Possible marfanoid habitus of Cesare Alessandro Scaglia di Verrua evidenced in portraits of Sir Anthony van Dyck?

Homolak, Jan; Kodvanj, Ivan

Possible marfanoid habitus of Cesare Alessandro Scaglia di Verrua evidenced in portraits of Sir Anthony van Dyck?

Jan Homolak[1,2], Ivan Kodvanj[3]

[1] Department of Pharmacology, University of Zagreb School of Medicine, Zagreb, Croatia

[2] Croatian Institute for Brain Research, University of Zagreb School of Medicine, Zagreb, Croatia

[3] Division of Gastroenterology, Department of Internal Medicine, University Hospital Centre Zagreb, Zagreb, Croatia

Corresponding author:

Jan Homolak, MD
Department of Pharmacology,
University of Zagreb School of Medicine,
Šalata 11, 10 000 Zagreb,
Croatia

00385 91 9411 468
homolakjan@gmail.com

Main text

Iconodiagnosis is the discipline that combines a medical and humanistic approach to provide a heuristic insight into the historical moment represented in the work of art by overlaying a presumable pathophysiological context. The concept of iconodiagnosis, first introduced in 1983 by a Harvard psychiatrist Anneliese Alma Pontius [Pontius, 1983] was later embraced by many medical doctors (e.g. [Bianucci et al., 2016; Benedicenti et al., 2017; Charlier, 2007; Als et al., 2002; Ashrafian, 2018; Kluger, 2019; Bukvic and Elling, 2015; Emery, 1996]) who recognized it as „an enjoyable exercise" of clinical reasoning [Kluger, 2020] and an invaluable tool in medical education [Ferrara, 2021]. Here we use the iconodiagnostic approach to analyze two portraits of the Italian cleric and diplomat Cesare Alessandro Scaglia di Verrua made by Flemish Baroque artist Sir Anthony van Dyck exhibited at the National Gallery in London.

The mysterious character of Cesare Alessandro Scaglia di Verrua (sometimes also referred to as *„agent 2X*") – an eloquent, intelligent, cynical, and charming abbot who played a prominent role in European politics and diplomacy of the 17th century still captivates the attention of many historians [Cifani and Monetti, 1992; Osborne, 2007, 2000]. The relationship between abbé Scaglia and „the best pupil" of Peter Paul Rubens – Sir Anthony van Dyck is still not clear [Osborne, 2007; Cifani and Monetti, 1992], however, van Dyck's portraits of the prominent diplomat remain one of the most valuable resources for the reconstruction of his piquant character. Two van Dyck's portraits of Cesare Alessandro Scaglia di Verrua exhibited at the National Gallery depict a straight-faced, raven-haired figure with a handlebar mustache and a chin puff goatee in ecclesiastical robes (**Fig 1A,B**).

The height of abbé Scaglia is not known, however, the portrait (**Fig 1A**) leaves an impression of a tall stature leaning against a column. Looking at the portrait it is challenging not to notice the hands with exceptionally long and gracefully thin digits resembling *slender fingers* previously also known as „spider fingers" (arachnodactyly) – an anatomical feature that can occur on its own or as part of Marfan syndrome (MFS)(but also some other medical conditions such as Ehlers–Danlos, or Loeys–Dietz syndrome, congenital contractural arachnodactyly, and homocystinuria). Although it is possible that the slender fingers were more related to Van Dyck's style and expression than the anatomical properties of Cesare Scaglia's hands, a closer look at other van Dyck's portraits reveals that exceptionally long fingers are not a common finding in his work (e.g. Charity; Lady Elizabeth Thimbelby and her Sister; Lord John Stuart and his Brother, Lord Bernard Stuart; Portrait of a Woman; Portrait of a Woman and Child; Portrait of François Langlois; Portrait of George Gage with Two Attendants; Rinaldo and Armida; St Ambrose barring Theodosius from Milan Cathedral; William Feilding, 1st Earl of Denbigh). In the only van Dyck's portrait that exhibits somewhat longer fingers (Portrait of George Gage with Two Attendants), the approximate finger-to-palm ratio is 1.08 – substantially less than in the portrait of Cesare Scaglia (~1.17; **Fig 1A,C**). Furthermore, other portraits of Scaglia (e.g. The Abbé Scaglia adoring the Virgin and Child (The National Gallery, London, UK)(**Fig 1B**); Portrait of Cesare Alessandro Scaglia (Alte Pinakothek, Munich, Germany); Cesare Alessandro Scaglia (Frits Lugt Collection, Fondation Custodia, Paris)) also show slender-finger-like anatomical features.

