

2008

Cataracts and the Late Style of Monet's Paintings

Zhou, Alysia

Zhou, A. "Cataracts and the Late Style of Monet's Paintings". The Proceedings of the 17th Annual History of Medicine Days, March 7th and 8th, 2008 Health Sciences Centre, Calgary, AB.

<http://hdl.handle.net/1880/47506>

Downloaded from PRISM Repository, University of Calgary

Cataracts and the Late Style of Monet's Paintings

by

Alysia Zhou
University of Western Ontario

Abstract

A common interest among art historians, clinicians and scientists is the effect of disease and illness on an artist's work and its transformation as a consequence of the disease and therapy chosen. Claude Monet (1840–1926) is one such artist whose works have been analyzed in multiple facets including the effect of his deteriorating vision on his late works.

Monet's evolving colour palette over the decade from 1912 to 1922 reflects the progression of his bilateral cataracts that made him officially blind in the right eye, and a *visus* of 20/200 in the left eye. Additionally, the realization of his steadily deteriorating vision brought on a shift in spirit and attitude towards his own works and the inability to trust the very senses that brought him such joy and professional success in life.

As his relationship to his paintings changed, so too did his relationship with the ophthalmologists he consulted over this period. Not uncommon to the modern patient-physician relationship is the discordance between the treatment and intervention sought. What seems a routine operation to a trained ophthalmologist was not acceptable from Monet's point of view. Though Monet and his ophthalmologist may have had the same goal in mind, disagreement about the best route to achieve that outcome may be vastly opposing. Hence, a patient's illness is intrinsically linked to the perception of self, religious values, cultural background, and one's livelihood and vocation.

Introduction

Paule Cezanne (1839-1906) once remarked, "Monet is just an eye but my god what an eye!" (qtd. after: Barnes, 1990). The eyes of Claude Monet changed over his lifespan and so too did his portrayal of the world. The first painter and leader of the Impressionist movement, Monet's artistic progression from his youth to his death is of particular medical interest because of his bilateral cataracts and their effects on his late style of painting. Although changes in Monet's vision are potentially confounded by changes in his style of painting, our current knowledge of the process of aging vision and the effects of cataracts on light and colour perception parallels the colour and form changes seen in Monet's paintings as his disease progressed (Backhaus *et al.*, 1998).

The influence of Monet's disease on his work and emotional health can be seen in his numerous letters to his colleagues and the ophthalmologists he consulted. This paper will focus on the changes in Monet's art as his disease progressed, and the contentious relationship between the artist and the medical treatment sought that heightened Monet's depression and frustration in his late years.

Vision Loss

Light exposure itself is believed to be a contributing factor in age-related visual deterioration and a risk factor for cataracts (Werner, 1991; Young, 1991). This is especially pertinent in Monet's case, as he insisted in painting on a large scale *en plein air* under all weather and seasonal conditions to satisfy his fascination with the varying effects of sunlight on his subject matter. Even as early as the age of twenty-seven, Monet complained of trouble with his vision following long hours of painting in sunlight but refused to abandon outdoor painting despite medical advice (Stuckey, 1995).

The deliberate imprecision of detail characteristic of Impressionism delayed the diagnosis of Monet's visual difficulties until his sixties. It was in 1908, during a painting excursion to Venice, that Monet became aware of his diminished eyesight. In evaluating his works during that period there does not appear to be abnormalities in colour, but rather his ability to depict space and distant objects was reduced (Figure 1; Ravin, 1994). His displeasure with the works created in Venice led him to destroy many of them. Figure 2, created 20 years earlier of the French landscape of Antibes, and illustrates a greater attention to detailing of the distant landscape in contrast to the lack of detail seen in Figure 1.

Monet's visual difficulties increased and in 1912, his country physician made the diagnosis of bilateral cataracts. His anxiety over the possibility of becoming blind is indicated in one of his letters, "I myself became so worried about my sight that I made an urgent appointment to see a specialist. I can only see with one eye." (Letter to G. Bernheim-Jeune, August 1912, qtd. after: Kendall, 1989).

He subsequently consulted several ophthalmologists but refused to undergo cataract operation, due to his morbid fear of surgery and a belief that the procedure itself may worsen his vision. Although cataract surgery was already a practiced and accepted procedure during the early 20th century, Monet's fears of its effects on colour perception were not ameliorated despite consulting several ophthalmology experts. This may largely be due to his fundamental goal in art, which was to always portray the subtle modulations of light without interpretation; an artificial correction of the very senses he relied on to convey the truth and beauty of Nature and his surroundings was unacceptable. Monet's intense study of light, colour, and illumination on the landscape required that his original colour vision remain intact in order to "[...] paint it as it looks to you, the exact color and shape, until it gives your own naïve impression of the scene before you" (Perry, 1927).

