



PhD-FSHE-2023-005

The Faculty of Humanities, Education and Social Sciences

DISSERTATION

Defence held on 14/02/2023 in Esch-sur-Alzette

to obtain the degree of

DOCTEUR DE L'UNIVERSITÉ DU LUXEMBOURG

EN HISTOIRE

by

Juliet ROBERTS

Born on 16 May 1964 in Cork (Ireland)

ALTERED IMAGES:

**A COMPARATIVE STUDY OF MEDICAL PORTRAITS BY
HENRY TONKS AND RAPHAËL FREIDA IN THE GREAT
WAR**

Dissertation Defence Committee:

Dr Benoît Majerus, dissertation supervisor

Professor of European History, Université du Luxembourg

Dr Sophie Delaporte

Professor, UFR Sciences Humaines, Sociales et Philosophie, Université de Picardie Jules Verne

Dr. Sandra Camarda, Chairman

Assistant Professor in Public History, Université du Luxembourg

Dr Marjorie Gehrhardt

Associate Professor in 20-Century French History, University of Reading

Dr Suzannah Biernoff, Vice Chairman

Reader in Visual Culture, Department of History of Art, Birkbeck, University of London

Abstract

Facial injury and visual culture in the First World War form the basis for this project. It is a comparative study of medical portraits by Henry Tonks, an English artist, and Raphaël Freida, a French illustrator. During the conflict, both collaborated with maxillofacial surgeons to document patients' injuries and processes of treatment. There are considerable differences in historiographical narratives regarding these two artists. Tonks' work has already been discussed in many scholarly accounts of the conflict, but Freida's has had minimal exploration. Thus, the existing work on Tonks will serve as a point of departure for this investigation, which will highlight original and little-researched material on his contemporary, Freida. This thesis will also present a revised analysis of Tonks' Great War portraits. Set out in five chapters, this is a multidisciplinary study, working within the framework of history of art, history of medicine, history of disability and history of the Great War. Before the conflict, the practice of visually recording facial difference through disease or trauma was not novel, but has seen little scholarship. Accordingly, this precedent to Freida's and Tonks' portraits will be examined as a means to place their work in the continuum of medical portraiture between the early 1800s and the end of the First World War. Both Tonks and Freida were established artists with their own particular styles and career trajectories at the outbreak of the First World War. This they brought to the portraits they created in a medical setting, providing essential documentation in colour for maxillofacial surgeons. While Tonks' portraits have seen considerable scrutiny in the fields of history of art and of the First World War, they have not seen close and extensive comparison with similar works which this doctoral project will address. The extraordinary volume of facial trauma that occurred during the Great War is seen as an important landmark in the history of reconstructive and plastic surgery. The portraits can therefore provide significant information on how this was recorded and managed in France and England, and highlight the disfigured veterans' lived experiences of treatment and rehabilitation. In this respect there are key divergences with regard to the details included in Tonks' and Freida's drawings which will be interrogated in this thesis. In recent decades, Tonks' pastel portraits have been extensively exhibited at numerous venues, however, Freida's drawings have so far seen limited exposure. This study will therefore investigate the reasons for this discrepancy, bring to light his work which merits further discourse and in so doing will ultimately contribute to the historiographical narratives on visual culture and facial injury during the First World War.

Acknowledgments

My heartfelt thanks first to my supervisor, Professor Benoît Majerus without whose help, support and belief in this project I would not have been able to complete this doctoral study. My sincere gratitude also goes to Prof. Dr. Sandra Camarda and to Dr Suzannah Biernoff for all their help and guidance which has been invaluable. I feel very lucky indeed to have had such an exemplary supervisory team. I also wish to express my sincere thanks to Prof. Dr Sophie Delaporte and Prof. Dr Marjorie Gehrhardt for kindly agreeing to examine this thesis.

I would also like to thank the following for all their kind assistance in my archival work: Sergueï Piotrovic-d'Orlik at the Musée des Hospices Civils de Lyon; Marc Beaumelle, Sergeant Marie Bionnier and Michèle Périssère at the Musée de Santé des Armées, Val-de-Grâce, Paris; Alain Bouhier and Florence de Bonaventure, Union des Blessés de la Face et la Tête, Paris; Solenne Coutagne, Catherine Weil and Estelle Lambert, Bibliothèque Interuniversitaire de Santé, Paris; Daniel Benzoni, Musée de la Médecine et la Pharmacie, Lyon ; Gérard Bruyère, Musée des Beaux Arts, Lyon; Agnès D'Angio-Barros and Charly Jolivet, Archives Nationales, Pierrefitte-sur-Seine, Paris ; Fionn Lees and Jessica Mackney at the Tate Store, London; Hayley and Mary at the Hyman Kreitman Reading Room, Tate Britain; Christine at the Tate Study Room; James Hollerton, Tate Britain; David Langrish and Amelia Walker, Wellcome Library; Véronique Pontillon-Valedon and Philippe Tournon, Etablissement de Communication et de Production Audiovisuelle de la Défense (ECPAD), Ivry-sur-Seine; Jacqueline Cahif, Royal College of Surgeons of Edinburgh; Robin Fixter, Royal College of Surgeons of Edinburgh; Hayley Kruger, Saffron MacKay and Victoria Rea, Royal College of Surgeons of England; Andrea Fredericksen and Lucy Waitt at UCL Art Gallery, London; Guy Baker, London Metropolitan Archives; Claire Brenard, Imperial War Museum, London; the staff at Bibliothèque Nationale de Luxembourg; Adrien Boewinger at the Musée National d'Histoire de l'Art, Luxembourg; Pierre Prévost of Librairie Prévost, Paris. My thanks also go to Nicolas Méroc, Jean-François Luneau, Paul Reed, Jason Bate, Aude-Marie Lalanne-Berdoutique, Harriet Palfreyman, Lyse Blanchard, Paddy Hartley and Julia Midgley for their extremely helpful input and advice.

My deepest gratitude also to the Centre for Contemporary and Digital History at the University of Luxembourg; Andreas Fickers, Valérie Schafer, Brigitte Melchior-Dolenc, Andy O'Dwyer, the administration staff, all my colleagues, past and present – Richard, Marleen, Chris, Sytze, Eva, Jess, Lisa, Aurelia, Anita, Florian, Blandine and all the other PhD

candidates. It was the greatest pleasure working with you all. I would also like to thank the Doctoral School personnel – Aline Chambige, Sanda Cuturic, Laura Spadon and Sandra Sablelus for their support and assistance, and Cécilia Messenger at the Office of Doctoral Studies. I am also profoundly grateful for the research travel grant generously provided by the University of Luxembourg Doctoral School.

Finally, many thanks to my husband, daughter and mother – Mark, Isolde and Maura, whose support, patience, good humour and encouragement mean so very much.

Table of Contents

Abstract	2
Acknowledgements	4
List of Illustrations	9
Introduction	22
Historiographical Overview	24
<i>Gueules Cassées</i>	25
<i>Medical Portraiture</i>	28
<i>Visual Culture of the First World War</i>	31
<i>Disability and Facial Difference</i>	34
<i>Research to date on Raphaël Freida and Henry Tonks</i>	37
Research Questions	42
Methodology and Plan	43
Chapter I: Precedent: The Practice of Medical Portraiture before World War I	47
Introduction	47
I.I Defining the Medical Portrait	47
I.II Visual Recording of Facial Difference in the 19 th Century	50
I.III War Surgery	70
Conclusion	80
Chapter II: Art and the Men: The Lives of Henry Tonks and Raphaël Freida	82
Introduction	82
II.I Biographical Sources	87
II.II Early Lives, Material Circumstances and Art Education	88

II.III Styles and Influences	95
II.IV Working Lives	113
II.V War Experience and War Art	122
Conclusion	141
Chapter III: Words are Too Abstract: Visually Representing Mutilated Faces	143
Introduction	143
III.I Medical Records and Documenting Facial Injury in France and England in World War I	144
III.II Tonks' and Freida's Portraits: Origins, Methodologies and Case Studies	163
III.III Pastel or Pencil – Methods and Outcomes	205
Conclusion	212
Chapter IV: The Portraits as Primary Sources	215
Introduction	215
IV.I The Portraits as Material Culture from the Great War	216
IV.II Narratives of healing processes – inpatient experiences and beyond	223
IV.III Hidden and Heroic: Visibility (or not) of disfigured veterans in France and England	256
Conclusion	277
Chapter V: Beyond the Clinical Gaze: Viewing Henry Tonks' and Raphaël Freida's Portraits	279
Introduction	279
V.I New Perspectives: Exhibiting Broken Faces in Present Day Settings	280
V.II The 'Broken Face' Reinterpreted in Contemporary Art	293
V.III Viewing Experience - In person, Digital	300

V.IV Ethics, Emotional Engagement and the ‘Looking At’ of Tonks’ and Freida’s Portraits	306
Conclusion	311
Conclusion	313
Bibliography	318

List of Illustrations

Chapter I

- Figure I.1 54
Archibald Henning, 'Acne Rosacea' from *Illustrations of Cutaneous Disease*, 1841, lithograph, dimensions unknown, ©Wellcome Collection.
- Figure I.2 58
Anon, 'Mrs Bennett, afflicted with skin disease', c.1818-21, oil on canvas, 41.5 x 28 cms, Ref. 603108i, ©Wellcome Library, London.
- Figure I.3 59
Anon, 'Mrs Bennett, cured of skin disease', c. 1818-1821, oil on canvas, 41.5 cm x 28 cm, ©Wellcome Library, London,
- Figure I.4 60
Anon., 'Mr Gledell, cancerous nose', 1829, watercolour on paper, 56.5 cm x 43.5 cm, ©Wellcome Library, London.
- Figure I.5 61
Christopher D'Alton, 'Tertiary Syphilis. George Milton', 1874, pencil and watercolour on paper, 32.3 cm x 20.1 cm, Ref. 38034i, ©Wellcome Library.
- Figure I.6 65
Jules Baretta, Syphilis héréditaire. Gomme ulcérée avec destruction des os du nez. Femme âgée de 16 ans, couturière, 1873, wax model, Ref.STLTCGE00267, Musée des moulages de l'Hôpital Saint-Louis (AP-HP), Paris.
- Figure I.7 66
Thomas Godart, Head of a boy with a cleft palate and hare lip, date unknown (19th century), watercolour on paper, dimensions unknown, St Bartholemew's Hospital Archives and Museum, ©Wellcome Collection, London
- Figure I.8 67
Thomas Godart, 'Face of a woman affected with myxoedema', date unknown (19th century) watercolour on paper, dimensions unknown, St Bartholemew's Hospital Archives and Museum, ©Wellcome Collection, London.
- Figure I.9 68
Georges Burgun, portrait of a 32 year old woman before surgery, engraving, reproduced in Jules Péan, *De l'ablation totale des os de la face*, (1889), Paris, Chateauroux.

- Figure I.10 68
 Georges Burgun, portrait of a 32 year old woman after surgery, reproduced in Jules Péan, *De l'ablation totale des os de la face*, (1889), Paris, Chateauroux.
- Figure I.11 69
 Anon, William Trotman, engraving, reproduced in Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (1899), London, Claudius Ash & Son.
- Figure I.12 69
 Anon, William Trotman, engraving, reproduced in Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (1899), London, Claudius Ash & Son.
- Figure I.13 72
 Charles Bell, 'Wanstell 17th Regiment of Foot', 1815, watercolour on paper, dimensions unknown, ©Royal College of Surgeons of Edinburgh.
- Figure I.14 74
 Saluy, André Maurel, 1863, black and white illustration reproduced in Léon Legouest, *Traité de chirurgie d'armée*, (Paris, Ballière, 1863), 903.
- Figure I.15 75
 Anon, Retrouvé, 1863, black and white illustration reproduced in Léon Legouest, *Traité de chirurgie d'armée*, (Paris, Ballière, 1863), 911,
- Figure I.16 78
 Anon, Unknown Serviceman, 1872, black and white photograph in Charles Delalain photograph album from the 1870 war, 8.4 cm x 5.2 cm.
- Figure I.17 79
 Anon, Unknown Serviceman, 1872, black and white photograph in Charles Delalain photograph album from the 1870 war, 8.4 cm x 5.2 cm.

Chapter II

- Figure II.1 83
 George Charles Beresford., Henry Tonks, 1902, half-plate glass negative, 154 mm x 113mm, NPG X6600, ©National Portrait Gallery, London.
- Figure II.2 84
 Anon., Raphaël Freida, c.1892, black and white photograph, dimensions unknown, private collection. Reproduced from Jean Frapat *Raphaël Freida 1877-1942*, 51.

- Figure II.3 85
George Charles Beresford, Henry Tonks, 15 June 1922, half-plate glass negative, 153 mm x 114 mm, NPG X6601, ©National Portrait Gallery, London.
- Figure II.4 86
Anon., Robert Camis & Raphaël Freida (R), 28 June 1932, black and white photograph, dimensions unknown, private collection. Reproduced from Jean Frapat *Raphaël Freida 1877-1942*, 52-3.
- Figure II.5 106
Raphaël Freida, 'Salome's Dance, 1926, reproduced in Gustave Flaubert *Hérodias* (Paris, A. Plicque & Co., 1926).
- Figure II.6 107
Raphaël Freida, 'Execution' reproduced in Octave Mirbeau *Le Jardin des Supplices* (Paris, Javal & Bourdeaux, 1927).
- Figure II.7 108
Raphaël Freida, 'Oedipe et le Sphinx', 1913, reproduced in Sophocles *Oedipe Roi*, (Paris, Romagnol, 1914).
- Figure II.8 109
Raphaël Freida, *The Martyrdom of the Carmelites of Compiègne in 1794*, 1909, coloured stained glass window, exact dimensions unknown, Église St Honoré d'Éylau, Paris.
- Figure II.9 110
Anon., Registration and Exhibition Record for Raphaël Freida at the Société des Artistes Françaises, Archives Société des Artistes Françaises, Paris.
- Figure II.10 111
Henry Tonks, *Charity Organisation Society*, date unknown, graphite, watercolour and ink on paper, 259 mm x 357 mm, T11004, Prints and Drawings Room, ©Tate Britain, London. Reproduced by kind permission.
- Figure II.11 111
Henry Tonks, *Saturday Night in the Vale*, 1928-9, oil on canvas, 514 mm x 610 mm, NO4614 ©Tate Gallery Collection, London. Reproduced by kind permission.
- Figure II.12 112
Henry Tonks, *The Birdcage*, 1907, oil on canvas, 140 mm x 112 mm, © Ashmolean Museum, Oxford.

- Figure II.13 120
Henry Tonks, annotated demonstration drawings, c. 1908, pencil, red chalk and black ink on paper, 380 mm x 253 mm, LDUCS-2793 European Drawings Collection , UCL Art Museum, London.
- Figure II.14 121
Henry Tonks, Private Fairweather, black and red ink on paper, dimensions unknown, File No. 697, Box 12, Patient ID 678. © Reproduced by kind permission of the Royal College of Surgeons of England, London.
- Figure II.15 127
Henry Tonks, *Saline Infusion: An Incident at the British Red Cross Hospital at Arc-en-Barrois*, 1915, pastel on paper, 679 mm x 520 mm, Cat. No. Art.IWM ART 1918, ©Imperial War Museum, London.
- Figure II.16 128
Raphaël Freida, 'Un Horticulteur', 1917, reproduced in Gustave Hirschfeld *Tourveille* (Lyon, A. Rey Imprimeur-Éditeur, 1917).
- Figure II.17 129
Raphaël Freida, *Cassage des obus avec de la mélanite tamisée par des travailleurs coloniaux*, 1918, pencil and pastel on paper, Musée de la Médecine et la Pharmacie Archives, Lyon.
- Figure II.18 130
Raphaël Freida, *Pésage d'obus (1914)*, 1918, pencil and pastel on paper, 240 mm x 320 mm, private collection.
- Figure II.19 135
Henry Tonks, *Wounded Soldier with a Bandaged Head*, 1918, chalk on paper, 241.3 mm x 292.1 mm, E.355-1937, © Victoria and Albert Museum, London.
- Figure II.20 136
Henry Tonks, *Advanced Dressing Station in France*, 1918, oil on canvas, 1828 mm x 2184 mm, Cat. No. Art.IWM ART 1922, ©Imperial War Museum, London.
- Figure II.21 137
Raphaël Freida, *Vers la Nuit*, 1918, engraving, dimensions unknown, Dossier No. F/21/6981, Archives Nationales de France, Paris.
- Figure II.22 138
Henry Tonks, *Summer*, 1908, oil on canvas, 940 mm x 940 mm, Cat. No. NO4565, © Tate Collection, London. Reproduced by kind permission.

Figure II.23	138
Henry Tonks, <i>Spring Days</i> , 1928, oil on canvas, 864 mm x 813 mm, Cat. No. NO4600, ©Tate Collection, London. Reproduced by kind permission.	
Figure II.24	139
Raphaël Freida, <i>Scène II Les Mêmes. Œdipe</i> , 1912/13, engraving reproduced in Sophocles <i>Œdipe Roi</i> , (Paris, Romagnol, 1922), 114.	
Figure II.25	140
Raphaël Freida, engraving in Octave Mirbeau <i>Le Jardin des Supplices</i> (Paris, Javal & Bourdeau, 1927).	
 Chapter III	
Figure III.1	149
Albert Norman, Goddard, 1916-18, Black and white photographs, RAMC Album, RAMC/760/2, Wellcome Library, London, 6.	
Figure III.2	149
Anon., Anonymised injured soldier, 1915, black and white photographs, Album Docteur Pont, BIU Santé, Paris .	
Figure III.3	151
Anon., Marion, before and after treatment, after 1914, plaster and paint, Collection Albéric Pont, 2007.0.3641 M & 2007.0.3636 M, ©Musée des Hospices Civils, Lyon.	
Figure III.4	153
Anon., <i>Soldier L.</i> , 1915, X-ray, reproduced in Georges Villain (Ed.) <i>Congrès Dentaire Interalliés-Comptes Rendus</i> , Paris	
Figure III.5	158
Anon., Interior of Albéric Pont's Office in Lyon, 1914-1918, Black and white photograph, Ref. pont_gc_pdv_070, Collection BIU Santé, Paris.	
Figure III.6	159
Agence ROL, Musée de Santé Militaire, 1924, Black and white photograph, Collection Bibliothèque Nationale de France, Paris.	
Figure III.7	161
Anon., Restauration du pavillon de l'oreille par Professeur Mouré, undated, black and white photographs, <i>Exposition Œuvres et Documents de Guerre, Catalogue Illustré</i> , Bordeaux.	

- Figure III.8 161
Dupas, Relèvement des cicatrices de la face par le Professeur Mouré, 1914-1918, watercolours on paper, *Exposition Œuvres et Documents de Guerre, Catalogue Illustré*, Bordeaux.
- Figure III.9 162
Anon, Restauration du pavillon de l'oreille par le Professeur Mouré, 1914-1918, black and white photographs, *Exposition Œuvres et Documents de Guerre, Catalogue Illustré*, Bordeaux.
- Figure III.10 169
Raphaël Freida, portrait of an unknown soldier, dedicated to Albéric Pont, 1918, pastel and pencil, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.11 170
Raphaël Freida, portrait of an unknown man, 1918, pastel and pencil on paper, 25.5 x 33.3 cm, © Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.12 173
Private Dandridge, pastel portrait by Henry Tonks (L) and post-treatment photograph (R), reproduced in *Plastic Surgery of the Face*, 1920, London.
- Figure III.13 174
Raphaël Freida, Sous-Lieutenant Allemand, 1917, pastel and pencil on paper, 25.5 cm x 33.3 cm, © Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.14 175
Henry Tonks, Private Dandridge, 1916, pastel on paper, 27.7 cm x 20 cm, RCSSC/P 569.21, © Royal College of Surgeons of England, London.
- Figure III.15 176
Anon. Sous Lieutenant Allemand, 1917, plaster and paint, front and side views, Collection Albéric Pont , 2007.0.3657 M, ©Musée des Hospices Civils de Lyon 2007, © Service des Musées de France 2014.
- Figure III.16 176
Anon. Sous Lieutenant Allemand, 1917, plaster and paint, front and side views, Collection Albéric Pont , 2007.0.3657 M, ©Musée des Hospices Civils de Lyon 2007, © Service des Musées de France 2014.
- Figure III.17 177
Raphaël Freida, Sous-Lieutenant Allemand, 1917, pencil on paper, 25 cm x 33 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.

- Figure III.18 179
 Raphaël Freida, portrait of J.M., 1917, pastel and pencil, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.19 180
 Henry Tonks, portrait of Private C. Day, 1916, pastel on paper, 28 cm x 21 cm, RCSSC/P 569.41, © Royal College of Surgeons of England, London.
- Figure III.20 183
 Anon., Aka N'Dié, date unknown, black and white photograph, Album Albéric Pont, BIU Santé, Paris. .
- Figure III.21 183
 Aka N'Dié, after 1915, plaster and paint, 32.4 cm x 18 cm x 13 cm, Ref. 2007.0.3634 M, © Musée des Hospices Civils, Lyon.
- Figure III.22 184
 Raphaël Freida, Aka N'Dié, 1918, pastel and pencil on paper, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.23 185
 Henry Tonks, portrait of Private Williams, 1917, pastel on paper, 28 cm x 22 cm, 2800,© UCL Art Museum, University College London
- Figure III.24 186
 Aka N'Dié, 1916, “Service de prothèse maxillo-faciale du docteur Pont à Lyon”, still from film footage (01m.48s-02m.07s), © Réalisateur inconnu/SCA/ECPAD/Defense/14.18 A910.
- Figure III.25 186
 Aka N'Dié, 1916, “Service de prothèse maxillo-faciale du docteur Pont à Lyon”, still from film footage (01m.48s-02m.07s), © Réalisateur inconnu/SCA/ECPAD/Defense/14.18 A910.
- Figure III.26 187
 Anon., Private Williams, 1918, black and white photograph, MS0513/1/1/2231,© Royal College of Surgeons of England, London.
- Figure 111.27 190
 Raphaël Freida, Marius Émé, 1917, pastel and pencil on paper, 25.3 cm x 33.2 cm, © Musée des Hospices Civils, Lyon.
- Figure III.28 191
 Henry Tonks, 2nd Lieutenant Henry Lumley, 1917, pastel on paper, 26.5 cm x 18.5 cm, RCSSC/P 569.67 © Royal College of Surgeons of England, London.

Figure III.29	192
Anon. Soldat E..., 1917, in <i>La Restauration Maxillo-Faciale</i> , (Paris, Librairie Félix Alcan, 1918), 61-2.	
Figure III.30	192
Anon. Soldat E..., 1917, in <i>La Restauration Maxillo-Faciale</i> , (Paris, Librairie Félix Alcan, 1918), 61-2.	
Figure III.31	192
Anon. 2 nd Lieutenant Henry Lumley, c. 1915, black and white photograph, MS0513/1/11284, Royal College of Surgeons of England, London.	
Figure III.32	192
Anon., 2 nd Lieutenant Henry Lumley, MS0513/1/11284, Royal College of Surgeons of England, London.	
Figure III.33	193
Henry Tonks, Gunner Francis Grayer, 1917, pastel on paper, 27.9 cm x 20.9 cm, RCSSC/P569.66, © Royal College of Surgeons of England.	
Figure III.34	193
Henry Tonks, Private William Brown, 1917, pastel on paper, 27.9 cm x 21.6 cm, RCSSC/P 569.65, ©Royal College of Surgeons of England, London.	
Figure III.35	195
Raphaël Freida, portrait of O.V., 1917, pastel and pencil on paper, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.	
Figure III.36	196
Henry Tonks, portrait of a serviceman, 1916-1918, pastel on paper, 27.5 cm x 21.1 cm, RCSSC P/569.55, ©, Royal College of Surgeons of England, London.	
Figure III.37	198
Henry Tonks, portrait of a serviceman, 1916-1918, pastel on paper, 27.5 cm x 21.1 cm, RCSSC P/569.35, © Royal College of Surgeons of England, London.	
Figure III.38	198
Raphaël Freida, portrait of 'R', 1917, pastel and pencil on paper, 25.5 cm x 33 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.	
Figure III.39	198
Henry Tonks, portrait of Private Moss, 1916-1918, pastel on paper, 27 cm x 21 cm, RCSSC P/569.29, ©, Royal College of Surgeons of England, London.	

- Figure III.40 198
 Raphaël Freida, unknown sitter, 1917, pencil on paper, 25.5 cm x 33 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.41 200
 Raphaël Freida, portrait of Pierre Chastanet, 1917, pencil and pastel on paper, 25.5 cm x 32.8 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.42 202
 Henry Tonks, portrait of Private Charles Deeks, 1917, pastel on paper, 28 cm x 21 cm, RCSSC P/569.2, © Royal College of Surgeons of England, London.
- Figure III.43 202
 Anon., Private Charles Deeks, 1922, black and white photograph, MS0513/1/1/553, ©Royal College of Surgeons of England, London.
- Figure III.44 203
 Henry Tonks, portrait of Private Robert Davison, 1917, pastel on paper, 29 cm x 21 cm, RCSSC P/569.34, © Royal College of Surgeons of England, London.
- Figure III.45 203
 Anon., Private Robert Davison, 1919, black and white photograph, MS0513/1/1/1523 ©Royal College of Surgeons of England, London.
- Figure III.46 204
 Raphaël Freida, portrait of Albert Valero, 1918 pastel and pencil on paper, 32.8 cm x 25.5 cm, ©Musée des Hospices Civils, Lyon.
- Figure III.47 204
 Anon., Albert Valero, date unknown, black and white photograph, Collection Albéric Pont, BIU Santé, Paris.
- Figure III.48 204
 Raphaël Freida, portrait of an unknown serviceman, 1918, pastel and pencil on paper, 33 cm x 25.5 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris.
- Figure III.49 204
 Anon., unknown serviceman, date unknown, black and white photograph, Collection Albéric Pont, BIU Santé, Paris.
- Figure III.50 211
 Julia Midgley, John Dawson, Grenadier Guards, 2014, pencil and watercolour on paper, no dimensions, RCSSP/3333, Special Collections, ©Royal College of Surgeons, London.

Figure III.51	211
Henry Tonks, portrait of Edwin Evans, 1917, pastel on paper, 28 cm x 21 cm, RCSSC/P 569.69, ©, reproduced by kind permission of the Royal College of Surgeons of England, London.	
Figure III.52	211
Raphaël Freida, portrait of F. Y., 1917, pencil and pastel on paper, 25.3 cm x 33 cm, © Musée de Santé des Armées, Val-de-Grâce, Paris.	
Chapter IV	
Figure IV.1	220
Anon., selection of facial prosthetics, colour photograph taken by author, 1914-1918, Imperial War Museum, London.	
Figure IV.2	235
Masticator, Paris, 1870-1890, Wellcome Collection.	
Figure IV.3	236
Henry Tonks, Unknown Serviceman, 1916-1917, pastel on paper, 27cm x 21cm, RCSSC/P 569.18, © Reproduced by kind permission of the Royal College of Surgeons of England, London.	
Figure IV.4	237
Raphaël Freida, portrait of J.D., 1918, pencil & pastel on paper, 25.2cm x 32.9cm, ©Musée de Santé des Armées, Paris.	
Figure IV.5	238
Raphaël Freida, portrait of Y.X, 1918, pencil and pastel on paper, 25.5cm x 33cm, ©Musée de Santé des Armées, Paris.	
Figure IV.6	239
Anon., Instructions for tube feeding the maxillofacially injured patient, black and white photographs reproduced in Georges Villain (Ed), <i>Congrès Dentaire Interalliés</i> , Chaix, Paris, 1916.	
Figure IV.7	241
Henry Tonks, portrait of Walter Ashworth, 1916, pastel on paper, 27cm x 21cm, RCSSC/P 569.50, © Royal College of Surgeons of England, London.	
Figure IV.8	242
Anon, unknown serviceman, black and white photograph, 1914-1916, reproduced in Georges Villain (Ed) <i>Congrès Dentaire Interallié</i> , Paris, Chaix, 1916, 142.	

- Figure IV.9 243
 Raphaël Freida, portrait of Jean Douvoux, 1918, pencil and pastel on paper, 25cm x 33cm, ©Musée de Service de Santé des Armées, Paris.
- Figure IV.10 244
 Anon., Appareils Divers, black and white photographs, 1914-1918, Album Dr Albéric Pont, BIU Santé, Paris.
- Figure IV.11 246
 Raphaël Freida, portrait of G. Delabié, 1917, pencil and pastel on paper, 25.4cm x 32.8cm, ©Musée de Santé des Armées, Paris.
- Figure IV.12 247
 Raphaël Freida, portrait of an unknown serviceman, 191, pencil and pastel on paper, 25cm x 33cm, ©Musée de Santé des Armées, Paris.
- Figure IV.13 248
 Raphaël Freida, Portfolio Title Page, print on paper, 1918, dimensions unknown, ©Musée de Santé des Armées, Paris.
- Figure IV.14 250
 Henry Tonks, portrait of Edward Palmer, 1917, pastel on paper, 28cm x 21cm, RCSSC/P 569.45, © Royal College of Surgeons of England, London.
- Figure IV.15 250
 Anon, Edward Palmer, black and white photograph, 1917, reproduced in Harold Gillies *Plastic Surgery of the Face*, London, Hodder and Stoughton, 1920, 261.
- Figure IV.16 254
 Anon, Albéric Pont fitting a nasal prosthesis on an unknown soldier, 1916, “Service de prothèse maxillo-faciale du docteur Pont à Lyon”, stills from film footage (00:06m:07s/00.06m.35s), © Réalisateur inconnu/SCA/ECPAD/Defense/14.18 A910.
- Figure IV.17 254
 Anon, Albert Valero, undated, black and white photograph, Album Docteur Pont, BIU Santé, Paris.
- Figure IV.18 255
 Anon, Albert Valero, undated, black and white photograph, date unknown, Album Docteur Pont, BIU Santé, Paris.
- Figure IV.19 262
 Anon, Wounded soldiers as toy makers, 1919, black and white photograph, *Daily Mirror*, H2/QM/YI/5, London Metropolitan Archives, 59.

- Figure IV.20 263
 Anon, The Queen and a Young Hero, 1917, black and white photograph, *Daily Sketch*, H2/QM/YI/5, London Metropolitan Archive, 23.
- Figure IV.21 264
 Anon, 1918, black and white photographs and extracts from *Daily Sketch* and *Evening Standard*, H2/QM/YI/5, London Metropolitan Archive, 40.
- Figure IV.22 266
 Anon, ‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon’, Dr Albéric Pont and colleagues, 1916, still from film footage (00:01m: 39s) © SCA/ECPAD/Defense/18.18 A910.
- Figure IV.23 267
 Anon, ‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon’, wounded soldier, 1916, still from film footage (00:02m: 09s) © SCA/ECPAD/Defense/14.18 A910.
- Figure IV.24 267
 Anon, ‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon’, wounded soldier, 1916, still from film footage (00:02m: 38s) © SCA/ECPAD/Defense/14.18 A910.
- Figure IV.25 268
 Anon, ‘Service de Prothèse maxillo-faciale du Dr Pont à Lyon’, Dr Pont attaching a prosthetic ear to an unknown soldier, still from film footage (00: 07m : 51s) © SCA/ECPAD/Defense/14.18 A910.
- Figure IV.26 268
 Anon, ‘Service de Prothèse maxillo-faciale du Dr Pont à Lyon’, Dr Pont with an unknown soldier, still from film footage (00:08m: 06s/00:08m: 07s) © SCA/ECPAD/Defense/14.18 A910.
- Figure IV.27 269
 Anon, ‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon, unknown soldier with cast of his face, still from film footage (00:04m:41s) © SCA/ECPAD/Defense/14.18 A910.
- Figure IV.28 269
 Anon, ‘Service de Prothèse du Docteur Pont à Lyon unknown soldier with cast of his face, 1916, still from film footage (00:05m:06s) ©SCA/ECPAD/Defense/14.18 A910.
- Chapter V**
- Figure V.1 295
 Lyse Blanchard, *Gueule Cassée d’après Henry Tonks*, 2014, oil on canvas, 38 cm x 46 cm. © Lyse Blanchard.

Figure V.2

296

Henry Tonks, portrait of an unknown serviceman, c.1917, RCSSCP/569.59 ©Royal College of Surgeons of England.

Figure V.3

298

Paddy Hartley, *Henry Ralph Lumley*, Officer's Uniform, 2005-2007, digital embroidery, digital fabric print, felt, Project Façade, London. ©Paddy Hartley.

Introduction

“Was Freida worth a book in 1990? I answered ‘yes’ to myself. I prospected for a long time and gradually brought to light fragments of life dispersed by time: convinced with each new find that a biography is never finished, that the missing fragment is perhaps the unsuspected nugget. I witnessed this unexplained phenomenon; an object which one has called for in vain for months suddenly comes to you on its own initiative and the impression received is intoxicating. Delights of captivity with which, fifty years after his death, someone will have filled me. For that alone I owed him a book.”¹

The above citation is extracted from the last paragraph of the French television producer Jean Frapat’s unpublished biography of Raphaël Freida, a culmination of his years of work tracing the life of this forgotten artist. Most of this monograph is in fact to do with Freida’s life before and after the First World War, with little reference to the extraordinary set of medical illustrations he produced for the orthodontist Albéric Pont in 1917 and 1918. In many ways strikingly similar to Henry Tonks’ collection of pastel portraits for the plastic surgeon Harold Gillies, Freida’s depictions of facial injury are also very different, materially and contextually. However, Freida demonstrates skill and care comparable to that of Tonks in his portraits of these men. If Frapat argued that he ‘owed him a book’, then this doctoral project owes the artist an exposure of his Great War work, where his better-known English contemporary has consistently held attention for many years. Facial injury and visual culture in the First World War therefore form the basis for this study. Since the latter part of the twentieth century, Henry Tonks has been the most widely cited point of reference for clinical artistic representation of facially injured soldiers in the Great War. Tonks’ images of men with ‘broken faces’ are valuable resources for scholarship in many disciplines including history, history of art, history of surgery, the First World War, disability and facial difference. Numerous peer-reviewed articles, monographs and exhibition catalogues have referred to, reflected on and analysed Tonks’ portraits, either as part of a general historiography of the

¹ Jean Frapat, *Raphaël Freida 1877-1942*, Paris, unpublished biography, 93-4. “En 1990 FREIDA valait-il un livre ? Je me suis répondu oui. J’ai prospecté longtemps et mis au jour peu à peu des fragments de vie dispersés par le temps : convaincu à chaque trouvaille nouvelle qu’une biographie n’est jamais achevée, que le fragment manquant est peut-être la pépite insoupçonnée. J’ai assisté à ce phénomène inexplicable : un objet qu’on a appelé en vain pendant des mois soudain vient à vous comme de sa propre initiative, et l’impression reçue est enivrante. Délices d’une captivité dont cinquante ans après sa mort, quelqu’un m’aura comblé. Rien que pour cela je lui devais un livre.”

effects of the conflict, or more in-depth analysis of this very specific kind of art. Latterly, Tonks' works have been compared with more recent military medical images, those of Julia Midgley, in Samuel J M M Alberti's monograph, *War, Art and Surgery*. This in itself is an interesting way to examine Tonks' portraits in a different context to their original purpose as medical records from the Great War. Midgley is a contemporary watercolourist who worked with the British Army medical division in 2013 and 2014 to produce images of variously injured veterans after their active service in Afghanistan and Iraq, specifically with the aim of publicly exhibiting the work. Her work seems rather muted compared to the stark and bloodied realities of Tonks' portraits, although she admits that she deliberately toned down the detail in her pictures for a 'sensitive audience'.²

However, it must be argued that Tonks' portraits should be analysed again with work coterminous to his own and with more closely comparable subject matter. Raphaël Freida created equally skilful and graphic portraits of facially injured soldiers in similar circumstances to their British counterparts, ostensibly to provide visual recordings of Pont's maxillofacial cases at his unit in Lyon. There is very little published historiography on Freida and his war art, in either French or English, amounting only to a passing reference in Frapat's 1996 article 'Freida l'exclu 1877-1942' for *Nouvelles de l'Estampe*, Marjorie Gehrhardt's brief but compelling comparison of Tonks and Freida's portraits in *The Men With Broken Faces* (2015); an article by Fischer et al in *Histoire des sciences médicales* (2007). There is therefore ample scope for further analysis to broaden the existing historiographical narratives on artistic recording of facial injury during the Great War. Indeed, Marjorie Gehrhardt and David Houston Jones emphasised in 2017 that the papers presented in *Journal of War & Culture Studies* 'make a strong case for an interdisciplinary and comparative approach to the study of the treatment, experiences, perceptions, and representations of the *gueules cassées* while highlighting new avenues that remain to be explored.'³ As he remains little-explored in both Anglophone and Francophone literature, Freida certainly qualifies as one of these 'new avenues'. Using a thematic approach, this study will explore the precedent to Tonks' and Freida's portraits; the artists' creative styles and career trajectories; carry out a close comparison of their depictions of similar injuries; and examine their meaning and value as

² Julia Midgley, "Drawing Materials" in *War, Art and Surgery*, ed. Samuel J.M.M. Alberti, (London, Royal College of Surgeons of England, 2014). 284.

