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Suzannah Biernoff

Flesh Poems: Henry Tonks and the Art of Surgery

Medical archives are remarkable and unsettling because, quite apart from any historiographical questions they raise, they confront us with the limits of spectatorship, curiosity, understanding and empathy. As soon as pictures cross the uncertain line dividing science and art – or stray beyond their original diagnostic or didactic context – they begin to ask questions of *us*. How does one, might one, should one, look at images of the mutilated, diseased, disfigured or dead body? To what extent are our responses to these states of embodiment universal – or culturally learnt and regulated within specific contexts of viewing? When medical archives document the horrors of war they can be even more disturbing because they connect us to events and experiences that can seem, to quote the British painter Paul Nash, ‘utterly indescribable’.¹ At the very least we find ourselves in the company of images whose meanings exceed the traditional narratives of medical or military history.

*

At the age of sixteen, without very much deliberation, Henry Tonks (1862–1937) decided to embark on a career in medicine: mainly, he later admitted, because it held more appeal than his father’s other vocational suggestion, which was architecture.² With this goal in mind he became a student first at the Royal Sussex County Hospital in Brighton, and then at the London Hospital where, in 1886, he was appointed house surgeon under Frederick Treves (the same year that Treves’ best-known patient, Joseph Merrick, the ‘elephant man’, moved into lodgings at the hospital, where he spent the last four years of his short life). In 1888, Tonks successfully passed his final examinations and became a Fellow of the Royal College of Surgeons; more decisively, as it turned out, he also enrolled in evening classes at the Westminster School of Art with Fred Brown, who opened the door to the New English Art Club and eventually got him a job at the Slade School of Fine Art teaching drawing and anatomy.

Tonks was 52 when war broke out and an assistant professor at the Slade. By January 1915 he was working in a British Red Cross Hospital for the French in Haute-Marne, and was later posted to a clearing station nearby. He wrote to Geoffrey Blackwell: ‘The wounds are horrible, and I for one will be against wars in the future, you have no right to ask men to endure such suffering. It would not matter if the wounds did well but they are practically all septic’.³ Tonks realized very quickly that his medical skills were inadequate to the task at hand. ‘I have decided that I am not any use as a doctor’, he wrote in another letter, after returning to London. ‘I don’t think the Government very clever at using people’s services. Munitions, anything in fact, I am ready to take up’.⁴

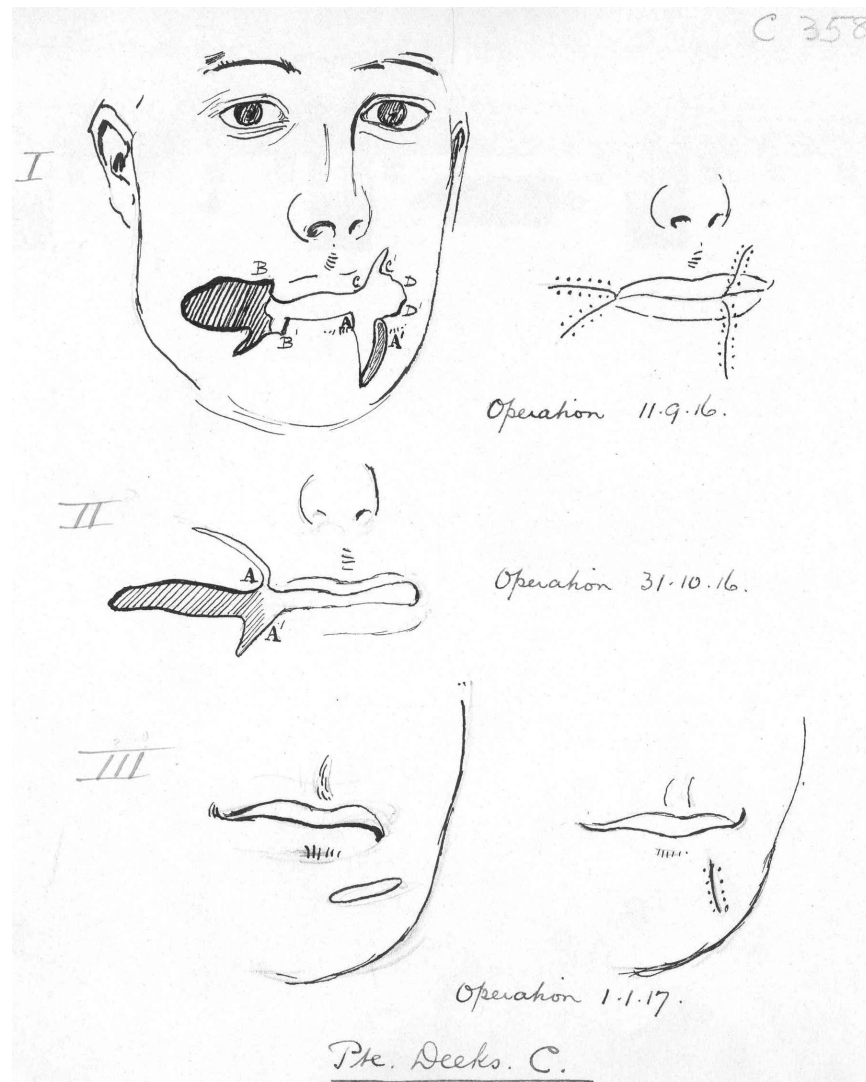
This article contains medical images that are not to be used for professional or commercial purposes without the express permission of the archive.

Figure 1. Photograph of Henry Tonks in his room at the Queen's Hospital, Sidcup, 1917. Reproduced courtesy of The Royal College of Surgeons of England.



Despite these misgivings, in January 1916 Tonks received a temporary commission as a lieutenant in the Royal Army Medical Corps. As well as assisting with operations at the Cambridge military hospital at Aldershot, he had the unenviable job of assessing whether patients were fit to return to active duty. It was at Aldershot that Tonks met the pioneering plastic surgeon Harold Delf Gillies (1882–1960). An ambitious New Zealander twenty years Tonks' junior, Gillies had convinced the authorities of the urgent need for specialist centres to treat the facial casualties arriving back

Figure 2. Henry Tonks, diagram of three surgical procedures. Deeks case file, Gillies Archives, Queen Mary's Hospital Sidcup. Reproduced with permission.



from the Front; he was appointed head surgeon at Aldershot when the centre opened in 1916. It was Gillies who sought Tonks out, having heard from his friend (*The Times'* golf correspondent, Bernard Darwin) that 'the great Henry Tonks' had been posted to Aldershot to work in the orderly room. In Gillies' biography there is a description of Tonks in his junior officer's uniform, looking much like 'the Duke of Wellington reduced to subaltern's rank'.⁵

A keen amateur artist himself, Gillies had taken drawing lessons by correspondence so that he could record his surgical procedures, and he recognized the value – both personal and professional – of working with such a talented draughtsman. He asked Tonks to draw the patients before and after surgery, in addition to producing diagrams of the operations (Gillies continued to make quick sketches for his surgical assistants) (Figures 1 and 2).⁶ In April, Tonks wrote to his friend, the writer and art

critic D.S. MacColl: 'I am doing a number of pastel heads of wounded soldiers who had had their faces knocked about. A very good surgeon called Gillies who is also nearly a champion golf player is undertaking what is known as the plastic surgery necessary. It is a chamber of horrors, but I am quite content to draw them as it is excellent practice'.⁷

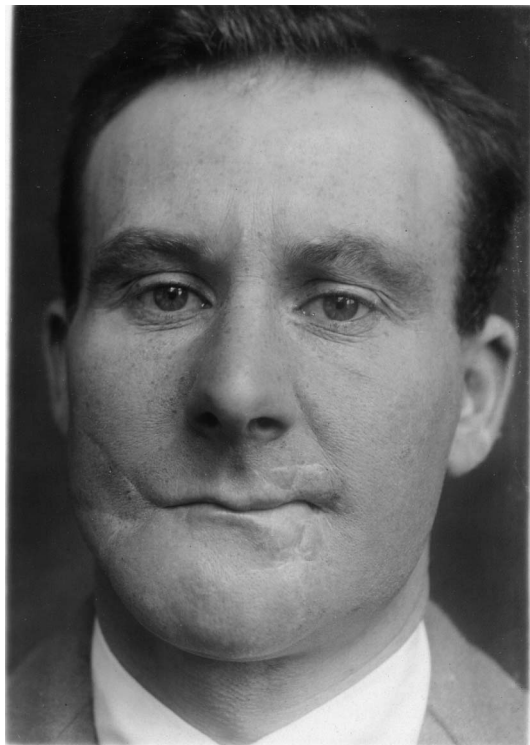
What can Tonks' collaboration with Gillies tell us about the relationship between art and surgery, both in the context of wartime Britain and in relation to the broader histories of medical representation and aesthetics? These are not easy questions to answer: our protagonists were practical men, not writers or public intellectuals. We have little choice but to rely on anecdotal and circumstantial evidence, to take an oblique approach to questions of influence and motivation. In this article I draw two broad conclusions: first, that the nature of the injuries witnessed by Tonks and Gillies contributed to a heightened awareness (certainly on Gillies' part) of the *aesthetic* dimension of reconstructive surgery; second, that Tonks' surgical training and experience made him highly attuned to the physicality, the *fleshliness* of art.