Additionally, news of the poor results of cataract surgery in a fellow Impressionist, Mary Cassatt (1844-1926), further deterred him from seeking a surgical solution. In a 1918 interview, Monet described his vision in the past few years:

I no longer perceived colors with the same intensity. I no longer painted light with the same accuracy. Reds appeared muddy to me, pinks insipid, and the intermediate or lower tones escaped me. As for forms, they always appeared clear and I rendered them with the same decision [...] What I painted was more and more dark, more and more like an old picture, and when the attempt was over I compared it to former works, I would be

seized by a frantic rage and slash all my canvases with my penknife.

(Thiebault-Sisson, 1927)

He felt that he could no longer distinguish or choose colors well and was “on the one hand trusting solely to the labels on the tubes of paint and, on the other hand, to force of habit” (Thiebault-Sisson, 1927).

Figure 3A and 3B shows two paintings in Monet’s Water-lilies and Japanese Bridge series, which represent a shift in his colour vision as it was in 1899 compared to 1918. As the cataracts matured, the scattering of light caused a colour shift from blues and greens to yellows, reds and browns. Paintings produced from 1915 – 1922 show “an overriding yellowish cast and a loss of subtle colour discriminations” (Marmor, 2006). Monet’s reduced visual acuity is also reflected in the latter paintings depicting less distinct forms; his earlier paintings are vastly more detailed, often demonstrating leaf by leaf or petal by petal observation (Figure 2; Seiberling, 1981). Monet found it difficult to paint in bright light or depict scenes with bright backgrounds likely also due to the scattering of light caused by the cataracts (Backhaus, 1998).

Although light scatter in a cataract is independent of wavelength, the nuclear cataracts that afflicted Monet, however, can cause an altered colour perception. Fluorescent pigments within the cataractous lens convert invisible ultra-violet light into visible light that is randomly scattered throughout the eye. This is further compounded by the light scatter produced by protein aggregates within the cataract itself (Young, 1991). The scattered visible and fluorescent light acts like a luminescent veil and has the effect of desaturating colours, which explains Monet’s “muddy” reds, and “dull” pinks and loss of deep tones. This desaturation also causes a change in hue (the Abney effect) such that objects appear more yellow. Additionally, nuclear cataracts preferentially absorb low wavelength blue light. The combined effect is the development of a yellowish hue in everything one sees (Abney, 1910). Absorption of blue often made blue objects appear dull and grey. Liebreich (1872) suggested that the artist would compensate for the dullness of blue by using excessive amounts of the colour, or by painting with colours that still retained brilliance such as reds. Figure 3C illustrates this over-compensation in Monet’s paintings where one sees an overriding bluish tone in comparison to the same landscape in Figure 3B.

During this time, examination by Richard Liebreich (1830-1917), a distinguished German-born ophthalmologist known throughout Western Europe, concluded that there was only light perception in the artist’s right eye and 20/200 vision in the left. In parallel with his visual decline was also an emotional decline and depression. In January 1920, Monet wrote, “Day by day my sight is going and I can sense only too well that with it comes an end to my long-cherished hopes to do better. It’s very sad to come to this” (Letter to Geffroy, qtd. after: Barres, 1990).

In 1922, he wrote that he was having severe difficulty painting and became greatly depressed about his work, “I wished to profit from what little [remained of] my vision in order to bring certain of my decorations to completion. And I was gravely mistaken. For in the end I was forced to recognize that I was spoiling them, that I was no longer capable of making something of beauty. So I destroyed several of my panels. Now I’m almost blind and I’m having to abandon work altogether” (qtd. from a letter to M. Elder; in: Kendall, 1989). In addition, he had outlived two wives, one of his two sons, and a

number of his close colleagues including Camille Pissarro (1830-1903), Paul Cézanne (1839-1906), and Pierre-Auguste Renoir (1841-1919),

Still fearing to undergo surgery, Monet sought the treatment of a mydriatic, eucatropine hydrochloride, for his left eye from the French ophthalmologist Charles Coutela (1876-1969). Nuclear cataracts extend over the central portion of the lens and the mydriatic eye drops worked by enlarging the pupil so that Monet would be able to see around the opacity. This non-surgical “solution” delighted Monet:

I have to tell you at once of the effect that the drops that you prescribed for my left eye have had. It's quite simply wonderful. I haven't seen as well as I can now for a long while, and I regret not having consulted you sooner. It would have meant that I could have done some passable work instead of the daubs I persisted in doing when I could see nothing but fog. I can now see everything in my garden. I'm overjoyed at my perception of every colour in the spectrum.

