How Renoir coped with rheumatoid arthritis

Annelies Boonen, Jan van de Rest, Jan Dequeker, Sjef van der Linden

Department of Rheumatology, University Hospital Maastricht, Maastricht, the Netherlands
Annelies Boonen, *rheumatologist*
Sjef van der Linden, *rheumatologist*

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Out of doom and misery, the most beautiful song may rise[1]

Few people know that Pierre-Auguste Renoir, who lived from 1841 to 1919, suffered from severe rheumatoid arthritis for the last 25 years of his life. At the 13th European congress of rheumatology in Amsterdam in 1995 Mr Paul Renoir, the artist's 70 year old grandson, revealed several previously unpublished aspects of his grandfather's disease.

Summary points

Pierre-Auguste Renoir, one of the great French impressionist painters, suffered from severe rheumatoid arthritis

In June 1995, at the 13th European congress of rheumatology, his grandson Paul Renoir revealed how his grandfather coped with the disease

Renoir applied modern principles of physiotherapy and psychotherapy long before these terms entered the vocabulary of rheumatologists

Disease and evolution

There is little doubt that Renoir suffered from rheumatoid arthritis, but there is still some discussion about the precise year the arthritis started.[2] It must have been around 1892, when Renoir was about 50 and in the prime of life. He was married to Aline Charigot, and two of his three sons had already been born. He was recognised as an established painter, having had exhibitions not only in Paris and other places in France but also in Brussels, London, Boston, and New York.

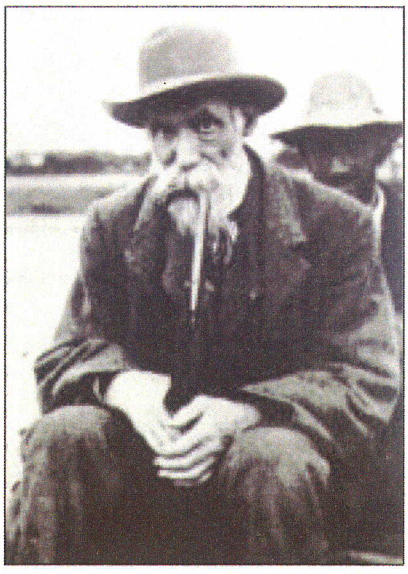
He was active and hardworking, painting and making study tours to Algiers, Italy, Germany, and Spain. His friends included the painters Manet, Sisley, and Cézanne and the writers Zola and de Montpassant.

Although no medical records remain, it is possible, thanks to photographs, his personal letters, and biographical notes by people who knew him well to get a reasonable idea about the course of his disease. The arthritis started around the age of 50, took on an aggressive form from 1903 onwards, when he was about 60, and made him quite handicapped from the age of 70 for the last seven years of his life.

In a photograph of 1896, when he was 55, the swelling of the metacarpophalangeal joints can be clearly seen (fig 1). Five years later, in 1901, when he was 60, he could still use his hands fully as witnessed in the way he holds his pipe (fig 2). Then the arthritis became more aggressive, and in the photograph of 1903 (fig 3), at the age of 62, we see the dramatic change where he tries to hold his inseparable cigarette in his deformed hands. The aggressive nature of the disease resulted in the destruction and ankylosis of his right shoulder and ruptures of several extensor tendons of fingers and wrists, leading to poor hand function, as shown in the picture of his hands of 1912 (fig 4), when he was 71. Despite these deformed hands, he continued to roll his cigarettes and, according to his grandson, produced more than 400 paintings.

A comparable series of pictures illustrates how the disease affected his feet and legs. In 1901, at the age of 60, when his youngest son, Claude ("Coco"), was born, he used one walking stick (fig 5). In 1908 when it became difficult to walk with one cane he had to use two (fig 6). In 1912, at the age of 71, a stroke was reported, which partially paralysed his arms and legs. It is more likely that the paralysis was due to rheumatoid arthritis, affecting the cervical spine. From then on he could not walk anymore and he was confined to a wheelchair. A photograph shows him sitting in his studio next to the canvases and his model, Catherine Hessling ("Dédée"), who lived with the Renoir family and later became his daughter in law (fig 7).