One of the earliest accounts in the press of the work being done at Aldershot – an article in the *Daily Mail* from September 1916 – set the scene in terms that were to become standard rhetorical fare: 'Nowhere do the sheer horror and savagery of modern warfare appeal so vividly to the mind and senses as in a tour of these wards'.⁸ Unlike the patriotic and sentimentalized figure of the 'broken soldier', the wounded face was taboo. Facially disfigured veterans were very rarely included in the public visual record of the war (despite the fact that some 60,500 men suffered head or eye injuries compared with 41,000 who had one or more limbs amputated).⁹ With few exceptions, newspaper and magazine stories did not publish photographs of facial casualties, although amputees were often pictured, their prosthetic limbs objects of fascination and even beauty.¹⁰ When Gillies' centre moved into new accommodation at Froggnal near Sidcup in January 1917, illustrations of the estate's impressive gardens were favoured, often as a picturesque backdrop for visiting dignitaries. The patients were described as 'the loneliest of all Tommies', facial injury as 'the worst loss of all' – a loss mitigated only by the miracles of modern medicine (Figures 3 and 4).¹¹

Mirrors were not allowed on the facial wards, but they invariably found their way in. Gillies recounts Nurse Catherine Black's story of a corporal 'who had been very handsome', judging by the photo he kept in his kit:

It was not long before I heard of Molly. She wrote to him by nearly every post, letters full of plans for the day when she would be able to come and see him. He kept putting her off. 'I don't want her to come until I get some of these beastly bandages off, Sister,' he used to say. 'It would scare her to death to see me lying here looking like a mummy'. On the day they were taken off his mother visited him. She went very white and I thought for a moment she was going to faint, but not the slightest expression of face or voice betrayed her. Mirrors were prohibited in that ward, but to my dismay I found the corporal in possession of one that evening. None of us had known that he had a shaving glass in his locker . . . I think he must have fought out his battle in the night, for early next morning he asked for pen and paper and wrote a letter to Molly. 'You're well enough to see her now,' I said. 'Why not let her come down?' 'She will never come now,' he said quietly.¹²

Figures 3 and 4. Photographs of patient before and after surgery. Deeks case file, Gillies Archives, Queen Mary's Hospital Sidcup. Reproduced with permission.



According to Gillies' biographer, most general surgeons were embarrassed by facial wounds. The usual practice was simply to 'pull the edges of the wound together, insert stitches and hope that nature would do the rest'.¹³ Gillies was determined to change all that. In France, he observed the renowned plastic surgeon, Hippolyte Morestin, and Charles Auguste Valadier, a dental specialist; he also studied photographs of the techniques used by German plastic surgeons.¹⁴ 'Appearance,' he concluded of the German approach, 'was of secondary importance'.¹⁵ Pound adds: 'to a German the uglier the scar the more honourable the wound'. Even the French (who might be thought more 'sensitive' to appearances), he continues, had neglected the aesthetic side of plastic surgery.¹⁶ Gillies' biography turns on this pointed observation: modern plastic surgery – the unplanned child of modern medicine and modern war – was, above all, a 'strange new art'.¹⁷

The recreation of a patient's looks was as crucial as restoring physical function; in a sense more important. Gillies describes the procession of casualties returning from the Western Front following the Somme offensive of July 1, 1916. Two hundred extra beds had been set aside at Aldershot for facial casualties. Two thousand patients arrived: 'Men without half their faces; men burned and maimed to the condition of animals'.¹⁸ The tabloids reiterated this sense of horror at the dehumanizing effects of severe facial injury and disfigurement: a response that had little to do with functional damage (loss of vision or jaw function for example) and everything to do with appearance. 'Very cruel was the lot of those who came out of the war with their faces shattered beyond human semblance', reported the *Morning Post* in January 1920, under the headline 'Face Restoring – Wonders of War Surgery'.¹⁹ As Sander Gilman points out, what is at stake here is the possibility of 'passing' as normal. Passing is not the same as becoming invisible; it is 'becoming differently visible – being seen as a member of a group with which one wants or needs to identify'.²⁰ The line between aesthetic (corrective) and reconstructive surgery can never be absolute, because, as Gilman's book demonstrates, definitions of what is 'normal' change over time and because, from a cultural and social perspective, appearance *is* function.

*

Like the 'strange new art' of facial reconstruction, Tonks' drawings blur the line between art and medicine, and, by disturbing the conventional categories of medical illustration and portraiture, they highlight the ambiguities that lie at the heart of those representational practices. Approached as portraits, the drawings imply frankness and trust: one finds a suggestion of psychological depth and intimacy that is absent from the photographs of the same patients filed with the case notes (Figures 5 and 6).²¹ Reflecting on the lessons he learnt as a resident medical student, Tonks wrote:

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, whatever is to be his calling in after life, 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.²²

Figure 5. Henry Tonks, *Portrait of a Wounded Soldier before Treatment* [Deeks], pastel. © The Royal College of Surgeons of England, Tonks Collection no. 01.

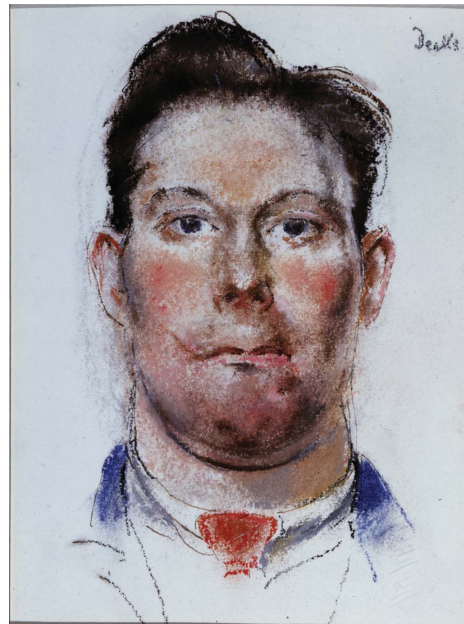
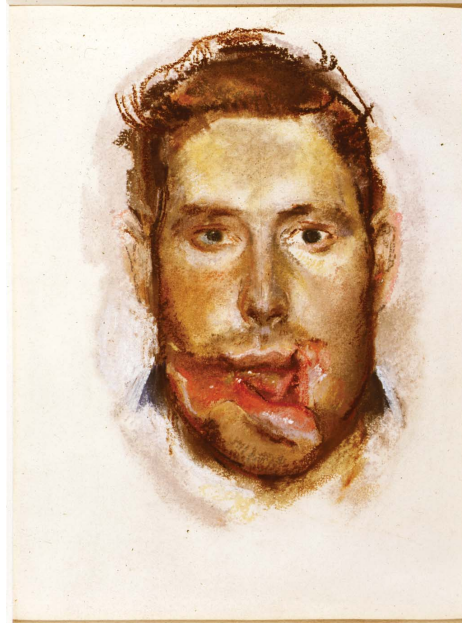


Figure 6. Henry Tonks, *Portrait of a Wounded Soldier after Treatment, 1916–17* [Deeks], pastel. © The Royal College of Surgeons of England, Tonks Collection no. 02.

For all their poignancy, Tonks' drawings, no less than the case photographs, are the product of specific institutions and conventions: medical and military, in the first instance, but also aesthetic and epistemological. The images and accounts of facial injury that have survived bear witness to physical and psychological trauma, but they also violently disrupt the cultural ideal of embodied masculine subjectivity. They are personal,

empirical *and* symbolic in equal measure. The complexities become apparent if one compares Tonks' pastel studies with other, more usual, forms of medical representation – graphic illustration and photography.

