HEALING ARTS

*Materia Medica***An Eye for the Eye: Seeing Art in Medicine**

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“Painting is poetry that is seen rather than felt, and poetry is painting that is felt rather than seen.” – Leonardo da Vinci

As a medical student, I have been trained to see things objectively. I am taught to be cognizant of my own biases and rely on objective, verifiable findings to guide my judgments in medical diagnosis and treatment, such that the practice of medicine becomes a predictable task in pattern recognition. “Tunnel vision” equals glaucoma; “a pulsating abdominal mass” equals abdominal aortic aneurysm; “epigastric pain radiating to the back” equals pancreatitis; “a butterfly rash extending across the nose ridge” equals systemic lupus erythematosus. After four years and nearing the cusp of graduation, I am beginning to wonder if I am losing touch with the thing that first brought me to medicine—that is the *humanism* behind each patient encounter and the realization that behind each chief complaint is a story waiting to be told. In pursuing objectivity, am I becoming myopic to the art of medicine, which is as much physical healing as it is personal connection with a patient?

This is my story of rediscovering medicine through the unlikely lens of art.

It was an ordinary Tuesday morning. The sky was a monochromatic gray. The air was already heavy with humid heat, the kind of uncomfortable weather you would expect from the South in July.

I walked towards the auditorium to join the residents for morning lectures.

“Good morning,” the guest lecturer announced in a bass-baritone voice. He stood tall behind speaker’s podium. “Today we will talk about the human eyes and diseases that affect it.”

It had been nearly two years since I encountered the eye when it was first taught in a neuroscience course. The function of the eye—that of acquiring vision—is obvious to me. Yet, my interaction with this highly specialized organ in a clinical setting has been few, often limited to a scribbled addendum at the end of patient’s chart reading, “Please consult ophthalmology. Thank you.” Naturally, I was excited to learn more about this morning’s special topic.

The lecture began. “Today we will take a different approach to learning. I will show you key works of art painted by famous artists most of whom you will recognize. We will use the artworks to guide our discussion. When diseases of the eye affect the visual pathway, there is an immediate effect on how one views the world...and also on art. For the patient, this may manifest as eye pain or an inability to enjoy life because of visual limitation. For the artist, this may manifest as an inability to produce art creatively.”

The introduction was unexpected. Different. Intriguing.

“The goal of this presentation is for us to look at art differently; to see beyond the obvious aesthetics and treat the subject matter in each piece of artwork as the proverbial patient. In doing so, we will learn to observe critically, appraise visual cues, and interpret how suggestive portrayal of eye pathology may have affected the artists. By putting these skills into practice, we will have a better sense of what to look for in the patients we encounter in the clinic.”

The first example appearing on the screen was a pastel colored painting entitled, *La Classe de Danse*¹ by a famous French Impressionist, Edgar Degas. “What do you see?” inquired the lecturer.

The oil-on-canvas painting depicted young ballerinas in rehearsal in a Paris dance studio. Although the piece had been composed on a static medium, I appreciated the elegance in Degas’ masterful brushwork. He had ably captured the kinetic energy of the dancers through the fine balance of detail and color. He drew the dancers in different poses - some stretching, twisting to scratch their backs, others adjusting their hair while paying little attention to their instructor. The beauty in the artwork was immediate. However, recognizing the eye pathology became a more elusive task. Much like the ballerinas required their instructor to perfect their skills, I too required guidance in my observation.

“Look closely. Imagine that the painting is divided into horizontal equal thirds. You will then recognize that there is sparing of detail in the center one-third of the composition.

The periphery, in contrast, is more vivid in color and full of activity. As collective evidence, this may suggest Degas is suffering from an early retinal disease.”

The evidence was intriguing, but was better supported by using an analogy. I recalled the lecturer saying, “Imagine the human eye is like a camera.” Diseases of the retina attack the photoreceptors that transform light into neural signals to the brain. Therefore, any break in the circuit would produce an appreciable vision deprivation, much like the one Degas may have experienced. Although not yet convinced, my curiosity wanted more—to understand Degas as a person and see how his ailment may have impacted his art.

Like a fisherman reeling in the day’s catch, the lecturer had captured the ultimate prize, our attention. He then projected on the screen a series of archived letters, documenting Degas ocular malady.

In a letter sent to France in 1873, Degas wrote in somber detail: “*The light is so strong that I have not yet been able to do anything on the river. My eyes are so greatly in need of care that I scarcely take any risk with them at all.*”

A second letter sent a few years later by Sickert, an English painter, read: “*It was natural that during the years when I knew him [Degas], that he should sometimes have spoken of the torment that is to draw, when he could only see around the spot at which was looking, and never at the spot itself,*” such that the act of painting became an exercise in circumvention.

From these private testimonies, it became clear that Degas, despite his recognition as a successful artist, was an ordinary man confronting the calamity of vision loss. Even with fame and adoration, he could not escape biology.

The lecture then shifted towards a discussion of age-related macular degeneration, where the hallmark feature is central scotoma.

While it was important for me to learn the science behind the disease, I also got a glimpse into Degas as an individual. Through his painting and private letters, I gained insight into his disability and creative genius. For me, the discussion of his letters humanized the morning’s education experience, as art and letters became surrogates for direct interaction. Captured within his writing and art were the worries, concerns, and raw

emotions of a man. This created an emotional response in me simulating a feeling a doctor experiences when seeing an anxious or helpless patient. This reminded me that a doctor does more than just diagnose and treat a disease; a doctor must also see beyond the objectivity of duty to connect with the patient and validate concerns.

The exploration of Degas’ painting was only one example of many discussed that morning. The lecture proceeded with Vincent van Gogh and ocular trauma; Escher and thyroid eye disease; Cézanne and glaucoma; Leonardo da Vinci and brow ptosis. By observing critically, we became cognizant of the pathology and ethos embedded in the art.

The inclusion of art in this lecture was positive in shaping my understanding that is important to observe and understand each person, whether a subject in a painting or a patient in the clinic, as a complete individual. While it is important to master classroom knowledge, it is equally essential to take time to learn about the patient—to understand the ways in which their story and their disease are intertwined.

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