

## Juvenile Arthritis in Nineteenth-Century Biedermeier Paintings

George M Weisz<sup>1,2\*</sup> and WR Albury<sup>1,2</sup>

<sup>1</sup>*School of Humanities and Languages, University of New South Wales, Sydney, Australia*

<sup>2</sup>*School of Humanities, Arts and Social Sciences, University of New England, Armidale, Australia*

**\*Corresponding Author:** George M Weisz, School of Humanities and Languages, University of New South Wales, Sydney and School of Humanities Arts and Social Sciences, University of New England, Armidale, Australia.

**Received:** January 21, 2022; **Published:** March 11, 2022

### Abstract

The authors have been involved in the medical diagnosis of pictorial or sculptural images from Renaissance and Baroque Italian Art. The present article is an expansion into 19<sup>th</sup> century Austrian Art. Three paintings are presented, with arthritic changes in juveniles, undiagnosed at the time.

**Keywords:** Arthritis; Children; In Past Paintings

### Introduction

The critical examination of human anatomy and deformities in paintings is a fascinating exercise in both the history of art and the history of medicine. It also provides an opportunity for medical viewers to apply the skills of clinical observation and diagnosis in an unfamiliar setting.

Naturally, any diagnostic conclusions reached by this process can only be provisional owing to the limited information that paintings provide, especially when the idiosyncrasies of artists' individual styles are considered. But in cases where the aim of the artwork is the accurate representation of observed reality, then pathologies - even those unknown to or not recognised by the artist - are often evident to the medically-trained eye.

One form of pictorial art which had this aim as its central objective is known as the Biedermeier style. 'Realism, the faithful and objective rendering of nature, is the essence of Biedermeier painting' [1]. Pictures in this style furnish interesting material for the detection of pathologies because they are typically optimistic in tone and omit or downplay the more unpleasant aspects of life. As the present study will show, using the example of juvenile arthritis, there is evidence even in this optimistic form of art that disease is an ever-present feature of human life.

### Biedermeier painting

The Biedermeier style of painting flourished primarily in the German-speaking areas of Europe from the end of the Napoleonic wars in 1815 until the middle of the nineteenth century [2]. The term 'Biedermeier' was not used during this period to describe paintings but was applied to them retrospectively when an exhibition in 1906 brought them to public notice after several decades of neglect. Critics at the beginning of the twentieth century were somewhat condescending toward the tastes of their grandparents, and so they gave this earlier artistic style a name based on characters from a satirical magazine, suggesting an unsophisticated and unimaginative cosiness [3].

Appealing to a predominantly middle-class audience, Biedermeier paintings avoided heroic themes of conquest and empire, or spectacular religious depictions of martyrs and miracles. They also included very little that could be construed as social criticism [4]. Instead, they concentrated on familiar aspects of everyday life, especially in landscapes, genre pictures and portraits. They were intended for the walls of middle-class homes, so they were modest in size and usually designed to be seen at close range.

A great deal could be said about the aesthetic and cultural aspects of Biedermeier art, but its interest from the medical point of view lies in its commitment to accurate depiction. Certainly, the pictures could be sentimental in some cases, or ‘prettified’ in others [5], but these characteristics came from the artists’ choice of subject matter and not from their distortion or idealisation of what was shown. A painter might, for example, choose to show a group of peasant children when they were clean and happy and wearing their most presentable clothes (as in one of the illustrations below), but they were still clearly peasants in their natural setting and not idealised children in a mythical Arcadia.

The realistic depictions of individuals in Biedermeier portraits and genre pictures allowed the artists to reveal anatomical features that sometimes indicate the presence of pathologies. Such representations of disease were probably inadvertent since they are relatively subtle and there is rarely an emphasis on physical suffering in Biedermeier art. The three examples in the present study, all suggestive of juvenile inflammatory arthritis [6,7] are of particular interest because they date from the period just before this condition became a subject of medical study. The first report of juvenile arthritis in medical literature was published in Paris, either in 1853 or in 1864, depending on how one regards the adequacy of the respective authors’ descriptions [8,9].

**Portrait of Felix Schadow**

Friedrich Wilhelm von Schadow (1788 - 1862) was born in Berlin, the son of the well-known sculptor Johann Gottfried Schadow whose best-known work is the triumphal chariot group on the top of the Brandenburg Gate. His mother, Marianne, was the daughter of a wealthy Jewish jeweller from Vienna. Friedrich first received lessons from his father, then travelled to Rome, converted from Lutheranism to Catholicism and became a religious painter of some note. On his return to Berlin in 1819 he was appointed Professor of Painting at the Academy of Arts in that city. In 1826 he became the Director of the Academy of Arts in Düsseldorf, which gained an international reputation under his leadership and attracted many foreign students. He was ennobled in 1845, to become ‘von Schadow’ [10]. Neither his Jewish mother nor his Catholic conversion proved to be obstacles to his successful career in what was then the staunchly Lutheran kingdom of Prussia.

Schadow’s many realistic paintings in the Biedermeier style are now famous. His colourful and attractive *Portrait of Felix Schadow* (Figure 1), his stepbrother from his father’s second marriage, was completed in 1830. The hand of the child shows swollen proximal inter-phalangeal (PIP) joints and flattened metacarpo-phalangeal joints (knuckles). This juvenile arthritic change is clearly visible in the left hand.



