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Dickie Orpen and the Visual Culture of World War II Plastic Surgery in Britain

VOLUME 1: TEXT

Christine Suzanne Slobogin



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Abstract

Diana ‘Dickie’ Orpen (1914-2008) was a surgical artist who worked during World War II in the plastic surgery ward at Hill End Hospital in St Albans, England. There has never been an in-depth study of Orpen’s hundreds of drawings, diagrams, sketchbooks, and cartoons, many of which focus on the devastating facial injuries being repaired around her. Until now, mentions of Orpen’s surgical career appear mostly in relation to her father, the famous portraitist William Orpen; her tutor, the Slade School of Fine Art Professor Henry Tonks; or one of the surgeons with whom she worked. This thesis—a feminist project at the intersection of art history, medical humanities, and cultural history—gives due attention to a woman who, through draughtsmanship, penetrated and represented the high-pressure, emotional, male-dominated space of a British wartime reconstructive surgery ward.

Demonstrating her importance within the histories of art and medicine, the chapters in this thesis analyse Orpen’s work through four separate but interdependent methodologies: a biographical study, a trauma studies approach to her archive, a history of emotions lens, and a cultural history of her visual humour. Chapter One reconstructs Orpen’s life and background, disclosing, among other revelations, what led her to surgical illustration. Chapter Two explores how the lacunae and omissions of the archive that holds much of Orpen’s work suggest the psychological effects of facial injury and repair. Chapter Three compares Orpen’s drawings with Percy Hennell’s clinical photographs to examine the role of empathy in images of injury, plastic surgery, and healing. The contrasting, perhaps unexpected, emotion of mirth provides the scaffolding for Chapter Four, which considers Orpen’s many cartoons and asides in order to define the role of humour within the World War II plastics ward. Throughout this thesis, Orpen’s relevance and limitations

are couched in analyses of artists who influenced her or who worked in similar contexts. This project is therefore not just a 'rediscovery' of a forgotten woman artist; it is an explication of the medico-artistic contexts of a particular cultural milieu, and it is an examination of the theoretical complexities that are inherent in works like Orpen's that exist at the difficult juncture of art and surgery.

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Abbreviations

AAH – Association for Art History

APA – American Psychiatric Association

BAPRAS – British Association of Plastic, Reconstructive, and Aesthetic Surgeons

BAPS – British Association of Plastic Surgeon

CDC – Centers for Disease Control

DSM-5 – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

IWM – Imperial War Museum

MAA – Medical Artists' Association

PTSD – Post-Traumatic Stress Disorder

RA – Royal Academy of Art, London

RAF – Royal Air Force

RCS – Royal College of Surgeons

VAD – Voluntary Aid Detachment

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‘E’s a funny doctor ... ‘E does ‘is job, but cripes! It ain’t ‘is face, is it? — Dickie Orpen quoting a patient, Sketchbook #20, 15 February 1942.¹

This quotation—scribbled in pencil in spirited, hurried handwriting inside a hardbacked green sketchbook—was muttered by a facial injury patient being treated at Hill End Hospital in St Albans, England, during World War II.² The second part of the utterance, following the ellipsis, was spoken after a nurse had given the patient a ‘pep talk’ on the excellence of the attending physician. The surgical artist who wrote this down, a young redheaded woman named Diana ‘Dickie’ Orpen (1914-2008), may have overheard this conversation while passing by or as she drew the patient’s pre-operative state. These few lines, with dropped Hs and slang that reveal the patient’s cockney accent, show the varied emotional registers that permeated the plastic and reconstructive surgery ward: the anxiety surrounding the threat to the face as well as the humour that erupted in unexpected ways in everyday, human interactions.

Who exactly said these words is unknown, but the patient quoted in the sketchbook would have been one like Caldwell (Fig. 1 and Fig. 2), who entered Hill End Hospital toward the end of 1944. World War II took a piece of Caldwell’s face: the left side of his jaw is a puckered cavern of flesh, the wound undeniably marking Caldwell’s visage, as it is visible from both frontal (Fig. 1) and profile views (Fig. 2). Orpen’s two depictions of Caldwell are admission drawings, portrait-like images done before the patient underwent reconstructive surgery. The scarring of the wound constricted Caldwell’s neck and the left corner of his mouth, twisting it

¹ Dickie Orpen, Sketchbook #20, 1942 or 1944, BAPRAS/DSB 20.48, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. A confusion of dates on this sketchbook page hints at the generally rushed or hectic atmosphere in the operating theatre and in Orpen’s material in general. Sketchbook #20 is marked on its first page as covering the period from 16 February to 6 March 1944, but Orpen dated this quotation 15 February 1942. Perhaps Orpen owned this sketchbook in 1942 and wrote this interaction down, only to put the book aside and return to it to fill out the rest of the pages two years later. Or perhaps the date that Orpen thought that this conversation took place is simply incorrect. This type of temporal confusion is discussed further in Chapter Two.

² Hill End Hospital was founded in 1899 as the Hertfordshire County Mental Hospital, but it was renamed ‘Hill End’ in 1936. ‘Hospital Records Database: Hill End Hospital, St Albans,’ The National Archives, accessed 8 November 2019, <http://www.nationalarchives.gov.uk/hospitalrecords/details.asp?id=415&page=27>.

into a morbidly out-of-place grin. If not for the wound—a blatant physical reminder of Caldwell’s participation in conflict—the stylised manner in which Orpen portrays the patient’s light hair, large ears, oversized teeth, and wide eyes might make him look innocent or childlike. He survived his injury, yet by losing a piece of his face, Caldwell may have lost parts of his social functionality and his identity.

In her capacity as a surgical artist, Orpen documented each step of Caldwell’s almost six months of operations and repair. Orpen would have talked to him, getting to know his face as well as his personality, unique experience, and perspective, perhaps jotting down things that he said, as she did with the patient quoted above. She portrayed Caldwell sensitively and carefully: her guiding lines under the face are visible, and she prioritised more than just the most scientifically necessary details of his facial injury. She even included a piece of hay sticking out of his hair, perhaps an inside joke with this patient or a hint at rural roots. Yet she could not do a portrait like this for every patient; Orpen drew many other individuals as surgical diagrams or only as pencil or pen outlines of their injury (Fig. 3). Caldwell is just one of the many men and women whose surgeries Orpen would observe in a day: on the date of Caldwell’s first operation, Orpen recorded two others—and there may have been more drawings that have since been lost or that are undated. There are some days in which Orpen recorded as many as six operations, witnessing a relentless stream of injuries, surgeries, repairs, complications, and scarring. These heavy days of artistic and surgical labour made up a full workweek that could include up to six days with added overtime.³ This commitment was necessary to keep up with the new entries, civilian and military, that came into the plastic surgery ward at Hill End Hospital.

³ There are several sketchbook pages on which Orpen calculates her weekly hours, with overtime. These are further commented upon in Chapter One. The following citation is just one example, in which Orpen worked almost twelve hours overtime during a fourteen-day period. Dickie Orpen, list of overtime days, inside front cover page,

This unit in which Orpen spent many hours will alternately be called the reconstructive surgery or plastics ward or unit throughout this thesis. The ward on which Orpen worked took not only facial injury patients, which are the primary focus of this thesis, but also other reconstructive jobs for injuries and burns on hands, feet, limbs, and genitals. Founded by plastic surgeon Rainsford Mowlem (1902-1986) in September 1939, the reconstructive surgery unit took transfers from London's St Bartholomew's Hospital and served as an outpost and training ground for this metropolitan institution at risk of bombing.⁴ Orpen worked in this unit from 1942 to 1945, recording surgical diagrams and portraits in her sketchbooks, creating more finalised pen and pencil drawings on loose sheets of paper, making her own cartoons and observations, and interacting with surgeons and patients.

She became a surgical illustrator at Hill End Hospital partially because of her pedigree and her educational background. Explored more fully in Chapter One, these elements of Orpen's life were intertwined with the worlds of art, war, and medicine. She was a daughter of the famous portraitist William Orpen (1878-1931) and she was a student of Henry Tonks (1862-1937), Professor at the Slade School of Fine Art. In particular, her connection to Tonks—who created impactful pastel portraits of facially injured servicemen during the First World War (Fig. 4)—inspired her choice of wartime service. In addition to her artistic skill and training, Orpen also had a background in medical care, as she was one of the civilian nurses that tended to military personnel as part of the Voluntary Aid Detachment (VAD). In this capacity, Orpen

Sketchbook #16, November 1943, BAPRAS/DSB 16.1, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁴ Murray C. Meikle, *Reconstructing Faces: The Art and Wartime Surgery of Gillies, Pickerill, McIndoe, and Mowlem* (Dunedin, NZ: Otago University Press, 2013), 158.

nursed soldiers after the evacuation from Dunkirk before moving on to her post as a surgical illustrator.⁵

Orpen created at least two thousand individual drawings during her time at Hill End Hospital. The majority of this work is now held at the archives for the British Association of Plastic, Reconstructive, and Aesthetic Surgeons (BAPRAS) in London—a space whose role in the understanding of Orpen’s work and its context is unpacked in Chapter Two. Orpen’s drawings are stored there either in loose sheets (which are the more finished, professional products, sometimes rendered in black pen instead of pencil) or in sketchbooks (which she took into the operating theatre so that she could draw from life). The loose sheets are arranged in alphabetical order by the patients’ surnames; the sketchbooks are roughly (but not at all consistently) in chronological order.

In addition to these two groups of Orpen’s work held in the BAPRAS archive, there is also a collection of drawings and papers from this period of Orpen’s life that has never been archived. Orpen held these folders of cartoons, letters, photographs, and press clippings in her possession until she died, when they were passed on to her son Bill Olivier. These personal papers have been generously shared with the author, and the writing and artwork within are analysed here for the first time—particularly in Chapter One and Chapter Four. The cartoons are either stand-alone images or part of what Orpen called *Book of Bucket*, a collection of humorous and tender observational drawings relating to her time at Hill End. Orpen’s handwritten, informal essays on her childhood or on her religion—stored in her personal papers—are also invaluable primary sources that are cited throughout this thesis. Additionally, but without much supplementary context or labelling, many of the photographs in these folders give insight into

⁵ Diana Orpen, *Meditations with a Pencil* (New York: Sheed & Ward, 1946), v.

Orpen's responsibilities, personality, and surroundings at Hill End. One shows that Orpen sometimes helped the dental surgeons to position their patients (Fig. 5), an artistic but jokey collage of her face pasted onto sculptures and fashion models exemplifies Orpen's chic sense of humour (Fig. 6), and another group of photographs simply depicts the dress and movements of surgeons at work in the operating theatre (Fig. 7). The press clippings in these folders pertain primarily to her father, documenting exhibitions of William Orpen's work and reviews of Bruce Arnold's 1981 biography of him.⁶

The primary focuses of this thesis are the collections held by BAPRAS and the items in Orpen's personal papers, but Orpen created artworks beyond these. Before the war and her introduction to surgical illustration, Orpen also made drawings of migratory hop pickers, which are held by the Canterbury Museums & Galleries but are not often on display. Similarly, her book of contemplative drawings paired with Bible verses, *Meditations with a Pencil* (1946), is out of print and hard to come by today. Both these hop picker drawings and religious drawings are commented upon in Chapter One. Beyond her pencil and pen drawings, during the war Orpen also made one large pastel artwork called *Operating Theatre, Hill End, St Albans* (Fig. 8), currently stored at the home of Brian Morgan, former Honorary Archivist at BAPRAS. This pastel scene shows that, because Hill End had previously been a psychiatric hospital without operating theatres, the rooms in which the surgeons worked were basic and not fully outfitted as they would have been in a surgical hospital. After the war, Orpen briefly came out of medical illustration retirement to make her final substantial group of artworks: drawings for John Barron and Magdy Saad's 1980 plastic surgery textbooks.⁷

⁶ Bruce Arnold, *Orpen: Mirror to an Age* (London: Jonathan Cape, 1981).

⁷ John N. Barron and Magdy N. Saad, eds., *Operative Plastic and Reconstructive Surgery* (Edinburgh: Churchill Livingstone, 1980), vol. 1. John N. Barron and Magdy N. Saad, eds., *Operative Plastic and Reconstructive Surgery*

This thesis focuses on Orpen's wartime drawings, many similar to the portraits of Caldwell (Fig. 1 and Fig. 2), many that contain the humour at which I have already hinted, and many more that are diagrammatic. In her wartime role, Orpen recorded the details of the innovative plastic and reconstructive operations while also sketching her own cartoons, margin drawings, and surgical interpretations alongside her commissioned medical illustrations. These surgical images, primarily the drawings stored as loose sheets, were to be used by trainee surgeons and visiting surgeons for reference purposes. The practicing surgeons wanted illustrators like Orpen to draw their work so that they could have images documenting their progress and ensuring their legacy. Women also filled this role at other World War II plastics wards: Joan Farmer (dates unknown) worked with Harold Delf Gillies (1882-1960) at Rookdown House in Basingstoke and Mollie Lentaigne (1920-) drew for Archibald McIndoe (1900-1960) at Queen Victoria Hospital in East Grinstead. Photographers like Percy Hennell (1911-1987) (a male surgical photographer whose work is discussed in Chapter Two and Chapter Three) and Norah Walker (dates unknown) rotated around British plastics wards as well, documenting patients and their reconstructions.⁸ Image-making was clearly an important part of wartime surgery—one that, as I will demonstrate shortly, has not been analysed thoroughly in histories of surgery or histories of art.

Orpen is therefore an under-studied woman artist who worked within the under-studied artistic realm of surgical illustration. Accordingly, this thesis is a feminist art history that sits

(Edinburgh: Churchill Livingstone, 1980), vol. 2. John N. Barron and Magdy N. Saad., eds., *The Hand: Operative Plastic and Reconstructive Surgery* (Edinburgh: Churchill Livingstone, 1980), vol. 3.

⁸ In his history of the plastic surgery unit at Mount Vernon Hospital (also a history of its antecedent Hill End Hospital), R. L. G. Dawson notes that Norah Walker recorded, with black and white photography, all of the admissions at Hill End. She also worked privately for both Rainsford Mowlem and Harold Gillies. Unfortunately, I have been unable to find these photographs and, as of now, I have been unable to uncover more about Walker. R. L. G. Dawson, 'The History, Antecedents and Progress of the Mount Vernon Centre for Plastic Surgery and Jaw Injuries, Northwood, Middlesex 1939-1983,' *British Journal of Plastic Surgery*, 41 (1988): 85.

squarely within the medical humanities. This research recovers a woman artist who has not been rightfully acknowledged, adding a new story to the experiences of British women in wartime, and contributing interdisciplinary nuance to art history and to medical history. A second, but no less important, outcome of this research is the opening of a dialogue between the Orpen collection—and surgical imagery in general—and theories of the archive, trauma, and emotion. I am, to a certain extent, doing what Kristen Frederickson suggests in *Singular Women: Writing the Artist* (2003): I am not trying to fit Orpen’s work directly into the established art historical canon, but instead I am starting to create ‘another canon’ for surgical artists—a group that in this time period was largely made up of women practitioners.⁹ This thesis is just the beginning of a new understanding of women working in this specific artistic field. Medical art, as well as graphic art, illustrations, and informational images (as many of Orpen’s drawings could be classified), are prominent exclusions in the feminist canon of art history.¹⁰ They are also historically excluded from the history of art more broadly. But these images do have a place, both in relation to traditional canons of British modern art and in their own canon of medical art. They are full of possible analyses and cultural relevance, as James Elkins’s 1995 article explains: ‘far from being inexpressive, [informational images] are fully expressive, and capable of as great and nuanced a range of meaning as any work of fine art.’¹¹

⁹ Kristen Frederickson, ‘Introduction: Histories, Silences, and Stories,’ introduction to *Singular Women: Writing the Artist*, ed. Kristen Frederickson and Sarah E. Webb (Berkeley, CA: University of California Press, 2003), 2. Gregor Langfeld has more recently written about the failed and inconsistent aspects of the mainstream art historical canon, as well as the process of canon formation. He posits that there is the possibility for many canons, ‘of specific forms of art, periods, regions, nations, or particular social groups,’ and that a ‘social art history offers a more comprehensive approach’ than the canon of connoisseurial or more traditional art history. Gregor Langfeld, ‘The Canon in Art History: Concepts and Approaches,’ *Journal of Art Historiography*, no. 19 (December 2018): 1-2.

¹⁰ Carrying on from the previous footnote, Langfeld also argues that feminist art history has not necessarily changed restrictive canonisation. He states that the feminist canonisation process—like Frederickson’s methodology—has modified the canon while reinforcing the traditional structures already in place. Langfeld also challenges the idea that creating multiple canons defies a historical or aesthetic hierarchy—but he does concede that creating what he calls ‘pluriversal’ canons can ‘raise the question of why and how certain master narratives emerge and become established.’ Langfeld, ‘The Canon in Art History,’ 14.

¹¹ James Elkins, ‘Art History and Images That Are not Art,’ *The Art Bulletin* 77, no. 4 (December 1995): 554.

In addition to expanding the visual and historical analysis of Orpen's drawings, it is also key to analyse and outline Orpen's life and professional experiences. Among the dozens of feminist methodologies available to art historians, Frederickson, and Norma Broude and Mary D. Garrard, provide balancing approaches that inform my writing on Orpen's career and artwork; each chapter—and the thesis as a whole—keeps their methodologies in mind.¹² In the introduction to their 2005 edited anthology, Broude and Garrard agree that after the advent of postmodernism in historical studies, feminist art histories shied away from writing about women's lived experiences, instead examining the matrices of patriarchy that prevented them from doing or showing work.¹³ Broude and Garrard argue that this exclusion within the scholarship robbed women of their agency: no longer were art historians looking at the work and the biography, but at the bigger picture of institutionalised and intersectional sexism. This latter perspective should not be eschewed altogether, but the work and personal interpretations—and therefore agency—of the individual woman artist should still matter in feminist art histories. Particularly in the first and last chapters, this thesis focuses on Orpen's lived experience within the unique setting of a World War II plastic surgery ward, seen through the lens of the 'gendered

¹² Broude and Garrard in particular are considered foundational feminist scholars. In addition to *Reclaiming Female Agency*, cited below, they have published two other seminal works that look to foster the most ground-breaking feminist scholarship, acknowledging the importance of gender as a mode of art historical analysis across all periods. Norma Broude and Mary D. Garrard, *Feminism and Art History: Questioning the Litany* (New York: Harper & Row, 1982). Norma Broude and Mary D. Garrard, *The Expanding Discourse: Feminism and Art History* (New York: IconEditions, 1992).

¹³ Norma Broude and Mary D. Garrard, 'Reclaiming Female Agency,' introduction to *Reclaiming Female Agency: Feminist Art History after Postmodernism* (Berkeley, CA: University of California Press, 2005), 2. One of the most famous examples of a feminist art historian examining *why* women have not been making or showing work to the same extent as men, and arguing for a radical paradigm shift, is Linda Nochlin in her crucial essay, first published in 1971: Linda Nochlin, 'Why Have There Been No Great Women Artists?,' in *Women Artists: The Linda Nochlin Reader*, ed. Maura Reilly (London: Thames & Hudson, 2015), 42-68. Feminist scholars like Lisa Tickner, who Broude and Garrard critique, followed on from this approach: Lisa Tickner, 'Feminism, Art History and Sexual Difference,' *Genders* 3 (1988): 92-128.

subjectivity’ of her drawings, cartoons, and notes.¹⁴ With Orpen as one significant example within the milieu of modern surgery, this perspective reveals how ‘women have played a major role’ in many categories of artistic production and visual culture outside of the masculine-dominated canon of fine art.¹⁵

In Orpen’s case, there is the risk of making her recovery seem only interesting or vital because of her biographical connections to William Orpen and Henry Tonks.¹⁶ And while these men were important parts of Orpen’s life and her story as an artist, they are not the reasons that she deserves attention. Frederickson writes that, historically, being a famous female artist posthumously often required ‘a compelling life story or an attachment as wife, lover, sister, daughter, or devoted student to a male artist with a compelling life story.’¹⁷ Historically, many women artists could only follow their chosen career *because* of their relations to these male artist family members. And Orpen, in a way, slots into this historical narrative, as she was both the daughter and the devoted student of men firmly situated within the canon of British art. But these lineages are only highlighted in Chapter One of this thesis. This research, therefore, attempts to avoid what Frederickson describes as the problems with many monographs on single women artists: an ‘overreliance on biographical details to explain artwork, their trivialising use of women artists’ first names, or their tendency to describe art by women primarily in terms of a

¹⁴ Broude and Garrard define ‘gendered subjectivity’ as the way in which each artist ‘responds to the world and represents it in artistic constructions, consciously or unconsciously, from the position of gendered experience.’ Broude and Garrard, ‘Reclaiming Female Agency,’ 3.

¹⁵ Broude and Garrard, ‘Reclaiming Female Agency,’ 11.

¹⁶ Recovery is another methodology that has been used for decades by feminist scholars, predominantly in studies of women working before the twentieth century. Literary scholar Laura J. Rosenthal asks, in relation to eighteenth-century women writers, ‘Is there a way, then, to recover from recovery?’ She points out that this feminist mode can ‘sometimes limit our full understanding of [women writers’] intellectual, historical, and artistic force.’ This thesis therefore aims to stay away from a basic method of recovery that only scratches the surface. Laura J. Rosenthal, ‘Introduction: Recovering from Recovery,’ *The Eighteenth Century* 50, no. 1 (Spring 2009): 2.

¹⁷ Frederickson, ‘Introduction: Histories, Silences, and Stories,’ 3.

male artist's proposed influence.'¹⁸ This thesis, as outlined in the previous paragraphs, focuses in part on Orpen's own interpretations (through drawings and writings) of her wartime years to give her agency. But there has to be a balance between the Broude and Garrard approach and what Frederickson warns against here. As Frederickson admits, 'there are problems in linking an artist's life to her work, [but] the denial of any such linkage ... may be excessive and the cost to feminist art history too high.'¹⁹ Therefore, refusing to engage with the formative influences of William Orpen and Henry Tonks on Dickie Orpen's oeuvre would be as misleading as giving these men too much prominence. I use Orpen's biography for context, not to explain the entirety of her work; histories of surgery and theories of the archive, trauma, and emotion help to further frame Orpen's oeuvre.

The choice to not have a chapter in this thesis specifically focused on gender was a conscious one. As a woman artist, gender unavoidably influenced everything about Orpen's life and career: from her need to draw secretly as a child to her decision later in life to give up medical illustration for marriage and children. The importance and the impact of gender is woven into all of this research, not ghettoised into a chapter of its own.²⁰ The feminist approach to Orpen's drawings must also be intersectional, and while there are not many avenues through which to discuss race in Orpen's work, her experiences were shaped by class, through her upper-class upbringing and the connections that she had as a result. One example of this is the clear cockney dialect that Orpen assigns to the patient in the introductory quotation—a dialect that would have contrasted with hers, from Chelsea.

¹⁸ Frederickson, 'Introduction: Histories, Silences, and Stories,' 4.

¹⁹ Frederickson, 'Introduction: Histories, Silences, and Stories,' 5.

²⁰ This type of approach owes much to Joan Wallach Scott's influential 1986 essay. Joan W. Scott, 'Gender: A Useful Category of Historical Analysis,' *The American Historical Review* 91, no. 5 (December 1986): 1053-75.

As her work lies outside of what is typically considered canonical or ‘important’ art, not many extant sources deal specifically with Orpen and her artistic career, and traces of her work outside of the BAPRAS archive are scarce. She is briefly mentioned in Murray C. Meikle’s book *Reconstructing Faces: The Art and Wartime Surgery of Gillies, Pickerill, McIndoe, and Mowlem* (2013).²¹ Another reference to Orpen’s work appeared in a recent exhibition, called *Burns Injury and Identity in Britain, c. 1800-2000*, put on by the research group Forged by Fire.²² This show included a reproduction of one of Orpen’s portraits (Fig. 9). This exhibition put Orpen’s artistic production into one of the histories in which she fits but that I do not discuss specifically in this thesis: the history of burns and burn repair in Britain.

There was a more pertinent show called *Dickie Orpen, Surgeons’ Artist* that focused on Orpen exclusively; this was accompanied by the publication of a small pamphlet that acted as an exhibition catalogue. This show of Orpen’s work was exhibited at the Camberwell College of Arts (18 – 28 November 2008) and travelled to the Royal College of Surgeons (RCS) in London (3 December 2008 – 31 January 2009).²³ The authors of the exhibition pamphlet are Jeanne Woodcraft, an artist and lecturer at Camberwell; Brian Morgan, a retired plastic surgeon and then-Honorary Archivist of the BAPRAS archive; and Angela Eames, an artist. The purpose of this show was ‘to allow surgeons, artists and general public [*sic*] to appreciate and understand a part of 20th century visual arts history that has remained virtually hidden.’²⁴ The exhibition was small, and even though it travelled from Camberwell to the RCS, the ‘general public’ to which

²¹ Meikle, *Reconstructing Faces*, 171.

²² This exhibition was displayed in Clerkenwell, London at the Museum of the Order of St John, from 13 January to 1 February 2020. For more on the Forged by Fire project: ‘Forged by Fire: Burns Injury and Identity in Britain, c. 1800-2000,’ *UK Research and Innovation*, last modified 2016, accessed 30 October 2020, <https://gtr.ukri.org/projects?ref=AH%2FN00664X%2F1>.

²³ Jeanne Woodcraft, Brian Morgan, and Angela Eames, *Dickie Orpen, Surgeons’ Artist* (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2008).

²⁴ Jeanne Woodcraft, ‘In Summarising...’, in *Dickie Orpen, Surgeons’ Artist*, by Jeanne Woodcraft, Brian Morgan, and Angela Eames (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2008), 18.

Woodcraft alludes here was not expansive. At Camberwell, the drawings were shown on the walls and in vitrines in a large hallway among the classrooms (Fig. 10). At the RCS, they were displayed in a hallway approaching a lecture theatre. This exhibition was solidly focused on Orpen's role in helping and furthering the practice and reputation of Rainsford Mowlem and his colleagues—a perspective evident in the possessive nature of the exhibition's title. The short explanation of the show on the first page of the pamphlet describes Orpen's drawings primarily in relation to Mowlem and the 'surgical advances made' in his ward.²⁵ Additionally, the 'Dramatis personae' section at the end of this miniature exhibition catalogue has more information on Mowlem than on Orpen, who was ostensibly the actual subject of the show.²⁶

This exhibition did display some of Orpen's sketchbooks but, like the rest of the drawings shown, the sketchbook material was presented in the context of surgical innovation and medical history. None of the other secondary sources that mention Orpen have examined her sketchbooks or her personal papers in depth, as I have. In fact, the curators of the 2008 show lauded that in these surgical images 'the persona of the artist at work is consciously and intentionally excluded,' yet this thesis, particularly Chapter Four, demonstrates emphatically that this is not the case.²⁷ In addition to containing the surgical visuals in which the 2008 exhibition curators were interested, Orpen's sketchbooks hold a wealth of contextual information relating to her experience, personality, and environment. Within these sketchbooks, some of the surgical images are drawn upside-down, some stages of surgery are out of order, and some drawings are not even on pages but on the inside or back covers of the sketchbook (this temporal confusion is

²⁵ Woodcraft, Morgan, and Eames, *Dickie Orpen*, 1.

²⁶ 'Dramatis Personae,' in Jeanne Woodcraft, Brian Morgan, and Angela Eames, *Dickie Orpen, Surgeons' Artist* (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2008), 20.

²⁷ Angela Eames, 'Ahead of the Game,' in *Dickie Orpen, Surgeons' Artist*, by Jeanne Woodcraft, Brian Morgan, and Angela Eames (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2008), 3.

discussed further in Chapter Two). This disorganisation gives a material sense of the high-pressure, exceptional conditions experienced by employees attempting to combat the mutilating effects of World War II.

There are twenty-six sketchbooks listed in the BAPRAS archive, dating from 5 June 1942 to 16 November 1944. Sketchbook #4 is missing and there were most likely more sketchbooks after #26, as Orpen worked at Hill End Hospital until the end of 1945; there are loose sheet drawings dated up to December of that year. Sketchbook #26 is dated in its inside front cover with 16 November 1944, but all of the pages from this book have been ripped out, some of them most likely becoming the more formal loose sheets that are also held in the archive. There is a sticky remnant of a hard boiled sweet in the middle of this empty sketchbook, one that Orpen may have herself enjoyed at the end of 1944.

The intact sketchbooks contain yellowed pages within their slim green hard covers, which are dated on their spine in white (Fig. 11). While these sketchbooks were professional tools for Orpen, they also became the vehicle for her passing thoughts and observations (both oral and visual). For example, Orpen would transcribe or comment on conversations that happened around her, such as the ‘E’s a funny doctor’ interaction already noted at the beginning of this introduction. There are also pages that seem to have acted as a means of passing notes to colleagues, with messages erased but still visible.²⁸ Sketches of those working around her, analysed in Chapter Four, provide a useful visualisation of how the daily life and professional relationships of the Hill End plastics ward operated. A thorough appreciation of this material—

²⁸ For example, on a sketchbook page depicting a tube pedicle being attached to a woman’s heel, Orpen wrote and erased, ‘We’re off!’, perhaps a message to a colleague noting that the surgery was finally beginning. Dickie Orpen, Sketchbook #16, 22 November 1943, BAPRAS/DSB 16.34, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

even with the absence of many other secondary or primary sources—gives insight into Orpen’s working conditions and her wartime reality.

While there is this small fortune of visual information about Dickie Orpen that has not been used to explore her place in the histories of art and medicine, her father William Orpen looms large in British art history as the quintessential Edwardian portraitist. The most consequential biographical work about him is Bruce Arnold’s *Orpen: Mirror to an Age* (1981), which prompted a small revitalisation of William Orpen’s reputation after it had languished for decades following his death. This publication does not mention much about Dickie Orpen’s life, except in relation to Tonks, who ‘remained in charge [of the Slade] until 1930, among his later pupils being Orpen’s daughter, Diana.’²⁹ Dickie Orpen did provide material for Arnold’s book, and he thanks her in his acknowledgments, second only to her older sister Kit.³⁰ William Orpen’s autobiographical writings *An Onlooker in France* (1921) and *Stories of Old Ireland and Me* (1924), as well as his commercial success during his lifetime, have helped to facilitate further research and exhibitions on his life and his art.³¹

Like William Orpen, Tonks features extensively in art historical scholarship, particularly in relation to his World War I pastel portraits of facial injury patients (Fig. 4)—a subject that he

²⁹ Arnold, *Orpen*, 43.

³⁰ Arnold, *Orpen*, 439.

³¹ William Orpen, *An Onlooker in France, 1917-1919* (London: Williams and Norgate, 1921). William Orpen, *Stories of Old Ireland and Me* (London: Williams and Norgate, 1924). Examples of a range of publications on William Orpen since his death: Viola Barrow, ‘William Orpen,’ *Dublin Historical Record* 35, no. 4 (September 1982): 148-59. Joanna Bourke, ‘Aftermath: Confronting Oblivion,’ *Tate Etc.*, Summer 2018, 78-85. Lucy Cotter, ‘William Orpen: Towards a Minor Self-Portrait,’ *Visual Culture in Britain* 13, no. 1 (2012): 25-42. Keren Rosa Hammerschlag, ‘William Orpen (1878-1931): Looking at Bodies in Medicine and Art,’ *The British Art Journal* 17, no. 1 (2016): 78-93. Cicely Robinson, Abbie Latham, and Sally Marriott, eds., *William Orpen: Method & Mastery* (Compton, UK: Watts’ Gallery – Artists’ Village, 2019). John Rothenstein, ‘William Orpen, 1878-1931,’ in *Modern English Painters: Sickert to Smith* (London: Eyre & Spottiswoode, 1952), 212-27. Robert Upstone, *William Orpen: Teaching the Body* (London: Tate Publishing, 2009). James White, *William Orpen 1878-1931* (Dublin: The National Gallery of Ireland, 1978).

shares with his student Dickie Orpen.³² Perhaps the best known source on Henry Tonks's facial injury portraits is Suzannah Biernoff's 'Flesh Poems: Henry Tonks and the Art of Surgery' (2010).³³ Biernoff's article explores the concept of the 'anti-portrait,' which exists at the uncomfortable and uncertain juncture between art and medicine. Similarly, but resulting in a different conclusion, Emma Chambers's 2009 article 'Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits,' examines the border between portraiture and medical record.³⁴ Chambers's 2002 exhibition catalogue more broadly examines Tonks's wartime oeuvre.³⁵ Dickie Orpen herself wrote about her experiences with Tonks; it seems that she originally penned her short essay about him for a modest showing of her drawings for plastic surgeons in the early 1970s, but it was published as part of the pamphlet that accompanied her 2008 exhibition, with the title 'Dickie Orpen on Henry Tonks, Her Tutor and Mentor.'³⁶ This piece of writing by Orpen fits in with another common topic of Tonks scholarship: writing that focuses on Tonks's role as teacher.³⁷

³² Samuel J. M. M. Alberti, ed., *War, Art and Surgery: The Works of Henry Tonks and Julia Midgley* (London: Royal College of Surgeons of England, 2014). J. P. Bennett, 'Henry Tonks and His Contemporaries,' Supplement to the *British Journal of Plastic Surgery* 39 (1986): 1-34.

³³ Suzannah Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery,' *Visual Culture in Britain* 11, no. 1 (10 February 2010): 25-47. A version of this article is also included as a chapter in Biernoff's more recent book: Suzannah Biernoff, 'Flesh Poems,' in *Portraits of Violence: War and the Aesthetics of Disfigurement* (Ann Arbor, MI: University of Michigan Press, 2017), 114-37.

³⁴ Emma Chambers, 'Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits,' *Art History* 32, no. 3 (June 2009), 578-607.

³⁵ Emma Chambers, *Henry Tonks: Art and Surgery* (London: College Art Collections, University College London, 2002).

³⁶ Dickie Orpen, 'Dickie Orpen on Henry Tonks, Her Tutor and Mentor,' in *Dickie Orpen, Surgeons' Artist*, by Jeanne Woodcraft, Brian Morgan, and Angela Eames (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2008), 4-5. Brian Morgan states that Orpen wrote this essay for a casual exhibition of her work at a meeting of plastic surgeons in the 1970s. Brian Morgan, interview by the author, Rickmansworth, UK, 2 November 2017.

³⁷ Lynda Morris, ed., *Henry Tonks and the 'Art of Pure Drawing'* (Halesworth, Suffolk: Halesworth Press, 1985). Randolph Schwabe, 'Three Teachers: Brown, Tonks and Steer,' *The Burlington Magazine for Connoisseurs* 82, no. 483 (June 1943): 141-46. Stephen Chaplin, 'Slade Archive Reader,' vol. 2 (unpublished typescript, University College, London, 1998), 2: 168-85.

While there was more material on Orpen than originally anticipated, it could go without saying that there is not nearly as much written about Dickie Orpen as there has been about her two male mentors. As a result, there are still many gaps when it comes to the chronology of Orpen's life and the exact conditions at Hill End Hospital. Orpen's cartoons and asides scribbled into her sketchbooks and personal papers have shed light on her experience, but in a sporadic and inconsistent manner. Interviews with Orpen's sons, and with surgeons who worked with her, have helped to rectify breaks in the knowledge. But where it has been impossible to ascertain information, relevant peripheral sources have been used. Two of the most helpful of these are the memoir by and interview of Mollie Lentaigne, Orpen's counterpart in the plastics ward at Queen Victoria Hospital in East Grinstead (Fig. 12). In 2012, Lentaigne typed up her memories of her time working there as a surgical artist and VAD nurse.³⁸ In 2017, Alexander Baldwin interviewed Lentaigne with the help of her daughter.³⁹ While the situations of these two women differed in several ways, Orpen did not herself write memoirs of her wartime work, as she only was interviewed or asked to write about her relationships with her father or with Tonks. Lentaigne's words therefore provide crucial insight into a comparable wartime experience. For example, in her interview Lentaigne notes that her drawing pad, clipboard, pencil, and rubber would be sterilised before she entered the operating theatre—we can assume that something similar happened at Hill End with Orpen's tools.⁴⁰ We know that Orpen and Lentaigne at least

³⁸ Mollie (Lentaigne) Lock, 'Memories of East Grinstead Hospital and the War Years (1941-1945)' (unpublished typescript, East Grinstead Museum, East Grinstead, UK, August 2012), Queen Victoria Hospital Collection, 4167, East Grinstead Town Museum Archive.

³⁹ Mollie (Lentaigne) Lock and Helen Goodwin, unpublished transcript of videoconference interview by Alexander Baldwin, Birmingham, UK, 24 March 2017, 1-23. In addition to conducting this interview, Alexander Baldwin also published an article about Mollie Lentaigne. I choose to go back to his sources, including his interview, rather than citing his article. Alexander Baldwin, 'Mollie Lentaigne, the Nurse Who Drew McIndoe's Guinea Pigs: Exploring the Role of a Medical Artist at the Queen Victoria Hospital, 1940-1945,' *Journal of Plastic, Reconstructive & Aesthetic Surgery* 71, no. 8 (August 2018): 1207-15.

⁴⁰ (Lentaigne) Lock, unpublished transcript of videoconference interview, 16.

knew of each other, since Orpen scribbled Lentaigne's name ('Molly Lenteen – East Grinstead') into the inside front cover of one of her sketchbooks.⁴¹ Unfortunately, it is unknown whether the two ever met face-to-face. Similar to how the Lentaigne sources are used, where there is a lack of material on the lived reality at Hill End Hospital beyond Orpen's own drawings and writings, sources relating to East Grinstead and to Harold Gillies's ward at Rooksdown House in Basingstoke are also used to flesh out expectations and understandings of how a plastic surgery ward operated during the Second World War in Britain.

In his research on Rooksdown House, Simon Millar notes that much of the Hill End Hospital material from the Second World War was destroyed.⁴² My own attempt to track down these resources reinforces his findings. This destruction or loss seems to have happened in 1952 when Mowlem's plastics unit moved from Hill End Hospital in St Albans to Mount Vernon Hospital in Northwood. This is when Hill End returned to its initial charter as a psychiatric hospital and St Bart's moved fully back to London.⁴³ It is lucky that Orpen's drawings survived; they were kept in the Mount Vernon library for students to peruse, as Brian Morgan related in an interview.⁴⁴ There is nothing to be found of the Hill End Hospital papers at the Hertfordshire Archives and Local Studies, where the hospital's wartime files should have been, and where the potentially relevant patients' records jump from 1939/1940 to 1946.⁴⁵ This is another reason why

⁴¹ Dickie Orpen, inside front cover page, Sketchbook #9, March 1943, BAPRAS/DSB 9.1, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁴² Simon Robert Millar, 'Rooksdown House and the Rooksdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War' (PhD diss., Institute of Historical Research, University of London, 2015), 193.

⁴³ Dawson, 'The History, Antecedents and Progress of the Mount Vernon Centre,' 85-86.

⁴⁴ Morgan, interview by the author.

⁴⁵ Civil Register, Certified Patients, Hill End Hospital, 1937-1948, HM2/Pa1/12, Hertfordshire Archives and Local Studies, Hertford, Hertfordshire. Hill End Male Admissions, Hill End Hospital, 1939-1947, HM1/Pa1/26, Hertfordshire Archives and Local Studies, Hertford, Hertfordshire.

peripheral sources must be used and why there are some significant gaps in Orpen's story, and in patients' stories, told throughout this thesis.

A male surgical photographer who worked in plastics wards, Percy Hennell, is another key contextual figure used to more fully understand Orpen and the visual culture of World War II plastic surgery. Hennell has not been written about in monograph form, but several people have conducted some preliminary research on him: the former BAPRAS archivist, Antony Wallace; a historian of photography, Val Williams; and a medical curator and archivist who worked at BAPRAS, Kristin Hussey.⁴⁶ Hennell is used primarily in Chapters Two and Three of this thesis as an important comparison to Orpen, as his work is also held in the BAPRAS archive and he depicted many of the same patients that Orpen drew at Hill End. Much of the substance of Wallace's 1985 article on Hennell's work was written with Hennell himself as the main source: Wallace stated that Hennell was still 'fit, well and working hard.'⁴⁷ Therefore, a certain level of bias must be accounted for in this publication. Williams and Hussey cite information from Wallace's article while connecting Hennell's work to their areas of focus (the history of photography and the history of plastic surgery, respectively). Hennell's work has not been shown extensively, but some of his World War II photographs were included in the 2007 exhibition *How We Are: Photographing Britain* held at Tate Britain and curated by Williams and Susan Bright. His journey to photographing facial injuries and burns during World War II will be explored more in depth in Chapter Three.

⁴⁶ Antony F. Wallace, 'The Early History of Clinical Photography for Burns, Plastic and Reconstructive Surgery,' *British Journal of Plastic Surgery* 38 (1985): 451-65. Val Williams and Susan Bright, *How We Are: Photographing Britain from the 1840s to the Present* (London: Tate Publishing, 2007). Val Williams, 'Percy Hennell: Reconstructive Surgery Portraits,' *Photoworks*, Spring / Summer 2007, 38-45. Val Williams, 'Keep Calm and Carry On,' *British Journal of Photography*, January 2011, 46-51. Kristin Hussey, 'Percy Hennell collection of Second World War clinical colour photographs, BAPRAS/HEN,' *Royal College of Surgeons Surgicat*, last modified 2013, accessed 27 January 2020, <http://surgicat.rcseng.ac.uk/Details/archive/110005285>.

⁴⁷ Wallace, 'The Early History of Clinical Photography,' 464.

In a thesis that takes a feminist perspective on reinvigorating and theorising the surgical and artistic career of a woman artist, it may seem strange that two chapters significantly emphasise the work of a male photographer. However, this is necessary in order to answer some of the questions that I have fielded when presenting my research on Orpen's work. One of those questions is *why* these surgeons used a draughtsperson in the first place. It would be reasonable to assume that photography would be the more reliable and scientific artform through which to document medical procedures; Lorraine Daston and Peter Galison's landmark book *Objectivity* (2007) usefully charts how this perception of the mediums developed during the nineteenth century.⁴⁸ The chapters that discuss Hennell, the most significant plastic surgery photographer in Britain during the Second World War, reveal the advantages and the limitations of plastic surgery photography and of Orpen's drawings. Hennell's work also widens my review of the BAPRAS archive's visual holdings in Chapter Two, as Orpen's archived work only tells a fraction of the story of British World War II plastic surgery. Another enquiry that scholars frequently face when confronted with Orpen's images relates to their emotional 'difficulty'; in Chapter Three, Hennell's photographs provide a path for interrogating the emotions history side of injury imagery as it relates to a contemporary audience.

Tying Hennell more securely to the feminist mission of this thesis, his photography surprisingly plays a part in the history of women's wartime labour. He took colour images of patients at many hospitals around Britain, but he also provided brilliantly illuminated and propagandistic illustrations for J.B. Priestley's (1894-1984) book *British Women Go to War* (1943) (Fig. 13)—discussed further in Chapter One and Chapter Three. Priestley is most famous as a writer (his play *An Inspector Calls* (1945) is still taught in British schools), but he was also a

⁴⁸ Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2007).

social and political commentator. In this capacity, he was a left-leaning progressive who broadcast the ‘people’s view’ of the conflict during World War II.⁴⁹ His 1943 publication shows the types of wartime work in which British women partook, with Priestley’s opening sentence stating that no other ‘country engaged in this war has mobilised its women for the war effort more thoroughly than Britain has.’⁵⁰ The working world of British women during World War II has been covered extensively not only in academic scholarship but in memoirs and in popular culture. Films, novels, and visual art have woven stories of women giving their time, sweat, labour, and sometimes lives to the war effort. But the roles that are most prominently discussed and represented are that of the nurse and the farm or factory worker—women who either cared for soldiers’ bodies or who filled the absences left by them.⁵¹

Priestley’s book and Hennell’s photographs place an emphasis on *production* in this publication—a word typically coded as masculine against the feminine-coded *reproduction*—but Priestley’s book shows that British women were capable of both. Priestley quotes an article that suggests that women in Britain were ‘producing more per hour per person than the men’ and includes Hennell’s photographs of women making torpedo grommets and operating machines, as well as caring for their babies and children.⁵² But, unsurprisingly, Priestley overlooked one woman-led wartime product, one with which his photographer would have been intimately familiar: surgical drawings. While this artistic work is closely related to the nursing profession, it

⁴⁹ Roger Fagge, *The Vision of J. B. Priestley* (London: Continuum International Publishing Group, 2012), 1-3.

⁵⁰ J. B. Priestley, *British Women Go to War* (London: Collins Publishers, 1943), 7.

⁵¹ Two recent articles explore less well-known roles of British women during the Second World War. These authors show the effects that these women had on their fields as a whole because of their work during the war. Avril Maddrell, ‘The “Map Girls”. British Women Geographers’ War Work, Shifting Gender Boundaries and Reflections on the History of Geography,’ *Transactions of the Institute of British Geographers* 33, no. 1 (January 2008): 127-48. Julie Fountain, ‘“The Most Interesting Work a Woman Can Perform in Wartime”: The Exceptional Status of British Women Pilots during the Second World War,’ *The Journal of the Social History Society* 13, no. 2 (2016): 213-29.

⁵² Eldridge Haynes, ‘Report on Britain: War Production, Employment, and Future Prospects,’ *Harper’s Magazine* 185, no. 1109 (1 October 1942), 509, quoted in Priestley, *British Women Go to War*, 9.

is a much less well-known example of how British women contributed to the war effort. Orpen was paid by the hour, not per drawing, suggesting that her work was not thought of along the lines of typical artistic production, but rather as a ‘regular’ job like nursing or factory work.⁵³

At the time in Britain and in several countries abroad, surgical drawing was a rich form of female creative output.⁵⁴ Orpen, Lentaigne, and various other women—the inclusion of whom would require a much longer study—were employed, volunteered, or worked freelance in the 1940s to provide profuse visual documentation and aestheticised and simplified scientific representation.⁵⁵ Some of these women were trained as artists (like Orpen) while others came into the profession through an untrained, casual love of sketching. Lentaigne was one of the women who fell into the role in an unexpected way. She was scouted by the surgeon McIndoe at

⁵³ See footnote #3 for a reference to one of Orpen’s notations of her working hours.

⁵⁴ Kim Sawchuk et al. consider the ‘predominantly female medical illustrators’ who drew for one of Canada’s most influential anatomical atlases. Kim Sawchuk, Nicholas Woolridge, and Jodie Jenkinson, ‘Illustrating Medicine: Line, Luminance and the Lessons from J. C. B. Grant’s *Atlas of Anatomy* 1943,’ *Visual Communication* 10, no. 3 (20 September 2011): 449, all. In another article, Sawchuk discusses how the surgeon-illustrator working dynamic was ‘highly gendered.’ Kim Sawchuk, ‘Animating the Anatomical Specimen: Regional Dissection and the Incorporation of Photography in J. C. B. Grant’s *An Atlas of Anatomy*,’ *Body & Society* 18, no. 1 (2012): 141. In the 1940s in America, it was acknowledged that ‘a sizeable percentage’ of the fledgling medical illustration profession was women. Tom Jones, ‘The Graphic Arts in Medical Education,’ *Bulletin of the Medical Library Association* 32, no. 3 (July 1944): 389.

⁵⁵ These women include, among others: Joan Farmer, based in Basingstoke with Sir Harold Delf Gillies; Norah Walker, a surgical photographer; Dulcibel Pillers, who was influential in the field before the war as well; Margaret McLarty, who wrote the 1960 publication *Illustrating Medicine and Surgery*; Dorothy Davison, based in Manchester; Aubrey Arnott, who trained in America and brought techniques back to the United Kingdom; Joan Fairfax Whiteside, who was a VAD like Lentaigne and Orpen; and Alice Gretener, renowned for moulage-making and wax-modelling. For brief mention of Farmer: Millar, ‘Rooksdown House and the Rooksdown Club,’ 328. For mention of Walker: Dawson, ‘The History, Antecedents and Progress of the Mount Vernon Centre,’ 85. For more about Pillers and McLarty: Samuel J. M. M. Alberti, ‘Drawing Damaged Bodies: British Medical Art in the Early Twentieth Century,’ *Bulletin of the History of Medicine* 92, no. 3 (Fall 2018): 456-62, all. For more on Davison: Peter D. Mohr, ‘Dorothy Davison (1890-1961): Manchester Medical Artist and Her Work for Neurosurgeon Sir Geoffrey Jefferson (1886-1961),’ *Journal of Medical Biography* 25, no. 2 (2017): 130-37. For more on Arnott: R. D. Johnson and W. J. Sainsbury, ‘Audrey Juliet Arnott (1901-1974): The Legacy of an Artist in Neurosurgery,’ *Journal of Visual Communication in Medicine* 32, no. 3/4 (September / December 2009): 84-86, and Reuben D. Johnson and Willow Sainsbury, ‘The “Combined Eye” of Surgeon and Artist: Evaluation of the Artists Who Illustrated for Cushing, Dandy and Cairns,’ *Journal of Clinical Neuroscience* 19, no. 1 (January 2012): 34-38. For more on Fairfax Whiteside: Patricia Archer, ‘Joan Fairfax Whiteside ARRC FMAA (1904-2001): Illustrator, Portrait Painter & Medical Artist,’ *Journal of Audiovisual Media in Medicine* 25, no. 4 (December 2002): 172-75. For more on Alice Gretener: Patricia Archer, ‘Alice Gretener, 1905-1986, Medical Artist, Moulage Maker & Wax Modeller,’ *Journal of Audiovisual Media in Medicine* 24, no. 3 (September 2001): 149-52.

a cocktail party where he observed her sketching a portrait of him. He was impressed by her speed and asked her to join him at Queen Victoria Hospital as a surgical artist.⁵⁶ Second World War medical illustration was often accompanied by other responsibilities around the hospital: Orpen had to fill in when orderlies were ill, and Lentaigne had to work as a VAD nurse while also volunteering as an artist.⁵⁷ Further pointing to the gender makeup of this profession, when the Medical Artists' Association of Great Britain (MAA) was founded in 1949, the group had twenty-five founding members, eighteen of whom were women.⁵⁸ Dickie Orpen was not a member, as she had moved to Africa with her new husband after the war.

'Medical illustration' is the term that practitioners preferred in the mid-century over 'medical art,' demonstrated in Margaret McLarty's 1960 book *Illustrating Medicine and Surgery*, which begins its preface with a definition of 'to illustrate': 'make clear, explain, explain by examples, elucidate by drawings; ornament (book, newspaper, etc.) with designs.'⁵⁹ Medical illustrators were still called 'artists,' shown by the MAA's name, and medical art is a wider catch-all term for the field; today, the phrase 'biomedical communications' is sometimes used although medical illustration remains popular.⁶⁰

Medical illustration did not exist as a profession during the Second World War in Britain; it was more of an ad hoc position that was offered to men and women if and when

⁵⁶ (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 3.

⁵⁷ In a letter to the then-archivist of BAPRAS Antony Wallace, plastic surgeon John Barron, who was also friends with Dickie Orpen, explained how during the war she picked up the slack when several orderlies were hit with the flu. Full analysis and context of this letter is given in Chapter Four. John N. Barron, letter to Antony F. Wallace, 22 August 1986, BAPRAS/A/IMAGES/142, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. Mollie Lentaigne's memoirs relate how she had to make sure that all of her VAD duties were completed while she was also working as Archibald McIndoe's surgical artist. (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 3.

⁵⁸ Patricia M. A. Archer, 'A History of the Medical Artists' Association of Great Britain 1949-1997' (PhD diss., University College London, 1998), Appendix I, 16.

⁵⁹ Margaret McLarty, *Illustrating Medicine and Surgery* (Edinburgh: E. & S. Livingstone, 1960), vi.

⁶⁰ 'Master of Science in Biomedical Communication,' Institute of Science, University of Toronto, accessed 5 October 2020, <https://bmc.med.utoronto.ca>.

required. The training of medical artists was more established in the United States from the early twentieth century, most notably at the Johns Hopkins University in Baltimore, in a department for medical illustration initially spearheaded and directed by Max Brödel (1870-1941).⁶¹

Historian of the MAA Patricia Archer writes that before the establishment of the professional group, some medical artists in Britain ‘felt that they were unique and alone in the field.’⁶²

Luckily, we know that this was not the case with Orpen, since she at least knew of Lentaigne’s existence. McLarty writes that before 1940 ‘the number of artists fully employed on medical illustrating was comparatively small’; after the war, ‘there was an increased demand.’⁶³

Illustrations by Orpen and many of her contemporaries were precise, interesting, and technically rigorous, but practitioners had varying levels of medical knowledge and artistic talent. The establishment of the MAA was one of the first steps towards defining the training programmes necessary for a British medical artist, outlined about a decade later by McLarty.⁶⁴

The majority of mid-century surgical artists’ images are simplified pictures that could easily communicate the most important elements to the surgeons or students viewing them. These medical artists’ drawings were used, as Orpen’s were, to further the surgeons’ reputations, to explain the progress being made in the field, to show in lectures and presentations, and sometimes to reproduce for textbooks and teaching. Samuel Alberti has recently written on surgical illustration in Britain at the beginning of the twentieth century. He notes how the relationships between artists and the surgeons with whom they worked were ‘mutually constitutive,’ but that the drawings ‘became the surgeons’ property, which they used to shore up

⁶¹ Thomas S. Cullen, ‘Max Brödel, 1870-1941, Director of the First Department of Art as Applied to Medicine in the World,’ *Bulletin of the Medical Library Association* 33, no. 1 (January 1945): 5-29.

⁶² Archer, ‘A History of the Medical Artists’ Association of Great Britain,’ 153.

⁶³ McLarty, *Illustrating Medicine and Surgery*, 14.

⁶⁴ Margaret McLarty, ‘Training,’ in *Illustrating Medicine and Surgery* (Edinburgh: E. & S. Livingstone, 1960), 14-15.

their own careers, displaying them in lectures, publishing in research papers, and / or retaining them for instruction and clinical record.’⁶⁵ Alberti also states that the purpose of twentieth-century British medical art was primarily ‘record and training,’ not necessarily reproduction in textbooks, as might be assumed.⁶⁶ At Queen Victoria Hospital in East Grinstead, Lentaigne’s simple pencil drawings were attached to the end of patients’ beds so that passing surgeons could familiarise themselves with the case.⁶⁷ Photographs were used in this period, but the hand of the artist could filter out what was unnecessary to make the images more legible for students and for other surgeons.

Sometimes these artists were paid for their services, and sometimes medical illustration was a voluntary role. In addition to the pages that list her calculations for weekly worked hours, Orpen marked down in one sketchbook an annual payment for 1944: £136.40.⁶⁸ Calculated and adjusted for today’s rates of inflation, this equals a little more than £6,000.⁶⁹ Orpen’s surgical drawings and sketchbooks seem to have been a labour of love executed during a difficult wartime period—done despite some difficulty for the betterment and education of her society, and for her own enjoyment, rather than for the purpose of generating wealth. While not technically a volunteer as she would have been as a VAD, Orpen’s remuneration was marginal.

⁶⁵ Alberti, ‘Drawing Damaged Bodies,’ 470.

⁶⁶ Alberti, ‘Drawing Damaged Bodies,’ 462. Surgical images like Orpen’s are often thought of as teaching tools. And while there is evidence that they were used for documentation of surgical progression and for showing innovations to visiting surgeons, it is not clear that Orpen’s World War II images were ever used in a classroom setting. There were many students at Hill End Hospital (mentioned often in the *St Bartholomew’s Hospital Journal*) who probably used the Orpen drawings in the library as learning references. The library, which is where retired plastic surgeon Brian Morgan said that Orpen’s drawings were held, was open to students from 2 pm to 9:30 pm. ‘HILL END: AT HILL END AND CELL BARNES HOSPITALS,’ *St Bartholomew’s Hospital Journal* 3, no. 2 (1 November 1941): 24. Bodleian Libraries, Oxford, Soc. 15084 d.29. 753251476. 1941-42. Morgan, interview by the author.

⁶⁷ (Lentaigne) Lock, ‘Memories of East Grinstead Hospital,’ 18. (Lentaigne) Lock, unpublished transcript of videoconference interview, 2.

⁶⁸ Dickie Orpen, Sketchbook #22, April 1944, BAPRAS/DSB 22.71, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁶⁹ This figure was arrived at through the Bank of England’s inflation calculator. The tool can be used here: <https://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator>.

However, the fact that she was paid at all during the war is interesting, because the situation was different for Lentaigne. Lentaigne's drawing duties were included in her role as an unpaid VAD nurse. We can see in this contrast, perhaps, how Orpen's position as the daughter of a prominent portraitist and the student of Henry Tonks—who was well known within the plastic reconstruction world—may have elevated her status and her perceived value within the matrices of surgery, war, and art. It is difficult to tell whether Orpen's or Lentaigne's employment situation was more typical during wartime, but research on twentieth-century medical illustrators, such as Alberti's recent article, shows that other artists were paid for their work during peacetime.⁷⁰

Visual art and medicine have been intertwined for centuries, and often the history of 'modern' European medical art starts with Leonardo da Vinci's (1452-1519) anatomical drawings or Andreas Vesalius's (1514-1564) sixteenth-century anatomical treatise *De fabrica* (1543).⁷¹ But surgical art is a separate field from anatomical art; while they are connected, these two practices require distinct techniques and aesthetics, and ultimately have varying purposes.⁷² The role of the surgical artist, who draws from life in the operating theatre, arose in the twentieth century to show the progression of surgeries and the step-by-step procedures needed to carry out an operation. Plastic surgery in particular has historically been associated with the visual arts—and still is today. Many plastic surgeons were and are amateur artists in their spare time, making

⁷⁰ Alberti, 'Drawing Damaged Bodies,' 467.

⁷¹ One of the key texts for the history of anatomical illustration accompanied a 2000 exhibition at the Hayward Gallery in London. Martin Kemp and Marina Wallace, *Spectacular Bodies: The Art and Science of the Human Body from Leonardo to Now* (London: Hayward Gallery Publishing, 2000).

⁷² Harriet Palfreyman and Christelle Rabier have recently authored a chapter about surgeons' historical uses of images. This chapter also serves as a valuable review of other literature on the topic. Harriet Palfreyman and Christelle Rabier, 'Visualizing Surgery: Surgeons' Use of Images, 1600-Present,' in *The Palgrave Handbook of the History of Surgery*, ed. Thomas Schlich (London: Palgrave Macmillan, 2018), 283-300.

cartoons, sculptures, or paintings.⁷³ Several of Gillies's landscape paintings hang on the walls of the BAPRAS archive. Gillies was also one of the founding committee members of the Medical Art Society, which is made up of artistically inclined doctors, dentists, and veterinarians.⁷⁴ Gillies commented in 1934, in a typically humorous tone, on the correlations between the artist and the plastic surgeon, with reconstructed faces

bearing the unmistakable stamp of the hand that moulded them ... The same habit of style that in an artist enables the expert to say that a certain picture is that of a Rembrandt or Constable, is at work in the plastic surgeon's make-up and his results tend to run to type. There is even a certain element of impressionism that is justifiable, and there is also, unfortunately, in our poor results an element of cubism.⁷⁵

In the minds of plastic surgeons like Gillies, scalpels and dermatomes are their paintbrushes, palettes, and chisels. Plastic surgery tools today—such as the Barron's Knife, named after one of the World War II surgeons with whom Orpen worked—have octagonal rather than round handles to allow for quick, precise, and artistic rotations.⁷⁶ A *Life* magazine article from 1946 captioned an image of reconstructive surgery tools as being based on those used by 'craftsmen,' comparing plastic surgeons to carpenters and sculptors, as well as plumbers and electricians.⁷⁷ Textbooks and articles on plastic surgery often include 'art' or 'sculpture' in their titles in addition to hand-drawn illustrations from artists like Orpen or Lentaigne.⁷⁸ And from as early as 1917, it was noted even in art publications like *The Burlington Magazine for Connoisseurs* how 'the art of

⁷³ One example of such a surgeon / artist is Brian Morgan, a retired plastic surgeon and former Honorary Archivist of BAPRAS who is cited throughout this thesis. For an announcement of an exhibition of his work: Tim Bullamore, 'Surgeon Paints the Fire That Scarred His Patients,' *British Medical Journal* 330 (26 February 2005): 437.

