

Art and medicine : presidential address delivered at the inaugural meeting of the West London Medico-Chirurgical Society, session xxv.

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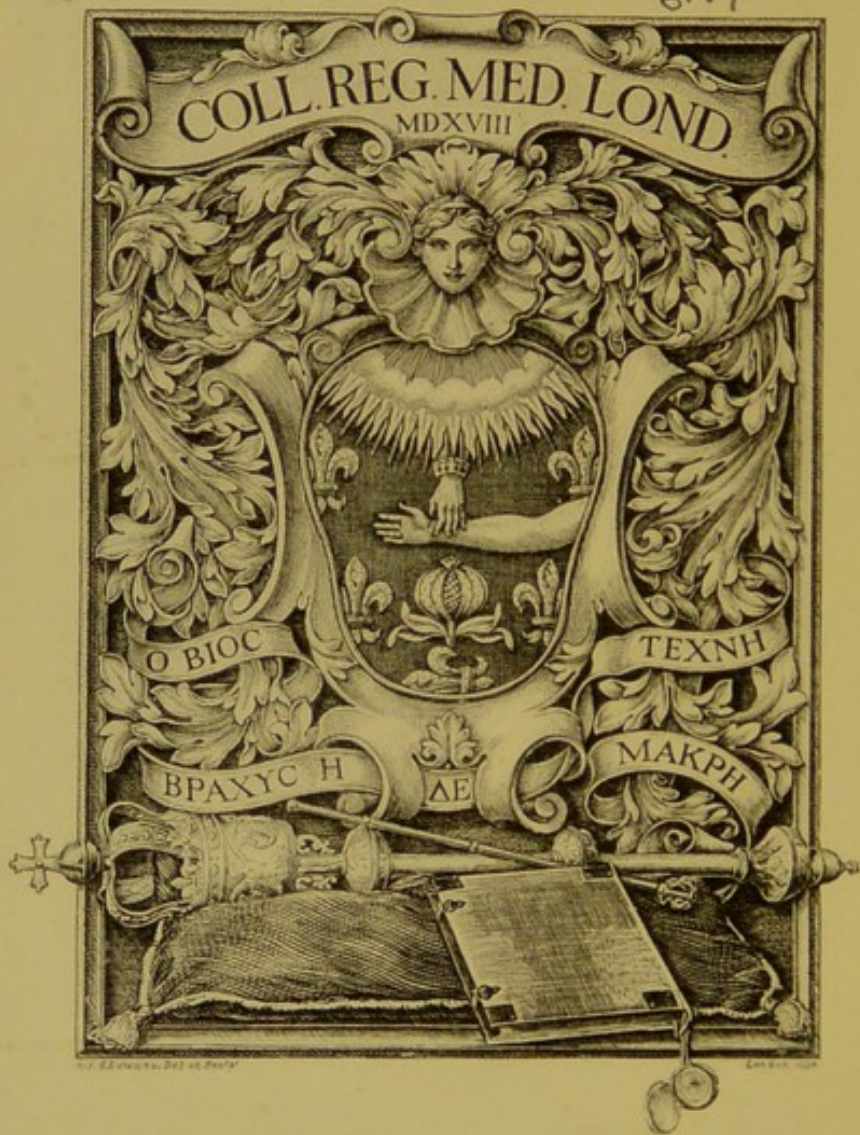


LEONARD MARK, M.D.

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To

Sir Dyce Duckworth

with kind regards

from L.M.

ART AND MEDICINE

BEING

THE PRESIDENTIAL ADDRESS

DELIVERED AT THE INAUGURAL MEETING

OF THE

WEST LONDON MEDICO-CHIRURGICAL SOCIETY

SESSION XXV.

BY

LEONARD PORTAL MARK

M.D.Durham, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.



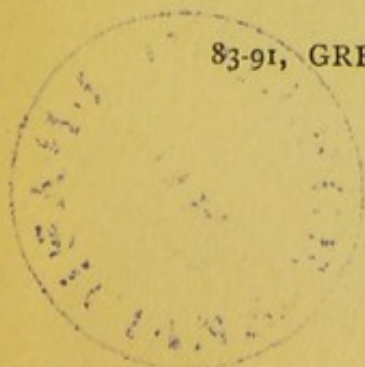
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ART AND MEDICINE.

BY LEONARD MARK, M.D.

"In this work attempts will exceed performances, it being composed by snatches of time, as medical vacations and the fruitless importunity of uroscopy would permit us. And therefore also perhaps it hath not found that regular and constant style, and those assured determinations, which the subject sometimes requireth, and might be expected from others whose quiet doors and unmolested hours afford no such distractions."—Sir Thomas Browne's "Vulgar Errours."

It was early in the summer, when I was spending my holiday in Paris, that it came to my knowledge that I might perhaps have the honour of occupying this chair, and that it would be my duty to choose some subject for an address which, I hoped, might interest you. To tell you the truth, I chose the subject at once. I had been spending several days looking at pictures in Paris; the weather being unusually wet had made me spend many more hours than I first intended in museums and galleries. The result was that my head was very full of pictures, and I felt just then that if I had to talk about anything it must be about pictures, all the more so, because of the great impression which had been made on me just then by seeing a large number of

them which contained subjects of medical interest. My attention had been arrested when I had come across pictures in which there was depicted some medical or surgical incident or in which appeared the representation of an infirmity, a deformity, or a wound, or in which death in its various aspects had a place.

I had unconsciously been analysing many of them and considering whether they were correctly drawn, whether they gave a proper idea of what was intended; I wondered in many cases whether some were true copies from Nature and from what had really been seen; in some instances whether the painting had been done from real wounds, from a dead person, in others whether certain portraits of people, historically known to have suffered from any complaint, revealed it in their counterfeit presentment or not; also whether certain characteristics, depicted in other pictures, showing pronounced illness or abnormality, were painted thus purposely or unwittingly. I thought that here was a subject which was full of interest, and I hoped that if I chose one full of interest to myself I might possibly make it so to my audience. As the idea of this subject developed, I began to observe these particular pictures with increased attention, and on my return to London, I determined to see what our own galleries had to show in this line, my wish being to confine myself to the pictures we have in England.

My first visit was to the National Gallery, and, truth to say, after a first general look round, I was a little disap-

pointed and came away thinking there would not be very much to talk about after all. Another visit gave me much more encouragement, and I found that the National Gallery was true in every respect to the often-mentioned reputation which it has, of being the most completely representative gallery which exists in the world, even if it is far from being one of the largest. I found that it contained some important pictures illustrating subjects which could be described as of pathological interest. At the South Kensington Museum and in other collections in London a fair proportion of pictures were to be seen which came into the category, and I found that in the particular branch which I want to talk about, our British collections and museums are quite equal to the Continental ones, although there are several points of difference.

If we wished to trace the origin of the arts we should have to go back to the earliest dawn of man's appearance upon this planet. Man's mind must very early have been impressed with wonder by the phenomena that surround him, by the world's beauty, the great questions of life and death, of pain and disease, and to this feeling must soon have been added the desire to give form, in some sort of way, to his impressions, so that they might live for others. Words were the first means of expression that came to him, and poetry the first art his intellect created to give shape and colour to his thoughts. Very early must descriptions of death, of wounds, of suffering and illness, have found a place in art. Some of the descriptions in Homer's *Iliad* are most vivid and full of details.

The next art to arise was sculpture, dealing with material forms, which require but to be copied with skill and accuracy.

Painting was the later-born art, as the application of colours to a flat surface and the reducing of seen objects into perspective were a more complicated process.

But when the art of painting was acquired, man had a more comprehensive means at hand to express what he saw, what he felt, what he admired, and his art became universal, in that nothing in Nature, nothing human, could be foreign to it. The art of painting, devoted in the early days to the service of religion, or the record of heroism, eventually became a means of depicting events and subjects of most varied character, but always chiefly those of human interest, in some of which medicine occupies a conspicuous place.

