

## Out of Hours

# Degas' 'exercise of circumvention'

The Realist painter Edgar Degas (1834–1917), best remembered for his images of ballet dancers, suffered from progressive bilateral central visual loss and photophobia.

Degas first mentioned his eye problems at the age of 19 years, but his disease only became a serious impediment in 1870, when he was 36. Enlisted in the National Guard in the course of the Franco-Prussian War, he noticed during a rifle practice that he could not see the target with his right eye.<sup>1</sup>

In 1872, Degas visited New Orleans to spend some time with his mother's side of the family. Extremely sensitive to the bright sunlight of Louisiana, he would be stuck indoors with his cousin Estelle. Interestingly, Estelle also suffered from bilateral progressive visual loss of unknown origin. While at the age of 25 years she had still been able to see with one eye, by the age of 32 she had become completely blind.<sup>1,2</sup>

Shortly after his return to France, Degas would confide in one of his friends:

*'This infirmity of sight has hit me hard. My right eye is permanently damaged. I expect to remain in the ranks of the infirm until I pass into the ranks of the blind.'*<sup>2</sup>

During the next decade, Degas' eyesight worsened and he would write about 'the torment of seeing only around the blind spot itself', and that therefore painting had become an 'exercise of circumvention.'<sup>2</sup>

Degas consulted several ophthalmologists from 1870 onwards. After seeing Dr Charles Abadie in 1874, an eminent ophthalmologist and collector of art, Degas wrote the following:

*'My eyes are very bad. The oculist wanted me to have a fortnight's complete rest. He has allowed me to work just a little until I send in my picture. I do so with much difficulty and the greatest sadness.'*<sup>1</sup>

In 1891, Degas sought advice from Dr Edmund Landolt, the founder of *Archives d'Ophthalmologie* and the French Ophthalmological Society. Like Abadie, Landolt had a keen interest in art and had treated other artists, including Mary Cassatt.<sup>1</sup>

Aware of Liebreich's 1872 publication *Turner and Mulready: The Effect of Certain*



**Figure 1.** Hilaire-Germain-Edgar DEGAS 1834-1917. *Beach Scene*. Date: about 1869–1870. Medium: Oil (essence) on paper on canvas. Dimensions: 47.5 x 82.9 cm. Acquisition credit: Sir Hugh Lane Bequest, 1917. This picture has been dated to about 1876–1877 but it may have been painted as early as the late 1860s. It was exhibited at the third Impressionist exhibition in 1877. It is almost certain that the central group of a young girl and maid was posed in the studio. In treatment the painting is distinct from the 'open-air' beach scenes of the artist's contemporaries, Claude-Oscar Monet and Eugène Boudin.

*Faults of Vision on Painting with Especial Reference to Their Works*, Landolt followed Liebreich's suggestion and prescribed Degas a stenoopic lens for the left eye and an occluder for the severely-impaired right eye.<sup>1,3</sup> Unsurprisingly, as Degas' problems were of retinal and not refractive origin, the stenoopic spectacles were of no use to him, whereas a magnifier turned out to be of temporary help.

Neither of the specialists Degas saw could diagnose or stop the progression of his disease. Even today we can only speculate as to what exactly Degas' illness may have been.

Given his photophobia, one may query uveitis, but neither Degas nor his doctors ever commented on any outward signs of disease. On the other hand, photophobia

can also be observed in patients with retinal, and in particular, macular disease.<sup>4</sup>

In view of his good general health it seems likely that Degas' problem was ocular in origin and not systemic.

Late photographs show that Degas' eyes remained straight, indicating intact peripheral fusion. Landolt's prescription of the occluder on the right further implies some residual sight in the right eye, which possibly interfered with the better left eye.

Apparently, Liebreich, who also saw Degas at a later stage, diagnosed 'chorioretinitis', a term which he may have used to describe a scarred retina and choroid.<sup>2</sup> Unfortunately, although Liebreich became famous for his paintings of the fundus published in *Atlas der Ophthalmoscopie*, none are available in Degas' case.<sup>5</sup>

*'More recently, and in the context of his striking family history, it has been suggested that both Degas and his cousin suffered from autosomal recessive ABCA4-associated cone-rod dystrophy, possibly Stargardt's disease.'*



**Figure 2. Hilaire-Germain-Edgar DEGAS, 1834–1917. Russian Dancers. Date: about 1899. Medium: Pastel and charcoal on tracing paper laid onto millboard. Dimensions: 73 x 59.1 cm. Acquisition credit: Presented by the Sara Lee Corporation, Chicago, through the American Friends of the National Gallery, London, 1998. At the end of the 19th century, Degas executed a series of pastel paintings showing exuberant and brightly costumed Russian women dancing with abandon. He had studied the poses and placement of the individual figures in large preliminary charcoal drawings, before moving on to highly worked pastels. Degas has added a strip of paper to the bottom of the sheet, but not enough to include the foot of the foreground dancer. This simple device of cropping the foot, as well as the blurring of forms, gives us the impression that, as spectators, we are standing thrillingly close to the action.**

In retrospect, it seems most likely that Degas suffered from some sort of retinal disorder, of either, infectious, inflammatory, degenerative, or hereditary origin.

More recently, and in the context of his striking family history, it has been suggested that both Degas and his cousin, Estelle, suffered from autosomal recessive ABCA4-associated cone-rod dystrophy, possibly Stargardt's disease.<sup>2</sup>

Independent of his correct diagnosis, we know that Degas' vision progressively worsened in the 1880s and 1890s and correlated with a gradual change in style.

While his early works were abundant with intricate detail (Figure 1), his later works became increasingly sketchy and coarse. In fact, the spacing of his shading lines increased proportionally to his deteriorating visual acuity over nearly three decades.<sup>6,7</sup>

By the turn of the 20th century, Degas

was almost blind with a left central scotoma and residual visual acuity of approximately 6/60.<sup>6</sup> However, this did not stop him from painting.

He would literally work around his central scotoma by creating empty spaces and scenes that featured in the periphery of his canvases. Moreover, he started to use pastels, a medium which required less precision than oil (Figure 2). Increasing the size of his canvases further helped him to magnify the view of his work as much as possible.

In addition, he would move more and more towards sculpture, where he could at least rely on his sense of touch, stating *'I must learn a blind man's trade now.'*<sup>8</sup>

While one of the art critics at the time would mock Degas and his *'sketches [as] the tragic witnesses of this battle of the artist against his infirmity,'*<sup>6</sup> it is exactly these late, more abstract and expressionist works that are now praised as his most accomplished ones. Ironically, Degas himself would say:

*'Only when he no longer knows what he is doing does the painter do good things.'*<sup>9</sup>

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