⁷⁴ 'A Brief History of the MAS,' Medical Art Society, accessed 10 June 2020, <http://www.medicalartsociety.org.uk/index.php?page=history.html>.

⁷⁵ Harold Gillies, *The Development and Scope of Plastic Surgery*, the Charles H. Mayo Lecture for 1934 (Chicago: Northwestern University, 1935), 1, quoted in Sander Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton, NJ: Princeton University Press, 1999), 150.

⁷⁶ 'Surgical Scalpel Handle Number B3,' Swann-Morton, accessed 13 April 2020, <https://www.swann-morton.com/product/52.php>.

⁷⁷ 'War Surgery: The Battle of Wound Reconstruction Still Goes On,' *Life*, 11 February 1946, 60-61.

⁷⁸ Harold Gillies and D. Ralph Millard, Jr, *The Principles and Art of Plastic Surgery* (London: Butterworth & Co., 1957). Jacques W. Maliniak, *Sculpture in the Living: Rebuilding the Face and Form by Plastic Surgery* (New York: Romaine Pierson, 1934).

him who draws and the science of him who operates' is most obviously connected in the plastic reconstruction of injured faces.⁷⁹ It is worth noting how in this quotation both art and surgery are coded as masculine; for more on this, the gendered aspects of draughtsmanship are outlined in Chapter One, and the male-dominated surgical sphere is analysed in Chapter Two. Furthering the connection between genius artist and genius surgeon, Orpen's superior Mowlem was considered to be 'an artist and a craftsman' when it came to sculpting live tissue in a surgical reconstruction.⁸⁰ These myriad examples, which are ubiquitous in the history of plastic surgery, show that plastic surgeons saw and see themselves as artists. After all, 'aesthetic surgery' is one category of plastic work.

One of Orpen's sketchbook drawings of a skin flap transfer is marked with 'JNB [John Netterville Barron] fecit' inside of a circular cartouche; this type of stylised phrase is most typically seen on the canvases of Renaissance paintings.⁸¹ With this flourish, Orpen hints at the comparison that these surgeons made between their own profession and that of professional artists. With this analogy so securely in place, it makes sense that these plastic surgeons wanted to have their handiwork depicted artistically by Orpen and her contemporaries—and this small detail in Orpen's sketchbook suggests that she was aware of surgeons' likening of their own medical accomplishments to artistic production.

But the plastic surgery on which this research focuses is not purely aesthetic or cosmetic, which is a stereotype often assigned to the field. Most of the cases that Orpen drew were burn injuries from the Blitz or other devastating conflict-related wounds involving both military and

⁷⁹ This article remarks on Henry Tonks's work from the First World War. S. Squire Sprigge, 'Artists and Surgeons,' *The Burlington Magazine for Connoisseurs* 31, no. 176 (November 1917), 201.

⁸⁰ Meikle, *Reconstructing Faces*, 171.

⁸¹ Dickie Orpen, Sketchbook #17, 31 December 1943, BAPRAS/DSB 17.55, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

civilian populations. Accounting for the number of affecting portraits that she made of her patients, many of those admitted to Hill End Hospital were injured in the face. For a patient like Caldwell (Fig. 1), the possibility of the failure of his acromio-thoracic (upper chest) tube pedicle and bone graft would have compounded the fear and uncertainty that characterised his long months of surgery, stillness, and aching. The famous Royal Air Force (RAF) pilot Geoffrey Page (1920-2000) recounted his months of endless surgeries to repair the burns on his face and hands.⁸² He writes:

Time slipped by to a fairly familiar pattern. Drugged sleep brought with it nightmares that always ended up in burning aircraft. Awakeness brought with it attendant pain and misery before the cure-all needle did its work. The drugged semi-conscious state was perhaps the worst of all. The creeping effect of the morphia caused me to nod off until suddenly I came awake again with a jerk of nerves.⁸³

Like Page, Caldwell endured a horrific injury and then had to withstand a recovery process that would take months and wreak havoc not only on his body but also, likely, on his mind. He underwent at least six painful surgeries; one taking place every few weeks in an unforgiving sequence from November 1944 to April 1945. This was all for a reconstructed face that would be a rough approximation of his original appearance, with a large textured scar to last a lifetime.

Facial difference and disfigurement, whether created by the initial trauma or the surgeon's intervention, has often been associated with what sociologist Heather Laine Talley

⁸² Page suffered from one of the most representative injuries of the Second World War: airmen's burns. This was a specific pattern of burns on the face and hands that was typical for those who were shot down from their planes. A table in Roger Cooter's chapter on war and medicine explains how airmen's burns was a common injury in this period: Roger Cooter, 'War and Modern Medicine,' in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (London: Routledge, 1993), 2: 1543. A series of photographs by Percy Hennell held in the BAPRAS archive show the protection that different levels of equipment offered pilots against airmen's burns. Percy Hennell, BAPRAS/HEN/11/1, BAPRAS/HEN/11/2, BAPRAS/HEN/11/3, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁸³ Geoffrey Page, *Tale of a Guinea Pig* (London: Pelham Books, 1981), 103. Another useful first-person account by a World War II facial injury and burn patient treated at Queen Victoria Hospital by Archibald McIndoe: Richard Hillary, *The Last Enemy* (London: Michael O'Mara Books, 2014 [1942]).

terms a ‘social death.’⁸⁴ No matter the level of success in his surgical repair, Caldwell’s war-scarred face and neck would be visible to others and to himself for the rest of his life—even when wearing a high-collared coat like the one in Orpen’s drawings (Fig. 1 and Fig 2). His own face, the seat of his personhood, would serve as a constant reminder of the war and its attendant traumas, potentially creating long-lasting psychological difficulty, as discussed further in Chapter Two. One of the sheets in Orpen’s personal papers includes a portrait of a patient whose nose tip had been bitten off by a dog, along with an ‘excerpt from notes,’ which states, ‘the patient is very sensitive about his appearance and has apparently been in trouble owing to his appearance due to sudden self-consciousness about his admittedly peculiar appearance.’⁸⁵ According to historian Valentin Groebner, the history of the fear of defacement and the marring of one’s appearance (a word emphatically stated thrice in this excerpt), goes back to the Middle Ages and partially stems from the connection between facial injury and anonymity or a loss of identity.⁸⁶ The fear of defacement plays into the emotional reactions to these types of injuries and the imagery of them—as delineated in Chapter Three.

Images of facial difference in culture and media contribute to the negative psychological effects, and fear, of facial injury, in both military personnel and civilians. The American film *A Woman’s Face* (1941), starring Joan Crawford, hints at the stigma that people with facial difference would have been subjected to in the interwar period and during World War II.⁸⁷ The

⁸⁴ Heather Laine Talley, *Saving Face: Disfigurement and the Politics of Appearance* (New York: New York University Press, 2014), 39.

⁸⁵ Dickie Orpen, patient portraits and excerpt from patient notes, 1942, np, from Dickie Orpen’s Personal Papers, courtesy of Bill Olivier.

⁸⁶ Valentin Groebner, *Defaced: The Visual Culture of Violence in the Late Middle Ages* (New York: Zone Books, 2004), 11, 67-86. Historian Emily Cock has also provided several fantastic resources for understanding early modern stereotypes and fears surrounding facial difference, injury, and plastic surgery. For example: Emily Cock, “‘Lead[ing] ‘em by the Nose into Publick Shame and Derision’”: Gaspare Tagliacozzi, Alexander Read and the Lost History of Plastic Surgery, 1600-1800,’ *Social History of Medicine* 28, no. 1 (1 February 2015): 1-21.

⁸⁷ *A Woman’s Face*, directed by George Cukor, performed by Joan Crawford, Metro-Goldwyn-Mayer, 1941.

main character in this film is a facially disfigured woman with a criminal past. A plastic surgeon offers her a potential saving grace; he promises that he can make her look ‘normal.’ When her scarred face is repaired, she is given a chance to restart her life and to turn away from her earlier amoral actions. This plot equates facial normality with a potential for moral improvement, therefore aligning disfigurement with turpitude. Film historian Joe Kember’s 2016 article on the topic shows that this connection between morality and disfigurement existed in America before the Second World War.⁸⁸ Equally, villains in works by Shakespeare and in James Bond novels and films—and many British cultural products in between—are characterised by their physical impairment, often of the face.⁸⁹ This feeds into the established narrative used in *A Woman’s Face*: horrifying and isolating facial disfigurement can be cured or fixed by the plastic surgeon, who has something akin to godlike power. As it appears in both *A Woman’s Face* and in the films that Kember analyses, Talley argues that facial surgery, even if more cosmetic than reconstructive, can be thought of as ‘lifesaving work’ because of its ability to normalise the face.⁹⁰ The RAF pilot Page writes that an injury to his face meant that he was no longer ‘acceptably human’—the surgeons at East Grinstead’s Queen Victoria Hospital had the daunting job of restoring his facial acceptability.⁹¹ Much of the language surrounding facial injury at the time referenced insurmountable ugliness; Page himself described his visage as ‘hideous’ and ‘devastating,’ causing ‘revulsion.’⁹² Orpen’s drawings never emphasise the ugliness of the

⁸⁸ Joe Kember, ‘Face Value: The Rhetoric of Facial Disfigurement in American Film and Popular Culture, 1917-1927,’ *Journal of War & Culture Studies* 10, no. 1 (2016): 51.

⁸⁹ ‘I Am Not Your Villain’ is a campaign that challenges the film industry’s use of burns, scars, and other facial differences to mark characters as villainous. ‘I Am Not Your Villain’ is organised by Changing Faces, a charity based in the UK that supports those with facial difference. ‘I Am Not Your Villain,’ Changing Faces, last modified 16 November 2018, accessed 15 August 2020, <https://www.changingfaces.org.uk/i-am-not-your-villain-campaign-launches-today-in-the-telegraph>.

⁹⁰ Talley, *Saving Face*, 6.

⁹¹ Page, *Tale of a Guinea Pig*, 2.

⁹² Page, *Tale of a Guinea Pig*, 98, 100.

patient: they either humanise through portraiture or dehumanise and deconstruct through medical diagramming.

There was an increase of facial injuries in Britain because of the First World War's trench warfare. Over sixty thousand British servicemen endured wounds to the area.⁹³ Henry Tonks's pastel drawings of these men (Fig. 4) became artistic indicators of the human cost of war. But moving on from the First World War, historian Julie Anderson notes: 'While not seen as destructive as the First World War, the Second World War was still a devastating conflict. More than half a million British servicemen and women and civilians died, and more than 300,000 were injured ... Additionally, civilians were exposed to the physical dangers posed by war.'⁹⁴ It is unknown exactly how many plastic surgery cases came through Hill End Hospital during the war years, but according to her loose sheet drawings alone Orpen drew *at least* 192 disparate civilian and military patients; Anderson notes in a data table in her book that over seven hundred aircrew plastic surgery cases were treated at Queen Victoria Hospital in East Grinstead, where Lentaigne worked, between 1939 and 1944.⁹⁵ Many of these patients were burned or otherwise injured on their faces.

Facial difference in Britain had a particular moment of wider visibility during and shortly after World War II. This was because of the Guinea Pig Club—a group united by facial injury and reconstructive surgery that was based at Queen Victoria Hospital. Their activities (often centred around drinking), their publicity (encouraged by the plastic surgeon Archibald McIndoe), and *The Guinea Pig* magazine made the Guinea Pig Club the first group in Britain to positively

⁹³ Jason Crouthamel and Peter Leese, introduction to *Psychological Trauma and the Legacies of the First World War* (Basingstoke, UK: Palgrave Macmillan, 2017), 33. Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Books, 1996), 33.

⁹⁴ Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'* (Manchester, UK: Manchester University Press, 2011), 1.

⁹⁵ Anderson, *War, Disability and Rehabilitation in Britain*, 114.

display facial injury and repair as a mark of heroism and sacrifice. This contrasts with what Biernoff calls a ‘culture of aversion’ that existed after World War I, when not many images of facial injury were visible in the public sphere.⁹⁶ The most thorough history of the Guinea Pig Club is by Emily Mayhew, but the group is also covered in Murray Meikle’s 2013 book and in television documentary specials.⁹⁷ Lentaigne was instrumental in creating the visual culture of the Guinea Pig Club: not only did she draw and make watercolours of their reconstructive surgeries, but she had a hand in creating the Guinea Pig Club’s logo, which appeared most frequently in the club’s magazine. In an article titled ‘PIG WINS BREVET – FLIES,’ the author describes how the guinea pig on its own was a rather pathetic-looking animal; it needed something else for its appearance to match the valour of the club’s membership. ‘Suddenly, it became very obvious. Somebody drew a pilot’s brevet. Somebody else added a pair of ears at the top and a pair of feet below. Mollie Lentaigne [*sic*] did the rest and ... your emblem: The Flying Guinea Pig.’⁹⁸

But the Guinea Pig Club painted a rosier view of facial injury and repair—to be explored more fully in Chapter Four—than what was often the case. The facial injury patients that Orpen and her colleagues saw every day lived with the possibility that their facial difference might not be fixed, and that the surgeon’s knife might do more harm than good or leave a mass of visible scars. Plastic surgeons were therefore very clear about the possibility of an imperfect post-

⁹⁶ Biernoff, *Portraits of Violence*, 10.

⁹⁷ Emily Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club* (London: Greenhill Books, 2004). A more recent version of this book, with new forewords and a new introduction by Mayhew, came out in 2018: Emily Mayhew, *The Guinea Pig Club: Archibald McIndoe and the RAF in World War II* (Barnsley, UK: Greenhill Books, 2018). Meikle, *Reconstructing Faces. The Guinea Pig Club*, directed by Karen Kelly, BBC Four, 2009.

⁹⁸ ‘PIG WINS BREVET – FLIES,’ *The Guinea Pig* (1944): 10. LBY E.81/320.1, Imperial War Museum Archive. Lentaigne remembers this differently in her unpublished typescript of memories from her time in East Grinstead. She writes that they did not choose her design, ‘but the one they did [choose] was excellent.’ Seeing as she penned this in her ninety-second year (2012), the 1944 entry in *The Guinea Pig* has slightly more credibility. (Lentaigne Lock, ‘Memories of East Grinstead Hospital,’ 12.

surgery visage ('impressionistic' or 'cubist' as cheekily referred to by Gillies) and some grappled with the potential for psychological difficulty as well. In the 1941 film *Plastic Surgery in Wartime*, Gillies states that his team's 'aim is to bring [patients] back to normal, both in appearance and physical capacity for their jobs. In this work, surgical treatment is not enough. We must think of rehabilitation of their minds and their bodies.'⁹⁹ Millar's doctoral thesis on the recovery process of patients at Rooksdown House, the plastics ward run by Gillies, shows that the surgeons did think about the mental effects of plastic surgery, and that work was done to mitigate the depression or psychological trauma that patients could experience.¹⁰⁰ The surgeons at Rooksdown House, and presumably at other plastic surgery wards during the war, recognised that their patients would have struggles resulting from their physical trauma, but as there was no formal psychological support, it was often up to the non-surgical staff to 'gently build up the confidence of the disfigured patients.'¹⁰¹ In the 1980 book for which Orpen provided surgical diagrams, the authors Barron and Saad acknowledge the mental trauma and negative social implications that often accompany facial injury. They admit that they are not equipped to handle the psychological fallout and that the 'psychosomatic' effects were 'poorly understood by the profession'—the surgeon's job focused almost exclusively on the illnesses of or wounds on the body, not of the mind.¹⁰² Barron and Saad's book was written sixty-two years after the end of the First World War, when Gillies first noted a similar problem. He noted that injuries to the face 'materially lower the market value of the individual.'¹⁰³ Barron and Saad show that even decades after Gillies, plastic surgeons were aware of how much further they still had to go to provide

⁹⁹ Harold Gillies, narr., *Plastic Surgery in Wartime*, directed by Frank Sainsbury, produced by John Taylor, Realist Film Unit, 1941.

¹⁰⁰ Millar, 'Rooksdown House and the Rooksdown Club,' 212, all.

¹⁰¹ Millar, 'Rooksdown House and the Rooksdown Club,' 221.

¹⁰² Barron and Saad, eds., *Operative Plastic and Reconstructive Surgery*, 1:6.

¹⁰³ 'A War Museum in Paris,' *Times* (London), 9 April 1917, 9, quoted in Biernoff, *Portraits of Violence*, 71.

holistic care for their patients. This confluence of both the physical and psychological traumas inherent in facial injury is referred to throughout this thesis, because it inflects our interpretations of Orpen's drawings and her own experience in the surgical ward; Chapter Two most thoroughly approaches the implied but largely silent haunting of psychological trauma within Orpen's drawings and sketchbooks, Hennell's photographs, and the BAPRAS archive.

Lentaigine relates a time when she witnessed negative and judgmental reaction against Queen Victoria Hospital facial injury patients. She was at the cinema, sitting behind two men whose ears and hairlines had been disfigured by a film of burning oil on the water at Dunkirk. She writes how she 'had grown used to these sights [working at the hospital] and took it well, but one of the women next to me said to her friend, well within earshot "if my son was going to come back looking like that I'd rather he did not come back at all!" The two chaps who heard this got up without a word and walked out.'¹⁰⁴ Orpen's patients may have felt a similarly direct, daily impact of their facial injuries. The social implications of difference can be a heavy weight for patients when being looked at by the wider world beyond those accustomed and sympathetic to their plight. As described by Rosemarie Garland-Thomson, injuries like this could provoke from others what she terms 'baroque staring,' which differs from 'scientific-medical' staring because it does not attempt to fix or understand the object of the stare, but rather asks, with 'head-slapping astonishment or stunned fascination,' the 'urgent question, "What is that?"'¹⁰⁵ The depictions of patients in Orpen's work suggest that her type of surgical artist's gaze, impartial yet tender (in her portrait images at least), was much more amenable than that of the curiously disgusted civilians.¹⁰⁶

¹⁰⁴ (Lentaigine) Lock, 'Memories of East Grinstead Hospital,' 11.

¹⁰⁵ Rosemarie Garland-Thomson, *Staring: How We Look* (New York: Oxford University Press, 2009), 50.

¹⁰⁶ The term 'gaze' of course is related to Michel Foucault's influential idea of the 'medical gaze' from *The Birth of the Clinic*. This concept will be discussed briefly several times throughout this thesis. Michel Foucault, *The Birth of*

Orpen's drawings add to this history of facial and wartime injury, showing how these patients were perceived, examined, and reconstructed by those who laboured in World War II hospitals. But her work also exposes the other side of the history of facial disfigurement—that of those working behind the scenes to reconstruct and rehabilitate. The analysis within this thesis focuses on the facial injuries that Orpen (and, to an extent, Percy Hennell) depicted—although the images of the reconstruction of other parts of the body will serve as supporting and comparative evidence throughout this research. As demonstrated above, injuries of the face are affecting and difficult for the patients and often for those with whom the patients interact. Adding aesthetic interest to the emotional interest, Orpen's drawings of faces are those that she developed furthest, making portraits both of the injured patient and of their wound.

Due in part to the sensitive nature of the drawings and photographs analysed in this project, the names of all patients have been changed to comply with patient confidentiality restrictions. Images by Orpen with names on the page largely have been pre-censored by the BAPRAS archive. The photographs must abide by stricter rules: photographic records can be used with permission from the archivist if the individual's face is unrecognisable, if both eyes are not visible, if the eyes are covered with a censor bar, or if the image has been published before (although then often the question of how the initial publication was sanctioned is left unanswered). All of the BAPRAS photographs used here follow these standards, which are based on the Data Protection Act of 2018.¹⁰⁷ The closure period, during which the images cannot be used without these censoring interventions, is the 'lifetime' of the subject, which is assumed to

the Clinic: An Archaeology of Medical Perception, trans. A. M. Sheridan (London: Tavistock Publications, 1973 [1963]).

¹⁰⁷ Part 2, Chapter 2, no 19 and Part 3, Chapter 2, no 41 of this Act particularly apply to archives. 'Data Protection Act 2018,' *legislation.gov.uk*, last modified 2018, accessed 16 October 2020, <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>.

be one hundred years. All adults in these images are presumed to be the lowest possible age, sixteen. Therefore, the closure period from the date taken is eighty-four years; for 1942-1945, then, the photographs are closed until 2026-2029.¹⁰⁸ The drawings, however, are exempt from this as long as the surnames are not shown; this is because the individual is thought to be less recognisable in drawn images. This complex issue brings up further questions of the emotional efficacy and recognisability of medical drawings and photographs, as well as the ability of these images to cause distress to the subject—some of this is discussed in Chapter Three. These censorship rules relate to debates surrounding levels of medical privacy and anonymity as well as the perceived documentary value of drawing and photography. This topic of patient confidentiality in World War II injury imagery will be an avenue of future research but it is one that this thesis does not consider directly.

The context on the work done thus far on facial injury and difference that I have now outlined is vital for understanding Orpen's working milieu; but this thesis is not another history of facial difference or surgery, partially because there are many images of other parts of the body. Neither is it simply a history of the visual depictions of these famous surgeons' operations and innovations, like the 2008 exhibition. This project explains a woman's influence, role, and experience within the male-dominated field of plastic surgery—while also exploring the theoretical possibilities of Orpen's artistic and medical oeuvre. This research brings Orpen to the forefront of the history of plastic surgery while also integrating her into the histories of medical art, surgical illustration, and art history as a whole.

Chapter One reconstructs Orpen's story—previously unexplored in a scholarly context—examining what biographical and artistic influences led her to undertake surgical illustration

¹⁰⁸ 'Closure Periods,' The National Archives, last modified February 2016, accessed March 2019, <https://www.nationalarchives.gov.uk/documents/information-management/closure-periods.pdf>.

during the Second World War. Chapter Two analyses the BAPRAS archive, exploring both the explicit and the implicit narratives contained within its collections, including Orpen's. This chapter examines the archival afterlife of Orpen's drawings and how that relates to her patients' experiences of trauma. Chapter Two is also where the history of plastic surgery, particularly in Britain, is outlined; this discussion shows how certain stories are de-emphasised in archival and historical contexts. Chapter Three uses a history of emotions perspective to study Orpen's drawings and Hennell's photographs, particularly in relation to empathy. Even though Orpen's works are rich objects of study, there is a limit to the emotional effect that they have on present-day viewers; on the other hand, many elements of Hennell's images unexpectedly collect affect, creating poignant photographs. Chapter Four uses Orpen's many cartoons and humorous asides to reconstruct the roles of humour, visual and verbal, within the World War II plastic surgery ward. This chapter considers Orpen's most intimate drawings, once again couching analysis in her own words, images, and experiences while examining how gender plays into Orpen's sense of humour and her interpretations of those around her.

While the methodological approaches of these four chapters may seem disparate, they work together to demonstrate the varied textures of the Orpen collection. The first and last chapters focus on the historical contexts and significance of Orpen's drawings and sketchbooks, putting emphasis back on the experience and biography of a woman artist. Chapter Two and Chapter Three have grown out of more theoretical, experimental research that uses psychoanalysis, trauma studies, and the history of emotions. The two strands of my chapters are necessary to one another: without the biographical and historical perspective, the more theoretical ideas would have no ground to stand on; and without the middle chapters, this thesis

is at risk of becoming simply a rediscovery of a woman artist based largely on biography and visual analysis.

As art historian Mary Hunter states in her research on art, surgery, and hands: ‘Art historical methods examine the history of surgery in a different light than other historical perspectives as they are concerned not only with the histories of surgical techniques but also with how such practices were, and continue to be, visualised in art.’¹⁰⁹ The purpose of this thesis is to show that a woman—an artist outside of the realm of typical art history and a hospital worker outside of the male-dominated upper echelons of surgery—can produce work that both allows for and demands a plethora of analytical approaches. Orpen’s drawings—previously only discussed in relation to the ‘great men’ who raised her, taught her, or worked with her—prompt an interdisciplinary way of looking at medical illustration: through a feminist lens (as a way for women to gain entry into the surgical field), through archival studies (to identify how surgical illustrations and their archives suppress yet imply psychological trauma), through an emotions perspective (to analyse the effects of surgical illustration on modern audiences), and through humour (to interrogate how jokes, surgery, and visual culture were intertwined in the wartime years). Overall, the use of these four distinct approaches suggests that Orpen’s art, and art by women like her, should not be overlooked; it can provide insights into, and provoke new ways of thinking about, varied visual and cultural histories.

¹⁰⁹ Mary Hunter, ‘Art and Surgery: The Expert Hands of Artists and Surgeons,’ in *The Palgrave Handbook of the History of Surgery*, ed. Thomas Schlich (London: Palgrave Macmillan, 2018), 321.

Chapter One

Reconstructing Dickie Orpen: Life, Influences, and Context

... the attempt to make these drawings became more than ever a personal sheet-anchor in a world where physical exhaustion was the outstanding factor and food and sleep more necessary than one had ever imagined possible in peacetime. — Diana ‘Dickie’ Orpen, *Meditations with a Pencil*, 1946.¹¹⁰

In her contemplative book *Meditations with a Pencil*, published just after the war, Dickie Orpen describes how making art was the solid weight that tethered her to reality amidst the chaos of conflict. This book pairs New Testament quotations with pencil drawings of Biblical stories or everyday English scenes (Fig. 14 and Fig. 15). In these images, the Catholic Orpen carefully shows the experiences of individuals in wartime Britain through the guise of the everyday Christ figure: the ‘endless and beautiful day-to-day reality—of Christ in the streets, Christ in the hospital wards.’¹¹¹ She does this not only by creating compositions that correspond directly to the Bible verse quoted on the same page, but by drawing everyday-looking people, based in places like air raid shelters or fishing boats in coastal towns; she elevates these figures to a Christlike status by showing them living their humble but good lives or by placing halos around their heads. In ‘*But be thou vigilant*’ (Fig. 14), a soldier with a lined face and sinewy hands is on the phone in front of a gas mask and a crucifix, with a rosary at his side. With objects around him packed with symbolic meaning and contemporaneous relevance, this figure is rendered in a manner that is simple to understand and easy to place into a narrative—much like how Orpen made surgery intelligible in her work at Hill End Hospital. The image ‘*At that time Jesus went*’ (Fig. 15) depicts an Air Raid Precautions Warden checking in on sheltered individuals; his head

¹¹⁰ Orpen, *Meditations with a Pencil*, v.

¹¹¹ Orpen, *Meditations with a Pencil*, v.

is framed by a halo. Orpen's emphasis on the heroism of everyday British individuals is unmistakable.

Started during the Lenten season of 1940 and continued through 1941, the drawings in *Meditations with a Pencil* were created during Orpen's time as a VAD nurse. She writes in the book's foreword that she was nursing soldiers rescued from Dunkirk 'in an evacuated London hospital in the country' while making these daily meditative illustrations.¹¹² In 1942, when Orpen was twenty-eight years old, she moved from the VAD nursing role, during which she only drew in her spare moments, to a full-time artistic position at the reconstructive ward at Hill End Hospital. Art would become her anchor there as well, as it was not only her job but also her way of coping with and describing the daily wartime world around her—a visual practice that is explored further in Chapter Four.

The images that Orpen created in the reconstructive surgery ward between 1942 and 1945 have several similarities to her spiritual drawings in *Meditations with a Pencil*. Orpen described her religious reflections as 'scribbled ... in the backs of drawing books.'¹¹³ And yet these 'scribbled' drawings were published by Sheed and Ward—a Catholic publisher based in New York—who sold her book for \$2.00 in the United States.¹¹⁴ At Hill End Hospital, Orpen's surgical images and personal cartoons were also often 'scribbled' hastily on the pages and in the margins of green leather-bound sketchbooks (Fig. 11) before in some cases being worked up later with pen on loose sheets of paper. Yet because of these quick doodles, Orpen was valued as

¹¹² Orpen, *Meditations with a Pencil*, v.

¹¹³ Orpen, *Meditations with a Pencil*, v.

¹¹⁴ A letter from the publishers alerted Dickie Orpen (by then she was called Mrs. Jack Olivier and based in Nyasaland in Africa) that fourteen copies of *Meditations with a Pencil* had sold from 1 July 1951 to 31 December 1951. She received a royalty rate of .20 and her total royalties for this period of time was £2.80. Unfortunately, Orpen did not keep any other royalty reports from Sheed and Ward in her personal papers. Correspondence from Sheed and Ward to Mrs. Jack Olivier, undated (c. January 1952), from Dickie Orpen's Personal Papers, courtesy of Bill Olivier.

an officially employed medical artist tasked with making drawings for posterity and for future generations of surgeons. Orpen's choice of support and medium—small-scale cheap paper in notebooks and simple pencil—gives the images, like those in *Meditations with a Pencil*—an aura of wartime necessity, spontaneity, and intimacy.

Even before and beyond *Meditations with a Pencil*, Orpen's faith influenced where, when, and why she deployed her artistic talent. A dutiful practice rooted in Orpen's spirituality can be seen within both *Meditations with a Pencil* and in her drawings of reconstructive surgery. This is something that Orpen's son Richard Olivier calls 'a quiet passion': a quality that he said she found necessary to keep humanity present in war, medicine, and art.¹¹⁵ Olivier uses similarly evocative, spiritual language to convey how his mother described her time drawing during World War II. He states that in those several years of artistic and professional development

... she really found herself and found her devotion to her religion.... And she found that in this work in the suffering of the soldiers who'd come back from the front ... something really came together for her at that time ... bombs going off, and she had to get through London to get there [to Hill End Hospital] ... she found something through this vocation of drawing. And drawing something which was around suffering and around reparation ... I think she relished it.¹¹⁶

The word 'reparation' used here could refer not only to surgical repair but also to the word's alternate meaning: to make amends for war damage. Orpen's drawings became her way of contributing to the war effort and, although perhaps she would not have admitted this herself, her work turned her into one of the everyday Christ figures that she drew in *Meditations with a Pencil*. Art became another way of caring, beyond nursing, for broken bodies.

Orpen's dedicated passion for this reparative job is apparent in how she methodically worked her way through the number of surgeries that she was responsible for recording each day.

¹¹⁵ Richard Olivier, telephone interview by the author, London, UK, 5 March 2018.

¹¹⁶ R. Olivier, telephone interview by the author.

Evidence for this intensive amount of labour is found in Orpen’s long patient lists, hundreds of filled sketchbook pages, and her annotations calculating her working hours and overtime—which she listed in the margins or inside covers of several of her sketchbooks. For example, in September 1942 Orpen marked ‘3 ½ hours overtime’ for one week; at the end of May 1943, Orpen did a calculation to arrive at the figure of 52 hours of work; and over a period of two weeks in November 1943, she noted that she had worked a total of 11 ¾ hours overtime.¹¹⁷ Even though these sketchbook annotations and doodles hint at the difficult or exhausting conditions in which she worked, no complaint ever appears. The way that Orpen describes the importance of her artistic practice in *Meditations with a Pencil*, as ‘a personal sheet-anchor,’ echoes the way that her (non-religious) mentor Henry Tonks perceived of art. He called it ‘divine’ and saw it as what Tonks’s biographer Joseph Hone describes as ‘the one really worth while [*sic*], the redeeming, activity of man.’¹¹⁸

This short exploration of Orpen’s Catholic drawings provides the first example of how Orpen’s biography dovetails with her approach to surgical illustration. Going far beyond her Catholicism, this chapter outlines the elements of Orpen’s background that give insight into why and how she became the prolific surgical illustrator that she was. Even though she had a rich wartime output (over nine hundred loose sheet drawings and over a thousand further drawings held in sketchbooks), Orpen has received very little academic attention. This chapter serves, in

¹¹⁷ Dickie Orpen, Sketchbook #3, September 1942, BAPRAS/DSB 3.22, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. Dickie Orpen, Sketchbook #12, 31 May 1943, BAPRAS/DSB 12.22, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. Dickie Orpen, Sketchbook #16, November 1943, BAPRAS/DSB 16.1, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. Further calculations of hours worked and overtime in 1943 are found here: Dickie Orpen, Sketchbook #12, 7 June 1943, BAPRAS/DSB 12.36, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

¹¹⁸ Joseph Hone, *The Life of Henry Tonks* (London: William Heinemann, 1939), 43. In ‘Notes from “Wander-Years,”’ Tonks describes his early experiences in a religious school, where ‘the method of making us love religion was to drive it in by the cane.’ This may explain part of his disdain for religions other than art. Henry Tonks, ‘Notes from “Wander-Years,”’ *Artwork* 5, no. 20 (Winter 1929): 214.

part, as the requisite reconstruction of her life experiences that has heretofore been missing. Some of the reasonings behind and purpose of this particular methodology, influenced by the work of feminist scholars like Norma Broude and Mary Garrard, has already been outlined in this thesis's introduction. While the primary focus is on Dickie's life, historical sources contextualising her experience as a woman and as a surgical illustrator are used throughout. This original biography uses some of Orpen's own writings, interviews with those who knew her, and sources relating to her familial and artistic connections to build up the intertwining stories of her family life, education, and her wartime experience.

As already touched upon, Orpen was strongly influenced by her mentor Henry Tonks and her father William Orpen. They both feature heavily in this chapter, and their artworks and biographies are important for understanding the full context of Orpen's art and life. After piecing together Dickie Orpen's general biography, this chapter explains how she became tied to William Orpen and Henry Tonks artistically through her time as a student at The Slade School of Fine Art. Part Three of this chapter explores how Tonks's teachings influenced both Orpens, particularly in relation to a medically-inspired form of artistic looking. Part Four investigates how the world wars had an impact on the work of Orpen and her mentors, and how the tenets taught by Tonks at the Slade influenced their production during this time. This chapter's examination of Henry Tonks and William Orpen's influences leaves other chapters free to focus on Orpen's oeuvre as a theoretically complex group of works that are a unique representation of a woman penetrating, with her artistic practice, the male-led sphere of plastic surgery.

Part One – Family, Class, and Gender

Diana ‘Dickie’ Evelyn Orpen was born on 24 May 1914 at the Orpen family home in Chelsea. She was the fourth daughter of William Orpen, but she was only the third by his wife Grace Knewstub; he had another daughter, born 1912, by his American mistress Evelyn St George.¹¹⁹ Grace Knewstub was the daughter of a Pre-Raphaelite artist named Walter Knewstub and his model, Emily Renshaw. Revealing the strong art historical connections extant in her family, one of Dickie Orpen’s handwritten notes in her personal papers states that ‘[Walter] Knewstub only had the courage to propose to Emily when [preeminent Pre-Raphaelite painter] Dante Gabriel Rossetti announced (in his cups probably / possibly) that he himself was going to propose to her the next day.’¹²⁰ Grace’s family was therefore already ensconced in the London art world, especially since the Knewstubs ran the Chenil Gallery in Chelsea. But these ties were strengthened further when Grace married the recent Slade School of Fine Art graduate, William Orpen, in 1901.

Dickie Orpen’s Catholicism described thus far is all the more important and influential in her biography because she chose it later in life; the religion was not forced upon her by her family. Her grandmother Emily Renshaw was a devout Catholic convert, and therefore Emily’s children were raised Catholic. *But*, when Emily Renshaw died, Dickie Orpen’s paternal grandfather, Walter Knewstub, made his children drop Catholicism.¹²¹ William Orpen’s family, on the other hand, came from an established ‘privileged class’ in Ireland that adopted English

¹¹⁹ Arnold, *Orpen*, 242.

¹²⁰ Dickie Orpen, notes on her family history, undated, np, from Dickie Orpen’s Personal Papers, courtesy of Bill Olivier.

¹²¹ Orpen, notes on her family history, np.

culture, including Protestantism.¹²² Therefore, both Dickie's mother and father were Protestant as she grew up, at least in name if not in devoted practice.

Art historian, long-term Tate director, and William Orpen's nephew John Rothenstein (1901-1992) writes that even though they were raised in London, William's children, with their signature Orpen red hair, identified as Irish.¹²³ Perhaps it was this strongly felt connection to the Catholic nation of her father's family that helped to prompt Dickie Orpen's conversion to Catholicism as a young adult guided first by a converted history teacher and then by the Catholic writer Caryll Houselander (1901-1954).¹²⁴ Houselander was an English mystic and author (publishing many books with Sheed and Ward) who had several visions that made her believe in the presence of Jesus Christ in everyday people, not just the saints. Houselander most likely shaped Dickie Orpen's strong belief shown in *Meditations with a Pencil* that Christ can be present in everyday people. Orpen met Houselander in the early 1930s, and Orpen became what Houselander termed 'a Rocking Horse Catholic': the opposite of a 'cradle' Catholic, which is a person who has been in the faith since birth.¹²⁵

Dickie Orpen's childhood was a comfortable one, with her father's portraits providing a substantial income for the family. In London, William Orpen gained material achievement and a reputation as one of 'the most successful painters who have ever worked in England—that is to say with Van Dyck, Kneller, Reynolds, Lawrence, and Sargent.'¹²⁶ While there were hard times, especially during the war years (the first few years of Dickie's life), overall the Orpen family was well-off, with the imagery of large, expensive Rolls-Royces recurring in the narratives of

¹²² Cotter, 'William Orpen,' 34. Arnold, *Orpen*, 21.

¹²³ Rothenstein, 'William Orpen,' 214.

¹²⁴ Bill Olivier, telephone interview by the author, London, UK, 27 February 2019.

¹²⁵ Dickie Orpen, 'Rocking Horse Catholic,' undated, np, from Dickie Orpen's Personal Papers, courtesy of Bill Olivier.

¹²⁶ Rothenstein, 'William Orpen,' 212.

William Orpen's career—a type of car owned by both his upper-class clients and by the family itself.¹²⁷ By the late 1920s, William Orpen was bringing in around £40,000 per annum with his portraits alone, equal to about two and a half million pounds today.¹²⁸ William had a studio at South Bolton Gardens in Kensington, but his wife and three daughters lived in a house in Chelsea. Dickie Orpen wrote a poem that conveyed the peaceful yet bustling atmosphere of this home, writing of 'Tea-time and the best arm-chair,' and 'the cursed communal bath.'¹²⁹

But this was a place to which William did not have unfettered access, and he had to write to Grace ahead of time to ask if he needed to sleep at his London club instead of their house when he was in town.¹³⁰ Both the Chelsea home and William's studio feature on Dickie Orpen's Slade School of Fine Art student index card, which lists her address as 11 Royal Hospital Road, SW3, above her father 'Sir W. O.'s studio address, which was 8 South Bolton Gardens, SW5.¹³¹ As the short but apparently strictly guarded distance between these two addresses shows, Grace and William's relationship was under duress, and had been so since before Dickie's birth. When William went away as a war artist in 1917, the damage would be irreparable. In addition to William's American heiress mistress, he had a wartime lover in Paris named Yvonne Aubicq, who he depicted in several of his famous paintings, such as *The Refugee* from 1918. William Orpen's biographer Bruce Arnold writes that when Grace Orpen became Lady Orpen at the end of the war, 'the pretence of normal married life was maintained' but the 'title in a sense

¹²⁷ According to Rothenstein, there were often 'Rolls-Royces waiting beyond the paved forecourt of his magnificent studio in South Bolton Gardens.' Rothenstein, 'William Orpen,' 213. And William Orpen's biographer Bruce Arnold relates a story of the Orpen family lending their own Rolls-Royce to be used by the Red Cross during the war in France and then in Egypt. Arnold, *Orpen*, 299.

¹²⁸ Bruce Arnold includes a useful table in his book that shows Orpen's earnings from 1899 to 1931. These are approximate totals, with the numbers taken from his Studio Book. Arnold, Appendix B in *Orpen*, 433.

¹²⁹ Dickie Orpen, 'Life at Corner House Chelsea 1914-1931,' undated, np, from Dickie Orpen's Personal Papers, courtesy of Bill Olivier.

¹³⁰ Arnold, *Orpen*, 372.

¹³¹ Diana Evelyn Orpen Student Index Card, UCLCA/SA (UCL College Archive / Student Administration), University College, London Special Collections, Archives & Records, London.

emphasises the artificiality, and she seems to have looked upon it as an added protection, giving her certain dignity as a compensation for neglect, and for the very real burden of three children to bring up.’¹³²

In addition to his philandering ways, Orpen had problems with alcohol. In 1910, already established in his career as a portrait painter, he made the work *Self-Portrait (Leading the Life in the West)* (Fig. 16), which, with its bottles lined up against the frame of the mirror, references the alcoholism that would contribute to his death.¹³³ The family kept up appearances, but there was a tremendous strain on the relationships between William and the Orpen women while he was alive. A family story about Dickie’s birth recalls how when Grace heard that her new baby was not a son (something that William wanted fiercely and that Grace felt might save their marriage), she ordered the nurse to get the child out of her sight—until she was softened by a glimpse of the tell-tale tuft of Orpen red hair sticking out from under the baby’s blanket.¹³⁴

It seems that Dickie Orpen was aware of this tension and felt that William always would have preferred her to be a boy. In a short, handwritten memoir piece that she titled ‘Looking for Hidden Treasure,’ Orpen recalls how once her father jokingly chased her around, at six years old, with a knife. When she turned on him with tears in her eyes and called him a ‘bloody butcher,’ William was enraged ‘with this display of feminine weakness’ as well as being displeased about her cursing. The six-year-old Orpen then wrote a letter to her father saying that ‘gentlemen should NOT attack unarmed WIMIN [*sic*]’—a letter that then caused her father to laugh and for

¹³² Arnold, *Orpen*, 370.

¹³³ Michèle Barrett comments that it was widely acknowledged that alcohol had a major influence on William Orpen’s death at 53 in 1931. She also brings up the potential effects of syphilis and the psychological damage done during his time as a war artist in World War I. Michèle Barrett, *Casualty Figures: How Five Men Survived the First World War* (London: Verso, 2007), 9.

¹³⁴ B. Olivier, telephone interview by the author. Arnold, *Orpen*, 372.

the two of them to make up with a ‘loving hug.’¹³⁵ But according to Arnold, who spoke with Dickie as part of his research for his William Orpen biography, she was undeniably aware of her father’s lament that he ‘only had soft daughters.’¹³⁶

While perhaps it was always the case that William Orpen yearned for a son, Dickie Orpen’s older full sisters at least had a more positive and interactive childhood experience with their father than the youngest child did. Both Mary (called Bunny) and Christine (called Kit), born 1902 and 1906 respectively, had years to enjoy with their father before the war and before the worst strain upon his and Grace’s relationship.¹³⁷ These years included idyllic summer holidays in Howth in Ireland, illustrated in drawings like *The Artist’s Wife and Daughter on the Cliff at Howth* (Fig. 17). According to Arnold’s interview, Dickie Orpen could not remember her father coming along on family holidays during her own childhood.¹³⁸ A particularly telling photograph kept in Dickie Orpen’s personal papers shows William holding her as a baby—but his face is turned away and his embrace of the child is distracted (Fig. 18).

The older Orpen daughters, Bunny and Kit, both feature prominently in their father’s paintings and drawings.¹³⁹ Arnold describes the portraits of these two daughters as ‘among the most movingly joyful canvases of [William Orpen’s] whole life’—but there are none to be found of his youngest daughter. Arnold explains the differences between the three daughters’ relationships with their father thus: ‘Mary [Bunny] seems to have been calm and balanced in her attitude towards the growing disaffection of her parents; Kit seems to have been more strongly

¹³⁵ Dickie Orpen, ‘Looking for Hidden Treasure,’ undated, np, from Dickie Orpen’s Personal Papers, courtesy of Bill Olivier.

¹³⁶ Arnold, *Orpen*, 372.

¹³⁷ Arnold, *Orpen*, 189.

¹³⁸ Arnold, *Orpen*, 373.

¹³⁹ A portrait of Christine (Kit) Orpen: William Orpen, *Portrait of Kit*, 1912, oil on panel, private collection. A portrait of Mary (Bunny) Orpen with her mother Grace: William Orpen, *The Artist’s Wife and Daughter on the Cliff at Howth*, c. 1910-1912, pencil and watercolour on off-white paper, Stephen Ongpin Fine Art (Fig. 17).

disposed towards her father; Diana [Dickie] was more exclusively involved with her mother.’¹⁴⁰ Arnold also writes of Dickie as the daughter ‘who suffered most ... Almost from birth she had been deprived of her father’s presence. For months in 1914 he was away, and again in 1915, and even during those summers, the last in Ireland, a busy round of picnics and parties left little time for the much younger child, who was cared for by a nurse or by one of her sisters.’¹⁴¹ The dearth of paintings and drawings depicting William’s youngest daughter is made more glaringly obvious by the existence of an oil portrait and several drawings by William Orpen of Vivien St George, his daughter by his American mistress.¹⁴²

Even though Dickie Orpen’s parents had a strained relationship by the time she was born, and she mostly dealt with her mother, William paid for Dickie’s lifestyle and education. She attended boarding school, trained at the Slade as a teenager, and she also went to the Byam Shaw School of Art and to the Westminster Technical College for a short time.¹⁴³ During her years at the Byam Shaw School—which is now closed but which operated until 2003 in Kensington—she observed and drew hop pickers working in Kent.¹⁴⁴ Forty-two pencil drawings from 1937 of

¹⁴⁰ Arnold, *Orpen*, 372-73.

¹⁴¹ Arnold, *Orpen*, 372.

¹⁴² The oil painting of Vivien St George was sold by Sotheby’s for £134,500 in 2014. ‘Sir William Orpen, R. W. S., N. E. A. C., R. A., R. H. A., PORTRAIT OF VIVIEN ST GEORGE,’ Sotheby’s, last modified 10 December 2014, accessed 19 February 2020, <https://www.sothebys.com/en/auctions/ecatalogue/2014/british-irish-art-114133/lot.106.html?locale=en>.

¹⁴³ The archives of the Byam Shaw School, which are currently held at the Archives of Central Saint Martins, confirm that Orpen was a student there at least for the following terms: Autumn 1932, Spring 1933, Summer 1933, Autumn 1933, Spring 1934, Spring 1935, and Autumn 1935. These archives are not complete and therefore do not confirm that she was there in 1937, although her own written word and the hop picker drawings held at Canterbury Museums & Galleries assert that Orpen was also studying at Byam Shaw that year. Unnumbered pages from the Byam Shaw Archive at Central Saint Martins Museum & Study Collection, uncatalogued archive, courtesy of Sarah Campbell. In a handwritten piece about Caryl Houselander, Orpen mentions that she met her friend while they were both studying wood carving at the Westminster Technical Institute. It is mostly likely that she meant Westminster Technical *College*. Orpen, ‘Rocking Horse Catholic,’ np.

¹⁴⁴ Charming, informative, and evocative videos of hop pickers, from 1929 and 1957, respectively, can be found on the British Film Institute’s YouTube page and British Pathé’s YouTube page. ‘Hop Picking in Kent (1929),’ video, *YouTube*, posted by British Film Institute, 17 March 2010, accessed 28 March 2020, <https://www.youtube.com/watch?v=miRaKUqqfqc>. ‘Hop Pickers (1957),’ video, *YouTube*, posted by British Pathé, 13 April 2014, accessed 28 March 2020, <https://www.youtube.com/watch?v=ZEaj3pXRR2s>.

these East Londoner and Roma seasonal workers are now held at the Canterbury Museums & Galleries (Fig. 19 and Fig. 20). There was one large watercolour that resulted from this artistic adventure, which apparently sold at an exhibition to a private collector.¹⁴⁵

Orpen typed up memories from her ‘hop-picking saga’ that are now held alongside the drawings in the museum’s archives. She wanted the hop pickers to serve as her muses for her entry to the Prix-de-Rome Mural Painting Scholarship, which that year required students to make decorations for a restaurant wall. Orpen writes: ‘I was a student at the Byam-Shaw school [*sic*] and my plan was to design related panels such as cornfields and a bakery; hop-picking and a brewery, trawlermen and fishmongers slabs.’¹⁴⁶ I have not yet found evidence of this mural ever existing. She described the air of danger involved in this drawing-from-life project. She was looked at askance for not bringing a horse or a gun into the hop field to protect her while sketching the pickers, who were often migrants or of a lower socioeconomic status. But the reality was much more affectionate and optimistic:

The pickers were all from London and nearly all of them from Hoxton—still in those days, the residential area for pickpockets and they nearly killed me with kindness. I could only draw with great difficulty as the press of spectators pinned my arms to my sides. They insisted on arranging who I should draw; hence “The two wust [*sic*] boys in Hoxton”—both very stiff and proud and self-conscious ... The generosity was overwhelming and I was often offered a share [of stew] but had to lie a lot when the smell became too pungent to be born!¹⁴⁷

In this piece of writing, Orpen speaks of the poverty and misinformation that these people faced. Once after telling a young boy not to ‘joggle’ the baby brother that he was holding, Orpen became ‘a medicine woman and embarrassingly famous so that I was asked to treat all manner of

¹⁴⁵ A typewritten note by Orpen states that the watercolour had sold in 1935 or 1936, but this information is suspect, as she only observed the hop pickers in 1937. Diana ‘Dickie’ Orpen, correspondence to Kenneth Reddie, 12 December 1990, CANCM: 1990.67.1-42, Canterbury Museums & Galleries.

¹⁴⁶ Diana ‘Dickie’ Orpen, ‘HOP PICKING – KENT – 1937,’ 1990, 1. CANCM: 1990.67.1-42, Canterbury Museums & Galleries.

¹⁴⁷ Orpen, ‘HOP PICKING,’ 1.

ailments, and confronted with spots and indigestion, grandma's hammer toe and what would be best for Ernies [*sic*] piles?'¹⁴⁸ She therefore became someone seen to have medical knowledge as well as artistic skill—before she was a VAD nurse sketching *Meditations with a Pencil* in 1940 and before she became a surgical illustrator in 1942. While many of the portraits and scenes of hop pickers are similar in style to her work from the 1940s, her artistic skill clearly developed between these 1937 drawings and her Hill End Hospital work. But the kernel of aptitude for quick and precise artistic observation is obvious in these images of migratory workers.

After her years at Hill End Hospital, on 6 October 1945 Orpen wed Lieutenant-Colonel Sidney John (Jack) Olivier.¹⁴⁹ The engagement between Orpen and Olivier was only announced on 15 September 1945, just after the end of the war and three weeks before the ceremony.¹⁵⁰ After the war, Olivier was employed as a district and then provincial commissioner in Nyasaland (now Malawi), and Orpen continued to sketch and draw her family and her surroundings when she moved to Africa with her husband. However, later in life, she told her three children (Elizabeth, Bill, and Richard) that she had always seen having a family as an interlude in her artistic career; she thought that she lost the great progress that she had made while drawing every day during the war. According to Bill, she also turned down an offer to teach surgical art after the war, because if she had taken the opportunity at thirty-one years old, she would have missed her chance to have a family.¹⁵¹ Found in Orpen's personal papers is a postcard to Orpen from Caryll Houselander, dated 8 January 1953. In this postcard Houselander urges Orpen to come home to England from Nyasaland soon, and to 'remember, your children are your first

¹⁴⁸ Orpen, 'HOP PICKING,' 2-3.

¹⁴⁹ 'Marriages,' *The Times* (London), 12 October 1945, 1.

¹⁵⁰ 'Forthcoming Marriages,' *The Times* (London), 15 September 1945, 6.

¹⁵¹ B. Olivier, telephone interview by the author.

responsibility' (underline included in the original).¹⁵² These were the expectations for women at this time; it was understood and assumed that Orpen's personal and professional happiness or progress would be put on hold in order to get married and to raise children. This was the worst-case scenario against which Henry Tonks warned his female students at the Slade. He described the reasons for the artistic disappointment of one promising young female student thus: 'She became a Roman Catholic and has now a quantity of children.'¹⁵³ Orpen did the same, and her religion, marriage, and children meant that she no longer felt that she could work as a professional artist.

Orpen, her husband, and her three children moved back to England in 1954 and she fell into the footsteps of both her father and her Slade Professor by teaching art. She did so on a volunteer basis at Silverwood, a residential home in Cobham, Surrey for people with polio.¹⁵⁴ She came out of medical illustration retirement briefly in the late 1970s to draw for a book by one of the surgeons who had worked with her at Hill End Hospital: John Barron. Barron and his co-author Magdy Saad published the three volumes of their book *Operative and Reconstructive Surgery* in 1980, thanking Orpen (under the name "Dickie" Olivier) for her 'lavish' contribution to their publication.¹⁵⁵ In an interview, Saad revealed that Orpen had had to redo at least one fifth of the drawings in the book by the other contributing artists, as none of those illustrators were quite up to her level.¹⁵⁶

¹⁵² Caryll Houselander, postcard to Dickie Orpen, 8 January 1953, from Dickie Orpen's Personal Papers, courtesy of Bill Olivier.

¹⁵³ Hone, *The Life of Henry Tonks*, 44-45.

¹⁵⁴ The Silverwood home for polio victims is no longer in operation, and there is not much evidence for its existence. However, it is mentioned several times in British Polio's official magazine *The Bulletin*. Bob Stephens, 'Branch and Regional News: Worthing and Sussex,' *The Bulletin: The Official Magazine of The British Polio Fellowship*, November / December 2015, 62. Dickie Orpen's work at Silverwood is briefly mentioned in the catalogue pamphlet for the 2008 exhibition of Orpen's surgical drawings. Woodcraft, Morgan, and Eames, *Dickie Orpen*, 2.

¹⁵⁵ Barron and Saad, *Operative Plastic and Reconstructive Surgery*, 1: np.

¹⁵⁶ Magdy N. Saad, telephone interview with the author, London, UK, 12 November 2017.

Orpen spent much of her later life in Gloucestershire, and she died on 2 January 2008. The artist file held at the Canterbury Museum notes that she ‘died peacefully at Stroud Hospital, Gloucestershire, aged 93.’ She is buried next to her husband Jack at St James’s Church in Shaftesbury.¹⁵⁷ Sadly, her death occurred just ten months before the only official exhibition of her drawings, *Dickie Orpen, Surgeons’ Artist*, opened at the Camberwell College of Arts.

Part Two – Henry, William, and Dickie

Previous discussions of Dickie Orpen’s artistic and surgical career have been primarily found in research on either a male plastic surgeon (like Rainsford Mowlem) or one of the two male artists most intimately connected to her: her father William Orpen and her tutor Henry Tonks. Knowing about a woman’s work through the biography of her male family members and mentors is typical of female artists throughout art history.¹⁵⁸ Dickie Orpen’s work is worthy of study outside of its connection to these two famous men, but they did help to lead her to the work that she did during the war. She was familiar with the art world because of her father and her family, and it was because of her father’s artistic connections that Dickie Orpen was able to join Tonks’s Slade class for his final year of teaching. This Slade experience was a vital turning point for her artistic career and her previously strained relationship with her father; it also directly caused her eventual involvement in wartime plastic surgery.

The teachings and career of Henry Tonks were influential to both Orpens, as he taught them at the Slade: William was there from 1897 to 1899 and Dickie in 1929 and 1930. Tonks was close to both of them, sitting at William’s sick bed and confiding to Dickie about his war

¹⁵⁷ Artist file, CANCM: 1990.67.1-42, Canterbury Museums & Galleries.

¹⁵⁸ Many art historians point this out, but one example can be found in Kristen Fredrickson’s introduction, cited and discussed in the introduction of this thesis. Frederickson, ‘Introduction: Histories, Silences, and Stories,’ 1-20.

work in his later years.¹⁵⁹ Both Orpens clearly loved Tonks, and Dickie Orpen states that ‘One of the last letters my father wrote was to thank Tonks for all he had done for me, “She is under your feet in devotion, as much as I was thirty years ago and am at this moment.”’¹⁶⁰ While this thesis avoids discussing Orpen and her art purely in relation to these two men, as explained in the introduction, there are several key connections between William Orpen’s and Henry Tonks’s artistic styles and experiences and Dickie Orpen’s work.

Dickie Orpen’s artistic training and augural relationship with Tonks almost did not happen because of the restrictions placed on her as a woman in the Orpen family. William was strict with his daughters and their creative endeavours; he saw women’s art as a subpar practice. Perhaps if Dickie had been a son, as he and Grace clearly wanted, William would have encouraged that son to pursue an artistic education. But he did not do so with his four daughters. He explicitly banned them from being artists, as there was already, as he said, ‘one damn good artist and no bloody amateurs’ in the family.¹⁶¹ This may have been more a point of personal prejudice rather than a familial rule or tradition, as both of William’s parents had been amateur artists.¹⁶² Perhaps he took pride in breaking the mould and being ‘better’ as an artist—i.e. more professional and financially successful—than his parents.

This quotation from William reveals the bias against women artists that carried well into the twentieth century in Britain. His statement also forces, within the familial history of Dickie Orpen, an examination of the loaded and gendered term ‘amateur.’ Historically, besides

¹⁵⁹ [William] Orpen’s end was very sad and in a sense complicated. I knew he must die, but hardly expected it so soon. His sense of gratitude was very great. He seemed as if he could not thank me enough for what I did for him...’ Henry Tonks in a letter to Sir Augustus Daniel, 5 October 1931, quoted in Hone, *The Life of Henry Tonks*, 240. As discussed later in this chapter, Dickie Orpen wrote that Tonks told her that his World War I drawings of facial injury were the only works of which he was not ‘ashamed.’ Orpen, ‘Dickie Orpen on Henry Tonks,’ 5.

¹⁶⁰ Orpen, ‘Dickie Orpen on Henry Tonks,’ 4.

¹⁶¹ Orpen, ‘Looking for Hidden Treasure,’ np. Meikle, *Reconstructing Faces*, 171.

¹⁶² John Turpin, ‘William Orpen as Student and Teacher,’ *Studies: An Irish Quarterly Review* 68, no. 271 (Autumn 1979): 173. Barrow, William Orpen, 148.

exceptions like the founding member of the Royal Academy of Art (RA) Angelica Kauffman, women in Britain were largely left out of institutional training and therefore excluded from becoming wealthy and esteemed artists. On the other hand, men could pursue an artistic education that had the potential to turn into a profitable and respectable profession. As noted by art historian Ann Bermingham, the ‘professionalism of art practice’ that was expected by bodies such as the RA (of which William Orpen was an Associate from 1910 and then full Academician from 1919) de facto blocked women from its ranks—although they have always participated in large numbers in the RA’s more open Summer Exhibition.¹⁶³ After eighteenth-century founding members Angelica Kauffman and Mary Moser, there would not be another woman Academician of the RA—that major marker of British professionalism in art—until 1922.

Art historian Kim Sloan outlines much of these historical tensions between men and women in Britain in the seventeenth and eighteenth centuries; she writes that by 1770, ‘Men followed a “pursuit”—a profession, employment or recreation, this last word bearing the root “create,” which was associated with genius and invention. Women, on the other hand, undertook “amusements,” pleasant diversions from serious business, ways of passing time.’¹⁶⁴ Josephine Withers also stated this in 1976: that for women art was seen as a time-passing ‘diversion,’ one that is ‘not unlike the gimp bracelets and leather bookmarkers that children are asked to manufacture in endless variety to keep them quiet on a rainy day at camp.’¹⁶⁵ The women and societies that Sloan and Withers describe are those of the upper classes and aristocracy. William

¹⁶³ Ann Bermingham, *Learning to Draw: Studies in the Cultural History of a Polite and Useful Art* (New Haven, CT: Yale University Press, 2000), 224. Turpin, ‘William Orpen as Student and Teacher,’ 182. Paris Spies-Gans points to the fact that the Royal Academy in London exhibited more women at their Summer Exhibition than the Salon did in Paris. Paris Amanda Spies-Gans, ‘Exceptional but Not Exceptions: Public Exhibitions and the Woman Artist in London and Paris, 1760-1830,’ *Eighteenth-Century Studies* 51, no. 4 (Summer 2018): 409.

¹⁶⁴ Kim Sloan, *A Noble Art’: Amateur Artists and Drawing Masters, c. 1600-1800* (London: British Museum Press, 2000), 214.

¹⁶⁵ Josephine Withers, ‘Artistic Women and Women Artists,’ *Art Journal* 35, no. 4 (Summer 1976): 330.

Orpen seems to have been carrying on the old-fashioned biases typical of those of his class and status in a way that justified him barring his daughters from making art, for fear of the seemingly inevitable trap that they would remain dallying, as he termed it, ‘bloody amateur,’ women artists making decorative, or derivative, work.