³ David Houston Jones and Marjorie Gehrhardt 'Introduction: The Legacy of the Gueules Cassées: From Surgery to Art' in *Journal of War & Culture Studies* 10:01 (2017): 4. Accessed September 21, 2022. <https://doi-org.proxy.bnl.lu/10.1080/17526272.2016.1221204>

primary sources and objects viewed in different contexts. Accordingly, this project will add a valuable contribution to the academic discourse on the Great War in general, and the history of medical art and illustration in particular.

Historiographical Overview

Mapping narratives on the themes of casualties, visual culture and medical art, and disability associated with the Great War suggests an increase in the production of historiographical material towards the end of the twentieth century. The reason for this lies in the evolution of historiographical trends moving away from studies focussed on the military, political and economic causative factors and ultimate outcomes of the conflict. In *The Great War in History*, Jay Winter and Antoine Prost note a tri-phasic evolution in First World War historiography. They describe the ‘First Configuration’ of military and diplomatic analysis. During and immediately after the war military historians and senior military figures with direct personal experience of the conflict produced multiple volumes on the conduct of war through battlefield planning and outcomes.⁴ Essentially, this phase in the recounting of the First World War was driven by the need to come to terms with the devastating effects of the first truly global, industrial conflict. The short timescale between the First and Second World Wars meant that any further analysis was somewhat curtailed by an even more globally destructive conflict in the 1939-1945 period. From the 1960s however, Winter and Prost describe the ‘Second Configuration’ of Great War historiography which resulted from changes in educational systems and the production of literature for a wider audience, thus the ‘social history’ of World War I emerged.⁵ This was part of a general augmentation in historical education during the latter half of the twentieth century. Unlike the first and second configurations, the Third Configuration of Great War historiography appeared very soon after the ‘social history’, that of the ‘cultural and social’ aspects.⁶ It is in this final phase of Great War historiography that themes such as material and visual culture, corporeality, physical damage, mental distress, and social attitudes to disabled veterans began to develop. This resulted in a proliferation of monographs and academic papers on these topics. Prost and Winter explain the expansion of historiographical themes on the Great War in the later stages of the twentieth century as resulting from the aggrandisement of history into sub-

⁴ Prost, A. and Winter, J. ‘Three historiographical configurations’ in *The Great War in History*, Cambridge, Cambridge University Press, (2005),. 6-15.

⁵ *Ibid.*, 15-25.

⁶ *Ibid.*, 25-31.

specialities and also a sense of urgency as those who could relate their direct experience of 1914-1918 were reducing in number by the 1960s. It is also of note that Winter and Prost consider narratives on the Great War as beyond the preserve of historians, where contributions from other observers furnish valuable materials in constructing as broad a view of the experience as possible.⁷ It follows then that the historiographical trajectory of facial injury in the Great War should be seen in the context of multi-disciplinary viewpoints.

In the first instance, historical analysis of facial injury and relating themes in the Great War is an emerging speciality which, although reasonably well documented, requires further exploration, particularly in relation to comparative practices. A thematic approach to assessing the recording of facial injury in the Great War is essential in order to evaluate the state of research to date. Secondly, the medical portrait is also a topic which has seen very little historiographic assessment, so analysis of narratives on medical art in general requires examination, particularly to elicit whether or not portraiture formed a significant part of this specialist art. Thirdly, a focus has also emerged on the visual and material culture of the Great War, but there is scope for further development of these themes, particularly in relation to clinical art. Lastly, the history of disability and facial difference has been subject to an increasing interest in recent decades, with war injury forming part of the analytical material on this subject.

Gueules Cassées

Early histories on First World War battlefield casualties were written by senior military personnel. Medical officers penned tomes which informed on statistics and the medical and surgical management of sick and injured soldiers. In England, for example, the *Official History of the Great War: Medical Services; Surgery of the War* Vol. 2 by McPherson, Bowlby, Wallace and English was published in 1922. A further 'official history' was published in 1931, *History of the Great War Based on Official Documents: Medical Services, Casualties and Medical Statistics*, written by T.J. Mitchell and G.M. Smith. Médecin-Inspecteur Général Albert Mignon produced the four-volume French equivalent *Le Service de Santé pendant la guerre 1914-1918* in 1926-27. These volumes were more concerned with collective rather than individual circumstances of injury and disability.

⁷ Ibid. 'Introduction', 2-3.

Accounts of first-hand experiences of caring for the wounded in the Great War were published in the years following the conflict. Many nurses and ancillary hospital personnel wrote their memoirs soon after the Great War, such as the journalist and photographer Ward Muir, who worked as an orderly at a military hospital in London and published *Observations of an Orderly* and *The Happy Hospital* in 1917 and 1918 respectively. British Voluntary Aid Detachment nurses Olive Dent issued *A V.A.D in France* in 1917 and Maud Mortimer published *A Green Tent in Flanders* in 1918. Jane de Lanoy published her memoirs *Infirmières en Guerre* in 1936. These essentially formed part of the wider material culture of the period rather than formal historiography and the narratives often contained more positive tropes on healing the wounded. However, it is important to note that during and in the immediate post-war period, any reference to the war-wounded was cautiously manipulated for public consumption. The courage and heroic demeanour of both injured soldiers and caring medical and nursing personnel was emphasised, as were the wonders of ‘modern’ surgical techniques and prosthetics. It was crucial to distract the population at large from the devastation wrought by industrial warfare by drawing attention to the ways in which the injured could be repaired and rehabilitated.

Any literature that was deemed too extreme in its depiction of suffering was prohibited. For example, Ellen La Motte’s *The Backwash of War* (1918) was banned in the United States and Europe since it presented graphic accounts of soldiers’ injuries and distress in a Field Hospital in France. It was finally published in 1934. More specific carers’ experiences in the field of maxillofacial injury are circumspect. For example, Sister Catherine ‘Blackie’ Black, a nurse at the maxillofacial centre at Queen Mary’s Hospital, Sidcup published *King’s Nurse, Beggar’s Nurse* in 1939. In 1942, Henriette Rémi, who had worked as a volunteer at a maxillofacial unit in Germany during the Great War published *Hommes sans Visages* in Switzerland. Rémi’s work was essentially a polemical piece, written during the 1930s when the threat of the Second World War was gaining momentum. As a committed pacifist, she aimed to warn against the dreadful effects of war, and wrote the narrative in French as part of the general anti-German sentiment as the National Socialist policies were in the ascent in the 1930s.

A series of historiographical analyses of human damage during the Great War emerged in the 1990s and continues to the present day. Much has been written on the management and personal experiences of physical and mental traumas of the conflict. This is in no small part stimulated by the broadening of historiographical outlook as described by

Prost and Winter, and also by the approaching centenary in 2014-18. The first monograph dedicated to the specific history of maxillofacial trauma in the First World War was published in 1996 by Sophie Delaporte. A seminal work, *Gueules Cassées: Les Blessés de la Face de la Grande Guerre* outlined the development of surgical techniques to manage the disfiguring damage to the soldiers' faces, along with the physical, social and political reactions to the *gueules cassées* in France. For the most part, however, earlier discussion on facial trauma in the Great War was confined to just part of a publication. In 1996, *Facing Armageddon* was published in England, edited by Peter Liddle and Hugh Cecil but there was only a chapter given over to the effects of facial wounding in the Great War. This was written by Andrew Bamji, the then curator of the Gillies' Archives at Queen Mary's Hospital. A similar pattern of historiography is seen in French, where Stéphane Audoin-Rouzeau and Jean-Jacques Becker published *Encyclopédie de la Grande Guerre* (2004, re-issued 2013) which also contained a section on the management of war injuries. Within the framework of the history of medicine, the Great War, the cultural historian Sander L. Gilman published *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* in 1999. This is seen as a seminal work in the history of plastic surgery, although again it includes just one chapter on the development of facial surgery during the First World War. In 2013, Jay Winter edited the three-volume *The Cambridge History of the First World War* which contains a section on 'The Body in Pain', outlining the devastating effects of battlefield injuries. A history of the physical and psychological effects of combat trauma was presented in *Psychological Trauma and the Legacies of the First World War* (2016). Here, Jason Crouthamel and Peter Leese edited a series of contributions which includes Fiona Reid's 'Losing Face: Trauma and Maxillofacial Injury in the First World War'. Reid bases most of this study in Britain, where she explores the surgical and prosthetic treatment of facial wounds, along with the social and psychological aspects of acquired disfigurement. The next substantial historical work focussing on facial injury in the First World War was published almost twenty years after Delaporte's *Gueules Cassées*. Marjorie Gehrhardt's *The Men with Broken Faces* (2015) is a comprehensive study of soldiers' experiences of facial trauma across the belligerent states. She approaches the surgical, socio-economic and gendered aspects of maxillofacial damage, along with cultural and artistic representations of these men. To date, it is the only notable comparative assessment of facial injury in France and England during and after the Great War. In 2019, Eilis Boyle published her paper 'An uglier duckling than before: Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War' for the *European Journal of Disability*. This is an interesting counter to the

narratives of these men as emasculated, ‘passive’ victims of disfigurement, where in fact evidence suggests that many demonstrated a resilience borne out in their refusal to distance themselves from societal interactions.

Diverse interested parties have also written histories on facial trauma in the First World War. In 2013 Murray C. Meikle, an orthodontic surgeon, published his work *Reconstructing Faces: The Art and Wartime Surgery of Gillies, Pickerill, McIndoe and Mowlem*. This however, was more about the surgeons than the affected soldiers, and essentially a homage to Otago University in New Zealand and its alumni, Harold Gillies and Archibald McIndoe (noted for his work in the Second World War). In France, the journalist and writer Martin Monestier produced *Gueules Cassées: Les médecins de l'impossible* in 2009 which is mostly a collection of photographically-recorded case studies of disfigured French soldiers. Xavier Riaud, a dental specialist, published *Pionniers de la Chirurgie Maxillo-Faciale (1914-1918)* in 2012, which is essentially a biographical list of prominent maxillofacial surgeons in France and England during the Great War. Andrew Bamji produced *Faces from the Front* in 2017, which is based on his work as a curator at the Queen’s Hospital, Sidcup and where he examines several of the patients’ case histories. Transnational approaches to the surgical treatment of facial injury have been discussed briefly by Riaud, Meikle and Bamji, insofar as they briefly refer to exchanges of information on technique between France and England. Otherwise, these themes have seen little depth of analysis. It is useful and informative to gain a broader perspective on the topic of facial trauma in the Great War through the observations of those outside the historical sphere. However, these approaches may be somewhat narrow in outlook, focussing on single areas of enquiry such as individual surgeons and domestic rather than international perspectives.

Medical Portraiture

The history of medical art is somewhat neglected in terms of scholastic analysis. Rather, medical art serves to illustrate the history of medicine instead of being examined in detail for itself. Images from antiquity, manuscripts and medical textbooks and manuals contained instructive art for medical educational purposes and to assist in forming a diagnosis. As primary sources, these images allow a visualisation of historical beliefs and practices in medicine, and although sometimes carried out by noted artists, they were often anonymously produced. Researching ‘art and medicine’ often only yields the theme ‘medicine as an art form’, so differentiating the visual culture from the more abstract notions of medicine in

practice can be challenging. However, there is some evidence, albeit limited, of written analysis of art involving medical themes. In 1902 for example, Paul Richer published *L'Art et la Médecine*, a large tome on various human diseases and abnormalities as represented in art and sculpture, often produced by noted artists. Richer was a professor of artistic anatomy at the *Ecole Nationale Supérieure des Beaux Arts* in Paris, so apparently well-acquainted with the representation of the medical body in fine art. There is a brief chapter on facial difference, 'Les Grottesques', which mostly approaches sculpture, caricature and how the artists' potential inspiration came from real life. Medical practitioners with an apparent interest in the history of art have also written on the topic. In 1931, Fayette C. Ewing published the paper 'Some Thoughts on the History of Medical Art' in the *Bulletin of the Medical Library Association* and in 1960, William E. Loechel wrote a brief analysis 'The History of Medical Illustration' for the same publication in 1960. Like Richer's work, both these essays are on the depiction of disease in fine art. Later narratives on medical art appeared in the early part of the twenty-first century. In 2002, *Medicine and Art* was published by the Royal College of Physicians in London. Curated by Alan and Marcia Emery, a retired professor of medical genetics and his wife, it is a collection of fine art containing medical themes. More recently, specialists in the history of art and medicine have produced historiographical work on the subject. These include Richard Cork's *The Healing Presence of Art* (2012) and Richard Barnett's *The Sick Rose: Or; Disease and the Art of Medical Illustration* (2014). The former is a comprehensive and chronological study of art and its function in healing spaces, the latter is a collection of medical textbook illustrations from the nineteenth century. With the exception of *The Sick Rose*, none of the aforementioned monographs and papers contains any substantial reference to medical portraits.

Medical portraiture has different meanings. For example, in the Early Modern period and beyond, portraits of the 'learned physician' were a means to record eminent practitioners for posterity, and often displayed at the various professional society headquarters such as the Royal College of Physicians. Thus the portraits were of the providers of treatment rather than their patients. Ludmilla Jordanova provides a comprehensive assessment of this practice in *Defining Features: Scientific and Medical Portraits 1660-2000* (2000). A medical portrait could also belong in the context of the holistic approach to patient care based on humoral medicine, where lifestyle created a theoretical 'image' of an individual which would aid diagnosis. The origins of this are well-documented in Mirko Grmek's *Western Medical*

Thought from Antiquity to the Middle Ages (1998) and also in Brian Vance's *Turquet de Mayerne as Baroque Physician* (2001). In the eighteenth and nineteenth centuries, portraits of individuals where the sitter was identified and afflicted with various disorders began to emerge. Medical practitioners would request artists to record their patients' images, ostensibly to be used as teaching aids. For example, J. Connolly created images of individuals with facial lesions attending the Richmond Hospital in Dublin. Similarly, at the Royal Free Hospital in London Christopher D'alton produced watercolour portraits of patients disfigured by syphilis for Dr Victor de Meric in the 1870s. However, there has been no historiographical assessment of these works to date.

Photography as a means of medical and scientific documentation gained momentum towards the end of the nineteenth century. Its analysis as material culture in the context of the history of medicine is relatively recent. In 'The Image of Objectivity' (*Representations*, 1992), Lorraine Daston and Peter Galison discuss the development of scientific photographic methods in the nineteenth and twentieth centuries. They argue that artistic means to represent science (medical or otherwise) were seen as less 'moral' in that there was excessive scope for interpretation, 'artistic licence' as it were, in painting and printing where photography permitted a 'truer' and therefore more objective depiction. Chris Amirault examines the doctor/photographer theme in 'Posing the Subject of Early Medical Photography' for *Discourse* (1993-4). Here, the parallel development of photographic technology and the embedding of medicine as a science are discussed in relation to the use of photography to record pathologies but retaining 'artistic conventions' in posing the subjects.⁸ Lisa Cartwright's *Screening the Body: Tracing Medicine's Visual Culture* (1995) provides further analysis of early practices in medical imagery, exploring the increasingly scientific setting for clinical and experimental practice in the nineteenth century and its visual culture.

Medical photography had evolved enough to be extensively used in recording the process of reconstruction of facial injury in the Great War, as is evidenced in material collections in England and in France. However its more specific historiography is quite recent. Suzannah Biernoff discusses the ethical aspects of First World War medical photographs and imagery in 'Medical Archives and Digital Culture: From WWI to Bioshock' for *Medical History* (2011). Many of the images of maxillofacial mutilation are easily viewable on the internet. This paper explored the uncomfortable outcomes when one such

⁸ Amirault, C., 'Posing the Subject of Early Medical Photography' in *Discourse* Vol. 6, No. 2, A Special Issue on Expanded Photography (Winter 1993-4), 56.

image was appropriated for a computer game, which raised questions of propriety, ownership and duty of care. Jason Bate's paper 'At the Cusp of Medical Research: Facial Reconstructive Surgery and the Role of Photography in Exchanging Methods and Ideas (1914-1920) for *Visual Culture in Britain* (2016) discusses the essential educational role of photographic material in facial reconstruction during and after the Great War. His chapter 'Disrupting our Sense of the Past: Medical Photographs that Push Interpreters to the Limits of Historical Analysis' in *Approaching Facial Difference* (2018) considers the challenges of viewing images of facially injured soldiers from the Great War beyond their context as material sources of the conflict. More recently, Bate has published a monograph entitled *Photography in the Great War: The Ethics of Emerging Medical Collections from the Great War* (2022) in which he traces the afterlives of some soldiers that were treated for facial trauma during the conflict. It is a history of medical photography during the conflict and a social history of facial difference, carefully constructed by Bate using the men's medical records and uncovering their post war family lives through collaboration with their descendants. Beatriz Pichel has also explored the meaning, value and implications of photographing the *gueules cassées* in her paper 'Les Gueules Cassées. Photography and the Making of Disfigurement' in the *Journal of War & Culture Studies* in 2017. Whilst this doctoral thesis is primarily concerned with portraits created in other media, it is anticipated that materials from the large corpus of photographic images of maxillofacial cases from the First World War will provide essential cross-reference sources for this project.

Visual Culture of the First World War

Visual perceptions of the Great War comprise an enormous corpus of official art, popular art and monumental sculpture. Official artists were sent to the Front to record the war, although their work was often carefully curated to depict a more publicly acceptable version of events. In England, artists such as John Singer Sargent, Paul Nash, C.R.W. Nevinson created images of the conflict for public display. In France, official war art was left to the older generation of artists such as Pierre Bonnard and Félix Vallotton to volunteer and finance their work at the Front.⁹ Publicly exhibited art from the Great War was subject to censorship. Debra Lennard discusses this theme in 'Censored Flesh: The wounded body as unrepresentable in the art of

⁹ Malvern, S, 'Art' *Encyclopedia 1914-1918*, accessed September 29, 2019, <https://encyclopedia.1914-1918-online.net/article/art>

the First World War' in *The British Art Journal* (2011). The horror of the conflict was carefully gauged and overly graphic imagery was covered from view.¹⁰

Some narratives on Great War artists appeared in the years following the conflict, such as William Rothenstein's *British Artists and the War* in 1931. Later analyses emerged sporadically throughout the twentieth century, for example Robert Cummings' *Artists at War* (1974) and Meirion and Susie Harries' *The War Artists. British Official War Art of the Twentieth Century* (1983). Otherwise, a broader approach to the history of Great War visual culture is seen where encyclopaedic works such as *Facing Armageddon* and *The Cambridge History of the First World War* which include contributions on artists and the conflict.

The impact of the Great War on the Avant-Garde movement appears to preoccupy many art historians. The 'lost generation' of artists who were killed in the Great War, or the sudden halt in the progress of new movements in art which may even have regressed as a result of the conflict are recurring topics for analysis. Richard Cork's *A Bitter Truth: Avant Garde Art and the Great War* published in 1994 outlines how artists' varying emotional reactions to the war is borne out in their works. Following on from Cork's work, Philippe Dagen produced *Le Silence des Peintres. Les artistes face à la Grande Guerre* in 1996, again an analysis of the avant-garde movement's response to the war. James Fox asserts that 'before the war, modernist movements and avant-garde factions were beginning to flourish in almost every country in Europe. These groupings, however, depended on specific social conditions that were largely obliterated by the conflict. Cubism in France, Expressionism in Germany, Futurism in Italy and Vorticism in England consequently saw their members dispersed, their audiences distracted and their fragile markets dissipated' in *British Art and the First World War* (2015).¹¹ Fox thus summarises the anxieties of many art historians in attempting to elicit the extent to which art was affected by the First World War. In Francophone historiography, Annette Becker discusses how the avant-garde artists, much like everyone else, were effectively swept up in 'the culture of war' moving from enthusiasm for the potentially renewing effect of the war in 1914 to utter disillusionment at

¹⁰ Debra Lennard, 'Censored Flesh: The wounded body as unrepresentable in the art of the First World War' in *The British Art Journal*, Vol. 12, No. 2 (Autumn 2011), 22.

¹¹ James Fox, 'Introduction' in *British Art and the First World War*, Cambridge, Cambridge University Press, (2015), 6.

the end of the conflict, reverting to the 'classical' style in creating monuments to the dead and applying a more 'realistic' rather than 'heroic' style in representing the battlefield.¹²

In terms of popular art, posters, postcards, newspapers and picture books were produced essentially as morale boosters for the public. This meant that images of death and destruction, as with those in 'high' art, were carefully presented so as not to be too graphic. In England, contemporary newspaper articles on facial injury tended to largely omit any pictorial representation, emphasising instead how the disfigured were restored to their former likeness. If any images were published, the men's faces were covered in bandages. The significance of popular art in the First World War has had some analysis among cultural historians. In 1972, Barbara Jones and Bill Howell published *Popular Arts of the First World War*, based on their collection of souvenir materials such as cigarette cards, postcards, photographs and small objects made by soldiers who fought in the conflict. In 1992, Evelyne Desbois explored how the illustrated magazine *Le Miroir* depicted a sanitised version of the Great War for public consumption in *Terrain: Anthropologie et Sciences Humaines*. Pearl James edited *Picture This: World War I Posters and Visual Culture* in 2009. This publication is a collection of essays on the production of posters during the Great War, involving themes such as nationalism, identity and gender. Here, in his chapter 'Injuries as Represented in Posters', John M. Kinder argues that war-wounded are sentimentalised in posters and not seen as they would wish to be portrayed themselves. Sophia Papastamkou raises similar questions in her paper 'La Blessure et la Mutilation des combattants dans les Affiches Françaises de 1914-1918' for *Matériaux pour l'histoire de notre temps* in 2011. She discusses posters used to encourage public support for the war-wounded, and how the imagery was particularly selective in favour of the more publicly acceptable depictions of disability; blind and limbless was preferable to the facially disfigured.

While medical art now forms an increasingly scrutinized part of the material and visual culture of World War I, its historiography remained limited until the last quarter of the twentieth century. Furthermore, this specialist imagery has mostly been published to illustrate the medical and surgical history of the war, rather than analysed for its particular artistic merits. This situation is changing however, as art historians increasingly turn to medical portraits from the Great War to assess their meaning and value. The distinctive nature of artistic representation in a clinical setting removes it from mainstream historical discourse.

¹² Annette Becker, 'Les Artistes' in Stéphane Audoin-Rouzeau, and Jean-Jacques Becker, (Eds) *Encyclopédie de la Grande Guerre 1914-1918*, Paris, Bayard Éditions, (2004), 655.

However, in the context of the First World War this kind of art serves as a valuable primary source, for history, history of medicine and history of art. There are many examples of medical portraits of facially-injured soldiers from the Great War. Most of these are watercolours and pencil, pen and ink sketches, often by artists who were amateurs when they were deployed to record the injuries. These images have not been subjected to extensive historiographical analysis of their producers and context, unlike Tonks' portraits which will be discussed below. There are a few exceptions, for example, in *Faces from the Front* (2017), Andrew Bamji discusses the artists Sidney Hornswick, Herbert Cole and Daryl Lindsay in their capacity as supporting artists at Harold Gillies' maxillofacial unit in Sidcup. Beatriz Pichel briefly references watercolours by J. Dupas (although she does not specifically refer to them by name) in her paper 'Les Gueules Cassées. Photography and the Making of Disfigurement' for the *Journal of War and Culture Studies*. However, this remains an area which requires further investigation.

Disability and Facial Difference

Early narratives on the history of disability often concentrated on the aetiology and management of intellectual disability in children and adults and were typically written by clinicians. Examples of this approach from the late nineteenth-century and early twentieth-century include textbooks on the history of rehabilitative education of children with learning difficulties such as Walter E. Fernald's monograph *A History of the Treatment of the Feeble-Minded* (1893), or Martin Barr's *Mental Defectives: Their History, Treatment and Training* (1904). More recent scholarship however demonstrates a different approach to the history of disability. From the early 1980s, the social, cultural and political implications of physical and intellectual disability have been investigated in fields of enquiry outside the medical paradigm.¹³ The French philosopher and anthropologist Henri-Jacques Stiker published *A History of Disability* in 1983 (the English translation was published in 1999). This work explores disability in Western history, noting cultural, political and social attitudes to physical difference. Stiker analyses the religious, charitable and rehabilitative frameworks within which disabilities were seen as requiring restorative therapies of some kind or alternatively obliterated from view. A more explicit approach to disabilities acquired through warfare is seen in a series of essays edited by David L. Gerber in *Disabled Veterans in History* (2000). Taking examples from several centuries of wars, this monograph takes a

¹³ Catherine J. Kudlick, 'Disability History: Why We Need Another "Other"' in *The American Historical Review*, Vol. 108, No. 3 (June 2003), 764.

threefold approach to recounting the experience of war injury; representation of the wounded veteran, public policies in relation to disability acquired in conflict, and living with life-changing injuries.

In terms of the First World War, the implications of traumatic injuries sustained on the battlefield have been the subject of scholarly inquiry since the 1990s. Johanna Bourke's *Dismembering the Male* (1996) is a much-quoted work on the effect of the Great War on the male body. She discusses all types of disability wrought by battle injuries and how this influenced gender identities and masculinity in the aftermath of the conflict. Sophie Delaporte elaborates on the creation of various support mechanisms for disabled veterans in France after the Great War; in 'Le corps et la parole des mutilés de la grande guerre' (*Guerres mondiales et conflits contemporains*, 2002, No. 205), she notes how specific organisations were established to provide material and moral support for those afflicted with specific types of bodily damage. This provides an interesting counter to the situation for disabled veterans in Britain, where networks of support were limited to institutions such as The Royal British Legion¹⁴. Deborah Cohen's *The War Come Home* (2001) is an absorbing assessment of the British and German wounded veterans' experiences on return to their respective countries. It focuses on provision of compensation and financial support for disabled servicemen in both countries and compares the veterans' political and social responses to this in England and Germany. In 2009, Ana Carden-Coyne published *Reconstructing the Body: Classicism, Modernism and the First World War* which examines the rehabilitation of war-wounded veterans in England, Australia and the United States. The author explores the influence of ideal physical attributes in classicism on the reconstruction of the broken bodies of the Great War to recreate what modern warfare had destroyed. Carden-Coyne then produced *The Politics of Wounds* in 2014 which outlines the soldiers' responses to the management of their injuries within the military, political and social frameworks of the First World War. Assessment of facially-disfigured veterans is contained within these narratives, but only as part of a wider scope of war-related disability.

On a more specific theme of facial difference, disability and the Great War, Suzannah Biernoff explores the 'visual anxiety' related to the exposure of disfigured and disabled veterans to the public in Britain. 'The Rhetoric of Disfigurement in First World War Britain' for *Social History of Medicine* (2011) is an analysis of cultures of disability in post-World

¹⁴ E.Hanna, 'Veterans Associations (Great Britain and Ireland)' in *1914-1918 Online*, accessed October 31, 2019, https://encyclopedia.1914-1918-online.net/article/veterans_associations_great_britain_and_ireland

War I Britain, she notes that visual and written representations of facial mutilation and bodily damage diverged greatly in favour of more visually acceptable disabilities such as limblessness. Biernoff elaborates further on the consequences and implications of war-acquired facial disfigurement in her monograph *Portraits of Violence: War and the Aesthetics of Disfigurement* (2017). The visibility of facial trauma and the socio-cultural significance of beauty and ugliness, along with themes of reaction and interaction with images of facial damage are presented in a series of five sections using historical and contemporary images of war-related physical and facial mutilation. Sophie Delaporte produced a similar narrative in 2017 in *Visages de Guerre*, tracing the trajectories of facially-injured military veterans living with their disabilities in international settings from the war of Secession to the present day. However, she does not specifically discuss the visual recording of these injuries, and only uses photographs and some minor illustrations in reference to the different case studies. In *The Men with Broken Faces*, (2015) Gehrhardt dedicates a chapter to the foundation of the *Union des Blessés de la Face* in France and its uniqueness as a support system for disfigured war veterans. With the title 'Shaping a Collective Identity', this appears to be the only expansive narrative on the diversity in post-operative and lifelong care in Europe for facially-injured veterans of the Great War.

The themes of othering, disability and facial difference have also had some analysis outside the framework of historiography. After the Second World War, sociologists and psychologists began to publish their work on the experience of visible disability. In 1948, Wright et al composed a paper based on their studies of physical difference and social interactions. 'Studies in Adjustment to Visible Injuries' explored reactions to disfigurement and disability. The study concluded that communication between 'injured' individuals is essentially dependent on empathy and understanding on the part of the 'non-injured'. In 1963, the social psychologist Erving Goffman's monograph *Stigma* explored personal and social identities in terms of social exclusion and acceptance of those deemed outside the parameters of 'normal' appearance. In the 1970s and 1980s, responses to facial disfigurement were further assessed in both psychological and medical journals. For example, in 1978, Solveig Aarmot wrote 'Reactions to facial deformities; autonomic and social psychological' for the *European Journal of Social Psychology* and in 1981 W. C. Shaw explored cultures of acceptance (or not) in 'Folklore surrounding facial deformity and the origins of facial prejudice' for the *British Journal of Plastic Surgery*.

The actual visibility of facially-traumatised Great War veterans in France and in England diverged significantly, most likely due to vigorous campaigning on behalf of the *gueules cassées* by the *Union des Blessés de la Face*, which did not have an equivalent in England, and where accordingly the disfigured veterans were largely kept out of sight. By closely examining the available sources, it is hoped to gain further insight into these differences, particularly in terms of how Tonks' and Freida's portraits could reflect this.

Research to date on Raphaël Freida and Henry Tonks

There is very limited historiographical material available on Raphaël Freida. This is probably due in part to his descent into obscurity from the early 1930s onwards.¹⁵ Some possible reasons for this decline include a general loss of interest in his artistic style, or personal difficulties such as disagreements with his patrons.¹⁶ His *Misères de la Guerre*, a collection of portraits of *gueules cassées* dedicated to the surgeon Albéric Pont was never published.¹⁷ Consequently, one of the aims of this project is to explore why this may have happened and the causes of Freida's decline as a once-feted artist.

To date, the only significant published material on Raphaël Freida appeared in 1996 as 'Freida l'exclu 1877-1942' in *Nouvelles de l'Estampe* by Jean Frapat. This fourteen-page article outlined the artist's life and works as an award-winning illustrator, and is ostensibly based on the material sources Frapat collected for his biography of Freida mentioned above. For reasons unknown, this work was never published and is held at Librairie Prévost in Paris.¹⁸ 'Freida l'exclu' contains numerous examples of Freida's illustrations for luxury editions of classical stories such as Leconte de Lisle's *Poèmes Barbares*. However, there is only one image in this piece from Freida's work depicting the Great War, *Vers la Nuit*, which was exhibited at the Salon des Artistes in Paris in 1920.¹⁹ It appears that after the late 1920s Freida's work was not exhibited again for many decades. In 2004, the Musée des Hospices Civiles in Lyon presented an exhibition entitled *Opérations Gueules Cassées* which focussed on the centre for maxillofacial surgery created in the city during the Great War. Some of

¹⁵ Frapat, J. 'Freida l'exclu 1877-1942' in *Les Nouvelles de l'Estampe*, 146, (1996) : 16.

¹⁶ Méroc, N., *Les Gueules Cassées d'Albéric Pont et de Raphaël Freida* Lyon, Université Claude Bernard – Lyon I, Unpublished doctoral thesis, 2006, 165.

¹⁷ Gehhardt, M., 'The Faces of War' in *The Men with Broken Faces: Gueules Cassées of the First World War*, Bern, Peter Lang, 2015, 114.

¹⁸ Frapat's collection of Freida's prints and other ephemera relating to the artist was sold through Librairie Prévost in 2015.

¹⁹ *Ibid*, 11.

Freida's portraits were part of the display and the exhibition catalogue contains a brief biography of the artist.

In 2006, Nicolas Méroc's unpublished thesis *Les Gueules Cassées d'Albéric Pont et de Raphaël Freida* was presented at the Université Claude Bernard-Lyon I. This work relates the history of facial trauma and its repair, and the development of reparative surgery in the First World War. The last third of the thesis addresses the life and work of Albéric Pont and the subsequent collaboration with Freida to produce portraits of the *gueules cassées* at Lyon. This work also contains some considerable biographical information on Freida, which Méroc achieved with the assistance of Frapat. Following on from his thesis, Méroc published 'Les gueules cassées représentées par de grand peintres (O. Dix-G.Grosz-R.Freida)' in *Histoires des Sciences Médicales* -Tome XLI –No.4 in 2007. This paper is a brief history of representations of mutilation and facial difference in art, culminating in an account of Freida's work as an illustrator and medical portraitist. There is also a small section dedicated to Freida and his work as a stained-glass designer in Jean-François Luneau's *Félix Gaudin, peintre, verrier et mosaïste, 1851-1930* (2006). Otherwise, minimal historiographical reference to Freida arises in Martin Monestier's *Gueules Cassées: Les médecins de l'impossible* (2009), and in Sophie Papastamkou's paper 'La Blessure et la Mutilation des combattants dans les Affiches Françaises de 1914-1918' (2014). Here, Freida is only mentioned in passing in relation to his medical portraits of *gueules cassées*. Marjorie Gehrhardt discusses Freida more at length in *The Men with Broken Faces* (2015) where she offers a brief comparison between Freida and his English counterpart, Henry Tonks. In 2012, the Centre Pompidou, Metz held a large exhibition on the First World War, *1917*, which saw Tonks' and Freida's portraits of facially injured soldiers displayed side by side for the first and only time. In the accompanying catalogue, there is a brief piece about Tonks' by Emma Chambers, but Freida is merely listed as one of the exhibitors. A further, small scale exhibition in Lyon in 2017, *Rayon-X: Une Autre Image de la Grande Guerre* also saw cursory involvement of Freida's portraits in the context of Pont's treatment of facial trauma during the conflict, although the catalogue only references one example.