Based on tall stature, and slender fingers, we focused on other features commonly associated with marfanoid habitus and/or MFS. Another prominent feature of MFS affecting the hands is joint hypermobility. Although no information on Scaglia's joint laxity can be inferred from van Dyck's portraits from the National Gallery, the portrait of the abbé in the Alte Pinakothek (Munich, Germany) provides a subtle suggestion of hyperlaxity as the sitter is presented in a rather unusual pose with the index finger outstretched against the table (**Fig 1E**). Although it can be argued that the finger is not in an unnatural position it remains open to discussion what motivated the author to present it in such an unanticipated pose. Considering that an outstretched index finger can also be seen in some other

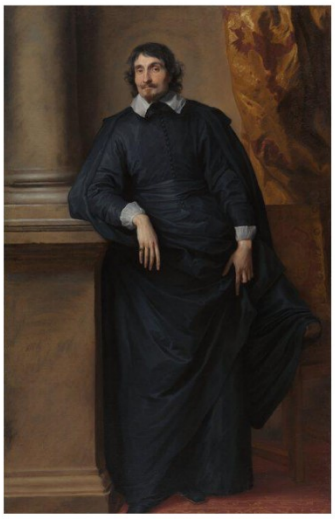
van Dyck's portraits (e.g. Prince Tommaso Francesco de Savoy-Carignan) it is possible that it reflects the perception/preference of the artist and not the attributes of the sitter (i.e. that it does not indicate hyperlaxity of Scaglia's joints). Furthermore, an inspection of Cesare Scaglia's face reveals deep-set eyes resembling enophthalmos, another feature of MFS [Ting et al., 2010]. Similarly as is the case with slender fingers, deep-set eyes seem to be a recurring feature present not only in the portraits from the National Gallery but also in other portraits depicting the character of Cesare Alessandro Scaglia di Verrua (**Fig 1A-H**). Other facial features of MFS are hard to distinguish in Scaglia's portraits, however, at a closer look, some abnormalities involving the left eye seem to be present as the pupil appears displaced (Fig 1A, D), an unexpected finding (given van Dyck's attention to detail) possibly reflecting *ectopia lentis* also recognized as a characteristic feature of MFS [Zech et al., 2020]. Similarly as was the case with slender fingers, enophthalmos, and peculiar position of the pupil/lens were not observed in van Dyck's portraits of other sitters indicating depicted anatomical features might have been unique for abbé Scaglia and not a representation of van Dyck's style and expression.

Finally, not much is known about the health of Cesare Alessandro Scaglia di Verrua apart that he suffered from „*anxiety and nervous complaints*" [Cifani and Monetti, 1992]. Nevertheless, in all the portraits, Scaglia is either presented leaning against a column or in the seated pose indicating he might have suffered from a condition affecting his posture (e.g. scoliosis) and/or pain in the joints, muscles, or bones (all being common symptoms of MFS), although it cannot be ruled out that van Dyck chose this pose for other reasons. Furthermore, the right hand of Cesare Scaglia is always presented in slight flexion resembling reduced elbow extension – one of the signs with a high positive likelihood ratio for the differential diagnosis between MFS and marfanoid habitus [Wozniak-Mielczarek et al., 2022].

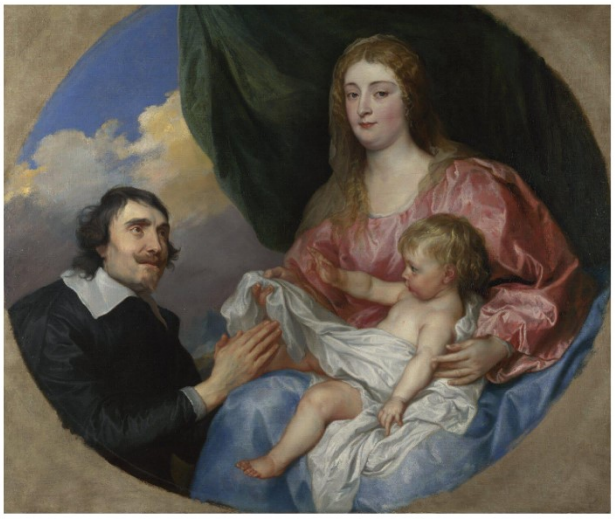
The exact medical history of Cesare Alessandro Scaglia can be only speculated as the only other evidence of his ill health is a general statement that he was „often unwell" and the fact that he died at the age of 49 in his house in Antwerp [Cifani and Monetti, 1992]. Patients suffering from MFS (particularly men) are known to have reduced life expectancy, with aortic pathology considered as a major cause of death [Vanem et al., 2018] so one can speculate that in case Cesare Scaglia suffered from MFS aortic dissection or another fatal complication of MFS might have been a cause of death, although this remains purely hypothetical. The medical history of other members of his family, unfortunately, remains unknown making it impossible to examine the pathophysiological patterns resembling MFS in light of the autosomal dominant inheritance pattern that would provide further evidence for/against the hypothesis that Cesare Alessandro Scaglia di Verrua might have suffered from MFS.

