Lifeworks

The canon from the sidelines

Promotional superlatives notwithstanding, the summer offering at the Montreal Museum of Fine Arts is no blockbuster. Italian Old Masters from Raphael to Tiepolo: the Collection of the Budapest Museum of Fine Arts is a great relief to anyone who still clings to the idea that museums do more than entertain. Anyone looking for an easily digestible condensation of art-historical



Lorenzo Monaco, *c.* 1420. *Painted Crucifix*. Tempera on panel, 146 cm x 84 cm

paradigms, or wanting to be temporarily dazzled out of the mundane, would have been disappointed by this show. On the other hand, as a first-hand look at this substantial collection of paintings, *Italian Old Masters* paid dividends.

Forty-three paintings from Hungary's national museum were borrowed for this one-time show of minor masterpieces on view from April 24 to Aug 4. On its modest Web site, the Budapest Museum of Fine Arts boasts "one of the best ordered collections in Europe." This means that acquisitions over the past two centuries have endowed it with a no-gaps survey of European (especially Italian) art from 1300 to 1800, on par with better-known collections in Dresden and Prague. Al-

though most great European museums were established by nationalizing royal treasures, the heart of the Budapest Museum was purchased from the collections of Hungary's illustrious Esterházy family. Subsequent acquisitions from the church, nobility and the museum's first director, the savvy Károly Pulszky, reinforced the predilection for Italian art.

Unfortunately, what is really a rare treat just didn't look very good, and it was hard to get past the dreary colour scheme, the flimsy and gratuitous display props and the overly spacious and insensitive installation of paintings. The exhibition designer can't be held responsible for all the unpleasantness, however. Walking into the first gallery the viewer beheld the earliest work in the show: a painted crucifix by Lorenzo Monaco (c. 1420). Typically Gothic, Don Lorenzo was not so concerned with the natural proportions of the body (note the small head) as he was with pattern and decoration. "Cutouts" like this were commonly hung from the ceiling above the altar, where sculptures in the round might be placed. Here we find it mounted on a light-maroon toned fabric panel, sealed in an acrylic box and hung like a painting. Sadly, this is probably how the gallery received the work. Not only does the colour of the fabric backing do an injustice to the gold tones of the painting (cf. the catalogue reproduction of this piece pictured against a much darker teal background), but an opportunity was missed, by disregarding its original, sculptural installation.

Another missed opportunity: two square panels by Antonio de Sacchi depicting Saint Mark and Saint Luke were striking for their extreme cropping and unusual perspective. They looked like postmodern pastiches of renaissance virtuosity. Not until I read the fine print did I realize that these panels were commissioned for a ceiling. Here, the Modern technique of hanging paintings in a line at eye-level misleads. The hetero-

geneity of display and installation was lost, and one was given no sense that painting once played only a partial role in the production of an integrated artistic effect.

Reflecting the strength of the lending institution's collection, the exhibition was laid out in a strict chronology, the six galleries devoted to a progression of art-historical periods. The story goes like this: Forget the "Dark Ages," the Gothic era is a period of rapidly expanding trade and intellectual activity. Lorenzo's worldly attention to decorative detail in his "cut-out" is a sign of cosmopolitan, secular sophistication. The Church gets too comfortable and science is born. Renaissance artists take to the field in a frenzy of disinterested observation. Bodies are dissected, vanishing points and horizon lines are drawn, and proportional figures are integrated into geometric space. In his beautiful, but stylistically regressive Madonna and Child with Saint Anthony of Padua and a Friar (c.1480), Filippino Lippi gets each figure right, but the awesome discrepancies in scale hearken



Filippino Lippi, c. 1480. Madonna and Child with Saint Anthony of Padua and a Friar. Tempera on panel, 57 cm x 41.5 cm



Bernardo Bellotto, *c*. 1720. The Piazza della Signoria in Florence. Oil on canvas, 61 cm x 90 cm

to a world before humanism. After all the rules have been figured out, the Mannerists break them. Renaissance detachment and order give way to veiled eroticism, distortions and asymmetry. The Council of Trent (1545-1563) puts the brakes on all that, and Baroque emerges. Annibale Carracci and his associates establish the Academy of Progressives in Bologna and rededicate their practices to objective scrutiny, emulating Renaissance masters and the study of classical models. Rococo is the inevitable antidote. and, in this exhibit, it emerges as a surprisingly rich period in works as diverse as Tiepolo's masterful fantasy, The Virgin with Six Saints (1755-56), and Bellotto's two vedute (views), both circa 1742, which might be regarded as monuments to the everyday.

The indispensable value of experiencing these works in the flesh, and the payoff for devoting oneself to this comprehensive display of minor masterpieces becomes evident as one begins to notice the exceptions to the rules (always more evident in the margins), and how certain powerful works don't seem to fit. Nevertheless the reductive frames of art history are useful as provisional models, and this exhibit provided a splendid, off-centre tour through the canon.

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Room for a view

Teeth

He tells me the dentist pulled his tooth because of the transistor in it. He shows me, pulling back the side of his mouth with one crooked finger: *There*.

He's 20 years old and this is his first admission. It is not clear whether he has schizophrenia or if the street drugs he's been taking have caused his symptoms. He's been in hospital for a week now, presumably off everything illegal, and it's not looking good.

I check his mouth as he requests, and sure enough there is a space between two molars. Would any dentist really pull a tooth because a patient said he was receiving messages through it? Perhaps it was pulled because it was rotten, and this is the explanation he's come up with after the fact. The other teeth aren't in the best shape, either.

It's not unusual for patients with schizophrenia to lose their teeth. It's hard to remember to brush every day when you're having problems organizing and motivating yourself because of your illness. Dental coverage is also a problem for many people with schizophrenia, and it seems that in such cases dentists often pull teeth rather than embarking on more expensive procedures. On one unit where I worked, patients who knew the system would re-

quest to see the dentist before they were discharged. Back the patient would come an hour later with one less tooth. It was like watching leaves fall, the gum gradually becoming bare as a tree branch in winter.

The emergency room physician says, "I'm not a dentist."

This is only partly true. In my four weeks as a psychiatry intern I have seen him hand out antibiotics for infected teeth, spray dry sockets and inject lidocaine into the gum of a man begging us to just pull his tooth. *Please*.

But this time he is talking to the mother of a six-year-old boy. Her son is complaining that his tooth hurts, and she wants us to sedate him, take him to the operating room, *do* something. "He won't go to the dentist," says his mother. Her eyes plead with us. "He

screams when I try to take him. He's impossible to control."

The supervising physician isn't budging on this one, and I can tell he thinks this is a waste of time. After all, we aren't dentists. Down the hall there's a man with chest pain. A child with a broken arm waits in another room. The doctor's voice betrays his impatience.

The mother is not much older than I am, but she looks impossibly weary. What is she going to do after they leave? To my partly trained eye, the boy looks as though he might have attention deficit disorder. I watch him as he climbs up on a stool and jumps onto a stretcher, which lurches dangerously. I think of the tooth, hidden away inside his tight little lips. He is stronger than all of us. Even pain isn't enough to get him to surrender, hold still, and let us look.

Mr. Smith is dying of lung cancer and has lapsed into a strange delirium. His wife catches me outside the door and tells me he's worse, very confused. The family is always catching the doctors outside the door, not wanting to speak in front of Mr. Smith.