In contrast to Raphaël Freida, Henry Tonks has had considerably more exposure in historiographical narratives on art and medical art. It is probable that this is because Tonks had greater recognition socially and pedagogically, since he was Head of Anatomy (and eventually Professor of Fine Art) at the prestigious Slade School of Art in London. Tonks was also an 'Official War Artist' and had been engaged with the British Army in one capacity

or another for the duration of the conflict. That is not to say that Freida went totally unacknowledged for his art. On more than one occasion, his engravings were lauded at the Salon des Artistes in Paris; for example, he was awarded a gold medal for his illustrations in Octave Mirabeau's *Le Jardin des Supplices* in 1927²⁰ However, Freida's work was highly specialised and therefore perhaps did not reach quite as wide a spectatorship as that of Tonks.

Henry Tonks' medical portraits were among the illustrations for Harold Gillies' *Plastic Surgery of the Face* from 1925. This is the only capacity in which they were published for decades, since they formed part of a clinical textbook and were meant for a limited audience. In fact, Tonks' portraits of the maxillofacial cases from World War I remained ignored by art historians until the 1980s and later. Two years after Tonks' death in 1937, Joseph Hone wrote his biography, which dedicates one chapter to his war art and collaborative work with Gillies at Queen Mary's Hospital. While this book contains some examples of Tonks' art, there is only one image relating to his war experience. *Wounded Soldier* is a pastel image of an injured soldier with his head bandaged and his hands covering his face. It is far removed from the shocking portraits he created of Gillies' patients. In 1985, the art critic Julian Freeman published 'Professor Tonks, War Artist' for the *The Burlington Magazine*. Here, Freeman concludes that in terms of medical art, Tonks was peerless as a skilled portraitist in comparison to his British colleagues.²¹ The following year, John Bennet, a plastic surgeon, produced 'Henry Tonks and Plastic Surgery' as a supplement for the *British Journal of Plastic Surgery*. This is a comprehensive biographical paper which includes an appreciation of Tonks' medical portraits created during the Great War. In his article 'Doing Damage' for *Modern Painters* in 1999, the art critic Tom Lubbock reviewed Tonks' portraits. Here, he argues that contrary to Freeman's view, Tonks' portraits are rendered 'vague, suggestive, low pressure' by the pastel medium, and represent more skill on the surgeons' part for interpreting the damage portrayed in them.²²

In some instances, Tonks was referred to but his medical portraits were not included with the text, such as in Bamji's 'Facial Surgery: The Patient's Experience' in *Facing Armageddon* (1996) and in Juliet Nicolson's *The Great Silence* (2009). Examples of Tonks' medical portraits appeared in *The Cambridge Encyclopaedia of the First World War* in 2014,

²⁰ Fischer, L-P., Méroc, N., Frapat, J., Chavin, F. and Rousset, C. 'Les gueules cassées représentées par de grands peintres (O. Dix-G.Grosz-R.Freida) La défiguration en histoire de l'art' in *Histoire des Sciences Médicales*, Tome XLI – No .4. 2007, p. 342.

²¹ Freeman, J., 'Professor Tonks, War Artist' in *The Burlington Magazine*, 127 (1985): 285-293.

²² Tom Lubbock, 'Doing Damage' in *Modern Painters* 12 (1999): 59.

although merely to illustrate the extent of facial damage acquired on the battlefield. James Fox refers to Tonks in *British Art and the First World War 1914-1924* (2015), but in this instance in relation to his position as a teacher at the Slade School of Art. Bamji gives more details on Tonks in his monograph *Faces from the Front* (2017), presenting biographical information on the artist and outlining the origins, uses and storage of the medical portraits he created for Harold Gillies.

From 2009, a number of academic papers on the Tonks portraits were published. Writing on the viewers' experience in relation to images of disfigurement, Emma Chambers produces an absorbing account of Tonks' portraits in 'Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits in *Art History* (2009). Here, she analyses the psychological implications of viewing mutilated faces where the undamaged is juxtaposed on the damaged, thus unsettling the audience who may have particular expectations of a portrait, especially outside its clinical framework. Chambers is quoted again in this respect by Debra Lennard in 'Censored Flesh. The wounded body as unrepresentable in the art of the First World War' (2011), who discusses the Tonks portraits as part of a corpus of artwork depicting the human cost of World War I.²³ The interaction between viewer and image is also the theme of discussion in Marguerite Helmers' article 'Iconic Images of Wounded Soldiers by Henry Tonks' (2010) where she claims that Tonks' portraits hold iconic status since they 'allow audiences to see what was typically hidden' and can be placed within the framework of 'epideictic rhetoric' as they form a 'visual counterpoint' to the more familiar examples of Great War art which offer a more sanitised view of the conflict.²⁴ In 'Flesh Poems: Henry Tonks and the Art of Surgery' published in *Visual Culture in Britain* in 2010 (and as part of her monograph *Portraits of Violence: War and the Aesthetics of Disfigurement* in 2017), Suzannah Biernoff provides an insight into the use of Tonks' medical portraiture and illustration. She analyses his work as part of the planning and treatment of facial injury in the Great War, and the shared necessity for sensory skill, most obviously touch, in plastic surgery and the artistic conveyance of the wounded face.²⁵ She also discusses the ethical and emotional implications of viewing the portraits, with their distinctive artistic qualities, outside of their context as clinical material. To date, Freida's work has not been exposed to the same

²³ Debra Lennard, 'Censored Flesh. The wounded body as unrepresentable in the art of the First World War' in *The British Art Journal* Vol. 12/2, (2011): 22-33.

²⁴ Helmer, M., 'Iconic Images of Wounded Soldiers by Henry Tonks' in *Journal of War and Culture Studies*, Vol. 3, No 2, (2010): 181-199.

²⁵ Suzannah Biernoff (2010) 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain*, 11:1, 25-47, accessed October 10 2019, DOI: 10.1080/14714780903509979.

breadth of analysis. With these numerous critiques of Tonks's work in mind, it would be extremely instructive to apply similar engagement to Freida's portraits. The subjectivity of Freida's images conveys a different emotional approach. There is a formality to both artists' style, but Tonks' aim seems to be the creation of purely clinical art where Freida appears to desire a wider audience, mostly presenting his subjects in full uniform. Technically, both artists' methodologies are dissimilar, but their respective skills reproduce a compelling mimetic image of an individual and their altered, traumatised identity.

In 2014, Samuel J. M. M. Alberti edited the first extensive account of Tonks' works during the Great War. *War, Art and Surgery* accounts for all seventy-three extant portraits stored at the Royal College of Surgeons of England, with some biographical materials on the sitters. This tome accompanied an exhibition of the same name held at the institution. Emma Chambers also contributed to this work, discussing how Tonks' portraits, in spite of being meant only for limited viewing, can now be considered just as much a memorial to the Great War as the grand war art created for public consumption by official artists during and after the conflict. However, this monograph also contains a section on the twenty-first century war artist, Julia Midgley. While this may be an engaging discourse, the difficulty with *War, Art and Surgery* is that Tonks is compared with a twenty-first century artist whose work, although 'medical war art', is distinctly different. It represents another war; it is produced through different media and demonstrates a different skillset to Tonks' meticulous execution of his portraits. It is therefore reasonable to suggest that Tonks' portraits need to be placed once more within the context of medical art in the Great War, scrutinised against comparable and contemporaneous works, that is, Freida's portraits. Accordingly, an effective discourse on individual artists' representations of casualties within this particular framework can be opened. The relationship between the artists and the surgeons with whom they collaborated makes for interesting reflection. It appears that Tonks was very much of the same social group as Harold Gillies, essentially as a result of his background in surgical training and as a senior educator at the prestigious Slade School of Art. In *Plastic Surgery of the Face* (1925) Gillies acknowledged Tonks' contribution to the management of the facially-wounded soldiers at the specialist units for reconstructive surgery.²⁶ There is no evidence of similar reference to Freida's work for Albéric Pont. The latter produced a prolific amount of papers for the clinical press during and after the Great War, but none of Freida's portraits were included with these documents as instructive illustrations.

²⁶ Gillies, H. D., 'Preface' in *Plastic Surgery of the Face*, London, Frowde, Hodder and Staughton (1925), x.

Alberti's tome is just one example of the various written accompaniments to exhibitions which included Tonks' and Freida's Great War portraits. It is clear that there are far more catalogue articles on Tonks than on Freida, which again emphasises the need to investigate this latter's work. The centenary of the First World War saw much activity in terms of commemorative exhibitions in France and in England, however Tonks' portraits are more widely reported and analysed in both countries in the catalogues and media relating to these events than Freida's. The most recent publication on facial injury and the First World War is a popular historical work. A biography of Harold Gillies, *The Facemaker* (2022) by Lindsey Fitzharris also contains reference to Henry Tonks, which of course is a necessary part of the narrative as he was an important collaborator with the plastic surgeon. However, the information here is derived from existing sources and therefore does not contain any new perspectives on the artist.

Research Questions

Broadly, the following questions arise in relation to this comparative study:

- What is the precedent to these portraits and what is the place of Tonks' and Freida's work in the wider history of medical portraiture?
- How do the artists' educational backgrounds and career trajectories inform on their creation of the portraits?
- How effectively do their different artistic techniques reproduce the same kinds of facial trauma?
- How do they interpret wounds and healing?
- What identities do they construct in their subjects?
- What can the images reveal about the medical and social experience of battlefield facial trauma for these men?
- What is the response to the portraits outside their original context as medical illustrations?
- What are the different experiences of viewing the portraits in person and digitally?
- What are the ethical considerations involved in researching medical images such as Tonks' and Freida's portraits?

Methodology and Plan

As the literature review above has shown, there remain considerable gaps in the historiography of recording facial trauma in the First World War. Thus, the theoretical paradigm for the project is that there exist further and to date unexplored examples of skilfully created portraits of maxillofacial injuries as First World War material and visual culture which, like those of Tonks, are of essential historiographical value. Methodologically, the approach of this study is comparative, examining the differences and similarities between the artists' personal and professional lives, creative techniques, intended audiences and responses to their Great War medical portraits. Using a thematic structure, this thesis will outline in five chapters the precedent to Tonks and Freida's work, the lives of the artists, the comparisons and contrasts between their respective depictions of various facial wounds, the portraits as primary sources relating to the medical and social management of the wounds, and finally the experience of viewing the portraits in different settings.

Artistic recording of facial difference was not a novel practice when Tonks and Freida created their portraits of soldiers with facial trauma. In the century before the Great War, changes in approach to medical and surgical treatment initiated the necessity to visually record individuals' responses to disease and to plan surgical repair of acquired and genetic facial disorders. Hospital based medical training saw a greater emphasis on relatable individual examples, where portraits such as those by Christopher D'Alton for Victor de Meric at the Royal Free Hospital were created to record various disfiguring dermatological conditions. Military medical personnel recorded facial trauma from nineteenth-century conflicts such as the Napoleonic and Franco-Prussian wars which were included as case studies in instructive textbooks. This is a little-researched area of study therefore the first chapter of this thesis will uncover some of the pre-existing practices in relation to medical portraits which contextualise and set the scene for Freida's and Tonks' work during the conflict.

As comparison forms the methodological basis for the project, it is essential to compare not only the portraits but the lives of the artists involved. For example, although as a trained surgeon Tonks was seen as ideally suited to producing medical art, Freida's education in the discipline of fine art, anatomy and drawing was in fact more extensive than that of Tonks. However, the critical difference here is the artists' respective creative practices of illustration (Freida) as opposed to fine art (Tonks), which will be investigated in Chapter

II. The topics explored will be Tonks' and Freida's material circumstances, art education and style preferences, career trajectories and war experience using biographical materials, transcripts of oral histories, archival evidence and in-person viewing of their artistic works. Examples of their art before and after the Great War will be presented for comparison of style and the potential impact of the conflict on their work. Chapter II will therefore provide an essential understanding of the artists' chosen methodological approaches to creating the portraits.

The core part of this thesis is the comparison and contrast by close analysis of Tonks' and Freida's portraits. The introduction to Chapter III of the thesis aims to explore the practice of implementing and maintaining medical records on facial injury in France and England during the Great War and how Tonks' and Freida's portraits reflect that practice. A further goal is to demonstrate how different artistic styles can convey similar types of facial injury. The portraits themselves must be closely analysed to establish similarities and differences between them in their context, production and content. There are 73 examples of Tonks' portraits, as opposed to 22 by Freida, however these numbers are sufficient for the purposes of the project. How specific types of injuries are represented by the artists will be compared, taking several examples of the portraits and assessing them on a case-study basis. Qualitatively, the portraits by both artists are similar. Their initial impact is that they adhere to the formal conventions of portraiture, meeting the expectations for the viewer as a mimetic representation of the sitter. This is borne out in the photographs of the same subjects. They demonstrate extensive knowledge of the physiognomy of the face and head, and, perhaps more importantly, the ability to capture the 'essence' of the sitter, if not necessarily their state of mind at the time of sitting. The portraits will also be interrogated as to the effectiveness of each artist's preferred medium in representing the damage to the men's faces – potentially, Tonks' soft focus pastels do not necessarily convey the same extent of scarring and disfigurement as Freida's sharp and graphic pencil work.

As primary sources in relation to the experience and management of facial trauma in the Great War both artists' portraits provide diverse information. While Tonks' images sometimes present 'before' and 'after' versions of his subjects, there are only ten examples in the collection. Conceivably, the only information that is provided here is the initial shock of the wounds followed by the finished product, but little evidence of the actual process of repair. This thesis therefore argues that in fact as primary sources Tonks' portraits provide rather different if not limited information on the actual processes of treatment, compared with

Freida's examples which detail some of the materials and equipment used to repair the damage. Also of note is that Freida chose to depict some of his subjects in uniform, on occasion with military decorations, contrasting with Tonks' more vague depictions of clothing and occasional representation of the British military hospital uniform. This suggests a divergence in focus of subject matter and intended audience which will be examined in detail. That Tonks' insisted that his portraits were for the clinical gaze only raises questions as to how the images reflect the visibility, or not, of facially injured veterans in England and France after the war. Chapter IV of the thesis will show that through referencing other sources, the portraits do indeed support the argument that the *gueule cassée* was seen as the embodiment of the Great War veteran in France, where these individuals were largely hidden from view in England.

In recent decades, Tonks' portraits have seen some considerable exposure to non-medical audiences. They have been discussed in scholarly papers and exhibited at numerous venues nationally and internationally. Seeking to understand why this is the case, Chapter V of this thesis will carry out a comprehensive overview of these responses to Tonks' work and to the extent to which the portraits have been exhibited. This is in sharp contrast to the movements of Freida's portraits, which have only been displayed to the public three times since the early 2000s. Both artists' Great War portraits have in fact shared space at a major exhibition; in 2012, *1917* at the Centre Pompidou in Metz. However, it is clear from media relating to this event that Tonks' work was given greater attention than that of Freida. This again underlines the need to highlight Freida's work as an important example of visual culture from the Great War. Tonks' portraits and some of Freida's are freely available to view online as they form part of the digital collections of the Royal College of Surgeons of England and the Musée des Hospices Civils de Lyon. In practical terms, this is a particularly useful way to enable the researcher unlimited access to the images. However, there are advantages and disadvantages to digitised materials which will be discussed in relation to the portraits in this final section. There are also ethical implications for both researchers and public viewing with such sensitive and potentially disturbing material which will also be explored here. In one instance, an image of a facially-injured World War I veteran was used in an ethically questionable manner,²⁷ and although portraits of these men are now out of

²⁷ Suzannah Biernoff, 'Medical Archives and Digital Culture: From WWI to *Bioshock*'. In *Medical History* 55: (2011), 325-330, accessed July 21, 2022, <https://doi.org/10.1017%2Fs0025727300005342>

copyright and easily accessible, it is essential to consider the potential impact of inappropriate use of these images.

Chapter One

Precedent: The Practice of Medical Portraiture before the Great War

Introduction

This chapter aims to briefly explore some of the ways in which medical portraiture was used prior to the First World War. Henry Tonks' and Raphaël Freida's portraits of individuals with facial trauma and disfigurement are not without precedent. While the scope and variety of visual representation of facial injury during the Great War is extraordinary, it is instructive to examine how acquired and genetic facial differences were perceived and visually documented in the century before the conflict. In this way, Tonks' and Freida's Great War work can be placed in the longer history of medical portraiture. However, at the outset of this section, it is useful to examine what constitutes a 'medical portrait', since there are different meanings for the term. Changes in the understanding of disease and revision of medical instruction in the nineteenth century meant that detailed visual resources acquired greater relevance for the treating clinicians as reference and pedagogical materials. Specialist areas of medical practice began to develop, and dermatology in particular provides a wealth of sources in terms of portraiture of individuals with disfiguring skin conditions. Media such as pencil, watercolour, lithography and wax models were used to portray disfiguring diseases such as dermatitis, syphilis and cancer. The introduction of general anaesthesia in the nineteenth century allowed for more ambitious reconstructive surgery, and there are good examples of case studies in medical literature which include portraits of the patients in question. Lastly, there are also sources which evidence facial trauma from the various conflicts during the nineteenth century. These portraits were created using different media; however they make for interesting viewing, demonstrating how remarkably similar maxillofacial trauma from gunshot and shrapnel in the nineteenth century is to that of the First World War. To date, these images have not been subject to academic investigation and therefore serve as an important introductory basis on which to study Tonk's and Freida's portraits.

I.I Defining the Medical Portrait

Before elaborating on the medical portrait, it is worth examining what exactly is defined as a 'portrait'. The Chambers Dictionary determines the word 'portrait' as 'a painting, photograph

or other likeness of a real person; a vivid description in words'.²⁸ Similarly, the Concise Oxford English Dictionary presents its definition as '1. An artistic representation of a person, especially [-] the face or head; 2. A description in language or on film or television'.²⁹ For comparison, an older dictionary was consulted. Providing much the same definition as the newer editions, Webster's New Collegiate Dictionary expands a little more on artistic practices, relating '1. a pictorial representation (as a painting) of a person, usually showing his face; 2. A sculpted figure: bust, statue; 3. A graphic portrayal in words'.³⁰ According to these three samples of definition then, it appears that words as well as images constitute a portrait, a visual and verbal construction as it were. In *Defining Features: Scientific and Medical Portraits* however, Ludmilla Jordanova states that 'Portraiture is always art'.³¹ If this is the case, then perhaps the 'art' of portraiture extends beyond the notion of representation through artistic media to the 'art' of literary skill. Indeed, Jordanova goes on to qualify this statement by noting that art is 'something made by human actions',³² which could, of course, include the act of writing. Joanna Woodall notes that 'the first image was a portrait' in her introduction to *Portraiture: Facing the Subject*, elaborating briefly on the idea of reproduction of likeness in classical mythology and biblical stories in reference to the story of Narcissus in classical mythology.³³ Woodall argues that this is the basis for 'the centrality of naturalistic portraiture, and in particular the portrayed face, to western art', asserting that not only 'physiognomic likeness' but also symbolism served as ways to identify the sitter for a portrait.³⁴ Tonks' and Freida's portraits could be described as 'naturalistic' in terms of how they shape and shade the contours of trauma and untouched surfaces of the injured men's faces. It could be argued however that the symbolism that Woodall refers to is more obvious in Freida's portraits as he often presents the sitter in uniform, and thus indicates the exact circumstances of their facial wounds.

Portraits in artistic media may also present a more flattering view of the sitter than the reality, in the context of honorific and commemorative work. However, with regard to the subjects of Tonks' and Freida's portraits, there is little scope for flattery; their faces have been significantly changed by trauma. Essentially, the aim was to reproduce the injuries to

²⁸ The Chambers Dictionary, 13th Edition, (London, Chambers Harrap, 2014), 1,209.

²⁹ Concise Oxford English Dictionary, (Oxford, Oxford University Press, 2009), 1,119.

³⁰ Webster's New Collegiate Dictionary, (Springfield, G & C Merriman & Co., 1981), 890.

³¹ Ludmilla Jordanova, 'Defining Portraiture' in *Defining Features*, (London, Reaktion Books Ltd, 2000), 13.

³² Ibid.

³³ Joanna Woodall, 'Introduction: Facing the Subject' in *Portraiture: Facing the Subject* (Manchester, Manchester University Press, 1997) 1.

³⁴ Ibid.

be viewed in a medical setting, although Freida's intentions for his portraits may counter this. It is also worth considering Tonks' 'after' portraits, which, ostensibly because of the medium he used, tend to underrepresent the scarring and disfigurement after the men's reconstructive surgeries. These questions will be further discussed in Chapter 3, but perhaps in terms of flattery, it is not for the subject in this case but a third party. Here, the intention is to highlight the redemptive nature of surgeon's skill as they are seen to repair the damaged features, leaving their patients as they were before the trauma. As for medical portraits used as pedagogical materials, diminishing the effects of disease in attempt to flatter the sitter would be unhelpful to the process of diagnosis.

In a medical setting, portraiture also has more than one meaning. Jordanova's monograph mentioned above is about the visual representation of practitioners rather than their patients. Healers have long been represented in art, which has evolved from the narrative image to the conventions of the formal portrait. The practice of identifying medical practitioners in portraits through the inclusion of accessories associated with their profession is a centuries-old means of portrayal. Dress, reading material, objects associated with learning, literacy and extensive knowledge and sometimes the performing of medical procedures serve to identify a clinician. Jordanova emphasises that it is necessary to see these portraits in 'four types of context'; 'portrait practices in general', where the artists are cognisant of their 'forbears and contemporaries'; 'the social networks within which practitioners of science and medicine functioned', which demonstrates the choice of artist and intended audience for the portrait; biographical details in the portraits which give them 'further settings and meanings'; and lastly the 'physical contexts for which they were made', such as which institutions they would be seen in and if this was in a public capacity.³⁵ The portraits that Jordanova discusses were (and are) typically displayed in colleges of surgeons or physicians, or in the hospitals and institutions with which these individuals were associated.

The term 'medical portrait' can also mean 'medical profile' where the practice of written documentation outlining moods, dietary habits, ailments, prescriptions and treatments was maintained by some clinicians. In this context the term is used in particular by Brian Nance in his biography of Theodore Turquet de Mayerne, the 17th century French physician to the English royal court. Nance argues that de Mayerne was a 'moderate chemical physician

³⁵ Jordanova, *Defining Features*, 25-6.

who went out of his way to show that chemical medicine was compatible with the teachings of Galen and Hippocrates'.³⁶ Consequently, de Mayerne created his casebooks 'as a tool to help him administer and defend this medicine in the potentially hazardous world of the court physician.'³⁷ The resulting 'medical portrait' was used to provide individually devised observations and paths of treatment for each of his patients.

Lauren Kassell discusses the 'medical encounter' which produced these casebooks, written by 'literate practitioners'³⁸ although this type of documentation took different forms. For example, de Mayerne produced a very large corpus of these notes and observations comprising 'more than three thousand pages'³⁹, but equally there are less prodigious examples of documentary records in the form of diaries and notebooks. The physicians' notes contained details such as 'name, date, complaint, the list a history, diagnosis, remedy/therapy'⁴⁰ It appears that these case notes were retained primarily for the clinicians' personal use as an aide memoire which detailed their diagnoses, recommendations and treatments as they interacted with their patients, and did not necessarily function as pedagogical materials to be shared with other practitioners. It is probable that in the nineteenth century some doctors continued to keep notes regarding their patients, but it is also interesting to consider the ways in which visual documentation, often annotated, became more widely practiced, as will be shown below.

I.II Visual Records of Facial Disfigurement in the 19th Century

Towards the end of the eighteenth century, state as well as private medical schools were established throughout Europe. Here, physicians trained alongside surgeons (the latter having traditionally learnt their technique as apprentices). Furthermore, 'in the hospitals, opportunities were provided for students to observe patients and their treatment either as part of a large class or as the privileged pupil of a member of the hospital staff.'⁴¹ Typically, the medical schools had museums where students could consult the collections as part of their studies. New, specialist textbooks and portfolios of coloured lithographs and prints depicting

³⁶ Brian Nance, 'Preface: The Most Difficult Thing' in *Turquet de Mayerne as Baroque Physician: The Art of Medical Portraiture*, (New York, Rodopi, 2001), xi.

³⁷ Ibid.

³⁸ Lauren Kassell, 'Casebooks in Early Modern England' in *Bulletin of the History of Medicine* 88 (2014): 601, accessed June 14, 2022, <https://www.jstor.org/stable/10.2307/26308958>

³⁹ Ibid., 611.

⁴⁰ Ibid., 612.

⁴¹ Deborah Brunton, 'The Emergence of a Modern Profession' in *Medicine Transformed: Health, Disease and Society in Europe 1800-1930*, (Manchester, Manchester University Press, 2004), 121.

disease were published for use by clinicians and their students. Some physicians such as Victor de Meric at the Royal Free Hospital had artists recording their patients' various afflictions in pencil and watercolour. In this instance, Christopher d'Alton created a series of portraits of de Meric's inpatients which no doubt were used as teaching aids as well as documentation of their diseases. An example of these images will be discussed below.

Ostensibly, these novel methods in medical education stemmed from changes in understanding of health and disease which began to develop during the seventeenth century. In the introduction to his monograph *The Sick Rose: Disease and the Art of Medical Illustration*, Richard Barnett attributes the 'revolution in the ways that Western medical practitioners have seen the human body, and the ways in which they have known disease' as a catalyst in the proliferation of medical illustration in different media 'from the last decade of the eighteenth century to the first decade of the twentieth.'⁴² Images of the effects of pathological conditions on the human body allowed practitioners to study, classify, diagnose and treat disease as new perceptions based in alternative theories to humoral medicine developed. Shelley Wall describes this as an 'evolution' of Western anatomical illustration 'in tandem with changes in medical practice' such as 'the proliferation of medical specialisations' and also as a response to 'expanding or changing audiences'.⁴³ Wall also asserts that 'approaches to depicting the human form have varied along a spectrum between the ideal and the actual, between conceptual synthesis of the representative "type" and the assiduous observational drawing of the individual specimen.'⁴⁴ Along with these 'changes in medical practice' and new approaches to medical education, demonstrable examples of disease and disorder were considered necessary learning tools for students and their mentors. In discussing nineteenth century medical education, Carin Berkowitz argues that 'visual displays, both drawings in texts and the variety of visual displays available in museums, were created as part of training for medical, and particularly surgical, students, and those displays also served as aesthetic objects, incorporating a whole natural philosophical as well as pedagogical framework into their styles of composition.'⁴⁵ There are many examples of

⁴² Richard Barnett, 'Disenchanted Flesh: Medicine and Art in an Age of Revolution' in *The Sick Rose*, (London, Thames and Hudson, 2014), 21.

⁴³ Shelley Wall, 'Visualising Bodies: Anatomical and Medical Illustration from the Renaissance to the Nineteenth Century, 1420-1860 in Susan Doyle, Jaleen Grove, Whitney Sherman (Eds) *The History of Illustration*, (London/New York, Fairchild Books, 2018), 169.

⁴⁴ Ibid.

⁴⁵ Carin Berkowitz, 'The Beauty of Anatomy: Visual Displays and Surgical Education in Early-Nineteenth-Century London' in *Bulletin of the History of Medicine* 85 (2011): 263, accessed June 6, 2022 <https://www.jstor.org/stable/44451985>

portraits of individuals afflicted with acquired disease causing disfigurement such as syphilis and skin cancers, as well as genetic conditions like cleft lip and palate. Figure I.7 by Thomas Godart, resident artist at St Bartholemew's Hospital medical museum, is of a child with a significant malformation of his features; he has a cleft lip and palate, and his right eye is absent. Dated 1881 and unsigned by the artist, little else is known about the subject of this image, particularly whether or not an attempt was made to repair his disfigurement. Some medical portraits contained additional information, as there are examples of annotated portraits giving the sitters' name, age, disease and treating clinician. Another of Godart's works, Figure I.10, is a portrait of a woman named Sarah Mauger, who has myxoedema. Although there is scant information, the typical symptoms of myxoedema are cited at the bottom of the image; 'listless', 'puffy eyelids' and 'very sallow complexion'. The patient's age and marital status are also included. It is true to say these kinds of details would be contained in hospital registers however, in this case, the image matches the diagnosis for medical rather than statistical purposes. With regards to Tonks' and Freida's medical portraits, it is true to say that the former was probably more accustomed to drawing the pathological body than the latter, in spite of Freida's extensive education in life drawing. This will be further discussed in the ensuing chapters.

Dermatology

According to Barnett, 'the establishment of Europe's first school of dermatology in Paris in 1801 reflected fresh interest in the skin itself as a tissue, and the lesions to which it was subject.'⁴⁶ As a result of this growing interest in the speciality, Barnett notes that colour illustrations 'played a particularly important part in the study of skin diseases in the nineteenth century', particularly as visualising the 'multifarious textures and colours' of dermatological complaints was an essential tool for physicians to diagnose these disorders. This observation is echoed by Gerard Tilles, who posits that in the nineteenth century, 'iconography became at this point inseparable from dermatology, such that dermatologists came to the conclusion that 'the study of skin diseases, without observation and colour plates, is as impossible as the study of osteology with bones or geography without maps'.⁴⁷ Tilles lists the various methods of visual recording within the speciality; 'watercolours, engravings, lithographs, drawings, black and white or hand tinted photographs, stereoscopy, casts,

⁴⁶ Richard Barnett, *The Sick Rose*, 44.

⁴⁷ Gérard Tilles, 'La Peau en Images' in *Dermatologie des XIX et XX siècles. Mutation et controverses*. (Paris, Springer, 2011), 23.

slides.’⁴⁸ Many of these dermatological images contain sections of skin rather than the whole subject, but obviously those disorders affecting the face necessitate the use of portraiture. This, according to Mechtild Fend, is how ‘skin diseases were defined by their appearance on the surface of the body’ in the early 19th century.⁴⁹ Correspondingly, there is a considerable corpus of visual material depicting individuals with disfiguring skin disease which, even if in a medical rather than a surgical context, precedes the practices during the Great War.

Some of these images were either contained within educational textbooks and treatises or as standalone portraits of patients under the care of particular physicians. The English dermatologist Robert Willis’ *Illustrations of Cutaneous Disease* is an interesting collection of pictures from 1841. Published as a series of 94 coloured lithographs, it demonstrates a variety of skin disorders in adults and children. It is also described as ‘drawings after nature’⁵⁰, suggesting that living examples of the diseases were referenced for the images. There is a discernible individuality about the subjects’ faces, although mostly the emphasis is on the disease itself rather than the patient. This is essentially through the use of colour, which is rather more minimalist than Tonks’ and Freida’s approaches to their portraits of Great War veterans. The shaping, shading and toning are limited to monochrome, grey, pink and red. Additionally, much like most of Tonks’ portraits, limited attention is given to details such as clothing or background. The resulting effect is somewhat two-dimensional compared with Tonks’ and Freida’s work, but it is clear that the foci are specifically intended for the clinical gaze. It is also important to note that Tonks and Freida used their preferred media, producing very different results from the ‘textbook’ illustration. Figure I.1 depicts a man with a significant facial disfigurement from Willis’ collection, but there is no other identifying detail, other than that he may be recognisable as a patient of a particular treating clinician at a particular medical facility. The image is annotated, simply with the caption ‘acne rosacea’, where his nose is swollen, covered in lesions and livid red. It is likely that textual descriptions of this condition were also available, but, as Tilles points out, visualisation was essential for effective diagnosis.

⁴⁸ Ibid.

⁴⁹ Mechtild Fend, ‘Portraying Skin Disease: Robert Carswell’s Dermatological Watercolours’ in Jonathan Reinarz and Kevin Sienna (Eds) *A Medical History of Skin: Scratching the Surface* (London, Pickering and Chatto, 2013) 153.