Medicine may find a place in paintings for several reasons. I think the greatest reason of all is to excite a *sympathetic emotion*, for the subjects chosen for pictures are often scenes connected with sickness or death. Or some touching episode in a domestic or historical drama may be represented, in which one of the details is of a medical nature and must find a place to explain the rest. Or it may be brought in for *contrast*, as when a deformed or diseased person is depicted, so as to act as a contrast to another fine or well-proportioned figure. This is very frequently seen in the old masters, as I shall show you further on, and the tradition has been kept up even in later days, a well-known example being that of "The Contrast," by Lord Leighton. Here deformity is brought

in with the object of enhancing the beautiful. Leonardo da Vinci said that "Contrast was essential in a work of art."

Medicine may be but a mere detail in a picture, and the detail may be brought in by the artist by a few touches of his brush, yet it may be the point round which the interest of the subject centres.

We might roughly divide the pictures of this class into two large groups :—

First : those of the old masters, dealing mostly with heroic, biblical and religious subjects, in which the plague and leprosy with their sores, the martyrdom of saints with their various wounds, death in its many aspects, had to be represented. It is easy to understand the important place which such subjects found in art during the period of its revival in the middle ages, when we remember that it was one of the principal means of teaching the people the history of the Bible and of the saints before the days of printing.

The second great group is that of modern pictures, and here the drama and romance seem to me to have inspired most of the subjects which come into the category, to which we may add scenes from history and scenes from every-day life, in which something medical is just as likely to find a place as some detail connected with architecture, navigation, hunting, sport, the naval and military sciences. For art is universal and calls to her aid every chapter in life and every science.

Whenever medicine is brought into art, good taste demands

that any morbid detail should be but an accessory and not be painted as the essential part, or in such a manner as to take away the attention from the main idea which the painter desires to express. The painter's knowledge of pathology can be but slight, and he should make use of it merely as a means to an end; it must not be his object. But we wish him to be correct, and a medical man likes to see medical details in a picture carried out faithfully, just as a military man likes to see military details treated in a battle scene, or a sailor the details in the rigging of a ship. I believe that no class of men criticise pictures more keenly than the latter. We like to judge how far the artist has been sincere in his observation, but we should not expect him to produce any realistic displays which would jar upon our better feelings. The artist must often judiciously put some detail of his picture in the shade or merely give an indication of it. If it be true that the highest art is to hide art, it is often also true that it is high art to hide a morbid detail.

In this paper I wish to talk only about pictures and works of art which we have in England. To attempt to talk about what there is in the Continental galleries would open up too wide a field. This has already been very ably done by Dr. Paul Richer who, when house-physician under Dr. Charcot, at the Salpêtrière, illustrated that great master's works with some admirable outline drawings. The great book he has written on "*l'Art et la Médecine*" contains an immense fund of interesting information, and I am indebted to it for some valuable suggestions.

(1) A Detail from Raphael's Cartoon, "St. Peter and the Lame Man,"
Smith Kensington Museum.

(1) A Detail from Raphael's Cartoon. "ST. PETER AND THE LAME MAN."
South Kensington Museum.



The first pictures that I wish to bring to your notice are some of those by the Old Masters.

THE OLD MASTERS.

In the first rank amongst the great works of art in England we ought to place the Cartoons of Raphael, now at the South Kensington Museum. The subject of one of them is St. Peter and St. John healing the lame man at the Gate of the Temple. The scene is a striking one, the moment chosen being the one just before the miracle. In the foreground in the centre of the picture is seated "the lame man from his mother's womb who was carried daily and laid at the gate of the Temple, which is called Beautiful, to beg for alms" (fig. 1). Attention is at once drawn to his legs. They are doubled up, the knees being flexed at an acute angle, especially the right one, which is raised so as to bring into view the right foot, which is so extremely distorted that the plantar surface is looking upwards. The muscles are wasted and the large pendulous toes look livid. The toes are much distorted in the left foot, the big one being bent upwards at a right angle to the dorsum of the foot.

Raphael probably chose for his model a beggar who had suffered from infantile paralysis. He has a low receding forehead, a low bridge to his nose, very brilliant eyes which are deeply sunken in their orbits, a large prominent jaw and big ears. His general aspect suggests a man who had had rickets.

When painting this cripple, Raphael very likely had two different models that he amalgamated. He may have done here what he did when painting a beautiful woman. He is known to have declared that a perfectly beautiful woman is so rarely met with, that he was obliged to take the various features from different models to produce a perfect picture.

Sir Charles Bell mentions in his book on "The Anatomy of Expression," that in visiting the Church of the Annunziata, in Genoa, he found a beggar lying in his way, the precise figure of the lame man in the cartoon of Raphael.

The lame man is staring at St. Peter with open mouth, his face expressing his astonishment at the notice which is being taken of him. St. Peter is standing in the middle holding up the cripple's hand. He has a commanding look and his position is full of dignity. With one hand he holds the cripple's wrist while he raises the other to render more impressive the words he uses: "Silver and gold have I none; but such as I have give I thee. In the Name of Jesus Christ of Nazareth, rise up and walk."

St. John has also a prominent place in the picture, and helps with St. Peter to form a contrast to the cripple in the central group, and the other cripple who is kneeling between the columns on the right. This one has a round prominent forehead and a low bridge to his nose. His thighs are conspicuously short, and he has also suffered from rickets. His face is full of expectation and hope.

Extra charm is given by the introduction of a mother and her child, one of Raphael's most beautiful creations.

In this picture Raphael must have made a very exact copy of the deformity of his model, but brings it in merely as an accessory. He has studiously thrown a veil over all the morbid part of the cripple's legs by means of a cast shadow. The lame man is carefully placed between the columns, so that the shadow of one of them crosses his feet and knees. It took me some time and trouble to make out the exact outline of the limbs owing to the painting, which is *in tempera*, having become darker after four centuries of exposure. In the sketch which I show you I have left out part of the shadows, so as to bring the legs and feet more prominently into view.

One of the criticisms made against the picture is that these columns, owing to the way they are placed, cut up the subject and divide it into three groups. They are highly decorated and obviously not Jewish, but a creation of Raphael's imagination. I believe it quite possible that they formed part of his design for hiding the hideous parts of his subject.

One would like to dwell lengthily on this picture, as it is one we may be proud of possessing in England. It is one of a group of ten pictures which were designed about the year 1520 under the directions of Pope Leo X., and intended for tapestries for the Vatican. They were originally ten in number, but three were lost, and the remaining ones were purchased for the nation by Cromwell for the sum of £300.

One of the other cartoons has a subject which it would be interesting to talk about here, "The Death of Ananias," but I prefer passing on to the works of other painters.

ST. ROCH AND ST. SEBASTIAN.

One of the greatest scourges mentioned in history was the plague, and very naturally the painters of the middle ages who were brought face to face with it, found it a fruitful subject for their brushes. Anyone reading Boccaccio's vivid account of it will understand how greatly it must have influenced life in those times, and how the people must have sought for measures to avert it. Religion was appealed to for its protection, and art recorded its ravages. Just at the time of the great revival of art, and when the plague was creating the greatest havoc, two saints came prominently into notice and were constantly appealed to for protection. They were St. Roch and St. Sebastian, and to represent them in painting or statuary became a grand opportunity for artists; hence the frequency with which we meet with pictures of them. They are often represented together as joint protectors against the plague.

St. Roch is especially interesting to medical men, and might rank as one of the first of their patrons. He is at once recognised in pictures as a man in the prime of life, habited as a pilgrim, with a cockle shell in his hat, holding his staff in one hand, while with the other he lifts the corner of his cloak to show the plague spot on the upper part of his thigh, or points to it.

His legend is comparatively modern and tolerably authentic. He was born at Montpellier, famous as the seat of one of the earliest Schools of Medicine. He was of noble parentage.

(7) Morando "St. Roch and the Angel" National Gallery.

(3) Morando.

"ST. ROCH AND THE ANGEL."

National Gallery.



