

Pathological Features in Rembrandt van Rijn's *The Mennonite Preacher Anslo and His Wife*: 380 Years in Art and Medicine

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Portrait painting occupies a leading role in Rembrandt van Rijn's art. Among these portraits are works with details substantive enough to be examined and evaluated by modern physicians. Details include postmortem human body examination by Dr. Nicolaes Tulp [1], female breast carcinoma of Hendrickje Stoffels, who was Rembrandt's de facto wife and served as a model for *Bathsheba at Her Bath* [2], facial changes in late congenital syphilis of Gerard de Lairesse [3], and presumable melancholia or mild depression, chronic lead poisoning traits, and aging changes in Rembrandt's self-portraits [4]. Close-up examination of details of another Rembrandt portrait, *The Mennonite Preacher Anslo and His Wife* [Figure 1], gives us the opportunity to detect pathological changes in a married couple previously not captured or discussed.

CANVAS TITLE

The portrait of Anslo and his wife is related to first decade of Rembrandt's life in Amsterdam, years initiating realization of his talent. One of the moments of the creative process during this period was his close relation to the Mennonites community. Mennonites were a religious denomination of Christianity in the first half of 16th century and influenced of the ideas of Menno Simons. Mennonites ex-

Figure 1. *The Mennonite Preacher Anslo and His Wife*, 1641, oil on canvas 207.6 × 173.7 cm: Rembrandt van Rijn (Gemäldegalerie, Staatliche Museen zu Berlin)



erted a strong influence on the economic, intellectual, and cultural life of Amsterdam in the early 17th century. About 7% of Amsterdam's citizens at that time were Mennonites. The Gemeente Waterland (Waterland congregation) was their biggest spiritual faction [5].

Thirteen portraits of congregation members were commissioned to Rembrandt [6]. Hendrick van Uylenburgh was an active Waterlander who was one of the leading art dealers and the head of a studio where Rembrandt became a

chief painter after moving from Leiden to Amsterdam. Rembrandt's wife, Saskia van Uylenburgh, was Hendrick's first cousin. The Waterland congregation was headed by Cornelis Claesz Anslo. His father's family arrived in Amsterdam from the city of Anslo, now Oslo, Norway, and the country's capital since 1925. Cornelis was the prosperous cloth merchant, ship owner, preacher (minister) at the Waterland congregation, which was memorable for its charitable projects and friendly relationship to Rembrandt.

Mennonite portraits painted by Rembrandt preserved the distinctiveness of his contemporaries. The double portrait of a Mennonite minister by Rembrandt shows a unique moment of Anso's very popular intellectual prophet–preaching.

DESCRIPTION

The furnishings in the background indicate that the preacher is a prominent person. The reading desk, as well as the books in the wall niche and on the table, which is free of household or handwritten items, suggesting that they are attributes of Cornelis's preaching work and that the room was used as an audience. Anso's articulation is directed toward his wife. The preacher's left hand points to the book on the table in support of his arguments. The color of the left index finger's nail is changed. The nail plate surface is brownish with locally different intensity. Nail hyperpigmentation extends to the proximal fold (Hutchinson's sign?) [Figure 2] and indicates a melanocytic neoplastic lesions.

Differential diagnosis includes melanocytic activation, lentigo, nevus, or melanoma. Total character of nail injury, focal color heterogeneity, and proximal nail's fold involvement may indicate Hutchinson's signs may be arguments for nail bed melanoma. In addition to this

oil portrait, there are at least 13 etchings and pen-and-ink portraits of Cornelis painted by Rembrandt same year. They are saved in galleries and museum in the United States [7], United Kingdom [3], Canada [1], France [1], and South African Republic [1]. It is impossible to see the nail pattern. A copy of Rembrandt's double oil portrait painted by Jan Maurits Quinkhard in 1759 was hosted in a poorhouse established by Cornelis's father in 1615–1616 and funded by him and his descendants. Unfortunately, the fate of the copy is unknown.

Pigmented skin lesions were known to doctors of antiquity, including Hippocrates and Rufus of Ephesus, as fatal black tumor long before the term melanoma was introduced by Robert Carswell [7]. Nail bed melanoma was recognized in 1834 (Boyer) and is accepted as a very rare variant of acral lentiginous melanoma. In the proficiency of medicine in the middle of the 17th century, the mortality rate for this disease can be compared with stage IV today; that is 80–85 out of 100 patients die within 5 years [8]. Anso, at 49 years of age, looked like a person in good health. He died 5 years later.

