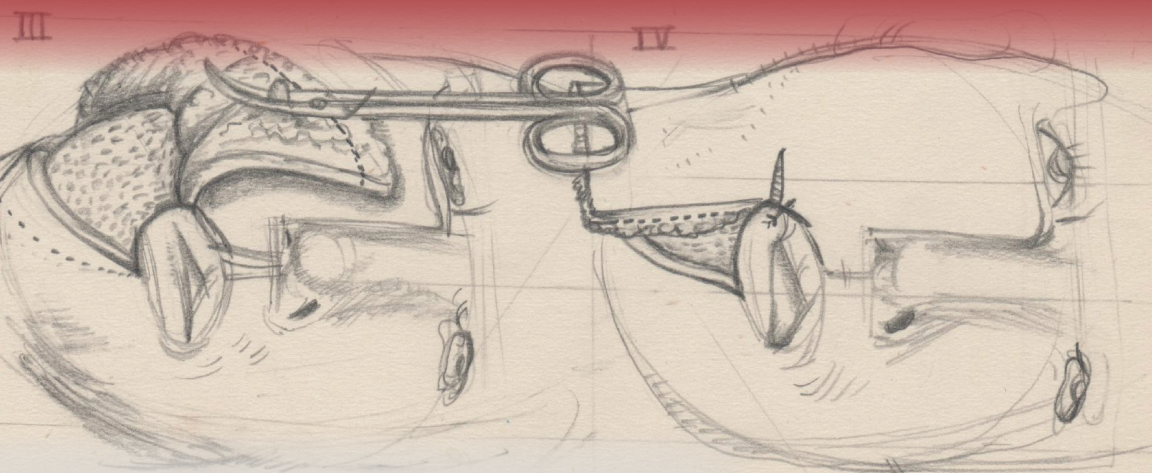
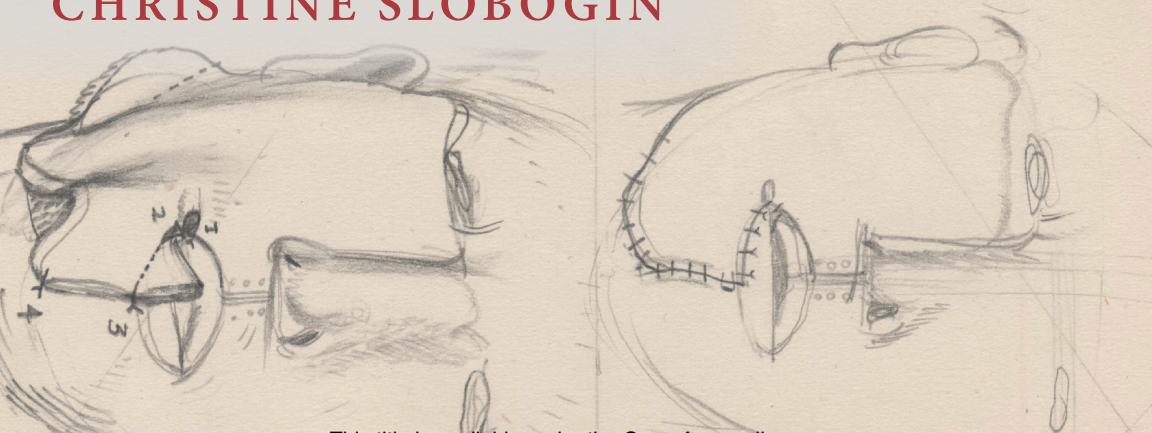


PUTTING PLASTIC SURGERY ON PAPER

HOW ART AND ARCHIVES DEFINED SECOND
WORLD WAR RECONSTRUCTIVE SURGERY IN BRITAIN



CHRISTINE SLOBOGIN



Putting Plastic Surgery on Paper

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Putting Plastic Surgery on Paper

How Art and Archives Defined
Second World War Reconstructive
Surgery in Britain

Christine Slobogin

 UNIVERSITY OF ROCHESTER PRESS

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For my dad

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Introduction

To establish the privileged position of art and visual culture within twentieth-century British plastic surgery, it helps to turn first to the most well-known plastic surgeon working in Britain in this period, Harold Delf Gillies (1882–1960). In 1934, he commented in a typically humorous manner on correlations between artists and plastic surgeons:

Whole groups of people are turned out through the plastic mill, bearing the unmistakable stamp of the hand that moulded them. Even in the early days of the Great War, when there were ten of us making new faces to replace those that had been left behind in the trenches in Flanders, it was possible to say, “Oh, that one is so-and-so’s nose . . . That’s another’s lip . . . There goes a typical so-and-so’s eyelid,” mentioning the names of individual surgeons. 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.¹

Here, plastic surgery is art. When the art-historical tool of connoisseurship can be used to determine the creator of a surgically altered nose, lip, or eyelid, as it would be used to determine the creator of an artwork, and when reconstructed faces can be compared to figures in paintings by artists like the Impressionist Berthe Morisot or the Cubist Georges Braque, scalpels and other surgical tools become paintbrushes, palettes, and chisels.² This made

-
- 1 Gillies, “The Development and Scope of Plastic Surgery,” 1. Gillies repeated a similar sentiment in his 1957 publication *The Principles and Art of Plastic Surgery*: “With our artistic efforts constantly on exhibition about the wards . . . Each surgeon had his own characteristic style, somewhat, in a minor way, like the distinctive individuality of a Rembrandt, a Constable or a Disney. It soon became quite easy to pick out: a Risdon transposition . . . a Gillies hook . . . a Pickerill pedicle . . . a Smith excision.” Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:38.
 - 2 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. “War Surgery: The Battle of Wound Reconstruction Still Goes On,” 60–61. The 1935 American book *Corrective*

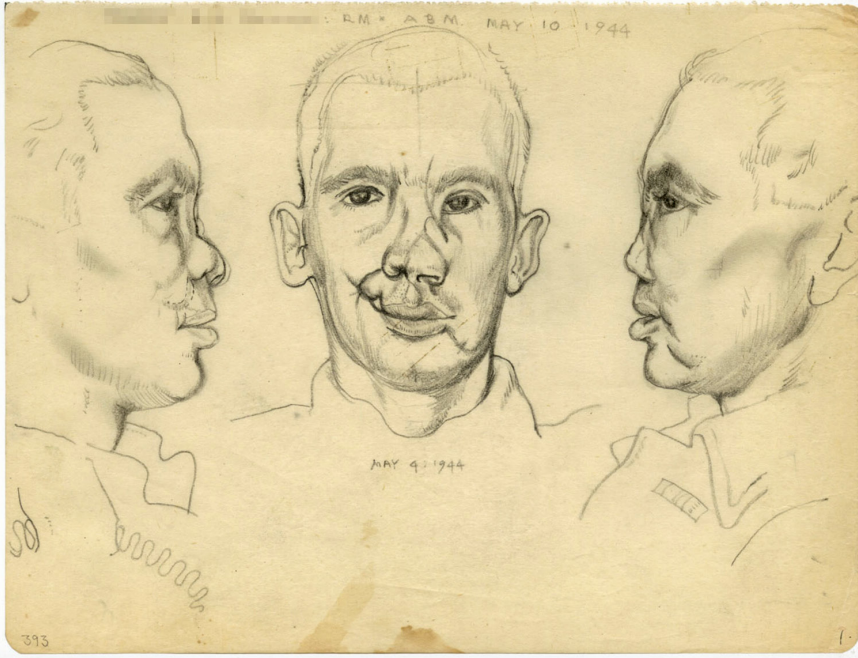


Figure I.1: Dickie Orpen, BAPRAS/D 393, 1944, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

sense to plastic surgeons like Gillies, as he and many others in his field were amateur artists themselves.³ From as early as 1917, it was noted even in prestigious art publications like *The Burlington Magazine for Connoisseurs* how “the art of him who draws and the science of him who operates” is most obviously connected in the plastic reconstruction of injured faces, the principal topic of *Putting Plastic Surgery on Paper*.⁴ With the Gillies quotation as a

Rhinoplasty Surgery thanks the pioneering work of “the brilliant ‘sculptor-surgeons’ of France, England and Germany.” Safian, *Corrective Rhinoplastic Surgery*, xxvii.

- 3 Gillies was also Chairman of the Medical Group of the Royal Photographic Society for several years, and one of the founding committee members of the Medical Art Society, which is made up of artistically inclined doctors, dentists, and veterinarians. Mowlem, “Sir Harold Gillies Memorial Lecture,” 250–51. “A Brief History of the MAS.”
- 4 This article focused on Henry Tonks’s work from the First World War: Sprigge, “Artists and Surgeons,” 201.

prime example, images and art helped to define plastic surgery because they were part of how plastic surgeons defined *themselves*.

It was visuals that allowed for these surgeons and the teams around them to communicate, to train, to publicize, and even to laugh. “Observation” was the leading principle of the art of plastic surgery according to Gillies, with making a visual record coming in at #4; his 1957 behemoth book on the field contains drawings, photographs, and cartoons on almost every page.⁵ Gillies was the first President of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons (BAPRAS), and *Putting Plastic Surgery on Paper* primarily uses the archive of this Association, where several of Gillies’s landscape paintings now hang, to argue that visual culture helped to define the purposes, processes, and affective contexts of plastic reconstructive surgery during the Second World War in Britain. Surgeons’ predilections—both theoretical and practical—for aligning plastic surgery with art led practitioners like Gillies to work directly with artists in their wards and theaters. Second World War British plastic surgery cannot be understood without these images, particularly the drawings by Dickie Orpen (1914–2008) and the photographs by Percy Hennell (1911–1987). These material objects were seen as surgical products that coexisted with the depicted operations. *Putting Plastic Surgery on Paper* uses this visual culture, and the lives and the experiences of the artists who made it, as the starting point for understanding the historical, cultural, emotional, archival, and artistic contexts of reconstructive plastic surgery during the Second World War.

Diana “Dickie” Orpen was a woman working in a plastic surgery ward in England during the Second World War. Her accomplishments there have largely been ignored in both medical and art history, with much more scholarly focus lavished on her father, the famed portraitist William Orpen (1878–1931), and her mentor Henry Tonks (1862–1937), the Slade School of Fine Art Professor who had trained as a surgeon. The work of Orpen and her contemporaries, in addition to the narratives that plastic surgeons have told and still tell about their field, shows why the surgical history of this period is incomplete without engaging with its visual culture and with art history. In Orpen’s 1944 preoperative portrait of the patient Ellis (Fig. I.1), the subject appears from three perspectives.⁶ The tripled visages of this scarred man turn inward to face one another: the figure at the left seems to stare into the eyes of the figure at the right, while the central Ellis confronts the viewer. This is the first of a long series of images that Orpen made of Ellis’s surgeries and

5 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:49–50. For a discussion of Gillies’s innovations in record-keeping in plastic surgery, see: Bamji, *Faces from the Front*, 120–41.

6 All names of patients have been changed.

recoveries: twenty-one loose sheet drawings and three further illustrations in her sketchbooks. This tripartite portrait is almost entirely unique within Orpen's Second World War papers, but this drawing gets to the root of what this type of work does materially, how artworks were conceived of as useful in plastic surgery, how images furthered medical narratives, and how the wartime oeuvres of surgical artists can be understood within both the history of art and the history of surgery.⁷

Orpen's three-part approach to Ellis compositionally compares to two historically important triple portraits that she would have seen as an artist's child growing up in London, or as an art student in the city. These seventeenth-century portraits are Anthony van Dyck's *Charles I in Three Positions* (c. 1635–36) (Fig. I.2) and Philippe de Champaigne's *Triple Portrait of Cardinal de Richelieu* (c. 1642) (Fig. I.3), held in the Royal Collection and the National Gallery, respectively. Because of a fragment of archival evidence in the BAPRAS archive and because it is the more famous of the two paintings, van Dyck's triple portrait of Charles I proves to be a particularly useful foil to Orpen's Ellis drawing. Indicating how unpredictable the BAPRAS archive can be, there is a newspaper cut-out of another of the Royal Collection's van Dyck paintings, *The Five Eldest Children of Charles I* (1637), stuck to the back of one of Orpen's surgical drawings.⁸ There is no further evidence of why Orpen would have kept this image of this particular painting with her surgical work. This material clue, however, suggests that the output of van Dyck within Charles I's court was an interest of Orpen's.

In their own time, both of these Baroque paintings by van Dyck (1599–1641) and Champaigne (1602–1674) were blueprints for portrait sculptors. Van Dyck's painting of Charles I was sent to the eminent Italian artist Gianlorenzo Bernini (1598–1680) so that he could sculpt a marble portrait without seeing the king in person. This painting stayed in Bernini's possession and passed on to his family when he died.⁹ The portrait of Cardinal de Richelieu was also sent to Italy as a model for a sculpture.¹⁰ By using the triple portrait convention in her surgical drawing, Orpen likewise framed

7 Orpen made a similar but much less polished three-part portrait of the patient Mrs. Newman, in which she shows the injury from a frontal, left profile, and right profile perspective all on one page. Orpen also drew three angles of Mrs. Newman on three separate sketchbook pages, and she also drew other patients from various angles on separate pages. Orpen, Sketchbooks #2 and #5, BAPRAS/DSB 2.70 and BAPRAS/DSB 5.4–6.

8 This drawing shows the repair of a skin condition on a woman's groin and was completed about a year after the Ellis triple portrait. Orpen, BAPRAS/D 336.

9 Rumberg and Shawe-Taylor, eds., *Charles I*, 223.

10 "Philippe de Champaigne and Studio." Richelieu was one of Champaigne's "most avid patrons" until his death in 1642. Feigenbaum, "Philippe de Champaigne," 53.



Figure I.2. Anthony van Dyck, *Charles I in Three Positions*, c. 1635-1636, oil on canvas, RCIN 404420, Royal Collection Trust / © His Majesty King Charles III 2024.

Ellis's face as a block of stone or clay to be sculpted by the hands of the surgeon, fitting into plastic surgeons' own conceptions of themselves as sculptors or as artists.¹¹ As stated by historian Harriet Palfreyman, "The acceptable surgical image is one that not only aesthetically and compositionally renders the body intelligible but that also reflects the materiality and practices of surgery."¹² This drawing of Ellis does exactly that, equating the materiality and practice of sculpture to that of reconstructive plastic surgery. Sculpting is, after all, a *plastic* art, meaning that it involves modeling and molding. Writing the foreword to Gillies's *The Principles and Art of Plastic Surgery*

11 See in particular Jacques Maliniak's foundational book in the field: Maliniak, *Sculpture in the Living*. This comparison of sculpture and plastic surgery is mentioned in passing by Sander Gilman, alongside the quotation by Gillies that began this introduction. Gilman, *Making the Body Beautiful*, 150.

12 Palfreyman, "Material Images," 233.



Figure I.3. Philippe de Champaigne and studio, *Triple Portrait of Cardinal de Richelieu*, c. 1642, oil on canvas, NG798, National Gallery, London. All rights reserved.

(1957), plastic surgeon Jerome Webster asks, “Is not, then, plastic surgery an art and the plastic surgeon an artist? The plastic surgeon works with living flesh as his clay, and his work of art is the attempted achievement of normalcy in appearance and function.”¹³ Closely aligning with surgeons’ own conceptions of their work, Orpen’s drawing of Ellis thus serves as a model for a reconstructive sculpture of the human body, analogous to the two Baroque paintings sent to sculptors in Rome.

Orpen’s patient portraits like those of Ellis aided plastic surgeons in their art and their narratives about themselves while also showing how she saw

13 Webster, foreword to *The Principles and Art of Plastic Surgery*, 1:ix. 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. Meikle, *Reconstructing Faces*, 171.

and presented herself as an artist with impact and knowledge beyond the operating theater. With this triple portrait, she referenced the established canon of British art through van Dyck—a canon in which both her father and her Slade tutor Tonks were held in great esteem.¹⁴ With the Ellis portrait, and in general in her work with plastic surgeons, Dickie Orpen placed herself into the role of van Dyck or Champaigne: she acted as a consummately professional artist who could provide an image of such detail as to allow for a reiteration of the drawn subject in the plastic art of sculpture. She translated a three-dimensional object to be sculpted onto the two-dimensional medium of paper.

This image of Ellis shows, materially, how the work of British plastic surgery illustrators sits at the intersection of art history and surgical history. Percy Hennell, the photographer who is also key to the visual culture of Second World War plastic surgery, traveled to different hospitals and with Gillies on propagandistic lecture tours. He also photographed Ellis from these three different angles, continuing what had been done by photographers recording facial injury and reconstruction in the First World War. Hennell's photographs and Orpen's drawings thus work together to create a full picture of the patient and their progress. While Orpen drew each step of the surgery that Ellis underwent, it was Hennell who created the post-operation "after" portrait of the man. These images, both drawings and photographs, and their connection to more canonical art history demonstrate how medical imagery goes beyond being straightforward and clinical—or (as problematic as this term may be) "objective"—to include the subjective creation of art objects.¹⁵ The visual culture examined in this book, largely held in the BAPRAS archive, illustrates that there was more to the experience of a Second World War plastics ward than the clinical reconstructions of damaged and burned faces and bodies; there was room for art, emotion, and humor.

This research brings Orpen and Hennell to the forefront of the history of plastic surgery while also integrating them into histories of medical art and surgical illustration, as well as art history generally. By recentering the artists and artistic products of plastic and reconstructive surgery during this period, this work reveals a novel visual history of plastic surgery. I argue that visual culture defined not only the operational progress of plastic surgery but also the emotional contexts of this field. This is seen in the images themselves,

14 Her father was even classed by art historian John Rothenstein as among the ranks of "the most successful painters who have ever worked in England—that is to say with Van Dyck. . . ." Rothenstein, "William Orpen," 212.

15 Daston and Galison have historicized and nuanced this term, showing that it is a nineteenth-century construct. Daston and Galison, *Objectivity*.

in the way they have been archived, and in how they are experienced by researchers today. Overall, this book offers new ways of thinking: about surgical imagery, about archives, about affect and emotion, and about medical humor. The following chapters show how art-historical methods, phenomenological approaches to the archive, and investigations of unexpected affects within this material can be used to better construct a holistic history of surgery. Visual culture—formal surgical drawings, rough doodles, humorous cartoons, color photographs, and archival ephemera—offers historians a way to access the complex affective matrix of the surgical wards in which faces, bodies, and identities were broken and reconstructed.

Facial Wounds and Facial Difference in Art and Surgery

As there has not been critical, interdisciplinary work done on either Orpen's or Hennell's outputs, *Putting Plastic Surgery on Paper* is in conversation not with other Orpen or Hennell scholars but with the work of historians, art historians, and theorists who have innovatively used visual and material culture to reveal truths about and to nuance narratives around medicine, science, and the body—particularly the face and facial difference. Orpen's mentor, Henry Tonks, has featured extensively in art-historical scholarship. Suzannah Biernoff's measured and sensitive appraisal of Tonks's facial injury portraits is perhaps the best-known source on the artist's pastels. In this work, Biernoff explored the concept of the "anti-portrait," arguing that Tonks's war art exists at this uncomfortable and uncertain juncture between art and medicine.¹⁶ Similarly, but resulting in a different conclusion, Emma Chambers used Tonks's drawings to examine the border between portraiture and medical record.¹⁷ Dickie Orpen herself wrote about her experiences with Tonks; her short essay, "Dickie Orpen on Henry Tonks, Her Tutor and Mentor," was published as part of the pamphlet that accompanied a small 2008 exhibition of her work titled *Dickie Orpen, Surgeons' Artist*.¹⁸

Visual art and medicine have been intertwined for centuries, and often the early modern history of Western European medical art starts with Leonardo da Vinci's (1452–1519) anatomical drawings or Andreas Vesalius's (1514–1564) sixteenth-century anatomical treatise *De humani corporis fabrica libri*

16 Biernoff, "Flesh Poems," 25–47. A version of this article is also included in Biernoff's more recent book: Biernoff, *Portraits of Violence*, 117–37.

17 Chambers, "Fragmented Identities," 578–607. Chambers's 2002 exhibition catalogue accompanying an exhibition at University College London more broadly engages with Tonks's wartime work. Chambers, *Henry Tonks*.

18 Orpen, "Dickie Orpen on Henry Tonks," 4–5.

septem (1543).¹⁹ But surgical art, or works of surgical anatomy, are distinct from other anatomical arts. Surgical art requires distinct techniques and aesthetics, and has particular purposes.²⁰ Surgical anatomy of the nineteenth century not only taught anatomy but also looked to the body to know “its haptic presence, the resistance provided by flesh and bone to knife and saw.”²¹ The role of the surgical artist, who draws from life in the operating theater, arose in the twentieth century in the Western world to show the progression of surgeries and the step-by-step procedures needed to carry out an operation. As stated in the foreword to *The Principles and Art of Plastic Surgery*, an artist, in addition to being “able to conceive the end result to be produced, . . . must also be able to visualize all the necessary steps leading to that end, and he must have the imagination, the intelligence and the dexterity to bring about that result.”²²

An artistic view on surgery also homes in on the emotional aspects of cutting into and sculpting another person’s body. Historical precedents for a type of affective art history of surgery in Britain can be seen in the work of John Bell (1763–1820) and Charles Bell (1774–1842) and of Joseph Maclise (1815–1880). These surgeon-artists can be thought of as the quintessential Romantic and Victorian, respectively, embodiments of surgical emotion in art. Historian of emotion Thomas Dixon even named Charles Bell as a progenitor of the theoretical concept of “emotion” in his period.²³ Beyond the more obvious descriptions of emotions and facial expressions in his *Essays on the Anatomy and Philosophy of Expression* (1824), Charles Bell’s surgical work displays “the centrality of emotional experience and emotional expressiveness to Romantic surgical culture.”²⁴ Like the work of Orpen and Hennell, Bell’s emotive surgical art is also wrapped up in the feelings that accompany war and combat, such as patriotism and nostalgia. Charles Bell’s brother John noted in his writing the importance of understanding what emotions come with the process of carving up the body of another human being.²⁵ These emotions can be read into the images made by the brothers, whether they be dark and visceral etchings of dissections or watercolor sketches of men

19 Kemp and Wallace, *Spectacular Bodies*. Sappol, *Dream Anatomy*.

20 Palfreyman and Rabier, “Visualizing Surgery,” 283–300.

21 Brown, *Emotions and Surgery in Britain*, 37.

22 Webster, foreword to *The Principles and Art of Plastic Surgery*, 1:ix.

23 Dixon, “Emotion,” 341.

24 Bell, *Essays on the Anatomy and Philosophy of Expression*. Brown, “Wounds and Wonder,” 240.

25 Brown, *Emotions and Surgery in Britain*, 36–38.

injured in the Napoleonic Wars.²⁶ Maclise was also an anatomist and artist, and his affecting, dramatic Victorian anatomical atlases can be analyzed in myriad ways that speak to their multiplicities of meaning-making possibilities and their existence as more than just objective scientific objects.²⁷ For example, Michael Sappol has convincingly read Maclise's focus on masculine beauty and the suggestive touch in his atlases as evidence of queer desire.²⁸ Analyses of the art of these surgeons, and the work of historian of medicine Michael Brown in particular, prove that surgical art has a long history of emotive power in British contexts.

In part because of their complicated relationship with the emotive artistic genre of portraiture, images of facial wounds have been of particular interest to historians of art and photography. From just before the centenary of the First World War to today, there has been a surge in scholarly interest in facial injuries, reconstructive plastic surgery, and its attendant visual culture.²⁹ While this project draws necessarily upon this research on the First World War, it resolutely brings this conceptual and historical work into the 1930s and 1940s, particularly to the Second World War.

The terms facial wound and facial injury will be used almost interchangeably in this book, and phrases such as facial disfigurement, difference, or disability are also used throughout to vary language or to align more precisely with the emotional and social situation being discussed. Facial difference and disfigurement have often been associated with a "social death."³⁰ Regardless of the level of "success" of surgical repair, the scars on the faces of patients like Ellis would often be visible for the rest of their lives. The face, the seat of personhood, would serve as a constant reminder of the war and its associated traumas, potentially creating long-lasting psychological difficulty.³¹ One of

26 Examples: Bell, *Engravings Explaining the Anatomy of the Bones, Muscles, and Joints*. "The Wounded Following the Battle of Corunna," *Art UK*.

27 Issue 20 of the journal *British Art Studies*, published by the Paul Mellon Centre for Studies in British Art in July 2021, takes several interdisciplinary approaches to Maclise and his work. Find its intro here: Hammerschlag, "Victorian Anatomical Atlases and Their Many Lives (and Deaths)."

28 Sappol, "Mr Joseph Maclise and the Epistemology of the Anatomical Closet."

29 Bate, *Photography in the Great War*. Biernoff, *Portraits of Violence*. Bamji, *Faces from the Front*. Gehrhardt, *The Men with Broken Faces*. Pichel, "Les Gueules Cassées," 82–99.

30 Sociologist Heather Laine Talley is one of the scholars who uses this term in relation to the facially injured. Talley, *Saving Face*, 39, 196. For more on the history of this term: Králová, "What Is Social Death?," 235–48.

31 Excellent discussion of these types of difficulties in more contemporary surgical history, resulting in and from facial transplants, has been published by Sharrona Pearl and Fay Bound Alberti and Victoria Hoyle. Pearl, *Face/On*.

the sheets in Orpen's personal papers includes a portrait of a patient who had the tip of his nose bitten off by a dog (Fig. I.4) after "promiscuous patting." Orpen wrote, alongside this portrait, 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." The fear of defacement, perceived disability, and visible difference is palpable in this drawing and its accompanying note (see how "appearance" is repeated thrice, in an almost humorous manner).

Images of facial difference in culture and media have contributed to and continue to contribute to the negative psychological effects and fear of facial injury. This has not been helped by the alignment of immorality and facial difference, which is built on histories of physiognomy and phrenology, and the idea that one can read a person's character in their facial features.³² Gillies himself parroted these ideas:

What influence . . . has our appearance on our character or on our reactions to others? Set notions of what indicates a "good" face, a strong face, an honest, deceitful or even a criminal face are impressed upon our minds. Were I, with my bald head and no chin, to wake up tomorrow with curly red hair and a strong chin, I would inevitably change my behaviour in line with those aggressive characteristics. Everyone would take me for a fiery monster, and I should be so influenced by this appraisal that I should myself change accordingly.³³

This idea that the color of one's hair or the shape of one's chin dictates personality continues to be pervasive in popular culture; redheads are still often associated with fiery temperaments and men with strong chins and

Bound Alberti and Hoyle, "Face Transplants," 319–45. Andrew Bamji has refuted the assumption that many or most of Gillies's facially wounded First World War patients suffered from psychological difficulties because of their injuries. Bamji, "The Psychological Impact of Facial Injury in the First World War."

32 See Pearl, *About Faces*.

33 Gillies, "Psyche and Surgery," 27. Gillies stated a similar idea about physiognomy in *The Principles and Art of Plastic Surgery*, but with a different reading of a person with a strong chin and red hair: "For instance, if my bald head suddenly flourished with a crop of curly red locks and my receding chin became thick and square, imagine how pleasant my personality would become. This might be offered here as an excuse to all those nice people to whom I have been so rude." Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:45.

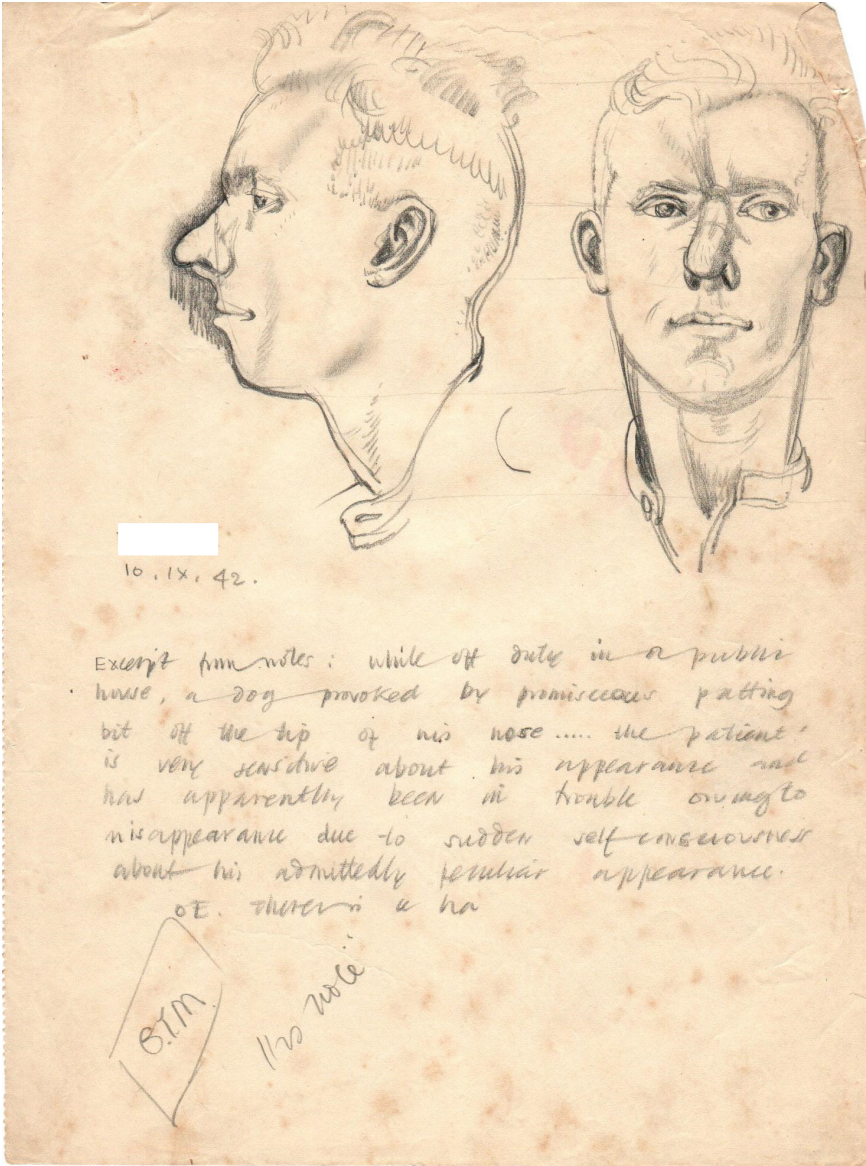


Figure I.4. Dickie Orpen, *Untitled* (Patient with Dog Bite), 1942, pencil on paper, from Dickie Orpen's personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

jawlines continue to be tapped to play the most stereotypical superheroes (think Henry Cavill as Superman).

Villains in works by Shakespeare and in James Bond novels and films—and many British and non-British cultural products in between—are characterized by their physical impairment, often of the face.³⁴ Organized by the UK charity Changing Faces, which supports those with visible differences, “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.³⁵ This common and long-standing practice within cultural production feeds into another established narrative used in film: horrifying and isolating facial disfigurement can be cured or fixed by the plastic surgeon, who has something akin to godlike power. Facial surgery, even if more cosmetic than reconstructive, can be thought of as “lifesaving work” because of its ability to “normalize” the face, moving the patient away from the stereotypically villainous.³⁶

Second World War Royal Air Force pilot Geoffrey Page wrote 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.³⁷ Much of the language surrounding facial injury at the time referenced insurmountable ugliness; Page himself described his visage as “hideous” and “devastating,” causing “revulsion.”³⁸ The drawings and sometimes even photographs of facial wound patients of the Second World War could work against these categorizations by humanizing through portraiture or through humor. Conversely, when drawings are more diagrammatic, these images have the dubious power of deconstructing and anonymizing the patient, turning them into a specimen.

The brutality of the First World War’s trench warfare dramatically increased the occurrence of facial injuries; over sixty thousand British servicemen endured wounds to the area.³⁹ Tonks’s pastel drawings of these men became artistic indicators of the human cost of war. Imagery of First World War servicemen with facial injuries was typically hidden away from

34 From an American perspective (many of the Hollywood films mentioned in this article were watched in Britain as well): Kember, “Face Value,” 43–65. For more on facial difference in culture, see: Klecker and Grabher, eds., *The Disfigured Face in American Literature, Film, and Television*.

35 “I Am Not Your Villain,” Changing Faces.

36 Talley, *Saving Face*, 6.

37 Page, *Tale of a Guinea Pig*, 2.

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

39 Bourke, *Dismembering the Male*, 33.

wider society in what Suzannah Biernoff termed a “culture of aversion.”⁴⁰ While the First World War is perhaps perceived as more world-breaking and earth-shattering in British cultural memory, the Second World War was also devastating in terms of physical wounds and disabilities sustained by British bodies, and concepts and methodologies from disability studies relating to the face and its difference should be used in this scholarly context as well.⁴¹ Over seven hundred aircrew plastic surgery cases were treated at Queen Victoria Hospital in East Grinstead between 1939 and 1944.⁴² At Hill End Hospital, according to her loose sheet drawings alone, Orpen drew *at least* 192 disparate civilian and military patients.⁴³ Many of these individuals were burned or otherwise injured on their faces.

Facial difference in Britain had a particular moment of wider visibility—no longer averted—during and shortly after the Second World War. This was because of the Guinea Pig Club, a group united by facial injury and reconstructive surgery that was founded at Queen Victoria Hospital.⁴⁴ Their activities (often centered around drinking), their publicity (encouraged

40 Biernoff, *Portraits of Violence*, 10.

41 Anderson, *War, Disability and Rehabilitation in Britain*, 1.

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

43 While Hill End is not mentioned, Zachary Cope’s volume on Second World War surgery in Britain states that the plastics team at Rooksdown House in Basingstoke admitted 4,665 patients and performed 10,128 operations. East Grinstead admitted 10,683 patients and performed 9,181 operations. Cope, ed., *Surgery*, 340.

44 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. Mayhew, *The Reconstruction of Warriors*. Meikle, *Reconstructing Faces*. Kelly, dir., *The Guinea Pig Club*. A more recent version of Mayhew’s book, with new forewords and a new introduction, came out in 2018. Unfortunately, even this newer version excludes surgical artist Mollie Lentaigne from the Guinea Pig Club story. Mayhew, *The Guinea Pig Club*. Surgical illustrator Mollie Lentaigne was instrumental in creating the visual culture of the Guinea Pig Club. Not only did she draw and make watercolors of their reconstructive surgeries, but she had a hand in creating the Guinea Pig Club’s logo. In a *Guinea Pig* magazine article, the author describes how the guinea pig is a rather pathetic-looking animal; it needed something else for its appearance to match the valor 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.” “Pig Wins Brevet—Flies,” 10. Lentaigne remembered this differently in her unpublished typescript of memories from her time in East Grinstead. She wrote that they did not choose her design, “but the one they did [choose] was excellent.” The existence of the

by the lead plastic surgeon who operated on them, Archibald McIndoe), and *The Guinea Pig* magazine made the Guinea Pig Club the first group in Britain to positively display facial injury and repair as a mark of heroism and sacrifice. This contrasted with the more hidden status of facial injury during and after the First World War, where images of the facially wounded often represented these men as “objects of pity” framed “within the lens of passive disability.”⁴⁵ The joke-cracking young airmen of the Guinea Pig Club, especially as represented in their magazines, photographs, and cartoons, were not passive and were not to be pitied.

But there were, of course, still negative emotions surrounding the facial differences of the Guinea Pig Club and directed at its members. Surgical illustrator Mollie Lentaigne (1920–2024) related a time when she witnessed judgmental reactions against these Queen Victoria Hospital 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 wrote 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.”⁴⁶ The social implications of physical difference or disability can be a heavy weight for patients when seen in the wider world beyond those who are accustomed and sympathetic to their plight, such as Lentaigne. Sociological research has shown that “acquired” facial difference, like that of the patients written about in this book, carries with it more psychological and social difficulties than a facial difference with which one is born.⁴⁷ As described by disability studies scholar Rosemarie Garland-Thomson, injuries like these could provoke from others what she termed “baroque staring,” which differs from “scientific-medical” staring. This is because “baroque staring” 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?’”⁴⁸ The role of artists, and their drawings and photographs, in perpetuating or refusing this type of harmful gaze is an underlying theme throughout *Putting Plastic Surgery on Paper*. Chapter 4 in particular explores the concept of medico-artistic looking to think through

1944 archival source, however, throws doubt on this statement by Lentaigne. (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 12.

45 Bate, *Photography in the Great War*, 15.

46 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 11.

47 Neville, Waylen, and Searle, “From ‘Staring’ to ‘Not Caring,’” 117.

48 Garland-Thomson, *Staring*, 50.

the work of British artists during the World Wars who simultaneously depicted and cared for the war-torn body.

While Biernoff and other art historians have used the concept of the “anti-portrait” in relation to wartime facial wound art and other medical imagery, I find that “portrait” is often a more apt descriptor.⁴⁹ Throughout *Putting Plastic Surgery on Paper*, Orpen’s (nondiagrammatic) drawings are more frequently called portraits than Hennell’s photographs. Part of this stems from the interpretive hand of the artist outweighing the stark documentary power of the medical image that dominates the surface of Hennell’s photographs. This is despite the fact that, as chapter 1 argues, the unflinching Hennell photographs draw out a stronger emotional reaction in the archive than Orpen’s patient portraits. Typically, the reluctance to categorize medical imagery as a “portrait” has to do with what Susan Sidlauskas has called “the imagined incompatibility between institutional photography [more broadly, imagery] and personal agency.”⁵⁰ Institutional drawings and photographs like Orpen’s and Hennell’s can trigger some of these incompatibilities. Therefore, these images can fall into the genre of *medical portraiture*: portraits with unique scientific and documentary purposes that at times occlude some individuality of the sitter. The images of facial wounds that are called “portraits” throughout this book are called this because of their attention to the individual in front of the surgical illustrator, whether or not some level of psychological depth is achieved.

Approaching an Archive of Surgical Art

The BAPRAS archive contains much of the material—portraiture or otherwise—analyzed in *Putting Plastic Surgery on Paper*; this archive is also a space of analysis in itself. It is an exceedingly visual and tactile space, home to photographs, lantern slides, drawings, surgical films, and vintage fake breasts. While there are many other objects in this collection, those by Percy Hennell and Dickie Orpen are the avenues through which the story of the visual culture of Second World War reconstructive plastic surgery is best told. These are the two artist figures who are prominently named on boxes in the BAPRAS archive, and they are the most prolific producers of visual representations of British plastic surgery in this period.

During the bulk of the archival research that I carried out for *Putting Plastic Surgery on Paper*, from 2017 to 2020, the visualizations of patients’ injuries, suffering, and reconstruction in plastics wards were stored in gray

49 Johnstone and Imber, eds., *Anti-Portraiture*.

50 Sidlauskas, “Inventing the Medical Portrait,” 29.

boxes upon gray shelves in a small room off a long hallway within the Royal College of Surgeons' (RCS) temporary building in London. The entire BAPRAS archive was 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. The gray boxes held on each of these shelves were, and still are, labeled 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, such as Harold Delf Gillies or Thomas Pomfret Kilner.⁵¹ Even though it is the trauma of patients that is stored in these boxes, it is often the surgeons who are named. These categories attached by archivists to collections have a tenacity that frames knowledge and surgical stories for today's visitors. This archival classification emphasizes the importance of the surgeons rather than the experiences of the patients depicted.

By the admittance of the former part-time archivist Ruth Neave, the archive in this space was rather ad hoc, making do with the capacity and storage systems available while the RCS building underwent renovations.⁵² This refurbishment accounted in part for the archive's lack of space during these years in flux, but even in calmer times the BAPRAS archive is confined to just a few shelves or cabinets. For a period, it was unclear if there would still be a place for the BAPRAS archive within the RCS after the larger organization's building reopened. This added a level of uncertainty to the work being done by Neave, whose office desk was wedged under a gray courtyard-facing window within the archive room. Neave has now left BAPRAS, her role being held by part-time collections coordinators; for several months the position was unfilled.

Beyond Orpen's drawings and sketchbooks and Hennell's photographs, the BAPRAS archive—now in the new RCS building, with closed shelves rather than open ones holding the gray archival boxes—also contains books, journals, personal papers, and surgical instruments that help to construct BAPRAS's historical narratives. About half of the 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*. This conglomeration of papers, journals, books, instruments, and

51 There are seven archival boxes with the archival code BAPRAS/Kilner. There are twenty-six boxes with the archival code BAPRAS/G, for Gillies. Interestingly, all the physical labels within the BAPRAS archive misspell Harold Gillies's middle name as Delft. It is meant to be Delf.

52 Neave, interview by the author, November 28, 2018.

objects prompted a former Honorary Archivist to suggest that perhaps it should have been called a collection rather than an archive.⁵³ This variation of objects and documents makes the organization, categorization, and description of this space a challenge. *Putting Plastic Surgery on Paper* makes sense of this archive by using two artists, Orpen and Hennell, as the primary way for understanding what this collection is attempting to say, and what it omits, about “the history and development of plastic surgery in the UK.”⁵⁴

Dickie Orpen and Women in Surgical Illustration

The Hill End Hospital ward where Orpen did her work, in St. Albans, England, took not only patients with facial wounds like Ellis, who are the primary focus of the artwork analyzed in this book, but also those with injuries and burns on their hands, feet, limbs, and genitals. Founded by plastic surgeon Rainsford Mowlem (1902–1986) in September 1939, this reconstructive surgery unit at Hill End took transfers from London’s St. Bartholomew’s Hospital and served as an outpost and training ground for that metropolitan institution at risk of aerial bombardment.⁵⁵ Orpen was on this unit from 1942 to 1945, recording surgical diagrams and portraits in her sketchbooks, creating more finalized pen and pencil drawings on loose sheets of paper, making her own cartoons and witty observations, and interacting with and learning from patients, surgeons, and other staff.

Orpen became a surgical illustrator at Hill End partially because of her artistic and class pedigree, elements of Orpen’s life that were deeply influential in and influenced by the worlds of fine art, war, and medicine. She was a daughter of the famous portraitist William Orpen and she was a student of the influential Henry Tonks, Professor at the Slade School of Fine Art in London. In particular, her connection to Tonks—who created impactful pastel portraits of facially injured servicemen during the First World

53 Morgan, “The BAPRAS Archive,” 132. One of the most unique items in the BAPRAS archive is a First World War painted facial prosthesis from the American sculptor Anna Coleman Ladd (1878–1939). 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 based. The mask is a reconstruction of the patient’s left cheek and bridge of his nose held together with a pair of glasses. Ladd, BAPRAS/425.

54 “The BAPRAS Collection,” *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*.

55 Dawson, “The History, Antecedents and Progress of the Mount Vernon Centre,” 83–91. Meikle, *Reconstructing Faces*, 158.

War—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 who tended to military personnel as part of the Voluntary Aid Detachment (VAD). In this capacity as a VAD nurse, at Ashridge Hospital in Berkhamstead, Orpen cared for soldiers after the evacuation from Dunkirk before moving on to her post as a surgical illustrator.⁵⁶ Women filled this illustrator role at other Second World War plastics wards besides Hill End: Joan Farmer (dates unknown) worked with Gillies at Rookdown House in Basingstoke and Mollie Lentaigne drew for Archibald McIndoe at Queen Victoria Hospital in East Grinstead.

Orpen's surgical images, particularly the drawings stored as loose sheets, were to be used by trainee and visiting surgeons for reference purposes. The practicing surgeons wanted illustrators like Orpen to draw their work so that they could have documentation of their progress and to ensure their legacies. The relationships between artists and the surgeons with whom they worked were "mutually constitutive," but the drawings remained the property of the surgeons, who used them "to shore up their own careers, displaying them in lectures, publishing in research papers, and/or retaining them for instruction and clinical record."⁵⁷ The majority of midcentury surgical artists' images are simplified pictures that could easily communicate the most important elements to the surgeons or students viewing them. The purpose of twentieth-century British medical art was primarily documentation and training, not necessarily reproduction in textbooks, as might be assumed.⁵⁸ At Queen Victoria Hospital, Lentaigne's simple pencil drawings were attached to the ends of patients' beds so that passing surgeons could familiarize themselves with cases.⁵⁹

In this period in Britain, and in several other Western countries, surgical drawing was a rich form of creative output, particularly for women.⁶⁰ Orpen,

56 Orpen, *Meditations with a Pencil*, v. Illustrations and notes from Orpen's time at Ashridge (including the only known extant self-portrait from her war years) are held by Orpen's son in Devon, England.

57 Alberti, "Drawing Damaged Bodies," 470.

58 Alberti, "Drawing Damaged Bodies," 462.

59 (Lentaigne) Lock, "Memories of East Grinstead Hospital," 18. (Lentaigne) Lock, unpublished transcript of videoconference interview by Alexander Baldwin, 2.

60 Kim Sawchuk et al. considered the "predominantly female medical illustrators" who drew for one of Canada's most influential anatomical atlases. Sawchuk, Woolridge, and Jenkinson, "Illustrating Medicine," 449. In another article, Sawchuk discussed how the surgeon-illustrator working dynamic was "highly gendered." Sawchuk, "Animating the Anatomical Specimen," 141. In the 1940s in America, it was acknowledged that "a sizeable percentage" of the

Lentaigne, and others—the inclusion of whom would require a much longer study—were employed, volunteered, or worked freelance in the 1940s to provide profuse visual documentation as well as aestheticized and simplified scientific representation.⁶¹ Some of these women were trained as artists, like Orpen was, while others came into the role through an untrained love of drawing, like Lentaigne. Lentaigne was scouted by McIndoe at a garden 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.⁶² For these women, 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.⁶³ Further evidencing the unbalanced gender makeup of this pro-

fledgling medical illustration profession was women. Jones, “The Graphic Arts in Medical Education,” 389.

61 I am providing this extended footnote in order to encourage much-needed research on other women working in the surgical realm in this period. These women include, among others: Joan Farmer, based in Basingstoke with 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, founder of the Medical Artists’ Association of Great Britain who worked with neurosurgeon Geoffrey Jefferson; Aubrey Arnott, who trained in America and brought techniques back to the United Kingdom; Joan Fairfax Whiteside, who was a VAD like Mollie Lentaigne and Dickie Orpen; and Alice Gretener, renowned for moulage-making and wax modeling. Many of the sources I have found on these women only mention them in passing or only in relation to the surgeons who employed them; these secondary sources would be excellent starts for future projects on these women working in medical illustration. For a 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: Alberti, “Drawing Damaged Bodies,” 456–62, all. For more on Davison: Mohr, “Dorothy Davison,” 130–37, and Palfreyman, “Material Images.” For more on Arnott: Johnson and Sainsbury, “Audrey Juliet Arnott,” 84–86, and Johnson and Sainsbury, “The ‘Combined Eye’ of Surgeon and Artist,” 34–38. For more on Fairfax Whiteside: Archer, “Joan Fairfax Whiteside,” 172–75. For more on Gretener: Archer, “Alice Gretener,” 149–52.

62 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 3.

63 In a letter to the then-archivist of BAPRAS Antony Wallace, plastic surgeon John Barron, who was also friends with 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 5. Barron, letter to Antony F. Wallace, BAPRAS/A/IMAGES/142. Mollie Lentaigne’s memoirs relate how

fession, 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.⁶⁴

“Medical illustration” is a term that practitioners preferred in the midcentury over “medical art,” shown by the first journal dedicated specifically to the field, titled the *Journal of Medical and Biological Illustration*, established in 1951.⁶⁵ This preference is also 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.”⁶⁶ Medical illustrators were still, however, called “artists,” as shown by the MAA's name, and medical art was a wider catchall term for the field. Today, the phrase “biomedical communications” is sometimes used although medical illustration remains popular.

Medical illustration did not exist as a consolidated 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 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).⁶⁷ Before 1940, “the number of artists fully employed on medical illustrating was comparatively small”; after the war “there was an increased demand.”⁶⁸ Before the establishment of the MAA, some medical artists in Britain “felt that they were unique and alone in the field.”⁶⁹ It seems that Orpen and Lentaigne at least knew of each other, since Orpen scribbled Lentaigne's name (“Molly Lenteen–East Grinstead”) into the inside front cover of one of her 1943 sketchbooks.⁷⁰ Unfortunately, it is unknown whether the two ever met face to face. Illustrations by Orpen and many of her contemporaries were precise, technically rigorous, and frequently beautiful, but practitioners had varying levels of medical knowledge

she had to make sure that her VAD duties were complete while she was also working as McIndoe's surgical artist. (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 3.

64 Archer, “A History of the Medical Artists' Association of Great Britain,” Appendix I, 16.

65 Palfreyman, “Material Images,” 235. “Medical & Biological Illustration,” *Wellcome Collection*.

66 McLarty, *Illustrating Medicine and Surgery*, vi.

67 Cullen, “Max Brödel,” 5–29. Crosby and Cody, *Max Brödel*.

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

69 Archer, “A History of the Medical Artists' Association of Great Britain,” 153.

70 Orpen, inside front cover page, BAPRAS/DSB 9.1.

and artistic talent. The establishment of the MAA increased communication in order to define the training necessary for a British medical artist, outlined about a decade later by McLarty.⁷¹

Sometimes these artists were paid for their services, and sometimes medical illustration was a voluntary role. 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. In addition to the pages that list her calculations for weekly worked hours, Orpen marked down in one sketchbook an annual payment for 1944: £136.40.⁷² Adjusted to today’s currency, this equals around £4,700.⁷³ Orpen’s surgical drawings and sketchbooks seem to have been a labor of love—one that her family’s wealth rendered unnecessary. This was done, despite some difficulty, for the betterment and education of her society, and for her own wartime fulfillment, rather than for the purpose of generating income. While not technically a volunteer as she would have been if she had been only a VAD nurse, Orpen’s remuneration was minimal. However, the fact that she was paid at all during the war is of note because the situation was different for Lentaigne, whose drawing duties were included in her role as an unpaid VAD nurse. 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 has shown that other artists were paid for their work in peacetime.⁷⁴ 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. This privilege, Orpen’s journey to surgical illustration, and her fortuitous relationships are further explained in chapter 4.

71 McLarty, “Training,” 14–15.

72 Orpen, BAPRAS/DSB 22.71. In contrast, in 1906 Max Brödel, known for founding the Art as Applied to Medicine Department at Johns Hopkins University, was offered a yearly salary of \$5,000 from the Mayo Clinic in 1906. Crosby and Cody, *Max Brödel*, 126–27. Canadian medical illustrator Nancy Joy was, in the 1940s, earning \$2 per drawing (Canadian dollars), a low sum justified because “we should be content in that our work was contributing to the betterment of mankind.” Watada, “Nancy Joy,” 11.

73 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>.

74 Alberti, “Drawing Damaged Bodies,” 467.

Percy Hennell and the Making of Medical Photography

While there has been much written on photographic cultures surrounding First World War facially injured servicemen, there has not been, especially within a critical history of medicine, much written on the Second World War visual culture of these wounds.⁷⁵ Yet, the photographer Percy Hennell was somewhat of a celebrity in the twentieth-century plastic surgery world.⁷⁶ In a 1985 article in the *British Journal of Plastic Surgery*, founder of the BAPRAS archive Antony Wallace outlined a history of clinical plastic surgery photography in which Hennell featured heavily.⁷⁷ As this introductory section and the following chapters focusing on Hennell will show, his photography was profusely praised and prominently utilized by surgeons and archivists like Wallace from the Second World War through to today.

Hennell fell into his surgical career in a manner similar to how Orpen and other medical illustrators did: in an unexpected, ad hoc fashion that built upon previous skills. Born in October 1911, Hennell came from a family of silversmiths, goldbeaters, and jewelers—one of whom, in a strange genealogical echo, made silver prosthetic noses for those with facial injuries in the nineteenth century.⁷⁸ Hennell trained in sculpture, etching, and painting, in part at St. Martin's School of Art in London, from age twelve to twenty-two; he then took up advertising photography.⁷⁹ He continued to work in London at a commercial photographic studio on Great Portland Street in the 1930s.⁸⁰ In 1938, he became a manager for the Colour Photographic Department of the Metal Box Company, where he photographed tins for fruit, vegetables, sweets, biscuits, and beer.⁸¹ 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.”⁸² During the war, however, the Metal Box Company focused

75 Bate, *Photography in the Great War*. Biernoff, *Portraits of Violence*. Pichel, “Les Gueules Cassées,” 82–99.

76 For work besides the author's that has been done specifically on Hennell see Williams, “Keep Calm and Carry On,” 46–51; Williams, “Percy Hennell,” 38–45.

77 Wallace, “The Early History of Clinical Photography,” 451–65.

78 Hennell, “The Hennells Identified,” 260–66.

79 “Mr Percy Hennell”; Hennell, “The Hennells Identified,” 260.

80 Wallace, “The Early History of Clinical Photography,” 456–57.

81 Williams and Bright, *How We Are*, 214. Hennell, “The Hennells Identified,” 260.

82 “The Metal Box Co. Ltd.,” 21.

on producing supplies for the armed forces.⁸³ This is when the Chairman of the Metal Box Company told Hennell that he should “do something useful in a National sense” with his color photography.⁸⁴ When the Metal Box Company started making goods for the war effort, Hennell’s color photographs were used for projects like depicting color-coded German fuses and the effects of mustard gas on the eye.⁸⁵

In the summer of 1940, Hennell, through the Medical Research Council, began to record images of plastic and reconstructive surgery at British hospitals. The Metal Box Company and the Medical Research Council came to an arrangement regarding Hennell’s services, and he was seconded to help the war effort through medical photography.⁸⁶ According to Hennell, he took photographs in about fifty hospitals in total.⁸⁷ One of these was Hill End Hospital, St. Albans, where Orpen worked. Lentaigne also noted that “The ‘Metal Box Co.’” was present to take photographs at Queen Victoria Hospital; she, like Orpen, likely exchanged pleasantries with Hennell as they were both creating images of the same plastic surgery patients and procedures.⁸⁸

Medical photography went through phases of professionalization during the World Wars in Britain that were similar to those of medical illustration. Taking photographs of facially injured servicemen was not new; the benefits of this type of photography in record-making, teaching, and exhibiting surgeons’ national and international influence was proven during the First World War. It was thought of as part of the surgical process itself: if patients consented to the surgery, then they implicitly consented to their image being taken by the hospital’s photographer or one that traveled like Hennell.⁸⁹

Hennell continued the legacy of First World War and peacetime surgical and facial reconstruction photographers but with several important

83 Barlow, “Metal Box Company,” 10.

84 Hennell, “Colour Photography Applied to War Surgery,” 144.

85 Wallace, “The Early History of Clinical Photography,” 456. In June of 2021, I attempted to track down Hennell’s Metal Box Company photographs from 1939 and 1940, but the Berkshire Record Office, where the Metal Box Company’s archives have ended up, only have photographs of products from the 1960s and 1970s, and any earlier photographs are of factories. “20th cent: photographic records,” D/EX2654.

