these are related. By the same token, it is necessary to make clear that there are some bodies of information which can be profitably studied from several points of view. For example, there are certain dynamic mechanisms which can be understood both in the terms of psychodynamics and also in terms of experimental psychology, and both of these points of view should be presented to the student. The time has long since passed when we should take a deprecating attitude towards the sciences which deal with the very difficult body of social and psychological information. They have come a very long way, and they have many things to tell us which can be of help to us, even though they have not attained any final answers. In my opinion the 'basic science' course in this area would not be psychiatry, but would be behavioural and social science as directed at medicine with a view to providing all physicians with some of the information in these areas which we know they will need greatly later in their careers.

Sir Robert Platt

I would like to say just a little more on the question of psychiatry and psychology as science because there still is a great tendency to judge science by its power to predict by experiment, and by its ability to measure phenomena and express them numerically. I think Dr Hinkle rather begged the question by calling psychiatry a clinical science, because the very people who will say that psychiatry is not a science at all will also say that the clinician is not a scientist, and they may be right. It does help me to think that psychiatry and psychology have been greatly blessed by not trying to measure things. They have often gone astray when they have tried to measure things because they find themselves measuring either the trivial or the irrelevant. It helps me to feel that a science can be judged in one of two ways: by its predictable experiments and by its measurable phenomena, or by the closeness of fit between the theory and observable fact. The latter, surely, is the kind of science that both Freud and Darwin were writing about. Darwin did very little experimental work. His thesis rests upon the fact that the more you look into it the more you find that it explains observable fact, and I think psychiatry can be judged in that way. I do not think that it has gone as far as Darwin but it is going that way.

Dr M Ralph Kaufman

Perhaps I exaggerate a little for effect when I say that no psychiatrist should teach psychiatry. What bothers me about the psychiatrist teaching the medical student is that if the student identifies himself with the professor of medicine (which he does more often than with the psychiatrist), and the professor of medicine either ridicules or does not pay any attention, then the effect of the teaching is lost. At the present time, the American Medical Association is involved in setting up a series of conferences which will encourage the 200,000 practising physicians to accept their responsibility for every aspect of psychiatry in the patient that comes into their office, and take an interest in our State or special hospitals. It is hoped that in this way, over a period of years, psychiatry will be given a kind of priority in relation to the integral practice of medicine. To us who are working on this particular plan it seems to be a giant step forward to placing psychiatry in its proper perspective.

Dr David Stafford-Clark

The contribution of psychiatry to a fuller understanding of the principles and practice of medicine is ultimately to underline a final and fundamental truth – the wholeness, dignity, and infinite value of the individual man or woman.

The Honorary Officers of the Section are indebted to Messrs Smith, Kline & French for the provision of the transatlantic link.

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Meeting June 13 1961

Paper

experience and only cursory records were made by the doctors of the country asylum at St Remy. Yet it is possible by referring to his letters and the accounts of his friends, and examining the development of his art, to arrive at a reasonable estimate of his character and the probable nature of his illness.

Two facts are remarkable: apart from his brother Théo no one regarded Van Gogh as a significant artist during his lifetime and he sold

The Illness of Vincent Van Gogh

by R E Hemphill MA MD DPM (Barrow Gurney)

There have been many interpretations in books, films and plays of the career and illness of Vincent Van Gogh. Although his life is well documented contemporary medical records are slight. He was never examined by a neurologist nor a leading psychiatrist. The young Dr Rey had no special

only one picture, 'The Red Vine' in 1890; in spite of this, by his humanity, energy, and expressiveness, he engaged and retained the interest of relatives and friends. To some of these he revealed in letters his every thought and the daily changes of his emotions and hopes. Although hot tempered, latterly alcoholic, poor and unsuccessful he was never considered to be of bad character, a criminal, a tiresome drunk or a dangerous madman. When the crises of his illness had subsided doctors, nurses and friends were always ready to give him liberty and material help, such was the impact of his personality upon them. Against this background he stands out as an exceptional and sincere man with a great capacity for friendship but who suffered from mood swings and, in the last two years, epileptic fits.

