“Great artists like Wyeth are at heart consummate diagnosticians, because they study their subjects endlessly and objectively.”
Andrew Wyeth, Christina Olson, and the art of medicine

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Christina’s World by Andrew Wyeth is one of America’s four most celebrated images, along with Gilbert Stuart’s portrait of George Washington, James McNeill Whistler’s Study in Grey and Black (Whistler’s Mother) and Grant Wood’s American Gothic. It was painted in 1948 after the artist saw crippled Christina Olson crawling crab-like across the field outside her kitchen door.1 In the portrait, Christina’s upper torso is raised on emaciated arms, her one visible elbow a swollen knob, her hands clenched and gnarled. The image evokes a sense of yearning that is simultaneously eerie and faintly salacious. Like the physical examination, it defies interpretation without knowledge of the patient’s medical history.

Wyeth was not a physician. Even though on first meeting Betsy James, the woman who became his wife, he told her that he was a pre-med student, he never received any medical training.2 Nevertheless, he knew Christina Olson’s medical history as well as any personal physician might have and incorporated it with great insight and skill into his famous portrait. In fact, his knowledge of the history of each of his subjects was as comprehensive as that obtained by a twentieth-century Arrowsmith. His models received his full and all-forgiving attention during endless study that enabled him to capture their true circumstances in his paintings.1 Though ruthlessly objective in his observations, because he was also nonjudgmental, he was given access to the innermost recesses of his subjects’ lives, access to things normally revealed only to family, a close friend, or personal physician. These he filtered through his imagination and transmuted into art.1,3

Wyeth’s preferred medium was egg tempera—a compound of powdered pigment, distilled water, and egg yolk that hardens on a panel almost immediately.1,3 His principal colors were drum, ochre, and black.3 However, he was not a subspecialist tied to a particular technique or medium. He let his subject, rather than his technique, lead him.1

Wyeth was a solitary practitioner, only happy when painting and completely alone. Nothing truly mattered to him other than his work—“not family, friends, money, sex, pain, or pride.”1,4 Every aspect of his life was subordinate to his art. Whereas his contemporaries and their clients were obsessed with new techniques and mediums, he remained true to his own version of traditional realism.3 He produced works that require no special insight or sensitivity to appreciate, art to which anyone can relate.1

Wyeth was a clinician to the extent that he sought out damaged souls who came to hunger for his attention and the healing effects of his art.1 For Helga Testorf, his sensational nude model, posing for him one-on-one became a salvation and an eternal memory that gave her faith, hope, and a new lease on life.1 When her physical beauty faded and Wyeth’s health began to fail, she remained with him and became his caregiver.1

Wyeth’s relationships with his models were purely clinical—intense, yet temporary and detached1—except for that with Christina Olson. She was different. He first met her in 1939, when he was twenty-two and already a rising star in the art world. For the next twenty-eight years he studied her, painted her and her world, and fretted over her until her death in 1968 at age seventy-four.1 He found uncommon dignity and strength in her situation,
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imagine that the time, attention, and today. Moreover, it would be hard to that would be applied to her syndrome gave her a diagnosis in his masterpiece. Wyeth empathized with her be-

Charcot-Marie-Tooth disease is more likely. Wyeth never judged Christina by what he saw and, for this, he was the only one allowed to roam freely through her life and her once grand house.

The etiology of the disorder that robbed Christina first of the use of her legs and then her arms and hands has been a subject of speculation since Wyeth's masterpiece first reached the public. Although polio has been her standard diagnosis, a variant of Charcot-Marie-Tooth disease is more likely. Wyeth empathized with her because he too was a cripple. He had a malformed hip that prevented him from running normally as a boy and caused the other children of Chadds Ford to cast him as “an outsider, strange, queer.”

Only once did Christina allow herself to be scrutinized by the medical profession. In 1919, when twenty-six years old, she traveled to the Boston City Hospital for a week of being looked at “once a day for about two minutes,” before being sent home without a diagnosis and told “to just go on living as [she had] always done.” Wyeth gave her a diagnosis in his masterpiece no less informative than the eponym that would be applied to her syndrome today. Moreover, it would be hard to imagine that the time, attention, and compassionate understanding he bestowed on her was not a greater comfort to her than anything the Boston City Hospital's team of physicians did for her then, or medical science might do for her now if she were alive today.

Although Wyeth was already a celebrated artist in 1948, Christina's World made him an American household name and launched his commercial career. The painting also made Christina Olson one of the most famous models in modern American art, but at the price of becoming the kind of fascinating patient that used to be displayed before physicians-in-training at clinical conferences. One Sunday morning, for example, a total stranger entered her house, came right up to where she was lying helpless, and asked her for her autograph. Had she been normal, and not a woman afflicted with a mysterious disorder, one wonders if Wyeth's iconic portrait of her would have attracted such attention.