However, in 1929 William Orpen discovered that his youngest daughter was drawing behind his back while away at boarding school. Prior to this, Grace Orpen had helped to keep this secret from William whenever her youngest daughter was home from school. At fifteen, Dickie Orpen accidentally left her artwork that she had been showing her mother out on a table in the house on Royal Hospital Road while she rushed off to see her sister Kit in a theatre production at the Lyric Hammersmith; she did not expect her father to drop by the Chelsea house.¹⁶⁶ In ‘Looking for Hidden Treasure,’ Orpen relates the tense moment of discovery:

Oh horror! I’d forgotten to hide the drawings I’d brought from school to show my Mother. I peeped into the dining room—they weren’t there—so hoping my Mamma ... hid them I shot upstairs to bathe and change. Just in time for dinner. My father said nothing so I thought all was well until as the others rose to go into the drawing room for coffee Daddy said ‘stay’ to me. Then [he] said get the parlour maid to put on her hat + coat. Now bring me some writing paper. Still no explanation, silence—Until Frances the maid appeared in a round felt hat + she was handed a letter and—from the Welsh dresser my roll of drawings—and told to take them round to Professor Tonks’s house in the Vale and wait for an answer. Still no explanation. Pa had a whiskey and I had a ginger ale. Finally Frances came back with the Professor’s answer.¹⁶⁷

The drive to and from these two Chelsea addresses (11 Royal Hospital Road and Tonks’s studio at 1 The Vale) would today take less than twenty minutes in total; but this must have been a stressful and interminable amount of time for Dickie Orpen to wait to see if her father was disappointed, angry, or both. When the Professor’s response arrived, William smiled at the reply, which was ‘send her to the Slade on Monday.’¹⁶⁸ Unexpectedly, William was not upset by his

¹⁶⁶ Orpen, ‘Looking for Hidden Treasure,’ np.

¹⁶⁷ Orpen, ‘Looking for Hidden Treasure,’ np.

¹⁶⁸ Orpen, ‘Looking for Hidden Treasure,’ np.

daughter's breaking of his household rules, but rather he was pleased with her skill level and Tonks's approval. She therefore had a chance to train with Tonks for his last few terms at the Slade before then returning to her boarding school.

Dickie Orpen is not officially listed on the registry record in the Slade archives, which suggests that the agreement between William Orpen and Henry Tonks was a fairly informal one that allowed for the artistic training of the daughter of a friend and former student. However, there does exist a student index card with Dickie Orpen's address (and her father's) as well as her entry date (1929-30) and her date of birth (24.5.14).¹⁶⁹ Her signatures are also found in the Slade sign-in books, her 'D. E. ORPEN' written in block capitals in thick black pen (Fig. 21). The first entry, with ink smudged perhaps as Orpen drew her hand upward in haste, appears on the 'LADIES' page for January 14th, 1930, several months after she started at the Slade in 1929. She continues to sign herself in four or five days a week until her signature last appears on June 26th, 1930.¹⁷⁰ She described her two terms at the Slade as 'a taste of Ambrosia,' her word choice evidencing the freeing joy that she felt about having the opportunity to study there.¹⁷¹

She became close to Tonks during this time, even though when writing about him much later in life, Orpen states that his 'disapproval reaches me even now,' and that his approach to 'Art (and Medicine) demands such stringent standards and unwavering humility.'¹⁷² Orpen relates that even after she left the Slade and was studying at the Byam Shaw School, Tonks would invite her to 'take a dish of tea at 4 o'clock and bring my work,' during which, for Orpen, 'terror and pleasure always mixed.'¹⁷³ This may have been the practice that Tonks's other

¹⁶⁹ Diana Evelyn Orpen Student Index Card, UCLCA/SA, University College, London Special Collections, Archives & Records, London.

¹⁷⁰ Slade Signing-in Book 1929-31, UCLCA/4/1, University College, London Special Collections, Archives & Records, London.

¹⁷¹ Orpen, 'Dickie Orpen on Henry Tonks,' 4.

¹⁷² Orpen, 'Dickie Orpen on Henry Tonks,' 4.

¹⁷³ Orpen, 'Dickie Orpen on Henry Tonks,' 4.

student from the 1920s, Helen Lessore, described as being ‘about an hour after his lunch ... students who wanted a thorough criticism could sit outside his room with batches of work and be called in one after another, as at a doctor’s surgery.’¹⁷⁴ It may also be part of what former Slade Archivist Stephen Chaplin mentions, where ‘students wrote to him, arrived on his doorstep in Chelsea for tea.’¹⁷⁵ Even though Tonks seems to have had other students over for tea and critiques, and even with the ‘disapproval’ that she sometimes felt, Dickie Orpen had a special friendship with the Slade Professor. In 1986, plastic surgeon J. P. Bennett sent his article ‘Henry Tonks and His Contemporaries’ to Dickie Orpen’s address in Dorset.¹⁷⁶ He included with it a note reading ‘I offer with some humility, my article on Tonks and would be interested to know if I have got anywhere near the mark in describing his character.’¹⁷⁷ Almost fifty years after Tonks’s death, Bennett considered Orpen to be someone with a deep understanding of who Tonks was as a person. Orpen kept Bennett’s article, and his letter, in her personal papers until she died. It is these pieces of evidence, as well as the stylistic continuities to be described in this chapter, that underscore the importance of Orpen’s relationship with Tonks and that allow for a greater weight to be placed on Orpen’s education at the Slade rather than on her experience at other art schools.

Shortly before his death, in 1936, Tonks confided to Dickie that his First World War pastel portraits of facial injury and repair were the only drawings in his life of which he was ‘not ashamed.’¹⁷⁸ This further confirms that the two were close after Dickie trained at the Slade as a teenager. She finally was able to view Tonks’s World War I works, which she had ‘longed to

¹⁷⁴ Helen Lessore, ‘Henry Tonks: as I remember him, in his setting—the Slade,’ in *Henry Tonks and the ‘Art of Pure Drawing’*, ed. Lynda Morris (Halesworth, Suffolk: Halesworth Press, 1985), 9.

¹⁷⁵ Chaplin, ‘Slade Archive Reader,’ 2: 178-79.

¹⁷⁶ Bennett, ‘Henry Tonks and His Contemporaries.’

¹⁷⁷ Correspondence from J. P. Bennett to Dickie Orpen, 24 April 1986, np, from Dickie Orpen’s Personal Papers, courtesy of Bill Olivier.

¹⁷⁸ Orpen, ‘Dickie Orpen on Henry Tonks,’ 5.

see,' in 1939. Upon seeing Tonks's pastels, she was 'overwhelmed' by the drawings, what she called their 'enormous urgency, directness and speed,' and a 'vigour and veracity' that can 'catch the very nature of the injuries and not only of the injuries themselves but also of the damage done to the person.'¹⁷⁹

Hearing Tonks say that these were the works of which he was most proud must have had an enormous effect on the adoring pupil. Perhaps Orpen wanted a similar feeling—a feeling of accomplishment and artistic, as well as moral and perhaps spiritual, purpose during the war. Her conversations with Tonks about these works, and the images themselves, must have been in her head as the Second World War began and she was nursing men with all sorts of injuries, including facial. In 1942, after her experience with Dunkirk evacuees, she wrote to the surgeon Gillies asking if she could help the war effort with drawings like those that her tutor had done. This letter was passed on to Gillies's colleague Rainsford Mowlem, surgeon at Hill End Hospital, who then employed her.¹⁸⁰

It was her artistic training with Henry Tonks that finally bridged the gap of estrangement between Dickie Orpen and her father. Arnold mentions the pride that William felt when his youngest daughter became one of Tonks's students, but the biographer does not do justice to the close relationship that the father and daughter had towards the end of William's life. William had an immense amount of respect for his old Slade tutor, so Tonks's approval was key to building up the weak connection between father and daughter. It is believed by Dickie's son Bill that once William discovered that Dickie could draw, she became something of an 'honorary son.'¹⁸¹ This is corroborated by William's relaxation of his rule against his daughters being artists; he let

¹⁷⁹ Orpen, 'Dickie Orpen on Henry Tonks,' 5.

¹⁸⁰ Eames, 'Ahead of the Game,' 2.

¹⁸¹ B. Olivier, telephone interview by the author.

Dickie go to the Slade as if she were a son. When it was agreed that she could study under Tonks, her father insisted that she must ‘work like a man’ at the Slade.¹⁸² With all of these mentions of masculinity, or honorary masculinity, it seems that William Orpen could not marry his conception of a *daughter* with his idea of non-amateur artistry—he had to frame his youngest child’s Slade experience through a male lens.

Perhaps William Orpen urged his daughter to ‘work like a man’ because he had experienced how Tonks, in the words of artist Thomas Monnington (1902-1976), ‘had no patience with people who were not profoundly attacking their job and interested in their work’; this was perceived as a particular problem with women students.¹⁸³ Since the late nineteenth century, there was a sense among the staff at the Slade that women enrolled at the school were less serious, even though they won prizes and scholarships and were some of the best students.¹⁸⁴ Lessore also states that Tonks told her that women made better tutees, because they were ‘clever and did what you told them, whereas the men might argue and want to try things out in different ways, but it was they [the men] who did better after leaving’—these men assumedly ‘did better’ because their gender afforded them more opportunities and fewer societal and professional restraints.¹⁸⁵ Chaplin details several of the more misogynistic attitudes that Tonks had toward women, some of them more harmful than others. Chaplin hints at how Tonks’s bad behaviour towards women could have been picked up from surgical wards, a type of medical machismo that is touched upon in Chapter Two and Chapter Four.¹⁸⁶ Dickie Orpen was aware of Tonks’s

¹⁸² Orpen, ‘Looking for Hidden Treasure,’ np.

¹⁸³ Sir Thomas Monnington, PPRA, interview by Andrew Brighton, in Morris, *Henry Tonks and the ‘Art of Pure Drawing’* (Halesworth, Suffolk: Halesworth Press, 1985), 15.

¹⁸⁴ Emma Chambers, ‘The Cultivation of Mind and Hand: Teaching Art at the Slade School of Fine Art 1868-92,’ in *Governing Cultures: Art Institutions in Victorian London*, ed. Paul Barlow and Colin Trodd (London: Routledge, 2000), 106.

¹⁸⁵ Lessore, ‘Henry Tonks,’ 10.

¹⁸⁶ For example, Chaplin writes that Tonks’s biographer Joseph Hone—not a particular feminist himself—hesitated to write about Tonks because of what he had heard about his treatment of women. There are several stories of Tonks

well-documented prejudices against marriage and Catholicism—the two things that could jeopardise the success of a woman artist. In her short essay on her Slade tutor, Orpen writes: ‘His dictum re women and marriage was “Women particularly cannot serve two masters; the baby and their soul or spirit, or if you like it, I can call it their art” ... his conviction being that marriage, motherhood, and Catholicism were the things that ruined female students.’¹⁸⁷ But Tonks, according to Orpen, was ‘enormously patient’ with her and called her ‘the Orpen child’; their sustained friendship suggests that for her he overlooked some of his distaste for women artists becoming Catholic and looking to become mothers.¹⁸⁸ Here, and perhaps also in the World War II surgical ward, Dickie Orpen’s socioeconomic status and connections may have shielded her from some of the more unsavoury parts of being a woman working in a male sphere.

Stories about Tonks’s teaching style might lead one to assume that he was a humourless, intimidating man. He was certainly severe, but his tough austerity belied a love of jokes. In an obituary, Tonks’s friend—the artist, critic, and writer D. S. MacColl (1859-1948)—describes him in a convivial setting, with his attitude ‘tempered by laughter or a sudden wintry smile.’¹⁸⁹ Tonks also showed this humour occasionally while teaching at the Slade; the successor of Tonks’s Slade Professorship Randolph Schwabe (1885-1948) remarked that even though Tonks could be difficult and sarcastic, ‘he had wit, and amused us. Undoubtedly he spurred most of us

making woman students weep. Chaplin also hints that there was sometimes a lack of academic attentiveness towards women as well as some inappropriate sexual attentions from Tonks. Chaplin writes, ‘However, no parent complained, no deputations were ever made ... The best way for a woman with Tonks was to be well connected, and to munch the apple or eat the bun to his face, keeping eye contact. And of course to be “attractive”; or, indeed too “unattractive” for him to see you; or, in fairness, to be an ace drawer. But not Pre Raphaelite and pretty and droopy.’ Chaplin, ‘Slade Archive Reader,’ 2:7.

¹⁸⁷ Orpen, ‘Dickie Orpen on Henry Tonks,’ 5.

¹⁸⁸ Orpen, ‘Dickie Orpen on Henry Tonks,’ 4.

¹⁸⁹ D. S. MacColl, ‘Professor Henry Tonks,’ *The Burlington Magazine for Connoisseurs* 70, no. 407 (February 1937): 94.

on.’¹⁹⁰ Chapter Four describes Dickie Orpen’s love of a clever sense of humour, so perhaps this was one of the reasons that Orpen found herself drawn to Tonks’s personality.

When William died in 1931, only two years after Dickie Orpen became Tonks’s pupil, the relationship between father and daughter had moved from near estrangement to a tight connection. While not a definite marker of closeness, Orpen inherited several pieces of her father’s work when he died. In 1961 she, alongside her sister Christine (Kit), bequeathed ten of William Orpen’s oil on canvas works to the Royal Academy.¹⁹¹ She had one of his World War I paintings, *Zonnebeke* (Fig. 22), which she gave to the Tate in 2001.¹⁹² She also loaned ten of William’s works (mostly drawings) to the centenary exhibition at the National Gallery of Ireland in 1978.¹⁹³ The folder of press clippings in her personal papers is filled with news about exhibitions of William Orpen’s work and reviews of Bruce Arnold’s biography of him. William’s death greatly affected Dickie, as it may not have if her drawings had not been discovered and she had not become William’s artistically gifted ‘honorary son’ who trained with Tonks at the Slade. Dickie Orpen described how she felt after her father’s death to her son Bill (whose own name obviously comes from that of his maternal grandfather). She said that when her father died, it was as if a tree that she had been living in had been cut down from under her without warning. According to family lore, the grief of her father’s death was a direct cause of Dickie taking up both smoking and Catholicism.¹⁹⁴

¹⁹⁰ Schwabe, ‘Three Teachers,’ 145.

¹⁹¹ ‘Mrs D. Olivier,’ Royal Academy of the Arts, accessed 26 March 2020, <https://www.royalacademy.org.uk/art-artists/name/mrs-d-olivier>.

¹⁹² Robert Upstone, ‘“Zonnebeke,” Sir William Orpen, 1918,’ Tate Art & Artists, last modified February 2002, accessed 13 February 2019, <https://www.tate.org.uk/art/artworks/orpen-zonnebeke-t07694>.

¹⁹³ White, *William Orpen*, 5, 89.

¹⁹⁴ There was a history teacher at Dickie Orpen’s school who took her under her wing after William Orpen died. That teacher was a Catholic convert and influenced Dickie Orpen’s faith. B. Olivier, telephone interview with the author.

Part Three – Beauty in Truth, Drawing from Life, and Anatomical Knowledge

The similarities between Dickie Orpen and Henry Tonks's war work in terms of context and subject matter is quite obvious, as both drew portraits and diagrams of wartime facial injuries and plastic surgery. Tonks drew many powerful pastel portraits of facially injured servicemen (Fig. 4 and Fig. 23) for the pioneering plastic surgeon Harold Gillies. These images were originally meant to serve a purpose similar to Orpen's own pencil and pen drawings, but they are now relatively famous and have taken on much further theoretical and cultural meaning in the hundred years since their creation. Tonks's pastel portraits have a clearer psychological depth to them than Orpen's images, but both oeuvres documented the innovative surgeries at the time and helped with medical pedagogy.

But there are also direct correlations between Tonks's art and teachings and William Orpen's work; Tonks, therefore, ties the artistic styles and production of both father and daughter together. Tonks's influence as tutor and Professor at the Slade is not disputed; in *Modern English Painters* (1952), Rothenstein writes that after abandoning surgery, Tonks became 'a teacher of drawing—the most inspiring and influential, in fact, of his generation. This alone would entitle him to a place in the history of English art.'¹⁹⁵ Dickie Orpen's artistic connection to her father is perhaps tenuous without Tonks as the bridge between them, but there are key similarities between both Orpens' oeuvres—related to the human body and to war—of which to make note. Overall, Tonks remains the creative and stylistic link between the two Orpens, as they both took pointers from him in subject and in artistic process that served them well in their work. This section focuses on several main teachings of the Slade that were of particular importance to Tonks—truth in art, drawing from life, and anatomical knowledge—and how these skill sets and

¹⁹⁵ John Rothenstein, 'Henry Tonks, 1862-1937' in *Modern English Painters: Sickert to Smith* (London: Eyre & Spottiswoode, 1952), 85.

interests influenced the creative production of all three artists, particularly in the context of fostering a type of artistic gaze that drew on a medical and diagnostic way of looking.

Tonks himself did not write explicitly about his teaching principles, but luckily many students have reflected upon their time at the Slade under Tonks's tutelage.¹⁹⁶ A large number of these are summarised in three publications: Stephen Chaplin's Slade compendium (1998), *Henry Tonks and the 'Art of Pure Drawing'* (1985), edited by Lynda Morris, and John Fothergill's 'The Principles of Teaching Drawing at the Slade School' (1907).¹⁹⁷ One of Tonks's teachings that is stressed in his students' accounts is the importance of truth in artistic representation. During Tonks's tenure at the Slade, truth was the most important goal in drawing and painting—according to him, beauty would follow once a visual verity was obtained. Lessore writes that this pursuit of truth in drawing took on a 'moral' impetus for Tonks. She relates that Tonks, above all, favoured 'an objective approach to the external world'—something necessary when tasked with creating surgical or anatomical images, as he and both Orpens did.¹⁹⁸ Furthermore, both Tonks and Dickie Orpen were asked to illustrate textbooks, a practice even more dependent on the image being a truthful form of visual research.¹⁹⁹

Fothergill, who attended the Slade in the last years of the nineteenth century, stated that the only type of drawing that could be thought of as 'beautiful' at the Slade was that which could qualify as 'research' of nature.²⁰⁰ This word, of course, has scientific connotations. During the

¹⁹⁶ An interview with former Slade student Rodney Burn quoted in Lynda Morris's *Henry Tonks* publication states that Tonks had in fact written down his teaching precepts for drawing, but that Thomas Monnington had told him that they were incomprehensible and better off unpublished. Morris, ed., *Henry Tonks*, 28.

¹⁹⁷ Chaplin, 'Slade Archive Reader,' 2: 134-7. Morris, ed., *Henry Tonks*. John Fothergill, 'The Principles of Teaching Drawing at the Slade School,' in *The Slade: A Collection of Drawings and Some Pictures Done by Past and Present Students of the London Slade School of Art, MDCCCXCIII-MDCCCXVII* (London: R. Clay and Sons, 1907): 31-47.

¹⁹⁸ Lessore, 'Henry Tonks,' 8.

¹⁹⁹ Tonks helped to illustrate: H. D. Gillies, *Plastic Surgery of the Face* (London: Oxford University Press, 1920). Orpen's contribution to the textbooks of John Barron and Magdy Saad has already been referenced several times.

²⁰⁰ Fothergill, 'The Principles of Teaching Drawing at the Slade School,' 34.

First World War, Tonks applied his artistic and surgical skills to produce visual ‘research’ of facial injury and reconstruction. Perhaps this is why he told Dickie Orpen that his facial injury portraits were the best of his career, because they were made within the context of medical research and therefore were the most truthful and beautiful works that he ever made. William Orpen also created ‘research’ works with his anatomical studies for teaching (discussed later), and Dickie Orpen did so with her Second World War surgical drawings and even with some of her other works, like her immersive visual study of Kentish hop pickers.

Tonks’s focus on the truth of the sitter—whether that be the accurate representation of their physical, surface attributes or an honest depiction of their internal psychology—was partially based in his experience of medicine. In ‘Notes from “Wander-Years”’ (1929), Tonks explains how a medical way of looking could help artists not only in terms of anatomical knowledge but also in regard to understanding the interior of a person:

The medical profession stands alone in giving an observer occasion for a profound study of human beings, whether from the point of view of their structure, or—and this is even more interesting and perhaps important for the physician—the working of their minds. Everyone ... would be the wiser for watching at the bedside of the sick, because the sick man returns to what he was without the trappings he has picked up on his way.²⁰¹

Tonks understood that scrutinising the body, as closely and as honestly as one would do in a medical setting, could increase the truthfulness and / or the psychological depth of one’s portraiture. While Tonks was training and working as a surgeon, his true passions were the observation and drawing of human subjects, both living patients and cadavers. When he entered the hospital, he began to learn the manner of looking that he would teach at the Slade: ‘At school I was continually learning out of a book; in the hospital I began at once to observe.’²⁰² According

²⁰¹ Tonks, ‘Notes from “Wander-Years,”’ 223.

²⁰² Tonks, ‘Notes from “Wander-Years,”’ 223.

to Tonks, close looking, like what one practice in a clinical setting, leads to observing exterior and interior truths, and therefore begets beauty in artistic representation.

William Orpen seems to have taken Tonks's (and the Slade's) encouragement of a medically-inspired artistic search for truth seriously. William Orpen was sometimes dismissed as the creator of superficial status symbol depictions of a wealthy clientele; but he was also praised as having an ability 'to understand others with uncanny shrewdness,' and to make sitters feel that they did not need to 'disguise themselves before Orpen.'²⁰³ He was able to ascertain the interior truth of his sitters, as Tonks said happened when one undertook the 'profound study of human beings' that occurred in medical settings. Even beyond William Orpen's gracefully insightful society portraits that provide a level of psychological depth, there are further anatomical and medical undertones to his oeuvre. His 1901 work *A Mere Fracture* (Fig. 24) shows an interest in medical sight, as art historian Keren Hammerschlag deftly demonstrates in her 2016 article on the subject. As I am arguing, Hammerschlag also concludes that William Orpen's concentration on anatomy must have been influenced by Tonks; the diagnostic scrutiny of the physician in *A Mere Fracture* represents the type of looking that Tonks felt artists must cultivate in their non-medical work.²⁰⁴ And as Hammerschlag has pointed out, there are strong ties between this diagnostic scrutiny and Michel Foucault's foundational concept of the 'medical gaze.'²⁰⁵ Orpen's observations of the human body were as precise, and as focused on anatomy and what lay underneath the skin, as those of the doctor examining the injured leg in *A Mere Fracture*. Orpen apparently excelled at these types of skills early on; even when he was a student in London. He

²⁰³ C. R. W. Nevinson, 'Sir William Orpen, 1878-1931,' in *The Post Victorians*, ed. William Ralph Inge (London: Ivor Nicholson & Watson, 1933), 457.

²⁰⁴ Hammerschlag, 'William Orpen,' 81. As mentioned in the thesis introduction, this type of medical looking differs from the transgressive practice of 'baroque staring' as defined by Rosemarie Garland-Thomson. Garland-Thomson, *Staring*, 50.

²⁰⁵ Hammerschlag, 'William Orpen,' 80. Foucault, *The Birth of the Clinic*.

was praised by critics for his ‘anatomical correctness’ and the way that the bodies that he depicted were not ‘dead thing[s]’ but instead ‘real human figure[s] in which every line pulsated with life.’²⁰⁶ He won several prizes during his time at the Slade, one for a female nude drawn alongside an écorché version of the figure.²⁰⁷

Appreciation of the individuality and the interiority of the sitter, according to Tonks and the Slade, requires drawing from life. This was a second greatly important teaching principle that encouraged the medico-artistic looking in which all three artists participated. The ‘research’ that Tonks and both Orpens undertook was all drawn from life—whether that be in the artist’s studio, in the Kentish hop fields, or in the surgical ward or theatre. The Slade’s emphasis on life drawing had been a source of its renown since the Professorship of Edward Poynter in the 1870s.²⁰⁸ Tonks carried this on during his time as Professor. As a young student in Ireland, before attending the Slade, William Orpen studied a curriculum that was outmoded and focused on drawing from the Antique.²⁰⁹ Being able to draw from a nude just once during that degree made a significant impression on him. He writes in *Stories of Old Ireland and Me* (1924) that in Dublin he was excited that once ‘a real live woman was allowed to pose naked!’²¹⁰ He then moved to London and to the Slade, where this was standard; another Slade student described Orpen as ‘strangely at home in the big life room.’²¹¹

²⁰⁶ Frank Rutter quoted in Turpin, ‘William Orpen as Student and Teacher,’ 176.

²⁰⁷ Hammerschlag, ‘William Orpen,’ 83. Cotter, ‘William Orpen,’ 27.

²⁰⁸ Chambers, ‘The Cultivation of Mind and Hand,’ 98.

²⁰⁹ Orpen, *Stories of Old Ireland and Me*, 23. Robert Upstone and Emma Chambers, ‘“Anatomical Study, Male Torso,” Sir William Orpen, c. 1906,’ Tate Art & Artists, last modified May 2011, accessed 22 February 2019, <https://www.tate.org.uk/art/artworks/orpen-anatomical-study-male-torso-t13365>.

²¹⁰ Orpen, *Stories of Old Ireland and Me*, 24.

²¹¹ Stephen Granger, ‘William Orpen,’ in *The Slade: A Collection of Drawings and Some Pictures Done by Past and Present Students of the London Slade School of Art, MDCCCXCIII-MDCCCXVII*, ed. John Fothergill (London: R. Clay and Sons, 1907), 11.

This emphasis on drawing from life, a practice in which one produces visual research of the nude figure, also meant that the human body and its anatomical structure would inherently be a focus of these three Slade artists. Anatomical knowledge was a third emphasis of the Slade during Tonks's time there, and both William and Dickie were taught its importance. William carried the Slade's emphasis on drawing from life and learning anatomy into his own teaching. Both anatomy and the life class became Orpen's pedagogical priority during his time as a tutor at the Dublin Metropolitan School of Art between 1902 and 1914.²¹² These two subjects were also his teaching emphasis during his joint venture with Augustus John at The Chelsea Art School until its closure in 1907.²¹³ While Tonks did not teach anatomy at the Slade, he did teach the subject while working as a surgeon.²¹⁴ Tonks writes in 'Notes from "Wander-Years"' that because of his surgical training his 'knowledge of anatomy, which I suppose I might describe as exceptional among art students' was very helpful in studying art, and Tonks wondered 'what the figure looks like to anyone who has not this knowledge.'²¹⁵ Robert Upstone and Emma Chambers make the connection between the Slade's pedagogy and Orpen's later focus on teaching his own students 'the structure of the human body, its bones, the muscles that stretch over them, and the way that its limbs move.'²¹⁶

William Orpen may not have had the specific and practical surgical knowledge that Tonks or his daughter had, but he still valued and used anatomy and medical looking to create his portraits. While he did not draw while observing patients in a surgical ward as they did, a 1930 *Country Life* issue concisely makes that connection nevertheless, describing Orpen's studio

²¹² John Turpin provides a thorough list of the instances that Orpen visited the Dublin Metropolitan School of Art to teach. Orpen began to go there more regularly around 1906. Turpin, *William Orpen as Student and Teacher*, 183.

²¹³ Arnold, *Orpen*, 192.

²¹⁴ Tonks, 'Notes from "Wander-Years,"' 224, 235.

²¹⁵ Tonks, 'Notes from "Wander-Years,"' 230.

²¹⁶ Upstone and Chambers, 'Anatomical Study, Male Torso.' A similar description appears in Upstone, *William Orpen*, 2.

as being ‘as light as an operating theatre.’²¹⁷ During his years teaching at the Dublin Metropolitan School of Art, William made impressive chalk anatomical drawings (Fig. 25) to help his students understand the workings of the human body as applied to draughtsmanship.²¹⁸ Orpen created over sixty of these drawings of anatomical subjects—large pieces using white and coloured chalk on black paper.²¹⁹ Orpen adapted some of these anatomical drawings from *Gray’s Anatomy* (1858), some from Old Master paintings, and one from the reclining nude in his own painting *A Woman (Nude Study)* from 1906.²²⁰ When Upstone curated the small 2009 exhibition *William Orpen: Teaching the Body*, he described Orpen’s twenty anatomical drawings held by the Tate as ‘transcend[ing] their diagrammatic purpose. Unlike simple medical illustrations, there is engagement and feeling contained in their lines, and this laying bare of the body’s assembly seems somehow ineffably to suggest the beauty and poetry of what it feels to be human.’²²¹ In *Anatomical Study, Male Torso* (Fig. 25), even though the figure is scientifically labelled with letters and numbers (as some of Dickie Orpen’s drawings are) and stripped of its skin, there is an exuberance in the pose and in the deep red lines with which William Orpen delineated the body’s musculature and curves. The muscles are almost liquified in the way that they wrap around the pose of the écorché body, and sharp shocks of turquoise and white on the black paper maintain the drawing’s status as an artistic representation, not just an anatomical one. According to Arnold, because Orpen brought anatomy and life drawing from the Slade to Ireland, his impact ‘on his students was enormous, and his influence on Irish art in the first half of the twentieth

²¹⁷ Christopher Hussey, ‘London Houses: Sir William Orpen’s Studio, 8, South Bolton Gardens,’ *Country Life*, 20 September 1930, 344.

²¹⁸ One of these anatomical works, along with *A Mere Fracture*, was included in the first room of the recent Watts Gallery exhibition *William Orpen: Method and Mastery* (19 November – 23 February 2019).

²¹⁹ The locations of forty of these drawings are unknown, but twenty of them were donated to the Tate by Dickie Orpen’s son Richard. These finalised drawings came from an anatomical sketchbook that spans the years 1902 to 1906, now held in the Tate Gallery Archive. Upstone, *William Orpen*, 32.

²²⁰ Upstone, *William Orpen*, 4.

²²¹ Upstone, *William Orpen*, 2.

century was greater than anyone else's.'²²² This statement echoes the previously-cited Rothenstein quotation regarding Tonks's significant impact on British art through his teaching.

William Orpen's anatomical drawings could be used many times over in teaching settings just as Dickie Orpen's sketchbooks and loose pages could be referred to again and again over the years by trainee surgeons. Both William and Dickie Orpen created tactile, material, but fragile objects that solidified and transferred anatomical knowledge and encouraged visual forms of research—and both were influenced to learn and focus on anatomy and the body by their Slade tutor. William Orpen wanted to emulate the pedagogy of the Slade, and one of the ways in which he did so was to teach anatomy pragmatically by pinning his large chalk drawings up on a blackboard.²²³ Surgeons who worked at Hill End Hospital after the Second World War said that Dickie Orpen's drawings were sometimes used in a similar manner to show visiting practitioners the stages and artistry of plastic surgery.²²⁴

For Tonks and Dickie Orpen, the interest in anatomy and scientific truth went beyond what was needed for artistic competency. Their knowledge encompassed practical surgical acumen. Obviously, having trained as a surgeon, Tonks knew the intricacies of surgery and anatomy long before he worked as an artist in the World War I facial injury ward. In fact, he began the war as an orderly, preferring to be immersed, until spring 1916, in the 'practical medicine' side of war work rather than the artistic side.²²⁵ But then it was the sights of the wounded, suffering, and incapacitated soldiers around him that reignited his interest in drawing and painting.²²⁶ Dickie Orpen trained as a VAD nurse, so she would have obtained the medical

²²² Arnold, *Orpen*, 163.

²²³ Upstone, *William Orpen*, 2.

²²⁴ Retired plastic surgeon Brian Morgan described at least one instance in the 1970s in which Dickie Orpen's drawings were hung up in an informal manner—rather than looked at in patients' charts or in a library—for surgeons and trainees to learn from, peruse, and admire. Morgan, interview by the author.

²²⁵ Julian Freeman, 'Professor Tonks: War Artist,' *The Burlington Magazine* 127, no. 986 (May 1985): 286.

²²⁶ Freeman, 'Professor Tonks,' 285.

knowledge necessary for that post in addition to the artistic anatomy studied at the Slade and at her other art schools. Working at Hill End Hospital, she picked up some surgical expertise on the job, enough that she seems to have truly understood what was going on in the operating theatre. As an illustrator of plastic surgery, Orpen had to be knowledgeable enough to interpret and to convey the complexities of the practice to future surgeons. Orpen, according to plastic surgeon and textbook author Saad, observed more surgery than most of the trainee surgeons at the time.²²⁷ More than just a hand to copy the procedures before her, Orpen gained real surgical understanding—if not to the level of, then at least approaching that of her formally-trained Slade Professor.

One example of Orpen's intellectual medical and anatomical awareness lies in her drawings of an eyebrow graft (Figs. 26 – 28). She called it the 'Orpen Graft,' and her sketchbook annotations suggest that this is something that she thought of herself—a new way of grafting skin onto an injured eyebrow area. The first drawing (Fig. 26) shows the initial image, where she names the graft after herself. The second drawing (Fig. 27) visualises it being used, and the third (Fig. 28) explains the graft in more detail, with several annotations from Orpen. First, she writes that it is as effective as the 'method now in use.' But then she comes back later to this third page to retract that statement owing to the success of another type of graft used by one of the primary surgeons at the hospital, Oliver Mansfield. *But* several months later, below that retraction, she says that her graft in fact *is* better, and her 'statement reinforced by TOTAL FAILURE' of Mansfield's graft. These annotations suggest that there was allowed some sort of intelligent competition between this surgeon and Orpen, and that she might have been able to provide real medical input beyond her drawings. It also shows the collaborative, friendly (if perhaps

²²⁷ Saad, telephone interview with the author.

competitive) atmosphere of the Hill End surgical ward. When asked why he thought that Orpen was one of the most talented surgical artists that he had encountered, Saad cited ‘a combination of her art, precision, and understanding of the surgical techniques, which made it easier for her to achieve what you’re trying to explain ... It was easy to explain with her. And she came up with the goods.’²²⁸ Orpen’s love of art and drawing from early in her life, combined with her enjoyment of nursing and her conversations with Tonks during and after her time at the Slade, came together to form an intense intellectual attraction to the complex job of plastic surgery illustration. The medico-artistic way of looking that both she and her father cultivated at Tonks’s Slade, which encouraged a research-led type of drawing from life that focused on anatomy, served her well during the war years.

Part Four: War, Art, and Observation

During either World War I or World War II, all three of these artists had their manner of artistic production intensified, their artistic styles adapted, and their knowledge of anatomy and their observational abilities tested. They had to use the deep, clinical way of looking that Tonks taught to take in the horrors of combat and injury. Henry Tonks’s and Dickie Orpen’s wartime works seem to be the most relevant to each other, but William Orpen also made portraits of traumatised bodies of soldiers and civilians. One of the most emotional works, showing the physical effects of psychological trauma in war, is *Blown Up* (Fig. 29). This watercolour with pencil shows a shell-shocked victim of the First World War—a thin soldier whose ribs are exposed through the tattered rags that he wears. He represents the group that Rothenstein said affected Orpen ‘most deeply and most continuously’: the ‘torn and burnt, blinded and crazy’ men who fought at the

²²⁸ Saad, telephone interview with the author.

front.²²⁹ Secondary sources like Rothenstein's, Arnold's, and artist C. R. W. Nevinson's (1889-1946), which cover William Orpen's wartime years and the effect that this period had on him, often go back to the same point: that Orpen was concerned first and foremost with the common, venerable, individual soldier who suffered so much while those in power sat back at home, comfortable and unscathed.²³⁰ Orpen was acutely aware of the psychological and physical impact that the Great War had on these men, as he experienced it himself. He also lived with the guilt of passing through the fires of war relatively uninjured, just painting the scenes of trauma, not fighting in them.²³¹ Dickie Orpen's father explicitly depicted the unfortunate state of his generation, creating obvious portrayals of the effects of war that perhaps his daughter would have been aware of as a child and teenager. His alcoholism, and eventual death, may have been partially caused by his experience during World War I, which cultural historian Michèle Barrett and others suggest.²³² Nevinson writes:

Orpen changed from a happy little man to a man with a dual personality, poisoned with secret melancholy and brooding ... there can be little doubt that Orpen never really recovered from the illness that he had during the War; but I think there can be no doubt that the mental conflict within him that came from the War largely undermined his resistance, and that a calmer and less sensitive brain would have triumphed over physical condition...²³³

²²⁹ Rothenstein, 'William Orpen,' 219.

²³⁰ Rothenstein, 'William Orpen,' 225. Arnold, *Orpen*, 373. Nevinson, 'Sir William Orpen,' 451-53. This sentiment simmers below the painted surface of William Orpen's famous depiction of the peace conference at the end of the war (not the most official *The Signing of Peace in the Hall of Mirrors, Versailles, 28 June 1919*, but the third and most sepulchral of the commissioned paintings from the peace conference: *To the Unknown British Soldier in France*). In his first version of the work, Orpen defiantly included two shell-shocked soldier figures, copies of the man in *Blown Up*, guarding the unknown soldier's tomb. He had to remove them from the final composition, but there are still ghostly lines within the painting suggesting that these victims of the conflict can never be fully forgotten or erased. White, *William Orpen*, 10.

²³¹ Barrett, *Casualty Figures*, 9.

²³² Barrett, *Casualty Figures*, 9.

²³³ Nevinson, 'Sir William Orpen,' 459-60.

Orpen's peers could see that the trauma of the war had worked itself into both his mind (melancholy, alcoholism) and his body (blood poisoning).²³⁴ Tonks acutely experienced this war as well, with Julian Freeman noting how the 'physically wearying process of seeking wounded to draw would have affected even a man steeped in surgery,' and that Tonks 'was far more humane than some of his Slade students gave him credit for, and indeed this "failing" was a major reason for his decision to quit medicine.'²³⁵ It is likely that, as she grew up, Dickie Orpen would have been able to sense the war's lingering effect on her father. She may have even discussed it with Tonks over tea during the Professor's later years. We know that William Orpen wrote about the painful visions of armed conflict to Tonks, who understood the vexing emotions and situations inherent in painting a war. William Orpen described to Tonks a battlefield with 'dead in some parts of it, German and English mixed ... they don't even worry to cover them altogether, arms and feet showing in lots of cases.'²³⁶

The corpse of one of these honourable men that William Orpen so vehemently respected lies in *Zonnebeke* (Fig. 22), the painting that Dickie Orpen inherited and gifted to Tate. It is a harrowing, traumatic work, although it is not one that deals with the internal repercussions of war on the individual as clearly as *Blown Up*. This painting shows the desolate wasteland so familiar in images from the First World War: still puddles making wide silver gashes in the rust-coloured mud. The clouded and smoky sky above has a hint of blue in it, but this potential signifier of peace is marked with a plane-shaped shadow buzzing through its clearing. This blue reflects in the water that, in all likelihood, covers more corpses like the one in the foreground of the painting. This pale man, with his arms flung above his head and his legs twisted, lies at the

²³⁴ Orpen's biographer Bruce Arnold explains that Orpen succumbed to blood poisoning towards the end of the war, in autumn 1918. Arnold, *Orpen*, 373.

²³⁵ Freeman, *Professor Tonks*, 290.

²³⁶ William Orpen in a letter to Henry Tonks, quoted in Arnold, *Orpen*, 316.

edge of a drop, precariously placed to fall into this eerily placid grey-blue water, what Orpen called the ‘putrid water’ of the battlefield.²³⁷ The dead body is surrounded by sharp slashes of red that Orpen seems to have jabbed onto the canvas in the shortest of bursts like the thrust of a bayonet, as if he were afraid to have the blood red touch his canvas for more than a second. The shape of the contorted body is echoed in the blasted remnants of a tree trunk to the left and a hollow shelter in the rear of the scene. In *Zonnebeke*, Orpen succeeds in representing even the stench of the front that he said, ‘one could not paint.’²³⁸ The stilled waters and the decomposing corpse in the foreground centre the olfactory sense as well as the melancholic aesthetics of the piece. This is part of what so haunted Dickie Orpen’s father; she never knew him before the First World War, and he never recovered from those scenes that he painted and those common, sacrificing servicemen that he encountered. Twenty years later, Dickie Orpen and her peers would experience torturous sights, smells, and stories that were similar to what William Orpen, Henry Tonks, and the First World War soldiers on the front endured. Living in London after the First World War, Orpen would have seen what psychologist William Sargant described as ‘utterly unemployable human derelicts, some of them with Mons medals and decorations for valour, begging in the streets of London.’²³⁹ Even when these veterans had no physical wound visible, there was a perception that something psychologically dark or difficult could be seething under an uninjured façade, just as was the case with Dickie Orpen’s father. As will be discussed in Chapter Two, the converse could be true of facial injury patients, who were clearly injured but also could be mentally suffering in an invisible manner.

²³⁷ Orpen, *An Onlooker in France*, 20.

²³⁸ Discussing his experience of the Battle of the Somme, Orpen writes: ‘I remember an officer saying to me, “Paint the Somme? I could do it from memory—just a flat horizon-line and mud-holes and water, with the stumps of a few battered trees,” but one could not paint the smell.’ Orpen, *An Onlooker in France*, 20.

²³⁹ William Sargant, *The Unquiet Mind: The Autobiography of a Physician in Psychological Medicine* (London: Heinemann, 1967), 89.

It is impossible to know the full mental effect that the world wars had on all three of these artists, but working under the pressure of conflict forced Henry Tonks, William Orpen, and Dickie Orpen to evolve and adapt their artistic practice. As stated in the introductory quotation of this chapter, the combination of art and religion was what kept Dickie Orpen tethered during the war years. And even if the two men were not religious, at least artistic practice allowed all three of these artists to visually process the traumas in front of them. Tonks used to the fullest extent the type of observation and anatomical knowledge that he learned as a surgeon and that he preached at the Slade. William and Dickie Orpen also put their medico-artistic looking that they learned from him to good use in their wartime oeuvres, depicting the vulnerabilities of human anatomy that were brought about by war and violence. The Slade approach to truthfulness and accuracy in art, depth of observation, and anatomical understanding was artistically beneficial to Tonks and William and Dickie Orpen, whether during the war they were pursuing portraiture, depictions of the conflict, medical work, or all three.

Conclusion

The afterlives and impacts of the wartime and anatomical artworks by William Orpen, Henry Tonks, and Dickie Orpen have varied greatly. The two men benefitted from successful careers outside of war and medical art, and therefore they were already written into the histories of twentieth-century British visual culture as artists and as teachers. However, William Orpen's reputation suffered partially because of Rothenstein's 1952 chapter on him in *Modern British Painters*. The Imperial War Museum (IWM), one of the main advocates of William Orpen's painting career, had a gap of exhibitions of his work from 1965 to 2005.²⁴⁰ The 2005

²⁴⁰ IWM History, 'IWM London Exhibitions, 1917-2014,' 2014, 5-17, unpublished typescript, Imperial War Museum Archives, courtesy of Sarah Henning.

retrospective, a travelling exhibition, temporarily revived Orpen's reputation in England; but most recently he has been featured prominently in the IWM London's 2019 exhibition programme *Culture Under Attack*, and he was the subject of a solo exhibition at Watts Gallery called *William Orpen: Method & Mastery*.²⁴¹ In addition to the 2009 show *William Orpen: Teaching the Body*, one of Orpen's anatomical drawings was featured in this Watts Gallery exhibition; but overall, these images of the body are not as well known as Orpen's portraits or his war scenes. In contrast, Henry Tonks's non-surgical works are not frequently seen now in the context of modern British art, and their reputation has diminished. But his pedagogical impact on British art has been tremendous—only a very small part of his effect has been shown in these two Orpen case studies. Tonks's general prominence in the twenty-first century has soared because of the insightful pastel portraits that he made in Gillies's plastic surgery ward during the First World War. These artworks have been included in recent exhibitions at the Hunterian Museum, the Science Museum, and the National Portrait Gallery, among others.²⁴² Dickie Orpen's drawings have also been displayed, primarily in the exhibition *Dickie Orpen, Surgeons' Artist* held at the Royal College of Surgeons and Camberwell College of Arts. While this was an important show in terms of allowing Orpen's work to be seen in a public setting for the first time, it did not have nearly the same engagement as the shows at major institutions that included her two artistic and personal influences. The interconnected works of Henry Tonks, William Orpen, and Dickie Orpen have never been placed together in a physical exhibition, but this chapter provides the intellectual framing to compare the three of them while exploring how the

²⁴¹ Imperial War Museum, London, *Culture Under Attack*, 5 July 2019 – 5 January 2020. Watts Gallery, Compton, Surrey, *William Orpen: Method & Mastery*, 19 November 2019 – 23 February 2020.

²⁴² University College, London, *Henry Tonks: Art and Surgery*, 2 October 2002 – 28 March 2003. National Army Museum, London, *Faces of Battle*, 10 November 2007 – 1 October 2008. National Portrait Gallery, London, *The Great War in Portraits*, 27 February – 15 June 2014. Hunterian Museum, London, *War, Art, and Surgery: The Art of Henry Tonks and Julia Midgley*, 14 October 2014 – 14 February 2015. The Science Museum, London, *Wounded: Conflict, Casualties, and Care*, 26 June 2016 – 3 June 2018.

impacts of these two men led Dickie Orpen to create her powerful wartime oeuvre. The Professor, the father, and the daughter were more connected to each other than many others in the history of art who were also related or who trained at the same institution. They all ended up working on traumatic war scenes and portraits, viewed through the intense medical observation and the focus on the body that was taught at the Slade.

With their experiences in the chaos and difficulty of war, all three of these British artists chose to respect and depict the everyday citizen or soldier. Orpen did so with her simple surgical diagrams or portraits of patients and her ‘scribbles’ of Christlike Air Raid Precautions Wardens and other citizens in *Meditations with a Pencil*; her father did this in his wartime images like *Blown Up*; and Henry Tonks’s pastel portraits of facial injury are a testament to the sacrifices that the common soldier made for the country in war.²⁴³ Slade tenets that were passed from Tonks to both Orpens—such as art as research and truth as beauty—contributed to the efficacy of these images’ messaging about the importance of the individual in war.

²⁴³ In a poem that he penned titled ‘Myself, Hate, and Love,’ Orpen writes of his distaste for society and for himself, until he comes to one figure: ‘I hate myself / I hate them all, / All, / Except one man / Alone... I mean the simple soldier man, / Who when the Great War first began, / Just died, stone dead, / From lumps of lead, / In mire. / Or lived through hell, / Words cannot tell, / For four long years / And more / Of misery / Until the war / Was ended.’ William Orpen quoted in Nevinson, ‘Sir William Orpen,’ 451-53. Similarly, in a letter quoted in Hone’s biography of Tonks, D. S. MacColl wrote a poem describing Tonks’s approach to depicting those in power versus the common soldier:

‘To Henry Tonks.

Artist and Surgeon, caricaturist and face restorer.

We read in the *Magnificat*
That the most high and holy
Is wont to lay the mighty flat
And to exalt the lowly.

And Tonks, his worthy delegate
In Art and in Anatomy
Twisteth the nose of High Estate
But straightens it for Tommy.’

D. S. MacColl quoted in Hone, *The Life of Henry Tonks*, 135.

The influences of Henry Tonks and William Orpen, her religion (apparently resulting in part from her father's death), and her family background all led to Dickie Orpen's participation in the complex wartime occupation of surgical illustration. She infused her drawings with elements of her religious devotion, her experiences in art school, and her surgical knowledge. Examining the archive in which hundreds of her drawings are held is one way to approach her rich wartime oeuvre to understand how, until now, Dickie Orpen's work has been perceived, and how the collection can be looked at in a revitalised manner.

Chapter Two

Archiving Trauma: Archival Agendas and Structural Metaphors

Never throw anything away till [*sic*] you know you don't want it. Aphorisme tout à tout plastique mais pas pratique pour la vie actuelle. — Dickie Orpen, Sketchbook #9, 12 March 1943.²⁴⁴

Dickie Orpen wrote this in her sketchbook, next to a diagram of a cheek flap on the patient Fitzgerald, on 12 March 1943. Reading this comment on plastic surgeons' tendency towards profuse documentation, while sitting in the archive in which hundreds of Orpen's illustrations have been stored for historical posterity, is an exceptional experience. Orpen's drawings are available to peruse because the surgeons with whom she worked were averse to throwing anything away, something that she deems here, in her quirky but not uncommon switch to French, 'not practical for real life.' She seems to have taken on this 'aphorisme' in her own life beyond medical illustration, saving four large folders of photographs, sketches, papers, and letters from her war years, which are used throughout this research. But in the cramped BAPRAS archive room, Orpen's 1943 words take on a clairvoyant quality, as if she were able to predict how the reifying hoarding inclination of plastic surgeons would allow for her works to be re-discovered, studied, and appreciated decades later.

The BAPRAS archive is a singular place. Some collections or images within it have been included in research by historians or surgeons, but the archive itself has not been written about from a historian's perspective, only from that of the plastic surgeon cum Honorary Archivist, Brian Morgan.²⁴⁵ Two of the major image collections in this archive are Orpen's drawings and

²⁴⁴ Dickie Orpen, Sketchbook #9, 12 March 1943, BAPRAS/DSB 9.40, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

²⁴⁵ Brian Morgan, 'The BAPRAS Archive,' in *BAPS to BAPRAS: The History of The Association 1986-2016*, ed. A. Roger Green (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2016), 131-36.

the contemporaneous photographs by Percy Hennell, whose background has been outlined in the thesis introduction and will be further explained in Chapter Three. Orpen's drawings and Hennell's photographs overlap with each other in terms of patients, dates, and locations. These two artists were probably working in the same room at times, yet they produce strikingly different materials (the aesthetic and emotional dissimilarities of which are elaborated upon in Chapter Three) that operate in tandem to draw attention to latent archival narratives. These collections provide the basis for my analysis of this archive's implicit agendas and metaphors, found by reading against the grain of the established story of British plastic surgery put forward by the BAPRAS archive.

The archive, as a concept writ large rather than as a specific collection, is a phenomenologically and ontologically charged space. Archival spaces are not always held in noble or monumental edifices, such as the National Archives buildings in either the United Kingdom or the United States; archives can be messy, unclear, frustrating—even traumatic. The pieces that are included, or excluded, in these archives, the ways in which the archive is organised, and the narratives that the archive privileges reveal much about the society or the group that built the collection. As will be explained in Part One of this chapter, the BAPRAS archive purports to document the relatively simple story of a group of men who innovated to solve problems of physical traumas and injuries. At the same time, there appear in this story some problematic narratives, such as ones about English exceptionalism and the benefits of war. Historians and theorists have commented on the constructed artifice and institutional authority that facilitates archival remembering and forgetting. Following the work of these scholars, particularly Jacques Derrida and Carolyn Steedman, this chapter looks deeply into the structures

and gaps of the archive that holds the majority of Dickie Orpen's wartime material, elucidating abstract concepts hidden within its folders and boxes.

My reading of this archival space takes its cues from psychoanalysis and the structure of trauma; Derrida's work in particular helps to frame this methodology. Examining the BAPRAS archive through the lenses of psychoanalysis, trauma studies, and archive theory, this chapter shows how the construction of this research / storage facility mirrors symptoms of the psychological trauma that victims of wartime injuries and plastic reconstruction often experienced, as explained in the introduction of this thesis. The central claim of this chapter is that characteristics of psychological trauma and traumatic memory parallel the archival forms and organisations of Orpen's drawings and Hennell's photographs within the BAPRAS archive. The existence and repair of physical trauma is the focus of this plastic surgery archive, but the psychological ramifications of wartime disfigurement simmer underneath the surface for those who probe deep enough. This overarching argument suggests that an archive can convey ideas that the creators did not intend, although the messages that are more obviously communicated are outlined, expanded upon, and challenged in Part One of this chapter.

But why and how would the BAPRAS archive mirror symptoms of psychological trauma? As explained in relation to facial injury in the thesis introduction, physical and psychological trauma often accompany one another in life outside of the archive—this chapter argues that the same happens *within* the archive. The physically traumatic subject matter has caused the archive to be created and organised in a manner that can serve as a structural metaphor for psychological trauma. A structural metaphor is a device in which a complex or abstract concept, like the psychological trauma of injury and surgery, is understood or explained

through a more concrete structure, like a physical archive.²⁴⁶ As mentioned previously, plastic surgeons working in Britain during World War II, particularly Gillies and McIndoe, were interested in psychological rehabilitation in addition to physical repair.²⁴⁷ In the book that Orpen helped illustrate, John Barron notes that the ‘reconstructive surgeon is not only dealing with suffering which results from a painful disease but he must be able to fathom the depths of his patient’s mind in order to be able to assess the anxiety which arises from psychological reasons.’²⁴⁸ The mental justifications for and repercussions of plastic surgery have also been covered extensively in two major histories of aesthetic surgery by Elizabeth Haiken and Sander Gilman.²⁴⁹ Even though practitioners were and are very aware of the psychological effects of their work, the primary focus of Orpen’s drawings, Hennell’s photographs, and the BAPRAS archive as a whole was and is to construct a narrative of the heroic repair of physical trauma.

²⁴⁶ One example of this type of metaphor between something concrete and something abstract is Susannah Walker’s conceptualisation of the structural relationship between the processes of eighteenth-century printmaking and contemporaneous alcoholism. She draws connections between the excess of drink and the repetitive nature of printmaking and between printmaking’s and alcoholism’s options for either expensive moderation or low-cost abundance. She outlined these ideas in a 2018 lecture at the Paul Mellon Centre for Studies in British Art in London. ‘Cruikshank’s Alcoholics and The Addict in Austerity, Research Lunch – Susannah Walker,’ Paul Mellon Centre for Studies in British Art, last modified 2018, accessed 16 October 2020, <https://www.paul-mellon-centre.ac.uk/whats-on/past/cruikshanks-alcoholics/year/2018>.

²⁴⁷ Simon Millar’s PhD thesis discusses how psychological rehabilitation was instituted by Gillies at his plastic surgery ward at Rooksdow House. Millar, ‘Rooksdow House and the Rooksdow Club.’ McIndoe’s commitment to treating the ‘whole patient’ is most clearly summarised in John Barron’s 1985 speech, available both as a published speech and as a type-written draft in the BAPRAS archive. John N. Barron, ‘McIndoe the Gentle Giant,’ *Annals of the Royal College of Surgeons of England* 67, no. 3 (1985): 205. John N. Barron, ‘McIndoe: The Gentle Giant,’ unpublished typescripts, BAPRAS/Barron/1/3, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. McIndoe’s approach is also explained in Julie Anderson’s book on rehabilitation, in which she discusses his use of locals to take his patients to parties, his goading of nurses to make his patients feel virile and masculine again, his lack of discipline when ‘his boys’ did something wrong, and his insistence that RAF patients remained in their uniforms. Anderson, *War, Disability and Rehabilitation in Britain*, 115, 118.

²⁴⁸ Barron and Saad, eds., *Operative Plastic and Reconstructive Surgery*, 1: 4.

²⁴⁹ Throughout her book *Venus Envy*, Elizabeth Haiken cites the twentieth-century infatuation with the ‘inferiority complex,’ and the medicalisation and psychologisation of this phenomenon, as a reason that aesthetic surgery, and reconstructive plastic surgery, was sought by American patients. Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore, MD: The Johns Hopkins University Press, 1997), 108-23. Sander Gilman also charts the justification of plastic surgery through psychological reasoning, which was often connected to society’s perception of one’s race. Gilman, *Making the Body Beautiful*.

The physical trauma of reconstructive surgery is most evident in the patients who are drawn by Orpen and photographed by Hennell multiple times over several months or years. One of the patients who most clearly links Orpen's and Hennell's imagery is a woman called Billingsley. In thirty-one drawings and in five photographs, created between June 1942 and April 1943, Billingsley is shown at first with brutally burned and contracted skin laced with scarring, later with a tube pedicle attached to her cheek or wrapped around her face in the midst of reconstruction, and finally, at least in Hennell's photograph, with tidied up scars, hair, and clothing (Figs. 30 – 37). Billingsley appears in both Orpen's loose sheet drawings and in her sketchbooks. In Orpen's pen drawings of Billingsley spanning the months of her surgeries, the patient's slack mouth draws the viewer's attention, a marker of the woman's anaesthetised passivity in the face of tubed skin being carved from her chest and her arm to wrap around her burned neck and chin (Figs. 30 – 32). This is a mouth that, while slack in these images, could have contorted in pain once the patient awoke. Hennell's colour photographs give us a better sense of Billingsley's full appearance (Figs. 33 – 37), with the pink and red burn marks (Fig. 33) and the tubed pedicle wrapped around her chin (Fig. 35) clearly visible in the full context of her face and upper body. Hennell's photographs also hint at passivity, but this time through Billingsley's eyes: they are either cast down or closed. Described through photographs and drawings, this visual narrative of Billingsley's injury, multiple surgeries, and her passive journey towards a healed visage is exemplary of how the BAPRAS archive acts as a storage facility for individuals' journeys of physical trauma.

The suffering of patients like Billingsley is stored in grey boxes upon grey shelves in a small room off of a long hallway within the Royal College of Surgeons (RCS). The entire BAPRAS archive is held on three floor-to-ceiling shelving units, each containing six shelves,

with the top of the units used to store excess boxes and loose sheets of paper. By the admittance of the part-time archivist Ruth Neave, the archive is rather ad hoc, making do with the space and storage systems that are available.²⁵⁰ The grey boxes held on each of these shelves are labelled with the archive number as well as a short description of what the box holds. The majority of the boxes that do not contain Orpen's or Hennell's works have labels pointing to the 'great men' of surgery, like Harold Delf Gillies or Thomas Pomfret Kilner.²⁵¹ Even though it is the trauma of patients that is stored in these boxes, it is the surgeons who are named.

It is typical of subject specialist groups like BAPRAS to be housed in the spaces of a larger, more professional, qualifying organisation like the RCS.²⁵² Being a 'subject specialist group' means that BAPRAS is an organisation of (mostly) men who are professionals in their own right but who did not become professionals by qualifying for BAPRAS.²⁵³ Neither is BAPRAS a medico-political body or council that makes decisions for the profession. BAPRAS instead brings professionals together without being 'professional' itself. Another such group, the Society of British Neurological Surgeons, has its offices across the hall from the BAPRAS archive within the RCS. The RCS is currently being renovated, a project that should be completed in 2021. This renovation accounts in part for the archive's lack of space, but even in more regular times the BAPRAS archive is relegated to a small room. It is unclear if there will still be a space for the BAPRAS archive within the RCS's building after the larger organisation's

²⁵⁰ Ruth Neave, interview by the author, BAPRAS Archives, Royal College of Surgeons, London, UK, 28 November 2018.

²⁵¹ Interestingly, all of the labels within the BAPRAS archive misspell Harold Gillies's middle name as Delft. It is meant to be Delf.

²⁵² The British Medical Association and the Royal Society of Medicine are two other examples of larger organisations that lease out spaces to subject specialist groups.

²⁵³ The Royal College of Surgeons is an example of a professional body that requires qualifying and that conveys professional status.

renovations have finished; this adds a level of uncertainty to the work being done by Neave, whose office desk is wedged under a grey courtyard-facing window within the archive room.

The first part of this chapter gives a thorough background of the BAPRAS archive as well as the Association that runs it. This feeds into a further examination of clear narratives that can be constructed from the material in the boxes and folders of the BAPRAS archive: the particular Englishness of plastic surgery, the importance of individual ‘great men,’ the beneficence of war to surgery, and the pre-eminence of reconstructive over cosmetic surgery. After this long section of the chapter, there is a shift from a more objective analysis of the BAPRAS archive to an experimental or subjective one. Part Two outlines archival theories of Jacques Derrida and Carolyn Steedman, describing how they have prompted my methodology of finding archival counternarratives within BAPRAS. The final sections will look at psychological symptoms of trauma as they are related to the structure of the archive. Part Three deals with repression and sublimation through the boxes of Hennell’s photographs. Part Four looks at the temporal symptoms of intrusive memories and dissociation through the Orpen collection. These clinical elements that I apply to the structure of the BAPRAS archive are all characteristics of what could be called transhistorical psychological trauma; they are not aspects of a particular diagnosis. The symptoms discussed are general markers of psychological trauma, and I do not suggest that the depicted patients can be retrospectively diagnosed with these specific symptoms.²⁵⁴ Through this theoretical analysis of the BAPRAS collection, this chapter shows that Orpen’s work can allow for difficult examinations of history, historiography, and archives.