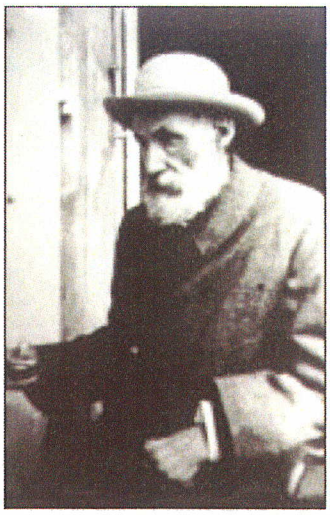
He had to stop travelling abroad, but continued to make frequent trips in France, driven by his loyal chauffeur, Batistin. However, the deformities of the feet



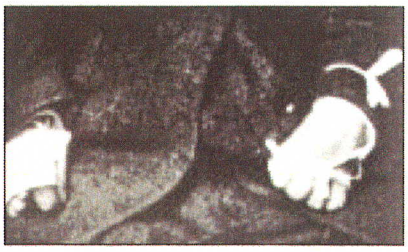
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Fig 1 Renoir during a boat tour on the Seine near Chatou in 1896. Swelling of the metacarpophalangeal and proximal interphalangeal joints can be seen. **Fig 2** In 1901 Renoir could still use his hands normally, as can be seen in the way he holds his pipe. **Fig 3** This photograph taken in 1903 shows the dramatic progression of the deformities in Renoir's hands. **Fig 4** With these deformed hands Renoir continued to roll his own cigarettes and completed more than 400 works of art. The bandages served to absorb the sweat to prevent maceration

increased and he was soon unable to wear shoes. His feet had to be wrapped in woollen slippers (fig 8). He developed fixed flexions of his knees two years before his death. But this did not prevent him from visiting the Louvre in a sedan chair to see a private exhibition some months before he died (fig 9).

There is evidence that the rheumatoid arthritis affected not only his joints. At the beginning of the disease a pleuritis is reported and later a facial palsy, which was treated with electrotherapy. From 1904 onwards, at the age of 63, he began to lose weight because of rheumatoid cachexia (fig 10). He reports this quite cynically in a letter: "I can't stay seated because I'm so thin. Forty six kilos, that can't be called fat. My bones are sticking through my skin and this despite a good appetite." [3] Renoir's rheumatoid arthritis was nodulous and the nodules on his back became particularly troublesome after 1912, the year he became wheelchair bound. These nodules were removed by Dr Prat, a surgeon at the Belvédère Hospital in Nice. In 1918 gangrene of his foot was described. Despite good care, he also developed bedsores. Finally, in 1919, on his return from Paris to his house in the south of France, he caught pneumonia and died on 3 December, having spent several hours painting that evening on a still life of apples in a basket that his youngest son, Coco, had brought him.

Treatment

In the early years of the disease Renoir was treated by his two family doctors—Dr Baudot at Essoye in the Aube region, where he had a studio, and Dr Journeac, his doctor in Montmartre. They prescribed purges and antipyrine. He followed their advice but limited the use of antipyrine because he was frightened that it would influence his artistic creativity. He relied more on physical exercise to remain in good condition and to keep the optimal use of his hands and arms. A quotation from the bibliography written by Renoir's second son, Jean (the film director), illustrates this: "He had no great faith in the benefit of walking which brought into play only certain muscles. He believed much more in ball-games and began juggling every morning 10 minutes before going to his studio." [4]

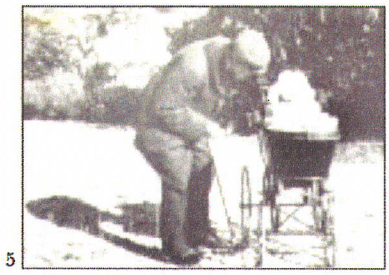
His grandson told us that the wooden sticks he used for juggling were made according to the master's instructions by his Paris coal merchant. He also liked playing billiards because this obliged him to adopt all sorts of awkward postures. He used to play it with his wife, Aline, who became the better player and beat him repeatedly. Another game to exercise his arms was bilbouquet. This difficult French ball game involves a wooden ball with a hole in it, weighing between 500 g and 3 kg. The player has to throw the ball and then to try to catch it on a wooden stick via the hole.