Pigmented skin neoplasms are recorded in various portraits from different masters. The majority have appearances of benign melanocytic neoplasm, in par-

ticular, in Rembrandt's (or his follower) *The Man with the Golden Helmet*. Skin melanoma can be noticed in the image of Maria Josepha in Francisco Goya's *Charles IV of Spain and his Family* (1800). The King's sister died in 1801 at age 57 years. Concerning the nail bed melanoma paintings the question is, do they really exist? Cornelis Anso is probably the first patient whose nail bed melanoma is depicted by a great master 380 years ago.

By the time of the painting Cornelis and his wife, Aaltje Gerritsdr Schouten, they had been married for 30 years. Most likely they are about the same age. Their clothing leaves the impression of prosper spouse. An openwork bonnet covers part of the women head. The frontotemporal area over the anterior hairline is hairless, the skin is smooth, shiny, and slightly pale [Figure 3]. Hair absence behind the frontotemporal line of Aaltje is undeniable when compared with the image of Griet Jans, woman of the similar age and social status dressed by similar capote in the Rembrandt's *The Shipbuilder and his Wife: Jan Rijcksen (1560/2-1637) and his Wife, Griet Jans (1633)*. The right side eyebrow and eyelashes of Aaltje are missing. Macroscopic patterns and localization of changes correspond to

Figure 2. Detail: Index finger's nail bed melanoma of preacher Cornelis Claesz Anso



Figure 3. Detail: Frontal fibrosing alopecia of preacher's wife Aaltje



frontal fibrosing alopecia. Typically, the disease affects white postmenopausal women, although there are exceptions in all aspects, for example, a baby with frontal fibrosing alopecia, depicted by Albrecht Dürer in *Madonna and Child with the Pear* (1526). According to art experts Aaltje's posture testifies to her attention to husband's persuasion and to his attempts to resolve her doubts about the faith [9]. Possibly her stance also shows the hidden signals of her body experiencing anxiety of hormonal disorders, pruritis, and trichodynia, which are frequent frontal fibrosing alopecia's associates. Perhaps these conditions influence Cornelis Ansló wife's pose, in contrast to posture of *Jan Rijcksen's* wife, who is devoid from frontal fibrosing alopecia.

Human hair loss (baldness) has been known since ancient times. It is mentioned, in particular, in the Bible (Leviticus 13). The word alopecia is derived from the Greek *alopex*, which translates to *fox*, an allusion to the seasonal molting and mange of these animals and was used

already in the time of Hippocrates. Clinical features and pathomorphology of frontal fibrosing alopecia as a variant of hair loss conditions were presented for the first time by Kossard in 1994 [10]. The portrait of Aaltje is only one of the many females Rembrandt portrayed during a lifetime of masterworks, which depict components of frontal fibrosing alopecia.

COMMENT

Pathological conditions of Cornelis Ansló and his wife Aaltje in their double portrait were probably visible by contemporaries but were not seen as having diseases many centuries later. They were destined to show the first depiction of nail bed melanoma and frontal fibrosing alopecia in the history of fine art and the earliest macroscopic illustration of diseases in the history of medicine.

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A scientist is in a sense a learned small boy. There is something of the scientist in every small boy. Others must outgrow it. Scientists can stay that way all their lives.

George Wald (1906–1997), scientist and Nobel laureate

Capsule

An autoimmune stem-like CD8 T cell population drives type 1 diabetes

CD8 T cell-mediated autoimmune diseases result from the breakdown of self-tolerance mechanisms in autoreactive CD8 T cells. How autoimmune T cell populations arise and are sustained, and the molecular programs defining the autoimmune T cell state, are unknown. In type 1 diabetes, β -cell-specific CD8 T cells destroy insulin-producing β -cells. **Gearty** and colleagues followed the fate of β -cell-specific CD8 T cells in non-obese diabetic mice throughout the course of type 1 diabetes. They identified a stem-like autoimmune progenitor population in the pancreatic draining lymph node (pLN), which self-renews and gives rise to pLN autoimmune mediators. pLN autoimmune mediators migrate to the pancreas, where they differentiate further and destroy β -cells. Whereas transplantation of as

few as 20 autoimmune progenitors induced type 1 diabetes, as many as 100,000 pancreatic autoimmune mediators did not. Pancreatic autoimmune mediators are short-lived, and stem-like autoimmune progenitors must continuously seed the pancreas to sustain β -cell destruction. Single-cell RNA sequencing and clonal analysis revealed that autoimmune CD8 T cells represent unique T cell differentiation states and identified features driving the transition from autoimmune progenitor to autoimmune mediator. Strategies aimed at targeting the stem-like autoimmune progenitor pool could emerge as novel and powerful immunotherapeutic interventions for type 1 diabetes.

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