

ART MEETS MEDICINE*

Mona V. Rivlin

Art and Medicine have interacted over the centuries in a variety of ways. Categories of this interaction might be distinguished. For example, artists painting doctors, both portraits and representations of doctors at work — in hospital wards, operating theatres and clinics, or lecturing to students — but also doctors who were themselves artists. Another category might be medical illustrations and models; yet another doctors as patrons, collectors or critics of art; and still another the art works produced as a result of doctors, usually psychiatrists, prescribing painting as therapy. But to cover all this in a single article being quite impractical, I concentrate instead, first on a small sample of the ways in which European artists have visualised the sick and their doctors over the centuries, and then, in more detail, on certain individual works by three different artists, of special significance for the subject.

Some aspects of the interaction

In the early thirteenth century, as the Romanesque style of building gave way to the Gothic, the grotesques, monsters and narrative tales sculptured on the capitals, bosses and corbels in cathedrals and churches began to be superseded by simpler and more easily distinguished forms. Stiff leaf carving was very common in the first half of the thirteenth century and figures became more naturalistic. Around 1210 a mason carved a figure of a *man with toothache* on a capital in the south transept of Wells Cathedral, while on a capital to his left a woman seems to be worrying about her foot.¹ A century and a half later, one of Giotto's followers, Maso di Banco, painted, for the church of S. Croce in Florence, a series of frescoes, *St. Silvestre and the Emperor Constantine*. St Sylvester, the first bishop of Rome, was revered in the Middle Ages for his miracles, and one section of this fourteenth-century fresco shows two sick men brought to the bishop for him to cure. The fifteenth-century painting by

* This is a slightly revised version of an illustrated talk given to the Society on 9 November 2000. It has not proved possible to reproduce the illustrations, with a single exception, in some instances for reasons of copyright.

1 Illustrated in Paul Wilson, 'The English Response to French Gothic Architecture', in *Age of Chivalry*, ed. by J. Alexander and P. Binski (London: Royal Academy of Arts, 1987).

Domenico Ghirlandaio, *Old Man with his Grandson*, will be familiar to many.² The portrait of the grandfather was adapted from a drawing made just after the man had died. The understanding and affectionate look on the grandfather's face contrasts with the trusting, innocent gaze of the child, the bond between the generations underlined by the red gowns they both wear and the boy's hand resting on his grandfather's chest. The ugly rhinophyma on the old man's nose detracts not one whit from the beauty of the image.

Anatomists and artists have a long history of meeting across the dissecting table. Leonardo da Vinci said that he had dissected many humans as well as animals, and from the late fifteenth century textbooks of anatomy began to be produced in Italy, some with woodcuts of a dissection scene as a frontispiece. They frequently showed a demonstrator pointing to a part of the body while a description of it was read by the anatomist. Such a scene is also represented in *The Mystery and Communalty of Barbers and Surgeons of London*, painted in England around 1580 and attributed to Nicholas Hilliard, which combines an anatomy lesson with a group portrait of the guild, which in 1540 had been given permission by Henry VIII to dissect executed criminals.³ In the seventeenth century other medical procedures drew the attention of Dutch artists. The concerned expressions on the faces of the three peasants in Adriaen Brouwer's *Surgical Operation* are unforgettable, and the background scene contrasts strikingly with the more affluent setting of Jan Steen's *The Doctor's Visit*,⁴ painted a little later in the century, in which a maid is presenting a doctor with a sample of the patient's urine for inspection.

By the mid eighteenth century, drawings taken from actual male and female cadavers had become more skilful and accurate, wax having been injected into blood vessels to keep their shape, and such drawings regularly appeared as printed engravings. Jan van Riemsdyck illustrated surgical and obstetric atlases for John and William Hunter, for William Smellie, and for Charles Nicholas Jenry. His ability to simulate the different textures of muscle, bone and skin is amazing and while his images were always clear and accurate he managed to portray them with a feeling of respect. An instance is the red chalk illustration *Foetus in Profile*, drawn in 1745 and appearing in William Smellie's 1754 work, *A Set of Anatomical Tables, with Explanations*.⁵

2 Original in the Louvre, Paris; illustrated in Marina Vaizey, *100 Famous Paintings* (Twickenham: Tiger Books, 1993), p. 26.