²⁵⁴ Retrospective diagnosis has long been challenged in medical humanities scholarship. One of the most cited and most succinct sources on this much-disputed phenomenon is Axel Karenberg’s: Axel Karenberg, ‘Retrospective Diagnosis: Use and Abuse in Medical Historiography,’ *Prague Medical Report* 110, no. 2 (2009): 140-45.

As stated by the first Honorary Archivist of the BAPRAS archive, Antony Wallace, in his preface to the history of the Association: ‘Any historical record, in certain respects, cannot help being incomplete, possibly inaccurate and to some extent prejudiced by the memory of the authors.’²⁵⁵ This idea is carried on to the *next* history of BAPRAS, in which the Honorary Archivist A. Roger Green makes a similar statement: ‘Inevitably there will always be omissions that some feel should have been included, and some will disagree with one or other of their recollections.’²⁵⁶ This chapter explores some of the incomplete or inconsistent aspects—and the omissions, whether intentional or not—of the BAPRAS archive as they apply to the visual collections of Orpen’s drawings and Hennell’s photographs. Psychological trauma of these pictured patients is not *in* the BAPRAS archive in any concrete or substantial manner, but the thought experiment carried out through this chapter shows how it haunts the archive and how its effects can be intuited or interpreted in what Derrida calls the ‘spectral’ structure of the archive.²⁵⁷

Part One – Narratives: BAPRAS and Its Archive

In the early 1980s, Antony Wallace, then the Honorary Secretary of BAPRAS’s preceding organisation, the British Association of Plastic Surgeons (BAPS), acknowledged the organisation’s need and desire for an archive or museum to record its history.²⁵⁸ He became the first Honorary Archivist for the Association and started to accumulate letters and items for the

²⁵⁵ Antony F. Wallace, ‘Editor’s Notes,’ foreword to *The History of the British Association of Plastic Surgeons: The First Forty Years* (London: Churchill Livingstone, 1987), v.

²⁵⁶ A. Roger Green, ‘Editor’s Notes,’ foreword to *BAPS to BAPRAS: The History of The Association 1986-2016*, ed. A. Roger Green (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2016), 15.

²⁵⁷ Jacques Derrida, *Archive Fever: A Freudian Impression*, trans. Eric Prenowitz (Chicago: University of Chicago Press, 1995), 84.

²⁵⁸ The organisation was called the British Association of Plastic Surgeons (BAPS) until 2005, when its name was expanded to the British Association of Plastic, Reconstructive, and Aesthetic Surgeons (BAPRAS). I explain this change in more depth later in this chapter.

collection, eventually hiring a part-time professional curator to act as an archivist.²⁵⁹ There was no allocated budget for the creation of this archive, so it was formed almost exclusively from members' donations of items and papers, notably of 'photos, dinner menus and records of outings and social events.'²⁶⁰ The Association was relatively new at this time (it had been around for under forty years, formed in the spring of 1944) and plastic surgery itself was a discipline that had begun in earnest in Britain only seventy years earlier during the First World War.²⁶¹ Therefore, none of the BAPS members who donated material to the fledgling archive were far removed from or impartial to the creation and formation of the status and history of plastic surgery in Britain—having either been or been taught by one of the 'big four' of plastic surgery: Harold Gillies, Thomas Pomfret Kilner, Archibald McIndoe, and Rainsford Mowlem.²⁶² These were the four plastic surgeons that ran plastics wards, took on trainees, and hired surgical illustrators during the Second World War. In 1987, Wallace made the comment that previous attempts at writing the Association's history had felt like those doing the writing were 'too close for comfort' with the 'personalities and events' described; I argue that this closeness continues even today.²⁶³

The history of BAPRAS has been published twice by the Association: once in 1987 and once in 2016. Both publications are written not by historians, but primarily by BAPRAS member surgeons, overwhelmingly past presidents of the Association. The history of the BAPRAS

²⁵⁹ The archive is also occasionally called The Antony Wallace Archive, after its progenitor. This is even though the official 'Antony Wallace Archive' is a subset collection within the BAPRAS archive.

²⁶⁰ Morgan, 'The BAPRAS Archive,' 131.

²⁶¹ John Barron, 'The Origins of the BAPS,' in *The History of the British Association of Plastic Surgeons: The First Forty Years*, ed. Antony F. Wallace (London: Churchill Livingstone, 1987), 14.

²⁶² Michael N. Tempest, 'The "Big Four,"' in *The History of the British Association of Plastic Surgeons: The First Forty Years*, ed. Antony F. Wallace (London: Churchill Livingstone, 1987): 26-40. A photograph of the 'big four' can also be found in the BAPRAS archives: 'The BIG FOUR,' BAPRAS/G/3/3/4, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

²⁶³ Wallace, 'Editor's Notes,' v.

archive is condensed into one section of the 2016 book *BAPS to BAPRAS: The History of the Association*. To outside readers of this history, including myself, the archive's genesis as explained by Brian Morgan reads somewhat like a vanity project for a group of surgeons who wanted to further legitimise, memorialise, and formalise their profession and its history. Even the existence of the Honorary Archivist position shows that the BAPRAS archive, like BAPRAS itself, is not a fully professional organisation in every sense of the word. While former Honorary Archivists Antony Wallace and Brian Morgan, and the current Honorary Archivist Roger Green, may have immense knowledge of their specialty, they do not have training as archivists—this is why part-time professional curator-archivists like Neave must be hired. In an interview, Morgan stated that he went on a one-day course on 'how to be an archivist': this was the extent of his official training.²⁶⁴

Through archiving items, papers, images, and tools in the BAPRAS archive, the creation of a history of British plastic surgery is framed as having a positive effect on the international reputation of the Association, its members, and the discipline. In his history of the archive, Morgan states that because obituaries are less common in the twenty-first century, 'people who have contributed to the development of our specialty will be forgotten' ... unless the archive is kept up to date.²⁶⁵ In one obituary from 1980, for example, the plastic surgeon C. R. McLaughlin is praised for having been 'an extremely good ambassador for the specialty at a time when it was necessary to gain recognition among the other branches of the profession.'²⁶⁶ This quotation shows how surgeons' need for remembrance and commemoration on a personal level dovetails with the status and reputation of the field of plastic surgery as a whole.

²⁶⁴ Morgan, interview by the author.

²⁶⁵ Morgan, 'The BAPRAS Archive,' 135.

²⁶⁶ J. P. Bennett, 'Obituaries: C. R. McLaughlin,' *Journal of Plastic, Reconstructive & Aesthetic Surgery* 33, no. 4 (October 1980): 461.

The members of BAPRAS are still in the process of cementing the reputation of British plastic surgeons of the twentieth and twenty-first centuries, and Morgan's short history in *BAPS to BAPRAS* shows that the archive remains in a formative stage. In this 2016 piece, Morgan sends out a 'final plea' to close his chapter: 'please think of the instrument you invented or the photograph at the bottom drawer of your desk and let the archive know!'²⁶⁷ Even though the archive's history was included in a book on the history of BAPRAS, it is clear that the BAPRAS archive's story and collection are still being built. It is also apparent from Morgan's informal last line that the audience for this history is not necessarily meant to be those of us outside of BAPRAS—but what does the publicly available BAPRAS archive express to those outside of the field of plastic surgery who choose to explore it?

Beyond Orpen's drawings and sketchbooks and Hennell's photographs, the BAPRAS archive also contains books, journals, personal papers, and surgical instruments that help to construct BAPRAS's historical narrative. One and a half of the three shelves that make up the entire archive are filled with books like Gillies's training manual *Plastic Surgery of the Face* (1920) and Pat Barker's plastic surgery-adjacent novel *Toby's Room* (2013), as well as the *British Journal of Plastic Surgery* and its later iteration, the *Journal of Plastic, Reconstructive and Aesthetic Surgery*. In addition to papers, journals, and books, the BAPRAS archive also holds instruments and objects—hence why Morgan suggests that perhaps it should have been called a Collection rather than an Archive.²⁶⁸ One of the most interesting items is a First World War painted facial prosthesis from the American sculptor Anna Coleman Ladd (1874-1939).²⁶⁹ This variation of objects and documents makes the organisation of the space a challenge.

²⁶⁷ Morgan, 'The BAPRAS Archive,' 135.

²⁶⁸ Morgan, 'The BAPRAS Archive,' 132.

²⁶⁹ The Ladd mask was donated anonymously to the archive in 2013. Nothing is known of its provenance except that the owner was American and that the mask was made for him in Paris—where Ladd's Studio for Portrait Masks was

As a collection created by a member of the Association from items donated by other members, the BAPRAS archive—like every other archive—cannot be conceived of as a purely impartial and historical collection. In its genesis, the BAPRAS archive inherently advances the narrative and agenda of BAPRAS itself: the story of a noble group of talented men who healed and reconstructed soldiers and civilians. The focuses are on the ‘great men’ that have made up the Association. As historian and archive theorist Carolyn Steedman writes about all archives, ‘in its quiet folders and bundles is the neatest demonstration of how state power [in this case, the power of an association] has operated, through ledgers and lists and indictments, and through what is missing from them.’²⁷⁰ Any archive, whether created by a government or by a single specialist group, cannot be divorced from the meaning that its sponsors and founding members put into it—strategically or unknowingly.

One epistemological purpose that this archive has served is to intertwine the history of BAPRAS with the core, global history of plastic surgery. The collection shows that the Honorary Archivists and other members of the Association see their organisation as the main bulwark of plastic surgery overall. The ‘big four’ are written about in a fawning manner throughout the twentieth century and even today, when in reality they were not the only pioneers, as plastic reconstruction and aesthetic surgery was happening at the same time in America and in France and had been practiced by well-known surgeons in Italy since the seventeenth century and in India for over a thousand years. For example, in British contexts Gillies is often called the father of modern plastic surgery, while Gilman states that most historians would consider the nineteenth-century German Johann Friedrich Dieffenbach (1792-1847) to be the ‘father’ of the

based. The mask is a reconstruction of the patient’s left cheek and bridge of his nose held together with a pair of glasses. Anna Coleman Ladd, painted metal facial prosthesis, c. 1917-1920, BAPRAS/425, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

²⁷⁰ Carolyn Steedman, *Dust* (Manchester, UK: Manchester University Press, 2001), 68.

field; Haiken goes back further, giving the sixteenth-century Italian Gaspare Tagliacozzi (1545-1599) that title.²⁷¹ Wallace was aware of the non-English or non-Western roots of the discipline, as he references these contexts in his book *The Progress of Plastic Surgery: An Introductory History* (1982).²⁷² But the author of a chapter in the 1987 history of BAPRAS, which Wallace edited, claims that few ‘would dispute the claim that Gillies, founder of the British Association of Plastic Surgeons, was the founder of reconstructive plastic surgery as it is practiced today in the Western world. (The Editor is aware that other claimants to this priority have been identified both in North America and elsewhere in Europe. Their names appear in this book.)’²⁷³ This parenthetical, added by Wallace, gives little weight to the idea that those ‘other claimants’ have much of a claim at all to Gillies’s title.²⁷⁴

In his editor’s notes for the Association’s 1987 book, Wallace writes that the ‘history of the Association is linked so intimately with that of the specialty that it would be impossible to separate the two,’ and that this history with a ‘distinctive British shape’ has had ‘world-wide influence.’²⁷⁵ This history of English plastic surgery as *the* form of plastic surgery is best represented by the ‘big four.’ Gillies is usually seen as the most important of these four surgeons. Critically, he is also portrayed as the most artistic, as he often made comparisons between art and

²⁷¹ Gilman, *Making the Body Beautiful*, 12. Haiken, *Venus Envy*, 5. Gilman also refers to Tagliacozzi as the ‘other “father”’ of plastic surgery, but he does so long after he writes about Dieffenbach’s importance to the field. Gilman, *Making the Body Beautiful*, 66.

²⁷² Antony F. Wallace, *The Progress of Plastic Surgery: An Introductory History* (Oxford, UK: Willem A. Meeuws, 1982), 11.

²⁷³ Charles W. Chapman, ‘Two World Wars and the Years Between,’ in *The History of the British Association of Plastic Surgeons: The First Forty Years*, ed. Antony F. Wallace (London: Churchill Livingstone, 1987), 4.

²⁷⁴ The allusion to North America and Europe—but not elsewhere—is typical even in today’s approaches to the history of surgery. As Thomas Schlich explains in his introduction to *The Palgrave Handbook of the History of Surgery* (2018): ‘Much of the existing historical work has been focused on a few national contexts, mostly Britain, North America, France, and the German-speaking countries.’ But he admits that there is a ‘current overrepresentation of English-language historiography in the field.’ He also makes an argument for modern surgery developing and originating in the Western world. Thomas Schlich, ‘Introduction: What Is Special About the History of Surgery?,’ introduction to *The Palgrave Handbook of the History of Surgery* (London: Palgrave Macmillan, 2018), 3.

²⁷⁵ Wallace, ‘Editor’s Notes,’ vi.

plastic surgery, he worked with Henry Tonks (Fig. 4), and he made his own paintings, several of which adorn the walls of the BAPRAS archive's otherwise plain room.²⁷⁶ Wallace states that Gillies 'put reconstructive surgery on the surgical map,' emphasising that this happened 'in England' and 'during the First World War' (linking Gillies to the narratives discussed regarding the nationalist and bellicose roots of plastic surgery).²⁷⁷ The 'big four' are ever-present in the papers, journal articles, and photographs in the BAPRAS archive. They are immortalised in other surgeons' notes, letters, and presentations, lauded as something like the four patron saints of the discipline.²⁷⁸ Even though three of these four powerhouse surgeons were from New Zealand (Gillies, McIndoe, and Mowlem, with McIndoe and Gillies being cousins), it has been emphasised that these men came to *England* to train and to improve and use their skills. In *The Progress of Plastic Surgery*, Wallace often adds 'in England' after one of these surgeons' names to emphasise where they were when their innovations occurred.²⁷⁹

Images help to push these perhaps propagandistic narratives of individual importance; the more impactful the images are that come out of the careers of these plastic surgeons, the better known and more respected they seem to be. The best-known facial reconstruction artist, Orpen's tutor Tonks, helped to visualise this narrative of Englishness and plastic surgery when he drew affecting portraits of facial injury and repair for Gillies during the First World War. These images would later feature in museum exhibitions like *Wounded: Conflict, Casualties, and Care* (2016-2018) at the Science Museum, London, and Tate Britain's *Aftermath: Art in the Wake of*

²⁷⁶ Gillies called plastic surgery a 'strange new art'. Gillies quoted in Reginald Pound, *Gillies, Surgeon Extraordinary* (London: Michael Joseph, 1964), 27.

²⁷⁷ Wallace, *The Progress of Plastic Surgery*, 95-96.

²⁷⁸ Prominent surgeon of the Second World War, John Barron, wrote an adulatory speech about McIndoe as part of the McIndoe lecture series (devoted, as is apparent by its title, primarily to McIndoe's legacy within the field). Drafts and redrafts of this speech are held in the BAPRAS archive. Barron, 'McIndoe: The Gentle Giant,' BAPRAS/Barron/1/3, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

²⁷⁹ Wallace, *The Progress of Plastic Surgery*, 77, 150.

World War I (2018). The proliferation of Tonks's images, and the black and white photographs of the same patients, help to further (in England) the idea of England as the home of pioneering plastic surgery. The Guinea Pig Club, a patient group at East Grinstead's Queen Victoria Hospital formed under the guidance of McIndoe, had many photographs taken of the smiling facially injured men socialising with nurses or on outings to the local pub. The circulation of these images also helped to reinforce McIndoe's reputation nationally.

The propagandistic value of images by surgical illustrators goes beyond those kept in the BAPRAS archive. Percy Hennell produced photographs for J. B. Priestley's *British Women Go to War* (1943); these also suggest an English exceptionalism during war.²⁸⁰ His photographs in this publication (Fig. 13) had a specific message to convey: that women in Britain, more so than any other nation, were doing their patriotic duty by working in factories, as nurses, or in the Land Army, and that they were fulfilling these duties with alacrity and panache. Hennell shot these images for Priestley around the same time that he was taking pictures in plastic surgery wards, in which he created many 'before and after' photographs that succinctly show the reparative miracles of the surgeons who worked in these hospitals. Hennell's photographs in the BAPRAS archive and those in Priestley's book were meant to communicate similar messages of resilience and English nationalistic exceptionalism—an exceptionalism that outside of plastic surgery underpins much of England's histories about itself in war and in science.²⁸¹ This propagandistic side of Hennell's work is elaborated upon in the next chapter.

²⁸⁰ Priestley, *British Women Go to War*.

²⁸¹ A recent article in *Politico* relays a short, concise history of British exceptionalism in the context of the Conservative Party's subpar response to the coronavirus crisis. This article explains how historically Britain has held on to the idea of its 'world-leading' role in wars, scientific achievement, and cultural production. Otto English, 'Cruel Britannia: Coronavirus Lays Waste to British Exceptionalism,' *Politico*, last modified 5 May 2020, accessed 9 June 2020, <https://www.politico.eu/article/cruel-britannia-coronavirus-lays-waste-to-british-exceptionalism/>.

The BAPRAS archive also perpetuates a justification for war by emphasising the benefits and necessity of combat for the progress of surgery. Wallace writes that it ‘is a well accepted if unpalatable fact’ that ‘wars stimulate advances in surgery,’ particularly in plastic surgery.²⁸² If ‘war is the best school for surgeons,’ according to another BAPRAS member, then it makes sense that war stands out as one of the most important elements of the BAPRAS archive.²⁸³ War has had a large presence in both of the published histories on BAPRAS; this is primarily because of, and justified by, the uptick of facial injuries requiring reconstructive plastic surgery during World War I and World War II. The majority of the BAPRAS archive images, Orpen’s and Hennell’s, depicts the physical traumas of these wars, making it abundantly clear to any viewer that these are the surgeries, patients, and time periods seen as most interesting and formative to BAPRAS members. The war work is billed as the most important, partially, again, because of the proliferation of images, and it is unfailingly World War I and World War II that feature heavily in the origin stories of BAPRAS and British plastic surgery. It may also be telling that on 3 December 2012, all of the living previous presidents of BAPRAS had their Presidents’ Dinner at the Cabinet War Rooms, now called the Churchill War Rooms. The photograph held in the archive shows twenty men in black tie dress down in the bunker, which itself is an institution that espouses the ultimate British ‘great man in war’ narrative of Winston Churchill.²⁸⁴

Historian of medicine Roger Cooter, in *Companion Encyclopaedia of the History of Medicine* (1993), convincingly disputes this idea that war creates invaluable innovations in surgery and medicine, although it certainly is the most ‘positivist,’ and ‘implicitly militarist,’

²⁸² Wallace, *The Progress of Plastic Surgery*, 161.

²⁸³ Chapman, ‘Two World Wars and the Years Between,’ 1.

²⁸⁴ ‘Meetings 2012 to 2014,’ BAPRAS/A/Event/13, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

way of looking at war through a medical lens.²⁸⁵ Cooter argues that the people making these generalisations about the historical benefits of war are usually doctors or surgeons themselves.²⁸⁶ Beyond poorly researched or evidenced claims, he writes, the relationship between war and medicine, in which war is described as a ‘perverse handmaiden,’ has been inadequately described.²⁸⁷ In Cooter’s rethinking of this relationship, he separates ‘military medicine’ out from other medical fields, saying that indeed it is only this restricted medical sphere that benefits, not any wider field or discipline extant in peacetime.²⁸⁸ In a more recent publication, medical historian Leo van Bergen’s chapter in *The Palgrave Handbook of the History of Surgery* (2018), confirms that British narratives ‘largely supported the “war is good for medicine” thesis throughout the interwar period.’²⁸⁹ In plastic surgery at least, this narrative filtered down from those with medical power to the patients—providing a sly justification, coded in positivist surgical language, for their pain. The July 1947 issue of the patient magazine *The Guinea Pig* included writing by surgeon C. R. McLaughlin (the surgeon who, according to his obituary cited previously, gave so wholeheartedly to the professional status of plastic surgeons). This piece states: ‘A World War contributes almost nothing to our general welfare; but despite its grim results there is at least one distinct benefit—an advance in the science and art of surgery. This proved true of the 1914-1918 war, and we are seeing it again to-day. In plastic surgery progress has been outstanding on both occasions.’²⁹⁰

²⁸⁵ Cooter, ‘War and Modern Medicine,’ 2: 1544.

²⁸⁶ Cooter, ‘War and Modern Medicine,’ 2: 1544.

²⁸⁷ Cooter, ‘War and Modern Medicine,’ 2: 1536.

²⁸⁸ Cooter, ‘War and Modern Medicine,’ 2: 1556.

²⁸⁹ Leo van Bergen, ‘Surgery and War: The Discussion about the Usefulness of War for Medical Progress,’ in *The Palgrave Handbook of the History of Surgery*, ed. Thomas Schlich (London: Palgrave Macmillan, 2018), 390.

²⁹⁰ C. R. McLaughlin, F. R. C. S. E., ‘PRESENT-DAY TRENDS IN RECONSTRUCTIVE SURGERY,’ *The Guinea Pig* (July 1947): 18, LBY E.81/320.1, Imperial War Museum Archive.

Cooter points out that doctors like McLaughlin often encouraged this generalising narrative of the ‘progress’ of war to strengthen the legacies of the ‘great men’ (perhaps themselves) in their field—a similar narrative to the one that the BAPRAS archive communicates regarding the ‘big four.’²⁹¹ Visual culture, like Orpen’s drawings of procedures with ‘RM’ (Rainsford Mowlem) or ‘JNB’ (John Netterville Barron) written at the top of the page, can help to reinforce the pre-eminence of certain surgeons. Further examples of visual culture bolstering this narrative are Hennell’s photographs of Gillies’s hands (Fig. 38) or McIndoe’s hands (Fig. 39)—Gillies’s hands being used as the cover for his book *The Principles and Art of Plastic Surgery*. These images infuse a type of godlike, art-genius power into the gloved digits of these surgeons.²⁹² Like these photographs, the emphasis on war within surgical histories and archives leads to what Van Bergen calls a focus ‘on individual innovations and accomplishments of heroic war-surgeons,’ with Gillies being a representative example.²⁹³ The most prominent collections in the BAPRAS archive (besides Orpen’s and Hennell’s) are those with the labels ‘Sir Harold Delft [*sic*] Gillies,’ which graces the front of twenty-four boxes, and ‘John Netterville Barron’ and ‘Professor Thomas Pomfret Kilner,’ who each have ten boxes to their names. These three surgeons could be classified as ‘heroic war-surgeons,’ as they are well known for their involvement in British plastic surgery wards during the Second World War (and the First, in Gillies’s case). Further linking BAPRAS to wartime innovation, Barron writes that ‘it was during the war that much of the fundamental philosophy of plastic surgery emerged,’ but

²⁹¹ Cooter, ‘War and Modern Medicine,’ 2: 1544.

²⁹² These images, through the colour photography of Hennell, turn Gillies’s and McIndoe’s hands into pieces of art as well as the hands of the artist. The parallels between the hands of the artist and the surgeon, and the tension between surgeons’ hands as regenerative and as violent, are explored in Mary Hunter’s chapter in *The Palgrave Handbook of the History of Surgery*. Hunter, ‘Art and Surgery,’ 301-25. Parallels between the priest and the surgeon are described in a chapter by Nikolas Rose. Nikolas Rose, ‘Medicine, History and the Present,’ in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London: Routledge, 1994), 48-72.

²⁹³ Van Bergen, ‘Surgery and War,’ 390.

that the formation of the Association was necessary for ‘all these thoughts and experiences’ to be ‘digested properly.’²⁹⁴ Therefore, according to the narrative of BAPRAS’s archive and surgeons, war and the Association go hand-in-hand as the fertilising agents that allowed the entire field of plastic surgery to grow and bear fruit.

This focus on the wartime origin of the practice of plastic surgery helps to move the definition of the plastic surgeon’s job away from being purely cosmetic—another obvious item on the agenda of the BAPRAS archive. Both Haiken and Gilman, in their histories of the field, comment extensively on this desire for many plastic surgeons to eschew the cosmetic and frivolous connotations of their practice. Haiken writes that in the American context (in many ways similar to the British one), the focus on war and reconstruction shows that ‘these surgeons were claiming a particular version of their history’—one that separated them from ‘beauty doctors.’²⁹⁵ She also writes that the emphasis on the wartime genesis of the field, particularly on World War I and Gillies (who trained many Americans), ‘paints plastic surgery as purely, or at least primarily, a medical phenomenon.’²⁹⁶ Gilman explains that ‘aesthetic’ surgery was often used as a pejorative antithesis to reconstructive surgery, which had a ‘restoring function.’²⁹⁷ Several decades after the period on which Haiken and Gilman were commenting, Wallace writes that the ‘still present criticism of cosmetic surgery’ is a ‘regrettable [*sic*] feature in the history of plastic and reconstructive surgery.’²⁹⁸ Providing evidence that bolsters Wallace’s statement, Haiken cites a 1991 image audit by the American Society of Plastic and Reconstructive Surgeons, which showed that to the American public, plastic surgery and cosmetic surgery were

²⁹⁴ Barron, ‘The Origins of the BAPS,’ 13.

²⁹⁵ Haiken, *Venus Envy*, 5.

²⁹⁶ Haiken, *Venus Envy*, 18, 34.

²⁹⁷ Gilman, *Making the Body Beautiful*, 8, 12.

²⁹⁸ Wallace, *The Progress of Plastic Surgery*, 99.

‘practically synonymous.’²⁹⁹ Current Honorary Archivist Roger Green writes that in the previous few decades ‘the public perception of plastic surgery had become very much weighted toward cosmetic surgery, ignoring our primary remit of reconstruction.’³⁰⁰ This concern is one that continues to appear, year after year. In an interview, archivist Neave said that the primary focus of the archive was surgical reconstruction, over anything else.³⁰¹

This was one reason that the name BAPS was revised to BAPRAS in 2005, adjusting to include the words ‘reconstructive’ and ‘aesthetic.’ This change was not an easy one, and out of 112 responses to the September 2004 survey on the subject, there were fourteen BAPRAS (then-BAPS) surgeons opposed to the renaming, and another nineteen who wanted a different name, most notably: the British Association of Plastic and Reconstructive Surgeons.³⁰² The problem was clearly the word ‘aesthetic,’ which suggests surface, skin-deep surgical change only for frivolous or vain reasons. Then-President Michael Earley had to remind his associates of the *artistic* rather than *trivial* connotations of this term in order to try to get the motion passed: ‘The use of this word recognises the thread of artistry that extends throughout our specialty’—here Earley clearly relies upon the plastic-surgery-as-art trope that is outlined in the thesis introduction.³⁰³ The negative public perception of plastic surgery as a purely aesthetic and cosmetic procedure, to which Wallace, Green, and many other BAPRAS surgeons react strongly, arose as early as the sixteenth century. Historian Emily Cock delineates how in that period ‘plastic’ became a term that distanced the field from the conceit of the cosmetic—but clearly by the twentieth and twenty-first centuries this word had taken on more aesthetic connotations.³⁰⁴

²⁹⁹ Haiken, *Venus Envy*, 295.

³⁰⁰ Green, ‘Editor’s Notes,’ 15.

³⁰¹ Neave, interview by the author.

³⁰² Michael Earley, ‘From BAPS to BAPRAS,’ in *BAPS to BAPRAS: The History of The Association 1986-2016*, ed. A. Roger Green (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2016), 18.

³⁰³ Earley, ‘From BAPS to BAPRAS,’ 19.

³⁰⁴ Cock, “‘Lead[ing] ‘em by the Nose into Publick Shame and Derision,’” 2.

With their 2005 name change, members of BAPRAS performed their own type of cosmetic surgery on their profession's image as a whole in Britain. Therefore, the collection within the BAPRAS archive would have to further this ideal of the plastic surgeon as one who reconstructs and rebuilds, not as one who nips and tucks. Of course, these surgeons would still like to fancy themselves as sculptors or artists, so the ideal for them would be to be considered 'serious' reconstructive surgeons but with the genius-endowed hands of the artist, as emphasised by Hennell's photographs of Gillies and McIndoe (Fig. 38 and Fig. 39). The Association's journal, copies of which are also held within the archive, transitioned from the *British Journal of Plastic Surgery* to the *Journal of Plastic, Reconstructive and Aesthetic Surgery* between 2005 and 2006. The dropping of the word 'British' in this title shows that BAPRAS members were aware of the sometimes-insular conversations about plastic surgery that were being had within the Association. Relating to the previous discussion of the emphasis on the Britishness of plastic surgery within BAPRAS, the journal editor at the time of the name change called for the dropping of the 'potentially toxic restraint of "British" in the title.'³⁰⁵ This demonstrates that the focuses of these types of organisations can change; especially when tied to a group with a shifting identity, an archive like BAPRAS's is filled with the past narratives and desires of the association's members that may become outdated.

In relation to plastic surgeons' identities as practitioners who *reconstruct*, another detail that stands out within the BAPRAS archive is that it was and is physical trauma that these surgeons repair. However, as both reconstructive and cosmetic plastic surgeons have been aware throughout the twentieth century and even earlier, as I have explained, there is an element of psychological damage or trauma that can be mitigated or exacerbated by plastic operations. Even

³⁰⁵ Simon Kay, 'From BJPS to JPRAS,' in *BAPS to BAPRAS: The History of The Association 1986-2016*, ed. A. Roger Green (London: The British Association of Plastic, Reconstructive, and Aesthetic Surgeons, 2016), 52.

with this precedent for understanding the psychological difficulty that often accompanies surface injury or difference, particularly of the face, physical trauma is, understandably, privileged in the BAPRAS archive. As shown in the 1997 cumulative index of the Association's journal that is held in the archive, during fifty years of publication there were only twenty-six articles that dealt with the themes 'psychiatric studies,' 'psychological studies,' or 'psychosocial effects / adjustment.'³⁰⁶ This is in a journal that was published monthly during those fifty years. This does not mean that the psychological effects were completely ignored by plastic surgeons. In histories of plastic surgery, it is often commented upon that the field grew up around the same time as psychology and psychoanalysis, the implication being that both plastic surgery and psychology looked to improve a person's mental state and happiness.³⁰⁷ But in the archive, and the journal, the physical element of plastic surgery is privileged, not only because this is the primary remit of the surgeon, but also because the repair of outward trauma is much more easily described through visual media.

The BAPRAS collections reveal to us some vital points that their creators put forth for Association members and for those who access the public archive: that there are 'great men' who must be remembered, that there is a distinctly British narrative of the genesis and subsequent innovations of plastic surgery, that war is a necessary sacrifice for the progress of the discipline, that the image of the profession should lean away from the purely cosmetic, and that physical trauma is the primary concern of plastic surgeons. As visual materials made during war in Britain, and under the direction of 'big four' members, Orpen's and Hennell's drawings and photographs help contribute to and illustrate these accounts. The archive constructs and supports

³⁰⁶ *British Journal of Plastic Surgery: 50-Year Cumulative Index 1948-1997* (London: The British Association of Plastic Surgeons, 1997), 53.

³⁰⁷ Haiken, *Venus Envy*, 109.

these explicit and implicit narratives that create a neat story to be passed on through generations of surgeons—but one who looks at these histories from an outside perspective can also read unintended counternarratives within the BAPRAS collection. Following on from this extended explanation of the versions of surgical history that the BAPRAS archive establishes, the next sections will outline theories of the archive and how they connect to the story of psychological trauma that haunts this archive of primarily physical injury and reconstruction.

Part Two – Counternarratives: Thinking through the Archive

It would be impossible to cover all of the archive theory relevant to my analysis of the BAPRAS collection; instead, I will examine the most important and interesting threads in the interconnected work of two prominent theorists of the archive: Jacques Derrida and Carolyn Steedman.³⁰⁸ These two scholars are vital to my argument because of how they approach their archives. Jacques Derrida aligns the archive with Freudian psychoanalysis; Carolyn Steedman discusses the evolution of history writing since the nineteenth century through the silences, traces, and omissions within the archive, as well as historians' embodied experiences within it. While Steedman asserts in her acknowledgments that her book *Dust* (2001) 'neither promises nor delivers an engagement with [Derrida's] thought,' I will show that pairing their writings is a useful exercise for considering the BAPRAS archive.³⁰⁹ Derrida and Steedman's conceptualisations of the archive—as a site of remembrance, amnesia, power, justice, and

³⁰⁸ Examples of excellent scholarship on the historical archive and theories of the archive that I have not been able to analyse in depth in the text of this chapter: Arlette Farge, *The Allure of the Archives*, trans. Thomas Schott-Railton (New Haven, CT: Yale University Press, 2013). Charles Merewether, ed., *The Archive* (London: Whitechapel Gallery, 2006). Karen Cross and Julia Peck, eds., 'Special Issue on Photography, Archive and Memory,' *Photographies* 3, no. 2 (2010).

³⁰⁹ Steedman, *Dust*, viii.

psychoanalysis—are the most helpful frameworks for understanding my own experiences with and impressions of the archive at BAPRAS.

The first relevant concept is the drive to collect, or, as Derrida calls it, ‘archive fever.’ Plastic surgeons’ efforts to save materials from being disposed are remarked upon by Orpen in her sketchbook, quoted at the beginning of this chapter, and reinforced in writings by surgeons and archivists like Brian Morgan. Derrida explains this frantic drive to archive in his seminal post-structuralist text *Archive Fever: A Freudian Impression* (1995), which has the French title *Mal d’Archive*. According to Derrida this ‘illness’ (*mal*) stems from Freud’s concept of the death drive.³¹⁰ Derrida states that the death drive—the human impetus towards denaturation through forgetting and destruction—provides a Freudian rationale for the archive, as the archival space becomes a tool for remembrance, preservation, and repetition in the face of this threat.³¹¹ Steedman argues in her compelling article ‘Something She Called a Fever: Michelet, Derrida, and Dust’ (2001) and in her longer monograph *Dust*, that the term ‘fever’ in the English translation of Derrida’s work does not adequately describe the true meaning of his concept. She writes that instead the French word suggests that the fever is ‘a kind of sickness unto death—that Derrida indicated *for* the archive: the fever not so much to enter it and use it as to *have* it.’³¹² We can see this feverish approach in the actions and emphases of BAPRAS members described in Part One: they want more than anything for themselves and for their professional lineage to be remembered and preserved.

³¹⁰ Freud’s first and central text on the death drive: Sigmund Freud, *Beyond the Pleasure Principle*, ed. Ernest Jones, trans. C. J. M. Hubback (London: International Psycho-Analytical Press, 1922 [1920]).

³¹¹ Derrida, *Archive Fever*, 19, 29.

³¹² Carolyn Steedman, ‘Something She Called a Fever: Michelet, Derrida, and Dust,’ *The American Historical Review* 106, no. 4 (October 2001): 1159. Steedman, *Dust*, 2.

The second relevant point gleaned from these archive theorists is that the creators of the archive are seen to have ultimate meaning-making power. As Derrida writes, and as has been shown regarding the surgeons who facilitated the birth of the BAPRAS archive, historically those who created and kept the archive ‘were considered to possess the right to make or to represent the law.’³¹³ The collections that they have chosen to archive, including the images by Orpen and Hennell, become important and representative because they are what is studied and reinterpreted by historians—in the case of the BAPRAS histories, these historians are also intimately connected with the field as surgeons themselves. Steedman writes that it is ‘the historian who makes the stuff of the past (Everything) into a structure or event, a happening or a thing.’ When the historian is also a surgeon, the historical project is still tied up with the structure of power from which the raw material of the archive was built. Going far beyond the narratives delineated in the previous section, it is the role of historians to create something out of what Steedman terms a ‘double nothingness’: the nothingness of the silences and gaps of the archive, and the emptiness of history never having quite happened in the way that it is represented as happening by those in power.³¹⁴

Related to the power of archive-creation, Derrida and Steedman’s approaches to the beginnings of archives are particularly interesting—especially after the above-described genesis of the BAPRAS archive. Derrida starts *Archive Fever* by outlining the etymology of the term ‘archive’: ‘*Arché*, we recall, names at once the *commencement* and the *commandment* ... *there* where things *commence*—physical, historical, or ontological principle—but also the principle according to the law, *there* where men and gods *command*, *there* where authority, social order

³¹³ Derrida, *Archive Fever*, 2.

³¹⁴ Steedman, *Dust*, 154.

are exercised *in this place* from which *order* is given.³¹⁵ Here Derrida relates *power* to *commencement*; the commandment to create the archive by those in power suggests that the time from which the first documents come marks the beginning of the history.

But as Steedman notes, Derrida's insistence on etymology is as futile as an insistence on finding the commencement of an archive, as archives are always *in medias res*; they never start at the beginning: 'Nothing starts in the Archive, nothing, ever at all, although things certainly end up there.'³¹⁶ It is there, *in medias res*, that we find Orpen's drawings and Hennell's photographs. They are both—at their moment of creation and in their delivery into the hands of the BAPRAS Honorary Archivist—already part of the narratives that were in the process of being crafted by British plastic surgeons. Some examples: their artistry lent additional substance to the likening of plastic surgery to a high art; their attachments to Mowlem, Gillies, and McIndoe further empower the legacy of the 'big four' by arming them with visuals; and both surgical artists worked during war in primarily reconstructive surgery wards. This context for their images fortifies ideas that great, male plastic surgeons are forged and trained during armed conflict *and* that they are first and foremost reconstructive, reparative surgeons, not cosmetic ones.

While we as historians are trying ineffectually to find the beginning of the archival story, which Steedman points out 'in a deluded way—we think might be the moment of truth,' we also are trying to find the root of the stories of the individuals depicted or described in the archive; in this case, the patients.³¹⁷ Much of Steedman's writing looks at the physical experience of the historian in the archive, how the meanings in these spaces are always elusive, as is the sense of

³¹⁵ Derrida, *Archive Fever*, 1.

³¹⁶ Steedman, 'Something She Called a Fever,' 1175. Steedman, *Dust*, 45.

³¹⁷ Steedman, 'Something She Called a Fever,' 1160. Steedman, *Dust*, 3, 5.

‘doing justice’ to those whose lives have ended, been documented in some small way, and placed into archives. She writes that what historians do, ‘or what we believe we do,’ is to ‘make the dead speak.’³¹⁸ It has become a focus of mine, in addition to telling Dickie Orpen’s story, to give care and due diligence, where possible, to the experiences of the patients depicted. One way of doing so is to acknowledge and write about not only their physical struggles but their mental trauma as well. Since there are no extant case files in the BAPRAS archive for the World War II patients depicted by Orpen and Hennell, I have found myself searching for a new way of accessing an understanding of their traumatic experiences.

Derrida’s metaphor to explain archival phenomenology is the phone voicemail of someone who has died. He writes that interacting with an archive is ‘a bit like an answering machine whose voice outlives its moment of recording: you call, the other person is dead now, whether you know it or not, and the voice responds to you, it can even give you instructions, make declarations to you, address your requests, prayers, promises, injunctions.’³¹⁹ As Jeanne Woodcraft, one of the curators of Orpen’s 2008 exhibition, says, ‘We overlook so much of what we just take to be recordings’—the implication, of course, being that these drawings contain more than the records of injuries and surgeries.³²⁰ Woodcraft means this in terms of the artistic value of Orpen’s drawings, but this also applies to the theoretical implications of these images as individual objects and as an archived group. Orpen’s drawings, and Hennell’s photographs, become embodiments of these patients’ personal experiences that allow a reading into their physical, but also perhaps their mental, states at the time of injury and operation.

³¹⁸ Steedman, *Dust*, 150.

³¹⁹ Derrida, *Archive Fever*, 62.

³²⁰ Jeanne Woodcraft, interview by the author, Birkbeck School of Arts, London, UK, 9 November 2017.

To construct some sort of entry into this ultimately unknowable trauma, I have taken a psychoanalytic approach to the BAPRAS archive, looking at it as a structural metaphor for the traumas that may have been suffered by the depicted patients. This is not a true psychoanalysis of the archive, but rather a comparison between the traumatic archive and traumatised brain, an analogy posited by Derrida.³²¹ Steedman points out that it is a common mistake to assume that Derrida is writing about the archive at all; rather, she argues that *Archive Fever* is about Freud (and Freud's archive) and psychoanalysis.³²² Steedman is correct in that most of Derrida's text actually focuses on Yosef Yerushalmi's interpretation of Freud's publication *Moses and Monotheism* (1939), as well as the theme of psychoanalysis.³²³ Nonetheless, Derrida does draw connections between the structure of the archive and the structure of human memory, allowing, in my case, for psychoanalysis to be applied to archives. Finding the beginning of a history is a goal of both the historian and the psychoanalyst. They both try to reveal the forgotten stories that are relevant enough to be brought back into the present-day consciousness. Derrida thinks through the ways in which the archive is assembled, and how, like psychoanalysis, the historian's search for meaning in the archive is about uncovering repressed thoughts and stories while also deconstructing the established narratives that may be acting as barriers to other interpretations.

³²¹ Derrida draws these connections between archiving and remembering by commenting on Freud's short piece of writing, 'A Note upon the "Mystic Writing-Pad."' The idea of the mystic writing-pad partially influences Derrida's use of the word 'impression' in his book's subtitle. Derrida, *Archive Fever*, 18-19, 27. The 'Mystic Writing-Pad' describes a children's toy in which text can be written on a sheet over wax, and when it is lifted, the text disappears from the sheet but remains faintly inscribed on the wax tablet beneath. Freud comments that the mechanics of this toy is how he 'tried to picture the functioning of the perceptual apparatus of our mind.' Sigmund Freud, 'A Note upon the "Mystic Writing-Pad" (1925),' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (London: Hogarth Press, 1961), 19: 232.

³²² She states that in truth Derrida speaks about something to do with 'psychoanalysis, or deconstruction, or Sigmund Freud; or with political and social misuses of power.' Steedman, 'Something She Called a Fever,' 1162.

³²³ Sigmund Freud, *Moses and Monotheism*, trans. Katherine Green (London: Hogarth Press, 1939).

While there is much comment on war and the ‘big four,’ the contents of the BAPRAS archive are noticeably quiet on the subject of psychological trauma and the mental repercussions of facial injury and repair. Therefore, while the archive is a space of preservation, it is also one of repression. Mental pain is invisible in the narratives of plastic surgery that this archive presents because of the primarily results-driven and visual formats prioritised in the documents that make up BAPRAS’s histories of plastic surgery. Drawings like Orpen’s and photographs like Hennell’s very clearly show surgical processes as undeniable progress by surgeons in wartime. These are the success stories—for both the patients and for the surgeons who operated. While there will be scars and facial differences left on the visages of many of these patients, surgeons past and present can consider many of these people ‘fixed.’ The psychological questions—the long-term mental effects of having been injured and repaired—are far more elusive. Pre- and post-operative pictures that suggest changes to mental states do exist from this period, but they are more contrived, such as the images in American surgeons Walter Freeman and James W. Watts’s textbook on lobotomies from 1950.³²⁴ British plastic surgeons were more interested in demonstrable physical change, something difficult to truthfully express in relation to psychological improvement.

Because I could not find any textual or visual reference to the psychological trauma suffered by the patients that Orpen and Hennell depicted, I found myself looking for counternarratives within the BAPRAS archive’s story. As Steedman writes in *Dust*, ‘historians read for what is *not there*: the silences and the absences of the documents always speak to us.’³²⁵ Steedman explains the shift of the historian’s focus from narrative to counternarrative. She

³²⁴ Walter Freeman and James W. Watts, *Psychosurgery: In the Treatment of Mental Disorders and Intractable Pain*, 2nd ed. (Oxford, UK: Blackwell Scientific Publications, 1950).

³²⁵ Steedman, *Dust*, 151.

postulates that each historian's archive, and each historian's experience within the same archive, is different from that of the next. Historians' varied interpretations and interactions with the archive will produce counternarratives that are read against the grain of the organisational status quo.³²⁶ The lacunae within the BAPRAS archive communicate what the Association's surgeons and archivists never intended: psychological trauma is relegated to hiding in the cracks in between the primary narratives of the archive outlined in Part One. The transition in meaning-finding in this space is the transition from the stories told or implied by those who created and contributed to the archive, to the archive's silences, strangeness, and affecting power.

Part Three – Repression and Sublimation in the Archive

Accessing the psychological traumas concealed in the BAPRAS archive can begin with the archive's structural idiosyncrasies. Traumatic memories are often repressed as a way to cope with psychological trauma. I argue that repression happens in the BAPRAS archive because the goal of preserving one type of knowledge (primarily the surgical, as well as the biographical knowledge of the 'great men' of surgery), means that another type of knowledge is pushed to the side (the psychological or traumatic). Trauma theorist Cathy Caruth, in *Literature in the Ashes of History* (2013), writes that an 'encounter with the archive is ... an interpretation that appears like a return, but it is also an event that partially represses, as it passes on, the inscriptions it encounters.'³²⁷ The repressions within the BAPRAS archive can be thought of as political,

³²⁶ Steedman, *Dust*, 9. This practice in history writing is first described by Walter Benjamin, who explains that the 'documents of civilisation' are 'barbaric,' and to combat this 'barbarism,' the historian must 'brush history against the grain'—they must read and write narratives that go against the ones established by those in power. Walter Benjamin, 'Theses on the Philosophy of History,' in *Illuminations*, ed. Hannah Arendt, trans. Harry Zohn (New York: Schocken Books, 1968 [1942]), 256-57.

³²⁷ Cathy Caruth, *Literature in the Ashes of History* (Baltimore, MD: Johns Hopkins University Press, 2013), 78.

strategic, or emotional; they are either meant to further a certain narrative or to preserve the psyches of those most frequently in contact with the collection.

One of the clearest examples of a repression in the BAPRAS archive occurs in the boxes that hold Hennell's photographs. The archivist often placed the more healed images at the top of each patient's folder, even though this upsets the visualisation of the surgery's progression and the patient's recovery. Former BAPRAS archivist and Assistant Curator Kristin Hussey explains that she was likely the one who organised the photographs this way, although she had not purposefully buried the more severe injuries underneath the images of healing.³²⁸ It seems that this was done to protect the archive viewer, or even the archivist herself, from being caught off guard by the intensity of the images. The photographs of the 'healed' patient, prioritising the handiwork of the surgeons whose legacies BAPRAS protects, also emphasise what BAPRAS and Neave feel to be the collection's main message: reconstruction. But this means that 'after' images appear before 'before' images, and the first photograph that the viewer sees is a patient with a newly scarred but relatively clear face.

The Billingsley collection (Figs. 33 – 37) is one outright example of this type of unconscious curating. The Billingsley folder (BAPRAS/HEN/4/2) contains five photographs. To unveil the images, first a grey box must be opened, then a pale burlap bow around the folder inside is untied. Finally, each of the four side flaps of the manila folder are pried off of the top photograph, gradually revealing the physical trauma and repair within. When I first undid the Billingsley folder, the face looking up at me (only 'looking up at me' in terms of the 'face' of the photograph, as Billingsley's eyes are closed or downcast in her images) was one of a scarred woman with her head held upright (Fig. 37). This is not an overly shocking or difficult image.

³²⁸ Kristin Hussey, interview by the author, Royal College of Physicians, London, UK, 16 January 2019.

There is only a hint of devastating injury in the lightly coloured textured areas to the left of and below her mouth and across her neck—although the colour that Hennell uses (explored in Chapter Three) makes it clear that these scars will remain intractable reminders of Billingsley’s injury and surgeries. The materiality of this image gives it a certain finality, framed by gold and grey cardboard and labelled with the patient’s name, the date of the photograph, and ‘THE METAL BOX COMPANY LTD. Photographic Department. COLOUR PHOTOGRAPH BY HENNELL.’ Apart from Billingsley’s eyes (which bring to mind questions of her discomfort and perhaps a felt invasion of privacy during the taking of this photograph), this could be an innocuous passport photo for a woman with curled hair, a collared shirt, and plucked eyebrows.

The realities of Billingsley’s experience in the plastic surgery ward of Hill End Hospital are buried underneath the cleaner, more palatable image of her coiffed hair and pink but healing scars. This practice of archival repression within the BAPRAS collection relates to Freud’s idea of sublimation.³²⁹ Like repression, sublimation is a coping mechanism; it allows an individual to take unsocial practices and turn them into socially accepted ones. Freud argues that sublimation was put in place by individuals for the greater good of an intellectual, cultured, and functioning society. Neither a badly burned face (Fig. 33), nor a neck with a tube of skin wrapped around it (Fig. 35), are often seen or accepted in the everyday propagation of images. The archivist of BAPRAS’s public collections has sublimated these socially and emotionally difficult photographs and replaced them with more palatable, scarred but healing, visages. Besides her obvious scarring, Billingsley’s medical outcome would have been a successful one to the reconstructive surgeons who worked on her. Her face was rebuilt to resemble one that did not deviate far from the accepted norm, as it did not display burned skin or missing parts. Therefore,

³²⁹ See: Sigmund Freud, *Civilization and Its Discontents*, trans. James Strachey (New York: W. W. Norton & Company, 1961 [1930]), 26, 44, all.

keeping the purpose of the BAPRAS archive in mind, it makes sense that the top photograph in many files would espouse the values of reconstructive innovation and success. The sublimated and repressed structure of the Hennell photograph files, then, is a teleological one: although the drawings and photographs held by BAPRAS were created to teach and inform, in their current arrangement in the archive these images are much more focused on the positive results of the surgery than on the traumatic process itself.

Freud's contemporary Pierre Janet criticised physicians who were afraid to bring up mental distress or repressed memories with their patients. He quipped that the physician 'might as well say that a surgeon must never touch a wound for fear of infecting it.'³³⁰ The surgeons who operated on patients like Billingsley obviously touched the wounds, sculpted her raw skin, and pieced her burnt visage together. But it seems that the BAPRAS archivists were less keen to 'touch' her wound through the photographic representations of the patient's trauma.³³¹

As soon as the first photograph in the Billingsley folder is lifted up by a visitor to the archive, the trauma of the patient's journey becomes abundantly clear. If the last photograph of Billingsley is as close to society's expectations as a reconstructed face can get, then the earlier photographs of her—showing an unsettling tube of the patient's own skin first connecting her left cheek to her left arm (Fig. 34) and then wrapped around her chin like an unnatural beard (Fig. 35)—are far removed from that convention. The BAPRAS archive represses and sublimates this peculiar process of constructing a tube of flesh to reconstruct a woman's face. In addition to the surgical trauma, the original injury (Fig. 33) that constricted, reddened, and bubbled

³³⁰ Pierre Janet, *Psychological Healing: A Historical and Clinical Study*, trans. Eden Paul and Cedar Paul (London: George Allen & Unwin, 1925), 1: 670.

³³¹ As mentioned in a previous footnote in this chapter, the haptic sensibilities of both the artist's hand and the surgeon's hand are explored in Mary Hunter's chapter in *The Palgrave Handbook for the History of Surgery*. Hunter, 'Art and Surgery,' 303.

Billingsley's skin is also buried under less traumatic imagery. As Derrida writes, the 'first archivist institutes the archive as it should be, that is to say, not only in exhibiting the document but in *establishing* it.'³³² The BAPRAS archive is someone else's interpretation and suggestion of how to approach these images of Billingsley. It is not a representation of how the physical trauma, or any accompanying mental distress, actually happened to the patient; and yet, the symptoms of psychological trauma, such as repression, haunt the folders.

Several of Hennell's photographs show a more overtly positive interpretation of the psychological effects of plastic reconstructive surgery. The smiling captain photographed by Hennell (Fig. 40) is an 'after' image; there is nothing that comes before this picture, but one can imagine that the patient was not smiling before his reconstructive surgeries. In his history of plastic surgery, Gilman writes that the general purpose of 'before and after' photographs was to show that those who had been reconstructed could 'have better personalities, be better potential marriage partners, and be "happier."³³³ This is plainly the case with the photograph of this captain, although archive visitors cannot be sure of what the 'before' image looked like. Once again, only a certain story of the interiority of these patients is privileged in the BAPRAS archive, and it is one that benefits the narratives and legacies of the pioneering surgeons whose names are on a majority of the grey boxes on the archive's shelves.

Part Four – Intrusive Memories and Dissociation in the Archive

A conflation or confusion of past events is a common symptom of psychological trauma; we see an approximation of these phenomena within the archive through the disorientation of patients' timelines of surgery and recovery. In 1920, Freud gave a lecture about several of his traumatised

³³² Derrida, *Archive Fever*, 55.

³³³ Gilman, *Making the Body Beautiful*, 37.

patients. He explained their symptoms thus: ‘It is as though these patients had not finished with the traumatic situation, as though they were still faced by it as an immediate task which has not been dealt with.’³³⁴ Since Freud, the unwanted recurrence of traumatic memories has been a defining characteristic of war trauma (and the current diagnosis of Post-Traumatic Stress Disorder) and it is also a symptom of related dissociative disorders.³³⁵ In the above-quoted lecture and in *Beyond the Pleasure Principle*, Freud grapples with the temporal paradoxes of what he calls traumatic neuroses. The traumatic past cannot be returned to by will, but rather it returns, full-force, against the will of its victim, prompted by the death drive.³³⁶ These completely unwanted recurrences—intrusive and uncannily real memories appearing without any action by the memory’s holders—perplexed Freud. Freud was not the only psychologist writing on the definitions of trauma and traumatic memory. His contemporary Janet asserts in *Psychological Healing: A Historical and Clinical Study* (1925) that a traumatic memory is specifically one that will ‘recur again and again at the present time.’³³⁷ Caruth, writing more recently, supports this Freudian and Janetian observation, writing that trauma is ‘an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena.’³³⁸ In other words, intrusive memories, and returning to the past, are an accepted component of psychological trauma from the early twentieth century to today.

³³⁴ Sigmund Freud, ‘Fixation to Traumas—The Unconscious,’ in *Introductory Lectures on Psychoanalysis*, trans. James Strachey (London: Penguin Books, 1991 [1920]), 1: 315.

³³⁵ It is not correct to refer to the shell shock of World War I that Freud writes about as Post-Traumatic Stress Disorder, as that would then be anachronistic, since PTSD is not a timeless, evergreen diagnosis. Allan Young successfully traces the differences and socially constructed meanings of different traumatic disorders from shell shock to PTSD. Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, NJ: Princeton University Press, 1995).

³³⁶ Freud, *Beyond the Pleasure Principle*, 9.

³³⁷ Janet, *Psychological Healing*, 1: 671.

³³⁸ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore, MD: Johns Hopkins University Press, 1996), 11-12.

Another related psychological process that can stem from traumatic memory is dissociation.³³⁹ This term is applied to several types of psychological experiences and symptoms, but most generally it can be taken to mean the detachment of memories or experiences from the true, singular narrative of one's life. Dissociation can be a symptom that appears in several trauma-related disorders, or it can be a disorder in itself, sometimes manifesting as dissociative personality disorder (formerly known as multiple personality disorder).³⁴⁰ Janet is the psychoanalyst most closely associated with the study of dissociation, but it was Freud who posited that a dissociated detachment from reality was a coping mechanism against traumatic stress or memories, conceptualising dissociation as something that happens when a traumatic memory is repressed for self-preservation.³⁴¹

Dissociation occurs when normal processes, memories, or even identities are broken down and separated out from the normal progression of a personal narrative. Most recently, the American Psychiatric Association (APA) in *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (2013) states that 'dissociative disorders are frequently found in the aftermath of trauma' and that they 'are characterised by a disruption of and / or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception.'³⁴² In *DSM-5*, dissociative disorders are grouped together with trauma-related disorders (like PTSD), but are classed separately. Ellert Nijenhuis and Otto van der Hart

³³⁹ A discussion of the relationship between trauma and dissociation can be found here: Martin J. Dorahy and Otto van der Hart, 'Relationship between Trauma and Dissociation: A Historical Analysis,' in *Traumatic Dissociation: Neurobiology and Treatment*, ed. Eric Vermetten, Martin J. Dorahy, and David Spiegel (Washington, DC: American Psychiatric Publishing, 2007), 3-30.

³⁴⁰ Eric Vermetten, Martin J. Dorahy, and David Spiegel, eds., *Traumatic Dissociation: Neurobiology and Treatment* (Washington, DC: American Psychiatric Publishing, 2007), xix.

³⁴¹ John C. Nemiah, 'Early Concepts of Trauma, Dissociation, and the Unconscious: Their History and Current Implications,' in *Trauma, Memory, and Dissociation*, ed. J. Douglas Bremner and Charles R. Marmar (Washington, DC: American Psychiatric Press, 1998), 11.

³⁴² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, VA: American Psychiatric Publishing, 2013), 291.

highlight the difficulty of precisely defining dissociation, but one way that it is understood is as a coping mechanism against traumatic memories, when ‘the individual lacks the capacity to integrate adverse experiences in part or in full’ and dissociative symptoms ‘can be categorized as negative (functional losses such as amnesia and paralysis) or positive (intrusions such as flashbacks or voices).’³⁴³ In order for the symptoms of a traumatic memory disorder like dissociation to abate, Janet writes that the correct ‘memory of the happenings’ must be restored, or reassociated.³⁴⁴

Freud’s and Janet’s conceptualisations of intrusive memories and dissociative thoughts apply to the BAPRAS archive because of the ways that the structures of these symptoms are mirrored in Orpen’s sketchbooks and the construction of the archive itself. In Orpen’s sketchbooks the same patient will appear multiple times in several books or with their surgeries out of order. These patients’ traumatic experiences therefore are ‘dissociated’ like the memories that Janet described. The viewer becomes overwhelmed by the patient’s unintegrated, jumbled, and seemingly never-ending surgical narrative. Intrusions that are structured like recurring memories or dissociated entities appear within the sketchbook organisation of Orpen’s drawings, when a patient has surgeries or steps of surgeries spanning across many pages or sections of the same sketchbook or across multiple sketchbooks.

For example, in addition to the previously described high number of Orpen drawings that depict Billingsley, the shrunken and dazed-looking patient Hammer appears throughout Orpen’s collection, in sketchbooks #6, #7, #8, #9, #11, #14, and #15. The chaotic expansiveness of the sketchbooks makes it difficult for the viewer to discern how the operations really unfolded for

³⁴³ Ellert R. S. Nijenhuis and Onno van der Hart, ‘Dissociation in Trauma: A New Definition and Comparison with Previous Formulations,’ *Journal of Trauma & Dissociation* 12, no. 4 (Summer 2011): 418.

³⁴⁴ Janet, *Psychological Healing*, 1: 673.

these patients, and in which order, as stages of surgeries like Hammer's are often not organised chronologically within the sketchbooks themselves. The confusion of these sketchbooks—with annotations in French, English, and sometimes Latin seemingly only meant for Orpen herself—complicates the educational purpose of the Orpen collection in BAPRAS. The perspectives from which Hammer is portrayed varies—sometimes it is a sparse facial portrait (Fig. 41), and sometimes the drawing is focused on the construction of tube pedicles (Fig. 42)—and the dates and surgical procedures change from image to image. The name of this patient varies as well: sometimes Orpen refers to her as Hammer, sometimes Mrs Hammer, and sometimes Miss Hammer.³⁴⁵ Conceptualising these drawings as intrusive memories, but also as dissociated identities that bounce across time, is aided by the patient's changing titles. The variant names make it seem that the patient's age and persona are vacillating, with 'Miss' being associated with a younger, unmarried woman and 'Mrs' being perceived as the honorific of an older woman, creating difficulty in keeping track of her one identity.

From one sketchbook to the next, some patients, in the form of Orpen's pencil drawings, come back to haunt the archive viewer in an unchanged state of trauma—like an intrusive memory. For example, one depiction of Hammer in Sketchbook #6 from 9 December 1942 (Fig. 42) shows the patient with two tube pedicles connecting her wrist and her abdomen. Hammer reappears, in this same physical state but with more of her body drawn, in a sketch in Sketchbook #7 from January 1943 (Fig. 43). The positional similarities of these two works show that Hammer had been practically immobile for a whole month, sitting in the ward at Hill End with her skin sculptures attaching her arm to her body. These comparable images, separated by about one hundred pages, show that Hammer's state of trauma did not change over a substantial

³⁴⁵ The type of surgery being drawn assures the viewer that we are indeed looking at the same patient across these many drawings and sketchbooks labelled with the slightly variant names.

period of time. Hammer's bodily burns occurred—or at least were first operated on—in December of 1942, the date listed for Sketchbook #6. When one opens up Sketchbook #14 or Sketchbook #15, it does not seem like Hammer should be listed in the inside cover as one of Orpen's patients. And yet she is there, her name appearing to surprise the viewer with visual memories of her months-long traumatic journey.