⁵⁰ As cited on Wellcome Collection, accessed June 26, 2022 <https://wellcomecollection.org/works/r6j9hvsu>

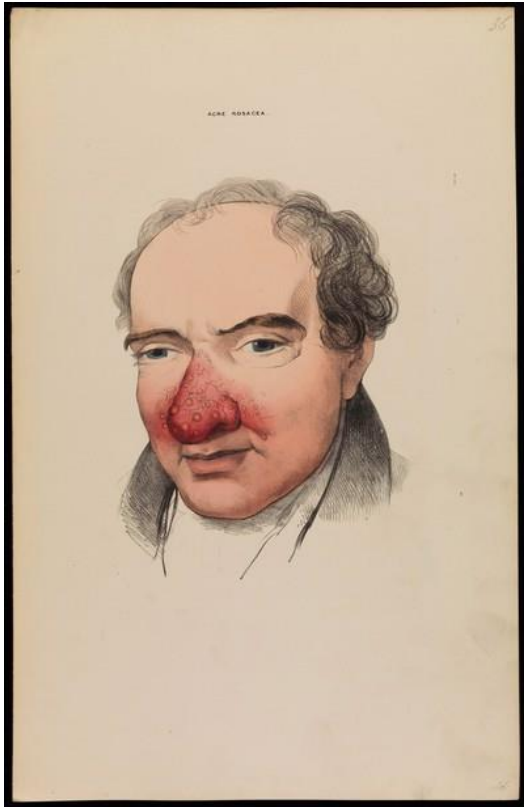


Figure I.1, Archibald Henning, 'Acne Rosacea' from *Illustrations of Cutaneous Disease*, 1841, lithograph, dimensions unknown, © Wellcome Collection, accessed June 26, 2022, <https://wellcomecollection.org/works/r6j9hvsu/images?id=zdm7wf7m>

Figure I.2 is a further example of early nineteenth century dermatological visual record of an identifiable subject. Unusually, the medium is oil on canvas and the portrait depicts a woman with a disfiguring skin disorder, entitled *Mrs Bennett, afflicted with a skin disease*. It is stored at the Wellcome Collection and is part of a small series of medical illustrations and portraits in various media described as *Gentlefolk of Leeds Afflicted with Disease*. The artist is unknown, but most of the subjects are named. A full face composition, Mrs Bennett is presented with a series of livid, encrusted skin lesions distributed around her forehead, nose, eyes, cheeks and neck. Her clothing is in disarray, perhaps reflecting how affected she is by her ailment. The ribbons of her white lace cap are hanging open, and her nightgown is drawn back to show the skin lesions on her neck and upper chest. At the bottom of the portrait, the subject's name and the dates of her disease are marked; 'Mrs Bennett, Disease 1818-1821.' This is part of a 'before' and 'after' representation of disfiguring ailment and the consequences of treatment, as Figure I.3 demonstrates. Here, Mrs Bennett is 'under cure Nov. (sic) 1818-1821', her delicate skin is unblemished and her cheeks lightly flushed. She appears to be fully dressed, wearing a bonnet tied at her chin and a shawl around her neck. Little else

is known about this woman. There is no record of her treating physician or indeed what treatment was used to produce such a marked recovery. According to Kevin Siena, skin disease often induced shame on the part of the sufferer, ostensibly due to its association with immoral behaviour or unhygienic living. Pruritic skin diseases, ‘the itch’, were caused by a variety of sources, from invasive parasitic infections such as scabies, to reactive conditions like dermatitis, psoriasis, eczema or bacterial inflammation such as syphilis, leprosy and impetigo. Citing the dermatologist Robert Dickinson, who stated ‘a good appearance is the best letter of recommendation’, Siena notes that this ‘conveys the harsh assumptions that accompanied skin infections, and connects this point to moral biological claims about immorality that rendered the blood putrid’.⁵¹ Thus, if someone described as a member of the ‘gentlefolk’ were afflicted, a cure for their highly visible and disfiguring skin condition was, if nothing else, a social necessity. Early nineteenth century therapeutics for skin disorders were limited. During the eighteenth century, Siena holds that ‘the majority of British doctors presumed that the disease lay much deeper’ and ‘stressed that treatment ‘must address the State of the Blood.’⁵² While microbiology was in the early stages of development when Mrs Bennett’s portrait was painted, it is possible that her physician may have prescribed humoral treatments such as bleeding and purges. Therapeutic ointments and salves were also possible. Topical medication was often based in sulphur, as K.S. Leslie et al explain, a substance which has a long history in the treatment of dermatological conditions, and would be used as an ointment mixed with ‘tallow and lard’, or in balneology where the patient would bathe in ‘sulphur springs.’⁵³

Figure I.4 is another image from the *Gentlefolk of Leeds* collection, depicting a man named Mr Gledell with a cancerous lesion on his nose. It is a watercolour, and annotated with the date and the affliction; ‘Cancerous Nose’. He is posed in three-quarter profile in order to give maximum exposure and perspective of his disease, much like the subject in Figure I.1. Again, little is known of the fate of Mr Gledell and there is no indication as to the identity of his treating physician. Like the portrait of Mrs Bennett, there is rather more detail of clothing included as the sitter is fully dressed in a shirt, stock and coat. In discussing the work of Robert Carswell, an early nineteenth century physician and artist, Mechtild Fend

⁵¹ Kevin Siena, ‘The Moral Biology of ‘the Itch’ in Eighteenth-Century Britain’ in Jonathan Reinartz and Kevin Siena (Eds), *A Medical History of Skin: Scratching the Surface*, (London, Pickering & Chatto, 2013), 77

⁵² *Ibid.*, 72.

⁵³ K. S. Leslie, G.W.M. Millington and N. J. Levell, ‘Sulphur and Skin: From Satan to Saddam’ in *Journal of Cosmetic Dermatology* 3 (2004): 96, accessed June 14, 2022, <https://web-s-ebSCOhost-com.proxy.bnl.lu/ehost/pdfviewer/pdfviewer?vid=0&sid=c17b179e-94b2-458b-9d8c-af0b7fc22394%40redis>

argues that attention to detail such as dress could ‘serve as a reference for accuracy’ where the artist wanted to display their skills of reproduction, thus effecting a more precise diagnosis.⁵⁴ As will be seen, Tonks’ and Freida’s portraits are somewhat divergent in terms of the specifics they include or omit, although Freida’s technique aligns more closely with this argument. This appears to be related to their particular ways in which they construct the identities of their subjects as casualties of war. Furthermore, Fend suggests that inclusion of ‘dress and individual facial features can be interpreted as a reality effect, a way of suggesting that we are looking at an actual sick person.’⁵⁵ Hence, for the treating clinicians and medical students, signs and symptoms of a particular disease are less removed than in a textbook – the image connects the individual to the physician in a more relatable context. In the case of Mr Gledell (Figure I.4), Barnett notes that it is most unusual to have the subject’s name included in the image,⁵⁶ however, there is evidence that the sitter is identified in other collections of medical portraits. Christopher d’Alton’s portraits of Dr Victor de Meric’s patients at the Royal Free Hospital are a case in point.

In nineteenth century medical art source materials syphilis frequently appears as the subject matter. It is important to note however that this disease did not only manifest itself in the face, and therefore the bulk of visual materials available represent how other parts of the body were affected. Roy Porter, writing on the development of laboratory medicine and chemotherapy during the period suggests that ‘the disease had seemingly become more virulent again in the nineteenth century.’⁵⁷ L.S Jacyna argues that the ‘prototype for the application of laboratory science to medicine was the rise of medical microscopy.’⁵⁸ This was part of major changes in understanding of disease in nineteenth century Europe. In addition to technological improvements in microscope lenses, for example, ‘new dyes’ also facilitated better visualisation and subsequent isolation of disease at cellular level.⁵⁹ Ultimately, the organism that caused syphilis was isolated in the early years of the twentieth century.⁶⁰ However, ‘despite [-] substantial advances in knowledge’ regarding the origins of syphilis during the nineteenth century and early part of the twentieth century, Porter states that ‘no

⁵⁴ Mechtild Fend, ‘Portraying Skin Disease: Robert Carswell’s Dermatological Watercolours’ in Jonathan Reinarz and Kevin Siena (Eds.) *A Medical History of Skin*, (London, Pickering and Chatto, 2013), 147.

⁵⁵ Ibid.

⁵⁶ Richard Barnett, *The Sick Rose*, 150.

⁵⁷ Roy Porter, ‘From Pasteur to Penicillin’ in *The Greatest Benefit to Mankind* (London, Harper Collins, 1997), 451.

⁵⁸ L.S. Jacyna, ‘The Localization of Disease’ in *Medicine Transformed*, 22.

⁵⁹ Ibid.

⁶⁰ Porter, *The Greatest Benefit to Mankind*, 451.

therapeutic advances had been made upon the wretched mercury, in use since the sixteenth century.⁶¹ This may explain the severity and extreme nature of some of the portrayals of the disease in D’Alton’s portraits for de Meric. Examining the origins of the Royal Free Hospital indicates that the institution’s aim was to accommodate the sick poor. According to Lynsey T. Cullen, the institution was established by William Marsden in 1828, and, unlike other voluntary hospitals, patients did not need ‘prescreening by governors or benefactors’, but were assessed by medical staff on their fitness for admission.⁶² Citing the Royal Free Hospital reports from 1849, Cullen states that ‘Marsden’s guiding philosophy was that “*destitution and disease* should alone be the passport for obtaining *free and instant relief*”’.⁶³ Thus, Cullen posits, the hospital was ‘hugely popular’ among lower and limited income groups.⁶⁴ It follows then that the subjects of D’Alton’s portraits were probably from a disadvantaged background. If some had the material means to treat their syphilis sooner rather than later, many could not afford or access this early therapy to halt the advance of disease to a more extreme state. However, the side-effects of mercury, whatever the recipients’ social background, were as disfiguring as the disease. Barnett states that ‘this cure could be as fearsome as the disease, provoking uncontrollable salivation along with ulcers, loose teeth, fragile bones and nerve damage.’⁶⁵

Figure I.5 is a portrait of George Milton, described as an ‘indoor patient’ of de Meric’s. In watercolour and pencil, it is signed and dated 18 February 1874. It is captioned ‘Tertiary Syphilis’ and it is indeed clear from Milton’s appearance that his disease is advanced. Most of his face is covered with sores and ulcers, with a particularly large, open lesion on his forehead. Like many of the subjects in Tonks’ and Freida’s Great War portraits, his expression is passive as he stares slightly to the right, avoiding direct engagement with the viewer. There is scant representation of clothing, and compositionally, Milton’s face fills most of the page, contained within a black margin. D’Alton was not the only artist working creating visual records of hospital patients in the nineteenth century.

⁶¹ Ibid., 452.

⁶² Lynsey T. Cullen, ‘The First Lady Almoner: The Appointment, Position, and Findings of Miss Mary Stewart at the Royal Free Hospital, 1895-99’ in *Journal of the History of Medicine and Allied Sciences* 68 (2013): 559, accessed June 5, 2022, <https://www.jstor.org/stable/24672131>

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Richard Barnett, ‘Syphilis’ in *The Lancet* 391 (2018): 1471, accessed June 27, 2022, [https://doi-org.proxy.bnl.lu/10.1016/S0140-6736\(18\)30833-X](https://doi-org.proxy.bnl.lu/10.1016/S0140-6736(18)30833-X)



Figure I.2, Anon, 'Mrs Bennett, afflicted with skin disease', c.1818-21, oil on canvas, 41.5 x 28 cms, Ref. 603108i, ©Wellcome Library, London, accessed June 25, 2022, <https://wellcomecollection.org/works/ru2w4rgt/images?id=e2uctgfv>



Figure I.3, Anon, 'Mrs Bennett, cured of skin disease', c. 1818-1821, oil on canvas, 41.5 cm x 28 cm, ©Wellcome Library, London, accessed June 25, 2022, <https://wellcomecollection.org/works/ra5cuhhe/images?id=j6bstw7y>



Figure I.4, Anon., 'Mr Gledell, cancerous nose', 1829, watercolour on paper, 56.5 cm x 43.5 cm, ©Wellcome Library, London, accessed June 26, 2022, <https://wellcomecollection.org/works/qmda66wp/items>



Figure I.5, Christopher D'Alton, 'Tertiary Syphilis. George Milton', 1874, pencil and watercolour on paper, 32.3 cm x 20.1 cm, Ref. 38034i, ©Wellcome Library, accessed June 25, 2022 <https://wellcomecollection.org/works/wcnkq5et/items>

Harriet Palfreyman has researched the work of J. Holt, who carried out a series of paintings of patients at the Lock Hospital in London. She notes that, instead of attempting to 'define venereal disease with one characteristic symptom, or even as a series of distinct stages', the images 'show individual patients with wildly variant symptoms, and, here and there, flashes of humanity and personality, the hints of clothing reminding the viewer that the patient is present as well as the disease.'⁶⁶ This is another instance of how medical artists in the nineteenth century sought to portray the living example for the treating clinicians. It is

⁶⁶ Harriet Palfreyman, "Visualising Venereal Disease in London c. 1780-1860 (PhD diss., University of Warwick, 2012), 157.

possible that the arrangement between artist and physician as to what exactly would be contained in the visual records was variable and dependant on individual expectations. For the physicians, sufficient and accurate depiction of their patients' external symptoms was the ultimate aim of visual documentation. Palfreyman makes an interesting point about the 'wildly variant symptoms'. This suggests that illustrated medical textbooks of the period did not necessarily help with definitive diagnoses since their content was a relatively limited selection of standard examples of the manifestation of disease. It follows then that some clinicians took to the pictorial recording their own patients in order to provide a corpus of educational materials for themselves, other specialists and medical students. As to the storage of these images, little is known, other than that they may have been kept at the treating physicians' rooms at the hospital where they worked. D'Alton clearly produced a large collection of imagery for de Meric, but few of these are portraits; most of the drawings are of genitalia affected by syphilitic lesions.

Wax casting was also used to reproduce examples of pathologies in dermatology and venereology. This again precedes the use of such media during the Great War for facial trauma cases. Kathleen Pierce argues that 'despite the documented rise of mechanical objectivity and concurrent efforts to eliminate subjective intervention in scientific image-making in the late nineteenth century, artist-produced, wax-cast, three-dimensional medical models, known as *moulages*, coexisted with photographs as significant educational tools in dermatovenereology from the 1860s until at least the 1940s.'⁶⁷ Thus, she concludes, 'physicians frequently pointed to multiple kinds of evidentiary media' as they aimed to diagnose, categorise and treat syphilis.⁶⁸ Clearly, this methodology was also applicable to different specialities since it was used by reconstructive surgeons and dentists during the Great War. This will be further discussed in Chapter III. Robin A. Cooke describes the practice of producing wax models for anatomical teaching as 'first documented' in the fourteenth century in Europe.⁶⁹ Thereafter, it was particularly associated with the University of Bologna, and by the nineteenth century was in use at many other teaching hospitals throughout the Continent. Cooke notes that Guy's Hospital in London and the Hôpital Saint Louis in Paris had 'significant' collections of wax models which were stored in the hospital

⁶⁷ Kathleen Pierce, 'Indexicality and the Visualisation of Syphilis in Fin-de-Si ècle France' in *Medical History* 64 (2020): 118, accessed June 6, 2022

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6945213/pdf/S0025727319000796a.pdf>

⁶⁸ Ibid.

⁶⁹ Robin A. Cooke, 'A moulage museum is not just a museum' in *Virchow's Arch*: 457 (2010): 513 accessed June 10, 2022, <https://link-springer-com.proxy.bnl.lu/article/10.1007/s00428-010-0983-8>

museums and used as pedagogical material.⁷⁰ Specialist and skilled artists produced these *moulages*, and were based at the teaching hospital museums where they took casts from patients for the treating physicians. According to Cooke, Joseph Towne was the sculptor responsible for the collection of wax models at Guy's Hospital, and had been engaged by the physician Astley Cooper after he was awarded a silver medal at the Royal Society of Arts.⁷¹ Jules Baretta was the modeller at the Hôpital Saint Louis, and saw considerable success in his field, exhibiting at international dermatological congresses and accordingly receiving commissions outside his base in Paris. Most of these casts are anonymised, with perhaps just the age and sex of the subject recorded. Figure I.6 was created by Baretta in 1873 and shows a sixteen year old woman with an ulcerated, congenital syphilitic lesion on the right side of her nose. Her eyes are closed, ostensibly to facilitate the casting of her face, but, like many other examples of facial casting her head is covered with white drapes. Framing and isolating the diseased sample is a frequent practice in the use of wax moulds as pedagogical materials. This is interesting because, unlike the portraits, the patient is further removed from their 'selfhood' without personalisation such as traces of clothing and so on. In this instance, they are reduced to a 'specimen', with most of their potential identifying and individualising details removed.

Facial Surgery

According to Thomas Schlich, the use of anaesthesia proliferated rapidly in Europe in the 1840s after a clinician in New York used ether to render a patient unconscious for a tooth extraction.⁷² Heretofore, it is obvious that patients' pain and distress would render extensive and ambitious surgical procedures impossible. A case in point is the complex surgery involved in removing tumours of the face. Although reconstructive surgery was relatively limited in the nineteenth century, clinicians aimed to at least alleviate the discomfort and disfigurement caused by large and invasive lesions of the face. Their experiences were often communicated to other clinicians in the form of short papers and treatises, illustrated with black and white portraits of their patients. For example, in 1890 the French surgeon Jules Péan published a treatise on a case involving the removal of a multiple osteofibroma from a young woman's face. According to Péan, 'chewing, swallowing, speech and sight' were impaired, and the patient was 'weary from suffering, frightened by the rapid progression of

⁷⁰ Ibid., 516.

⁷¹ Ibid.

⁷² Thomas Schlich, 'The Emergence of Modern Surgery' in *Medicine Transformed*, 75.

her tumours' and 'begged us to operate on her'.⁷³ This is a somewhat biased account of this case, and while the patient may have been desperate for a solution to her extreme discomfort, it is worth noting that this could also be Péan's assertion of his skill and authority as a surgeon. Figures I.9 and I.10 demonstrate the 'before' and 'after', although the woman is not identified by name. The engraver or artist, Burgun, has signed the portrait. Péan first operated on her face in 1888, and again six months later in 1889, removing most of the tumours. The woman was, however, left quite disfigured by the procedures, although Péan was satisfied with the outcome. It is interesting to note that in the 'before' image, the woman has a cloth or sheet wrapped around her neck, echoing perhaps the somewhat depersonalising drapery in Figure I.6. However, as is sometimes noted with one or two of Tonks' 'after' portraits, she is presented fully dressed with a neatly buttoned collar, perhaps as a measure of success compared with her pre-operative state of disarray.

A further case study by Charles A. Hayman, an English dental surgeon, was outlined in 1889 in a paper entitled *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*. Hayman presented this paper to the Odontological Society of Great Britain in January 1889.⁷⁴ The patient, William Trotman, had had a large tumour removed from his face, leaving him blinded and with a considerable opening which exposed the inner structures of his nose and mouth. Hayman noted of Trotman that 'contrary to the expectations of the surgeons, he made a good recovery, and an artificial appliance has been made which enables him to speak and eat with comfort, and at the same time gives him a presentable appearance.'⁷⁵ Figures I.11 and I.12 are illustrations from the paper which demonstrate Trotman before and after he was fitted with the prosthetic device. The engraver/illustrator is not identified, but, unlike the images for Péan's patient, Trotman is fully dressed in all the portraits. Much like Tonks' subjects, in Figure I.11 his face is turned so that his disfigurement is wholly visible to the observer. In his 'after' image, he is wearing a prosthesis attached to a pair of spectacles, reminiscent of the devices produced by Francis Derwent Wood and Anna Coleman Ladd during the Great War. He is also presented full face, staring confidently out of the image, as opposed to his profile portrait in the 'before' version. However, it is interesting to note that the boundaries of Trotman's prosthesis are almost invisible as they blend with the rest of his face, not unlike some of the cases from World War

⁷³ Jules Péan, *De l'ablation totale des os de la face*, (Paris, Chateauroux, 1890), 3-4.

⁷⁴ Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (London, Claudius Ash & Sons, 1899), 3.

⁷⁵ *Ibid.*, 4.

I. In this respect, the aim of the portrait is to highlight the skill of the prosthetist, rather than the realities of wearing a camouflaging mask for Trotman, whose feelings about his treatment are unrecorded. Hayman declared himself satisfied with the outcome, ‘I think you will allow that his facial delineaments are to some extent not unpleasingly restored’, although he conceded that the mask itself may not last for very long.⁷⁶ Both Péan’s and Hayman’s articles are good examples of the increasing use of the individual case study during the nineteenth century, here in the context of surgical rather than medical treatment. It must be noted however that in this instance, the portraits are shared beyond the confines of the treating clinicians’ own specific hospital settings. Also noteworthy is the ‘before’ and ‘after’ convention in these two examples as a precedent to some of Tonks’ depictions of soldiers with facial trauma; his origins as a clinician seem to have influenced this approach. In contrast, Freida produces no such sequence, which will be explored further in Chapters III and IV.



Figure I.6, Jules Baretta, *Syphilis héréditaire*. Gomme ulcérée avec destruction des os du nez. Femme âgée de 16 ans, couturière, 1873, wax model, Ref.STLCGE00267, Musée des moulages de l’Hôpital Saint-Louis (AP-HP), Paris, accessed June 15, 2022, <https://www.biusante.parisdescartes.fr/histoire/images/index.php?refphot=STLCGE00267>

⁷⁶ Ibid.,6.



Figure I.7, Thomas Godart, Head of a boy with a cleft palate and hare lip, date unknown (19th century), watercolour on paper, dimensions unknown, St Bartholemew's Hospital Archives and Museum, ©Wellcome Collection, London, accessed June 25, 2022, <https://wellcomecollection.org/works/xbbzquvg/items>



Figure I.8, Thomas Godart, 'Face of a woman affected with myxoedema', date unknown (19th century) watercolour on paper, dimensions unknown, St Bartholemew's Hospital Archives and Museum, ©Wellcome Collection, London, accessed 25 June 25, 2022. <https://wellcomecollection.org/works/fthkgqcn>

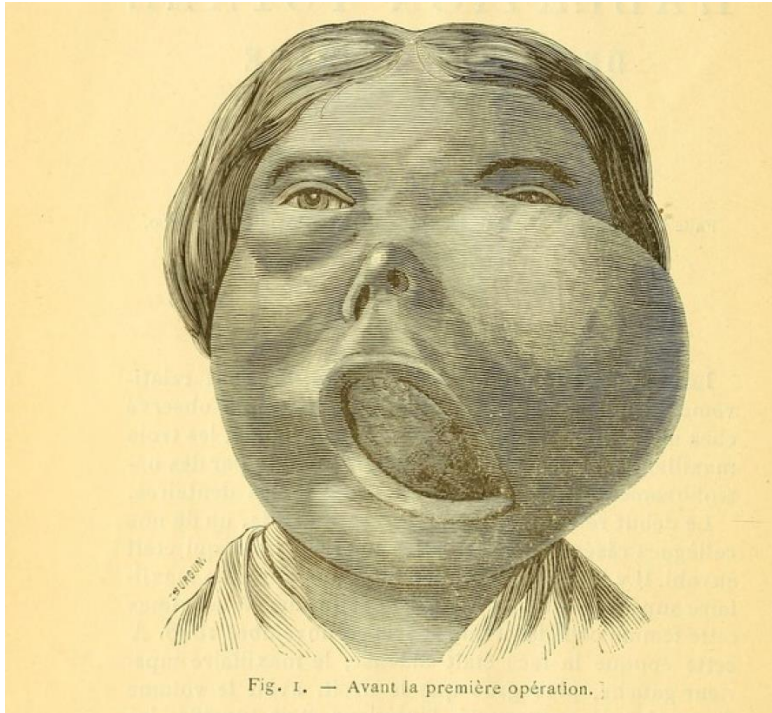


Figure I.9, Georges Burgun, portrait of a 32 year old woman before surgery, engraving, reproduced in Jules Péan, *De l'ablation totale des os de la face*, (1889), Paris, Chateauroux.

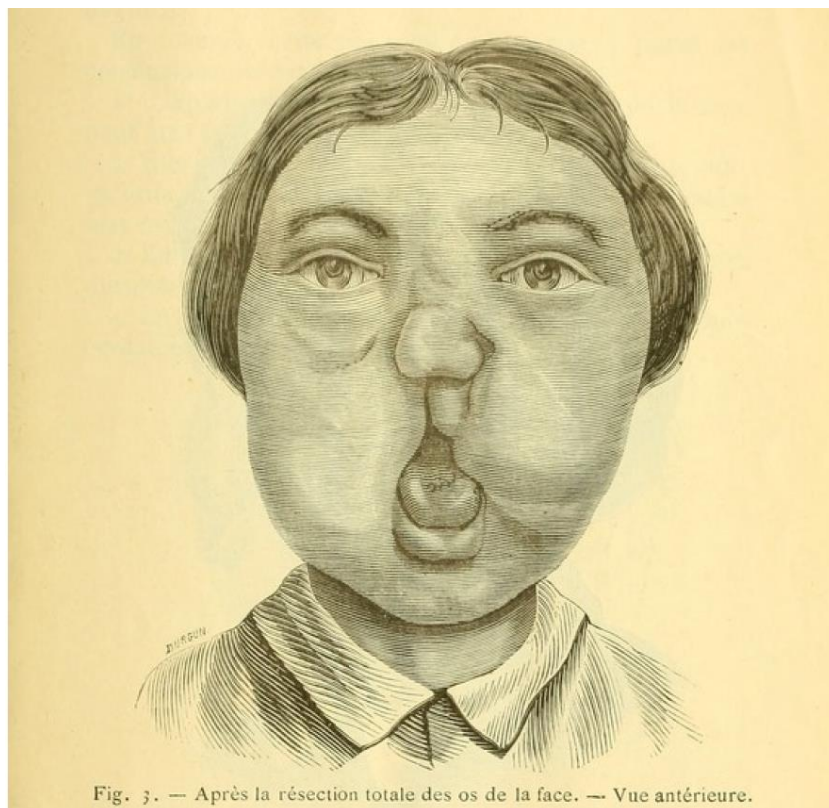


Figure I.10, Georges Burgun, portrait of a 32 year old woman after surgery, reproduced in Jules Péan, *De l'ablation totale des os de la face*, (1889), Paris, Chateauroux.

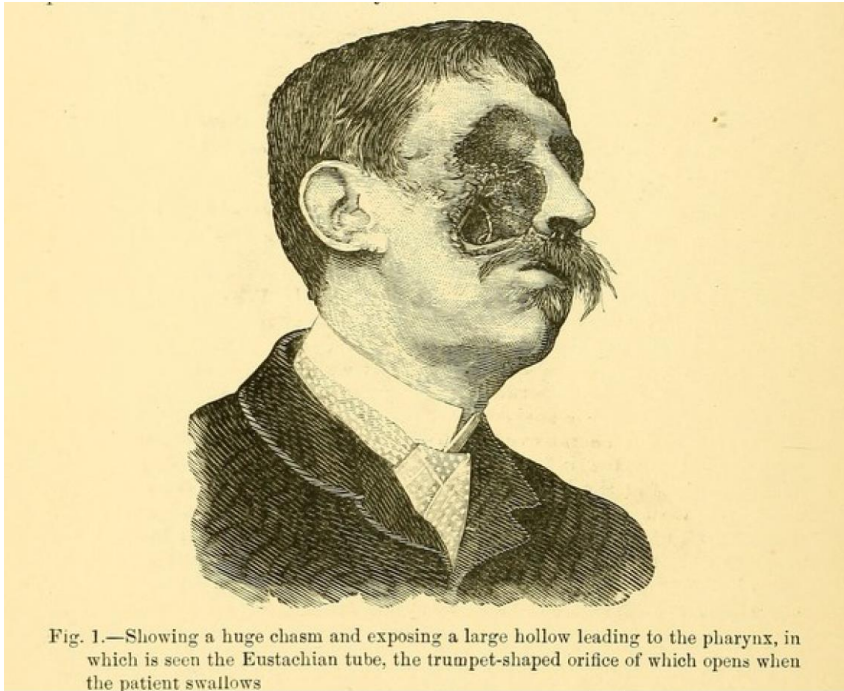


Fig. 1.—Showing a huge chiasm and exposing a large hollow leading to the pharynx, in which is seen the Eustachian tube, the trumpet-shaped orifice of which opens when the patient swallows

Figure I.11, Anon, William Trotman, engraving, reproduced in Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (1899), London, Claudius Ash & Son.

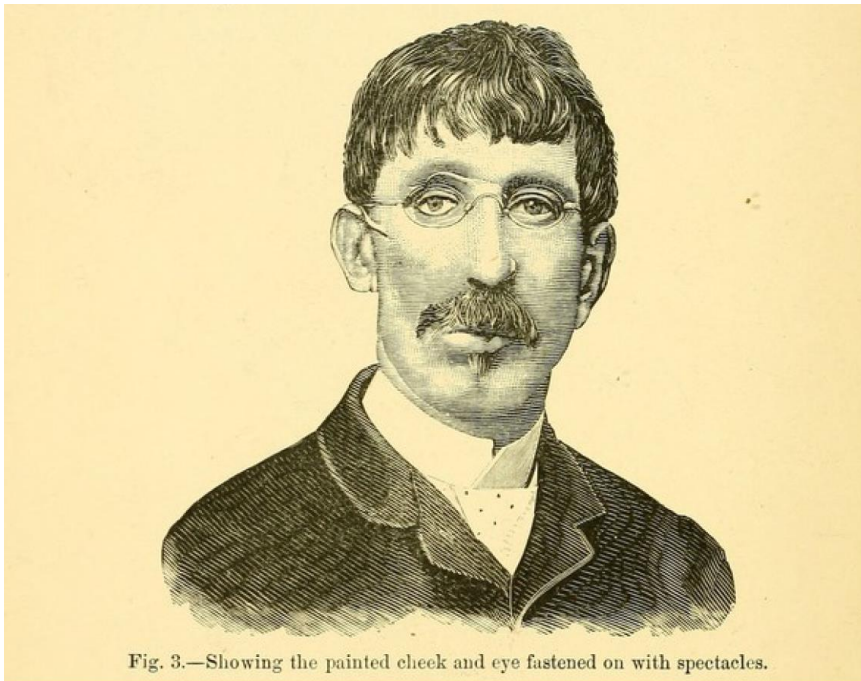


Fig. 3.—Showing the painted cheek and eye fastened on with spectacles.

Figure I.12, Anon, William Trotman, engraving, reproduced in Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (1899), London, Claudius Ash & Son.

I.III War Surgery

While the Great War is often thought of as the first ‘industrial scale’ war in modern history, there were conflicts in Europe during the nineteenth century which resulted in significant numbers of casualties and disability among the military forces. As a precursor to the recording of facial injury and wounding in general during World War I, there are interesting military medical sources which have seen limited exploration. However, in response to the ‘self-celebratory’ function of ‘the medical profession’s recounting of the achievements’ of noted practitioners and so-called innovators such as Dominique Jean Larrey, Roger Cooter argues that progress in medicine and surgery through war experiences is limited and that in fact before the First World War ‘almost all wartime medicine was concerned not with technological and therapeutic innovations but overwhelmingly with infectious diseases (above all, typhus, typhoid, smallpox and yellow fever).’⁷⁷ It is also possible to argue that battlefield injuries were rarely reproduced in civilian life, thus rendering any lessons learned redundant. Nonetheless, there is a remarkable similarity between the facial injuries sustained during the various conflicts of the nineteenth century and those of the Great War. While there is not as prodigious an amount of pictorial evidence as from the First World War, there is enough material to suggest that Tonks’ and Freida’s portraits were not a novel practice. For example, the work of Charles Bell, a British anatomist, surgeon and artist is particularly instructive and although not all of his clinical illustrations were portraits of identified individuals, it is interesting to consider this work in relation to Freida’s and Tonks’ approaches a century later. Like Tonks, Bell was medically trained, although he was actively working as a surgeon at the time of his war illustrations, whereas Tonks was not. A deep understanding of anatomy, physiology and pathology was obviously beneficial to both, even if their artistic techniques differed somewhat. Bell’s images also diverge from Tonks’ in that they are annotated with some details regarding the sitter, their injuries and treatment, much like Godart’s work discussed above. In this respect, Bell’s images are closer to some of the examples of Freida’s portraits which contain names, dates and sites of injury. Bell completed his medical training in Edinburgh, and had already begun to write and illustrate his own treatises before he qualified in 1799.⁷⁸ He collaborated with his brother John, also a surgeon, providing illustrations to accompany the latter’s lectures and illustrating an anatomy atlas

⁷⁷ Roger Cooter, ‘Medicine in War’ in *Medicine Transformed*, 334.

⁷⁸ M.K.H. Crumplin and P.H. Starling, *A Surgical Artist at War: The Paintings and Sketches of Sir Charles Bell 1809-1815*, (Edinburgh, Royal College of Surgeons of Edinburgh, 2005), 1.

with him in 1804, the same year he left for London.⁷⁹ Here, he worked as a lecturer in anatomy and illustrated and published works such as *Essays on the Anatomy of Expression in Painting* and *System of Operative Surgery*.⁸⁰

In 1809, eager for an opportunity to practice military surgery, Bell volunteered to receive and treat the soldiers wounded at the Battle of Corunna as they landed at Portsmouth and Plymouth.⁸¹ According to Michael Brown, Bell believed that he had to experience battlefield medicine and surgery for himself as military surgeons did not share their knowledge with civilian practitioners.⁸² He held that there was little in the way of written instruction on how to conduct surgery on war wounds, and therefore ‘preparatory education was a crucial adjunct to practical experience.’⁸³ This Bell argued could only be rectified by in-person observation. Consequently, Bell took advantage of his exposure to the injured in 1809, where he ‘made sketches of his cases, eventually completing them in oils.’⁸⁴ There are fifteen of these oil paintings, which were accompanied by Bell’s brief notes on the unidentified subjects’ ‘clinical problems’.⁸⁵ In 1815, in response to a call for civilian surgeons to attend the wounded at the Battle of Waterloo, Bell made his way to Belgium. Here, he recorded the injuries he saw in a sketchbook, which were later turned into watercolours ‘for teaching purposes’ when he returned to London,⁸⁶ evidently because coloured representation made for more detailed and effective pedagogical material. Figure I.16 is of one of Bell’s casualties, Wanstell, who sustained a gunshot which fractured his skull according to a written case history accompanying the image, some of this seen on the portrait itself. A watercolour, the image presents him in profile, lying down with his head propped up on a straw pillow. Bell’s use of colour is relatively minimal, with most of the detail concentrated in his subject’s face and head. As a result of his trauma, Wanstell also had a fungus cerebri, where brain tissue was protruding through the opening in his skull. Bell operated, trepanning Wanstell’s skull in an effort to remove a portion of impacted bone, however, he died six days after the procedure. According to ex-army medical personnel Crumplin and Starling, Bell represents the patient’s grave condition very well, ‘staring

⁷⁹ Ibid.

⁸⁰ Ibid., 1-2.

⁸¹ Ibid., 3.

⁸² Michael Brown, ‘Wounds and Wonder: Emotion, Imagination and War in the Cultures of Romantic Surgery’ in *Journal for Eighteenth-Century Studies* 43 (2020): 248, accessed June 13, 2022 <https://doi-org.proxy.bnl.lu/10.1111/1754-0208.12684>

⁸³ Ibid.

⁸⁴ Crumplin and Starling, *A Surgical Artist at War*, 3.

⁸⁵ Ibid., 5.

⁸⁶ Ibid., 3-4.

eyeballs, open lips, hectic flush of the cheeks, and the general appearance, are strongly indicative of meningeal irritation.’⁸⁷ As to whether this is a recognisable version of Wanstell, it is difficult to establish. His head has been shaved as a necessary part of his treatment, but his facial features, the shape of his nose and ears, the moustache, are well defined which would possibly render him identifiable.



Figure I.13, Charles Bell, ‘Wanstell 17th Regiment of Foot’, 1815, watercolour on paper, dimensions unknown, ©Royal College of Surgeons of Edinburgh. Reproduced by kind permission.

Some of the battlefield traumas suffered by French soldiers in the conflicts of the early part of the nineteenth century were also recorded and used for pedagogical purposes, serving as an example of precedent to Harold Gillies’ use of Tonks’ portraits in his monograph *Plastic Surgery of the Face*. These images were reproduced much later in *Traité de Chirurgie d’armée*, published in 1863. In this tome, Léon Legouest cited several examples from the Napoleonic wars of severe facial trauma and the short- and long-term efforts to repair the damage. Line drawing portraits of the soldiers accompanied with details such as their names,

⁸⁷ Ibid., 54.

their injuries and where they sustained them, along with brief information on the management of these patients. The portraits appear to be signed, but it is not clear whether this is by the artist or the engraver. It is probable that they were kept in the army medical museum at Val-de-Grâce in Paris. Figure I.17 is one such example. André Maurel was injured in 1800 at Hohenlinden where his lower jaw and nose were torn off by shrapnel. As can be seen from the portrait, the remedial treatment was very rudimentary. No attempt has been made at reconstruction at this point, and Maurel's tongue protrudes through the lower part of his chinless face. Legouest outlines the grim aftermath of Maurel's injury. More than one hundred fragments of broken bones were removed from his face, his wounds healed after three months, and Maurel could only cover his gross disfigurement with a 'thick scarf'.⁸⁸ He was admitted, depressed and suicidal, to the Invalides, an establishment for disabled veterans, where he had a metal prosthetic nose and lower jaw made. Remarkably, Maurel lived with his wounds for decades after. He was readmitted to the facility thirty years later, where observations were made on how he managed with his injury. Like many of the Great War veterans with facial injury, speaking and eating were very difficult for him, and the lack of containment of his tongue caused a continuous stream of saliva down his neck.⁸⁹ Even in monochrome, this image conveys the lasting horror of facial injury in battle. Maurel's identifying features have been largely removed, although from the eyes up he may be seen as a recognisable individual. Figure I.18 is a further image from this textbook, a soldier called Retrouvé who was injured at Wagram in 1809. Like Maurel, there was little that could be done for Retrouvé, save some dental work, as illustrated on either side of his face, which would help with the movement of his tongue.⁹⁰

Palliative treatment was as much as these men could hope for, as their injuries were sustained at a time when resources were extremely limited. Reconstructive surgery without general anaesthesia was impossible – the latter was 'not introduced systematically into surgical practice until the 1840s', as mentioned above.⁹¹ The most these men could expect was a functioning prosthetic that disguised their disfigurement and allowed them to eat, drink and speak. There are no images of these prosthetics in Legouest's tome, but he describes

⁸⁸ Léon Legouest, 'Blessures de la face – mâchoires' in *Traité de chirurgie d'armée*, (Paris, Ballière et Fils, 1863), 903-4, accessed June 14, 2022, <https://gallica.bnf.fr/ark:/12148/bpt6k5724418j?rk=21459;2>

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*, 911-12.