**Figure 1:** 1a. Friedrich Wilhelm von Schadow, *Portrait of Felix Schadow*, 1830, oil on canvas, 61 x 51 cm, Liechtenstein Museum, Vienna, Austria (image in public domain). 1b. Detail of figure 1a.

Children at the window

Ferdinand Georg Waldmüller (1793-1865) has been described as ‘the greatest Austrian artist of the Biedermeier era’ [11]. Coming from a humble background, he attended the Vienna Academy of Fine Arts as an impoverished student, often having to break off his studies to earn money. After leaving the Academy he worked as a private art teacher and a portrait painter, gaining commissions from influential people associated with the Viennese court. Through these connections he was appointed Professor at the Academy in 1829, where he promoted the realist trend in art and engaged in bitter controversies with colleagues who continued to adhere to earlier styles of teaching and painting. Because of these disputes his salary was kept low and he was eventually dismissed from his position in 1857, ending his life a few years later in extreme poverty [12].

Despite living in difficult circumstances in his later years, his pictures never became morose. His depiction of *Children at the window* was painted in 1853. It is one of Waldmüller’s more than 100 images of village recreational life, and its most prominent figure is an adolescent boy with a cheerful face, whose left hand shows hyper-flexed fingers at the PIP joint levels, deformed and swollen. These features are suggestive of the same juvenile inflammatory joint disease noted in the Schadow painting considered above.



**Figure 2:** 2a. Ferdinand Georg Waldmüller, *Children at the Window*, 1853, oil on canvas, 85 x 69 cm, Residenzgalerie, Salzburg, Austria (image in public domain). 2b. Detail of figure 2a.



**Figure 3:** Friedrich Amerling, *Lost in her Dreams*, 1835, oil on canvas, 55 x 45 cm, Liechtenstein Museum, Vienna, Austria (image available in accordance with Creative Commons Attribution - Share Alike licence).

### Lost in her dreams

Friedrich von Amerling (1803 - 1887) was born and died in Vienna, but during his adult years he travelled to many parts of Europe and the Middle East. In Vienna he became a court painter for the emperor and a fashionable portraitist of the aristocracy and the upper middle class, leading to his ennoblement in 1878 and the addition of 'von' to his name. Despite the formality and 'routine elegance' of many of his society portraits, he could sometimes depict his subjects with an authentic sense of humanity and individuality [13].

One such case is the third and perhaps most attractive portrait of the present sample, *Lost in her dreams*, which shows an adolescent girl with a pale face and bright bluish eyes. Her head and shoulders are covered by a dark veil of transparent material with various figures on it. Her expression is pensive and the direction of her gaze is ambiguous because Amerling's realistic depiction makes no attempt to disguise her divergent strabismus. This abnormality, however, is subtly presented and does not detract from the quiet beauty of her appearance. Her left hand is obscured by a book she holds, which appears to contain musical notation and is perhaps a song book. But her right hand, highlighted against the dark veil, shows again the arthritic changes at the PIP and MP joint levels which we have seen before, as well as clinodactyly deformity in the last two fingers.

### Final Words/Conclusion

Presented here are three realistic painters in Central European countries who were taught in the Italian style but later typified Biedermeier Realism. Their work is attractive and although emotional at times, it becomes less so in the eyes of professionals discovering

pathologies that have inadvertently been depicted by sincere artists. Identifying such pathologies is of historical value not only because doing so shows a connection between medicine and the arts, but also because it provides evidence for existent pathology in the past.

### Conflict of Interest

No conflict of interest.

### Bibliography

1. Norman G. "Biedermeier painting: reality observed in genre, portrait and landscape". Thames and Hudson, New York (1987): 8.
2. Norman G. "Biedermeier painting: reality observed in genre, portrait and landscape". Thames and Hudson, New York (1987): 7-8.
3. Schiff G. "An epoch of longing: an introduction to German painting of the nineteenth century". In: Schiff G, Waetzoldt S. German masters of the nineteenth century. Metropolitan Museum of Art: New York (1981): 9-39.
4. Pippal M. "A short history of art in Vienna". Tr. Foster M. Beck: Munich (2001): 127.
5. Norman G. "Biedermeier painting: reality observed in genre, portrait and landscape". Thames and Hudson, New York (1987): 21.
6. Weiss JE and Ilowite NT. "Juvenile idiopathic arthritis". *Rheumatic Disease Clinics of North America* 33 (2007): 441-470.
7. Prakken B., et al. "Juvenile idiopathic arthritis". *Lancet* 377.9783 (2011): 2138-2149.
8. Leden I. "Doubts about Sandro Botticelli's depiction of juvenile rheumatoid arthritis". *Arthritis and Rheumatology* 27.10 (1984): 1197-1198.
9. Schaller JG. "The history of pediatric rheumatology". *Pediatric Research* 58.5 (2005): 997-1007.
10. Schiff G. "An epoch of longing: an introduction to German painting of the nineteenth century". In: Schiff G, Waetzoldt S. German masters of the nineteenth century. Metropolitan Museum of Art: New York (1981): 9-39.
11. Norman G. "Biedermeier painting: reality observed in genre, portrait and landscape". Thames and Hudson, New York (1987): 58.
12. Werner A. "Ferdinand Georg Waldmüller: an Austrian artist re-evaluated". *Art Journal* 30 (1971): 369-373.
13. Novotny F. "Painting and sculpture in Europe, 1780-1880". Tr. Boothroyd RH. Yale University Press, New Haven (1995): 206.

**Volume 13 Issue 4 April 2022**

**©All rights reserved by George M Weisz and WR Albury.**