Seeing Patients

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The contemporary American portraitist Alice Neel remembers the town in which she grew up as "a benighted little town." She recalls that "all the events for art were there, but there was no art."[1] In medicine, as in Neel's hometown, there are "events for art." But the visual arts are linked to medicine in a unique way that has its roots in the development of modern science.

From the time of Andreas Vesalius and the great Renaissance anatomists, artistic interpretations of rational observation have been central to the acquisition of medical knowledge. At the heart of the practice of illustrating scientific texts are the beliefs that we learn from what we see and that the image of an authoritative observation is a powerful pedagogical tool.[2] Vesalius explained the prominence of the careful and beautiful illustrations of *De Fabrica Humani Corporis* (1543) thus: "The books contain pictures of all the parts [of the human body] inserted into the context of the narrative, so that the dissected body is placed, so to speak, before the eyes of those studying the works of nature."[3]

Equally powerful is the conviction that, when aided by technology, the eye may uncover the truth about physical phenomena. Michel Foucault's discussion of "the medical gaze" in the history of the power struggle between medical professionalism and the subjective experience of the patient has been very influential in recent scholarly discourse. In *The Birth of the Clinic*, Foucault argues that "modern medicine has fixed its own date of birth as . . . the last years of the eighteenth century . . . with a return . . . to the modest but effecting level of the perceived."[4] He attributes the "rejuvenation of medical perception" to the technology that allowed nineteenth-century physicians to see things no one had ever seen before.

> What was fundamentally invisible is suddenly offered to the brightness of the gaze, in a movement of appearance so simple, so immediate that it seems to be the natural consequence of a more highly developed experience. It is as if for the first time for thousands of years, doctors, free at last of theories and chimeras, agreed to ap-

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proach the object of their experience with the purity of an unprejudiced gaze.[5]

And, again, "The eye becomes the depositary and source of clarity; it has the power to bring a truth to light that it receives only to the extent that it has brought it to light."[6] Thus, for Foucault, the medical gaze is characterized by a peculiar, cool distance: "The observing gaze refrains from intervening: it is silent and gestureless. Observation leaves things as they are; there is nothing hidden to it. . . ."[7]

At the end of her exposition of the centrality of "the seen and unseen" to Enlightenment science, Barbara Maria Stafford concludes that the seeds of the breakdown in the doctor-patient relationship were sown early in the history of modern medicine. She perceives the problem to be "the constructs of dissecting and abstracting," which "introduced us to a tenacious dualistic philosophy. . . ."[8]

The *ideal* posited in the medical gaze is an objective way of seeing, but it is doubtful that such objectivity is possible, especially when the gaze falls on another human being. There is no innocent eye. To the task of seeing, each observer brings experiences, hates, loves, prejudices, preconceptions, and knowledge. There is no perception without interpretation, and interpretation of the observed world is one of art's functions. By interpreting reality, the artist transforms our perceptions of what we see, just as the trained medical eye interprets what it reads from the body. Neither the artist's nor the scientist's eyes merely record, as do technological devices.

Alan Blum, whose sketches appear here, is a physician who sees "events for art" in his patients—individual personalities who act in a human drama of courage, despair, humor, pettiness, suffering, and death. Certainly, he derives his ability to heal his patients from the long medical tradition I have discussed. But he uses his sketches to learn something beyond the compass of technological medicine.

Blum has sketched patients since he was a resident in the late seventies, but he came to his interest in drawing and the visual arts by chance. Although he grew up in New York, he had little interest in art museums. "I preferred dinosaurs to painting," he says.[9] He had no background in art or art history until, as a college sophomore, he stumbled into a class in life drawing. He began drawing in earnest on a trip to Rome after college, when he decided to draw a classical sculpture. The result satisfied him ("It looked just like it."), and he began sketching everything in sight.

He asserts that he never had an artistic intent, that he "just liked

looking at things." But some interest—visual or intellectual—led him, in medical school, to begin making sketches of the patients he encountered on rounds. This casual practice has, over more than fifteen years, resulted in hundreds of sketches of patients. Blum is unpretentious in his approach to his artistic production. He claims no theoretical underpinnings to his work, yet it is clear that he derives intense pleasure from the practice and that it reflects a genuine and compassionate interest in the people he sees.