86 Williams and Bright, *How We Are*, 20. Wallace, “The Early History of Clinical Photography,” 456. Hennell, “Colour Photography Applied to War Surgery,” 144. Editor’s introduction of: Hennell, “The Hennells Identified,” 260. “Mr Percy Hennell.”

87 Hennell, “Colour Photography Applied to War Surgery,” 145.

88 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 2.

89 Bate, *Photography in the Great War*, 4–5.

differences. First, he was a traveling photographer, not based in a single hospital's photographic department. He was in the good graces of Gillies and McIndoe, working in hospitals all around Britain, with additional extended work trips to the Americas and to Italy. Second, Hennell's salary was funded by the company from which he was seconded and not by the hospital, surgeons, or the government. Third, his images were in *color*. Not only were his photographs used for visual documentation, but his color was actively used in an artistic mode to grace the cover of textbooks, illustrate articles, and illuminate international propaganda tours. According to plastic surgeon Rainsford Mowlem, "documentation had reached a fine art" in the guise of Hennell's surgical photography.⁹⁰

There was a flurry of articles on medical photographs in *The Lancet* during and shortly after the Second World War; one that mentioned Hennell by name reflected on the status of medical photography and photographic departments in Britain in that moment.⁹¹ These articles charted paths for development in the field and outlined some ideal rules of what medical photography should do, not without drumming up some disagreement in the correspondence sections of later issues.⁹² One of the authors, Peter Hansell from the Department of Medical Photography at Westminster Hospital in London, noted that medical photography was not a new phenomenon in the country but that nonetheless "the subject lacks coordination and integration." The United States was much further along than Britain in realizing that "medical photography can no longer be done in a backstair cupboard."⁹³ At an early plastics unit that included surgeons Gillies, Kilner, McIndoe, and Mowlem (the "big four" in the field), photography was consigned to "the bottom of a disused lift shaft."⁹⁴ These quoted articles framed the field as one that had the potential to grow substantially in the United Kingdom, and as a field with immense and undeniable benefits to science and medicine. In 1943, *The Lancet* published a note that included Hennell's explicit agreement that the field of clinical photography needed to be better standardized.⁹⁵ Hennell was a major figure during this time of pushing for the professionalization of medical photography.

90 Mowlem, "Sir Harold Gillies Memorial Lecture," 251.

91 "Mr. Hennell (Metal Box Co.) said that he had taken several thousand clinical photographs in colour during the war, using 'Sashalite' bulbs exclusively for illumination. He agreed with Mr. Kilner about the need for standardisation." "Notes and News," 431.

92 Treadgold, "Correspondence," 509. Bloss, "Correspondence," 464.

93 Hansell, "Medical Photography," 296.

94 Dawson, "The History, Antecedents and Progress of the Mount Vernon Centre," 83–84.

95 "Notes and News," 431. See footnote #91 for full quotation.

As the following chapters show, Hennell's photographs reflect a certain affective resonance. His photographs also bring into sharp focus issues of patient recognizability and confidentiality in medical imagery. Any scholar working with medical images has to—or should—grapple with the ethics of display. In his work on First World War photographs, Jason Bate wrote that “to decide how to engage the medical photograph collections in the archive and museum is to make a moral judgement that *in itself* requires care—care in the form of reflection and critique.”⁹⁶ The ethics of patient display in photography like Hennell's is fraught in a way that Orpen's more obviously mediated and visually edited drawings and portraits are not; photographs are more directly connected to the pictured referent (whether that connection be real or imagined). Blocking out the eyes or other facial features of photographed patients is not sufficient to provide anonymity, and I will not do so here.⁹⁷ Out of respect for the patients who were photographed by Hennell, and to comply with confidentiality restrictions on medical images, only the Hennell photographs that were shown at the Tate Britain exhibition *How We Are: Photographing Britain from the 1840s to the Present* (2007) and that have already been published in the exhibition catalogue or other scholarly outputs are shown in this book. Additionally, I have also chosen not to show some of these photographs, even if previously published, if I deem them too sensitive or violent—a subjective decision but one that readers can work around if they wish by looking to other publications on the topic of Hennell's photography.

Making Artists' Contributions Visible

Orpen and Hennell were two of the most prolific practitioners during this period of increased emphasis on the visual and artistic documentation of plastic surgery. Orpen created at least two thousand individual drawings during her time at Hill End, the majority now held in the BAPRAS archive. 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 theater so that she could draw from life). The twenty-six Orpen sketchbooks in the BAPRAS archive were professional tools for the artist, but they also became the vehicle for her passing thoughts and observations, both oral and visual and both introspective and collaborative. Sometimes Orpen commented on or noted down conversations that happened around her, and sometimes she

96 Bate, *Photography in the Great War*, 20.

97 Sluc, “Unmasking the Lone Ranger,” 550–51.

passed notes to colleagues on her sketchbook pages. Many of these messages are erased but still visible. For example, on a page depicting a tube of flesh being attached to a woman's heel for reconstruction, Orpen wrote and erased "We're off!"—a message to a colleague that the surgery was finally beginning.⁹⁸ Sketches of and comments to and about those working around her provide a useful visualization of how the daily life and professional relationships of the Hill End plastics ward operated.

In addition to these two groups of Orpen's work held in the BAPRAS archive—the loose sheet drawings and the sketchbooks—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, paintings, drawings, and press clippings in her possession until her death in 2008, when they were passed on to her sons Bill and Richard Olivier.⁹⁹ These personal papers have been generously shared with me by Orpen's children, and the writing and artwork within are subjected to historical analysis here for the first time. Orpen drew many cartoons, which exist as stand-alone pieces within her personal papers, as marginalia within her sketchbooks, or as part of a collection of cartoons that Orpen called "Book of Bucket." Also exhibiting her sense of humor are the collages in these folders of Orpen's face pasted onto sculptures and fashion models. Orpen's handwritten, informal essays on her childhood or on her religion—stored in her personal papers—are also invaluable primary sources. 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.¹⁰⁰ Additionally, but without much supplementary context or labeling,

98 Orpen, BAPRAS/DSB 16.34.

99 The primary focuses of this book 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. Her book of contemplative drawings paired with Bible verses, *Meditations with a Pencil* (1946), is out of print and difficult to come by today. Orpen also made at least one religious mural (now lost) and several larger watercolors of rural life based on her time drawing hop pickers. During the war Orpen also made one large pastel artwork called *Operating Theatre, Hill End, St Albans*, now on permanent display at the Hunterian Museum at the Royal College of Surgeons in London. 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. Barron and Saad, eds., *Operative Plastic and Reconstructive Surgery*, vols. 1 and 2; Barron and Saad, eds., *The Hand*, vol. 3.

100 Arnold, *Orpen*.

photographs in these folders give insight into Orpen's responsibilities, personality, and surroundings at Hill End. Some show Orpen in her VAD uniform helping dental surgeons, for instance, by holding tools in place in patients' mouths. Others are dark and murky images of masked and capped individuals moving through an undefined surgical space.

Also a voluminous and underutilized collection, around three hundred photographs by Percy Hennell are held in the BAPRAS archive. Some of these photographs were taken in Italy, but most of them are from plastic surgery units in England and Scotland. The separate RCS archive also holds Hennell photographs, but they are closed to researchers until 2045. I have written elsewhere on the uneven ethics of working with and re-publishing Hennell photographs.¹⁰¹ During the Second World War, Hennell's photographs were used for several purposes: the training of young doctors, nationalistic surgical propaganda, and illustrating articles, books, and lectures. He also made several informational images modeling the incorrect and correct ways for pilots to protect their heads and faces in their cockpits.¹⁰²

In the 1940s, Hennell took photographs for a few nonmedical publications, namely J. B. Priestley's *British Women Go to War* (1943) and Geoffrey Grigson's *An English Farmhouse and Its Neighbourhood* (1948), which both help to shine a brighter light on the propagandistic and nationalistic elements of Hennell's surgical imagery. His photographs illustrated several medical texts in this period as well, mostly on injury and surgery.¹⁰³ Gillies acknowledged "that famous colour artist Mr. Percy Hennell, of the Metal Box Company" for contributing color plates to *The Principles and Art of Plastic Surgery*.¹⁰⁴ Hennell created a cover image for this publication that strikingly exhibits Gillies's gloved hands holding surgical tools against a green background (see chapter 2, figure 2.1). While these publications show the demand for Hennell's photography, it is the Hennell photographs that are held in the BAPRAS archive that prove most instructional here because of their proximity archivally, affectively, and epistemologically to Orpen's images and because of how the archive and BAPRAS itself uses Hennell's work to tell the story of plastic surgery in Britain.

101 Slobogin, "Hidden in Plain Sight," 770–78.

102 Hennell, BAPRAS/HEN/11/1–4.

103 For example: *Atlas of Air-Raid Injuries*.

104 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:xix. Letters between Gillies and his editor Theodore Phillips of Little, Brown & Company show Hennell's involvement in designing and printing the cover and jacket of the book: Gillies, letters from 1955, BAPRAS/G/1/1.

Structure

This volume is divided into two interrelated parts: a three-chapter section titled “Approaching the Archive,” and a four-chapter section titled “Putting Plastic Surgery on Paper.” Part I focuses on the BAPRAS archive, particularly the affects, emotions, and narratives contained within it or suggested by its parent organization. This is a theory-heavy group of chapters, but it also lays out the collection contexts of the objects and images analyzed in this book, as well as the ways that visual culture has thus far been used to construct histories of plastic surgery in Britain. Part II then centers the medical illustration histories of the artists whose work is prominently included in the BAPRAS archive—Dickie Orpen and Percy Hennell—while still attending to questions of emotion and mythmaking. This second section includes two chapters that focus particularly on Orpen and two chapters that focus on Hennell.

Putting Plastic Surgery on Paper starts with an affective comparison of Orpen’s drawings and Hennell’s photographs within the BAPRAS archive. 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. This conclusion is based in part on my own experience of this space that purports to tell the story of British plastic surgery. Chapter I examines the BAPRAS archive as an emotional space, using an affect studies approach to Orpen’s drawings and Hennell’s photographs, particularly in relation to empathy, both contemporary and historical.

Much work has been done in recent years at the intersection of emotion and surgery, and while this chapter on Orpen and Hennell is more about the emotional effects of these objects in the present day, I still consider it to exist within a wider intellectual milieu of surgery and emotion.¹⁰⁵ This chapter—and many of the arguments made in *Putting Plastic Surgery on Paper*—aligns with the work of “feeling photography” for which Elspeth Brown and Thy Phu have advocated, an approach that considers “how theories of affect, feeling, and emotions might enrich our understanding of photographs.”¹⁰⁶ But by comparing Hennell’s photographs to Orpen’s drawings, an investigation of “feeling,” or emotion, can also enhance our understanding of a

105 See the work of Michael Brown, Agnes Arnold-Forster, and the rest of the Surgery & Emotion research team. Brown, *Emotions and Surgery in Britain*. Arnold-Forster, *Cold, Hard Steel*. Surgery & Emotion, <http://www.surgeryandemotion.com>.

106 Brown and Phu, eds., *Feeling Photography*. Phu, Brown, and Noble, “Feeling in Photography,” 21.

collection of drawn images. The 2018 volume *Feeling Things: Objects and Emotions through History* considered the affective power of objects in historical work, with several contributions to the book taking into account, as my project does, “the emotional responses of the present-day observer, including the researcher, and how their own affective reactions to the objects that they encounter in the archive or the gallery, such as empathy and compassion, as well as love or revulsion, might be used in their work.”¹⁰⁷ These authors noted that the process of experiencing objects “in their materiality” in the archive “carries with it a particularly emotional charge,” building on the work of scholars such as Carolyn Steedman and Arlette Farge on the experience of the historical archive.¹⁰⁸ As will be shown, this emotional charge applies to the material photographic objects as experienced by archivists and researchers within the BAPRAS archive. This first chapter also sets the stage for my own experience of the archive, to better prime readers to understand how and why I have approached these drawings and photographs from the directions that I have. Methodologically, chapter 1 makes an argument for historians—particularly those who look at traumatic images of patients—to practice historical empathy, to feel into the archive, and to take into consideration the material and affective qualities of objects and images to make historical points. These approaches should be kept in mind as further analysis of Orpen’s and Hennell’s work continues in the following chapters. I thereby start *Putting Plastic Surgery on Paper* with a call to my readers—most (but not all) of whom will be historians—to think about ways to feel into the archive, to measure affect, and to understand the power of the archival object. I wanted to impress upon my readers the affective parameters of the objects of which I was speaking, giving them a better sense of their power, their limits, and their historical and contemporary significance. While I hope that this first chapter helps readers to frame these parameters for the visual culture of plastic surgery during the Second World War in Britain, I also hope that it helps them to think through approaches to any potentially traumatic archive that holds patients’ incomplete stories, particularly those that are visual.

Chapters 2 and 3 continue to reveal that the archival space that is the focus of this book is not an objective one. At times, it allows for or contributes to mythic definitions of plastic surgery. These chapters analyze the BAPRAS archive, exploring both the explicit (chapter 2) and the implicit (chapter 3) narratives contained within its collections, particularly of Orpen’s and Hennell’s work. These two chapters examine the archival afterlives of

107 Downes, Holloway, and Randles, “A Feeling for Things,” 2.

108 Downes, Holloway, and Randles, “A Feeling for Things,” 17. Steedman, *Dust*. Farge, *The Allure of the Archives*.

this visual material—both in relation to the history of plastic surgery in Britain and in relation to our understanding of psychological trauma and facial wounds.

Chapter 2 reads the archive more or less straight on, delineating the narratives that members of the Association wanted and still want to be conveyed by its folders, boxes, and individual objects. BAPRAS frames British plastic surgery as a global field with international implications whose status is bolstered by its visual culture, pushed forward by the carnage of the World Wars and defined by reconstructive surgeries and physical trauma and disability rather than cosmetic or aesthetic concerns. My work in this chapter adds to literature on surgical self-fashioning and identity-building in the late nineteenth and twentieth centuries, particularly in Britain.¹⁰⁹

Chapter 3 builds from explicit narratives of the archive described in the previous chapter to then read the same materials against the grain. My methodology facilitates a psychoanalysis of sorts of the BAPRAS archive, through Hennell's photographs and Orpen's drawings. Plastic surgery and psychoanalysis are historically linked practices, and this chapter uses the methodologies of one to nuance the histories of the other.¹¹⁰ I argue that the BAPRAS archive can be read as a structural metaphor for psychological trauma—a type of trauma that is often hidden but lurking beneath the surface in the BAPRAS-sanctioned histories of British plastic surgery. Historians are constantly looking for new ways of conceiving of and reshaping the archive, as seen in Antoinette Burton's "counternarratives" and "counterarchives" constructed for women in twentieth-century colonial India, or in the renegotiating of and exceeding beyond archival material pioneered by Saidiya Hartman.¹¹¹ In her now-canonical article "Venus in Two Acts," Hartman redressed the violence enacted against the "Venuses" of slavery archives by generating "a different set of descriptions" from the material.¹¹² Chapter 3 does not quite adhere to Hartman's practice of critical fabulation (the use of storytelling to fill the gaps and omissions of an archive or a history), but rather it enacts a more material fabulation based in structural metaphors found in the very space of the BAPRAS archive.¹¹³ Yet, like critical fabulation, this exercise within the BAPRAS archive does aim to "imagine what

109 Arnold-Forster, *Cold, Hard Steel*. Moulds, *Medical Identities and Print Culture*. Gavrus, "Men of Dreams and Men of Action," 57–92.

110 Haiken, *Venus Envy*, 6–7.

111 Burton, *Dwelling in the Archive*, 33, all.

112 Hartman, "Venus in Two Acts," 7. Also key to read alongside Hartman for archival methodologies: Fuentes, *Dispossessed Lives*.

113 Hartman, "Venus in Two Acts," 11.

cannot be verified.”¹¹⁴ It imagines, through the structure of the archive, a psychological possibility for the patients represented in the archive’s drawings and photographs.

Moving on from theoretical approaches to archives of twentieth-century plastic surgery, chapter 4 homes in on one of the artists whose work is held in the BAPRAS archive, Dickie Orpen. This chapter reconstructs Orpen’s story, previously unexplored in a scholarly context, examining what biographical and artistic influences led her to undertake surgical illustration during the Second World War. Orpen’s relationships with her father William Orpen and her mentor Henry Tonks are key to analyze here, especially regarding the part that her gender and class played in these complicated artistic, familial, pedagogical, and professional relations. This work on Orpen adds more critical layers to the particularly prominent role that women had in Second World War surgical illustration, already described in this introduction. The story of Orpen’s artistic connections with William Orpen and Henry Tonks, and how they led her to the Slade School of Fine Art in London, is vital to understanding Orpen’s path to reconstructive surgical illustration and to her commitment to committing plastic surgery to paper. These stories are also key for constructing the roles of gender and prestige in how artists interacted with the world of plastic surgery. The teaching techniques of the Slade are meaningful here. The school facilitated a specific way of medico-artistic looking, exemplified by Tonks, that was employed by both Orpens during their respective global conflicts and that leaked into the visual culture of twentieth-century plastic surgery. By unpacking the pedagogical and personal narratives and relationships between both Orpens and Tonks, this chapter pins down the origins and purposes of the medico-artistic looking that these three artists shared, one that was simultaneously diagnostic/scientific and artistic/emotional.

Chapter 5 focuses on one affective element of the Second World War plastic surgery ward that is especially visible in Orpen’s work: its humor. Here, like several art historians have in their own projects, I take “visual humor seriously and treat it as complex social commentary,” using visual culture studies and social history to understand how humor played a communal role in Second World War hospitals.¹¹⁵ This allows for a better, more holistic comprehension of how medicine was practiced in this period. As Juliette Pattinson and Linsey Robb have argued, the Second World War was “an Age of Humour”; this chapter supports this argument, while also demonstrating

114 Hartman, “Venus in Two Acts,” 12.

115 Sheehan, *A Study in Black and White*, 3. See also: Odumosu, *Africans in English Caricature 1769–1819*.

that plastic surgery was a field particularly open to humor.¹¹⁶ First, this chapter outlines the ways in which Orpen's cartoons show that humor was used in a palliative manner to keep the morale of those working in the plastics ward buoyed. In terms of thinking through how psychological trauma was dealt with or covered up in this medical milieu, whether for the patients or for the staff, this should be read in relation to chapter 3. This chapter adds to extant historical literature by showing that humor (and particularly visual humor) was used to bolster the moods and to protect the minds of not only patients but also plastics ward employees. Scholars like Pattinson have been arguing for the revelatory quality of visual culture and cartoons that is often overlooked in histories of humor, and this material is even more overlooked in histories of medicine.¹¹⁷ Orpen's cartoons form a rich collection that has been neglected in its capacity for revealing truths about the everyday emotional landscape of the British home front and the practice of reconstructive surgery during the Second World War.

This analysis of the hospital's convivial joking then leads to the idea of a queer surgical ward, reified through Orpen's humor. Chapter 5 finishes with an extended rumination on the role of gender, and gender bending, within Orpen's humor and within Second World War plastic surgery wards, building on the discussions of gender brought up via Orpen's biography in chapter 4. Orpen's alter ego cartoon character "Corporal Bucket" is particularly helpful here, as the gender reassignment that she performed on herself in these cartoons is unexpected and opens up new avenues for analysis of twentieth-century plastic surgery. Through this character, through her cartoons, through her humor, and through renegotiating her identity at the tip of her pencil, Orpen's drawings allow for a queered redefinition of the plastic surgery ward.

Chapter 6 and chapter 7 home in on the images made by photographer Percy Hennell, reading them—as was done with Orpen's material in the previous two chapters—for insights into the emotions and narratives explicitly or implicitly fostered in the world of Second World War plastic surgery in Britain. Chapter 6 focuses on Hennell's role in the mythmaking of twentieth-century British plastic surgery, as well as the emotive geographies of his wartime surgical work. This chapter places Hennell's photography into the longer complicated history of British plastic surgery. This is a history that, especially when constructed by retired plastic surgeons, seeks to find exceptionalism in much of what it does, including in its color photographs and wider visual culture. In this chapter, I also explore the emotional differences and possibilities for biographical speculation within Hennell's color

116 Pattinson and Robb, "Few Things in Life Are Less Funny Than War," 3.

117 Pattinson, "I Couldn't Get a Parrot, Dear, So I Brought a Wren!," 85–110.

photographs of surgical care in the United Kingdom and in Italy. What can comparing these two groups of photographs from these two places, thrown together in the BAPRAS archive, tell us about a photographer's experience of the war and of surgery, and of the emotional power of medical photography and its archives? By focusing exclusively on Hennell, this chapter continues the work of chapter 1, using Hennell's medical and photographic experiences to continue to discern and nuance the affective resonances of the visual material collected in the BAPRAS archive. Taking a cue from photography historian Beatriz Pichel, this chapter focuses on the interconnectivity of "archives, emotions, bodies, places and visibility."¹¹⁸

Chapter 7 builds upon Hennell's role in plastic surgery mythmaking discussed in chapter 6 to approach his photography as a form of visual propaganda for surgeons like Gillies. Hennell is best known for his color photographs of plastic surgery, but the books that he illustrated in the 1940s—*British Women Go to War* and *An English Farmhouse and Its Neighbourhood*—are equally important in comprehending his surgical and artistic legacies. Seemingly dissimilar, Hennell's medical photographs and his images for these books are united by the devices—specifically British color, the before-and-after trope, and detailed documentation—that showcase British nationalisms and anxieties. These two more commercial projects by Hennell, when compared visually to his surgical photographs, help to provide a better understanding of the role of visual propaganda and nationalism in defining Second World War plastic surgery. This chapter adds to the historiography of the nationalist characteristics of science and medicine, linking surgical or medical progress with national pride. Writing about the first facial transplant recipient, Isabelle Dinoire (1967–2016), historian Fay Bound Alberti stated that the patient's surgery in France in 2005 took place (like the first heart transplant, and many other medical firsts) "in a climate of nationalistic pride."¹¹⁹ Art historian Mary Hunter has outlined how "scientific and medical advances provided France with strength and power" in the nineteenth century, and that a medical scientist such as Louis Pasteur (1822–1895) could be considered a "national symbol" in his home country.¹²⁰ Surgeons like Gillies—even though he was originally from New Zealand—likewise earned this moniker for Britain in the midcentury. This chapter, as well as chapters 2 and 3, position Gillies in a novel way: as a product of the British Empire who continued the imperial project with his surgeries and with the visuals that he commissioned to go along with his operations.

118 Pichel, *Picturing the Western Front*, 13.

119 Bound Alberti, "From *Face/Off* to the Face Race," 149.

120 Hunter, *The Face of Medicine*, 8, 64.

Together, the chapters of this book ask: How has visual culture defined the professional, affective, and aesthetic parameters of plastic surgery in the twentieth century? How do these surgical collections make us feel, and how do they offer us a way into a history of emotions and an understanding of historical empathy? How do the archives that hold these art objects construct narratives, and offer potential counternarratives, around these pieces? What influence did “fine” art and art history have on surgical diagrams, photographs, and illustrations, and how and why can we think of this medical material itself as fitting into art-historical lineages? By taking an engaged and self-reflexive approach to the medical work of two artists—and the collection practices, conditions, and histories associated with their work—*Putting Plastic Surgery on Paper* constructs a novel affective and interdisciplinary approach to the visual culture and visual history of medicine.

Part I

Approaching the Archive

Chapter One

Collecting Affect

Emotion, Empathy, and the Surgical Archive

While recalling her years as a plastic surgery illustrator at Queen Victoria Hospital in East Grinstead during the Second World War, Mollie Lentaigne remarked that the Metal Box Company's surgical photographs, shot by Percy Hennell, were "impossible" to use for publication because of the shadows that were thrown by instruments in the operating theater that then muddled the photographic results.¹ Similarly, Nancy Joy (1920–2013), one of the artists for British-Canadian anatomist John Charles Boileau Grant's 1943 atlas of surgical anatomy, noted that the "camera lens . . . skewed" anatomical scenes, and that many of the issues in the publication's final images were "attributable to the distortions caused by the camera's inadequate lens."² Including hybrid images composed of drawings traced onto photographs, Grant's atlas—as well as Lentaigne's statement about Hennell's photographs—raises questions about the efficacy and shortcomings of both photography and drawing in 1940s surgical illustration, and the epistemological and subjective values that the use of either medium, or both, could have for viewers.

Kim Sawchuk has written on this tension between these two forms of visual information in Grant's work and beyond: 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

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- 1 (Lentaigne) Lock, "Memories of East Grinstead Hospital," 2. For more on the mid-twentieth century preference for illustrators over photographers, and how this relates to the history of objectivity and epistemology, see: Daston and Galison, *Objectivity*, 346–47.
 - 2 Nancy Joy, excerpt from unpublished manuscript *Dr. Grant and His Artists*, quoted in Watada, "Nancy Joy," 11. Grant, *An Atlas of Anatomy*.

an authentic connection to ‘real’ specimens.”³ The “indexical” quality of photography in this context meant that it communicated that the represented science was based on real bodies, not artists’ imaginings of them.⁴ The women who drew for Grant translated the indexically “real,” but often visually illegible, photographs of surgical anatomy into clear and effective illustrations.

The Second World War drawings and photographs of plastic and reconstructive surgery, particularly of the face, that are held in the BAPRAS archive in London were created to document “real” medical knowledge as clearly and effectively as possible, and to bolster the reputations of mid-century practitioners. This collection of images certainly does that, but the different practical and emotional messages of these two artistic media, evidenced in part by the comments on Grant’s contemporaneous images, complicate these purposes. 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.⁵ Two of the collections held by BAPRAS—one featuring over two thousand drawings on loose sheets of paper and in sketchbooks by Dickie Orpen, the other over three hundred photographs by Percy Hennell—prompt questions, like Grant’s atlas does, about the varying communicative effects of the mediums of surgical illustration. But these collections also encourage viewers to take these questions further: to look at the material through the phenomenological lens of affect theory and emotion. Responses to these visual representations can vary, but I argue that each of the colored details of the Hennell photographs “collects affect” within the BAPRAS collection, inducing an emotional mode of looking more powerful than that elicited by the drawings within the same archive.⁶

3 Sawchuk, “Animating the Anatomical Specimen,” 123.

4 Rosalind Krauss, an art historian and theorist, describes an index as something that creates a meaning “along the axis of a physical relationship to” the referent. Krauss, “Notes on the Index,” 70.

5 Bate, “Disrupting Our Sense of the Past,” 192–217.

6 The title of this chapter, and the idea of the photographic object “collecting affect,” is my own, and yet the phrase also draws from a small mention in Erin O’Connor’s vital essay “Camera Medica,” in which she discussed Oliver Wendell Holmes’s statements on physiognomy and photography: “Holmes’s theory of photographic physiognomy depends on faces being intact, legible *as* faces: faces correspond to character because their anatomy collects affect, storing the story of the self in the folds, burrows and cast of features. Faces correspond to character because they *have* character. But what about the scarred, marred faces of disease?” O’Connor, “Camera Medica,” 236.

Subjectivity, Affect, the Archive, and Photography

My own emotional experience researching in the BAPRAS archive directly influences the arguments made in this chapter and in the following chapters that continue to analyze the structures and narratives of this archival space. During my early visits to the archive to 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. No similar effects manifested in the many hours that I spent looking at Orpen's drawings, but these feelings were overwhelming when studying Hennell. I was disappointed that my putatively objective, academic way of seeing had been compromised by the sheer power of BAPRAS's collection of Hennell photographs, particularly his images of injured and repaired faces. Even though they were conceived as scientific images, and even though I had intended to approach them objectively as examples of wartime representations of surgery, I could not avoid my own subjective response. The curators of a 2007 Tate exhibition that included Hennell's photographs described his work as being "dispassionate" with an "often painful attention to detail."⁷ I argue, on the contrary, that it is exactly Hennell's painful attention to detail—compounded by the color film, his compositional choices, and the unexpected visual particulars of the operating theater—that collects affect and provokes a passionate, empathetic connection between viewer and subject.

I am not alone in feeling affected by the Hennell photographs. Both BAPRAS archivists that I have interviewed, Kristin Hussey (official title: Assistant Curator) and Ruth Neave (official title: BAPRAS Collections Officer), have acknowledged that they had similar responses to Hennell's images. Our interviews were simple, conversational dialogues about our interactions with the Hennell photographs. We discussed the trauma or emotion that tinged these experiences within the archive, putting a name to the feelings felt while examining the collection. More than being about each Hennell photograph as individual affective objects (although, as we shall see, the compositions and subjects of these images do matter a great deal), the responses of myself and these archivists had more to do with the cumulative effect of dealing with these photographs within the BAPRAS collection. Part, but not all, of this response stems from the physiologically and socially constructed discomfort and fear surrounding facial injury and difference, as many of these photographs depict facial wounds and operations.

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

In a 2016 history of the BAPRAS archive, previous BAPRAS Honorary Archivist and retired plastic surgeon Brian Morgan wrote that Hussey admitted to him that cataloging the Hennell photographs was “quite distressing.”⁸ In our interview, Hussey elaborated on this, stating that in her role of describing and cataloguing these works she was “having trouble processing them,” even having “some nightmares in the process of doing it.”⁹ Neave recounted similar feelings, relating that she could not memorize and categorize the BAPRAS images in her head in the way that she had done with previous archival projects; she kept the photographs from 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: she described how these images would “float around” in her head, and that she “was beginning to get a little bit traumatized by it.”¹⁰ These experiences, as well as my own, are powerful reactions to surgical imagery. They show that Hennell’s photographs create an embodied and emotional mode of looking within the BAPRAS archive. This chapter unpacks the elements of Hennell’s photography that help to produce this response 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.¹¹ Rooted in social and cultural history, the “affective turn” in the humanities and social sciences has been unfolding since the 1990s.¹² This movement continues today with an emphasis on phenomenology and with investigations into the experiences and feelings of historical actors and of researchers themselves—a more reflexive approach to history.¹³ Historians taking the contrasting approach of a Foucauldian methodology see the images that they analyze as tools of surveillance and of objectification; they interpret medical imagery as works that exemplify institutional and political

8 Morgan, “The BAPRAS Archive,” 134.

9 Hussey, interview by the author, January 16, 2019.

10 Neave, interview by the author, November 28, 2018. This language is common in stories of those describing their experiences of war and visualization. For example, a war videographer related in a National Public Radio interview that “those images float around in our brains afterwards. And, I mean, it’s nothing compared to the trauma that the people we’ve witnessed have gone through. But there is a residue of this information and these horrible images that rest with us.” *Morning Edition*, “CNN’s ‘No Ordinary Life’ Highlights the Lives of 5 Women War Videographers.”

11 Millard, “Using Personal Experience in the Academic Medical Humanities,” 184–98.

12 Clough, ed., *The Affective Turn*.

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

power relations.¹⁴ While those analyses are also important, photography theorists Elspeth Brown and Thy Phu locate their work of “feeling photography” in opposition to this type of analysis, as do I.¹⁵

The idea of “collecting” or accumulating affect that I use in this chapter builds on Sara Ahmed’s work on how objects can elicit feelings, and how affects can get “stuck” to these “sticky” objects that then pass to others within groups and communities.¹⁶ While Ahmed does not always speak of the affect of *literal* objects, her framework can be applied to affective objects like Hennell’s surgical photographs. The particular collection of affect within the BAPRAS archive appears in part because of the compositional elements and details within the photographs themselves. But the social construction of emotion (as I argue, empathy) also results from the collecting and archiving of, interaction with, and discussion of these objects among archivists and researchers, including myself, within the communal space of the BAPRAS archive.

It may seem that thus far the terms *affect* and *emotion* are being used interchangeably; but there are major differences in the definitions of these two concepts as they are used within the humanities. While according to Thy Phu, Elspeth Brown, and Andrea Noble there “is no scholarly consensus” concerning the precise meanings of these terms, affect is usually understood within the humanities as unformed and undirected, or as “pre-cognitive, corporeal states of being.”¹⁷ These states of being are then the basis on which a socially conditioned emotion, such as empathy, is built. Emotions, often physical themselves, can be the manifestations of affect collected and passed along to viewers and networks of viewers through the compositional, material, and meaning-laden features of objects like Hennell’s difficult photographs.

14 One prominent example of a Foucauldian approach to photography is by John Tagg. In Tagg’s *The Burden of Representation* (1988), photography is about power, institutions, and the materiality of the paper print of the photograph. Positioning himself against Roland Barthes’s phenomenological approach in *Camera Lucida* (1980), Tagg wrote that we must pay attention not to some “‘magic’ of the medium” but rather the “conscious and unconscious processes, the practices and institutions through which the photograph can incite a phantasy, take on meaning and exercise an effect.” Tagg, *The Burden of Representation*, 4. Foucault’s concept of the medical gaze is often used in this photographic context. As explained in *The Birth of the Clinic* (1963), the gaze is tied up with the medical complex and its expression of power through the dehumanization and pathologization of patients. Foucault, *The Birth of the Clinic*.

15 Brown and Phu, eds., *Feeling Photography*, 2–3.

16 Ahmed, “Affective Economies,” 119; Ahmed, “Happy Objects,” 29–51.

17 Phu, Brown, and Noble, “Feeling in Photography,” 21.

Even when depicting the same patients and/or the same surgical procedures, Hennell's photographs appear raw in comparison to Orpen's more diagrammatic, mediated, or pared-down drawings; therefore, viewers emotionally connect with the patients in Hennell's images more intensely. In this chapter, first I examine the colors in Hennell's photography and how his seemingly objective images convey a complicated and emotional narrative of recovery. I will then focus on the compositions and pictorial details within Hennell's images before inquiring into the emotion of empathy as it manifests in the photographic viewer in the archive. As Bate stated in his work on First World War images of facial injury, using only a Foucauldian approach to analyze these types of photographs "does not adequately account for [their] affective nature."¹⁸ By using a phenomenological approach, and by taking personal responses into account, this research lays out some of the reasons for the disparity between the levels of affect embodied by Orpen's drawings and Hennell's photographs within the BAPRAS archive.¹⁹ This chapter shows how this affective methodology can help us to understand some of the emotional valences of medical practice and of the visual culture that defined it.

Hennell's Color and Narrative

The series *World War II in Colour* was released in 2009, promising to show a combination of both original and colorized film documenting the conflict. In the blurb used during the summer of 2019 to entice viewers, Netflix claimed that the color footage "changes our conception of this catastrophe. Prepare to be shocked—and moved." According to these tantalizing lines, the introduction of color into Second World War film, or the existence of color in Second World War imagery at all, is expected to elicit strong feelings in the audience. This example of contemporary popular visual culture reveals how modern-day viewers see and react to color imagery from the 1940s, whether moving or still. Dora Apel has argued that even though color photography was available at the time, "we have learned to recognize the Holocaust only in black and white."²⁰ Ulrich Baer made a similar argument in his analysis of color photographic plates of the Łódź ghetto.²¹ Traumatic photographs

18 Bate, "Disrupting Our Sense of the Past," 205.

19 One of the pioneers of using phenomenology as related to illness (perceived and defined capaciously) and the medicalized body is Havi Carel. Carel, *Phenomenology of Illness*.

20 Apel, *Memory Effects*, 119.

21 Baer, "Revision, Animation, Rescue," 127–78.

like these “are startling not only because of their disturbing content but also because they were shot entirely in color . . . in a context in which we are accustomed to seeing black and white as the code for authenticity.”²² Color photographs from the 1940s, while not exceedingly rare and just as “authentic” as the black-and-white images from that decade, can seem out of place and can be perceived to make violence, conflict, and injury feel more “real” and “modern” to today’s viewers. Even though the color is markedly different from what we see in photographs taken now, it is often argued that the people depicted in these images in color look more like those who populate the mediated and circulated images of our everyday; their actions seem plausible in our lived environment.

It is because of this common perception of the collapsing of time through color photographs that the addition of color to historical material has become a trend.²³ Photography historian Elizabeth Edwards has rightly critiqued this fad and the “presentism” that it encourages; she argued that in adding color to make history “relevant,” history is itself taken out of the images.²⁴ Nevertheless, this is a trend with staying power, and I bring it up to exhibit some of the popular perceptions of color in historical images as they relate to emotion and affect. This context is useful for thinking about the comparative color in the images in the BAPRAS archive. Hennell’s photographs are not colorized, but rather their color is from the era. This adds to their status as affective objects.

While the cultural idea that color is of the present and black and white is of the past is one (controversial) component of the affectivity of Hennell’s photographs, it is not the entire argument for the power of Hennell’s color for today’s viewers.²⁵ The color in Hennell’s photographs exposes viewers to elements of the injured body that remain invisible in drawings of similar subjects—notably shine, viscosity, and the dissolution of skin into raw flesh or pulp, which are seen in admission photographs of facially and bodily injured

22 Baer, *Spectral Evidence*, 21.

23 For example, in *The Colour of Time: A New History of the World, 1850–1960* (2018) and *The World Aflame: The Long War 1914–1945* (2020), an author and an artist contextualize and colorize historically significant images. See Jones, *The Colour of Time*; and Jones, *The World Aflame*. Director Peter Jackson’s *They Shall Not Grow Old* (2018) pairs colorized film from the First World War with narratives of soldiers’ writings. Jackson, dir., *They Shall Not Grow Old*.

24 Edwards, “The Colour of Time,” 332.

25 Edwards points out how in Dariuz Jablonski’s 1998 film about the Łódź ghetto (also discussed by Ulrich Baer), the “expected relationship” between the past and black and white, as well as between the present and color, is reversed. Edwards, “The Colour of Time,” 332.



Figure 1.1. Percy Hennell, BAPRAS/HEN/5/7, c. 1942-1945, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

patients (Fig. 1.1). The reds, pinks, and whites in Hennell's photographs reveal the moist, messy inner 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 bodily empathy examined later in this chapter. Pulp is the human body rendered mushy, wet, and abject—I argue that its full effect in imagery can only be ascertained when depicted in color.²⁶ Hennell's unrelenting photographs show faces and limbs that have become pulp or otherwise ravaged—slick with blood and fluids; Orpen's drawings do not show this nuanced shine or dampness.

Hennell obtained his color by using a one-shot camera that took three negatives simultaneously, altered with tri-chromatic filters so that one

26 Art historian Lynda Nead has discussed the idea of “pulp” in photography in her work on images of punches to the face in boxing, using Klaus Theweleit's description of pulp in *Male Fantasies* (1987). Nead, “Stilling the Punch,” 320. Theweleit, *Male Fantasies*, 394, 402.

transparency was cyan, one was magenta, and one yellow.²⁷ An untrimmed photograph (Fig. 1.1) shows at its edges, where all three colors can be seen, the physical layering that occurred as Hennell placed the negatives onto one another. While there is a historically prominent, misguided conceptualization of photography as a less hands-on or less interpretive art form, this is clearly not the case with Hennell's process. Hennell's photographs, with their artful compositions and layering of negatives, show that medical photography still requires aesthetic contemplation and labor, even when the medium is perceived as mechanical, objective, or scientific. Drawings were, and are, expected to allow for subjectivity because of the artist's seemingly more direct and complete mediation of the image. But the majority of the BAPRAS Orpen collection is made up of diagrammatic, simplified, monochromatic drawings. These could be used easily by students and visiting surgeons to understand the steps of surgical processes (Fig. 1.2). Orpen's sparse, graphic style is partially a choice—her more portrait-like drawings and her surgical cartoons show that she was indeed capable of subjective, personal imagery. Her surgical illustrations drawn in this diagrammatic manner were meant to provide objective teaching imagery and to serve as supplements to rawer photographs like Hennell's.

Both Orpen's drawings and Hennell's photographs exhibit their own brand of subjectivity within the objectivity required of medical imagery. Orpen's subjectivity and "trained judgment" came from her ability to interpret the scenes in front of her, to simplify and draw out the information that was most necessary to surgical trainees—without color.²⁸ Hennell's subjectivity, on the other hand, is more unexpected, as it lies in the affect embodied in his unflinching and all-encompassing compositions and the process of color photographic image-making. In the nineteenth century, "it was the camera's indiscriminate recording of all detail, the seeming incapacity of the operator to select one detail over another" that cast the photographic image outside of the boundaries of art and of emotion.²⁹ But Jennifer Tucker has explained that in its early years, photography, especially scientific photography, was not as monolithically seen as objective and "dispassionate" as is often assumed.³⁰ In this case study, even though the draftsman's images were manipulated by the artist's hand to convey scientific information more

27 Williams and Bright, *How We Are*, 95. Wallace, "The Early History of Clinical Photography," 456.

28 This "trained judgment" of visually interpreting information was valued in scientific and medical imagery of the twentieth century, as outlined by Lorraine Daston and Peter Galison in their landmark study *Objectivity* (2007). Daston and Galison, *Objectivity*, 309–61.

29 Brown and Phu, *Feeling Photography*, 10.

30 Tucker, *Nature Exposed*, 4.

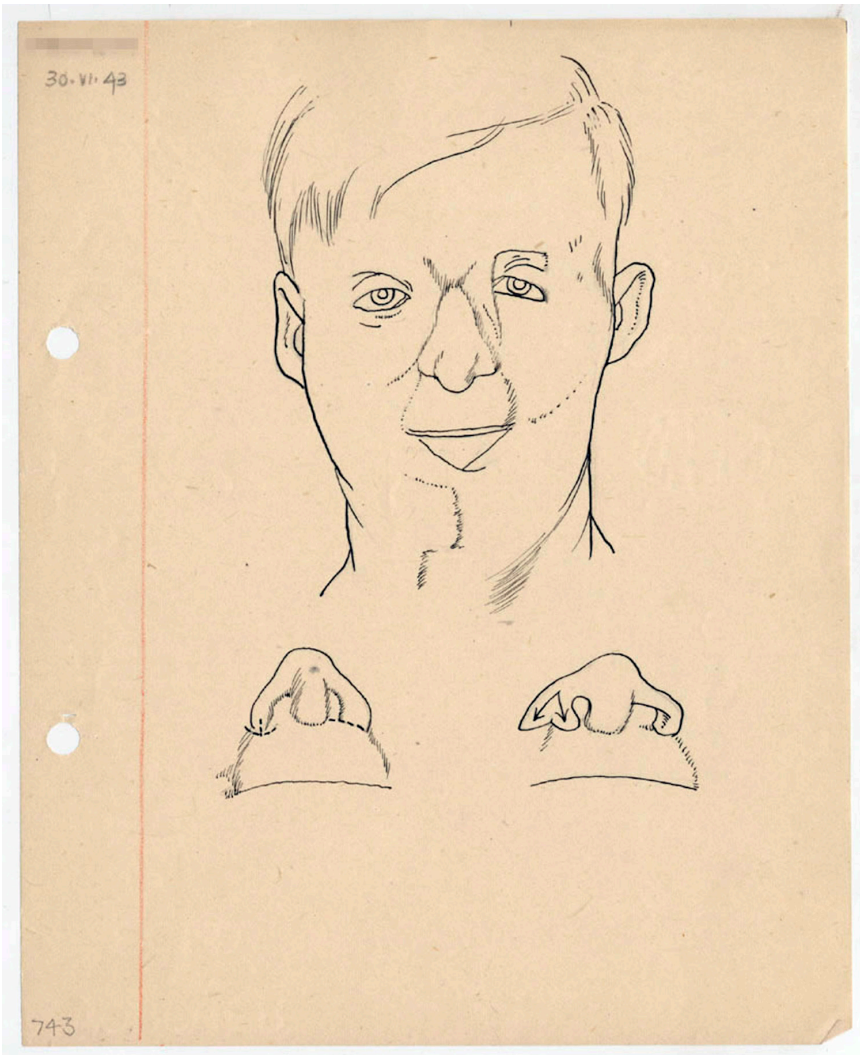


Figure 1.2. Dickie Orpen, BAPRAS/D 743, 1943, pen on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

clearly, they are the more seemingly objective pieces when compared with the corresponding surgical photographs. Through color and composition, Hennell's photographs allow for subjectivity and emotion to enter the realm of surgical imagery.

While it is far from being the only aspect of these images that allows for a more subjective and affective reading of Hennell's photographs over Orpen's

drawings, the contrasting color palettes of these two collections in BAPRAS are substantial contributors to the differences in the affect that their images collect. These colored differences are particularly apparent in the photographs and drawings of the patient Fitzgerald. Fitzgerald is one of the individuals who appears numerous times in the BAPRAS archive—perhaps more than any other patient. Orpen drew over seventy images of Fitzgerald’s progress and Hennell took at least fourteen photographs of him. Fitzgerald’s face was burnt beyond recognition during the war, and his surgical proceedings were long and arduous, with at least twenty-three operations in eighteen months. Two “after” images of Fitzgerald, one by Orpen and one by Hennell, made within a few months of each other, make an excellent example of Hennell’s more penetrative, colorful gaze. Orpen’s drawing of the patient (Fig. 1.2) 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 result of this man’s many surgeries. And of course, because Orpen was working with a black pen, the drawing is monochromatic. Hennell’s photograph of Fitzgerald, not shown here to comply with the ethical considerations of patient confidentiality, tells a different story: the colored gradations and contrasts of the photographic image of the repaired patient focus the viewer on elements that are obscured in Orpen’s drawing. After seeing Hennell’s earlier photographs of Fitzgerald’s horrific trauma, in which bright, viscous reds cover the patient’s entire face, this “after” image gives the viewer in the archive a rush of relief and appreciation for the hard-earned changes on Fitzgerald’s visage.

Yet in the “after” photograph, Fitzgerald’s face is covered in pigmented scars that contrast with his smart outfit (a crisp, white, collared shirt; a black jacket; and a black tie) and deportment (head held high, with his newly reconstructed mouth turned up in a slight smile). Fitzgerald’s neatly combed and parted hair and his shirt and tie in the Hennell photograph are visual reminders of the way that Orpen’s mentor, Henry Tonks, highlighted the tidied-up clothing and hair in his “after” portraits of patients with facial injury.³¹ The sartorial details suggest that Fitzgerald, while his face is still marred, will be able to reintegrate into society. But this uplifting conclusion is tainted by the scarring and differences of skin color on his face made obvious in the photographic medium. The skin flaps that were brought from other parts of Fitzgerald’s body to reconstruct his face have different tones—the colors of his right cheek, his chin, and his forehead all vary slightly. Some are warmer and pinker, and some are cooler and more yellow or gray in tone. This obvious variation in “finished” reconstructed faces was a problem noted by surgeons, and sometimes it was rectified through make-up or through tattooing when a reconstructed patch was “too red” or

31 Chambers, *Henry Tonks*, 16.

“too white” in comparison to the rest of the face.³² Artist Mollie Lentaigne noted that in East Grinstead, to give wounded men more confidence and to lessen discoloration, surgeon Archibald McIndoe invited beauty specialists from Elizabeth Arden and other cosmetic companies into his ward. Free of charge, they taught the recently reconstructed men how to apply makeup, in Lentaigne’s words, to “try and look more normal.”³³ While the lines differentiating these sections of skin, apparent in Hennell’s photograph, appear in Orpen’s drawing (Fig. 1.2), the variance of color cannot be conveyed with pen in her drawing as it is shown by Hennell.

The affecting act of poring over these two collections in the BAPRAS archive reveals that the archival organization of the photographs ostensibly offers a more healing and hopeful narrative than that of the drawings. Many of Orpen’s depictions of patients comprise one full portrait followed by many diagrammatic images. The drawing of the patient Fitzgerald (Fig. 1.2) after a round of surgeries, with more to go, is the closest that Orpen gets to a final “after” image of a healed patient. By contrast, Hennell’s images allow the viewer to follow more of the patient’s reconstructive journey: from their injury (Fig. 1.3), through their improvement, and finally to their physical healing (Fig. 1.4). Yet, this potentially recuperative narrative is complicated by the colored details that cannot be avoided in a photographic depiction of a patient after surgery. The varied hues in Hennell’s photographs show the inconsistent aesthetics of the healing process. In Hennell’s “healed” photographs of many of these patients (Fig. 1.4), there are still scars, red or pink swathes of skin, bald patches, and incongruous pigmentations. Of course, scars would have been expected by surgeons and artists alike in these final images, but it can be jarring as a viewer in the archive—perhaps expecting too clean of a solution, such as that suggested by “after” images of plastic surgery in the present day—to see that the healing journey is far from over and far from perfect. Often these final photographs are the ones that are framed in dark cardboard with the date and the name of the patient labeling the image. The finality and formality of these photographs framed in the archive suggest that the patient’s harrowing experience is finished, and that it can be packed up and pushed to the past. The narrative structure of these images implies that a tidy solution to the patients’ wartime trauma was possible. But the uncompromising colored detail of the medical photograph shows the viewer that these profound wounds could haunt the patient even after the life-saving or life-changing surgeries, likely fomenting distress and insecurity for years to come.

32 Gillies, “Introductory Note,” 324.

33 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 14.



Figure 1.3. Percy Hennell, BAPRAS/HEN/1/9/1, 1942, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.



Figure 1.4. Percy Hennell, BAPRAS/HEN/1/9/2, 1942, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

In addition to complicating the healing narrative that seems readily apparent in Hennell's photographs, the colors in his images disrupt preconceived notions of what photographs from this period could or should look like. Unlike in colorization projects, the "historicity" of the Hennell photographs and an understanding of their "archival existence"—both necessary, according to Edwards—are preserved in the context of this collection.³⁴ Still, the unexpected hues in these images weaken the contemporary viewer's feelings of temporal, geographical, and bodily distance from the patient and their physical traumas. The method of creating that color in Hennell's photographs also highlights that his images are not the purely mechanical and therefore highly objective objects that surgical photographs are often assumed to be; his creative and involved process of image-making allows for a more subjective and intense viewing process.

Hennell's Compositions and Pictorial Details

The affect that surrounds the Hennell photographs within the archival experience is compounded by the poignant details, in color, that build on each other within the images. These details can be unavoidable or intentional. Even though he was a medical photographer assigned documentary work, Hennell still composed his images with a trained artist's creativity. And even when the photograph is straightforward and clinical, seemingly without intervention from Hennell, 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 on 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 could include multiple surgical iterations of the same face or body part, but she could also include surgical instruments, diagrammatic lines, and numbers, as she did in a drawing of one of Fitzgerald's operations (Fig. 1.5). These additions, and the repetition of a de-individualized face, prevent the viewer from seeing the patient as a human being. When Orpen depicted an operation in several stages on one page, Fitzgerald became a surgical test dummy rather 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

34 Edwards, "The Colour of Time," 331.

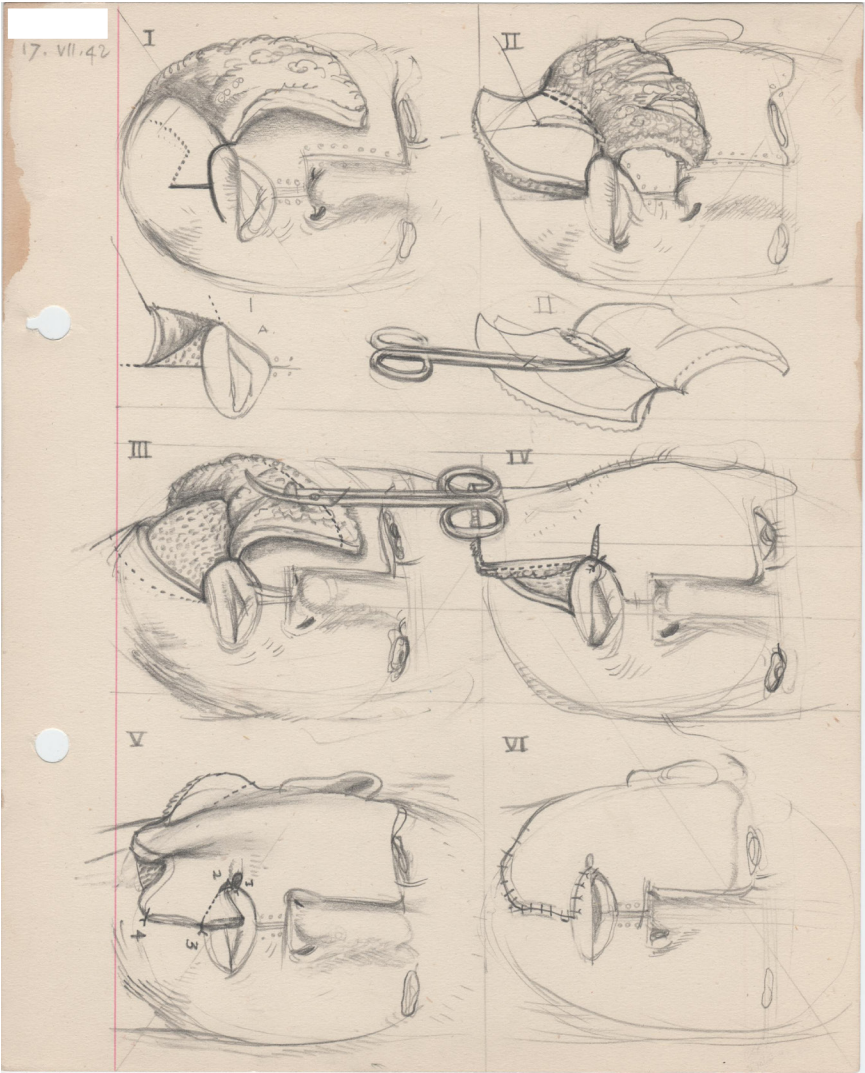


Figure 1.5. Dickie Orpen, BAPRAS/D 720, 1942, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

first photographs of Fitzgerald, with a bright red and bloody burn spread across his face, immediately demand emotional attention. Hennell, unlike Orpen, could neither just outline the traumatic injury nor edit out elements that may have distracted a surgeon from absorbing the medical particulars. In Hennell's photograph, the viewer's eye strays from the injury to take in the features of the orange, striped collared shirt (potentially a pajama top) that Fitzgerald wears in his admission photographs. This is an affecting detail because we know that this is *Fitzgerald's* shirt: it suggests that perhaps his injury occurred as he was awakened by a bomb or conflagration. We can then speculate about Fitzgerald's life before and beyond his injury: Was this his favorite shirt to sleep in? Was orange his favorite color? Or stripes his favorite pattern?

Unique incidental elements like colorful clothing are the details that stretch out of the frame to affect the viewer's sensitivities and cause a reaction, often allowing the viewer to empathize or identify with the pictured individual. These details are what Roland Barthes termed the "punctum" of the photograph. The punctum is a small detail (not intended by the photographer) that emotionally "pricks" the viewer.³⁵ It is experienced subjectively by the viewer and could be anything that sparks feeling in an individual. 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 Susan Sontag observed, a "photographer's intentions do not determine the meaning of the photograph, which will have its own career, blown by the whims and loyalties of the diverse communities that have use for it."³⁶ The affective experience of the photographs' viewer cannot be controlled by Hennell or the surgeons with whom he worked.

