

Frida Kahlo

When Frida Kahlo was 18 years old and preparing to study medicine, she was already a high-achieving and free-thinking spirit in male-dominated Mexican society. It seemed clear that she would go far. But then, a horrific and mutilating traffic accident shattered both her spine and her plans. From then on, her talents and spirit were set on an entirely new path.

Bored by long hospital stays, she took up painting, and became the most famous female painter of all time. Some 30 years, and as many orthopaedic operations, later she died and became an icon, adopted by feminists, leftists and Mexicans, inspired by the several examples of her life. She married and had affairs with great men, including Diego Rivera and Leon Trotsky, but lived a life marred by pain, disability, isolation and loss.

It was a large, extraordinary life, the facts of which are covered in Herrera's definitive biography¹ and Salma Hayek's faithful, partly wonderful but inevitably superficial, Hollywood film. Kahlo's own illustrated diary, and her paintings (almost half of which are on display at the Tate Modern, until 9 October) tell a more complicated story.

Like encounters in general practice, the paintings stand on their own, but are better appreciated against the narrative of a remarkable personality who lived an extraordinary life. Kahlo painted primarily for herself, expressing how she felt. The paintings contain great detail, widespread Mexican forms and imagery, brutal frankness, masks, masquerades and coded messages. Many are striking but, for Kahlo who painted life as she saw it, none were surreal.

The paintings fall into several groups: the early pictures as she was finding her style; the numerous self-affirming portraits ('I paint myself, because I am often alone, because I know myself best'); the explicit portrayals of life events, such as *My Birth* (loaned by Madonna), a miscarriage, her failed marriage and the suicide of a friend; the still lives of Mexican fruit; ironic commentaries on the US ('gringolandia') and her world views, comprising naturalism, communism and the continuity and force of life. Many are oils painted on metal or wood, enabling her distinctive approach to surface and touch.²

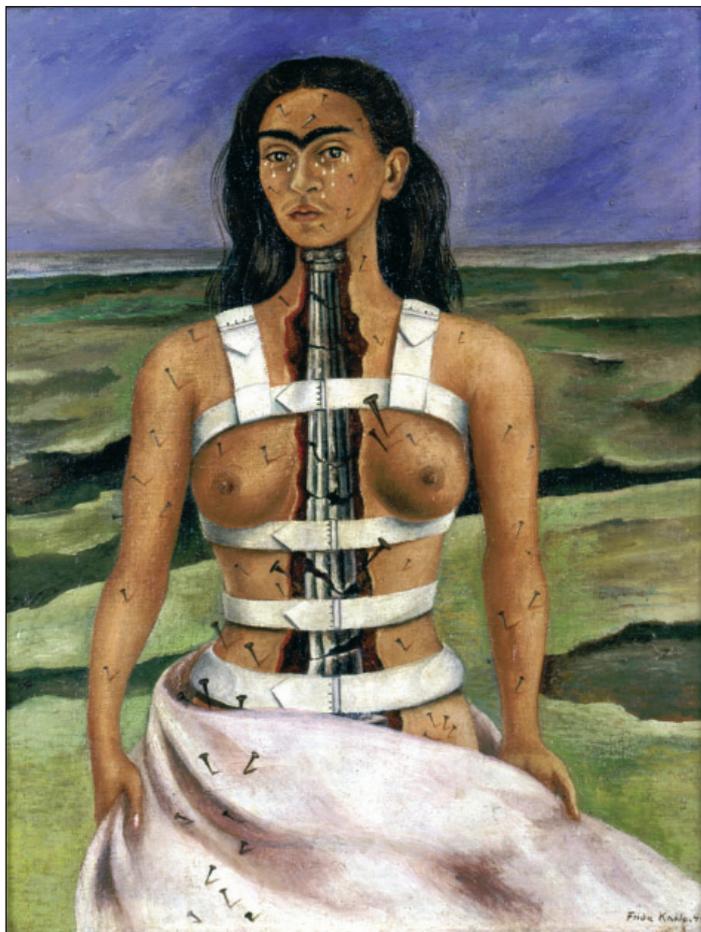
A common feature is duality: the body she lost and the body she had; her heterosexual and lesbian affairs; traditional and modern ways; Mexican and European, the closeness and treachery of those she loved; sadness and joy; the community of her world view and the loneliness of her position.

Kahlo had much to be miserable about, but her nature was to live life as fully and as passionately as she could:

'There is nothing more precious than laughter and scorn — It is strength to laugh and lose oneself, to be cruel and light. Tragedy is the most ridiculous thing "man" has.'