⁹¹ Thomas Schlich, 'The Emergence of Modern Surgery' in Brunton (Ed) *Medicine Transformed*, 75.

Maurel's 'silver chin' which allowed him to speak and without which he was 'completely incomprehensible.'⁹²

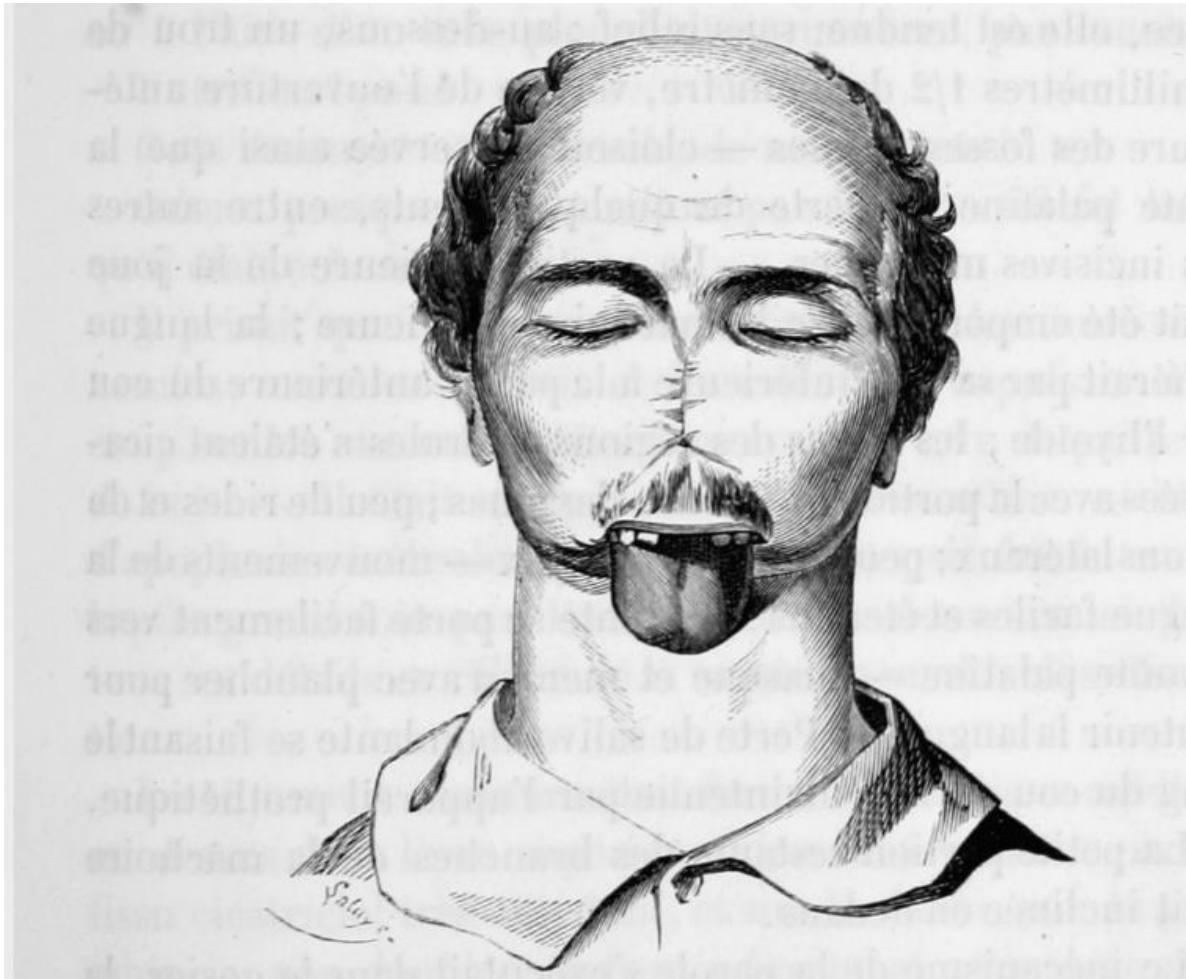


Figure I.14, Saluy, André Maurel, 1863, black and white illustration reproduced in Léon Legouest, *Traité de chirurgie d'armée*, (Paris, Ballière, 1863) : 903, accessed June 14, 2022 <https://gallica.bnf.fr/ark:/12148/bpt6k5724418j/f918.item.r=visage>

⁹² Léon Legouest, 'Blessures de la face – machoires' in *Traité de chirurgie d'armée*, (Paris, Ballière et Fils, 1863), 904. accessed June 14, 2022, <https://gallica.bnf.fr/ark:/12148/bpt6k5724418j?rk=21459;2>

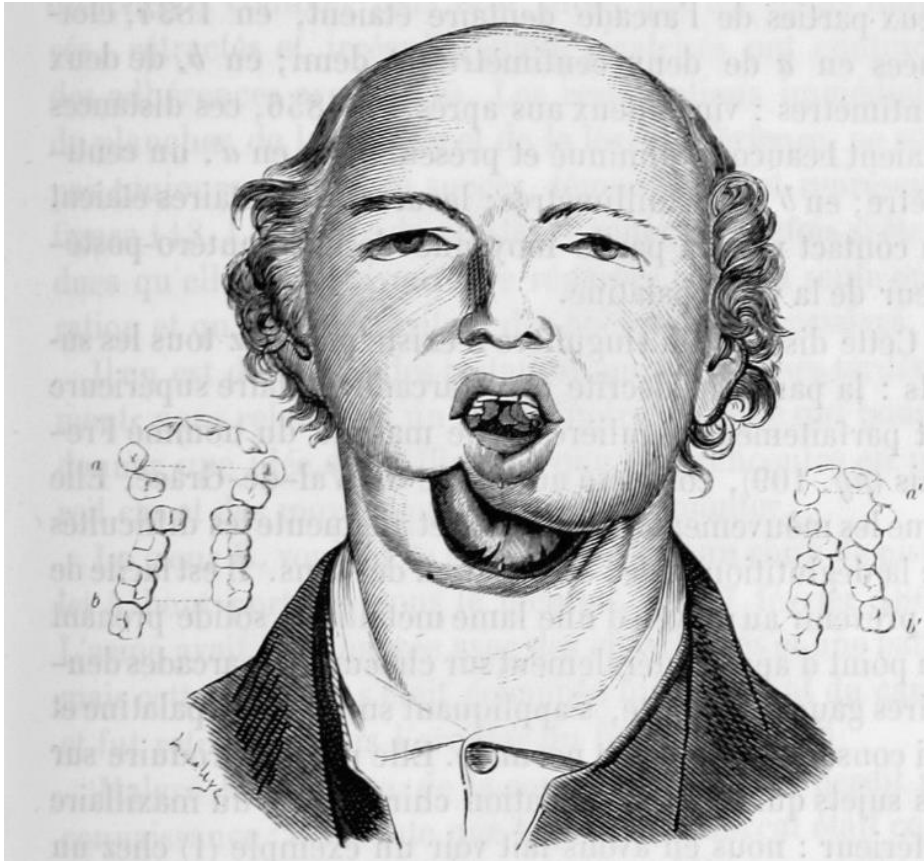


Figure I.15, Anon, Retrouvé, 1863, black and white illustration reproduced in Léon Legouest *Traité de chirurgie d'armée*, (Paris, Ballière, 1863), 911, accessed June 14, 2022, <https://gallica.bnf.fr/ark:/12148/bpt6k5724418j/f926.item.r=visage>

Evidence suggests that prosthetics were still in use for facial trauma many decades after Maurel was using his metal apparatus to help him eat and communicate. Shortly after the Franco-Prussian War, a dentist called Delalain compiled a small album of photographs of facially wounded veterans from the conflict. It is also worth noting this collection as a timely example of the shift from medical illustration and art to the novel medium of photography in the 19th century. According to Stephen Badsey, ‘the Franco-Prussian War of 1870-1 was the largest and most important war fought in Europe between the age of Napoleon and the First World War.’⁹³ Although relatively short lived, there was considerable loss of life and casualty in the French armed forces – Badsey notes that these statistics were not well documented by the French, but that the casualties are estimated at around 150,000 deaths and a similar number of wounded.⁹⁴ This was considerably more than German losses, and clearly the management of facial wounds had not seen much innovation since earlier in the century,

⁹³ Stephen Badsey, ‘Introduction’, in *The Franco-Prussian War 1870-1871*, (Oxford, Osprey Publishing, 2003), 7

⁹⁴ *Ibid.*, ‘How the War Ended. The Paris Commune’, 86

although Delalain's album contains evidence of minor reconstructive work. With a photograph on the second page of Delalain himself surrounded by his equipment, the album contains a mixture of pencil drawn close ups of oral and dental abnormalities. There are six 'before' and 'after' images of veterans with facial trauma demonstrating how prosthetics are used to cover their disfigurements. Figures I.19 and I.20 are two examples, showing an unnamed soldier with significant damage to his face. Figure I.19 shows that he has lost his left eye, and his nose is badly damaged; where although the nostrils are intact, the bridge has collapsed and there is a large hole. Brief details of his treatment are written in the spaces above and below the photograph; the former notes that an autograft was made to cover his eye socket as both eyelids were lost, and the latter a sentence about a suture not 'contracting adhesions' (scar tissue). This information is noted as an 'extract from Dr Dardignac's thesis', with whom Delalain collaborated according to the Bibliothèque Interuniversitaire de Santé.⁹⁵ The 'after' photograph depicts the man wearing a pair of spectacles with a prosthetic nose attached. The annotation entitled 'Restoration' outlines the interior and exterior elements of the prosthetic reconstruction, including a movable denture with five teeth attached, and a platinum nose with a false nostril on the left. This extra information demonstrates the need to consider facial trauma beyond its effect on external appearances. Here, the damage appears to be offset not only by the use of internal prosthetics in the form of dentures or dental plates, but also with outer, cosmetic devices. This is also true of the images of men with facial injury from the First World War, as will be addressed in Chapter IV. However successful the reconstructive and plastic surgery and prosthetic features may have seemed in the 'after' images, it is essential to consider that functionality of the face often remained severely affected, despite the apparent restoration of original features. Black and white images are also very forgiving in this context. While they may show the horror of disfigurement, it is also true that the prosthetics are presented as quite well blended with the face of the wearer, just as the engraving of William Trotman discussed above shows a similarly overemphasised cosmetic result with a prosthetic mask. This is certainly apparent in Figure I.19, where the boundaries between mask margins and the wearer are not at all obvious – there is a 'bleached' quality to the image which blurs the edges. It is noteworthy that a similar effect is perceivable in some photographs of World War I veterans with facial prosthetics. Ultimately, there appears to be a redemptive element here, presenting the skills of the dental practitioners as 'restorers' of damaged faces. It is not known how well the colour of the prosthetic plate

⁹⁵ No further information is available on this collaboration.
https://archive.org/details/BIUSante_CISA1190/page/n9/mode/1up

matched the skin tone of the wearer, or the degree of discomfort it caused. Undeniably, these facial prosthetics bear a similarity to those used during the Great War, particularly as spectacles were used as the most effective means to keep them in place.

The resemblance between the nineteenth century veterans' injuries and those of the Great War soldiers is striking. Evidently, bullets, shrapnel and other missiles ultimately produced the same devastating outcomes in conflicts fought in the long nineteenth century. Comparing some of these images with those from the First World War, it is sometimes difficult to elicit any significant advancement in the management of these kinds of wounds, particularly in relation to the use of prosthetic masks. Cooter's argument that, prior to the First World War, army medical personnel were mostly preoccupied with outbreaks of contagious diseases may be one reason for this. However, the visual records confirm that more active reconstructive work was carried out by French and English surgeons during the First World War, although clearly tentative steps were taken during the Franco-Prussian conflict. This could be explained by developments and improvements in anaesthetic techniques which, accordingly, allowed for more enterprising surgical approaches. There is also a marked difference in the volume of images per case produced. The various stages of treatment for facially injured soldiers appear to be more frequently documented during the First World War than in previous conflicts. This may well be because better resources were available at the maxillofacial units, because of the need to monitor the progress of treatment and because of the desire to use the images as pedagogical materials. However, as the examples discussed above have shown, visual recording of facial trauma in a military context was not exclusive to the Great War.



Figure 1.16, Anon, Unknown Serviceman, 1872, black and white photograph in Charles Delalain photograph album from the 1870 war, 8.4 cm x 5.2 cm, accessed June 27, 2022
https://archive.org/details/BIUSante_CISA1190/page/n9/mode/1up



Figure I.17, Anon, Unknown Serviceman, 1872, black and white photograph in Charles Delalain photograph album from the 1870 war, 8.4 cm x 5.2 cm, accessed June 27, 2022
https://archive.org/details/BIUSante_CISA1190/page/n10/mode/1up

Conclusion

This chapter has shown that Tonks' and Freida's portraits of facial trauma from the First World War belong in a much broader context of visual representation of the face the history of medicine. However, according to Jordanova, Kassell and Nance, medical portraiture has multiple definitions, where aside from depicting an individual with an injury or disease, it can also mean a written profile, or an image of the healer rather than the patient. Portraying identifiable individuals affected with disease, trauma or congenital conditions appears to have gathered momentum during the long nineteenth century. Recent historiography argues that this is connected to changes in perception of disease, increased knowledge bases and medical teaching practices. Hospital based physicians kept visual records of their patients, ostensibly as relatable materials to use for teaching and to monitor progress, or not, of disease. Artistic renditions of dermatological maladies aided with diagnoses, more so when variations in individual cases were not necessarily seen in standard textbooks. The colour schemes were minimalist, much like Tonks' and Freida's portraits from the Great War. Conversely, the amount of detail that the artists included in their portraits varied greatly. Fend suggests that careful depiction of clothing may have also served to demonstrate the artists' capacity for accuracy, whereas in other portraits, personal details are omitted and the focus is mostly on the areas affected by disease. Towards the end of the nineteenth century, visual recording of facial difference in a clinical context had evolved to include a broader speciality base. Surgical intervention for facial tumours is evidenced in sources such as published case studies by the surgeons and prosthetists that treated these patients. As instructive tools to demonstrate their approach to these pathologies to a wider, if not specialised audience, engravings were used to illustrate the 'before' and 'after' faces of these individuals who were sometimes identified by name. As a precedent to Tonks' and Freida's work, various wars in Europe during the nineteenth century reveal the recording of maxillofacial injuries similar to those sustained during the First World War. In the early 1800s, the Napoleonic wars prompted surgeons like Charles Bell to record the injuries they treated, in this case as watercolours. From the same conflict, illustrations of French soldiers with severe facial trauma were used in military surgical textbooks several decades later. The Franco-Prussian war of 1870-1 also saw facial injuries recorded, in this instance through portrait photographs which demonstrated the use of prosthetics as a restorative solution, reminiscent of First World War practices. As in peacetime, these images were used not only for the treating clinicians' reference, but also for pedagogical purposes.

Chapter II

Art and the Men: The Lives of Henry Tonks and Raphaël Freida

Introduction

This chapter aims to elicit the broader circumstances that led the artists Henry Tonks and Raphaël Freida to create portraits of facially-injured soldiers during the Great War. The images are in very distinctive artistic styles, and it is therefore essential to explore how the artists' creative approaches were developed. It is of note that Tonks' biographical details in relation to his Great War medical portraits have already seen some scholarly analysis. These assessments are largely about how his surgical training and work as an anatomist influenced his skill in producing documentary medical art. However, his life and work in relation to other artists that created medical portraits during the Great War is somewhat underrepresented. It is therefore important to compare and contextualise the social, educational and professional backgrounds of both artists. Firstly, the biographical resources available on both artists will be appraised. Secondly, in an effort to establish the origins of their interests in art, development of competencies and ensuing career trajectories, the artists' early material conditions, their education and scholarly experiences at art school should be examined. Thirdly, to explore their particular styles and influences, it is important to assess the artists as advocates of different movements and practices in 19th and early 20th century European art. Tonks' creative style is largely described as indebted to Impressionism, and Freida was an adherent to historical or narrative art. This exercise will demonstrate how the artists' habitual styles and preferred media are ultimately reflected in their portraits of facial trauma. Fourthly, their working lives differed in that Tonks experienced the security of a permanent appointment as an anatomist and drawing instructor at a prestigious institution in London, whereas Freida's employment was less stable. The latter was dependent on commissions from advertising institutions, specialist design manufacturers and publishers, which became increasingly scarce towards the end of his life. However, much of Freida's and Tonks' work involved life drawing, which was a crucial skill they brought to the documentation of facial injuries. Lastly, the artists' war experiences will be discussed. The extent and pattern of both artists' involvement in the war effort was inextricably linked to their ages and the cultures of military service in France and England. However, their particular creative methodologies remained constant, although Freida's and Tonks' art will also be interrogated for the potential impact (or not) of the war on their work.

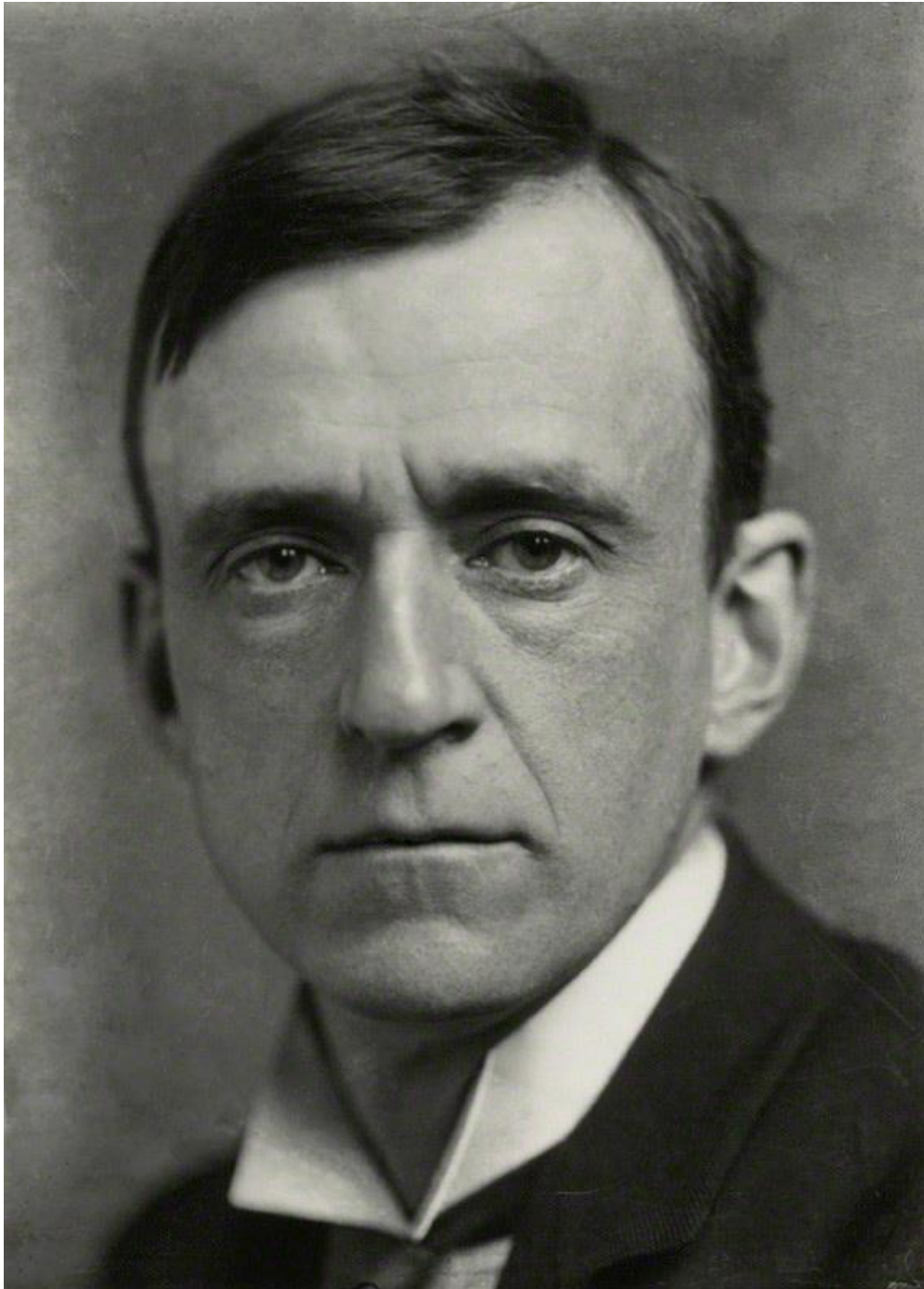


Figure II.1, George Charles Beresford., Henry Tonks, 1902, half-plate glass negative, 154 mm x 113mm, NPG X6600, ©National Portrait Gallery, London.



Figure II.2, Anon., Raphaël Freida, c.1892, black and white photograph, dimensions unknown, private collection. Reproduced from Jean Frapat *Raphaël Freida 1877-1942*, 51.

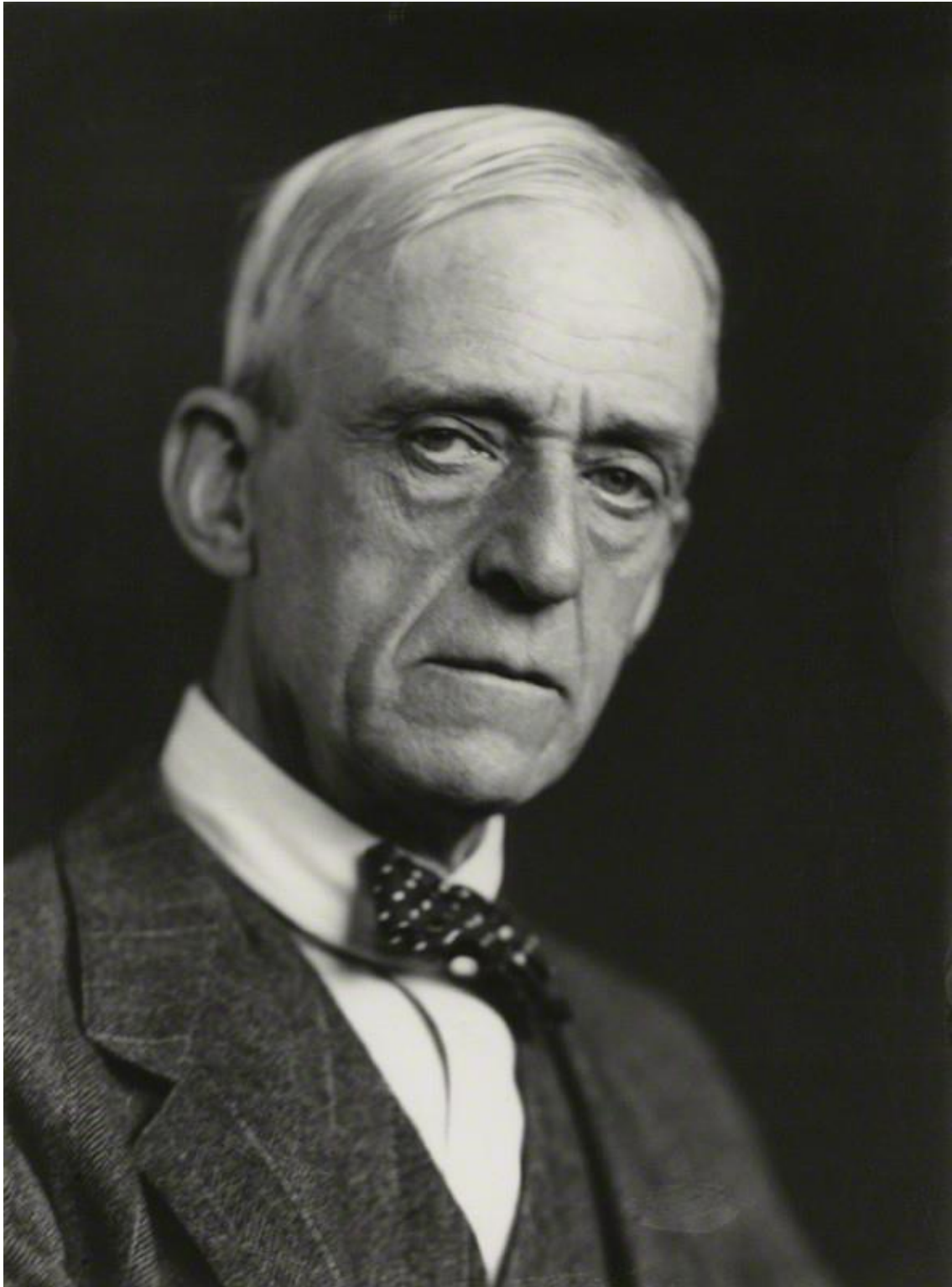


Figure II.3, George Charles Beresford, Henry Tonks, 15 June 1922, half-plate glass negative, 153 mm x 114 mm, NPG X6601, ©National Portrait Gallery, London.

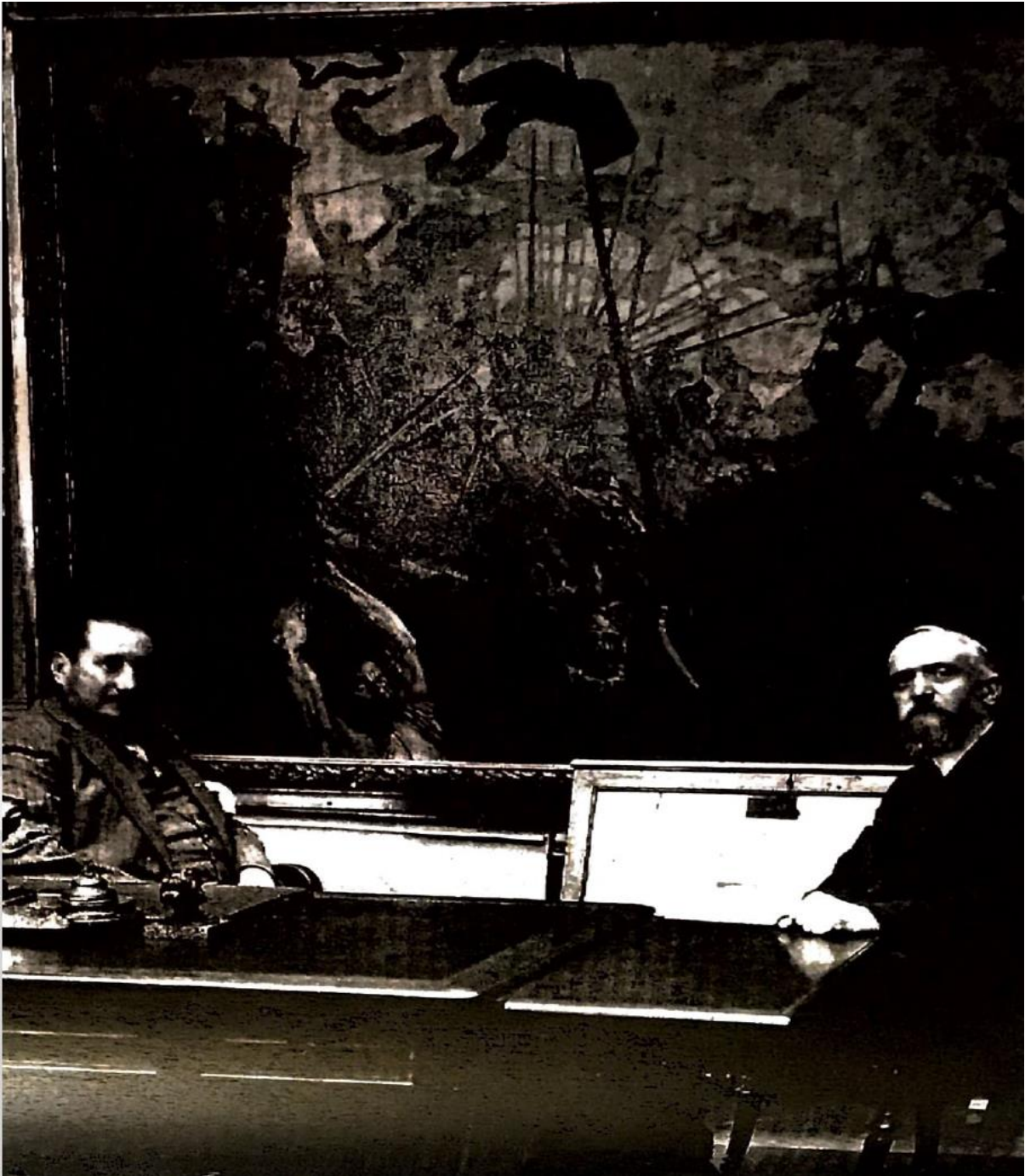


Figure II.4, Anon., Robert Camis & Raphaël Freida (R), 28 June 1932, black and white photograph, dimensions unknown, private collection. Reproduced from Jean Frapat *Raphaël Freida 1877-1942*, 52-3.

II.I Biographical Sources

This chapter will draw heavily on Tonks' and Freida's biographies by Joseph Hone and Jean Frapat respectively. It is notable that there are more extensive primary and secondary resources available for Henry Tonks. This is not entirely unexpected, as it is obvious that he experienced a significantly greater degree of success and social recognition than did Raphaël Freida. However, there are sufficient resources available on Freida to conduct a comparative study of both artists' lives. Freida's circumstances, particularly in his later years, are a stark contrast to those of Tonks. His obscurity meant that tracing meaningful resources on his life through public archival materials was challenging, although ultimately gratifying. In order to locate further essential information on the artist's life and work, creative efforts were eventually fruitful. Investigative searches eventually led to the Librairie Prévost, a rare books dealer in Paris, which had directed the sale of the collection, catalogued as 'Raphaël Freida: Collection Monsieur F***'. The Monsieur F. in question was Jean Frapat (1928-1914), as previously discussed in the Introduction to this thesis. Frapat invested a considerable amount of time and energy in his research on Freida, prompted by his purchase of one of the artist's prints from an antique shop in Saint-Ouen.⁹⁶ Ultimately, Frapat wrote *Raphaël Freida 1877-1942* in the early 1990s using the sources he had collected, but this was never published. However, a copy is retained at the Librairie Prévost which has proven invaluable as an essential component of research for this particular project.

Joseph Hone's *The Life of Henry Tonks* (1939) comprehensively records the artist's life and work. Written just two years after Tonks' death, it is clear that Hone had the advantage of many more sources than Frapat. This is explained by the fact that Hone was also a member of Tonks' social circle, and had previously written a biography of their mutual friend, George Moore.⁹⁷ The monograph is a linear history of Tonks' life, chronicling his early life and education, his first career as a surgeon and his eventual appointment at the Slade School of Art. There is an informative chapter on his activities during the First World War and after this his later life and retirement. This is all interspersed with quotations from his extensive personal correspondence and examples (in black and white) of his art work, although it should be noted that the portraits of Harold Gillies' patients with facial trauma from the Great War are not included. There are two reproductions of Tonks' war art, *Wounded Soldier*, a pastel depicting a soldier with a bandaged head injury, his face obscured

⁹⁶ Jean Frapat, *Raphaël Freida 1877-1942*, (Paris, unpublished biography, 1990), 2.

⁹⁷ Mary Hutchinson, 'Introduction' in Joseph Hone, *The Life of Henry Tonks*, (London, Heinemann, 1939), xix.

by his hand. (Figure II.19) This image is a study for Tonks' painting *Advanced Dressing Station in France* (1918) for the Imperial War Museum in London. (Figure II.20) The second is a watercolour wash drawing of Harold Gillies at work in the operating theatre. Otherwise, Hone's monograph contains a selection of sketches, pastels, watercolours and oil paintings created by the artist throughout his lifetime. Frapat, too, does not include any of the medical portraits created by Freida during the Great War in his biography. Freida's war art is cited here as his illustrations for the Tourveille rehabilitation institution (Figure II.16), an image a munitions worker and *Vers la Nuit* (Figure II.21), a print of two injured soldiers on the battlefield. It appears therefore that both artists' biographers chose to concentrate on the wider aspects of their lives outside of their war experiences which after all, account for a relatively limited part of their artistic experience. Hone's biography provides a rich seam of information on Tonks' life and work, as does Frapat's biographical work on Freida, to the extent possible considering the latter's obscurity. However, it is worth considering the relative ease with which Hone could recount his friend's life. Conversely, Frapat faced considerable challenges in sourcing oral histories and documentary materials to compose his biography of Freida, although he found the painstaking process of piecing together the artist's life 'intoxicating.'⁹⁸ It is also noteworthy that there have been no further biographies written for either artist to date, although *The Life of Henry Tonks* was republished in 2020.

II.II Early Lives, Material Circumstances and Art Education

Early Lives

Nineteenth-century Europe saw much cultural and social change which would impact the lives of Tonks and Freida to one degree or another. Tonks' social circumstances remained more or less constant throughout his life – he lived comfortably and quite clearly did not experience the same kind of solitude and economic distress as Freida. According to James Martin Roberts, the United Kingdom and France in the nineteenth century were singularly distinct from one another by virtue of the fact that the former had not experienced the latter's revolution and upheaval which 'had transformed European institutions within the lifetime of many men still living and she (UK) had also been almost untouched by later excitements'.⁹⁹ Despite the United Kingdom's status as a 'rich country' however, insofar as its 'industrial capitalism had matured further than in any of her neighbours', 'landlords' remained the ruling

⁹⁸ Frapat, *Raphaël Freida 1877-1942*, 94.

