

CLINICAL FEATURES SUGGESTIVE OF LYMPHADENOPATHY IN A PAINTING BY MARINUS VAN REYMERSWAELE

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FIGURE 1

The Moneychanger and his Wife, Museo del Prado, Madrid, by Marinus Van Reymerswaele (1493–1567).

The painting *The Moneychanger and his Wife* by Marinus Van Reymerswaele (1493–1567), which is exhibited in the Prado Museum, Madrid, Spain, discloses features of medical interest and stimulates a paleopathological discussion (Figure 1). The wife of the moneychanger has a cervical lymph node enlargement, not infiltrating the skin overlying it, and she also has a pale face and hands compared to her husband.

Hodgkin's lymphoma is in this case a likely clinical diagnosis, taking into account the age of the wife and her frail, anaemic appearance.

Thomas Hodgkin (1798–1866), an English physician, in his historic 1832 paper 'On some morbid appearance of the absorbent glands and spleen', described the clinical histories and gross post-mortem findings of seven cases of the disease that was later to bear his name.¹ The first microscopic descriptions of Hodgkin's disease were recorded in 1872 by Langhans.² The non-Hodgkin's lymphomas were described much later.

Hodgkin's disease is characterised by uncontrolled proliferation of typical Reed Sternberg cells and peritumoral lymphocytic infiltration leading to progressive, painless enlargement of lymphoid tissue throughout the body and finally anaemia. The cervical lymph nodes, in particular at the left side, are often the first to be involved. Fever, without other symptoms of infection, is relatively common, as are drenching night sweats and weight loss. The disease has two peak incidences, one around adolescence, mostly in young males, and one around 50–60 years of age. In untreated cases, the disease has a fairly rapid fatal course over a period of months with the exception of the paragranuloma, which runs a rather indolent course.

Hodgkin's disease in the cervical region has to be differentiated from tuberculosis lymphadenitis, chronic pyogenic lymphadenitis, chronic lymphatic leukaemia and infectious mononucleosis. Non-Hodgkin's lymphomas can also occur, and an accurate diagnosis can only be established with certainty by biopsy of a node.

HISTORY

An alternative diagnosis in this instance is cervical granulomatous lymphadenitis due to bovine tuberculosis, also known as scrofula. The majority of patients affected by tuberculous lymphadenopathy are children or young adults, but the condition can occur at any age. The local manifestations of tuberculosis of the cervical lymph nodes vary from slight enlargement of a single node to involvement of several. The initial inflammatory changes are responsible for the enlargement, and at this stage the node or nodes are discrete, firm and usually freely mobile. When the lesions of the individual nodes become caseous, however, there is a tendency to erosion of the nodal capsule, and nodes in the immediate vicinity become matted together in a single, irregular nodular mass, often with variable degrees of firmness in different portions. The mass thus becomes attached to other adjacent structures and to the overlying skin and is no longer freely movable. The skin is often discoloured and may be retracted in areas by the underlying adhesions, thus giving rise to an uneven contour (scrofuloderma). If liquefaction of the caseous mass occurs, rupture into the adjacent tissues is likely, with sinus and fistula formation. If the overlying skin is perforated, as it often is, a draining sinus results, and this is chronic.

If the lymphadenopathy of the moneychanger's wife is due to bovine tuberculosis, then it would be in an early stage without skin alterations. Furthermore, in the early stages of tuberculosis, alteration of the patient's general condition is rare and patients are not usually anaemic.

Chronic pyogenic lymphadenitis is also accompanied by superficial skin alterations, adhesions and redness, and none of these changes are shown in the painting.

VAN REYMERSWAELE AND HIS PAINTINGS

Marinus is among the most famous painters of the Antwerp School of the sixteenth century. So completely did he adopt the outstanding characteristics of Quentin Massys that his works are strongly influenced by the latter's style.

The picture is intended to be not merely a simple genre scene, as it might appear, but a moral allegory of avarice. The subjects of the painting are fascinated, indeed almost hypnotised by the gold. The wife ceases her reading, letting her gaze alight on the money. Her husband holds the scales as an attribute of justice, with its implied reference to the Last Judgement, in which, according to the message of the picture, good and bad deeds will be weighed much as the moneychanger weighs the money. The ephemeral nature of our brief existence is expressed by the candlestick on the shelf, with its half-burnt candle. In its entirety the picture reveals a moralistic solicitude, which links into the world of thought of Erasmus of Rotterdam.

A very similar genre painting by Marinus' master Quinten Massys is in the Louvre, Paris. A slightly different variant of the discussed Madrid painting, also made by Marinus Van Reymerswaele, can be seen in the Alte Pinakothek in Munich. The lymphnode swelling is less visible in the Munich variant.

That Marinus Van Reymerswaele painted intentionally the signs of a possible fatal disease in order to enforce the moral message of this painting – that our existence is of ephemeral nature as indicated by the half-burnt candle – is unlikely. But painters in the mediaeval time were very good observers, painting clinical features of diseases not yet recognised by physicians as specific syndromes as rheumatoid arthritis,^{3,4} scleroderma,⁵ Paget's disease,⁶ temporal arteritis,⁷ osteoporosis.⁸ Two hundred and fifty years before the first description by Thomas Hodgkin,¹ Marinus Van Reymerswaele has already captured for posterity the main clinical features of this disease as seen in his sitter.

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