surgical work. Doctor and patient continued to paint each other and became friends, a special relationship that received considerable publicity with the exhibition of Calne’s portrait of Bellany at the Royal Academy.

Painting his patients gives Calne the chance to get to know them. Figure 1 shows a girl of about 18 months, with spindly legs and clubbed fingers, recovering from a liver graft. She was terrified of doctors when she came to hospital, but Calne’s visits with paper and paint helped her to trust him. The boy in figure 2 cheerfully explained to his friends that his abdominal scar was an alligator bite. Calne adds, “I’ve been called many things in my time…” He has also been able to pay tribute to the staff of the transplant unit by painting them in their work.

Many of his paintings hang in the surgical wards of Addenbrooke’s Hospital, and Bellany’s work “The Visit” holds prime position in the glamorous shopping mall at the hospital’s main entrance. Calne has sold some of his paintings and put the proceeds into the transplant research fund. “The moment of truth,” showing Calne about to graft the donor organ (fig 3), remains in the administrative corridors of the department of surgery: some people (although not Calne) think it too gory for public view.

Calne believes that most important painting arises from strong feelings and cites his statement about the massacre in Tiananmen Square, Peking, last June (fig 4). He used his son and daughter and her friend as central models. He says, “How strange it was for doctors and nurses to concentrate all their efforts on trying to save a few doomed souls while the People’s Army were ordered to destroy thousands of their own people.” Calne did not paint this immediately; he needed time to think. He was particularly moved by a personal account of the tragedy written by two doctors (22 July, p 269).

When I interviewed Professor Calne he and three other surgeons had performed nine transplants in 11 days. Despite this kind of pressure he is an increasingly prolific and varied painter. He finds time at weekends, on holidays, and in the early morning for major works, and now that he feels more technically competent he can execute quick sketches in odd moments of spare time. He does not know how his work will evolve but wants to learn more, particularly from hard criticism: he suspects that most of his audience is inhibited by politeness.

Why I paint

John Horder

Children enjoy painting pictures when small, but most of them have given up by the age of puberty. Why? And why do a few go on? Obviously other activities, attractive or imposed, compete with painting and perhaps extrude it. But might there also be a different sort of reason? Small children enjoy expressing something inside themselves through colours and shapes on paper. What they first express may look chaotic and unintelligible to others, though not to themselves. They are already beginning to represent the world around them and to imitate the way others do it, and grownups praise this. But the more they learn of the world, the more difficult it becomes to represent it by painting, the more frequent their disappointment with the result, and the less their scope for freedom of expression. Most give it up.

A few, however, go on. I did so—at first clumsily and occasionally—and I owe it to my close family. One older sister was a sculptress; one uncle was an architect; my father loved beautiful buildings and furniture; my mother was a musician by profession. Creating in some way or other was a family assumption. The family also influenced the topics chosen and the forms created.

Harmonies that satisfy the eye

I still have the decisive picture, done at the age of 12. The cottage and the trees are far too dark, the sky far too light. But that is still the contrast that excites me most and makes me go on painting. I still fall in love with the play of light on land, sky, and water and on some of the buildings made by men. This external influence is essential to me. Others rediscover the child’s fascination with things imagined; they create paintings that are more internal and abstract. It is they who have dominated professional art in this century. But amateurs do not need to watch the fashion. One paints for oneself, without regard to what others expect.

Possessing and preserving

If one falls in love one wants to possess and preserve. This is true for visions, whether seen or imagined. It is especially true when a vision is transient. The painter quickly learns that the same scene can change out of recognition within minutes. So why not make a photograph? After all, the photographer also wants to recall and preserve and the camera responds quickly. The best photographs can satisfy the eye and count as works of art.

If painting served only the purpose of recording—or if this were its most important aim—photographs would by now have replaced it. This has not happened. Painters have challenges, freedoms, satisfactions, and risks that go beyond those of the photographer, and their products show this. There is the freedom to
invent and create, the challenge to master a difficult
skill, and the satisfaction that comes from investing
prolonged effort. The risk of failure is high, so painting
is a game of chance. It demands more and expresses
more than photography; perhaps it expresses some-
thing that is more childlike. As abstract paintings
show, the essential purpose is to create something that
satisfies the eye. This is also what matters most even in
paintings that seem to be concerned with the outside
world, as mine are.

Balance in paintings

If the eye is to be satisfied there are limits to the
extent by which dark can be allowed to outweigh light.
There has to be a balance between warm colours like
red and brown and cool colours like blue and green. It
matters very much how shapes are disposed in relation
to each other within the usual rectangle of paper or
canvas. The eye is bored, for example, if an important
object lies exactly in the middle but distracted too
much if there are equally important objects at both far
margins. So, even if one is recording a scene one has
either to choose one that seems already to fulfil such
rules or to change it by leaving out parts that conflict
with them. One selects what one loves, but the scenes
one selects are themselves decided by one’s own
experience and by the shared traditions of painting.
Unless one ends with a picture that balances light with
dark, colour with colour, shape with shape, one fails.
The eye—whether one’s own or someone else’s—is
dissatisfied unless tensions are created by contrasts,
then resolved within a whole that is harmonious.

Painters feel such rules instinctively. Identifying
them and describing them is not part of the art, and
many artists would believe that any such analysis
diminishes or risks destroying a precious mystery.

Medicine and painting: a contrast

I started to paint frequently at about the age of 40.
This had to do with the practice of medicine. Some
doctors, having created their particular practice, begin
to find that constant response to the problems of
patients is not enough; they need to create something
of their own. Others consider that there is more than
enough in medical practice to fill a lifetime. The first
group can find alternative outlets within medicine
alongside their practice, as I did. There are even more
alternatives in other interests, even if time and tired-
ness hinder participation. I was always programmed to
choose painting. The compulsion to paint almost every
day, even late in the evening after a long day’s work
and in a poor light, had something in common with the
need to eat.

The contrasts between medical practice and painting
are many. In the one there is constant talk, hurried
changes of patient and problem, clock watching,
responsibility, and sometimes anxiety. In the other
time is forgotten; there is silence and a single con-
tinuous focus of concentration. Against the fascinating
world of harsh realities there is a world selected,
changed, and idealised by the imagination. There is
relaxation in the contrast—but not for long, for
painting demands intense concentration; but for some
people an alternative occupation is more enjoyable
than doing nothing.

NAMING NAMES

Warts and droopy ears

Some surnames refer to disease or abnormality of the
person. Thus Lepper and Lazar for those who suffered
from leprosy or other disfiguring ailments. Wenn des-
cribed the wen, a wart or tumour. The surnames Bloor,
Bliore, and Bliore have a lighter medical interest because
they generally came about because of a local topographical
feature, usually a hill, described as being shaped like a
swelling or blister.

Brisbane, from the Old English and Old French means
“break bone.” Legg and Legge, Old Norse in origin, do
mean leg. Body is another uncomplicated surname of Old
English origin. Tout, a surname from Middle English,
means “butocks.”

We owe the names Pendrell and Pendrill to Old
English. These were given to those unfortunate persons
whose physical appearance merited the description—
“hang ear.”

If there is a Dr Pill in the house no medical connection
applies. In its Old English form it meant a “creek or
stream.” —BERNARD SHOURD