ART AND OCCUPATION

Edgar Degas, *Repasseuses (Women Ironing)* c.1884

Confined in a dingy, bare room, damp seeping through the grimy, rough-plastered walls, two red-headed women, simply clothed in plain blouses and grey skirts, are in the midst of their daily toil. The right-hand laundress, head bent, face invisible, straggles of pinned-up hair springing free, her arms outstretched, leans heavily with both hands on a small flat iron and presses a grey shirt spread out on a crude tabletop. Her young snub-nosed colleague, exhausted by the tiring, repetitive work takes a short break. She cradles her head with her left hand and yawns deeply, while unerringly maintaining a vice-like grip on the neck of a soon to be sampled, thirst slaking, bottle of wine. Her grubby, short-sleeved blouse reveals well-developed arm muscles, which her cauliflower right ear hints have been involved in some less than ladylike activity. Her bright orange scarf, pinned at the front, decorously covers her shoulders and modestly hides her décolletage. A black cast-iron stove occupies the back right-hand corner, heating the room and keeping the irons up to temperature.

Degas painted this picture directly on to an unprepared, coarse canvas and signed his name in the top right-hand corner [1]. His rough technique matches the scene, which depicts both the sweet, sad poetry and the gruelling, alienation of the laundress’s work [2]. His documentary
but voyeuristic realism captures their skill, strength, application and autonomy yet also alludes to the sexual availability and excesses of their daily lives [3]. Images of women constitute >75% of Degas’ output, which many feminist art historians consider obsessive, repetitious and sadistic, pampering to 19th century Parisian ‘phallicentric’, bourgeois male gaze (in crisis and blighted by syphilis) [4,5]. Others have rejected this misogynistic interpretation [6–8] and have described Degas’ treatment of the ‘uterine economy’ as appositely sensitive throughout his oft-repeated exposition of French 19th century attitudes to class, race, gender and sexuality [4].

Edgar Germaine Hilaire Degas was born into a moderately wealthy Parisian family (1834), the eldest of banker Augustin De Gas and his Creole wife Marie-Célestine’s five children. Degas gave up law school in Paris (1853) and trained briefly at the École des Beaux-Arts before travelling to Italy, where he stayed with wealthy family members and studied Renaissance art [6]. On his return (1859), he went back to his studies at the Louvre and began exhibiting at the Paris Salon (1865) [9]. Although closely associated with the Impressionists and repeatedly exhibiting at their shows, Degas rejected their improvised compositions, rapid brushwork and painting en plein air. In contrast, he made copious preliminary drawings, carefully planning his paintings, which he completed in a meticulously arranged studio [10]. Despite this obsessive approach, his visual inventiveness was prolific and often photographically inspired with unusual angles, audacious perspectives, asymmetrical compositions, off-centre subjects and cut-off views [11].

Degas suffered from a progressive hereditary retinal maculopathy [12] and by the late 1880s, his failing eyesight forced him to adopt more forgiving media such as pastels and sculpture, which allowed him to use his hands rather than his eyes. With increasing age and deteriorating vision, he became more reclusive, curmudgeonly and morose but continued to work [13]. He died in 1917, aged 83 and left over 1200 paintings and 150 sculptures of his own creation. These sold for more than US$1 million [14]. He also left a collection of pieces by El Greco, Ingrès, Delacroix, Manet and Cassatt, which auctioned for 10 million Fr [15]. He was buried in the family tomb, at Cimetière de Montmartre, Paris.

Degas’ ‘phallicentric’ world is long past but how far has ‘feminization’ of medicine progressed? [16] In the UK, women represent 55% of medical graduates and 32% of specialist registrars generating between 12% (cardiology) and 70% (palliative medicine) of hospital consultants [17]. For occupational physicians and trainees, the UK figures are 26 and 57%, respectively (Society of Occupational Medicine Membership, personal communication; Faculty of Occupational Medicine, personal communication). What impact does gender segregation have on clinical practice, research agendas [18] and leadership [19] and is this reflected in the design and implementation of workplace occupational health programmes?

Mike McKiernan
e-mail: art@som.org.uk

References

14. Degas at last comes into his own. Vanity Fair May 1918; 50.