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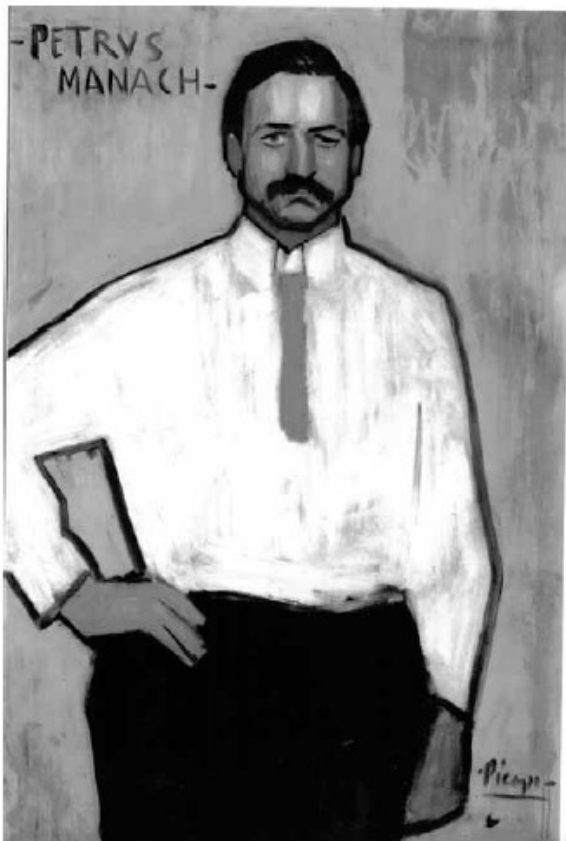
GUEST ARTICLE

E. P. C. M. S.

The Accuracy of an Artist's Perception

Albert C. Cuetter, M.D.

In his painting of Pedro Manach (1) (Figure), Pablo Picasso portrayed a combination of features with a convincing evidence that the subject had an anatomical lesion to the left lower brachial plexus. This aspect of the painting has not been appreciated or even recognized before.



Picasso first visited Paris in autumn 1900, for the World Fair, where his painting "Last Moments" had been chosen for the show of Spanish art. In Montmartre he was introduced to the industrialist and art dealer Pedro Manach, who afforded him his first secure foothold. Manach signed a contract with Picasso guaranteeing to take his pictures for two years and to pay 150 francs per month by way of fixed income. He also floated the idea of a first Paris Picasso exhibition at the Galerie Vollard in

1901 (2,3,4,5). In 1901 Picasso made a portrait of Pedro Manach (Figure).

The paint is an uncompromising frontal view. Manach's right hand is on his hip; his left arm almost straight adopts an internal rotation. The left shoulder is seems smaller than the right and sags more than the right. Although the face has been established with only a few lines and colors, there is an abnormality of the left eye which is smaller than the right, not only due to a seemingly enophthalmia (the eye is sinking into the orbit), but also to ptosis (drooping of the upper eyelid).

All these findings suggest that Mr. Manach had a paralysis of the left upper extremity and left Horner's syndrome. The association of paralysis of the extremity and ipsilateral Horner's syndrome may indicate a left brachial plexus injury with involvement of the lower trunk or T1 root with damage of the sympathetic fibers that would eventually return into the cranium through the foramen lacerum with the carotid artery to go to the eye with the ophthalmic division of the trigeminal nerve.

It is a picture of contrasts, the yellow background offsetting the white and dark brown of the clothing; and the signal red of the tie, striking the sole aggressive note, which has the effect of resolving polarities and bringing the whole work together (3). Was the painter aware that he was reproducing an anatomical defect of Mr. Manach? From the neurologic point of view it is an instructive painting that I have used for many years to quiz medical students. The left Horner's syndrome and the apparent paralysis of the left upper extremity may reflect the possibility of a Klumpke's syndrome, or injury of eighth cervical and first thoracic roots of the brachial plexus causing paralysis of the lower brachial plexus. There should be paralysis of muscles of wrist, fingers, and hand resulting in a claw hand. Horner's syndrome is an associated finding because the sympathetic fibers to the pupil exit with first thoracic root before they ascend back into the cranium. This kind of lower plexus paralysis often follows a fall that has been arrested by grasping a fixed object with one hand or may result from traction on the abducted arm. Other causes are gun shot wounds to T1 roots, metastatic plexopathies, and Pancoast's syndrome.

Much additional information is needed to validate the clinical observations described here. An inquiry to live descendants of Pedro Manach and of Picasso in regard to Mr. Manach's medical history has been unsuccessful. Nevertheless, it is be-

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lieved that this painting has sufficient features of a lower proximal left brachial plexus palsy depicting on the subject. Basic aspects of the innate brain's visual capacity give artists the ability to recognize the structure of a face and other physical features of their subject. In this case it is possible that the artist tried to reproduce familiar references as accurate as possible to please his subject.

REFERENCES

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FIGURE

Pedro Manach (1901). Pablo Picasso. Canvas. Chester Dale Collection. National Gallery of Art. Washington, DC

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