Particularly salient visual examples of embodied affect in the form of puncta appear in two photographs of the patient Granger that shows crimson burns on their wrists and hands. Holes in the hospital cloths are visible in the "before" image (Fig. 1.3), calling to mind a less-than-pristine and perhaps uncomfortable surgical ward. In the second image (Fig. 1.4), the patient has assumed what is read as a self-conscious pose, as if they are 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 and open. In this image (Fig. 1.4), Granger's

35 Barthes, *Camera Lucida*, 47.

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

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 hospital cloth's textures and the patient's clothing make the image, and the patient's suffering, more immediate and indexical of the reality of the Second World War surgical ward.

While details like this 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 used in his analysis of First World War facial reconstruction photographs.³⁷ In all of his surgical photographs, Hennell did his best to isolate the human being's wound within the composition, similar to how 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 contrasts with some of the messier, more cluttered photographs taken by Hennell in Italy; the different emotional landscape of these pictures is described and theorized in chapter 6. This description of the home-front photographs as 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. But 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 dehumanizing aspects of Hennell's surgical photography.

In the BAPRAS archive, Hennell's photographs are kept in simple folders within plain gray archival boxes—only a small portion of the collection (usually the final photographs of the patients) is mounted with a dark cardboard border with the patient's name and the date taken on it. When exploring Orpen's drawings, there are numerous distractions on the paper—from rusted paper clips and ripped-out pages to calculations of her pay and humorous doodles of the surgeons around her. These can take the focus away from the subject of the surgical image. Unlike in Orpen's drawings, 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 individualizing

37 Bate, "Disrupting Our Sense of the Past," 194.

elements in Hennell's photographs are closely related compositionally to the surgical focus (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. 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, reasons for which are delineated in the following section, are less apparent in Orpen's drawings.

Hennell's Empathetic Effect

When viewing the Hennell collection, the colored elements of these photographs as images and as objects build their affective nature, 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? The affective powers of the composition, color, and subject matter of Hennell's photographs, as I have described, accumulate onto one another to then code these photo-archival objects as "sticky" objects of affect. The emotion of empathy is then, through the embodied emotional experience of the viewers (the researcher or archivist), built on this affective lattice composed of these varying elements of the surgical photographs. Some scholars, such as Ulrich Baer, argue that empathy cannot be used with historical material, and that empathy is not compatible with traumatic images of the past. I will now examine his ideas while arguing that empathy is the primary emotion, and a productive one at that, elicited by Hennell's corporeal, difficult photographs.

Why is it empathy that best describes the emotional response to Hennell's photographs? First, empathy is an emotion that requires an object, often a person. Second, photography as a medium is often strategically used to explicitly elicit empathy.³⁸ Third, empathy as an emotion is something that historically was associated with the visual and with art. And most importantly, as will be explored shortly, empathy is bodily—and so are photographs.

Historian of emotion Rob Boddice has written 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

38 Lydon, *Photography, Humanitarianism, Empire*.

from the work itself.”³⁹ Susan Lanzoni’s historical tracking of empathy helpfully 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.⁴⁰

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, but in this connection the subject never loses sight either of themselves or of the object of empathy; there are 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 submission into that suffering is impossible. This chapter’s final section argues that this uncanny experience of relation and estrangement is what occurs when encountering Hennell’s photographs that simultaneously assert patient individuality and create medical specimens. 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.⁴¹

The researcher in the archive does not feel particularly superior to or powerful in front of the fragile individuals pictured in Hennell’s photographs, for there is nothing that we can do for them. Sontag reflected on this feeling: “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.”⁴² We ourselves are laid bare by the emotional reaction to material that was meant to remain an objective source of research. The emotion is collaborative, where a relationship between the viewer and patient is created through the archival object. Even though some scholars, such as Baer, may frame other historians’ empathic reactions as excessive, invalid,

39 Boddice, *The History of Emotions*, 56.

40 Lanzoni, *Empathy*, 278.

41 Freud, “The ‘Uncanny,’” 220–21.

42 Sontag, *Regarding the Pain of Others*, 37–38.

or unproductive, the “affective turn” has shown that emotions in historical research and in the archive occur often and that historical empathy can be reasoned and productive.⁴³ These experiences can in fact provide fruitful interactions with subjects, and the unpacking of these emotional and empathetic responses can generate reflective scholarly practice.

Baer warned against historical empathy in his work on traumatic photography. His main argument in his monograph *Spectral Evidence* (2002) is that there are parallels between photography—especially images depicting traumatic places or scenes—and the traumatized psyche. He stated that both photography and traumatic memory “resist integration into larger contexts” because the moment of trauma has been halted and cannot be put into a coherent narrative. Because the photograph shows an arrested moment that was not fully lived by the subject, we cannot empathize 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” also plays into another illusion: the idea that a viewer’s act of looking can be “self-aware” and “all-encompassing.”⁴⁴ Baer wrote that an empathetic connection with a photograph of trauma “can easily lead us to miss the inscription of trauma” in the image.⁴⁵ But empathy need not equal mastery. Lanzoni’s definition is more accommodating, with its inclusion of the stretch toward the different or the unfathomable that exists while still remaining solidly, emotionally connected to one’s own embodied self.

A refusal to allow for empathy regarding historical photographs is problematic. These approaches do not leave room to question or account for today’s viewer’s experiences—an omission that closes off fresh avenues for analysis of present-day affective and emotional implications in the medical humanities and in pedagogy. If each historian refused to interrogate their own feelings and identifications with the photographic or historic 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. As Jan Plamper has stated, “More self-reflection on their emotions . . . would do historians no harm.” He even has suggested that historians could keep a “fieldwork diary about their emotions” during their time in archives, similar to my note-taking process within BAPRAS.⁴⁶ In *Camera Lucida*, Barthes wrote that it was his ability to *feel* about a photograph that allowed

43 For discussion of the value of emotions and historical empathy in research, see: Loughran and Mannay, *Emotion and the Researcher*. Mahoney, “It’s Not History. It’s My Life,” 76–77. Loughran, Mahoney, and Payling, “Women’s Voices, Emotion and Empathy,” 394–403.

44 Baer, *Spectral Evidence*, 177.

45 Baer, *Spectral Evidence*, 13.

46 Plamper, *The History of Emotions*, 293.

him to “notice,” “observe,” and “think.”⁴⁷ Being “self-aware” (which Baer suggested is a myth in the viewing process) and empathizing, connecting 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 aspect 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 trauma; we just have to have a way into it.

As traumatic images of brutal injury, Hennell’s photographs are troubling at the level of the body. This bodily uneasiness is one of the ways into understanding and empathizing with the subjects of these images, provoking an emotional mode of looking at and interacting with these objects. When affect is concerned, “a body is as much outside itself as in itself—webbed in its relations,” and that bodily connection is seen in the emotion of empathy that is built on the affect collected by these objects.⁴⁸ These are, first and foremost, photographs of physical trauma. It is this relatable depiction of bodily discomfort that leads to an empathic response. Hussey, Neave, and I have each had physiological—either bodily or mental—reactions to extensive viewing of the Hennell collection within the BAPRAS archive. Hussey had nightmares; for Neave, it manifested as unwanted flashbacks to some of the most affecting imagery; I felt ill after my visits to the archive. This feeling of bodily connection and empathy was 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.”⁴⁹ Bate saw these photographs as human experiences rather than how Baer would see them: as halted, unexperienced, inaccessible trauma. In his conclusion, Bate described the bodily connection that I have argued exists in the Hennell photographs: “The impact . . . springs from my unavoidable realization that as an embodied subject I too am fragile.”⁵⁰ 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.

It is dangerous to assume that *all* photographs are necessarily more affecting than *all* drawings of similar subjects, as is the case with these two collections within the BAPRAS archive. As an art historian who works with surgical illustrations, I do not think that surgical drawings or paintings cannot be affecting or powerful. For example, Charles Bell’s color sketches of injured

47 Barthes, *Camera Lucida*, 21.

48 Seigworth and Gregg, “An Inventory of Shimmers,” 3.

49 Bate, “Disrupting Our Sense of the Past,” 194.

50 Bate, “Disrupting Our Sense of the Past,” 213.

soldiers under his surgical care have great emotive power.⁵¹ Additionally, it has been noted that Tonks's First World War pastel images of patients with facial injury have more affective power as portraits and as tactile objects than the black-and-white photographs of the same patients.⁵²

But there is something to be said in this case for the power of photography—especially artistically contrived color surgical photography—that allows for an association between the viewer and the subject's bodily experiences. Traumatic and bodily photography like Hennell's can allow for emotion to “move between bodies,” as seen particularly in my above discussion of the “after” Granger photograph (Fig. 1.4) and how the patient's pose can be mirrored by the viewer.⁵³ 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, ascribe to photography.⁵⁴ Within both photography theory and in medical visual culture, the trace of the real, or the “mark of truth,” is an important concept. In Martin Kemp's explanation of this idea, details like a fly on a dissected body or the reflection of a window on glistening flesh offer an indexical sign to the viewer that the body depicted in an anatomical illustration was *real*, and therefore the scientific knowledge being presented is also *real*.⁵⁵

The photograph is often described as indexical of reality.⁵⁶ Hennell's images show us that these patients and medical cases truly existed in some place and time: they were living human beings, like us, who experienced real pain and real injuries. Margaret Olin and Barthes have both explained how photographs—with this intrinsic “trace”—allow for an 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.⁵⁷ Olin agreed with Barthes that a “photograph, then, is a trace, a remnant, of the person who was there. The trace is

51 Shaw, *Suffering and Sentiment in Romantic Military Art*, 185–207. Brown, “Wounds and Wonder,” 239–59.

52 Biernoff argues that the photographs lack the “psychological depth and intimacy” of the drawn images. Biernoff, “Flesh Poems,” 30.

53 Ahmed, “Affective Economies,” 117.

54 Sontag, *On Photography*, 154.

55 Kemp, ““The Mark of Truth,”” 85–121.

56 Edwards, *Photography*. Van Gelder and Westgeest, *Photography Theory in Historical Perspective*. Wells, ed., *Photography*.

57 Barthes, *Camera Lucida*, 80–81.

tactile, like a footprint, or perhaps more accurately like a navel, given that in one passage Barthes describes photography as an umbilical cord.”⁵⁸

This “trace,” then, in photography, allows for a highly intimate bodily interaction, connecting the experiences of Hennell’s Second World War subjects and the present-day viewer, opening the door for empathy to build on the affective power of these objects. Hennell’s photographs, like the photographs that Olin described, “touch” us. As Olin stated, while looking at images of people the viewer will “endow them with attributes we need them to have . . . we misidentify *with* them.”⁵⁹ Relating back to Lanzoni’s definition of empathy, it is in this act that we see both ourselves and the subject simultaneously. This “misidentification” with the subject of the photograph or “misrecognition of ourselves,” is the identification “drenched in empathy” against which Baer argued.⁶⁰ But Olin stressed that the indexical power of the photograph lies not in the context of and relationship between “the photograph and its subject but in the relationship between the photograph and its beholder.”⁶¹ Misidentification is not something to avoid when interacting with historic photographs; rather, it is a practice that actively creates a potentially productive empathetic relationship between the subjects of photographs like Hennell’s and the viewer.

Conclusion

This chapter has evaluated how and why Hennell’s photographs—when compared with Orpen’s drawings—collect greater affect within the surgical archive 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. An analysis of the bodily characteristics of empathy shows that this is the directed and socially determined emotion that builds on the affective qualities of Hennell’s photographs. This approach could be applied in similar comparative capacities within other medical collections, for example, in the collections at the East Grinstead Museum where Mollie Lentaigne’s Second World War drawings are kept. Sustained engagement with the experiences of archivists and researchers working with different mediums of medical

58 Olin, *Touching Photographs*, 53.

59 Olin, *Touching Photographs*, 69.

60 Baer, *Spectral Evidence*, 177. Lydon, *Photography, Humanitarianism, Empire*, 8.

61 Olin, *Touching Photographs*, 69.

material—photographs, drawings, prints—could further reveal how affective power and related collaborative emotions such as empathy exist within historic collections. If the BAPRAS archive is where the story of British plastic surgery is held, then this exploration of the emotions embedded in the archive's objects is also an exploration of the emotions embedded in the field itself.

Chapter Two

Narratives of the BAPRAS Archive

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, 1943.¹

Dickie Orpen wrote this in a sketchbook, next to a drawn diagram of a patient's reconstructive cheek flap, on March 12, 1943. Almost this exact phrase is written in Harold Gillies's 1957 book *The Principles and Art of Plastic Surgery*: "In plastic surgery never throw anything away until you are sure you do not want it. . . . It may be a pad of fat to fill up a missing contour or a scar to achieve a temporary closure. Do not be in a hurry to discard these, for a little indecision today may be clear tomorrow. Any piece of completely detached nose, ear or finger must be preserved. . . . KEEP THE PIECE!"² Orpen may have heard this statement from Gillies directly, while he was visiting Hill End Hospital from his plastics ward in Basingstoke, or from a Hill End employee who was Gillies's colleague or student (as was the case for practically all plastic surgeons in England in this period). The world of Second World War plastic surgery in England was small, and norms and culture—like surgeons and photographers—traveled from one hospital to another.

Preserving this culture was an important value of twentieth-century British plastic surgery, both in and out of the hospital. It is an exceptional experience to come across this comment in Orpen's sketchbook while sitting in the archive where so many of her illustrations—including those that feature a "detached nose, ear or finger"—have been stored for historical posterity. Orpen's drawings are available to peruse because the surgeons with whom she worked were averse to throwing anything away, whether that be a

1 Orpen, BAPRAS/DSB 9.40.

2 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:52.

piece of flesh from the operating theater or a photograph, drawing, or note from their office. This is a behavior that Orpen deemed, in one of her typical switches to French, “pas pratique pour la vie actuelle” or “not practical for real life.” However, she seems to have taken this “aphorisme” to heart in her own experiences of plastic surgery, saving until the end of her life several large folders of photographs, sketches, papers, and letters from her war years. In the cramped archive room of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons (BAPRAS), Orpen’s 1943 words take on a clairvoyant quality, as if she could visualize the archive that from the 1980s onward would store drawings (including her own), photographs, notes, films, and scraps of note paper related to the practice of plastic surgery.³ Some collections or images within this unique space have been written about by historians or surgeons, but the physicality of the archive and the implicit historical narratives that it conveys have not been analyzed from a historian’s perspective.⁴ Instead, a sustained engagement with this archive and its history comes only from the retired plastic surgeon turned BAPRAS Honorary Archivist, Brian Morgan.⁵

The archive, as a concept writ large rather than as a specific collection, is a phenomenologically and ontologically charged space. We have already seen, in chapter 1, how this can be the case from a perspective of affect and emotion. Archives are not always held in noble or monumental edifices like the Royal College of Surgeons of England building, or the National Archives buildings in either the United Kingdom or the United States. Archives can be messy, haphazard, disorderly, unclear, uncatalogued, and frustrating—even traumatic. Beliefs, histories, and relationships of the society or group that formed the collection are revealed by the objects that are included, or excluded, in these archives; the ways in which the archive is organized, catalogued, and classified; and the narratives that the archive privileges. The BAPRAS archive—through the ways in which those associated with BAPRAS have framed and imposed order on it—purports to document the relatively simple, perhaps Whiggish, story of a group of men who innovated to solve problems of physical trauma and injury. At the same time, there appear in

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- 3 As outlined by Gregg Mitman and Kelley Wilder, the “documentary impulse” of the late nineteenth century onward facilitated not only an explosion of science photography but also the storage of images that purported to “capture the world, order it, and render it useful for future generations.” We see this manifested in the BAPRAS archive. Mitman and Wilder, introduction to *Documenting the World*, 1–2.
 - 4 Most recently, Jason Bate has written about elements of this collection. Bate, *Photography in the Great War*.
 - 5 Morgan, “The BAPRAS Archive,” 131–36.

this story several overlapping potentially problematic narratives, particularly about English exceptionalism and the benefits of war.

This chapter provides a background of the BAPRAS archive as well as of the Association that founded and runs it, examining narratives constructed from its visual and textual material: the particular Englishness of plastic surgery, the importance of individual “great men,” the benefit of war to surgery, and the preeminence of reconstructive over cosmetic surgery. As Agnes Arnold-Forster has shown, “History. . . matters to surgeons,” and throughout the twentieth and twenty-first centuries, surgeons in Britain in all fields have worked to shape the surgical stereotype.⁶ Plastic surgeons have, as British surgeons have on a larger scale, “made use of a clinical chronology and expressed a professional past, present, and future in the construction of their self-image.”⁷ The BAPRAS archive serves as a material space that represents these hopes and fears of plastic surgeons for their past, present, and future.

As stated by the first Honorary Archivist of the BAPRAS archive, Antony Wallace, in his preface to the 1987 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.”⁸ This idea is carried on to the *next* history of BAPRAS, in 2016, in which the then-Honorary Archivist A. Roger Green made 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.”⁹ This chapter, and the next, explores some of these lost, incomplete, inconsistent, omitted (whether intentional or not), and biased elements of the BAPRAS archive, and how the visual culture of plastic surgery during the Second World War—and the ways in which it has been collected, stored, and remembered—contributed to or pushed back against these stories.

6 Arnold-Forster, *Cold, Hard Steel*, 14–15, 27.

7 Arnold-Forster, *Cold, Hard Steel*, 201. The material culture produced by medical figures in Britain has historically been key in shaping their identities. Even though she wrote about an earlier period and a broader group of medical practitioners, Alison Moulds’s work in this area is applicable to twentieth-century plastic surgeons: she has shown how self-fashioning through cultural and printed materials was vital in a time when questions about the role and expertise of the profession were still being raised. Moulds, *Medical Identities and Print Culture*, 10.

8 Wallace, “Editor’s Notes,” v.

9 Green, “Editor’s Notes,” 15.

Creation of the BAPRAS Archive

In the early 1980s, Antony Wallace—then the Honorary Secretary of BAPRAS’s preceding organization, the British Association of Plastic Surgeons (BAPS)—acknowledged the organization’s need and desire for an archive or museum to record its history.¹⁰ This idea had first been floated in the mid-1960s, when Hill End Hospital surgeon (and Orpen’s friend) John Barron had begun to collect information for a history of the Association.¹¹ To facilitate the writing of this history was the initial purpose of the archival collection. Wallace became the first BAPRAS Honorary Archivist and started to accumulate letters and items, eventually hiring a part-time professional curator to act as an archivist.

There was no allocated budget for the creation of this archive, so the collection was formed almost exclusively from members’ donations of items and papers, notably of “photos, dinner menus and records of outings and social events.”¹² It is typical of subject specialist groups like BAPRAS to be housed in the spaces of a larger, more professional qualifying organization like the Royal College of Surgeons (RCS).¹³ In addition to the physical RCS space, this partnership also meant that BAPRAS could utilize the RCS museums’ *Surgicat* database, and share employees with the larger group.¹⁴ Being a subject specialist group means that BAPRAS is an organization of (primarily) men who are professionals in their own right, but who did not become professionals by qualifying for BAPRAS.¹⁵ Neither is BAPRAS a medico-political body or council that makes decisions for the profession, although they have committees that support the solidifying of professional standards

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- 10 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. The organization 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).
- 11 Morgan, “BAPS Council Meetings,” 119.
- 12 Morgan, “The BAPRAS Archive,” 131.
- 13 The British Medical Association and the Royal Society of Medicine are two other examples of larger organizations that lease out spaces to subject specialist groups.
- 14 BAPRAS now has its own separate search database:
<https://ais.axiellcollections.cloud/BAPRAS/search/simple>.
- 15 The Royal College of Surgeons is an example of a professional body that requires qualifying and that conveys professional status. BAPRAS also has members who are not surgeons, such as nurses, “Interspecialty Members,” and students.

and communication. The Association holds conferences, publishes and collates clinical guidance documents, and gives members access to restricted content, such as the UK National Flap Registry.¹⁶

The existence of the Honorary Archivist position, filled by a retired BAPRAS surgeon, is similar to how the Royal Army Medical Corps (RAMC) photographic collection within the RCS was cared for: the curators responsible for this collection were retired RAMC officers, with a personal stake in the way that the history of the group was told.¹⁷ While former Honorary Archivists I have mentioned (Antony Wallace, Brian Morgan, Roger Green) as well as the current Honorary Archivist / Honorary Curator, Martin Coady, may have immense knowledge of their specialty, they do not have much training as archivists or as curators—this is why part-time professional curator-archivists 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.¹⁸

The Association was relatively new at the point the BAPRAS archive was created and had been around for less than forty years, established in the spring of 1944. Plastic surgery itself was a discipline that had begun in earnest in Britain only seventy years earlier during the First World War.¹⁹ Therefore, the members who donated material to the fledgling archive in the 1980s were not far removed from or impartial to the creation and formation of the status and history of plastic surgery in Britain. Many of them were taught by or were heavily influenced or inspired by one of the “big four” of plastic surgery: Harold Gillies, Archibald McIndoe, Rainsford Mowlem, and Thomas Pomfret Kilner.²⁰ These were the four plastic surgeons who 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.²¹

The history of BAPRAS has been published twice by the Association: once in 1987 (edited by Antony Wallace) and once in 2016 (edited by

16 “Professionals,” *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*.

17 Bate, *Photography in the Great War*, 149.

18 Morgan, interview by the author, November 2, 2017.

19 Barron, “The Origins of the BAPS,” 14. BAPRAS celebrated its seventy-fifth anniversary in 2019.

20 Tempest, “The ‘Big Four,’” 26–40. A photograph of the “big four” can also be found in the BAPRAS archive: “The BIG FOUR,” BAPRAS/G/3/3/4.

21 Wallace, “Editor’s Notes,” v.

Roger Green).²² The chapters of both publications are written not by historians but primarily by BAPRAS member surgeons, overwhelmingly past presidents of the Association. The history of the BAPRAS archive is condensed into one section of the 2016 book *BAPS to BAPRAS: The History of the Association*. To outside readers of this history, the archive's genesis as explained by Honorary Archivist Brian Morgan reads as a passion project for a group of surgeons, largely retired, who wanted to further legitimize, memorialize, and formalize their profession and its history.

Through the papers, images, objects, 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 stated 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.²³ 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."²⁴ This shows how surgeons' need for remembrance and commemoration on a personal level dovetailed with the status and reputation of the field of plastic surgery as a whole.

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. The archive's webpage asks for contributions from those who have "memories of working with or being a patient of Harold Gillies, his contemporaries, or any other significant Plastic Surgeon."²⁵ And as will be explored further in chapter 7, Morgan ends his 2016 history of the BAPRAS archive by asking his fellow members to "please think of the instrument you invented or the photograph at the bottom drawer of your desk

22 Wallace, ed., *The History of the British Association of Plastic Surgeons*. Green, ed., *BAPS to BAPRAS*.

23 Morgan, "The BAPRAS Archive," 135.

24 Bennett, "Obituaries: C. R. McLaughlin," 461. It was common for plastic surgeons, including McLaughlin, both in Britain and in the United States, to embark on their own publicity campaigns, in which they espoused the serious applications and histories of the field of plastic surgery. This is discussed further in chapter 7. This period of reputation building, particularly in the United States, is outlined by Elizabeth Haiken. Haiken, *Venus Envy*, 70.

25 "The BAPRAS Collection," *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*.

and let the archive know!”²⁶ Even though the archive’s history was included in a book on the history of BAPRAS, it is clear that the archive’s story and collection are still being constructed. It is also apparent from Morgan’s informal last line that the audience for this history was not meant to be those of us outside of BAPRAS.

But what does the publicly available (by appointment) BAPRAS archive communicate to those outside of the field of plastic surgery who choose to explore it? As a collection created by a BAPRAS member 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. A large part of this of course focuses on Gillies, with Andrew Bamji—a retired rheumatologist who has written extensively about Gillies and First World War reconstructive surgery—serving as the named Gillies Archivist.²⁷

As historian and theorist Carolyn Steedman wrote about 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.”²⁸ Any archive, whether created by a government, by a specialist group, or by a single person, cannot be divorced from the meaning that its sponsors and founding members put into it, strategically or unknowingly. The following sections draw out several of these meanings that become obvious as one spends time with the images, papers, and objects that BAPRAS has chosen to collect and preserve.

Status through Images

The BAPRAS archive is lousy with photographs, lantern slides, films, and drawings, but the two primary visual culture collections at BAPRAS are Orpen’s drawings and Percy Hennell’s contemporaneous photographs. These two Second World War collections corroborate each other’s visual knowledge, as they overlap in terms of dates, locations, and represented patients. They were used to illustrate patients’ files, to get visiting surgeons up to date on each case, to illustrate lectures both at home and abroad,

26 Morgan, “The BAPRAS Archive,” 135.

27 Morgan, “The BAPRAS Archive,” 133. For an explanation of the creation of this collection, see: Bamji, *Faces from the Front*, xiv–xvi.

28 Steedman, *Dust*, 68.

and to teach trainee surgeons. These two artists were working in the same room at times, yet they produced strikingly different materials, as explored through affect theory in the previous chapter. These objects—the Hennell photographs with their sharp corners of photo paper or cardboard frames, and the Orpen drawings manifesting as either loose pages held together with rusting paperclips or as sketches in hardbacked green leather sketchbooks—construct a handle-able archive of images that could be shared and exhibited to build up narratives beneficial to BAPRAS. The material details and physical classification tools within these two collections point to the epistemological, display, and teaching functions that these drawings and photographs were meant to fulfill as objects that communicate (even as it was still being established) the history of twentieth-century British plastic surgery.

Gillies advocated for “the place of art in plastic surgery,” an emphasis continued by BAPRAS Presidents and Honorary Archivists.²⁹ This is impossible to forget with Gillies the surgeon/amateur artist’s paintings hanging on the BAPRAS archive walls. Images, or visual data, are still highly valued by practicing plastic surgeons, as they view the history of their discipline as necessarily suffused with visuals.³⁰ The best-known facial reconstruction artist, Orpen’s mentor Henry Tonks, helped to visualize the narrative of Englishness and plastic surgery (more on this in a following section), as well as the importance of Gillies’s work, when he drew affecting portraits of facial injury and repair for Gillies during the First World War. These images would, a hundred years later, feature in many London museum shows commemorating the centenary of the First World War. The proliferation of Tonks’s images, and the black-and-white photographs of the same patients, helped and still 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 socializing with nurses or on outings to the local pub. The circulation of these images (after a period defined by a “culture of aversion” regarding facial injury during and after the First World War) and the feel-good rehabilitation stories of the Guinea Pig Club members, garnered press coverage and reinforced McIndoe’s reputation nationally.³¹ These images came to stand in for the realities of facial reconstruction and plastic surgery.³²

29 Morgan, “The BAPRAS Archive,” 132.

30 Freshwater, “The Presentation of Plastic Surgery Visual Data from 1816 to 1916,” 1165–77.

31 Biernoff, *Portraits of Violence*, 10.

32 For example, Liz Byrski has uncovered the stories of sexual harassment and coercion usually untold in Guinea Pig Club narratives. Byrski, “Emotional Labour as War Work,” 341–61.

The propagandistic value of images by surgical illustrators goes beyond those kept in the BAPRAS archive and mentioned above. Hennell produced images for J. B. Priestley's *British Women Go to War* (1943), and these also suggest an English exceptionalism during war.³³ His photographs in this publication had a specific message to convey: that women in Britain, more so than in 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 public duties with cheerful, colorful style. Hennell shot these images for Priestley around the same time that he was taking pictures in plastic surgery wards.³⁴ 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 and the British Empire's histories about itself in war and in science. Photography and its historiography, much like surgery's, often was framed in a nationalistic manner from its early days.³⁵ Images pushed narratives of individual and national importance; the more impactful the images that came out of the careers of these plastic surgeons, the better and more respected they seem to be. This can be measured by the number of images and boxes associated with that surgeon within the BAPRAS archive.

Global British Plastic Surgery and the “Big Four”

One epistemological purpose that the BAPRAS archive has served has been to intertwine the history of BAPRAS with the global but British-inflected history of plastic surgery. As I argue more granularly in chapter 7, plastic surgery and its images served as a symbol of the achievements of the British nation and empire, especially in a time of war. But the formation of an archive, replete with images and objects, further solidified these nationalistic goals of a British surgical empire. In his editor's notes for the 1987 book about BAPRAS, Wallace wrote 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.”³⁶ This is unsurprising, as surgery overall, and facial reconstruction and facial transplants in particular, have a history of

33 Priestley, *British Women Go to War*.

34 Hennell, “Colour Photography Applied to War Surgery,” 144–47.

35 Brunet, “Nationalities and Universalism in the Early Historiography of Photography,” 98–110.

36 Wallace, “Editor's Notes,” vi.

nationalistic competition.³⁷ Plastic surgery was a territorial discipline even before the World Wars (as were many medical fields) as shown by Carl Von Gräfe (1787–1840) naming his nasal reconstruction the “Germanic” method, and classing it as explicitly superior to the “Italian” and “Indian” methods.³⁸ The archive shows that the Honorary Archivists and other BAPRAS members saw and see their British organization as the main bulwark of plastic surgery.

This history of “British” (though, largely, the focus is on England) practice as *the* form of plastic surgery is best represented by the “big four” surgeons—Harold Gillies, Archibald McIndoe, Rainsford Mowlem, and T. Pomfret Kilner—who are written about in a fawning manner throughout the twentieth century and even today, as something like the four patron saints of the discipline.³⁹ Gillies is usually seen as the most important of these four surgeons.⁴⁰ Critically, he is also portrayed as the most artistic, as he often made comparisons between art and plastic surgery and worked with Slade Professor Henry Tonks during the First World War. He also made his own paintings, several of which, as previously stated, adorn the BAPRAS archive’s walls.⁴¹ Wallace stated that Gillies “put reconstructive surgery on the surgical map,” emphasizing that this happened “in England” and “during the First World War” (linking Gillies to the narratives discussed in this chapter regarding the nationalist and bellicose roots of plastic surgery).⁴² Even though three of the big four surgeons were from New Zealand, part of the

37 Fay Bound Alberti, Victoria Hoyle, and the AboutFace research team at the University of York (now titled Interface and based at King’s College, London) have produced work on the influence of national competition and international politics on face transplants, the successor to twentieth-century facial reconstruction surgery. The authors also discuss the paradoxical nature of face transplant debates in Britain. Bound Alberti and Hoyle, “A Procedure Without a Problem,” 315–24. Bound Alberti and Hoyle, “Face Transplants,” 319–45.

38 Freshwater, “The Presentation of Plastic Surgery Visual Data from 1815 to 1916,” 1166.

39 Tempest, “The ‘Big Four,’” 26–40.

40 The other three of the “big four” are the first that Gillies thanks in the acknowledgments of his 1957 book. In among the thank yous, however, his preeminence among the group is asserted, framing these others as “cutting grafts, sewing up pedicles and taking on all the hard-luck cases while I went fishing or golfing. Perhaps, looking back and assessing their positions today, these three don’t resent those years too much.” Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:xiii.

41 Gillies called plastic surgery a “strange new art.” Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:10.

42 Wallace, *The Progress of Plastic Surgery*, 95–96.

imperial project as a former area of British rule, it has been emphasized that these men came to *England* to train and to improve and use their skills.⁴³ Their stories, and their absorption into *British* (particularly English) plastic surgery, is typical of how imperial nations can take and rebrand people and practices from their colonial holdings when it suits them. In *The Progress of Plastic Surgery: An Introductory History* (1982), itself having a title that suggests a Whiggish and simplistic surgical narrative, Wallace focused on the geographical locations of innovations, often adding “in England” to emphasize where the big four’s advances developed.⁴⁴ In the late 1980s, an Australian surgeon who trained in England noted this preeminence of English surgery, and the feeling of English exceptionalism within the field: “In a Commonwealth almost exclusively attuned to British hallmarks, it was essential for any young Australian surgeon to become a Fellow of the Royal College of Surgeons of England, in order to have any chance of a staff appointment at a teaching hospital. Despite our Australian College being founded in 1927 and having the Royal title affixed, this view persisted.”⁴⁵ The big four were the progenitors of this need for British surgical approval in the twentieth century. Of course, it is also key that all four of them are men. The field is, unsurprisingly, still dominated by men, although in 2020, BAPRAS’s Twitter account boasted a 21 percent female consultancy.⁴⁶ The focuses of the BAPRAS archive are then, as expected, on the “great men” that have made up the Association.

These New Zealand surgeons are therefore products of the imperial system who promoted narratives of British eminence and scientific prowess, both through their surgical association with Britain (particularly England) and through the proliferation of images that traveled with them across the globe to proselytize. Gillies, who has been written about extensively by historians of medicine, for both popular and academic audiences, often in some version of a “great man” narrative, has not been framed in this manner previously, as an imperial product.⁴⁷ But it is impossible to understand how the

43 Gillies, McIndoe, and Mowlem were all from New Zealand, with Gillies and McIndoe being cousins. Gillies’s father had moved to New Zealand from Scotland.

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

45 Rank, *Head and Hands*, 3.

46 “In 2020, plastic surgery was the speciality with second [*sic*] highest number of female consultants. According to data from @NHSDigital, last year there were 21% women working in the speciality.” @BAPRASVoice, “In 2020, plastic surgery was the speciality with second highest number of female consultants. . .”. For more on the longer history of women in surgery in Britain, see: Arnold-Forster, “Gender in surgery,” 115–44; Brock, *British Women Surgeons and their Patients*; Brock, “Women in Surgery,” 133–52.

47 Fitzharris, *The Facemaker*. Bamji, *Faces from the Front*.

parameters of British plastic surgery in the twentieth century were defined without thinking through how its main practitioners, artists, and archives participated in a scientific imperial project. To talk about British medicine is to talk about the British Empire, and the BAPRAS archive bolsters this connection by framing British plastic surgery as a globally powerful, influential, and necessary field. These surgeons from New Zealand were elevated as “British” surgeons, and almost exclusively termed “British” surgeons, as this helped to further the British colonial scientific strategy by defining their surgical field as something that was distinctly British. The success and the fame of these surgeons was a mark of the success of the white colonial project.

This focus on the big four is of course a narrow way to tell plastic surgery’s history. Some surgeons (and authors of BAPRAS’s history) have acknowledged the negative side to the focus on these four men:

But the prestige that surrounded these four “giants” and the concentration of political “power” that was vested in their four units, all within the sphere of influence of the London surgical stage, tended to encourage a form of professional patronage that had a stifling effect on certain aspects of this young developing specialty. This stranglehold was only broken when other major plastic surgery centres were established outside London [after the Second World War] and showed that first-class plastic surgery was not a monopoly of the London-based Regions.⁴⁸

As Michael Tempest made clear here, the lauding of these four men contributed to an excluding small-mindedness of the field in Britain. These four were not the only pioneers. Operations of plastic reconstruction and aesthetic surgery were happening at the same time during the World Wars in the United States, France, and Germany, and precedents for rhinoplasty (plastic surgery or reconstruction of the nose) were noted in ancient Ayurvedic medical texts and had been practiced in Italy (most notably by Gaspare Tagliacozzi) since the sixteenth century. While there has long been a myth that this Tagliacozzi method was “lost” in Britain, historian Emily Cock has convincingly proved in her research that this was not true.⁴⁹ Gillies’s initial enthusiasm for plastic surgery was developed in France, where he observed surgeons Charles Valadier (1873–1931) and Hippolyte Morestin (1869–1919). At that point, he “knew nothing of the forehead flaps in Hindu medical history and . . . never heard of the Brancas or even Tagliacozzi.”⁵⁰ Gillies was also influenced by German surgeons’ facial reconstruction, in addition to that of

48 Tempest, “The ‘Big Four,’” 40.

49 Cock, *Rhinoplasty and the Nose in Early Modern British Medicine and Culture*.

50 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:7–8.

the French, before becoming known for his own procedures, in which he improved upon this continental work.⁵¹

In British contexts, Gillies is frequently called the “father” of plastic surgery. The BAPRAS archive web page itself states that he is “often thought of as a founding father of Plastic Surgery.”⁵² Gillies’s biography at the end of the book that he himself wrote classes him as “the ‘Modern Father of Plastic Surgery.’”⁵³ By contrast, Sander Gilman has written that most historians would consider the nineteenth-century German Johann Friedrich Dieffenbach (1792–1847) to be the father of the field; Haiken goes back further, noting that Tagliacozzi (1545–1599) was given that title.⁵⁴ Others point to as far back as 1000 BCE, to a “father of plastic surgery” called Sushruta.⁵⁵ Wallace himself delivered a lecture that bestowed the “father” title upon Jacques Joseph (1865–1934), a German rhinoplasty specialist whose surgical tools make up one of the largest non-British collections within the BAPRAS archive. But “Joseph’s Instruments” garners barely any mention on the BAPRAS website.⁵⁶ As already noted, Gillies learned early on in his plastics career of Indian and Italian antecedents, and he learned directly from French and German practitioners. Wallace was aware of the non-English/non-Western roots of the discipline, as he referenced these contexts in his book *The Progress of Plastic Surgery*.⁵⁷ But the author of a chapter in the 1987 history of BAPRAS, which Wallace edited, asserted 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

51 Bamji, “Sir Harold Gillies,” 144.

52 “The BAPRAS Collection,” *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*. Other examples of authors who have given Gillies this moniker: Bennett, “Henry Tonks and His Contemporaries,” 1. Spencer, “Sir Harold Delf Gillies,” 520–28. Baldwin, “Archibald McIndoe’s Stance against the Clinical Hospital Archetype.”

53 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 637.

54 Gilman, *Making the Body Beautiful*, 12. Gilman also later notes that “Tagliacozzi is the other ‘father’ of plastic and aesthetic surgery in the historical literature.” Gilman, *Making the Body Beautiful*, 66. Haiken, *Venus Envy*, 5. Cock, *Rhinoplasty and the Nose in Early Modern British Medicine and Culture*, 1.

55 Champaneria et al., “Sushruta.”

56 Wallace, “Joseph: The Father of Plastic Surgery,” 412–20. “Professor Joseph’s Instruments: Back Home,” *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*.

57 Wallace, *The Progress of Plastic Surgery*, 11.

elsewhere in Europe. Their names appear in this book.)”⁵⁸ 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. We know that Wallace saw merits to Joseph being called “father,” and yet no further mention is made in this piece beyond the editor’s aside. As the *British Association of Plastic Surgeons* (and later BAPRAS), of course their publications privilege their own history and that of the famous surgeons from *Britain* (or from former British dominions).

Wallace’s allusion to North America and Europe—but not elsewhere—is typical even in today’s approaches to the history of surgery, and, unfortunately, even in this monograph. Much of the history of surgery thus far has focused on France, Germany, Britain, and North America, with an over-representation of English-language histories.⁵⁹ Gillies himself highlighted the Britishness of the development of modern plastic surgery, even if he started his own short history of the field with India. He did this in a way that—rightly—emphasized the “improvements” made on Indian surgery by British surgeons.⁶⁰ But Gillies also often made the Indian rhinoplasty—a phrase that he used often—sound as if it were used in a barbaric society, only to fix the “Indian type of mutilation (where an unfaithful husband or wife is punished by cutting off the soft parts of the tip of the nose).”⁶¹ Gillies knew the history: “There is hardly an operation—hardly a single flap—in use to-day that has not been suggested a hundred years ago.”⁶² He conceded that plastic surgery was not a “new development” and that “civilised and uncivilised” countries had “from time to time” contributed to the specialty of plastic surgery of the face. But before the consolidation of the field in Britain, during the war, it was only “disjointed study in this department of surgery.”⁶³ While

58 Chapman, “Two World Wars and the Years Between,” 4.

59 Schlich, “Introduction: What Is Special about the History of Surgery?,” 3.

60 Gillies, *Plastic Surgery of the Face*, 3. The British surgeons in question were Keegan and Smith, and their work on rhinoplasty in India is written, from a surgeon’s perspective, here: Freshwater, “Denis F. Keegan,” 1131–36. Kristin Hussey provides a historical precedent for this tension in her analysis of the controversies surrounding “Indian” and “British” ocular surgeries in nineteenth-century London. Hussey, “Empire of the Eye,” 103–35.

61 Gillies, *Plastic Surgery of the Face*, 211. Gillies echoes this in his 1934 speech at Northwestern University. Gillies, “The Development and Scope of Plastic Surgery,” 2. And again in his 1957 publication. Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:222.

62 Gillies, *Plastic Surgery of the Face*, 3.

63 Gillies, *Plastic Surgery of the Face*, ix. American plastic surgeons also claimed that it was during the First World War that plastic surgery was born anew. Haiken, *Venus Envy*, 5.

surely Gillies and his colleagues did rework and significantly improve plastic surgery procedures and techniques, it is judged as disjointed in part, perhaps, because some of these techniques had developed in “uncivilized” places: an imperialist judgment. While he acknowledged that there was “nothing new in surgery or in the world,” he also asserted that it was the British “experiences in the Great War,” and their “experimental temerity” that “spurred the imagination” of plastic surgeons in other parts of the world.⁶⁴

War and Surgery

Particularly through its visual culture collections, the BAPRAS archive—and, as we have seen, plastic surgeons’ own classifications of their field—emphasizes the benefits and necessity of combat for the progress of surgery.⁶⁵ The archive’s page on the website notes specifically that this collection would be helpful for those wanting to know more about “World War history” and “modern warfare and its role in treatment.”⁶⁶ Wallace wrote that it “is a well accepted if unpalatable fact” that “wars stimulate advances in surgery,” particularly in plastic surgery.⁶⁷ 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.⁶⁸ A similar thought appeared in Britain regarding war and art during the First World War, again binding imagery and surgery together: “If art was good for war, then so too war might be good for art.”⁶⁹

War has had a large presence in both of the published histories of BAPRAS; this is primarily because of, and justified by, the large number of facially injured casualties requiring reconstructive plastic surgery during the First and Second World Wars. The majority of the BAPRAS archive images, Orpen’s and Hennell’s, but also Archibald Lane’s First World War scrapbooks and other holdings, depict the physical traumas of these wars, making it abundantly clear to any archive visitor that these are the surgeries, patients, and periods that were and are seen as most interesting and formative to

64 Gillies, “The Development and Scope of Plastic Surgery,” 1.

65 Tying surgical innovation to wartime innovation occurred in other British surgical fields, and resulted in the continued use of bellicose metaphors in surgery. Arnold-Forster, “Military Myths and Metaphors,” 213–39.

66 “The BAPRAS Collection,” *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*.

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

68 Chapman, “Two World Wars and the Years Between,” 1.

69 Walsh, “Remembering, We Forget,” 266.

BAPRAS members. The war work is billed as the most important, partially, again, because of the proliferation of images that illustrate it as such. It is unfailingly the First World War and the Second World War that feature heavily in the origin stories of BAPRAS and British plastic surgery, particularly through the lens of the careers of Gillies and McIndoe. It may also be telling that on December 3, 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 documenting this in the archive shows eighteen 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.⁷⁰

Historian of medicine Roger Cooter convincingly disputed this idea that war creates invaluable innovations in surgery and medicine, although it certainly is the most "positivist," and "implicitly militarist," way of looking at war through a medical lens.⁷¹ Cooter argued that people making these generalizations about the historical benefits of war are usually doctors or surgeons themselves, who Thomas Schlich has pointed out have plenty of shortcomings and biases when it comes to writing history.⁷² Beyond poorly researched or evidenced claims, the relationship between war and medicine, in which war is described as a "perverse handmaiden," has been inadequately described.⁷³ In Cooter's rethinking of this relationship, he separated "military medicine" out from other fields, saying that indeed it is only this restricted medical sphere that benefits, not any wider field or discipline prominently practiced in peacetime.⁷⁴ Leo van Bergen has confirmed that British narratives "largely supported the 'war is good for medicine' thesis throughout the interwar period."⁷⁵

In plastic surgery at least, this narrative filtered down from those with medical power to the patients, providing a sly justification for their pain that was coded in positivist surgical language. The July 1947 issue of 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). He wrote: "A World War contributes almost nothing to our general welfare; but despite its grim

70 "Meetings 2012 to 2014," BAPRAS/A/Event/13.

71 Cooter, "War and Modern Medicine," 1544.

72 Cooter, "War and Modern Medicine," 1544. Schlich, "How Gods and Saints Became Transplant Surgeons," 311–31.

73 Cooter, "War and Modern Medicine," 1536.

74 Cooter, "War and Modern Medicine," 1556.

75 Van Bergen, "Surgery and War," 390.

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.”⁷⁶ A sort of genial coercion appears here from doctor to patient, encouraging the patient to feel certain emotions (pride, usefulness) that may in part make up for the negative emotions and suffering associated with their own surgical progress.

Doctors like McLaughlin often encouraged this generalizing and Whiggish 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.”⁷⁷ Visual culture, like Orpen’s drawings labeled with “RM” (Rainsford Mowlem) or “JNB” (John Netterville Barron) written at the top of the page, can reinforce the preeminence of certain surgeons. Further examples of visual culture bolstering this narrative are Hennell’s photographs of Gillies’s or McIndoe’s hands (Fig. 2.1 and Fig. 2.2), Gillies’s hands being used as the cover for his book *The Principles and Art of Plastic Surgery*. These images infuse a godlike, art-genius power into the gloved digits of these surgeons. We can see here how images helped, in the words of Schlich, surgeons to become “gods and saints.”⁷⁸ The inflection point of the fingers on the surgical tools is imbued with a vibratory power in these images, bolstered by the glossy solid greens and blues of the photographic paper. These images, through Hennell’s color photography, turn Gillies’s and McIndoe’s hands into pieces of art as well as the hands of artists, playing upon the established trope of depicting the hands of the artist as something imbued with power and genius.⁷⁹

Like these photographs loaded with meaning, the emphasis on war within surgical histories and archives leads to a focus “on individual innovations and accomplishments of heroic war-surgeons,” with Van Bergen giving Gillies as a representative example.⁸⁰ The most prominent collections in the

76 McLaughlin, “PRESENT-DAY TRENDS IN RECONSTRUCTIVE SURGERY,” 18.

77 Cooter, “War and Modern Medicine,” 1544.

78 Schlich, “How Gods and Saints Became Transplant Surgeons,” 311–31.

79 The parallels between the hands of the artist and the surgeon, and the tension between surgeons’ hands as regenerative and as violent, are explored by Mary Hunter. Hunter, “Art and Surgery,” 301–25. The trope of the portrait of the artist’s hands can be seen in artworks depicting the hands of Barbara Hepworth, Henry Moore, Edward Burra, Pablo Picasso, and many other British and non-British artists alike.

80 Van Bergen, “Surgery and War,” 390.



Figure 2.1. Percy Hennell, *The Hands of Sir Harold Gillies*, c. 1940–1957, color photograph, BAPRAS/HEN/11/5, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.



Figure 2.2. Percy Hennell, *The Hands of Sir Archibald McIndoe*, c. 1940–1957, color photograph, BAPRAS/HEN/11/6, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

BAPRAS archive (besides Orpen's and Hennell's) are those with the labels "Sir Harold Delft [*sic*] Gillies," as well as "John Netterville Barron" and "Professor Thomas Pomfret Kilner." 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 wrote that "it was during the war that much of the fundamental philosophy of plastic surgery emerged," but that the formation of BAPRAS was necessary for "all these thoughts and experiences" to be "digested properly."⁸¹ Therefore, according to the narrative of BAPRAS's archive and surgeons, war and the

81 Barron, "The Origins of the BAPS," 13.

Association went hand-in-hand as the fertilizing agents that allowed the entire field of plastic surgery to grow and bear fruit.

Reconstructive Over Aesthetic

This focus on the wartime origin of the practice of plastic surgery helped 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. The negative public perception of plastic surgeries as purely aesthetic cosmetic procedures, to which Wallace, Green, and many other BAPRAS surgeons reacted strongly, arose as early as the sixteenth century. In that period "plastic" became a term that distanced the field from the conceit of the cosmetic, but by the twentieth and twenty-first centuries this word had taken on more aesthetic connotations.⁸² In this period, cosmetic or aesthetic surgeons who were "poorly qualified and very well advertised," and who called themselves plastic surgeons, were the bane of practitioners like Gillies, McIndoe, Mowlem, and others who saw reconstruction and "serious" aesthetic procedures to be the main remit of the plastic surgeon.⁸³

Both Elizabeth Haiken and Sander Gilman, in their histories of aesthetic plastic surgery, have commented extensively on this desire for many plastic surgeons to eschew the cosmetic and frivolous connotations of their practice. In the American context (in many ways similar to the British one), a focus on war and reconstruction showed that "these surgeons were claiming a particular version of their history," one that separated them from "beauty doctors."⁸⁴ Emphasizing the wartime genesis of the field—particularly the First World War and Gillies (who trained many Americans)—also framed plastic surgery as "a medical phenomenon," not an aesthetic one.⁸⁵ "Aesthetic" surgery was often used as a pejorative antithesis to reconstructive surgery, which had a "restoring function."⁸⁶ Several decades after the period about which Haiken and Gilman wrote, Wallace stated that the "still present criticism of cosmetic surgery" is a "regrettable [*sic*] feature in the history."⁸⁷ Providing evidence that bolsters Wallace's statement, Haiken cited a 1991 image audit by the American Society of Plastic and Reconstructive Surgeons, which showed that, to the American public, plastic surgery and cosmetic

82 Cock, "Lead[ing] 'em by the Nose into Publick Shame and Derision," 2.

83 Gillies, "The Development and Scope of Plastic Surgery," 26.

84 Haiken, *Venus Envy*, 5.

85 Haiken, *Venus Envy*, 18, 34.

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

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

surgery were “practically synonymous.”⁸⁸ Honorary Archivist Roger Green wrote in 2016 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.”⁸⁹ This concern is one that continues to appear, year after year. In an interview, BAPRAS Collections Officer (part-time archivist) Ruth Neave said that the primary focus of the archive was surgical reconstruction, over anything else (the main implication being that cosmetic surgery was *not* the focus).⁹⁰

This was one reason that the British Association of Plastic Surgeons (BAPS) was revised to become the British Association of Plastic, Reconstructive, and Aesthetic Surgeons (BAPRAS) in 2005, 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.”⁹¹ The problem was 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 the word recognizes the thread of artistry that extends throughout our specialty.”⁹² Here Earley relied upon the plastic-surgery-as-art trope that has been present throughout the history of the field.

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. A Special Launch Edition of the BAPRAS News & Views magazine outlined the decision, picked apart the definitions of plastic, reconstructive, and aesthetic, and included all of the reasonings of why this name change occurred, and what it meant for members.⁹³ Of course, these surgeons would still like to frame themselves as sculptors or artists, as had historically been the case, so the ideal for them would be to be considered “serious” reconstructive surgeons but with the genius-endowed hands of the artist, as emphasized by Hennell’s photographs of Gillies and McIndoe. The Association’s journal, copies of which are held within the BAPRAS archive, transitioned from the *British Journal of Plastic Surgery* to the *Journal of Plastic, Reconstructive*

88 Haiken, *Venus Envy*, 295.

89 Green, “Editor’s Notes,” 15.

90 Neave, interview by the author, November 28, 2018.

91 Earley, “From BAPS to BAPRAS,” 18.

92 Earley, “From BAPS to BAPRAS,” 19.

93 *BAPRAS News & Views* (July 2006), BAPRAS/A/1/2.

and *Aesthetic Surgery* between 2005 and 2006. The dropping of the word “British” in this title, in addition to the inclusion of “Reconstructive” and “Aesthetic,” 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.”⁹⁴ This demonstrates that the focuses of these types of organizations—whether on the type of work they do or how nationally concentrated they are—can change. But 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 have become or may become outdated. Images help to tether associations like BAPRAS to past identities or to provide evidence for a rebranding.

Emphasizing Physical Trauma

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 repaired and repair. Like the comments on how the archive is a resource for those researching war, the archive’s page on BAPRAS’s website also notes that the materials are helpful for those researching “physical disfigurement.”⁹⁵ However, as both reconstructive and cosmetic plastic surgeons have been aware for over a century, as I have explained in this book’s introduction, as is explored further by Haiken and Gilman in relation to cosmetic surgery, and as is examined within the BAPRAS archive in the following chapter, there is an element of psychological damage or trauma that can be mitigated or exacerbated by plastic operations. Surgeons like Gillies, McIndoe, and their Second World War colleagues understood this. Even 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 BAPRAS’s monthly 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.”⁹⁶

94 Kay, “From BJPS to JPRAS,” 52.

95 “The BAPRAS Collection,” *British Association of Plastic, Reconstructive, and Aesthetic Surgeons*.

96 *British Journal of Plastic Surgery: 50-Year Cumulative Index 1948–1997*, 53.

This does not mean that the psychological effects were ignored by plastic surgeons. In fact, both McIndoe and Gillies made it clear that they were treating the *whole* patient, including their mind and their relationship with wider society. John Barron used two phrases to sum up the approach of the “gentle giant” McIndoe: “‘Total Patient Care’, and ‘It Takes a Team to Treat a Patient’.”⁹⁷ McIndoe emphasized social rehabilitation to ensure his patients’ continued success outside of the hospital.⁹⁸ Gillies likewise privileged the overall rehabilitation of his facial wound patients at Rooksdowndown House in Basingstoke.⁹⁹ 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.¹⁰⁰ But in BAPRAS’s archive and 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.

Conclusion

The BAPRAS archive reveals vital points that its creators put forth for BAPRAS 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 public’s associations with the profession should lean away from the purely cosmetic, and that physical trauma is the primary concern of plastic surgeons. These “recurring tropes” in the materials produced and words spoken and written by plastic surgeons “inspired a sense of shared identity at a time when this

97 Barron, “McIndoe the Gentle Giant,” 205.

98 McIndoe, “Total Reconstruction of the Burned Face,” 420. Baldwin, “Archibald McIndoe’s Stance against the Clinical Hospital Archetype.” In a more recent article, Jasmine Wood has connected—through the lenses of masculinity, the hospital environment, relationships, and sexuality—these physical and psychological rehabilitation tactics of both McIndoe and Gillies. Wood, “Lashings of Grog and Girls,” 1–19.

99 Millar, “Rooksdowndown House and the Rooksdowndown Club.” Through his work as BAPRAS’s Gillies Archivist, Andrew Bamji has argued that the narrative that Gillies’s patients from the First World War remained depressed and psychologically injured is not as widespread as initially thought. Bamji, “The Psychological Impact of Facial Injury in the First World War.”

100 Haiken, *Venus Envy*, 109. Gilman, *Creating Beauty to Cure the Soul*.

identity was fluid and contested,” as was also the case for neurologists and neurosurgeons in the 1930s and 1940s.¹⁰¹ As we can see in this surgical collection, to surgeons, “the past is a flexible resource” for constructing their mythologies.¹⁰² As visual materials made during war in Britain, and under the direction of “big four” members, Orpen’s drawings and Hennell’s photographs contribute to and illustrate these accounts. The archive constructs and supports 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. There is an urgent need for archivists and historians working within BAPRAS, and surgical collections like it, to move away from treating drawings and photographs as simply the graphic illustrations and visual data that evidences the great achievements, men, and moments of surgery—best represented perhaps in Hennell’s photographs of Gillies’s and McIndoe’s hands or by Tonks’s illustrations of Gillies’s patients in the First World War. Rather, the images that make up the visual culture of plastic surgery are vital for understanding how archives are historically created and presented, and vital to the knowledge production of the institutions that hold these archives. And as more historical patient images open to the public, with some even accessible on the internet, there should also be, as there is in the following chapter, an archival engagement with the traumas depicted and elided within these visual collections.