3 Original in Glasgow University Library; illustrated in *The Quick and the Dead, Exhibition Catalogue* (Manchester: Corner House, 1997).

4 Original in Mauritshuis, Den Haag, The Netherlands; illustrated in Perry Chapman, *Painter and Storyteller* (Amsterdam: Rijksmuseum, 1996).

5 Original in Glasgow University Library; illustrated in *Ars Medica* [Fundación Juan March]

Finally, to draw attention to another aspect of the subject, the satirical or humorous medical illustration, George Cruikshank, the early nineteenth century satirical artist, chose a commonplace ailment and produced *A Headache*.⁶

Three artists and their works of medical interest

a) Thomas Eakins' Clinics

Thomas Eakins is not a familiar name to many in this country but he is celebrated in the USA as perhaps the greatest realist painter produced there. Born in 1844, after studying at the Pennsylvania Academy of the Fine Arts, he spent four years in Europe. He was taught by Jean-Léon Gérôme at the École des Beaux-Arts in Paris, visited art galleries in France and Spain, and twice toured the continent. Returning to Philadelphia he spent the rest of his life there. In 1876 he was appointed Assistant Professor of Painting and Pro-Sector in Anatomy at the Pennsylvania Academy, and three years later Professor of Painting and Drawing, and in 1882 he became Director of the Academy. In those days art students first had to become proficient at drawing from casts before being allowed to work in the life-room. Eakins upset this program by having his pupils from the start draw with a brush from live models, and he trained them through modelling to learn the weight and mass of the figure. Moreover, advanced students followed him in attending the anatomy dissecting room and hearing lectures on human anatomy, as well as themselves dissecting horses in a slaughter house and modelling and painting live animals in movement at a farm.

Eakins sought to represent real and contemporary things, the American way of life, the American character and American ideas. He was not a painter of moral scenes, he did not paint pictures with a social message, he was not interested in conventional beauty — rather, what he aimed at was a scientific examination of Philadelphia life in paint. He was patient and exact in his detail, aiming for factual accuracy, based on knowledge and memory. Yet he also claimed to add the feelings he had experienced when witnessing a scene, for he had no interest in dispassionate recording.⁷ In his paintings Eakins represented

Continued ...

(Madrid: Castello, 1978).

6 Illustrated in *ibid.*

7 He wrote: 'if a man makes a hot day he makes it like a hot day he once saw ... if a sweet face, a face he once saw or which he imagines from old memories or parts of memories and his knowledge, and he combines and combines, never creates ... but at the very first combination no man, and least of all himself, could ever disentangle the feeling that animated him right then' (Thomas Eakins, in a letter to his father Benjamin, March 1868, quoted in *Art in Theory, 1815–1900*, ed. by Charles Harrison and Paul Wood (Oxford: Blackwell, 1998), pp. 420 ff.)

sailing dinghies, rowers, canoeists, bathers, swimmers and wrestlers, but he also painted his fellow professors and scientists, demonstrating what he saw as their healthy bodies and healthy minds.

One of his most famous works, painted in 1875 and now known as *The Gross Clinic*, was first called *A Portrait of Professor Gross*.⁸ Dr Gross, the head surgeon at Jefferson Medical College, then aged seventy, had been one of America's leading medical men, and Eakins intended this work to be a masterpiece and hence for inclusion in the 1876 Centennial Exhibition in Philadelphia. As was his custom, he planned to show the sitter in his characteristic milieu. He demanded so many sittings of Gross that the latter was reported to have said he wished the painter would drop dead! At that date, surgical instruction in an amphitheatre was the norm and the operations therein were important surgical teaching events, since at them the natural history of the disease was discussed, as were the criteria for the operation, the possible surgical approaches, the types of dressing, and the post-operative care needed. These details, duly recorded at the time, would then be published in the monthly *Philadelphia Medical Times*.⁹

The painting shows, at the forefront, Dr Gross and his colleagues, in black suits, surrounding an operating table, an anaesthetist at the head. The patient is apparently a child. Only the patient's leg can be seen but this is dramatically highlighted. One of the figures is a woman, hiding her eyes and assumed to be the patient's mother. Why is she there? One possibility is that the grey socks on the patient indicate that the child is a charity case and a local bye-law required that in charity cases a relative of the patient had to be present at operations.¹⁰ On the lower left, surgical instruments lie on a table. The details of the operation, the removal of bone for osteomyelitis, are being recorded by a doctor at a table behind. In the background sit a grey mass of student spectators, but among them is Eakins himself, the figure probably painted by his wife. Dr Gross has risen to explain the action and the drama is underlined by the splashes of bright red blood on his hand, still grasping his scalpel. His high forehead, mass of grey hair and thoughtful mien show an