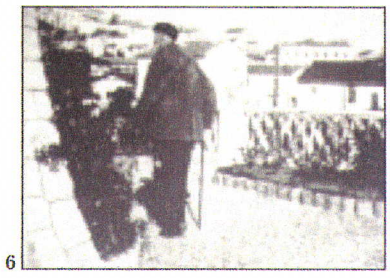
To experience the benefits of warmth and physical exercise he visited French spas such as Vichy, Bourbonne-les-Bains, and Aix-les-Bains four or five times between 1899 and 1914. He used to move there for several months along with his entire family, his staff, and even his piano and parrot. His hope for some cure is expressed in a letter of 1903 to one of his friends: "I've the impression I have come to the right place, a lot of people here seem well satisfied with the waters." [3]

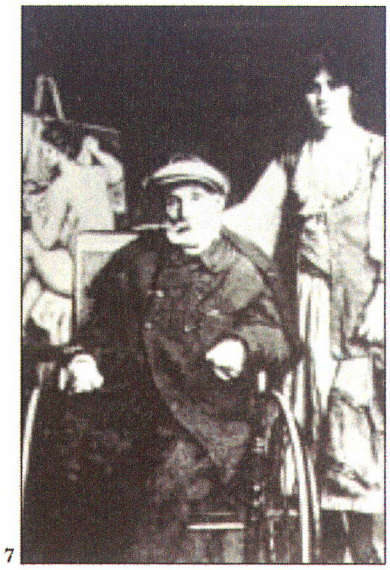
When the disease deteriorated he agreed that warmth was beneficial and gave some pain relief. For that reason he spent more and more time in the south of France. At first there were family holidays with the Manets and Cézannes. Later, he and his wife bought a big estate in Cagnes-sur-Mer, near Nice. One of his reasons for buying the estate was to save several 1000 year old olive trees that were threatened with being cut down. He built a house, "Les Colettes," and a studio, and in 1908 the family moved to Cagnes-sur-Mer.

But even in the hot Mediterranean climate, Renoir wanted to be dressed warmly (fig 8). This is described by one of his best friends: "He wears no special painter's garb. He sits in his armchair, his spindly legs crossed, his poor feet wrapped in woollen slippers, his body covered in shawls and his pale fine head muffled to the ears in a cap or white linen hat according to the

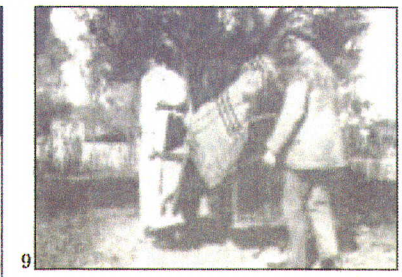
Reumafonds, PO Box 80208, 2508 GE The Hague, the Netherlands
Jan van de Rest, *president, 13th European congress of rheumatology*
Department of Rheumatology, University Hospital of Leuven, Leuven, Belgium
Jan Dequeker, *rheumatologist*
Correspondence to: Dr Boonen aboo@sint.AZMONL


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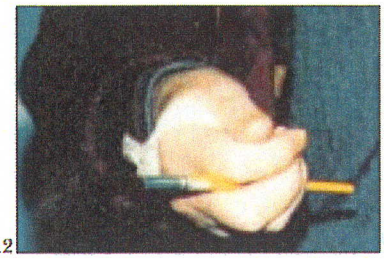

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Fig 5 In 1901, when his youngest son was born, Renoir already had to use a walking cane. **Fig 6** In 1908 Renoir had to use two walking canes, under which he had attached rubber stops to prevent them from slipping. **Fig 7** From 1912 onwards Renoir became wheelchair bound. In this photograph he is sitting next to his canvasses and his model Dedee (*Blonde a la Rose* 1915). **Fig 8** Renoir had to have his poor feet wrapped in woollen slippers (Cagnes-sur-Mer, 1915-6). **Fig 9** Renoir was carried in his sedan chair by his friends or staff to places that were difficult to reach in a wheelchair (garden in Cagnes-sur-Mer, 1917). **Fig 10** Renoir in 1915, when rheumatoid cachexia was clearly visible