The collections of this archive served and continue to work toward a field-building, narrative-bolstering goal. But the narratives of photographs and drawings like Hennell’s and Orpen’s have a potential to act and be enacted in a different way—in a manner that goes against the archival space that they have existed within thus far. The next chapter digs around and under these sanctioned narratives to give alternate meanings to these photographs and drawings, providing a novel way of looking at the image-objects within the BAPRAS collection. Following on from this chapter’s extended explanation of the versions of surgical history that the BAPRAS archive establishes (the narratives), the next chapter will provide a counter-archive (or counternarratives) outlining theories of the archive and how they connect to the story of psychological trauma that haunts this space of physical injury and reconstruction.

101 Gavrus, “Men of Dreams and Men of Action,” 62.

102 Arnold-Forster, *Cold, Hard Steel*, 31.

Chapter Three

Counternarratives of the BAPRAS Archive

While there is much in the BAPRAS archive on war, art, and the “big four” plastic surgeons of the twentieth century, the collection is noticeably quiet on the subject of psychological trauma and the potential mental repercussions of facial injury and reconstruction. As shown in the previous chapter, physical trauma and its repair is the focus of this plastic surgery archive, even if it was not necessarily the sole focus of surgeons like Gillies and McIndoe, who stated their commitments to holistic rehabilitation of the burned and facially wounded.¹

Mental pain is deemphasized in the narratives of plastic surgery that this archive presents because of the primarily results-driven and visual formats prioritized in the documents that make up BAPRAS’s collections. Drawings like Dickie Orpen’s and photographs like Percy Hennell’s largely show success stories—for the patients and for the surgeons who operated on them. Orpen’s drawings lack “after” images of the patients, so there is no risk of seeing a botched operation. Hennell provided photographs of repaired faces, and while there are scars and facial differences apparent in many of these final images, surgeons past and present can consider many of these

1 Simon Millar’s PhD thesis discusses how psychological rehabilitation was instituted by Gillies at his plastic surgery ward at Rooksdown House. Millar, “Rooksdown House and the Rooksdown Club.” McIndoe’s commitment to treating the “whole patient” is most clearly summarized in John Barron’s 1985 speech. Barron, “McIndoe the Gentle Giant,” 205. McIndoe’s approach is explained in Julie Anderson’s book on rehabilitation, in which she discusses his use of local residents 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 remain in their uniforms. Anderson, *War, Disability and Rehabilitation in Britain*, 115, 118. Alexander Baldwin also discusses the methods of rehabilitation utilized by McIndoe: Baldwin, “Archibald McIndoe’s Stance against the Clinical Hospital Archetype.”

people “fixed.” But, as discussed in chapter 1, the color and indexicality of Hennell’s photographs convey a more complicated story of repair, and this hints at the psychological questions of facial injury and reconstruction. The long-term mental effects of having been injured and repaired are far more elusive than the images may suggest within the BAPRAS archive.² Pre- and postoperative pictures that imply changes to mental states via surgery do exist from the nineteenth century onward, but not in this collection.³ In his history of plastic surgery, Sander Gilman wrote that one purpose of “before and after” photographs in this field was to show that those who had been reconstructed could “have better personalities, be better potential marriage partners, and be ‘happier.’”⁴ But in the BAPRAS archive, British plastic surgeons seem more interested in demonstrable physical rather than mental change.

Because I could not find any solid textual or visual references to the psychological trauma potentially suffered by the patients that Orpen and Hennell depicted, I found myself looking for counternarratives within the BAPRAS archive. Explaining the shift of the historian’s focus from narrative to counternarrative, theorist Carolyn Steedman wrote in *Dust: The Archive and Cultural History* (2001) that “historians read for what is *not there*: the silences and the absences of the documents always speak to us.”⁵ Each historian’s archive, and each historian’s varied experiences within the same archive, will be different from that of the next researcher, and there will be diverse silences and absences noted and made significant by each individual. Historians’ varied interpretations and interactions with the archive can produce counternarratives that read against the grain of the organizational status quo.⁶

2 BAPRAS’s Gillies Archivist Andrew Bamji argues that long-term depression and psychological issues was not a widespread problem with First World War facial injury patients. Bamji, “The Psychological Impact of Facial Injury in the First World War.”

3 Gilman, *Making the Body Beautiful*, 36–37. In addition to images of plastic surgery, another surgical field in which before-and-after images were used to communicate a change in attitude were those used to promote lobotomies. Freeman and Watts, *Psychosurgery*.

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

5 Steedman, *Dust*, 151.

6 Steedman, *Dust*, 9. This practice in history writing is first described by Walter Benjamin, who explains that the “documents of civilization” 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. Benjamin, “Theses on the Philosophy of History,” 256–57.

The lacunae within the BAPRAS archive communicate to me 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 the previous chapter. My 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, strangenesses, and affecting powers. Through analyzing the structure of the archive and through material fabulation, a psychological possibility for these represented patients is imagined.

Here I argue for an alternate method for describing this collection of trauma, inaccessible patient stories, and reconstruction. Following the historical work of Saidiya Hartman, Antoinette Burton, and Marisa Fuentes, as well as the psychoanalytic and archival theories of Jacques Derrida and Carolyn Steedman, this chapter looks deeply into the structures and gaps of the archive that holds the majority of Orpen's and Hennell's wartime material, constructing a narrative counter to those outlined in the previous chapter, elucidating abstract concepts hidden within the collection's folders and boxes.⁷ 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 the psychological symptoms that victims of wartime injuries and plastic reconstruction often experienced.

The 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—a practice that has long been challenged in health humanities scholarship—with these specific symptoms.⁸ The central claim of this chapter is that key features of psychological trauma and traumatic memory parallel the archival forms and organizations of Orpen's drawings and Hennell's photographs within the BAPRAS archive. The psychological trauma of these pictured patients is not *in* the BAPRAS archive in any concrete or substantial manner. But the thought experiment—the material fabulation via structural metaphor—carried out here shows how psychological trauma haunts the archive and how its effects can be intuited or interpreted in what Derrida called the “spectral”

7 Hartman, “Venus in Two Acts,” 1–14. Burton, *Dwelling in the Archive*. Fuentes, *Dispossessed Lives*.

8 One of the most cited and most succinct sources on the much-disputed phenomenon of retrospective diagnosis is Axel Karenberg's: Karenberg, “Retrospective Diagnosis,” 140–45.

structure of the archive.⁹ Through this theoretical analysis of the BAPRAS collection, this chapter shows that Orpen's and Hennell's work can allow for difficult examinations of history, historiography, and archives, with broader implications beyond just British plastic surgery.

Structuring a Metaphor for Categories of Trauma

But why and how would the BAPRAS archive mirror symptoms of psychological trauma? As explained in relation to facial injury in this book's introduction, physical and psychological trauma can accompany one another for those with these types of wounds. The same happens *within* the organization and the gaps of the BAPRAS archive. The physically traumatic subject matter has caused the archive to be created and organized in a manner that can serve and be experienced 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. An example of a historian using this type of metaphor as an illustrative methodology can be found in Tanya Sheehan's *Study in Black and White: Photography, Race, Humor* (2018).¹⁰ To explain the racial politics of the physical contrast of Blacks against whites in the nineteenth-century United States, Sheehan explained how the physical characteristics of the photograph and its negative could be representative of the social construct of race: "Associating the [photographic] negative with racial blackness proposed a . . . disruptive social view by suggesting that every 'white' face in a photographic portrait originated as a 'black' one. Whiteness, in other words, depended on blackness for its very existence, for without the negative there could be no paper print."¹¹ The concrete object of the photographic negative stands in for an amorphous and slippery socially constructed concept: that whiteness only existed through its contraposition to Blackness.

As mentioned previously, plastic surgeons working in Britain during the Second World War, particularly Gillies and McIndoe, were interested in psychological rehabilitation in addition to physical repair. In a 1980 book that Orpen helped to illustrate, John Barron noted 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

9 Derrida, *Archive Fever*, 84.

10 Ulrich Baer's comparison of photography to trauma, discussed in chapter 1, could also be thought of as a structural metaphor. Baer, *Spectral Evidence*.

11 Sheehan, *Study in Black and White*, 28.

in order to be able to assess the anxiety which arises from psychological reasons.”¹² Throughout the twentieth century in the United States, there arose an infatuation with the “inferiority complex,” and the medicalization and psychologization of this mental phenomenon was a reason that cosmetic surgery—and reconstructive plastic surgery—was sought.¹³ Even though practitioners were and are very aware of the psychological effects of (as well as the psychological reasoning) for 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 repair of physical trauma.

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, she appears with a tube pedicle—a tube-shaped flap of skin, rolled to prevent infection, with both ends attached to the body to ensure blood flow before one end is removed and the flap is used to reconstruct an injured or burned body part—attached to her cheek or wrapped around her face in the midst of reconstruction. And finally, at least in a Hennell photograph, she is shown with tidied up scars, hair, and clothing (Fig. 3.1). I will only be showing this final, “after” photograph of Billingsley, as, aligning with my ethical framework for showing these sensitive photographs outlined in my introduction, it is the only Hennell photograph of this patient that has been published previously.

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 (Fig. 3.2), the patient’s slack mouth draws the viewer’s attention as a marker of the woman’s anesthetized passivity in the face of tubed flesh being carved from her chest and her arm to wrap around her burned neck and chin. This is a mouth that, while slack in these images, likely contorted in pain when the patient was awake. Hennell’s color photographs give us a better sense of Billingsley’s full appearance, with the pink and red burn marks, and the tubed pedicle wrapped around her chin clearly visible in the full context of her face and upper body. Hennell’s photographs also hint at passivity, but through Billingsley’s eyes instead of her mouth; they are either

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

13 Haiken, *Venus Envy*, 108–23. 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*, 23–25. Gilman, *Creating Beauty to Cure the Soul*.



Figure 3.1. Percy Hennell, BAPRAS/HEN/4/2/5, 1943, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

cast down or closed in each of his photographs of her. Described through photographs and drawings, the visual narrative of Billingsley's injury, multiple surgeries, and her passive journey toward a surgeon-approved healed visage is exemplary of how the BAPRAS archive acts as a storage facility for individuals' journeys of physical trauma and ostensible repair.

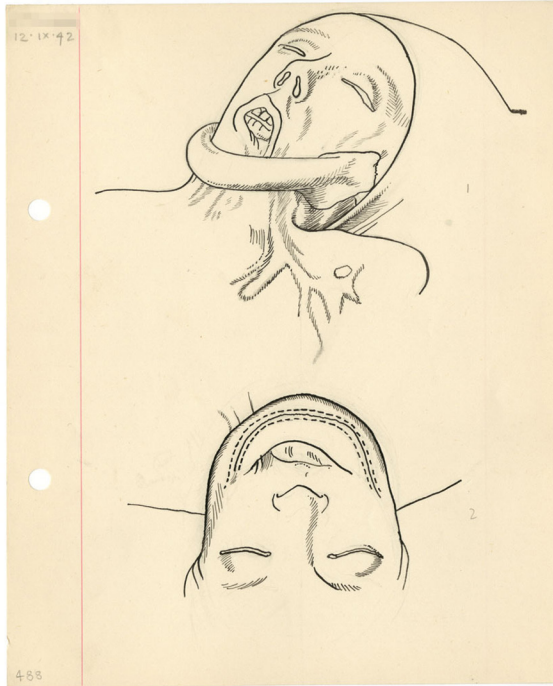


Figure 3.2. Dickie Orpen, BAPRAS/D 488, 1942, pen on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

Thinking Through the Archive

There is a wealth of secondary source material from historians and theorists discussing the intricacies of the archive and its epistemological powers, both real and imagined; several of these are mentioned at the outset of this chapter and in the introduction of this book.¹⁴ In this work, the BAPRAS archive, with its bevy of documents and objects, serves as my “document” of analysis, the type of document that, according to Michel Foucault’s outlining of his historical methodology, leads scholars to ask “not only what these documents meant, but also whether they were telling the truth . . . what

14 Examples of scholarship on the historical archive and theories of the archive that I will not analyze in this chapter but may be of interest for readers: Farge, *The Allure of the Archive*. Cross and Peck, eds., “Special Issue on Photography, Archive and Memory.” Merewether, ed., *The Archive*.

right they could claim to be doing so, whether they were sincere or deliberately misleading, well informed or ignorant, authentic or tampered with.”¹⁵ This archive, my document, is not being used here “to reconstitute what men have done or said,” but rather to “define within the documentary material itself unities, totalities, series, relations.”¹⁶ The previous chapter investigated some of the more concrete narratives within the BAPRAS archive; but this chapter looks to the metaphors and relations of the archival structure as a misleading or incomplete document.

In addition to using the frameworks of many historians who have come before me as inspiration for my methodology, I am examining threads in the interconnected work of two prominent theorists of the archive: Jacques Derrida and Carolyn Steedman. These two scholars are vital to the argument of this chapter because of how they have approached archives in their work—again, archives that are either real or imagined. Derrida aligned his archive with Freudian psychoanalysis, which is also used as a scaffolding throughout this chapter’s arguments for a structural metaphor. In *Dust*, Steedman discussed the evolution of history writing since the nineteenth century through the silences, traces, and omissions of the archive, as well as historians’ embodied experiences within it. While Steedman asserted in her acknowledgments that *Dust* “neither promises nor delivers an engagement with [Derrida’s] thought,” and that Derrida’s *Archive Fever: A Freudian Impression* (1995) “is not about archives at all,” I will show that pairing their writings is a useful exercise for considering the BAPRAS archive as well as other collections that feature difficult or traumatic material.¹⁷ Rather than being purely about the archive in the material sense, Derrida’s text is, according to Steedman, more about “psycho-analysis, or memory, or finding things.”¹⁸ This, in fact, is what *this* chapter is about as well. Derrida’s and Steedman’s conceptualizations of the archive—as an imagined or as a concrete space, as a site of remembrance, amnesia, power, justice, and psychoanalysis—are the most helpful frameworks for understanding my own experiences with and impressions of the BAPRAS archive.

The first relevant concept is the drive to collect, or, as Derrida termed it, “archive fever.” Plastic surgeons’ concerted effort to save materials, both bodily and archival, both the “detached nose, ear or finger” or the “photograph at the bottom of the drawer,” was a prominent framework for the previous chapter. This remains an important context here. Orpen remarked upon this need of plastic surgeons to collect and preserve in her sketchbook,

15 Foucault, *The Archaeology of Knowledge*, 6.

16 Foucault, *The Archaeology of Knowledge*, 7.

17 Steedman, *Dust*, viii, 3.

18 Steedman, *Dust*, 9.

and it is reinforced in writings by surgeons like Harold Gillies and Brian Morgan.¹⁹ Derrida explained this frantic drive to archive in his seminal post-structuralist text *Archive Fever*, which has the French title *Mal d'Archive*. According to Derrida, this “illness” (*mal*) stems from Freud’s concept of the death drive.²⁰ The death drive—the human impetus toward 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.²¹ Steedman argued that the term “fever” in the English translation of Derrida’s work does not adequately describe the true meaning of his concept. She wrote that instead the original 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.”²² This illness also stems from the “very establishment” of the archive, and how it represents an institutional power.²³ We can see this feverish approach in the actions and emphases of BAPRAS members: they want more than anything for themselves and for their professional lineage to be remembered and preserved.

The second relevant point gleaned from these theorists is that the creators of the archive are seen to have ultimate meaning-making power. This capacity is manifested in the narratives outlined in chapter 2—such as that of plastic surgery being a British discipline, and that war is good for surgery. 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.”²⁴ The collections that they chose and choose to archive, including works 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. It is “the historian who makes the Stuff of the past (Everything) into a structure or event, a happening or a thing.”²⁵ 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. The role of

19 This is used as the epigraph of chapter 2. Orpen, BAPRAS/DSB 9.40. Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:52. Morgan, “The BAPRAS Archive,” 135.

20 Freud’s central text on the death drive: Freud, *Beyond the Pleasure Principle*.

21 Derrida, *Archive Fever*, 19, 29.

22 Steedman, “Something She Called a Fever,” 1159. Steedman, *Dust*, 2.

23 Steedman, *Dust*, 1.

24 Derrida, *Archive Fever*, 2.

25 Steedman, *Dust*, 154.

the historian is to go beyond narratives like those delineated in the previous chapter, to create something out of what Steedman termed 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.²⁶

Related to the power of archive-creation, Derrida’s and Steedman’s approaches to the beginnings of archives are particularly interesting, especially in the context of the genesis of the BAPRAS archive described in chapter 2. *Archive Fever* begins with an outline of 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 are exercised *in this place* from which *order* is given.”²⁷ Here *power* is related 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 noted, Derrida’s insistence on etymology was as futile as an insistence on finding the commencement of an archive, as archives are always in *medias res*; they never really start at the beginning: “Nothing starts in the Archive, nothing, ever at all, although things certainly end up there.”²⁸ 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 created by British plastic surgeons.

While historians are trying ineffectually to find the beginning of the archival story, which “in a deluded way—we think might be the moment of truth,” we are also trying to find the root of the stories of the individuals depicted or described in the archive: in this case, the patients.²⁹ 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 “doing justice” to those whose lives have ended, been documented in some small way, and placed into archives. What historians do, “or what we believe we do,” is to “make the dead speak.”³⁰ In addition to telling the story of how visual culture defined Second World War plastic surgery,

26 Steedman, *Dust*, 154.

27 Derrida, *Archive Fever*, 1.

28 Steedman, “Something She Called a Fever,” 1175. Steedman, *Dust*, 45.

29 Steedman, “Something She Called a Fever,” 1160. Steedman, *Dust*, 3, 5.

30 Steedman, *Dust*, 150.

and the stories of Orpen and Hennell, it is important to give care and due diligence, where possible, to the experiences of the patients that these artists depicted. One way of doing so is to acknowledge and write about not only their physical struggles but their potential mental trauma as well, reintegrating the mind and the body as entities that cannot be easily split. Since there are no extant case files in the BAPRAS archive for the Second World War patients depicted by Orpen and Hennell (as the files, meant to be held in the Hertfordshire Archives and Local Studies, are missing from 1939–40 to 1946), I have found myself searching for a new way of accessing an understanding of their traumatic experiences.³¹

Derrida's metaphor to explain the phenomenon of the archive is the phone voicemail of someone who has died. He wrote 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."³² One of the curators of the 2008 exhibition *Dickie Orpen, Surgeons' Artist* stated, "We overlook so much of what we just take to be recordings"—the implication, of course, being that these drawings that Orpen did contain more than just records of injuries and surgeries.³³ This statement was meant in terms of the underlying artistic value of Orpen's drawings, but it also applies to the theoretical implications of these works 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. They became the recordings that outlived the people being recorded.

To construct some sort of entry into this ultimately unknowable trauma, I have taken a psychoanalytical approach to the BAPRAS archive, applying psychoanalytic methods to discern "symptoms" within the archive, using the space 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 a traumatized mind, an analogy partially posited by Derrida.³⁴ Even if Derrida's *Archive Fever* is

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

32 Derrida, *Archive Fever*, 62.

33 Woodcraft, interview by the author, November 9, 2017.

34 Derrida draws these connections between archiving and remembering by commenting on Freud's short piece "A Note upon the 'Mystic Writing-Pad.'" The idea of the mystic writing-pad partially influences Derrida's use of the word

more about Freud and psychoanalysis, Derrida does in fact 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. After all, finding the beginning of a traumatic history is a goal of both historians and psychoanalysts. Both groups try to reveal forgotten stories relevant enough to be brought back into present-day consciousness. 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.

Repression and Sublimation in the Archive

Accessing the psychological traumas of the BAPRAS archive begins with the archive's structural idiosyncrasies. Traumatic memories are often repressed to cope with psychological trauma; a type of repression also happens to the visual materials in the BAPRAS archive. In relation to *Archive Fever*, trauma theorist Cathy Caruth wrote 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."³⁵ The repressions within the BAPRAS archive can be thought of as political, 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 repression in the BAPRAS archive occurs in the boxes that hold Hennell's photographs. During the bulk of my visits to the archive, primarily in the years 2017, 2018, and 2019, the photographs of the patients in their more "healed" states sat at the top of each patient's folder, even though this upset the visualization of the surgery's progression and the patient's recovery. The structure of BAPRAS photographic collections like this—the Billingsley box included—goes backward to go forward, just like a Freudian analysis. Former BAPRAS archivist and Assistant Curator Kristin Hussey explained to me that she was likely the one who organized the photographs this way, although she had not purposefully buried the

"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 through the mechanics of this toy he "tried to picture the functioning of the perceptual apparatus of our mind." Freud, "A Note upon the 'Mystic Writing-Pad' (1925)," 232. Steedman stated, on the other hand, that the archive is in fact not like memory at all. Steedman, *Dust*, 68.

35 Caruth, *Literature in the Ashes of History*, 78.

more severe injuries underneath the images of healing.³⁶ It seems that this was done subconsciously to protect the viewer of the archive, or even the archivists themselves (either the BAPRAS-member-surgeon-appointed Honorary Archivist, or the part-time professional dubbed Assistant Curator or Collections Coordinator) from being caught off guard by the intensity of the initial injury and surgical images. The photographs of the “healed” patient, prioritizing the handiwork of the surgeons whose legacies BAPRAS protects, also emphasize what BAPRAS feels to be the archival collection’s main message: reconstruction. The placement of these images is therefore both emotional and political. But this means that “after” images appear before the “before” images, and the first photograph that the viewer sees is a patient with a newly scarred but relatively clear face.

The collection of Hennell photographs of the patient Billingsley 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 gray 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 the top photograph, gradually revealing the physical trauma and repair within it. When I first opened 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. 3.1). This is not an overly shocking or difficult image. There is only a hint of devastating injury in the lightly colored textured areas to the left of and below the patient’s mouth and across her neck. (Although the color that Hennell used makes it clear that these scars will remain as intractable reminders of Billingsley’s injury and surgeries, discussed further in chapter 1.) The materiality of this image gives it a certain finality, framed by gold and gray cardboard and labeled 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 about her discomfort and perhaps a felt invasion of privacy, this could be an innocuous passport-style portrait of a woman with curled hair, a collared shirt, and plucked eyebrows.

The realities and the extent of Billingsley’s experience in the plastic surgery ward of Hill End Hospital are buried underneath the more palatable image of her coiffed hair and pink but healing scars. This archival repression within BAPRAS relates to Freud’s idea of sublimation.³⁷ Like repression, sublimation is a coping mechanism; it allows for an individual to take unsocial

36 Hussey, interview by the author, January 16, 2019.

37 Freud, *Civilization and Its Discontents*, 26, 44, all.

practices and turn them into socially accepted ones. Freud argued that sublimation was put in place by individuals for the greater good of an intellectual, cultured, and functioning society. Neither a badly burned face nor a neck with a tube of skin wrapped around it are often seen or accepted in society or in the everyday propagation of images. The archivists of BAPRAS's publicly available collections sublimated these socially and emotionally difficult photographs and replaced them with more agreeable 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. Keeping the purpose of the BAPRAS archive in mind, to emphasize the physical over the psychological, the successes over the failures, and the reconstructive over the aesthetic, it makes sense that the top photograph in many folders of Hennell's work 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.

As soon as an archival visitor lifts up the first photograph in the Billingsley folder, the trauma of the patient's journey becomes abundantly clear. If the "after" 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, and then wrapped around her chin like an unnatural beard—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 by burying the most difficult aspects of it deep within the folders, in order to present at the outset a face that is more acceptable to the world. In addition to the surgical trauma, the original burn injury that constricted, reddened, and bubbled Billingsley's skin is also hidden under less traumatic imagery. As Derrida wrote, the "first archivist institutes the archive as it should be, that is to say, not only in exhibiting the document but in *establishing* it."³⁸ The BAPRAS archive is someone else's suggestion of how to approach these images of Billingsley and their meanings. It is not a faithful representation of how the physical trauma, or any accompanying mental distress, actually happened to this patient. And yet the structures of the symptoms of psychological trauma, such as repression, also haunt the BAPRAS folders.

38 Derrida, *Archive Fever*, 55.

Intrusive Memories and Dissociation in the Archive

A conflation or confusion of past events is also a symptom of psychological trauma; we can see an approximation of these phenomena within the BAPRAS archive through the visual and structural disorientation of patients' timelines of surgery and recovery. In 1920, Freud gave a lecture about several of his traumatized patients. He explained their symptoms: "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."³⁹ Since Freud, the unwanted recurrence of traumatic memories has been a defining characteristic of war trauma (and of the current diagnosis of Post-Traumatic Stress Disorder [PTSD]) and it is also a symptom of related dissociative disorders.⁴⁰ In the above-quoted lecture and in *Beyond the Pleasure Principle* (1920), Freud grappled 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 victims.⁴¹ 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 Pierre Janet (1859–1947) asserted that a traumatic memory is specifically one that will "recur again and again at the present time."⁴² Caruth, among others writing more recently, supports these observations by Freud and Janet, stating 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."⁴³ In other words, intrusive memories, and returning to the past, are accepted components of psychological trauma from the early twentieth century to today.

Another related psychological process that can stem from traumatic memory is dissociation.⁴⁴ This term is applied to several psychological experiences

39 Freud, "Fixation to Traumas—The Unconscious," 315.

40 It is not correct to refer to the shell shock of the First World War that Freud wrote about as PTSD. This would be anachronistic, since PTSD is not a timeless, evergreen diagnosis. Young, *The Harmony of Illusions*.

41 It was in this study that Freud determined the existence of the death drive. Freud, *Beyond the Pleasure Principle*, 9.

42 Janet, *Psychological Healing*, 671.

43 Caruth, *Unclaimed Experience*, 11–12.

44 A discussion of the relationship between trauma and dissociation can be found here: Dorahy and van der Hart, "Relationship between Trauma and Dissociation," 3–30.

and symptoms, but most generally it is taken to mean the detachment of memories or experiences from the true, singular narrative of one's life, past or present. 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).⁴⁵ 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, conceptualizing dissociation as something that happens when a traumatic memory is repressed for self-preservation.⁴⁶

Dissociation occurs when normal processes, memories, or even identities are broken down and separated out from the normal progression of personal narrative. Most recently, *The Diagnostic and Statistical Manual of Mental Disorders 5* (2013) stated that “dissociative disorders are frequently found in the aftermath of trauma” and that they “are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception.”⁴⁷ In *DSM-5*, dissociative disorders are grouped together with trauma-related disorders (like PTSD) but are classed separately. Scholars have highlighted 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).”⁴⁸ In order for the symptoms of a traumatic memory disorder like dissociation to abate, Janet wrote that the correct “memory of the happenings” must be restored, or reassociated.⁴⁹

Freud's and Janet's conceptualizations of intrusive memories and dissociative thoughts apply to the BAPRAS archive because of the ways that the structure 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.

45 Vermetten, Dorahy, and Spiegel, introduction to *Traumatic Dissociation*, xix.

46 Nemiah, “Early Concepts of Trauma, Dissociation, and the Unconscious,” 11.

47 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., 291.

48 Nijenhuis and van der Hart, “Dissociation in Trauma,” 418.

49 Janet, *Psychological Healing*, 673.

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 work in the BAPRAS archive, in twenty-five loose sheet drawings and in Sketchbooks #6, #7, #8, #9, #11, #14, and #15. The ways in which Hammer is portrayed varies; sometimes it is a sparse facial sketch, and sometimes the drawing is focused more directly on the construction of tube pedicles. The chaotic expansiveness of the sketchbooks makes it difficult for the viewer to discern how the operations really unfolded for patients like Hammer, and in what order, as stages of surgeries are often not organized chronologically within the sketchbooks themselves. The confusion of these sketchbooks—with annotations in French, English, and sometimes Latin, as well as half-finished, abandoned, or erased words and images—complicates the purpose and narrative of the Orpen collection in the BAPRAS archive.

The name of the patient varies as well: sometimes Orpen refers to her as Hammer, sometimes Mrs. Hammer, and sometimes Miss Hammer. Luckily, the type of surgery being drawn and the consistency of the surname assures the viewer that they are indeed looking at the same patient across these sketchbooks. Conceptualizing these drawings as intrusive memories, but also as dissociated identities that bounce across time, is aided by the patient's changing titles. The varying names make it seem that the patient's age and persona are vacillating, with "Miss" stereotypically being associated with a younger, unmarried woman and "Mrs." being perceived as the honorific of a more mature woman. These deviations create difficulty in keeping track of this patient's identity.

From one sketchbook to the next, some patients, through 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 December 9, 1942, shows the patient with two tube pedicles connecting her wrist and her abdomen (Fig. 3.3). Hammer reappears, in the same physical state but with more of her body drawn, in Sketchbook #7 in January 1943 (Fig. 3.4). The compositional and surgical 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 sketchbook pages, show that Hammer's state of trauma did not change over a substantial 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 in the BAPRAS archive, it does not seem that Hammer should be listed on the inside cover as one of Orpen's patients. And yet she is there, her name appearing to surprise the viewer with visual memories and recurrences of her months-long traumatic journey.

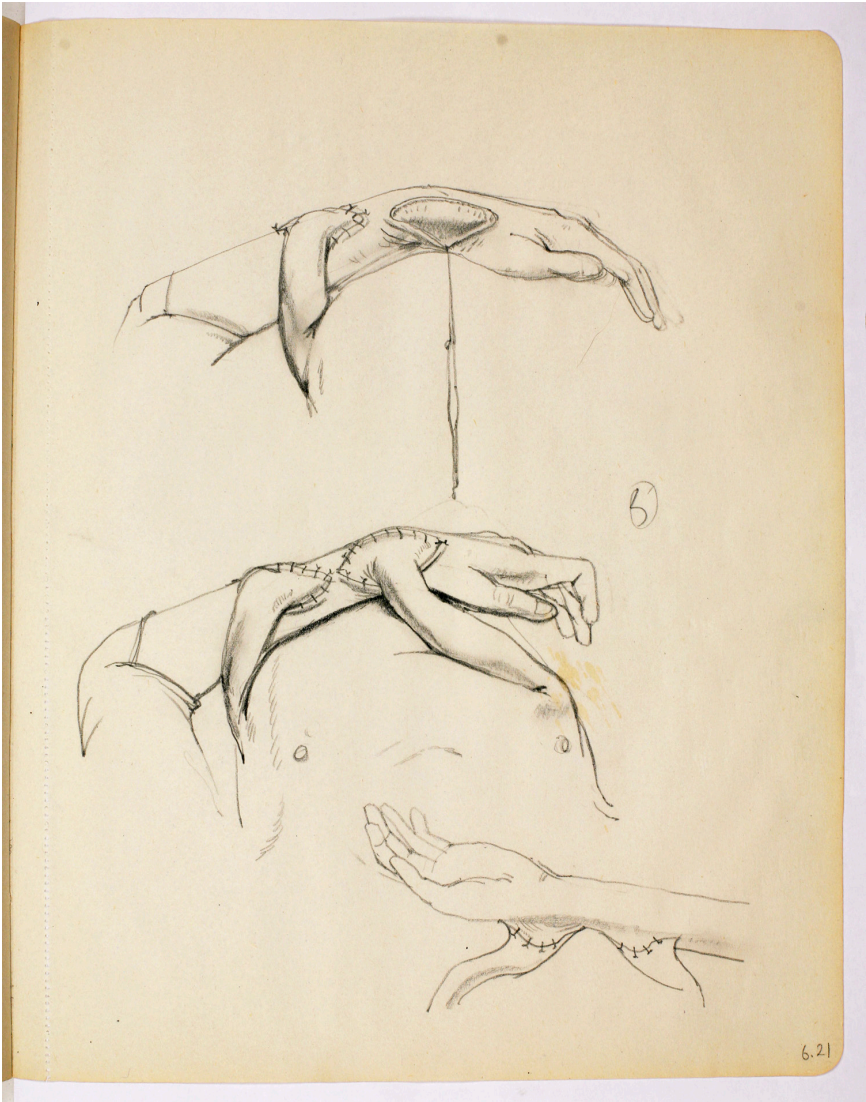


Figure 3.3. Dickie Orpen, BAPRAS/DSB 6.21, 1942, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

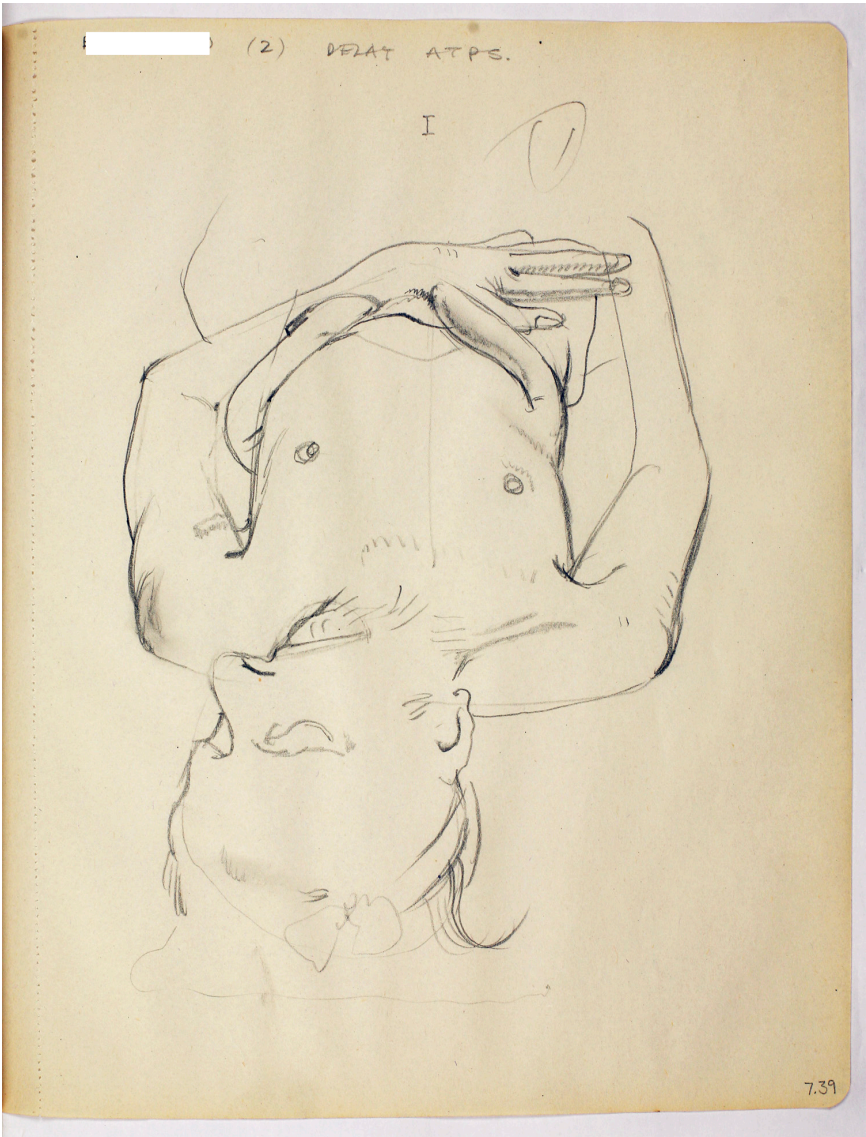


Figure 3.4. Dickie Orpen, BAPRAS/DSB 7.39, 1943, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

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." Orpen often put this word in a top corner of her paper when she believed that the surgery was finished. It may indeed have been the end of that particular procedure that Orpen was observing, but the word adds a false sense of conclusion, because it is almost never a *true* finish, since the same patient will often materialize again in a later sketchbook.

For example, next to a drawing of the patient Fitzgerald from February 19, 1943, Orpen wrote "finis." However, another drawing of this patient was done in June of that same year. This patient, who was discussed in depth in chapter 1, 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." This may in fact be the last drawing of Hammer, but since many pages are missing from the later sketchbooks, it cannot be certain that further drawings of this patient did not or do not exist. Regardless, this final drawing of Hammer, the last one in Orpen's extant sketchbooks and one marked with "finis," provides no closure for the patient's injuries or surgeries. Showing the removal of a small scar or strip of skin, it is not a conclusive, healed portrait of Hammer like Hennell's "after" photographs (Fig. 3.1) or like those that Orpen's mentor Henry Tonks drew of First World War facial reconstruction patients.

Looking through these drawings of Hammer and of Fitzgerald (of whom there are also many photographs by Hennell) continuously in the BAPRAS archive is like living and reliving, or at least intensively witnessing, their traumas. The fact that the last Orpen sketchbook held by BAPRAS is entirely blank, with the majority of its 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 willful or logistically necessary forgetting inherent in the creation of an 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 the trauma represented in the BAPRAS archive is of a type 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 are not always

organized in a logical progression. A drawing can lack concrete connections to others in the archive or even in the same sketchbook, as if it has been dissociated from a patient's narrative. In some of these sketchbooks, Orpen seems to have used the first page that it opened to when she walked into the operating theater. Sometimes she wrote the information for the surgery at the top of the page, but often she did 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. If I or other visitors to the BAPRAS archive want to know the stages of a patient's surgeries and recovery, it would be nearly impossible to piece together the full narrative of their stay at the hospital without looking through every single drawing and photograph, taking notes on when and how the patient appears in each.

It is in the loose sheet, formalized groups of Orpen's drawings that a partial reassociation, as described by Janet, occurs in the archive. This subset of the collection is more likely to have the surgeon, date, and type of surgery neatly labeled at the top of the page in pencil or pen. These loose sheets are organized by patients' last names, a format 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 finalized versions of what Orpen drew in her sketchbooks; they were easier for students and visiting surgeons to look through in order to understand the procedures that Rainsford Mowlem or other surgeons 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 recovery. Many of the other surgeries, or Orpen's sketches that link a patient's operations, are squirreled away in the more labyrinthine sketchbooks. 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 previously, is depicted in twenty-five loose sheet drawings that a visitor to the archive may assume 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, showing that the simple narrative of the loose sheets does not provide the whole story. And even the loose sheet images of Hammer, like those in Orpen's sketchbooks, lack a finished “after” 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. 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 the patients that Orpen drew.

Conclusion

This chapter is admittedly my own interpretation of the BAPRAS archive, which, as Steedman stated, will follow a different pattern of thought from any other researcher's experience in the same collection. 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 the visual culture of plastic surgery from the Second World War?

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 organization, 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 emphasizes reconstruction, wartime innovation, or the “big four”—unintended interpretations can be found.

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 artists such as Orpen spent hours with these patients: sketching their surgeries in the operating theater and drawing their portraits in the ward. Orpen was present for much of their suffering and physical recovery. The mental effects of war and surgery on these patients may have been obvious, or it may have required a closer, specialist look to reveal these effects, as is the case today in the BAPRAS archive. This structural metaphor of psychological trauma within this space has even more prescience when we consider that two of the hospitals in which Orpen and Hennell were creating their images—Park Prewett in Basingstoke and Hill End in St. Albans—were situated in buildings that were originally built as mental hospitals.⁵⁰ The very architecture surrounding the creation of these images was one of mental ill health and trauma.

50 Barron, “The Origins of the BAPS,” 13.

These images, both artistic and documentary, also serve as warnings to those who did not experience the trauma of war directly. Like the facial wound photographs in the legendary German pacifist book *Krieg Dem Kriege! (War Against War!)* (1924), these images have the unintended consequence of warning today's archive viewers—and those who visit the exhibitions in which Orpen's drawings and Hennell's photographs are included—of the dangers of war and violence for both the body and the mind.⁵¹ This ancillary narrative goes against that of the surgeons who advanced the positivist assertion that war was an undeniably helpful entity for the progress of plastic and reconstructive surgery.

In its dual capacity for order and disorder, documentation and omission, the BAPRAS archive resembles the psychological trauma often associated with the types of injuries shown in the Orpen drawings and the Hennell photographs. These drawings and photographs—because of the disorganized ways in which they are stored, the harried conditions in which they were jotted down into and torn out of sketchbooks, or the human reactions to these images in the archive—have been collected within a structure that mirrors psychological trauma.

The archive—specifically the BAPRAS archive in which Orpen's drawings and Hennell's photographs are held—is inevitably a fragment. The first three chapters of this book have each taken on a level of the BAPRAS archive: the affective effects of its collections, the institutional narratives espoused by the archive, and the traumatic dissonance simmering within its folders and boxes. These three chapters have begun the work of the “never completed, never wholly achieved uncovering of the archive.”⁵² While of course one of the main values of these three chapters is their deep dive into the history of plastic surgery in Britain and the new perspectives that this may bring to the fore, the other primary value of this first part of *Putting Plastic Surgery on Paper* lies in its methodological intervention. These first three chapters—approaching the archive from a personal perspective before then reading the archive straight on for the narratives that it helps to construct, and then reading the structure of the archive itself for counternarratives—can be used as a blueprint for other historians working with both institutional and personal archives. The three perspectives of these chapters form a more holistic view of the archive that is rarely present when only one of these approaches is employed. By doing deep work within this single space, I hope to encourage other historians to investigate “their” collections in a similar multifaceted manner.

51 Apel, “Cultural Battlegrounds,” 49–84.

52 Foucault, *The Archaeology of Knowledge*, 131.

Part II

Putting Plastic Surgery
on Paper

Chapter Four

Dickie Orpen

Identity, Pedagogy, and Medico-Artistic Looking

Dickie Orpen's biography, perhaps surprisingly, opens up new ways of understanding the emotional and practical structures of Second World War plastic surgery in Britain. Her story—that of a privileged white woman from a family well entrenched in the British art world—offers relevant commentary on gender, class, and the way that art and the body were taught in the first half of the twentieth century. The necessarily fractional biography constructed in this chapter uses Orpen's own writings, interviews with those who knew her, sources relating to her familial and artistic connections, and secondary contextual material to build up the intertwining stories of her family, her education, and the lead up to the war. Focusing in particular on how class and gender influenced Orpen's experiences in both the art and surgical worlds, this chapter thereby reveals how these identity categories helped to define the visual culture of Second World War plastics. Reconstructing Orpen's path to illustrating reconstructive surgery, this chapter explains how she became artistically tied to both her father, William Orpen, and her mentor, Henry Tonks, via the Slade School of Fine Art at University College London (UCL). This serves as a prime example of how the surgical world of Britain at this time was couched in the norms of the British art world, especially those related to gender, class, and artistic training. Untangling the pedagogical and personal relationships between Orpen and her father and Tonks also facilitates an untangling of the paradoxically coexisting diagnostic/scientific and artistic/emotional modes of looking that appear throughout the art of plastic surgery in twentieth-century Britain.

Being a “Soft Daughter”

Diana “Dickie” Evelyn Orpen was born on May 24, 1914, at the Orpen family home in Chelsea.¹ She was William Orpen’s fourth daughter, but she was only his third by his wife Grace Knewstub Orpen (1878–1948). He had another daughter, born 1912, by his American mistress Evelyn St. George (1870–1936): “a rich, imperious, proud and very beautiful woman,” with whom he had a “longstanding association.”² It is unclear if Dickie’s middle name was a sly way for William Orpen to pay homage to his American mistress, if it was Grace’s naïve or spiteful name choice, or if it was chosen, in fact, simply because Evelyn was a popular middle name at the time.³

Grace Knewstub Orpen was the daughter of Walter Knewstub (1831–1906), an artist and the apprentice and studio assistant of the famed Pre-Raphaelite painter Dante Gabriel Rossetti (1828–1882). Grace’s mother was Emily Renshaw (c. 1840–1880), a model and quintessential Pre-Raphaelite beauty. A sensual watercolor portrait of Emily by Walter, done in a typical Pre-Raphaelite style, titled *Lily and Rose* (c. 1875), is now held in the Worcester Art Museum in Massachusetts. The beautiful Renshaw caused a tension between Dante Gabriel Rossetti and Walter Knewstub. One of Dickie Orpen’s handwritten notes in her personal papers states that “Knewstub only had the courage to propose to Emily when Dante Gabriel Rossetti announced (in his cups probably/possibly) that he himself was going to propose to her the next day: so Knewstub got up at 5 am + walked from Chelsea to Highgate to propose himself.”⁴ And thus the two were married, eventually having Grace.

In 1901, Grace further strengthened her family’s ties with the London art world when she married William Orpen, a promising recent Slade School of Fine Art graduate and a man with a society network through his mother,

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- 1 Certified Copy of Diana Orpen’s Birth Certificate, Dickie Orpen’s personal papers.
 - 2 MacGonigal, “William Orpen Revalued,” 10.
 - 3 In passing, one of Dickie Orpen’s sons mentioned that she may have been give the name Evelyn after a godmother. According to the United Kingdom’s Office for National Statistics, when Dickie was born, Evelyn was in the top thirty of most popular *first* names for baby girls in the country. “Baby Names since 1904: How Has Yours Performed?,” Office for National Statistics.
 - 4 Orpen, notes on her family history. The autobiography of John Rothenstein (1901–1992), Orpen’s cousin and another of the Renshaw-Knewstub grandchildren, supports Dickie Orpen’s written statement: “My grandfather fell in love with [Renshaw] and, anxious to remove her from a bohemian circle around Rossetti (she was quickly acclaimed as one of the Pre-Raphaelite ‘stunners’) he married her . . .” Rothenstein, *Summer’s Lease*, 10–11.

who was “very well connected” and “ambitious on behalf of her youngest and most favoured child.”⁵ Grace may have also opened doors for William into the artistic “cultivated circle” in which her family operated, although the Knewstubs were relatively poor at the point of their marriage.⁶ When Grace’s brother Jack Knewstub opened the Chenil Gallery in Chelsea in 1906, William Orpen’s work was displayed there regularly, his studio conveniently (for both William and for Jack’s business) located next door.⁷

Dickie Orpen’s childhood was a financially comfortable one, with her father’s portraits providing a substantial income. In London, William Orpen gained wealth and 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.”⁸ While there were some hard times, especially during the First World War (the years of Dickie’s infancy), overall the Orpen family was well-off, with large, expensive Rolls-Royces recurring in narratives of William Orpen’s career as a car owned by both his upper-class clients and by the family itself.⁹ By the late 1920s, William Orpen was bringing in around £40,000 per annum with his portraits alone, equal to almost two million pounds today.¹⁰ In the words of one reviewer of Bruce Arnold’s biography of the portraitist: “You would hardly guess he was Irish or an artist. He had become part of the established order. . . . He dressed like a stockbroker, had hand-made shoes and a Rolls Royce, played billiards and jauntily joked his way through life.”¹¹

William had his own spacious studio at South Bolton Gardens in Kensington, and his wife and three daughters lived in a house in Chelsea. Dickie Orpen penned a poem that conveyed the peaceful yet bustling atmosphere of this affluent home, writing of “Tea-time and the best arm-chair,”

5 Arnold, *Orpen*, 183.

6 MacGonigal, “William Orpen Revalued,” 10. William Orpen, letter to his father Arthur Herbert Orpen, about his fiancée Grace Knewstub and his financial situation, June 22, 1901, MS 46,520/2. National Library of Ireland.

7 Helmreich and Holt, “Marketing Bohemia,” 47.

8 Rothenstein, “William Orpen,” 212.

9 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 in Egypt. Arnold, *Orpen*, 299.

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

11 Holroyd, “Slapping It on with Orpsie.”

and “the cursed communal bath.”¹² Charming poems aside, this was not a completely harmonious family home, and William did not have unfettered access to the space. In later years, after Dickie was born, he would have to write to Grace ahead of time to ask if he needed to sleep at his London club or at a hotel instead of the house when in town.¹³ Both the Chelsea home and William’s studio feature on Dickie Orpen’s Slade School of Fine Art student 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, SW5.¹⁴ As the short but apparently strictly guarded distance of about one and a half miles between these two addresses shows, Grace and William’s relationship was under duress, and had been so since before Dickie’s birth. In addition to the public knowledge of William’s affair with Evelyn St. George, he had a wartime lover in Paris named Yvonne Aubicq, who he depicted in several paintings, including *The Refugee* (1918). Bruce Arnold wrote that when William was knighted and Grace became Lady Orpen at the end of the war, “the pretense of normal married life was maintained” but the “title in a sense 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.”¹⁵ In addition to his philandering ways, Orpen had issues with alcohol, and it is believed that alcoholism contributed to his death in 1931.

The family kept up appearances, but there was a tremendous strain on the relationships between William and the Orpen women. When Dickie was born, Grace 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 blanket.¹⁶ Some family members today think that Grace ordered the baby away initially because it was not a boy, that William fiercely wanted Grace to produce a son, and that Grace felt that if she did so her marriage might be saved.¹⁷ 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.”¹⁸ In a handwritten memoir about her parents that she titled “Looking for Hidden

12 Orpen, “Life at Corner House Chelsea 1914–1931.”

13 Arnold, *Orpen*, 372.

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

15 Arnold, *Orpen*, 370.

16 Arnold, *Orpen*, 372.

17 B. Olivier, telephone interview by the author, February 27, 2019.

18 Arnold, *Orpen*, 372.

Treasure,” Orpen recalled how once her father teasingly chased her around with a knife at six years old. When she turned on him with tears in her eyes and called him a “bloody butcher,” William was enraged and punished her for “this display of feminine weakness” as well as for her cursing. Becoming a “small damp blob of fury” at William’s reproaches, 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 out loud and for the two of them to make up with a “loving hug.”¹⁹ Contradictions and complexities of gendered expectations are suffused throughout William Orpen’s relationship with his daughter, and in Dickie Orpen’s reflections on that relationship.

While perhaps it was always the case that William Orpen yearned for a son, Dickie Orpen’s older full sisters had far more positive and frequent early childhood interactions with their father. 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.²⁰ 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* (1910), a light, sunny pencil and watercolor piece showing Grace and Bunny cuddling barefooted in a green landscape. Dickie Orpen, on the other hand, could not recall her father coming along on family holidays during her own childhood.²¹ A particularly telling photograph kept in her personal papers (Fig. 4.1) shows William holding her as a baby, his face turned away and his embrace distracted.

The older Orpen daughters, Bunny and Kit, both feature prominently in their father’s paintings and drawings. Arnold described 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.²² From the First World War onward—so from the very beginning of her life—Dickie Orpen’s father was absent from her childhood, and this is reflected in his artistic oeuvre. The dearth of paintings and drawings depicting William Orpen’s youngest daughter is made more glaringly obvious by the existence of an oil portrait and several drawings of Vivien St. George, his daughter by his American mistress.²³

19 Orpen, “Looking for Hidden Treasure,” 3–5.

20 Arnold, *Orpen*, 189, 372.

21 Arnold, *Orpen*, 373.

22 Arnold, *Orpen*, 372.

23 William Orpen’s oil painting of Vivien St. George was sold by Sotheby’s for £134,500 in 2014. “(#106) Sir William Orpen, R.W.S., N.E.A.C., R.A., R.H.A.,” Sotheby’s.



Figure 4.1. Unknown photographer, *Untitled* (William Orpen and Dickie Orpen), c. 1914–1915, black-and-white photograph, from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

Becoming an Artist

Previous discussions of Dickie Orpen’s artistic and surgical career have been primarily found in work revolving around either a male plastic surgeon (like lead Hill End Hospital surgeon Rainsford Mowlem) or one of the two male artists most intimately connected to her: William Orpen and Henry Tonks. Initially knowing about a woman’s work through her male family members and mentors is typical of women artists throughout art history, as pointed out in the foundational work of feminist art historians such as Linda Nochlin. Dickie Orpen’s artistic (and medico-artistic) career, in many ways, followed Nochlin’s outline of the typical historical woman artist in “Why Have There Been No Great Women Artists?” a piece that cemented feminist art history frameworks of gendered socio-artistic structures. Historically, many women artists could only follow their chosen career *because* of their relations to male artist family members. Women artists usually were “the daughters of artist

fathers” or had “a close personal connection with a stronger or more dominant male artistic personality.”²⁴ Orpen 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.

This was a trilateral relationship, as Tonks’s teachings and career were influential for both Orpens. William was at the Slade School of Fine Art with him from 1897 to 1899 and Dickie studied with Tonks in 1929 and 1930. Tonks was close to both of them, sitting at William’s sick bed at the end of his life and confiding to Dickie in his later years. Tonks wrote in a letter to then-Director of the National Gallery, Augustus Daniel, that at the end of William Orpen’s life, “His sense of gratitude was very great. He seemed as if he could not thank me enough for what I did for him . . .”²⁵ According to Dickie Orpen, “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.’”²⁶ Before going into the aesthetic and experiential links among these three artists and their ways of looking, first must come an explanation of how they became such an artistically intertwined trio.

Dickie Orpen’s artistic training and augural relationship with Tonks almost did not happen because of the restrictions placed upon her as an Orpen woman. William was strict with his daughters and their creative endeavors. Even though he had plenty of examples of talented women artists in his life—from his mother, to his Slade colleagues, to many of his students—Orpen did not want his daughters to pursue artistic education.²⁷ He explicitly banned his daughters from being artists, as there was already, and could only be, as he said, “one damn good artist and no bloody amateurs” in the family.²⁸ This was a point of personal prejudice rather than a

24 Nochlin, “Why Have There Been No Great Women Artists?,” 61. See for a recent reconsideration of Nochlin’s foundational essay: Spies-Gans, “Why Do We Think There Have Been No Great Women Artists?,” 70–94.

25 Henry Tonks in a letter to Sir Augustus Daniel, October 5, 1931, quoted in Hone, *The Life of Henry Tonks*, 240. Hone seems to have had access to this letter directly via Daniel, who he thanks in his acknowledgments as a particular help.

26 Orpen, “Dickie Orpen on Henry Tonks,” 4.

27 When William Orpen arrived at Slade, most of the students were women, including standouts such as Gwen John (1876–1939) and Ida Nettleship (1877–1907). Taylor, “‘If a Young Painter Be Not Fierce and Arrogant God . . . Help Him,’” 234.