The Gillies Archives at Queen Mary's Hospital in Sidcup contain a wealth of visual material: pen and ink diagrams and x-rays as well as pre-and post-operative photographs, some in stereograph. The curator of the archives, Andrew Bamji, has identified the subjects of Tonks' portraits from the medical case files, making it possible to compare the pastels with photographs and other archival material (for example, Figures 2–6). The diagrams record Gillies' surgical procedures in the clearest and most economical form possible.²³ In order to do this, Tonks has abstracted the wound from its human context, certainly from any suggestion of pain or suffering. There is not a hint of interiority, psychological or physical, apart from the jagged hollow of the wound. The diagrams have more in common with dress patterns than portraits, and indeed their purpose was instructive as well as documentary. They are, to borrow a turn of phrase from the Royal Academy's first professor of anatomy, the British obstetrician and surgeon William Hunter (1718–83), possessed of 'a kind of necessary Inhumanity'.²⁴

Private Charles Deeks was 25 when he was caught in an explosion in France in July 1916 that obliterated much of his right cheek and mouth. His case notes include details of the wound and the three operations to reconstruct his mouth. (Deeks was discharged back to active duty in April 1917 but survived the war, returning in 1919 and 1922 to have dentures fitted.) A pre-operative photograph shows the extent of the damage (see Figure 3). Deeks would have been wearing a steel helmet – they were introduced in 1915 – but, although this increased his chances of survival, it did nothing to protect his face from shrapnel and flying shell fragments. Innovations in weapons technology were also responsible for new kinds of wounds that were larger and more complex than those inflicted by ordinary rifles.²⁵ The difficulty of producing 'live' surgical diagrams in these circumstances is summed up by another artist who was posted to Sidcup and mentored by Tonks, the Australian Daryl Lindsay (1889–1976). Recalling his first operation, Lindsay reflected: 'how was I going to translate what looked like a mess of flesh and blood into a diagram that a student could understand?'²⁶

Medical drawing had always involved processes of selection and translation, as Chris Amirault explains: 'to perform its medical work, only those details important to diagnosis [or surgery] should be emphasized, and other extraneous details should not'.²⁷ The inclusion of incidental details – contextual, corporeal, aesthetic – presented a particular difficulty for nineteenth-century medical photography. This is what makes early medical photographs so fascinating as historical and cultural artefacts: unlike graphic illustrations, they inadvertently reveal *too much*. In the example we have just looked at, Deeks' upper lip forms a horizon beneath which his gaping lower face – the true subject of the photograph – is echoed in the crumpled neckline of a hospital gown. Above, we see the regular features and carefully combed hair of a good-looking young man. Photographs always arrest the flow of time, but here the temporal dislocation is

particularly disconcerting because the subject himself is riven by it. We see him 'before' and 'after' the explosion simultaneously, as though Private Deeks had strayed unwittingly into someone else's nightmare.

Although the artistic potential of photography was still being energetically debated in the opening decades of the twentieth century, its empirical value had long been settled. Erin O'Connor notes that by 1859 – just two decades after the invention of photography – photographs were being used to document disease in Germany, England, France and America.²⁸ 'Everyone agreed', she writes, 'that the camera was an ideal scientific tool, far better than an artist's hand at recording the exact look of cells, stars, botanical specimens and human subjects'.²⁹ But even the most objective-looking photographs rely upon series of technical and aesthetic manipulations: time is suspended; three-dimensional objects are compressed into two-dimensional shapes; living colour (in the case of early photography) is converted to shade; and the subject comes into view through cropping and framing. We are struck by the incontestable evidence of 'things as they are', but this conviction, writes O'Connor, has less to do with the camera's 'accuracy' in the case of medical photography than with its 'capacity to conflate surface and substance, to present visual clarity as the key to the deep truth of disease'.³⁰

And yet, photographs of combat injuries – such as that of Private Deeks – make no attempt to represent the invisible. What we see is all surface, or, perhaps more correctly, the psychological depths alluded to in such photographs are uncharted: there was no formal psychological assessment of these patients, although anecdotal evidence suggests that depression was common.³¹ In this respect they are not at all equivalent to nineteenth-century studies of hysteria or photographs of the criminally insane (the images that have received most attention from historians of photography), which presented a legible body, an expressive surface – no matter that the meanings attributed to these bodies were little more than fantasies.³² Even pictures of disease, and diagnostic medicine itself, relied on a visual semiotics linking visible signs to a 'deep' pathology that was invisible to the naked eye. O'Connor develops this point, noting that advances in microbiology from the mid-nineteenth century contributed to a radical re-conceptualization of disease. The study of cells revealed that disease was not a *thing* as such, in an ontological sense, but 'the result of local or systemic deviations from normal physiological functions'.³³ By contrast, wounds and surgical techniques clearly do have tangible, ontological existence. Surgery is a supremely material specialism.

The curiously entwined histories of nineteenth-century medicine and photography have been the subject of considerable scholarly interest, and it is not my aim here to add to this literature.³⁴ Rather than appealing to an overarching or underpinning history of medical representation – in which the medium itself is the continuous thread – I want to emphasize the social, institutional and aesthetic contexts in which a particular group of images, photographs and drawings, were made and seen.³⁵ This necessarily involves some differentiation at the level of spectatorship: not all viewers are the same, and the meanings of images are a product of their framing – physical and conceptual – as much as their content and media. As a

drawing instructor, Tonks was more aware than most of the extent to which we *learn* to see.

Many historians of photography – certainly those writing about its legal, military and scientific (or pseudo-scientific) uses – have been less interested in these nuances of spectatorship and context than in the role of photography as an apparatus of documentation, surveillance or control. Our understanding of Victorian photography in particular is ‘distinctly Foucauldian’, O’Connor remarks: ‘Photography was the agent of an oppressive objectivity, the argument goes; under cover of pure mechanical mimesis, it projected a distinctly political visuality’.³⁶ Power, in this version of the modern disciplinary society, is anonymous and ubiquitous. Like the inmates of Bentham’s Panopticon, we never know when we are being observed or by whom, and so assume continuous surveillance. Lisa Cartwright’s *Screening the Body: Tracing Medicine’s Visual Culture* exemplifies this approach to the ‘medical gaze’ – not a way of seeing so much as an impersonal, Panoptic visuality, the product of new visual technologies (from the microscope to motion pictures) and new bodies of knowledge (in this case, modern physiology). It is, by her own admission, a book that ‘can perhaps be faulted for taking to an extreme the thesis that the cinema was used in science as a strategy of control and domination’.³⁷

While the political investments and social effects of medicine – and photography – must not be underestimated, these concerns are not directly addressed here. What this essay shares with the broader post-structuralist project is something perhaps more subterranean: a wish to excavate the idea of representational ‘truth’ in its historical setting. The relationship between truth and representation is a perennial topic in art history and visual culture, but in the context of war it acquires a heightened urgency. On March 6, 1914, some four months before the assassination of Archduke Franz Ferdinand in Sarajevo, Lord Haldane, the Lord Chancellor, gave the annual Creighton lecture at University College, London, on ‘The Meaning of Truth in History’.³⁸ To an audience that included the Italian, German, Austrian, Russian, Japanese and Spanish ambassadors, the Provost and Vice-Chancellor of the university, and a host of MPs and judges, he posed this question: what should be the historian’s ‘standard of truth’?

‘The historian’, he answers, ‘surely must resemble the portrait painter rather than the photographer’. Like any great artist, the true historian possesses the ability to fathom the spirit of an age, to ‘disentangle the significance of the whole from its details and to reproduce it’. His basic methods should be scientific and impartial, but ultimately, ‘art alone could . . . make the idea of the whole “shine” forth in the particulars in which it was immanent’. This ability to elucidate and breathe life, or the illusion of life, into the past distinguished the historian from the chronicler or biographer who amasses facts rather than interpreting them, a distinction made rather vividly by Sir Edward Grey in his opening remarks of the evening: ‘A mere accumulation of facts and records could as little, without interpretation, give a true impression of the life, the spirit, the work, and the thought of a past age as a drawer full of dried and unmounted skins could give an impression of the life of birds in the air, on the earth, or on the water’.