According to the art historian Helga Prignitz-Poda,³ *The Broken Column* represents not only Kahlo's obvious physical injuries, but also the damage to her self-confidence during a traumatic childhood and the pain of Diego Rivera's frequent affairs with other women (most notably, Kahlo's sister). What Kahlo embodies in *The Broken Column* is her double life: outwardly proud in order to cover up the pain inside. Kahlo herself wrote:

'Waiting with anguish hidden away, the broken column, and the immense glance, footless through the vast path ... carrying on my life enclosed in steel ... If only I had his caresses upon me as the air touches the earth.'



The Broken Column
(La columna rota)
1944
Oil on canvas
400 x 305 mm
Museo Dolores
Olmedo Patino,
Mexico City

Roy Meadow: the GMC's shame

There were several Fridas and living them all was a struggle. When a leg finally had to be amputated, due to osteomyelitis and gangrene, she wrote defiantly:

'Feet, what do I want them for if I have wings to fly?'

But this was one mutilation too far. It broke her will to live.

Kahlo lives on, via the vivid depictions and sharing of her physical and psychological pain. John Berger wrote of Kahlo:

*'That she became a world legend is in part due to the fact that in these dark days of the new world order the sharing of pain is one of the essential preconditions for a refunding of dignity and hope.'*²

Kahlo wrote that she drank to drown her pain, but the pain learned to swim. Her body disintegrated, but not her spirit. Across the last painting she scrawled her final, parting message 'VIVA LA VIDA'.

Graham Watt

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At the beginning of July, Richard Horton, editor of the *Lancet*, argued trenchantly that the retired paediatrician Professor Sir Roy Meadow, then facing charges of serious professional misconduct before the General Medical Council, 'should not be found guilty'.¹ Dr Horton further insisted that 'his referral to the GMC should never have taken place'. Yet by the end of the month, Professor Meadow had been found guilty and was struck off the medical register. I share Horton's concern that Meadow has become a scapegoat for a series of high-profile failures of the criminal justice system.²⁻⁴

It is true that, as a prominent advocate of the concept of Munchausen's syndrome by proxy and of the notion that many cases of sudden infant death are in fact homicide, Meadow has done much to foster the prevailing obsession with all forms of child abuse and the popular prejudice that these occur much more frequently than was previously believed.

It is also true that, in the case of Sally Clark (who was convicted of killing her two children and subsequently released after a second appeal), Meadow gave statistical evidence that was inaccurate and misleading — this was the main charge before the GMC. However, it is clear that this evidence played little part in either the original conviction or the first appeal; in the second appeal, it came under criticism on legal rather than medical grounds. It is unfair and unjust to penalise one of the expert witnesses for the failure of the judicial process.

The decision to strike Meadow off the medical register is a blow to the burgeoning world of child protection, of which he was a leading patron. It reflects the impact of a backlash against the tendency to pursue allegations of abuse beyond the limits of scientific evidence — particularly when this brings middle class families within the criminal justice system. Yet, as in the case of the child sexual abuse scandal in Cleveland in the late 1980s, when the leading paediatrician and social worker involved were scapegoated for their excessive zeal, the backlash against Meadow is likely to leave unchallenged the misanthropic assumptions of the child protection system. Thus, despite the personal humiliation of Meadow, parents and other carers will still face unjustified suspicions — and convictions — while some

children will continue to be abused — and even murdered — by their parents.

The GMC's decision against Meadow reflects its desperation, in the aftermath of Harold Shipman, Alder Hey, Bristol and other unsavoury cases, to appear before the government and the court of public opinion to be taking a tough line on deviant doctors. According to Richard Smith, former editor of the *British Medical Journal*, the problem with the GMC is that its culture of putting 'fairness to doctors ahead of patient protection' is wrong.⁵ Despite his well-known affinity for 'evidence-based' policy, Dr Smith provides no evidence for this proposition, knowing that prejudices shared by Tony Blair and the *Daily Mail* are exempted from this requirement. All the GMC's concessions, from boosting lay representation to proposals for appraisal and revalidation, have failed to satisfy those whose real aim is to end the autonomy of the medical profession. The GMC now believes that its survival depends on offering up some prestigious scalps — and they don't come more prestigious than that of the founding president of the Royal College of Paediatricians.

The persecution of Meadow is not only an injustice to him and an offence to the medical profession: it is a disservice to the public. Whatever the defects of the system of self-regulation presided over by the GMC since 1858, it has, in general, served both doctors and their patients well. The principle of self-regulation asserts that professionals must satisfy higher standards than can be maintained by market forces, or by the judgement of laymen — particularly by the sort of ministerial toadies and cronies who are now appointed to the GMC.

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