8 Original in Jefferson Medical College, Philadelphia. All the images cited in this section are illustrated in Elizabeth Johns, *Thomas Eakins: The Heroism of Modern Life* (Princeton: Princeton University Press, 1983).

9 Gert Brieger, 'Sense and sensibility in late nineteenth-century surgery in America', in *Medicine and the Five Senses*, ed. by W.F. Bynum and R. Porter (Cambridge: Cambridge University Press, 1993), p. 235.

10 Gordan Hendricks, 'Thomas Eakins's *Gross Clinic*', *Art Bulletin* [New York College Art Association], 51(March 1969), 59, note 24. Although Johns (*Eakins*, p. 49) doubts whether the patient's grey socks do imply that the patient was a charity case, most commentators accept that the child was, the hospital having been known as a charity hospital.

intellect in mastery of a complex professional procedure. In sum, this is the man of action who is also a thoughtful and dedicated teacher passing on his knowledge to the next generation, a role-model character that has been termed the ‘Paternal Didactic Doctor’.¹¹

Since the early years of the nineteenth century French artists had been painting surgeons. For example, in 1820, Guillaume Dupuytren, honoured by Charles X for his successes in removing cataracts, was depicted in a hospital ward where a patient has just had the bandages removed from her eyes. Dupuytren stands quietly by her side but the bed is surrounded by the king and his entourage.¹² In 1843 Xavier Bichat, who had made significant contributions to surgery, was shown standing by a dissection table, the corpse suitably covered.¹³ Again, an 1864 work, *The Anatomy Lesson of Dr. Velpeau*, honoured the head surgeon at the Charité Hospital in Paris.¹⁴ Like Gross, Velpeau is surrounded by students. But these images do not show an actual operation being performed.

In *The Gross Clinic* Eakins paid homage to Rembrandt’s *Anatomy Lesson of Dr. Tulp* (1632).¹⁵ By the contrast of light and shade, both artists attempted to make us feel and appreciate the doctors’ skill and knowledge. However, the drama is heightened in Eakin’s work because this is a live patient and the action is being undertaken by a team of medical men. The clash between the sobriety of the dark clothes of the doctors and the violence predicated by blood-stained hands — a clash certainly experienced by non-medical viewers — was deliberate.¹⁶ The work was not well received, however. The Centennial jury for the art section of the Exhibition rejected it, and contemporary comments on this powerful and fascinating picture included the following. ‘No purpose is gained by this morbid exhibition, no lesson taught — the painter shows his skill — and the spectator’s gorge rises at it — that is all.’ And ‘revolting to the last degree, with the repulsiveness of its almost Hogarthian detail.’¹⁷ (Quite a contrast to the

11 Robert Hughes, *Nothing if Not Critical* (London: Harvill, 1990), p. 122.

12 Original in Musée Carnavalet, Paris. The artist is unknown.

13 Painted by Émile Bérenger: Johns, *Eakins*, pp. 56 ff.

14 By F.N.A. Feyin-Perrin. Original in Musée des Beaux-Arts, Tours.

15 Original in Mauritshuis, Den Haag, The Netherlands.

16 Almost certainly this shows the influence of José Ribera, a Spanish artist known to have been admired by Eakins for his realism, by echoing the clerical black and sacrificial red characteristic of much seventeenth-century Spanish art.