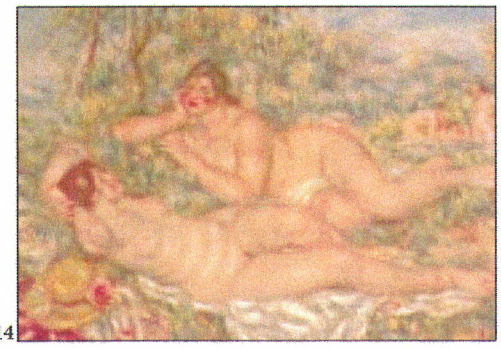
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Fig 11 Renoir had to adapt his painting technique continuously; the brushes had to be fixed in his hands by his wife or model and he couldn't hold his palette, so he let it balance on his knees and the edge of the easel. His wheelchair was already of modern design, and he filled the back with cushions to prevent the development of bedsores. **Fig 12** Renoir's grandson Paul shows how Renoir held his brush when his hands were severely deformed by arthritis. **Fig 13** With some imagination you can see the master moving his whole body to overcome the limited movement of his arm due to ankylosis of his shoulder. **Fig 14** *Les Grandes Baigneuses*. This painting, measuring 160 cm by 110 cm, was painted in 1918 and 1919 on the picture roll. **Fig 15** Inspired by the sculptor Maillol, Renoir made some bronzes, such as this medallion of his youngest son, Coco, dated 1908

season."[5] Also, to share their warmth, he often nursed one of the many cats that lived around the house. Occasionally, the Institut Pasteur in Paris, checking the authenticity of Renoir's paintings, has found cats' hairs in the paint. This helps to date the paintings. His family doctor at this time was Dr Gachet. He was an art connoisseur and is well known from the portrait by Van Gogh, who was also one of his patients.

Influence on style and technique of painting

There has been discussion among experts about whether the disease had an influence on Renoir's painting.[6] There is certainly a change in style around 1880. That year Renoir travelled to Italy and, influenced by the classic Italian Renaissance painters, he had a so called artistic crisis. For a time his style became more harsh and the colours he used were more vivid. However, this was several years before his arthritis started.

Of course, the progressive deformities of his hands and the ankylosis of his shoulder obliged him to adapt his painting technique continuously. Photographs and testimonies help us to reconstitute how he painted. When it became difficult to hold his palette in his hand he first let it balance on his knees and the edge of the easel. Later, he asked for it to be fixed, like a rotating table on the arm of his wheelchair (fig 11).

As time passed, he found it increasingly difficult to pick up and hold the brushes. His wife, son, or model had to fix the brush in his deformed hands. In figure 12 his grandson shows how he finally held the brush, wedged in the first metacarpal space. The bandages did not serve to fix the brush but to absorb the sweat of the palms of his hands to prevent maceration and possible infection. He obviously changed his brush less often than before and became slower in painting. This might also explain why he used a progressively shorter brushstroke and started to paint dry on dry instead of wet on wet. Still, he always continued to paint starting with a touch of white, then adding and mixing the other colours afterwards. Throughout his life he used the same 11 colours, only later adding black.

The ankylosis of his right shoulder limited him to painting only small areas of about 30 cm by 30 cm. To reach a bigger area he moved his whole body, and with some imagination this can be seen in figure 13. Renoir was ambidextrous and twice, after breaking his arm, he made use of this ability. Even art specialists cannot notice the difference in his paintings.

Renoir's invention of the moving canvas or picture roll was important for his painting technique; it replaced his easel. The linen was fixed on wooden slats,



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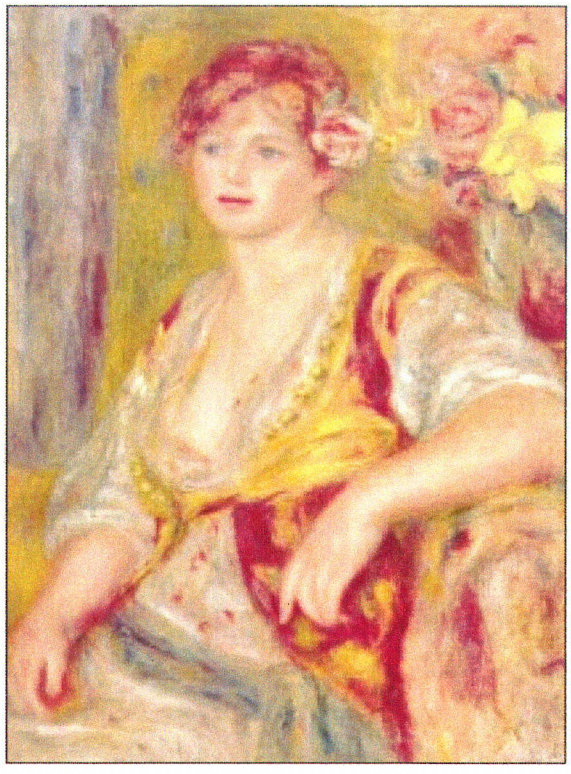
On the Terrace 1878. Renoir revealed the happy side of life in his images. "For me a picture must be an amiable thing, joyous and pretty—yes, pretty! There are enough troublesome things in life without inventing others." Marcel Proust said: "Women who go by in the streets are different from their predecessors—now they are Renoirs"

