Exhibition review

EXPERIENCE, EXPERIMENT, DESIGN

Leonard da Vinci exhibition
Victoria and Albert Museum

For a dose of enthusiasm about life and living, the recent Leonardo da Vinci exhibition, 'Experience, experiment, design', at the gloriously refurbished V&A, was ideal.

In just one small darkened room, the philosophy and inspiration of the genius were beautifully represented. It felt like a privilege to have been there, met him. The themes were fascinating. Through 'the mind's eye' we understand how Leonardo believed that sight was the oldest and most certain sense. It provided access to 'experience', which shows us how nature works according to mathematical rules. Through 'the lesser and greater worlds' comes the ancient theory of microcosm and macrocosm, which stated that the human body contained all the operations of the world and universe as a whole.

Perhaps these concepts help to explain why so many doctors find relaxation and pleasure in life drawing and art classes? Perhaps they are seeking to expand their appreciation of the human bodies that they observe and examine as professionals? The skill and beauty of Leonardo's drawings are extraordinary. To put the scientific insight of the man in the historical context is breathtaking. The world he was living in was hugely different from ours. But the bodies he was drawing and appreciating are not. They still are new, then young, then they age. Continuing to appreciate them, professionally and personally, as they age, may be challenging. Which is what occurred to me recently as I reached for the chondroitin and glucosamine as part of another birthday breakfast …

A friend of a similar vintage and I agreed recently that being older confers the benefit of some experience and that shared past experience is the glue of special friendships. Another friend, now in his eighth decade, stopped being an architect (a profession in which he excelled) when he was about 70 and went to art school. He was older than most people in his class by about 45 years and he loved it. He particularly loved life drawing and his latest exhibition was entitled, 'Drawing life'. It was held in an art gallery in Hoxton, an area of Hackney which has also been renewed and regenerated and had new life breathed into it.

Life drawing? Drawing life? Perhaps, as GP's tend to do, drawing from life?

Lesley Morrison

(Drawing life, Neave Brown, Jugglers Gallery, 5, Hoxton Market, London N1 6HG, 0207 729 7292)

Neville Goodman

INTO THE BLACK

I'd already written 2007's first column when the good news came through. Not only will the NHS come within budget in 2007, but it will actually go into surplus. So the good news is that we won't have to put up with Patsy Hewitt much longer. Having promised to resign if the NHS doesn't balance its books, she's as good as gone.

This isn't really the good news it pretends to be, because no one else will be any better, although they may be less patronising. However, as the NHS has never been within budget, it's difficult to see how it will happen this year, other than by some sort of distorted accounting (which the government is far too principled to countenance), or by the wholesale dumping of staff and services (ah yes!). Richard Lehman, in his reviews of the journals, commented on Rudolf Klein's peculiar editorial in the Christmas *BMJ*. Klein likened the NHS to a bobsleigh, any attempt to alter course leading only to disaster. But the government is largely responsible for the course. Its past pronouncements have dictated its twists and turns, and the conditions of the ice. There are many ways the government could make the course less hazardous, but it just doesn't want to.

We can apparently save loads of dosh by sending patients to their GPs for postoperative checkups. The idea (apart from swamping GPs who already have enough to do) is to allow surgeons to do what they really want to do, which is more operating. How this squares with audit and reflective practice I'm not sure. If surgeons don't see their patients postoperatively, then how will they judge the success of their surgery? Contrary to the ideas of the bright sparks who came up with this, surgeons quite like to see normal patients doing normal things; it's disheartening and distorting to see patients only when something has gone wrong. Mind you, as we're already losing our SHOs from preoperative assessment clinics, we're well on the way to what the government wants: lots of cheap technicians churning out operations on a production line, satisfying shorter and shorter government targets for times to treatment. Surgeons won't be titled Mister because of harking back to the barber-surgeons; they'll be Mister because they are no longer doctors.

But I remain puzzled. Why should the NHS go into surplus? It's a public good, not a widget factory. Maybe the idea is to use the NHS to fund body armour for our lads and lassies in Afghanistan and Iraq.