There is another unconscious reference to the unfinished business of a traumatic past in Orpen's sketchbook annotations. Orpen's pages linguistically allude to the repetitive characteristic of traumatic intrusive memories and the scrambling nature of dissociation with the innocuous-sounding Latin word 'finis.' While Orpen more frequently used French in her annotations, the tense of this word in French would be the second-person singular, 'you finish,' while in Latin 'finis' means 'end.' Therefore, like the 'JNB fecit' annotation mentioned in the thesis introduction, this 'finis' annotation must be Latin. Orpen often put this word in a top corner of her paper when she believed that the surgery was finished. It may have been the end of that particular operation, yet the word adds a false sense of conclusion, because it is almost never a *true* finish, as the same patient will materialise again in a later sketchbook. In a drawing from 19 February 1943 (Fig. 44), Orpen writes 'finis.' However, another drawing (Fig. 45) of this patient was done in June of that same year. This patient, Fitzgerald, would undergo many more surgeries, and he appears in seven later sketchbooks, long after Orpen first wrote 'finis' next to his name (and she would do this several more times). The last sketchbook drawing of Hammer in Sketchbook #15 also says 'finis' (Fig. 46). This may in fact be the last drawing of Hammer, but since many pages are missing from the later sketchbooks, I cannot be certain that further drawings did not exist. Regardless, this final drawing of Hammer (Fig. 46), the last one in Orpen's extant sketchbooks and one marked with 'finis,' provides no closure for the patient's

injuries or surgeries. It shows the removal of a small scar or strip of skin. It is not a conclusive, healed portrait of Hammer that displays the positive effects of months of plastic surgery, which would provide a tidy wrap-up of her medical journey that the viewers, and the surgeons who contributed to the BAPRAS archive, desire.

Looking through these drawings of Hammer and of Fitzgerald continuously in the archive is like reliving their traumas over and over again. The fact that the last Orpen sketchbook at BAPRAS is entirely blank, with a majority of the pages ripped out from its spine, also refuses any closure for these patients. This lack of finality is a physical reminder of the silences and the wilful or logistically necessary forgetting inherent in the creation of the archive. This represents the inability to know the full story, the beginning (or in this case, the end), as remarked upon by Derrida and Steedman. The written compositional addition of 'finis' compounded with the format of Orpen's sketchbooks suggests that trauma is a type of injury that continually haunts and returns, a wound that cannot be relegated to the past.

In addition to these 'intrusive memories' represented in the Hammer and Fitzgerald pages, Orpen's sketchbooks provide a structural metaphor for the symptom or traumatic state of dissociation, since the pages within these sketchbooks are not organised in a logical progression. Therefore, a drawing can lack concrete connections to others in the archive, as if it has been dissociated from a patient's narrative. In some of these books, Orpen seems to have used the first page that the sketchbook opened to when she walked into the operating theatre. Sometimes she writes the information for the surgery at the top of the page, but often she does not. The images of one patient may be separated by dozens of pages or even multiple sketchbooks, as discussed in the cases of the patients Fitzgerald and Hammer. Another archive, of mid-century surgical drawings by medical illustrator Dorothy Davison (1890-1961) at the University of Manchester, is

organised (or, dis-organised) in a similar way. Neurologist and honorary curator of the University of Manchester Medical School Museum, Peter D. Mohr, writes that her ‘collection is kept in a series of boxes and folders; originally the sketches and pictures were boxed separately and sorted into physical rather than biological groups (“tumours,” “spine,” etc.) but over the years the illustrations have been mis-filed and so the pictures and sketches are now mixed up.’³⁴⁶ The same has occurred at BAPRAS, and this perhaps typical state of visual medical archives around the country means that I and other researchers cannot always access the full story of these traumatic injuries, surgeries, and recuperations—a situation familiar to those who try to get to the bottom or beginning of a narrative of psychological trauma through psychoanalysis.

If I or other visitors to the BAPRAS archive want to know the procession of a patient’s surgeries and recovery, it would be nearly impossible to piece together the full narrative of their stay at Hill End Hospital without looking through every single drawn image, taking notes on when and how the patient appears in each. Even then, as I have noted several times, drawings of entire surgeries may be missing from BAPRAS’s Orpen collection. It is in the loose sheet, formalised groups of Orpen’s drawings that a partial reassociation, as described by Janet, occurs in the archive. This collection is more likely to have the surgeon, date, and type of surgery neatly labelled at the top of the page, and it is organised by the patients’ surnames, a format that is easier to understand than Orpen’s haphazardly dated sketchbooks. The loose sheet folders are the only way in which the traumas of the patients drawn by Orpen have any closure, as they are reassociated into a linear (if not complete) narrative, which Janet stated as necessary for a dissociated trauma to be fully processed. The purpose of these loose sheets was to provide more finalised versions of what Orpen drew in her sketchbook; they were easier for students and

³⁴⁶ Mohr, ‘Dorothy Davison,’ 132.

visiting surgeons to look through to understand the procedures that Mowlem or others were performing on their patients. These loose sheets might offer insight into the progress of individual surgeries, but, unfortunately, they do not show a person's entire history in the ward through to a definitively final surgery. Therefore, there is no closure in almost any of these surgical cases—just as there is no closure in a dissociated traumatic memory disorder. Hammer, in addition to the sketchbook images described above, is depicted in twenty-five loose sheet drawings that purport to tell her whole story in an orderly and chronological manner. But the existence of the sketchbooks complicates the easy understanding of the traumas that Hammer underwent. And the loose sheet images of Hammer, like those in Orpen's sketchbook, also lack a finished drawing that shows the patient's ultimate repair.

The theory of dissociation suits an archival analysis because both dissociated traumatic memories and traumatic archives like BAPRAS's are discussed in terms of fragments, interruptions, and lacunae. Art historian Charles Merewether ruminates on how an archive's documents can be inefficient in representing a history that has in this way 'no longer a thread of continuity, a plenum of meaning or monumental history—but rather a fracture, a discontinuity, the mark of which is obliteration, erasure, and amnesia.'³⁴⁷ Dissociated traumatic memories, like the isolated, sometimes unhelpful documents in an archive, are fragmented and discontinuous. While there is no full narrative, there is also no conclusion for many of the patients that Orpen drew. Orpen rarely drew 'after' portraits, while her mentor Henry Tonks almost always did (Fig. 4). His portrait pairs therefore provide more finality, like the entire experience can be pushed to the past, like it is finished and done with, truly 'finis.'

³⁴⁷ Merewether's full edited volume is a helpful compilation of texts on the theoretical implications of archival collection and study. It includes Sigmund Freud's 'A Note on the "Mystic Writing-Pad"' (1925) and Allan Sekula's 'The Body and the Archive' (1986). Charles Merewether, 'Art and the Archive,' introduction to *The Archive* (London: Whitechapel Gallery, 2008), 12.

Conclusion

Within the BAPRAS archive, Orpen's drawings and Hennell's photographs solidify the values and narratives that are described in Part One. But as the rest of this chapter has shown, they are also complicit in the counternarratives that researchers like me, interested in reading archival collections against the grain, can see within the traumatic visual material. This chapter is admittedly my own interpretation of the BAPRAS archive, which, as Steedman has said, will be a different experience and will follow a different pattern of thought from any other researcher's involvement in the same archive. So, what is the purpose of this psychoanalytic approach to the BAPRAS archive? Who does it benefit? And what does this methodology tell us about the history and the afterlife of plastic surgery visual culture from the Second World War, particularly as it relates to Dickie Orpen?

By the assertions of the BAPRAS surgeons and archivists, this archive is part of the concerted effort by twentieth-century plastic surgeons to construct a narrative for BAPRAS members and for the public about the importance of their field, their colleagues, and themselves. And as shown by Derrida, archiving and psychoanalysis are intertwined in how both actions deal with the organisation, reiteration, and repression of events and memories, particularly traumatic ones. By explaining the structural metaphors for symptoms of psychological trauma that exist in this archive, this chapter has shown that—even though the BAPRAS surgeons chose and choose to collect material that emphasises reconstruction, wartime innovation, or the 'big four'—unintended interpretations can be found within a collection.

This chapter's investigation of the archive returns the focus to the patients in Orpen's and Hennell's images; it does not regurgitate the typical heroic narrative of the surgeons, or even the less common story of the surgical artists. For the patients treated by BAPRAS surgeons, the

immediate focus was, and is, on their bodily traumas. But individuals such as Orpen spent hours with these patients: sketching their surgeries in the operating theatre and drawing their portraits in the ward. Therefore, Orpen was present for much of their suffering and recovering. The mental effects of war and surgery on these patients may have been obvious, or closer looking may have been required to find these effects, as is the case today in the BAPRAS archive. As in Derrida's metaphor of the voicemail of someone who has died, the researchers and archivists who take the time to listen to what the BAPRAS archive has to say can reveal the psychological trauma hidden within its files and images. In its dual capacity for order and disorder, documentation and omission, the BAPRAS archive resembles the psychological trauma or memory that we associate with the types of injuries shown in the Orpen drawings and the Hennell photographs. These drawings and photographs—because of the disorganised ways in which they are stored, because of the harried conditions in which they were jotted down into and torn out of sketchbooks, or because of the human reactions that we have to these images in the archive—are placed and organised in ways that mirror psychological trauma.

Surgical archives reify patients' painful memories—memories that start with an injuring event, which violently marks the skin, which is then further marred and marked (for better or for worse) through surgery. The image of these injuries is then transferred into marks on drawing or photographic paper, and then is stored (ostensibly for eternity) in an institutional building and, perhaps, online, as is the case with many BAPRAS items. The memories of these patients' injuries and repairs cannot be completely forgotten because there are these tangible reminders within the archive. These images, both artistic and documentary, also serve as remembrance aids to those who did not experience the trauma of war directly. They have the unintended consequence of warning today's audiences of the dangers of war and violence for both the body

and mind, through the experiences of the depicted patients. This perhaps accidental narrative goes against that of the surgeons who advanced the positivist assertion that war was a helpful entity for the progress of plastic and reconstructive surgery.

The haunting, dissociated, or intrusive presence of psychological trauma within the folders and boxes of the BAPRAS archive also raises the question of the emotions that are embodied or repressed within these collections. Further to what has been described in this chapter, strong emotions can be felt by the visitor to the BAPRAS archive or by any viewer of these images. Whilst this chapter examined both Orpen's drawings and Hennell's photographs as groups of images that contribute to the same interpretation of the BAPRAS archive, the next chapter analyses the differences between these two collections—aesthetic and emotional—to discuss the various powers and shortcomings of drawing and photography in the context of World War II plastic surgery.

Chapter Three

Collecting Affect: Emotion and Empathy in Orpen's Drawings and Hennell's Photographs

British-Canadian anatomist John Charles Boileau Grant's (1886-1973) 1943 atlas of surgical anatomy was one of the first to use a combination of photography and hand-drawn illustration to show regional anatomy. It is also an example, beyond Dickie Orpen and her aforementioned contemporaries, of the importance of women illustrators in the development of surgical imagery. For each image in this atlas, a photograph was taken of the specimen and then traced onto paper; the drawing was then handed over to the artist who 'transferred it to suitable paper and, having the original dissection beside *her*, proceeded to work up a plastic drawing in which the important features were brought out. Thus, little, if any, liberty had been taken with the anatomy; that is to say, the illustrations profess a considerable accuracy of detail' (emphasis mine).³⁴⁸ The result is a publication filled with hybrid images that appear to be drawings done in a hyperreal style but that are in truth tracings of photographs that have been clarified by a specialist medical artist. Most often these individuals were women, as shown by Grant's use of the feminine pronoun.³⁴⁹ One of these artists, Nancy Joy (1920-2013), noted that the 'camera lens ... skewed' the surgical images that she was supposed to be tracing.³⁵⁰ Mollie Lentaigne similarly mentioned that the photographs by the Metal Box Company, presumably by Hennell, were 'impossible' because of the shadows that were thrown by instruments, 'such as scalpels and retractors,' in the operating

³⁴⁸ J. C. Boileau Grant, *An Atlas of Anatomy, in Two Volumes* (London: Baillière, Tindall & Cox, 1943), 1: vii.

³⁴⁹ As has been mentioned several times in this thesis, this type of surgical illustration was often women's work in Britain; the situation was similar in Canada, where Grant and his illustrators worked. Illustrators for Grant's many early editions of this textbook included Dorothy Foster Chubb, Nancy Joy, Elizabeth Blackstock, and Marguerite Drummond. Anne M. R. Agur and Arthur F. Dalley, II, 'Acknowledgments,' in *Grant's Atlas of Anatomy*, 12th ed. (Philadelphia: Lippincott Williams & Wilkins, 2009), np.

³⁵⁰ Nancy Joy, excerpt from unpublished manuscript *Dr Grant and His Artists*, quoted in Cynthia Watada, 'Nancy Joy: Her Memoirs,' *Biomedical Communications Alumni Association Newsletter* 9, no 1 (1997): 11.

theatre.³⁵¹ Grant's *Atlas of Anatomy* raises questions about the efficacy of both photography and drawing in 1940s surgical illustration and the meanings that the use of either, or both, conveys to viewers. Communications studies scholar Kim Sawchuk has written convincingly on this tension between two forms of visual information in Grant's work and beyond. She writes that the 'promise of photography was two-fold: it would eliminate the subjective interpretation of artists from the process of scientific imaging, and it would confer scientific authority to the images through an indexical relationship to reality that could claim an authentic connection to "real" specimens.'³⁵² The indexical quality of photography that Sawchuk mentions communicates that the book's science was based on *real* bodies, not artists' imaginings of them.³⁵³ Rosalind Krauss, an art historian known for working within a semiotic methodology, describes an index as something that creates a meaning 'along the axis of a physical relationship to' the referent.³⁵⁴ The women who drew for Grant translated the indexically 'real,' but often visually illegible, photographs of surgical anatomy into clear and effective illustrations.

Subjectivity was meant to be eliminated once photography, this indexical medium, was introduced into medical illustration. But, while photographs may in most cases signify objective accuracy, there is still the subjectivity of viewers' responses to the images that could destabilise

³⁵¹ (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 2.

³⁵² Sawchuk, 'Animating the Anatomical Specimen,' 123.

³⁵³ The idea of the 'mark of truth,' or the trace of reality, is ascribed to Martin Kemp, an art historian who writes about early modern anatomical illustrations. The 'mark of truth' is a concept used often in the analysis of medical or surgical visual culture. He lifted these words from an obstetric atlas by famed man-midwife William Hunter (1718-1783). In Kemp's explanation of this concept, details like a fly on the dissected body or the reflection of a window on glistening flesh offer an indexical sign to the viewer that this body was *real*, and therefore the scientific knowledge presented is also *real*. Martin Kemp, "'The Mark of Truth": Looking and Learning in Some Anatomical Illustrations from the Renaissance and Eighteenth Century,' in *Medicine and the Five Senses*, ed. W. F. Bynum and Roy Porter (Cambridge, UK: Cambridge University Press, 1993), 85-121.

³⁵⁴ Rosalind Krauss, 'Notes on the Index: Seventies Art in America,' *October* 3 (Spring 1977): 70. See also for particularly helpful secondary literature from the last fifteen years that outlines the debates and discussions of photograph as index. Steve Edwards, *Photography: A Very Short Introduction* (Oxford, UK: Oxford University Press, 2006), 80-84. Hilde Van Gelder and Helen Westgeest, *Photography Theory in Historical Perspective* (Chichester, UK: Wiley-Blackwell, 2011), 33-40. Liz Wells, ed., *Photography: A Critical Introduction*, 5th ed. (Abingdon, UK: Routledge, 2015), 32-35.

their surgical and scientific exactitude. Dickie Orpen's drawings and Percy Hennell's photographs raise issues about the mediums of surgical illustration similar to the queries brought up in Sawchuk's discussion of Grant's *Atlas* by, for example, querying the communicative differences between surgical photography and drawing. But this chapter takes this question much further by looking at the material through the phenomenological lens of emotions and emotions history. We cannot assume that medical visuals are straightforward and purely scientific; the affective effect must be taken into account.

As explained in Chapter Two, these images were created by Orpen and Hennell to document medical knowledge and to bolster the reputations of mid-century practitioners; they certainly do that, but the photographs have particular qualities that can give the researcher pause and can 'disrupt' or 'limit' a purely objective interpretation, in the words of photography historian Jason Bate.³⁵⁵ Responses to these visual representations can vary, but I argue that each of the coloured details in Hennell's photographs 'collects affect,' provoking an emotional reaction more powerful than that elicited by the drawings. This chapter lays out some of the theoretical and visual elements of Hennell's photographs that justify a reaction stronger than the typical response to Orpen's drawings. The colour, narrative, compositional elements, and unexpected pictorial details in Hennell's photographs all individually collect affect, creating poignant and empathetic images of injury.

My own emotional experience working in the BAPRAS archive directly influences the arguments made in this chapter—arguments that are supported by interviews with others who have had similar responses to the Hennell photographs. During my early visits to the archive to

³⁵⁵ Jason Bate, 'Disrupting Our Sense of the Past: Medical Photographs that Push Interpreters to the Limits of Historical Analysis,' in *Approaching Facial Difference: Past and Present*, ed. Patricia Skinner and Emily Cock (London: Bloomsbury Academic, 2018), 192-217.

view Hennell's work, I recorded the initial reactions that I had to each new patient and photograph. These responses included shock, pity, and empathy, and the experience culminated in physical symptoms of nausea and dizziness that endured for the remainder of the afternoon. These feelings were overwhelming when studying Hennell, but no similar effects manifested in the many hours that I spent looking at Orpen's drawings. I was disappointed that my putatively objective, academic ways of seeing had been compromised by the sheer power of Hennell's photographs. Even though they were conceived as scientific images and I had intended to approach them objectively as examples of wartime representations of surgery, I could not suppress my own subjective response. The curators of the Tate's 2007 exhibition *How We Are: Photographing Britain* describe Hennell's work as being 'dispassionate' and 'pitiless' with an 'often painful attention to detail.'³⁵⁶ I argue, on the contrary, that it is exactly Hennell's painful attention to detail—compounded by the colour film, his compositional choices, and the unexpected visual particulars of the operating theatre—that evokes passionate feeling in the viewer and an emotional connection with the subject.

I am not alone in feeling affected by the Hennell photographs. Both BAPRAS archivists that I have interviewed (Kristin Hussey and Ruth Neave) have admitted that they had similar responses to his work.³⁵⁷ Part of this emotion, but not all of it, stems from the history and fear of facial injury and difference, delineated in this thesis's introduction. Previous BAPRAS Honorary Archivist Brian Morgan writes in the 2016 history of the archive that Hussey admitted to him that cataloguing the Hennell photographs was 'quite distressing.'³⁵⁸ In an interview, Hussey elaborated on the experience, stating that in her role of describing and cataloguing these works

³⁵⁶ Williams and Bright, *How We Are*, 20.

³⁵⁷ Kristin Hussey's official title was Assistant Curator and Ruth Neave's current title is BAPRAS Collections Officer.

³⁵⁸ Morgan, 'The BAPRAS Archive,' 134.

she was ‘having trouble processing them,’ even having ‘some nightmares in the process of doing it.’³⁵⁹ Neave recounted similar feelings, relating that she could not memorise and categorise the BAPRAS images in her head in the way that she had done in previous archival projects; she kept the photographs out of the ‘uppermost’ part of her memory so that, as she said, she could ‘cope with this collection.’ Sometimes a particularly affecting photograph would flash into her mind as an intrusive thought, like the memories described in Chapter Two. She described how these images would ‘float around’ in her head, and that she ‘was beginning to get a little bit traumatised by it.’³⁶⁰ These experiences, and my own, are powerful reactions to surgical imagery; this chapter aims to answer *why* Hennell’s photography produces this emotional effect that can be mentally or physically manifested.

As I am not alone in my visceral reaction to Hennell’s photography, I am also not alone in using personal experience as a springboard for historical research. Chris Millard explains the historiographical factors that have led to the use of individual experience in research, particularly on topics relating to mental health.³⁶¹ The projects that Millard mentions, and this thesis chapter itself, contribute to what has been called the ‘affective turn’ or the ‘emotional turn’ in historical studies. Rooted in social history, this turn has been unfolding since the 1990s; the trend continues today with an emphasis on phenomenology and with investigations into the experiences and the feelings of historical actors.³⁶² Phenomenological history is a more reflexive approach to the discipline and comprises of the study of individual phenomena. It is thought of as a more personal, emotional methodology—one that focuses on the ‘first-person point of

³⁵⁹ Hussey, interview by the author.

³⁶⁰ Neave, interview by the author.

³⁶¹ Chris Millard, ‘Using Personal Experience in the Academic Medical Humanities: A Genealogy,’ *Social Theory & Health*, 13 February 2019, accessed 15 November 2019, <https://doi.org/10.1057/s41285-019-00089-x>.

³⁶² In London alone, The Queen Mary Centre for the History of Emotions (launched in 2008) and the Wellcome Trust-funded research group Surgery & Emotion (2016-2020) are doing productive work in both the history of emotions and in emotional perspectives on historical material.

view,’ much like the feminist approach emphasising lived experience that is encouraged by Broude and Garrard, outlined in this thesis’s introduction.³⁶³ In this chapter, a phenomenological methodology holds precedence over a Foucauldian one, which is commonly utilised by medical historians. Michel Foucault’s theories loom large in the medical humanities and can seem impossible to escape or imprudent to neglect. Foucauldian historians see the images that they analyse as tools of surveillance and of objectification; they interpret medical imagery as works that exemplify institutional and political power relations.³⁶⁴

This Foucauldian approach can lead to understanding medical photographs as images that solely serve the purpose of creating knowledge and signifying power systems in society and in medicine. Two examples of the Foucauldian approach to photography are by scholars John Tagg and Dora Apel. For Tagg, the photograph is about power, institutions, and the materiality of its paper print. Tagg takes issue with Roland Barthes’s methodology in *Camera Lucida: Reflections on Photography* (1980), which reads as an intensely personal analysis of photography and its various phenomenological powers. Barthes is forthright in his embrace of the subjective, writing of the ‘pathos’ and the ‘affect’ that he was looking for in photography, and admitting that he was ‘interested in Photography only for “sentimental” reasons: [he] wanted to explore it not as a question (a theme) but as a wound: I see, I feel, hence I notice, I observe, I think.’³⁶⁵ Referencing the phenomenological approach that Barthes takes, Tagg writes that we must pay attention not to some “magic” of the medium’ but rather to the ‘conscious and unconscious processes, the

³⁶³ David Woodruff Smith, ‘Phenomenology,’ *The Stanford Encyclopedia of Philosophy*, last modified 16 December 2013, accessed 16 November 2019, <https://plato.stanford.edu/entries/phenomenology/>. One excellent example of a phenomenological, emotional approach to history: Tracey Loughran and Dawn Mannay, eds., *Emotion and the Researcher: Sites, Subjectivities, and Relationships* (Bingley, UK: Emerald Group Publishing, 2018).

³⁶⁴ While there are many works by Foucault that are helpful in the field, *The Birth of the Clinic* is frequently cited within the medical humanities. Foucault, *The Birth of the Clinic*.

³⁶⁵ Roland Barthes, *Camera Lucida: Reflections on Photography*, trans. Richard Howard (New York: Hill and Wang, 1980), 21.

practices and institutions through which the photograph can incite a phantasy, take on meaning, and exercise an effect.’³⁶⁶ Discussions of means of production, societal hierarchies, language and discourse, historicisation, and the power structures about which Foucault writes take precedence in Tagg’s visual analysis. He writes that a ‘photograph is not a magical “emanation” but a material product of a material apparatus set to work in specific contexts, by specific forces, for more or less defined purposes. It requires, therefore, not an alchemy but a history.’³⁶⁷ Tagg’s work does not participate in the ‘affective turn’ now in effect in historical research, and he may not approve of the approach as it applies to photography.

In Apel’s study of German images of facial injury from World War I, she writes that ‘photographing disfigured faces—the tight close-ups, neutral backgrounds, subjection to an unreturnable gaze, intense scrutiny of face and features—produces an intimate observation in which a passive subject is made to submit to a dominant gaze.’³⁶⁸ This medical gaze, referenced briefly in Chapter One, has its basis in Foucault’s work: as explained in *The Birth of the Clinic* (1963), the gaze is tied up with the medical complex and its expressions of power through the dehumanisation and pathologisation of the patients. Apel continues, writing that the injured veterans in medical photographs are positioned ‘as passive and pathetic objects subject to the gaze of the paternal state.’³⁶⁹ While there is truth and value in these arguments—and Hennell’s ‘close-ups’ and ‘backgrounds’ will be analysed in this chapter—the traumatic subjects of Hennell’s images require a more affective and phenomenological analysis.³⁷⁰

³⁶⁶ John Tagg, *The Burden of Representation: Essays on Photographies and Histories* (Basingstoke, UK: Macmillan Education, 1988), 4.

³⁶⁷ Tagg, *The Burden of Representation*, 3.

³⁶⁸ Dora Apel, ‘Cultural Battlegrounds: Weimar Photographic Narratives of War,’ *New German Critique* 76 (Winter 1999): 58.

³⁶⁹ Apel, ‘Cultural Battlegrounds,’ 61.

³⁷⁰ Havi Carel’s work in her book *Phenomenology of Illness* points to the usefulness of this methodology within the medical humanities. Havi Carel, ‘Why Use Phenomenology to Study Illness?,’ in *Phenomenology of Illness* (Oxford, UK: Oxford University Press, 2016), 13-39.

Hennell's photographs are images of brutally injured people, made not with their express consent but for the purpose of creating medical knowledge; therefore, there is a narrative of power and coercion in Hennell's photography that would fit into Tagg's or Apel's method of photographic analysis. This is the violence that Foucault refers to in relation to the medical gaze in *The Birth of the Clinic* and that Susan Sontag relates to the photographic gaze in *On Photography* (1979).³⁷¹ Foucault asks if this type of medical looking, for the purpose of teaching, is 'a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed.'³⁷² The descriptive words surrounding the act of taking a picture are violent or sexual themselves: for example 'shoot' equates the camera to a gun or to a phallus. Sontag writes that 'there is something predatory in the act of taking a picture.' She goes on to compare photography to murder: 'a soft murder.'³⁷³ Sontag adds to this by stating that photography and death are always associated with one another; this morbid twinning is even more apparent in medical imagery.³⁷⁴ This violence and its authentication of the power of the photographer is the implicit intention of a surgical photograph, as suggested by those taking a purely Foucauldian approach to medical photography. This partially explains why Hennell's photographs are so affecting for the viewer—the visual breach of privacy and physical agency implicit in taking an injured person's picture parallels the surgical violence that was inflicted on the patient. Walter Benjamin discusses how the photographer and the surgeon are similar: the photographer 'penetrates' reality, and the surgeon penetrates 'into the patient's body.'³⁷⁵ The submission of the subject to the camera's gaze becomes a type of surgical violence administered

³⁷¹ Foucault, *The Birth of the Clinic*, 84. Susan Sontag, *On Photography* (New York: Penguin, 1979), 14.

³⁷² Foucault, *The Birth of the Clinic*, 84.

³⁷³ Sontag, *On Photography*, 15.

³⁷⁴ Susan Sontag, *Regarding the Pain of Others* (New York: Farrar, Straus and Giroux, 2003), 24.

³⁷⁵ Walter Benjamin, 'The Work of Art in the Age of Mechanical Reproduction,' in *Illuminations*, ed. Hannah Arendt, trans. Harry Zohn (London: Pimlico, 1999 [1935]), 226-27.

by the hulking presence of Hennell's camera (Fig. 47) that infringes upon the body of the subject. The viewer can feel this uncomfortable breach in the pair of images of an unnamed young woman with a forehead injury (Fig. 48 and Fig. 49); like Billingsley in the previous chapter, she looks away in both her 'before' and her 'after' photographs, as if feeling uneasy about the camera in front of her.

At first glance it appears that Hennell's images succeed in dehumanising and visually mapping medical power structures. But, paradoxically, the way in which Hennell's medium and assignment required that he depersonalise the patients makes them even more human and affecting for viewers today—because we can empathise with the pictured individuals. As a result of experiences like his schooling at St Martin's School of Art and his employment at a mechanical company, Hennell conflated his commercial photographer's and artist's eye with the medical gaze described by Foucault. The combination of the mechanical / medical and the personal / artistic gazes makes Hennell's work more complicated than that of a purely objective and objectifying surgical image. Feeling and subjectivity creep into the viewing experience when the viewer recognises the dehumanisation implicit in Hennell's medical photographs and the details of individuality that slip into this impersonal record of an injury—and the uncanny combination of these two elements.

There are obvious scientific benefits to surgical imagery being objective and objectifying, but a subjective interpretation allows for wider avenues of analysis and a greater understanding of the patient and viewer experiences. The approaches of three photography theorists, participating in the 'affective turn,' have provided a roadmap to my methodology in this chapter. Kathy Newman, Jason Bate, and Margaret Olin have shown that there is a way to take a

phenomenological, experiential, emotional approach while still historicising the imagery.³⁷⁶ Their work fits into the larger discourse on the use of emotions to understand (particularly medical) history, exemplified by Fay Bound Alberti's edited volume *Medicine, Emotion and Disease, 1700-1950* (2006).³⁷⁷ Unlike Bound Alberti's collection, however, Newman, Bate, and Olin discuss emotional responses *to* historical material, not emotions found *within* a historical moment. This approach considers the viewer's role in constructing the agency of the pictured individual. The assumption that a phenomenological approach like Newman's, Bate's, Olin's, or mine will eschew historicising the images is unfounded; rather this methodology blends historical specificity and contemporary understanding of emotions.

Newman uses this double-sided approach effectively in her 1993 article 'Wounds and Wounding in the American Civil War: A (Visual) History.' She asks personal, and often unanswerable, questions about the injured surgical subjects in the photographs while still acknowledging the Foucauldian power relations inherent in a medical photography shoot and in the material status of these images. Taking the reader through her experience of the photographs, often using first-person pronouns, she asks: 'why am I drawn to these men, to their torn limbs, and unwavering stares? And how did they get here into the Civil War collection at the Yale Medical Historical Library? For whose gaze were these men originally photographed? And for what purpose?'³⁷⁸ Bate's chapter in *Approaching Facial Difference: Past and Present* (2018) likewise stresses the need for a phenomenological approach in addition to a Foucauldian one. He writes that a purely Foucauldian analysis 'does not adequately account for the affective nature of

³⁷⁶ Kathy Newman, 'Wounds and Wounding in the American Civil War: A (Visual) History,' *Yale Journal of Criticism* 6, no. 2 (1993): 63-86. Bate, 'Disrupting Our Sense of the Past.' Margaret Olin, *Touching Photographs* (Chicago: University of Chicago Press, 2012).

³⁷⁷ Fay Bound Alberti, ed., *Medicine, Emotion, and Disease, 1700-1950* (Basingstoke, UK: Palgrave Macmillan, 2006).

³⁷⁸ Newman, 'Wounds and Wounding in the American Civil War,' 64.

these photographs.’³⁷⁹ Bate looks to include in his analysis ‘the viewing encounter’ and the ‘experience of being upset.’³⁸⁰ Olin writes in *Touching Photographs* (2012) that ‘photographs are more than context; they touch one another and the viewer. They substitute for people. They can be, and even demand to be, handled.’³⁸¹ By equating the photograph to a person, by taking the photograph’s materiality into account, and by using the dual meaning of ‘touching,’ Olin opens up the possibility of an emotional connection with a photograph similar to a connection that one might have with another individual or body. Olin argues that identifying *with* the subject of a photograph, and building up that relationship, is ‘often as important as identification *of*’ that subject—complicating what was seen as the indexical, objective power of photography in surgery that has been outlined.³⁸² The goal with this analysis of Hennell’s images is to go—as Newman, Bate, and Olin do—beyond a Foucauldian discussion of power relations to use a more experiential methodology. This approach is more than a personal, narcissistic exercise of reflecting on one’s own emotions; it allows for an empathy with historical actors—or as Olin says, perhaps it allows us to ‘misidentify’ with them—revealing new paths for visual analysis and theoretical enquiry.³⁸³ This idea of misidentification ties in with the empathic effect of Hennell’s photographs discussed in Part Four. For empathy to exist, there has to be a certain level of shared understanding between the viewer and the subject but, as will be explained further, there remains a gulf between the experience—thus the ‘mis’ prefix—of the audience of these images today and the plastic reconstruction patients of the Second World War.

³⁷⁹ Bate, ‘Disrupting Our Sense of the Past,’ 205.

³⁸⁰ Bate, ‘Disrupting Our Sense of the Past,’ 206.

³⁸¹ Olin, *Touching Photographs*, 16.

³⁸² Olin, *Touching Photographs*, 51. Sawchuk, ‘Animating the Anatomical Specimen,’ 123.

³⁸³ Olin, *Touching Photographs*, 69.

It has been established thus far that Orpen's work can be affecting, compelling, and important to the histories of surgery, medical illustration, and women in art; her work has also been shown to be relevant to theories of the archive and trauma. But there is a threshold of affect that Orpen's surgical drawings cannot surpass. Hennell's photographs seem raw in comparison to her works on paper; the photographs can make viewers feel for the patients on a more visceral level. The short Part One of this chapter explains Hennell's background and other work, while the bulk of the visual analysis appears in Parts Two and Three. Part Two examines the histories and process of the colours in Hennell's photography and how his chromatic images convey a complicated narrative of recovery and plastic surgery. Part Three focuses on visually analysing the compositions and pictorial details within Hennell's images. My enquiry into the history of emotions and empathy appears in Part Four. Overall this chapter offers explanations for the variant levels of emotion and human connectivity in Orpen's and Hennell's works. Hennell's photographs, with their uncanny combination of violence and empathy, of medical objectification and vibrant individuality, have elements within them that can affect the viewer more profoundly than Orpen's drawings.

Part One – Hennell's Background and Other Work

Orpen's biographical and professional background has been fully described in the introduction and Chapter One of this thesis, but Hennell has only been roughly introduced thus far. Hennell was born in October 1911 into a family of silversmiths, goldbeaters, and jewellers—one of whom was called upon to make silver prosthetic noses for those with facial injuries in the nineteenth century.³⁸⁴ Hennell trained in the 1920s as an artist at St Martin's School of Art but

³⁸⁴ Wallace, 'The Early History of Clinical Photography,' 454.

afterward was unable to find satisfactory creative work.³⁸⁵ During the 1930s, for £1 a week, he was employed in a photographic studio on Great Portland Street while also working on his own sculptures at home.³⁸⁶ He then got a job in 1938 as a manager for the Colour Photographic Department of the Metal Box Company.³⁸⁷

The Metal Box Company was founded in 1921. In a 1932 full-page advertisement in *The Times*, the company promised to ‘supply manufacturers with a packing service vastly superior to anything that has hitherto been available in this country.’³⁸⁸ Hennell’s photographic subjects in this role would have been tins for fruit, vegetables, sweets, biscuits, and beer. During the war, however, the Metal Box Company produced many wartime necessities ‘used by every service in every theatre of war, on the beach of Sicily and Normandy, the deserts of North Africa, the jungle of Burma, in ships, in tanks, in aeroplanes, in hospitals, wherever in fact men have occasion to eat and drink and fight.’³⁸⁹ They made metal parts for respirators, mines, grenades, machine gun belt clips, tail pieces for incendiary bombs, and water sterilising equipment, among many other products. When the Metal Box Company started producing goods for the war effort, Hennell’s colour photographs were used for projects like depicting colour-coded German fuses and the effects of mustard gas on the eye.³⁹⁰ On 5 July 1940, Hennell was seconded by the Office of War Information to the Medical Research Council to record images of plastic and reconstructive surgery at British hospitals, one of which was Hill End Hospital, St Albans, where Orpen worked.³⁹¹ Lentaigne also notes that ‘The “Metal Box Co.”’ was present at Queen

³⁸⁵ Hussey, ‘Percy Hennell collection,’ *Royal College of Surgeons Surgicat*.

³⁸⁶ Wallace, ‘The Early History of Clinical Photography,’ 454.

³⁸⁷ Williams and Bright, *How We Are*, 214.

³⁸⁸ ‘The Metal Box Co. Ltd.,’ *The Times* (London), 27 April 1932, 21.

³⁸⁹ Sir Robert Barlow, ‘Metal Box Company: Importance of the Metal Container,’ *The Times* (London), 9 August 1945, Company Meetings, 10.

³⁹⁰ Wallace, ‘The Early History of Clinical Photography,’ 456.

³⁹¹ Hussey, ‘Percy Hennell collection,’ *Royal College of Surgeons Surgicat*.

Victoria Hospital in East Grinstead to take photographs.³⁹² The Metal Box Company paid all of Hennell's salary and cost of equipment throughout the war years; the public funding of clinical photography began in 1945, assumedly after the war had shown the medium's value.³⁹³ During this time, according to the BAPRAS archive founder Antony Wallace, who interviewed Hennell, the photographer made over five thousand clinical images and did so in about one hundred hospitals.³⁹⁴

Beyond these clinical images, Hennell took photographs for several different types of publications. He illustrated two non-medical books in the 1940s: J. B. Priestley's *British Women Go to War* (1943) and Geoffrey Grigson's *An English Farmhouse and Its Neighbourhood* (1948). In the 1940s and 1950s, his photographs illustrated several medical texts.³⁹⁵ Between 1957 and 1986 he also published photographs in books on wine, his family's silver salt cellars, and the Bayeux Tapestry.³⁹⁶ The plastic surgeon Harold Gillies acknowledged 'that famous colour artist Mr. Percy Hennell, of the Metal Box Company' for contributing colour plates to his 1957 publication *The Principles and Art of Plastic Surgery*.³⁹⁷ Hennell also created the cover for this publication, which strikingly exhibits Gillies's gloved hands holding surgical tools against a green background (Fig. 38); this image is discussed in Chapter Two.

³⁹² Lentaigne (Lock), 'Memories of East Grinstead Hospital,' 2.

³⁹³ Wallace, 'The Early History of Clinical Photography,' 452.

³⁹⁴ Wallace, 'The Early History of Clinical Photography,' 456, 463.

³⁹⁵ The list of these can be found on the BAPRAS section of the Royal College of Surgeons website, compiled by Kristin Hussey. Hussey, 'Percy Hennell collection,' *Royal College of Surgeons Surgicat*.

³⁹⁶ André L. Simon, *The Noble Grapes and the Great Wines of France* (New York: McGraw-Hill, 1957). André L. Simon and S. F. Hallgarten, *The Great Wines of Germany and Its Famed Vineyards* (New York: McGraw-Hill, 1963). George Rainbird, *Sherry and the Wines of Spain* (New York: McGraw-Hill, 1966). André L. Simon, *The History of Champagne* (London: Octopus Books, 1971). Charles Harvard Gibbs-Smith, *The Bayeux Tapestry* (London: Phaidon, 1974). Percy Hennell, *Hennell Silver Salt Cellars, 1736 to 1876* (East Grinstead, UK: BLA Publishing, 1986).

³⁹⁷ Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1: xix.

Hennell had previously collaborated with Gillies in the early 1940s when he accompanied him on a lecture tour of the Americas: Gillies spoke about British plastic surgery and Hennell about British colour photography. Wallace, who authored the most in-depth article on Hennell's surgical photography while he was still living, points out this lecture tour's propagandistic bend, to show Americans 'the quality of British plastic surgery and its unique colour photography.'³⁹⁸ These lectures therefore tie into the purpose of the publications that Hennell illustrated for Priestley and Grigson. *British Women Go to War* is a propagandistic book with heroic images (composed with strong reds, blues, and whites throughout) of British women working in the fields, in hospitals, and in factories (although, as noted in this thesis's introduction, he does not show women working as surgical illustrators). Priestley describes how millions of women have 'accepted the challenge and the grim adventure' of war, just like their men.³⁹⁹ Grigson's book is also nationalistic, but it has an elegiac tone and it focuses on the minutiae—the mossy rocks and decomposing wood—of an abandoned English country farmhouse. In the preface, Grigson laments the loss of these collapsing farmhouses and their replacement with those that are 'not natives, of native conception and native material.'⁴⁰⁰ This book forms a compelling pair with *British Women Go to War*, showing in colour two different sides of the 1940s British public's nationalistic pride—for their countryside and for their population. Colour, as has been shown by film historian Sarah Street and art historian Lynda Nead, had nationalist properties in mid-century Britain, and Hennell's photographs play a part in this narrative.⁴⁰¹ *British Women Go to War* and *An English Farmhouse* serve as reminders that Hennell was not only a documentarian;

³⁹⁸ Wallace, 'The Early History of Clinical Photography,' 456-57.

³⁹⁹ Priestley, *British Women Go to War*, 21.

⁴⁰⁰ Geoffrey Grigson, *An English Farmhouse and Its Neighbourhood* (London: Max Parris, 1948), 5.

⁴⁰¹ Sarah Street, *Colour Films in Britain: The Negotiation of Innovation 1900-55* (London: Palgrave Macmillan, 2012), 2. Lynda Nead, *The Tiger in the Smoke: Art and Culture in Post-War Britain* (New Haven, CT: Yale University Press, 2017), 147.

he was a trained artist who could go beyond images of tins and medical procedures to include aesthetic and ideological considerations in his photographs. It is likely that artistic judgments and compositional tools that were used for these emotional, nationalistic projects seeped into Hennell's surgical work as well.

Thus far, while examining Orpen's life and oeuvre, this thesis has focused most closely on Orpen's portrait-like images. These are the most fully finished and personal pieces in her World War II collection, but the majority of her drawings from this period are diagrammatic. As a draughtswoman she rendered raw or bleeding flesh, surgical instruments, and bandages legible as surgical procedure (as in her diagrams of the patient Fitzgerald, Fig. 50). This was the expectation of her as a surgical artist; even if the field was not as professional during World War II as it would become, her goal as an illustrator was to make injury and repair simple and understandable. On the other hand, Hennell's images expose the sitter in exacting detail and colour (as in the photograph of the patient Fitzgerald, Fig. 51). Because of the nature of their medium, Hennell's photographs are more immediate and less obviously modified representations of physical trauma than drawings like Orpen's—although like his work with Priestley and Grigson, they were constructed and styled.

Walter Benjamin writes that if one immerses oneself in a difficult or affecting photograph long enough 'you will realise to what extent opposites touch, here too: the most precise technology can give its products a magical value, such as a painted picture can never again have for us.'⁴⁰² He writes this to contend with the 'ludicrous stereotype' of photography as non-art, labelled thus because of its technical nature. Benjamin argues that a mechanically produced

⁴⁰² Walter Benjamin, 'Little History of Photography,' in *Walter Benjamin: Selected Writings, Volume 2 1927-1940* (Cambridge, MA: Belknap Press of Harvard University Press, 1999 [1931]), 2: 510.

photograph can have an emotional or transcendent effect like that of a painting.⁴⁰³ There is a paradox in Hennell's images where the 'opposites touch': mechanical and human, individual and medical. Because of this, affect simmers unexpectedly beneath the technical specificity of these photographic images. There is an unanticipated emotive capacity in the 'precise technology' of Hennell's practice in the World War II surgical ward: a photography stemming from his commercial, mechanical, and propagandistic experiences.

Part Two – Hennell's Colour, Process, and Narrative

The series *World War II in Colour* was released in 2009, promising to show a combination of both original and colourised film documenting the conflict. In the blurb used during the summer of 2019 to entice viewers, Netflix claimed that the coloured footage 'changes our conception of this catastrophe. Prepare to be shocked—and moved.'⁴⁰⁴ According to these tantalising lines, the introduction of colour into Second World War film is expected to elicit emotion in the audience. This example of contemporary visual media culture reveals how modern-day viewers see and react to colour imagery from the 1940s, whether moving or still. Dora Apel writes that even though colour photography was available at the time, 'we have learned to recognise the Holocaust only in black and white.'⁴⁰⁵ Historian Ulrich Baer makes a similar argument in his analysis of colour photographic plates of the Łódź ghetto.⁴⁰⁶ He writes that traumatic photographs like these 'are startling not only because of their disturbing content but also because

⁴⁰³ Benjamin, 'Little History of Photography,' 508. This is a different argument from that of Benjamin's 'The Work of Art in the Age of Mechanical Reproduction,' which states that a piece of art loses its 'aura' when reproduced and disseminated photographically. Benjamin, 'The Work of Art in the Age of Mechanical Reproduction,' 214-15.

⁴⁰⁴ Netflix, as of February 2020, has changed the description of this series published online. 'World War II in Colour,' Netflix, accessed 26 July 2019, <https://www.netflix.com/title/70254851?jbv=80117524&jbp=0&jbr=0>.

⁴⁰⁵ Dora Apel, *Memory Effects: The Holocaust and the Art of Secondary Witnessing* (New Brunswick, NJ: Rutgers University Press, 2002), 119.

⁴⁰⁶ Ulrich Baer, 'Revision, Animation, Rescue: Color Photographs from the Łódź Ghetto and Dariusz Jablonski's *Fotoamator*,' in *Spectral Evidence: The Photography of Trauma* (Cambridge, MA: MIT Press, 2002), 127-78.

they were shot entirely in colour ... in a context in which we are accustomed to seeing black and white as the code for authenticity.’⁴⁰⁷ Colour photographs from the 1940s, while not exceedingly rare and just as ‘authentic’ as the black and white images from that decade, seem out of place and make violence, conflict, and injury more real and modern to today’s viewers. Even though the colour is markedly different from that which we see in more modern photographs, the people depicted look more similar to those who populate our everyday; their actions seem plausible in our lived environment. Colour collapses some of the boundaries between the people and the violence of then and now. A similar effect appears in Hennell’s photographs, made even more poignant by the fact that the colour is original and not retrospectively added.

In addition to *World War II in Colour*, there has been a recent increase in popular publications and programmes that add colour to historical material. In *The Colour of Time: A New History of the World, 1850-1960* (2018), author Dan Jones and artist Marina Amaral colourise and contextualise historically significant images from the American Civil War to the beginning of the Space Age.⁴⁰⁸ Also in 2018, director Peter Jackson released the film *They Shall Not Grow Old*, in which colourised World War I film accompanies narratives of soldiers’ writings.⁴⁰⁹ This trend suggests that there is a desire for a connection to the past, for a modernisation of historical images that will make today’s viewers identify with the human side of history more fully. This is, at least, what these types of shows, books, and films purport to do—to make the past more ‘real.’ The surge of this type of colourised production may also suggest that we as a society are no longer as able to consume or to understand black and white

⁴⁰⁷ Ulrich Baer, *Spectral Evidence: The Photography of Trauma* (Cambridge, MA: MIT Press, 2002), 21.

⁴⁰⁸ Dan Jones, *The Colour of Time: A New History of the World, 1850-1960*, illus. Marina Amaral (London: Pegasus Books, 2018).

⁴⁰⁹ Peter Jackson, dir., *They Shall Not Grow Old*, Warner Bros Pictures, 2018. A four-part review of this film by historians of differing perspectives (Santanu Das, Susan R. Grayzel, Jessica Meyer, and Catherine Robson) can be found in the December 2019 issue of *The American Historical Review*. *The American Historical Review* 124, no. 5 (December 2019), 1769-97.

imagery or film. And yet in all of these materials—Hennell’s included—the colour is not fully modern. Colour within mediated images like colour photography is not transhistorical. The saturation and shine of Hennell’s photographs are markedly different from the digital images of the twenty-first century. Wallace describes Hennell’s colours as being ‘of a spectral purity adequate for the purpose.’⁴¹⁰ But in these images there is a less saturated tone and a slight fuzziness of line that places them squarely outside of the present-day sensibility.

Hennell’s colour contrasts with American Technicolor, which was seen by some of the mid-century British population to be garish and too saturated—and therefore distinctly American. In *An English Farmhouse*, Grigson writes that he and his photographer-collaborator Hennell ‘believe that colour photography can be revealing without being chromatically hideous.’⁴¹¹ This may have been a thinly veiled allusion to Technicolor. In *The Tiger and the Smoke* (2017), Nead quotes a 1951 study of the British public that stated: ‘There does seem to be a marked antipathy to excessive use of vivid colour—apparently popular in Hollywood—which may be due to a national liking for the restrained and rather sad tones typical of the British sentiment for colour during the last hundred years.’⁴¹² Street writes about mid-century debates in Britain on ‘natural’ versus unsettling, uncomfortable, or disruptive colour.⁴¹³ Grigson and Hennell had the common goal of making photography subtler and more appealing, and therefore perhaps more distinctly British. This particularly British view of colour may have also been an aspect of the publicity tour of America that Hennell did with Gillies to show off his photography.

⁴¹⁰ Wallace, ‘The Early History of Clinical Photography,’ 456.

⁴¹¹ Grigson, *An English Farmhouse and Its Neighbourhood*, 6.

⁴¹² Adrian Cornwell-Clyne, *Colour Cinematography*, 3rd ed. (London: Chapman and Hall, 1951), 663, quoted in Nead, *The Tiger in the Smoke*, 147. Nead also states that in Britain, Technicolor was considered to be colour in its ‘boldest’ and ‘brashest’ form. Nead, *The Tiger in the Smoke*, 137. Street points out that nationalist ideas and stereotypes may have led to Technicolor being thought of as more brazen than it actually was. Sarah Street, “‘Colour Consciousness’: Natalie Kalmus and Technicolor in Britain,” *Screen* 50, no. 2 (Summer 2009): 208.

⁴¹³ Street, “‘Colour Consciousness,’” 196-97.

The ‘chromatically hideous’ quotation from Grigson and the contemporaneous debates around Technicolor flag up the potentially optically offensive effects of colour.⁴¹⁴ Art historian Nicholas Chare uses Julia Kristeva’s concept of the abject to assign colour in Francis Bacon’s (1909-1992) work to feelings of dissolution or incoherence of the self.⁴¹⁵ Similarly, in the context of contemporaneous films, Street talks about how colour can have a physical effect on the audience; for example, warm colours can be used to highlight the heat of a fire.⁴¹⁶ The colours in Hennell’s photographs expose viewers to physical elements of the injured body that remain invisible in drawings of similar subjects—notably shine, viscosity, and the denaturing of skin into raw flesh or pulp, all of which are seen in an admission photograph of the patient Fitzgerald (Fig. 51). The reds and pinks in Hennell’s photography reveal the moist, messy subcutaneous workings of these ruptured bodies—making the viewer then think of the liquid and flesh lying under their own skin, a key component of the empathy discussed later in this chapter. Nead has considered the idea of ‘pulp’ in photography in her work on images of punches to the face in boxing.⁴¹⁷ Pulp is the human body rendered mushy, wet, and abject—its full effect in imagery can only be ascertained when depicted in colour. Along the same lines, Ludmilla Jordanova remarks on the ‘unrelenting literalism’ of medical photography, *especially* when ‘in colour.’⁴¹⁸ Hennell’s ‘unrelenting’ photographs show faces that have become pulp or otherwise ravaged—slick with blood and fluids; Orpen’s drawings do not show this shine or this dampness.

⁴¹⁴ Nicholas Chare, ‘Colour Soundings: After the Tone of Francis Bacon,’ in *Cultures of Colour: Visual, Material, Textual*, ed. Chris Harrocks (New York: Berghahn Books, 2012), 47.

⁴¹⁵ Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982 [1980]).

⁴¹⁶ Street, “‘Colour Consciousness,’” 204.

⁴¹⁷ Lynda Nead, ‘Stilling the Punch: Boxing, Violence and the Photographic Image,’ *Journal of Visual Culture* 10, no. 305 (1 December 2011): 320. Nead uses Klaus Theweleit’s important psychoanalytic book *Male Fantasies* to discuss the abjection embodied within representations of pulp. Klaus Theweleit, *Male Fantasies. Vol 1: Women, Floods, Bodies, History*, trans. Stephen Conway, Erica Carter, and Chris Turner (Cambridge, UK: Polity Press, 1987), 1: 394.

⁴¹⁸ Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Hemel Hempstead, UK: Harvester Wheatsheaf, 1989), 140.

The most that Orpen can do when alluding to the inside of the body is to use her pencil to shadow or her pen to stipple. On the other hand, Hennell's photographic representation of the abject can result in a disgust response. But, as I will discuss shortly, the emotion of disgust does not fully account for the affective range embodied by the abject, pulpy, and colourful Hennell collection.

Historically, both monochrome and coloured images have been used to illustrate wartime medicine and surgery. Wallace writes that 'black and white plastic surgical clinical photographs' were very familiar to plastic surgeons, as they were 'taken in ever increasing numbers in the first half of the twentieth century.'⁴¹⁹ Watercolour was typically the medium used for battles and injuries before photography became more widespread.⁴²⁰ During the First World War, Daryl Lindsay (1889-1976) used watercolour to depict facially injured patients while Henry Tonks used the less conventional coloured medium of pastel. Art historian Emma Chambers posits that the utility of Tonks's pastel portraits 'to the surgeon may have lain in the use of colour, which made them clearer than black and white photographs.'⁴²¹ As historians of medical illustration and photography have pointed out, however, colour does not substantially help to convey useful medical knowledge. Using Grant's atlas as a key example, Sawchuk and several medical illustrator co-authors assert that tonal shifts between dark and light, and a limited palette, are easier to decode in a medical context than images drawn in colour.⁴²² Therefore, Hennell's images, like Tonks's, extend beyond the pure functionality required from surgical pictures.

⁴¹⁹ Wallace, 'The Early History of Clinical Photography,' 453.

⁴²⁰ Suzannah Biernoff, 'The Ruptured Portrait,' in *The Sensory War: 1914-2014*, ed. Ana Carden-Coyne, David Morris, and Tim Wilcox (Manchester, UK: Manchester Art Gallery, 2014), 37.

⁴²¹ Chambers, 'Fragmented Identities,' 582.

⁴²² Sawchuk, Woolridge, and Jenkinson, 'Illustrating Medicine,' 455.

Colour photography was already being practiced in the decades before the Second World War; colour was even being used in films, as outlined by Street.⁴²³ The government-sponsored documentary film *Plastic Surgery in Wartime* (1941), which shows injuries and operations similar to those depicted by Hennell, was shot in Technicolor.⁴²⁴ But what kind of colour photography did Hennell use? Wallace writes that as of ‘September 1939 Percy had devised a system of making colour prints on paper from three negatives exposed synchronously in a one-shot camera incorporating tri-chromatic filters.’⁴²⁵ These tri-chromatic chemical filters were cyan, magenta, and yellow.⁴²⁶ The exposures of these three negatives were then superimposed by hand to create the final picture in full colour. Wallace maintains that although this had been patented before ‘in respect of the yellow image,’ any and ‘all subsequent patents had lapsed because no-one had discovered how to control the contrast and quality of the coloured images.’⁴²⁷ Taking Wallace’s article as their primary source, the BAPRAS archive text accompanying Hennell’s images reinforces Wallace’s statement, taking it even further by stating that Hennell used a one-shot colour camera, ‘which he invented,’ and which was ‘the only colour photography available from 1938-1944.’⁴²⁸

But in reality, there were one-shot colour cameras on the market after the end of the First World War; histories of colour photography point to the fact that Hennell employed techniques already widely used.⁴²⁹ In *The Eighth Art* (1939), American photographer and ‘master of

⁴²³ Street, *Colour Films in Britain*.

⁴²⁴ Gillies, narr., *Plastic Surgery in Wartime*.

⁴²⁵ Wallace, ‘The Early History of Clinical Photography,’ 456.

⁴²⁶ Williams and Bright, *How We Are*, 95.

⁴²⁷ Wallace, ‘The Early History of Clinical Photography,’ 456.

⁴²⁸ Hussey, ‘Percy Hennell collection,’ *Royal College of Surgeons Surgicat*. This text from BAPRAS accompanies Percy Hennell, *Mounted image of Percy Hennell in the operating theatre at RAF Cosford*, HEN/11/7, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁴²⁹ Victor Keppler, *The Eighth Art: A Life of Color Photography* (London: Chapman and Hall, 1939), 61.

colour’⁴³⁰ Victor Keppler (1904-1987) describes how Alexandre Edmond Becquerel (1820-1891) invented the first colour filter in the 1840s, and while it was difficult to use and ‘clumsily and inefficiently constructed,’ it was a vital innovation.⁴³¹ The invention of the one-shot camera traces back to Louis Arthur Ducos du Hauron (1837-1920) and the 1860s, and it was improved upon in the years before and after the turn of the twentieth century.⁴³² Du Hauron’s design was for a camera that could make three separate negatives of red, yellow, and blue in one exposure, ‘the forerunner of modern one-shot cameras’ like Hennell’s.⁴³³ Keppler describes the history of colour photography as ‘limping, stumbling, halting’ in the late nineteenth century, but by the 1930s, colour photography fell into a ‘smooth, steady march.’⁴³⁴ The commercial portraitist Madame Yevonde (1893-1975) was one of the first to use the triple negative and colour filter process in England during the interwar years.⁴³⁵ And Hennell was a contemporary of pioneers such as John Hinde (1916-1997), who experimented with colour photography in the 1930s and 1940s. Similar in purpose to *British Women Go to War*, Stephen Spender’s *Citizens in War—and After* (1945) used Hinde’s photographs to show Britain the powerful effect of colour images of war.⁴³⁶

Thus, the claim that Hennell was a uniquely inventive photographer who created his own type of colour photography and camera, at a time when this was a rarity, is largely a myth. However, it is true that his use of a tri-colour camera in the surgical realm was innovative. When discussing Hennell’s contribution to the history of British photography, Val Williams and Susan Bright make no note of any technical advancement by him; this is after they *do* remark on

⁴³⁰ Louis Walton Siple, *A Half Century of Color* (New York: Macmillan Company, 1951), 9.

⁴³¹ Keppler, *The Eighth Art*, 37.

⁴³² Keppler, *The Eighth Art*, 77.

⁴³³ Siple, *A Half Century of Color*, 114.

⁴³⁴ Keppler, *The Eighth Art*, 41.

⁴³⁵ Williams and Bright, *How We Are*, 82.

⁴³⁶ Stephen Spender, *Citizens in War—and After*, illus. John Hinde (London: George G. Harrap, 1945).

photographic inventions and early adoptions by both Madame Yevonde and John Hinde.⁴³⁷ Neither does Williams mention any technical innovation by Hennell in her *British Journal of Photography* article covering his work.⁴³⁸ When Williams *does* acknowledge Hennell's advancement of colour photography in an article in *Photoworks* (not a peer-reviewed publication), she uses the exact same language as Wallace, saying that Hennell developed 'a system of making colour prints on paper from three negatives exposed synchronously in a one-shot camera incorporating tri-chromatic filters.'⁴³⁹ Unlike Williams and the BAPRAS archive (founded by Wallace), I am hesitant to take Wallace's word on Hennell's innovations at face value. Wallace's article may be biased, since Hennell, still 'alive and working well,' was one of the author's main sources. Additionally, Wallace was a plastic surgeon using his own discipline, and not the history of colour photography, as his context.⁴⁴⁰

According to Wallace, Hennell began his hospital secondment with a German camera but after 1942 he worked with an American one that used Kodak film.⁴⁴¹ Based on photographs taken of him in the operating theatre, Hennell's one-shot American camera seems to be the Devin Tricolor Camera with a Wollensak lens. According to this camera's informational manual, the Devin Tricolor was 'intended for the serious worker who is interested in obtaining in his colour prints the finest technical quality it is possible to achieve with existing methods.'⁴⁴² With this camera, Hennell produced the three colour negatives that he then layered on top of one another to create the full image. But the process was not perfect, and layers could be imprecisely overlaid, which caused inconsistent colour blending and registration. An untrimmed photo (Fig.

⁴³⁷ Williams and Bright, *How We Are*, 82-83.

⁴³⁸ Williams 'Keep Calm and Carry On,' 48-49.

⁴³⁹ Williams, 'Percy Hennell,' 38. Wallace, 'The Early History of Clinical Photography,' 456.

⁴⁴⁰ Wallace, 'The Early History of Clinical Photography,' 464.

⁴⁴¹ Wallace, 'The Early History of Clinical Photography,' 456.