which could turn around two spindles linked by the chain of his old bicycle and driven by a crank to move the canvas up and down. Unfortunately, no pictures exist of this special easel. The picture roll allowed him to continue to paint large works and *Les Grandes Baigneuses* is one of the works painted in this way (fig 14). It measures 160 cm by 110 cm and was painted in 1918 and 1919, when his hands were severely deformed and the mobility of his right shoulder was restricted. On some paintings of this period the traces of the bars can be seen.

It might seem surprising that Renoir started sculpting during the last 12 years of his life. He was inspired by the sculptor Maillol, who at that time made a bust of Renoir because the painter was appointed *chevalier d'honneur*. Renoir made a bust and later a medallion (fig 15) of the head of his youngest son, Coco. The medallion served as a decoration for the fireplace in their new house "Les Collettes." A reproduction of the medallion is available from the Renoir family, who are pleased to give information about it. He made other bronzes in cooperation with Guino, Maillol's pupil, who served as the executor of Renoir's ideas.

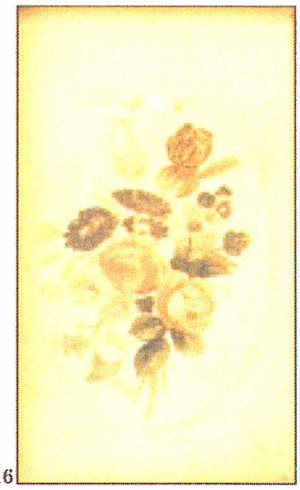
Other devices

Renoir used his creativity not only to be able to continue painting but also to let him function as normally as possible in his personal life. In his daily life he adapted other tools—for example, his walking sticks. He started using them in 1901, when he had difficulty walking. He attached rubbers under them to prevent him from slipping. In 1912, the year he became paralysed, he bought a wheelchair in Nice and later on two others to use in Paris. They were modern in design (fig 11). He filled them with cushions to protect his bones and to prevent the development of more bedsores. He also had a sedan chair, in which he was carried in places inaccessible to wheelchairs (fig 9).



Blonde a la Rose 1915. Andree Madelaine Heuschling (also called Catherine Hessling or Dedee), an actress from Alsace, was Renoir's model for more than 100 paintings (see also fig 7). She was found by Aline, Renoir's wife, in a photographer's shop in Nice after they had been searching for several years for a model with such beauty. Dedee married Renoir's son Jean, the film director, in 1920

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Fig 16 When Renoir woke at night because of pain, he asked for painting materials and made small paintings on wood. Painting helped him to endure and forget his pain. **Fig 17** Henri Matisse, Albert Andre, Pierre Renoir (the eldest son), and Malec Andre around Renoir at New Year 1919. **Fig 18** Aline was more than a wife: she devoted her life to him. After her death, Coco, their youngest son, took her place as much as possible

Coping

When looking at Renoir's paintings it is easy to forget that he suffered a great deal. Not only did he have to put up with the pain, progressive disability, and periods of depression but his two eldest sons were injured in the first world war, and his wife, Aline, died in 1915.

Painting was almost a physical need and sometimes a cure, as if Renoir wanted to create on the canvas those things which he had to miss in real life because of his disability. Even when he woke at night crying in pain, he asked for some painting material and started to make small paintings on wood (fig 16). The beauty of nature and women constantly inspired him, and music played an important part in his life. As a small boy, in his Paris school, he had singing and piano classes from Charles Gounod, who suggested that he should follow a musical career. But even at the age of 12 the young Renoir had developed an interest in painting and turned down the offer, though he kept his love for music. He was always singing or humming tunes from operas while painting, and his piano always moved with him. The Renoirs moved 53 times in Paris alone.