A number of hypothetical diagnoses have been made. The most important were schizophrenia, psychopathic personality, temporal lobe epilepsy and cerebral syphilis. These have been discussed fairly fully by Kraus (1941) and Gastaut (1956). Of schizophrenia and cerebral syphilis I find no evidence. His relationships with friends and indeed his character exclude psychopathy and the episodes of antisocial behaviour were due entirely to illness or alcohol. Temporal lobe epilepsy has been argued persuasively by Gastaut but this diagnosis is too narrow to explain the wide psychiatric disturbances.

In my opinion Van Gogh was a manic depressive who developed confusional episodes and fits in the last two years of his life due to the toxic action of thujone, the active agent of absinthe, to which he had become addicted. The evolution of his illness may be observed as his life history is studied.

He was born on March 30, 1853, at Groot-Zundert where his father was pastor. He was the eldest of six. His beloved brother Théo was four years younger. His mother was a talented amateur artist and his paternal uncle a picture dealer in the firm of Goupil. One sister spent many years in a mental hospital, probably for schizophrenia. There is no other known history of mental illness or epilepsy. As a boy he was conscientious and solitary with a love of landscape.

On leaving school at 16 he was apprenticed to Goupil's in Brussels and in 1873 began the series of letters to Théo which he continued with slight interruptions until his death. Théo entered the firm about 1873 and Vincent, apparently a good salesman, was transferred to the London branch. About this time he started to draw seriously but without the hope or intention of becoming an artist.

In 1874, following the rejection of a proposal of marriage by Ursula Loyer, with whose parents

he lodged, he became depressed and returned to Helwirt, his father's parish. The next year he returned to Goupil's and worked in both London and Paris. 'Demoralized, ill at ease and depressed', he was dismissed for indifferent work. He recommenced work the following January but was finally sacked.

In April 1875 he wrote 'peace of mind returned to me'. He decided to become a painter but in order to earn his living he obtained a post at a small school at Ramsgate. This school failed. He felt drawn to religion and in July joined the Rev. Jones at Isleworth as a preacher. By all accounts he was excited and eloquent and was in fact dismissed. He returned to his home at the end of the year eager to become a pastor. He prepared for matriculation at the University of Amsterdam, supporting himself by working in a bookshop.

Vincent's letters show him to have been highly intelligent, and he was certainly energetic and well read for eventually he spoke and wrote quite fluently in four languages. Yet in July 1878 he abandoned his study for the University saying that it was beyond him, that he was worn out and he talked of suicide. In November 1878 his energies came back. He now became an unqualified preacher in the poor mining district of the Borinage. Moved by the sad state of the miners, he lived like them, gave his clothes away and paid visits unwashed and unkempt. He obviously was an embarrassment to the church and he was sacked. During this time he was very active and made many drawings of peasant life around him.

During 1879 he was depressed. He wandered throughout the country, a vagabond and miserable, unable to work or settle. He wrote 'it was in the depths of misery I felt my energy return, whatever happens I shall make good' and he returned to the Borinage for a while to draw. In that year brother Théo decided that he would devote himself to Vincent and thereafter maintained him from his earnings.

In order to perfect his painting technique Vincent joined the Brussels Art School, but finding the teaching sterile he returned to Etten where his father was now pastor. There was then the incident of his refusal by Kee Vos, a widowed cousin.

In 1882 there was a period of elation when he quarrelled with his cousin, Mauve the painter, at Antwerp and started freelance painting. There followed the famous incident of Sien. She was a prostitute, an alcoholic and pregnant. He called her Sien, signifying that she was his own, and devoted himself to her and her children. In September of the next year he became depressed, abandoned Sien, left the Hague and wandered through the country with a bundle, living rough and sleeping out. He travelled in the desolate

area of the Drenthe and returned at the end of the year to Nuenen, his father's new parish. At this time he painted dark still-life pictures and dark portraits. He remained there for two years.

His life with the prostitute Sien as well as his desertion of her seem to be out of keeping with the character of the would-be evangelist but his behaviour can be explained by a hypomanic state when he idealized the woman and hoped to reform her, followed by depression, hopelessness and feelings of guilt when he abandoned her and her children, having lost the capacity for positive feeling.