Moreover, he remembers each person who inspired a sketch. He still has a kind of commonplace book that he compiled during his residency in 1977. The little book contains newspaper clippings, odd quotations, pictures, notes, and sketches executed on note cards, scraps of paper, and memo pads from pharmaceutical companies. Blum uses the little sketches to revive his memory. Each face, surrounded by jotted notes, recalls a detail of personality, a conversation, an illness. "I did the autopsy on him," he will say, turning to a drawing. The sketches in the book—and all the subsequent sketches—merge into a portrait gallery. We see in the sketches and hear in the notes fragments of the human condition. The words surrounding the portraits are the patient's own:

> "My eyelashes, my hair, everything hurts."

* * *

> "For all the work I did since I was sixteen years old, getting $106.00 a month is a big joke. They took the best five of the last ten years."

* * *

> "Crazy about pigs' feet, pig ears—it brings my pressure up."

* * *

> "I don't enjoy life. I don't have a sense of humor . . . maybe it's because I'm such a complainer—and that gets on my nerves, too."

The note cards and scraps of paper adumbrate the fleeting, impressionistic effect of his sketches. Each card or scrap represents an encounter between Blum and an individual patient. His first creative act is to choose the moment in the interview to record: Is the patient pensive, irritated, anxious? What words does the patient use to describe his or her condition? Choosing the words and the pose to capture the essence of an individual encounter is as much the act of an artist as that of a physician. From a medical man who claims that he "preferred dinosaurs

to painting" we might expect a Foucaultian gaze; in fact, Blum's portraits of patients come closer to capturing Neel's understanding of the "events for art" than to Foucault's detached objective view.

Perhaps Blum's sketches belong more to another tradition in Western history. Just as the Renaissance presided at the birth of the "dissecting and abstracting" strains in Western culture, it was midwife also to our concept of the individual. One strain leads to the technological gaze, and the other finds its artistic expression in portraiture. Portrait making is, above all, an acknowledgment of individuality. Time spent making a portrait, even a sketch, is time spent learning something about a *person* who is not just an abstraction, not just a case.

Blum is clear about the connections between sketching and giving the patient his time. He expressly uses his sketching to prolong the encounter. He believes that it is necessary to narrow the gap between physician and patient, and he argues that the more time the two spend together, the smaller the gap becomes. He finds that drawing makes him a better listener. Moreover, it helps him see his patients whole—a safeguard against separating the individual from the context. Thus his sketches can be seen as a response to the breakdown in the doctor-patient relationship that Stafford attributes to the dissecting and abstracting medical gaze. In a sense, the sketches are also a solution to the fragmentation inherent in modern modes of looking: Blum's patient is both the object of a knowledgeable gaze and a cherished individual.

Herein lies the fascination and the difficulty. Blum's drawings are made in the course of his interviews with his patients; they occur as part of the therapeutic relationship. Sometimes the patients are not even aware they are being sketched. They do know that they are being *observed;* that is why they come to him. Patients come to a physician to be *seen,* and they probably share the physician's belief in the power of the objective, scientific gaze. We show and tell our doctors things we would show or tell to none but our most intimate friends, family, and lovers because we believe that we are in a safe place and hope that, in being seen, we will be healed.

Should we be allowed to see these artifacts of protected encounters? That is a vexing question. There is, indeed, a tension between what ought to be private and what public. The tension is probably inherent in all image making and image gazing. Blum acknowledges no conflict, but he protects his patients carefully. He keeps the names and personal situations of the sitters confidential and will not publish sketches of current patients. Those published here are from past encounters, and the patients in them are dead. Moreover, the portraits are respectful.

They do not intrude, nor do they linger pruriently over age or deformity or poverty. They are, of course, realistic—each patient is drawn with unsparing detail. But they are also compassionate, understanding, and gentle. They acknowledge and capture the "events for art" in the medical encounter.

Is printing them an invasion of privacy? One answer is that the sketches are personal, but they represent the publicly visible aspects of individuals. If we didn't know that they were drawn during private, protected interviews, they would be unexceptionable, even innocent. In fact, they are less intimate than the images produced by the technology that gives power to the medical gaze.

Technological medicine and art are linked in modern history by the conviction that we can learn from observing and interpreting the details of the natural world, including those of the human body. But there is always the suggestion that such observation may be dangerous or even forbidden. It is no accident that Western art has produced many pictures of dissections and surgeries and the physicians who perform them.[10] It is as if Western artists want to proclaim the analogy between the medical and the artistic gaze.