His happy and fruitful life would have been impossible without the continuous support and motivation of his friends, the models, his staff, and his family. His

most dedicated friends were the Cézannes, Albert André, and some of the art dealers of the time. They visited him frequently and brought interesting people with them such as Rodin and Matisse, who visited Cagnes-sur-Mer a couple of times (fig 17). His cook and his chauffeur were devoted to him. The cook carried him in her arms around the house or garden, and his chauffeur drove him everywhere until the last months of his life, stopping at all the places that Renoir wanted to admire and paint.

Without doubt Aline, his wife, was the most important person in his life (fig 18). She devoted her life to him, making sure that he had no worries about the household and that he was always surrounded by friends. The visitors and models were welcomed with open arms, and Aline's excellent cooking and choice of good wine were well known. Her death in 1915 was a great loss to him. From that time on, his youngest son, Coco, who was only 14, took over his father's care in the evening after the staff had left (fig 18). Renoir was completely dependent on him and made sure a teacher came to the house so that he could see his son as much as possible. He took great pleasure in teaching him ceramics in a specially built studio.

We acknowledge the help from Paul Renoir and his wife, Marie-Paul Renoir, who spent many hours talking with AB and lent us the family's photograph albums.

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La salle de garde: bastion of the French lunch hour for junior doctors

Bernard D Prendergast

Institut National de la Santé et de la Récherche Médicale, Unite de Récherches sur la Biologie et la Pathophysiologie du Système Cardiovasculaire, Hôpital Lariboisière, 75010 Paris

Bernard D Prendergast, *Medical Research Council French exchange fellow*

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The Parisian teaching hospitals are guardians of a number of proud traditions, including (predictably) catering arrangements for *internes*, or junior doctors, at lunchtime. *La salle de garde*, originally conceived in the mid-19th century to provide a convivial, mess-like facility for all doctors resident in the hospital, now functions as the junior doctors' dining room, where central funds finance a simple, sustaining midday meal. Originally a bachelors' preserve, each *salle* retained a refined ambience (albeit male oriented), being finely decorated in the style of *la belle époque* (around 1900). Nowadays, despite the advent of sexual equality, the prevailing atmosphere is somewhat akin to that of a rugby club late on a Saturday night. Artistic frescos have been replaced by lurid, semipornographic murals, which are updated regularly by students at the Ecole des Beaux Arts in Paris to depict current members in various states of undress. Nevertheless, despite the passage of time, certain original rituals remain.

Daily rituals

Internes arrive from half past 12 onwards, and after ceremonially greeting everyone present with a tap on the shoulder take their place at table in a strictly appointed order. Proceedings are overseen by the elected *interne économe*, whose duties include the preservation of tradition and maintenance of house rules. Lunch is not served until he (the honour is nearly always given to a man, usually a surgeon, most commonly an orthopaedic surgeon) is seated at high table at one o'clock sharp, and house rules apply until his coffee is served, usually a good hour later. His decisions are final: nobody may leave without his permission, even to answer bleeps, which sound remarkably infrequently (lunchtime is sacred in France). Communication with kitchen staff is also through his table. Offences are punishable by a forfeit determined by the spin of a wheel high on the wall behind him and range from singing a drinking song to buying a round of red wine for everyone. On more ribald occasions offenders may be asked to partially strip or to kiss their neighbour.

Dismissal or (more commonly) dousing with a bucketful of cold water or kitchen leftovers is the punishment for failing to comply.

White coats are mandatory, although external badges of office and protruding medical paraphernalia are frowned on. Medical discussion is forbidden, but conversation buzzes (reassuringly), interspecialty referrals being made in code. The suitability of topics under discussion is judged by the head cook. The term of address is always the familiar *tu*, not the more formal *vous*, and medical hierarchy is abolished. Tables are covered with aging discarded hospital sheets—which function as tableclothes, hand towels, and serviettes—and are bestrewn with bottled beer, mineral water, and the occasional pitcher of earthy red wine. Vast platters of wholesome food pass from table to table in strict order. Typically, a salad based hors d'oeuvres is followed by meat in a cream sauce (perhaps steak, though more usually chicken or minced beef) and a


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