In November 1885 he went to study at Antwerp and was impressed by the dramatic and emotional use of colour by Rubens whose paintings he saw for the first time. He was attracted by the Japanese colour prints which were now making their appearance in Western Europe. Unsettled, he moved to Paris to stay with his brother Théo and remained there from March 1886 to February 1888. He formed friendships with the group of modern painters that included Toulouse-Lautrec and Gauguin. There were wide fluctuations of mood and activity and some of his paintings show a new use of colour which was quite startling. Théo wrote that from time to time he seemed a changed man, sometimes intolerable and at other times gentle as he used to be. Vincent wrote that 'a spring-like poetic feeling' enveloped him and that he noticed his palette suddenly became brighter.

In February 1888 he travelled to Arles, there to live and paint. This was not in search of the sun as novelists have suggested but to seek a European landscape resembling that of the Japanese colour prints. He took rooms in a house in Place Lamartine which he called the Yellow House, yellow being the colour that indicated friendship in Japanese. There he painted many of his bestknown pictures of harvests, sunflowers and local portraits. At first he wrote with great optimism that he was in 'a turmoil of work' but in July there was a period of depression. He wrote 'I threw myself body and soul into my work. If the storm inside me growls too lively I drink a glass too many to stun myself. This is madness when I consider what I ought to be'. During the year there were periods of great activity when he scarcely had time to eat and in one week it is said that he lived on 23 cups of coffee and a little bread. In the autumn he evolved the idea of making the Yellow House a centre for painters. He invited Paul Gauguin, who was then the centre of a circle at Pont Aven, to join him and, with Théo paying the fare, Gauguin arrived at Arles. Gauguin, so dissimilar from Vincent, quarrelled with him at once. He encouraged him to drink and visit the brothels and would not put up with his frugal living. On Christmas Eve 1888 there

was a quarrel. According to Gauguin's unreliable story (1952), Vincent threatened him with a razor. Gauguin went to a hotel and in the night Vincent cut off part of his ear, parcelled it up and deposited it with the prostitute Rachel at the No. 1 brothel in Arles. The story of the ear has been much romanticized but the truth from contemporary records, as related by Doiteau (1940) is as follows: Vincent cut off the upper part of his left ear, which appears as the right in the self-portrait painted from the mirror. He parcelled it up and brought it to Rachel. Terrified of trouble she gave it to Madame Virginie, the proprietress, who in her turn gave it to the police. Next day, too late to be sutured on to Vincent, it was brought to the hospital. Dr Rey kept it in spirit until the autumn of that year. His successor threw it out.

Vincent retained no recollection of the event. It occurred probably in a post-epileptic or alcoholic delirious state. He was admitted to the Observation Ward at the General Hospital under Dr Rey, a young interne, who noted that he had a 'sort of epilepsy'. Vincent was apparently in a state of excitement and confusion with terrifying hallucinations of sight and hearing and a great agitation – what may have been delirium tremens. For several days he was ill but on January 1 he was well enough to go out with a friend.

The following is a record of the clinical history in chronological order:

On the night of Christmas Eve 1888 he cut off his ear and was admitted in a state of delirium to the hospital. On January 7, 1889, he was discharged but experienced what he called 'surexcitation'. This seems to have been hypomania. On January 30 he was in a state of excitement. On February 8 he was confused, thought he had been poisoned and was readmitted to hospital. On February 20 he improved and was able to write to his brother Théo. On February 28 he became confused and wild and was put back into the cells. On March 19 he was better and wrote again to Théo, but apparently there was another phase of excitement. On March 23 the painter Signac visited him and took him out to the city, whereupon he drank turpentine with immediate relapse. On March 27 he was calm.

These attacks seem all to have been similar with excitement, terrifying hallucinations and wild behaviour followed by confusion. On each occasion he left hospital he drank absinthe and this seems to have provoked a recurrence. On May 9 he decided to enter St Remy Hospital as a voluntary patient. There he was treated with great consideration and in spite of his erratic behaviour granted a room to himself and opportunities to paint.