28 Orpen, “Looking for Hidden Treasure,” 7.

familial rule or tradition, as both of William's parents, and his brother, had been amateur artists.²⁹

Orpen's polemical comment about "bloody amateurs" reveals a typical Western bias against women artists that carried on well into the twentieth century. His statement also forces, within Dickie Orpen's familial history, an examination of the loaded and gendered term "amateur." Nochlin's essay on obstacles for women artists noted that "amateurism" and a "lack of seriousness" were features attributed to women's artistic "hobbies," in contrast with the "'real' work" of men.³⁰ This definition has class connotations as well, as only those with "noncommercial interest in the arts" could be seen as amateurs.³¹ Historically, besides exceptions like the founding members of the Royal Academy of Art (RA) Angelica Kauffman (1741–1807) and Mary Moser (1744–1819), women in Britain were largely left out of institutional training and therefore excluded from becoming wealthy, esteemed artists. Men could pursue an artistic education that had the potential to turn into a profitable and respectable profession. The professionalism that was expected by bodies such as the RA (of which William Orpen was an Associate from 1910 and full Academician from 1919) de facto blocked women from its ranks, although they always participated in large numbers in the RA's more open Summer Exhibition.³² After the eighteenth-century founding members, there would not be another woman member of the RA until Annie Swynnerton (1844–1933) became an Associate in 1922 and Laura Knight (1877–1970) was elected as a full Academician in 1936. Even though his own artistic training at the Slade was co-educational and heralded a new generation of women artists, William Orpen was carrying on the old-fashioned biases typical of those of his class and status in a way that justified

29 Turpin, "William Orpen as Student and Teacher," 173. Barrow, "William Orpen," 148. Orpen's father, Arthur Herbert, had "always sought relief" from his work as a solicitor "with brush and palette." "May I Come In? A Series of Interviews with Prominent Men. Mr. R. Caulfeild Orpen," 145. And William's eldest brother, Richard, wanted to be a painter but became an architect instead, vaguely citing "family reasons" for the choice—although he remained entwined with the art world. Irish Architectural Archive, "Orpen, Richard Francis Caulfield [*sic*]," *Dictionary of Irish Architects 1720–1940*.

30 Nochlin, "Why Have There Been No Great Women Artists?," 58. Sloan, "A Noble Art," 214. Withers, "Artistic Women and Women Artists," 330.

31 Spies-Gans, "Why Do We Think There Have Been No Great Women Artists?," 82.

32 Bermingham, *Learning to Draw*, 224. Turpin, "William Orpen as Student and Teacher," 182. Paris Spies-Gans points to how the Royal Academy in London exhibited more women at their Summer Exhibition than the Salon did in Paris. Spies-Gans, "Exceptional but not Exceptions," 409.

him barring his daughters from creating art, for fear of the seemingly inevitable trap that they would remain, as he termed it, “bloody amateur” artists.

However, in 1929 William Orpen discovered that his youngest daughter was drawing behind his back while she was away at boarding school. Prior to this, Grace Orpen had helped to keep this secret from her husband. At fifteen, Dickie Orpen accidentally left her artwork that she had been showing her mother out on a table in the Chelsea house while she rushed off to see her sister Kit in a production of “Tantivy Towers” at the Lyric Hammersmith Theatre.³³ Orpen related 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.³⁴

The drive to and from these two Chelsea addresses (11 Royal Hospital Road and Tonks’s place 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’s reaction to her artistic deceit was disappointment, anger, or both. When the professor’s response arrived, William smiled at the reply, which was “send her to the Slade on Monday.”³⁵ Unexpectedly, William was not upset by his daughter’s breaking of his household rules, but rather he was pleased with her skill level and with Tonks’s approval, which he himself had sought as an art student.

Dickie Orpen is not officially listed in the registry record of students held in the Slade archives, which suggests that the agreement between William Orpen and Henry Tonks was an informal one between old friends who both had power in the London art world, facilitating the artistic training of the daughter of a former star pupil. However, there does exist a student index card with Dickie Orpen’s address (and her father’s) as well as an entry date

33 A photograph in *The Sketch* from 1931 shows Kit in another run of “Tantivy Towers.” “‘Tantivy Towers’: Miss Kit Orpen Waltzes with the Dean,” 95.

34 Orpen, “Looking for Hidden Treasure,” 7–8.

35 Orpen, “Looking for Hidden Treasure,” 8.

(1929–30) and her date of birth. Her signatures are also found in the Slade sign-in books, her “D. E. Orpen” written in block capitals in thick black pen. The first entry, with the ink smudged by Orpen’s hand moving upward across the paper while the ink was still wet, appears on the “LADIES” page for January 14, 1930, several months after she started at the Slade in 1929. She continued to sign herself in four or five days a week until her signature last appeared on June 26, 1930.³⁶

Orpen, still a young girl, was at the Slade during the battle of mythological proportions between UCL’s art and engineering students. She wrote that the engineering students

raided the sculpture dept in the basement and made up lots of clay cannon balls . . . these were dry and lethal. The opening barrage broke all the Slade windows . . . I was in the life room having alas a lesson, which this appalling noise broke forth—the model blushed v slowly from the face down her neck and onward = mercifully the wretched master at last stopped drawing + said the model could go! Handed me jacket + shirt + strode to the door where a good imitation of the French Revolution was taking place. Huge statuary rocking + young ladies tearing off + up their garments to bind up the wounds of the gallant Slade defenders—to my horror looking R towards the antique room I saw Professor Tonks 74 and 6 ft 4 immerge [*sic*].³⁷

Unfortunately, her account cuts off there. But Randolph Schwabe picks up the narrative in his relating of the event: “Tonks . . . played a great part in the defence. . . . It had been a good fight and the Slade was victorious.”³⁸ This defense of the school at his advanced age, “repulsing marauding Engineering Students on the Slade stairs,” played into the legend of Tonks that lasted long after he left the school in 1930.³⁹ This frightening episode is just one example of how out of her depth Orpen could have felt as a young teenager at the university. She was also constantly “harangued” by a tutor to put up her hair because ““Miss Orpen, this is not a nursery school it is not a kindergarten it IS AN UNIVERSITY—please put up your hair.””⁴⁰ Orpen, at the time, always wore her hair in two long red braids. Even in light of these incidents, Orpen described her two terms at the Slade as “a taste of Ambrosia,” her word choice evidencing the freeing joy that she felt at having

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

37 Orpen, “Looking for Hidden Treasure” (follows on from 9, but inserted between 5 and 6).

38 Schwabe, “Three Teachers,” 145.

39 Chaplin, “Slade Archive Reader,” 178.

40 Orpen, “Looking for Hidden Treasure,” 9.

the opportunity to study there and to finally create art without fear of discovery or opprobrium from a reproachful father.⁴¹

Orpen became close to Tonks during this time, even though when writing about him much later in life, Orpen stated that Tonks's "disapproval reaches me even now," and that his approach to "Art (and Medicine) demands such stringent standards and unwavering humility."⁴² Orpen related 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 "terror and pleasure always mixed."⁴³ Even with the "disapproval" that she sometimes felt, Orpen had a special friendship with the Slade professor. In 1986, surgeon J. P. Bennett sent his *British Journal of Plastic Surgery* article "Henry Tonks and His Contemporaries" to Orpen's address in Dorset.⁴⁴ He included with it a note that read "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."⁴⁵ Almost fifty years after Tonks's death, Bennett considered Orpen to be someone with a deep understanding of who Tonks was as a person. It seems that originally, Orpen wrote her short piece "Dickie Orpen on Henry Tonks," (which Bennett called a "report") for this article, as her exact words are quoted by Bennett.⁴⁶ Orpen kept Bennett's article and letter in her personal papers until she died. These pieces of evidence, as well as the continuities of subject matter and artistic approach between the two artists, to be explored, underscore the importance of Orpen's relationship with Tonks, allowing for a much greater weight to be placed on Orpen's education at the Slade than on her experiences at other art schools.

Further confirming that the two remained close after the Slade, the surgeon-turned-artist Tonks confided to Dickie Orpen shortly before his

41 Orpen, "Dickie Orpen on Henry Tonks," 4.

42 Orpen, "Dickie Orpen on Henry Tonks," 4.

43 Orpen, "Dickie Orpen on Henry Tonks," 4. These meetings were a more personal version of the clinical rendezvous that another Tonks 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." Lessore, "Henry Tonks," 9. Orpen's meetings with Tonks were more similar to what former Slade Archivist Stephen Chaplin describes as taking place outside of the school, when "students wrote to [Tonks], arrived on his doorstep in Chelsea for tea." Chaplin, "Slade Archive Reader," 178–79.

44 Bennett, "Henry Tonks and His Contemporaries," 1–34.

45 Bennett, letter to Dickie Orpen, April 24, 1986.

46 This "report" was quoted in full in the pamphlet accompanying the 2008 exhibition of her surgical drawings. Orpen, "Dickie Orpen on Henry Tonks."



Figure 4.2. Henry Tonks, *Portrait of Private Wilson*, c. 1916–1918, pastel on paper, RCSSC/P 569.23, by kind permission of the Royal College of Surgeons of England.

death in 1936, during one of their tea-time critiques, that his First World War pastel portraits of facial injury and repair (Fig. 4.2) were the only drawings in his life of which he was “not ashamed.”⁴⁷ He had not held onto these drawings himself, as they were the property of the surgeons or the hospital for whom he had worked. But Orpen finally was able to view Tonks’s First

47 Orpen, “Dickie Orpen on Henry Tonks,” 4–5.

World War works, which she had “longed to 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.”⁴⁸ Hearing Tonks say that these were the works of which he was most proud must have had an enormous effect on the adoring pupil. Knowing how she felt about Tonks’s First World War pieces, and knowing that she was aware of how Tonks felt about those artworks, it follows that Orpen may have been chasing a similar feeling of accomplishment in her Second World War work.

Her conversations with her mentor Tonks about these works, and the images themselves, must have been in her mind as the Second World War began and as she was nursing men with all manner of injuries, including facial wounds. In 1942, after her experience with Dunkirk evacuees as a VAD nurse at Ashridge Hospital, she wrote to the surgeon Harold Gillies, with whom Tonks had worked, asking if she could help the war effort with drawings like those that her tutor had done. Perhaps because Gillies already had a surgical illustrator working with him at Rooksdown House, Joan Farmer, this letter was passed to Gillies’s colleague Rainsford Mowlem, surgeon at Hill End Hospital, who then employed Orpen.⁴⁹ This roundabout path into plastic surgery illustration was standard at the time, before recruitment and training became more professionalized within medical art in Britain. It was especially true that women found unexpected routes into the role.⁵⁰

In addition to putting her on a path to her most productive artistic period, being taught by Tonks bridged the gap of estrangement between Orpen and her father. 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 that had been eroded by distance, the romantic separation of William and Grace, affairs, and alcoholism. Arnold mentioned the pride that William Orpen 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 in the last few years of William’s life. It is believed by Dickie’s son Bill Olivier that once William discovered that she could draw, Dickie became something of an “honorary son”—again, gender and artistic practice are intertwined.⁵¹ This is corroborated

48 Orpen, “Dickie Orpen on Henry Tonks,” 5.

49 Eames, “Ahead of the Game,” 2.

50 While it is not yet clear how Farmer became Gillies’s Second World War artist, VAD nurse Mollie Lentaigne only became a plastic surgery illustrator because of a chance encounter with the surgeon Archibald McIndoe at a garden party. (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 3.

51 B. Olivier, telephone interview by the author, February 27, 2019.

by William's relaxation of his rule against his daughters being artists; he let 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.⁵² As Nochlin stated, it typically was only when a woman was seen to be taking up "the 'masculine' attributes of singlemindedness, concentration, tenaciousness and absorption in ideas and craftsmanship" that women could succeed in art.⁵³ By framing Dickie's artistic work within the context of male productivity, William Orpen could marry his antiquated perception of his "soft daughter" with his ideal conception of nonamateur artistry. He had to view his youngest child's art career through a male lens.

Perhaps William Orpen urged his daughter to "work like a man" because he had experienced how Tonks treated women students. In part because Tonks believed that marriage and children would diminish their ability to create good art, he withheld academic attention from most women students while paying too much of the wrong kind of attention to the pretty ones, and also caused women to weep in his classroom—one student from the 1890s stated that Tonks was "very severe," and he would make "one nearly blub" until one was "simply trembling."⁵⁴ It has been suggested that Tonks's bad behavior toward women, and his chauvinistic ideas about their purpose as objects of his gaze, was picked up from his time on surgical wards.⁵⁵ As explored in the following chapter, a similar medical machismo also fed into the humorous laddishness that pervaded Second World War plastic surgery wards such as the one at Hill End that Dickie Orpen worked on for three years.

Dickie Orpen was aware of Tonks's well-documented prejudices against marriage, children, and Catholicism as the things that consistently jeopardized the success of a woman artist: "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

52 Orpen, "Looking for Hidden Treasure," 9. Orpen, "Dickie Orpen on Henry Tonks," 4.

53 Nochlin, "Why Have There Been No Great Women Artists?" 63.

54 Wyn George's diary quoted in: Reynolds, *The Slade*, UCLCA/4/1/10/9, 128. UCL Special Collections, University College London. Chaplin wrote, "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," 7.

55 Chaplin, "Slade Archive Reader," 7.

students.”⁵⁶ But Tonks was “enormously patient” with her and called her “the Orpen child”; their sustained friendship beyond her teenaged years at the Slade suggests that for her, the daughter of a favorite student, he overlooked some of his distaste for women artists becoming Catholic and wanting to become mothers—both of which were the case for Dickie Orpen.⁵⁷

Medico-Artistic Looking in War

The aesthetic and pedagogical ideals of the Slade during Tonks’s time as professor can be traced in the medico-artistic looking of Tonks’s students William and Dickie Orpen. Medico-artistic looking, applicable to these three artists with intertwined experiences, can be conceptualized as a more active and dynamic form of the “medico-artistic attention” or plurisensorial gaze that art historian Anthea Callen related to the masculine nude body of the nineteenth century.⁵⁸ Medico-artistic looking, in the context of these three artists, marries the diagnostic and the scientific with the artistic and emotional. My ideas around this form of looking are directly influenced by the “intersections between medical diagnostic looking and artistic evaluation” that Keren Hammerschlag has described in the work of William Orpen—a creative intersection that was fostered by his most influential tutor, Tonks.⁵⁹ Elucidating the relationships of these three artists, pedagogical and personal, clarifies how these types of looking were combined in their works of “fine” art as well as in their work in the surgical wards of twentieth-century Britain.

Tonks himself did not write explicitly about his teaching principles, but luckily several of his students reflected upon their time at the Slade under Tonks’s tutelage.⁶⁰ Drawing and draftsmanship was a constant emphasis, as

56 Orpen, “Dickie Orpen on Henry Tonks,” 5. Claire Brock’s book on British women surgeons opens with a similar quotation from an 1859 *British Medical Journal* that stated that women must wholeheartedly commit to their medical profession, otherwise “they will fail in the duty they undertake.” Brock, *British Women Surgeons and their Patients*, 1. “Room for the Ladies!,” 293.

57 Orpen, “Dickie Orpen on Henry Tonks,” 4.

58 Callen, “Doubles and Desire,” 678. Callen, *Looking at Men*.

59 Hammerschlag, “William Orpen (1878–1931),” 78.

60 An interview with former Slade student Rodney Burn reveals that Tonks had in fact written down his teaching precepts for drawing, but that the artist Thomas Monnington had told him that they were incomprehensible and better off unpublished. Interview with Rodney Burn, quoted in Morris, ed., *Henry Tonks and the “Art of Pure Drawing”*, 28. What Tonks passed on to his students has been collated in three primary publications: Fothergill, “The Principles

the practice was “the all important thing with Professor Tonks.”⁶¹ Tonks’s influence as tutor and professor at the Slade is not disputed; his teaching seems to have been universally appreciated.⁶² Even some of the women to whom Tonks could be cruel were “uncritical of their master,” wanting to “express the greatest affection for him, and wish[ing] to give voice to the fact that ‘they were there.’”⁶³ Obituaries from both art and medicine publications touted Tonks’s success as Slade professor, and prominent British art critic and writer (and a Knewstubb relation of Dickie Orpen’s) John Rothenstein wrote that after abandoning surgery, Tonks became “a teacher of drawing—the most inspirational and influential, in fact, of his generation. This alone would entitle him to a place in the history of English art.”⁶⁴

The similarities between Dickie Orpen and Henry Tonks’s war work in terms of context and subject matter are obvious on a surface level, as both created portraits and diagrammatic illustrations of wartime facial injuries and plastic surgery. Tonks drew many powerful pastel portraits of facially injured servicemen (Fig. 4.2) for Harold Gillies. These images were originally meant to serve a purpose similar to that of Orpen’s Second World War pencil and pen drawings, but Tonks’s pastels now have taken on further theoretical and cultural meaning in the hundred years since their creation, in both the history of art and the history of plastic surgery.⁶⁵ Tonks’s pastel portraits have a clearer psychological depth to them than Orpen’s drawings, but both

of Teaching Drawing at the Slade School,” 31–47. Morris, ed., *Henry Tonks*. Chaplin, “Slade Archive Reader,” 134–37.

61 Vincent, “In the Studio of Professor Henry Tonks,” 84.

62 Tonks’s student Helen Lessore personally felt this, in many ways her opinion standing in for that of Tonks’s students as a whole: “The imprint of the Slade on a certain period of English painting is strong and this, I feel, is largely due to Tonks . . . He was a great teacher.” Lessore, “Henry Tonks,” 10–11.

63 Chaplin, “Slade Archive Reader,” 183.

64 “Memorial to Professor Tonks,” 296. MacColl, “Professor Henry Tonks,” 94. “Professor Henry Tonks, F.R.C.S.,” 150. Rothenstein was not this laudatory of everything that Tonks did, nor was he complimentary of every artist included in *Modern English Painters*. For example, his entry on William Orpen heavily damaged that painter’s reputation in the latter half of the twentieth century. Rothenstein, “Henry Tonks,” 85.

65 This is largely through the work of art historians Suzannah Biernoff and Emma Chambers, and through museum exhibitions, primarily in London. Biernoff, “Flesh Poems,” 25–47. Chambers, “Fragmented Identities,” 578–607.

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

collections document individual patients and the innovative surgeries at the time, contributing to the development of wartime medical pedagogy.

There are also direct correlations between Tonks's art and teachings and William Orpen's work; Tonks, therefore, through the Slade, ties together the artistic styles and production of father and daughter. Like his mentor and his daughter, William Orpen also made portraits of traumatized bodies of soldiers and civilians. Tonks and William Orpen were official First World War artists, a group dominated by those who, like them, had been affiliated with the Slade and/or the New English Art Club (NEAC).⁶⁶

One of the most visceral of Orpen's First World War works, showing the physical effects of psychological trauma in war, is *Blown Up* (Fig. 4.3). This watercolor with pencil shows a victim of shell shock—a thin soldier whose ribs are exposed through the tattered rags that he wears. This painting's details are presented as symptoms for the viewer to diagnose: a state of undress being a historical marker of madness; the empty yet somewhat menacing eyes suggesting an unstable threat; the rifle with the helmet atop it in the background alluding to fallen friends; and the skinny frame of the figure showing ill bodily health.⁶⁷ Orpen unflinchingly represented here a member of the group that affected him “most deeply and most continuously”: the “torn and burnt, blinded and crazy” men who had fought at the front.⁶⁸ This figure appeared in one of the versions of Orpen's painting of the peace treaty signing in Versailles. It appeared as a reminder to the “frocks” (politicians) taking credit for the end of the war who had truly paid for the peace with their lives and with their mental and physical health.⁶⁹

2014–February 14, 2015. The Science Museum, London, *Wounded: Conflict, Casualties, and Care*, June 26, 2016–June 3, 2018.

66 Walsh, ““Remembering, We Forget,”” 270 and 273. Other key members of the NEAC were Walter Sickert, Augustus John, Gwen John, D. S. MacColl, and William Rothenstein. It was founded as an alternative to the Royal Academy of Art in London and still exists today.

67 Art historian Jane Kromm has argued that the physical exposure of a madwoman signified the sexual abandon that was unleashed by a madness or mania. This state of undress has madness connotations when applied to male bodies as well. Kromm, *The Art of Frenzy*, 83–84.

68 Rothenstein, “William Orpen,” 219.

69 In *An Onlooker in France*, Orpen often goes back to how much he loved, worshipped, and respected the common soldier man. This attitude became particularly clear when he contrasted these men to the politicians running the peace conference, pointing out how these “frocks” got all the glory while the deceased soldiers or invalided veterans were forgotten: “The war was over, the Germans were a long, long way from the coast or Paris. The whole thing was finished. Why worry now to honour the representatives of the dead, or the



Figure 4.3. William Orpen, *Blown Up*, 1917, watercolor and pencil on paper, © Imperial War Museum (Art.IWM ART 2376).

Orpen was acutely aware of the psychological and physical impact that the war had on the common men who fought at the front, as he experienced it himself. Orpen lived with the guilt of passing through the fires of war relatively uninjured, just painting the scenes of trauma, not fighting in them.

Another of William Orpen's scenes of traumatizing war appears in *Zonnebeke* (Fig. 4.4), a painting that Dickie Orpen inherited and gifted to

maimed, or the blind, or the living that remained? *Why?* In Heaven's name, *why not?*" Orpen, *An Onlooker in France*, 167, 188, 191.

the Tate. *Zonnebeke* (titled after the municipality near Ypres in Belgium) visually conveys what William Orpen described to Tonks in a letter: a battlefield with “dead in some parts of it, German and English mixed . . . they don’t even worry to cover them altogether [*sic*], arms and feet showing in lots of cases . . . one feels the horrors the water in the shell holes is covering.”⁷⁰ Those who escaped from landscapes like this alive were those afflicted men depicted by Orpen in *Blown Up* and by Tonks in his facial injury portraits. *Zonnebeke* does not deal with the internal repercussions of war on these individuals as clearly as *Blown Up*, but it does suggest the haunting characteristics of the experiences of war.

Even with the trauma apparent in this landscape, *Zonnebeke* is still a classical description of a battlefield, showing the desolate wasteland so familiar in images from the First World War: still shell holes making wide silver gashes in the rust-colored mud. The clouded, smoky sky above contains a hint of blue, but this potential signifier of peace or optimism is marked with a plane-shaped shadow buzzing through its clearing. This blue reflects in the water that likely covered more corpses like the one in the foreground. This pale man, with his arms flung above his head and his legs twisted, lies at the edge of a drop, precariously placed to fall into this eerily placid gray-blue water, what Orpen called the “putrid water” of the battlefield.⁷¹ Near the dead body of one of those honorable men that Orpen so vehemently respected are sharp slashes of red that the artist seems to have jabbed onto the canvas in the shortest of bursts like the thrust of a bayonet, as if afraid to have the blood red touch his canvas for more than a second.⁷² 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 composition. Hours of looking, of visual research, and of seeing what cannot be unseen went into Orpen’s truthful, subtly emotional representation of this battlefield. This is part of what so haunted Dickie Orpen’s father; she never knew him before the First World

70 William Orpen in a letter to Henry Tonks, quoted in Arnold, *Orpen*, 316. This letter is uncited in Arnold’s publication but is likely from the private collections that he thanks Orpen’s family for allowing him to access in his acknowledgments. This letter is also quoted in Upstone, “A Sudden Growing up,” 20. In Upstone’s essay this quotation is cited as “W.O. to Grace Orpen, dated 15 April 1917; private collection.”

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

72 Mechthild Fend has outlined how in the eighteenth century the brushstrokes of a painting and the artist’s touch (*la touche*) became fused with the artist’s psychology: “A relationship between an artist’s mental or emotional state and the touch was established, turning the utterances of the hand into natural signs, into immediate traces of his personality.” Fend, *Fleshing Out Surfaces*, 41.



Figure 4.4. William Orpen, *Zonnebeke*, 1918, oil on canvas, T07694, © Tate.

War, and he never recovered from these landscapes and those common, sacrificing servicemen that he painted.

Zonnebeke shows William Orpen trying to get at the eerie emotionality of the battlefield strewn with war dead. And yet the confines of being an official war artist meant that the viscerality and the pure bodily emotion of war could not be fully appreciated or represented in Orpen's war landscape as it was in less sanctioned pieces like *Blown Up* (Fig. 4.3). There were rules around nonmedical fine art that prevented a raw engagement with embodied emotion. Counterintuitively, Henry Tonks's ostensibly scientific artworks from this period achieve a greater psychological and emotional depth. As Percy Hennell's photographs paradoxically allow for more subjectivity and emotion than Dickie Orpen's drawings (see chapter 1), so do Tonks's medical depictions paradoxically reveal more about the emotional context of the First World War than William Orpen's sanctioned landscape.

Just over twenty years after *Zonnebeke* was painted, Dickie Orpen and her peers would experience torturous sights, smells, and stories similar to that

which William Orpen, Henry Tonks, and First World War soldiers endured. Living in London after the First World War, as a child Dickie Orpen would have seen “utterly unemployable human derelicts, some of them with Mons medals and decorations for valour, begging in the streets of London.”⁷³ Even when these veterans had no physical wounds visible, there was a perception that something psychologically dark or difficult could be seething under an uninjured façade, as was the case with Orpen’s father and with some of the men that he depicted. This is the type of trauma that is revealed in between the folders and boxes of the surgical visual culture of the BAPRAS archive (see chapter 3). It is impossible to know the full mental effect that the World Wars had on these three artists, but working under the pressure of conflict forced Henry Tonks, William Orpen, and Dickie Orpen to evolve and adapt their artistic practice learned through the Slade, a form of close observation that allowed them to process—or at least to witness—the traumas of war.⁷⁴ This type of observation, learned in art school classrooms and passed on and reinforced through this triadic relationship, proved invaluable in the work of these three artists in medical and medicalized settings.

Medico-Artistic Looking in Slade Teachings

One of Tonks’s teachings stressed in his students’ accounts, which came to the forefront in war art, was the importance of truth in artistic representation, which was achieved through close looking. One of Tonks’s former pupils wrote that this pursuit of truth in drawing took on a “moral” impetus for Tonks. She related that he, above all, favored “an objective approach to the external world”—something necessary when tasked with creating surgical or anatomical images, as he and both Orpens did.⁷⁵ Furthermore, both Tonks and Dickie Orpen were asked to provide illustrations for surgical textbooks, a practice even more dependent on the image being visually truthful.⁷⁶

73 Sargant, *The Unquiet Mind*, 89.

74 Dickie Orpen’s son Richard Olivier spoke in an interview about how Orpen’s medical illustration was a form of caregiving, and perhaps a personal form of processing, that tied her wartime work to her Catholic devotion. R. Olivier, telephone interview by the author, November 13, 2017. For more on caregiving narratives in war, see Marie Allitt’s work for vital interpretation of these experiences during the First World War in literary spaces. Allitt, *Medical Caregiving Narratives of the First World War*.

75 Lessore, “Henry Tonks,” 8.

76 Tonks’s illustrations were used in Gillies’s 1920 book: Gillies, *Plastic Surgery of the Face*. Dickie Orpen came out of medical art retirement in the late 1970s to illustrate several books for surgeons John Barron and Magdy Saad. Barron and

The artistic side of this optically led truth to nature can be linked back to nineteenth-century art critic John Ruskin (1819–1900). As a young man, as he was deciding to leave surgery and pursue an artistic career, Tonks saw his hero Ruskin at the National Gallery in London. He dared not approach him, but nervously hoped during this passing encounter that “something might happen to bring us together,” as Ruskin “occupied much of my thoughts: I bought such of his books as I could afford and would spend many Saturday afternoons reading others at the British Museum Library.”⁷⁷ Ruskin’s *Modern Painters* (1843–1860), which Tonks certainly read, was an influential publication series, particularly in its idea of finding truth to nature in art, through “unprejudiced and scrupulous observation.”⁷⁸ Ruskin argued that art should be in the service of accurate documentation of nature, which he himself carried out in his drawings of feathers, animals, and natural features. Treatises on methods of teaching at the Slade in Tonks’s time stated that “stylised forms in art,” or artistic conventions of previous art movements, should be disavowed if they deviated from the reality of the nature being observed.⁷⁹ This truthfulness to nature reflected on the moral status of the artist.

The official British art of the First World War by men like Orpen and Tonks was heralded by visitors to postwar exhibitions as a new, purely English modernism, one that carried into the twentieth century a focus on truth to nature and social significance that Ruskin appreciated and lauded in the Pre-Raphaelite Brotherhood of the nineteenth century.⁸⁰ A medical professional writing a review of the Imperial War Museum exhibition of these war works lauded both Orpen and Tonks, and their fellow exhibitors, for providing paintings that “are evidence given by witnesses who desire to tell the truth.”⁸¹ Their having been there, their ability to *see* and interpret, was highly valued—notably appreciated and written about by this reviewer who was accustomed to a medical way of looking, interpreting, and diagnosing.

Saad, eds., *Operative Plastic and Reconstructive Surgery*, vol. 1. Barron and Saad, eds., *Operative Plastic and Reconstructive Surgery*, vol. 2. Barron and Saad, eds., *The Hand*, vol. 3. For a germinal history of ideas of truth and objectivity in scientific imagery such as textbooks, see: Daston and Galison, *Objectivity*.

77 Tonks, “Notes from ‘Wander-Years,’” 229.

78 Holmes, *The Pre-Raphaelites and Science*, 10. Ruskin, *Modern Painters*.

79 Fothergill, “The Principles of Teaching Drawing at the Slade School,” 34.

80 Walsh, “‘Remembering, We Forget,’” 278. Ruskin declared unflinchingly the power of truth in Pre-Raphaelite paintings in his 1883 lectures as the Slade Professor of Fine Art at the University of Oxford: “Truth is the vital power of the entire school,—Truth its armour—Truth its war-word.” Ruskin, *The Art of England*, 52.

81 “Imperial War Museum: The Nation’s War Paintings,” 215.

Here we can see that Orpen and Tonk's more purely artistic work was actually thought of as scientific, diagnostic, and truthful; in a way it was less emotional than their medical art, such as Tonks's pastel portraits.

In this vein, the only type of drawing that could be thought of as "beautiful" at the Slade was that which could qualify as "research" of nature, where the artist is "learning at every touch."⁸² This word "research," of course, has scientific connotations. During the First World War, Tonks applied his artistic and surgical skills to produce visual "research" of facial injury and reconstruction. This research was used as such by the surgeons who studied his pastel drawings and line diagrams in Gillies's case notes and in his 1920 textbook *Plastic Surgery of the Face*. Perhaps Tonks 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, from the perspective of the Slade teachings, were his most beautiful works. William Orpen also created truthful "research" artwork through his anatomical studies for teaching (to be discussed). Dickie Orpen did the same with her Second World War surgical drawings and even with some of her other works, like her immersive visual study of Kentish hop pickers, which represented a quasi-ethnographical examination of real people, their stories, and their surroundings.⁸³

According to Tonks and his acolytes, anatomical study and accuracy was a form of research necessary for beautiful and truthful work. A focus on anatomy, as it relates to a scientific form of artistic looking, and an increased understanding of psychology, was also espoused by the Pre-Raphaelite artists that Ruskin championed.⁸⁴ These tenets in turn inspired later generations of artists like Tonks, who considered "anatomical knowledge" to be a "*sine qua non*."⁸⁵ Tonks's involvement in the publication of an anatomy book for art students (*Anatomy for Artists*, 1925) helped to revive the interest in anatomy at the Slade in the years preceding Dickie Orpen's enrollment.⁸⁶ While Tonks did not teach anatomy at the Slade, he did teach the

82 Fothergill, "The Principles of Teaching Drawing at the Slade School," 34.

83 During her time at the Byam Shaw School in Kensington, London, Orpen observed and drew hop pickers working in Kent. Forty-two pencil drawings from 1937 of these East Londoner and Roma seasonal workers, who journeyed to the county to harvest the grain, are now held at the Canterbury Museums & Galleries. For this experience in Dickie Orpen's own words: Orpen, "HOP PICKING—KENT—1937," 1990, 1. CANCM: 1990.67.1–42, Canterbury Museums & Galleries.

84 Holmes, *The Pre-Raphaelites and Science*, 10.

85 Chaplin, "Slade Archive Reader," 135.

86 Chaplin, "Slade Archive Reader," 136. Morris, *Henry Tonks*, 35. Wolff, *Anatomy for Artists*.

subject while working as a surgeon.⁸⁷ Tonks wrote that because of his surgical training his “knowledge of anatomy, which I suppose I might describe as exceptional among art students” was undeniably beneficial in his study of art; Tonks wondered “what the figure looks like to anyone who has not this knowledge.”⁸⁸

William Orpen carried the Slade’s emphasis on learning anatomy and drawing from life into his own teaching. Both anatomy for the artist and drawing from life became Orpen’s pedagogical priorities during his time as a visiting tutor at the Dublin Metropolitan School of Art between 1902 and 1914.⁸⁹ These two subjects were also his teaching emphases during his joint venture with Augustus John (1878–1961) at The Chelsea Art School from 1903/1904 until its closure in 1907.⁹⁰ Because Orpen brought anatomy and life drawing from the Slade to Ireland, where this was not the pedagogical practice previously, Orpen had an enormous impact on a new generation of Irish artists.⁹¹

Orpen may not have had the specific and practical medical knowledge that Tonks or his daughter had, but he valued and used anatomy and medico-artistic looking throughout his career. Orpen apparently excelled at medically inflected skills early on, even when he was just a student in London. He 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.”⁹² He won several prizes during his time at the Slade, one for *Three Studies of a Female Figure, and Study of the Leg* (c. 1898), a female nude drawn alongside an écorché version of the figure.⁹³ While he did not draw surgical patients as his daughter and Tonks did, a 1930 feature in *Country Life* magazine medicalized the clarity of Orpen’s work, describing his studio as being “as light as an operating theatre.”⁹⁴ During his years teaching at the Dublin Metropolitan School of Art, Orpen made impressive chalk anatomical drawings (Fig. 4.5) during his

87 Tonks, “Notes from ‘Wander-Years,’” 224, 235.

88 Tonks, “Notes from ‘Wander-Years,’” 230.

89 John Turpin provides a thorough list of the instances of Orpen visiting the Dublin Metropolitan School of Art to teach. Orpen began to go there more frequently around 1906. Turpin, “William Orpen as Student and Teacher,” 183. Upstone, *William Orpen*, 2.

90 Grace’s brother Jack Knewstubb was also part of this venture, in the role of administrator. Helmreich and Holt, “Marketing Bohemia,” 48. Arnold, *Orpen*, 192.

91 Arnold, *Orpen*, 163.

92 Frank Rutter quoted in Turpin, “William Orpen as Student and Teacher,” 176.

93 Hammerschlag, “William Orpen,” 83. Cotter, “William Orpen,” 27.

94 Hussey, “London Houses: Sir William Orpen’s Studio,” 344.

lectures—as his mentor Tonks had done—to help students understand the workings of the human body as applied to draftsmanship.⁹⁵ Orpen created over sixty of these drawings of anatomical subjects—large pieces using white and colored chalk on black paper.⁹⁶ In these pieces one can feel the artist’s medico-artistic looking at work, where, in Callen’s words, “the multiple and complementary sensualities of art and medicine are revealed in all their fullness.”⁹⁷ Orpen adapted some of these drawings from Old Master works, one from his own painting *A Woman (Nude Study)* (1906), and some from Gray’s *Anatomy* (1858), an inspiration that directly links the work of the Slade-trained artist to clinical anatomical imagery.⁹⁸

When Robert Upstone curated the small 2009 exhibition *William Orpen: Teaching the Body*, he described Orpen’s twenty anatomical drawings held by 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.”⁹⁹ While here Upstone sets up a straw man comparison in the description of medical illustrations as “simple”—something that Orpen would have disagreed with, telling his wife that Gray’s *Anatomy* was the “only book worth working from”—the confluence of emotionally tinged beauty and scientifically attained truth is apparent in Upstone’s description and in Orpen’s anatomical works.¹⁰⁰ Even though, as was the case with many of his daughter’s drawings, Orpen’s anatomical figures are often scientifically labeled with letters and numbers or Latin names, there is an exuberance in the poses and in the deep red lines with which Orpen delineated musculature and curves. Chalky lines almost liquify muscles as they wrap around the sensuous poses of the *écorché* bodies, and sharp shocks of turquoise and white on the black paper maintain the drawings’ status as artistic and emotive representations, not just as anatomical ones.

William Orpen’s anatomical drawings could be used many times over in teaching just as Dickie Orpen’s sketchbooks and loose pages could be

95 Hone, *The Life of Henry Tonks*, 32.

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

97 Callen, “Doubles and Desire,” 690–91.

98 Upstone, *William Orpen*, 4.

99 Upstone, *William Orpen*, 2.

100 “Sir William Orpen, R. H. A., R. A. (1878–1931): The Anatomy lecture, an illustrated letter to his wife, Grace,” Christie’s.

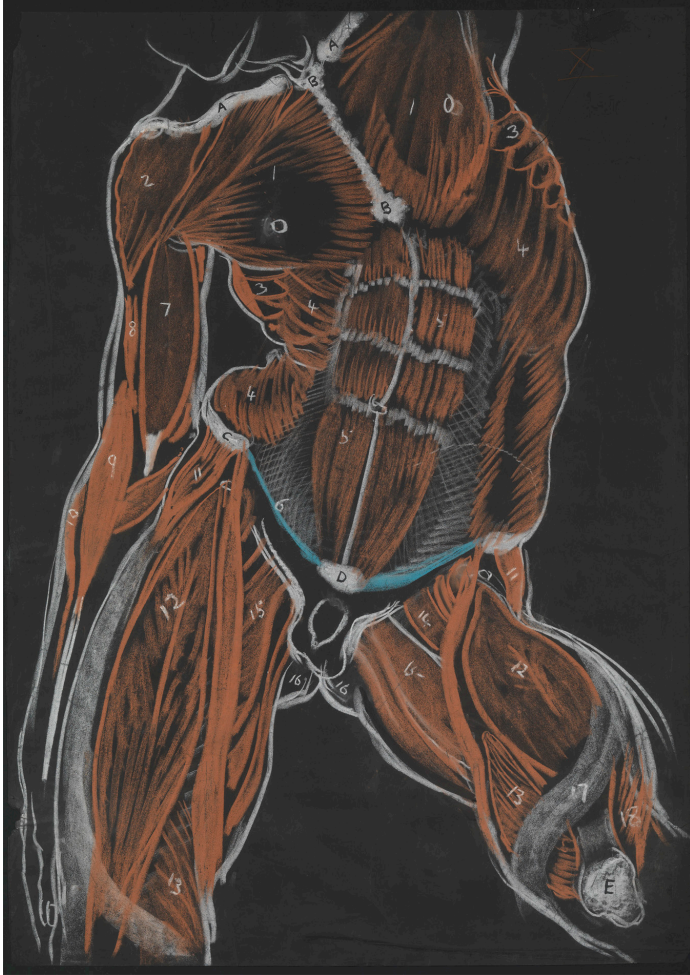


Figure 4.5. William Orpen, *Anatomical Study, Male Torso*, c. 1906, chalk on paper, T13365, © Tate.

referred to again and again over the years by trainee surgeons. Both Orpens therefore added to a tradition of teaching students, of both art and medicine, with drawn sheets.¹⁰¹ William Orpen wanted to emulate the pedagogy

¹⁰¹ This tradition of teaching anatomy with art started to take over the practice of teaching anatomy through dissections in anatomy theaters in the 1830s. Marre and Villet, “Anatomy Theaters in the History and Teaching of Surgery,” S74.

of the Slade, and one of the ways in which he did so was to teach anatomy artistically, pragmatically, and physically, by pinning his large chalk drawings up on a blackboard in front of a class.¹⁰² This practice had its roots in nineteenth-century visual surgical pedagogy exemplified in the multinational reach of drawings by Victorian surgeon-artist Joseph Maclise (1815–1880).¹⁰³ Images from Maclise’s publications and others like it were highly visual and interactive, pinned up and also duplicated as “large-scale painted teaching aids in the classroom,” not too unlike the grand chalk drawings made by William Orpen.¹⁰⁴ Dickie Orpen’s teaching and notational images, because they were drawn in the operating theater or on the ward, naturally had to be done on a much smaller scale than either her father’s or Maclise’s, but they could serve a similar pedagogical function. Both William and Dickie Orpen—like their medico-artistic forbears such as Maclise—created tactile, material, but fragile objects that solidified and transferred anatomical knowledge and encouraged visual forms of research for both artists and surgeons. Maclise also, like Tonks, Orpen, and Hennell, showed the emotional range of what surgical art could do.

For Tonks and Dickie Orpen, the interest in anatomy and scientific truth went beyond what was needed for artistic competency or teaching: their knowledge encompassed practical surgical acumen. Having trained as a surgeon, Tonks knew the intricacies of surgery and anatomy long before he worked as an artist in the First World War plastics ward. In fact, he preferred to be immersed, until spring 1916, in the “practical medicine” side of war work rather than the artistic side.¹⁰⁵ But it was the sights of the wounded, suffering, and incapacitated soldiers around him that reignited his interest in drawing and painting.¹⁰⁶ As noted by the anonymous medical professional-reviewers of the Imperial War Museum exhibition, Tonks still displayed his “technical knowledge” as a surgeon in his war artwork.¹⁰⁷

Dickie Orpen was a VAD nurse, obtaining the basic first aid knowledge necessary for that post in addition to the artistic anatomy that she studied

102 Upstone, *William Orpen*, 2.

103 Maclise’s best known publication is likely his *Surgical Anatomy*. Maclise, *Surgical Anatomy*.

104 Naomi Slipp focuses on the use of Maclise’s work in the United States pedagogical context, but her research reveals the practical and tactical uses of objects like these. Slipp’s work is particularly helpful because she considers the use of surgical imagery as loose sheets of paper (like the scientific work of both Orpens), and not as bound volumes. Slipp, “It Should Be on Every Surgeon’s Table,” 2.

105 Freeman, “Professor Tonks,” 286.

106 Freeman, “Professor Tonks,” 285.

107 “Imperial War Museum: The Nation’s War Paintings,” 215.

at the Slade and at her other art schools.¹⁰⁸ However, VADs were primarily meant to assist trained nurses in their work, not to replace their medical expertise; they served as “amateur professionals.”¹⁰⁹ Working at Hill End Hospital, Orpen picked up surgical expertise on the job, enough that she seems to have truly understood what was going on in the operating theater. As an illustrator of plastic surgery, Orpen had to be knowledgeable enough to interpret and to convey the complexities of the practice to future practitioners. According to surgeon Magdy Saad, for whom Orpen provided illustrations in the 1970s, she observed more surgery than most of the trainee surgeons in the 1940s.¹¹⁰ 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. She was not simply a dithering, copying woman artist, as her father feared she would be before he let her attend the Slade.

One example of Orpen’s intellectual, surgical, and anatomical awareness lies in her drawing of an eyebrow graft (Fig. 4.6–Fig. 4.8). She called it the “Orpen Graft,” and her sketchbook annotations and my discussions with plastic surgeons suggest that this was something that she thought of herself—a new way of grafting skin onto an injured eyebrow area.¹¹¹ The first drawing (Fig. 4.6) shows the initial image of a hair-bearing graft named after herself. Hair-bearing grafts or pedicled flaps from hairy parts of the body (like the scalp) were often used in this period to reconstruct eyebrows. However, Orpen’s technique, a free graft rather than a pedicle, seems to split the hair-bearing graft down the long axis, flipping half of it to arrange the follicles in a manner that better approximated how they would naturally lie. This drawing of a technique not in use today shows that Orpen understood the subunits of the anatomy of the eyebrow (head, body, and tail) and how the arrangement of hair in each of these areas differs. The second drawing (Fig. 4.7) visualizes the Orpen graft being used, and the third (Fig. 4.8) explains the graft in more detail, with several annotations from Orpen. On this third page, first Orpen wrote that her graft is as effective as the “method now in use.” But she later came back to this page to retract that statement owing to the success of another type of graft used by one of the surgeons at

108 According to a contemporaneous piece of writing by politician Elaine Burton, VAD training included home nursing, first aid, and practical hospital work. Burton, *What of the Women*, 65.

109 Adams, “Creating Amateur Professionals.”

110 Saad, telephone interview by the author, November 12, 2017.

111 I am grateful to plastic surgery research fellow Alexander Baldwin for his input on the technical aspects of these drawings, confirming my suspicion that Orpen was an inventive, knowledgeable, and rare surgical artist. Baldwin has also written about Second World War surgical artist Mollie Lentaigne. Baldwin, “Mollie Lentaigne.”

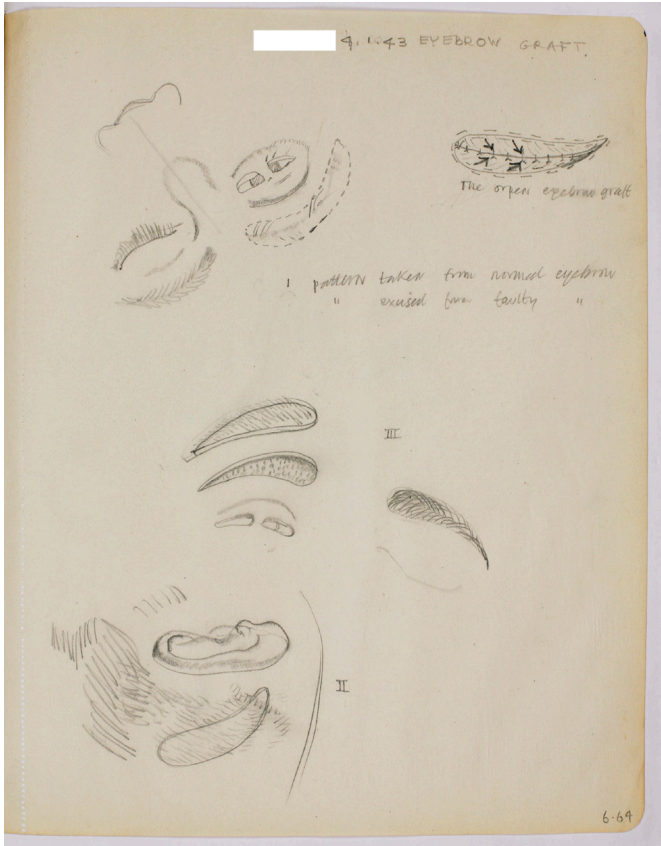


Figure 4.6. Dickie Orpen, BAPRAS/DSB 6.64, 1943, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

the hospital, Oliver Mansfield. *But* several months later, below that retraction, she said that her graft in fact *is* better, with 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 competitive) atmosphere of the Hill End surgical ward, elaborated upon in chapter 5. In Gillies’s 1957 publication *The Principles and Art of Plastic Surgery*, an example of a successful free graft eyebrow is presented as being by the Hill End surgeon Rainsford Mowlem.¹¹² It is tempting to speculate

¹¹² Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2:473.

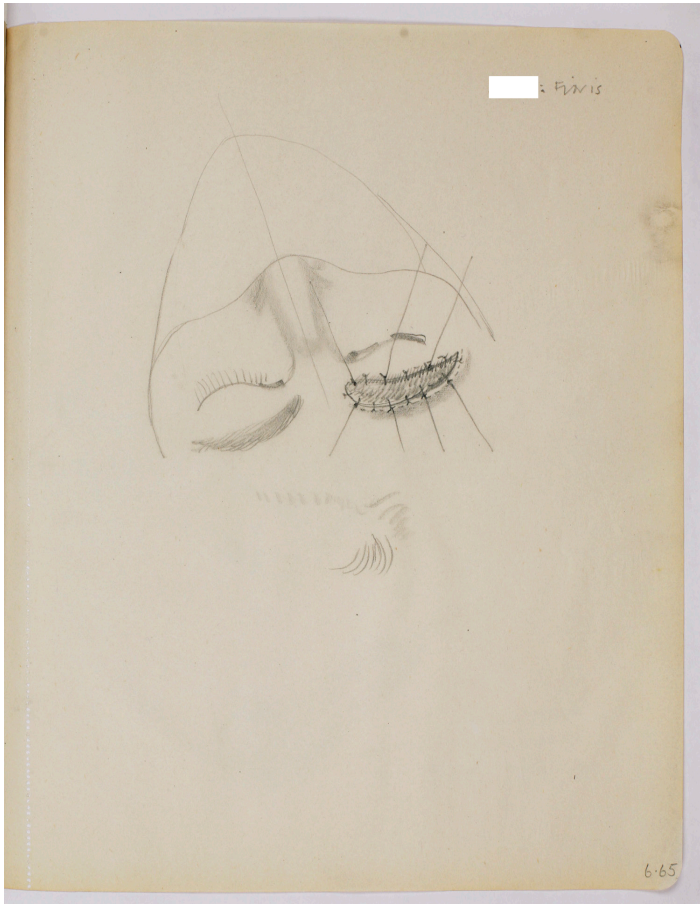


Figure 4.7. Dickie Orpen, BAPRAS/DSB 6.65, 1943, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

about whether or not Orpen’s input had anything to do with this innovation of Mowlem’s, in a type of eyebrow replacement that Gillies deemed less frequently successful than a flap or a pedicle.

When asked to elaborate on why he thought that Orpen was one of the most talented surgical artists 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

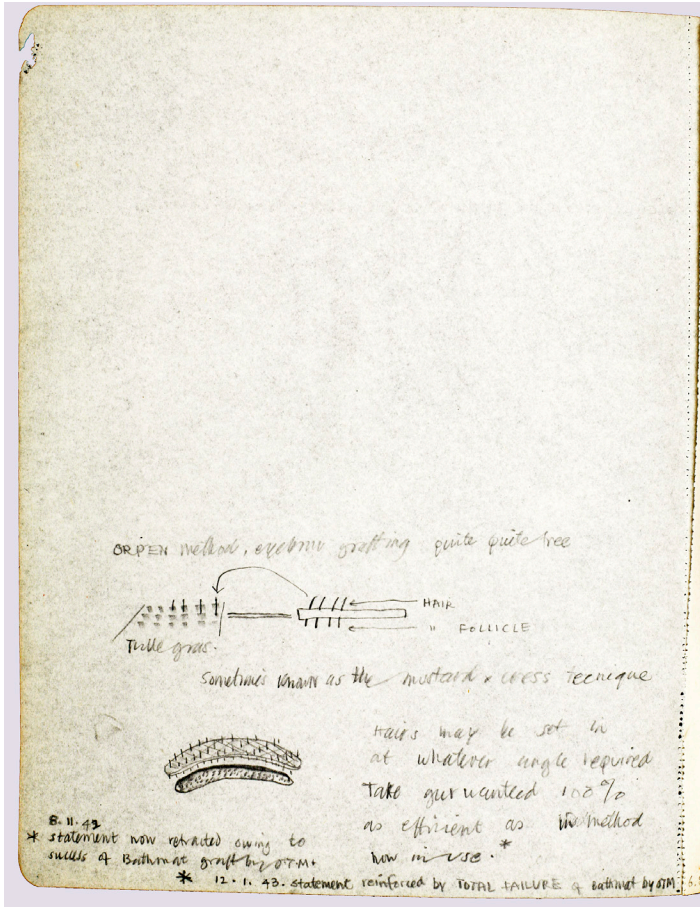


Figure 4.8. Dickie Orpen, BAPRAS/DSB 6.80, 1943, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

easy to explain with her. And she came up with the goods.”¹¹³ Orpen’s love of drawing and exposure to fine art 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 and emotional attraction to the complex job of plastic surgery illustration. The medico-artistic way of looking that both she and her father cultivated

¹¹³ Saad, telephone interview by the author, November 12, 2017.

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.

Medico-Artistic Looking, Portraiture, and Touch

Tonks's focus on the truth of the sitter—whether that be the accurate representation of their physical attributes or an honest depiction of their internal psychology—was rooted in his experience of medicine. To Tonks, a medical way of looking could help artists not only in terms of anatomical knowledge but also in understanding the interiority 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.¹¹⁴

Tonks understood that scrutinizing the body, as closely and as honestly as one would do in a medical setting, could increase the truthfulness and the psychological depth of one's portraiture. This medical way of looking ignores the "trappings" and goes beyond the individual's basic humanity and diagnosable suffering. 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 medico-artistic 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."¹¹⁵ As Gillies stated, "Observation is the basis of surgical diagnosis."¹¹⁶ Close looking, like what one practices in a clinical setting, leads to observing exterior and interior truth, and therefore begets beauty in research-led artistic representation. This leads to medical imagery that gets to some level of emotional truth in a sitter.

Within art-historical discussions, William Orpen has at times been 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" (they felt free of the "trappings" mentioned by

114 Tonks, "Notes from 'Wander-Years,'" 223.

115 Tonks, "Notes from 'Wander-Years,'" 223.

116 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:49.

Tonks).¹¹⁷ As stated in the previous section, Upstone noted that even in the flayed bodies of William Orpen's anatomical chalk drawings there lies "the beauty and poetry of what it feels to be human."¹¹⁸ Throughout William Orpen's oeuvre, from these anatomical drawings to his portraits of the upper crust of society, there is a penetrative gaze—under the skin—that gets at the physical and mental humanity of the individual body. In a speech with which he seemingly introduced his anatomy courses, Orpen stated,

I also wish to warn you of the great danger there is to a certain class of man in learning anatomy—the knowledge of how the body is put together often make [*sic*] these kind of people take things for granted in the figure they are trying to draw from—and so miss all the peculiarities and character of that particular individual whom they are working from. The first thing to get well fixed in the mind is that no two human beings are alike—look at every new person with a fresh eye and take nothing for granted.¹¹⁹

He was able to ascertain the interior truth of his sitters, as Tonks said happened when one undertook the deep study of humans in medical settings. William Orpen's portraits were successful in part because he combined his anatomical knowledge with a deep focus on the individual's interior, not taking the sitter "for granted."

We can see a devotion to representing this psychological depth in *Blown Up* (Fig. 4.3), the diagnostic depiction of the common soldier. Orpen's 1901 painting *A Mere Fracture* further displays his attention to medical sight, especially as it relates to the diagnostic touch of the physician.¹²⁰ In this scene, a young man has his legs propped up as a doctor kneels down to peer at the injured leg, his face only a few inches away from the shin, and fingers placed gingerly upon the leg. Hammerschlag has argued, as I do, 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, and Orpen himself, felt that his artist-students must cultivate in their nonmedical work.¹²¹ As Hammerschlag

117 Nevinson, "Sir William Orpen," 457.

118 Upstone, *William Orpen*, 2.

119 The sketchbook in which William Orpen wrote this introduction is held in a private collection. Upstone, *William Orpen*, 3.

120 As Keren Hammerschlag demonstrates, this painting "is emblematic of the artist's complex engagement with the nature of visual examination in both medicine and art, a theme to which Orpen would return repeatedly throughout his career." Hammerschlag, "William Orpen," 78.

121 Hammerschlag, "William Orpen," 81.

has pointed out, there are strong ties between this diagnostic scrutiny, a sort of “x-ray vision,” and Foucault’s foundational concept of the “medical gaze.”¹²² Orpen’s artistic 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*.