17 Hendricks, ‘*Gross Clinic*’, p. 62; Robert Hughes, *American Visions* (London: Harvill, 1999), p.295.

public's appetite for operating scenes on television 150 years on.) Nevertheless, the painting was displayed in the medical section of the Exhibition, together with a variety of medical objects and artefacts. While not seen by many visitors to the Centenary celebrations, it was visited by over 700 doctors from other countries and other cities in America who happened to be attending an international medical congress at Philadelphia.¹⁸

Fourteen years later, in 1889, Eakins painted *The Agnew Clinic*.¹⁹ Again a patient is being operated on. But anaesthetic techniques have obviously advanced and Lister's principles of antisepsis have been adopted — the patient is more efficiently draped, the surgeons are in white coats, the sterilised instruments are in a covered case, and a nurse is in attendance. Whereas in the previous decade surgery could only be performed when natural light was available and was therefore always undertaken between 11 a.m. and 3 p.m., the operation shown in *The Agnew Clinic* is being performed under widely dispersed artificial light. It has been suggested that the 'enlightened' students in the Agnew picture, in contrast to the students in the dark in *The Gross Clinic*, symbolise the optimism of the new surgery in the last decades of the nineteenth century.²⁰ The students, who were paying Eakins for a portrait commissioned on the occasion of Dr Agnew's retirement from his chair, have all been identified. Incidentally Agnew, due to an old injury to a finger on his right hand, was an ambidextrous surgeon and Eakins has shown him here with a scalpel in his left hand. The work was rejected by the Pennsylvania Academy exhibition on the grounds that, because it showed a mastectomy for carcinoma of the breast, 'it was not cheerful for ladies to look at.'²¹

b) Michelangelo's Moses under analysis

Why, as an instance of the subject, this particular image, Michelangelo's monumental statue of Moses?²² After all, neither Michelangelo nor Moses was a doctor. The reason for the choice will become apparent as we proceed. But first, the history of *Moses*.²³ In 1505 Pope Julius II (Raphael's *Portrait of Julius*

18 Johns, *Eakins*, pp. 75 ff.

19 Original at the Medical School, University of Pennsylvania.

20 Brieger, 'Sense and sensibility', p. 241.

21 Hughes, *Nothing if not Critical*, p. 122.

22 The monument stands in the church of San Pietro-in-Vincoli in Rome. All the images cited in this section are illustrated in Robert Liebert, *Michelangelo: A Psychoanalytic Study of his Life and Images* (New York: International University Press, 1980).

23 Modern art historians who have written about this sculpture have used as primary sources the biographies of Giorgio Vasari and Ascanio Condivi, the writings of contemporary

II can be seen in the National Gallery) summoned Michelangelo from Florence to Rome and engaged him to build his tomb, not an unusual commission at that time, though the scale of the proposed memorial might have been considered rather over the top. Julius had set himself not only the task of restoring the might of the papacy, ridding Italy of all its enemies, fighting corruption in the church, and introducing social reforms, but he also wished to be remembered for his patronage of learning and the arts. The construction of the tomb was eventful. Originally intended to be three storeys high, measuring about thirty-six feet by twenty-three feet, and with fifty larger-than-life statues, it would scarcely have been possible for Michelangelo to have completed it in his own life-time — even if things had gone smoothly. In fact, Michelangelo, a man far from easy to get on with, soon quarrelled with Julius and fled from Rome, and the Pope found himself engaged in more pressing matters. Michelangelo did not return to Rome until 1508 when Julius contracted him to paint the ceiling of the Sistine Chapel which kept him busy until 1512.

In 1513 Julius died and when his heirs came to consider what should be done about his tomb they revised the contract with Michelangelo, to make the project more a monument to Julius's family, the de Roveres, than purely a tomb for the dead pope. It was no longer to be free standing but to be backed against a wall. Michelangelo agreed to complete it in seven years. By 1516 he had nearly finished three major figures, including the *Moses*, but he had again been interrupted by other work and it was obvious that he could not cope with the forty figures he had re-contracted to sculpt. Several more amendments were made to the agreement and it was not until 1545 that *The Tomb of Julius II* was finally completed. Michelangelo was responsible only for *Moses* and the flanking figures of *Rachel* and *Leah*.

Comments on the statue of Moses have been varied. Georgio Vasari wrote, more or less contemporaneously, that 'with this no other modern work will ever bear comparison (nor, indeed, do the statues of the ancient world) ... the hairs [of the beard] are downy and soft and so detailed that it seems that Michelangelo must have exchanged his chisel for a brush.'²⁴ But in the eighteenth century the sculptor Falconet was to comment disparagingly that *Moses* was more like a galley slave than a divinely inspired lawgiver; while the painter Fuseli reportedly said that the head of the statue resembled that of a satyr or a goat's face. Yet Goethe kept a small bronze copy on his writing

Continued ...

commentators acquainted with the artist, legal contracts with his patrons, and civic records, as well as Michelangelo's own letters and poetry (including over 850 letters to Michelangelo from his family and friends). The facts stated here are those generally accepted and agreed.