In conclusion, iconodiagnostic analysis of two portraits of Cesare Alessandro Scaglia di Verrua made by famous Flemish Baroque artist Sir Anthony van Dyck exhibited at the National Gallery provides heuristic evidence that the mysterious 17th-century abbot who played a prominent role in European politics and diplomacy might have suffered from MFS. As it can be extremely challenging to distinguish marfanoid habitus and MFS based only on physical examination [Wozniak-Mielczarek et al., 2022], let alone by visual inspection of portraits, we can only wonder whether the attributes of Cesare Alessandro Scaglia di Verrua resembling those observed in MFS truly indicate the presence of a pathological condition. Until more evidence is gathered about the medical history of abbé Scaglia and his family (to confirm or reject this hypothesis) iconodiagnostic analysis of his portraits can be used as an enjoyable exercise in clinical reasoning for doctors and medical students who wish to revise key clinical signs of MFS while enjoying beautiful art.

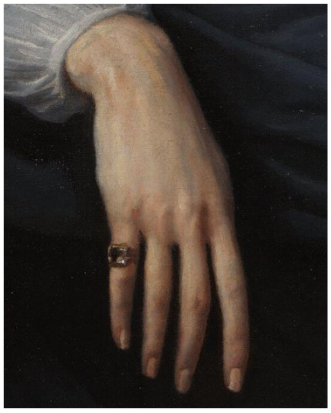
A)



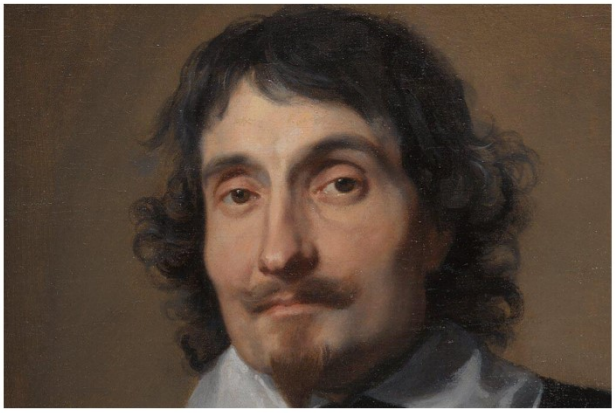
B)



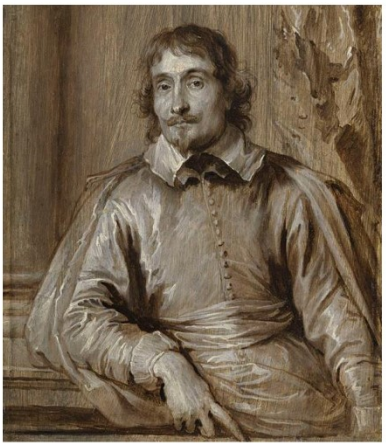
C)



D)



E)



F)

G)

H)