As the doctor in Orpen’s *A Mere Fracture* touches in order to see and to diagnose, so does Tonks’s figure in *An Advanced Dressing Station in France* (1918) (Fig. 4.9) touch the bandages around his eyes to discern the extent of his wounding. Touch and sight are intertwined in medical imagery, diagnosis, art, and war wounds—touch is the second most important sense in the medico-artistic looking promoted by Tonks and his teaching at the Slade.¹²³ Since the Enlightenment, touch and vision have been layered over one another through the primacy of light in both (light is needed to see, and light “touches” the objects that it illuminates).¹²⁴ We can recognize this link clearly in John Singer Sargent’s epic First World War painting *Gassed* (1919), whose composition of blinded servicemen grasping one another’s shoulders is echoed in the background of *Advanced Dressing Station*.¹²⁵ When one of these two senses falters, the other can be counted upon, but it is both that are needed to observe and to paint, and to teach surgical techniques.¹²⁶ In her discussion of diagnosis in photography and painting at the turn of the twentieth century, Rachel Ziady DeLue described diagnosis as “both a mode of seeing and a method of knowing.”¹²⁷ So was, and is, drawing, especially when touch plays a part at the nexus of seeing and knowing.

122 Hammerschlag, “William Orpen,” 80, 90. Foucault, *The Birth of the Clinic*, 16, 29, 52, 89, 135–36, 165.

123 See: Jordanova, “The Art and Science of Seeing in Medicine,” 122–33. The frisson of this relationship is made clear in Elizabeth Stephens’s research, where she works to “shift the focus of analysis from the visual to the tactile” in medical discourses and imagery. Stephens, “Touching Bodies,” 89.

124 Teffer, “Touching Images,” 121–33.

125 This vital depiction of touch and vision in the First World War serves as the introductory image to Santanu Das’s key work *Touch and Intimacy in First World War Literature*. Das, *Touch and Intimacy in First World War Literature*, 1–5.

126 Callen, *Looking at Men*, 18.

127 DeLue, “Diagnosing Pictures,” 46. Mechthild Fend traces the importance of the artist’s touch in their medically inspired paintings of skin in eighteenth-century France. Fend, *Fleshing Out Surfaces*, 40.



Figure 4.9. Henry Tonks, *An Advanced Dressing Station in France*, 1918, 1918, oil on canvas, © Imperial War Museum (Art.IWM ART 1922).

According to Foucault, touch is a key element of the plurisensorial diagnosis of the medical gaze utilized from the end of the eighteenth century.¹²⁸ Similarly, Tonks taught that the largely visual medium of drawing should also communicate “the ideas of touch.”¹²⁹ Tying in to his reverence for Ruskin’s

128 But Foucault remains firm on the primacy of the visual in this modern manner of diagnosis. “But we must not lose sight of the essential. The tactile and auditory dimensions were not simply added to the domain of vision. The sensorial triangulation indispensable to anatomo-clinical perception remains under the dominant sign of the visible: first, because this multi-sensorial perception is merely a way of anticipating the triumph of the gaze that is represented by the autopsy; and ear and hand are merely temporary, substitute organs until such time as death brings to truth the luminous presence of the visible . . .” Foucault, *The Birth of the Clinic*, 165.

129 Fothergill, “The Principles of Teaching Drawing at the Slade,” 38–39.

ideas about imitation of the natural world, from the eighteenth century onward, touch, as it referred to an artist's direct handling of paint, was "seen as a tool for the depiction of natural objects . . . [it] was an important means of precise imitation."¹³⁰ I agree with Suzannah Biernoff that, in his First World War works, Tonks "makes it possible to imagine *touching* these torn and shattered faces without horror or revulsion" (emphasis mine).¹³¹

Touch also was involved in the creation and use of William Orpen's anatomical drawings (Fig. 4.5). The languid chalk skips and glides along his black paper, which was tacked up, pointed at, gestured toward, and, yes, touched in the classroom. The act of drawing, of putting chalk to paper, of dragging it across the surface, was necessary in Orpen's pedagogy; he made these drawings while lecturing. This can be seen in a 1908 illustrated letter that Orpen sent to his wife (Dickie's mother) Grace.¹³² In this cartoon, a roughly sketched Orpen draws an anatomically correct arm on a pinned-up large sheet of paper, with a skeleton and books to his left. He turns back over his right shoulder, still drawing, still touching the paper, to observe and speak to his pupils. Orpen's touching of the anatomical arm in this sketch mirrors the tactile gesture in the famous Johann Zoffany painting of *Dr William Hunter Lecturing at the Royal Academy* (c. 1772), thus placing Orpen into the lineage of medico-artistic lecturers.

In Dickie Orpen's drawings, the role of touch in diagnosis, repair, and medico-artistic looking is rather more subtle. But the values that linked art, medicine, touch, and sight in the work of her closest artistic mentors are also apparent in her surgical works from the Second World War. Her drawings were physically torn out of their sketchbooks, passed around, and included in libraries and in patients' folders. They were the portraitlike blueprints on which plastic surgeons based their intimate and invasive resculpting of human flesh—a feat intellectually and practically related to the tactile art of sculpture, both practices being impossible without intrusive touch.

"Touching" with regard to drawings of facial injury also has the double meanings of "feeling": viewers may be touched by the psychological and physical suffering of these individuals. It is this double meaning of feeling that we can see in the works of Tonks and both Orpens: the overlap of the diagnostic medico-artistic looking and the witnessing, caressing care for the injured body of the common man.

130 Fend, *Fleshing Out Surfaces*, 41.

131 Biernoff, "The Ruptured Portrait," 37.

132 "Sir William Orpen, R. H. A., R. A. (1878–1931): The Anatomy lecture, an illustrated letter to his wife, Grace," Christie's.

Conclusion

As a visual artist and as a medical worker, sight—particularly the learned tool of medico-artistic looking—was the most important sense for Dickie Orpen in the plastic reconstruction ward at Hill End. Orpen’s contemporary Mollie Lentaigne, who worked in the plastics ward at Queen Victoria Hospital in East Grinstead, physically embodied the amount of straining work that the surgical artist’s vision undertook during long hours and intensive use of the eyes. After more than four years of working as a plastic surgery illustrator and a VAD nurse, Lentaigne developed a “silver line” in her sight; her vision sharply deteriorated because of a combination of overworking her eyes and malnutrition.¹³³ The American illustrator Tom Jones remarked in 1947 that in certain contexts eye strain “almost amounted to an occupational disease”—an affliction to which Lentaigne unfortunately succumbed.¹³⁴

Several of Orpen’s cartoons also show the importance of sight—of medico-artistic looking—in surgical illustration. In *Artist at Work* (Fig. 4.10), Orpen showed the absurdity of her not being able to do her job just because she could not *see* the patient through the many other bodies in the operating theater. In a cartoon to be discussed in the next chapter, *Maison Minestrone* (Fig. 5.9), Orpen is shown clenching her body tightly, pushing her eyes as close as possible to the paper that she draws upon, making it no wonder that her comrade Lentaigne had issues with her eyesight. Additionally, in images like those of the Orpen Graft (Figs. 4.6–4.8), the artist’s ability to see beyond the technicality of surgery, and beyond the viscosity of the blood and flesh in front of her, as well as her ability to visualize medical procedures, is laid bare to the viewer. Orpen, as her father and Tonks did, took on the role of both diagnostician and artist. The teachings of the art world, and the Slade in particular, were vital to her practice. Dickie Orpen’s Second World War role allowed her to combine both the artistic and the medical ways of looking: she had to work from life, from nature, using her anatomical and surgical knowledge to pare down the body of the patient, visually medicalizing them through art.

133 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 18.

134 Jones, “Launching of the Association of Medical Illustrators,” 60.

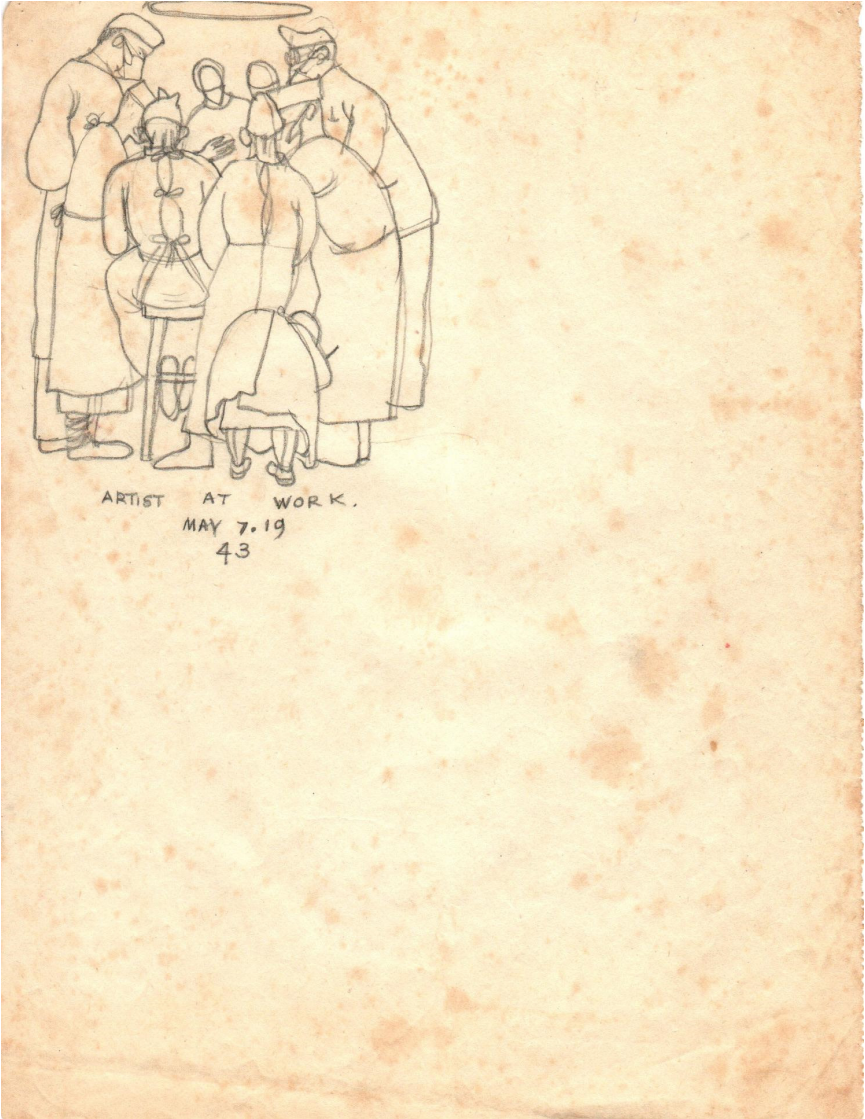


Figure 4.10. Dickie Orpen, *Artist at Work*, 1943, pencil on paper, part of “Book of Bucket,” from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

Chapter Five

Plastic Humor

Dickie Orpen's Palliative and Queer Cartoons

'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, 1944.¹

Dickie Orpen scribbled these words in spirited, hurried handwriting inside of one of her hardbacked green sketchbooks. These words were spoken by a patient with a facial wound after a nurse gave them a pep talk on the excellence of the attending physician. The patient then provided a luke-warm commendation of the surgeon's performance within his profession ('E does 'is job). They also either complimented the doctor's sense of humor by calling him "funny" or used the word to express a level of contempt for the physician's personality or appearance. Orpen may have overheard this "funny doctor" conversation in passing or as she drew the patient in their preoperative state. She likely wrote these words down because she herself found them humorous, as there are other examples of Orpen jotting down funny comments from patients, surgeons, and other hospital staff members. The humor in this quotation is apparent in the emphasized difference of the patient's accent and their colorful, doubting protestation ("cripes!") regarding the ability of the doctor to care for a face that is not the practitioner's own. In addition to the humor that Orpen conveyed in this interaction, the fear of further facial mutilation here is palpable.

This short quotation, written on a page sandwiched between surgical illustrations, shows the varied emotional registers that permeated the plastic surgery ward of the Second World War. It reveals both the anxiety surrounding the threat to the face as well as the humor that erupted in unexpected ways in everyday interactions. Previous chapters have already examined many of the affective dimensions of the visual culture of Second World War plastic

1 Orpen, Sketchbook #20, BAPRAS/DSB 20.48.

surgery, both then and now. This chapter positions Orpen's material as a way in to understanding the function of humor within the world of midcentury plastic surgery in Britain. By looking at how artists like Orpen, patients, and surgeons employed humor, the visual culture of plastic surgery reveals the emotional and practical power that jokes can yield in a medical space. By palliating the exhausting and potentially traumatic experiences of those working on the ward, and by playing with gender, Orpen's cartoons show how medical humor can allow the surgical status quo to carry on while also disrupting its hierarchies.

Dark humor, as well as sillier and more innocuous humor, filled the operating theaters and plastics wards of Second World War Britain, where it interacted with the intense personal and physical traumas within, of both patients and staff, to create a contradictory but not unexpected medical atmosphere. Throughout Orpen's Second World War oeuvre, there are dozens of flippancies and in-jokes: flirtatious exchanges with surgeons, subtly funny observations of patients and hospital life, and cartoons of tombstones and witches' brooms nestled next to illustrations of life-changing operations. These images of the plastics ward and its staff appear in the hundreds of loose sheets and twenty-six sketchbooks by Orpen that are held in the BAPRAS archive, as well as in the personal papers that Orpen kept until her death. Her cartoons poke fun at high-strung surgeons, corpulent nurses, and the daily farces of their demanding workplace and working conditions.

Because Orpen gave her cartoons as gifts, as will be seen, and because she passed notes to colleagues on her sketchbook pages, it is clear that these images and sketchbooks were not just for their purported scientific purposes or for the private entertainment of Orpen herself; they were also meant for those working with her at Hill End Hospital. While Orpen's humorous images and asides at first appear to be casually scribbled words and cartoons that contrast with the specialist surgical images that make up the majority of her work, they are in fact sympathetically and carefully created forms of visual communication between colleagues. Her drawings offer insight into the paradoxical atmosphere of the Second World War plastic surgery ward, which was at the same time both deadly serious and inescapably playful. As her life and experiences as an artist offered insight into the gender dynamics of the worlds of British art and plastic surgery (see chapter 4), her humor and cartoons make more granular points about gender at the level of the relationships on the surgical ward itself.

Orpen's work provides a rare visual and observational window into the ways in which humor was employed as a tool for medical staff to maintain their own morale in a difficult wartime environment. Orpen's heretofore overlooked visual jokes were made specifically for the wartime community within which she labored, and Orpen primarily satirized her colleagues and

her own working conditions. Orpen's drawings were made for a specialized surgical audience, but they served a purpose common to much British war-time humor: they rallied, strengthened community, spoke to difficult experiences, and lightened the dour mood of war.² The humor of the Second World War surgical ward was meant to be a bonding experience. By comically exaggerating elements of her working life in art, Orpen provided the release of laughter—aloud, muffled, or internal—for herself and for her colleagues.

The Humorous Context of Second World War Plastic Surgery Wards

By showing the involvement of surgeons, surgical artists, nurses, and anesthesiologists in the humor, this analysis of Orpen's drawings and cartoons adds to the extant knowledge of the communal humorous environs and coping mechanisms employed in similar reconstructive surgery wards elsewhere in England during the Second World War. Analyzing this particular emotional valence within Orpen's work also shows how surgical illustration, before the field was fully professionalized, was not just objective, scientific documentation; illustrators could add their own observations of their subjective, gendered experience of the hospital. Orpen's purpose in the surgical ward went beyond the creation of visual medical knowledge; it helped to craft and reify the atmosphere of Second World War plastic surgery.

Orpen's drawings, and the visual and material culture at other plastics wards operating during the Second World War, demonstrate the need for those within these wards to interpret and frame their experiences in a humorous and convivial manner. Three of the major sites of plastic and reconstructive surgery during this time were Ward III at Queen Victoria Hospital in East Grinstead, Rookdown House at Park Prewett Hospital in Basingstoke, and Hill End Hospital in St. Albans, where Orpen worked.³ Patients' groups formed at two of these hospitals in the 1940s: the Guinea Pig Club at Queen Victoria Hospital and the Rookdown Club at Park Prewett Hospital.⁴ Emily Mayhew, Simon Millar, and Jasmine Wood have written about how humor and camaraderie were used to keep up the morale

2 Pattinson and Robb, eds., *British Humour and the Second World War*.

3 A fourth site was run by Thomas Pomfret Kilner in Roehampton. But there has been less academic and popular attention paid to this site, its surgeon, and its patients, so it is mostly excluded from this chapter's study. Cope, ed., *Surgery*, 325.

4 Technically, members of hospital staff and frequent hospital visitors could join the Guinea Pig Club as well, but the main purpose of the group was to unite

of Second World War facial injury and burns *patients* in Queen Victoria and Park Prewett Hospitals.⁵ Orpen's cartoons tie the work of these historians to Hill End, and to the role that humor played among *employees*.

Plastic surgeon Harold Gillies noted that his ward, Rooksdow House, had a particular "spirit" and an "aura of its own," and that everyone there had "high morale."⁶ Millar, however, has shown that depression was an issue. Gillies mitigated this for patients through activities, outings, visits to pubs and shops, and emotional support from staff.⁷ These rehabilitation tactics—many of which were also in place at other plastic surgery wards—combined for a relaxed and genial spirit that helped the patients' psychological improvement as well as their physical recovery.⁸ In the propagandistic film *Plastic Surgery in Wartime* (1941), Gillies discussed how the mental well-being of his plastic surgery patients was just as important as their physical health, and that he and his team members "must think of rehabilitation of [a patient's] mind" as well as their body.⁹

An environment focused on humor and mental health was also important in Ward III at Queen Victoria Hospital, run by Archibald McIndoe. This is where the legendary patients' group the Guinea Pig Club was formed. From the outset, humor was marked as important to the patients who founded the Guinea Pig Club, and this has remained an integral part of the oral history of the group: the club's first secretary was ironically chosen for his badly burnt fingers since this injury would get him out of too much writing, and the treasurer was chosen because his badly burnt legs prevented him from running off with the club's funds.¹⁰ A 1948 *Time* magazine article quoted the "lighthearted lyrics" of a comical song written by

patients. Gleave, "Group Captain Tells All," 4. LBY E.81/320.1, Imperial War Museum.

- 5 Millar, "Rooksdow House and the Rooksdow Club." Mayhew, *The Guinea Pig Club*. Wood, "Lashings of Grog and Girls," 1–19.
- 6 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2:438.
- 7 Millar, "Rooksdow House and the Rooksdow Club," 220.
- 8 Millar, "Rooksdow House and the Rooksdow Club," 237, 243, 293. See chapter 3 for discussion of how these psychological aspects of plastic surgery and recovery do or do not make it into the BAPRAS archive.
- 9 Gillies, narr., *Plastic Surgery in Wartime*. Script for *Plastic Surgery in Wartime*, 1, INF 6/519, The National Archives. This was filmed by Jimmy Davis, a young assistant for Technicolor, who himself would eventually be injured, becoming a member of the Guinea Pig Club at Queen Victoria Hospital in East Grinstead. Bishop, *The Guinea Pig Club*, 28.
- 10 *Rebuilding Bodies & Souls*, 32.

facial injury patients treated by McIndoe, noting the surgeon's "success in salvaging minds as well as faces."¹¹

Patient groups were aided and encouraged in their activities after the war by each group's first president, the head surgeons Gillies and McIndoe, the "funny doctors" who influenced the communal atmosphere of the surgical wards. Humor, like that which appears written and illustrated throughout Orpen's sketchbooks, played a role in the relationships within these clubs, their activities, and the general attitude of the plastics wards populated by club members.

The magazines that the Guinea Pig Club and the Rooksdown Club produced, called *The Guinea Pig* and the *Rooksdown Pie* or *Rooksdown Club Magazine*, link this focus on mental rehabilitation to the importance of visual and material culture like Orpen's within the process of companionate healing.¹² These magazines included cartoons and stories that joked about difficult physical and social conditions. Cartoons pepper the magazine pages filled with stories (both real and fictional), advice, and photographs. Some cartoons in Orpen's personal papers—one of which is called *No. 13 Has a Visitor* (Fig. 5.1)—appear professional in composition, yet it is unclear whether they were meant for publication in a patient or hospital magazine or journal. 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 this journal during the war years.¹³ All of the cartoons in this format in Orpen's personal papers would have been particularly well-suited to the *St. Bartholomew's Hospital Journal* (which reported on affairs at Hill End, where St. Bart's was evacuated to during the war) as they tell concise visual jokes about everyday hospital life. For example, *No. 13 Has a Visitor* pokes fun at the emotional, romantic perils of having one's sweetheart visit you in a ward full of other unmarried (and perhaps lecherous) men. The published versions of Orpen's professional-looking personal paper cartoons may have existed in some publication like the *St. Bartholomew's Hospital Journal*, but made specifically for Hill End. Several pages of this phantom journal (or another similar publication) exist in Orpen's personal papers; two have cartoons in Orpen's style and can be

11 "Medicine: The Man Who Makes Faces," *Time*.

12 *The Guinea Pig*, LBY E.81/320.1, Imperial War Museum. "Newsletters, 1947–2020" BAPRAS/RooksClub5.

13 These journals can be found at the Bodleian Library in Oxford. *St. Bartholomew's Hospital Journal*. Soc. 15084 d.29 753251476. 1941–42, Bodleian Libraries.

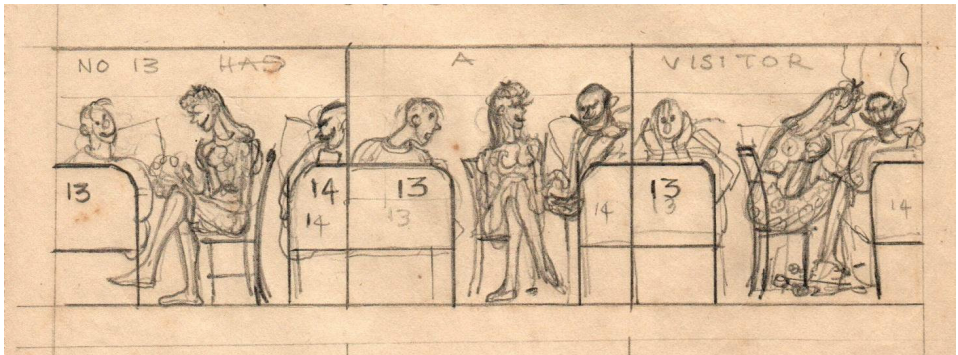


Figure 5.1. Dickie Orpen, *No. 13 Has a Visitor*, c. 1942–1945, pencil on paper, from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

assumed to be by her. One of these (Fig. 5.2) jokes about the “bespoke” “hospital blue” uniform that the patients wore during recovery; above this cartoon are listed films being shown in the main hall and in town, making the reader aware of their local goings-on. These pages existed alongside announcements for patient programs, for example, one in which they could spend time working for the nearby de Havilland airplane factory in Hatfield, facilitating physical, mental, and social rehabilitation.¹⁴ Even if the more professional repositories of Orpen’s cartoons cannot be found, the material within the BAPRAS archive and in Orpen’s personal papers demonstrate the artist’s collegial use of humor. Even if not published, Orpen’s humorous commentaries on hospital life were appreciated by others.

Writing about the psychological purpose of humor, Sigmund Freud explained how humor can diminish feelings of danger or pain, like those experienced by reconstructive surgery patients and staff members: the “principal thing is the intention which humor fulfills. . . . Its meaning is ‘Look here! This is all this seemingly dangerous world amounts to. Child’s play—the very thing to jest about!’”¹⁵ Freud described humor as a diversion from fear or difficulty: humor “has in it a *liberating* element,” meaning that it can take an individual out of their personal traumas or pains, making them “impervious to wounds dealt by the outside world.”¹⁶ While here Freud

14 “The De Havilland Scheme,” unnamed Hill End Hospital newsletter publication, March 14, 1945, 3.

15 Freud, “Humour,” 5.

16 Freud, “Humour,” 2, 5.

obtain it. In fairness to those responsible, however, it must be said that a visit to a music shop is a very depressing business these days. Out of ten records asked for probably only one is obtainable. Your indulgence is, therefore, asked for.

oOo

ENTERTAINMENTS

In the Main Hall on Friday 2nd March at 5 p.m. "English without Tears" with Penelope Ward and Michael Wilding.

Saturday 3rd March at 5.30 p.m.
An Ensa Show.....Mcveille Revels.

Showing in Town.

The Capitol

The Man in Half Moon Street.....Helen Walker
San Diego I Love You.....E.E. Horton

The Grand Palace

Winged Victory.....Lon McAllister.

The Chequers

Storm Over Lisbon.....Eric von Stroheim.

oOo



"Never mind; when you get your ticket you'll get a new suit".

Figure 5.2. Dickie Orpen (likely), page 4 of unidentified journal, pamphlet, or publication, c. 1942–1945, typed ink on paper, from Dickie Orpen's personal paper, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

alluded to spoken humor, visual humor has a function similar to that of verbal jokes: the purpose is “not to entertain but to induce a less serious state of mind: thus to affect, even shift, our states of mind.”¹⁷ This use of humor fits into the “release” or “relief” theory of humor, defined in the early eighteenth century, later being further fleshed out by Herbert Spencer and Freud.¹⁸ Cartoons in patients’ group magazines, like *The Spirit of the Sty* (Fig. 5.3), or doodles like Orpen’s, can fulfill this function of palliative release while *also* entertaining. This role of both verbal and visual humor can justify the prevalence of jokes, particularly dark jokes, in wartime.

The Spirit of the Sty exemplifies how cartoons were used to “induce a less serious state of mind” by depicting the humor and congenial atmosphere of a plastics ward—something that Orpen’s images do as well. The artist Henry Standen was a Queen Victoria Hospital patient and a member of the Guinea Pig Club. He depicts patients largely with smiling faces, and beyond the occasional cast or bandages in an X, this cartoon does not obviously reference the severe facial injuries or bodily burns that placed the patients on this ward in the first place. Details of this image suggest the immature humor and prank-playing of schoolboys: one patient even aims a slingshot at another who is visibly annoying his wardmates with his trombone playing. Images like this in *The Guinea Pig*, like many of Orpen’s cartoons, exaggerate the behaviors and features of the pictured individuals while also contextualizing the surgical ward as a place of fun and humor, of “courage, confidence and cheerfulness,” as one American newspaper described McIndoe’s ward.¹⁹

While these clubs and the images and materials that they produced helped the morale of the plastic surgery patients, the mental state of hospital staff who cared for these individuals was also protected in various ways. Hill End Hospital had clubs comprising medical students, nurses, and staff for cricket, hockey, and table tennis (among other sports), as well as debating, choral, and dramatic societies. The *St. Bartholomew’s Hospital Journal* stated 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.”²⁰ (Hill End was a forty-minute walk from the center of St. Albans, which itself was outside of exciting London.) According to the St. Bart’s 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

17 Maynard, “What’s so Funny? Comic Content in Depiction,” 106.

18 Cooper, *Sensus Communis*. Spencer, “The Physiology of Laughter,” 194–209. Freud, *Wit and Its Relation to the Unconscious*.

19 “Scars of Battle Now Overcome,” *Middletown Times Herald*, 2.

20 “Hill End: At Hill End And Cell Barnes Hospitals,” 24–25. Soc. 15084 d.29 753251476. 1941–42, Bodleian Libraries.



THE SPIRIT OF THE STY

Figure 5.3. Henry Standen, *The Spirit of the Sty*, printed April 1948, *The Guinea Pig* magazine, courtesy of the Guinea Pig Club and the East Grinstead Museum.

most unsuspecting member of the Senior Staff” with “his uncanny pen and ink.”²¹ These stories, clubs, and events reported in the hospital journal, and the cartoons published within it, show that keeping up morale was necessary for all of those at the hospital, not just the facially injured who were members of the aforementioned patients’ clubs. Orpen’s drawings, like those by the unnamed “Hill End Cartoonist,” aided in this endeavor.

“With Corporal Bucket’s Compliments”

Orpen created humorous imagery in several formats: she produced a collection of drawings called “Book of Bucket” for her colleagues, doodled in her sketchbooks, included some cartoons and comments in her more formal loose sheets, and she kept additional drawings in her personal papers. Orpen had relative freedom to annotate many of the core medical images that were to be used for documentation and reference. Today’s viewers may expect surgical illustration to be strictly professional, but specialist expectations for surgical artists in Britain were not formalized until the late 1940s. The Medical Artists’ Association of Great Britain (MAA) was founded in 1949, after Orpen had finished working at Hill End and had moved to present-day Malawi with her new husband. There was not a network for medical artists prior to this.²² Without a professional body, consistent training, or standardized job descriptions, surgical illustration during the Second World War was a field fluid enough to allow for personalized improvisation. This visual culture therefore can provide a less mediated look at operations and experiences in the hospital in this period.

One main group of Orpen’s humorous material, “Book of Bucket,” is fundamental to understanding the culture in which Orpen and the Hill End staff worked. “Book of Bucket” is a collection of thirty drawings depicting Orpen’s colleagues. The images within are at times irreverent, caricaturing nurses and orderlies, and at times tender, showing trainee surgeons nervous on their first day of work. The plastic surgeon and Orpen’s friend John Barron wrote in 1986 to the 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

21 *St. Bartholomew’s Hospital Journal* 3, no. 4, 76. Soc. 15084 d.29 753251476. 1941–42, Bodleian Libraries.

22 Archer, “A History of the Medical Artists’ Association of Great Britain,” 153.

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”.²³

The drawings point out some of the less flattering aspects of employees’ personalities and appearances and the more difficult or frustrating elements of working at Hill End, but they were meant to be taken in good fun by all involved. While she kept the original drawings for herself along with several copies (including one version bound in red leather, still held by her son), Orpen gifted a duplicate to Barron on Christmas 1945, “With Corporal Bucket’s compliments.”²⁴

Corporal Bucket appears in several of these cartoons as an avatar for Orpen herself. While this character is a plump male orderly, it is obvious that he stands in for the surgical illustrator, an alter ego resulting from the necessity of taking over ill colleagues’ duties. The identity of this figure is changeable, as the name switches from Corporal Bucket, to Buckett, to Buckets. *Portrait of Corporal Buckett* (Fig. 5.4, top right) 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 the use of the name “Bonaparte”—after the historical figure often derided as “the little corporal” in British culture—emphasizes the ridiculousness and humor in Bucket’s (Orpen’s) short stature, which is highlighted in several of her other cartoons. As evidenced by the many French asides in her sketchbooks, Orpen was a Francophile, and a publication called *La Vie Parisienne* protrudes from Bucket’s pocket, an element of Orpen’s personality transposed onto her caricature.²⁵ On the same page, in another cartoon called *Bucket Is Busy* (Fig. 5.4, bottom left), Bucket avoids work while smoking, drinking tea, and looking at a magazine called *Saucy Bits*: an imagined erotic publication perhaps less in line with Orpen’s usual reading material. This second composition is humorous because of the contrast with Orpen’s real personality and because of the character’s relaxed naughtiness; Bucket (or Orpen) is looking at a bawdy magazine when he (or she) should be helping in the high-pressured situations occurring on the ward. Within this one page, we can see the tension between Bucket as a true-to-life satirical stand-in for Orpen and as a wholly fictional comical character. The artist substituted this Bucket figure, low in the hospital hierarchy

23 Barron, Correspondence to Antony F. Wallace, BAPRAS/A/IMAGES/142.

24 Copy of John Barron’s Cartoon Book, BAPRAS/A/IMAGES/142.

25 Examples of Orpen using French can be found here: BAPRAS/D 666, BAPRAS/DSB 6.20, BAPRAS/DSB 6.76, and BAPRAS/DSB 12.9.



Figure 5.4. Dickie Orpen, *Portrait of Corporal Buckett and Bucket Is Busy*, 1943, pencil on paper, part of “Book of Bucket,” from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

as an orderly and low in the military hierarchy as a “corporal,” for herself when she wanted to depict the dirtier, less prestigious, or less pleasant tasks throughout the ward.

Bucket appears “still busier” in another cartoon (Fig. 5.5) in which he is tentatively lifting up the bottom of an infant patient upon the operating table, revealing a publication apparently called *Nursery World* peeking out of his pocket. Bucket’s discomfort and displeasure is humorously highlighted in how the character, wide-eyed, is pulling his body as far away from the infant’s bottom as possible, his surgical mask slipping below the nose. These images of Bucket portray the avoidance or the ridiculousness of work, rather than the difficulty, or the psychological consequences, of laboring on a ward filled with deeply traumatic physical injuries and reconstructions. By choosing to show work on the ward, through the guise of her avatar Bucket, as nothing serious, Orpen created a narrative that could act as a salve for the realities of the injuries, surgeries, recoveries, and tragedies around her and her colleagues. The ambiguity of status shown by Orpen’s alter ego also points to the ad hoc and complicated roles that surgical artists played in the wards in this period—Orpen as a cartoon character slipped between identities just as Orpen in real life had to move between jobs and responsibilities when necessitated by the chaos of the wartime surgical ward.

Some of Orpen’s depictions of colleagues could be interpreted as transgressive of workplace hierarchies. Within “Book of Bucket,” the entire surgical team was pulled into the visual jokes, and no member escaped Orpen’s witty sketching, from low-ranking orderlies to high-profile surgeons and from drained nurses to dozing anesthesiologists. Orpen drew a nurse, Miss Oliver, looking wizened and exhausted in *Sartorial Softening* (Fig. 5.6). Orpen marked the long hours and difficult days onto the nurse’s face while still bringing a comic element through the alliterative title, by exaggerating the bend of her back and neck, and by drooping the theater mask. From the caption “The Influence of the Crown Film Unit,” it can be deduced that publicity or documentary filming was happening at the hospital on the day that Orpen drew her, adding even more stress to the nurse’s job. This is a dark humor that throws its hands up at the absurdity of the demands of the workplace. Humor again intersects with the hospital’s permeating atmosphere of fatigue in a simple drawing by Orpen of anesthesiologists napping at their post. This cartoon is titled *Are They Light or Deep?* (Fig. 5.7), describing two levels of anesthesia as well as two intensities of slumber. This doodle suggests that workplace exhaustion could knock out these medical

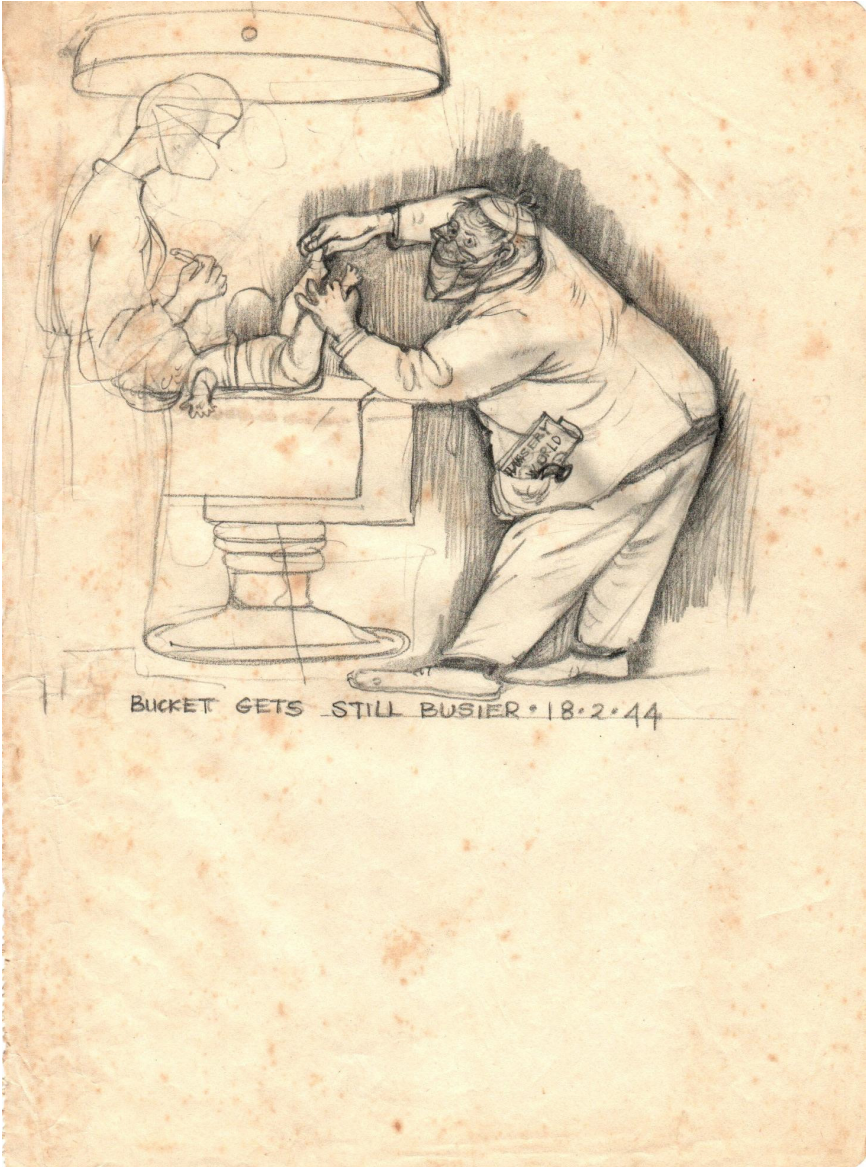


Figure 5.5. Dickie Orpen, *Bucket Gets Still Busier*, 1944, pencil on paper, part of “Book of Bucket,” from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.



Figure 5.6. Dickie Orpen, *Sartorial Softening*, c. 1942–1945, pencil on paper, part of “Book of Bucket,” from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.



Figure 5.7. Dickie Orpen, *Are They Light or Deep?*, 1945, pencil on paper, part of “Book of Bucket,” from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

professionals as effectively as the drugs that they distributed, something that other staff would have no doubt found amusing.²⁶

Surgeons were included as well, perhaps even the unspecified men who gave Orpen the nickname “Bucket.” Orpen lampooned one surgeon called George Grey-Turner for his large ears in a drawing given the tongue-in-cheek title *Homo Sapiens: species chirurgo-leprecaunus*. The term “chirurgo” refers to the Latin word for surgery, and the nod to leprechauns (even though Grey-Turner was English, not Irish) makes the surgeon’s ears impossible to ignore. In another perhaps racially charged example, Orpen portrayed Rainsford Mowlem, the lead plastic surgeon at Hill End Hospital, as an ape slamming down the telephone against the requests of the administrator

26 The broader issue of workplace exhaustion and long hours in Britain during the Second World War, particularly in industry, has been covered by Peggy Inman, Peter Howlett, and Juliette Pattinson, Arthur McIvor, and Linsey Robb. Inman, “Hours of Work,” 288–314. Howlett, *Fighting with Figures*, 236. Pattinson, McIvor, and Robb, *Men in Reserve*, 16, 231.

Dr. Kimber, rudely stating that Kimber can go and “plant cabbages.” Surrounded by leaves, the bald Mowlem furrows his brow and holds a cigarette, as in some of the other Orpen cartoons of him. But he is also represented with burly hairy arms, large bare feet, a furry tail, large ears, a wide nose with flared nostrils, and a jutting jaw that makes his bottom lip protrude beyond his top lip. He is dressed in trousers and a simple tank-top undershirt. The cord of the telephone that he is in the process of slamming down is also a vine from which the monkey-Mowlem hangs.

This image of Mowlem, while he was white, today can be seen to have resonances in racialized caricature tropes. While no overtly racist cartoons appear in Orpen’s work, as she depicts the hospital as a completely white space (which is interesting in itself, and largely supported by Hennell’s patient photographs), it is important to think of how Orpen, and the field of plastic surgery in general, was operating within Britain in the midcentury, a society suffused with racialized visual tropes stemming in particular from the empire’s colonial projects.²⁷ The comparisons—both jokey and deadly serious—between Black or other racialized bodies to those of monkeys existed in European visual culture even before the popularization of Darwin’s theories and the rise of social Darwinism and scientific racism in the nineteenth century. Even though Mowlem was a white surgeon, this drawn comparison still may have had this racialized layer to it, perhaps because Mowlem was from New Zealand, a colonial holding. As Ana Carden-Coyne has shown, Gillies’s First World War plastics ward was an “imperial hub” of both patients and staff; while many of these individuals were white (from places like Canada, Australia, and New Zealand), there was also racial and cultural diversity.²⁸ As argued in chapter 2, plastic surgeons can even be thought of as imperial products themselves; and as will be argued in chapter 7, visual culture aided in this project. Taken together, these Orpen cartoons show the weary, tense states of the artist’s colleagues, but with an unmistakable and perhaps problematically racialized touch of humor. In the drawings of the plastic surgeons, Orpen has taken the figures who have the most power and prestige within the surgical ward and made them into caricatures, drawing on surgeons’ less flattering characteristics such as large ears, simian features, or short tempers.

A cartoon called *Maison Minestrone: Conforts Modernes + Chauffage Toutafait Centrale* (roughly translating to “The House of Minestrone: Modern Comforts and Total Central Heating”) shows Orpen finalizing a

27 The stereotype of the twentieth-century British surgeon is overwhelmingly white (and male). For more on race and minority ethnic groups in modern British surgery, see: Arnold-Forster, “Race and Ethnicity in Surgery,” 145–74.

28 Carden-Coyne, *The Politics of Wounds*, 202.

drawing in a desolate workroom (Fig. 5.8). The basic environment shown in this image corroborates how Mollie Lentaigne described the workroom in East Grinstead where she finished her operating theater sketches.²⁹ 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 allocated to her, but it became the artist's proxy office.³⁰ In Orpen's cynical, hyperbolic satirizing of her workplace, 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. Like the drawings of Bucket at work (or *not* at work) and the image of monkey-Mowlem being thwarted by hospital administration, this image ridicules Hill End's working conditions. A sign above Orpen's desk reads "Per Ardua Ad Asylum," which translates to "through adversity to the asylum." "Per Ardua Ad Astra" (through adversity to the stars) was the motto of the Royal Air Force (RAF), whose members suffered greatly during the war from disfiguring facial injuries and burns that required plastic reconstruction. Orpen used her morbid wit here to twist the RAF's motto, showing that through difficulty, many of these men did not reach the stars but instead ended up in plastics wards.

Hill End was originally a psychiatric "asylum": it was founded in 1899 as the Hertfordshire County Mental Hospital but was renamed "Hill End" in 1936.³¹ When Mowlem's plastics ward was set up there and when most of St. Bartholomew's Hospital was evacuated to Hill End to anticipate casualties from aerial bombardment, the asylum patients were moved elsewhere, and their beds were filled with patients requiring plastic surgery.³² Orpen cleverly used her visual humor to parody her working conditions and to suggest that instead of being an "asylum" literally, Hill End became one in the sense of the bedlam of surgical trauma, reconstruction, and recovery. Orpen's cartoons helped to define, through humor, the conditions of Second World War plastic surgery.

29 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." (Lentaigne) Lock, "Memories of East Grinstead Hospital," 9.

30 There is a newspaper cutout on the wall in the permanent exhibition space of the East Grinstead Museum that shows Mollie Lentaigne drawing in what is presumably this proxy office. Unlike the frigid atmosphere in which Orpen depicts herself, Lentaigne's workspace is nestled next to a radiator.

31 "Hospital Records Database: Hill End Hospital, St. Albans," The National Archives.

32 Meikle, *Reconstructing Faces*, 158.

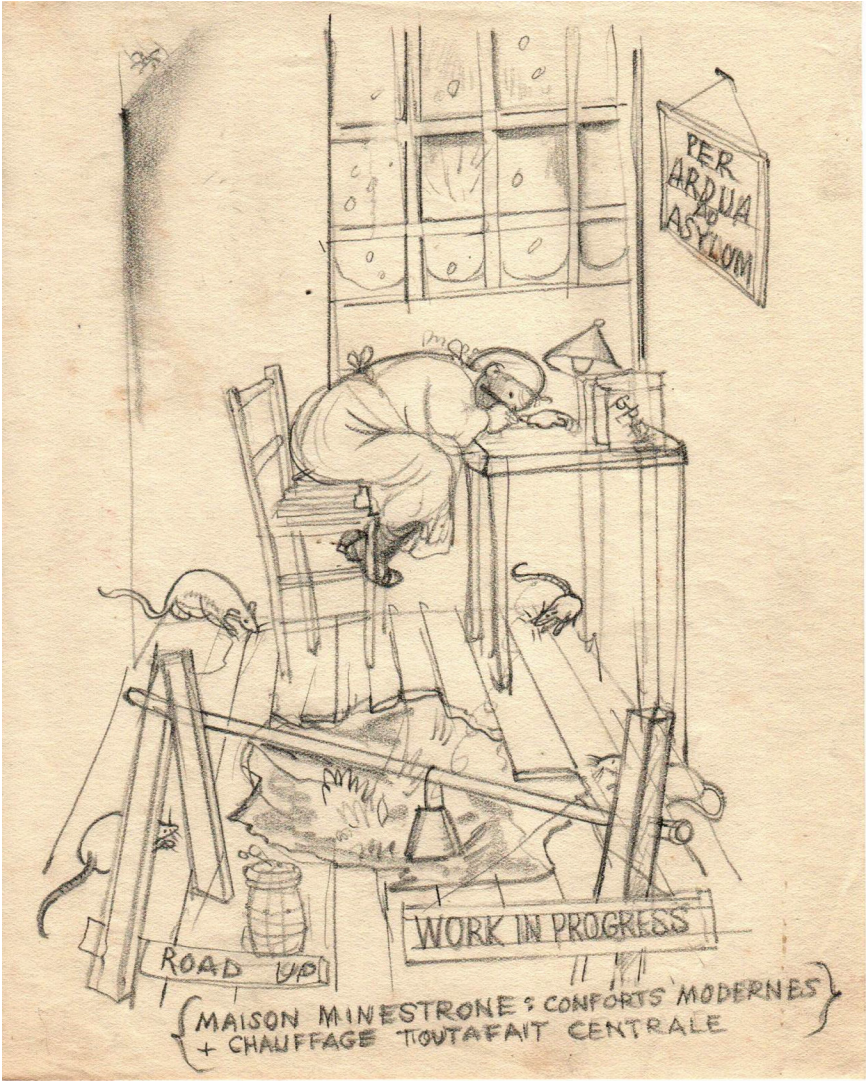


Figure 5.8. Dickie Orpen, *Maison Minestrone: Confort Modernes + Chauffage Toutafait Centrale*, c. 1942-1945, pencil on paper, part of “Book of Bucket,” from Dickie Orpen’s personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

Orpen's drawings provide a glimpse into the tools that protected the minds of those repairing the damage of the Second World War. But Orpen's wartime collection, of which the cartoons analyzed here are only a small portion, reminds its viewers that the war brought to medical professionals camaraderie and enjoyment alongside exhaustion and perhaps even secondary trauma. As shown by the patient groups formed at Gillies's Rooksdowm House at Park Prewett Hospital and at McIndoe's Ward III at Queen Victoria Hospital, friendship and support were major determinants of recovery. While there was no known patient group at the plastics ward at Hill End, Orpen's drawings and cartoons show that there were congenial, humorous connections between staff members. Hill End employees used an emotional tool, humor, as well as relationships and interactions with their colleagues, to handle their traumatic daily work. Orpen's drawings played a palliative role, but she did not shy away from exhibiting—in an exaggerated and humorous manner—the toll that this work took on those laboring in the ward; this advances our understanding of the role of (visual) humor in Second World War plastic surgery beyond the emotional world of the patients.

Gender Fluidity and Queering the Surgical Ward

Orpen's cartoons offer penetrating commentary on the intertwined roles of gender and emotion on the surgical ward while also helping to shape and define those roles. Orpen ran with her hospital nickname "Bucket," creating a character who worked (or avoided work) within the same spaces that she labored. We can examine the masculine Bucket character within the context of war, gender bending, and the possibilities of queering the surgical ward through humor. Another alter ego for Orpen, Rosie, who is explicitly female, is also an example of humorous visual culture representing wartime gender roles. These two drawn characters, Bucket and Rosie, elucidate the slipperiness of gender within the surgical ward and within Orpen's own experience of wartime medicine.

Historians Corinna Peniston-Bird and Emma Vickers have already pointed to cartoons as visualizations of the understanding in Britain that gender roles were complicated and oftentimes reversed by war.³³ They described a cartoon by Joseph Lee (1901–1975) that shows a husband pestering his Rosie the Riveter–looking wife about dinner while she lounges with her similarly overall-clad friends. This was a "topsy turvy world" according to the caption, where women brought their mates home from the factory to dirty up the living room and where men had to worry about what would be on the

33 Peniston-Bird and Vickers, introduction to *Gender and the Second World War*, 1.

table come dinnertime. Cartoons were an accepted mode of expressing these anxieties about shifting gendered cultural norms or expectations.

In-person gender role reversals were also wartime staples. In both the First World War and the Second World War, putting on feminine clothes and adopting feminine poses was “a form of escapism” for soldiers in the dangerous and violent atmosphere of the war, which was largely otherwise dominated by “rigid gender expectations.”³⁴ Allowing for a release of laughter through sexualized, transgressive humor, cross-dressing was a form of coping with the stress of the conflict.³⁵ Orpen’s cartoons provide an embedded, visual example of this type of cross-dressing happening in the opposite direction: a woman encasing herself in the visual performance of being a man, escaping the impossible and varied expectations on a woman artist’s emotional and surgical labor in the Second World War plastics ward. There has been a wealth of research on vacillations of gendered understandings during wartime, but there is less of an emphasis on how surgery and medical contexts allow for a gender boundary that “could be experienced as fuzzy, that is, as a permeable zone of overlap between the sexes.”³⁶

As evidenced by her cartoons, multitudinous gendered identities are contained within Orpen’s understanding of her working, medico-artistic self. There is one cartoon in which it seems that the surgical artist is colliding with her alter ego: *The Deplorable Affair of Bucket v. Bucket* (Fig. 5.9). Still humorous in tone, this cartoon collapses the boundaries between the two figures that represent Orpen. The surgical artist, looking angry as she stalks along the corridor toward Bucket, has a similar body shape and dress to the Orpen-artist figure in *Maison Minestrone* (Fig. 5.8). She (her ample bosom is apparent under the surgical dress) clutches a sketchbook under her right arm and holds her hands in fists, one of which clutches a pencil or pen. Bucket-the-Orderly, her alter ego, is in his usual attire, with full pockets and large shoes. In this drawing, Bucket-the-Orderly has won out over the Bucket-the-Artist figure, claiming the bench. In *The Deplorable Affair of Bucket v. Bucket*, Bucket-the-Orderly seems to be stealing Bucket-the-Artist’s rest. This could be seen as a visual metaphor for the extra work that Orpen had to perform when the orderlies were out with the flu and she had to take

34 Pichel, *Picturing the Western Front*, 67. For more on gender bending during the World Wars: Vickers and Jackson, “Sanctuary or Sissy?,” 40–52. Crouthamel, “Cross-dressing for the Fatherland,” 195–215.

35 This also appears in the work of historian Ana Carden-Coyne on First World War wounded, in which she classified the hospital as a “queer carnival.” Carden-Coyne, *The Politics of Wounds*, 251–64. It also appears in her work on occupational therapy, which had a “fluid gender culture . . . blurring the military and domestic.” Carden-Coyne, “Butterfly Touch,” 182.

36 Peniston-Bird, “Of Hockey Sticks and Sten Guns,” 13.



Figure 5.9. Dickie Orpen, *The Deplorable Affair of Bucket v. Bucket*, 1944, pencil on paper, from Dickie Orpen's personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

over their duties. Bucket-the-Orderly teases Bucket-the-Artist by placing his thumb on his nose and waggling his fingers at her. Here, the orderly is seen as the figure who is able to shirk duties within the hospital. In Orpen's cartoons, art both crafted and confirmed surgical identities; the inclusion of both figures on the same page also suggests that these two identities existed within Orpen simultaneously, but not without conflict. By embodying herself graphically in many ways—both as male and as female, and even at times as somewhere outside of the binary—Orpen reconfigured her surgical identity with her pencils and pens, also revealing that this medical space allowed for humor and for ambiguous gender.³⁷ This hybridization can be seen to parallel instances in the longer history of women in the surgical realm, with Claire Brock writing that early women surgeons in Britain became seen as “hybrid creatures” in which the male and the female were enmeshed.³⁸

With the Bucket cartoons, Orpen recast her own gender, having herself perform visually, on paper, a gender other than the one with which she identified.³⁹ The limber artistic medium of the cartoon, the tumultuous state of the roles of the sexes during the Second World War in Britain, and the casual and companionate format of “Book of Bucket” all allowed Orpen to enact this humorous gender performance. “Book of Bucket” was given to and shared with colleagues, so the funniness of Orpen's cartoonish re-gendering was an inside joke, one that stemmed from Orpen taking on the jobs of the hospital's orderlies, and the nickname “Bucket” being given to her by the surgeons with whom she worked. The depiction of herself as a man could be funny as a sort of campy drag performance executed by Orpen with her pencil, in which she fulfilled the expectations put forth by her long-held male-coded nickname, Dickie. The complicated gender politics of Orpen's upper-class family may also have played into her depiction of herself as Corporal Bucket. As elaborated upon in chapter 4, William Orpen lamented that he only had “soft daughters,” and he pushed his youngest daughter Dickie to “work like a man” once she was accepted into the Slade School of Fine Art under his former tutor Henry Tonks. Only once she did this did she become an “honorary son” who could fill the gap of the male child for which William had wished.⁴⁰ Orpen's biography had primed her to think of gender roles as changeable, especially in artistic and professional contexts.

37 El Rifaie, *Visual Metaphor and Embodiment in Graphic Illness Narratives*. DeTora and Cressman, *Graphic Embodiments*.

38 Brock, *British Women Surgeons and their Patients*, 12.

39 The idea of gender as a performance originates in Judith Butler's work. Butler, *Gender Trouble*.

40 Orpen, “Looking for Hidden Treasure”; B. Olivier, telephone interview by the author, February 27, 2019.

I argue that the gender bending, or even gender reassignment, in Orpen's cartoons is inherently queer. This is in part because of the radical possibilities of twentieth-century plastics for gender confirmation surgery. Gillies was a pioneer of these types of operations, credited with the first gender confirmation surgery in Britain, a phalloplasty (the construction or reconstruction of a penis), on British trans man Michael Dillon (1915–1962) in 1946.⁴¹ Gillies also performed a vaginoplasty for the British trans woman Roberta Cowell (1918–2011) in 1951.⁴² As was the case with many of the patients having faces or other body parts reconstructed, Dillon's gender reassignment took many surgeries; he underwent thirteen operations. As seen in some of Orpen's drawings of surgeries by Rainsford Mowlem (and interestingly absent from any color photographs by Percy Hennell held by the BAPRAS archive), during the war Gillies and his colleagues reconstructed genitalia of men and women who had been injured in combat or in the Blitz. Seven of Orpen's drawings held in the BAPRAS archive are labeled as phalloplasties, all likely showing the same unnamed patient.⁴³ Orpen also witnessed and drew at least one vaginal and anal reconstruction, performed in January 1944.⁴⁴ In these surgeries, Gillies and Mowlem used flap techniques similar to those seen in many of Orpen's drawings of reconstructed faces, taking flesh from elsewhere to create the genitalia that allowed for the patient to feel comfortable in their own body, either in the gender they were assigned at birth or not. Before these surgical techniques were well and truly pioneered to facilitate gender confirmation and picked up by other plastic surgeons in Britain, Orpen's cartoons showed a fluidity in gender and sexuality present within the world of plastic surgery. She was entrenched in a world in which the body, and gender, was plastic—meaning malleable. Through plastic and reconstructive surgery, and particularly in a time of war, the human body was mutable and transformable—unfixed. This plasticity of what it was to be human and to have a body meant that not only could Orpen depict herself as a man working (or not working) on the ward, but she could also show this alter ego enjoying the sexualized female body, as in *Bucket Is Busy* (Fig. 5.4), where the character avoids work with a naughty magazine.