24 Georgio Vasari, *Lives of the Artists* (1568) (London: Penguin, 1965), 1, 345.

desk.²⁵

Figure 1 Michelangelo, *Moses*, 1513-1516, Rome

His body too long for his legs since he was originally to have been placed at a higher level on the tomb, Moses is represented sitting, and facing forward, with his head turned to the left. More significantly for our purpose, while his right foot is on the ground his left foot is slightly raised, so that only his toes

25 As reported by Stendhal in 1817, cited in *Michelangelo. Paintings, Sculptures, Architecture*, ed. by Ludwig Goldscheider (London: Phaidon, 1975), p. 15.

touch the ground, suggesting that he is about to rise to his feet. Since the seventeenth century critics have interpreted the statue and its meaning in very different ways. The facial expression has been read as ‘a mixture of wrath, pain and contempt’;²⁶ or as ‘a capacity for infinite wrath and an all compelling energy.’²⁷ Or, again, as displaying without emotion ‘only a proud simplicity, an inspired dignity, a living faith.’²⁸ In more detail, ‘his august brow seems but a transparent veil only half concealing his great mind’;²⁹ and, ‘the eyes of Moses rove far beyond the race of men.’³⁰

For centuries scholars have debated whether Michelangelo intended to create a timeless study of a character or whether he intended to show Moses at a particular moment of stress. The weight of opinion favours the latter view and opines that Michelangelo was presenting Moses at the moment when, after he came down from Mount Sinai with the Tablets received from God, he discovered his people dancing round a Golden Calf. Even so, opinion is then further divided between those who see this as Michelangelo’s representation of the moment before Moses, wracked by anger, launches himself into violent action, and those who take a more cerebral view, and by pointing to the precarious position of the Tablets, argue that Michelangelo has shown Moses at a moment of conflict when, feeling the Tablets beginning to slip, he realises that, if he jumps up, they will fall to the ground and be shattered, with the consequent loss of God’s Laws. Therefore, the latter argue, Moses is seen striving to contain his anger. On the other hand, the faction in favour of a static and timeless Moses do not agree that the tablets are insecurely lodged. They instead argue that since, when the figuration of the Tomb was originally conceived, Moses was to have been paired with St Paul, as examples of the Neo-Platonic synthesis of action and vision, the row of figures on the tomb were to have been intended to represent ‘types’, and therefore the figure of Moses is a character study.³¹

26 H. Thode, *Michelangelo: kritische Untersuchungen über seine Werke* (Berlin, 1908), 1, 205, as quoted in Sigmund Freud, *The Moses of Michelangelo* (1914), in Sigmund Freud, *Art and Literature* (Harmondsworth: Penguin [Freud Library, vol. 14], 1985), p. 257.

27 W. Lubke, *Geschichte der Plastik* (Leipzig, 1863), pp. 666 ff., as quoted in Freud, *Moses*, p. 257.

28 E. Guillaume, ‘Michel-Ange Sculpteur’, *Gazette des Beaux-Arts*, 96(1876), 96, quoted in Freud, *Moses*, p. 257.

29 Dupaty, quoted by Thode in Freud, *Moses*, p. 257, note 1.

30 E. Muntz, *Histoire de l’Art pendant la Renaissance: Italie* (Paris: 1895), p. 391, quoted in Freud, *Moses*, p. 257.

31 For an account of the influence of Neoplatonism on Michelangelo’s work, see Erwin

Because the relationship between *Moses* and earlier sculptures enters the argument related below, it is necessary to say a word about the accepted sources of Michelangelo's design. These are Donatello's seated and bearded figure of *St. John the Evangelist*, from around 1410, which conveys by a furrowed brow and deep-set eyes an intense visionary character,³² and Michelangelo's own figures of sibyls and prophets painted on the ceiling of the Sistine Chapel, for example, his *Ezekiel*. But in particular, there has long been identified a connection with *The Laocoön* group (of c. 100–80 BC), which shows a father and two sons writhing hopelessly in the coils of a gigantic snake and hence displaying agonised facial expressions and desperate turmoil.³³ This, one of the most famous sculptures from classical times, had been excavated shortly after Michelangelo first arrived in Rome, and it influenced a number of his works.