Few people today would be persuaded by this portrait of the oracular historian, finding in the dusty detritus of past events an essential, luminous truth. The convictions expressed by Sir Edward Grey and Lord Haldane are very much of their time, but they do shed light on the equivocal status of photography during the 1914–18 war, and the comparative privileges enjoyed by the war artists.³⁹ The empirical status of the photograph as evidence relied on an appearance of unmediated reality, the belief that nature had represented *itself* without human intervention (aesthetic or ideological). This ‘reality effect’, as Roland Barthes would much later describe it, lent the documentary photograph – and the photographer – a kind of innocence: a point that Sue Malvern makes in relation to First World War photography. Regarded as ‘craftsmen providing a service’, the official war photographers had less authority, commanded less respect and got paid less than artists such as Paul Nash, Wyndham Lewis, C.R.W. Nevinson or indeed Henry Tonks.⁴⁰ Paintings and photographs of the war were often compared, and the comparison usually centred on the question of truth: the camera’s indiscriminate eye contrasted to the artist’s ability to select and interpret, to invest a scene with *emotional* veracity. Jan Gordon’s review of an exhibition of Canadian photographs at the Grafton Galleries in 1916 underlines this perceived difference between the artist and the camera (the photographer’s presence is, as often, elided). Contrasting a photograph of a trench littered with German corpses with Nevinson’s *La Patrie* of the same year, Gordon concludes: “‘This is war’, cries the camera, “as I see it”. “This is war”, says Mr Nevinson, “as I understand it”. And herein lies the difference’.⁴¹

*

Henry Tonks was uncomfortable with the public interest in his drawings of facial injuries. No less than the photographs in the Gillies Archives, they raise questions, for the most part unspoken, of propriety, censorship and taste. In correspondence with Wellington House, the government’s propaganda unit, Tonks says that in his opinion the pastels are ‘rather dreadful subjects for the public view’.⁴² This is the only reference to the series in the official correspondence, which suggests that publication for mass consumption was never a serious consideration. Some of the drawings were reproduced in Gillies’ *Plastic Surgery of the Face* (1920) alongside surgical diagrams and photographs, but the drawings themselves had, until recently, rarely left the archives of the Royal College of Surgeons and University College London.⁴³ For Tonks, there was evidently a distinction between the legitimate gaze of the artist and surgeon and that of the general public. He does not describe the pictures as ‘dreadful’ in any other context, and at least one visitor to Aldershot, a former Slade student, described one picture, of a boy with ‘a deep hole in his jaw’, as ‘hauntingly beautiful’.⁴⁴ From these passing comments, and the silence of government officials, we can begin to map the protected and policed territory of the medically or aesthetically ‘educated’ gaze.

Tonks’ studies of plastic surgery patients have not received much commentary, but a handful of essays have been published in addition to, and largely dependent on, Joseph Hone’s discussion in his biography of the artist.⁴⁵ The most striking discrepancy in this small body of writing

concerns the question of Tonks' clinical or artistic objectivity. Hone claims that 'Tonks brought a spirit, now of scientific, now of artistic detachment, to his task',⁴⁶ a view endorsed in J.P. Bennett's supplement for the *Journal of Plastic Surgery*.⁴⁷ For Bennett, 'One only has to see for a moment the Tonks pastels to be struck by the mastery of technique which records traumatised tissues; scarring, oedema, salivary fistulae'.⁴⁸ Gillies credits his colleague with the 'foundation of the graphic method of recording [surgical] cases'.⁴⁹ The Tonks who emerges from these accounts is, in Hone's assessment, 'the historian of facial war injuries':⁵⁰ precise, accurate, detached, but also humane. Bennett insists that the drawings are more powerful than photographs 'because the artist has, in a sense, instilled his sympathy and understanding into the record'.⁵¹ Julian Freeman is equally convinced of the superiority of Tonks' chosen medium over photography: 'In each pastel, skin tones, mass, shape and colour all appear, all of them beyond the reach of the camera'.⁵² Again, the drawings are described as 'both accurate and impressive in their clarity'.⁵³ Aside from the formulaic comparison with photography (to which we shall return), what interests me is the possibility of seeing the drawings differently: as unclear rather than exact, exploratory rather than definitive.⁵⁴

Tom Lubbock finds in Tonks' pastels an aesthetics of ambiguity that is distinctively, if unintentionally, modern. This is not, however, the modernist distortion or abstraction of the figural found in, say, Picasso, Otto Dix or Francis Bacon. The deformations of Cubism and Expressionism are, he points out, consistent, but Tonks' faces are affecting precisely because they are *violations* of formal and symbolic logic. They combine the familiar and the alien. The injuries are unreadable, because we encounter them in the context of a perfectly ordinary face, with tousled or combed hair, details of clothing: the collar of a dressing gown, the knot of a tie; an engagingly direct gaze. In the midst of all this reassuring normality the ambiguously rendered injuries are 'signal anomalies'.⁵⁵ Emma Chambers makes a similar observation about the viewer's response alternating between 'a horrified gaze at the areas of wounded flesh, and an attempt to locate the inner identity and personality of the sitter through reading emotions (of pain, resignation or bravery for instance) into the eyes'.⁵⁶ This 'mismatch' between 'bodily presence' and 'identity' is both disturbing and compelling: it sets in motion a compulsive, self-conscious gaze: exactly the kind of immoderate visual engagement that Tonks disapproved of. He clearly felt his own fascination to be superior to that of 'all the more tedious visitors' to Aldershot for whom the studies, framed and displayed in the artist's office, were one of the unmissable 'sights'.⁵⁷

Is it possible that the wounds, in Tonks' studies, are ambiguous but also perfectly accurate and clear? Might my perception of undifferentiated flesh (or Chambers' 'bodily presence' or Lubbock's 'signal anomalies') be seen quite differently by someone with detailed anatomical knowledge or surgical training? Lubbock is aware of this possibility, and quotes Tonks' admission that he had 'often wondered . . . what the figure looks like to anyone who has not this knowledge [of anatomy]'.⁵⁸ At the London Hospital, Tonks had the job of conducting anatomy demonstrations for students; in his autobiographical 'Note from "Wander-Years"' he recalls

'bribing the *post mortem* porter . . . to fix a corpse on the table for my benefit, which I could then draw at my ease'. His drawing skills were honed in the dissecting room and on the hospital wards: 'each patient', Tonks writes, 'had a double interest, that of the disease which brought him there, and his possibilities as a model and how I would express them'.⁵⁹ Tonks and Gillies would have been able to fill in any visual gaps with their own knowledge of the tissues and structure of the face, a form of knowledge that was tactile and instrumental as well as visual. One person's suggestive ambiguity is another's clinical detail, and to try to judge which is the more correct interpretation is to miss the point that accuracy and precision are partly in the eye (and fingers and memory) of the beholder. There is no anonymous viewer on whom to pin our theories of spectatorship, and even the 'medical gaze' is too blunt an instrument to account for the particular skills and sensibilities of a surgeon, a radiographer, an obstetrician.

Pastel is an accommodating medium. Because it requires no preparation or drying time between layers (like oils) it lends itself to improvisation and, unlike watercolour or pen and ink, a pastel sketch can be reworked. It is, on the other hand, a medium entirely unsuited to archival documentation. Sticks of dry pigment mixed with a non-greasy binder, pastels are essentially pastes of coloured dust – a form to which they all too easily return if not handled carefully. In his definitive *Grammaire des arts du dessin* (1867), Charles Blanc described pastel as an 'exquisite powder':

the lustrous and tender flesh-tints, the down of the skin, the bloom of a fruit, the velvet of fabric, cannot be better rendered than with these crayons of a thousand nuances which can be vigorously juxtaposed or melted with the little finger, and whose impasto seizes the light. Their soft, blond aspect, strengthened by some decisive browns, ravishingly expresses not only the brilliant tint of a young girl, the flesh of an infant, the finesse of a hand, the glisten and transparency of skin, but also certain delicacies of colour that oil mixtures might ruin.⁶⁰

Pastel had long been associated with the feminine in art, a point that Anthea Callen makes in her study of Degas: not only was it popular with women artists, the medium itself was described in feminine terms.⁶¹ It was used primarily for the 'lowest' subjects in the academic hierarchy: still life, landscape, portraiture. Tonks was very much part of this tradition (Figure 7), and would have been familiar with the conventional distinction – invoked by Blanc – between line and colour. 'By implication', writes Callen, 'pastel colour was soft, feminine, frivolous; oil colour was strong, vigorous, manly'.⁶² There is no frivolity in Tonks' Aldershot and Sidcup studies, but his choice and treatment of the medium emphasizes the youthfulness, fragility and beauty of his sitters, as well as suggesting the fleshliness of their injuries.⁶³ It also gives the drawings a tenderness that is wholly absent from the photographs (and from Daryl Lindsay's watercolour portraits of the same men, which were painted from photographs). While the photographs record the horrific nature of the injuries for posterity, the pastels seem more fleeting, more time-bound. They participate in their subjects' vulnerability and mortality rather than documenting it.⁶⁴

Saline Infusion (Figure 8) shows how masterfully Tonks could exploit these effects. Drawn in 1915 at the Red Cross hospital in Arc-en-Barrois, the religious overtones are apparent: this is, as Chambers suggests, a

Figure 7. Henry Tonks, *The Toilet*, exhibited 1914, pastel, 33 × 44.1 cm. Tate Collection, London. © Tate, London 2008.