⁴⁴² *Devin One Exposure Tricolor Camera* (New York: Devin Colorgraph Company, 1938), np, accessed 11 November 2019, https://www.cameramanuals.org/booklets/devin_tricolor.pdf.

52) shows at its edges, where all three colours can be seen, the physical layering that occurred as Hennell placed the negatives onto one another.⁴⁴³ This is especially apparent in the top left corner in the blue curtain fabric. Joseph S. Friedman’s history of colour photography suggests that Hennell’s process was not as cutting-edge as Wallace suggests, as the ‘complicated positive process which required precise registration of three separate images’ was by 1945 being rendered obsolete by ‘the multi-layered material processed by colour development or by silver-dye-bleach.’⁴⁴⁴

As evidenced by this description of Hennell’s technique, the misguided conceptualisation of photography as a less hands-on, or less interpretive, artform is not true in this case. In Lorraine Daston and Peter Galison’s book *Objectivity* (2007)—which details nineteenth-century perceptions of science and imagery in relation to truth, judgment, and subjectivity—the authors describe the connotations of mechanical image production and ‘mechanical objectivity.’⁴⁴⁵ Photography, no matter how difficult it was to compose, prepare, take, and produce the image, was ‘perceived as requiring negligible labour compared to the task of putting pencil to paper.’⁴⁴⁶ Hennell’s photographs, with their artful compositions and layering of negatives, show that medical photography still required aesthetic contemplation and labour, even when the medium was and is thought of as mechanical, objective, or scientific. Additionally, by 1939, retouching a colour photograph was possible.⁴⁴⁷ Hennell may have been able to highlight and darken hues as he applied the colour filters to each negative, and therefore these images and their pigments

⁴⁴³ This photograph may be of the patient Fitzgerald, who is referenced throughout this thesis. The trouser legs (perhaps pyjamas) pictured here have a pattern similar to, but slightly different from, the pattern on the shirt collar seen in Fitzgerald’s admission photograph (Fig. 51). However, this image is not filed under Fitzgerald’s name in the BAPRAS archive, but rather under ‘Leg Injuries.’

⁴⁴⁴ Joseph S. Friedman, *History of Colour Photography* (Boston, MA: American Photographic Publishing Company, 1945), ix.

⁴⁴⁵ Daston and Galison, *Objectivity*, 121.

⁴⁴⁶ Daston and Galison, *Objectivity*, 137.

⁴⁴⁷ Keppler, *The Eighth Art*, 43.

cannot be taken entirely at face value. Perhaps Hennell made some wounds more visible to help the surgeons looking for certain injuries and their effects, or perhaps he lightened scars in post-operative photographs to make the surgeries seem more successful. He could have had his own input into the appearance and composition of his surgical works, just as Orpen could in hers.

The reality of the relationship between Orpen's drawings and Hennell's photographs turns the historical perceptions explained in *Objectivity* on their heads. Daston and Galison describe how the artist and the scientist became polarised identities during the nineteenth century; in terms of style and medium, photography ostensibly represents objective science, and drawing represents subjective art.⁴⁴⁸ But when looking at these collections from an emotions perspective, Hennell's photographs hold an unexpected affective, subjective power over other images. This is because of the unflinching process of colour image-making, one that is supposed to embody full scientific objectivity. Showing how, in Benjamin's words, 'opposites touch,' this photographer's mechanical colour photographs allow for subjectivity and emotion to enter the realm of surgical imagery.

The contrast of the colour palettes of Orpen's and Hennell's collections in BAPRAS is a substantial contributor to the difference in the affect that their images accumulate—differences particularly apparent in the photographs and drawings of the patient Fitzgerald. Fitzgerald is one of the individuals who shows up numerous times in the BAPRAS archive—perhaps more than any other patient. Orpen drew over seventy images of Fitzgerald's progress (Fig. 45 and Fig. 50) and Hennell took at least fourteen photographs of him (Fig. 51 and Fig. 53) from 4 September 1941 to 14 April 1943. This high number of images may be why Orpen's drawing of him was used in the poster for the 2008 exhibition of her work (Fig. 54). Fitzgerald's face was burned

⁴⁴⁸ Daston and Galison, *Objectivity*, 37.

beyond recognition during the war and his surgical proceedings were long and arduous, with at least twenty-three operations in those eighteen months.⁴⁴⁹ This was not at all uncommon: the famous RAF pilot Geoffrey Page explains in his memoir that he endured at least thirty operations to his burned hands and face.⁴⁵⁰ Two ‘after’ images of Fitzgerald (Fig. 45 and Fig. 53), made within a few months of each other, make an excellent example of Hennell’s more penetrative, colourful gaze. Orpen’s drawing of the patient is sparse, using only the necessary visual information. The viewer can tell that the face is abnormally shaped and scarred, but Orpen draws only a few lines to delineate the results of this man’s many surgeries. And of course, because Orpen was working with a black pen, the drawing is monochromatic. Hennell’s photographs of Fitzgerald tell a different story: the coloured gradations and contrasts focus the viewer on elements that are obscured in Orpen’s drawing. After seeing the other pictures by Hennell of Fitzgerald’s horrific trauma (Fig. 51), this photograph gives the viewer a rush of relief and appreciation for the hard-earned changes on the patient’s face.

Yet Fitzgerald’s visage is covered in pigmented scars that contrast with his smart outfit and his softly smiling deportment. This smile may have been caused by the healing flaps of skin pulling the corners of his mouth upward, but the emotion is still demonstrative and discernible, contributing to the affect that this image embodies. In this photograph, Fitzgerald’s hair is neatly combed and parted, and he is wearing a jacket, collared shirt, and tie—a visual reminder of the way that Orpen’s mentor Tonks highlighted the tidied-up clothing and hair in his ‘after’ portraits of facial injury patients (Fig. 4).⁴⁵¹ These sartorial details suggest that Fitzgerald, while his face

⁴⁴⁹ Orpen writes next to a drawing of Fitzgerald: ‘23rd!’. Dickie Orpen, Sketchbook #15, 8 October 1943, BAPRAS/DSB 15.50, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁴⁵⁰ Page, *Tale of a Guinea Pig*, 208.

⁴⁵¹ This trope of combed hair and tidy clothing in the ‘after’ images of facial reconstruction is discussed in Emma Chambers’s work on Henry Tonks. Chambers, *Henry Tonks*, 16.

is still marred, will be able to reintegrate into society. But this uplifting conclusion is tainted by the obvious scarring and differences of skin colour on his face. The skin flaps that were brought from other parts of his body to reconstruct his face have different tones—the colours of his right cheek, his chin, and his forehead all vary. While the lines differentiating these sections of skin appear in Orpen’s drawings, the colour cannot be conveyed with pen. This simplified artist’s interpretation brings out different elements than those emphasised by Hennell’s photography.

When writing about Hennell’s photographs that fill the pages of *British Women Go to War*, the curators of *How We Are* write that Hennell portrayed a Britain that ‘was damaged, yet fully capable of recovery.’⁴⁵² Art made in war has this power—to both reveal the horrors of civilisation and combat while showing examples of human resilience, recovery, and reconstruction. Between Hennell’s and Orpen’s World War II oeuvres, it is the photographs that on the surface offer a more healing and hopeful narrative. Typically, as in the Fitzgerald case, Hennell’s images of a patient contain multiple full-face photographs, starting with an untouched injury and culminating after the surgery or surgeries have been performed. The majority of Orpen’s depictions of each patient are comprised of one full portrait followed by many diagrammatic images. As discussed in Chapter Two, the drawing of the patient Fitzgerald (Fig. 45) after a round of surgeries, with more to go, is the closest that Orpen gets to a final image of a healed patient. In contrast, Hennell’s photographs allow the viewer to follow more of the patient’s reconstructive journey: from their injury (Fig. 51), to their improvement, and finally to their physical healing (Fig. 53). Williams explains the hope of Hennell’s images, how ‘even these mended faces are full of pathos’: ‘people scarcely recognisable as human in the “before”

⁴⁵² Williams and Bright, *How We Are*, 83.

photographs have regained their humanity in the post-reconstruction portraits. Some almost smile.⁴⁵³

However, this recuperative narrative that is evident in the groups of Hennell's photographs is complicated by the coloured details that cannot be avoided in a photographic depiction of a patient after surgery. The varied hues within Hennell's photographs, as in the final image of Fitzgerald (Fig. 53), show the inconsistent aesthetics of the healing process. In Hennell's 'healed' photographs of many of these patients, there are still scars, red or pink swathes of skin, bald patches, and incongruous pigmentations. To cite an example used earlier in this thesis, the final photograph of the patient Billingsley (Fig. 37) shows a jagged zigzag of pink scarring from her chin down across her neck. Often these final photographs are the ones that are framed in dark cardboard with the date and the name of the patient labelling the image. The finality and formality of these photographs framed within the archive suggest that the patient's harrowing experience can be packed up and pushed to the past. The narratives of these images within the archive imply that a clean solution to the patients' wartime trauma was possible. But the uncompromising coloured detail of the medical photograph shows the viewer that these profound wounds can haunt the patient even after the lifesaving or lifechanging surgeries are complete, most likely fomenting distress and insecurity for years to come—as explored in Chapter Two. This increases the emotional impact of the Hennell image.

Lentaigne's memoirs confirm that discolouration was common among facial reconstruction patients. She writes that a skin graft, even after being fully healed, could cause the colour of the transplant site to look different from other parts of the patient's face.⁴⁵⁴ Gillies addressed this problem as well, giving a talk on 8 July 1943 about the changing colours of skin

⁴⁵³ Williams, 'Percy Hennell,' 38.

⁴⁵⁴ (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 14.

grafts.⁴⁵⁵ In East Grinstead, to give injured men more confidence and to alleviate their unsightly facial discolouration, primary surgeon McIndoe invited beauty specialists from Elizabeth Arden and other cosmetic companies into his ward at Queen Victoria Hospital. Free of charge, they taught the recently reconstructed men how to apply makeup, in Lentaigne's words, to 'try and look more normal.'⁴⁵⁶ The photographs of Fitzgerald and Hennell's other subjects make this 'not normal' colour differential apparent. Even if Fitzgerald had learned how to apply makeup (and there is no concrete evidence that a service similar to Queen Victoria's was offered at Hill End), his life would be visually marked by his facial injury and the resulting surgery. Even though his operations were 'successful,' and his wounds were 'fixed,' Fitzgerald would always be perceivably distinct from his peers.

In addition to complicating the healing narrative that seems readily apparent in Hennell's photographs, the colour in his images disrupts preconceived notions of what photographs from this period could or should look like, heightening the viewer's ability to empathise with Fitzgerald's suffering. A colour photograph is the primary medium of images in today's society, and by depicting something from decades ago in this more modern manner, Hennell's photographs break with the past and insert themselves into our present—collapsing the safe distance between our age and the age of history: a period of black and white.⁴⁵⁷ This weakens the viewer's feelings of temporal, geographical, and bodily distance from the patient and their physical traumas.⁴⁵⁸ Hennell's colour, when combined with the compositions and details to be analysed in the next section, makes his work more affecting than Orpen's drawings; this shows

⁴⁵⁵ 'ABERNETHIAN SOCIETY,' *St Bartholomew's Hospital Journal* XLVII, no. 7 (1 August 1943): 196. Bodleian Libraries, Oxford, UK, Soc. 15084 d. 29. 753251477. 1942-44.

⁴⁵⁶ (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 14.

⁴⁵⁷ Apel, *Memory Effects*, 119.

⁴⁵⁸ For more on the experience of the past in the present through material objects, see: Frank Ankersmit, *Sublime Historical Experience* (Stanford, CA: Stanford University Press, 2005).

both the shortcomings and powers within the draughtswoman's war work. The method of creating the colour in Hennell's images also highlights that his photographs are not the purely mechanical and therefore highly objective objects that it is sometimes assumed medical photographs are; Hennell's creative and involved process of image-making allows for a more subjective and intense viewing experience.

Part Three – Hennell's Compositions and Pictorial Details

The emotional effect of the Hennell photographs is compounded by the poignant details, in colour, that build upon each other to collect affect within the image. These details are both unavoidable and intentional. Even though he was a medical photographer assigned documentary work, Hennell still composed his images with a trained artist's eye. And even when the photograph seems to be straightforward and clinical, without an artist's intervention, there are aspects of the composition—notably the unexpected human particularities and the subject's isolation within the frame—that emotionally charge it.

First of all, the ability to compose and depict the progress of surgery upon a page differs between Orpen's and Hennell's works. The freedom of Orpen's artistic medium allowed her to show the steps of a surgery on a single sheet—something that Hennell's photography did not permit him to do. She did this in six steps with the patient Fitzgerald (Fig. 50). However, none of the close-up images of the patient's face on this page are portraits. While some of the facial expressions depicted here could be read as despondent or exhausted, the inclusion of surgical instruments, diagrammatic lines, and numbers—as well as the repetition of a de-individualised face—prevents the viewer from seeing the patient as a human being. Here, Fitzgerald looks more like a surgical test dummy than a victim of war.

Hennell's photographs, on the other hand, assault the viewer with the patient's individuality and vulnerability—presenting the subject as a medical object while simultaneously providing visual reminders of personhood. The first photographs of Fitzgerald, from September 1941 (Fig. 51), immediately demand emotional attention because of the painfully bright expanse of red across the patient's face. His staring eyes and small open slit of a mouth elicit shock. Hennell, unlike Orpen, can neither simply outline the horrific injury, nor can he edit out elements that may distract a surgeon from absorbing the medical particulars. Because of the photographic process explained in Part Two, however, Hennell could potentially have exposed the image to look *more* or *less* red than reality. In Hennell's photograph, the viewer's eye strays from the injury to take in the features of the collared shirt (potentially a pyjama top) that Fitzgerald wears. This is an affecting detail because we know that this is *Fitzgerald's* shirt—and perhaps he was woken from sleep by a bomb or conflagration, as this is an admission photograph created just after Fitzgerald's injury and his arrival at Hill End Hospital. We can then speculate about Fitzgerald's life before and beyond this injury: was this his favourite shirt to sleep in? Was orange his favourite colour? Or stripes his favourite pattern?

Even when Hennell's photograph does not show the patient's entire face, a viewer can relate to Fitzgerald's bodily experience in Hennell's compositions. Hennell took a picture of Fitzgerald after a flap from his arm had been attached to his torn, raw visage (Fig. 55). In this image, Hennell shows how the patient had to hold his arm uncomfortably up to his face and how he had to keep a tool in his mouth to ensure that the flap of skin took the correct shape. The triangular composition of this work is unusually geometric: it is not a position that the human body would naturally make or hold for an extended period of time. The structure that Fitzgerald's bandages form alerts the viewer to how uncomfortable and painful their own body

would feel if contorted in this way. As a whole, Hennell's plastic surgery photographs like this one invite empathy (to be explored further in Part Four) by making viewers acutely aware of their own physical vulnerability through connecting themselves to Hennell's subjects.

On the other hand, Orpen's drawings of the same stage of Fitzgerald's surgery (Fig. 56) look like textbook illustrations of an imagined situation rather than a surgery performed on a real, physically battered human. Suzannah Biernoff helpfully describes Tonks's textbook drawings as being more like 'dress patterns than portraits,' and that phrase also applies to these images by Orpen.⁴⁵⁹ She often used numbers, detaching her image from the human aspect of these operations by conceptualising Fitzgerald's healing process as one of numerical precision and medical objectivity. Orpen's illustration does not differ immensely from a sixteenth-century depiction of the same procedure (Fig. 57)—something that further distances the twenty-first-century viewer from the patient.

Unique incidental elements like colourful clothing, designs of blankets, haircuts, or other individualising characteristics within Hennell's compositions are the details that stretch out of the frame to affect the viewer's sensitivities and cause an emotional reaction—often allowing the viewer to empathise or identify with the pictured individual. A detail like this is what Barthes terms the 'punctum' of the photograph. The punctum, in photographic parlance, is a small detail (not intended by the photographer) that emotionally 'pricks' the viewer.⁴⁶⁰ Hennell did not deliberately incorporate diversions like visually interesting clothing, as his role as medical illustrator would not have allowed for the purposeful inclusion of such things. But as Sontag writes, a 'photographer's intentions do not determine the meaning of the photograph, which will

⁴⁵⁹ Biernoff, *Portraits of Violence*, 123.

⁴⁶⁰ Barthes, *Camera Lucida*, 47. Kathy Newman also uses the 'punctum' in her photographic analysis. Newman, 'Wounds and Wounding in the American Civil War,' 64.

have its own career, blown by the whims and loyalties of the diverse communities that have use for it.⁴⁶¹ Unintentional elements collect affect alongside the violence of the injuries portrayed, and it is this happenstance emotionality that qualifies the details as puncta.⁴⁶² These puncta relate to what Virginia Woolf (1882-1941) notes about a different kind of war image: John Singer Sargent's (1856-1925) 1919 painting *Gassed*. She writes that one detail, a raised foot, is what affected her most: 'This little piece of over-emphasis was the final scratch of the surgeon's knife which is said to hurt more than the whole operation.'⁴⁶³ Similarly, the small details—both intended and incidental—in Hennell's photographs can emotionally affect viewers, bringing the suffering to the present-day audience.

Particularly salient visual examples of embodied affect in the form of puncta appear in two photographs of the patient Granger that show crimson burns on their wrists and hands.⁴⁶⁴ Holes in the hospital cloths are visible in Granger's 'before' image (Fig. 58), calling to mind a less-than-pristine and perhaps uncomfortable surgical ward. In the second image (Fig. 59), the patient has assumed what is read as a self-conscious or protective pose, as if they are covering themselves or clutching their stomach in discomfort. Their face is not visible, but the body language signals distress—perhaps not only because of the painful injury on their forearms but also because of the personal invasion of having a photograph taken in such a vulnerable state. This hermetic and uncomfortable body language is particularly apparent in the healed image, when the patient should theoretically be more confident. In this image (Fig. 59), Granger's

⁴⁶¹ Sontag, *Regarding the Pain of Others*, 35.

⁴⁶² In *Camera Lucida*, Barthes writes that in order for a detail to be a punctum and to create affect in a photograph, it has to appear in the image unintentionally. If it is placed in the photograph artfully, Barthes argues, the detail will fail to 'pierce' emotionally. Barthes, *Camera Lucida*, 47.

⁴⁶³ Virginia Woolf, *Essays*, volume IV, 211, quoted in Allen McLaurin, *Virginia Woolf: The Echoes Enslaved* (Cambridge, UK: Cambridge University Press, 1973), 28.

⁴⁶⁴ Dickie Orpen drew at least four images of Granger. Dickie Orpen, BAPRAS/D 557 – 560, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

posture embodies the discomfort that Hennell's rendering of their surgical journey can transfer or enable: a viewer of this photograph or of others in the Hennell collection may find themselves feeling uneasy and clutching themselves as Granger does. The inclusion of Granger's brown V-neck jumper makes the patient feel more human, less abstracted, and more deserving of our empathy. Even though Hennell's photographs of Granger do not show the face, usually the site of the most affecting pathos, shots of the cloth's textures and the patient's clothing make the image, and the patient's suffering, more emotionally immediate and indexical of the reality of the Second World War operating theatre.

Hennell's compositions and details can be affecting even when the arrangement of the image seems to be more contrived or styled. Even at times 'when photographers are most concerned with mirroring reality,' as Hennell would have been, Sontag states, 'they are still haunted by tacit imperatives of taste.'⁴⁶⁵ Williams calls Hennell's photographs 'unashamedly styled'—a phrase at odds with the purported objectivity of medical photography.⁴⁶⁶

Exemplifying this type of styling, Hennell's initial photograph of the patient Light (Fig. 60) has a diagonal spiral composition that carries the eye around the polka-dotted ascot, the top of Light's head, and towards his jaw wound. The centrality of the injury, and the way that Light seems to thrust it toward Hennell's camera, confronts the viewer with his damaged visage. This image of Light could be compared to the Constructivist photographic portraits of Russian photographer Alexander Rodchenko (1891-1956), especially his *Pioneer Girl* from 1930 (Fig. 61).

Rodchenko's portraits emphasise formalist elements and he composes his pictures with sharp angles and unexpected points of view. As an art student and practicing commercial photographer and sculptor, Hennell may have known of Rodchenko's revolutionary work and he may have

⁴⁶⁵ Sontag, *On Photography*, 6.

⁴⁶⁶ Williams, 'Keep Calm and Carry On,' 51.

purposefully or subconsciously referenced him in his surgical portrait of Light. The neckerchief, upturned chin, distant gaze, and low angled perspective are striking similarities between the two pictures.

While details like those present in the Light and Fitzgerald photographs expose the humanity within the surgical image, the sterile compositions of Hennell's photographs do the opposite; the close crop marks these isolated subjects as specimens—a word that Bate also uses in his analysis of First World War facial reconstruction photographs.⁴⁶⁷ In all of his surgical photographs, Hennell does his best to isolate the human being's wound within the composition, just as he would have focused in on the inanimate manufactured goods that he photographed for the Metal Box Company. As in those commercial images, the setting or any extraneous background details in the surgical photographs should not distract the viewer. This compositional setup refuses the patient much temporal or geographic specificity beyond the image being recognisable as mid-century colour photography. The photo is taken not for the patient but for the benefit of Hennell's employers and the surgeons and trainees at Hill End Hospital. These pictures belong to the narrative of facial injury, but not to a fully lived or known experience of the patient. The subjects of these photographs become not humans with life arcs, but archetypes of injuries and cases to be studied for medical progress. Because of Hennell's professional and commercial training, outlined in Part One, and because of his medical employers' expectations, his plastic surgery photographs have a straightforward precision that is necessary for someone taking pictures for a mechanical production company. His surgical works, which followed his

⁴⁶⁷ Jason Bate points out that in the photographs he analyses, viewers either see specimens or men: a tension similar to what is being described here in the Hennell photographs. Bate, 'Disrupting our Sense of the Past,' 194. Beatrix Pichel discusses this convention in French photographs of facial injury from World War I. Beatrix Pichel, 'Les Gueules Cassées. Photography and the Making of Disfigurement,' *Journal of War & Culture Studies* 10, no. 1 (2017): 89.

previous wartime projects on mustard gas experiments and colour-coded German fuses, were not meant to be portraits of individuals. They required a more unflinching gaze than what had been expected of him in his earlier commercial ventures on Great Portland Street. The goal of Hennell's plastic surgery work (and of all medical illustration) was to keep the image clear and to 'make disease knowable,' thereby limiting the individuality of the patient, which in this case could be a distraction to the surgeon or student.⁴⁶⁸ The ancillary objective, then, is to depersonalise the subject of the image.

This observation of Hennell's sterile, isolating compositions that position the patient as specimen may seem contrary to the previous points made about the unavoidable human connection within Hennell's photographs. The simple, unassuming compositions and the archival presentation of Hennell's photographs help to connect these two interpretations, explaining the emotional weight that comes from both the personal *and* the dehumanising aspects of Hennell's surgical photography. In the BAPRAS archive, Hennell's photographs are kept in simple folders within plain grey archival boxes—only a small portion of the collection (usually the final photographs of the patients) is mounted with a cardboard border with the patient's name and date taken. Some of these mounts have 'The Metal Box Company' printed in block letters onto a white label. When exploring Orpen's drawings, there are numerous distractions on the papers—from rusted paper clips and ripped-out pages to calculations of Orpen's pay and humorous doodles of the surgeons around her. These can take the focus away from the subject of the surgical image. One of the curators of Orpen's 2008 show writes that material details like the worn covers of the sketchbooks '(dangerously) [add] to the charm,' and that we must 'extricate

⁴⁶⁸ Erin O'Connor, 'Camera Medica: Towards a Morbid History of Photography,' *History of Photography* 23, no. 3 (1999): 234.

ourselves from the sentimental association of time and subject.’⁴⁶⁹ Unlike in Orpen’s sketchbook pages or loose sheets, the details (puncta or otherwise) that distract a viewer from the surgical purpose of the Hennell photographs are still part of the image itself. Instead of drawing the eye to the margins, or to a line of text, or to a cartoon, the individualising elements in Hennell’s photographs are closely related compositionally to the surgical focus of the photograph (the wound or the scar). These aspects of the image do not encourage the viewer to think of the artist or the surgeon; rather, these details bring attention back to the patient. The viewer feels connected to—and perhaps responsible for—the patient’s painful experience when they see these reminders of the victim’s personhood from within the photographic composition.

This argument can be visually explained by returning to Hennell’s photograph of the patient Light (Fig. 60). The juxtaposition between the gaping, discoloured hole in Light’s chin and his personality-filled polka-dotted fashion statement makes the severity of the wound and its persisting effects on the wearer more apparent. Light’s positioning—the way that Hennell has him pushing his wound forward, showing his weakness and exposing his mortality—brings to the forefront what Hennell’s photographs do as a whole. They accost the viewer with the vulnerability of patients’ bodies and the viewer’s own in a visceral and emotional way. Hennell’s ostensibly sterile and objective images contradict themselves by overflowing with individuality; the personal, emotional elements, and the possibility of an empathic connection to the patients (the reasons for which are delineated in the following section) are less apparent in Orpen’s drawings.

⁴⁶⁹ Woodcraft, ‘In Summarising...,’ 19.

Part Four – Hennell’s Empathetic Effect

When viewing the Hennell collection, the strangely coloured elements of each photograph build the affective nature of the image, prompting an emotional mode of looking. But ‘emotional’ is a broad word, often without a precise meaning ascribed to it. When I say that I, and others, have felt ‘emotional’ because of Hennell’s photographs, what exactly do I mean? And what are the theoretical and / or bodily explanations for that experience? Two scholars in particular—Rob Boddice, a historian of emotions, and Ulrich Baer, whose book *Spectral Evidence* (2002) analyses traumatic photographs—argue that empathy cannot be used with historical material, and that empathy is not compatible with traumatic images of the past. I will now explore their ideas whilst arguing that empathy is the primary emotion elicited by Hennell’s corporeal, difficult photographs.

Why is it empathy that best describes the emotional response to Hennell’s photographs, and why not sympathy, disgust, or pity? In *Empathy: A History* (2018), Susan Lanzoni traces the historical meanings of the phenomenon.⁴⁷⁰ The critical discussion of ‘empathy’ began with the term denoting an aesthetic emotion that was mostly used in laboratory settings or in treatises on the arts and feeling. Boddice writes that empathy ‘began life as an aesthetic category used to explain how the viewer of a work of art *projects* his own feelings into the painting, receiving them back as if emerging from the work itself.’⁴⁷¹ Lanzoni begins the conclusion of her 2018 text by writing that empathy ‘as a means to step inside another’s experience to grasp it more fully has been popular ever since World War II. But as we have seen, the historical origins of empathy lie

⁴⁷⁰ In several publications, Susan Lanzoni has charted the concept of empathy from the beginning of the twentieth century, with its meaning evolving rapidly in the following decades. Susan Lanzoni, *Empathy: A History* (New Haven, CT: Yale University Press, 2018). Susan Lanzoni, ‘Introduction: Emotion and the Sciences: Varieties of Empathy in Science, Art, and History,’ *Science in Context* 3, no. 25 (2012): 287-300. Susan Lanzoni, ‘A Short History of Empathy,’ *The Atlantic*, 15 October 2015, accessed 22 November 2019, <https://www.theatlantic.com/health/archive/2015/10/a-short-history-of-empathy/409912/>.

⁴⁷¹ Rob Boddice, *The History of Emotions* (Manchester, UK: Manchester University Press, 2018), 56.

in the arts. Empathy used to mean placing ourselves in the world around us.⁴⁷² It was only in 1944 that the definition of empathy beyond the arts was added to *Webster's Collegiate Dictionary* and the term was referred to in the *Concise Oxford Dictionary*.⁴⁷³ By the 1950s, after a slow introduction into broader public discourse, empathising with someone meant 'to stand at the centre of his or her social world and get a sense for the surrounding conditions.'⁴⁷⁴ Today empathy is broadly understood as 'our capacity to grasp and understand the mental and emotional lives of others.'⁴⁷⁵ The history of empathy that Lanzoni tracks in her 2018 book is helpful because it shows the slippery contrariness of the term and its meanings:

Over the past one hundred years, empathy has conveyed notions of fusion, identity, and similarity as well as projection, separation, and difference. Empathy matches one's experience to something or someone else, but it also marks difference ... An empathic stretch toward the different, the strange, or even the unfathomable awakens us to the actuality of the unique, singular lives of others.⁴⁷⁶

The contrast between 'fusion' and 'separation' in Lanzoni's discussion of empathy's varying definition is vital to understanding how the concept is used today. In empathy there is a connection between the self and the other, something like the misidentification that Olin describes in *Touching Photographs*.⁴⁷⁷ But in this connection, in this misidentification, the subject never loses sight of themselves or of the object of empathy: there is still the inherent and insurmountable distinctions between the two individuals. Empathy requires some work, some imagination. Empathy is the idea that you can feel *into* or *with* someone else's suffering while still acknowledging that a full submersion into that suffering is impossible. This final section argues that this uncanny experience of relation and estrangement is what occurs when

⁴⁷² Lanzoni, *Empathy*, 277.

⁴⁷³ Lanzoni, *Empathy*, 195.

⁴⁷⁴ Lanzoni, *Empathy*, 162.

⁴⁷⁵ Lanzoni, *Empathy*, 3.

⁴⁷⁶ Lanzoni, *Empathy*, 278.

⁴⁷⁷ Olin, *Touching Photographs*, 69.

encountering Hennell's photographs that simultaneously assert patient individuality and create medical specimens.⁴⁷⁸

This emotion differs from sympathy, which—as the meaning of empathy evolved in the twentieth century—began to stand for feeling *for* someone, not feeling *with* them.⁴⁷⁹ There is more distance involved in a sympathetic relation. Sympathy, more recently, has been aligned with pity.⁴⁸⁰ Pity is innately condescending, revealing power relationships: the one being pitied has a lesser status and less power than the one who is pitying. In her description of this emotion, Lanzoni uses the work of historian and African-American studies scholar Daryl Michael Scott, who points out that the flip side of pity is contempt.⁴⁸¹ While a viewer may think that pity is what they feel when they first see one of Hennell's harrowing injury photographs, once they spend more time with these works, and once they get to know the surgical progresses of these patients (as I and the BAPRAS archivists have), pity falls radically short of encompassing the emotion experienced. This is because the researcher in the archive does not feel particularly superior to or powerful in front of these fragile individuals, for there is nothing that we can do for them.⁴⁸² We ourselves are laid bare by the emotional reaction to material that was meant to remain an

⁴⁷⁸ Empathy is associated with the Freudian concept of the uncanny; the power of the uncanny object lies in its overlapping of the unfamiliar *and* familiar. This also occurs when we feel empathy with someone or something else—it is a connection with and a distancing from the object of empathy. Sigmund Freud, 'The "Uncanny,"' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVII (1917-1919): An Infantile Neurosis and Other Works* (London: Random House UK, 2001 [1919]), 17: 220-21.

⁴⁷⁹ Lanzoni, *Empathy*, 5.

⁴⁸⁰ Lanzoni references William Safire's 2009 *New York Times* column 'On Language' to support her definition of sympathy as 'a distanced feeling of pity for another.' Lanzoni, *Empathy*, 5. William Safire, 'Empathy for Empty Pockets,' *On Language, The New York Times* (New York), 17 May 2009, *On Language*. Another helpful source on pity as it relates to compassion and other emotions can be found in an edited volume: Bertrand Taithe, "'Cold Calculation in the Faces of Horrors?'" Pity, Compassion and the Making of Humanitarian Protocols,' in *Medicine, Emotion and Disease, 1700-1950*, ed. Fay Bound Alberti (Basingstoke, UK: Palgrave Macmillan, 2006), 79-80.

⁴⁸¹ Lanzoni, *Empathy*, 239. Daryl Michael Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996* (Chapel Hill: University of North Carolina Press, 1997).

⁴⁸² Susan Sontag reflects on this feeling, writing, 'Perhaps the only people with the right to look at images of suffering ... are those who could do something to alleviate it—say, the surgeons at the military hospital where the photograph was taken—or those who could learn from it. The rest of us are voyeurs, whether or not we want to be.' Sontag, *Regarding the Pain of Others*, 37.

objective source of our research, an experience described by many of the scholars who contributed to Tracey Loughran and Dawn Mannay's *Emotion and the Researcher* volume.⁴⁸³ Disgust as an emotion falls short as well. This emotion can be an initial reaction to Hennell's photographs because of the colour and sheen discussed previously in relation to pulp. But while it may be an early reaction to Hennell's images, disgust does not comprise the full experience of response to the Hennell collection. The emotion is more collaborative than that, because a relationship between the viewer and patient is created, a relationship that takes the photographic subject into account.

While thus far empathy may seem best to define the emotional response to Hennell's photographs, there are arguments against empathy—particularly from Boddice and Baer—that complicate this argument's trajectory. First of all, empathy can be seen as selfish, since it takes personal experience as the point of departure for understanding somebody else. This may be true, but in agreement with Lanzoni and others, I would argue that the understanding of the other (that 'stretch toward the different') is the more important part of the equation. There are other arguments against empathy in a broader, often political or social context that show how empathy can cloud judgment.⁴⁸⁴ But these arguments are not focused on historical or traumatic material as this thesis is; Boddice's and Baer's arguments that do have this emphasis are most relevant to this chapter. Boddice asks: 'is empathy historical?'⁴⁸⁵ His answer to this is for the most part negative, since to be 'out of time and out of place' with the object of the attempted empathy is, according to him, to risk the misreading of the past person's situation or to fail at true empathy

⁴⁸³ Loughran and Mannay, eds., *Emotion and the Researcher*.

⁴⁸⁴ Paul Bloom, *Against Empathy: The Case for Rational Compassion* (New York: Ecco Press, 2016). Namwali Serpell, 'The Banality of Empathy,' *The New York Review of Books*, 2 March 2019, accessed 22 November 2019, <https://www.nybooks.com/daily/2019/03/02/the-banality-of-empathy/>.

⁴⁸⁵ Boddice, *The History of Emotions*, 124.

altogether. He asserts that empathy ‘throws up a barrier to historical analysis that we must traverse with care.’ Rather condescendingly, Boddice continues: ‘Historians frequently empathise with historical actors. They should be forgiven.’⁴⁸⁶ He then argues that there is an ‘empathy wall’ between us and the past, and that to empathise with historical figures, one must mentally be able to reconstruct the exact conditions of the world around them.⁴⁸⁷ He refers to archival collections (like Hennell’s in BAPRAS) and how empathy in the archive can cause historians to miss meanings and to overshadow other analyses.⁴⁸⁸ Even though he may frame these reactions as invalid, the ‘affective turn’ has shown that emotions in historical research occur often, and can, in fact, provide productive interactions with subjects, and that the unpacking of these emotional and empathetic responses can generate reflective scholarly practice.⁴⁸⁹

Baer also warns against empathy in his work on traumatic photography. His main argument in *Spectral Evidence* is that there are parallels between photography—especially images depicting traumatic places or scenes—and the traumatised psyche. He states that both photography and traumatic memory ‘resist integration into larger contexts,’ because the moment of trauma has been arrested and cannot be put into a larger coherent narrative. Because the photograph shows a halted moment that was not fully lived by the subject, we cannot empathise with the depicted person who did not completely understand or experience their own trauma in that moment ‘stolen’ by the camera. According to Baer, identification ‘drenched in empathy’

⁴⁸⁶ Boddice, *The History of Emotions*, 126.

⁴⁸⁷ Boddice borrows this term from: A. R. Hochschild, *Strangers in their Own Land: Anger and Mourning on the American Right* (New York: The New York Press, 2016), 5.

⁴⁸⁸ Boddice, *The History of Emotions*, 182.

⁴⁸⁹ This is particularly relevant in Kate Mahoney’s chapter in *Emotion and the Researcher*, in which she discusses her own approach to oral histories because of her connection to the subjects and empathy for their experiences. Kate Mahoney, “‘It’s Not History. It’s My Life’: Researcher Emotions and the Production of Critical Histories of the Women’s Movement,” in *Emotion and the Researcher: Sites, Subjectivities, and Relationships*, ed. Tracey Loughran and Dawn Mannay (Bingley, UK: Emerald Group Publishing, 2018), 76-77.

also plays into another illusion: the idea that a viewer's act of looking can be 'self-aware' and 'all-encompassing.'⁴⁹⁰ Baer writes that an empathetic connection with a photograph of trauma 'can easily lead us to miss the inscription of trauma' in the image.⁴⁹¹ The empathetic attempt to identify with these subjects indulges 'the illusion that we might somehow be able to assimilate [the traumatic event] fully into our understanding.'⁴⁹² But empathy need not equal mastery, as shown in Lanzoni's definition of the phenomenon.

I agree with Boddice's arguments for the importance and legacy of the history of emotions and most of Baer's points about the psychoanalytic metaphors contained within traumatic photographs; however, their hesitation (in Boddice's case) and refusal (in Baer's case) to allow for empathy in regard to historical material or photographs proves problematic. Their approaches do not leave room to question or account for today's viewers' experiences. If each historian is forced to historicise *ad nauseum*, knowing every detail about the historical actor before interrogating their own feelings and identifications with the subject, we would never have the important discussions of emotions in the archives or in historical work that have occurred during this affective turn in the humanities. Empathy has not precluded other methods of analysing of Hennell's photographs in this thesis as Boddice and Baer suspect it might; rather, it has added to this research. This chapter has discussed Hennell's photographs through an emotions lens *as well as* placed the images into the history of colour photography and surgical illustration. The other myriad interpretations in this thesis can sit alongside the empathic approach. As quoted earlier in this chapter, Barthes's ability to *feel* about a photograph allowed him to notice, observe, and think.⁴⁹³ Being 'self-aware' (which Baer wrongly suggests is a myth

⁴⁹⁰ Baer, *Spectral Evidence*, 177.

⁴⁹¹ Baer, *Spectral Evidence*, 13.

⁴⁹² Baer, *Spectral Evidence*, 177.

⁴⁹³ Barthes, *Camera Lucida*, 21.

in the viewing process) and empathising, bonding the self to the other, can lead to a productive practice of photographic history. Empathy, as defined by Lanzoni and as generally understood, involves an element of imagination and connection with someone other than yourself. This does not mean that we have to comprehend each and every element of the empathic recipient's emotional state and pain; we just have to have a way into it.

One of the ways into understanding and empathising with the subject of Hennell's images is through the body. These are, first and foremost, photographs of physical trauma—although this statement is nuanced and challenged in Chapter Two. It is this relatable depiction of bodily discomfort that leads to an empathetic approximation of the historical actor's feeling. Hussey, Neave, and I have each had physiological—either bodily or mental—reactions to extensive viewing of the Hennell collection. Hussey had nightmares; for Neave, it manifested as unwanted flashbacks to some of the most affecting imagery; I felt anxious and ill after my visits to the archive. This feeling of bodily connection and empathy is corroborated by Bate writing about his experience with First World War facial injury photographs: he looked at these images as 'the basis of a lived experience of facial disfigurement rather than a representation.'⁴⁹⁴ Bate sees these photographs as human experiences rather than how Baer sees them: as halted, unexperienced, inaccessible trauma. In his conclusion, Bate describes the bodily connection that I have argued exists in the Hennell photographs: 'The impact ... springs from my unavoidable realisation that as an embodied subject I too am fragile.'⁴⁹⁵ The inscription of the physical, and potentially psychological, trauma is not missed—as Baer suggests—because of the viewer's empathy. Rather, it is felt more acutely.

⁴⁹⁴ Bate, 'Disrupting Our Sense of the Past,' 194.

⁴⁹⁵ Bate, 'Disrupting Our Sense of the Past,' 213.

Hennell's colours and compositions call to mind the fragility of one's own personhood and body: a warning of the very real potential for identity destruction and pain in this present-day world that is not as temporally or politically far removed from the world of Hennell's patients as it may seem. But despite Boddice's warnings against the use of the body as a transhistorical constant, there is something to be said for the power of photography—especially artistically contrived surgical photography—that allows for an association between the viewer and the subject's bodily experiences.⁴⁹⁶ One reason that Orpen's drawings do not elicit the same level of empathy as Hennell's photographs is because Orpen's images lack the 'trace' of the real that Sontag, and others cited previously, ascribe to photography.⁴⁹⁷ This 'trace' is the indexical quality that Sawchuk explained was important in Grant's 1940s surgical atlas: the photograph shows us that these patients and these medical cases truly existed in some place and time: they were living human beings, like us, who experienced real pain and real injuries. Olin and Barthes both explain how photographs—with this intrinsic 'trace'—allow for a more emotional and tactile interaction with the depicted body. Barthes goes as far as describing the photograph as bodily: 'A sort of umbilical cord links the body of the photographed thing to my gaze,' and the photograph, 'an emanation of the referent,' touches the viewer.⁴⁹⁸ Olin agrees with Barthes that a 'photograph, then, is a trace, a remnant, of the person who was there. The trace is tactile, like a footprint, or perhaps more accurately like a navel, given that in one passage Barthes describes photography as an umbilical cord.'⁴⁹⁹

⁴⁹⁶ In *The History of Emotions*, this sentiment is repeated often, but particularly in his chapter on the senses. Boddice, 'Experiences, Senses, and the Brain,' in *The History of Emotions*, 132-67.

⁴⁹⁷ Sontag, *On Photography*, 154. See footnote #353 for a short discussion on the 'mark of truth.'

⁴⁹⁸ Barthes, *Camera Lucida*, 80-81.

⁴⁹⁹ Olin, *Touching Photographs*, 53.

This ‘trace,’ then, in photography, allows for a highly intimate bodily interaction, connecting the experiences of Hennell’s World War II subjects and the present-day viewer, opening the door for empathy. Hennell’s photographs, like the photographs that Olin describes, ‘touch’ us. As Olin states in the conclusion of her chapter on *Camera Lucida*, while looking at images of people the viewer will ‘endow them with attributes we need them to have ... we misidentify *with* them.’ This ‘misidentification’ with the subject of the photograph is both the identification ‘drenched in empathy’ against which Baer argues, and the only partially historicised identification against which Boddice argues.⁵⁰⁰ But Olin stresses how the indexical power of the photograph lies not in the context of and relationship between ‘the photograph and its subject but in the relation between the photograph and its beholder.’⁵⁰¹ Therefore, the warnings that both Boddice and Baer give in relation to empathising with historical or traumatic figures or images prove unfounded. Misidentification, which these theorists caution against, is not something that builds up the empathy wall; rather, it actively tears it down to create a relationship between the subjects of Hennell’s photographs and the viewer.

This connection in Hennell’s photographs is one of understanding, and perhaps sharing in, another’s suffering. The chromatic, narrative, and compositional elements of Hennell’s photographs provide a bodily connection as explained by phenomenologists Barthes and Olin, which suggests the possibility for an authentic empathic connection. Empathy is embodied in Hennell’s photographs not just because of the photographic realism but also because of the tangible personhood in these images; the viewer can see themselves in the individualised but objectified bodies and faces of patients like Fitzgerald. Fitzgerald’s burnt orange clothing or his tie might remind us of our own belongings, or his slight smile in his recovery photograph (Fig.

⁵⁰⁰ Baer, *Spectral Evidence*, 177.

⁵⁰¹ Olin, *Touching Photographs*, 69.

53) might cause us to mimic him as we view the image. Perhaps we might also hold ourselves in discomfort as Granger does in their ‘after’ image (Fig. 59).

Empathy is about feeling *with* someone different from oneself, and this allows viewers to approximate the emotional status of the pictured individuals, relating to their struggles and pain even though far removed from our own. This is exhibited in the physical anxiety, the nightmares, or the unexpected flashbacks described by those who have spent time with the Hennell collection. Empathy does not have to mean that we understand every element of a person’s struggle, but the photographic medium and Hennell’s depictions of physical injury provide a visceral way in to feeling this emotion. If empathy is an approximation of another person’s suffering, then it makes sense that the effects on myself, Hussey, and Neave were similar to the effects typically attributed to psychological trauma—a type of trauma whose connection to facial injury and the BAPRAS archive has been outlined in this thesis’s introduction and in Chapter Two. We cannot physically *feel* the bodily trauma that these World War II victims experienced, but emotional disturbances and nightmares show that the trauma has been approximated in a more internal manner.

While the definition of empathy has changed significantly since its genesis, Hennell’s photographs show how the concept can still be applied to aesthetic objects as it was in its original meaning, shown by quotes from Lanzoni and Boddice at the beginning of this section. Lanzoni writes that the ‘aesthetic imagination’ is still working in our current understanding of empathy, ‘not as artful window dressing but as a key capacity for connection.’⁵⁰² This aesthetically-provoked empathy and feeling *with* an object awakens us to the ‘singular lives of others.’⁵⁰³ This strong historical tie between artistic material and empathy further explains why

⁵⁰² Lanzoni, *Empathy*, 277.

⁵⁰³ Lanzoni, *Empathy*, 278.

the feeling connected to Hennell's photographs is empathy and not sympathy, pity, or disgust. Artistic production, even when medical, has the power to make the viewer feel *into* the image, to feel *with* the protagonist of the picture. Therefore, the elements of Hennell's images that I described in Part Two and Part Three as 'collecting affect' build upon one another to result in an empathetic, bodily reaction for the viewer.

Conclusion

This extended phenomenological analysis of Hennell's photographs as they apply to emotion was necessary within the broader remit of this thesis in order to flesh out the limits of Orpen's surgical drawings and to further construct their purpose and their place in a history of art.

Women are often aligned with emotion rather than stoicism, but in this case study the male artist's work allows for viewers to react more personally and empathetically to facial injury and bodily burns. Regardless of how Orpen felt towards these patients, the majority of her drawings are not highly empathetic works that make us feel with the people that she drew. This was not her calling, nor was it possible with the mediums that she used nor in the context in which she worked. While Sawchuk pointed out that the indexical power of photography promised to remove the subjectivity implied by an artist's hand, this chapter shows that another type of subjectivity—the subjective, emotional experience of the viewer—can be found in surgical photography through its formal elements.

Hennell's photographs also help us to more fully understand the context of Orpen's drawings and her wartime work. It is useful to have clear evidence, in the form of colour photography, that corroborates the sources described throughout the rest of this thesis that hint at the reality of Orpen's surroundings and that of her patients as well. These images show what

Orpen contended with every day: harrowing wounds and scenes like those depicted by Hennell were what she had to transcribe and translate into comprehensible surgical images.

The elements of Hennell's wartime work—the colour, the narrative structure, the compositions, and the unexpected details—construct images that are likely to foment an emotional reaction in viewers. Hennell's photographs extend beyond their historical surgical purpose; they were not meant to be pictures of empathic power, and yet neither Hennell nor those who employed him could prevent viewers from feeling emotional or empathetic when experiencing these images. Even though a draughtsperson's creation is usually thought to be more emotive and subjective than a mechanically produced photograph, this comparison from within the BAPRAS archive shows that this is not always true. This chapter has evaluated how and why Hennell's photographs—when compared to Orpen's drawings—embody stronger emotion to affect today's viewers. A phenomenological approach takes into account the sustained aesthetic and emotive sensibility of these photographs—going beyond the Foucauldian analysis often employed by historians of visual culture when examining medical photographs.

This encompassed phenomenological approach to analysing visual medical material could prove helpful in surgical instruction through the use of medical humanities material. Newman, reflecting on a passage from Louisa May Alcott's *Hospital Stories* (1863), writes: 'In order to *heal*, these medical professionals must constrain their impulses to *feel*.'⁵⁰⁴ This quotation exemplifies the pervading stereotype that medical professionals must curtail their own emotional responses to injury and death in order to fulfil their role. Of course, it is not always negative for surgeons to be rigorously objective—as mentioned in Part Four of this chapter, some writers have argued that excessive empathy affects rational judgement. But overall, this perspective has

⁵⁰⁴ Newman, 'Wounds and Wounding in the American Civil War,' 81.

now changed within medicine, with emotional caring deemed more important as a skill for doctors and surgeons to possess.⁵⁰⁵ If, as I have argued, historical empathy is more easily accessed with colour photography, and if empathy is something that patients wish to see their doctors and surgeons practice more often and more critically, then images like Hennell's—historical, colourful, and incidentally detailed photographs—should be used in pedagogical approaches to the health humanities. The same could also be said of humorous imagery—the next chapter's emotional focus.

⁵⁰⁵ Alison Moulds, Agnes Arnold-Forster, and Simon Fleming, 'The Emotional Side of Surgery,' *Journal of Trauma & Orthopaedics* 7, no. 1 (March 2019): 26-27.

Chapter Four

Drawing Humour: Visual Jokes in the Plastic Surgery Ward

It was a titanic explosion ... Then suddenly everything came to an end and I realised I was on the edge of the building. Oh! but this was simple, I should go over, no one would know now, I might have been blown out. I knew I was blind for I could no longer see the buildings in the moonlight and I had seen them only a moment before. I knew I was hopelessly mutilated. Then I thought: what a waste of a good education—I can't do it like that. So I sat down to see what remained of me. Being a doctor I made a thorough examination. I felt my skull, there seemed no obvious fracture. I felt my forehead, there was a great long slash and I could feel the bare bone, still I had a nose, I had top teeth. This ear was half off but I could still hear my fingers snap. Then I had all my limbs and hands and fingers. I thought of all the wonderful things that could be done by surgery. It might only be grit in my eyes. So I decided to risk it. After all I could always do myself in later, if necessary. — Dr Dix, *Plastic Surgery in Wartime* (film), 1941.⁵⁰⁶

Dr Dix was a specialist in otolaryngology, one of a growing number of women doctors, when she was injured in the Blitz. The above quotation is from the documentary *Plastic Surgery in Wartime*, which was filmed at Harold Gillies's ward, Rooksdown House, in Basingstoke. Throughout this film, there is a jarring contrast between the speakers' faces—in various states of brutal injury and piecemeal repair—and their upbeat tone and wry humour. Dr Dix's interview is particularly striking, as she jokes about suicide while being relentlessly practical about the topic of her 'hopeless mutilation'—the type of mutilation that could cause severe physical and mental distress. Dr Dix conducts herself in this way in front of the camera after undergoing many weeks of recovery and after having over sixty pieces of glass removed from her body. This type of deflecting, dark humour—where one jokes about killing oneself or smiles and laughs while describing an air raid or an injury—was common in wartime Britain, particularly, as this chapter will show, within the world of reconstructive plastic surgery.⁵⁰⁷

⁵⁰⁶ Script for *Plastic Surgery in Wartime*, 5, INF 6/519, The National Archives, London.

⁵⁰⁷ This type of humour coincides with the concept of the 'stiff upper lip,' a stereotype of British emotional reticence that is often associated with the wartime slogan 'Keep Calm and Carry On.' Examples of the use of this phrase can

Sigmund Freud explains how humour can diminish feelings of danger or pain like those experienced by Dr Dix in the Blitz and during recovery. He writes that the ‘principal thing is the intention which humour fulfils ... Its meaning is: “Look here! This is all this seemingly dangerous world amounts to. Child’s play—the very thing to jest about!”’⁵⁰⁸ Freud describes humour as a diversion from fear or difficulty: ‘humour has in it a *liberating* element,’ meaning that it can take an individual out of their personal traumas or pains.⁵⁰⁹ While here Freud alludes to spoken humour, Patrick Maynard argues that comics (visual humour) have a function similar to that of verbal jokes: their purpose is ‘not to entertain but to induce a less serious state of mind: thus to affect, even shift, our states of mind.’⁵¹⁰ As Maynard argues, comics, cartoons, or doodles like those by Dickie Orpen can ‘induce’ this ‘less serious state of mind.’ This palliative, calming mental release of both verbal and visual humour can justify the prevalence of jokes in wartime. This pervasiveness will be explained further in Part Two of this chapter, in which I outline various humorous contexts for Orpen’s war work.

Dark humour, as well as sillier and more innocuous humour, was present in wider British World War II culture and in the operating theatres and plastics wards, where it interacted with the intense personal and physical traumas within to create a contradictory medical atmosphere. Simon Millar has researched the environment of one of these wards: Rooksdown House at Park

be found in academic studies as well as post-war entertainment publications like the novels of P. G. Wodehouse (1881-1975) or more contemporary television programs. Peggy Machin and Amanda C. de C. Williams, ‘Stiff Upper Lip: Coping Strategies of World War II Veterans with Phantom Limb Pain,’ *Clinical Journal of Pain* 14, no. 4 (December 1998): 290-94. Michael W. Boyce, ‘British Masculinities: Duty, Confinement, and Stiff Upper Lips,’ in *The Lasting Influence of the War on Postwar British Film* (New York: Palgrave Macmillan, 2012), 47-75. P. G. Wodehouse, *Stiff Upper Lip, Jeeves* (New York: Simon & Schuster, 1962). *Stiff Upper Lip: An Emotional History of Britain*, aired October 2012, on BBC2. Thomas Dixon, however, debunks the ‘stiff upper lip’ as a myth. Thomas Dixon, ‘The “If” Upper Lip,’ in *Weeping Britannia: Portrait of a Nation in Tears* (Oxford, UK: Oxford University Press), 199-214.

⁵⁰⁸ Sigmund Freud, ‘Humour,’ *International Journal of Psycho-Analysis* 9 (January 1928): 5.

⁵⁰⁹ Freud, ‘Humour,’ 2.

⁵¹⁰ Patrick Maynard, ‘What’s so Funny? Comic Content in Depiction,’ in *The Art of Comics: A Philosophical Approach*, ed. Aaron Meskin and Roy T. Cook (Chichester, UK: Wiley-Blackwell, 2012), 106.

Prewett Hospital in Basingstoke, the unit represented in *Plastic Surgery in Wartime*. Millar writes about the activities, outings, visits to pubs and shops, and the emotional support for patients from non-surgical staff. All of these elements—which were also in place at other plastic surgery wards like the ones at Hill End Hospital in St Albans and Queen Victoria Hospital in East Grinstead—combined for a relatively relaxed and genial spirit that helped the patients’ mental rehabilitation as well as their physical recovery.⁵¹¹ Lead surgeon Gillies described Rooksdown House as having ‘an aura of its own’ and everyone passing through there as having ‘high morale.’⁵¹² Both Rooksdown House and the plastics ward at Queen Victoria Hospital had prominent social clubs for facially injured patients (called the Rooksdown Club and the Guinea Pig Club, respectively).⁵¹³ These patient social groups facilitated uplifting exchanges and helped with the recovery and resilience of the facially injured. Humour played a significant role in the relationships within these clubs, in their activities, and in the general attitude of the plastics wards populated by these club members. Written and visual representations of this humour are particularly apparent in the magazine for Guinea Pig Club members, called *The Guinea Pig*, published from 1947 until 2003, to be discussed later in this chapter.⁵¹⁴ This magazine was a tangible marker of the ways in which these injured men kept in touch by joking about their difficult physical and social conditions.

While these clubs helped the morale of the plastic surgery patients, the mental state of hospital staff was also looked after in various ways. Hill End Hospital, where Orpen worked, had clubs made up of medical students, nurses, and staff for cricket, hockey, and table tennis (among

⁵¹¹ Millar, ‘Rooksdown House and the Rooksdown Club,’ 293.

⁵¹² Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2: 438. Quoted in the introduction of this thesis, Gillies discusses how the mental well-being of his plastic surgery patients is just as important as their physical health. Gillies, *Plastic Surgery in Wartime*.

⁵¹³ Simon Robert Millar and Emily Mayhew have produced the definitive research on these two clubs. Millar, ‘Rooksdown House and the Rooksdown Club.’ Mayhew, *The Reconstruction of Warriors*.

⁵¹⁴ Mayhew, *The Reconstruction of Warriors*, 204.

other sports), as well as debating, choral, and dramatic societies. The St Bartholomew's Hospital Journal—which reported on affairs at Hill End since St Bart's was evacuated to Hill End during the war—states that these clubs and groups were 'an important factor in keeping the party happy in the rather out of the way spot in which the Hospital is placed.'⁵¹⁵ According to this journal, there was even an unofficial 'Hill End Cartoonist' taking a course at the hospital and drawing morale-boosting images, successful in catching even 'the most unsuspecting member of the Senior Staff' with 'his uncanny pen and ink.'⁵¹⁶ These stories, clubs, and events reported in the hospital journal show that keeping morale up was necessary for all of those at the hospital, not just the injured. Orpen's drawings, like those by the unnamed 'Hill End Cartoonist,' aided in this endeavour of keeping staff members content—and even laughing.

Orpen's drawings of the facial injury ward at Hill End further strengthen the historical tie between the seemingly disparate entities of humour and surgery. While most of her illustrations of injury and reconstruction themselves are not humorous, these medical images are juxtaposed and mingled with comical marginalia and stand-alone cartoons. Her humorous drawings poke fun at high-strung surgeons, corpulent nurses, and the farces that happen daily in their demanding workplace. All of these drawings were created for Orpen herself and for those working at the hospital. There are dozens of unexpected flippancies and in-jokes in Orpen's many pages: flirtations with the surgeons, cartoons of tombstones and witches, and subtly funny observations of the patients and the hospital. These images of the plastics ward and its staff appear not only in the loose sheets and sketchbooks that are held in the BAPRAS archive, but also in Orpen's personal papers that she kept until her death. As is the case with much of the

⁵¹⁵ 'HILL END: AT HILL END AND CELL BARNES HOSPITALS,' *St Bartholomew's Hospital Journal* 3, no. 2 (1 November 1941): 24-25. Bodleian Libraries, Oxford, Soc. 15084 d.29. 753251476. 1941-42.

⁵¹⁶ *St Bartholomew's Hospital Journal* 3, no. 4 (1 January 1942): 76. Bodleian Libraries, Oxford, Soc. 15084 d. 29 753251476. 1941-42.

Orpen material that is analysed in this thesis, medical or otherwise, almost none of these cartoons have been reviewed previously by scholars in the history of art or in the history of medicine.

In his book *British Cartoonists* (1942), the prominent World War II political cartoonist David Low (1891-1963) writes that ‘England has always been more appreciative of the comic in its refined aspect as pleasantry rather than as mordancy with an edge.’⁵¹⁷ Rather than being cruel or offensive, Orpen’s humour tends to be above the easy bite of an unkind joke. This was because no staff member was spared and all shared in the laughter, a humorous state explained particularly in Part Three in relation to the carnivalesque and the grotesque. Orpen’s work is subversive—often making fun of those in power. But, as will be shown, it succeeds in its transgressive humour without being too critical of or threatening to the hierarchies of Hill End Hospital or the medical establishment as a whole. This balance no doubt allowed for Orpen to continue with her cartoons and caricatures; she even gifted some of her drawings to her superiors. This research connects Orpen’s witty images to the prevailing humorous ambience that affected the relationships, work, and visual culture of the World War II plastics ward.

While the previous chapter explained how Orpen’s images can only reach a certain threshold of affect, this chapter reveals that a different type of emotional reaction—that of laughter—is represented on many of Orpen’s pages. Part One sets out the four formats in which Orpen produced visual humour, with full background and analysis of these images following in the later sections of the chapter. Using the unique imagery found within Orpen’s wartime material, the conclusion can be drawn that Orpen’s purpose in the surgical ward went beyond the creation of medical knowledge. Part Two analyses the cultural, medical, and artistic contexts in which Orpen’s humour participated, some of which have already been mentioned in this chapter

⁵¹⁷ David Low, *British Cartoonists: Caricaturists and Comic Artists* (London: William Collins, 1942), 7.

introduction. The third part of this chapter delineates how these histories are tied to the grotesque body through the lens of medieval marginalia and Mikhail Bakhtin's conceptualisation of the carnivalesque. And finally, Part Four examines the gendered and classed implications of Orpen's surgical humour by looking through Orpen's eyes at the chiefly male, middle-class, and well-educated space of the plastics ward. By analysing several important images within Orpen's comic oeuvre, this last part of the chapter shows that Orpen could make significant points about gender and class through visual humour. While Orpen's humorous images and asides at first appear to be casually scribbled words and cartoons, they are sympathetically and carefully created forms of visual communication that offer insight into the paradoxical atmosphere of the World War II plastic surgery ward, which was at the same time deadly serious and inescapably playful.