When he came of age he disposed of his riches and started on a pilgrimage to Rome. In several cities on the way the plague was raging, and he stopped to minister to those who were stricken. He found that this was his true mission, and devoted himself to the sick in the hospitals at Rimini until at last he was himself attacked by it. Left to himself, he lay in the outskirts of the town expecting to die, but a little dog, who had followed him in all his journeyings, used to go into the town every day and return with a loaf of bread in his mouth, and thus kept him from starvation. An angel from heaven, says the legend, used to come and dress his wounds and minister to him in his solitude. He recovered from the plague and returned to his native town, where he died on August 16, 1327.

It was in the year 1414, during the Council of Constance, when the plague broke out in that city, that an effigy of the pilgrim was carried through the streets and the plague ceased. His fame spread over Europe and innumerable pictures of him were painted for the churches on the Continent.

The National Gallery contains several pictures in which St. Roch is figured, generally in groups with other saints; but the best one of all is a beautiful picture by Morando of the Verona School, "St. Roch and the Angel," a work which ought to be better known, being one of the finest examples of the subject (fig. 3).

The saint is represented as a young man with delicate features; a refined and compassionate expression. His

pale, somewhat dusky complexion, his long, thin hands, his brilliant but sunken eyes, his open mouth, all help to denote a sufferer from some severe illness. His clothing is drawn aside by his hand to lay bare the upper part of the right thigh, according to the tradition, and expose the plague spot. High up, in the middle of the shadow of the cloak, there is a thin ray of light, which is all that indicates the seat of the sore. But a mysterious sort of light emanates from the part, and illuminates the large fold of the red cloak and the fingers of the left hand with a glow which is more than can be accounted for by the light descending from the angel above.

The usual attributes appear. The pilgrim's staff is planted in the background, and on it hangs the pilgrim's hat. In front is the little dog, his companion in his wanderings. The background consists of some oak leaves growing from short stout branches, and their sturdy appearance forms a great contrast to the delicate figure of St. Roch. The rose which his hand has dropped on the ground at the sight of the angel denotes his æsthetic tastes. The angel above him is blessing him with his right hand, while with his left he points to the distant horizon whither the pilgrim must wend his way, and where he is wanted for further deeds of self-sacrifice.

The other saint that I wish to talk about as having occupied an important place in art, is St. Sebastian. This martyr is always represented tied to a stake, with his body

pierced with arrows. In our National Gallery I have counted eight pictures in which he finds a place, and I have been much interested in studying the various ways in which the arrows have been depicted penetrating his flesh. Some of the methods adopted are purely conventional. In one of them six or seven arrows are drawn exactly alike and under each one is painted a group of five drops of blood, which one cannot help remarking, look like a small bunch of currants hanging from the arrow. In another there is an arrow entering the neck, and the artist has drawn it piercing the clavicle, regardless of the fact that the clavicle would cause it to make some deviation. In one there is an arrow penetrating the temple while the saint continues to have on his countenance a placid smile, although such a wound must have caused instantaneous death.

Apart from the medical question some of these artists have shown their ignorance of the legend, which says that the martyr recovered from his wounds without the help of any miraculous agency. Sebastian was a young nobleman commanding a company of the Pretorian Guard in the reign of Diocletian. He professed Christianity in secret until it came to the knowledge of the Emperor, who ordered him to be tied to a stake and to be shot to death with arrows. He was left for dead, but was carried to the house of some friends who found that none of his wounds were mortal and who nursed him most carefully until he recovered. He afterwards had the boldness to present himself before Diocletian, whose

anger was roused and who this time ordered him to be dragged to the circus and to be beaten to death with clubs.

In art his importance at once secured him a prominent place, and an opportunity was furnished for artists to display the beauties of the human form. St. Sebastian gradually acquired in the art of the early ages of Christianity a place similar to that occupied in heathen art by Apollo, the father of Æsculapius. This divinity was represented with a bow and arrows, and he had the power of sending sudden death and the plague with them to man for his punishment, but at the same time of delivering him if duly propitiated. Arrows were always symbolical of the plague and remain so to this day in the east.

The martyrdom of the Saint was found to be an admirable subject for the display of elegant forms and fine anatomical modelling. One of the finest specimens is the picture by Guido at the Dulwich Gallery. Here the human form in all its beauty is shown and the pose of the figure is a striking one for its grace. There is only one arrow depicted, and that attracts very little attention as it penetrates the side, in the shade, just below the ribs.

WOUNDS IN PAINTING.

Sometimes they are very conventional in the way they are represented, and at other times, when the artist has apparently been careful to avoid any morbid detail, they may be merely indicated. In the National Gallery are many representations

of the Saviour after the crucifixion, in which his wounds are figured. In the fine picture by Giambattista Cima, "The Incredulity of Thomas," the hands and feet of Christ have merely a little red patch, looking like a wafer applied on the instep and the back of the hand. There is no attempt to represent any bruising or laceration of the flesh. The red spot on both sides is placed immediately over the metacarpal bone of the middle finger, regardless of its position, and the artist leaves it entirely to the observer to imagine that a nail could have pierced the hand.

Joseph Ribera, known as Spagnoletti, one of the most able of the so-called naturalist painters, and one of those who set the example to a class of painters who became known in Italy as the *Tenebrosi* and *Naturalisti*, painted a fine picture of a dead Christ now in the National Gallery, to which I will refer again when speaking of the subject of death. In this picture he has represented a real wound on the instep of the left foot, but it is one which has been made in the flesh of his model after death. It is a clean cut incision about two inches long. The edges of the skin are gaping and show the subcutaneous tissue perfectly free from any extravasation of blood. Looking more closely into the picture, one sees the deep fascia over the muscles of the dorsum of the foot. There is no trace of any tearing or bruising. I have thought that the foot in this picture would be a very good illustration for a book on forensic medicine, as a type of a wound made in the skin after death.

Although authorities are forthcoming who uphold that no object is really ugly, yet a wound or a sore if it has to find a place in a picture may be a ghastly object. It is the true artist's aim to see that it is not so, and he must use the many means at his disposal for rendering his subject faithfully without shocking the susceptibilities of the most delicate person. Too much importance must not be given to a morbid detail. He must be careful that the proper balance of his work should not be upset, and that by producing too harsh or too deep a note he does not destroy the harmony and thus fail to execute a work of art, and bring forth something for his fellow-men to admire.

LEPROSY AND OTHER DISEASES.

There is in the Royal Collection at Windsor Castle, a very striking picture by Van Dyck, called "St. Martin Dividing His Cloak," which contains a very vivid representation of a sufferer from leprosy, the other disease which was so prevalent some centuries ago, and which, therefore, was bound to find its place in art (fig. 2).

St. Martin, the Roman soldier, who lived in the time of Constantine the Great, is seen on horseback in full military attire. The armour which he wears is a beautiful specimen of that which was worn in the 16th century, but this, of course, is an artistic licence. With his sword he is cutting off a portion of his bright scarlet cloak to give to one of a group of beggars in the right hand corner of the picture,

(2) Van Dyck. "St. Martin dividing His Cloak." Windsor Castle.

(2) Van Dyck. "ST. MARTIN DIVIDING HIS CLOAK." *Windsor Castle.*



Two of these beggars are probably lepers. When I went one day this summer to Windsor to see this picture, I was fortunate enough to be accompanied by my friend, Dr. Abraham, one of our great authorities on the subject of leprosy. We had a very careful look at the picture, and as this may have been the first occasion on which a specialist in leprosy has done so, I think it would be interesting to give here a few notes we took at the time.

The man in the centre of the group has a face which is typically that of a leper. There is a nodular ulceration on the left eyebrow, showing below the edge of the bandage which is round his head. The bridge of the nose has fallen in. The nodular condition is apparent on the alæ of the nose and all round the mouth. Both lips are much swollen. There is nodular thickening on the upper part of the pinna of the left ear. There is apparently an atrophic condition of the left foot and ankle. On the right heel is some ulceration, and the left leg, near the knee, shows some markings.