Figure 8. Henry Tonks, *Saline Infusion: An Incident in the British Red Cross Hospital Arc-en-Barrois*, 1915, pastel, 67.9 × 52 cm. Reproduced by permission of the Trustees of the Imperial War Museum.

contemporary pietà or deposition:⁶⁵ the cross now a metal bed; the instruments of the Passion replaced by instruments of salvation, the needle and line of the saline drip highlighted in the same red chalk that outlines the wounded soldier's naked torso and neck. Exhibited the same year, the central figure was described by Sir Claude Phillips as a 'magnificent young Hercules', a 'splendid nude torso',⁶⁶ yet – like many depictions of the crucified Christ – our hero is offered up to the viewer as a thoroughly en fleshed object of desire. The tension between his Herculean appeal and his eroticized vulnerability has everything to do with Tonks' handling of his materials and the contrast between line and colour, chalk and pastel. Callen remarks on the 'direct physicality' of pastel in Degas's hands, the way he leaves raw marks unblended, creating lines that describe the female form but retain an independence from it. Like Degas's pastel drawings, Tonks' portraits are 'palpably tactile but, of course, physically untouchable: they encode the sensation of touch – both the artist's touch and the experience of touching skin'.⁶⁷

We will come back to this question of tactility, but there is one further point of reference for Tonks' drawings to consider first. As we have seen, the surgical studies do not quite fit existing models of medical representation, graphic or photographic. The same can be said of traditional portraiture. Joanna Woodall observes that naturalistic portraiture has always been motivated by the desire to 'overcome separation',⁶⁸ to make the absent present, to reconcile image and identity, to defy death. None of this is possible without an experience of recognition. Yet in Tonks' drawings of wounded soldiers, the subject is doubly alienated from himself. In the first place, the institutionalization of these men (first in the military, then as long-term and usually recurrent residential patients) dislocates them from the social and physical fabric of their ordinary lives, their sense of a past and future meaningfully connected to the present. In addition, the privileged signifier of subjectivity, the face, now signifies trauma. To a surgeon the damaged tissue may be a challenging text to read, but ultimately legible; to a pioneer in facial reconstruction the absence of a face may signify its potential surgical and prosthetic reconstruction, but to most of us, including the casualties at Aldershot and Sidcup, the injuries are an abyss. The men Tonks encountered were capable of stoicism, even cheerfulness: one young man is 'modest and contented' despite having had 'a large part of his mouth . . . blown away',⁶⁹ but these remarks are as disorienting as the remnants of traditional portraiture: the residual fragments of individuality conveyed through posture, gaze, clothing and framing, fragments that only foreground the devastating violence of the injury.

These are anti-portraits, in the sense that they stage the fragility and mutability of subjectivity rather than '*consolidating* the self portrayed'.⁷⁰ Tonks himself referred to them as 'fragments' in a letter to D. S. MacColl.⁷¹ The achievements they celebrate are not those of the men we see (though to be alive at all was an achievement of sorts). The personality, the hero, of these untitled portraits is the pioneering surgeon, his inventiveness, skill and dedication told through the simple narrative structure of 'before' and 'after'. There is, however, another dimension to the drawings, another way

of reading them against the grain both of conventional portraiture and medical illustration. Tonks' notion of verisimilitude, of visual truth, rested less on the certainties of anatomy than on a commitment to drawing as *practice*. Thomas Monnington offers some insight into the meaning of 'practice' at the Slade. Drawing was understood as a process of research, 'a really exhaustive search', he explained in an interview with Andrew Brighton.⁷² 'At the Slade there has always been a degree of experimentation – an unfinished quality. They painted pictures at the [Royal] College and they painted experiments more at the Slade'.⁷³

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Approached as iconic likenesses, the drawings unsettle the pictorial conventions and ideology of portraiture. The intrusion of the flesh disrupts traditional notions of subjectivity.⁷⁴ But seen as *drawings*, as marks on paper, the studies have an indexical rather than iconic quality: they no longer signify a person (hero, victim) or idea (the horrors of war, medical progress); instead, they present a material transcription of a sustained visual-tactile encounter. There are traces of earlier marks, evidence of re-working and layering. 'All works of art are a series of corrections', Tonks wrote to his former student Rodney Burn in 1932.⁷⁵ The studies are densely worked but unfinished: some areas have a vigorous, linear clarity, while elsewhere, layering and blending create a skin-like softness and opacity. One is drawn in by all these textural details: saliva glistening on the surface of a lip, the sharp tip of an ear or smooth parting of hair, an indeterminate chunk of pigment. None of this is adequately conveyed in reproductions. The compelling details of surface texture are lost in photographic translation, along with the sense of intimacy created by the scale (roughly half life-size) and material proximity of the drawings and the evident delicacy and duration of the artist's touch. In the originals, the wounds are not revolting, the taut sheen of scarred skin is not grotesque. There is something at once exquisite and inhuman about the under-face as Tonks depicts it. Tonks was proud of the studies, confessing to his former student Dickie Orpen not long before he died that they were the only drawings he was 'not ashamed of'.⁷⁶ They are personal, verging on private, not just because of the physical and psychological exposure involved, but because of the intimate visual-tactile encounter that remains implicit, indeed embedded, in the work.

Tonks wrote virtually nothing about his philosophy of drawing, did not give formal lectures and generally disliked the art-theoretical discourse propounded by 'art boys'.⁷⁷ Apart from a report on the teaching of drawing prepared, with Sir George Clausen, for the Girls' Public Day School Trust, and passing references in Tonks' letters, we have to rely on the writings and reminiscences of his students. A set of maxims formed the backbone of his instruction: that drawing is very difficult; that practice is everything; that learning to draw is learning to see (and the inability to draw is an inability to see); that 'literary' concerns (such as narrative or symbolism) have no place in pure drawing; that drawing is at its most truthful and affecting when it is directly observed, unidealized and selfless.⁷⁸ The authority of these values flows from the French realist tradition

defined by Courbet and Millet in the 1840s and 1850s, although Degas and Manet were more immediate influences.⁷⁹ From the very beginning, the curriculum at the Slade was informed by the French system of art education, with its elevation of the living model over study from the antique.⁸⁰ When the Slade School of Fine Art opened its doors to students in October 1871, it was under the professorship of Edward Poynter. Poynter, who came to the Slade from the Parisian *atelier* of Charles Gleyre, pledged to instil in his students ‘the knowledge of their craft at their fingers’ ends before they began to paint pictures’ – an implicit criticism of the competition.⁸¹ In his view, students trained in the English system were all too often motivated by commercial gain rather than artistic mastery. Poynter was succeeded as Slade Professor by Alphonse Legros, then Frederick Brown and, in 1918, Henry Tonks.

The most systematic account of the Slade philosophy of drawing is an essay by Tonks’ student, John Fothergill, who edited an official illustrated volume, *The Slade*, published in 1907.⁸² In ‘The Principles of Teaching Drawing at the Slade’, Fothergill introduces a paradox that animates Tonks’ portraits of wounded soldiers a decade later: drawing (or, in this account, great drawing) is fundamentally tactile. Touch is for the draughtsman what sound is for the musician: a student who draws ‘by sight’ is no better off than a deaf man who learns to play the piano by mimicking the movements of his instructor.