Part One – Dickie Orpen's Humour

Orpen created humorous imagery in four formats: she produced a collection of drawings called *Book of Bucket*; she doodled in the margins of her sketchbooks; she included some cartoons in her more formal loose sheet drawings; and she kept additional drawings in her personal papers. Especially within her sketchbooks, Orpen had freedom to annotate whatever she wanted around the core medical images that were to be used for documentation and for reference. In an early sketchbook, for example, completely unrelated to any of the surgeries happening on that day in 1942, Orpen quoted the English poet and artist William Blake (1757-1827), writing:

All pictures that's painted with sense and with thought
Are painted by madmen, as sure as a groat
For the greater the fool is the pencil more blest
As when they are drunk they always paint best. (Blake?)⁵¹⁸

⁵¹⁸ Dickie Orpen, Sketchbook #3, September – October 1942, BAPRAS/DSB 3.8, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

Orpen excerpted these lines from a poem written in one of Blake's notebooks.⁵¹⁹ But it seems that this quotation is plucked from her memory, as she is unsure of whether '(Blake?)' wrote it. Viewers of Orpen's drawings today might think that her cartoons were indeed 'painted by madmen,' for how could someone observing and recording surgeries on mutilated faces and limbs see any humour in the suffering? But in reality, and as discussed further in the next section, this humorous visual language was an accepted, precedented way of filtering the agonies of the operating theatre and surgical ward. The modern-day viewer may also expect surgical imagery to be strictly professional. But as the introduction of this thesis established, specialist expectations for surgical illustrators in Britain were not formalised until the late 1940s. Without a professional body, consistent training, or standardised job descriptions, surgical illustration was a field fluid enough to allow for personalised improvisation.

One main grouping of Orpen's humorous material, *Book of Bucket*, is an integral part of understanding the culture in which Orpen and the Hill End Hospital surgeons worked. *Book of Bucket* is a collection of thirty drawings depicting surgeons, nurses, and anaesthetists. These drawings are at times irreverent and at times tender. The plastic surgeon and Orpen's friend John Barron wrote in 1986 to Wallace, founder of the BAPRAS archive, to explain *Book of Bucket*:

The origin of 'Bucket' in the book of Bucket is as follows:-- The artist and the author of the book was Dickie Orpen who was our war-time artist and she spent most of her time in the theatre with us. There came a 'flu' epidemic which smote the theatre orderlies and Dickie undertook many of their duties such as cleaning floors, adjusting lights etc. and was often to be seen carting buckets of dirty water from the theatre to the so-called 'sluice.' So the rude surgeons dubbed her 'bucket' which remained her nom de plume for a long time so when she decided to get one back on us by doing the sketches she called it 'The Book of Bucket.'⁵²⁰

⁵¹⁹ This notebook was used by Blake between 1808 and 1811. William Blake, 'On Art and Artists: All pictures that's painted with sense and with thought,' Bartleby.com, last modified 2011, accessed 24 May 2019, <https://bartleby.com/235/203.html>.

⁵²⁰ Correspondence from John N. Barron to Antony F. Wallace, 22 August 1986, BAPRAS/A/IMAGES/142, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

But the drawings, while they pointed out some of the less flattering aspects of employees' personalities and appearances, were meant to be taken in good fun by all involved. While she kept the original drawings for herself along with two copies, she gifted a duplicate of the book to Barron on Christmas 1945, 'With Corporal Bucket's compliments.'⁵²¹

Corporal Bucket appears in several of the cartoons as an avatar for Orpen herself. While this character is a plump male nurse or orderly, it is obvious that he stands in for the surgical illustrator—an alter ego born out of taking over the orderlies' duties. The identity of this figure is changeable, as the name switches from Corporal Buckett, to Bucket, to Buckets. *Portrait of Corporal Buckett* (Fig. 62) includes the moniker 'Cpl Dickie Bonaparte Buckett'; this image shows the character climbing a spindly ladder, which leans against a tall colleague, to adjust a large overhead light. This height contrast, and perhaps the use of the name 'Bonaparte,' emphasises Bucket's short stature, which is highlighted in several of Orpen's other cartoons. As evidenced by the many French asides in her sketchbooks, Orpen was a Francophile, and a publication called *La Vie Paris* or *La Vie Parisienne* protrudes from Bucket's pocket—an element of Orpen's personality transposed onto her caricature.⁵²² On the same page, in another cartoon called *Bucket is Busy*, Bucket avoids work while smoking, drinking tea, and looking at a magazine called *Saucy Bits*: a publication perhaps less in line with Orpen's usual reading material. Within this one page, we see the tension between Bucket as a true-to-life stand-in for Orpen and as a wholly fictional character: the artist substitutes this Bucket figure in for herself

⁵²¹ This note to Barron is included in the photocopied version of *Book of Bucket* that is held in the BAPRAS archive. Copy of John Barron's Cartoon Book, BAPRAS/A/IMAGES/142, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁵²² Examples of Orpen using French can be found on several loose and sketchbook pages held in the BAPRAS archive: BAPRAS/D 666, BAPRAS/DSB 6.20, BAPRAS/DSB 6.76, and BAPRAS/DSB 12.9, Archives of the British Association of Plastic, Reconstructive, and Plastic Surgeons, London.

when she wants to depict the dirtier or less pleasant tasks throughout the ward. But these images portray the avoidance or the ridiculousness of work, rather than the difficulty, or the psychological consequences, of labouring on a ward filled with deeply traumatic physical injuries and surgical reconstructions. By choosing to show what she does here as nothing serious, Orpen creates a narrative that could act as a salve for the realities of the injuries, surgeries, recoveries, and tragedies around herself and her colleagues.

No member of the operating theatre team escaped Orpen's witty sketching, from lower-ranked orderlies to high-profile surgeons and from drained nurses to dozing anaesthetists. Orpen drew a nurse, Miss Oliver, looking wizened and exhausted in *Sartorial Softening* (Fig. 63). Orpen marked the long hours and difficult days onto the nurse's face while still bringing a comic element by exaggerating and drooping the theatre mask. From the caption 'The Influence of the Crown Film Unit,' we can deduce that publicity or documentary filming was happening at the hospital, adding even more stress to the employees' jobs.⁵²³ Humour once more intersects with the hospital's permeating atmosphere of fatigue in Orpen's drawings of anaesthetists napping at their post (Fig. 64). This cartoon is paired with the title *Are They Light or Deep?*, describing two levels of anaesthesia as well as two intensities of slumber. Orpen's doodle suggests that workplace exhaustion could knock out these medical professionals *as efficiently as* the drugs that they distributed, something that other staff would have no doubt found drole and amusing.

Surgeons were included as well—perhaps even the unspecified men who gave Orpen the nickname 'Bucket.' One surgeon called George Grey-Turner was lampooned for his large ears in

⁵²³ The Crown Film Unit produced both documentary and dramatic films from 1940 to 1952. The Unit was part of the Ministry of Information, and many of its films were directed by famed British director and founder of the Mass-Observation organisation, Humphrey Jennings (1907-1950). The film being alluded to in the *Sartorial Softening* drawing was not the one quoted earlier, *Plastic Surgery in Wartime*, as that film was made by the Realist Film Unit and shot at Park Prewett Hospital's Rooksdown House with Harold Gillies, not at Hill End Hospital.

a drawing given the tongue-in-cheek title *Homo Sapiens: species chirurgo-leprecaunus* (Fig. 65). The term ‘chirurgo’ refers to the Latin word for surgery, and the nod to leprechauns makes the surgeon’s ears impossible to ignore. In the context of Orpen’s title, Grey-Turner’s puffed-up surgical cap acts as the leprechaun’s hat and the drooping mask as the leprechaun’s beard. On the other hand, Rainsford Mowlem, the lead plastic surgeon at Hill End Hospital, is depicted as an ape slamming down the phone against the requests of administrator Doctor Kimber, rudely stating that Kimber can go and ‘plant cabbages’ (Fig. 66). Orpen classifies Mowlem as *Homo (Mowlemiensis) Sapiens (species Chirurgo-Plasticus)*.⁵²⁴ These drawings show the weary, tense states of Orpen’s colleagues, but with a touch of humour; other examples of medical professionals using humour to mitigate the serious demands of their job follow in the next section.⁵²⁵

One of the challenges of Orpen’s own work was finding a way to even *see* the patient that she was meant to draw. She brings attention to frustrating working conditions through her humorous sketches. In *Artist at Work* (Fig. 67), Orpen turns to herself (not in the guise of Bucket) as a cartoon subject. To observe a surgery, Orpen bends to peer between much taller figures, assumed to be surgeons and nurses. A similar scene appears in Sketchbook #12, labelled *All the Artist Saw* (Fig. 68). In this drawing, Orpen has no view of her subject; the patient is blocked by a surgeon bending horizontally over the prone body. This situation must have made

⁵²⁴ In a textbook preface, the previously-quoted Hill End Hospital surgeon John Barron writes the following about the etymology of the word ‘surgery,’ which helps to explain the nomenclature that Orpen uses in these two cartoons: ‘The word *surgery* in English is derived from the older word from *chirurgery*, related to the French *chirurgie* and Latin *chirurgia* ... Similarly the word *surgeon* is related to the Greek *kheirougos*. The Greek word contains two roots; *kheir*, a hand and *ergon*, which means work or activity ... In effect therefore, surgery means handworking and a surgeon is a handworker. Although the word *kheirougos* could indicate any hand worker, its use has been largely restricted to the medical sense for some 2000 years, as have all European word derivatives.’ Barron and Saad, *Operative Plastic and Reconstructive Surgery*, 1: 3.

⁵²⁵ One contemporary example of humour being used to explain the difficulty of a medical profession is Adam Kay’s bestselling memoir. Adam Kay, *This Is Going to Hurt: Secret Diaries of a Junior Doctor* (London: Picador, 2017).

working in the operating theatre more discouraging and difficult; and these cartoons are a way for Orpen to release that frustration by highlighting the ridiculous composition of bodies and the impossibility of her job as an illustrator. These two drawings show how Orpen had to slyly navigate the physical space of the operating theatre, contorting herself around male surgeons and their aids and colleagues to get a workable observational angle. Unfortunately, she does not draw herself sketching under the operating table, which the plastic surgeon Magdy Saad says was her practice when she worked with him in the late 1970s.⁵²⁶ But the awkward angles and spatial contortions in which Orpen portrays herself demonstrate the tight arrangements of the Hill End operating theatre; the often marginal status of Orpen and her work is theorised more fully in Part Three.

The final cartoon in *Book of Bucket* (called *Maison Minestrone: Conforts Modernes + Chauffage Toutafait Centrale*, roughly translating to ‘The House of Minestrone: Modern Comforts and Total Central Heating’) shows Orpen / Bucket finalising a drawing in a desolate workroom (Fig. 69). The basic environment shown in this image corroborates how Mollie Lentaigne describes the workroom in East Grinstead where she finished her operating theatre sketches. Here, as throughout this thesis, Lentaigne is used as an example of someone working in conditions similar to Orpen’s. Lentaigne relates: ‘I used to go to a thatched building ... I was allocated a desk near the window and I often saw Matron walking past my window just to make sure I wasn’t gallivanting with the patients.’⁵²⁷ Lentaigne was given a corner of a building separate from the plastics ward in which to work. This hut had other purposes, and Lentaigne had only the corner allotted to her, but it became the artist’s proxy office, as seen in a photograph of Lentaigne at work at her desk on display at the East Grinstead Museum (Fig. 70). Note that in

⁵²⁶ Saad, telephone interview by the author.

⁵²⁷ (Lentaigne) Lock, ‘Memories of East Grinstead Hospital,’ 9.

this photograph there is indeed a radiator near Lentaigine's desk, unlike in the desolate unheated hovel in which Orpen places herself (Fig. 69). In Orpen's cynical depiction of her own 'office,' a sizeable hole in the floor dominates the foreground. Rats and a spider skulk in the room's corners and snow builds up against the windowpane: it is an exaggerated, bleak scene. The artist bends over her desk (which, like the tall surgeons in *Artist at Work* (Fig. 67), emphasises her short stature) and draws with concentration.

A sign above Orpen's desk in the *Maison Minestrone* drawing (Fig. 69) reads 'Per Ardua Ad Asylum,' which translates to 'through adversity to the asylum.' 'Per Ardua Ad Astra' ('through adversity through the stars') is the motto of the RAF—one of the main groups in Britain that suffered from disfiguring facial injury and burns during the war. Orpen uses her morbid wit here to twist the motto, showing that through difficulty, actually, many of these men did not reach the stars but instead ended up at the chaotic hospital in which she worked. It also merits mention again that Hill End Hospital was originally a psychiatric hospital: an 'asylum.' When Mowlem's plastics ward was set up there and when most of London's St Bartholomew's Hospital was evacuated to Hill End, the asylum patients were moved elsewhere and their beds were filled with patients requiring plastic reconstruction.⁵²⁸ Instead of being an 'asylum' literally, it became one in the sense of the bedlam of surgical trauma, reconstruction, and recovery. This 'Per Ardua Ad Asylum' slogan also appears under a cartoon in one of Orpen's sketchbooks (Fig. 71), which shows a Japanese carp in front of Mount Fuji. Orpen writes that the drawing is by 'Sinki-Stinki, alias Hoki-poki'—perhaps an anti-Japanese epithet. This drawing may not be by Orpen herself but rather by a colleague 'JNR.' However, the text on this page is in Orpen's handwriting.

⁵²⁸ Meikle, *Reconstructing Faces*, 158.

This ‘Sinki-Stinki’ image allows for a segue from the *Book of Bucket* material into the second group of Orpen’s humorous drawings: those found in her sketchbooks. Like *Book of Bucket*, and as already exhibited in Fig. 68, Orpen’s sketchbooks contain abundant clues to her working conditions. They show the frustrating side of her position, like the personal paper cartoons analysed above, and they exhibit the convivial, joking atmosphere fostered at Hill End Hospital. The members of the plastics team spent many hours of the week together, partially evidenced by the working hours that Orpen jotted down in her sketchbooks, mentioned in the introduction of Chapter One. The inaugural issue of *The Guinea Pig* magazine states that the spirit of the plastic surgery ward at Queen Victoria Hospital (similar in purpose and scope to the one at Hill End) was created not only by the ‘brotherhood’ of casualties, but by ‘the Surgeons, the Doctors, the Sisters and Nurses. They shared their life in the Ward to the full.’⁵²⁹ Like *Book of Bucket*, Orpen’s sketchbooks depict these people ‘sharing their lives.’ In Sketchbook #2, Orpen draws a nurse from behind in platform heels, with ‘UMBUDGE’ written across her backside (Fig. 72). There is no other identifying information, but perhaps this cartoon was inspired by a negative interaction between Orpen and this woman.

In contrast, there are hints of a particularly close friendship between Orpen and the surgeon Oliver Mansfield—the same surgeon whose graft she improved upon with her own ‘Orpen Graft’ (Figs. 26 – 28). In Sketchbook #2, there is a minimalist caricature of Mansfield as ‘the country squire’ (Fig. 73). This characterisation of Mansfield is continued in further drawings in her personal papers, once again suggesting a close friendship. Twelve sketchbooks and a year after the ‘country squire’ sketch was made, a humorous cartoon of an old man titled ‘picture of a plastic retainer’ appears (Fig. 74), labelled as being drawn *by* Mansfield. On the inside back

⁵²⁹ Group Captain [Tom] Gleave, ‘GROUP CAPTAIN TELLS ALL: Founder Member on Club’s Inauguration,’ *The Guinea Pig* (1944): 3, LBY E.81/320.1, Imperial War Museum Archive.

cover of Sketchbook #7, which at first appears blank, messages between Orpen and another member of staff have been erased. In the erased text, Orpen responds ‘Go away will you behave yourself please’ to the other person’s mention of some ‘moody’ conversation ‘coming down.’ This interaction could have been between Orpen and a friend like Mansfield or perhaps a love interest at the hospital. These illustrative, friendly, and humorous exchanges in her sketchbooks are evidence of the shared life and relationships at Hill End.

A caricature in Sketchbook #6 depicts the head of the ward. Mowlem is shown wide-eyed with a cigarette dangling from his mouth in BAPRAS/DSB 6.5 (Fig. 75). The wrinkles on Mowlem’s forehead in this image, combined with his round eyes and tense jaw, confirm the stressed characterisation of him from the *Book of Bucket* cartoon (Fig. 66). According to Orpen’s sketchbook and *Book of Bucket* images, Mowlem was an uptight leader, either steaming with tension and cigarette smoke in the former or animalistic and fed up in the latter. This supports Murray Meikle’s description of Mowlem as a ‘sprightly person with a sharp, decisive mind,’ who was ‘direct and outspoken,’ with a frankness that ‘often made him unpopular.’⁵³⁰ Like the sketchbook cartoon of the nurse (Fig. 72), this caricature of Mowlem is not an overly positive representation of Orpen’s colleague. But Meikle’s description of Mowlem’s personality suggests that, like any good caricaturist, Orpen simply exaggerated already extant features of the people around her. This caricature of Mowlem (Fig. 75) also infringe upon the artist’s ‘real’ work. Orpen’s visual humour shares sketchbook space with surgery; the personal shares space with the professional. This phenomenon within Orpen’s work will be analysed in Part Three.

The third source of cartoons and doodles is Orpen’s loose sheets drawings. These are the more finalised surgical images used most readily for documentation and for the instruction of

⁵³⁰ Meikle, *Reconstructing Faces*, 116.

visiting surgeons. Therefore, these papers might seem to be the least likely place to find humour transgressing its boundaries to merge with ‘serious’ surgical drawings. And yet Orpen’s subjectively comical experience of the plastics operating theatre emerges here as well. For example, she labelled one particularly small Thiersch Graft ‘tiny tots’: certainly not professional medical language.⁵³¹ Furthermore, a cartoon of a black cat and a witch’s broom sitting alongside working surgeons is paired with the text ‘double, double toil and trouble’ (Fig. 76). This drawing is nestled into the corner of a page dominated by an abdomen flap being placed onto the injured arm of a patient, much like how Orpen’s caricature of Mowlem lived in the corner of a page dominated by a hand surgery (Fig. 75). A similar conflation of the serious and the humorous appears in BAPRAS/D 472 (Fig. 77), where a patient’s hand is bandaged with its middle finger lowered. Orpen wrote ‘V for Victory’ above the shape formed by the injured hand—reminding the viewer of the conflict causing these injuries, bringing an element of wider wartime culture into the microcosm of the operating theatre. These loose sheet pages provide more examples of how Orpen’s humour, and the implicit humour of those working around her, was enmeshed with the everyday injuries and labours of a World War II plastic surgery ward. The next paragraph moves on to Orpen’s personal papers, where it is more understandable to keep silly doodles and caricatures of colleagues. But these loose sheets, used primarily for documenting the progression of patients’ surgeries and for visiting surgeons’ reference, show that the overlap of the professional and the playful appears in many ways, and on many levels, within the surgical context.

⁵³¹ Dickie Orpen, BAPRAS/D 32, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London. A Thiersch Graft, or Thiersch’s Graft, is a plastic surgery technique named after the German surgeon Karl Thiersch. It is a small, thin, hairless graft using just the top layers of the skin. T. Pomfret Kilner, ‘The Thiersch Graft. Its Preparation and Uses,’ *Post-Graduate Medical Journal* 10 (May 1934): 176-81.

The humorous drawings in Orpen's personal papers—two of which are called *The Shortage of Staff* and *The Man Who Wasn't Looked at by the Round* (Fig. 78)—appear professional in composition, yet it is unclear whether they were meant for publication or for anybody besides Orpen herself. The lined grids in which these cartoons are situated suggest that they were intended to be placed somewhere besides Orpen's private folders. The most obvious repository for these cartoons would have been the *St Bartholomew's Hospital Journal*, but there is no sign of Orpen's work in the caricatures and cartoons included in the journal during the war years. These two cartoons (Fig. 78) would have been particularly well-suited to the *St Bartholomew's Hospital Journal* or a similar publication, as they tell concise visual jokes about everyday hospital life: one shows nurses failing to get to a bedside on time, and the other reveals a patient's clandestine smoking activities.

As mentioned in the thesis introduction, Simon Millar's research, and my own, has shown that much of the Hill End Hospital material from the Second World War was destroyed.⁵³² Perhaps the published versions of Orpen's cartoons found in her personal papers existed in some publication *like* the *St Bartholomew's Hospital Journal*, made specifically for Hill End. Several pages of this phantom hospital journal (or another similar publication) exist in Orpen's personal papers, including several that have cartoons that appear to be in Orpen's style. One of these (Fig. 79) has a cartoon about the 'hospital blue' patient uniforms below a list of plays being shown. Copies of this publication might exist somewhere outside of the hospital or an archive, but these have not yet been found.

Another example of a more professional-looking cartoon sketch—albeit one that deals with issues outside of the hospital—depicts two women, accompanied by a wailing baby, on the

⁵³² Millar, 'Rooksdown House and the Rooksdown Club,' 193.

way to vote (Fig. 80). This is presumably representative of the July 1945 general election. In Orpen's caption (although she wrote another possible caption for this image elsewhere) the mother of the child explains that the baby is crying because: 'Well, see, I'm voting Labour. He's the only candidate wot ain't kissed er [*sic*], see?' Once again, it is unclear where these Orpen cartoons were destined to appear, if anywhere.

Cartoons similar to Orpen's can be found in *The Guinea Pig*—contextualised more fully in the next section—which is also filled with caricatures, stories written by Guinea Pig Club members, reports on how members are doing on 'Civvy Street,' and other written and visual forms of entertainment.⁵³³ One 'Guinea Pig Puzzle Page' from the December 1947 issue includes a crossword and several other word puzzles.⁵³⁴ One of Orpen's drawings from her personal papers, *Puzzle Corner* (Fig. 81), jokingly echoes this typical composition of puzzle pages in publications like *The Guinea Pig* and the St Bartholomew's Hospital Journal. In this drawing, Orpen provides two visual comparisons for a Thiersch Graft: 'a rural lunch hour' (farmers with pitchforks leaning against a haystack), and 'a saboteur from the steppes.' In a version of this puzzle from her sketchbook (BAPRAS/DSB 16.77), this latter character is called a 'millinery Ghenghis [*sic*] Khan.' Once again, this drawing, a sort of tongue-in-cheek surgical spot-the-difference game, looks like something that would have been published in contemporaneous journals or magazines. There are a few instances like this in which Orpen drew multiple versions of a cartoon, with the image appearing in several of the four locations in which her humorous material is found.

⁵³³ Both the World War II nurse Brenda McBryde and *The Guinea Pig* magazine make references to Civvy Street. Brenda McBryde, *A Nurse's War* (London: Hogarth Press, 1979), 13. *The Guinea Pig*, LBY E.81/320.1, Imperial War Museum Archive.

⁵³⁴ 'Guinea Pig Puzzle Page,' *The Guinea Pig* (December 1947): 41, LBY E. 81/320.1, Imperial War Museum Archive.

Though there is no evidence that it ever was, it can be surmised from the ‘hospital blue’ page (Fig. 79) that Orpen was submitting these cartoons *somewhere* and producing them for the enjoyment of her colleagues even when they were not published. Part Two builds upon these similarities between Orpen’s humorous oeuvre—found in *Book of Bucket* and in her sketchbooks, loose sheets, and personal papers—and other pieces of surgical visual culture to describe the playful contexts in which Orpen worked. Looking at the St Bartholomew’s Hospital Journal and *The Guinea Pig* gives a sense of what kind of periodical would have printed her images, and what kind of appetite there was for visual surgical humour. These publications, like Orpen’s papers, intersperse serious reports and representations of death and injury with humour and entertainment. The cartoons, games, and puzzles in these official journals and magazines—which provide that outlet of humour that Freud describes as ‘liberating’—show that frivolity and play were not looked down upon in the medical environment. Rather, they were encouraged.

Part Two – Humorous Influences and Contexts

These images by Orpen did not exist in a vacuum; she must have been taking cues from, and building upon, several of the contexts in which she operated. Orpen’s humorous drawings, annotations, and cartoons push the established etiquette of surgery and visual culture, but they do not break any taboos. Images in *The Guinea Pig* and the St Bartholomew’s Hospital Journal are some of the key historical materials that show that Orpen was not acting alone in making jokes and caricatures about plastic surgery, hospital life, or war. Her work has strong roots in various interconnected histories that sanction this type of humorous response to injury and surgery: Britain’s legacy of cartoonists and caricaturists, the joking personalities of eminent plastic surgeons, and the dark trench humour of the military.

Societal and situational cartoons like Orpen's have been an integral part of British visual culture for centuries, and during the Second World War there was an established language of caricature and political cartoons facilitated by well-known cartoonists such as David Low and Leslie Illingworth (1902-1979), among many others.⁵³⁵ The power of the political cartoon is evidenced by Illingworth's presence on Adolf Hitler's death list; several of his cartoons were found in Hitler's bunker after the war.⁵³⁶ Illingworth, Low, and others like them carried on the lineage of great British cartoonists and satirists, a history outlined in mid-century publications like *British Cartoonists: Caricaturists and Comic Artists* (1942), *Laughter in a Damp Climate: An Anthology of British Humour* (1963), and J. B. Priestley's *English Humour*, originally published in the 1920s and republished in 1976.⁵³⁷ Low writes that England was 'once called the Home of Caricature and is historically the cradle of cartoons as it is universally known to-day.'⁵³⁸ The work of Low and Illingworth can be connected back to the eighteenth-century behemoths of humorous imagery William Hogarth (1697-1764), James Gillray (1756-1815), Thomas Rowlandson (1756-1827), and George Cruikshank (1792-1878).⁵³⁹ In *English Humour*, Priestley writes that the 'atmosphere' of England was and is 'favourable to humour' because it is

⁵³⁵ It is worth noting that during the First World War, Orpen's mentor Henry Tonks also made political cartoons with the help of his friend D. S. MacColl. Together they would have tea and 'talk of the comic side of eminent men, from George Moore to President Wilson'—these would then turn into caricatures or cartoons paired with MacColl's writing. A collection of these are now held at the British Museum; some of them served as illustrations for MacColl's satires of the war called 'The Ark: A Fable of Henry Ford' (1916) and 'Ballad of Dr Woodrow Wilson' (1915). Tonks's recurring irreverent character of the plucked ('bald') eagle representing America is a sarcastic and scathing depiction of a country which was, according to Tonks, reacting poorly and embarrassingly within the global conflict. Other Tonks cartoons use characters, like Dickie Orpen's do, to poke fun at friends and colleagues. Hone, *The Life of Henry Tonks*, 135.

⁵³⁶ Mark Bryant, 'Crusader, White Rabbit or Organ-Grinder's Monkey? Leslie Illingworth and the British Political Cartoon in World War II,' *Journal of European Studies*, no. 123 (September 2001): 346.

⁵³⁷ Low, *British Cartoonists*. Eric G. Linfield and Egon Larsen, eds., *Laughter in a Dry Climate: An Anthology of British Humour* (London: Herbert Jenkins, 1963). J. B. Priestley, *English Humour* (London: William Heinemann, 1976).

⁵³⁸ Low, *British Cartoonists*, 7.

⁵³⁹ There were also a number of amateur caricaturists working in eighteenth-century Britain, as described by Kim Sloan. Sloan, 'A Noble Art', 215.

‘hazy, and very rarely is everything clear-cut.’⁵⁴⁰ This phrasing is applicable to Orpen’s strange visual humour that overlaps with her surgical work and that *almost* crosses a line of propriety, much like some of the paintings by her father, whose work is discussed in Chapter One.⁵⁴¹

According to the editors of *Laughter in a Damp Climate*, Englishmen ‘are proud that we take our humour seriously, as we are proud of our democratic traditions with the continual belittling of the persons in positions of governmental or military power, for no one is a god and no one is irreplaceable. Humour helps us to maintain our nonchalance as well as our most treasured institutions.’⁵⁴² While Orpen may not have been drawing cartoons of those in political power, she did depict those with power in the medical establishment (like Rainsford Mowlem or George Grey-Turner) in a way that equalised them with lower-ranked members of the hospital team. Freud, in addition to suggesting that humour can mitigate danger, writes about humour as a power over others. Adopting a humorous stance toward another person makes the humourist the ‘grown-up’ while the butt of the joke becomes the child.⁵⁴³ Orpen’s cartoons that poke fun at the antics of the surgeons around her elevate her to their level of authority that normally, as a woman and as a less-trained employee, she would not have enjoyed.

Like Orpen, Harold Gillies, that most famous of plastic surgeons, knew how to poke fun at his profession and at himself—even in his publications. Gillies’s 1957 book *The Principles*

⁵⁴⁰ Priestley, *English Humour*, 9.

⁵⁴¹ Art historian Lucy Cotter writes that the exaggerated lustiness, composition, and body parts in William Orpen’s 1899 painting *The Play-scene from Hamlet* are the elements that build a precarious and satirical setting that ‘undermines the authority of the genre by introducing a sardonic humour, reminiscent of the dynamics and visual language of the self-caricature drawings he produced for his own pleasure.’ Henry Tonks particularly loved this painting by William Orpen. Cotter, ‘William Orpen,’ 28, 39. Arnold, *Henry Tonks*, 70.

⁵⁴² Linfield and Larsen, introduction to *Laughter in a Dry Climate*, 22.

⁵⁴³ Freud, ‘Humour,’ 3. According to humour theory models, this would fit into both the superiority theory and the incongruity theory. Researcher of workplace humour Barbara Plester outlines the three main humour theory models: superiority, relief, and incongruity. These three frameworks can be traced back to Thomas Hobbes, Sigmund Freud, and Victor Raskin, respectively. Barbara Plester, ‘When Is a Joke Not a Joke? The Dark Side of Organizational Humour,’ *27th Australia and New Zealand Academy of Management Conference*, 2013, 1-2.

and Art of Plastic Surgery, which he wrote with his former student, the American surgeon D. Ralph Millard Jr, is the ultimate example of how humour held pride of place in plastic surgery. One reviewer called it ‘a combination of autobiography, an unorthodox text, an informal reference book, filled with the most astounding array of illustrations ... as well as a complete drama in the development of plastic surgery.’⁵⁴⁴ The short biography of Gillies included in this book’s epilogue states that ‘Sir Harold has never been lacking in a sense of humour or without time for fishing, painting, a game of golf or a night at the Garrick—even during the writing of this very BOOK!’⁵⁴⁵ And this is clear throughout reading. While it describes some horrific facial injuries and full-body burns, the book is written in a humorous tone and it is decorated on many pages with small cartoons and photographs. On one page, there is a version of a drawing by Edward Lear (1812-1888) of a man with a long nose, accompanied by a limerick poem suggesting that the appendage should be stolen to use as a tube pedicle (Fig. 82).⁵⁴⁶ On another page in the section on nose surgeries, there is a photograph of a father and child in which the noses of each have been cut and pasted from one individual’s face onto the other’s. On several pages, the oxygen-transporting protein haemoglobin is anthropomorphised into a character called ‘haemo-goblin’ and inserted into photographs of patients and surgeries. This insertion might be taken from the tool of the ‘manikin’ that was used in medical and surgical illustration. Medical artist Margaret McLarty writes that the manikin could be used ‘for the visual presentation of a story for statistics and for warning “do’s” and “don’ts.”’⁵⁴⁷ This manikin figure could take the form of a stick figure, which looks much like the simplified human figures found in cartoons.

⁵⁴⁴ Albert D. Davis, ‘The Principles and Art of Plastic Surgery,’ *California Medicine* 87, no. 1 (July 1957): 67.

⁵⁴⁵ Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2: 638.

⁵⁴⁶ Edward Lear happens to have been Gillies’s great uncle. Royal College of Surgeons of England, ‘Gillies, Sir Harold Delf (1882 – 1960),’ *Plarr’s Lives of the Fellows*, last modified 10 June 2014, accessed 12 July 2019, https://livesonline.rcseng.ac.uk/client/en_GB/lives/search/results?qu=gillies&te=ASSET.

⁵⁴⁷ McLarty, *Illustrating Medicine and Surgery*, 39.

The most egregious example of transgressive humour in Gillies's book appears in the section on direct skin flaps, next to an explanation of one called 'The "Marsupial" Flap.' A photograph of a surgeon has been inserted into the 'pouch' that the flap makes around a person's abdomen (Fig. 83). The professional and the profane are mixed here in Gillies's publication, just as they are in Orpen's sketchbooks and loose sheet drawings. Rules of propriety around jokes must have been fairly relaxed in the field of plastic surgery, as even an ostensibly serious publication by two established surgeons can have visual gags like these within it. This book by Gillies, the 'father' of British plastic surgery himself, is one material example of how Orpen's humour stood squarely within the acceptable etiquette of plastic surgery in wartime.⁵⁴⁸ Etiquette is based on context and audience, and it is also historically mutable; the specific laxity of the atmosphere and etiquette surrounding British plastic surgery in wartime allowed for Orpen's humour to flourish.

Gillies became known as the father of British plastic surgery because of his pioneering work during the First World War, when trench humour was a wartime cultural standard. Distributed in the trenches during the First World War, *The Wipers Times* was a magazine with jokes, stories, and poetry that a group of soldiers fighting in Ypres in Belgium wrote and published. Its title is a play on the British mispronunciation of the Belgian town. The editors of the volume *Humor, Entertainment, and Popular Culture during World War I* (2015) describe *The Wipers Times* as 'a caustic way of laughing at a world plagued by harshness and destruction ... Humour ... becomes an instrument of communication, paradoxically soothing and disquieting;

⁵⁴⁸ One example of Gillies being called the 'father' of British plastic surgery: Bennett, 'Henry Tonks and His Contemporaries,' 1. See footnote #271 and page 92 of Chapter Two for more discussion of the various 'fathers' of plastic surgery.

it is double-edged because it plays down and attacks, conceals and unveils.⁵⁴⁹ These editors also stress how, in war, ‘humour serves as a satisfying substitute for epics when it is impossible to create heroic tales.’⁵⁵⁰ It may have been difficult for individual soldiers to feel heroic as they stood in trench water up to their shins, festering with disease and vermin. *The Wipers Times* brought these realities into the light, emphasising what Freud called humour’s liberating invulnerability. This publication—produced because of war but for the purpose of creating laughter and release—is a frontline precursor to *The Guinea Pig* and the cartoons and humorous stories of wartime hospital journals.

This precedent for humorous coping carried on into the Second World War. The letters that the World War II soldier Walter Robson sent to his wife address this idea head-on by alluding comically to the psychological trauma that he felt would certainly follow him and his comrades after the war. He writes:

We treat it with humour, this nervousness. Lil, for instance, must never say ‘Shell the peas’ to [her husband and Robson’s fellow soldier] Hermy when he gets home. She must find another word for it. And he fears that when she is loath to dig the garden, she will make unscrupulous use of his condition and slam a few doors, whereupon he will immediately start to dig trenches with great fury. Maybe it is this humour that will save us.⁵⁵¹

As it was for those still fighting in the trenches who produced *The Wipers Times*, humour was a vital defence mechanism for Second World War soldiers like Robson, the Guinea Pigs, and the servicemen treated at Hill End Hospital and drawn by Orpen. This coping strategy helped them to minimise the anxieties and fears surrounding their surgeries, recovery, and reintegration into civilian life. But, like Robson, these men were conscious of the role that humour played in their

⁵⁴⁹ Clémentine Tholas-Disset and Karen A. Ritzenhoff, introduction to *Humor, Entertainment, and Popular Culture during World War I* (New York: Palgrave Macmillan, 2015), 2.

⁵⁵⁰ Tholas-Disset and Ritzenhoff, introduction, 4.

⁵⁵¹ Walter Robson, *Letters from a Soldier* (London: Faber and Faber, 1960), 115.

mental health. In his memoir, the Guinea Pig Club founding member Geoffrey Page writes that ‘our exuberant foolishnesses appeared as the indulged whims of spoiled children. Those same strangers could not see that beneath this safety valve of rowdiness were stretched the jagged nerves of young boys, old before their time.’⁵⁵² He also writes that he and his buddies ‘passed off the deaths of friends as if it were a cricket score’ until ‘the reaction set in, and for long moments I lay sobbing helplessly.’⁵⁵³

Lentaigne, whose role in the creation of the Guinea Pig Club logo is described in the thesis introduction, also contributed to some of the visual humour of the servicemen around her. While Lentaigne did not create cartoons for *The Guinea Pig*, she made at least two humorous images, which are now held in the archive of the East Grinstead Museum. The first (Fig. 84) caricatures a blond serviceman with apple cheeks, short legs, and an outsized head smiling and smoking a pipe. The second (Fig. 85) hints at the drinking culture and camaraderie that was prevalent among the RAF pilots that were treated at Queen Victoria Hospital. In this image, an Australian and an Englishman are seated at The Boomerang Club, which was an establishment on the ground floor and in the basement of Australia House on Aldwych in central London.⁵⁵⁴ The Australian on the left is going green after trying one of the English drinks: ‘our home made lemonade.’ This may be a reference to a particularly strong alcoholic drink, to the powdered ‘battery acid’ lemonade given to those in the British armed forces, or to both.⁵⁵⁵ As noted by

⁵⁵² Page, *Tale of a Guinea Pig*, 43.

⁵⁵³ Page, *Tale of a Guinea Pig*, 104.

⁵⁵⁴ ‘BOOMERANG CLUB for Aussies in London,’ *The Australian Women’s Weekly* (11 April 1942), 8, accessed 1 July 2019, <https://nla.gov.au/nla.news-article47488145>.

⁵⁵⁵ This drink, sometimes called ‘Lemon Screech,’ is mentioned in the online encyclopaedia for the Army Rumour Service (ARRSE), which is regarded as the irreverent unofficial online voice of the British Army. ‘Lemon Screech,’ Army Rumour Service (ARRSE), accessed 1 July 2019, https://www.arrse.co.uk/wiki/Lemon_Screech.

Millar regarding the patients at Rooksdown House at Park Prewett Hospital, visiting local pubs was a large component of a healthy psychological recovery.⁵⁵⁶

Beyond the casual, everyday drinking depicted in Lentaigne's watercolour, the Guinea Pigs had an annual dinner that got all of the surviving club members—in various stages of surgery, reconstruction, and recovery—together for a night of drunken debauchery. This event is often alluded to in *The Guinea Pig* in its visual material as well as in written reports and reminders. One cartoon called *DINNER—hic—DAY* (Fig. 86) shows the effects of consuming copious amounts of gin during this reunion dinner. *DINNER—hic—DAY*, like Lentaigne's Boomerang Club image, does not show any obvious facial injury or signs of reconstructive surgery. But unlike Lentaigne's Boomerang Club watercolour, the experience of having been operated on by McIndoe and his team at East Grinstead is implied in this picture's title, as the annual dinner had the express purpose of reuniting members of the Club. Perhaps this understood background of facial injury and surgery is the hidden but understandable reason for the jokes and excess gin.

In her writing about the East Grinstead reconstruction ward's unique atmosphere, Emily Mayhew corroborates the scenes shown in Lentaigne's second watercolour (Fig. 85) and throughout *The Guinea Pig*. The community's jovial nature often centred around alcohol, both during the patients' stays in the ward and during the yearly reunion dinners. Mayhew writes that the chief anaesthetist at the hospital, John Hunter, promised to buy patients a drink if he made them sick with his anaesthesia.⁵⁵⁷ Lentaigne describes Hunter as 'a real clown' who 'could always make McIndoe laugh even if he was in a foul mood through someone's incompetence!'⁵⁵⁸

⁵⁵⁶ Millar, 'Rooksdown House and the Rooksdown Club,' 212.

⁵⁵⁷ Mayhew, *The Reconstruction of Warriors*, 78-79.

⁵⁵⁸ (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 9.

In conversation with Alexander Baldwin, Lentaigne also states that McIndoe said there were ‘no rules’ and that he told his patients that they could have ‘as many drinks as they like.’⁵⁵⁹ A barrel of watery beer was kept in the ward, used to re-hydrate patients after surgery (as beer was much more appealing than water and more likely to be consumed).⁵⁶⁰ Page writes that originally the idea was to create a ‘drinking club’ (markedly upper-class terminology) but that the group’s nature changed to focus more on the experience of facial injury and reconstruction, although drinking and rowdiness still remained prominent.⁵⁶¹ Gillies also commented on the role of alcohol at Rookdown House, saying that the various inns and pubs around the hospital in Basingstoke, and, of course, the beer that they served, provided ‘much rehabilitation of mind and body’ to patients and staff alike.⁵⁶² This focus on alcohol, supported by surgeons, helped to keep the atmospheres of these facial injury and plastic surgery wards light. Surgeons and patients encouraging and partaking in drinking were more likely to facilitate and stimulate the humour that Orpen noted down in her sketchbooks and the visual jokes that she came up with herself.

This humorous atmosphere, without judgment and with plenty of camaraderie, was especially important when patients were in between surgeries with tube pedicles attached to their faces. In the tube pedicle procedure, skin was rolled into a tube to prevent infection. Often starting at the inside of the thigh, both ends of the tube are attached to the body to ensure blood flow, before one end is removed and reattached to the body closer to the injury. This is repeated until the tip of the tube pedicle meets the wound—oftentimes the nose. The tube pedicle is also called a ‘waltzing’ or ‘walking stick’ pedicle, because of the way in which the flesh is slowly transferred from the donor site to the area of reconstruction. Patients would have to wait weeks at

⁵⁵⁹ (Lentaigne) Lock and Goodwin, unpublished transcript of interview, 15.

⁵⁶⁰ Mayhew, *The Reconstruction of Warriors*, 78-79.

⁵⁶¹ Page, *Tale of a Guinea Pig*, 135.

⁵⁶² Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2: 438.

a time while their practitioners ‘walked’ a tube of skin from the thigh, chest, or arm up to the face. These men could leave the hospital while they waited for the roll of skin to be ready to be partially detached and shaped into a new nose or ear. The unsightly cylinder of skin became a ubiquitous tool for facial reconstruction after it was popularised by Gillies during the First World War in Sidcup, where ‘the wards soon resembled the jungles of Burma, teeming with dangling pedicles.’⁵⁶³ He continues with his humorous perspective on tube pedicles later in his 1957 book, writing:

If all the tube pedicles that I have made and those my assistants have made were laid end to end, by calculations at two and a half pedicles per week, they would string like sausages from Buckingham Palace down the Mall, straight on through the Admiralty Arch to Trafalgar Square and half-way up Nelson’s monument. It is my ambition that before my last pedicle is made we will reach the top of this famous pinnacle with at least one pedicle left to go into the Admiral’s palate.⁵⁶⁴

The tube pedicle was the most visible physical element of facial surgery, and to diffuse fear and stigma, some patients gave this unsightly and uncomfortable fleshly apparatus a humorous nickname: ‘dangle ‘um.’ Nurse Brenda McBryde, who trained in a plastic surgery ward in Scotland in 1943, describes this moniker as well as another social group that formed around the trial of facial reconstruction: The Dangle ‘Ums Club.’⁵⁶⁵ This language trivialises and infantilises the surgical technique—there is nothing scary about something with such a light-hearted name.

One story from *The Guinea Pig*’s December 1947 issue combines humour with an acknowledgment of the tube pedicle’s frightening effect on the visage. It is called ‘GHOST STORY FOR GUINEA PIGS: As True as I’m Standing Here....’ This two-page story tells of a Guinea Pig with a tube pedicle attached to his nose who visits a friend’s house, which happens to be haunted. Inevitably, he encounters the ghosts at night. As soon as the ghosts saw him, ‘The

⁵⁶³ Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1: 37.

⁵⁶⁴ Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1: 153.

⁵⁶⁵ McBryde, *A Nurse’s War*, 60.

sight of that pedicle shook ‘em horrible ... The Screaming Nun gave a whimper of fright and vanished through the wall; the Headless Page turned and bolted clean through the wardrobe. Sir Ralph the Ghoul gave a convulsive shudder, snatched up his rusty, trailing chains in his skeletal hands, and dashed headlong from that room.’ This Guinea Pig managed to clear the house of ghosts and their noisy occult disruptions. He ‘slept peacefully’ after the interaction. And he writes that he was ‘told that not a single ghost has been seen or heard there from that day to this.’⁵⁶⁶ This account likens the tube pedicle, or ‘dangle ‘um,’ to something supernatural with extraordinary powers. By placing the pedicle into a humorous story and giving it the ability to banish ghosts, the author highlights the strangeness of a Guinea Pig’s face while weakening any negative influence that the tube pedicle might hold over a patient to make him feel ashamed or afraid.

As evidenced above, the influences and contexts for Orpen’s visual humour were other artists and cartoonists, surgeons, soldiers, and patients. But there are subtle differences between the perceived purposes of the humour coming from these disparate sources. When patients banter about their surgeries and disfigurements—as Dr Dix did in *Plastic Surgery in Wartime* or as the ‘ghost story’ writer did in *The Guinea Pig*—they distance their inner self from the physical traumas and alien surgical technologies being used on their bodies. It could be possible that surgeons like Gillies and McIndoe used their humour as a type of genial coercion to encourage wartime stoicism in their patients: as if to say, look at how silly all of this is, there is no reason to fret about your surgeries or your recovery time.⁵⁶⁷ Orpen’s humour built upon these accepted

⁵⁶⁶ ‘GHOST STORY FOR GUINEA PIGS; As True as I’m Standing Here...,’ *The Guinea Pig* (December 1947): 6-7. Imperial War Museum Archive, LBY E.81/320.1.

⁵⁶⁷ As cited in footnote #543, work on humour in the workplace has been done by Barbara Plester. She writes that humour in professional settings can have a ‘dark underbelly’ and can contribute to fears of being branded ‘humourless’ because of a refusal to participate in workplace humour. She does not specifically write about medical settings, but comparisons can be drawn between her case studies and the wards on which this thesis focuses. Plester, ‘When Is a Joke Not a Joke?’

uses of jokes in the surgical context, but she used this sanctioned tool not to make life better for the facially injured or the bodily burned—that was the role of publications like *The Guinea Pig* or alcoholic outings like those encouraged by McIndoe, Hunter, and Gillies. She used her *Book of Bucket* for subtle ribbing of her superiors, her sketchbooks for representations of ridiculous working conditions and as spaces of collegial communication, her margin cartoons on her loose sheets for caricatures that overlapped with surgical illustrations, and the drawings in her personal papers for more extended cartoons and comics about hospital life. She made these images in part to show herself and her colleagues that humour and levity existed and prevailed in their seemingly traumatic and exhausting wartime lives.

Part Three – Medieval Marginalia and Grotesque Humour

Orpen related to her son Richard that there were times in which the lead surgeon on an operation, such as Mowlem or Barron, would pause and say, ‘Everybody step back. Miss Orpen, you have ninety seconds ... I want you to catch this.’⁵⁶⁸ The white sea of operating scrubs would part for the allotted amount of time, after which the gaps between the surgeons and nurses closed around the patient again and Orpen would have to continue her drawing with an obstructed view.

Orpen’s humorous depictions of her working conditions in *Artist at Work* (Fig. 67) and *All the Artist Saw* (Fig. 68) expose the contortions that she had to perform to create her drawings of hands, torsos, and faces in the process of reconstruction. While *Book of Bucket* is an example of an artistic space in which Orpen had free rein on her subject matter and her non-medical work could become the focus, the physical placements that Orpen had to inhabit in the theatre, shown in her cartoons (Fig. 67 and Fig. 68), mirror the spatial acrobatics that the majority of her

⁵⁶⁸ R. Olivier, telephone interview by the author.

personality-filled drawings and annotations perform in her sketchbooks and loose sheets. These images—such as the caricature of Mowlem (Fig. 75) or the black cat and witch’s broom cartoon (Fig. 76)—are mostly consigned to the margins just as Orpen was primarily stationed outside of the inner operating circle in the theatre and, as this thesis has continually shown, outside of the established canon of both surgical art and art by women.

These images and their placements prompt questions about marginalia as well as the legacy of the concepts of the grotesque and the carnivalesque. I use these theories and comparisons to further understanding, first, of what visual and historical precedents contribute to Orpen’s particular brand of humour, and second, of how we might conceive of the unsettling bodily humour within Orpen’s work. The overlap of the serious and the comical exists in both Orpen’s images and in other examples of plastic surgery visual culture like Gillies’s 1957 book—this phenomenon can be compared to the confluence of the sacred and the profane in medieval illuminated manuscripts. There are several justifications for this connection between Orpen’s work and that of the Middle Ages. The first rationalisations are compositional and aesthetic: Orpen did fill many of her pages’ margins with grotesque, bodily imagery as was common in the earlier period. Both Orpen’s drawings and the medieval imagery are generally full of motion, incongruity, and humour, and they often focus on the body. The next justification is religious, as Orpen was a devout Catholic convert (explicated in Chapter One) and was allegedly interested in Catholic contemporary artists like Eric Gill (1882-1940).⁵⁶⁹ She was also clearly familiar with illustrations from the medieval period. One of the papers that she saved in her personal files and kept until her death shows two images from Roger of Salerno’s twelfth-century *Surgery* (Fig. 87). A vernacular translation of this medieval medical work is held in

⁵⁶⁹ According to Orpen’s son Bill, she visited Gill’s artists’ community, but this has not been confirmed with further sources. B. Olivier, telephone interview by the author.

Trinity College Library at Cambridge and was illustrated in the bottom margins by an unknown artist. The two images from *Surgery* that Orpen kept in her papers are believed to be of a jaw dislocation (top image) and ‘facial spots’—disfigurements of the face similar to what she would have seen daily at Hill End Hospital. Medievalist Tony Hunt states that *Surgery*’s artist was skilled in ‘harmonising [the] technical, aesthetic and emotive considerations’ of the treatise.⁵⁷⁰ Perhaps it was this particular ability, or the focus on facial disfigurement, that drew Orpen to this limner’s images. Alternatively, she may have been intrigued by the relationship between the illustrations and the medical text, the latter showing the spatial interplay between imagery and word and the importance of art in the historical dissemination of medical knowledge.

As this chapter has shown, the serious / surgical and the playful / humorous coexisted with one another on Orpen’s pages; the same is true of many medieval illuminated manuscripts, medical or otherwise. Medievalist Michael Camille writes in his seminal text *Image on the Edge: The Margins of Medieval Art* (1992) that the two lives of people in the Middle Ages—the official or sober and the carnival or laughing—coexisted. These lives collide on the pages of manuscripts, where religious illustrations are buttressed by doodles and animations of ugly creatures and irreverent scenes irrelevant to the story. Camille writes that traditionally it was thought that in these manuscripts and in medieval society, these two forms of being, ‘the pious and the grotesque,’ could accompany one another but could never blend.⁵⁷¹ Camille argues for a more ambiguous understanding of the roles of these oppositions. He contends that sometimes the serious and the playful do merge, as is the case with Orpen’s ‘pious’ professional works and her ‘grotesque’ humorous cartoons, caricatures, and annotations. Camille writes that profanity and sacrilege ‘are essential to the continuity of the sacred in society,’ and so is humour necessary to

⁵⁷⁰ Tony Hunt, *The Medieval Surgery* (Woodbridge, UK: The Boydell Press, 1992), xiv.

⁵⁷¹ Michael Camille, *Image on the Edge: The Margins of Medieval Art* (London: Reaktion, 1992), 11.

continue on the solemn work of reconstructing bodies.⁵⁷² Often these two elements of Orpen's life at Hill End slip into one another, blurring the traditional strict barrier against which Camille pushes. For example, Orpen illustrates a convergence of religion and humour in a drawing of the stages of a combination tube pedicle / skin flap being transposed (Fig. 88); she depicts a simple basin of holy water 'christening' one of the structures with the name 'Angus' on 13 January 1943 at 2:55 pm. She also depicts the 'abortion' (excision) of an extra pedicle from a 'pregnant' one, performed by John Barron at 6:20 pm on 16 July 1945 (Fig. 89).

Baptising or aborting a roll of detached but living sculpted flesh—thereby conceptualising the pedicle as an infant—could certainly be classed as 'grotesque' or 'transgressive,' as can some of Orpen's other doodles and cartoons in the margins and throughout her sketchbooks and papers. These two concepts, the grotesque and transgression, are linked.⁵⁷³ Works by Mikhail Bakhtin and by Peter Stallybrass and Allon White outline the relationship between the grotesque, humour, community, and visual or cultural transgressions. In *Rabelais and His World* (1984), Bakhtin uses the work of François Rabelais (late 1400s-1553) to put forth the grotesque body and grotesque realism as literary and cultural tropes—both phrases describe the act of lowering something highbrow or mighty to the anatomical and material level, often in an exaggerated manner. For instance, when the religious rite of baptism (held in high regard by the devout Orpen), or when the serious procedure of abortion (presumably looked down upon by the Catholic artist) is performed visually on a soulless piece of flesh, the artist heightens the difference between the clean and holy (baptismal water or a new infant) and the broken and visceral (an artificial bodily appendage). She does this by collapsing the pure and the

⁵⁷² Camille, *Image on the Edge*, 29.

⁵⁷³ A short explanation of this linkage between the transgressive and the grotesque, in relation to Mikhail Bakhtin's work, can be found here: Biernoff, *Portraits of Violence*, 16-17.

obscene into a single image. This contrast results in something that is simultaneously funny and frightening or unsettling. Orpen's drawings depict what Bakhtin called the 'double-faced fullness of life'; in these images the contradiction between humour and the war-broken body meet and nuance the milieu of World War II surgery and reconstruction.⁵⁷⁴

Another example of Orpen degrading something 'high' (reconstructive surgery and medical education) to the 'low' culture of cartoons, jokes, and rhymes can be found in Sketchbook #7. Alongside pencil drawings of a foot arthroplasty (joint reconstruction), Orpen writes 'B stands for BONE and BUTCHER and BLOOD'; on the next page she writes 'C stands for CARTILEDGE [*sic*] and CADAVER and CORPSE.'⁵⁷⁵ Similar to what The Dangle 'Ums' Club did, here Orpen infantilises the serious matters of surgical reconstruction, injury, and death by formatting its morbid vocabulary into the basic structure of an alphabet-themed children's book. The contrast between the high and the low—the childish and the deadly sombre, the cartoons at the margins and the images of broken bodies in the centre of the page—brings Orpen's sketchbooks in particular to the level of the transgressive grotesque. Frances K. Barasch writes that in the grotesque mode, in literature but also in art, 'sinister and comic elements are combined ... to form broad and biting satire.'⁵⁷⁶ This is the type of grotesque satirising that is seen in Orpen's marginalia and cartoons, and in the verses just described.

Bakhtin's grotesque mode is also framed through the idea of the 'carnavalesque,' and there are several reasons that Orpen's drawings can be considered both carnivalesque and grotesque in Bakhtin's terms. First of all, the carnival grotesque provokes a laughter at all, a laughter toward all people. It is a *communal* relief humour meant to help particularly the working

⁵⁷⁴ Mikhail Bakhtin, *Rabelais and His World* (Bloomington, IN: Indiana University Press, 1984), 62.

⁵⁷⁵ Dickie Orpen, Sketchbook #7, BAPRAS/DSB 7.46 and BAPRAS/DSB 7.47, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁵⁷⁶ Frances K. Barasch, 'The Grotesque as a Comic Genre,' *Modern Language Studies* 15, no. 1 (Winter 1985): 4.

population and meant to transgress typical hierarchical boundaries.⁵⁷⁷ As shown in my previous description of Orpen's various humorous collections, her humour is *for* all of those working in the operating theatre—from the artist herself to the head surgeon—and at the expense of all of them too. The point of her drawings was to create a medium through which a communal visual humour could be expressed; communal not only because she made these drawings in the company of and with the help of her colleagues, but because she gifted *Book of Bucket* to some of them as well. Orpen is not above her own humour, as shown by her drawings of herself as Corporal Bucket; she is not 'above the object of [her] mockery.'⁵⁷⁸ As stated previously, these drawings are not entirely negative satire, which Bakhtin also states the grotesque or carnivalesque communal humour cannot be. Orpen's drawings have a purpose of creating good-natured and ecstatic release—as the carnival did in the medieval period—for those who work relentlessly at all other times.

Bakhtin describes the grotesque in relation to the medieval era, but the previous discussions of caricature, trench humour, and hospital humour illustrate that the grotesque mode persisted in the modern period. There was a particular proliferation of the grotesque's presence in everyday culture during wartime, when the mutilated bodies of millions were seen as 'grotesqueries,' when surviving soldiers' bodies were ripped open, oozing, bleeding, and rife with injuries and burns.⁵⁷⁹ Feminist art historian Linda Nochlin describes how the body in pieces is a metaphor (a grotesque metaphor at that) for a modernity so frequently at war.⁵⁸⁰ The

⁵⁷⁷ Bakhtin, *Rabelais and His World*, 11.

⁵⁷⁸ Bakhtin, *Rabelais and His World*, 12.

⁵⁷⁹ World War I orderly Ward Muir uses this word, 'grotesquerie,' to describe the faces of the injured soldiers on his ward. Ward Muir, *The Happy Hospital* (London, UK: Simpkin, Marshall, Hamilton, Kent, 1918): 144.

⁵⁸⁰ Linda Nochlin, *The Body in Pieces: The Fragment as a Metaphor of Modernity* (New York: Thames & Hudson, 1994), 8.

grotesque body, then, cannot only be specific to the medieval era as described by Bakhtin, but also it can be particular to the twentieth-century period of modern warfare.⁵⁸¹

However, Suzannah Biernoff cautions her readers against the unfettered use of Bakhtin's 'grotesque' in relation to war wounds, because Bakhtin's description of the concept is comic and public, not tragic and institutionalised.⁵⁸² But I have shown that, in the case of World War II plastic surgery, war wounds *are* put on show at least semi-publicly, and in a comic manner, in the form of *Book of Bucket* and *The Guinea Pig*. Also, as noted in the introduction of this thesis, World War II and the Guinea Pig Club marked a moment in which facial injury was no longer hidden from the British public. Therefore, Bakhtin's conceptualisation of the grotesque is an ideal concept—even if not a transhistorical one—to use in contextualising and analysing the Orpen collection. The comic grotesque and the physical trauma of war meet in the Hill End plastics ward, and this marriage of the sacred and the profane in a communal setting has many parallels with the transgressive, marginal, carnivalesque medieval worlds that Camille and Bakhtin describe.⁵⁸³

Additionally, Barasch writes how World War II was a subject worthy of the grotesque mode because its 'diabolical realities' went 'beyond the imagination of man.'⁵⁸⁴ Orpen and her colleagues, and facial injury patients as well, through their own jokes about their condition and

⁵⁸¹ This prevalence of the fragmented and grotesque body during twentieth-century conflict led to the artistic 'return to order' and to classical and antique inspirations—rather than medieval—after the First World War. A recent exploration of this 'return to order' occurred through an exhibition at Pallant House Gallery. Historian Ana Carden-Coyne wrote a book on the subject several years prior. Simon Martin, *The Mythic Method: Classicism in British Art 1920-1950* (Chichester, UK: Pallant House Gallery, 2016), 7. Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War* (Oxford, UK: Oxford University Press, 2009).

⁵⁸² Biernoff, *Portraits of Violence*, 17.

⁵⁸³ This melding of the sacred to the grotesque body could be complicated by the often god-like characteristics ascribed to surgeons. Nikolas Rose describes how the medical professional 'supplanted the priest' as the doctor and surgeon's position in society rose in the eighteenth and nineteenth centuries. Rose, 'Medicine, History and the Present,' 68.

⁵⁸⁴ Barasch, 'The Grotesque as a Comic Genre,' 6.

about the war, used this grotesque mode to come to terms with the widespread, almost unimaginable bodily mutilation. As Freud described the liberating element of humour, there is a liberating element to the use of the grotesque body as explained by Bakhtin. The conflation of the serious and the carnivalesque frees the writer or artist to poke fun at the powers that be while creating their own language of acceptable transgression in times of strict societal rules or extended conflict.

Stallybrass and White expand upon Bakhtin's work to discuss what they call the 'politics and poetics' of transgression within his concept of the communal grotesque.⁵⁸⁵ These two scholars contend that high and low cultures, the bourgeoisie and the proletariat, and the pure and the filthy, can never be fully separated—an argument similar to Camille's study of medieval marginalia and to my analysis of Orpen's work.⁵⁸⁶ Stallybrass and White write that one of the distinct types of the grotesque is 'a boundary phenomenon of hybridisation or inmixing,' where the mixture (which in the context of their research is the individual's body or identity, but in Orpen's case is her drawn pages) becomes 'enmeshed in an inclusive, heterogenous, dangerously unstable zone.'⁵⁸⁷ Orpen's works are unstable because they do transgress the boundaries of what *modern-day* viewers and readers expect to be permissible for a surgical artist to depict in an operating theatre or around patients of facial injury and reconstruction. But, as Part Two has shown, this was a 'transgression' that was not really a transgression at all because it was sanctioned within the surgical community. This is similar to how the carnivalesque grotesque mode transgressed typical boundaries of society's hierarchy, but through the approved method of the carnival.