The background of *Moses* has been described in some detail because interpretation of its ambiguities provides an instance of medical men turning the tables. Instead of artists seeking and scrutinising doctors' intentions in order to embody them, we come to medical men scrutinising and interpreting the intentions of artists. In 1891 a famous art connoisseur, Ivan Lermonief, died. He had caused considerable consternation in the art world of the 1870s by demonstrating that many of the great master works in museums right across Europe were wrongly attributed, basing his conclusions on a meticulous detection of features in the paintings that others had ignored.³⁴ At his death it was revealed that Lermonief was in fact an Italian physician of standing, Giovanni Morelli. Another more famous physician also had a keen interest in art. Sigmund Freud was fascinated by Michelangelo's *Moses*, visiting it day after day when on a visit to Rome. Trying to understand Michelangelo's intentions when he represented Moses as he did, Freud built on the interpretations offered by critics and writers from the sixteenth century onwards, and, like Morelli, he applied the skills of detailed observation and analysis learnt as a physician, albeit adding, he believed, the benefits of his psychoanalytical discoveries.

Freud placed great significance on two facts. First, that only the index finger of *Moses*' right hand holds his hair, and the strand of hair involved comes from the left hand side of his beard, and secondly, that the Tablets appear to be upside down. His analysis is too lengthy to go into here, but he was convinced

Continued ...

Panofsky, *Studies in Iconology* (New York: Harper, 1962), pp. 171–230.

32 In Museo dell' Opera del Duomo, Florence.

33 In the Vatican Museum, Rome.

34 *The Thames and Hudson Dictionary of Art and Artists*, ed. by Herbert Read (London: Thames and Hudson, 1988), p.232.

that the figure shows neither the moment before violent action, nor the moment when Moses is torn by conflict between whether to vent his rage on the infidels or save the Laws. Rather (Freud claimed), Michelangelo has shown Moses after the storm has passed, that is, after he has overcome his passion for the sake of his cause. In this way Freud suggests that Michelangelo's *Moses* is superior to the Moses of the Old Testament who is recorded as actually dashing the tablets to the ground in frustration, whereas *Moses* represents the highest mental achievement possible.³⁵

Others before Freud had drawn an analogy between Moses and Pope Julius in terms of violence and frustration — like Moses, Julius was a man of passion, and he attempted to fulfil his ambitions for the papacy by violent but futile means. However, Ernest Jones, Freud's biographer, interpreted the interpreter; he suggested that Freud identified with Moses the lawgiver at a moment of frustration, because, at the time Freud was writing about the sculpture, his own disciples were deserting him and denying the principles he had laid down.³⁶

Just as the art world offers many different interpretations of the sculpture, and *a fortiori* of the character of the sculptor, so do the psychiatrists. Much has been made of Michelangelo's unhappy childhood being the cause of his notoriously difficult character. He was given to foster parents until he was two, and on returning home had to compete with four brothers, while his mother died when he was six. His father bitterly opposed his decision to be a sculptor and the relationship between them was always stormy. One American analyst, writing in 1980, suggested that *Moses* represents in part an unconscious transformation of an angry early mother image into a powerful caring male and the two tablets represent the breasts she withheld.³⁷ Another psychoanalyst, Robert Liebert, published in 1983 a book which analysed all Michelangelo's major works in the light of the circumstances of his life, his actions and his character. He rejects Freud's theories in favour of *Moses* being, after all, a study of character, but he acknowledges that Freud was right in that the sculpture represents an 'expression of the highest ideal of mental and spiritual achievement through the controlled tension between potential action and restraint, portrayed on a monumental physical scale.'³⁸ Liebert seeks alternative reasons for the way Moses was represented and bases his analyses on

35 Exodus 32. 19. For Freud's full analysis, see Freud, *Moses*, pp. 253–82.

36 Ernest Jones, *The Life and Work of Sigmund Freud* (New York: Basic, 1953–1957), vol. 2, as quoted in Liebert, *Michelangelo*, p. 208.