The other man, who is turning his back to the observer, appears to have some ulceration on the right ear. His left hand, which is grasping the edge of the cloak, is thickened, and the fingers seem to be ulcerated. He, too, might pass for a leper.

The child held up by the gipsy woman is distinctly hydrocephalic; it has a small, wizened face, with a pinched expression.

This picture was wrongly ascribed to Rubens for a long time after being brought from Spain in 1750, and still appears under his name in some lists of pictures. Its style and the grouping of the figures, which is similar to that in other pictures of the same subject by Vandyck, tend to show that it is the work of his brush.

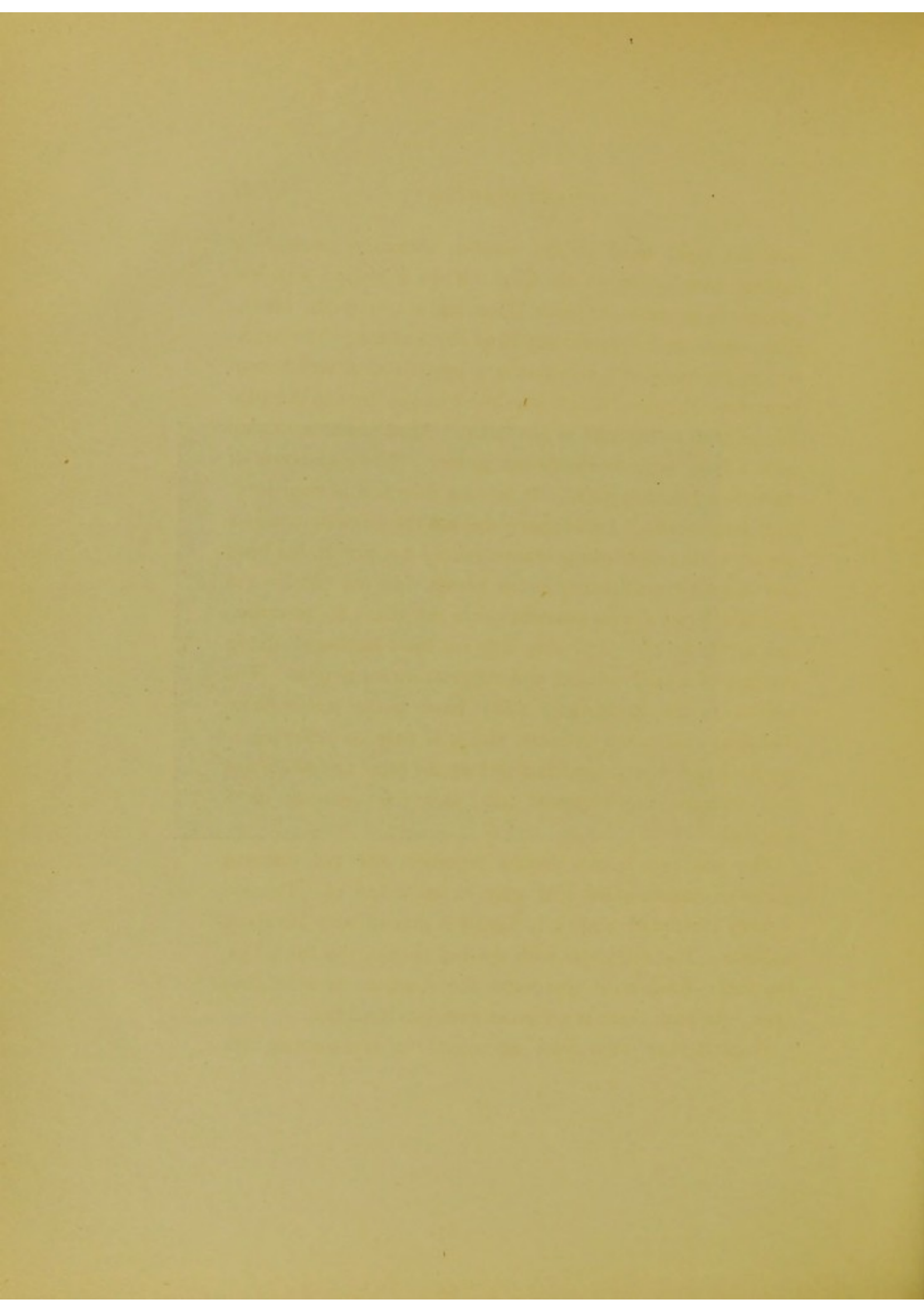
St. Bartholomew's Hospital possesses two very large paintings by Hogarth, which form part of the decorations of the walls on the staircase leading up to the great hall. They have been a source of interest to many generations of the Hospital's students, as they are full of matter to attract the medical or surgical eye. One is known by the name of "The Pool of Bethesda," the other "The Good Samaritan." The first (fig. 5) contains a whole group of sufferers surrounding the Saviour, who stands near the edge of the pool. Beneath, forming part of the design of the artist, is a panel containing the words from St. John's Gospel which help to explain the picture.

The cripple is seen sitting up on his bed in the middle of the foreground, he has a bandage round his head, and he has just removed the bandages from his leg, which in the oil painting shows some ulcers. Dr. Norman Moore has made a very careful study of this picture, and I am indebted to him for a very interesting clinical demonstration, which he gave me one day at the hospital, on the patients who are represented surrounding the pool. Going from right to left we notice a man with thin, pale face and painful expression,

(2) Hogarth. "The Pool of Bethesda." St. Bartholomew's Hospital.

(5) Hogarth. "THE POOL OF BETHESDA." *St. Bartholomew's Hospital.*





with his right hand on his swollen abdomen, possibly a sufferer from cancer of the liver. Then a woman who has patches of psoriasis on both knees and on her right elbow. She is turning her face away from the Saviour. The tradition of the hospital is that this is a portrait of a well-known courtesan, Mistress Wood, who lived at the time in the city. The woman at her side is her maid. Then comes a woman with a baby who obviously has rickets. The expression of the baby's face is typical. It is very pale and ill-nourished, with large joints. Immediately behind the Saviour stands a woman with painful countenance raising her arm to her head and exposing an abscess in her breast. In the picture her pale face forms a great contrast to the red patch of inflammation on the breast. The man with his hand bandaged up has the face of a hard drinker, and suggests a case of gout. The woman in the background must have acute melancholia. The next case is not so clear, and it is only on referring to the lines of Scripture and finding that the blind are mentioned first amongst the impotent folk, that one ventures on a diagnosis.