He began to paint with great fervour. On July 6, 1889, on parole, he went into Arles, drank and

immediately had a convulsion and a fall. In August he was working and painting. In September he was extremely active, in a state of hypomania. In October he had settled, and was granted permission to paint outside the asylum. At Christmas there was an episode of drinking. On February 20, 1890, he went for two days to Arles, began to drink, became confused and wandered, and for the next two months had episodes of excitement with night terrors and hallucinations. In April, in a state of depression, he attempted suicide by swallowing his paints. On April 29 he was brighter but still depressed. He then felt that he was becoming normal because he wrote that he could no longer tolerate the company of patients and persons around him. His brother Théo arranged for him to lodge at Auvers, near Paris, under the supervision of Dr Gachet who was a well-known amateur artist and friend of artists.

Vincent left St Remy and spent four days in Paris. On May 21, 1890, he arrived at Auvers. On July 6, no longer drinking, he visited Théo at Paris. Friends noticed that he was sad and seemed unsettled. On July 8 he painted the last 'Cornfield' subject with its troubled skies and sinister crows. He said it expressed 'solitude and sadness'. The end was now inevitable as the signs of depression were not recognized by those around him. On July 14 he watched the National Day celebrations and painted a strange picture of the town hall. It is decorated with flags but the scene is devoid of gaiety and the square is empty of people. On July 27 he shot himself and died on July 29. Just before his death he wrote an incoherent letter to Théo and his last words were 'will this misery never end?'

Dr Felix Rey attended and befriended him from the time he was first admitted to the hospital at Christmas 1888 until Rey left for a post in Paris about six months later. He considered that he was suffering from 'a sort of epilepsy with hallucinations and episodes of agitation and confusion provoked by alcoholic excesses'. He gave this diagnosis to his chief, Dr Urphar, head of the hospital at Arles and to Dr Peyron of St Remy, to Théo and to Vincent. No other clinical diagnosis seems to have been made in Vincent's lifetime. He was treated by bromide in heavy doses and by the withholding of alcohol.

His mental illness, complicated by alcoholism and a form of epilepsy, was a manic depressive psychosis. The following extracts from his letters to Théo show this clearly:

July 1880: 'The traveller after many wanderings and after being tossed on a stormy sea arrives at last at his destination. He who seemed good for nothing and incapable of performing any task finished by finding a place suitable for him and capable and full of activity

he turns out to be quite otherwise than he seemed at first sight. . . . One who is inwardly tortured by a desire for action who does nothing because it is impossible for him to do anything, because it is as if he were imprisoned within something. . . . When sympathy returns life is born again.'

1888: 'If you are healthy you must be able under those conditions to work the whole day on a single piece of bread and still have the strength to smoke and drink your glass. You can feel the stars and the infinite above so that in spite of everything life is almost enchanting.'

July 1890: 'I have started to work again but the brush nearly drops from my hand. Paintings represent enormous stretches of cornfield under a troubled sky and I have not hesitated to express the feeling of sadness and utter solitude.'

In his letters to his brother and to Bernard he refers repeatedly to changes of mood, and fluctuations between elation and anguish were noticed by Théo. Dr Rey wrote 'just after each crisis he had a great urge to paint and an eye very acute, and he thought he could reach heights of his art that had seemed unattainable'.

There is no evidence that he touched alcohol before he arrived in Paris. About 1886 he began to drink heavily and his portrait by Toulouse-Lautrec shows him sitting at a table staring over a glass of absinthe. There is a suspicion that he had fits during 1887 and in the winter of 1887–8 already some major fits were observed. During the period of 1889 undoubtedly some of the fits were prolonged and accompanied by convulsions. In one of the phases he showed a retrospective memory very suggestive of a temporal lobe disturbance. He wrote 'during my illness I recaptured in my imagination every room in the house at Zundert, every path, every plant in the garden, views of the surrounding country, the fields, the neighbours, the cemetery, the church, our garden, the kitchen garden behind, everything down to the magpie in the tall acacia in the cemetery'.