(Letter to C. Coutela,
qtd. after: Kendall, 1989)

The eye drops, however, were only a temporary solution and eventually the subject of a cataract operation was once again suggested to Monet.

Cataract Surgery and its Effects

With strong encouragement from a close friend and French statesman Georges Clemenceau (1841-1929), Monet underwent his first cataract operation on his right eye in January of 1923. Topical cocaine was the only anesthetic agent available at that time and the surgery had to be completed quickly due to the patient's tendency to move. Although Coutela was very satisfied with how the operation went, Monet was rather disappointed. He did not adjust well to his month of convalescence, and especially did not like the prescribed ten days of absolute bed rest (Joyes, 1985). Monet was in total darkness for ten days, lying immobilized in bed without even a pillow and with sandbags on both sides of his head to ensure he did not move his head. A guardian watched over him and conversed with him to ensure he did not succumb to delirium or psychosis (Ravin, 1985).

Monet's disappointment with the whole ordeal was further compounded when the posterior capsule of the operated right eye became opaque, a common side-effect of cataract surgery. This was expected by Coutela but was unacceptable in Monet's view, as voiced in his letter to Coutela in June of 1923:

I am absolutely discouraged, and as much as I read, not without effort, fifteen to twenty pages per day, outdoors from a distance, I cannot see anything with or without glasses [with the right eye]. And for two days [floaters] have bothered me.

Remember that it has been six months since the first operation, five since I left the clinic, and four that I have been wearing glasses. It has taken me four or five weeks to get used to my new vision! Six months that I would have been able to work, if you had told me the truth. I would have been able to finish the *Decorations* that I was supposed to deliver in April and I am now uncertain if I will be able to finish them as I would have liked.

It is to my great chagrin that I regret having had this fatal operation. Pardon me for speaking so frankly and let me tell you that it is criminal to have put me in this situation.

(qtd. after: Ravin, 1985)

This was a time of profound discouragement and despair for Monet who refused to leave his bed. Coutela convinced him to undergo a posterior capsulotomy that allowed him to obtain a visual acuity of approximately 20/30 with a correction of + 10.00 + 4.00 x 90.

Monet continued to complain vociferously, however, that objects curved abnormally and colours appeared strange. He was having difficulty adapting to the aphakic spectacles but he did return to work on his water-lily canvases. He developed cyanopsia (seeing everything in blue in the right eye) while still seeing brown-yellow in his left un-operated eye. The lens in the right eye had acted as a dense yellow-brown filter and when removed, short-wavelength colours could once again come through, especially the violets and blues. This sudden change in colour perception was overwhelming and psychologically distressing to Monet, who feared that he would never be able to see colours properly again (Harris, 2007). He found it necessary to cover one eye when painting, depending on whether he preferred a “blue-green” picture (using his recently operated right eye) or a “red-yellow” picture (using the remaining cataractous left eye). Monet’s *The House Seen from the Rose Garden* illustrates the point (Figure 4).

Even after the prescription of green tinted lenses that helped to resolve visual problems in his colour perception, for more than a year Monet continued to struggle with depression and psychological problems linked to altered colour perception. He refused to have an operation on his left eye and often complained, “It’s filthy, it’s disgusting, I see nothing but blue. I no longer see red or yellow. This annoys me terribly because I know these colors exist. I am terribly sad and discouraged. Life is a torture for me” (qtd. after: Ravin, 1985).

The completion of the water-lily panels for the people of France and his regained optimism helped to bring Monet out of his depressed state. He felt his vision was totally ameliorated and “with unequaled joy ... I am content with what I do ... my only wish will be to live to a hundred” (qtd. after: Spate, 1992).

Conclusion

Capturing the ephemeral effects of colour and light was a central subject matter and goal in Monet’s art. His changing vision throughout life, possibly accelerated by his insistence in painting *en plein air*, allows one to explore the interplay between the art and science and medicine. Monet’s numerous ophthalmologists were not only there to treat his cataract, but to also restore the very senses that he relied on to bring him joy and success in life. It was this misunderstanding of the goal of cataract surgery that resulted in Monet’s profound disappointment with the procedure and subsequent depression. The changes in vision and process of recovery were not adequately discussed between Monet and his ophthalmologist, creating great distress and tension in their relationship. Fortunately, the natural healing process combined with a clever optical lens to optimize colour perception were successful in returning to Monet the vision he relied on to reproduce the beauty of life and Nature that are still enjoyed by millions decades after his death.

Figures



Figure 1: Monet. *Palazzo da Mula*, Venice. Oil on canvas, 1908. National Gallery of Art, Washington, DC.