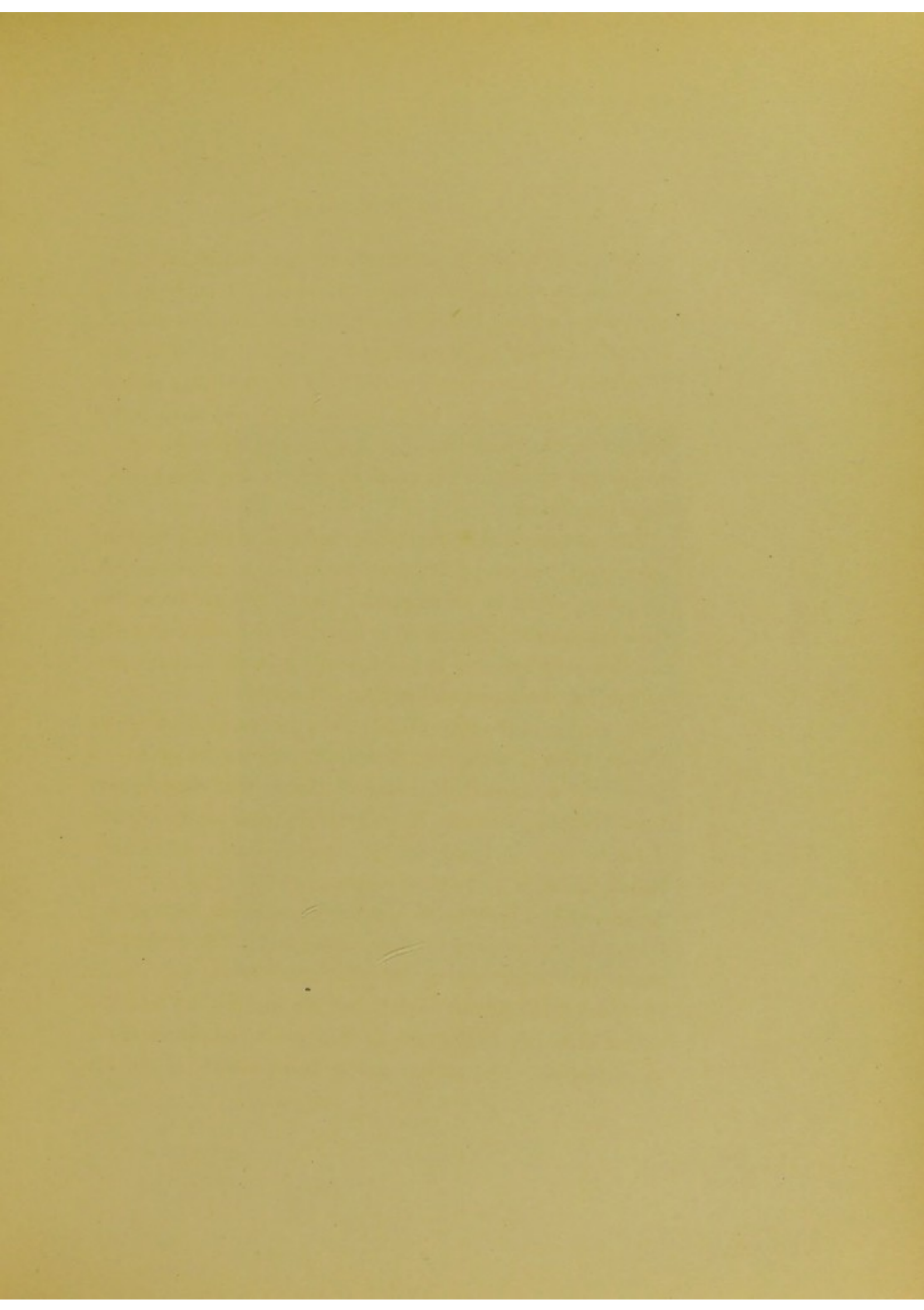
The last two female figures represent the two different forms of consumption that used to be talked of. The extremely emaciated woman is clearly a case of very advanced phthisis. The other one with the red cheeks, the thick lips, the short, thick nose, represents the strumous or scrofulous type. In front there is a woman with bandaged feet.

Hogarth has been very successful in representing the

sufferers, and no doubt had excellent opportunities for choosing his subjects from patients in the hospital, as he lived just outside the gates. One cannot help remarking that there is a want of dignity about the figure of Christ. He looks short in stature when compared to the other people in the picture. The tradition has not been followed here of adding to the importance of the performer of a miracle by representing him on a larger scale than the other figures, at one time a recognised convention.

The picture is also interesting, because it is the first and only great picture by Hogarth devoted to a serious subject. He, the greatest of all satirical painters, believed to his last days that he was destined to be a historical painter, just like Molière, who believed to the day of his death that his true calling was the acting and writing of tragedy.

In another of the Royal Collections, the one at Buckingham Palace, there is a picture I must bring to your notice, with a subject of a somewhat lighter character than those I have been speaking about. It is generally known as *Le Mal d'Amour* (fig. 4), and is by Gerard Dow, the famous Dutch artist, who painted several pictures of a somewhat similar subject, the finest of all being now in the Louvre, and known by the name of *La femme hydropique*. The present one shows the doctor raising the urine glass to the light, while he holds his fair patient's hand; but she does not look seriously ill, nor show any of the signs of dropsy, like the patient in the Paris picture. She strikes one as being chlorotic, and the





(4) Gerard Dou.

"LE MAL D'AMOUR."

Buckingham Palace.

paleness of her face is enhanced by the fly blister which is applied to her temple, no doubt to relieve a sick-headache. Her hand, placed upon her heart, lets the observer into the secret of her trouble, whilst the quaint, suspicious look which she directs towards the glass held up by the doctor, suggests that she is afraid he may fathom her secrets more deeply than she would like. On the table is the love letter she has just been reading. All the details are highly finished, as is usual in Dow's pictures. By the inkstand one sees her potion, standing in a small flask, the mouth of which is closed with a little cone of paper, a practice still kept up in many of the Continental hospitals.

HISTORY.

Leaving pictures of the old masters, I pass on to pictures connected with the history of England.

The diseases and infirmities of some of our sovereigns and of other famous personages have often found a place in history, and occasionally have done so in art, affording an interesting subject to the curious.

Edward the Confessor is one of the earliest kings about whom anything of the sort is mentioned. He was always described as of middle stature and kingly mien, his hair and beard being of snowy whiteness; his face was plump and its pinkish colour was constantly referred to. He was, doubtless, an albino. The many representations of him in coloured glass windows and in illustrated manuscripts of

the Middle Ages give him that appearance, and the colour of his face is always a great contrast to that of any accompanying figures. But these, of course, are works of later centuries. Of his own time the impressions of his great seal are all we have left to show what he was like (fig. 6). The face on some of these, preserved in the British Museum, certainly suggests that it might be that of an albino. The plump cheeks and nose are remarkable. The sharp line between cheeks and beard show that the engraver wanted to produce the effect of colour-contrast between the two. The eyes are small and high up. It appears to me that no great straining of the imagination is required to take the effigy on the seal for the representation of an albino.

Edward the Confessor was the first sovereign who touched for the *Evil*, and he had a great reputation for curing people with ulcers. This is what he is shown to be doing in many of the illustrations found in the mediæval manuscripts.

Keeping to the chronological order, we now come to the Norman Conquest. One of the most graphic records of that great event is the tapestry of Bayeux, a roll 20 inches broad and 214 feet in length, worked in woollen thread of different colours. It is preserved now in the prefecture of Bayeux, but is said to have been worked in England after the Battle of Hastings.

Although the design is very rudimentary in point of art, it is regarded as a very faithful representation of many details. I show you here a sketch (fig. 7) from a small section of the

(6) THE GREAT SEAL OF EDWARD THE CONFESSOR. British Museum.