⁹⁹ James Martin Roberts, 'Before 1914: Constitutional States' in *Europe 1880-1945*, Third Edition, (Harlow, Pearson, 2001), 98.

class.¹⁰⁰ Tonks and his family benefitted greatly from this ‘industrial capitalism’ since his father and uncle ran a brass foundry in Birmingham which had been established by Tonks’ grandfather. The ‘firm prospered and Edmund Tonks earned the means not only to equip his large family with a good education and to place them in the world, but also to gratify his own tastes’.¹⁰¹ Research suggests that the foundry was an enduring concern, having been established in the latter half of the eighteenth century and continuing into the latter part of the twentieth century.¹⁰² Tonks’ father, Edmund, was a respected figure in Birmingham, not only as a businessman but also in ‘municipal politics and literature’, serving as a committee member for the Birmingham School of Art and the Corporation Museum.¹⁰³ Henry was born in 1862 at the family home in Solihull, but to accommodate their 11 children the Tonks later moved to a large house with extensive gardens, Packwood Grange, further south of Birmingham.¹⁰⁴ As was the habit of the prosperous middle classes at the time, Tonks was sent away to boarding school aged ‘about 9’.¹⁰⁵ However, his ensuing experience of the three educational institutions he attended was not positive; ill health forced him to leave his first preparatory school. He later went to a private secondary school which he ‘hated’, ostensibly because he felt out of place as one who was not ‘clever in certain well-defined paths’ and equally did not ‘excel at games’.¹⁰⁶ Tonks had a positive relationship with his mother, she was, according to Hone, ‘intelligent and understanding’, however, she died in childbirth when he was 16, an event which obviously traumatised him and marked him deeply – he was summoned from school when it was clear that she was gravely ill, but when he arrived home it was too late.¹⁰⁷ Throughout his life he would often refer to her with great affection.¹⁰⁸

Freida’s family circumstances were evidently less prosperous, but most likely not a condition of abject poverty compared with his later life. The Franco-Prussian War of 1870, ‘a substantial humiliation to the French’¹⁰⁹ affected his father’s origins as a native of Alsace. Pierre Freida was an ‘Army master tailor’ from Laumesfeld in the Moselle region close to the

¹⁰⁰ Ibid.

¹⁰¹ Joseph Hone, *The Life of Henry Tonks*, (London, William Heinemann Ltd, 1939), 2.

¹⁰² Christopher Clarke, March 21, 2020 (08:30 a.m.) comment on William Tonks and Sons, “William Tonks and Sons connection to Campaign Furniture,” *Christopher Clarke Antiques Blog*, March 21, 2020, <http://antiquecampaignfurniture.blogspot.com/2020/03/williams-tonks-sons-connection-to.html>

¹⁰³ Frapat, *Raphaël Freida 1877-1942*, 2-3.

¹⁰⁴ Hone, ‘Early Life’ in *The Life of Henry Tonks*, 3.

¹⁰⁵ Ibid., 8.

¹⁰⁶ Ibid., 9. Cited from Tonks’ unpublished personal journal *The Wander Years*.

¹⁰⁷ Ibid., 14.

¹⁰⁸ Ibid.

¹⁰⁹ Jörg Lehmann, ‘Civilisation versus Barbarism: The Franco-Prussian War in French History Textbooks 1875-1895’ in *Journal of Educational Media, Memory and Society* 7:1 (2015): 51.

German border. He was mobilised in July 1870 and joined the Second Battalion of foot-soldiers. However, as the region of Alsace/Lorraine was lost to Germany in the conflict, Pierre Freida automatically became a German citizen. Seemingly wishing to retain French nationality, he moved to Digne in southern France, where he met Delphine Ailhaud, a draper's daughter.¹¹⁰ Nicolas Méroc maintains that Freida's parents' marriage was mainly advantageous for his father, who gained a substantial dowry from his union with Delphine.¹¹¹ The latter was quite frail and seemingly had a spinal disability, and as of 1896 there is no further mention of Pierre on censuses, suggesting that he either died or abandoned the family. Despite Frapat's exhaustive efforts, nothing is known of Pierre Freida's fate after this time, however, Delphine was described as 'widow of FREIDA' on her death certificate in 1920.¹¹² Freida also appears to have had a close relationship with his mother, whom he 'adored' according to his former neighbour.¹¹³ He acted as her carer for most of his adult life as she was in poor health, although he clearly struggled to look after her in their meagre living quarters. She was, it seems, well read and claimed to be a writer whose family were wealthy cloth merchants from Lyon. However, Frapat disputes this and posits that Madame Freida may have been reluctant to admit her humble origins and, more likely, the fact that her husband had abandoned them.¹¹⁴

Freida, fifteen years younger than Tonks, was born in 1877. Unlike the latter, Freida had a solitary childhood, having had no living siblings; his older brother, also named Raphaël, died in infancy the year before Freida was born. Freida and his immediate family moved several times before finally settling in Paris. Little is known about his early years and schooling, but it is fair to assume that his education was influenced by the educational reforms wrought in the wake of the Franco-Prussian War. Although his paper is primarily about the teaching of history in French schools after the said conflict, Jörg Lehmann outlines the basic structures of primary school learning in the early 1870s. Aged 5 to 7 years old, pupils attended *classe enfantine*, followed by *cours élémentaire* from 7 to 9 years, *cours*

¹¹⁰ Frapat, *Raphaël Freida 1877-1942*, 58.

¹¹¹ Nicolas Méroc, *Les Gueules Cassées d'Albéric Pont et Raphaël Freida*, 156. Méroc cites Mademoiselle Schupp, Freida's former neighbour as claiming Freida's father abandoned the family when the marriage dowry ran out.

¹¹² Frapat, *Raphaël Freida 1877-1942*, 59.

¹¹³ *Ibid.*, 82.

¹¹⁴ *Ibid.*, 84. 'she composed an unsullied background to inspire respect from good people and the Schupp family'. Frapat also states that her father is better described as a 'draper' who always lived at Digne, there being no civil record of him at Lyon.

moyen at 9 to 11 years old followed by *cours supérieur* from 11 to 13 years of age.¹¹⁵ It is likely then that Freida would have been educated in his early years according to this structure.

Education and Art School

Tonks' upbringing in materially wealthy circumstances evidently facilitated early exposure to fine art. His father was a collector of art books, and Tonks and his siblings had a large selection of illustrated monographs which fostered an appreciation for skilfully created images. Hone cites examples such as an edition of Madame de Ségur's illustrated works, along with *Home Thoughts and Home Scenes*, by Boris Houghton as being particularly important.¹¹⁶ By contrast, little is known about Freida's childhood influences. However, it does seem that he was not the only artist in his extended family. His maternal great-uncle, Hippolyte Ailhaud (1824-1876) was an art and design teacher (although he died before Freida was born) and another maternal uncle, Denis Amédée Ailhaud (1868-1952) was a painter and poet, who worked in advertising and finally as a librarian at the museum at Digne, where many of his landscapes are found.¹¹⁷ This of course raises the question as to whether Freida's eventual choice of career was in some way ordained by his family background. There is little to suggest that he was inclined toward any other occupation other than as an artist, since he went to art school soon after leaving primary school.

Similar to most from his particular social milieu, it was assumed by his family that Tonks would go to university and read for a profession such as law or medicine. Ultimately, he chose the latter, 'in deference to the wishes of his parents',¹¹⁸ beginning his medical training as a house doctor at the Royal Sussex County Hospital in Brighton in 1880. From there, in 1881, he moved to the London Hospital to train as a surgeon with Frederick Treves, qualifying as a member of the Royal College of Surgeons in 1886. The same year, Tonks became a Senior Medical Officer at the Royal Free Hospital, where he remained until 1892 when he became Demonstrator in Anatomy at the London Hospital Medical School. Soon after, however, he took the post of Professor of Anatomy at the Slade School of Art, where he remained for the last forty years of his working life.¹¹⁹ It is not known how Freida's family

¹¹⁵ Jörg Lehmann, 'Civilisation versus Barbarism: The Franco-Prussian War in French History Textbooks 1875-1895' in *Journal of Educational Media, Memory and Society* 7:1 (2015): 52.

¹¹⁶ Hone, *The Life of Henry Tonks*, 5.

¹¹⁷ Nicolas Méroc, *Les Gueules Cassées d'Albéric Pont et de Raphaël Freida* (PhD Diss., Université Claude Bernard, Lyon, 2007), 156.

¹¹⁸ J. P Bennet, 'Henry Tonks and his Contemporaries', *British Journal of Plastic Surgery* 39 (1986): 3.

¹¹⁹ Hone, *The Life of Henry Tonks*, 18-33.

felt about his career choice, but certainly Tonks' father was unhappy when his son decided to abandon his medical career for art, albeit a salaried position at a prestigious art school. As Bennett notes, 'the prejudice of solid Victorian middle class parents against a calling so unsettled was not easily overcome'.¹²⁰ Tonks' aunt wrote 'I only trust that it will turn out successful, no doubt it will be a happier life, but, unfortunately, one cannot get on without money and the majority of artists are not appreciated until they have died of starvation – in a garret'.¹²¹

Whilst the common theme of both Tonks' and Freida's respective artistic education is an emphasis on life drawing, there appear to be significant contrasts. Tonks' definitive career began as an intense interest in art as a pastime and led him to take night classes in drawing whilst he worked as a doctor. He was never a full-time art student in a formal setting, as opposed to Freida, who began a period of study in 1892 lasting seven years at art school in Lyon when he was only fifteen years old. In hindsight, Tonks regretted missing out on the same experience. Shortly before he died, he wrote of his regret at his 'lack of early training', stating 'All painters should begin to draw and paint at about 14. They have very little judgement then, and therefore can leave things undone, which such aesthetic powers as [-] naturally develop later, would not let them do.'¹²² Tonks' artistic endeavours as a young man were therefore something of an adjunct to his medical career, and, compared with Freida, his instruction in the field was somewhat piecemeal. Again, this is perhaps a reflection of his social background, where art and culture were greatly appreciated but not necessarily seen as a practical career choice. His 'early longings after art'¹²³ were fulfilled by a correspondence course in drawing with Losetti of Oxford Street in 1883. While he was at the London Hospital, he took advantage of his proximity to the dissecting rooms in the mortuary where he would practice anatomical drawing, often bribing the porters to provide access to and help him pose the cadavers.¹²⁴ Where possible, he also drew 'the living' having persuaded some patients to cooperate with him in depicting their various afflictions.¹²⁵ When he worked at the Royal Free Hospital, Tonks took night classes in life drawing at the Westminster School of Art under Professor Frederick Brown. Brown, who had spent several years in Paris was

¹²⁰ Bennett, 'Henry Tonks and his Contemporaries', 3.

¹²¹ Hone, *The Life of Henry Tonks*, 37.

¹²² Cited from a letter dated January 8, 1934 by C. H. Collins Baker in 'Henry Tonks as Artist' in Hone, *The Life of Henry Tonks*, 349.

¹²³ Hone, *The Life of Henry Tonks*, 25.

¹²⁴ *Ibid.*, 26-7.

¹²⁵ *Ibid.*

actively sought out for this very reason by Tonks and would ultimately employ him at the Slade School of Art as Professor of Anatomy in 1892.¹²⁶ Hone observes that Brown appreciated Tonks' 'exceptional knowledge of anatomy which he brought with him' to the classes.¹²⁷ However, his early endeavours as an artist required some development and encouragement; 'he was not indeed credited, either by the master or by his fellow pupils, with outstanding artistic talent, or even with a special gift for figure drawing, though on one occasion Brown invited him to send a water-colour to an exhibition at the New English Art Club'.¹²⁸ It is fair to suggest that, at this point in his life, Tonks was simultaneously occupied with his medical career and his pursuit of art which would explain his early lack of mastery of the latter. Regrettably, he had to abandon his instruction at Westminster in 1892 as he was offered a post as Anatomy Demonstrator and Museum Curator at the London Hospital Medical School which left him little time to pursue his passion for art.¹²⁹ Nevertheless, Tonks remained in close contact with his artist friends and acquaintances he had fostered at Westminster, which allowed him to continue practicing his life drawing when he had the opportunity, contented that he could 'still count himself one of a band of artists'.¹³⁰ Soon after, Frederick Brown was appointed as Professor of Fine Arts at the Slade School of art, and he proposed the post of Professor of Anatomy to Tonks, which the latter 'joyfully' accepted.¹³¹ It is apparent that Tonks' social status and connections helped advance his career in the milieu of art. As a medical professional, he was, it seems, well-liked by his colleagues at the various hospitals where he worked, however, Hone concludes that Frederick Treves was correct in his assertion that Tonks was 'temperamentally' unsuited to work as a surgeon.¹³²

Evidence suggests that English art education in the nineteenth century was in some way influenced by French curricula and practices. In *A History of Art Education*, Arthur Efland notes that art schools in France instructed both artists and artisans, the latter intended to work as designers in the rapidly evolving Industrial Revolution. Efland further indicates that 'life drawing' remained at 'the heart of its industrial program',¹³³ where decorative and

¹²⁶ Hone, *The Life of Henry Tonks*, 29.

¹²⁷ *Ibid.*, 31.

¹²⁸ *Ibid.*

¹²⁹ *Ibid.*

¹³⁰ *Ibid.*

¹³¹ *Ibid.*, 35-7.

¹³² *Ibid.*, 34.

¹³³ Arthur D. Efland, "The Visual Arts and the Industrial Revolution", in *A History of Art Education*, (New York, Teachers College Press, 1990), 55.

fine art were considered essential partners in artistic training, and apparently French art schools were much envied by other European countries. In particular, the Ecole des Beaux Arts in Lyon, which Freida attended, is singled out as a centre of excellence. Efland quotes from a document on the institution prepared by a Mr Bowring in 1836. Bowring was a British parliament member who had been commissioned to report on French art education and its relevance to the need for designers in the growing manufacturing sector, something keenly sought in England. It is interesting to consider this report with Freida in mind and whether he attended Lyon because of family connections with the city or because of the reputation of its art school. The school was a multi-departmental institution with painting, architecture, ornament (specifically, *mise en carte* for fabric design) sculpture, botany and engraving.¹³⁴ Since Freida eventually worked as a designer for stained glass windows, tapestries and as an illustrator for limited-edition books it is clear that he would have been well prepared for his work by the breadth of his apparent learning experience at the École des Beaux Arts. The painting department had three sub-divisions; drawing from life, drawing from ‘the cast’ or from nature, and instruction on the principles of painting.¹³⁵

Records show that Freida enrolled at the École des Beaux Arts in Lyon on 8 August 1892.¹³⁶ Interestingly, in a second register, his name is spelled ‘Freyda’ in this document, possibly to indicate phonetic pronunciation.¹³⁷ It is possible that the Germanic pronunciation of his name created some unease in the wake of the Franco-Prussian War over twenty years earlier. After two years of preliminary theoretical studies of art, entitled *Classes de Principes*, which he succeeded with a *Mention* (honours), he was admitted as an incumbent to the school’s painting sector on 30 December 1894. Here, he pursued a further five years of study. This appears to be longer than usual compared with others on the Register. However, on further inspection of the document, there are indeed other examples of individuals that completed longer periods of study, typically those who were pursuing fine art or architecture. During this time, he distinguished himself by winning several awards for his work, which are documented in the institution’s archives. In 1895, for example, he won prizes for painting, figurative drawing, life drawing (marked as ‘C.N.’ or *corps naturel* on the register) and First

¹³⁴ Arthur D. Efland, *A History of Art Education*, 55.

¹³⁵ Ibid.

¹³⁶ Enrollment Register, École des Beaux Arts, Lyon, Archives Municipales de Lyon, accessed January 27, 2022, <https://recherches.archives-lyon.fr/ark:/18811/hz2g1xqj6fm/19e45cf6-a5bc-4043-b5eb-bf3d82fd0155> 73.

*his enrolment is noted as 8 October 1892 on another Register – see Footnote No. 160.

¹³⁷ Frapat, *Raphaël Freida 1877-1942*, 59.

Prize in drawing ‘after the style of antiquity’¹³⁸. In 1896, he was awarded second prize for anatomy (for his depiction of ‘a male torso’ according to Frapat¹³⁹), and in his final year, 1899, he won further recognition for painting and portraiture.¹⁴⁰ Freida’s awards for his work at the École des Beaux Arts must reflect his particular skill as a painter and a draughtsman. It is quite possible, that even as a student he was already preparing for his eventual chosen speciality as a narrative artist. Arguably then, Freida’s tenure at the École des Beaux Arts furnished him with a much broader and more sustained formal art education than Tonks. The latter, once he had started working at the Slade, claimed to learn the most ‘from his pupils’, while actively seeking to gather as much theoretical information as he could in literature and conversation with his artist friends.¹⁴¹ Tonks’ solid knowledge of anatomy was apparently a helpful basis for his burgeoning career as an artist and artistic instructor. It is also evident that above all, his preference was for depicting the human form, much like Freida. He appears to have been single-minded in his pursuit of the opportunity to move into a creative milieu, as his friend Mary Hutchinson noted, ‘his strength was also the result of his having one dominating purpose: to draw and paint.’¹⁴²

II.III Styles and Influences

‘It has to be said that he was always quite sad, Monsieur Freida. All his drawings were impregnated with sadness.’¹⁴³

‘In appearance he (Tonks) was distinctly grim and his speech was abrupt, but his work was full of the greatest tenderness, with young women and children in domestic occupations and recreations for favourite subjects.’¹⁴⁴

These two statements sum up Freida and Tonks quite succinctly. The first impressions given in comparing their art is the images’ polarised styles and content. Both artists’ use of colour is very different, ostensibly due to the media they used and the circumstances in which they worked. As an illustrator, Freida tended to keep his use of colour to a minimum, whereas Tonks’ paintings are more polychromic. There are however rare examples of Freida’s work in

¹³⁸ Enrollment Register, École des Beaux Arts Lyon, Archives Municipales de Lyon, accessed January 27, 2022, <https://recherches.archives-lyon.fr/ark:/18811/bgk4qd2jz0sf/Ocba7980-3574-4317-991f-1db134867376> 146.

¹³⁹ Frapat, *Raphaël Freida 1877-1942*, 59.

¹⁴⁰ Enrollment Register, École des Beaux Arts Lyon, Archives Municipales de Lyon, accessed January 27, 2022, <https://recherches.archives-lyon.fr/ark:/18811/bgk4qd2jz0sf/Ocba7980-3574-4317-991f-1db134867376> 146.

¹⁴¹ Hone, *The Life of Henry Tonks*, 51.

¹⁴² Cited in Hone, *The Life of Henry Tonks*, x.

¹⁴³ Renée Schupp, cited in Frapat, *Raphaël Freida 1877-1942*, 81.

¹⁴⁴ Anon., ‘Professor Tonks’, Obituary in *The Times*, January 9, 1937.

colour, mostly watercolours which were dedicated to editors and publishers.¹⁴⁵ Accordingly, Jean-François Luneau describes Freida as ‘first and foremost designer, more than a colourist.’¹⁴⁶ As an illustrator, Freida was guided by the subject matter of the narratives he was to depict, albeit adhering to his own distinctive style. It could be argued that the serious and tragic themes of the five tomes he illustrated explain why his work was ‘impregnated with sadness’, thus less of a reflection of his own state of mind than the insistence of the story. However, it must be noted that the above description of Freida was from the latter half of his life, when his commissions were scarce and he lived in poverty. It is clear from their portraits of men with facial trauma that both artists practiced very different techniques, even if the human subject formed the base for most of their work. Where Tonks’ paintings are hazy, soft focus and full of unchallenging themes (interiors, gardens, children playing), Freida’s illustrations are often stark, dramatic and violent. Of note, however, is that Freida’s earlier work as a stained-glass designer is somewhat less brutal; the biblical scenes in colour depict less high drama and savage scenes of bodily violation than his illustrations. Consequently, in his collaboration with publishers and stained glass manufacturers, he would design the visuals as the narratives, and the editors, demanded.

Although there are many records of his landscapes (typically in watercolours), the majority of Tonks’ work includes human interaction, and on occasion he produced narrative art, such as is his depiction of the 19th century moral story, *Rosamund and the Purple Jar*. His art according to the critic Alfred Thornton, ‘had a decided turn for a domestic genre’.¹⁴⁷ This view was reiterated by an anonymous writer who noted in his review of Tonks’ exhibition at the Tate Gallery in 1936;

‘A bustling kind of composition on a domestic theme in a well-padded interior would be a fair description of a typical painting by Professor Tonks, and “The Birdcage,” “The Strolling Player,” “Crystal Gazers,” “Hunt the Thimble,” and “Rustic Pageantry” might be quoted as examples.’¹⁴⁸

Figure II.12, *The Birdcage*, as mentioned above, demonstrates the reviewer’s assessment very well. The colours, softness of texture and light all exude a kind of serenity which is often

¹⁴⁵ In the Librairie Prévost catalogue for the sale of Frapat’s collection, there are three watercolours of scenes from *Oedipe Roi* dedicated to Joseph-Laurent Rougier, for example.

¹⁴⁶ Jean-François Luneau, ‘Les Principaux Cartonniers Extérieurs’ in *Félix Gaudin: Peintre, Verrier et Mosaïste 1851-1930*, (Clermont-Ferrand, Presses Universitaires Blaise-Pascal, 2006), 399.

¹⁴⁷ Hone, *The Life of Henry Tonks*, 42,54.

¹⁴⁸ Anon., “A Tribute from the Tate Gallery,” *The Times*, October 7, 1936.

notable in Tonks' works. It could even be posited that these qualities are his hallmark. This perhaps evokes the perceived paradox of his Great War portraits – brutal injuries depicted in delicate soft-focus. This will be further analysed in Chapter 3 and the final chapter of the thesis. Tonks looked to previous generations of artists for inspiration. Mary Hutchinson claims that the 'quality of his tastes on the other hand was always robust and unflinching. Rubens, Rembrandt, Constable and Turner were his favourite painters, Michelangelo and Ingres his favourite draughtsmen'.¹⁴⁹ C. H. Collins Baker notes that Tonks was also an admirer of the Baroque artist, Watteau, 'not only in the form-expressive line but also in the living beauty of pose, gesture and drapery'.¹⁵⁰ Writing for the *Studio*, in 1909 the same critic wrote a comprehensive review of Henry Tonks' work. He praises 'the rich harmonies and all-saturating lights' which convey 'their humanity and the implication of their complexities and mysteries that make them beautiful',¹⁵¹ in Tonks' paintings depicting young women in intimate settings such as *Lady in the Garden* and *Crystal Gazers*. Impressionism also appears to be a significant guidance for Tonks' work. Collins Baker confirms this, noting that two paintings in particular, *Strolling Players* and *The Bird Cage* demonstrate 'distinct landmarks in the Impressionism of Renoir and Degas',¹⁵² although Tonks also owes a debt to Ingres in terms of the 'classicism' in his work. Certainly, evidence suggests that Tonks appreciated the Impressionists. A.N. Hodge defines the Impressionists (the word itself coming from a derogatory reference to Monet's 'impression of nature, nothing more') as 'a loose movement of artists' in 1860s Paris that 'came together to share common themes and ideas'.¹⁵³ These 'common themes and ideas' were essentially an opposition to 'the Academy style that dominated the French art scene in the middle of the 19th century. The Academy upheld traditional values and dictated that historical subjects, religious themes and portraits were of value, whereas landscape and still life were not. It also favoured images that were smooth, highly finished and naturalistic'.¹⁵⁴ Conversely, the Impressionists were more inclined to 'freshness and spontaneity of nature' and 'capturing the transient effects of each passing moment', and a very different textural aspect in paint application to produce 'softer edges and

¹⁴⁹ Mary Hutchinson, introduction to *The Life of Henry Tonks*, by Hone, xi.

¹⁵⁰ C.H. Collins Baker, 'Henry Tonks the Artist' in Hone, *The Life of Henry Tonks*, 325.

¹⁵¹ Hone, *The Life of Henry Tonks*, 82.

¹⁵² *Ibid.*, 83.

¹⁵³ A.N. Hodge, 'Impressionism and Post-Impressionism c1860-1900' in *The History of Art*, (Rosen Publishing, New York, 2017), 112.

¹⁵⁴ *Ibid.*

a gradual fusing of colour.’¹⁵⁵ It is true to say that these qualities apply to Tonks’ work, and he himself, writing in 1924, affirms his esteem for some of the painters in this movement;

‘If you want to know more of the follies of men, go to the Lefèvre Galleries and see the Cézannes, one of which, a landscape (I suppose) is considered, I am told, top hole. However, if you don’t like this you will be rewarded by a delicious Berthe Morisot and an exquisite early Monet. The Van Goghs at the Tate make me sick.’¹⁵⁶

Clearly unmoved by the Post-Impressionists, Tonks also appears to have a certain disdain for other novel trends in art; when it was put to him that he should accommodate Cubism, he responded ‘I cannot teach what I don’t believe in. I shall resign if this talk about Cubism doesn’t cease.’¹⁵⁷ If Impressionism could be considered a departure from tradition, then perhaps Tonks was in some way embracing the changes in practice encouraged by the movement. Nevertheless, his art could not be described as provocative or controversial in style and content. In an attempt to acknowledge that Tonks retained his own unique style, Hone insists that much of Tonks’ art exhibited at the New English Art Club demonstrated ‘the best English painting of the middle nineteenth century, rather than with the Impressionists’.¹⁵⁸ Ultimately however, there appears to be a consensus on Tonks’ influences. Contemporary and later observers refer to Impressionism as one of the defining styles evident in the images exhibited at the Club. For example, in referring to an exhibition there in 1890, a critic in *The Times* stated that ‘it may be said at once that those who dislike Impressionist art will find little to please them here.’¹⁵⁹ Writing in 2011 for *Burlington Magazine*, Samuel Elmer refers to Tonks as ‘the English Impressionist painter and professor at the Slade School of Art’ as one of three artists that selected works for the ‘Nameless Exhibition’ at Grosvenor Galleries in 1921. In this instance, Tonks’ brief was to choose art for the ‘Academic’ category.¹⁶⁰

The New English Art Club was formed in 1886 and its criteria for membership were, much like the Impressionist movement mentioned above, opposed to the rigid rules of the British Academy.¹⁶¹ Kenneth McConkey describes the society as established by a group of

¹⁵⁵ Ibid., 112-3.

¹⁵⁶ Henry Tonks, Henry Tonks to Geoffrey Blackwell, May 22 1924, cited in Hone, *The Life of Henry Tonks*, 202.

¹⁵⁷ Hone, *The Life of Henry Tonks*, 103.

¹⁵⁸ Ibid., 43.

¹⁵⁹ Anon., ‘The New English Art Club’ in *The Times*, March 31 1890.

¹⁶⁰ Samuel Elmer, ‘The ‘Nameless Exhibition’, London 1921’ *The Burlington Magazine* 153 (2011): 583.

¹⁶¹ Hone, *The Life of Henry Tonks*, 41.

artists of ‘the same generation – they were born around 1860, the heyday of Pre-Raphaelitism. They went through processes of travel and training at the same time, and although personalities clashed, a set of common characteristics distinguishes them from their predecessors.’¹⁶² Seemingly affirming the members’ leanings towards Impressionism, McConkey notes that ‘The content of early exhibitions related more to the international trends in Paris than to ongoing tendencies of the Royal Academy.’¹⁶³ Tonks was a member of the Club early on in its history; he ‘started with the club in its first winter exhibition’ and ‘maintained a regular profile thereafter.’¹⁶⁴ Tonks himself believed that the success and survival of the Club was largely due to the ‘supportive critics’ Dugald Sutherland McColl (a friend with whom Tonks corresponded prodigiously), George Moore and Robert Stevenson, whose press articles raised the profile of the organisation.¹⁶⁵ Perhaps also his success as a member of the New English Art Club was a direct result of his association with his drawing instructor, Frederick Brown, who, whilst at the Westminster School of Art, ‘furnished the New English with a select group of exhibitors, the most important of whom was Tonks.’¹⁶⁶ There was no base or ‘club house’ for the organisation, so the exhibitions were held at different venues. However, it served as a useful outlet for Tonks to maintain his reputation as an artist and to convene with like-minded friends and acquaintances. He also exhibited his works on a regular basis elsewhere, and Hone presents a comprehensive list of the various national and international venues as an appendix to his biography of Tonks.¹⁶⁷ As for Freida’s professional associations, he was a member of the Société des Artistes Français and is listed in their catalogue under ‘Engraving and Lithography’ in 1927 and 1928.¹⁶⁸ His main means to showcase his art was the Salon des Artistes in Paris, where he exhibited his work on just 10 occasions between 1903 and 1929. Equally, his designs for stained-glass and the dissemination of the tomes he illustrated would afford his work some exposure to a wider audience. At the Salon, he received recognition for the skill of his work in the form of medals. Figure II.9 shows his record of exhibition at the institution, and includes brief details of his prizewinning; Bronze medal in 1922, Silver medal in 1923 and Gold medal in 1928.

¹⁶² Kenneth McConkey, ‘Introduction’ in *The New English: A History of the New English Art Club*, (London, Royal Academy of Arts, 2006) 17-18.

¹⁶³ *Ibid.*, 17.

¹⁶⁴ McConkey, *The New English: A History of the New English Art Club*, 59.

¹⁶⁵ Henry Tonks, ‘The Vicissitudes of Art. New Words for Old Ideas’ in *The Times*, March 2, 1932.

¹⁶⁶ McConkey, *The New English: A History of the New English Art Club*, 59.

¹⁶⁷ Hone, *The Life of Henry Tonks*, 355-75.

¹⁶⁸ Anon., Catalogue listing, *Société des Artistes Français*, (Paris), 1927 and 1928 Editions., Société des Artistes Français Archives, 214, 202.

Frapat concludes that Freida's style is as follows;

‘obsessive naturalism and no less obsessive symbolism, vehement expressionism to isolate the paroxysms of emotions, classicism in composition (symmetry, parallelisms etc.), searching for visual interpolation by moving beyond the frame, too narrow to contain the shapes that expand within it’.¹⁶⁹

According to Ashley Bassie, Expressionism in art has complicated roots in the Middle Ages, tribal art and philosophy, but is generally associated with a German movement in the early twentieth century.¹⁷⁰ However, she also states that the term was applied to describe ‘progressive art in Europe, chiefly France, that was clearly different from Impressionism or that even appeared to be “anti-Impressionist.”¹⁷¹ If anti-Impressionist can be used to describe the opposite of Tonks’ art, then perhaps Freida’s work fits quite well into this category; his subject matter was confined to the themes dictated by the Academy, biblical and mythological, and his sharp and precise lines were the opposite of ‘softer edges and a gradual fusion of colour’ as mentioned above. Furthermore, Bassie holds that ‘Expressionist qualities’ are founded ‘not so much in innovative formal means for description of the physical world, but in the communication of a particularly sensitive, even slightly neurotic, perception of the world, which went beyond mere appearances. As in the work of Van Gogh and Munch, individual, subjective human experience was its focus.’¹⁷² Freida’s renditions of ‘human experience’ are all dependent on the narratives he was illustrating, however, these experiences were often extreme, hence for example the recurrent appearance of facial expressions reflecting negative emotions – grimacing, screaming or wild-eyed staring. Equally, the physical attitudes of the subjects in his illustrations are often bleak with poses of domination and submission, bodies curled up in fear and arms and hands outstretched in supplication or dismay. While this theatricality is a result of the demands of the story, Freida certainly demonstrates a ‘sensitive’ perception of emotions. It is interesting then to consider Freida’s drawing of the injured men’s faces. Many of his subjects were incapable of facial expression due to their injuries, although his careful attention to detail in drawing these men’s eyes sometimes belies their bewilderment, despair and pain.

¹⁶⁹ Frapat, *Raphaël Freida 1977-1942*, 94.

¹⁷⁰ Ashley Bassie, ‘What is Expressionism’ in *Expressionism*, (New York, Parkstone Press, 2008), accessed February 21, 2022, <https://ebookcentral.proquest.com/lib/unilu-ebooks/reader.action?docID=886906&ppg=8>

¹⁷¹ Ibid.

¹⁷² Bassie, *Expressionism*, accessed February 21, 2022, <https://ebookcentral.proquest.com/lib/unilu-ebooks/reader.action?docID=886906&ppg=8>

¹⁷² Ibid.

The ‘domestic’ is therefore largely absent from Freida’s art, even if his illustrations are exclusively set around human (and occasional animal) action and interaction. There is little or no evidence of any other principal theme such as landscape or still life in his work. It is important to note however that Freida used live models to achieve his depiction of the characters in his illustrations. According to Annabel Thomas, narrative art typically draws on the biblical, the lives of the saints or the mythical,¹⁷³ and these themes are plainly evident in Freida’s work for book illustration and stained glass. The five limited-edition tomes he provided images for are all classical or mythological stories; *Les Poèmes Barbares* (Leconte de Lisle), *Oedipe Roi* (Sophocles), *Thaïs* (Anatole France), *Hérodiade* (Gustave Flaubert) and *Les Jardins des Supplices* (Octave Mirbeau). The first two were for the publishing house, Romagnol, the second two for Plicque, and the fifth for Javal et Bourdeaux. In his early career, Freida designed images for biblical stories depicted in stained-glass and mosaic, as well as producing commercial art for Camis and Company. Based in Paris he worked as a prolific cartoonist for Maison Félix Gaudin, and he also designed an award-winning image entitled *Les Rois Mages* for Maison Zetter in Munich. In designing the scenarios for stained-glass, Jean-François Luneau credits Freida with a particular skill in ‘choosing the most dramatic moment from selected episodes and arranging them according to the laws of invention.’¹⁷⁴ In spite of the constraints of church architecture and the fact that stained-glass limited the amount of characters represented in the images, Freida ‘knew how to vary his compositions, and appreciated those where a dialogue is established between foreground and background.’¹⁷⁵ His competence was similarly adapted to his designs for mosaic. It is also worth noting that Freida designed the decorative elements for his narrative frames also; such as can be seen in Figure II.8 from the church of St Honoré d’Eylau, or in the typographic ornaments (*cul-de-lampe*) on the pages of his illustrated texts.

Susan Doyle holds that ‘as artwork, illustration is often expressive, personally inspired and beautifully crafted, but unlike art for art’s sake, it is inherently in service of an idea and seeks to communicate *something particular*, usually to a specific audience.’¹⁷⁶ This assertion readily applies to Freida’s work, which enhances or upholds the narrative, as the ‘illustrator must make visual what words can only generally indicate.’¹⁷⁷ Historically,

¹⁷³ Anabel Thomas, *Illustrated Dictionary of Narrative Painting*, (London, John Murray, 1994), IX.

¹⁷⁴ Jean-François Luneau, *Félix Gaudin*, 399.

¹⁷⁵ Ibid.

¹⁷⁶ Susan Doyle, ‘Introduction’ in Susan Doyle, Jaleen Grove and Whitney Sherman (Eds) *The History of Illustration* (New York, Fairchild Books, 2018), xvii.