Blum draws to learn more about his patients and to fix them in his mind. When, for example, he looks at an old sketch of a long-dead patient, he revives that patient in his imagination. In doing so, he tacitly responds to the tradition of portraiture in Western history. The portrait, after all, is the product of an individualist sensibility, and the genre was created to memorialize the person over distance and time—even beyond death.[11]

So, there is knowledge to be gained through the sketches: for Blum, knowledge about his patients; for the viewer, knowledge of the meaning of being a patient, or of being human, fallible and mortal.

Watching Blum look at sketches of patients dead for many years, listening to him recall each individual, reminds me of the final lines of Shakespeare's eighteenth sonnet, itself a product of Renaissance concerns about individuality and art.

> So long as men can breathe, or eyes can see,
> So long lives this and this gives life to thee.

The Enlightenment's faith in the power of observation was, as we know, optimistic. Now we question whether the optimism was not partly misplaced. Lewis H. Lapham devotes a recent editorial in *Harper's* to a discussion of Václav Havel's thesis that we are at the end of a "series

of propositions inaugurated by the Renaissance, 'an end not just to the 19th and 20th centuries, but to the modern age as a whole.'" We are, Havel concludes, at an end of "the proud belief that man, as the pinnacle of everything that exists, was capable of objectively describing, explaining and controlling everything that exists, and of possessing the one and only truth about the world."[12]

In her introduction to a small catalogue for a recent exhibit at the Art Institute of Chicago, Stafford asks, "Has the biological realm become Post-Modern? Has the human body and its infinitely image-able parts become just another visual product? Are we about to be transformed into cybernetic specters or a commodified series of simulated portraits?"[13]

Alan Blum's sketches are one medical practitioner's response to the fragmentation and disintegration of a long tradition of observation. Through his sketches, with their scraps of dialogue, Blum has reconciled two kinds of knowledge that have long been separated: the powerful and objective knowledge made possible by imaging technology, and the artist's knowledge of a person as individual and whole.

NOTES

1. Cindy Nemser, "Alice Neel—Teller of Truth," in *Alice Neel: The Woman and Her Work* (Athens, Ga.: Georgia Museum of Art, University of Georgia, 1975), n.p., the catalog of an exhibition at the Georgia Museum of Art, 7 September–19 October 1975.

2. See Mary G. Winkler and Albert Van Helden, "Representing the Heavens: Galileo and Visual Astronomy," *Isis* 83 (June 1992): 195–217.

3. Andreas Vesalius, *De Fabrica Humani Corporis* (Basel, 1543), 4. The translation, by W. P. Hotchkiss, is taken from Logan Clendening, *Source Book of Medical History* (1942; reprint, New York: Dover, 1960), 137.

4. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Pantheon, 1973), xii.

5. Ibid., 195.

6. Ibid., xiii.

7. Ibid., 107.

8. Barbara Maria Stafford, *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (Cambridge, Mass.: MIT Press, 1991), 466.

9. The quotations from Alan Blum are taken from my tape-recorded interview with him at the Baylor Family Practice Center, Houston, 21 February 1992.

10. Two of the most famous are Rembrandt's *The Anatomy Lesson of Professor Nicolaes Tulp* (1632) and Thomas Eakins's *The Gross Clinic* (1875).

11. The great art historian Max Friedländer asserted that the evolution of Western art is the evolution from icon to portrait. See Max J. Friedländer, *Landscape, Portrait, Still-Life: Their Origin and Development*, trans. R. F. C. Hull (New York: Philosophical Library, [1950]), 268. For extended discussions of the relationship between the development of portraiture and the development of the concept of the individual, see John Pope-Hennessey, *The Portrait in the Renaissance*, Bollingen Series, no. 35 (New

York: Pantheon, 1966), and Gottfried Boehm, *Bildnis und Individuum: Über den Ursprung der Porträtmalerei in der italienischen Renaissance* (Munich: Prestel-Verlag, 1985).

12. Lewis H. Lapham, "Apes and Butterflies," *Harper's*, May 1992, p. 8. Lapham's quotations from Václav Havel are taken from a speech, "The End of the Modern Era," that Havel gave early in 1992 in Davos, Switzerland.

13. Barbara Maria Stafford, *Imaging the Body: From Fragment to Total Display* (Chicago: Art Institute of Chicago, 1992), 1, the catalog of an exhibition at the Art Institute of Chicago, 28 January–28 April 1992.