice while ensuring economic viability at the same time.

Material and symbolic resources of the most prestigious godshuizen at the time were employed: an orphanage was converted to accommodate the new institution, and the instructions and regulations of high profile regimes were emulated and even elaborated. However, all responsibility for discipline had to be assigned to the ordering faculties and, vicariously, the staff. Practices that had evolved in the margins of the asylum system earlier on, were then appropriated to serve the economic sustainability. A three-class system was established, in order to utilize the privileges provided to paying customers as a source of income for maintaining pro deo arrangements. Custodial care for the insane was thus (re)organized by conservative policies that reasserted the value of charitable investment. Policies of safekeeping had to take into account the inmates' health and comfort, and shifted the emphasis from custody to care.

Thus, the 1759 reform did not reflect a sudden change in the frame of reference. Instead, it was undertaken to correct the unintended results of policies adopted as expedient earlier on. Brought into discredit by the maldevelopment, the legitimacy of the policy makers' social position was to be asserted as natural and given, beyond question. The objective of the reform was to restore the proper function of the asylum system to display and regulate the healthy functioning of the 'well ordered household' of the organic urban community. Granting unconditional entitlements to charity to those at the very bottom of the social hierarchy, due to their incapacity to participate in reciprocal relations, reflected on the position of those at the very top. Thus, the asylum system was delineated along the same lines that defined the community as a whole: regarding the highest and the lowest functions, withdrawal of support was not an option. That was the very message conveyed in the showcase of the Stads- Krankzinnig en Beterhuis.

Regarding early modern conceptions of the 'problem of insanity', insights into the Dordrecht policies of institutional indoor provisions also invite many questions. Firstly, how can my findings be related to developments in other Dutch communities of the time? In the above case, the contemporary answers provided in the course of time appear always framed, but not determined by the general frame of reference. Different approaches and results

elsewhere thus need to be investigated, in order to test my assumptions about the underlying rationale. Secondly, can parallels be established between the 'Dutch approach' and developments in other European countries, like early 'moral management' in England? If so, what were the channels of connection and exchange?

Most prominently, though, the question of informal coping strategies comes to the fore. Insanity as such was not perceived as a problem that required institutional custodial care. How were problems and appropriate approaches conceptualized outside of the asylum? How were insane persons treated in the community/family context? How was guidance, care and treatment given shape? Thus letting go of the perspective of institutionalization altogether may finally enable a balanced picture: of what was characteristic to demand side as well as supply side strategies, and of the distinctness and interrelation of the approaches.

Regarding present-day policies of institutional responses to insanity, the Dordrecht case study illustrates that disciplining and emancipation are no opposites, but intimately related to concepts of health and sanity, and dependent on the social context. Reflection on the ordering frame of reference is indispensable: allocating resources always requires prioritizing, and expertise is always related to moral legitimacy. Rationales can produce adverse results though, and need to be evaluated, since routines of good practice are powerful means to equate constructed to natural categories.

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390, Authentiek uittreksel uit de resoluties van het Gerecht van 25 oktober 1768 waarbij Elizabet Vermaas, verblijvende in het weeshuis, wordt veroordeeld tot twee jaar opsluiting in het Kranzinnig- en beterhuis, 1768

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78, Bijlagen bij de rekeningen en verantwoording, 1726-1745

83, Onderhandse akte van verhuur door de regenten aan de binnenvader en binnenmoeder van het Leprooshuis, 1697

86, Akten betreffende de verzorging van Femmekken Dincklagen in het Krankzinnighuis, 1732-1743

90, Lijst houdende de namen van personen die in het Leprooshuis verzorgd worden, 1658

96, Onderhandse akte tussen de regenten en Dirck Dircxz. Oudequartel betreffende de verzorging Maeijcken Cornelisdr. in het Krankzinnighuis, 1682

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103, Verzoekschrift van Alexander en Laurens van Pietersen aan het stadsbestuur betreffende de verzorging van Abram van Pietersen in het Krankzinnighuis, 1714

104, Beschikking van het stadsbestuur betreffende de verzorging van Pieter van den Houting in het Leproos-, arme gevangen-en krankzinnighuis, 1746

- 125, Mandaat van het Gerecht aan de rentmeester betreffende een jaarlijkse betaling van aan de Diaconie voor de verzorging van Aerien Cornelisz., 1651
121-126, Mandaten van het Gerecht aan de rentmeester en regenten betreffende betalingen voor de verzorging van krankzinnigen aan familieleden

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10648, Ordonnantie provisioneel van schouth, borgemeester ende regierders der stadt Dordrecht, op 't stuck van den armen, ende het onderhout der selver, 1596
21939, Ordonnantie roerende de Weescamer, wees-kinderen, ende andere personen, toesicht behoevende, tot bewaringhe ende regeeringhe van haren goeden, (...) van den stadt-huyse met der clocke ghepubliceert, 1615.
39505, Alle de wercken, zo in de medicyne als chirurgie / Johan van Beverwijck, Amsterdam 1672
62324, Zogenaamde Heerenboekjes met de namen der stedelijke en semi-stedelijke functionarissen, besturen van liefdadige instellingen, schutterijen, gilden, heemraden, predikanten, ouderlingen en diakenen, rechterlijke macht, geneesheren e.d., voor de jaren 1694-1783 (digitaal te raadplegen)

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