37 Jerome Kavka, 'Michelangelo's *Moses*: Madonna Androgyna', *Annals of Psychoanalysis*, 8(1980), 291–316.

38 Liebert, *Michelangelo*, p. 209.

Michelangelo's stormy relationship with his father which led him to seek powerful male protectors, such as his first important patron Lorenzo the Magnificent, and of course Pope Julius. He speculates that Michelangelo's personal relationship with Julius affected his way of presenting Moses and relates Michelangelo's concentration on *Moses*' beard to the fact that Julius had grown a beard in defiance of the papal canon which required popes to be clean-shaven (Julius had sworn not to shave until he had cleared Rome of its enemies). *Moses* has a piercing gaze, a harsh expression and great muscular power, so Michelangelo has immortalised him as an awesome and frightening figure such as Michelangelo felt Julius to be. Liebert elaborates his analysis by claiming that, in transforming the dying father of the *Laocoön* group into *Moses*, Michelangelo was resolving the destructive aspect of his own ambivalence toward Julius.³⁹

c) Frida Kahlo — the patient as artist

The Mexican artist Frida Kahlo (1907–1954) was a prolific, complex and sophisticated painter who mixed with the prominent artists of her day in both America and Paris, leading at times a hectic social life.⁴⁰ Her mother was of mixed Indian and Spanish descent, her father an immigrant from Hungary. Frida was fiercely attached to her Mexican roots and the history of its people. Herself a Communist, uncommitted to any religion, her work frequently refers in its style and imagery to the strong Catholic faith of her mother's family and the indigenous culture of the Mexican population, although she was brought up as a bourgeois European. She married Diego Rivera in 1929, twenty years her senior and already famous in Mexico and in America for his radical-social murals, much in demand to decorate the new capitalist skyscrapers in New York and Detroit.⁴¹

To appreciate Kahlo's oeuvre it is not only necessary to know a little of her background but also to be aware of her medical history. She was severely

39 *Ibid.*, pp. 209 ff.

40 Kahlo's oeuvre is particularly bound up with her background and life events. The generally agreed facts referred to here are detailed in a number of books on twentieth-century art and several biographies have been published. I have drawn chiefly on Briony Fer, David Batechelor and Paul Wood, *Realism, Rationalism, Surrealism* (New Haven: Yale University Press, 1993), pp. 239–44; *Art in Modern Culture*, ed. by Francis Frascina and Jonathan Harris (London: Phaidon, 1992), pp. 146–59; Hayden Herrera, 'Beauty to his beast: Frida Kahlo and Diego Rivera', in *Significant Others*, ed. by Whitney Chadwick and Isabelle de Courtivron (London: Thames and Hudson, 1993), pp. 119–35; and Robin Richmond, *Frida Kahlo in Mexico* (California: Pomegranate, 1994). All the images cited in this section are illustrated in the last work.

41 After Trotsky fled from the USSR and was in fear of his life from Stalin's agents, in 1937 he sought refuge with the Riveras and stayed in part of their house for over two years.

stricken by polio when she was seven, spending several months in bed. She was left with a wasted right leg. The long skirts of the traditional Mexican costume she frequently wore helped in part to conceal her deformity, as seen in the wedding portrait, *Frida and Diego Rivera, 1931*, which she painted two years after the event.⁴² (Diego holds a palette and Frida holds Diego's hand — she was depicting herself as a devoted wife, but in fact she was far from being the conventional, submissive woman. Her father had warned Diego that she was 'a devil'; and Frida painted a gleam in her own eye which subverts the overt message.) A very clever and extremely well-read girl, she gained admission to a college despite it not being anxious to accept female students. She intended and was preparing herself to study medicine when, at the age of eighteen, travelling with a fellow student on a bus which was hit by a trolley-car, she suffered nearly fatal injuries which included a fractured spine, pelvis, clavicle, two ribs and her already damaged right leg. The accident left her unable to carry any pregnancy to term. Moreover, all her hopes of a medical career were dashed. But many of her works refer to her medical experiences as a patient and the thirty or more operations she underwent, and for accurate details she copied illustrations taken from medical textbooks she already possessed.