⁵⁸⁵ Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression* (London: Methuen, 1986).

⁵⁸⁶ Stallybrass and White, *The Politics and Poetics of Transgression*, 2.

⁵⁸⁷ Stallybrass and White, *The Politics and Poetics of Transgression*, 193.

Elements of this transgressive grotesque can be seen in the work of historic English cartoonists, especially when they portrayed war. Discussed in the previous section, Orpen's work took humour cues from the history of English cartoons and caricatures—exemplified by artists like Hogarth, Gillray, Rowlandson, and Cruikshank.⁵⁸⁸ The caricaturists and cartoonists of the eighteenth and early-nineteenth centuries used the grotesque mode often, especially Gillray (Fig. 90). He partook in what Barasch terms 'ludicrous-horror,' which goes so far beyond what is believable to the reader that something that should be frightening becomes funny—similar to what Orpen did with the baptised or aborted tube pedicles.⁵⁸⁹ Grotesque imagery allowed for these cartoonists to create a visual result that teetered between fear and laughter, as Gillray did in his extreme depiction of the slaver's mouths and animalistic violence of the French *sans-culottes* (Fig. 90), an image to be further related to Orpen's drawings in the next section.

Orpen's father also created images with a focus on the body that play on this history. Around 1900, William Orpen made an ink and wash drawing called *The End – A Glaze of Copal Varnish* (Fig. 91). In this image, a figure in beiges and browns urinates on a wall, the splashing of the liquid rendered in sharp graphic lines, with the title hand-written prominently at the top left of the page. The schematised figure blends into the browns of the wash, making the thick line of urine splashing off of the wall the focal point of the image. William Orpen's bodily humour appears here in his likening of the act of varnishing a canvas to that of urinating on a wall, the humour partially arising from the similarity between the amber colour of the varnish and the colour of urine. William Orpen therefore saw the humour in the visual representations of

⁵⁸⁸ Doctors, surgeons, illnesses, and injuries were frequently the focuses of these four artists, discussed by art historian Fiona Haslam. Fiona Haslam, *From Hogarth to Rowlandson: Medicine in Art in Eighteenth-Century Britain* (Liverpool, UK: Liverpool University Press, 1996).

⁵⁸⁹ Barasch, 'The Grotesque as a Comic Genre,' 3.

the excrements and the vulnerabilities of the human body; his daughter sometimes took a similar grotesque approach.

Tethering Dickie Orpen's grotesque marginal imagery to her historical moment, it is important to acknowledge that her medieval-like grotesque joining of the humorous and the bodily in images of trauma is more affecting and jarring today than it would have been for Orpen and her colleagues. This is because they were living their daily lives in a worldwide context of conflict and violent death because of World War II and because they were working in a hospital—two contexts saturated with stories and images of violence and other grotesque scenes that allowed for transgressive, bodily, irreverent humour. To today's viewer, the creation of these grotesque or humorous images in the midst of real, broken, and injured bodies may seem unsettling. Orpen and her colleagues, however, coped with these realities by laughing at visual jokes like the 'baptising' of tubes of flesh.

Part Four – Gender and Class Implications

Orpen also used her effective visual humour to make subtle points about class and gender.

Writing about women humourists in post-war America, historian Nancy Walker describes how 'as women's experience has been frequently considered peripheral—even, often, by women themselves—so women's humour has seldom been studied for its underlying satiric intent.'⁵⁹⁰

While I have utilised the concept of the 'margin' to describe Orpen's working situation and cartoons, it is now time to focus on the centrality of big, overarching ideas within her humorous work. Orpen reified the atmosphere of camaraderie that already existed in the World War II plastics ward by adopting and adapting some of the same humorous formats that the surgeons

⁵⁹⁰ Nancy Walker, 'Humor and Gender Roles: The "Funny" Feminism of the Post-World War II Suburbs,' *American Quarterly* 37, no. 1 (Spring 1985): 100.

and male patients used in their books, magazines, and daily interactions. She did so while bringing the powerful surgeons down to the level of the rest of Hill End's employees. Women in positions of power in the medical profession were relatively rare at this time, but, as seen in the quotation at the beginning of this chapter from Dr Dix, women doctors discussed injury with humour, and women illustrating surgery could as well.

The male-dominated context in which Orpen's humour existed is explained and exemplified in contemporary works on humour written by men. Martin Grotjahn and J. B. Priestley were two mid-century writers, one based in America and one in England, who had misogynist views on women's ability to deliver quality jokes and humour. Grotjahn was a German psychoanalyst and Priestley, mentioned previously, was a staple cultural character of World War II Britain who created propagandistic radio broadcasts and books, including *British Women Go to War*, illustrated with photographs by Percy Hennell. Republishing *English Humour* in the 1970s, Priestley tries to hedge his bets at the beginning of his chapter on 'Feminine Humour,' saying that he does not understand why discrimination between the sexes is no longer allowed, as there are obvious differences between men and women that cannot be ignored.⁵⁹¹ After discussing the Victorian novelist Jane Austen (1775-1817) as the paragon of feminine comedy, Priestley is not hopeful for the future of women in humour. He writes:

'Women's Lib' does not seem likely to produce more and better feminine humour. If it should succeed, what it will probably offer us is a number of women who have been turned into second-rate men, and we do not need any more second-rate men. What my sex needs is an ample supply of first-rate women, who can look at us and listen to us not without sympathy but are always prepared to laugh at us, knowing full well they have more sense than we have, so many thick-skinned pompous chaps.⁵⁹²

⁵⁹¹ Priestley, *English Humour*, 115.

⁵⁹² Priestley, *English Humour*, 138.

While here Priestley tries to compliment women as a group, this excerpt obviously focuses on what *his* sex requires, not what society as a whole or the other fifty per cent of humanity needs or wants. His perspective on this could be confusing if a reader had taken Priestley's first couple of pages in *British Women Go to War* at face value, as in that publication he seems quite proto-feminist. But while in *British Women Go to War* Priestley does emphasise all that women *can* do, he also notes their difference and highlights their seemingly petty concerns, such as how flattering the different military services' uniforms are.⁵⁹³

Priestley's sentiment that women who attempt humour are impersonating men is echoed in Grotjahn's *Beyond Laughter* (1957). Grotjahn writes that typically women are fundamentally incapable of retelling jokes, but: 'Female students of medicine, lady bosses of editorial staffs, advertising executives, and other types of successful *male impersonators* are as skilful as any man in inventing and retelling jokes' (emphasis mine).⁵⁹⁴ He writes about the *comedienne* as someone imitating a man—a prejudice that continues today in dusty corners of the internet, where women are accused of not being as funny as their male counterparts.⁵⁹⁵ In this respect, perhaps Grotjahn would have seen Orpen as a male impersonator—something that Orpen herself seems to suggest in the guise of Corporal Bucket. She occupied the male-dominated spaces of mid-twentieth-century operating theatres alongside what plastic surgeons from then to today see as a generation of talented, pioneering, and naturally funny surgeons, as exemplified by the 'big

⁵⁹³ Priestley, *British Women Go to War*, 22-23.

⁵⁹⁴ Martin Grotjahn, *Beyond Laughter* (New York: McGraw-Hill, 1957), 57.

⁵⁹⁵ In 2007, author and *Vanity Fair* contributor Christopher Hitchens wrote a controversial piece on why women are not as funny as men: Christopher Hitchens, 'Why Women Aren't Funny,' *Vanity Fair*, 1 January 2007, accessed 1 July 2019, <https://www.vanityfair.com/culture/2007/01/hitchens200701>. In 2014, *The Guardian* published a piece on this gendered phenomenon after the BBC decided to stop putting together men-only panels on episodes of their shows. Dean Burnett, 'Why do people believe women aren't funny?,' *The Guardian*, 11 February 2014, accessed 1 July 2019, <https://www.theguardian.com/science/brain-flapping/2014/feb/11/women-arent-funny-why-do-people-believe-this>. In March 2018, Ginny Hogan wrote a humorous take on this perception for *The New Yorker*: Ginny Hogan, 'Women Just Aren't Funny,' *The New Yorker*, 1 March 2018, accessed 1 July 2019, <https://www.newyorker.com/humor/daily-shouts/women-just-arent-funny>.

four,' discussed in Chapter One. Medical men like Gillies originated the type of humour that saturated the halls and theatres of the British plastics wards; surgeons continued it as the discipline expanded; and patients had humorous takes on their situations in publications like *The Guinea Pig*. Was Orpen simply mimicking these precedents and contexts that men put before her, or did she create something new and exciting with her marginal sketches and full-page cartoons? The images shown thus far in this chapter would suggest the latter, as she had her own perspective and her own experiential humour.

There is one particularly salient example of Orpen's transcendence beyond imitating men as Grotjahn might have suggested: her most overtly feminist drawing, *Trouble with Rosie Is...* (Fig. 92). This image, of which Orpen drew several iterations, shows a woman 'getting ideas above her station,' foregrounding the surgical illustrator's typical tongue-in-cheek wit and visual wordplay. This cartoon appears in Orpen's sketchbook (BAPRAS/DSB 20.47) but more finalised versions, complete with the cartoonist's frame seen in several of her other cartoons, were kept in her personal papers (Fig. 92). With a potential heading written as 'WOMEN IN INDUSTRY,' Orpen has captioned this work: 'TROUBLE WITH ROSIE IS, SHE'S GONE AND GOT IDEAS ABOVE HER STATION.' Rosie, most likely a nod to the iconic American World War II character Rosie the Riveter, is suspended on a plank literally above a (train) station, painting images on the industrial structure overhead. Like Corporal Bucket, Rosie could stand in here for Orpen, who, like many women during World War II, carved out a space for herself above and beyond what women normally did in society and in a workplace. And she did so with art and with humour—as Rosie is doing in this cartoon. Historians Corinna Peniston-Bird and Penny Summerfield write that at this time 'stock female comic characters of popular culture are seldom the voices of reason.' They cite the 'domineering nag' and the 'dumb blonde' as female character

tropes.⁵⁹⁶ But Orpen's figure here is neither. Rosie is not the joke woman that male humourists would have used in this period; she is creative and ambitious, if only a bit irresponsible in climbing above a busy train station with her paints and brushes. In this sense, Rosie nods toward Orpen's risky leap into medical illustration; as described in Chapter One, Orpen 'got ideas above her station' as a VAD. She utilised the medical and societal connections available to her as a former student of Henry Tonks to obtain her position as a full-time surgical artist.

There are at least two other examples of women working in similar veins during the Second World War, creating their own type of humorous female characters and cartoons: Anne Lewis-Smith (1925-2011) and Molly Lamb Bobak (1920-2014). Lewis-Smith was a Wren (part of the Women's Royal Navy Service) working at an outstation of Bletchley Park during the war. Like Orpen, she drew cartoons that brought the ones in charge down to the level of her and her colleagues, participating in the 'degradation' described by Bakhtin. For example, one of Lewis-Smith's drawings contrasts a Wren officer's 'battleship' physique with the slim, trailing body of her loyal 'sausage dog' behind her.⁵⁹⁷ In a book published in 2006, she paired these caricatures and cartoon scenes with short anecdotes about her time as a Wren. The drawing of the 'battleship' officer, and others showing the daily life around her, demonstrates the humorous observational powers of a working woman. Lamb Bobak's drawings do the same thing; she was based in Canada and was an official war artist, the first Canadian woman to be sent overseas in this capacity. When she was not painting, she created unique works on paper—similar to the ways in which Orpen and Lewis-Smith filled their free moments. According to Tanya Schaap,

⁵⁹⁶ Corinna Peniston-Bird and Penny Summerfield, "'Hey, You're Dead!': The Multiple Uses of Humour in Representations of British National Defence in the Second World War,' *Journal of European Studies* 31, no. 123 (September 2001): 425.

⁵⁹⁷ Anne Lewis-Smith, *Off Duty!: Bletchley Park Outstation Gayhurst Manor WW2* (Newport, UK: Traeth Publications, 2006), 27.

Lamb Bobak's illustrated book *W110278—The Diary of a CWAC*, executed from November 1942 to June 1945, used 'humour, caricature, and parody as a kind of stylistic scaffolding,' which allowed Lamb Bobak 'to subtly challenge dominant ideologies of the 1940s.'⁵⁹⁸ This 'diary,' like Orpen's sketchbooks and other humorous imagery, documented elements of a woman's daily wartime life. And like Orpen's Bucket character, Bobak created a stand-in for herself, a Private Lamb whose identity was distinct from Lamb the artist. The creative, humorous output of these three women—Lewis-Smith, Lamb Bobak, and Orpen—would work well together in a comparative study of women's visual humour and wartime narrative, and the use of avatars and caricature in women's humour of the Second World War, but unfortunately this thesis does not allow room for more exploration of these two parallels to Orpen's humour.

But of course, as Priestley stated in *British Humour*, there were still perceived differences between men and women. In *The Guinea Pig*, jokes were made frequently about the sexual virility of the all-male Guinea Pigs and their potential to father 'many broods in a year' (like the rodent after which they were named).⁵⁹⁹ This was to be expected when the social groups and the plastics ward of Queen Victoria Hospital and Rooksdown House were populated by young RAF pilots and run by surgeons like McIndoe and Gillies, men who encouraged a good joke. Critical to their type of humour, women in the reconstructive wards were seen sexually, even when covered with surgical dress, a mask, and a cap. A keen sexual appetite may also have been seen as helpful for the men's rehabilitation and reintegration into society, as explained by Julie Anderson. She writes that in McIndoe's ward 'sexual harassment of nurses was not punished.'⁶⁰⁰

⁵⁹⁸ Tanya Schaap, "'Girl Takes Drastic Step': Molly Lamb Bobak's *W110278—The Diary of a CWAC*," in *Working Memory: Women and Work in WWII*, ed. Marlene Kadar and Jeanne Perreault (Waterloo, Canada: Wilfred Laurier University Press, 2015), 172.

⁵⁹⁹ 'GUIN'EA PIG OR CA'VY,' *The Guinea Pig* (July 1947): 21, LBY E.81/320.1, Imperial War Museum Archive.

⁶⁰⁰ Anderson, *War, Disability and Rehabilitation in Britain*, 115.

Bawdy humour, often directed at the working women, permeated the ward, and Mollie Lentaigne remembers that the patients would jokingly ask if the VAD lettering on her cap stood for ‘Virgins Absolutely Desperate’ or ‘Voluntary After Dark.’⁶⁰¹ In her memoirs, Lentaigne relates a humorous atmosphere in the ward on her twenty-first birthday. She writes that she

foolishly told them all in the ward that I was 21! The sister was not amused when a disturbance was caused by clapping. I was encouraged to ‘get on with your work, nurse.’ It puzzled me that for the next hour practically every patient called for a bedpan. I was so rushed I nearly missed my cup of tea before going to the theatre and it was only when I was scrubbing up, someone said, reading a notice stuck on my back ‘Bedpan Queen Today. Eh?’⁶⁰²

She was an easy target for men sitting in the ward for hours, days, and weeks at a time watching her hurry around to draw them and to complete her other nursing duties. These interactions occurred even though the Matron did not approve of ‘so much relaxation and levity’ in the ‘always cheerful’ hospital.⁶⁰³ Women were not allowed to be in the Guinea Pig Club (although injured women could be members of the more reserved co-ed Rooksdown Club in Basingstoke). It was an undeniably masculine energy that drove this mirth—both the atmospheric humour of the ward and the visual humour of the publications.

In *Book of Bucket* Orpen makes the odd choice of depicting herself as a male nurse. In these cartoons, Orpen performs a gender other than the one with which she identified.⁶⁰⁴ The flexible artistic medium of the cartoon, as well as the casual format of *Book of Bucket*, allowed her to enact this gender performance in a way that she would not have had room to do in either her surgical drawings or in more formal, published cartoons for wider consumption. Also critical to this gender fluidity, in their introduction to *Gender and the Second World War: The Lessons*

⁶⁰¹ (Lentaigne) Lock, ‘Memories of East Grinstead Hospital,’ 9.

⁶⁰² (Lentaigne) Lock, ‘Memories of East Grinstead Hospital,’ 8.

⁶⁰³ (Lentaigne) Lock, ‘Memories of East Grinstead Hospital,’ 9.

⁶⁰⁴ The idea of gender as a performance originates in Judith Butler’s work. Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).

of War (2017), Corinna Peniston-Bird and Emma Vickers frame war as a time in which rigid gender roles could be softened, in which what is ‘negotiable and flexible’ about gender is revealed, and in which genders ‘overlapped.’⁶⁰⁵ As Orpen’s humour is transgressive in the margins and pages of her sketchbooks from Hill End Hospital, the gendering, and perhaps even queering, of her alter ego also could be seen to cross a line of propriety. John Barron, the Hill End surgeon who explained the backstory of Corporal Bucket to Antony Wallace, makes no mention of this gendered element within the drawings or with Orpen’s autobiographical character.⁶⁰⁶

In *Corporal Bucket Enjoys the French Revolution* (Fig. 93), Orpen’s gender subversion conflates with what may be a subtle transgressive jibe at the class system, of which she was a beneficiary, as explained in Chapter One. This cartoon shows again Orpen’s tendencies to include French asides or references. Corporal Bucket’s bucket in this image is labelled ‘A BAS LES ARISTO,’ roughly translating from French to ‘down go the aristocrats.’⁶⁰⁷ The word ‘aristo’ carries a sense of irreverence towards the class group, and Corporal Bucket proudly flaunts his (her?) working-class status as an affiliate member of the ‘Male Nurses Universal Uncooperative Union.’⁶⁰⁸ Bucket takes no heed of the upper-class fluids and body parts

⁶⁰⁵ Corinna Peniston-Bird and Emma Vickers, introduction to *Gender and the Second World War: The Lessons of War* (London: Palgrave Macmillan, 2017): 1, 2, 6. The idea of the ‘fuzzy boundaries’ of war and the ‘overlap’ of genders can also be found in a 2018 chapter by Peniston-Bird. Corinna Peniston-Bird, ‘Commemorating Invisible Men: Reserved Occupations in Bronze and Steel,’ in *Men, Masculinities and Male Culture in the Second World War* (London: Palgrave Macmillan, 2018), 190.

⁶⁰⁶ Correspondence from John N. Barron to Antony F. Wallace, BAPRAS/A/IMAGES/142, Archives of the British Association of Plastic, Reconstructive, and Plastic Surgeons, London.

⁶⁰⁷ Additionally, Orpen scribbled this phrase on one of her sketchbook pages that also included charts of epileptic waves and other notes. Dickie Orpen, Sketchbook #12, c. June 1943, BAPRAS/DSB 12.60, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁶⁰⁸ Male nursing was not common at this time, and women still far outnumber men in the Royal College of Nursing. Men were only admitted to the RCN in 1960. But men were included in the General Register of nurses in 1947, and ex-servicemen were encouraged to go into nursing in the years before that. In this image, Orpen could have been picking up on a recent, small uptick in the number of men working in the nursing profession in the 1940s in Britain. ‘Our History,’ Royal College of Nursing, accessed 12 February 2020, <https://www.rcn.org.uk/about-us/our-history>. Rosemary Wall and Christine E. Hallett, ‘Nursing and Surgery: Professionalism, Education and Innovation,’ in *The*

cascading down into the bucket beside him. The acronym of the union also labels the bucket, providing a contrast between the working-class person and receptacle carting away the body parts and the owners of the bones, head, and feet above—a grotesque contradiction that draws attention to the similarities between the bodies of dissimilar classes in death.

The surgeons viewing *Book of Bucket* would have known that Orpen was the daughter of a wealthy and famous portraitist. As such, she, and they, would have been familiar with the standard purveyor of visual humour to the British middle class: *Punch*. All anthologies on British visual humour highlight *Punch* magazine, which, since it was established in 1841, has been a key text throughout English visual and comic culture.⁶⁰⁹ *Punch*, as described by historian Henry Miller, mostly catered to ‘the Victorian great and the good ... the middle class of the capital; and literary London.’⁶¹⁰ From the Victorian era well into the twentieth century, it was a publication of the upper classes. William Orpen submitted drawings to *Punch*, although he was never accepted.⁶¹¹ Dickie Orpen, as his daughter, must have grown up accustomed to the tropes and images used in that publication.

Since its creation, *Punch* has published many cartoons that focus on doctors and health, and there is an entire gallery dedicated to the subjects now in their online archive.⁶¹² In 1929 the magazine included an image of Gillies as part of a series called ‘Mr Punch’s Personalities’ by the cartoonist George Belcher (1875-1947). Gillies is drawn ‘from life’ in a straightforward manner, but the image is accompanied by a rhyming verse that compares the filling in of golf divots to the

Palgrave Handbook of the History of Surgery, ed. Thomas Schlich (London: Palgrave Macmillan, 2018), 154. For more reading on this topic: Joan Evans, ‘Men Nurses: A Historical and Feminist Perspective,’ *Journal of Advanced Nursing* 47, no. 3 (2004): 323-25.

⁶⁰⁹ Linfield and Larsen, *Laughter in a Dry Climate*, 21.

⁶¹⁰ Henry Miller, ‘The Problem with *Punch*,’ *Historical Research* 82, no. 216 (May 2009): 291.

⁶¹¹ Barrow, ‘William Orpen,’ 152.

⁶¹² Find over five hundred *Punch* cartoons on the topics of health and medicine here: ‘Health and Medicine Cartoons,’ *Punch*, last modified 10 October 2011, accessed 23 October 2020, <https://punch.photoshelter.com/gallery/Health-and-Medicine-Cartoons/G0000aMQINIOoGuQ/>.

repair of injured faces (Fig. 94). As already discussed in the context of his book *The Principles and Art of Plastic Surgery*, Gillies was a golfer as well as a jokester. His inclusion in *Punch* shows the class status and social capital that could be awarded to successful surgeons. There was a further association between the humour of reconstructive surgery and *Punch* cartoonists: Illingworth and Maurice McLoughlin, who both drew for *Punch* as well as other publications, were guest cartoonists for *The Guinea Pig*.⁶¹³

But, following the previously discussed ideas of Bakhtin and Stallybrass and White, Orpen transcends her *Punch*-like background, and the upper class statuses of her colleagues, bosses, and many of her patients, to combine the high and low classes with her transgressive representations of the grotesque body in *Corporal Bucket Enjoys the French Revolution* (Fig. 93). Once more, this image follows in the grotesque tradition of caricature as pioneered by Gillray, who also engaged in social commentary about the eighteenth-century class system. Nochlin describes Gillray's piece *Petit souper, a la Parisienne; -or- a family of sans culotts refreshing, after the fatigues of the day* (Fig. 90) in relation to her metaphor for modernity: the body in pieces. Gillray is known for following the comical and political engraving style of his predecessor Hogarth but also adding in elements of the grotesque and caricature—sometimes taking it to the visceral extreme, as he does in *Petit souper*. In this image he shows French revolutionaries dining on the body parts and entrails of those who had fallen in the course of the day's upheavals. Bloody hands and heads burst from the ceiling and hang in the back room. Nochlin details the grotesque humour in this Gillray etching in a way that also applies to Orpen's *Corporal Bucket Enjoys the French Revolution*:

⁶¹³ Illingworth's cartoon for the Guinea Pig Club magazine can be found here: 'OUR GUEST CARTOONIST,' *The Guinea Pig* (July 1947): 11, LBY E.81/320.1, Imperial War Museum Archive. And McLoughlin's cartoon is here: 'GUEST CARTOONIST,' *The Guinea Pig* (April 1949): 31, LBY E.81/320.1, Imperial War Museum Archive.

It is the French Revolution, the transformative event that ushered in the modern period, which constituted the fragment as a positive rather than a negative trope. The fragment, for the Revolution and its artists, rather than symbolising nostalgia for the past, enacts the deliberate destruction of that past, or, at least, a pulverisation of what were perceived to be its repressive traditions ... At the opposite pole of Revolutionary representation lies the topic of fragmentation as obscenity, here figured by Britain's prime satirist of Revolutionary excess, James Gillray. Gillray's sense of the grotesque knows no limits of decorum or propriety.⁶¹⁴

Orpen plays upon this understanding of the French Revolution as a dismemberment that would better society and the individuals within it, particularly those of the lower classes, like Bucket, who is simultaneously a corporal (third lowest rank in the British army) and a male (or gender-fluid) nurse or orderly. Perhaps Orpen saw the war of her lifetime as a similarly 'transformative event that ushered in the modern period.' Orpen's cartoon beautifully combines the macabre and the humorous to raise a number of complex questions about gender, class, and the equalising effect of the operating table. This visual interpretation of a grotesque revolution through surgery, and Orpen's role as a joking woman in the operating theatre, positions illustration within the surgical space as a potentially radical act. With its intersectional possibilities of analysis, this image shows the density and complexity of Orpen's imagery and humour, and it showcases her ability to use tools such as humour and medical illustration to make important points about wider societal and professional issues.

Conclusion

When humour and World War II have been studied, both have been looked at primarily through a male lens. Women are traditionally seen as having a peripheral role in the histories of both war and comedy. But Orpen—in *Book of Bucket*, her sketchbooks, loose sheet drawings, and personal papers—gives an example of a woman representing as well as crafting surgical humour.

⁶¹⁴ Nochlin, *The Body in Pieces*, 8, 15.

When drawing in her sketchbooks and on her loose sheets, her jokes and observations are relegated to the margins. But her witty notations on life in the operating theatre move to inhabit a more central space in *Book of Bucket* and in the unpublished cartoons from her personal papers. In all of these four formats, Orpen took up space in the male-dominated realms of both plastic surgery and humour and cartoons. Both she and Dr Dix—and the further examples of Anne Lewis-Smith and Molly Lamb Bobak—used their humour to contrast and to cope with the darkness of the injury and wars around them; these women also showed that they could joke just like the men.

Orpen's cartoons and sketchbooks, particularly the images that exist as marginalia, exemplify visual representations of the grotesque in humour and cartoons. In this context, as explained by Bakhtin's theories, the grotesque appears as an anti-classical, maimed body that is raised up to the level of intellectual curiosity and artistic expression. Theorists such as René Girard have pointed out the physical and practical similarities between laughter and tears, and these two disparate emotional registers accompany one another on Orpen's pages as well as in the World War II hospital generally.⁶¹⁵ Her humorous marginalia provided a relief and an outlet—a slight grotesque transgression—within the serious business of surgical illustration.

This chapter has shown that Orpen's jokes and cartoons were made more for surgical staff than for patients. Her drawings provide a glimpse into the sometimes jovial and sometimes darkly sarcastic environment that was cultivated to protect the minds of those repairing the damage of the Second World War. Humour was clearly used during this time to diffuse some of the trauma and fear surrounding the horrific injuries and struggles of the patients in these plastic surgery wards. But Orpen's drawings (particularly *Book of Bucket*) were most useful to those

⁶¹⁵ René Girard, 'Perilous Balance: A Comic Hypothesis,' *Modern Language Notes* 87, no. 7 (December 1972): 815.

who were exhausted and working long hours to reconstruct those patients' faces and bodies. The collection reminds its viewers that the war brought to medical professionals, along with exhaustion and perhaps secondary trauma, camaraderie and enjoyable times.

One can easily picture the surgeons and nurses—like those seen in Hollywood war films—as noble, long-suffering, serious, and stoic. But these people often joked, laughed, and teased one another in wartime just as they did during peace. Orpen's papers are invaluable visual sources that attest to this. While the humour and satire described in this section may seem out of place in today's climate of reverence and sensitivity toward victims of injury and war, especially of the world wars, this chapter has shown that humour and flippancy in this context had plenty of historical precedents. Orpen's sketchbook drawing BAPRAS/DSB 17.74 (Fig. 95) shows a surgeon named Cope leaning down to work on a prone patient; Orpen writes 'war memorial in hoptonwood [*sic*] stone? No Cope taking a TG [Thiersch Graft].' The actions that Orpen participated in, observed, and drew in the Hill End operating theatres were not those of the commemorative sculptures, made out of materials like Hopton Wood stone, that she would have seen after World War I and that she would have expected to come out of the deaths and tragedies of World War II. Rather, the visual culture produced by Orpen suggests that it was the everyday and the banal that occurred at Hill End, not the heroic. Therefore, the surgeons, patients, operations, and setting were all susceptible to being lampooned or made ridiculous by the artist's pencil. Historians Valerie Holman and Debra Kelly make the same point in their writing: 'In time of peace, it may seem that the only ethically correct way of writing about war is to show that its gravity is never forgotten. If, however, we seek to understand what two world wars were like for the millions involved, whether as soldiers or civilians, then humour emerges as a key

factor.’⁶¹⁶ These were real people living through the traumas of World War II, using the very human tool of humour to cope with what they were seeing each day. Orpen’s drawings play a palliative role through humour, but she did not shy away from exhibiting the toll that exhaustion took on those working in these wards (Fig. 63 and Fig. 64). Her collections of drawings unabashedly show all of these elements—even the grotesque—of surgical trauma. Orpen’s oeuvre is an evocative group of images that acts as an invaluable cultural history source for understanding the complex realities of the British wartime hospital.

⁶¹⁶ Valerie Holman and Debra Kelly, ‘Introduction. War in the Twentieth Century: The Functioning of Humour in Cultural Representation,’ *Journal of European Studies* 31, no. 123 (September 2001): 249.

Thesis Conclusion

In Orpen's pre-operative portrait of Ellis (Fig. 96), she depicts the patient from three perspectives—the tripled visages of this scarred man turn in to face one another, the figure at the left seeming to stare into the eyes of the figure at the right, while the central individual confronts the viewer. This is the first of a long series of drawings that Orpen made of Ellis's surgeries and recoveries: twenty-one loose sheet images and three further sketchbook drawings—almost approaching the number of depictions of the patient Fitzgerald, discussed primarily in Chapter Three.⁶¹⁷ This tripartite portrait is almost entirely unique within Orpen's Second World War papers, but this drawing helps to push the boundaries of what her work really *does*, and how her wartime oeuvre can be understood within both the history of art and the history of plastic surgery—two of the primary fields within which this thesis is situated.⁶¹⁸

Orpen's three-part approach to this composition can be compared to two art historically important triple portraits that she most likely saw as an artist's child growing up in London and / or when she was an art student in the city at the Slade and at the Byam Shaw. These seventeenth-century portraits are Anthony van Dyck's *Charles I in Three Positions* (Fig. 97) and Philippe de Champaigne's *Triple Portrait of Cardinal de Richelieu* (Fig. 98), held in the Royal Collection and National Gallery, respectively. Because of a fragment of archival evidence in the BAPRAS collection, and because it is the more famous of the two paintings, van Dyck's triple portrait of

⁶¹⁷ Percy Hennell also took photographs of Ellis that are held in the BAPRAS archive, but his pictures only depict the patient from a frontal perspective and from a three-quarters perspective from the right side.

⁶¹⁸ Orpen made a similar, but less polished, three-part portrait for the patient Mrs. Newman, in which she once again shows the injury from a frontal, a left profile, and a right profile perspective all on one page. But the composition of the Newman drawing is more haphazard and less polished than the Ellis portrait. She also drew three angles of Mrs. Newman on three different sketchbook pages in the BAPRAS collection. Dickie Orpen, Sketchbooks #2 and #5, BAPRAS/DSB 2.70 and BAPRAS /DSB 5.4-6, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

Charles I proves a particularly useful foil to Orpen's Ellis drawing. Indicating how messy and unpredictable the traumatic BAPRAS archive can be—as is detailed in Chapter Two—there is a newspaper cut-out of the Royal Collection's van Dyck painting *The Five Eldest Children of Charles I* (Fig. 99) stuck to the back of Orpen's drawing of the repair of a skin condition on a woman's groin, completed about a year after Ellis's portrait was done.⁶¹⁹ As is the case with much of the material and drawings provided by BAPRAS, there is not any further explanation of why she would have kept this image of this particular painting with her surgical drawings. This material clue, however, suggests that the work of van Dyck within Charles I's court was an interest of Orpen's. This indicates that she *was* thinking of the three-angle portrait of England's king when drawing Ellis (Fig. 96).

Both of these Baroque paintings by van Dyck (1599-1641) and Champaigne (1602-1674) were meant to serve as blueprints for sculptors to make portrait busts of the sitters. Van Dyck's triple portrait of Charles I was sent to the Italian Baroque sculptor Gianlorenzo Bernini (1598-1680) so that he could execute a marble portrait sculpture without seeing the king in person. This painting stayed in Bernini's possession and passed on to his family when he died.⁶²⁰ The portrait of Cardinal de Richelieu was also sent to Italy as a model for a sculpture.⁶²¹ By using the triple portrait convention in her surgical drawing, Orpen likewise frames Ellis's face as a block of stone or clay to be sculpted by the hands of the surgeon. As explained in the introduction of this thesis, plastic surgeons often thought of and described themselves as artists—particularly as

⁶¹⁹ Dickie Orpen, 23 April 1945, BAPRAS/D 336, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

⁶²⁰ Per Rumberg and Desmond Shawe-Taylor, eds., *Charles I: King and Collector* (London: Royal Academy of Arts, 2018), 223.

⁶²¹ 'Philippe de Champaigne and Studio | Triple Portrait of Cardinal de Richelieu,' The National Gallery, accessed 9 September 2020, <https://www.nationalgallery.org.uk/paintings/philippe-de-champaigne-and-studio-triple-portrait-of-cardinal-de-richelieu>. Richelieu was one of Champaigne's 'most avid patrons' until his death in 1642. Gail Feigenbaum, 'Philippe de Champaigne, 1606-1674,' in *French Paintings of the Fifteenth through the Eighteenth Century*, ed. Philip Conisbee and Richard Rand (Washington, DC: National Gallery of Art, Washington, 2009), 53.

sculptors.⁶²² Orpen's drawing thus serves as a model for a sculpture of the human body, analogous to the two Baroque paintings sent to sculptors in Rome. This narrative into which Orpen's work can be placed—the narrative that plastic surgeons are artists and sculptors themselves—persists today.⁶²³

Orpen's drawing of Ellis also shows how this surgical illustrator saw herself and sometimes presented herself as an artist with impact and knowledge beyond the operating theatre. As this type of artist, she could reference the established canon of British art through van Dyck—a canon in which both her father and her Slade tutor were held in great esteem. Her father was even classed as a successful English portraitist in the lineage of van Dyck.⁶²⁴ She places herself into the role of van Dyck or Champaigne: the professional artist who could provide images of such detail as to allow for a sculpture of the subject. She could do this while also playing upon the long-held perception of plastic surgery as an artform. This image of Ellis shows, tangibly, the intersection of art history and surgical history at which Orpen sits. It also complicates the idea that medical imagery is something that is straightforward, clinical, and removed from the subjective creation of art objects—a conception outlined and historicised in

⁶²² This is perhaps clearest in the title of American plastic surgeon Jacques W. Maliniak's book *Sculpture in the Living*, cited in this thesis's introduction as well. Maliniak, *Sculpture in the Living*.

⁶²³ In 2016, Steven Neal, an American plastic surgeon who originally trained as an artist, published an article called 'The Art of Plastic Surgery' (an oft-used title) that touts the benefits of training surgeons to use the artistic side of their brain to sculpt clay and to 'improve a sense of aesthetics and judgment without inflicting harm on patients by performing the wrong operation or technique.' Neal's idea of 'good' facial aesthetics seems to be based on white, Western beauty standards and Renaissance conceptions of ideal beauty. This suggests that a postcolonial critique of the discipline of plastic surgery could be a later project to grow out of my current research. Steven Neal, 'The Art of Plastic Surgery,' *Journal of the American Medical Association* 316, no. 20 (22 November 2016): 2072. A recent letter to the editor of the *Journal of Plastic, Reconstructive & Aesthetic Surgery* by Alexander Baldwin also notes many the relationships between art and plastic surgery, and artists and plastic surgeons. This piece in the primary journal for British plastic surgeons, and the responses to it, show that this relationship between art and plastic surgery is still a fascination of today's practitioners. Alexander Baldwin, 'The historical relationship between art and plastic surgery: Is this relationship still relevant to the modern plastic surgeon?,' *Journal of Plastic, Reconstructive & Aesthetic Surgery*, no. 72: 1446-47.

⁶²⁴ Rothenstein, 'William Orpen,' 212.

Daston and Galison's 2007 work *Objectivity*.⁶²⁵ The diverse aesthetics of Orpen's work, as this thesis has shown, lend themselves to varied methodologies. This, in turn, allows for this research to have significant contributions to several fields beyond plastic surgery: particularly feminist art history, medical humanities, and the history of medical illustration.

To start: what has this study of Dickie Orpen contributed to feminist art history? Chapter One in particular shows how Orpen's biography is another example of how male artists, and patriarchal social and institutional structures, can affect a talented woman's artistic career. We can only speculate what path Orpen would have taken if she were freely allowed to draw from a young age, or if she had not felt the need to give up surgical illustration once she was married and had children. This first chapter explored the impact that gender had on Orpen's professional and personal life—an impact that was felt by a large number of women in mid-twentieth-century Britain.⁶²⁶

While women have been historically marginalised as artists, they are also historically marginalised in science, and Orpen's role in feminist art history is tightly bound to her place in a feminist history of science, connecting the agendas of the two. The eyebrow graft example in Chapter One (Figs. 26 – 28) hints at a largely untapped resource for surgical innovation contained within Orpen's acuity and experience. These drawings suggest that Orpen was able to design her own type of graft and compare it, favourably, to one practiced by a male plastic surgeon, Oliver Mansfield. Orpen's experience in the World War II operating theatre is a

⁶²⁵ They write that 'the public personas of artist and scientist polarised' during the nineteenth century. *Objectivity* was associated with science, and subjectivity was associated with art. Daston and Galison, *Objectivity*, 37.

⁶²⁶ Ian Gazeley gives just one of many examples of gender having an unfair impact on women's work and pay during the Second World War. He points out that 'women were typically paid less than men,' and that 'it was generally in the employers' interest to classify as many women as possible as being engaged on "women's work," irrespective of whether they were replacing adult male labour or whether the skill level of the work on which they were engaged justified the "men's rate."' Ian Gazeley, 'Women's Pay in British Industry during the Second World War,' *Economic History Review* 61, no. 3 (2008): 661.

feminist story of medical potential that was perhaps thwarted by expectations of women who were in Orpen's socioeconomic bracket. Her prodigious wartime output also shows how art was a way for savvy women to earn their place at the operating table. Although, as we have seen in Orpen's cartoons like *Artist at Work* (Fig. 67), sometimes this space that Orpen carved out for herself could still be blocked by others. The anatomy and life drawing classes that Mollie Lentaigne describes having to undertake to better her work at Queen Victoria Hospital also demonstrates the 'hard' knowledge that was necessary for this strenuous position, one that is often overlooked in terms of labour and intelligence when compared to the surgeons and anaesthetists that surrounded these surgical artists.⁶²⁷

Like scientific knowledge and artistic talent, humour is often coded as masculine. As explained in Chapter Four, men have dominated the worlds of comedic writing, performing, and cartoon-making. Therefore, cartoons like *Trouble with Rosie Is...* (Fig. 92) that blend a feminist message with a playful sense of humour, are particularly important in a feminist history of visual culture. This image synthesises many of the assertions in my analysis of Orpen's images: that working women were capable of moving 'above their station' through art, that women could be witty and funny, and that women could be creative and make pieces of intelligent art just as well as the men around them could. This cartoon, as well as the evidence of Orpen's scientific and medical knowledge, indicates the ways in which this project uses Orpen's biography to make wider arguments about the status of women in the plastic surgery ward in particular, and in British mid-century culture in general. But, as outlined in the introduction, this research does not lean exclusively on Orpen's biography to explain her work, a methodology against which Kristin Frederickson warns.⁶²⁸ The artworks and ephemera that Orpen produced are infused with her

⁶²⁷ (Lentaigne) Lock, 'Memories of East Grinstead Hospital,' 18-19.

⁶²⁸ Frederickson, 'Introduction: Histories, Silences, and Stories,' 4.

experience as a funny woman artist in a medical realm, and therefore an in-depth visual analysis of these works shows us how a feminist art history can and should continue to broaden to include women's roles in cartoons and in medical art.

If this feminist project sits squarely at the intersection of art and medicine, how does this research on Orpen's work and the wider context of the visual culture of plastic surgery further the expanding field of the medical humanities? Particularly in Chapter Four, my analysis of Orpen's work helps to contextualise and add to the cultural history of surgery by revealing the intimate social and emotional dynamics of twentieth-century British surgical wards. But the medical humanities go beyond just histories of medicine. By bringing visual analysis and an art historical framework to this research, this thesis applies a new set of disciplinary skills to a medical archive and collection that has thus far only been examined within plastic surgery and its history. The circumstances of medical illustration, the procedures used during World War II, the general convivial atmosphere of the plastics wards—as well as the work of archiving emotional images of trauma—can be elucidated through close looking at the images and objects created by Orpen and Hennell, among others. This study contributes to a visual turn in the medical humanities by using doodles and other objects and images as primary sources, a practice that stems from art history.

The movement of the medical humanities towards an object- and image-based methodology is evidenced through many recent projects that use approaches similar to those in this thesis. The Wellcome Trust has been an institutional driver of this reorientation in the United Kingdom, awarding funding to projects like 'Thinking Through Things: Object Encounters in the Medical Humanities,' which interrogates, through workshops and various written and recorded

outputs, the role of images and objects in a cultural understanding of medicine.⁶²⁹ The Primary Investigator for this project, Fiona Johnstone, has written a ‘Manifesto for a Visual Medical Humanities’ in the *Medical Humanities* journal blog.⁶³⁰ One of Johnstone’s key points is that it is not just the visual elements of visual culture that historians and scholars of medical humanities must attend to: it is also necessary to pay attention to ‘the phenomenological and emotional dimensions of visual experience.’⁶³¹ This is an approach that I privilege throughout my work on Orpen and Hennell, particularly in Chapter Two and Chapter Three, but also in Chapter Four.

The ideas in Johnstone’s manifesto stem from a roundtable that she convened at the Association for Art History’s (AAH) 2018 Annual Conference.⁶³² This AAH panel is one among many examples of how it is not only the medical humanities that is pushing itself toward the visual, but it is also the art world that is reaching more and more towards medical source material: art, images, photographs, objects, and ephemera. A recent event at the Paul Mellon Centre for Studies in British Art, a project based at Birkbeck, University of London, and a panel at AAH’s 2021 conference, the latter two also co-run by Johnstone, have shown how medical humanities scholars and art historians analysing medical material are penetrating the stereotypically stuffy realm of establishment art history in Britain.⁶³³ Individual art historians—

⁶²⁹ ‘Thinking Through Things: Object Encounters in the Medical Humanities,’ The Northern Network for Medical Humanities, last modified 7 October 2019, accessed 9 September 2020, <http://nnmh.org.uk/thinking-through-things-object-encounters-in-the-medical-humanities/>.

⁶³⁰ Fiona Johnstone, ‘Manifesto for a Visual Medical Humanities,’ *Blog | Medical Humanities*, entry posted 31 July 2018, accessed 9 September 2020, <https://blogs.bmj.com/medical-humanities/2018/07/31/manifesto-for-a-visual-medical-humanities/>.

⁶³¹ Johnstone, ‘Manifesto for a Visual Medical Humanities.’

⁶³² ‘Interdisciplinary Entanglements: Towards a “Visual Medical Humanities,”’ Association for Art History, last modified 2018, accessed 9 September 2020, <https://forarthistory.org.uk/our-work/conference/annual-conference-2018/visual-medical-humanities/>.

⁶³³ There is yet to be any published outcome from the Paul Mellon Centre’s event, but it occurred in April 2019 at the Centre’s building on Bedford Square in London. The event was an ‘Objects in Motion’ workshop, and it was titled ‘Victorian Anatomical Atlases & Their Many Lives (& Deaths).’ The ‘Visualising Illness’ project at Birkbeck was funded by the Wellcome Trust. ‘Visualising Illness,’ Birkbeck, University of London, Department of History of Art, last modified 22 August 2017, accessed 9 September 2020, <http://www.bbk.ac.uk/art-history/research/visualising-illness>. Fiona Johnstone’s upcoming panel will occur virtually as part of the 2021 AAH

many of whom attend seminars and workshops like these—are producing vital work that speaks to the uses that visual art can have in understanding medicine.⁶³⁴ Additionally, a symposium between the Munch Museum and the Norwegian Medical Museum called ‘Doing Medical Humanities with Art, Non-Art, Objects and Things’ shows the international reach of this approach to the discipline.⁶³⁵

Carrying this project beyond the history of surgery and an objects-based study of medical material, elements of this thesis take a more oblique course to the medical humanities through trauma studies and psychoanalysis (Chapter Two) and the history of emotions (Chapter Three and parts of Chapter Four). These methodologies shed light on the diverse meanings and functions of this understudied source material. These approaches contextualise, but also open up, what we can glean from the visual and ephemeral material in the BAPRAS archive, therefore operating within the wider interdisciplinary field of the medical humanities. In Chapter Three and Chapter Four, for instance, empathy and humour provide two very different emotional lenses through which to perceive historical surgical material. Overall, this project examines how Orpen’s drawings, and Hennell’s oeuvre alongside them, make us *see* and *feel* differently from other images and medical objects. Explained in Chapter Three, this reflexive historical practice has been more popular in the ‘affective turn’ that applies to both history and to the medical humanities. An example of a project currently operating within these same realms is the

conference. ‘Contemporary Art, Health & Medicine,’ Association for Art History, accessed 9 September 2020, <https://eu-admin.eventscloud.com/website/2065/contemporary-art,-health-medicine/>.

⁶³⁴ Examples of these scholars include Ludmilla Jordanova, Mary Hunter, and Natasha Ruiz-Gomez. Ludmilla Jordanova, ‘Medicine in Visual Culture,’ *Social History of Medicine* 3, no. 1 (April 1990): 89-99. Mary Hunter, *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris* (Manchester, UK: Manchester University Press, 2016). Natasha Ruiz-Gomez, ‘The Model Patient: Observation and Illustration at the Musée Charcot,’ in *Visualizing the Body in Art, Anatomy, and Medicine Since 1800: Models and Modeling*, ed. Andrew Graciano (New York: Routledge, 2019), 203-232.

⁶³⁵ This event took place 4 June to 7 June 2019 in Oslo. Suzannah Biernoff, Mary Hunter, and Natasha Ruiz-Gomez were among the participants.

Wellcome-funded Surgery & Emotion group, based at Roehampton University in London.⁶³⁶

Their work investigates the emotional matrices of surgery, as mine does.

More emotionally driven and reflexive practices within the history of medicine and within the medical humanities often look to excavate patient experiences. In scholarship on the visual culture, history, or sociology of facial injury, privileging the patient's story is a way for the researcher to recover and honour the neglected individual histories of scientific and medical progress. Jason Bate does this by getting in contact with the families of the First World War patients in the photographs about which he writes. In doing this, he is able to give the pictured patients a story and a history that goes far beyond their injury and their reconstruction.⁶³⁷ In the case of Orpen's drawings and Hennell's photographs, it is often impossible to find any of these narratives, familial or individual. This is partially because these injuries were only seventy years ago, and so patient confidentiality restrictions do not allow me to use these patients' real names, let alone to further delineate their family trees in my writing. Additionally, there is often no information about these patients in the BAPRAS archive. In Orpen's drawings, the surname is only written in pencil on the loose sheet or in the inside front cover of the sketchbook; surnames label the grey cardboard frames around Hennell's final photographs of each patient. The texts online by BAPRAS do not elucidate much more about these patients' backgrounds beyond the type of injury and reconstruction that they received.

The analysis of Orpen's drawings and Hennell's photographs in Chapter Two, couched by the context provided in the thesis introduction, gives insight into the emotional as well as physical challenges of facial injury. The traces of these patients' visible physical experiences,

⁶³⁶ Surgery & Emotion, accessed 18 September 2020, <http://www.surgeryandemotion.com>.

⁶³⁷ Jason Bate, 'Bonds of Kinship and Care: RAMC Photographic Albums and the Making of "Other" Domestic Lives,' *Social History of Medicine* 33, no. 3 (August 2020): 772-97.

through storage in archives and their unavoidable incompleteness, can haunt us. Chapter Four shows that the impact of facial injury and repair could be mediated by humour. By connecting Orpen's humour to that of the Guinea Pig Club, we can see how this analysis applies to the patient experience as well. If the surgical artists, surgeons, and orderlies were ready to provide a smile and a quick wit, then perhaps the experience of staying in a plastic surgery ward was more amusing than expected.

Looking closer at a sub-field within medical humanities, it is important to recognise what this study of Orpen has done for an understanding of medical illustration. Furthering the importance of Orpen's work in the context of a feminist history of art, this research has shown that surgical illustration in mid-century Britain was spearheaded by women. This is evident not only in Orpen's experience but in the supporting information provided by women like Mollie Lentaigne, Margaret McLarty, and others—many of these individuals are noted throughout the thesis but they are listed in footnote #55. I discovered many women working in this field in its early days in my process of researching Orpen, and they all deserve to have their names in the new canon (as described by Kristen Frederickson) of medical illustration.⁶³⁸ This is a canon that would go far beyond Vesalius and Leonardo da Vinci and that would complicate the idea that the pinnacle of medical illustration is reached through complete objectivity. This new canon would also show the differences in styles that were adapted to medical and research purposes. To make sure that the full depth and breadth of women's contributions to medical illustration are understood, there will need to be further projects that examine these other women to the same extent that I have researched Orpen.

⁶³⁸ Frederickson, 'Introduction: Histories, Silences, and Stories,' 2.

Within the history of medical illustration, Orpen's work also contributes to the story of the most famous British surgical images of the twentieth century: Henry Tonks's World War I pastel drawings of facial injury. Not only is the subject matter similar in Tonks's and Orpen's artworks, but, as outlined in Chapter One, we know that Orpen looked up to Tonks and had a close relationship with him, and we know that she saw his pastel drawings before writing to Harold Gillies that she would like to do similar work. This deep study of her World War II oeuvre helps to re-evaluate the impact of Tonks's medical illustration by showing that he tangibly passed on to his students the appreciation for surgical form and anatomy.

Orpen is also important for the history of medical illustration, particularly in Britain, because she participated in the field just before it was formalised as a profession. As shown in the winding paths to plastic surgery illustration that Orpen and Lentaigne took, attaining a surgical illustration job in this period was an ad hoc process, often based more on connections and accidents than on any systematic or required training. This is primarily because the field of medical illustration was still in its infancy, not becoming a full-fledged career with a professional association in Britain until the late 1940s when, after the war, the demand for visual training aids ballooned and hospitals and medical schools began to create designated posts for medical artists.⁶³⁹ Orpen and Lentaigne at least knew of each other, as evidenced by Orpen's scribble of Lentaigne's name in the front cover of one of her sketchbooks.⁶⁴⁰ But in the 1940s it was not rare for illustrators in hospitals and wards to feel completely isolated in their profession, as mentioned in my introduction and explained by historian of the MAA Patricia Archer: 'In fact, some artists were not aware of the presence of other medical artists even within adjacent districts

⁶³⁹ Archer, 'A History of the Medical Artists' Association of Great Britain,' 33.

⁶⁴⁰ Dickie Orpen, inside front cover page, Sketchbook #9, March 1943, BAPRAS/DSB 9.1, Archives of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons, London.

in London, some felt they were unique and alone in the field.’⁶⁴¹ Even though Orpen knew that there was another young woman working in her field only a train ride away, she left medical illustration and the United Kingdom for Africa after the war, as did Lentaigne. They therefore were not part of the MAA that was founded in 1949, nor were they peers of women like McLarty who wrote books on the training and skills needed to keep up in a rapidly developing profession. And yet the profuse production of Orpen—and Lentaigne—shows us that there was a need for this type of collaborative medical visual culture between surgeons and artists before there were established, professional networks, contracts, hospital posts, and rigorous training modules. The existence of Orpen, and the sheer number of images that she created, means that there is likely more valuable medical and surgical illustration by other British artists to be found that can contribute to the pre-MAA history of medical illustration—in archives, in family collections, and in the personal files of medical practitioners around the country.

But no matter how many other previously ignored examples of medical illustration are found in continued research, Orpen’s work—before, beyond, and including the surgical drawings—will always be unique within histories of art and medicine. This is because of the myriad styles in which she worked. Women artists in a larger art historical context are frequently more difficult for historians to slot into a canon because of stylistic changes throughout their career; the modern artists Louise Bourgeois (1911-2010), Dorothea Tanning (1910-2012), and Luchita Hurtado (1920-2020) are just some examples of this phenomenon. A new canon of women medical artists would account for the necessary shifts in style that working women artists often must make. At the very beginning of this thesis I wrote of the ‘stylised manner’ in which Orpen depicted the patient Caldwell (Fig. 1 and Fig. 2). I use this phrasing because, while

⁶⁴¹ Archer, ‘A History of the Medical Artists’ Association of Great Britain, 153.

detailed, this image of Caldwell almost caricatures the patient, emphasising his teeth and ears. In the rest of the chapters, I do not discuss style—an important element of any art historical project—in a straightforward way that lays out Orpen’s exact mark-making techniques. But her aesthetic style is thoroughly detailed through extensive visual analysis within each chapter, and in the examination of what Orpen took from Tonks and from her time at the Slade. The images used throughout this thesis show that Orpen’s style differed tremendously depending on the function of her drawings. She could be sparse and militant in her line, as shown in her surgical diagrams. Especially in her more finalised images that she drew in pen (Fig. 100), Orpen’s lines are exact and sure, with stippling showing where skin has been peeled back to reveal flesh.⁶⁴² The medical purpose of these images dictates her compositions, and she often numbers the steps of the surgery. As restrained as these surgical images are, Orpen could also be profuse and fun in her draughtsmanship, creating loose, bulging figures with extraneous details, as seen in many of the cartoons housed either in her marginalia or in her personal papers. The cartoon *No. 13 Has a Visitor* (Fig. 101), found in Orpen’s personal papers, retains an element of Orpen’s restraint and professionalism with its cartoon grid: three orderly, linear blocks. But the ‘No. 13’ figure’s whiplash in seeing his sweetheart move on, the woman’s body language throughout, and the leering moustachioed smugness of patient ‘No. 14’ exhibits Orpen’s wide-ranging ability to convey human emotion in a humorous setting. These comical faces and bodies are a world away from the simple, smooth visages being carved open in Orpen’s surgical images (Fig. 100). Furthermore, in her religious drawings from *Meditations with a Pencil* (Fig. 102), Orpen depicts lucid, lithe figures, like those in her cartoons, but with an added solemn sinewiness. In these pencil images, Orpen pays more attention to the classic focuses of work from throughout art

⁶⁴² This stippling relates to what I describe as ‘pulp’ in Chapter Three. As stated in that chapter, Orpen’s medium does not allow her to depict the inside of the body as viscerally or effectively as Hennell’s colour photography.

history: the curves of the muscles; the compositional harmony of vertical, horizontal, and diagonal lines; and the folds of clothing and drapery. Somewhere in between the superfluous personality of her cartoons and the solemnity of her religious drawings lies the Kentish hop-picker images (Fig. 103). Because of all of these styles, it is possible for Orpen to be, as argued in Chapter Three, the less emotional image-maker when compared to Hennell; while it is simultaneously possible for her to be an artist whose personality, through her humour and wit, but also calm purpose, asserts itself in the pages of her pre-war drawings, sketchbooks, cartoons, published images, and loose sheets.

This adaptability may have come from her time at the Slade with Tonks. Particularly in her hop-picker drawings and in *Meditations with a Pencil*, Tonks's non-surgical influence can be discerned, as these images share elements with both the fine, impressionistic portraits and the exaggerated caricatures for which he was known. Chapter One outlined how Tonks taught his students to look at drawing as a form of research. As explained previously in relation to the disparate chapters of this project, research methodology has to vary depending on what one is studying or trying to uncover. Orpen's visual form of research changes from project to project: she could move from the surgical, to the comical, to the religious. But all of these facets of Orpen's style focus on the human: human countenance and human anatomy in particular. As Tonks states in 'Notes from "Wander-Years,"' the medical profession allowed for 'a profound study of human beings, whether from the point of view of their structure, or—and this is even more interesting and perhaps important for the physician—the working of their minds.'⁶⁴³ Orpen had a keen sense of this type of observation from her art school studies, as is evident in the style of her drawings from Kent (Fig. 19, Fig. 20, and Fig. 103). But her experience at Hill End

⁶⁴³ Tonks, 'Notes from "Wander-Years,"' 223.

Hospital only sharpened this, allowing her to make both funny and funereal images of the human body and its interactions.

This research has demonstrated that Orpen's legacy, as a woman who combined art and science in her wartime work, has wide-ranging applications in history and theory. She worked in what would become a respectable medical profession, and her influence, albeit not directly, is seen in one of the more recent and more famous paragons of medical art: the ominous red and grey spiked sphere that represents the SARS-CoV-2 virus, which caused the pandemic disease Covid-19 (Fig. 104). This image, classed as a 'beauty shot' of the virus because of its close-up perspective, was created by a female medical illustrator at the Centers for Disease Control (CDC) named Alissa Eckert, aided by her colleague Dan Higgins. Exhibiting the dual interest of the worlds of science and art in the work of illustrators like her, and showing the prestigious positions that women medical illustrators can now hold, in April 2020 Eckert's image was covered by a health journalist at *The New York Times* as well as by a writer at *Artnet News*.⁶⁴⁴ In the *New York Times* article, Eckert relates that her job is to make medical visuals easier for people to understand. She contrasts her work with photographs, which she says can be more difficult to comprehend; this directly connects to comparisons made between Orpen's drawings and Hennell's photographs. The simplicity of Orpen's surgical drawings correlates to a reduced emotional impact, but also to a better medical understanding of the surgical procedure. As with many of Orpen's drawings and sketchbook images, Eckert uses her artistic license, and her own illustrative style, to add elements beyond the scientific particulars so that the depicted entity can

⁶⁴⁴ Cara Giaimo, 'The Spiky Blob Seen Around the World: How C. D. C. medical illustrators created the coronavirus pandemic's most iconic image,' *The New York Times* (New York), 1 April 2020, accessed 2 September 2020, <https://www.nytimes.com/2020/04/01/health/coronavirus-illustration-cdc.html>. Ben Davis, 'Why the Centers for Disease Control's Creepy Illustration of the Coronavirus Is Such an Effective Work of Biomedical Art,' *Artnet News*, last modified 1 April 2020, accessed 2 September 2020, <https://news.artnet.com/opinion/cdc-biomedical-art-1822296>.

be more useful and clearer to viewers. Eckert and her team added colours, density, and shadows to make the coronavirus image seem like something tangible and tactile, and something to be taken seriously.⁶⁴⁵ Orpen's drawings like the portrait of Ellis, which remind the viewer of the full, three-dimensional personhood of the patient, and her works that clearly and professionally lay out the steps of reconstructive surgery, show that the disfiguring violence of the Second World War was also something to take seriously and approach carefully.

However, Orpen's complete oeuvre, and the visual culture context in which it exists, demonstrates that there was more to the experience of a World War II plastics ward than the clinical, serious, scientific reconstructions of damaged human bodies. This research has nuanced the claim, made by the curators of the 2008 Orpen exhibition, that Orpen's drawings are 'subtle and understated' and that within them 'the persona of the artist at work is consciously and intentionally excluded.'⁶⁴⁶ Orpen's personality and individual experience—and her constant shifting between art and science and back again—loom large in these images: through her artistic training and background, through the subliminal narratives that her drawings convey within their archive, through the emotional or non-emotional impact of her work, and through her humour. Her profuse artistic output, aided and complemented by Hennell's colour photographs, give a sense of the breadth and richness of the visual culture—and the culture in general—of plastic surgery during the Second World War.

⁶⁴⁵ Giaimo, 'The Spiky Blob Seen Around the World.'

⁶⁴⁶ Eames, 'Ahead of the Game,' 3.

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