

The Sick Dürer—a Renaissance prototype pain map

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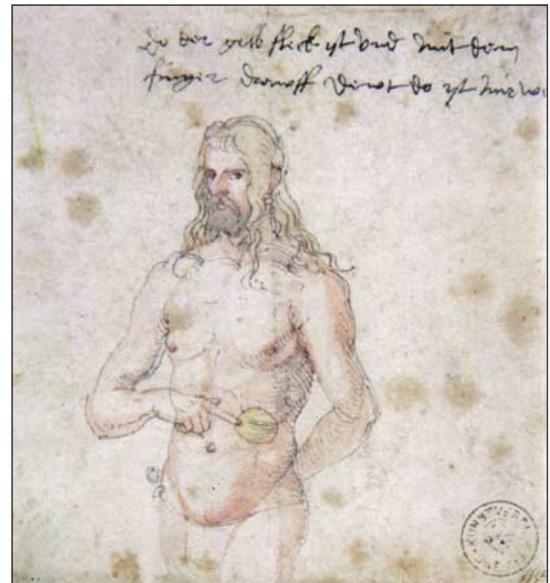
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Modern pain mapping was introduced in 1949, when Palmer provided outline diagrams of the human body, and the patient was “invited to mark in on the charts wherever he experiences pain.”¹ Palmer’s maps not only used colours for the different varieties of pain, he also used the maps to distinguish functional from organic pain. Since then, pain maps have become widely used in clinical practice, and are included in the McGill pain questionnaire. They represent an accurate, permanent, and repeatable graphic device for delineating where pain is felt, but they also have been used to provide qualitative information—including the extent to which psychological factors contribute to an individual’s pain.²

Half a millennium earlier, Albrecht Dürer (1471-1528), the illustrious German printmaker, painter, and designer, produced an intriguing pen and watercolour, half length self portrait. *The Sick Dürer* is small, 12 cm×11 cm, and on it Dürer wrote, “Do wo der gelb fleck is und mit dem finger drawff dewt do is mir we” (There, where the yellow spot is located, and where I point my finger, there it hurts”). Why Dürer used colour remains a mystery, but it could have been added for emphasis, just as his index finger draws attention to the painful part.

The picture was sent to an out of town physician whom Dürer had consulted. When it was painted is uncertain, and suggested dates range from 1509 to 1521.³ Dürer had been unwell on several occasions during this period, but it seems most likely that the picture relates to the illness he contracted in 1520. In the spring of 1521 Dürer recorded in his diary that, during a journey to the Netherlands the previous year, he had been seriously ill: “In the third week after Easter I was seized by a hot fever, great weakness, nausea, and headache. And before, when I was in Zeeland, a strange sickness came over me, such as I have never heard of from any man, and I still have this sickness.”⁴ His fever periodically recurred, though in the intervening periods he was reportedly in excellent health. Dürer may have had malaria, but other diagnoses have been suggested—hepatic and splenic diseases, tuberculosis, syphilis, mental illness, and even poisoning by his competitors.⁵

Though the illness remains unclear, and though the picture cannot be exactly dated, Dürer was



The Sick Dürer, by Albrecht Dürer (1471-1528), held at the Kunsthalle, Bremen.

undoubtedly in pain, and he mapped exactly where he felt that pain. The precise delineation, addition of colour, emphasising finger, and annotation are striking features of this Renaissance pain map. It took five centuries until modern pain maps, some showing not dissimilar features, were introduced—or, as this picture suggests, were re-introduced.

Competing interests: None declared.

- 1 Palmer H. Pain charts. A description of a technique whereby functional pain may be distinguished from organic pain. *N Z Med J* 1949;48:187-213.
- 2 Rankine JJ, Fortune DG, Hutchinson CE, Hughes DG, Main CJ. Pain drawings in the assessment of nerve root compression: a comparative study with lumbar spine magnetic resonance imaging. *Spine* 1998;23:1668-76.
- 3 Strauss WL. *The complete drawings of Albrecht Dürer. Vol 3, 1510-1519*. New York: Abaris Books, 1974:1758.
- 4 Hutchison JC. *Albrecht Dürer. A biography*. Princeton: Princeton University Press, 1990:162.
- 5 Timken-Zinkann RF. Medical aspects of the art and life of Albrecht Dürer (1471-1528). In: *Proceedings of the XXIII international congress of the history of medicine, 1972, vol 2*. London: Wellcome Institute of the History of Medicine, 1974:870-5.

Can you tell your clunus from your cubitus? A benchmark for functional imaging

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Advances in functional brain imaging have allowed the development of new investigative techniques with clinical application—ranging from presurgical mapping of eloquent cortex to identifying cortical regions

involved in religious experiences. Similarly a variety of methods are available to referring physicians, ranging from metabolic measures such as functional magnetic resonance imaging and positron emission tomography