It was while Frida was convalescing that she began to paint to keep herself from being bored, and many of her subsequent works were painted from her bed. She was self-taught, and at first took the role of the charming amateur who produced little paintings, folkloric, full of religious imagery and fulfilling her private needs. She was not concerned with proportion or perspective and she was unfashionable in her use of minute detail. After their marriage, Diego suggested that she portray the important moments of her life on small pieces of tin, like the Mexican retables and ex-votos. She now decorated her life with her paintings as she decorated herself with Mexican jewellery, hairstyles and costumes and her house with Mexican artefacts. Although her work consisted mainly of self-portraits, she was not a narcissistic painter. Rather her work explored her colonial and colonised cultural roots, the problems of female existence, and her own experiences and fantasies, personifying the feminist slogan 'the personal is political'. She painted at one and the same time the interior and exterior of herself and of the world, and, behind the mask of playfulness and gaiety she adopted, she agonised over serious issues like pain, love and death. She was extremely ambitious and tenacious, persisting against all odds. She used her talents as a way of coping with pain, to ward off the despair she often felt and to help her gain control over her wrecked body. Her style was confrontational, immediate and direct.

In *Henry Ford Hospital, 1932*, painted on metal, she shows herself lying

42 Original in Museum of Modern Art, San Francisco.

in hospital after a miscarriage.⁴³ She lies bleeding, connected by tubes to a diagram of her uterus, to the foetus she had lost, to her damaged pelvis, to an autoclave, to a snail emphasising the slowness of the abortion process, and to a flower brought by Diego and symbolising their sexual connection as well as the gifts traditionally brought by visitors, the flower a womb shaped orchid. Painted in 1939 — the year Diego asked Frida for a divorce although they remarried eighteen months later — *The Two Fridas* shows the ‘Indian’ Frida on the right holding the hand of the ‘Colonial’ Frida on the left.⁴⁴ The Indian Frida holds a little image of Diego on her lap like an embryo and is shown with an intact heart pumping blood round her body. The Colonial Frida is bleeding from her sliced and wounded heart, her white dress stained by her miscarriages. The picture is also an allegory of her injured motherland. She has elided the theme of personal injury with the collective trauma of colonisation, her two personas allegorically representing Mexico split into two, but two interdependent parts, the infertile colonial body gaining strength from the strong fertile Indian woman, the inextinguishable spirit of the Tehuana.

After a particularly painful operation in 1944, Frida painted *The Broken Column*, with herself as a victim slung together and pierced by tin-tacks, tears pouring down her face. A regular young visitor to her studio burst into tears when he saw this painting but Frida laughed at his distress, saying: ‘You must laugh at life ... look very, very closely at my eyes ... my eyes are twinkling. The pupils are doves of peace. That is my little joke on pain and suffering, and your pity.’⁴⁵ The following year *Without Hope* was painted. In this, she lies weeping while being fed a symbolic deluge of crude, raw indigestible food. She was protesting against the pureed food she was prescribed after her operations. Her bed-spread is decorated with micro-organisms. Frida gave her self portrait, *The Little Deer*,⁴⁶ to friends in 1946, after four months in bed, accompanied by a poem which expressed the wish that they would remember her by it when she was away from them. The two gifts presumably helped Frida to gain confidence in her continued existence and at least to ensure that she would live on in their memory. In Aztec mythology and iconology the image of the deer stands for the right foot, and it was her right foot which was responsible for a great deal of Frida’s pain. Later the same year she went to New York for further operations on her foot, for a bone graft, and for a rod to be inserted into her spine, without much success. In 1950 a further spinal graft, performed in

43 Original in the Dolores Olmedo Collection, Mexico City, as also *The Broken Column* and *Without Hope*, mentioned below.

44 Original in Museum of Modern Art, Mexico City.

45 Richmond, *Frida Kahlo*, p. 20.

46 Original in the Carolyn Farb Collection, Houston, Texas.

the British Hospital in Mexico this time, became infected and she spent a year in the hospital in and out of the operating theatre. Her *Self-Portrait with Dr. Juan Farill* used her heart as a palate.⁴⁷

In 1953 Frida Kahlo was honoured in Mexico by a retrospective exhibition. It appeared that she was too ill to attend herself although she designed the invitations. However, on the opening night she arrived in her bed in an ambulance, accompanied by a motor-cycle cavalcade. Her right leg was amputated three months later on account of gangrene. In 1954 she managed to attend a political demonstration against USA involvement in Guatemala, but two weeks later she was dead.

47 Original in a private collection in Mexico.