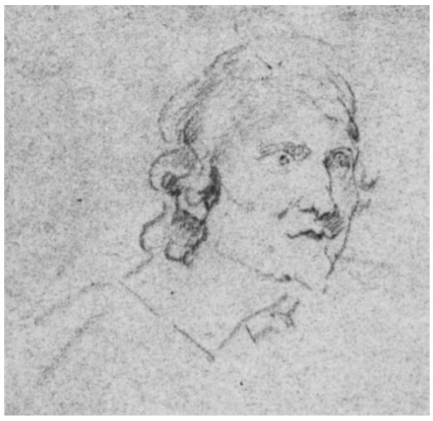


Fig 1. Anthony van Dyck's portraits of Cesare Alessandro Scaglia di Verrua. A) Portrait of the Abbé Scaglia, by Anthony van Dyck. Oil on canvas, 200.6 x 123.2. cm (The National Gallery, London, UK)[Anthony van Dyck | Portrait of the Abbé Scaglia | NG6575 | National Gallery, London]; B) The Abbé Scaglia adoring the Virgin and Child, by Anthony van Dyck. Oil on canvas, 106.7 x 120 cm (The National Gallery, London, UK)[Anthony van Dyck | The Abbé Scaglia adoring the Virgin and Child | NG4889 | National Gallery, London]; C) Motive of Cesare Alessandro Scaglia di Verrua's right hand (from A); D) Motive of Cesare Alessandro Scaglia di Verrua's face (from A); E) Portrait of Cesare Alessandro Scaglia di Verrua, by Anthony van Dyck. Panel, 24 x 21 cm (Alte Pinakothek, Munich, Germany)[Cifani and Monetti, 1992]; F) Portrait of Abbé Scaglia, by Anthony van Dyck. Black chalk with white heightening on brown paper, 48.6 x 32.4 cm (Fondation Custodia, Institut Néerlandais, Paris, France)[Cifani and Monetti, 1992]; G) Study of the head of Abbe Scaglia, by Anthony van Dyck. Black chalk on greenish-grey paper (British Museum, London)[Cifani and Monetti, 1992]; H) Study of the head of Abbe Scaglia, by Anthony van Dyck. Black chalk on greenish-grey paper (detail from the same sheet as G)(British Museum, London)[Cifani and Monetti, 1992].

Conflict of interest: None.

Funding: None.

References:

Als C, Stüssi Y, Boschung U, Tröhler U, Wäber JH. 2002. Visible signs of illness from the 14th to the 20th century: systematic review of portraits. BMJ 325: 1499.

Anthony van Dyck | Portrait of the Abbé Scaglia | NG6575 | National Gallery, London.

Anthony van Dyck | The Abbé Scaglia adoring the Virgin and Child | NG4889 | National Gallery, London.

Ashrafian H. 2018. Earliest depiction of vitiligo in “Venus at a Mirror” (1615) by Peter Paul Rubens (1577-1640). J Cosmet Dermatol 17: 566–567.

Benedicenti F, Stanzial F, Wischmeijer A, Inzana F. 2017. “Spot diagnosis” or “spot the diagnosis”? J Neurol Sci 379: 335–336.

Bianucci R, Perciaccante A, Appenzeller O. 2016. Boy with cortical visual impairment and unilateral hemiparesis in Jeff Huntington’s “Slip” (2011). J Neurol Sci 370: 45–46.

Bukvic N, Elling JW. 2015. Genetics in the art and art in genetics. Gene 555: 14–22.

Charlier P. 2007. A new case of facial paralysis on a terra cotta Hellenistic smyrniote. Icono-diagnosis and paleopathology of facial paralyses. Hist Sci Med 41: 49–60.

Cifani A, Monetti F. 1992. New Light on the Abbé Scaglia and Van Dyck. The Burlington Magazine 134: 506–514.

Emery AEH. 1996. Genetic disorders in portraits. Am J Med Genet 66: 334–339.

Ferrara V. 2021. Learning through Art in Medical Education. IntechOpen.

Kluger N. 2019. A case of keratosis pilaris rubra in a 17th century portrait? J Eur Acad Dermatol Venereol 33: 1450–1451.

Kluger N. 2020. Skin abnormalities in the Finnish National Gallery. J Cosmet Dermatol 19: 960–963.

Osborne T. 2000. Abbot Scaglia, the Duke of Buckingham and Anglo–Savoyard Relations During the 1620s. European History Quarterly 30: 5–32.

Osborne T. 2007. Van Dyck, Alessandro Scaglia and the Caroline Court: Friendship, Collecting and Diplomacy in the Early Seventeenth Century. The Seventeenth Century 22: 24–41.

Pontius AA. 1983. Icono-diagnosis, a medical-humanistic approach, detecting Crouzon's malformation in Cook Islands' prehistoric art. Perspect Biol Med 27: 107–120.

Ting BL, Mathur D, Loeys BL, Dietz HC, III, Sponseller PD. 2010. The diagnostic value of the facial features of Marfan syndrome. Journal of Children's Orthopaedics 4: 545.

Vanem TT, Geiran OR, Krohg-Sørensen K, Røe C, Paus B, Rand-Hendriksen S. 2018. Survival, causes of death, and cardiovascular events in patients with Marfan syndrome. Molecular Genetics & Genomic Medicine 6: 1114.

Wozniak-Mielczarek L, Osowicka M, Radtke-Lysek A, Drezek-Nojowicz M, Gilis-Malinowska N, Sabiniewicz A, Mielczarek M, Sabiniewicz R. 2022. How to Distinguish Marfan Syndrome from Marfanoid Habitus in a Physical Examination-Comparison of External Features in Patients with Marfan Syndrome and Marfanoid Habitus. Int J Environ Res Public Health 19: 772.

Zech J-C, Putoux A, Decullier E, Fargeton A-E, Edery P, Plauchu H, Dupuis-Girod S. 2020. Classifying Ectopia Lentis in Marfan Syndrome into Five Grades of Increasing Severity. J Clin Med 9: E721.