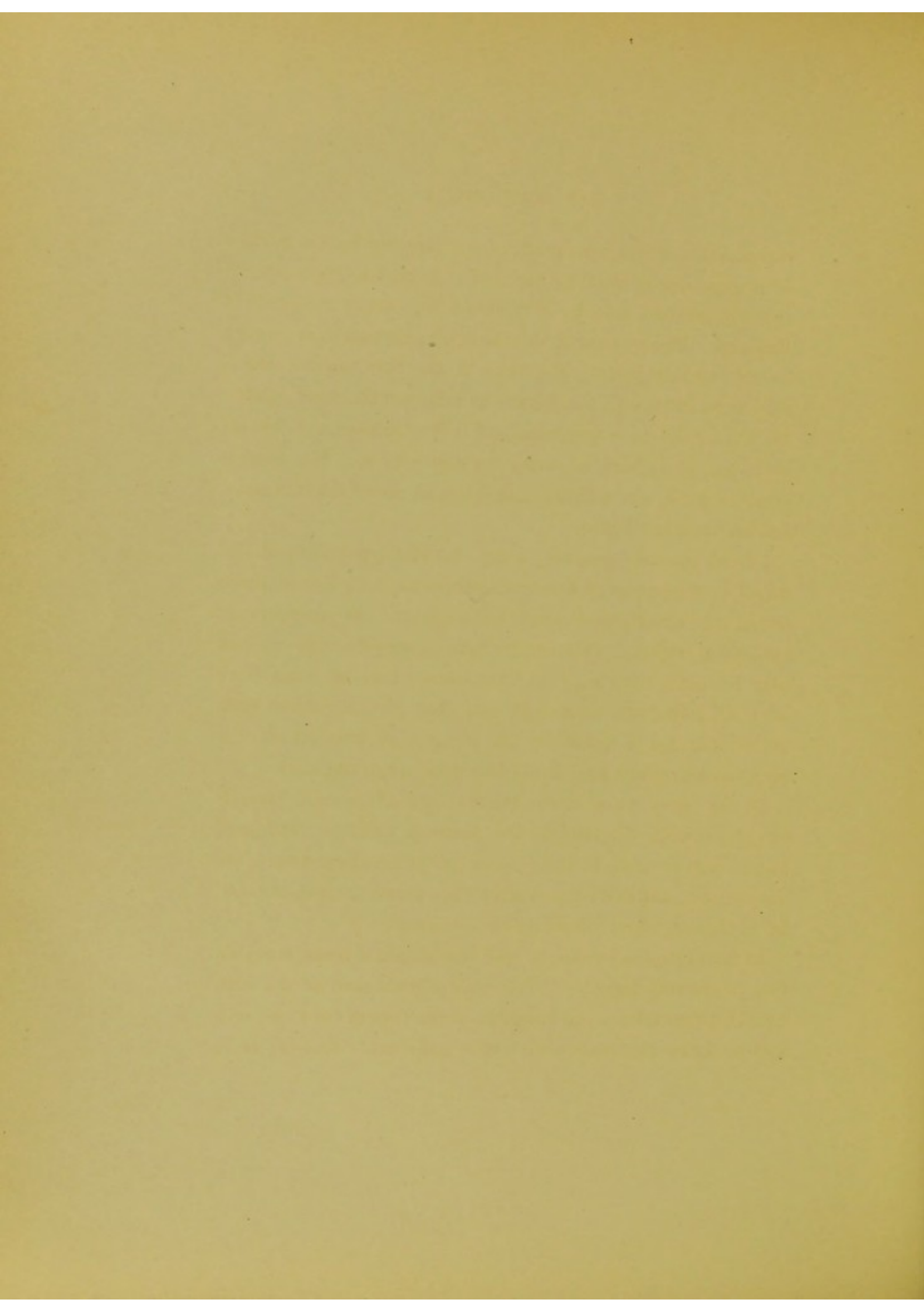
(6) THE GREAT SEAL OF EDWARD THE CONFESSOR. *British Museum.*



(7) The Dwarf Torped in the RARETAP TAPSTRY.

(7) THE DWARF TUROLD IN THE BAYEUX TAPESTRY.





reproduction which was made of the tapestry for the Society of Antiquaries in 1816 by the artist Stothard. You see the two ambassadors sent by William of Normandy to Harold of England. The interest of this section is centred in the dwarf, *Turolf*, who is holding the reins of the two horses. He is very short in stature, about half the height of the other figures. He has a fully developed head and is long in the body, but his limbs are short, and his arms are specially so. His head is closely shaven, which distinguishes him as one of the Normans, and he has a full beard.

I think one may venture to say that the appearance of this dwarf is suggestive of a case of achondroplasia, one of those conditions which have been included in the category of congenital rickets. His name being conspicuously written over his head, between two lines, shows that he must have been an important character, and that he must have been picked out for a place in the picture on account of his peculiarities, which had struck the designer of the work.

Or he may have been merely one of several dwarfs brought over to England by the Norman knights. It is well known that in spite of their shortened limbs these dwarfs are very strong, and the knights may have found their backs useful to step on when mounting their horses.

In fact, imagination might lead one far afield when studying this interesting tapestry. We have often heard of the blue blood introduced into the Kingdom at the time of the Conquest, and we know the pride with which some noble families trace

their descent from the Conquerors. Who knows whether some of the dwarfs we occasionally meet with in our streets might not trace their descent from Turolde, and whether achondroplasia might not have been imported by him into England at the time of the conquest? But perhaps, as Horatio remarked to Hamlet, "to consider thus would be to consider too curiously."

Richard III. is often mentioned as being a hump-backed man, with the left shoulder higher than the right. There are several of his portraits taken from life, and the one which is considered the best is now hanging in the library of the Society of Antiquaries. Nothing in this portrait indicates any deformity. The artist may have been a courtier, and perhaps avoided recording in his work anything which was likely to displease his sovereign. Whatever may have been his infirmity, it could not have interfered much with his performance of feats of valour at the Battle of Bosworth.

Of Edward VI., the boy king, who died of consumption, aged 16, there are also many portraits, several of them by pupils of Holbein. One of these, preserved at Windsor Castle, shows a boy with refined and delicate features, in whom some suggestion of consumption has often been looked for. I cannot say that I could see anything in the picture indicative of the disease.

There was, however, a highly finished portrait of the boy king by William Streates, a pupil of Holbein's, which I saw at Christie and Manson's rooms four years ago, at the sale of

Sir Charles Robinson's collection. Here the emaciated face, the paleness of the skin, the hectic flush in the cheeks, the long tapering fingers, the whole aspect, suggested most obviously advanced phthisis. I wish I had been able to show you a photograph of this picture, but on making enquiries I found that it had passed through an agent's hands to an American collector, and had been lost to our country.

Queen Mary I. is another sovereign whose ailments are often spoken of in history. She died at the age of 42, probably from malignant disease, the sequel to a long-continued functional disorder of the ovary. The dropsy, which had been an important symptom, was mistaken by her for pregnancy, one of her greatest hopes being to have an heir to succeed her on the throne.

Sir Antonio More, who painted several portraits of her about the time of her marriage with Philip of Spain, also painted one at a later period of her life, which is now in the Prado collection at Madrid. The photograph of it, which I show you here, makes her look much older than 40 years, her age when it was supposed to be taken, and gives her the peculiar appearance sometimes seen in sufferers from ovarian disease.

Before leaving the subject of portraits of historical personages, I ought to refer to the family in which albuminuria had been hereditary for four generations, about which Dr. Howship Dickinson was kind enough to give me some information. His account of the family is to be found in the

Pathological Transactions, from which I extract what follows: "The family is an ancient one. Portraits have been preserved from as far back as the time of Edward IV., and I am informed that they generally display, whether from time or disease, a peculiar transparent pallor, like that which prevails among the living members. I can imagine one of this gallery of pallid ancestors addressing another, *mutato nomine*, in words which were used at a scene in which one of them bore a part:—

"Look I so pale, Lord Dorset, as the rest?
Aye, my good lord; and no man in the presence,
But his real colour hath forsook his cheeks."

Dr. Dickinson gives particulars of nine members of this family group, illustrating the nature of the disease.

STATUARY AND CARVING.

Leaving painting now for a short while, and passing on to statuary and carving, I find a few interesting subjects to engage your attention. In Westminster Abbey, amongst the effigies of some of our kings and queens, there is nothing to denote any morbid peculiarity. None of them have been portrayed to show the effects of death, like some of the kings of France, whose tombs are in the Cathedral of St. Denis. On one of these, the tomb of Louis XII. and Anne of Brittany, the effigies are two masterpieces of sculpture. The two dead bodies are lying uncovered, and the artist has so scrupulously rendered every detail, that he has even shown on the abdo-

men the incisions made for embalming the bodies and the sutures with which they have been closed.

In the Abbey, the tomb which seems to attract the most attention of the public, partly for its artistic merits and partly for its theatrical effect, is that of Lady Elizabeth Nightingale, a fine piece of sculpture, the work of Roubiliac. The lady is represented expiring by the side of her husband, who supports her with one hand while with the other he repels Death, which, in the shape of a skeleton, is emerging from the vault beneath and aiming his dart at the lady. This skeleton, partly concealed in loose folds of drapery, is a wonderful piece of sculpture and a study for the anatomist. A fine contrast is expressed by the artist in the extreme state of collapse of the lady and the energy and vigour of the husband, whose face is full of horror.