A good drawing, for Tonks, was one that conveyed a palpable sensation of the object – an ‘idea of touch’ – whether a waxy apple or the curve of a model’s back. ‘There are drawings’, remarks Fothergill, ‘which make us feel that the draughtsman has been learning at every touch’.⁸³ They have nothing to do with precise measurement or proportion, the abstract perfection of a line, an accurate contour or a recognizable silhouette. The beginner is advised to think of the model as a ‘corporeous unity; hold this, and the line and shading will follow without you or your critic’s being conscious of it’.⁸⁴ ‘Corporeity’ is not quite what it sounds. Rather than being an attribute of objects (their ‘materiality’ or ‘fleshliness’), ‘corporeity’ is defined in a footnote as the sum of an individual’s visual-tactile experiences: the ‘result of our having from infancy unconsciously observed the light and shade on, and peculiar to, every form we have touched or traversed’.⁸⁵ So, when you describe an artist’s ‘delicate touch’, ‘rough handling’ or ‘nervous feeling’, these phrases are to be taken quite literally because ‘[t]hey tell us the manner in which the artist visually touches or handles form’.⁸⁶

The history of surgery, too, is partly a history of touch: technologically extended and transformed by the invention and refinement of surgical instruments. In art and in surgery, touch (or hapticity, the visual approximation of touch) can be diagnostic, interrogative, analytical, instrumental or creative. Gillies describes how the initial examination of facial wounds could take up to a week and involved manual palpitation to determine the extent and type of tissue lost (skin, soft tissue, bony substructure). The operation was planned with the aid of a sculptural model of the face, showing the missing contours, and radiographs to reveal any displaced bone or other material. The eventual operations demanded ‘the greatest delicacy of touch’.⁸⁷ The visual appearance of injuries could be misleading:

one patient's 'enormous gaping wound', caused by an explosion, healed well with only minor surgery. Gillies' point is well illustrated by the before and after photographs in *Plastic Surgery of the Face*. The camera, he cautions, 'occasionally represents an inaccurate conception of the wound'.⁸⁸

In Fothergill's essay, the 'exactitude of the photograph' is analogous to the drawing done purely by sight. The mechanical representation of nature, whether by means of a camera or with the aid of measuring devices and techniques, *reveals* nothing. It has 'merely duplicated the aspect of the model, minus the colour, and the spectator is no better off than he was before he saw the drawing. It has told him nothing. Being conceived with no ideas of tangible form, it gives him none'.⁸⁹ Tonks despised the 'snapshot' approach to drawing,⁹⁰ but his hostility towards photography is also consistent with his disparaging view of scientific (specifically industrial and technological) 'progress', mechanization and mass production (of which Cubism was, in his view, symptomatic). Not surprisingly, his subjects were, with the notable exception of the wartime studies, untouched by modernity: family scenes, sunlit interiors, the occasional landscape, ladies' portraits, everything gently and charmingly familiar. There is a preponderance of female subjects in Tonks' work: 'the paintings', notes Stephen Chaplin, 'are often of young women yearning after contemporary critics knew not what',⁹¹ and it is tempting to see this affinity with the domestic and the feminine as an aesthetic retreat from the historical present. For Chaplin, Tonks' best-known work is 'poised between the eighteenth and nineteenth centuries'.⁹²

Towards the end of his life Tonks urged Rodney Burn (then the Director of the School of the Museum of Fine Arts in Boston) to read Gina Lombroso's *The Tragedies of Progress* for an account of the 'bad 20th century': 'It is a remarkable explanation of views I have held ever since I read Ruskin nearly 50 years ago'.⁹³ Tonks' opinion chimes with a deep vein of pessimism, in English and Continental European thought, about the social and cultural effects of industrialization and mechanization; a deep suspicion, too, about visuality in a world seemingly dominated by the mass-produced spectacles (photographic and cinematic) of the popular media and entertainment industry. But Tonks was no cynic where art was concerned. Hone notes that a brand of Schopenhauer-inspired mysticism was very much 'in the air' and can be detected in Tonks' conviction that art, far from being a 'mere embellishment of life', was 'the one really worthwhile, the redeeming, activity of mankind'.⁹⁴

Tonks did not always make a pleasant impression on his students, many of whom – including Paul Nash, Charles Nevinson and Percy Wyndham Lewis – went on to re-define British modernism as they attempted to represent the Great War.⁹⁵ It is easy to see the differences between teacher and students as evidence of an unbridgeable generational divide, and to agree with Nevinson that art must spring from the same source as war – the same currents of violence and mechanization – if it is truly to give form to the experience of modern combat.⁹⁶ But, in *The Modernity of English Art*, David Peters Corbett reminds us that modernity is not 'dependent on modernism for its realisation in the cultural sphere'.⁹⁷ We should, writes Corbett, be more attentive to different 'types of relationship – explicit,

withdrawn, evasive, direct – to the experience of modernity'.⁹⁸ Lisa Tickner's *Modern Life and Modern Subjects* is an example of what can be achieved by 'expanding the frame' to encompass 'a cultural history of representations of modernity, rather than an art history of canonical modernists'.⁹⁹ In Tonks' case, as in many others, the artistic response to modernity was deeply (and irreconcilably) contradictory. Tonks was by no means alone in his nostalgic attachment to an imaginary world untouched by modernity, but he was also fully engaged with a corporeal present that was inescapably modern because formed (and de-formed) in the crucible of modern, mechanized combat.

The comment is often made that Tonks' knowledge of anatomy stood him in good stead as an artist and drawing instructor. Reading Fothergill's essay suggests rather different priorities, to do with the embodied knowledge and manual, tactile experience acquired through surgical training and practice in the dissecting room. At the same time, Tonks interrogates the idea of beauty (and, by extension, that of ugliness or the grotesque). Through dedication and practice one might, he believed, achieve 'a kind of intimacy', but 'only by seeing the thing itself . . . from painting the thing'. To his friend Mary Hutchinson he admitted that such intimacy was not always pleasant: it might lead 'us into the most squalid places, almost holding one's nose'.¹⁰⁰ Helen Lessore recalls being taught by Tonks in the 1920s: 'In his preaching of "Truth to Nature" Tonks managed to convey a moral quality, a conviction that Beauty was somehow incidental, a side product of the pursuit of Truth; that it would be a reward unexpectedly discovered in the most unpromising material, provided that we followed certain disciplines and were faithful to our experience'.¹⁰¹ There is a productive tension in Tonks' First World War pastels between the sensuous appeal of his medium and the revulsion with which we would normally view the seriously injured body. In this they recall Degas's drawings of prostitutes whose striated flesh bore traces of the artist's lingering eye and hand. Far from the virginal ideal of untouched and untouchable femininity, Degas's bathers seemed to be marked by 'marriages, childbirths and illnesses', and contemporary audiences reacted with disgust as well as fascination.¹⁰² As with Tonks' drawings, the ambiguity of Degas's figures is easy to miss in reproduction: what the critic Gustave Geffroy described as a 'distressing poem of the flesh' in 1886 has become a popular subject for poster art.¹⁰³ This is not likely to be the fate of Tonks' studies, but in both cases 'beauty' is re-defined as an intense aesthetic encounter rather than as a visible quality of beautiful objects.

Tonks was aware that every artwork has its own life, that the drawings he was so satisfied with could be 'dreadful' in a different context. Unapologetically elitist, he produced the Aldershot and Sidcup studies with two kinds of viewers in mind – medical and artistic – both, in his view, professional. And yet, as I have suggested, the drawings themselves are troubling even *within* these contexts precisely because they blur the line between them. I have described them as anti-portraits, but they have an equally complicated relationship to medical representation because their intimacy and incidental beauty undermine the 'necessary inhumanity' of clinical medicine. Ludmilla Jordanova makes the comment that 'everything to do with the body is potentially unsettling'.¹⁰⁴ We might go even further

and say that medical representations are especially potent in this regard, because they show us at our most vulnerable, our most 'raw' and exposed. Unsettling as art, they can be just as troubling as scientific documents.