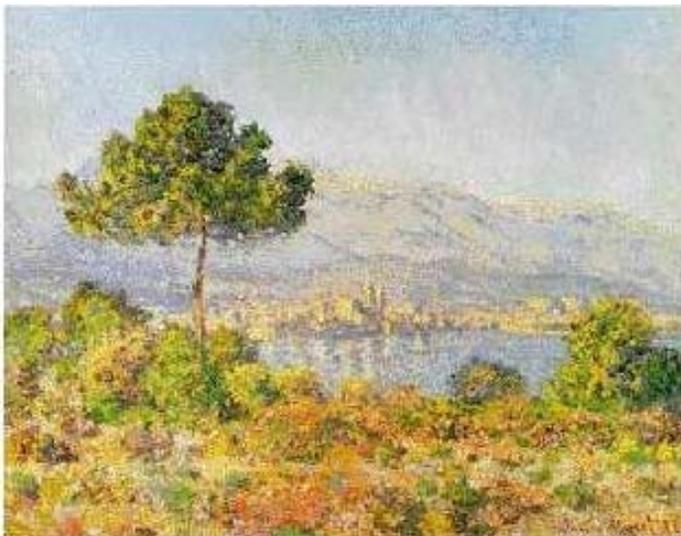


Figure 2: Monet. *Antibes, vue du plateau Notre-Dame*, 1888. Museum of Fine Arts, Boston, Massachusetts.





Figure 3: (A) Monet. *Waterlilies and Japanese Bridge*. Oil on canvas, 1899. The Art Museum Princeton University, New Jersey, USA. (B) Monet. *Japanese Bridge*. Oil on canvas, 1918-1922. The Minneapolis Institute of Arts. (C) Monet. *The Japanese Bridge at Giverny*. Oil on canvas, 1918-1924. Musee Marmottan, France.



Figure 4: (Left) Monet. *House Seen from the Rose Garden*. Oil on canvas, 1925. Musee Marmottan, Paris. (Right) Monet. *House Seen from the Rose Garden*. Oil on canvas, 1925. Musee Marmottan, Paris.

References

1. Abney W. On the changes in hue of spectrum colours by dilution with white light. *Proc R Soc London* 83:120-127, 1910.
2. Backhaus WGK, Kleigl R, Werner JS. *Color Vision: Perspectives from Different Disciplines*. Berlin: Walter de Gruyter & Co., 1998.
3. Barnes R. *Monet by Monet*. New York: Alfred A. Knopf; p. 6, 1990.
4. Barres R, (editor). *Monet by Monet: Artists by Themselves (1840-1926)*. Devon, UK: Webb and Bower; pp. 1-75, 1990.
5. Harris JC. The Water-lily pond – symphony in green. *Arch Gen Psychiatry* 64(12):1347, 2007.
6. Joyes C. *Claude Monet, Life at Giverny*. London: Thames and Hudson, 1985.
7. Kendall R. *Monet by Himself*. London: Macdonald Orbis; 1989.
8. Liebreich R. Turner and Mulready on the effect of certain faults of vision on painting, with especial reference to their works. *Nat Proc Meet Memb R Inst* 6:450-463, 1872.
9. Marmor MF. Ophthalmology and art: simulation of Monet's cataracts and Degas' retinal disease. *Arch Ophthal* 124:1764-1769, 2006.
10. Perry LC. Reminiscences of Claude Monet from 1889 to 1909. *Am Mag Art* 18(3):119-126, 1927.
11. Ravin JG. Eye disease among the Impressionists: Monet, Cassatt, Degas, and Pissarro. *J Ophthal Nurs Tech* 13(5):217-222, 1994.
12. Ravin JG. Monet's cataracts. *JAMA* 254(3):394-399, 1985.
13. Seiberling G. *Monet's Series*. New York: Garland Publishing; 1981.
14. Spate V. *Claude Monet: The Color of Time*. London: Thames & Hudson, p. 285, 1992.
15. Stuckey CF. *Claude Monet: 1840-1926*. Chicago: The Art Institute of Chicago, 1995.
16. Stuckey CF. Blossoms and blunders: Monet and the state, II. *Art in America*. 68:116, 1979.
17. Thiebault-Sisson F. Les Nympheas de Claude Monet. *La Revue de l'Art Ancien et Moderne*. 52:41-52, 1927. Translated In: Stuckey C, (editor). *Monet: A Retrospective*. New York: Park Lane; pp. 279-293, 1985.
18. Werner JS. The damaging effects of light on the eye and implications for understanding changes in vision across the life span. In: Bagnoli P, Hodos W (editors). *The Changing Visual System: Maturation and Aging in the Central Nervous System*. New York: Plenum; pp. 295-309, 1991.
19. Young RW. *Age-Related Cataract*. New York: Oxford University Press; 1991.