¹⁷⁷ Ibid.

illustration has been a neglected area of study, ostensibly due to its association with the mass production of images, as Doyle puts it ‘because of its utilitarian purpose, association with commerce and its mechanical production – as opposed to unique creations of the fine art world.’¹⁷⁸ Freida would rail against the notion that his work was in some way inferior. After designing the narrative image, he would then prepare his own engravings as examples for the publishers to consider for amendments and alterations. Often, repeated sample prints were needed to reach the definitive image. It must be remembered that the five tomes he illustrated were special, limited editions for an exclusive market. For him, the ideas generated through influences of philosophers and ancient world artists and realised through illustration and symbolism are the highest plane of creativity. He states that ‘synthesis and symbols form the summit of art. As Goethe said, ‘the true language is the language of painters; where one must express oneself in symbols; an image fixes an idea better than words.’¹⁷⁹

Interestingly, like Tonks, Freida too is the subject of discussion in *The Studio*, where his illustration of a prince distressed by the ghost of his beloved for *Poemes Barbares* is reviewed. In the Winter Edition of 1911-12, E. A. Taylor wrote of Freida ‘He lives in his own world and only comes back to Earth to search for line and form; and, in observing his detached manner to explain his work, one only has more admiration. His drawing of a young man who was seeking nature and spent every day beside it (translation) makes you think. His art makes you think’.¹⁸⁰ Thus perhaps ‘detachment’ is a suitable concept to consider when analysing contrasts in Tonks’ and Freida’s artwork, where Tonks’ seemingly more intimate sensory connections with his subjects contrasts with Freida’s imagined scenarios conjured up around the living model, but effectively rooted in the narrative. The violent reality of the facial injuries he recorded interrupted his imaginative processes in creating images, although in many examples he constructs a narrative for the portrait sitters by presenting them with decorations and uniform. Here, their story goes beyond their facial trauma into the commemorative, where Tonks’ subjects, while presenting the selfhood and individuality expected from a portrait, are medical illustrations first and foremost. This will be discussed further in Chapter III. Freida is also described as an historical artist. Although he is not listed on the institution’s register, he apparently studied at the Académie Julian in Paris with one of

¹⁷⁸ Ibid.

¹⁷⁹ Raphaël Freida, letter to Joseph-Laurent Rougier, 19 May, late 1930s, (Paris, private collection), 1.

¹⁸⁰ Cited in Frapat, *Raphaël Freida*, 32.

the last painters of French Academic style of the third Republic, Jean-Paul Laurens.¹⁸¹ However, it is interesting to consider Claude Phillips' contemporaneous assessment of Laurens in *The Art Journal* in 1889; Laurens' work is described as having 'a singularly marked leaning towards the darkest aspects of religious and secular history' and 'a magnetic fascination, not unmingled with repulsion, which scenes of death and terror have irresistibly asserted over his artistic temperament'.¹⁸² This could just as easily refer to his one-time student. Freida's illustrations for the five tomes he worked on are dramatic and often depict graphic suffering, torture and beheadings such as in *Herodias*, or in his last illustrated work, *Le Jardin des Supplices* which is probably the most extreme of all. Kimberley Jones maintains that Laurens' work contained 'an undeniable political and ideological dimension [-], an exaltation of republican and communal virtues',¹⁸³ although perhaps Freida's historical art is less to do with politics and more focussed on the moral messages from biblical and mythical stories. In any case, as the nineteenth century advanced, historical art fell out of fashion, ostensibly because 'history became a scientific discipline' and the 'concern for exactitude was a recurrent theme in discourse about historical painting' caused its 'disappearance'.¹⁸⁴ It seems that in this respect, Freida was left behind insofar as he was reluctant to abandon his genre, for him the only means of artistic expression. In a letter to his acquaintance Rougier in 1938 he stated;

“I am happy to see that young people are still able to experience the emotions that art gives to those who can understand it, unlike some people who have been deformed by life, whose atrophied brains and dry hearts do not allow them to understand in a work that I dare call a work of art only the possible profit that they will be able to derive from it thanks to an hour of artificial infatuation for childish conceptions where the most abject cretinism disputes it with the crassest ignorance. Here is the so-called modern art imposed by the public authorities, dealers and art critics sold to an infamous trade.”¹⁸⁵

¹⁸¹ Jean –Francois Luneau, *Félix Gaudin : Peintre verrier et mosaïste (1851-1930)*, (Clermont Ferrand, Presses Universitaires Blaise-Pascale, 2006), 397.

¹⁸² Claude Phillips, "Jean-Paul Laurens" in *The Art Journal*, Jan. 1889, 2.

¹⁸³ Nicolas Ballier and Florence Cabaret, translators, Kimberley Jones, *Jean-Paul Laurens 1838-1921*, (Paris, Éditions de la Réunion et musées nationaux, 1997), 27-8.

¹⁸⁴ Ibid.

¹⁸⁵ Raphaël Freida, Raphaël Freida to Joseph-Laurent Rougier, January 19, 1938, cited in Frapat, *Raphaël Freida 1877-1942*, 70.

Freida thus gives the impression that he considers the production of art for purely economic gain as immoral. For him, creative success, based on traditional techniques and philosophies was more important than material success. Both artists, then, appear to be reluctant to embrace change and more or less continued to pursue their chosen styles throughout their lives. If as Cutting suggests, ‘the fact that Impressionism is modern also brings it closer to popular culture’,¹⁸⁶ then the broader appeal of Tonks’ art counters that of Freida’s niche, exclusive and limited edition illustrations.

The shapes, colours, themes and composition of both artists’ work are very different. Tonks subject matter is largely everyday activities, gentle scenes of children playing, or adults conversing or contemplating, and usually set in the decorative surroundings of drawing rooms or gardens. There is a tension, and very frequently a dynamic physicality in Freida’s work that is more or less imperceptible in that of Tonks. His illustrations display a great deal more dramatic movement than Tonks’ paintings. Figure II.5 is Salome’s dance from *Herodias*. Salome’s limbs and torso are in an exaggerated pose, spilling out of the frame on the bottom right. Her audience, a man that seems more terrified than appreciative, stretches his right, claw-like hand towards her, with the muscles and veins in his arm bulging in sharp anatomical detail. The scene, conjured up in Freida’s mind to illustrate a detail from the story is in heavy contrast to *The Bird Cage*. (Figure II.12) Whereas the woman in the latter is soft-focus, bathed in sunlight and delicately reaching towards the bird cage, Freida’s monochrome of Salome is full of exaggerated movement. Figure II.6 from *Jardin des Supplices* is a more violent work by Freida. It is an execution scene, with outstretched limbs bursting out of the image margins, a grimacing man, sword poised, about to behead his kneeling and bound victim. Certainly, Freida’s biblical images for stained glass are less brutal, but nonetheless burdened with tension. For example, Figure II.8, ‘The Carmelites of Compiègne’ was designed by Freida for Félix Gaudin and depicts the sisters before their martyrdom in Paris during the French Revolution. The nuns’ faces are serene as their prioress is blessing them, but the guillotine in the background indicates the violence that awaits them. It is difficult to reconcile the savagery depicted in *Le Jardin des Supplices* with the mild-mannered guest of the Schupp family (described below), but at the same time understandable when reading the remarks in *The Studio* regarding his fertile imagination. That many of the illustrations he prepared for publication before the war are violent perhaps allows for his

¹⁸⁶ James E. Cutting, ‘Culture, Art and Science’ in *Impressionism and Its Canon*, (Lanham, University Press of America, 2006), 5.

capacity to depict trauma in the *gueules cassées*, in the same way that Tonks' exposure to the damaged body in a hospital setting helped him present the men at Sidcup. Tonks' medical experience served as a conduit to his curiosity about the human body;

“The medical profession stands alone in giving an observer occasion for a profound study of human beings, whether from the point of view of their structure or - and this is even more interesting and perhaps important for the physician – the working of their minds. Everyone, whatever is to be his calling in after life, would be 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 along the way.”¹⁸⁷

Freida's insight with regard to depicting physical trauma and disfigurement is difficult to determine. During his extended period of learning and practice at life drawing at art school he would certainly have acquired knowledge of the usual anatomical parameters of bone, muscle and functionality. It is fair to assume that his skills as an observer and illustrator would help recreate the broken structures of the face. If 'tenderness' is a quality of Tonks' habitual work, it is also evident in his portraits of the men with facial trauma. In the same way, Freida's practice of careful reproduction of minute detail in form and shape translates to his version of the injured soldiers. What is patently clear in the analysis of Freida's and Tonks' First World War portraits is that neither artist changed their established, habitual style, materials and technique to accommodate the medical nature of the images. With more information about their wider professional artistic activities than on the creators of the portraits analysed in Chapter I, it is easier to come to this conclusion. Nevertheless, like these often anonymous artists, Tonks and Freida adhere to the conventions of portraiture to convey their sitters' disrupted features. This will be assessed in more detail in Chapters III and IV.

Both Tonks and Freida expressed sentiments of all-encompassing dedication to their craft. It seems that art was the very purpose of their existence, having a quasi-religious function for them. In his 'profession of faith' (as described by Frapat) to Rougier in the late 1930s, Freida avers that “art is universal” and that “basing one's ideas and feelings in a creative response to nature is as an essential instinct as eating and drinking.”¹⁸⁸ He ends his letter by stating that “the belief in the power of ideas to engender the forms of nature and art

¹⁸⁷ Henry Tonks, *Notes from the Wander Years*, cited in Hone, *The Life of Henry Tonks*, 19.

¹⁸⁸ Raphaël Freida, Raphaël Freida to Joseph-Laurent Rougier, late 1930s, Paris, private collection.

illuminate a horizon of such splendour that, if I were a poet, I would end this presentation with a religious song.”¹⁸⁹ Tonks held similarly reverential attitudes to art; “I have enjoyed much of life but if it were not for painting, life would be unbearable, *that* makes part of it divine.”¹⁹⁰ In a further example of this attitude, Tonks wrote in 1924 that “Unless one regards painting as a holy craft in which one is a humble participant nothing comes. I believe all the great men felt this.”¹⁹¹



Figure II.5, Raphaël Freida, ‘Salome’s Dance’, 1926, reproduced in Gustave Flaubert *Hérodias* (Paris, A. Plicque & Co., 1926), accessed February 28, 2022. <https://gallica.bnf.fr/ark:/12148/bpt6k15241290/f89.item.r=raphael%20freida>

¹⁸⁹ Ibid.

¹⁹⁰ Henry Tonks cited in Hone, ‘At the Slade’, *The Life of Henry Tonks*, 43.

¹⁹¹ Ibid, 202.



Figure II.6, Raphaël Freida, 'Execution' reproduced in Octave Mirbeau *Le Jardin des Supplices* (Paris, Javal & Bourdeaux, 1927), accessed February 28, 2022.
<https://gallica.bnf.fr/ark:/12148/bpt6k1523677g/f151.item.r=rapha%C3%ABl%20freida>

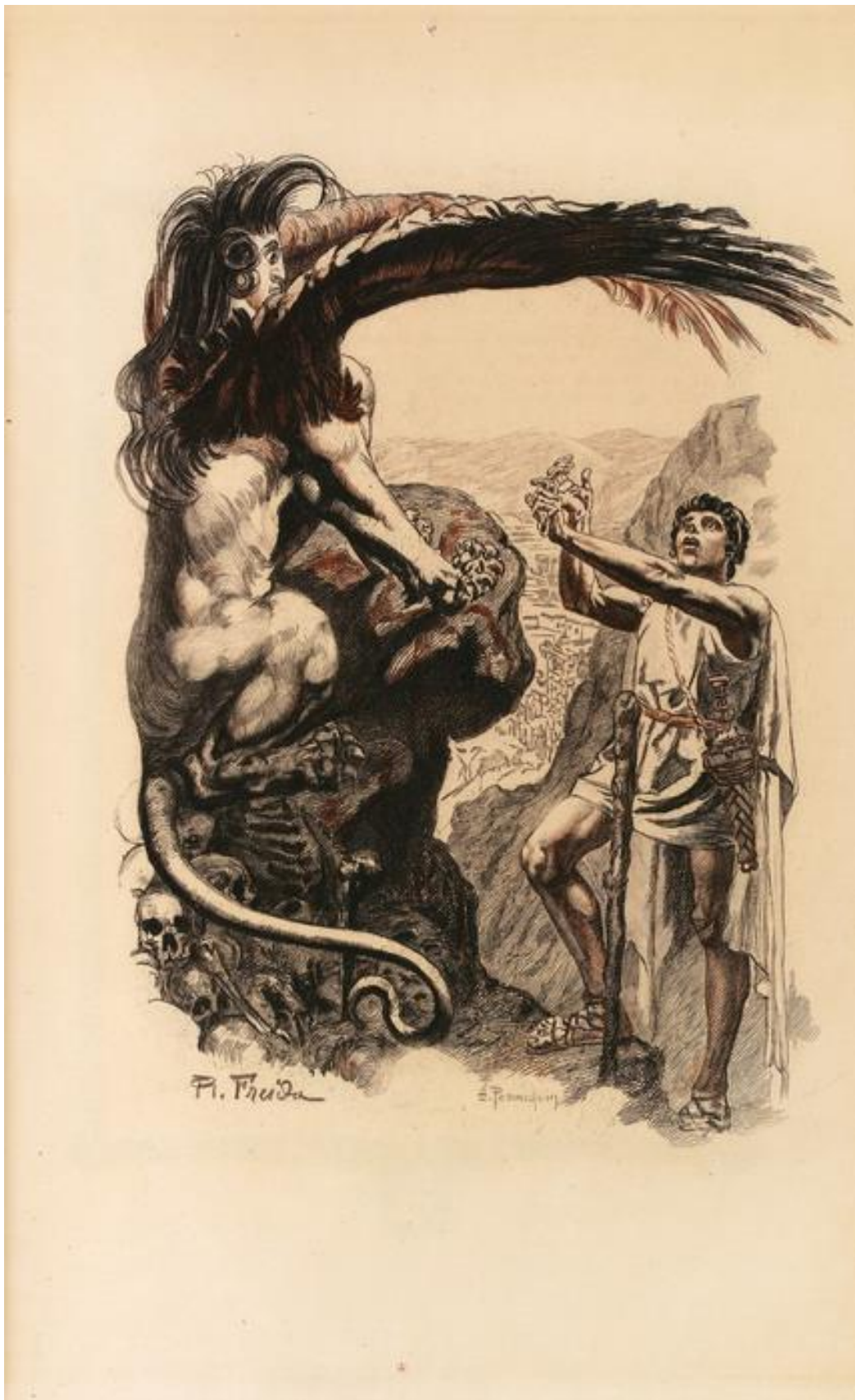


Figure II.7, Raphaël Freida, 'Oedipe et le Sphinx', 1913, in Sophocles *Oedipe Roi*, (Paris, Romagnol, 1914), accessed February 27, 2022. <https://gallica.bnf.fr/ark:/12148/bpt6k1524675z/f55.item.r=raphael%20freida>

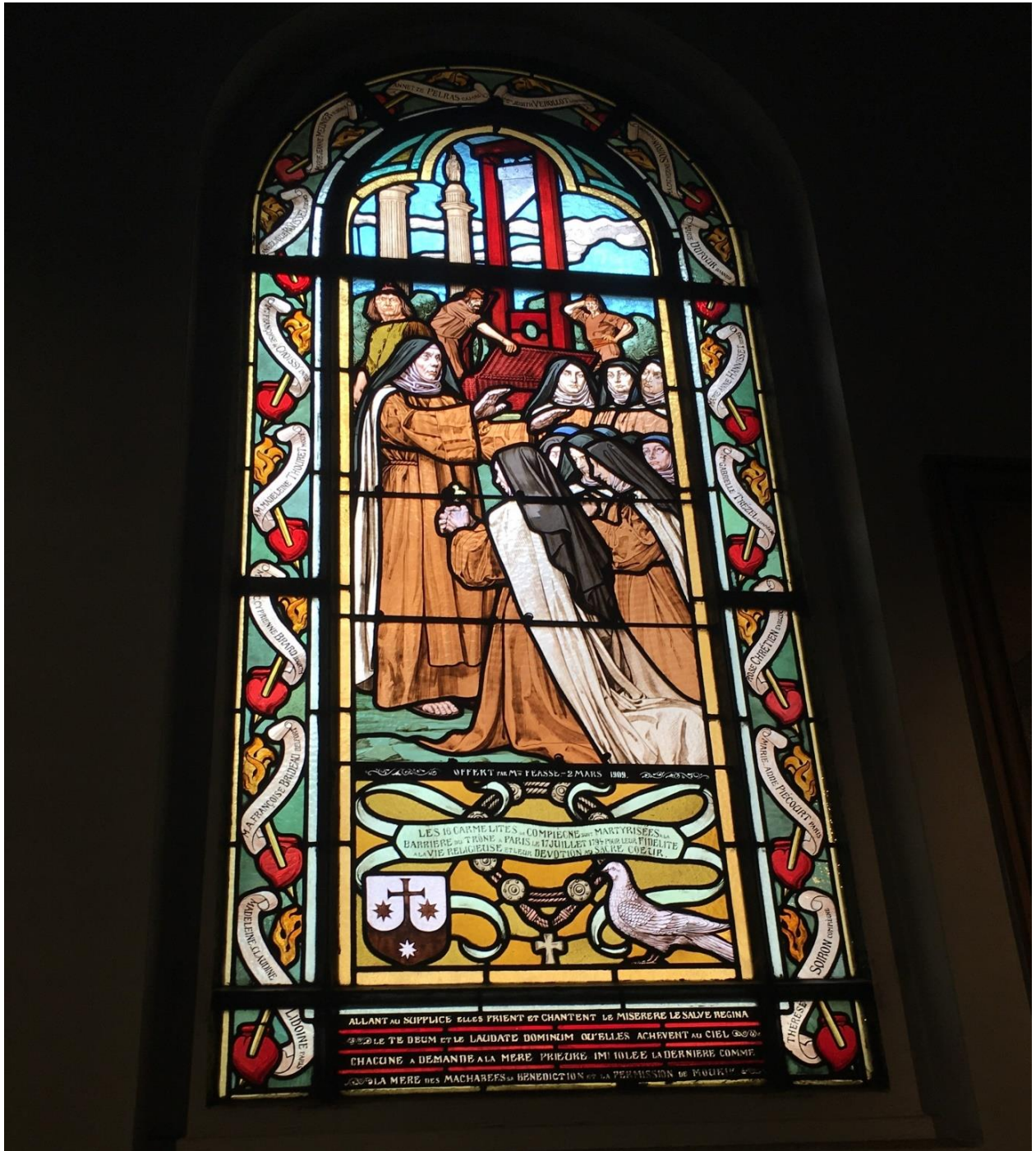


Figure II.8, Raphaël Freida, *The Martyrdom of the Carmelites of Compiègne in 1794*, 1909, coloured stained glass window, exact dimensions unknown, Église St Honoré d'Éylau, Paris. Photographed by the author, 24 September 2020.

Année d'Admission 1925 N° d'Inscription 984

Nom : Freida

Prénoms : Raphaël

Date de naissance : Digne 26 Mai 1877

*De l'école de
Digne
Décembre
1942*

GRAVURE + ART DÉCORATIF
Années d'Expositions
(SALONS)
élève de J. P. Laurens

1	<u>1903 D</u>	16	<u>ART DÉCO</u>	31
2	<u>1907 AD</u>	<u>M.H.</u>	<u>1907</u>	32
3	<u>1908 AD</u>	18	<u>1908</u>	33
4	<u>1909 AD</u>	19	<u>1909</u>	34
5	<u>1911 D</u>	20		35
6	<u>1922 méd. bronz.</u>	21		36
7	<u>1923 méd. or</u>	22		37
8	<u>1927</u>	23		38
9	<u>1928 méd. or</u>	24		39
10	<u>1929</u>	25		40
11	<u>1942</u>	26		41
12		27		42
13		28		43
14		29		44
15		30		45



Figure II.9, Anon., Registration and Exhibition Record for Raphaël Freida at the Société des Artistes Françaises, Archives Société des Artistes Françaises, Paris.



Figure II.10, Henry Tonks, *Charity Organisation Society*, date unknown, graphite, watercolour and ink on paper, 259 mm x 357 mm, T11004, Prints and Drawings Room, ©Tate Britain, London. Reproduced by kind permission.



Figure II.11, Henry Tonks, *Saturday Night in the Vale*, 1928-9, oil on canvas, 514 mm x 610 mm, NO4614 ©Tate Gallery Collection, London. Reproduced by kind permission.



Figure II.12, Henry Tonks, *The Birdcage*, 1907, oil on canvas, 140 mm x 112 mm, © Ashmolean Museum, Oxford, accessed March 6, 2022, <https://collections.ashmolean.org/object/372807>

II.IV Working Lives

Freida moved to Paris in 1899, as soon as he left the Ecole des Beaux Arts in Lyon. He lived at 14 rue du Moulin des Près initially, before spending for the remainder of his life at 70 Avenue du Maine in the Montparnasse district. The Census of 1926 shows that Freida's address was home to over 300 people.¹⁹² Tonks had numerous residential arrangements in central London with friends and family before finally settling at Vale Avenue in Chelsea where he remained until he died in 1937.¹⁹³ His painting, *Saturday Night at the Vale* (Figure II.11) depicts Tonks and his friends in comfortably furnished surroundings at the end of the 1920s. Tonks, in front of the fire, presides over a tranquil scene of four of his friends who are, variously, lost in thought, reading and dozing. It is in marked contrast to Freida's misery in his freezing garret, described by his former neighbour below.

It is possible that Tonks' and Freida's circumstances of domestic solitude enhanced their ability to focus intently on their creativity. Mary Hutchinson describes Tonks' retreat, like a 'monk in his cell' to be 'alone in the mystery of his studio'.¹⁹⁴ However, Tonks also had an active social life with a very large circle of middle- class and upper middle-class friends. He travelled extensively, domestically and internationally, often on 'painting holidays' and he regularly visited his wealthy associates. Freida appears to be much more introspective, mostly eschewing the company of others, ultimately eking a lonely existence at his apartment in Paris. In 1917, requesting help from the Parisian authorities for his ailing mother, he wrote "knowing very few people, except for my editors, profoundly selfish people who completely abandon those that have served them", thus implying that he had no other recourse but to appeal to the local council.¹⁹⁵ There is a certain air of bitterness and self-pity in the statement. Evidence suggests that Freida had difficult relationships with others, as the exchanges between him and the publishers discussed below attest. Hone makes several references to Tonks' distaste at the idea of marriage, and postulates that, as a deep thinker who valued his own time and his 'happiness with his painting' contributed to his decision to remain single as there was 'no allure in matrimonial life and that he would make a wife unhappy'.¹⁹⁶ Nevertheless, it is clear that Tonks was largely sociable and enjoyed close

¹⁹² Author unknown, Census for 14 Arrondissement, Populations de residence habituelle, Plaisance, 1926, D2M8270 accessed February 2, 2020, <http://archives.paris.fr/s/11/denombrements-de-population/resultats/>

¹⁹³ Ibid., 85.

¹⁹⁴ Mary Hutchinson, 'Introduction' in Hone, *The Life of Henry Tonks*, x.

¹⁹⁵ Cited in Frapat, *Raphaël Freida 1877-1942*, 66.

¹⁹⁶ Hone, *The Life of Henry Tonks*, 47.

relationships with his family and friends, many of whom he made subjects of his paintings and drawings.

Freida's one-time neighbour, Mademoiselle Renée Schupp, when interviewed by Frapat, pronounced that she never saw any friends visiting the artist, noting that the only person that he shared his two-roomed apartment with was his mother while she was alive. Mademoiselle Schupp was a young girl when her family lived next to Freida, and they were the only people in the building that he would interact with. Schupp described him as having a 'gentle voice', courteous, formal and reserved.¹⁹⁷ He often came to their apartment to take a glass of wine and warm himself by the fire.¹⁹⁸ Another former neighbour at his studio described him as 'tall and bearlike, with an air of mistrust about him, old and poor-looking'.¹⁹⁹ He clearly lived in abject poverty towards the end of his life, probably exacerbated by World War II. Mademoiselle Schupp's opinion was that he 'died of hunger', claiming that she often heard him 'crying out' at night from lack of nourishment.²⁰⁰ This was precisely the fate that worried Tonks' family so much. In contrast, Tonks lived very comfortably in a large apartment with studio space. He shared ownership of the building with four others, three of them artists 'for the good light for their studios and the use of the garden'.²⁰¹ Tonks also had domestic help,²⁰² as opposed to Freida's meagre attempts to sustain himself on 'the cheapest vegetables boiled in water' in his 'poorly maintained' apartment.²⁰³

Freida seems to have been fairly consistently employed as a designer, commercial artist and illustrator before and immediately after the First World War, but his living conditions suggest that this did not afford him many luxuries. Freida's studio was close to his apartment on Avenue du Maine at number 7, rue Daguerre, but was as stark and cold as his home. It appears that he could not afford to heat the room which made him unpopular with his models who often complained of 'freezing' as they posed for him.²⁰⁴ There is no information on his employment in Paris between 1899 and 1903 in Frapat's biography of

¹⁹⁷ Frapat, *Raphaël Freida 1877-1942*, 82.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid., 36.

²⁰⁰ Ibid., 81.

²⁰¹ Hone, *The Life of Henry Tonks*, 85.

²⁰² Ibid., 14. *Hone mentions Tonks' 'housekeeper'.

²⁰³ Renée Schupp, cited in Frapat, *Raphaël Freida 1877-1942*, 81-3.

²⁰⁴ Frapat, *Raphaël Freida 1877-1942*, 78. *Hone writes that Tonks was more considerate 'nor would he ever permit the model to sit in the nude when he entertained the slightest doubt as to the sufficient heating of the room', Hone, *The Life of Henry Tonks*, 174.

Freida. Here, Frapat completely omits Freida's work with Félix Gaudin, the decorative art and stained-glass company. However, Jean-François Luneau examined Gaudin's archives which contain lists (but no extant examples) of Freida's designs and cartoons for the company. It appears he was 'one of the most expansive cartoonists at Atelier Gaudin' and in the Register of large cartoons there are 206 attributed to Freida, which may well reflect his position as one of the company's valued designers.²⁰⁵ His designs were used in France and further afield; in South America mosaics and stained-glass to his patterns were used in sacred and secular locations, such as the church of St Augustin in Buenos Aires, and the Palais des Beaux-Arts in Rio de Janeiro.²⁰⁶ Freida's tenure at Gaudin seems to have lasted until at least 1910, according to Luneau.²⁰⁷ However, evidence suggests that he had simultaneously taken commissions for other organisations. Frapat notes that his design for a Munich-based stained-glass company, *Les Rois Mages* was exhibited at the Salon des Artistes in 1907, and in 1908 he began to negotiate a contract with Romagnol publishers to illustrate *Poèmes Barbares*.²⁰⁸ This appears to be the time when Freida moved from stained-glass design to illustration, although there is no record of why he did this. Freida also produced artwork for Camis, a Paris-based publisher of advertisements, greeting cards and posters.²⁰⁹ Figure II.4 is a photograph of Freida with Robert Camis, in front of a very large poster (thought to be a plan for a tapestry) designed by the artist. Called *Les Epées de France*, it is a grand portrayal of France's history in tribes and noted leaders; 'Gauls, Franks, Merovingians, then Charlemagne and Roland, the Crusades, Duguesclin. And Joan of Arc. La Fayette. Marceau.'²¹⁰ Frapat interviewed Camis' grandson regarding the poster, and discovered that it was approximately 5 metres long and adorned the walls of Camis' office. When the company moved to another office there was no space there for the poster, which was given by Camis to a German import-export businessman and there is no record of its whereabouts.²¹¹ Equally, there is no example of any further similar work by Freida.

Unlike Freida, Tonks saw himself as incompatible with illustration, having refused to create images for an anatomy book for the Slade because of the 'magnitude' of the work and

²⁰⁵ Jean-François Luneau, *Félix Gaudin: Peintre, verrier et mosaïste 1852-1930*, (Clermont-Ferrand, Presse Universitaires Blaise-Pascal), 397.

²⁰⁶ *Ibid.*, 399.

²⁰⁷ Luneau, *Félix Gaudin*, 398.

²⁰⁸ Frapat, *Raphaël Freida 1877-1942*, 96.

²⁰⁹ *Ibid.*, 77.

²¹⁰ *Ibid.*

²¹¹ *Ibid.*

the fact that his style was not suitable for ‘zinc block reproduction’.²¹² Nevertheless, Tonks did produce numerous caricatures and humorous drawings in watercolour, pen and ink, an ‘unexpected side-line’ as Collins Baker describes them.²¹³ Figure II.10 is one such example. *Charity Organisation Society* depicts a pale young man and woman being assessed by a seated, red-faced man as to their eligibility for charitable assistance. The image is evidently satirical, and aims to highlight the humiliation of the poor by the ‘charitable’. According to Collins Baker, Tonks was well suited to this genre, who observes that his ‘irresponsibility of mind, his keen sense of the ridiculous and relish for lusty satire; his draughtsmanship, design and trenchant style made him a great cartoonist.’²¹⁴ In a less light-hearted context, Tonks carried out many illustrations for Gillies’ patient records during his time at Sidcup. Here, his particular illustrative method is rather different from that of Freida; distinctly technical, pedagogical and medical, it usually consists of outlines of the face (although a recognisable portrait of the sitter), with particular concentration on the operating field where the reconstruction was planned. (Figure II.14, for example) Tonks’ avid interest in the corporeal appears to be borne out in his early working life as a surgeon, and then as an anatomy teacher. He would have had ready access to the human body in all its conditions, well, sick or deceased. As a medical practitioner, he would also have been accustomed to physically handling the human body, familiarising himself with the sensory experience of touching flesh and bone, diseased, mutilated or unremarkable. Combining his interest in the human body with art, he took every possible opportunity to sketch and draw bodies and body parts, fascinated with shape and form and the need to practice his artistic techniques. Freida’s sensory experiences with the human form seem to begin and end as purely observational, although it is feasible that he did indeed handle injured soldiers when he was deployed as a medical orderly with the French army during the Great War. His representations of humanity are dynamic and dramatic, even startling, in accordance with the demands of the literature and narratives he needed to illustrate. He would produce numerous sketches and engravings of the same subject matter, and, in consultation with the publisher, eventually create the definitive version. This is a practice he carried through when he produced the portraits of the *gueules cassées*, since there are several examples of two versions of each subject, plus some preparatory sketches. This has implications in terms of Freida’s intended audience for the portraits, which will be discussed in Chapters 3 and 4.

²¹² Hone, *The Life of Henry Tonks*, 187-8.

²¹³ Collins Baker, ‘Henry Tonks as Artist’, Cited in Hone, *The Life of Henry Tonks*, 334.

²¹⁴ *Ibid.*, 335.

What is striking about Tonks' and Freida's work is the variance in their agency over the subject matter they depicted and how they were employed. If, outside of his work as an anatomy instructor, the former was free to create new, if relatively uncontroversial scenarios in his chosen style and experiment with various media, then Freida was in many ways limited by his work as an illustrator and engraver. While he could draw in his very distinct style, the subject matter was bound to the tale he had to visually represent, and then liable to others' expectations, and indeed to others' interventions. This often resulted in tensions between him, his employers and his co-workers. He would design then engrave examples of illustrative material for the publishers to then decide whether amendments were necessary. There were several annotated examples of his work in Frapat's collection which was sold in 2015.²¹⁵ His drawings were also reproduced by engravers, and he often had to allow their signatures to be included with his. Figure II.7, for example, demonstrates how he was obliged to share credit with the engraver, Pennequin. He was approached by the publishing house Romagnol in 1908 to illustrate Leconte de Lisle's *Poèmes Barbares* and he would later work for them on *Oedipe Roi*. However, his relationship with Romagnol was strained. With *Poèmes Barbares*, Freida argued with Romagnol that the engraver, Pennequin, was late in providing the engraved proofs of his designs, and that there was no respect for the time and skill he invested in creating the illustrations; 'Monsieur Pennequin allows himself all the rights in this affair while recognising none for me and considers himself so important that he will not even dispose himself to come to my studio'.²¹⁶ Romagnol responded sharply; 'I am astonished that you believe that you can make the laws at my establishment',²¹⁷ which appeared to resolve the issue, Freida reluctantly capitulating, fearing the loss of his livelihood. Another dispute erupted when Freida wanted to see the acclaimed actor, Mounet-Sully rehearsing on stage to facilitate accurate illustration for *Oedipe Roi*. Mounet-Sully refused, and Freida was again forced to concede.²¹⁸ According to Frapat, Freida's later work for *Jardin des Supplices* with a different publishing house, Javal et Bourdeaux, allowed him the freedom to depict the narrative as he wished. However, the extreme nature of one particular image, the rape of the protagonist, Clara, was, in Frapat's opinion above and beyond the demands of the story. If the author, Mirbeau, was less explicit and more forgiving in his treatment of Clara, Freida

²¹⁵ Pierre Prévost, *Raphaël Freida Collection Monsieur F*****, (Paris, Librairie Pierre Prévost, 2015), 5-6. *There were 364 examples of illustrations from *Poèmes Barbares* in 'various states' i.e. engraved on different types of paper and with some annotation/amendments.

²¹⁶ Cited in Frapat, *Raphaël Freida 1877-1942*, 43.

²¹⁷ César Abraham Romagnol, César Abraham Romagnol to Raphaël Freida, November 3 1913, private collection.

²¹⁸ Frapat, *Raphaël Freida 1877-1942*, 42-3.

‘executed her with his bare hands.’²¹⁹ It was rejected by the publishers and not included in the edition, probably resulting in Freida’s loss of future illustrative work.²²⁰ However, Nicolas Méroc argues that this was an editorial trick to sell the uncensored books at a higher price.²²¹ In any case, *Le Jardin des Supplices* was Freida’s last major illustrated work. It is interesting that there were no further important commissions for him, bearing in mind that these illustrations won him a gold medal at the Salon des Artists in 1928 which should have raised his profile as an illustrator. In an exhibition organised by Javal et Bourdeaux at Galerie Charpentier in early 1928, Freida’s engravings for *Le Jardin des Supplices* were exhibited, accompanied by some preliminary studies for Edgar Allan Poe’s *Extraordinary Tales*, a work ‘in preparation’ by the same publishers.²²² In the end, this project never came to fruition, and Frapat offers the possibilities of strong competition from other, well-connected illustrators, or simply that ‘there were few clients for the morbid truth’ of Freida’s work.²²³

Tonks’ collaborative work was of a very different kind, and could be seen as that of instructor/student, very much driven by his authority over his pupils and what he felt was essential material for them to learn. His position at the Slade was permanent, he had been employed there by a good friend and he was not therefore obliged to eke out a living in the same way as Freida. Outside of his teaching, he could please himself as to the style and subject matter of his art, and was much less vulnerable to the whims and demands of others. Where Freida depended on payments from the publishers for the work he was commissioned to do, Tonks earned a consistent salary £150 a year at the Slade, and bolstered this with income from the sale of his art, his patronage mostly consisting of friends and acquaintances.²²⁴ Hone speaks admiringly of Tonks as a tutor, noting that ‘Pupils sought his affection and approval because they realised that both were gifts of something of value. [-] The impression which he created was not one of a master aloof, indifferent to the human factor and caring only for results, but rather of a man who would welcome intimacies and laughter in common.’²²⁵ However, one of these pupils has a rather different opinion of Tonks. Augustus John’s view was that ‘the visits of Tonks were looked forward to with excitement and some alarm, for he was a sharp critic and not given to mincing his words. He had been

²¹⁹ Frapat, *Raphaël Freida 1877-1942*, 27.