Orderlies like the fictional Bucket were the lackeys of the ward. According to a Second World War identity certificate now held in the Imperial War Museum, London, a medical orderly had been “specially trained,” and their duties included following orders “to collect, transport and treat the wounded

41 Dillon, *Self*.

42 Cowell, *Roberta Cowell's Story*.

43 Orpen, BAPRAS/D 450–56.

44 Vaginal reconstruction: Orpen, BAPRAS/D 543–45; Anal reconstruction: Orpen, Sketchbook #18, BAPRAS/DSB 18.35–18.38.

and sick.”⁴⁵ The orderly’s time was largely spent cleaning, dressing wounds, and training and taking exams.⁴⁶ Orderlies could be women, as shown by the availability of both the “HE” and “SHE” pronouns on this identity card (the holder just had to strike through whichever did not apply to them) but they were more often men—both in reality and in cultural imagination.

The orderly itself in Britain was a figure often represented or satirized as fluid in gender and varying in sexuality. The orderly figure proves a historically canny instrument for this gender bending: Jessica Meyer outlined how there was an “ambiguity of [orderlies’] roles as men,” since they were sometimes “unsexed” and very often made unmanly in First World War visual and literary representations.⁴⁷ Meyer’s research—even though on the First World War—shows how and why the body of the fictional orderly Bucket may have been a useful vehicle through which Orpen could express the gendered implications and fluidity of her surgical and artistic work. The manhood of orderlies was ambiguous because they were not putting themselves at risk at the front and because they were involved in prototypically “feminine” work such as cleaning and caring. This unmasculine character was most often represented as one who was not physically fit—such as the short and stout Bucket.⁴⁸ It was also typical to depict orderlies avoiding work (Fig. 5.10): there is a direct link from these First World War cartoons of orderlies to *Bucket Is Busy* (Fig. 5.4). This is how some orderlies earned the moniker “slacker in khaki.”⁴⁹ Both figures in these two cartoons (Fig. 5.4 and Fig. 5.10) are shown hiding from work, leaning with their legs crossed, and smoking. The First World War cartoon even includes a bucket, a symbol that stands in for the messy, grotesque cleaning that was required in hospitals, and the object that gave Orpen her cartoonish nickname. Orpen’s cartoons show that this conceptualization of orderlies from First World War Britain remained present in discourses of the Second World War.

Orpen’s Bucket drawings also raise questions around professional status and class in addition to those of gender. By depicting herself as a man, Orpen may have been aligning herself more with the surgeons and anesthesiologists, playing with the transgressible but highly gendered hierarchies of surgery. But by depicting herself as an orderly and as a corporal, Orpen/Bucket aligned herself with those at the bottom of the hospital hierarchy,

45 British Army Medical Orderly ID Certificate, Documents.2440, Imperial War Museum.

46 McWilliam, “Private Papers of W L McWilliam, ‘Civil and Military Medical Services of World War II,’” Documents.12305, Imperial War Museum.

47 Meyer, “From Slackers in Khaki to Knights of the Red Cross,” 153, 167.

48 Meyer, “From Slackers in Khaki to Knights of the Red Cross,” 153.

49 Meyer, “From Slackers in Khaki to Knights of the Red Cross,” 152–85.

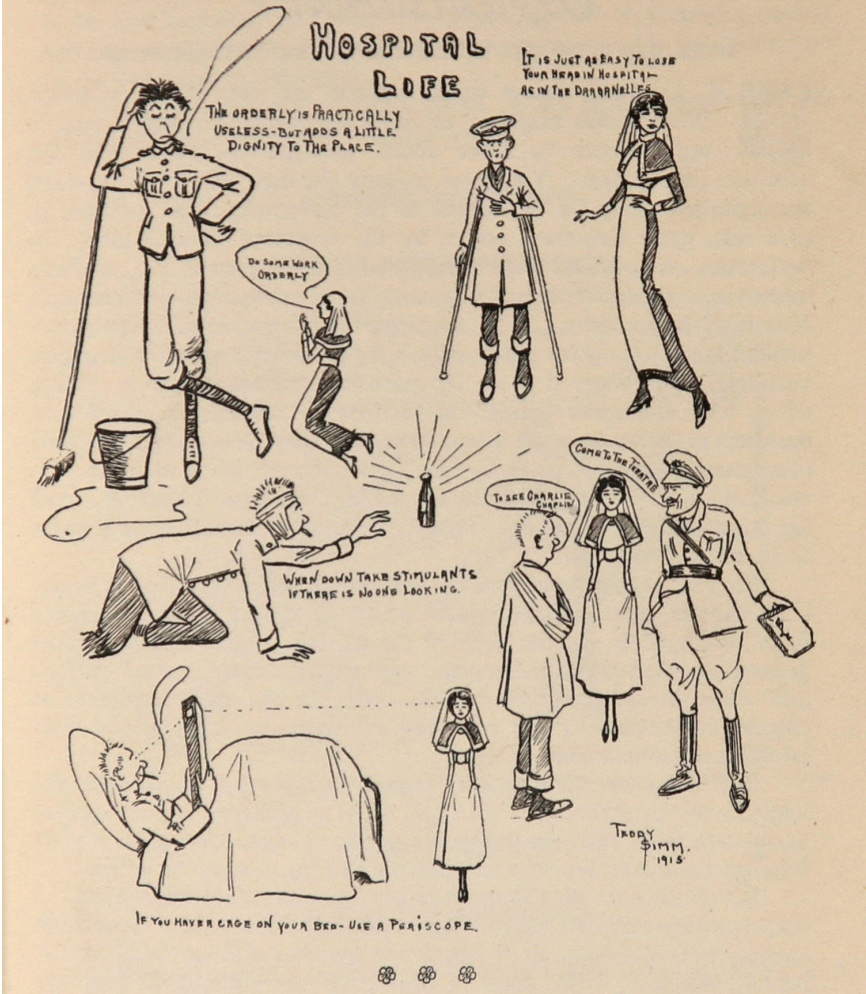


Figure 5.10. Troy Simm, *Hospital Life*, 1915, *The "Southern" Cross* 1, no. 1 (January 1916): 7, reproduced with the permission of the Cadbury Research Library: Special Collections, University of Birmingham.

not with the surgeons and anesthesiologists. Corporal is among the lowest of the ranks in the British army, and orderlies were often looked down upon within the hospital, tasked with the most physical, least intellectual labor—although they could be from many different classes of British society.⁵⁰ There is a question in Orpen’s representations of Bucket about the figure’s own class. In some cartoons, Bucket appears as a gormless, sloppy man poking fun at the upper classes while also being poked fun at himself; in others (Fig. 5.4 and Fig. 5.9), Bucket appears with a round ring, likely a signet ring, on his pinky finger, a recognizable British marker of poshness. Within the framework of status and class, with her Bucket cartoons Orpen could have been displaying two disparate feelings about her own place in the hospital power structure. Regardless, through the ungainly avatar of Corporal Bucket, she was able to represent elements of her experience at the hospital and in the plastics ward while simultaneously separating herself from the less prestigious work that she sometimes had to do, as evidenced by the John Barron letter that described Orpen “cleaning floors, adjusting lights etc.” and “carting buckets of dirty water from the theatre to the so-called ‘sluice’.”⁵¹

A Woman Above Her Station

There is another group of cartoons that suggests, through another avatar, that Orpen used these stand-in figures for herself in her drawings to reflect on her gendered position within British plastic surgery. This other avatar, “Rosie,” is perhaps a more expected Second World War figure, more like the Joseph Lee cartoon mentioned earlier in this chapter. Orpen’s Rosie is reminiscent of Rosie the Riveter and representative of women moving into the workforce to fill the gaps left by men joining combat. As is the case with Bucket, this is an identity-shifting figure that is only fully visible in the less professional archive of Orpen’s personal papers, not in the BAPRAS archive.

The first, half-baked iteration of this Rosie cartoon (Fig. 5.11) does appear in the BAPRAS archive, in a sketchbook, suggesting that Orpen worked on it while on the clock in her surgical illustration job. This is a relatively text-heavy page showing Orpen working out her idea, sketching a woman pushing along a luggage trolley, presumably as part of a job at a

50 Meyer states that in the Royal Army Medical Corps during the First World War, which included orderlies, class did not “map as neatly on to rank, as was the case for the British Army more broadly.” Meyer, *An Equal Burden*, 15. Winter, *The Great War and the British People*, 83–84.

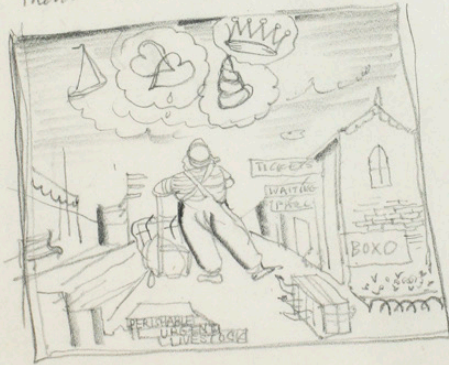
51 Barron, letter to Antony F. Wallace, BAPRAS/A/IMAGES/142.

The Dean x
all 3 Nurse Thicknesse
Lord Grimthorpe
Nurse Rainbow

My dear deans safe as houses
They were positively toying the wire

a sphere of influence +
a shiver ran DOWN my spine
I felt very faint

she had ideas above her station
"what I always says is it don't
do for a girl like rose to get
ideas above her station"



20.47

Figure 5.11. Dickie Orpen, BAPRAS/DSB 20.47, 1944, pencil on paper, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

train station, while ideas float in the thought bubbles above the cartoon figure's head. Here we see images symbolizing dreams or fantasies: interlocking hearts, a crown, what I believe to be a wizard's hat, and a sailboat. Above the drawing Orpen wrote "she had ideas above her station" and then, in quotation marks, "what I always says is it doesn't do for a girl like Rose to get ideas above her station." The wit in this quotation is in the mutability of the word station, which allowed Orpen to deliver her idea visually within the setting of a physical train station, while keeping the wider meaning of "station" as the main figure's professional role or position in life. Like the "funny doctor" quotation that began this chapter, Orpen seems to have gotten her inspiration for this cartoon from a passing conversation. She also included on this page three phrases ("a sphere of influence," "a shiver ran down my spine," and "I feel very faint") grouped with a bracket labeled "OTM," the initials of the surgeon Oliver Mansfield, Orpen's friend and colleague. These are likely things that she heard him say, so it follows that the text below these three phrases about "a girl like Rose" had also been overheard in the hospital.

The next, more finished iterations of this cartoon appear in pencil and in pen in Orpen's personal papers, not in the BAPRAS archive (Figs. 5.12 and 5.13). From the drawing in the surgical sketchbook (Fig. 5.11), to the more professional pencil drawing within a typical one-panel cartoon box (Fig. 5.12), to the consolidated and cleaned-up pen version of *Trouble with Rosie Is* (Fig. 5.13), we can see that Orpen returned to this image several times to edit and finesse it. It was important to her. Outside of the surgical archive, the context and the idea of this image shifts: it becomes all about Orpen and her own experience. But because the paper is the same as that which Orpen used in the operating theater, it is likely that she was drawing these images while at the hospital, later tearing the pages out to take home and work on later.

And yet this image based in a train station has nothing to do with her wartime job—or does it? The titular figure has been more clearly characterized as Rosie in the caption of the second image (Fig. 5.12), which reads "Trouble with Rosie Is, She's Gone and Got Ideas Above Her Station," appearing beneath both the pen and pencil versions of these images. The potential heading "WOMEN IN INDUSTRY" is written beneath the pen drawing (Fig. 5.13). Instead of just having ideas float above a literal station, in both of these versions it is now the woman herself who has taken this elevated position. Instead of pushing a trolley of luggage, now Rosie, like Dickie, works as an artist, the ideas (including the interlocked hearts seen in the first image) taking physical form as painted scenes on the metal beam above the train station.



Figure 5.12. Dickie Orpen, *Trouble with Rosie Is, She's Gone and Got Ideas Above Her Station (1)*, c. 1944–1945, pencil on paper, from Dickie Orpen's personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.



Figure 5.13. Dickie Orpen, *Trouble with Rosie Is, She's Gone and Got Ideas Above Her Station (2)*, c. 1944–1945, pen on paper, from Dickie Orpen's personal papers, courtesy of Bill Olivier and the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

Like Corporal Bucket, Rosie could stand in here for Orpen, who, like many women during the Second World War, carved out a space for herself above and beyond what women normally did in society and in a workplace. Plastic surgery wards in this period were particularly receptive places for women illustrators. Like Orpen herself, who was able to put her artistic training to medical use and get paid for it, these Rosies were allowed professional mobility because of the war, and they had room to “get ideas above their station.” Orpen did so with art and with humor—as Rosie is doing in this cartoon. In this sense, Rosie nods toward Orpen’s risky leap into medical illustration. Orpen “got ideas above her station” as a Volunteer Aid Detachment nurse and she used the connections available to her as a former student of Henry Tonks to write to Gillies and to eventually obtain her position as a surgical artist.⁵²

But of course, women were still in positions of relatively little power—perhaps why this humor was seen as a tool to grab power on paper when it could not be obtained in real life. In *The Guinea Pig* magazine for facial injury patients, jokes were frequently made 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).⁵³ This was to be expected when the social groups and the plastics wards of Second World War England were populated by young Royal Air Force pilots and/or run by surgeons like McIndoe and Gillies. Critical to their type of humor, women in the reconstructive wards were seen sexually, even when covered with surgical dress, a mask, and a cap. A keen sexual appetite was seen as helpful for the men’s

52 There are at least two other examples of women working in similar veins during the Second World War, creating their own 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 those in charge down to the level of her and her colleagues. Lamb Bobak 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. According to Tanya Schaap, 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.” This “diary,” like Orpen’s sketchbooks and other paper repositories for her cartoons and annotations, documented elements of a woman’s daily wartime life. And like Orpen’s Bucket character, Lamb Bobak created a stand-in for herself, a Private Lamb whose identity was distinct from the artist’s. Lewis-Smith, *Off Duty!*, 27. Schaap, “‘Girl Takes Drastic Step,’” 172.

53 “GUIN’EA PIG OR CA’VY,” 21. LBY E.81/320.1, Imperial War Museum.

rehabilitation and reintegration into society, and McIndoe specifically chose pretty nurses for their wards. The atmosphere could be uncomfortable, coercive, or even violent for the women who worked there, and sexual harassment of nurses went unpunished.⁵⁴

The encouragement of fraternization in Second World War plastic surgery wards blurred lines between professional and unacceptable behavior.⁵⁵ The unique psychological needs of facial injury patients, as seen by the plastic surgeons, meant that the usual rules against relationships with women working in the hospital were suspended, and these types of congress were seen as necessary for recovery. There was within these surgical spaces an attempt to rehabilitate an injured masculinity as well as an injured body, and the sexual humor and harassment permitted within the wards helped to make these men feel that they were back at the top of the gender hierarchy.

Bawdy humor, or bald-faced harassment, directed at working women permeated the ward, with jokes, teasing, and “ragging” sometimes resulting in nurses fleeing patients’ bedsides in “floods of tears.”⁵⁶ Liz Byrski has written about the intensive emotional labor, and pressured sexual acts, that these women in the ward at East Grinstead had to perform as a result of simply being a gendered body in this highly charged medical space.⁵⁷ Plastic surgery artist Mollie Lentaigne remembered that patients would jokingly ask if the VAD lettering on her cap stood for “Virgins Absolutely Desperate” or “Voluntary After Dark.”⁵⁸ This parallels the sexual jokes made about women working in the auxiliary forces of the British army, navy, and air force.⁵⁹ In her memoirs, Lentaigne related a humorous atmosphere in the ward on her twenty-first birthday. She wrote 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?”⁶⁰

54 Byrski, “Emotional Labour as War Work,” 341–61. Anderson, *War, Disability and Rehabilitation in Britain*, 115.

55 Wood, ““Lashings of Grog and Girls,”” 13–16.

56 Bishop, *The Guinea Pig Club*, 92.

57 Byrski, “Emotional Labour as War Work,” 341–61.

58 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 9.

59 Smith, “Observational Comedy,” 35–36.

60 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 8.

Lentaigne 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.⁶¹

It was an undeniably masculine energy that drove this mirth, both the atmospheric humor of the plastic surgery wards and its visual humor. Bucket’s heterosexual masculinity is emphasized in *Bucket Is Busy* (Fig. 5.4), where, while avoiding work, smoking, and drinking tea, he looks at a naughty magazine called *Saucy Bits*. Orpen could have portrayed her alter ego as a VAD nurse, as this was another role that she had performed at the beginning of the war. But this cartoon suggests that perhaps she wanted to inhabit the sexualizing gaze of the men around her for once. This Bucket figure can be read as a resistance to attempts by patients and their surgeons to reinforce the gendered hierarchy through humor and sexual harassment. Similarly, the Rosie the Riveter figure, to whom Orpen’s Rosie can be compared, represented a masculine femininity, one that conformed to typical masculine roles and physique. After all, Norman Rockwell (1894–1978) had modeled Rosie’s body in his iconic painting of the riveter on Michelangelo’s Isaiah on the ceiling of the Sistine Chapel.⁶²

Orpen also combined the masculine and the feminine in her drawn alter egos; the play that she enacts through her cartoons is one of transgression and claiming back some agency through alternate identities and through gender fluidity. Based on photographs from her personal papers, Orpen was significantly thinner than either of her avatars. By drawing both of her alter egos as larger figures, Orpen is in part refusing, in the created world of her “Book of Bucket” and her personal cartoons, the sexualizing gaze of the men at her hospital. As problematic as this may be in the context of today’s body positivity movement, she does this by visualizing herself as a body dislocated from heterosexual and hegemonic ideas of attractiveness. In these cartoons she may see herself (as Bucket) removed from the harmful, flirting power games imposed on women working on the wards.

The writings of Susan Bordo, Jamey Merkel, and Jessica Meyer can be used to unpack the physicality of these characters a bit more. Bordo has described the female body as an analyzable text of culture and of femininity.⁶³ In her discussion of eating disorders, Bordo listed “taking up space” as one of the political meanings that is textually inscribed on the woman’s body

61 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 9.

62 Marling, *Norman Rockwell*, 101, 107.

63 Bordo, “The Body and the Reproduction of Femininity,” 165.

and that is involved in “the historical construction of gender.”⁶⁴ Merkel has argued that, particularly through surgery, fatness is aligned with queerness. This is in part because any identity or body that is not hegemonic can be perceived as queer.⁶⁵ In both of her characters, Bucket and Rosie, Orpen visually asserts her importance by allowing the identities that she crafts for herself on paper to take up space; however, she also places her body, and the bodies of her alter egos, into a queer space by making them fat.

But by combining Bordo’s idea of the body as a locus of politics and power with Meyer’s work on cartoon depictions of wartime orderlies, the bodies that Orpen chose for Bucket and for Rosie can be nuanced further. Meyer argued that the size of orderlies in First World War cartoons was used to succinctly display the power that they did or did not have. When orderlies were depicted in cartoons as refusing to do work (as is happening in Fig. 5.10 and as Corporal Bucket does in *Bucket Is Busy*, Fig. 5.4), being begged by nurses to contribute labor, they were made larger to emphasize the power that they held in those situations.⁶⁶ Thus, it could be argued that the larger Rosie and Bucket are given power through their size. But, showing the multiplicity of hierarchical identities grafted onto the Bucket avatar, this argument is complicated because Bucket’s short stature is also often highlighted. Being too short—of an “unmanly height”—was one reason that orderlies were excused from combatant roles and became orderlies in the First World War.⁶⁷ This shortness (smallness) could be seen as a way to further belittle the Bucket character and poke fun at his status within the hospital. When combined with plumpness, this description of the orderly’s body fit the stereotype of this hospital figure as unfit and clumsy—Gillies’s one description of a Second World War orderly in *The Principles and Art of Plastic Surgery* classes him as “our fat little R.A.M.C. orderly.”⁶⁸ Depending on from which angle they are analyzed, the gendered identities within the Bucket cartoons are constantly slipping up and down the rungs of the hierarchical ladder of the Second World War hospital.

64 Bordo, “The Body and the Reproduction of Femininity,” 168.

65 Merkel, “Is Fat Queer?,” 77. For more on the overlaps of fatness and queerness: Pausé, Murray, and Wykes, eds., *Queering Fat Embodiment*.

66 Meyer, “From Slackers in Khaki to Knights of the Red Cross,” 161.

67 Meyer, “From Slackers in Khaki to Knights of the Red Cross,” 152.

68 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2:438.

Conclusion

Both art and humor are vehicles here for a hospital employee to express herself regarding her professional identity, her gender identity, the hierarchy of the hospital, and the problematic role of jokes on the ward. Both Rosie and Bucket were direct avatars for Orpen, each allowing her to express thoughts about her professional identity as a woman within the male-dominated plastics ward. Wrapped in humor, these visual statements become more palatable comments on the role of women and men in war and in medicine. They needed to be palatable to the men with whom she worked, because these cartoons and sketches were humorous releases for her colleagues as well as for Orpen herself. As these Rosie and Bucket cartoons show, images were key in the surgical ward for conveying the mutability of gender within the roles and work of the hospital that other surgical illustrators such as Mollie Lentaigne, and photographers such as Percy Hennell, would also have to navigate. Like the changeable meaning of the word “station” in the Rosie cartoons, or the physicality of the bodies being resculpted on the ward, Orpen’s role as a woman and as a hospital worker was also mutable. As shown in *The Deplorable Affair of Bucket v. Bucket* (Fig. 5.9), sometimes these working identities were at odds with one another. As an artist, Orpen was able to constantly navigate her professional identity through her cartoons at the site of her body and at the point of her pencil. By making her surgical oeuvre one in which gender was fluid and could be reassigned, Orpen queered her own role as a surgical illustrator, that of orderlies (as had been done in Britain since the First World War), and that of women working during the Second World War. By using humor and art to transgress the expected representations of the hospital, Orpen queered the plastic surgery ward.

Chapter Six

Percy Hennell

Color, Place, and Surgical Emotion

In this new work one of the first things to which I had to become acclimated was the fact that it is as natural for skin to be red inside as it is for it to be white outside. Once that fact has been digested one gets along quite well. . . . Having made some thousands of surgical photographs I have become a little out of touch with the reaction of the layman, and have, therefore, to be rather careful to whom I show them.

—Percy Hennell, “Colour Photography Applied to War Surgery,” 1945.¹

Published in 1945, surgical photographer Percy Hennell’s speech to the Royal Photographic Society (RPS) highlighted the intertwined roles of color and emotion in medical imagery—two features that markedly contrast Hennell’s surgical work with Dickie Orpen’s (see chapter 1). Color, alongside the technical side of Hennell’s work, was emphasized here because this speech was given at a meeting arranged by the Colour Group sub-section of the RPS. Of course, Hennell’s mention of white skin reveals the racial norm expected in the hospitals in which he worked and the photographic circles within which he spoke. But it was his camera’s ability to pick up the medicalized, visceral contrast between red and white, among other hues, that made him interesting to the RPS’s Colour Group and to surgeons and the Medical Research Council during the Second World War. Emotion appears clearly in the above-quoted section of Hennell’s speech through his mention of the “layman” reaction to his photographs.

By the Second World War, surgical photography had long been tied to a “scientific basis” and was framed as “an accurate recording instrument and as an instrument of research.”² It was also a “means whereby knowledge

1 Hennell, “Colour Photography Applied to War Surgery,” 144–45.

2 Stanford, “The Hospital Photographic Department,” 299.

may be disseminated in visual form.”³ But for all of the emphasis on science and stark instrumentality, photography’s medical use can result in emotional dams breaking to overwhelm its final products. The affective differences between Orpen’s drawings and Hennell’s photographs, in the context of a historian’s experience of working within the BAPRAS archive, are detailed in chapter 1, but this chapter outlines Hennell’s contributions to the field of surgical image-making and to defining plastic surgery itself. This work also explores the affective boundaries against which Hennell and his photographs pushed, particularly in relation to place, as Hennell worked not only in surgical wards in England but also in a general hospital and occupied city in Italy, where he photographed “plastic surgery, burns treatment, brain surgery, chest surgery, stomach surgery, skin disease, venereal disease, typhus and leprosy.”⁴ Here, I use Hennell’s medical and photographic experiences—his work itself as well as his biography—to continue to pick apart the affective resonances of the visual culture of plastic surgery. I take inspiration from the work of Beatriz Pichel, who organized the chapters in her monograph on First World War photographs in France around “archives, emotions, bodies, places and visibility”; this chapter reiterates the importance of those themes within the visual culture of plastic surgery via Hennell’s work, while also setting the photographer up as a vital character in this particular surgical and artistic milieu of Second World War Britain.⁵

Hennell’s Color and Surgery’s Claims

Historically, both monochrome and color images have been used to illustrate wartime medicine and surgery. Watercolor was a typical medium used to depict battles and injuries before photography was invented and became widespread.⁶ The artist-surgeon Charles Bell is the best-known British example of this medium of surgical illustration.⁷ During the First World War, Daryl Lindsay (1889–1976) used watercolor to depict patients with facial wounds while Henry Tonks used the less conventional colored medium of pastel. Black-and-white photographs of plastic surgery from this period, such as those taken by Sidney Walbridge (1883–1954) for Harold Gillies,

3 Hansell, “Medical Photography,” 296.

4 Hennell, “Colour Photography Applied to War Surgery,” 145.

5 Pichel, *Picturing the Western Front*, 13.

6 Biernoff, “The Ruptured Portrait,” 37.

7 Both Philip Shaw and Michael Brown have written about the emotional potency of these images. Shaw, *Suffering and Sentiment in Romantic Military Art*, 185–207. Brown, “Wounds and Wonder,” 239–59.

were familiar to surgeons, as they were “taken in ever increasing numbers” from the beginning of the twentieth century onward.⁸

But the practicality of using color to illustrate medical scenes is disputed. Art historian Emma Chambers has posited 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.”⁹ The Chairman of the RPS (a photographer) suggested something similar: “The type of subject one met with in medicine had plenty of colour usually, but not too much high light and shadow, so that in monochrome it was disappointing, therefore medical work is the ideal subject for colour photography.”¹⁰ However, scholars of medical communication have pointed out that color does not substantially help to convey useful medical knowledge. Tonal shifts between dark and light—such as those exemplified in medical artist Max Brödel’s Ross board technique—and a limited palette are easier to decode in a medical context than images drawn in color.¹¹ Artists and surgeons alike saw the shortcomings of color photography in the operating theater: fleshy, bloody pulp (discussed in chapter 1) and shadows being two enemies of legibility in medical pedagogical imagery and records.¹² Therefore, Hennell’s photographs, like Tonks’s pastel drawings, extend in their color beyond the pure functionality required from surgical imagery.

In part related to his use of color, there is confusion about Hennell’s photographs and their sustained contributions to plastic surgery. Assertions in the BAPRAS archive, or in the established history of plastic surgery, about Hennell’s color photographs are at odds with the realities of his techniques within a wider context; this feeds into narratives that plastic surgeons want or wanted to be true about their field (see chapter 2 for more on this). Namely, the incorrect claims by those in the medical field who worked with or interviewed Hennell were that the photographer created his own system of three-color photography, that he invented a one-shot color camera, and that his method was the only type of color photography available in the period.¹³ The technical truths of Hennell’s surgical illustrations are necessary to parse out here in order to understand the emotionally laden narratives that those who have been constructing the history of Second World War British plastic

8 Wallace, “The Early History of Clinical Photography,” 453.

9 Chambers, “Fragmented Identities,” 582.

10 Hennell, “Colour Photography Applied to War Surgery,” 144.

11 Sawchuk, Woolridge, and Jenkinson, “Illustrating Medicine,” 455. English medical illustrator Dorothy Davison also used this technique. Mohr, “Dorothy Davison (1890–1984),” 130–37.

12 (Lentaigne) Lock, “Memories of East Grinstead Hospital,” 2.

13 Three-color photography is, as Hanin Hannouch states, “an umbrella term encompassing a large variety of heterogenous colour photographic processes.” Hannouch, “Editorial. Three-Colour Photography around 1900,” 3.

surgery have been placing on its image-makers. These myths about Hennell also show how important surgical visual culture was to plastic surgeons: if these practitioners were to be thought of as groundbreaking, then so should their images be.

Being too generous to the innovative nature of Hennell's photography, founder of the BAPRAS archive Antony Wallace wrote 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" (emphasis mine). The negatives were then superimposed, layered by hand, to create the final picture in full color. Wallace maintained that although one element of this process of Hennell's had been patented before, any and "all subsequent patents had lapsed because no-one had discovered how to control the contrast and quality of the coloured images."¹⁴ Hennell never himself filed a patent for any of the photographic inventions to which Wallace alluded. In fact, Hennell stated that it was best, in printing photographs, "to choose one of the known processes and keep to it."¹⁵

While Hennell's natural color, one-shot cameras were thought of as innovative within Second World War plastic surgery wards, this or a similar type of color print had been used in medicine since the beginning of the twentieth century. For instance, a surgically trained scientific photographer gave a talk and demonstration in 1906 about a three-color process called the Sanger-Shepherd method, which had been available since 1898.¹⁶ A "very compact" three-color camera that used this method was available by 1907.¹⁷ The Sanger-Shepherd process was similar to what Hennell used decades later, as it was an early method that could be printed onto paper and not just shown through slide projections. Other color processes at this time could not be printed, a setback "obviated in the Sanger-Shepherd process," which at the time was described as being more "real," using "real colours" instead of just "coloured light"—meaning that it could be printed and reproduced, not just projected.¹⁸ Examples of this three-color process first appeared in the *British Medical Journal* in early 1906 in images of the faces of people with leprosy in Iceland.¹⁹ These photographs pay particular attention to the disease's effects on the eyes. Inga Lára Baldvinsdóttir has convincingly written on the importance of these images for histories of photography and medicine, and for understanding lived experiences of Icelandic

14 Wallace, "The Early History of Clinical Photography," 456.

15 Hennell, "Colour Photography Applied to War Surgery," 145.

16 Norman, "Practical Demonstration," 212–15.

17 Coe, *Color Photography*, 88.

18 "The Application of Colour Photography to Clinical Medicine," 30.

19 Grossmann, "A Clinical Study of Lepra Ophthalmica," 11–18.

people suffering from and outcast because of leprosy.²⁰ These photographs, like Hennell's, but almost four decades earlier, recorded, exhibited, and pathologized facial difference. Following in the path of the Sanger-Shepherd process, which would have been outmoded by the 1940s, Hennell's printing method was the "finest carbro."²¹ This was the primary method for producing color photographic prints on paper between 1920 and 1950; once again, Hennell was not producing anything out of the ordinary.²²

To make his color photographs with a one-shot camera, Hennell produced three color negatives in one photographic motion, then layering the three print matrices on top of one another to reveal the image's full color. This process was not perfect, and the layers of the matrices could be imprecisely overlaid by Hennell or by his assistants, which could cause inconsistent color blending and registration. Histories of color photography, from multiple technical and commercial perspectives, point to the fact that Hennell employed techniques already widely used in Britain and abroad, and his practice was not as cutting-edge as Wallace suggested. The "complicated positive process which required registration of three separate images" that Hennell practiced was by 1945 being rendered obsolete.²³

BAPRAS's text accompanying one of Hennell's images reinforces its former archivist's statements about the photographer. This archival text, mounted with a black-and-white photograph of Hennell and his camera in an operating theater, takes Wallace's declarations about Hennell's innovations even further by stating that Hennell used a "one-shot color camera which he invented, the only colour photography available from 1938–1944."²⁴ In fact, there were one-shot color cameras on the market long before Hennell and the Second World War, and other forms of color photography was practiced during this period. This incorrect text likely comes from Wallace or Brian Morgan, both Honorary Archivists and retired plastic surgeons who were instrumental in collecting Hennell photographs for BAPRAS.²⁵ Below the text on this archival object is a typed label with the words, "Given by

20 Baldvinsdóttir, "Leprosy in Iceland," 74–85.

21 Hennell, "Colour Photography Applied to War Surgery," 144. A full description of the three-color carbro printing process can be found here: Pénichon, *Twentieth Century Colour Photographs*, 114.

22 Pénichon, *Twentieth Century Colour Photographs*, 82.

23 Friedman, *History of Color Photography*, ix.

24 Hennell, *Mounted image of Percy Hennell in the operating theatre at RAF Cosford*, HEN/11/7.

25 In addition to Wallace's concerted efforts to collect Hennell photographs, Brian Morgan, a later Honorary Archivist at BAPRAS, moved Hennell photographs from the Mount Vernon Plastic Surgery Unit (a later iteration of Hill End Hospital) to BAPRAS in the early 2000s. "Percy Hennell Collection of Second World War Clinical Colour Photographs," BAPRAS/HEN.

P.G. Hennell.” Most likely, this means that Wallace acquired the photograph directly from Hennell while he was writing his 1985 article about the photographer, and then Wallace himself typed this text up and mounted it with the photograph before adding it to the collection. Wallace’s and BAPRAS’s statements about Hennell’s photographic innovations differ from the more nuanced, guarded account of the Chairman of the RPS in his introduction to Hennell’s speech: “He did some extraordinary fine work, by a method which he had worked out largely for himself and which it was no secret to say had something to do with metallic toning.”²⁶ This toning would have related to the finish of the photograph. Also far less laudatory than the BAPRAS text, Hennell himself noted that during his war work he used at least four cameras: “a 7 in. by 5 in. Reckmeier, a 2 ¼ in. by 3 ¼ in. Devin and a National Photo Colour ¼-plate camera” and a “9 in. by 12 in. Speed Graphic Camera” with a “Kodak Ektar lens” and Kodachrome film.²⁷ He invented none of these himself.

Unlike the BAPRAS archive, I am hesitant to take Wallace’s word on Hennell’s innovations at face value. Wallace’s article may have been biased, since Hennell, still “fit, well and working hard,” was one of the author’s main sources, although Hennell himself does not elsewhere boast of inventing something that already existed. Perhaps more significantly, Wallace was a plastic surgeon using the history of his own discipline, and not the general, more expansive history of color photography, as his context.²⁸ This was, in fact, the first time that this type of color photography had been used in British plastic surgery wards. But as argued by Thomas Schlich, surgeons have a way of strategically writing and rewriting the history of their discipline “that for many historians looks little short of absurd.”²⁹ In Wallace’s case, he tried to align imagined advances in photography with British advances in plastic surgery, similar to what Gillies did on his propagandistic lecture tour with Hennell in 1941–1942 (see chapter 7).³⁰

In addition to continental pioneers of three-color photography and one-shot color cameras of the nineteenth and twentieth centuries—Alexandre Edmond Becquerel (1820–1891), Gabriel Lippmann (1845–1921), Louis

26 Hennell, “Colour Photography Applied to War Surgery,” 144.

27 Hennell, “Colour Photography Applied to War Surgery,” 144, 146.
“Reckmeier & Schünemann: Dreifarbenkamera (Three-Color),” *Collectiblend. Devin One Exposure Tricolor Camera*. “Hennell’s camera taken from a 3 ¼” slide,” BAPRAS/HEN/11/14.

28 Wallace, “The Early History of Clinical Photography,” 464.

29 Schlich, “How Gods and Saints Became Transplant Surgeons,” 311.

30 See François Brunet’s article for how early histories of photography were written along nationalist lines. Brunet, “Nationalities and Universalism in the Early Historiography of Photography,” 98–110.

Arthur Ducos du Hauron (1837–1920), and Charles Cros (1842–1888)—there were key individuals in Britain itself utilizing these techniques before and during Hennell’s surgical career.³¹ The commercial portraitist Madame Yevonde (1893–1975) was one of the first to use the triple negative and color filter process in England during the interwar years.³² And Hennell was a contemporary of John Hinde (1916–1997), who also experimented with color photography in the 1930s and 1940s. Similar in purpose to J. B. Priestley’s *British Women Go to War* (1943), illustrated by Hennell, Stephen Spender’s *Citizens in War—and After* (1945) used Hinde’s color photographs to show Britain the powerful and invigorating effect of natural color images of war.³³

Processes similar or identical to Hennell’s were used by color photographers both during and decades before Hennell began photographing in the surgical wards of wartime England. Thus, the claim that Hennell was a uniquely advanced photographer who created his own type of color photography and camera, at a time when this was a rarity, is a myth of the plastic surgery world meant to craft a particular, positive definition of the field. This shows the contradictory narratives that can be built up within a medical archive like BAPRAS’s and by plastic surgeons in general, as explained more in depth in chapters 2 and 3. Hennell’s story is not one of trailblazing, fame-rendering photographic pioneering. Rather, it is one of a commercial photographer who found himself, among medical men, appreciated for his colorful photographic work that could be used to communicate the methods and innovations of midcentury British plastic surgery.

Place and Surgical Emotion

In addition to this historical interest, Hennell’s use of color holds theoretical interest as well. What does it mean when the color image, by the very nature of its subject matter, unveils in explosive clarity the fragility of the self and the body? According to theorist Julia Kristeva, color “condenses ‘objectivity,’ ‘subjectivity,’ and the intrasystematic organization of pictorial

31 Kepler, *The Eighth Art*. Wall, *The History of Three-Color Photography*, 45. Siple, *A Half Century of Color*. Eder, *History of Photography*. Hannouch, “Gabriel Lippmann’s Colour Photography,” 7–28.

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

33 Spender, *Citizens in War—and After*. Val Williams has written an article for the magazine *British Journal of Photography* showing how both Hinde and Hennell used their experience in commercial and advertising photography to bring color into images that anticipated the British documentary photography of the 1980s and 1990s. Williams, “Keep Calm and Carry On,” 46–51.

practice.”³⁴ The experience of color simultaneously, contradictorily, threatens the self and “cradles the self’s attempted reconstitution.”³⁵ It, according to Nicholas Chare reflecting on Kristeva’s thoughts on color, “acts as a reminder of the fragility that ultimately underlies the self.”³⁶ Compounding these shattering effects of color within a picture plane, the subject matter of Hennell’s photographs literally exposes to the viewer the fragility of the body and the self. In part because of their depiction of this rupturing, Hennell’s photographs are sometimes deemed too sensitive for researchers and the public (who Hennell would have deemed “the laymen”) to access. These types of photographs, as contradictory objects of identity, dehumanization, injury, and care, prompt a theoretical puzzling through of the contexts in which they were taken and the collections and archives in which they are held.

Hennell’s photographic technique and his use of color offer multivalent ways to comprehend the emotions, narratives, and culture of plastic surgery in mid-twentieth-century Britain. In chapter 1, I argued that Hennell’s color builds up the affective power of surgical imagery in this period, especially in comparison with Orpen’s drawings. In chapter 7, I will argue that Hennell’s color complicates the propagandistic, easy, before-and-after narrative of surgical photographs. In what remains of *this* chapter, I also argue that comparing Hennell’s color photographs from home-front hospitals to those that he took in Italy opens up another avenue into understanding the emotional framework in which these surgical photographs were operating, as “emotional practices,” per Beatriz Pichel’s definition. Pichel, in her work on French First World War photography, pointed out that the distinct processes of taking a photograph (“someone pressing the camera’s shutter, someone printing, collecting or storing the photograph, and someone looking at it”) are all emotional practices.³⁷ Photography, then, mediates and conveys emotions. Plastic surgery, by relying so heavily on photography, is also therefore a practice suffused with emotion. While the “true” emotional experience of the *patients* that Hennell depicted may be inaccessible, his color photographs offer a way to start to appreciate the emotional landscapes of the man who traveled to visually capture their faces and bodies.

My interest in this emotional approach to Hennell’s photographs, one that also engages in some biographical speculation, was initially prompted by two passing comments from curators who have worked closely with Hennell’s color surgical images. The first of these comments was made to me

34 Kristeva, “Giotto’s Joy,” 219.

35 Kristeva, “Giotto’s Joy,” 220–21.

36 Chare, “Colour Soundings,” 47.

37 Pichel, *Picturing the Western Front*, 72.

during an interview with a former curator of the BAPRAS archive. I asked her about her emotional experience of working within BAPRAS, which is examined in depth in chapter 1. She reported that the Hennell images that caused the strongest reactions were the photographs that he took away from the home-front hospitals. She described these as “some of the most affecting photos I’ve ever looked at in my life . . . in the front pictures you get a sense of someone who themselves is struggling to deal with what they’re looking at . . .”³⁸ Another curator, who included Hennell’s photographs in a 2007 Tate Britain exhibition, perceived and alluded to an emotional shift within Hennell’s later work after the war. In our email conversation, she wondered why Hennell went in such a different direction after the Second World War, when he largely turned to illustrating books about wine; she wondered “if it was trauma after working so closely with war victims” that effected this shift.³⁹ He had had such a successful wartime career as a surgical photographer, and plastic surgeons all over the country appreciated and complimented his work. Wallace wrote that “burnt pilots, frost bitten pilots and bomb victims were recorded as [they] had never been before,” and that the wartime years were a “golden period” for Hennell’s relationship with the “Specialty” of plastic surgery.⁴⁰ Why would Hennell have stepped away from such a collaboration?

Like the experiences of the patients that Hennell photographed and Orpen drew, Hennell’s inner emotional world is ultimately inaccessible to historians. But by historicizing this photographer’s materials, their archival status, and their affective power and context, we can extract more about Hennell’s experience, which helps construct a further nuanced history of plastic surgery.⁴¹ This experience is gleaned largely through the BAPRAS archive’s material and the one extant speech of Hennell’s from this period. Visual and material evidence connects the two curators’ statements about Hennell and emotion, showing how the conventions of Hennell’s photographs differ depending on where they were taken. This points to the argument that he purposefully withdrew from surgical work after witnessing what he did at the end of the war, near Naples, Italy. Comparing and contrasting these materials also helps to further productively isolate and understand the particularities of the emotional and visual milieu of Second World War surgery in *Britain*.

38 Hussey, interview by the author, January 16, 2019.

39 Williams, “Re: Percy Hennell Sources,” July 22, 2019.

40 Wallace, “The Early History of Clinical Photography,” 456.

41 Rob Boddice speaks to this need for historians who deal with emotions to historicize those emotions, along with experience, to understand how the past *felt*. Boddice, *The History of Emotions*, 8–10.

Hennell had two major breaks from his wartime work of photographing injured soldiers and civilians in British hospitals. The first was in late 1941 and early 1942, when he accompanied Gillies on a lecture tour of the Americas (see chapter 7). Then in March 1944, Hennell left England as he was deployed for three months to Naples. In his RPS speech, Hennell stated that his “work in British hospitals consists largely of photographing patients as soon as they are admitted, to record the primary condition of the injury” and that then the patients were “rephotographed at regular intervals,” depending on their wounds and treatment.⁴² By stating explicitly that this was how things were done in Britain, Hennell’s speech suggested that it was done differently, in a less consistent way, in Italy. There, he took photographs of wounds and surgeries at the No. 2 British General Hospital near Naples as well as the dismal conditions for civilians within the city itself. He returned to England after these three months to briefly continue, until 1945, his work photographing facial burns and other severe injuries in plastic reconstruction wards.

The emotional resonance of Hennell’s photographs taken at the hospitals in England lies to some extent in their artistic contrivance. They are staged photographs, their colors feeling fashionable for the era, the faces centered in the composition, and details like patterned neckties, red lipstick, plucked eyebrows, or gelled hair adding to the perception of individual personhood and lived experience. Hennell used conventions of portraiture to document the facial injuries of these patients. Hennell’s carefully chosen artistic and portraiture practices can be seen in one of his other Second World War projects, the illustration of Priestley’s *British Women Go to War*. Val Williams has written that “The nation [Hennell] portrayed [in *British Women Go to War*] was damaged, yet fully capable of recovery.”⁴³ This message of hopeful, posed, colorful nationalism is present in Hennell’s surgical images from English hospitals as well. There are shared emotional resonances in these two groups of Hennell photographs that encourage a particularly British resilience, and a steadfast eye on recovery and innovation in the face of conflict and injury. Many of Hennell’s surgical photographs from England are still difficult images that foment empathy, as is argued in chapter 1, but the emotional conditions in which they were created were at least contained within the organizational and bureaucratic confines of the home-front hospital. The patients are by and large stable. Even when there are horrible injuries, such as full leg burns covered in the sickly purple of iodine, there is an effort to create a balanced artistic setting, with hospital cloths (and/or the white

42 Hennell, “Colour Photography Applied to War Surgery,” 145.

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

clothes of the hospital orderly positioning the photograph's subject) placed behind the patient to create a neutral backdrop.

Emotion triangulates and complicates the visual and artistic construction of medicalized knowledge, actively muddling "objectivity" within photographs like Hennell's. As expected, most of the surgical portraits held by BAPRAS do not depict smiling individuals. However, there is an image of a smiling captain (Fig. 6.1), which could be used to make arguments about a hopeful and resilient Britain being legible in Hennell's works.⁴⁴ But this is largely a false smile, as the notes in the BAPRAS archive state that this patient had paralysis of the mouth. As Pichel noted, when thinking of photography as an emotional practice, "merely pointing out what is visible in the image (the smile) does not help" our understanding of emotion in the usage and experience of photography.⁴⁵ Gillies stated that in cases of facial paralysis it was often difficult to return visible emotion to the patient: "For photographic purposes it is possible to pretend that, as a result of your operation, emotional expression has been achieved."⁴⁶ This image of the captain, with its portraitlike convention, the cardigan over a collared shirt with a thin black tie, could be a passport photo with a lopsided grin, or could be a cropped segment of a cheery family group portrait.⁴⁷ But the emotion that is visible is pathological, demonstrating the complicated realities of feelings in Hennell's photographs.

While this photograph of the captain represents a pathological necessity, a facsimile of a positive emotion, there are other Hennell images of a patient with brutal burns over his arms and torso who does seem to genuinely smile. I will not be reproducing this photograph here, as it has not been published previously and it does reveal the identity of a patient. In addition to four photographs in which this patient's eyes are closed, or where the image is taken from behind, there is one photograph in the BAPRAS archive in which this patient smiles toothily at the camera. The archive's notes on

44 "To the 21st century viewer, even these mended faces are full of pathos. Symmetry has been abandoned, youth and beauty flawed forever. Young women and old men bear the scars of war, the piercings of shrapnel, the impact of bomb blast, the singeing of fire. Yet beyond this there is hope—people scarcely recognizable as human in the 'before' photographs have regained their humanity in the post-reconstruction portraits. Some almost smile." Williams, "Percy Hennell," 38.

45 Pichel, *Picturing the Western Front*, 72.

46 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2:606.

47 These artistic conventions and relations are evidence of what Sander Gilman termed the "constant bleed between the world of the medical photograph and the general world of visual culture." Gilman, *Making the Body Beautiful*, 41.

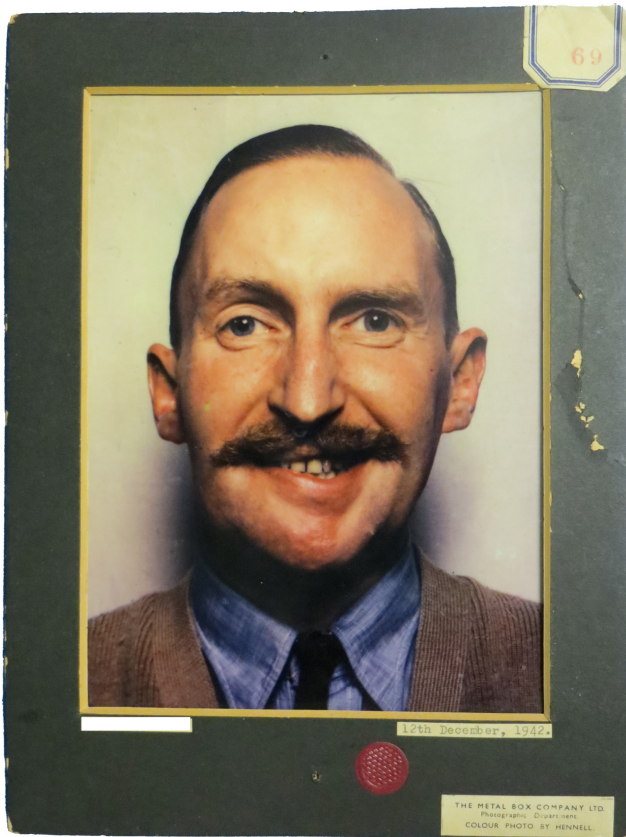


Figure 6.1. Percy Hennell, BAPRAS/HEN/6/7, 1942, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

this photograph state, “It is notable that Hennell returned to . . . St Albans on three separate occasions to follow [the patient’s] treatment and at each visit posed the patient in the same way.”⁴⁸ The patient has angry red burns along the left side of his torso, covering his ribs, and across his chest, both arms, and his neck. He is leaning back against several pillows, and a hospital cloth is being used as a background to Hennell’s composition, presumably to exclude from the photograph the other patients, staff, and general hub-bub of the ward behind him. In the face of his injuries, this patient seems

48 Hennell, BAPRAS/HEN/1/3/7.

to be grinning at the camera, pleased to be photographed, pleased to be somewhere that can facilitate his healing. The archival notes state that he is “reclining and smiling with right arm held aloft.”⁴⁹

Hennell’s other images, from his three-month trip to Naples, show a different emotional reality. Gone are the posed bust portraits of the facially injured. Gone are the photographic series of the same patients in a repeated pose with a white cloth backdrop. These Italian images show the messy, difficult chaos of war. These Italian images are those particularly emotionally difficult photographs of which the BAPRAS curator spoke.

When Hennell arrived in Naples in March 1944, the city had been bombed almost two hundred times since 1940; the *Luftwaffe* continued to terrorize the city in the month of the photographer’s arrival, killing hundreds of people. Needless to say, in this chaotic setting Hennell did not have the “veritable photographic laboratory” that was seen as necessary for a medical photographer to have at their disposal in this period of professionalization.⁵⁰ Hennell’s cramped conditions in Italy were much more extreme than those of photographers in home-front hospitals. However, as a 1946 medical photography review stated: “Experience has shown that medical photographers are extremely resourceful people . . . willing to suffer inconvenience caused by the absence of an elaborate piece of equipment—such difficulties are classically surmounted by the judicious use of plasticine and string.”⁵¹ Hennell proved this resourcefulness to be true in his case and still managed to produce many photographs of a large variety during his time in Naples.

Insight into Hennell’s emotional experience can be gleaned from his images and from his speech to the RPS, made six months after he returned from Italy. It appears that neither curator who had worked on Hennell previously knew of this speech, as it was not cited in their publications or digital writeups on the photographer. Yet I believe that Hennell’s descriptions of his working conditions help to confirm their suspicions about the emotional toll that the war had on him. In a noticeably flat tone, Hennell remarked,

When I arrived in Italy Casino was held by the Germans and there was very little to do for the first five or six weeks. However, when the Rome assault commenced I had very little time for eating or sleeping for another six weeks. I was based at a General Hospital and made expeditions to different units of several days at a time, where different types of injury were being treated. The hospitals were very busy and I spent a lot of time at the recep-

49 All quotations and images in this paragraph can be found here: Hennell, BAPRAS/HEN/1/3/6 and BAPRAS/HEN/1/3/7 (duplicate photographs).

50 Hansell, “Medical Photography,” 296.

51 Hansell, “Medical Photography,” 296.

tion end of the hospitals sorting the casualties as they were admitted and picking out the types of injuries of which it was desired to obtain records.⁵²

This quotation hints at a type of photography at odds with the well-orchestrated and well-lit surgical scenes of the home front. Hennell would not have been involved in the sorting of patients, or choosing which to photograph, in his role traveling around reconstructive wards in England. Those were decisions made by the surgeons who wanted their procedures documented. Portraiture conventions and artistic contrivances present in the England-based images are largely absent in these photographs taken further afield. These images suggest a shakier photographer, one who was perhaps unprepared for this more manic side of war.

The casualties in Italy were also of a different type than those that Hennell had photographed in the plastic surgery wards at home. In his RPS speech, Hennell noted that the reason he went to Italy was to make photographs “of types of injury and treatment which I had not succeeded in recording in England.”⁵³ He photographed fewer facial injuries and burns, instead confronting shell wounds and compound fractures, as well as prisoners of war, individuals with multiple amputated limbs, and corpses. But even when the injuries photographed were outside of the remit of plastic surgery, these images still ended up in the BAPRAS archive. This is because of Hennell’s close association with the discipline, as he had been trusted by Gillies and others to help surgeons to visually define it.

One image (Fig. 6.2), the only one that will be shown from the Italy campaign, exhibits the result of a shell wound: a leg amputated below the knee, a plaster cast applied for travel. Someone has signed the plaster and written the date of its application, “12 May 1944”; the BAPRAS archive remarks that this signature is likely that of the surgeon. The back of the photographic object in the archive states that this is “a Tobruk plaster applied by F.S.U. for travelling”—a reference to Tobruk, the site of a Libyan battle that the Allied forces won in 1941.⁵⁴ Hennell’s images of wounded limbs that were taken in English hospitals in St. Albans, Basingstoke, or East Grinstead are carefully placed in front of cloths (see Fig. 1.1). In addition to the inky brown darkness that shimmers in this glossy photographic print from Italy, we see not only a square sink to the back right but also, in the back center, the ghostly shape of a patient or surgical staff member in white surgical dress. There is no hospital cloth held up behind the patient to make this a “clearer” or “cleaner” image.