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Notes

- 1 Nash, describing the Western Front in a letter to his wife Margaret, November 13–16, 1917, reprinted in Paul Nash, *Outline: An Autobiography and Other Writings*, (London: Faber, 1949), 210.
- 2 Henry Tonks, 'Notes from "Wander-Years"', *Artwork* 5, no. 20 (1929): 223.
- 3 Quoted in Joseph Hone, *The Life of Henry Tonks* (London: Heinemann, 1939), 114–15.
- 4 Quoted in Hone, *Henry Tonks*, 126.
- 5 The comment is attributed to an unnamed 'London hostess' by Reginald Pound, *Gillies, Surgeon Extraordinary* (London: Michael Joseph, 1964), 30.
- 6 Pound, *Gillies*, 30.
- 7 Quoted in Hone, *Henry Tonks*, 127.
- 8 'Moulding New Faces', *Daily Mail*, September 15, 1916. Quoted in Pound, *Gillies*, 39. Variations on this theme can be found in the collection of news clippings from The Queen's Hospital Sidcup, held at the London Metropolitan Archives, HO2/QM/Y01/05.
- 9 Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1996), 33. I am making a distinction between the public visual culture of facial disfigurement and official documentation (medical archives, government records) to which public access was limited.
- 10 Mary Guyatt provides a detailed account of developments in prosthetic limb technology during and after the First World War in 'Artificial Limbs for British Veterans of the First World War', *Journal of Design History* 14, no. 4 (2001): 307–25. Seth Koven examines the discourse of disability in its wider social, political and sexual contexts during and after the First World War in 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain', *American Historical Review* 99 (October 1994): 1167–202. Bourke's chapter on 'Mutilating' focuses on the experience of amputees (*Dismembering the Male*, 31–75) and Jeffrey Reznick considers artificial limbs as examples of material culture in 'Prostheses and Propaganda: Materiality and the Human Body in the Great War', in *Matters of Conflict: Material Culture, Memory and the First World War*, ed. Nicholas J. Saunders (London: Routledge, 2004), 51–61. For an excellent discussion of disability and corporeal reconstruction in Germany, see Heather R. Perry, 'Re-Arming the Disabled Veteran: Artificially Rebuilding State and Society in World War One Germany', in *Artificial Parts, Practical Lives: Modern Histories of Prosthetics*, ed. Katherine Ott, David Serlin and Stephen Mihm (New York: New York University Press, 2002), 75–101.
- 11 'The Loneliest of All Tommies', *Sunday Herald*, June 1918; 'Worst Loss of All', *Manchester Evening Chronicle*, May–June 1918. News cuttings from the Queen's Hospital Sidcup, London Metropolitan Archives, HO2/QM/Y01/05.
- 12 Harold Gillies and D. Ralph Millard, *The Principles and Art of Plastic Surgery*, 2 vols (London: Butterworth, 1957), vol. 1, 9. The anecdote is repeated with slight variation in Pound, *Gillies*, 35.
- 13 Pound, *Gillies*, 26.
- 14 The photographs were reproduced in a German textbook lent to Gillies by the American dental surgeon Bob Roberts. Pound, *Gillies*, 28.
- 15 Gillies, quoted in Pound, *Gillies*, 28.
- 16 Pound, *Gillies*, 28.
- 17 Gillies, quoted in Pound, *Gillies*, 27.

- 18 Gillies quoted in Andrew Bamji, 'Facial Surgery: The Patient's Experience', in *Facing Armageddon*, ed. Hugh Cecil and Peter H. Liddle (London: Leo Cooper, 1996), 495.
- 19 London Metropolitan Archives, HO2/QM/Y01/05.
- 20 Sander L. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton, NJ: Princeton University Press, 1999), xxi.
- 21 While I will touch on portraiture as an important frame of reference for Tonks' First World War studies, this is the focus of Emma Chambers' recent article, 'Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits', *Art History* 32, no. 3 (2009), 578–607. Our perspectives on Tonks differ in several respects despite a number of shared convictions. Chambers locates Tonks' surgical portraits in their art historical context and pursues questions of subjectivity and spectatorship via psychoanalytic theory. This article, in contrast, emphasizes the cultural and professional contexts of Tonks' collaboration with Gillies, using medical photography as a point of comparison and unpicking the idea of representational truth.
- 22 Tonks, 'Wander-Years', 223.
- 23 Hone notes that Tonks would spend up to four hours observing an operation and taking notes: 'the clarifying diagram came later'. *Henry Tonks*, 129.
- 24 The expression 'necessary Inhumanity' comes from Hunter's introductory lecture to students, c.1780, St Thomas's Hospital Manuscript 55, Royal College of Surgeons, 182 verso. Quoted in Ruth Richardson, *Death, Dissection and the Destitute* (London: Routledge, 1987), 31.
- 25 Nick Bosanquet, 'Health Systems in Khaki: The British and American Medical Experience', in *Facing Armageddon*, ed. Hugh Cecil and Peter H. Liddle (London: Leo Cooper, 1996), 456.
- 26 Sir Daryl Lindsay, 'The Sir Richard Stawell Oration', *The Medical Journal of Australia* 1, no. 3 (1958), 62.
- 27 Chris Amirault, 'Posing the Subject of Early Medical Photography', *Discourse* 16, no. 2 (1993–4), 55.
- 28 Erin O'Connor, 'Camera Medica: Towards a Morbid History of Photography', *History of Photography* 23, no. 3 (1999), 232.
- 29 *Ibid.*, 232.
- 30 *Ibid.*, 234.
- 31 Depression is mentioned in many of the press clippings from Queen Mary's Hospital. An article in the *Evening Standard* states: 'Not every one of the sailors and soldiers who have been severely wounded in the face or jaw at Froggnal suffer from acute depression: but most of them do so' ('Music in the Wards', June 1918).
- 32 Carol Armstrong's review of Georges Didi-Huberman's *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* provides a critical introduction to this topic. 'Probing Pictures: Carol Armstrong on Georges Didi-Huberman', *Artforum International* (September 2003), <http://www.thefreelibrary.com>
- 33 O'Connor, 'Camera Medica', 234.
- 34 In addition to works already cited (Amirault, Armstrong, Didi-Huberman, O'Connor), the following titles address aspects of nineteenth-century medical photography: Peter Hamilton and Roger Hargreaves, *The Beautiful and the Damned: The Creation of Identity in Nineteenth Century Photography* (London: Lund Humphries/The National Portrait Gallery, 2001); Martin Kemp, 'A Perfect and Faithful Record: Mind and Body in Medical Photography before 1900', in *Beauty of Another Order*, ed. Ann Thomas (New Haven, CT: Yale University Press, 1997), 120–49; Roberta McGrath, *Seeing Her Sex: Medical Archives and the Female Body* (Manchester: Manchester University Press, 2002); and the special issue of *History of Photography* on photography, science and medicine, 23, no. 3 (1999).
- 35 Ludmilla Jordanova's work on the visual cultures of medicine provides the best point of departure in this endeavour. She stresses the importance of context in understanding the historical role of images, and her methodological approach is more systematic than most. See, for example: 'Medicine and Visual Culture', *Social History of Medicine* 3, no. 1 (1990), 89–99; 'Happy Marriages and Dangerous Liaisons: Artists and Anatomy', in *The Quick and the Dead: Artists and Anatomy* (London: Hayward Gallery, 1997), 100–13; and *Defining Features: Scientific and Medical Portraits 1660–2000* (London: Reaktion/National Portrait Gallery, 2000), 11–47.
- 36 O'Connor refers to the work of John Tagg, Sander Gilman and Stanley Joel Reiser, among others. 'Camera Medica', 233. Patrizia di Bello's study of Victorian women's albums is a notable exception to this historiographical tendency, in its attention to the tactile, imaginative and social pleasures afforded by collecting and displaying photographs. *Women's Albums and Photography in Victorian England: Ladies, Mothers and Flirts* (Aldershot: Ashgate, 2007).
- 37 Lisa Cartwright, *Screening the Body: Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota Press, 1995), xv.
- 38 'Truth in History: Creighton Lecture by Lord Haldane', *The Times*, March 6, 1914: 9. The quotes that follow are from this article.
- 39 On photography in the First World War, see Jane Carmichael, *First World War Photographers* (London: Routledge, 1989) and John Taylor, *War Photography, Realism in the British Press* (London: Routledge, 1991).
- 40 Sue Malvern, *Modern Art, Britain and the Great War: Witnessing, Testimony and Remembrance* (New Haven, CT: Yale University Press, 2004), 49.