The mental effects of the old absinthe were well known. Numerous writers and painters described them in nineteenth century France. Alfred de Musset wrote a poem 'To Absinthe'. The old absinthe was introduced into France by North African troops in the 1840s. They believed that it prevented fever. It was made from artimesia, the volatile oil of which was thujone, in 40-80% alcohol. Thujone produces marked excitation of the autonomic nervous system and over-indulgence is said to produce manic states and hallucinations. Sollmann (1948) and Meyers (1929) discuss its pharmacology and effects.

In France absinthe drinking created a great social problem because of the eventual mental deterioration it caused. In 1912 the sale of real

absinthe was forbidden by law and a substitute introduced. In 1914 absinthe was prohibited altogether but in 1922 it was licensed for sale containing 40% alcohol plus 2 g of essence per litre after extraction of thujone.

There is clear evidence that Vincent took increasing quantities of old absinthe and that in the course of the last eighteen months of his life this was accompanied by fits with hallucinations of a kind that have been well described by writers as occurring in absinthe drinkers. When allowed to go into Arles from hospital he frequently drank absinthe, provoking further fits and confusion, sometimes prolonged. Vincent's fits seem to have been controlled by bromide and withholding alcohol which would be indicated for absinthe intoxication but not likely to be effective in temporal lobe epilepsy. The fits seem to have subsided in 1890 and there is no indication from the written record of developing organic dementia. Yet his agitated writhing style of painting, which is marked in 1889, may have been in part due to brain disturbance. It never really changed and is as marked in portraits as in southern landscapes. This will be well seen by comparing the strange portrait of two children of June 1890 with any of the portraits before 1889.

There is no evidence of schizophrenia or of psychopathic personality. On the contrary his personality was warm and friendly. He was intelligent and loyal. He tried to repay kindnesses and even bothered Théo to purchase an Old Master engraving which he thought Dr Rey would like. There was never any phantasy formation and his writings are lucid and logical. He was deeply moved by unhappiness and misery around him and it is this no doubt, rather than evangelical urge, that caused him to work amongst the poor miners. Throughout his life he had the compulsion to communicate and exteriorize his feelings. It would appear that words were inadequate to express them and it was on this account that he became a painter. He perfected his technique by studying hard at various art schools until he evolved a method of painting suitable for his emotional requirements.

Van Gogh always worked from subjects. He painted landscapes, still life, and portraits and copied other paintings. All his paintings are remarkably precise records of the subjects in front of him but transformed to express the intensity of his emotions by use of colour and the manipulation of paint. Tralbaut (1959) has reproduced a number of his pictures alongside photographs of the scenes or sitters, from which it will be seen that the formal accuracy is astonishing and that he took no liberties with the factual elements of a subject. He has left no visionary creations or purely imaginary pictures.

All of his great output (more than 800 are catalogued by Faille and many are known to have been lost or destroyed in his life) was produced in his last seven years and it is in the last four years that his technical mastery was sufficient to express his feelings. In many of those of 1888-9 painted at Arles there is a quality of agitation, with waving flame-like lines, that is suggestive of toxæmia or brain disturbances as well as supercharged emotional excitement. The trees, roads and clouds writhe and the sun burns with quivering intensity. When depressed the tones become more sombre. The last 'Cornfield' of July 1890 is in gloomy and forboding contrast to the illuminated joy of the 'Provençal Cornfield' of the previous year. The 'Church at Auvers' of July 1890 is more subdued and stark in colour relationships than usual and the last picture 'The Mairie' of July 14, as mentioned before, conveys the feeling of desolation or even of imminent disintegration.

The fluctuations of colour and style are well seen by a series of drawings, in chronological order, selected by Cooper (1955). In studies 26 and 27, made between May and July 1889, when he had fits and was confined to his room at St Remy, there is a lack of composition and of linear perspective. In No. 32, made in June 1890, the landscape is much altered as if 'nearing the final crisis of his life, his vision of nature became increasingly charged with the violence of his personal drama'. In addition to the above, the following selected pictures illustrate his development and the theory I have propounded:

Potato Eaters (May 1885) Portrait of a Woman (December 1885) Japonaiserie, The Tree (1886) Le Père Tanguy (Paris period, 1887) His Bedroom (February 1888) The Bridge, Arles (March 1888) Harvest (June 1888) Sunflowers (June 1888) The Yellow House (July 1888) Café at Night (September 1888) Hospital Garden (May 1889) Superintendent of Nurses, Trabu (September 1889) Cornfields (June 1889) Yellow Corn (October 1889) The Ravine (December 1889) Road and Cypresses (May 1890) Portrait of Dr Gachet (June 1890) Two children (June 1890) The Church, Auvers (July 1890) Cornfield and Crows (July 1890) The Mairie (July 1890)

Sien (1882)

Many artists have left self-portraits but none so many as Van Gogh. He painted 30 self-portraits and 3 sketches in the five years between 1885 and 1890, the majority in Paris and the last two at St Remy Asylum. In all these self-portraits the artist has a questioning eye and he seems to observe himself in the mirror as some depressed patients

do, looking for reassurance or endeavouring to see themselves as they feel they are. Nearly all the Van Gogh self-portraits express this uneasiness. In my view, calm is observed only in the self-portrait after he has mutilated his ear, the portrait of the man with the pipe, expressing the calm and relief that is so often observed in the depressive after an attempt of suicide.

Portraits of Van Gogh have been left by John Russell (1886), Levens, the Australian artist (1886), Toulouse-Lautrec (1887) and Gauguin (1888). Of these the pastel by Toulouse-Lautrec is regarded as the best. In all he is seen keenly observing and absorbing the world in front of him.

It is remarkable that his pictures, which so soon after his death became among the most popular romantic pictures of all time, should have been so generally misunderstood and failed to move those around him in his life. Dr Rey, who died in 1927, to the end thought nothing of them. He accepted his own portrait to please Vincent, put it in the henhouse and sold it later for 150 francs which he considered too much. In 1908 it was sold to a Russian dealer for 4,600 francs.

At St Remy, Vincent could not persuade anyone but the pharmacist to accept a painting and he only did so to ease his disappointment.

Théo appears to have believed more in Vincent's genius than in his painting. He died about six months after his brother, not of a broken heart as has been said, but of uræmia, having suffered from stones in the kidney, uræmia and pyelitis for some years. He had a psychotic episode and became suspicious and dangerous when uræmic some time before his death.

It would appear that to-day for many people Vincent's pictures show aspects of the real world as the ordinary man would like to see it, that is to say emotionally and not realistically, and that in his lifetime the public eye was still conditioned by the old criteria of visual expression and not sufficiently liberated to appreciate his work. This was soon to change, as the poet H von Hofmannsthal (1952) realized when he wrote of an exhibition in 1901, of the 'still obscure artist Vincent Van Gogh'.

It is possible that but for his cyclothymic mood swings and the cerebral effect of absinthe the intensity of his vision of the world might not have been released into his masterpieces. He was aware of the irresistible forces of his illness and may have felt this when he wrote 'we must all share in diseases. It is hardly fair to be free of them if one has lived for years in good health. I would not exactly have chosen madness if I had had my choice, but once one has had a disease like that one cannot catch it again. Perhaps it is a consolation that in spite of it I can continue to paint. Although I think squarely of accepting the role of an insane person, I do not feel that I have the strength for such a role'.

Among the extensive bibliography about Van Gogh, the most informative about his illness and the incidents of his life in hospital are the papers of Leroy (1926), Doiteau & Leroy (1939) and Doiteau (1940); they visited Provence and met Dr Rey and other persons who had known him. Kraus (1941) has contributed a comprehensive review of the medical literature and Gastaut (1956) the latest evaluation of his illness.

Dr Hemphill showed a number of paintings to illustrate this lecture all of which are reproduced in black and white or in colour in the following works: Tralbaut (1959); Cooper (1955); the Phaidon Press publication on Van Gogh (1956); Faille (1939), the complete catalogue of all Van Gogh's known works up to 1939. Black and white reproductions of all the self-portraits are to be found in the catalogue of Van Gogh Self Portraits, Marlborough Fine Arts (1960). The letters of Van Gogh to his brother Théo and to Emile Bernard, and the journal of Paul Gauguin, complete or abbreviated, have been published in several languages.

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