It can be argued that Wyeth exploited Christina in producing his art, as he did each of his subjects. One might also argue that he no more exploited them than medical investigators exploit patients who agree to participate in clinical studies, some of which bring fame to the investigators. Whether the price of such fame is justifiable is debatable. Wyeth's personal view on the matter was pragmatic. “Unconsciously, we artists do a devastating thing,” he once admitted. “You're really raising hell with models mentally and emotionally.” However, like the physician determined to discover a cure or some new insight into an incurable disease, Wyeth also wholly subscribed to the principle that the work justifies the means; that every aspect of the artist’s life and that of his subjects is subordinate to producing the best art possible.

But what is art, and if it does exist, as it surely does in paintings and sculpture and music and literature, does it also exist in medicine? If it does, then ipso facto, physicians who practice the art of medicine are artists and must have something in common with other artists—Andrew Wyeth, for example. What can be said of artists in general, is that they are endowed with a creative power that is both personal and unanalyzable. They are concerned less with the outer appearance of things (the purview of artisans) than their inner significance. Their work, their art, is a search to understand, a search for truth that has much in common with that of a scientist. However, the artist finds complexity in simplicity, the scientist seeks the reverse. Art is personal, science impersonal.

Great artists like Wyeth are at heart consummate diagnosticians, because they study their subjects endlessly and objectively. Wyeth was also a role model for physicians to the extent that he was drawn to the downtrodden, not only Christina Olson and Helga Testorf, but others such as Karl Kuerner, a mean drunk who brutalized his children, and Kuerner’s wife, Anna, whose mind had been broken by loneliness for her German homeland. In his ongoing quest to capture the fleeting quality of life, he also studied and painted Walt Anderson, “a poor, sad drunk” with “a reputation for selling short lobsters and poaching from other men's traps,” alcoholic drifter Willard Snowden, and James Loper, a retarded boy. Wyeth was a solitary worker and a fiercely independent risk-taker. If he had been a physician, he likely would have ignored most practice guidelines and seen patient care teams as a threat to his ability to practice the art of medicine. He would have been as concerned with the patient who has the disease as the disease the patient has. He would have recognized that the part can never be healed until the whole is well. Given the intensity and the duration of his relationship with Christina Olson, it’s also likely that if he had been a physician, he would
have made time in an impossibly busy schedule to help his patients shoulder the suffering and uncertainty of their illnesses, the grief of painful life events, and the loneliness of death, and that he would have been well-schooled in the science of medicine, while acutely aware of its limitations.

Prior to the mid-nineteenth century, medicine had little to offer patients other than its art. Since that time, science and the scientific method have transformed the profession with miraculous advances in diagnosis, prognosis, and treatment that seem to have obviated the need for the art of medicine. Thanks to medical science, it is now possible to diagnose diseases without touching patients—or even talking to them—and to save lives, especially in medical emergencies, with no knowledge of the patient other than what is to be found in the electronic medical record. Whereas past generations of physicians had little more to offer their patients than compassionate understanding and crude attempts to assist the healing power of nature, science and the scientific method have empowered today’s physicians with what many believe is an unlimited capacity to cure disease.

For many patients, however, medical science has yet to provide either comfort or cure, and for these patients, the masses of clinical data generated by scientific investigations of their ills have served only to create a widening gulf between them and their physicians. Science has made it possible for physicians to mend an increasing number of sick bodies, but has no cure for sick souls. So they are ignored. Moreover, the expanding array of new drugs and procedures created by medical science has brought harm along with benefit that physicians, no less than their patients, are inclined to ignore.7 “Evidence-based” practice guidelines, intended to simplify what is necessarily a complicated and extremely difficult task—caring for the patient—have failed miserably due to their stubbornly poor quality.8,9 Medical care guided by science alone, especially at life’s end, often produces only brutality by pursuing life when death’s necessary end has arrived. If there is a cure for these ills of the medical profession, it almost certainly resides in its art.

Though Andrew Wyeth was an artist, he never practiced the art of medicine. Even so, his life, his work and the patient he made famous speak to the nature of physicians, and to that of health care providers in general, who do practice the art of medicine. Like Wyeth did for his subjects, they bring comfort to their patients in ways that defy scientific analysis, and though their effects cannot be measured, they are profound nevertheless. Such physicians are at once masters of the science of medicine and also ever-vigilant critics of its limitations. Though implacable enemies of disease, they also accept death as a normal part of life. Their unique talent is their ability to be both scientific toward diseases and humane toward patients.

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References

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