

# Picasso's *Science and Charity*: Paternalism Versus Humanism in Medical Practice

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To those familiar only with Pablo Picasso's (1881–1973) groundbreaking modernism for which he is renown, his early realistic paintings may seem surprising. Born in the Mediterranean harbor of Málaga, “Pablito” (as Picasso was called by his family) was raised in tight quarters by an incorrigibly optimistic and good humored mother and an unoriginal painter father who “had a twofold problem: the inclination to be an artist but not the gifts, and the temperament of a gentleman of leisure but not the means.” (John Richardson. *A life of Picasso: The prodigy, 1881–1906*, Volume I. Alfred A. Knopf, NY. (1991) P. 17.) The product of a difficult birth at which he was nearly given up for dead (Normal Mailer. *Portrait of Picasso as a Young Man*. The Atlantic Monthly Press, NY. (1995) P. 1.), young Pablito—apparently spoiled in demeanor and fussed over by indulgent sisters and aunts—is reported to have begun drawing before he could speak. He became an artistic prodigy and master, and his ability to render the figure quickly surpassed his father's and then all of his art school contemporaries', many of whom were a decade or more his senior (Figure 1).

Two of Picasso's most important early influences were physicians, who likely played a role in his choice of early subject matter. His paternal uncle, Dr. Salvador Ruiz, was a respected physician, including to an Augustine convent, who financed both his brother's (Picasso's father) and Picasso's art training. At age 10, Picasso entered art school at the Instituto da Guarda, where the director, Dr. Ramon Perez Couteles, also a physician, recognized his unique talents and became both a role model and patron—the first to commission and purchase works by Picasso.

Picasso's *Science and Charity* (cover, 1896–1897) is the middle of 3 similarly themed paintings produced during a protracted cholera epidemic in his hometown (from which 1 of his sisters apparently died in infancy) and in the immediate wake of his beloved younger sister Conchita's death from diphtheria at age 7 in 1895 (Richardson. P. 49). The other disease-themed paintings in the series are *The Sick Woman* (1894) and *Last Moments* (1899). During this period, the first glimmers of science's promise to alter the course of disease were at the center of public and Picasso's attention. Discoveries in the preceding decade showed significant progress against some of the most feared scourges, including diphtheria, at the time pictured on Sir William Osler's personal bookplate cartoon as the boldest pathogen in the foreground, undeterred by science and hygiene (<https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/GFBBCJ>). The diphtheria bacteria was identified in 1883 and grown in culture in 1884; antitoxin was discovered in 1888, shown to be effective in animals in 1890 and in humans in 1891, and mass produced

for wide use in 1895. Tragically, although diphtheria antitoxin was available to wealthy urban Spanish families, it could not be secured in time to save Conchita, and subsequently the family could not afford to give her a proper burial. Picasso's deep sadness, which he later reported inspired him to pursue his passion for art (Ibid. P. 46.), is captured in his inscription accompanying a later print: “At the end of the road death waits for everyone, even though the rich go in carriages and the poor on foot.” (Ibid. P. 50.)

Drawing on Picasso's artistic predecessors, *Science and Charity* extends a motif depicting the authoritative and dispassionate medical doctor, contrasted in this case to a nun exuding empathy and tenderness, and the patient is positioned squarely between the extremes. The physician coldly monitors the pulse (see another example of this common physician-patient motif at <http://www.harvardartmuseums.org/art/297585>), while the nun attends to the patient's sustenance and family needs and offers a reassuring gaze. This posture of scientific authority and distance reinforced professional prestige in the public eye at a time when there were few or no effective treatments available. Picasso's father sat as the model for the physician. The painting was exhibited at the *Exposición Provincial de Málaga* (receiving the coveted gold medal) and *Exposición General de Bellas Artes* in Madrid (honorable mention)—an extraordinary feat for a 15-year-old student (Marilyn McCully. *Picasso: The early years, 1892–1906*. National Gallery of Art, Washington (1997) P. 26.). Picasso gave the painting to his Uncle Salvador, who likely recognized it as homage to

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**Figure 1.** Pablo Picasso, “Science and Charity”, 1897. Oil on canvas. 197 × 250 CM. Museu Picasso; Barcelona, Spain. Available at: <http://www.wikiart.org/en/pablo-picasso/science-and-charity-1897>. Hyperlink 1. Max Brödel, “The Saint – Johns Hopkins Hospital”, 1896. Available at: <https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/GFBBCJ> [public domain]. Hyperlink 2. Thomas Couture, “The Illness of Pierrot”, 1860. Chalk on paper, study for oil painting of the same title. 47 × 61 CM. Harvard Art Museum; Cambridge, MA. Available at: <http://www.harvardartmuseums.org/art/297585>.

himself. Soon after producing *Science and Charity*, his family pooled their resources together to send him to Madrid, where the scope of his artistic influences and possibilities for attention increased dramatically.

A skilled draftsman, Picasso abandoned academic techniques in favor of pioneering contemporary methods (eg, cubism, abstract painting, printmaking, and ceramics) for which he is so closely identified. Throughout all phases of his

career, Picasso recognized the power of symbolism and metaphor to stimulate the imagination of his audience.

The metaphorical distance portrayed so skillfully by Picasso between doctor and patient—authority and afflicted—was promoted by medical organizations as a valued attribute of the profession that, through the 20th century, increasingly became a source of public debate and professional tension. Dr. Francis Weld Peabody—near his own death in 1927—famously bucked the establishment tide, writing that “the secret of the care of the patient is in caring for the patient.” (Peabody FW. The care of the patient. *JAMA*. 1927; 88(12):877–82.)

The debate is not resolved. The modern physician must (1) balance authority and compassion, (2) simultaneously accept their evolving role as interprofessional team members, and (3) master the emerging conflicts between electronic medical records and attentive care. Perhaps the modern version of *Science and Charity* might have the nun at bedside and the physician at a distance scrambling over a computer keyboard—the newest tool of professional mastery, authority, and distance.