52 Hennell, “Colour Photography Applied to War Surgery,” 145.

53 Hennell, “Colour Photography Applied to War Surgery,” 144.

54 Hennell, BAPRAS/HEN/5/4a.



Figure 6.2. Percy Hennell, BAPRAS/HEN/5/4, 1944, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

A figure like the one in the background of this photograph, distracting from the surgical subject, would never have appeared in a posed home-front photograph. At home, Hennell's images are focused and tightly cropped. In and around Naples, the afflicted limbs are lost in space, the glaring darkness engulfing the backgrounds that in England are of soft grays, patterned blues, or the white of clean hospital cloths. The visual comforts of home are missing. In Italy, Hennell worked in hospitals that had been converted from military barracks, or even those held in tents.⁵⁵ There are photographs in the BAPRAS archive from Hennell's time in Italy with beds and stretchers filling the space behind the patient of focus. This visualizes the busy atmosphere that Hennell described to the RPS: "When the Rome battle started the casualties came in so quickly that every passage leading to the operating theatre was filled with rows of stretchers with patients."⁵⁶

55 Hennell, "Colour Photography Applied to War Surgery," 147.

56 Hennell, "Colour Photography Applied to War Surgery," 147.

There is also a Hennell photograph in the BAPRAS archive of a compound fracture taken on May 14, 1944.⁵⁷ In it, gloved surgical hands hold the arm, folded at the elbow, with what appears to be several pieces of bone sticking out through the skin. The touch of the hospital staff, here, is alarmingly close to the “red inside” of the patient’s body that Hennell described in his RPS speech. Separated only by a thin layer of latex, the patient’s blood pools around the gloved fingers where they press into skin. The patient’s mouth, slightly open in an expression that in another context could be read as pain, is partially visible behind the pulverized arm as they take in anesthesia through the nose.⁵⁸ Unlike anything seen in Hennell’s England photographs, in this composition blood drips messily from the elbow crook down into the armpit hair of the patient, staining the bed cloths. I have written this description not to elicit disgust or discomfort from the reader, but to suggest the emotional response that Hennell may have had to these scenes, which he had to focus on carefully to obtain his photographs. The belabored and painful posing of this patient is much more apparent in this image than in the bust portraits taken in England.

The Materiality of Archival Invisibility

While thus far this chapter has focused on the material and aesthetic quality of Hennell’s work, I now will refer back to ideas around the archive and collecting—the focus of Part I of this book—to further excavate the affective resonances and afterlives of Hennell’s photography. The images that most struck the former BAPRAS curator, the ones that were “the most affecting” she had seen in her life, were those of gas gangrene from the Italy trip. Hennell’s speech to the RPS also hints at the difficulty of photographing this condition. It is here in the speech, when discussing this category of photographs, that Hennell’s tone changes. Before speaking about his trip to Naples and the gas gangrene photographs, Hennell clinically discussed the technical processes and uses of his photography. When he begins to talk about his time in Italy, judgment-coded words like “terrible” or “appalling” appear: “One particular series of photographs were made of gas gangrene, which is a terrible thing. The photographs were made immediately before and after death, recording the striking colour changes which are a feature

57 Hennell, BAPRAS/HEN/2/4/2.

58 Suzannah Biernoff wrote about how pain has historically been shown and hidden in visual representations of medicine and injury, and how medical illustration can make representations of pain “meaningful and useful.” Biernoff, “Picturing Pain,” 181.

of this condition, and again during the postmortem, illustrating the spread of the gangrene, which can be clearly seen in the necrosed muscles.”⁵⁹ The word “appalling” is used in Hennell’s speech in reference to the conditions that led to a typhus outbreak in Naples, an epidemic with varying national and international narratives.⁶⁰ Hennell mentioned a lack of sanitation and lighting, thirty thousand people crammed into shelter caves, “appalling” smell, lice, typhus, and infected rats being cooked by children desperate for food. He took photographs in these traumatizing spaces. While Hennell stated in his speech that these images, and those of gangrene and its fatal effects, would be used for teaching, their current status in the BAPRAS archive suggests a more complicated material longevity.

Rather than only being tangible epistemic images, as was their scientific purpose, Hennell’s photographs within the archive also denote a concrete absence, one that leaves behind traces of archival detritus. In an interesting archival turn of events, the photographs that are the most extreme, that are emotionally coded in Hennell’s speech, that are pointed out as particularly difficult by previous archivists and curators, and that are the least like Hennell’s more composed works from England, have degraded. They have either been kept in pieces, in the BAPRAS archive, or have been disposed of by an archivist. As Carolyn Steedman and Saidiya Hartman, and many other historians, have stated, and as was explored in chapter 3, “historians read for what is *not there*: the silences and the absences” within the archive.⁶¹ And as photography historians have critically advocated for, here I “privilege the materiality of photographs . . . to consider in what ways the material influences contain or perform the image itself.”⁶² Materiality in the archive should be privileged even when that materiality is in pieces.

One of these degraded Hennell images showed a malnourished British prisoner of war who had survived a forced march in Poland; this photograph was discarded by archivists.⁶³ Another image with roots beyond England,

59 Hennell, “Colour Photography Applied to War Surgery,” 146.

60 Bailey, “Ends and Means: Typhus in Naples,” 249–60.

61 Steedman, *Dust*, 151. Hartman, “Venus in Two Acts,” 1–14.

62 Edwards and Hart, introduction to *Photographs Objects Histories*, 2. Edwards has more recently revisited photographic materiality through the object of the photographic mount. Edwards, “Photographs, Mounts, and the Tactile Archive,” 1–9.

63 The label in the BAPRAS archive states: “A full body image of a man suffering from malnutrition after a 25 day forced march. The unnamed patient was treated at the military hospital Shaftsbury in February 1945. The man wears glasses and his ribs can be seen as a result of his condition. ‘The March’ also known as ‘The Long March’ refers to a series of forced marches in which Allied prisoners of war were forced to march across Silesia (an area of Poland

that of an injury caused by an S-mine near Naples, is marked as “missing” in some places and “disposed” in others.⁶⁴ But the paper trails of these images still exist in the BAPRAS archive.⁶⁵ Knowing from his RPS speech that Hennell experienced the sight of gas gangrene as “terrible,” it is telling that another photograph of gangrene, BAPRAS/HEN/10/16, is disintegrating.⁶⁶ The center of this image, showing the bottom of a blackened foot, has a green, white, and black swirling circle that overtakes and obfuscates the medical image, mirroring the discoloration of the patient’s body. The color disintegration of this photograph is a type of archival, visual censorship of the condition that was particularly emotionally affecting for Hennell.

An even more extreme case of gangrenous censorship appears in a rare postmortem image. The status of this photograph represents archival censorship through disintegration rather than direct disposal. It was taken at the No. 2 British General Hospital in Naples on May 25, 1944, three hours after the patient died of gas gangrene. The BAPRAS notes state, “The plate is so degraded it is no longer possible to make out original image”; in reality, today it only exists as two pieces of cardboard frame, with the original photographic notes written directly on the remaining material.⁶⁷ It is obvious from Hennell’s speech that there were more of these types of photographs, but they did not make it into the BAPRAS archive, or they were disposed of before notes were taken. While the apparent reason that they no longer exist is poor photographic conservation, the more holistic context of Hennell’s emotional work away from the home front turns their invisibility into what feels like a warranted censorship.

Conclusion

The photographs that Hennell made away from home provide insight into wartime surgical photographs, the act of taking them, Hennell himself, and the effect that archival storage has on understanding emotional landscapes

and Czechoslovakia) in the winter of 1945 as the Germans evacuated their POW camps. . . .” Hennell, BAPRAS/HEN/10/1.

64 Hennell, BAPRAS/HEN/5/10.

65 For more on “the ‘disturbances,’ ‘spurious phenomena,’ and ‘enemies of the photographer’” that thwart the visibility or legibility of photographs through history, see: Geimer, “Visibility by Destruction / Disturbance,” 31–76.

66 Two other Hennell photographs of gangrene exist in the BAPRAS archive: Hennell, BAPRAS/HEN/2/1/1 and BAPRAS/HEN/2/1/2.

67 Hennell, BAPRAS/HEN/10/2/1. There are at least ten other photographs by Hennell in the BAPRAS archive that have been destroyed or disposed because of disintegration.

of the past. During the Second World War, photographers and artists tasked with documenting images of reconstructive and other surgery were those who, like Hennell, had been involved in completely different fields before the conflict began. It is therefore not entirely surprising that, despite the praise that he garnered in the surgical realm, this photographer returned to a role more similar to his previous one at the Metal Box Company, taking images after the war of inanimate objects. His postwar photographs illustrated books on wine, spirits, and champagne, the Bayeux Tapestry, and in 1986 he published an article about his family's famous salt cellars.⁶⁸ Some of Hennell's wartime photographs were published in surgical books or articles in these years, but Hennell overall moved into the nonmedical. When Hennell died he was working on a commission for Lambeth Palace.⁶⁹

Based on the echoes and the material fragments left in the BAPRAS archive, and the linguistic hints within Hennell's RPS speech, perhaps one reason that Hennell did not use his highly developed skills in medical photography, as well as his many connections in that field, after the war, was because of the immense psychological toll of photographing those with burns, facial injuries, complex fractures, gas gangrene, and other wartime wounds. At the end of the Q&A section of the RPS speech, the chairman wished Hennell "still further success in the future under more peaceful conditions."⁷⁰ It appears that Hennell pursued that success, and this peace, elsewhere, outside of the surgical realm.

The Chairman of the RPS also stated that "many medical subjects were not too good to look at, but it is probably right that such subjects should be shown, not only to selected audiences but to the general public who should know what war produced and the effects of war. There was nothing better than colour photography to show that."⁷¹ Once Hennell's speech reaches his time as a photographer in Naples, the reader (or, in 1944, the listener) realizes that the chairman's introduction is indeed an understatement. Not only were these medical subjects "not too good to look at," but their effects were profound on the patients depicted as well as on those who were taking the photographs and viewing them. By comparing Hennell's surgical photographic projects, and analyzing his RPS speech, there emerges a more concrete sense of what I, and two curators who worked with his photographs,

68 Simon, *The Noble Grapes and the Great Wines of France*. Simon and Hallgarten, *The Great Wines of Germany*. Allen, *The Wines of Portugal*. Rainbird, *Sherry and the Wines of Spain*. Gold, ed., *Wines and Spirits of the World*. Simon, *The History of Champagne*. Gibbs-Smith, *The Bayeux Tapestry*. Hennell, *Hennell Silver Salt Cellars*.

69 "Mr Percy Hennell."

70 Hennell, "Colour Photography Applied to War Surgery," 147.

71 Hennell, "Colour Photography Applied to War Surgery," 144.

understood about Hennell's evolving emotional state from spending time with this archival collection. This chapter has set up and torn down slippery dichotomies between the narratives of surgery and of photography, the healing spaces of the home front and the front lines, latent versus explicit emotion, and the blatant and implicit messages of the archive. Even when plastic surgeons wanted to work with Hennell and hold up his color photography as a paragon of innovation and invention, it seems that the emotional parameters of this work may have stopped Hennell's surgical career short after the war.

Chapter Seven

“Something useful in a National sense”

Percy Hennell’s Photography as Propaganda

Between October 1941 and January 1942, British surgical photographer Percy Hennell accompanied plastic surgeon Harold Gillies on a lecture tour of the Americas. Their stops were wide-ranging: “In October they were in Chicago and Houston, in November in Lima, Santiago, Montevideo, Buenos Aires, Rosario, Rio de Janeiro and San [*sic*] Paulo, and in December lectured in Toronto and Montreal, Washington and New York City.”¹ On this tour Gillies, the “bald, benevolent, world famous . . . father of modern plastic surgery,” lectured on the unique advances of *British* surgery, and Hennell showcased his pioneering *British* color photography that documented these advances, both Gillies and Hennell supplying evidence for Gillies’s paternalistic “father” title.² Newspapers highlighted the role of color photographs as well as a color film in Gillies’s presentations: after a series of color photographs of patients were shown, “in a technicolor [*sic*] talking movie the victims later proudly exhibited their new faces, arms, and bodies.”³ This film was presumably *Plastic Surgery in Wartime*, a government-sponsored piece of propaganda narrated by Gillies and produced by the Realist Film Unit earlier in 1941.⁴ The government also sponsored at least part of Gillies’s

1 Wallace, “The Early History of Clinical Photography,” 456–57.

2 Landstrom, “Plastic Surgery Proves Boon to Persons Injured in Raids,” 9. This is just one of the local newspapers in which the syndicated story with this phrasing ran.

3 Winn, “Eyes Get Credit Once Given to Ears in Flying,” 20.

4 Gillies, narr., *Plastic Surgery in Wartime*. “The British Council sponsored a series of films which were to create a nucleus of interest in plastic surgery in many parts of the world and which were to lead to requests for help and teaching.” Mowlem, “Sir Harold Gillies Memorial Lecture,” 251.

tour. According to Gillies's biographer, Reginald Pound, "The British Council had committed him to a tough itinerary," during which Gillies had "flown 27,000 miles, given 36 lectures and made an uncounted number of speeches, and performed 16 operations."⁵ I argue that, even though not directly funded by the British government, Hennell's photographs also earn this propagandistic label that can be applied to the lecture tour itself and to the film just described.

Lecture tours by British plastic surgery's illustrious figures were meant to advertise to other countries, both visually and orally, the standout nature of individual surgeons and of British plastic and reconstructive surgery as a whole. Gillies did a lecture tour during the First World War and made a later trip to Boston; these visits "left him in no doubt of his status as a personage of the international surgical scene."⁶ In 1948, the surgeon Archibald McIndoe also carried out a lecture tour in the United States and Canada that was covered in the press.⁷ Both Elizabeth Haiken and Sander Gilman have noted the ways in which plastic surgeons in the twentieth century cultivated a particular image of themselves and their work that would raise the public and professional estimation of their field.⁸ This tour would have not only publicized British surgery, but the international showings of Hennell's color photography may have helped to bolster the reputation of British photography as well, which was lagging behind business-led innovations in Germany and the United States.⁹ Gillies stated that his purpose on his Second World War lecture tour was "to tell the doctors and dental surgeons about British plastic work and the British [war] effort in general," and that Hennell's display of his color photography only added "more prestige" to the trip.¹⁰

Showing British photographers pioneering the uses of color photography, and British surgeons pioneering the reconstruction of faces, Gillies's tour

5 Pound, *Gillies*, 148, 153.

6 Pound, *Gillies*, 105.

7 "Medicine: The Man Who Makes Faces," *Time*.

8 Haiken's monograph focuses on the American context, and Gilman structures his book around reconstruction and plastic surgery of the nose. Haiken, *Venus Envy*. Gilman, *Making the Body Beautiful*.

9 Britain has a history of small firms and slow innovation in photographic production (specifically as related to color photography), especially when compared with Germany and the United States. By 1914, the main British photographic firm, Ilford Limited, was losing out business and innovation to larger German and American firms, namely Afga / I.G. Farben and Eastman Kodak. Into the 1930s, these non-British firms invested more money into the subtractive color process like that used by Hennell. Edgerton, "Industrial Research in the British Photographic Industry," 108, 124.

10 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 2:433.

with Hennell reflected anxieties about British scientific progress in multiple fields and also reflected how the reputation of British plastic surgery was intertwined with the reputation of its visual culture—something made very clear in chapter 6 in the way that Hennell's photography was framed within the BAPRAS archive. This plastics and photographic proselytizing was beneficial for Britain on an international scale, and these tours fit into the parameters of British propaganda abroad during the war years. Susan Brewer has outlined how British propaganda in the United States worked “at the intersection of foreign relations with American politics and culture.”¹¹ This cultural propaganda was present not only in art and films, but cultural propaganda more broadly was “the promotion and dissemination of national aims and achievements in a general rather than specifically economic or political form.”¹² The explicit purpose of Gillies's and Hennell's presentations during their 1941–42 lecture tour was to tout British achievement in surgery and clinical photography, but it had the additional purpose of bolstering the status of Britain at war at a time when, initially, the United States was still teetering between neutrality and entering the conflict.

British plastic surgery, as framed by British plastic surgeons, was the indisputably world-leading center of the field (see chapter 2). Like other scientific advancements, photography was an important tool for conveying British narratives of global influence from the nineteenth century onward. Jennifer Tucker has argued that photography helped to visualize the cultural and scientific superiority of British, particularly English, society: “Many Victorians argued that science and photography demonstrated the superiority of British civilization.”¹³ While the British Empire was in its decline in the mid-twentieth century, the practice and messages of plastic surgery photography of this period were tied up in this colonialist visual history of scientific exceptionalism. As in the Victorian period, photography helped to define the parameters and extent of British scientific innovation.

Gillies was a product of the British imperial project (as a New Zealander willingly co-opted as the “father” of plastic surgery in England), but he was also a perpetuator of the visually led narrative of British supremacy. Hennell's accompaniment of the eminent Gillies across the Americas is evidence that images were a major component of the trip's directive. Even on his earlier lecture tour to the United States after the First World War, Gillies traveled

11 Brewer, *To Win the Peace*, 3.

12 Taylor, *The Projection of Britain*, 125. A more obviously *cultural* propaganda in the United States during the war years appeared in the traveling “Modern British Crafts” exhibition. Hart, “Craft, War, and Cultural Diplomacy,” 153–85.

13 Tucker, *Nature Exposed*, 9.

“with seven hundred lantern slides all neatly packed.”¹⁴ By 1941, Gillies had been a proponent of clinical photography in Britain for several decades, earning him the position of chairman of the Royal Photographic Society’s Medical Group.¹⁵ Gillies and Hennell had been collaborating since 1940, when Hennell began taking photographs in plastic surgery wards, including Rooksdown House at Park Prewett Hospital in Basingstoke, where Gillies was the head surgeon. The photographs that Hennell and Gillies showed in their lectures depicted patients at several key moments: when they arrived at the hospital with burns and facial injuries, in between steps of surgeries, and when they were healing after or between operations. Like the words spoken by Gillies on this lecture tour, these images put forward a particular message about the power of British surgeons and surgery. The aesthetic and compositional tools of Hennell’s color surgical photographs also proved useful for writers and publishers outside the medical realm advertising similarly propagandistic, nationalist narratives.

How did Hennell become a photographer who could communicate these expansive ideas of British pride and progress, both within surgery and in wider contexts? Hennell was a manager for the Colour Photographic Department of the Metal Box Company, where he practiced advertising and documentary photography.¹⁶ During the war, the company shifted from producing canning products to making wartime goods “used by every service in every theatre of war.”¹⁷ In this spirit, at the beginning of the war the chairman of the Metal Box Company told Hennell that he should “do something useful in a National sense” with his color photography, and Hennell was then seconded to the Medical Research Council to take photographs in surgical wards.¹⁸ The Metal Box Company paid Hennell’s salary and paid for his photographic supplies; public funding of clinical photography in Britain did not commence until it had clearly shown its value during the war.¹⁹

By looking at how his images advertised British nationalisms that inadvertently reveal wartime and postwar anxieties around the destruction of histories, society, and landscape, this chapter links Hennell’s three major photographic projects of the 1940s: his plastic surgery photography, his illustrations for J. B. Priestley’s propagandistic *British Women Go to War* (1943)

14 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:44. Pound, *Gillies*, 62.

15 Pound, *Gillies*, 78. Mowlem, “Sir Harold Gillies Memorial Lecture,” 251.

16 Williams and Bright, *How We Are*, 214. Editor’s introduction to Hennell, “The Hennells Identified,” 260–66.

17 Barlow, “Metal Box Company,” 10.

18 Hennell, “Colour Photography Applied to War Surgery,” 456.

19 Wallace, “The Early History of Clinical Photography,” 452.

and his images for Geoffrey Grigson and John Piper's nostalgic *An English Farmhouse and Its Neighbourhood* (1948).²⁰ Grouping these three seemingly disparate projects together clarifies the nationalist purpose of Hennell's surgical imagery—which defined reconstructive plastic surgery as distinctly British—and how color played into this purpose.

Hennell's color is a key component of the nationalisms espoused by these photographs. In *An English Farmhouse*, Grigson wrote that he and his photographer-collaborator Hennell "believe that colour photography can be revealing without being chromatically hideous."²¹ Grigson's statement *may* have been a veiled allusion to Technicolor, which was seen by much of the midcentury British population to be garish and too saturated—and therefore distinctly American. A 1951 publication called *Colour Cinematography* stated that a study of the British public's attitude toward color in film revealed that there was "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."²² Film historian Sarah Street suggested that nationalist ideas and stereotypes may have led to the perception of Technicolor as "brasher than it actually was." Playing on long-established ideas of national difference, British color was perceived as more tasteful.²³ Grigson, Piper, and Hennell had the common goal of making photography subtler and more appealing, and therefore perhaps more distinctly British. It is interesting, then, that the Technicolor film *Plastic Surgery in Wartime* was shown on Gillies's lecture tour. It is likely that the British Council recognized the national and emotional qualities of color in film and used Technicolor in this instance to appeal more to American audiences. Brewer asserted that British propagandists looking to target American audiences were careful in studying "American opinion" and choosing "methods of dissemination"; they "studied American beliefs and attitudes in order to identify themselves with the same values or to take care not to tread on them."²⁴ It seems that the audience for the Technicolor *Plastic Surgery in Wartime* was American,

20 Hennell contributed to several other smaller projects during the 1940s and 1950s, mostly having to do with injury and surgery. For example: *Atlas of Air-Raid Injuries, Issued by the Ministry of Home Security in Conjunction with the Ministry of Health*.

21 Grigson, *An English Farmhouse*, 6.

22 Cornwell-Clyne, *Colour Cinematography*, 663. Art historian Lynda Nead uses this source to great effect in her discussion of the hazy grays that dominated much of British visual culture in the postwar period. Nead, *The Tiger in the Smoke*, 147.

23 Street, "'Colour Consciousness,'" 208.

24 Brewer, *To Win the Peace*, 4, 6.

and therefore this type of color could have been used to remain familiar and engaging for American audiences, while Hennell's more British color was used both in Britain and on the lecture tour.

Reading Hennell's color photography in his commercial book projects of the 1940s alongside his surgical photographs changes the way that we can think about this medical work, its purposes, and its techniques. Like these two publications with more overt messaging goals, Hennell's surgical photographs were invested in advertising British progress and in defining plastic surgery as particularly British.

Before-and-after Nationalism in *British Women Go to War*

In *How We Are: Photographing Britain from the 1840s to the Present* (2007), which accompanied an exhibition at Tate Britain, curator Val Williams connected these three major groups of Hennell's photographs to show how stylistically innovative his color work was. His surgical images "departed altogether from the kind of war photography that had been familiar to the British public"; he used his color and advertising flair in those photographs and in *British Women Go to War* to create morale-boosting images.²⁵ Williams made a similar point in another piece, where she argued that Hennell and John Hinde used their experience in commercial and advertising photography to bring color into images that anticipated the British documentary photography of the 1980s and 1990s.²⁶

Hennell's forty-nine color photographs in Priestley's *British Women Go to War* had a specific, invigorating message to advertise: that women in Britain, more so than in any other nation, were doing their patriotic duty by working, and that they were fulfilling these duties on the home front or abroad with alacrity and panache.²⁷ Priestley stated in his first sentence: "No country engaged in this war has mobilized its women for the war effort more thoroughly and efficiently than Britain has."²⁸ The morale-boosting purpose of this book is visually furthered by Hennell's patriotic inclusion of brilliant reds and blues in hospital blankets, skies, and colorful steel bars in factories. *British Women Go to War* was published by Collins but was

25 Williams, "Marks on the Flesh," 19–20.

26 Williams, "Keep Calm and Carry On," 46–51.

27 Priestley was a writer (his play *An Inspector Calls* [1945] is still taught in British schools) and a social and political commentator. As the latter he was a left-leaning progressive who broadcasted the "people's view" of the Second World War. Fagge, *The Vision of J. B. Priestley*.

28 Priestley, *British Women Go to War*, 7.

designed and produced by Adprint Limited London, specialists in publishing commercial color photography.²⁹

Hennell shot these images for Priestley around the same time that he was working in plastic surgery wards. In this capacity he created many before-and-after photographs, often as part of longer narrative series, that succinctly showed the reparative steps of British plastic surgeons' medical miracles. In a 1945 address to the Royal Photographic Society, Hennell stated that "from the medical point of view" it was important to see not just "a series of photographs, but to see them side by side."³⁰ In the hospitals, Hennell primarily took close-up bust portraits of people wounded in the face, but injuries on limbs and torsos also populate his wartime oeuvre. These images guide the viewer through the surgical story of each patient, from the initial burn or wound to the (hopefully) healed visage or body part, months and many operations later. Hennell's photographs from the surgical ward and those in Priestley's book crafted visual narratives to communicate, or advertise, similar messages of British resilience. The before-and-after pair, used historically in plastic surgery, proved a particularly canny technique for conveying these messages.³¹

As in many of the before-and-after pastel drawings of Gillies's facially wounded patients made by Henry Tonks during the First World War, the narrative maintained by Hennell's surgical photography suggests that there was a clear, and relatively easy, path from injury to healing for these patients.³² The protracted time in between each step of the operation, or of each operation itself, or of posing the patient, is elided in the singular moments that the camera could capture. Kate Palmer Albers and Jordan Bear stated that the "contrasts" at "the heart of the before-and-after device" are the "visible and the unseen, the certainties of proof and the imagined processes of transformation."³³ They also argued that the special power of this photographic trope comes from how "the photographs relate both to one another, and, most intriguingly, to a third, generally unseen, event."³⁴

29 Adprint also spearheaded the "Britain in Pictures" series for Collins (to which Piper contributed). Mellor, *A Paradise Lost*, 45. Neurath, "London, 1939–1949," 57–58.

30 Hennell, "Colour Photography Applied to War Surgery," 146.

31 Before-and-after imagery has been used in plastic surgery advertisements and imagery since the nineteenth century to show the physical and psychological transformations of patients. Gilman, *Making the Body Beautiful*, 36–42.

32 Emma Chambers questions the full truth of the optimistic transformations shown in Tonks's pastels. Chambers, "Fragmented Identities," 597–98.

33 Albers and Bear, "Photography's Time Zones," 1–14.

34 Albers and Bear, "Photography's Time Zones," 2.



Figure 7.1. Percy Hennell, Plate 7 and Plate 8, 1943, color photographs, J. B. Priestley, *British Women Go to War* (London: Collins Publishers, 1943).

Both in medicine and in morale, Hennell's photography acted as proof of the transformative nature of British industriousness and progress. Plate 7 and Plate 8 (Fig. 7.1) in *British Women Go to War* depict the same woman, "BEFORE THE WAR . . ." and ". . . NOW." In the "before" image, the woman "was a housemaid at a doctor's in a small country town in Somerset." At the right, she has become a member of the Auxiliary Territorial Service, the army's women's branch. The woman looks down in the staged maid photograph, apparently focusing on a task below her to her right, but out of our view. The action of the woman at war, however, is full of upward momentum, her tools of the trade readily appraisable by the viewer. At the left, the satiny, formal maid's attire puckers and shines at each curve of her body, highlighting the outfit's impracticality and superficiality, especially when compared with the matte, rough, cadet green of the A.T.S.'s uniform. The frilly femininity of the maid's cap has been swapped for a hard helmet suggesting the visual imaginaries of martial values. As in the women-at-war images, and as in Tonks's before-and-after portraits, the sartorial status of the figure is important for the narrative being conveyed.³⁵ There are exam-

35 Chambers, *Henry Tonks*, 16.

ples in Hennell's surgical images of injured patients in their pajamas, apparently having been woken up by aerial bombardment and taken directly to the hospital; yet in their photographs after their surgeries, the men sport suits and ties. The pajama photos show these injured individuals in more vulnerable states, while suits and ties align them with traditional masculine roles associated with waged labor, suggesting that they can easily reintegrate into society. In his text about Plate 7 and Plate 8, Priestley reflected on how this young woman, like some of her peers, may want to get back to prewar life after the conflict is over. But this may be impossible: "These years in uniform will have changed her."³⁶

This type of double-page spread is used several other times throughout *British Women Go to War*. In the discussion of "Mrs. C" (Fig. 7.2) the trope is deployed to exhibit that, though they have adapted and changed dramatically, these women workers have not lost their connection to their familial duties. Like the plastic surgery photographs that Hennell displayed on Gillies's lecture tour, these images show a problem and its solution. Priestley described these two plates in this manner, stating that these photographs "present the problem on an heroic scale, and seem to show how it has been solved on an equally heroic scale."³⁷ During the day, in a "before" image dominated by grays and blacks, Mrs. C works for the railway, soldering and re-glassing engine lamps. But the "after" photograph alleviates the worry that Mrs. C has relinquished her womanhood for this dirty job. At the end of the day Mrs. C returns to her family of seven children (the youngest not pictured) in a cream-colored family room decorated with painted ceramic amphoras and black-and-white photographs. Hennell framed Mrs. C as a matriarch, with her smartly dressed children—two young girls in pink and blue dresses, three of the older boys in suits and one in a military uniform—fanning around her in a supportive and attentive bubble as she points (with a strangely prominent tattooed arm, perhaps a coded marker of class) toward a newspaper. Echoing the caption visible on the newspaper, Priestley referenced the "Stalingrad spirit" of the "heroic British working-class mother."³⁸ As with Hennell's plastic surgery patients, Mrs. C's time-consuming act of transformation is not shown. Through the before-and-after trope, the viewer is comforted that the indomitable wartime spirit of British women has the power to convert them from worker to housewife and from maid to military woman, depending on the country's needs.

Similar visual tropes of female transformation can be seen in some of Hennell's surgical pairs. As the suits and ties of reconstructed men align

36 Priestley, *British Women Go to War*, 27.

37 Priestley, *British Women Go to War*, 38.

38 Priestley, *British Women Go to War*, 38.



Figure 7.2. Percy Hennell, Plate 26 and 27, 1943, color photographs, J. B. Priestley, *British Women Go to War* (London: Collins Publishers, 1943).

them postsurgery to traditional masculine roles, sartorial details such as pearls and lipstick can suggest a fashionable and modern femininity. The blue jumper, red lipstick, and pale skin in this surgical pair (Fig. 7.3 and Fig. 7.4) once again puts forth the patriotic blue, red, and white that Hennell used throughout *British Women Go to War*. In addition to the stylish jewelry and clothes shown in Figures 7.3 and 7.4, note that a beauty mark is apparent in both photographs (but in different positions). These two images show a much less graphic injury than many of those that Hennell depicted in the wards and theaters. But the visual change—and the appeal to a regenerating and healing Britain—is still succinct, clear, flattering, and impressive to the viewer, just like the changes magicked in the *British Women Go to War* pairs. In the second image (Fig. 7.4), the patient's reconstructed forehead no longer catches shadows, the dark circles under her eyes have disappeared, and her hair is more neatly curled and arranged. As with several of the *British Women Go to War* images, here Hennell's use of color and the before-and-after convention conveys a forceful narrative about female potential and war-time transformation made possible by specifically British innovation.

However, Priestley's book's final section, "Glance at Tomorrow," challenges the status of the "after" images. Priestley asked, "What will be the



Figure 7.3. Percy Hennell, BAPRAS/HEN/4/20/1, c. 1940–1945, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.



Figure 7.4. Percy Hennell, BAPRAS/HEN/4/20/2, c. 1940–1945, color photograph, courtesy of the British Association of Plastic, Reconstructive, and Aesthetic Surgeons.

effect of all this activity and all these changes on post-war Britain? Millions of women are doing jobs they never thought of doing before the war. . . . What, then, will happen after the war?"³⁹ It was worth posing the question of what would happen after the war, because even though these photographs make the change *look* certain and permanent, the future of women and work in Britain was still unknown. The seeming ease of Hennell's pairs belied the transience of wartime change and anxieties about the longer-term impacts of these changes on British society. It would have been impossible for Priestley and Hennell to know that it was generally the case that women's working lives largely went back to prewar patterns after the armistice.⁴⁰ Some women's moves away from working after the war were not only because of culture and politics but also because the women workers themselves were "passive and disinterested [*sic*]" about their wartime jobs.⁴¹ This is not the surface message of Hennell's photographs.

While overall Hennell's images here feel optimistic with their bright colors and commercially minded in their staging, there is a temporal complication within the publication that muddles the seemingly simple narrative of the before-and-after trope. As Kris Belden-Adams described in her nuancing of this photographic construct, these image pairs "refer not only to the temporal experiences of the past but also to future-, present-, subjective-, and compounded-tense experiences, among many possibilities."⁴² Hennell's advertisements of British female adaptability, paired with Priestley's writing, unwittingly invited this pondering on the potential future timelines. Likewise, Hennell's before-and-after work from Britain's plastic surgery wards both reinforced and contradicted a seemingly straightforward account intended to show British exceptionalism and innovation. The surgical photographs were meant to exhibit the miraculous and almost unbelievably talented hand of the surgeon. But taking facially injured patients as subjects complicated this neat narrative. Because of the colored prominence of scars and red or pink healing patches of skin, the story of outright British medical might is complicated in the mind of the viewer. The varied hues within Hennell's photographs, in examples beyond the two images of the unnamed woman patient (Fig. 7.3 and Fig. 7.4) show the inconsistent aesthetics of the healing process. Accustomed to direct and clear before-and-after pairs, viewers expect these images, particularly the final photographs of the patients, to show British surgeons' "finished" products. However, because

39 Priestley, *British Women Go to War*, 54.

40 Summerfield, *Women Workers in the Second World War*. Smith, "The Effect of the War on the Status of Women," 208–29.

41 Wightman, *More than Munitions*, 171.

42 Belden-Adams, "Beyond 'This-Caused-That,'" 184.

of the complicated and traumatic vicissitudes of injury and healing, before-and-after images are “necessarily reductive” and there is often “no single before or a conclusive after.”⁴³ The uncompromising detail of Hennell’s color photographs shows that these patients, even though healed, would be perceivably—even if subtly—different from their peers. Their scars, physical and psychological, could prevent them from reintegrating seamlessly into civilian life.⁴⁴

Priestley throws doubt onto the staying power of the “after” images by Hennell; Hennell’s color in his own photographs do this in the surgical realm. These entangled visual narratives represent insidious anxieties about wartime change. What kind of society would exist after the war? What kind of scars would the conflict leave—both literal and metaphorical—on British people individually and as a whole? These complications allow the viewer to go beyond the positivist wartime message of the simple past and simple “after.” As explained by Belden-Adams, narrative pairs instead “reveal myriad references to time, as future-anterior, future, subjunctive, narrative, viewer-created, and psychological,” confusing the simple diegesis initially suggested by these works.⁴⁵ Surgeons would have wanted to convey the tidy simplicity of Hennell’s image constructions—particularly in propagandistic international lectures. They used color photography, perhaps mistakenly, to advertise this message. Looking at Hennell’s nonsurgical photographs in tandem with his medical imagery helps us to understand the complex story of national progress and healing that he and his collaborators were trying to convey.

Preserving, Conserving, and Documenting in *An English Farmhouse*

It was Hennell’s experience of color photography as a nationalistic and documentary tool—for the Metal Box Company, in plastic surgery wards, and for *British Women Go to War*—that made him the ideal photographer for

43 Bound Alberti, “Face Transplants as Surgical Acts and Psychosocial Processes,” 1106.

44 Simon Millar has written about the difficulty that facially wounded Second World War patients had in recovering physically and psychologically in their return to civilian life. Millar, “Rooksdown House and the Rooksdown Club.” Facially wounded servicemen treated at the Queen Victoria Hospital in East Grinstead, who were part of the “Guinea Pig Club,” knew that the “return to Civvy Street” was “a difficult process.” “Resettlement,” 12. LBY E.81/320.1, Imperial War Museum.

45 Belden-Adams, “Beyond ‘This-Caused-That,’” 184.

An English Farmhouse and Its Neighbourhood, edited by artist John Piper and written by Geoffrey Grigson. Hennell's close crops and colorful attention to detail again subtly encapsulated the wartime and postwar concerns around rebuilding and the disastrous effects of decay or destruction of war or modernity, messages also implicit in Hennell's surgical and overtly propagandistic works.

An English Farmhouse contains thirty color photographs by Hennell, taking an elegiac approach to cultural nationalism. Here, there is a focus on vernacular architecture in the English countryside, with a lamentation of disused or abandoned rural buildings being replaced by those that are "not natives, of native conception and native material."⁴⁶ This book emphasizes the importance of history and tradition. To strengthen the perceived distinction of the old farmhouse and English farmsteads, Grigson traced the modest history of a farm, meant to stand in for all similar locales, back to sixth-century Saxon predecessors. Grigson's book fits into a broader group of publications that cemented the study of country landscape history in academic circles while also encouraging the public's attention to and interest in the countryside. One key example of this is W. G. Hoskins's *The Making of the English Landscape* (1954), which includes color photographs of settlements, roads, houses, and ruins.⁴⁷ Hoskins's book bemoaned modern changes to the English landscape and emphasized the need to study the countryside not just at "a broad regional or county level" but also at the level of the small minutiae of these regions and counties: the settlements and parishes.⁴⁸ With Hennell's photographs, *An English Farmhouse* takes the consideration of minutiae even further. Grigson's book and Hennell's photographs also carry on, professionally, the work of amateur survey photographers that Elizabeth Edwards traced from the late nineteenth century to the First World War in Britain; *An English Farmhouse*, like the work of amateur photographers who documented the Britain around them, ruminates on themes of "place—the very soil of England—fragility, and loss."⁴⁹

Both Grigson and Piper were associated with the Neo-Romantics (until Grigson disavowed them), and Hennell's photographs communicated the messages agreed upon by the three of them in this collaborative project.⁵⁰ An

46 Grigson, *An English Farmhouse*, 5.

47 Hoskins, *The Making of the English Landscape*.

48 Taylor, "General Introduction," 9.

49 Edwards, *The Camera as Historian*, 245.

50 It is unclear if *An English Farmhouse and Its Neighbourhood* was published before or after Grigson attacked the Neo-Romantics in his March 1948 *Horizon* article. In this piece, Grigson commented on the Englishness and attention to ruins in Piper's art, pitting this against the unredeemable

element of the Neo-Romantic agenda of the 1940s, captured photographically in *An English Farmhouse*, was “a symbolic conservation of Britain.” Piper’s own artwork was very much in this nostalgic and nationalist vein, with his “representations of country houses and churches” spurred on by the threat of the “obliteration of the past from Nazi bombing.”⁵¹

Hennell’s project with Grigson and Piper was, like his surgical work, involved in the profuse documentation of a domestic entity that required reconstruction—in this case, national heritage and culture rather than British faces and limbs. In the preface of one of his other books, about the Romantic artist Samuel Palmer (1805–1881), Grigson ended with a “plea”: “that more care should be taken to preserve all the various documents which show how and why English artists lived and painted. A terrible destruction must have gone on in the last hundred years . . .”⁵² *An English Farmhouse* serves this documentary role—alongside projects such as “Recording Britain,” the “Shell Guides,” and Adprint’s “Britain in Pictures” books—of preserving cultural history.⁵³ Documentation, history, and attention to the national flavor of their disciplines were important to both Neo-Romantics and twentieth-century British plastic surgeons. Plastic surgeon Brian Morgan ended his 2016 history of the BAPRAS archive, in a manner similar to Grigson’s, with a *plea* to BAPRAS members to “think of the instrument you invented or the photograph at the bottom drawer of your desk and let the archive know!” This was necessary because “Obituaries are rarely written and published now so people who have contributed to the development of our specialty will be forgotten.”⁵⁴ Hennell’s photography served the role of record-keeping for these two seemingly disparate groups, Neo-Romantics and plastic surgeons, then and now, preserving particularly British histories against destruction and decay.

Hennell’s color photographs in *An English Farmhouse* developed this conservationist agenda by capturing the specifics of the farmhouse to make the dilapidated environs feel as if they are still softly pulsing with life—bringing

destruction and death of Graham Sutherland’s work. Grigson wrote that “[Piper] paints a ruined house, not because it is ruined, but because it once was whole; a decaying mansion, not because it is decaying but because it symbolizes a past for which he has nostalgia.” Grigson, “Authentic and False in the New ‘Romanticism,’” 206.

51 Mellor, *A Paradise Lost*, 34.

52 Grigson, *Samuel Palmer*, xi.

53 Hennell also created a series of advertising photographs for Shell in the 1960s that featured British places of beauty and interest.

54 Morgan, “The BAPRAS Archive,” 135.

vitality to ruins like those that Grigson appreciated in Piper's paintings.⁵⁵ The lens of the camera became the tool for Grigson, Piper, and then the wider audience of this book to view and diagnose the structural (read, bodily) ailments of the English farmhouse and countryside. One image, Plate 30, is provocatively titled "The dying barn"—but it is not quite dead yet. This book dissects each element of the countryside neighborhood's "body" as if it is not yet a corpse, but it soon will be without our attention. As Grigson stated in the preface, the point of the publication was "to discover how such buildings were made" and to see the parts that make up the whole anatomy of the farmhouse and its neighborhood: "One must bring one's eyes to the unfamiliar view . . . until one sees the grain and the shape, as well as the total."⁵⁶ Here, Hennell reprised his role as medical photographer to document in colored detail each fragment of the farm while Grigson wrote the nostalgically poetic diagnosis of the reasons for the English farm's decline. Instead of focusing on a burned face or a fractured arm, or a tin or label of a canned product, here Hennell homed in on bricks, thatch, and wood beams. This was exactly the type of profuse documentation that was practiced in twentieth-century British surgical wards, where, according to surgeons themselves, "documentation had reached a fine art" with photographers such as Hennell.⁵⁷ Grigson remarked on the importance of this closely cropped element of his book's illustrations: "We include no wide view of the farm—there have been colour plates enough of typical farmsteads; but bringing the camera close up to a quoin, to a piece of paving, to an elm fence, to a patch of lichen—that may reveal what the normal use of cameras does not incline one, certainly does not train one, to notice."⁵⁸

Plate 20 of the book depicts "The framework of a decayed barn still firm despite the lack of roof" (Fig. 7.5). This photograph is meant not only to display the strength of native materials and historic craftsmanship but also to preserve with an image something that may not exist in a few years. The lush greens of the farm can be seen behind the skeletal remnants of this one relatively tiny corner of the farmstead. But the photograph's tight crop highlights the importance of the minute. Hennell's color photography grasps at the deeply creviced beams, pockmarked with knots and holes. His work documents the most seemingly insignificant details—such as yellowed lichen and initials carved into wood—of the English farmstead.

This is a type of nostalgic propaganda. Pairing with Grigson's text and Piper's vision, Hennell's photographs show Britons and others the heritage, history, and strength of England's countryside. As was the case with Gillies's

55 Grigson, "Authentic and False," 206.

56 Grigson, *An English Farmhouse*, 5.

57 Mowlem, "Sir Harold Gillies Memorial Lecture," 251.

58 Grigson, *An English Farmhouse*, 6.



Figure 7.5. Percy Hennell, Plate 20, 1948, color photograph, Geoffrey Grigson, *An English Farmhouse and Its Neighbourhood* (London: Max Parris, 1948).

lecture tour, the purpose of this publication was not only to show something uniquely British, but also to “produce outstanding examples of what the colour camera can do.”⁵⁹ The color that Hennell used was lauded by the surgeons and authors with whom he worked. This was the particularly British color that helped to propagandize the nation’s medical might in the

59 Grigson, *An English Farmhouse*, book jacket.

Americas, and it was the color that avoided being “chromatically hideous” according to Grigson, allowing for a message about Britain’s history and heritage to be preserved in a particularly British manner for British audiences. Viewing these surgical and nostalgic images alongside the overtly nationalistic photographs from *British Women Go to War* reveals the aesthetic threads and shared purposes throughout Hennell’s 1940s oeuvre.

Conclusion

Williams has stated that during the 1940s, “Colour photography, with its vividness and immediacy, emerged from the spheres of business, commerce and advertising to become a vital tool in the boosting of British morale” and in exhibiting “a particular vision of Britishness.”⁶⁰ Hennell’s commercially minded color photography projects not only boosted British morale but also communicated and “advertised” nationalist messages about surgery, about Britain, and about British surgery. Hennell’s projects with Priestley and with Grigson and Piper are not as far removed from what he was doing within the wartime plastics wards as it may first appear. Hennell’s surgical images proselytized a soft propaganda of Britain’s and British surgeons’ medical achievements; in *British Women Go to War* he propagandized the national spirit and strength of Britain’s women; and in *An English Farmhouse* this noble perseverance, and the nostalgic need for preservation and documentation, was applied to the country’s farmsteads. In *British Women Go to War* and in his surgical images, Hennell used the before-and-after trope to demonstrate progress and change in the modern era; in *An English Farmhouse* and his surgical photographs, he used tight shots of crumbling or damaged entities to document and preserve physical details of British history. Like in Amy Lyford’s examination of surrealist visual culture in post–First World War France, one reason that images of plastic reconstruction worked propagandistically was because they were “therapeutic narratives” of a “national reconstruction.”⁶¹ In these projects, Hennell’s photographs hinted at the anxieties about the impacts of war and modernization. Hennell was employed as a documentary photographer: one who could and should show what was there in front of him. And yet these photographs were also advertisements created by a trained commercial artist. Chapter 2 and chapter 6 determined the myth- and identity-making role of Hennell’s photographs within the context of the BAPRAS archive; through analyzing these two book projects of Hennell’s, this chapter has further outlined the political, advertorial, and

60 Williams, “Keep Calm and Carry On,” 48, 51.

61 Lyford, *Surrealist Masculinities*, 52.

defining purposes of Hennell's photography in the inward- and outward-looking realm of Second World War plastic surgery. This throws a sharp light onto the nationalistic goals of surgical photography, making it clear why Hennell's imagery was perfect for a propagandistic tour of the Americas, and how his photographs helped to define British plastic surgery in this period.

Conclusion

Looking Back at *Putting Plastic Surgery on Paper*

I started this book with a quotation and an image. Gillies's 1934 speech compared plastic surgery results to "impressionism" and to "cubism," and Orpen's triple portrait of the patient Ellis (Fig. I.1) likened reconstructive operations to sculptural practice via art-historical conventions. I chose to start with these examples in order to focus the reader specifically on the artistic meanings and possibilities of plastic surgery. Gillies's quotation shows how art had a major role in how plastic surgeons thought of themselves and in how they defined and described their field. Orpen's striking tripartite portrait within the BAPRAS archive allows for the connections between the media, materials, and practices of art and medicine that were articulated by Gillies and his colleagues to be made in a physical, visual, and art-historical way. Her drawings did this while also exhibiting the important roles that surgical artists had in crafting these narratives. While Gillies is clearly not the focus of this book, the ways in which prominent plastic surgeons thought subjectively about their field had a profound impact on the work available to artists within the surgical wards of Second World War Britain. And, as the first three chapters of this book have shown, surgeons' own perceptions of their work affected how their ephemera was collected and how their histories have been told. The work of Dickie Orpen and Percy Hennell, and the substantial visual holdings of the BAPRAS archive, would not have existed if the narrative of plastic-surgery-as-art had not been voiced by surgeons, and if they had not felt a need for the artistic documentation of plastic surgery on paper.

This rhetoric is still alive and well today. Searching any medical or university library journal database will turn up a plethora of recent articles in plastic surgery journals with titles like "So You Want to Be Like Leonardo da Vinci or Michelangelo? Which One Are You?" "The Art of Plastic Surgery," and "The Plastic Surgeon: Artist or Scientist?"¹ This contemporary relationship

1 Baldwin, "The Historical Relationship between Art and Plastic Surgery: Is This Relationship Still Relevant to the Modern Plastic Surgeon?," 1446–47. Choi, "Cosmetic Surgery: Is It Science or Art?" 672–74. Fernandes, "The Legacy of Art in Plastic Surgery," 1–9. Rohrich and Sullivan, "So You Want to Be Like

between art and plastic surgery also exists in the inverse, with the surgical field making its mark on the art world. Rather than plastic surgeons using art simply as a rhetorical tool, contemporary artists have taken to the extreme the metaphor that surgeons themselves encouraged.

Artists such as Orlan (1947–), Stelarc (1946–), Jonathan Yeo (1970–), and Mark Gilbert (1969–) have used the ideas and the practices of plastic surgery to create pieces that speak to the body’s malleability, the artistic aspects of this surgical field, the place of plastic surgery in society, and the contemporary surgical and cultural understandings of facial difference and facial surgery.² Orlan underwent multiple cosmetic surgeries to transform her face into an amalgamation of the characteristics of women from famous works of art. Stelarc has used surgery to graft a third ear onto his arm, as a rumination on the expanding capabilities (both fleshly and technological) of the human body. As these two examples show, in the last fifty years, plastic surgery has literally become an artistic process and medium, where “living flesh” becomes “clay”—as was stated figuratively in the foreword to Gillies’s *The Principles and Art of Plastic Surgery*.³ Orlan’s and Stelarc’s art adopts surgery as their paintbrush or pencil, and they use their own bodies as canvases.

Portrait artists Yeo and Gilbert have, in different ways, brought into the twenty-first century the plastic-surgeon-as-transformative-artist narrative that works by Orpen and Hennell helped to bolster during the Second World War in Britain. Yeo has created paintings of aesthetic surgery that show the surgeon’s drawn outlines of where they will cut on the bodies of women undergoing breast augmentations or facelifts. He focuses on the surgeon-approved narrative of plastic surgery as artistry. On the other hand, Gilbert’s “Saving Faces” project focused more on the patients. Following in the footsteps of artists like Orpen, Gilbert worked as an artist-in-residence in a British maxillofacial surgery unit, depicting patients before, after, and during their operations, creating relationships with his artistic subjects in the process. The work of these two artists shows that the value of art for understanding and decoding the affective, cultural, and traumatic dimensions of plastic surgery, facial injury, and reconstruction—as has been explored in depth in this book—continues into the late twentieth and early twenty-first centuries.

Leonardo da Vinci or Michelangelo?” 1309–11. Neal, “The Art of Plastic Surgery,” 2072. Swanson, “The Plastic Surgeon: Artist or Scientist?” 182–84.

- 2 Several other historians of plastic surgery have written on the work of these contemporary artists and others who engage with similar themes. Gilman, *Making the Body Beautiful*, 319–28. Pearl, *Face/On*, 170–76. Biernoff, *Portraits of Violence*, 13–14.
- 3 Gillies and Millard, *The Principles and Art of Plastic Surgery*, 1:ix.

Putting Plastic Surgery on Paper has told this story of the emotional and historical intersections of art and plastic surgery largely through the lenses of one archive and two artists. We know about these artists because their drawings or photographs were deemed valuable enough to store in perpetuity. Starting with a sustained engagement with the affective and structural qualities of the BAPRAS archive, the first three chapters of this book engaged with histories and practices of collecting, investigating what it really meant—historically, emotionally, professionally, and artistically—to “keep the piece,” as phrased by Gillies at the beginning of chapter 2. By looking at my own experience within the BAPRAS archive, and at the narratives and counter-narratives that I have read into this collection, I showed how the process of archiving can materially define an entire field, a person’s career, or a moment in time. I also showed that these definitions are not neutral and are not sterile. Rather, they can be complex, messy, and charged with sometimes contradictory emotions and experiences.

Part II of this book focused on artists and individual pieces of work rather than the archival collection that holds the majority of them. Much has been written about the First World War visuals of plastic surgery in Britain, and how, in Gillies’s words, in these cases “Surgery calls Art to its aid.”⁴ But the second section of this monograph brought this due attention to the Second World War, which, perhaps because it has not yet experienced a centennial anniversary, has lagged behind scholarship that focused on the “Great War.” Because this later period is less well trodden, so too is research on the figures involved in the practice of putting plastic surgery on paper. Bringing these artists, particularly Dickie Orpen, who worked at the intersection of two male-dominated fields, into histories of medicine and art was one of my initial and most steadfast goals with this project. Part II of this book, from which its title comes, elucidates—as much as possible—the lives, work, and emotional contexts and experiences of Orpen and Hennell. This is where I have begun an art history of plastic surgery itself. While neither of these artists may have set out in their artistic schooling or professional paths with the intention of creating images depicting wounded faces and bodies being sliced into and reconstructed, their particular trainings and skills made them ideal conduits for the “plastic-surgery-as-art” narrative.

Putting Plastic Surgery on Paper has approached the visual culture of Second World War plastic surgery from myriad angles: from my own experience of the surgical archive, from the explicit and implicit perspectives of an institutional collection, from the biography and pedagogical journey of a surgical artist, from the role of humor and cartoons in medical spheres, and from the emotive place-making and propagandistic possibilities of surgical

4 Gillies, *Plastic Surgery of the Face*, 5.

photography. Taking the seed of plastic-surgery-as-art as the simple starting point, I have used my multiple methods of analysis here to explode out the affective possibilities of medical art and visual culture, thereby showing how particular pieces and artists' works have defined and continue to define plastic surgery. This research has shown me that, even though they may in fact be completely different scholarly disciplines, interweaving art history, affect and archive theory, and medical history perspectives creates a more holistic material history, one that also allows for the place of the historian within the telling of the story.

Looking Forward

Integrating the history of surgery with the history of British art and visual culture, this book has argued that the field of plastic surgery has been shaped and defined by its artists and images. This has been acknowledged most frequently and publicly with regard to Henry Tonks's pastel portraits, which, for the British public, have come to stand in for Gillies's First World War work. This book has shown that the relationship between art and surgery continued during the Second World War and beyond, with the work of Dickie Orpen and Percy Hennell and the creation of the BAPRAS archive. Art, archives, and visual culture were and are vital for the crafting of the medical identity of midcentury British plastic surgery. And yet there are many ways, as I have shown particularly in chapter 1 and chapter 3, to read in between the lines of carefully curated surgical stories.

While perhaps it could be said of almost all medical fields, it is the particularly embodied, affective, and aesthetic approaches of plastic surgery that make it a rich area of study for an art historian. Visual culture has irrevocably shaped and helped to define plastic surgery, but I do not use the word "define" to mean anything exclusive, suggesting that one thing equals another thing. Rather, I have thought about how each of the images and collection practices discussed in this book helps to explain an essential quality of the field in this period—essential qualities that continue to have effects on the surgical discipline and the art world today. From the words said by Gillies with which I started this monograph, and from the numerous other visual and written examples throughout *Putting Plastic Surgery on Paper*, the connections between art and plastic surgery are obvious.

As a call to other historians of visual culture and of medicine, I would like to know how a similar argument—regarding the definitive power of the visual culture of a medical discipline—could be extended to another field. I invite not only historians but also medical practitioners to ponder these questions. How has or does visual culture construct and define what it is that

a physician or surgeon does every day? How, historically, has the proliferation or lack of images within a field broadened or narrowed what is looked at by those working within that field? How have images, as was the case with Orpen's triple portrait, been able to communicate something about the physical process of the discipline, or how the process is to be understood? How have images, like those stored in the BAPRAS archive, told the world about particular values or origin stories of a field? Has humor or cartoons—like those explored in chapter 5—helped to create an idiosyncratic or convivial picture of a medical realm outside of plastic surgery? How has visual culture perhaps helped to proselytize the power and genius of a particular doctor, as was the case with Hennell's photographs that accompanied Gillies on his international lecture tour? These are just some of the questions that I have answered regarding twentieth-century plastic surgery; how might these interrogations be extended to other fields in modern medicine? I look forward to seeing how other historians use the work of this book to pry further into the intersections of art and medicine, to reflect on their own positionality within archives, and to tell the stories of how visual culture has defined modern healthcare.

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