In the Abbey we again come across St. Roch and St. Sebastian. There are statues of the two saints to be seen in the imagery surrounding Henry VII.'s Chapel. They are both easily recognised by their traditional attributes. The statue of St. Roch is high up, just over Dean Stanley's tomb. These statues were formerly in the Chapels of Our Lady and of St. Erasmus, which once stood on the spot and were pulled down to make room for the present building. Erasmus, the saint we meet with here, was a contemporary of St. Sebastian, who also suffered martyrdom under Diocletian, and became the patron saint of mariners. He was cut open and his entrails wound off on a sort of wheel such as is used

to wind off skeins of wool or silk. One of the treasures preserved in the library of the Society of Antiquaries is an ancient picture by an unknown artist of the fourteenth century, which represents the scene most vividly. The intestines of the saint are being drawn from a wound which is well worth studying. A median incision has been made in the abdomen starting from just below the umbilicus and reaching to a point just above the pubis, such as a surgeon of the present day would make when about to perform a laparotomy.

There is a relic of bygone days of especial interest to our profession now to be seen in the entrance-hall of the Royal College of Surgeons. It is the sign-board of a doctor of the seventeenth century, and I am able here to show you a photograph of it which I got leave to have taken, through the kindness of the President of the College (fig. 9).

The sign-board is about three feet square, with figures arranged in groups, carved in wood in high relief and painted. The design is very bold, so that the figures catch the eye, and the meaning of each group is apparent at once. The art is somewhat rudimentary, and one cannot help being struck by the shortness of the central figure of the doctor. The artist seems to have omitted to allow him any hips, or to have made his thighs start from the level of the waist. This figure is probably a likeness of the doctor. He is in Jacobean costume, with a short cloak and a large ruffle. In his hand he holds a roll of papers. He wears a beard and moustache. The

(9) An Ancient Doctor's Sign Board. Royal College of Surgeons.

(9) AN ANCIENT DOCTOR'S SIGN BOARD. *Royal College of Surgeons.*



ALTISSIMVS
CREAVIT DE TERRA MEDICINAM ET VIR
PRVDENS NON ARHOREBIT ILLAM
ANNO DOMINI 1625

costume and the whole get-up make one think that the learned doctor must have tried to impress his patients with his knowledge and importance, by aping the appearance of his sovereign, James I., the Solomon of the North, who in the year 1623 had been twenty years on the throne.

Behind the doctor are three shelves with drug pots and bottles. The seven surrounding panels contain scenes of the doctor's daily work. First, and perhaps in his day the most important, is the scene of a patient being bled. The woman is grasping a staff in her right hand and holding the bowl to receive the blood in her left, while she turns her face away.

The middle top panel is the most interesting. Here the doctor is holding up the urine glass, while the patient, who is lying on the bed wrapped up in blankets, is evidently dropsical and suggestive of "the large white man with the large white kidney." The grouping in this division has no doubt been inspired by the pictures of some of the Dutch artists with whom the urologist was a favourite and frequently recurring subject.

We notice in the other squares: a soldier having his dislocated shoulder reduced; a woman with a large abscess of the breast about to be lanced; a man sitting upright on a chair to have his leg sawn off. The two groups below show on one side the doctor about to lance an alveolar abscess in a man with a swollen face, and on the other side the doctor examining a soldier's arm for an injury.

Beneath are the words from Ecclesiasticus; "*Altissimus*

creavit de terra medecynam et vir prudens non abhorebit illam. Anno Domini, 1623." The words are in the evening lesson for St. Luke's Day.

This sign-board was in the collection of the late Mr. Manley Sims, who, I am informed, purchased it at a second-hand shop in London. It was said to have come from Pool, but nothing further can be traced of its history.

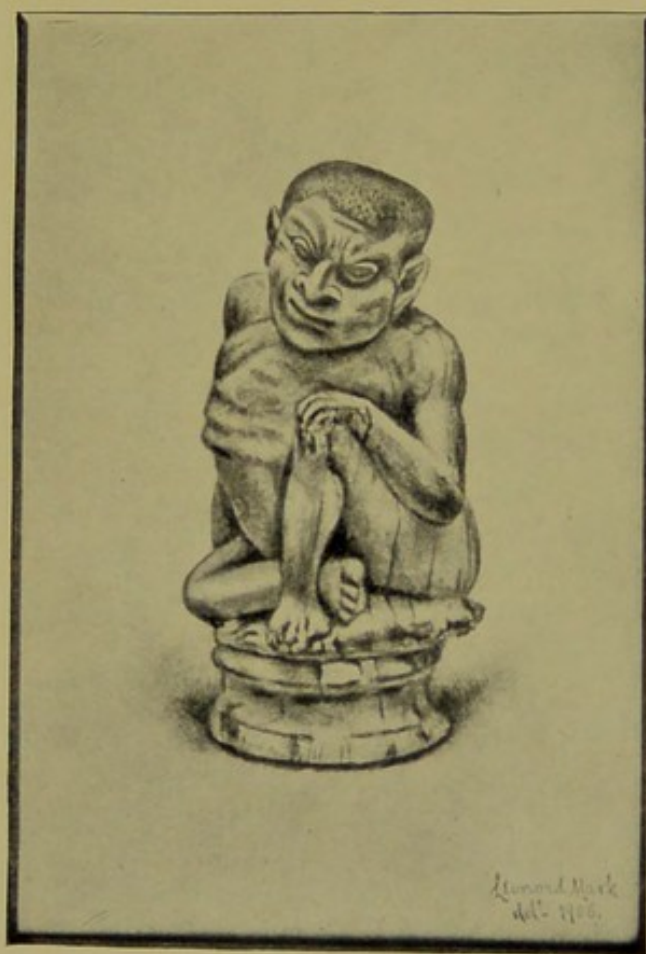
There is at the British Museum a small statuette, carved in ivory, which is a very finished piece of workmanship of the Græco-Roman period (fig. 8). It represents a dwarf with Pott's disease, sitting on a small pedestal with his legs doubled up. His right shoulder is very much raised, and the front of his chest very prominent and pigeon-breasted.

Amongst the terra-cotta statuettes remaining from the Greek period a good many are to be seen representing monstrosities, but it is rarely one is found for which an individual with a definite disease has been chosen for a model. Dwarfs with achondroplasia are sometimes found. The additional interest in this one is that it is one of the very rare specimens carved out of ivory.

A better known piece of carving representing a monster is the Lincoln Imp, the main point of interest to be mentioned here being the well-defined hare-lip. It is a grotesque, to be seen below one of the corbels in the "Angel Choir" of Lincoln Cathedral,

(8) Antiquities of a Dwarf. British Museum.

(8) ANTIQUE STATUETTE OF A DWARF. *British Museum.*



DEATH IN PICTURES.

We pass on now to the great subject of death, which, in its many aspects, whether before or after the supreme moment, has called forth the abilities of artists in all ages and all countries.

We have but few examples left from ancient Greek artists, who sought to represent in their work the large and eternal features of human nature, and were remarkable for the *reserve* they displayed in portraying joy and grief. Nothing strikes one more than this when looking at any of the ideal figures sculptured on an Athenian tomb.

In the Middle Ages, and with the revival of the arts, death became, on the contrary, a very frequent subject for painters, who were called upon to represent the various scenes connected with the Crucifixion, the descent from the cross, the entombment. It also found a place in the sculptures on tombs and memorials.

The great destruction of works of art and many of the decorations of our cathedrals after the Reformation, and during the time that puritanism was having its sway, accounts for the paucity of these works in England when compared with their frequency on the Continent.

In modern art death has a great place, and taking, for example, the pictures in the Tate Gallery, I found after a careful inspection that nearly all those that could be included in the subject under consideration there, were representations of death, and, to be very exact, of violent death.

In pictures where death has a place, we have to distinguish its various aspects, and it is interesting to observe whether they have been studied by the artist and been given their due importance. The mistakes some of them make are curious, and occasionally absurd, owing to incongruity.