- 41 Jan Gordon, 'Art and the Camera', *New Witness*, 21 December 1916, quoted in Malvern, *Modern Art*, 48.
- 42 Henry Tonks, Imperial War Museum file, item 18, August 18, 1917.
- 43 A selection of the portraits appeared in the exhibition *Henry Tonks: Art and Surgery* curated by Emma Chambers (Strang Print Room UCL, October 2002–March 2003). Since then they have appeared in *Future Face* at the Science Museum (October 2004–February 2005); the Hunterian Museum at the Royal College of Surgeons of England; the *War and Medicine* exhibition at the Wellcome Collection (November 2008–February 2009); and *Faces of Battle* at the National Army Museum in London (November 2007–August 2008). In June 2007 the full series was made digitally available on the website of the Gillies Archives: <http://www.gilliesarchives.org.uk/Tonks%20pastels/index.html>. A selection of case files from the Gillies Archives can also be viewed online as part of a Wellcome Trust funded SciArt collaboration, *Project Façade*: www.projectfacade.com (launched in 2004).
- 44 Lady Kennett [Kathleen, Lady Scott], *Self-Portrait of an Artist: From the Diaries and Memoirs of Lady Kennett* (London: John Murray, 1949), 144.
- 45 Chambers, 'Fragmented Identities'; Hone, *Henry Tonks*; Tom Lubbock, 'Doing Damage', *Modern Painters* 12, no. 1 (1999): 58–61; J. Bennett, 'Henry Tonks and Plastic Surgery', *Supplement to the British Journal of Plastic Surgery* 39 (1986): 1–34; Julian Freeman, 'Professor Tonks: War Artist', *The Burlington Magazine*, May 1985: 285–93.
- 46 Hone, *Henry Tonks*, 127.
- 47 Bennett, 'Henry Tonks and Plastic Surgery'.
- 48 *Ibid.*, 14.
- 49 Harold Gillies, *Plastic Surgery of the Face* (London: Henry Frowde, Hodder & Stoughton, 1920), x.
- 50 Hone, *Henry Tonks*, 128.
- 51 Bennett, 'Henry Tonks and Plastic Surgery', 15.
- 52 Freeman, 'Professor Tonks: War Artist', 289.
- 53 *Ibid.*, 286.
- 54 Lubbock, 'Doing Damage', 58–61.
- 55 *Ibid.*, 60.
- 56 Emma Chambers, *Henry Tonks: Art and Surgery* (London: The College Art Collections, University College London, 2002), 15–16. She expands on this comment in 'Fragmented Identities', 589–98.
- 57 Tonks, quoted in Hone, *Henry Tonks*, 128.
- 58 Tonks, 'Wander-Years', 230.
- 59 *Ibid.*, 224.
- 60 Charles Blanc, *Grammaire des arts du dessin* (1867), quoted in Anthea Callen, *The Spectacular Body: Science, Method and Meaning in the Work of Degas* (New Haven, CT: Yale University Press, 1995), 125.
- 61 Callen, *Spectacular Body*, 125.
- 62 *Ibid.*, 125.
- 63 Chambers mentions that Tonks had favoured pastel for life drawing and portraiture since around 1913. Chambers, 'Fragmented Identities', 586.
- 64 The face-to-face encounter between artist and sitter also distinguishes Tonks' portraits from the photographs and Lindsay's illustrations. Chambers notes the 'consensual interaction of looks' implicit in the portraits ('Fragmented Identities', 597), but it is unlikely that Tonks' sitters were in a position to say no. Military rank, class and personality (formidable in Tonks' case) must have shaped these encounters.
- 65 Chambers, *Henry Tonks*, 12–13, 41.
- 66 Extract from an article by Sir Claude Phillips on the New English Art Club, dated December 3, 1915. Tonks correspondence file, Imperial War Museum, London, file no. 300/7, item 96.
- 67 Callen, *Spectacular Body*, 136.
- 68 Joanna Woodall, 'Introduction: Facing the Subject', in *Portraiture: Facing the Subject*, ed. Joanna Woodall (Manchester: Manchester University Press, 1997), 8.
- 69 Tonks quoted in Hone, *Henry Tonks*, 127.
- 70 Ernst Van Alphen, 'The Portrait's Dispersal: Concepts of Representation and Subjectivity in Contemporary Portraiture', in Woodall (ed.), *Portraiture*, 239. Emphasis in original.
- 71 Tonks, quoted in Chambers, *Henry Tonks*, 13.
- 72 Sir Thomas Monnington, interviewed by Andrew Brighton, in *Henry Tonks and the Art of Pure Drawing*, ed. Lynda Morris (Norwich: Norwich School of Art Gallery, 1985), 14.
- 73 Monnington in Morris, *Henry Tonks*, 15.
- 74 Chambers argues similarly that the sight of the under-face in Tonks' portraits 'interrupts the conventional relationship between external and internal identity in portraiture by interposing a fleshy interior between face and self'. 'Fragmented Identities', 593. Chambers develops this insight with reference to Julia Kristeva's writing on abjection, and Didier Anzieu's concept of the 'skin ego'.

- 75 Correspondence quoted in Morris, *Henry Tonks*, 37.
- 76 Tonks, quoted in Bennett, 'Henry Tonks and Plastic Surgery', 15, and in 'Dickie Orpen on Henry Tonks', in *Dickie Orpen: Surgeons' Artist*, exhibition catalogue (London: Camberwell College of Arts/Royal College of Surgeons, 2008–9), 5. Diana [Dickie] Orpen (1914–2008) was the daughter of William Orpen. Both were taught by Tonks at the Slade, Dickie when she was only 15. During the Second World War she followed Tonks' example, producing drawings of reconstructive surgery at the Plastic and Maxillo-Facial Unit at Hill End St Albans. Her drawings are in the collection of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).
- 77 'Art boy' was Tonks' dismissive term for critics. See S. Chaplin, *A Slade School of Fine Art Archive Reader: A Compendium of Documents, 1868–1975*, in *University College London, Contextualised with an Historical and Critical Commentary, Augmented with Material from Diaries and Interviews* (London: UCL, 1998), part 7.6. See also David Cast, 'Representing Reality: G.E. Moore, Tonks, Coldstream, Victor Pasmore and Others', *Word and Image* 16, no. 3 (1985), 290–5.
- 78 Cast, 'Representing Reality', 293–4.
- 79 *Ibid.*, 291–2.
- 80 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 (Aldershot: Ashgate, 2000), 99.
- 81 Cast, 'Representing Reality', 291; Chambers, 'Cultivation of Mind and Hand', 102.
- 82 Fothergill was Tonks' student from 1905 to 1909. I have used his essay as my main source for Tonks' ideas about drawing, as Tonks himself wrote very little on the subject (the few exceptions, mostly from letters, are glossed in Hone and Morris), nor did he produce any statements for the school's calendar or annual reports (Chaplin, *Slade School of Fine Art Archive Reader*, 6.40, vol. 2). Given the official nature of Fothergill's publication, Chambers thinks it likely that 'the ideas expressed in this article are very close to those of Tonks himself' (*Henry Tonks*, 25 n. 14). A similar assessment is made by Chaplin, who identifies Fothergill's sources as Tonks' 'informal instruction in the life room' and conversations with other students (*Slade School of Fine Art Archive Reader*, 6.44).
- 83 John Fothergill, 'The Principles of Teaching Drawing at the Slade' in *The Slade*, ed. John Fothergill (London: Slade School, University College, 1907), 34.
- 84 Fothergill, 'Teaching Drawing at the Slade', 47.
- 85 *Ibid.*, 38 n. 1.
- 86 *Ibid.*, 42.
- 87 Gillies, *Plastic Surgery of the Face*, 4–6.
- 88 *Ibid.*, 49.
- 89 Fothergill, 'Teaching Drawing at the Slade', 41.
- 90 'The word "snapshot" is a hateful word and is only fit for a photographer', Tonks wrote in a letter to the Girls' Public Day School Trust in November 1909 (quoted in Morris, *Henry Tonks*, 29).
- 91 Chaplin, *Slade School of Fine Art Archive Reader*, 7.7.
- 92 *Ibid.*, 7.7.
- 93 Tonks, quoted in Morris, *Henry Tonks*, 21. The book to which Tonks refers is G. Lombroso, *The Tragedies of Progress*, trans. C. Taylor (New York: E. Dutton, 1931).
- 94 Hone, *Henry Tonks*, 43.
- 95 The exhibition catalogue *Henry Tonks and the Art of Pure Drawing*, edited by Lynda Morris, includes the reminiscences of some of Tonks' students, including David Bomberg, Thomas Monnington, Helen Lessore and William Coldstream. Tonks also taught Lewis, Nash, Nevinson and Stanley Spencer, among others, in the 1900s and 1910s: relationships that were often intensely competitive. He makes a brief and unlikeable appearance in Nash's autobiography: *Outline*, 89–91, 93. For a fictionalized account of the war experiences of this generation of Slade students, see Pat Barker's *Life Class* (London: Hamish Hamilton, 2007).
- 96 C.R.W. Nevinson, 'How the War Vindicated Modern Methods in Art', Tate Gallery Archive, 7311.2, item 34, cited in David Peters Corbett, *The Modernity of English Art 1914–30* (Manchester: Manchester University Press, 1997), 48.
- 97 Corbett, *Modernity of English Art*, 14.
- 98 *Ibid.*, 8.
- 99 Lisa Tickner, *Modern Life and Modern Subjects* (New Haven, CT: Yale University Press, 2000), 189.
- 100 Tonks, quoted in Cast, 'Representing Reality', 294.
- 101 Helen Lessore, 'Henry Tonks as I Remember Him', in Morris, *Henry Tonks*, 8.
- 102 Callen, *Spectacular Body*, 136.
- 103 Gustave Geffroy, *La Justice*, 26 May 1886, quoted in Callen, *Spectacular Body*, 136.
- 104 Jordanova, *The Quick and the Dead*, 106.