There should be a difference made between the face of a dying man and that of one who is dead. Of the dying man we have the classical description known as the *facies Hippocratica*: "A sharp nose, collapsed temples; the ears cold, contracted, and their lobes turned out; the skin about the forehead being rough, distended and parched; the colour of the whole face being green, black, livid, or lead colour."

This description applies to the face of a person when death is at hand, although it is often misquoted, and in a well-known book on forensic medicine, I have found it included amongst the signs to be looked for when life is extinct. Shakespeare, who is supposed to have known the quotation from Hippocrates, was more correct, and made proper use of some of the words when describing Falstaff's last moments: "For after I saw him fumble with the sheets and smile upon his fingers' ends, I knew there was but one way; for his nose was as sharp as a pen, and he babbled of green fields; his feet were as cold as any stone."

After death the pallor of the skin and the flaccidity of the muscles becomes most noticeable. Sir Charles Bell says: "There may be for a short time the expression of suffering, but this subsides and the features become placid and com-

posed. Therefore it is that the sorrowing friends are withdrawn until Death has had his victory, when the features assume the tranquillity of sleep."

Pallor is, of course, more intense after death from hæmorrhage. Great attention was drawn this year at the Guildhall Loan Exhibition to Van Dyck's picture of the "Death of Buckingham." The painter is known to have been at Southampton when the duke was murdered, and probably painted the picture on the spot. The pallor represented was intense, and suggested that the assassin's dagger had wounded a main artery and caused death from internal hæmorrhage.

Immediately after death the muscles become flaccid, and what Bell has called *the gravity of the limbs* causes the body to sink down.

What goes under the designation of "the stiffness of death" often leads the lay mind into errors. It seems as if immobility must be mistaken for stiffness. The real stiffness, or *rigor mortis*, only comes on after an interval of time, varying according to the mode of death, the temperature of the atmosphere and other circumstances.

This *rigor mortis* is wonderfully well represented in Ribera's picture of *The Dead Christ*, which I mentioned when talking of wounds. The body is seen at the moment when it is most marked, notably in the trunk and the neck. The head and shoulders are being raised from the ground by one of the disciples and the flexure of the body takes place at the hips, not in the spine. This detail and the position of the

hands, which are slightly pronated, with the thumbs drawn towards the palms, give a very realistic appearance to the picture.

A common error is to suppose that the stiffness comes on at once. This is sometimes seen on the stage. I remember being much struck by the absurdity of it when seeing one of our well-known actors who was taking the part of Mercutio in "Romeo and Juliet" and who, in the duel scene when he wanted the audience to know he was killed, stiffened all his limbs, and allowed himself to be carried off the stage perfectly rigid, instead of falling down on to the ground as he should have done, with his limbs all relaxed. The mistake is frequently made by painters of battle scenes who represent the soldiers who have just been shot dead lying in stiff attitudes.

A few years back there were to be seen at an exhibition in London some wonderful pictures of battles by Verestchagin, the great Russian military painter, whose loss had to be deplored during the late war, when he went down with the admiral's ship outside Port Arthur. In these I could not help being struck by the difference he had made in the posture of those soldiers who had obviously just been killed and of those who had been lying on the ground since some previous engagement. A picture, full of horror, and realistic in the highest degree, was one described as "Three Days after the Battle."

Another very common error is to represent the veins on the backs of the hands and forearms as still distended with blood.

(to Henry Wallis. "The Death of Chatterton." The Gallery.
(By permission.)

(10) Henry Wallis. "THE DEATH OF CHATTERTON." *Tate Gallery.*
(By permission.)



The superficial veins are hardly perceptible after the heart has ceased to beat, when the blood flows into the large internal organs or gravitates to the most dependent portions of the body.

SOME MODERN PICTURES.

At the Tate Gallery, amongst the modern pictures dealing with this subject, one of the most striking is *The Death of Chatterton*, by Mr. Henry Wallis, with whose kind permission I am enabled to show you this photograph. The young poet, who has just taken poison, is seen lying on a bed under the window through which the grey light of early dawn is coming in, giving a weird appearance to the scene. The position is quite a natural one. The body is turned over on to the side, and the head has rolled off the pillow to the very edge of the bed. The hands are closed, and the right one, which hangs down on the floor, still grasps a handkerchief. Close to it on the floor is seen the empty poison flask. *Rigor mortis* has already commenced and is conspicuous in the neck and hands. I was particularly struck by the forcible rendering of the pallor of the face and neck, with its shadows of a leaden hue and the waxy and transparent look of the skin.

The Death of Amy Robsart, by Yeames, is another picture in which I have admired the very correct rendering of the appearance of the skin after death. The body is lying at the foot of the staircase *like a snowdrift*, to use Walter Scott's words, and the artist has produced a wonderful study in

white. The whiteness of the face and neck with the faint grey shadows about the nose and temples has a transparency which gives it quite a different character to the whiteness of the clothing, especially to that of the rich silk gown with gold embroidery. The lips are slightly parted and of a dull purple colour. There are just a few coils of auburn hair close to her shoulder which catch the light from the window and enhance the paleness of her face.

Millais' picture of *Ophelia* calls for a few remarks. A mistake that strikes me is that she has far too healthy a look, with her plump cheeks and rosy lips. I remember that at Bethlem Hospital, Dr. Savage frequently pointed out to the students the patients of what he called "the Ophelia type." They were generally girls with sallow complexion, feeble circulation, who had been refusing their food, and, in consequence, were emaciated.

A remark often made about the picture is that she is floating too high on the water. Millais here wanted to give the importance to the lines:—

" Her clothes spread wide,
And mermaid-like, awhile they bore her up."

He no doubt studied this point carefully, and to his cost, for it is known that his model, who used to lie in a tank of water, nearly died of pneumonia after getting a chill one cold day when the temperature of the water was allowed to get too low.

If I were asked which is the most popular picture to-day in all our galleries, I should at once say it is *The Doctor*, by

Sir Luke Fildes, at the Tate Gallery. I think there is scarcely any other picture which touches, with such ability of execution, the emotional chord of old and young, educated and uneducated.

I have thought that it would be interesting to take a record with a phonograph of the remarks which it calls forth from visitors to the gallery. The most frequent of all is: "How sad!" The child's complaint is said to be a puzzle for every new house surgeon who sees the picture hanging in the wards of a hospital, where it so often finds a place. The little which one can see of the child, with its flushed face, well nourished limbs, and extended arm, suggests some acute chest complaint, probably pneumonia.

A Sherlock Holmes might help one to form a diagnosis by pointing out the bowl and spoon on the stool, which have just been used to make a poultice, the soothing effect of which the doctor is now watching.

In this picture morbid details are conspicuous by their absence. The whole interest of the subject, the critical condition of the child, is conveyed to the observer by the distress depicted in the face of the father, by the mother's attitude of despair, and by the kindly look of the doctor, which is expressive of deep concern for the recovery of his little patient.

CONCLUSION.

The conclusion which we are led to by contemplating these pictures is that any place which medicine can have in art

must be but a subordinate one, and that it is often the better taste for the artist to hide some morbid detail. It is not the proper purpose of the sculptor or painter to produce mere imitations, and he must not be led away by the idea that he need only copy Nature. His work, to be well composed, should be a whole in which each part, in its proper place, merely contributes its share towards the principal effect, the main idea which is to strike the beholder. The true artist has to judge which details he had best make use of, just as he has to choose that particular moment of a scene which is the most interesting, the most pathetic, or the most stirring.

When he has to deal with a subject with a morbid side, it is essential for him to cultivate some of that *reserve* so noticeable in Greek art. He should "use all gently . . . he must acquire and beget a temperance that may give it smoothness." He must use his art not only to hide art but to hide unpleasant details. What we require of him is to stir up our finer feelings and to rouse our admiration; for it is the very joy of our heart to admire where we can, and nothing so lifts us "from all our mean imprisonments, were it but for moments, as true admiration."

"We live by admiration, hope and love.
And, even as these are well and widely fixed,
In dignity of being we ascend."