²²⁰ *Ibid.*, 26.

²²¹ Nicolas Méroc, *Les gueules cassées d’Albéric Pont et de Raphaël Freida*, 166.

²²² Frapat, *Raphaël Freida 1877-1942*, 50.

²²³ *Ibid.*, 51.

²²⁴ Hone, *The Life of Henry Tonks*, 43.

²²⁵ *Ibid.*, 44.

known to reduce good students to tears, much, I am sure, to his own consternation: pretentiousness or ‘cleverness’ reduced him to wrath.²²⁶ John was one of many famous English artists that studied under Tonks at the Slade and whom the latter described as a ‘Crisis of Brilliance’.²²⁷ Others in this group included First World War artists such as Stanley C.R.W. Nevinson and Paul Nash. Nash, however, had an uneasy relationship with Tonks and left the Slade after a year.²²⁸ Emma Chambers notes that ‘much of Tonks’ communication of his ideas on drawing was verbal and practical, expressed in conversations with students and marginal drawings on their drawing sheets.’²²⁹ Figure II.13 is an annotated demonstration drawing which illustrates how Tonks may have helped his students with their drawing technique. According to Hone, his approach was to ‘single out the beginners first’, teaching them ‘direction’, by which is meant the direction of the bones, and ultimately, ‘by mastering the direction of the bones one had mastered the direction of a contour.’²³⁰ This demonstrates how his students may have benefitted from Tonks’ profound knowledge of anatomy through his background in medicine. By the time students reached third and fourth year, he would introduce them to ‘aesthetic values’ which could be found by observing works by Michelangelo.²³¹ In spite of his fearsome reputation, Tonks was also ‘remarkably self-critical as he is, the rate of his production is comparatively slow. Pictures that fail to pass his scrutiny are destroyed.’²³² Indeed, his friends noted that he ‘showed a strange reluctance to leave well alone’ as he repeatedly reworked his drawings and paintings.²³³ As previously mentioned, he was insecure regarding his limited education in art, and perhaps this compelled him to indulge his perfectionist tendencies that so perturbed his entourage. He had some considerable experience by the time he would prepare his medical portraits for Harold Gillies, and, apart from declaring this ‘excellent practice’²³⁴ there is little evidence of his self-criticism in relation to this work. It is possible that there simply wasn’t time for him to become entangled in repeatedly re-working his images as there were so many wounds to be documented. Freida, on the other hand, would appear to have had the facility to invest more

²²⁶ Cited in Bennet, ‘Henry Tonks and his Contemporaries’, 8.

²²⁷ Michael Prodger, ‘Old Gods, New Monsters’ in *The New Statesman* 28 October-3 November 2016, 40.

²²⁸ *Ibid.*

²²⁹ Emma Chambers, *Henry Tonks: Art and Surgery*, (London, The College of Art Collections, University College London, 2002), 3.

²³⁰ Hone, *The Life of Henry Tonks*, 75.

²³¹ *Ibid.*, 77.

²³² *Ibid.*, 84.

²³³ *Ibid.*, 52.

²³⁴ *Ibid.*, 127.

in the production of his portraits for Albéric Pont, with evidence of preparatory sketches and two portraits of some of his subjects.



Figure II.13, Henry Tonks, annotated demonstration drawings, c. 1908, pencil, red chalk and black ink on paper, 380 mm x 253 mm, LDUCS-2793 European Drawings Collection , UCL Art Museum, London, accessed February 25, 2022, <https://collections.ucl.ac.uk/Details/collect/20002108>

Dr. Fairweather. (46) 85 2

13745

operation 19.6.17 (Capt. Aymard)



The flap A was swung to the right side and ala of the nose and a further flap B was made in order to fill up the space left by the flap A. See diagram.

Operation 19.6.17.

Fig 1



Fig 3



Fig 2



Operation 21.9.17.

Figure II.14, Henry Tonks, Private Fairweather, black and red ink on paper, dimensions unknown, File No. 697, Box 12, Patient ID 678. ©Royal College of Surgeons of England Archives, London. Reproduced by kind permission.

II.V War Experience and War Art

Tonks and Freida also contributed to the visual record of the conflict beyond their medical portraits. Both artists had rather different experiences of the Great War, ostensibly because of their military ranks; Tonks was enrolled as an officer and Freida was not. Freida was conscripted, first as a foot soldier and subsequently as an *infirmier* or nursing orderly in the auxiliary division of the French army. Tonks was 52 years old at the outbreak of the conflict and retained a good degree of agency over his activities for the war effort. In the first instance he attempted to make use of his past medical experience. Initially, he volunteered at a Prisoner of War camp in Dorchester in the charge of a friend, Dr Cosens. Here, he was charged with ‘keeping a special index for notes of all scars or wound injuries’, which he would ultimately record using his artistic skills.²³⁵ He then went to help at a hospital for wounded officers which had been set up by another acquaintance, but conceded that as far as surgical work was concerned, ‘I am too old to go at it again.’²³⁶ In January 1915 he went to France with the Red Cross, helping at a hospital for French soldiers.²³⁷ During this time, Tonks prepared some sketches for his painting *Saline Infusion: An Incident in the Red Cross Hospital, d’Arc-en-Barrois*, now at the Imperial War Museum in London and perhaps one of his better-known examples of war art. (Figure II.15) This image depicts an injured soldier, having a procedure carried out on an abdominal wound. It is in pastels, and even if the scene depicted is tense, painful and invasive, Tonks’ execution is delicate and muted. Emma Chambers notes that the image ‘draws on the compositional conventions of a ‘deposition from the cross’, much like the ‘iconography of religious painting, and exemplifies the rhetoric of sacrifice and heroic sainthood that pervaded imagery and discourse about the wounded.’²³⁸ Tonks exhibited this work at the New English Art Club in 1915. After briefly returning to England, Tonks set out for Italy to help with a voluntary ambulance unit. By November 1915, he was back in England again, pondering his usefulness for the war effort. ‘I have decided I am not any use as a doctor. [-] I have written to a man at Imbros, head, I believe, of the topographical department, to see if my drawing can come in useful for sketching,’²³⁹ In 1916, Tonks joined the Royal Army Medical Corps as a lieutenant, where, stationed at Aldershot, he would presently begin producing his pastel portraits of the surgeon

²³⁵ Hone, *The Life of Henry Tonks*, 111.

²³⁶ *Ibid.*, 112.

²³⁷ *Ibid.*, 114.

²³⁸ Emma Chambers, ‘Fragmented Identities: Reading Subjectivity in Henry Tonks’ Surgical Portraits’ in *Art History* 32: (2009): 598-600.

²³⁹ *Ibid.*, 125.

Harold Gillies' maxillofacial patients.²⁴⁰ His contract with the War Office expired at the end of 1916, but, since he wished to 'make use of his services as a draughtsman', this was more likely if he were a commissioned officer.²⁴¹ He therefore re-joined the British Army, but managed to negotiate conditions which would allow him to continue teaching at the Slade, and spend 3 days a week working with Gillies.²⁴² Eventually, however, he became anxious to go to the Front as an official war artist, and in June 1918, Tonks accompanied his colleague John Singer Sargent to France.²⁴³ This was what Chambers describes as a shift in focus of official war art projects 'from recording to memorialising the war.'²⁴⁴ The British War Memorials Commission established 'Schemes' which were to 'produce pictures which would form an art memorial of the Great War for the nation.'²⁴⁵ Tonks seemed to revel in being so close to the Front, which seemed to provoke his curiosity rather than fear. However, although he found it a 'most extraordinary experience', he nonetheless found 'work very difficult and only seem to be collecting notes.'²⁴⁶ Ultimately, the resulting artistic output from this posting was *An Advanced Dressing Station* (Figure II.20) and *Underground Clearing Station, Arras* both of which were exhibited with the work of other well-known British artists at Burlington House in London in 1919.²⁴⁷ Tonks' activities as a war artist continued after the Great War, when he went to North Russia in July 1919 to join the British Expeditionary Force who were supporting the White Russians at Archangel. For him, as 'an amateur of war', conflict was a 'new interest', which, combined with 'a feeling of unrest' drove him to further satisfy his curiosity.²⁴⁸ According to Hone, 'his experiences there were most interesting' and were recorded by Tonks in a journal he kept.²⁴⁹ He spent his time sketching and painting landscapes and people in watercolours, and eventually returned to England in September 1919. Some of his art created on this journey such as *Soloveski Monastery* and *Soloveski: The Church within the Monastery Walls* are retained at the Imperial War Museum in London.

Freida was 37 years old when the war broke out, and was called up for service in August 1914. As was the case for all Frenchmen in the late 19th century, national service was

²⁴⁰ Ibid., 127.

²⁴¹ Hone, *The Life of Henry Tonks*, 128.

²⁴² Ibid., 128.

²⁴³ Hone, *The Life of Henry Tonks*, 142.

²⁴⁴ Emma Chambers, *Henry Tonks: Art and Surgery*, (London, The College Art Collections, University College London, 2002), 18.

²⁴⁵ Ibid.

²⁴⁶ Ibid., 143.

²⁴⁷ Ibid., 145.

²⁴⁸ Hone, 146.

²⁴⁹ Hone, 146.

obligatory. However, when the time came for Freida, he was excused on grounds of ‘weakness’ in 1898, 1899 and 1900. The term ‘weakness’ in the context of French army recruitment is rather vague, but appears to be applied to negative physical attributes such as ‘pronounced thinness’ or physical disproportion measured from appearance by military medical officers.²⁵⁰ It seems that this issue became irrelevant at the outbreak of World War I, as Freida was deemed fit for service as part of the French general mobilisation in 1914. His *Fiche Militaire* or military service record is somewhat confusing to read as there was an error regarding his regimental allocation. He joined the 54th Artillery Regiment at the outbreak of war, reporting for duty on 3 August 1914. However, according to the record he was also assigned to the 17th Infantry Regiment, where it is noted that he had ‘not joined’. He was cited for insubordination and disobeying the order to enlist in June 1915, however, this statement is crossed through on his *Fiche*, and his charge of insubordination is removed in November 1915.²⁵¹ Consequently, Freida was deployed to auxiliary (*non-combatant*) services due to ‘general weakness’ in August 1916.²⁵² This effectively implies that he was considered unfit for active engagement in battle. In November 1917, he became a nursing orderly attached to the 14th Section at Lyon. It is not clear how he was occupied between August 1916 and November 1917, but while he was at Lyon, he would create images of disabled veterans for a brochure on the rehabilitation centre at Tourveille, a series of studies of munitions workers at the Parc d’Artillerie in Lyon, and of course the portraits for Albéric Pont.

There is no record of what exactly Freida’s duties as a nursing orderly were, or whether he actually cared for the wounded. Other sources must therefore be referenced to gain further insight into the role of the *infirmier* during the conflict. According to Ellen La Motte, an American nurse stationed in France during the First World War, the situation for and with nursing orderlies was often difficult. Many army personnel believed that the *infirmiers* were cowards and shirkers, and had somehow used corrupt means to be allocated to non-combatant roles. They were seen as emasculated, performing duties traditionally associated with women and in no way meriting recognition for their involvement in the war. La Motte describes one particularly angry outburst from a wounded soldier:

²⁵⁰ Aude-Marie Lalanne-Berdoutique, “Aptitude militaire et sélection médicale des recrues. France-Angleterre années 1900-1918” (PhD Diss., Université Paris Nanterre, 2020) 82, 86-7.

²⁵¹ Authors Unknown, Fiche Matriculaire Freida, Raphaël, (Lyon, Archives Departementales Rhone, 1 RP 999 Régistre Matricule (1897)), 267.

²⁵² Ibid.

“Ha! Thou bidst me be quiet, *sale embusqué* (dirty coward)? I will shout louder than guns! And hast thou ever heard the guns, nearer than this safe point, behind the lines? Thou art here doing women’s work! Caring for me, nursing me! And what knowledge dost thou bring to thy task, thou ignorant grocer’s clerk? Surely thou hast some powerful friend, who got thee mobilised as *infirmier* – a woman’s task – instead of a simple soldier like me, doing his duty in the trenches?”²⁵³

The duties of the *infirmier* on the wards were to support the nursing staff. They swept and cleaned the floors, fetched and carried equipment and helped at mealtimes, serving food and assisting the patients with eating.²⁵⁴ It is quite plausible that Freida would have carried out similar tasks as a medical orderly when he was not recording the injured men for Pont. Perhaps he was not subject to so much abuse by the others as Frapat holds that it is highly likely he had fulfilled his patriotic duty and seen action at the Front, probably with the 54th regiment as was his initial allocation. This he claims is in view of Freida’s insightful print from 1918, *Vers la Nuit* (Figure II.21), which depicts two injured soldiers struggling along the battlefield.²⁵⁵ When Freida exhibited the print at the Salon des Artistes in 1922, he won a bronze medal.²⁵⁶ In the *Revue Moderne de l’Art et la Vie*, an anonymous critic describes the print as ‘a moving composition, with daring and interesting realism, a remarkable force of accentuation’ which shows Freida’s ‘fertile imagination, a rare sense of the picturesque’ and his ‘sincerity and originality as one of the most talented’.²⁵⁷ It brings to mind John Singer Sargent’s *Gassed*, which depicts a line of blinded soldiers stumbling along in a line, and Freida’s war-injured could be a vignette from this image. If Tonks was commissioned to create memorial art, then Freida’s engraving *Vers la Nuit* could be seen as his particular homage to the victims of the battlefield.

During 1917 and 1918, Freida was kept occupied with drawing not only the portraits for Pont, but also illustrating a brochure for a rehabilitation centre at Tourveille near Lyon. Here, he produced 10 drawings of injured soldiers re-training for occupations suitable for disabled veterans. The emphasis here is on amputees rather than facially injured men, where

²⁵³ Ellen La Motte, ‘La Patrie Reconnaissante’ in *The Backwash of War*, (New York, The Knickerbocker Press, 1916), 10.

²⁵⁴ *Ibid.*, ‘The Hole in the Hedge,’ 12.

²⁵⁵ Frapat, *Raphaël Freida*, 63-4.

²⁵⁶ *Ibid.*, 97.

²⁵⁷ Anon, *La Revue Moderne de l’Art et la Vie*, 15 August 1922, accessed December 30, 2020, <https://gallica.bnf.fr/ark:/12148/bpt6k5523254x/f8.image.r=raphael%20freida%20vers%20la%20nuit?rk=21459;2>

prostheses, particularly upper limb, were used and adapted for different kinds of manual labour, typically in agriculture or trades such as shoemaking or tailoring. This was part of a wider initiative to promote the remasculinisation of broken men returning from the battlefields. Emphasis was on their sacrifice and patriotism, but equally on how they could return to their previous lives as breadwinners with the help of modern technology and support. Writing in the preface for the Tourveille brochure, the Mayor of Lyon, Édouard Herriot outlined some of the aims of the rehabilitation centre; ‘I wish for this institution to contribute to the reconstitution of ancient French occupations, these crafts whose techniques are at risk of being lost. Our schools must regenerate the French workforce.’²⁵⁸ Freida’s images would therefore help illustrate and promote this process. Figure II.16 is an example from this document, depicting a veteran wearing a prosthetic arm with a fitting for use with manual labour tools. It is interesting that each example identifies the subject by name and where his injuries were incurred. Also notable is that Freida is acknowledged as the illustrator on the front cover of the brochure, and also on the bottom of the page containing each image. However, there is no further recognition of his work in the preface or acknowledgements. The question is raised as to why Freida was charged with this task, but Albéric Pont is listed as on the Board of Directors of the institution which may explain this. In 1918, Freida also produced a series of images of munitions workers at the Parc d’Artillerie at Lyon. He used the same materials as for the portraits of *gueules cassées*, and it appears that the studies were created for the Musée Anatomico-Clinique de Guerre de la 14^{ème} Région, as indicated on the identifying card on the images. It is not known exactly when this series was exhibited, but in all likelihood they were shown to a relatively local audience in Lyon, presumably soon after they were created. These images are archived at the Musée de la médecine et de la pharmacie in Lyon. A further illustration from that period, *Pésage d’obus (1914)*, was dedicated to Herriot, the Mayor of Lyon and Freida also sold an original copy for 125 francs to the Ministère de l’Instruction Publique et des Beaux-Arts in 1922. Freida however insists that ‘the acquisition by the State of an original sample and not of the plate, I reserve, as it is correct, the rights to reproduction’ just above his signature on the official document from the Ministry.²⁵⁹ Written next to this is ‘mais oui’, denoting the official’s irritation with the request, as Frapat put it.²⁶⁰

²⁵⁸ Édouard Herriot, ‘Preface’ in *Tourveille*, (Lyon, A. Rey, 1917), 5.

²⁵⁹ Bureau des travaux d’art, musées et expositions, F/21/4210 : dossier sur FREIDA, Raphaël (16 Novembre 1922), Paris, Archives Nationales de France.

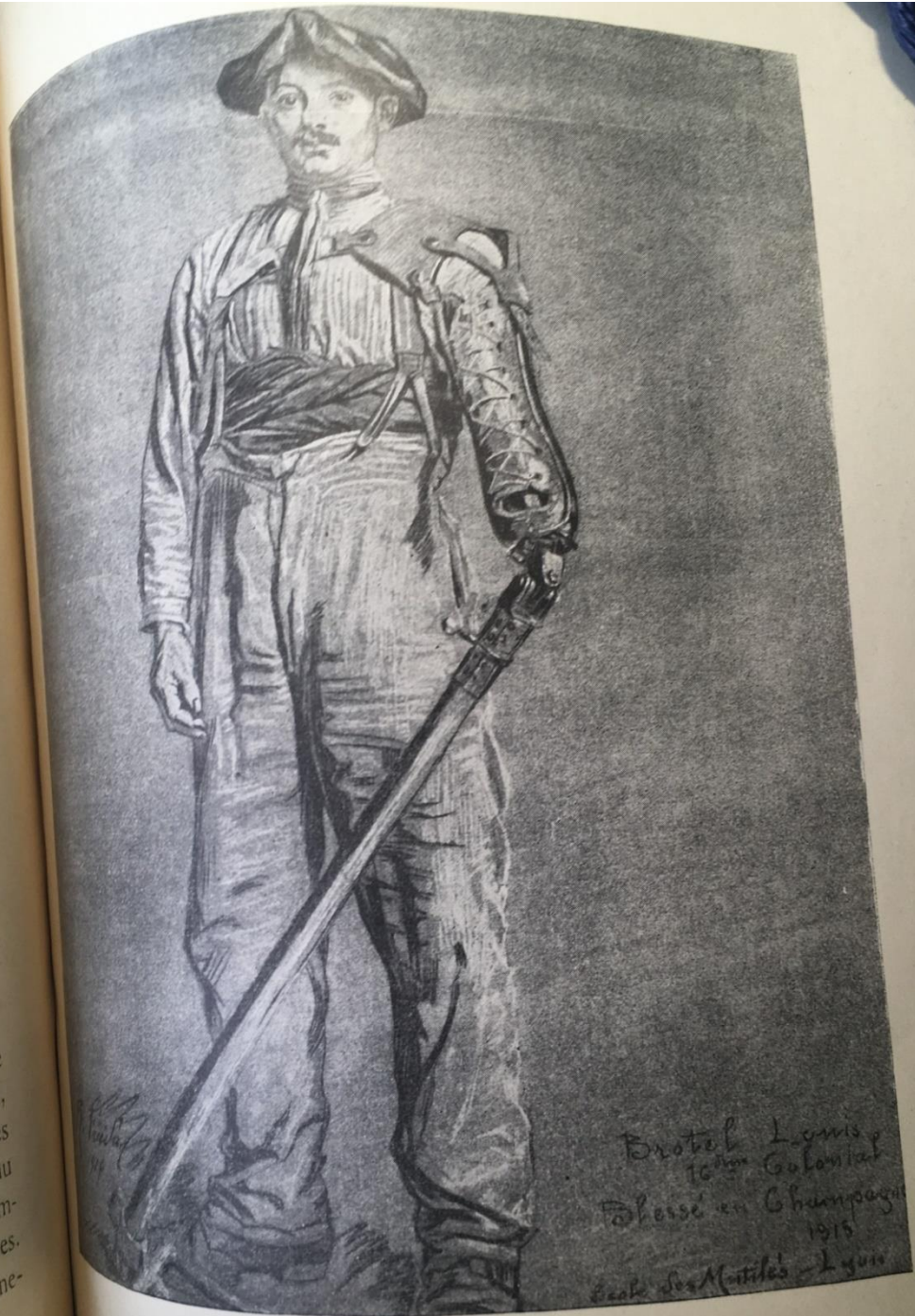
²⁶⁰ Frapat, *Raphaël Freida 1877-1942*, 68.

Freida's artistic skills and potential were obviously recognised by the military authorities in Lyon, however, it is clear that Tonks' war art was on a much grander scale than that of Freida. This is probably because of Tonks' status as a well-known instructor at a prestigious institution and his network of artistic friends and associates.



Figure II.15, Henry Tonks, *Saline Infusion: An Incident at the British Red Cross Hospital at Arc-en-Barrois*, 1915, pastel on paper, 679 mm x 520 mm, Cat. No. Art.IWM ART 1918, ©Imperial War Museum, London.

tenions
ans nos
à notre
trées.
on et qui
a prix de
y compris
galochiers,
opédistes,
stinés à se
ême si on y
s-brocheurs
ue Rachais.
ne sont pas
ues semaines
indulgences
vailleurs à qui
difficultés du
t que procure
t prétendre au
dans la voie où
ien leur vie.
ec leurs profes-
tires sont notre
oi. Elles mani-
s, combien a été
eureuse et fertile,
mais pour tous les
op tôt; ils ont, du
amaigris et désém-
siques et morales.
elles de renseigne-



Drotel Louis
16^{ème} Colonia
Blessé en Champagne
1915
école des Artiles - Lyon

UN HORTICULTEUR

(Dessin de FREIDA).

Figure II.16, Raphaël Freida, 'Un Horticulteur', 1917, reproduced in Gustave Hirschfeld *Tourveille* (Lyon, A. Rey Imprimeur-Éditeur, 1917). Photograph taken by author, 14 November 2019.

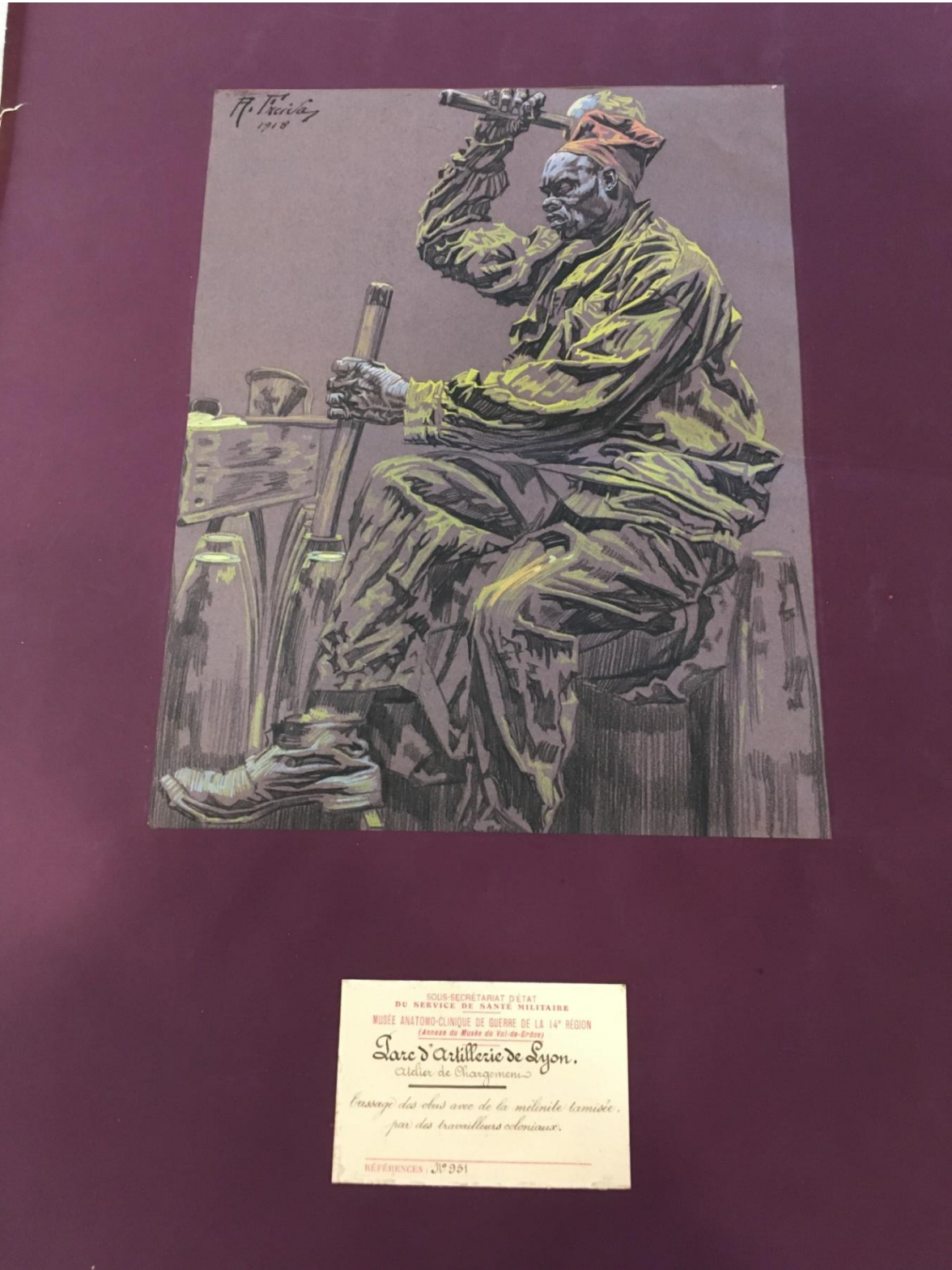


Figure II.17, Raphaël Freida, *Cassage des obus avec de la mélanite tamisée par des travailleurs coloniaux*, 1918, pencil and pastel on paper, Musée de la Médecine et la Pharmacie Archives, Lyon. Photographed by author on 3 December 2019.



Figure II.18, Raphaël Freida, *Pésage d'obus* (1914), 1918, pencil and pastel on paper, 240 mm x 320 mm, private collection.

Post-war Lives

After the conflict, both artists resumed their pre-war activities. Freida's illustrations for Romagnol for *Oedipe Roi* which he had begun in 1912/13 were finally published in 1922. Throughout that decade, he produced further work for Plique, *Thaïs* in 1924 and *Herodias* in 1926. *Le Jardin des Supplices* was published in 1928, and, as previously mentioned, Freida's illustrations won a gold medal at the Salon des Artistes. (Figure II.9) This was recorded in *La Liberté* on 28 May 1928, but Freida was merely listed as one of the prize winners.²⁶¹ There appears to be no further appraisal of his illustrations for *Le Jardin des Supplices*. After this, Freida 'entered the most miserable and painful period of his life,' according to Nicolas Méroc.²⁶² He produced some woodcut illustrations for a popular novel, *La Marieuse* by Charles-Henry Hirsch in 1933, and possibly some other minor commissions.²⁶³ For further income, in 1932, and again in 1934 he appealed to the Directeur des Beaux-Arts in Paris to buy the engraving plate for *Vers la Nuit*:

“I have the honour of soliciting your great benevolence for the purchase of an engraving plate, a copy of which I adjoin to my letter, or, alternatively, the ordering of an original engraving. My motivations in asking this favour are not worldly. I come to you, Minister, armed only with my work.”²⁶⁴

Freida continued by outlining his achievements as an illustrator, citing his five publications of luxury tomes. The Ministry responded on 21 April 1934, requesting that he deposit the plate at the Commissariat for Exhibitions, which would in turn submit it to the department for purchases by the State.²⁶⁵ There is no information on whether Freida's solicitation was successful; however, Frapat notes that 10 copies of the image had already been acquired by the State in 1922.²⁶⁶ In 1937, Freida was contacted by Joseph-Laurent Rougier who had bought Romagnol's archives and expressed a keen interest in the artist's work. Freida invited Rougier to visit his studio, bringing with him 'my first letter which I would like to re-read as I wrote it too quickly.'²⁶⁷ This is interesting, as it suggests Freida's mistrust and suspicion of

²⁶¹ Anon., 'Nouvelles Artistiques' in *La Liberté*, 28 May 1928, accessed March 6, 2022 <https://gallica.bnf.fr/ark:/12148/bpt6k4101326m/f2.image.r>, 2.

²⁶² Méroc, *Les Gueules Cassées d'Albéric Pont et Raphaël Freida*, 161.

²⁶³ Ibid.

²⁶⁴ Raphaël Freida, Raphaël Freida to the Ministre d'Éducation Nationale et des Beaux-Arts, Paris, April 16 1934, Dossier Raphaël Freida F/21/6981 Paris, Archives Nationales de France.

²⁶⁵ Ibid.

²⁶⁶ Frapat, *Raphaël Freida 1877-1942*, 69.

²⁶⁷ Ibid., 70.

others, possibly borne out of his strained relations with publishers and clients. In the following years Rougier bought several engravings and watercolours from Freida, and they maintained contact until Freida's death. Shortly before he was hospitalised on 23 December 1942, Freida wrote to Rougier to commiserate with him on the latter's wife's ill health. The writing is barely legible, and he absent-mindedly put Rougier's address where his own, as the sender, should have been.²⁶⁸ Freida died of broncho-pneumonia at the Broussais hospital on 25 December 1942.²⁶⁹ He was buried in a mass grave at Bagneux cemetery, paid for by the Schupp Family.²⁷⁰ After his death, Renée Schupp and her family witnessed Freida's apartment being ransacked by two men and a woman (assumed to be Freida's model), who left with drawings, sketches and paintings.²⁷¹ His descent into obscurity and demise was bleak and unremarkable as opposed to the professional successes and material comforts of Tonks' later years.

Tonks continued to teach at the Slade, and succeeded Frederick Brown as Professor of Fine Arts after the war. He was kept busy in charge of 254 students and with his own painting, such that he had no 'time for the elegancies of life'.²⁷² By 1925, Hone asserts that Tonks was anxious for a 'release from teaching,' however, he could not retire due to 'a sense of obligation towards relatives who were not prosperous.'²⁷³ He published his autobiographical account 'Notes from the Wander Years' in the *Artwork* magazine in 1929, which was described in the press as the journal's 'by far the most interesting article' about 'entertaining incidents in his life' and hitherto unappreciated examples of his 'work as a comic-illustrator.'²⁷⁴ He eventually retired in 1930, but with mixed feelings; he would miss his interactions with his students. He wrote to his friend, Mary Hutchinson, "It is over now and I have said good-bye to my students, and I am enjoying the peace of this charming place. I could hardly bear to look at those rows of eager young faces, but I will not talk about it, but only think of the happy time I have had there."²⁷⁵ He was offered a Knighthood after he left the Slade, but refused, quite happy with an exhibition of his work at the Tate and membership

²⁶⁸ Raphaël Freida, Raphaël Freida to Joseph-Laurent Rougier, December 20 1942, Paris, Private Collection.

²⁶⁹ Anon., Acte de Décès, Archives État Civil Paris, 14D 436, accessed February 2, 2020, <http://archives.paris.fr/s/4/etat-civil-actes/resultats/>

²⁷⁰ Frapat, *Raphaël Freida 1877-1942*, 85-6.

²⁷¹ Ibid.

²⁷² Henry Tonks, Henry Tonks to Cynthia Asquith, November 1919, cited in Hone, 170.

²⁷³ Hone, 204.

²⁷⁴ Anon, 'Art Periodicals' in *The Times*, December 21 1929, accessed February 28, 2022, <https://www.thetimes.co.uk/archive/>

²⁷⁵ Henry Tonks to Mary Hutchinson, date unknown, cited in Hone, 225.

of the Literary Society.²⁷⁶ He was in good health when he retired, allowing him to pursue his painting and a simple daily routine;

‘breakfast at nine o’clock, and then his correspondence; at eleven a walk, luncheon and the *Times*; at 12.30, after lunch, painting until seven, with a short stop for tea and a cigarette; a second walk before dinner at eight. [-] Invitations to luncheon or tea were unwelcome, and on his part he hardly ever gave them.’²⁷⁷

This was Tonks’ ‘ideal’ kind of day, and demonstrates his need for solitude and quiet to paint and draw. However, he continued to travel and visit friends. In 1923 he had finally found a housekeeper with whom he was content, referred to by Hone as ‘Gough’,²⁷⁸ who cared for Tonks until his death. There was a retrospective of his work exhibited at the Tate Gallery in the autumn of 1936, he was ‘not the first living English artist to be so honoured, but he well deserves it for several reasons.’²⁷⁹ The author outlines two specific arguments for Tonks’ recognition, firstly ‘the essential Englishness’ of his art, despite the heavy influences of eighteenth and nineteenth century French artists on his work, and secondly, his extensive use of ‘colour, light and movement’, which was somewhat unexpected in view of Tonks’ background as a ‘draughtsman and teacher of drawing’ and also the fact that he had been a surgeon.²⁸⁰ In the final months of his life, Tonks, showing signs of ‘physical enfeeblement’ continued to write copious letters to his friends and family, although he ‘was always home in the evenings’.²⁸¹ Henry Tonks died aged 74 on 8 January 1937, and his obituary was published in *The Times* the day after.²⁸² A memorial to Tonks was established in November of that year, where a bronze bust of him was unveiled at University College, London, and an annual award for drawing, the Henry Tonks Prize was founded with a gift of £400.²⁸³ Furthermore, C. H. Collins Baker donated some of Tonks’ drawings to the college, and his residence in Chelsea was marked with a blue plaque bearing his name.²⁸⁴ This is in enormous

²⁷⁶ Hone, 281.

²⁷⁷ Hone, 228.

²⁷⁸ Hone, 229.

²⁷⁹ Anon., ‘A Tribute from the Tate Gallery’ in *The Times*, October 7 1936, accessed 28 February 2022, <https://www.thetimes.co.uk/archive/>

²⁸⁰ Ibid.

²⁸¹ Hone, 314.

²⁸² Anon., ‘Professor Tonks. The Slade School’ obituary in *The Times*, London, January 9 1937, accessed 28 February 2022, <https://www.thetimes.co.uk/archive/>

²⁸³ Anon., ‘Memorial to Henry Tonks’ in *The Times*, November 26 1937, accessed 28 February 2022, <https://www.thetimes.co.uk/archive/>

²⁸⁴ Ibid.

contrast to Freida's barely documented decease, where Tonks was memorialised by many, leaving a legacy of his dedication to his students and to his art.

Impact of War

According to James Fox, many scholars describe the effects of World War I on European art as 'detrimental', although this is typically in a biographical sense – many young artists engaged in new movements in art were cut short prematurely, their potential eliminated.²⁸⁵ However, he argues that in fact 'cultural experimentation did survive the conflict in one way or another.'²⁸⁶ For Fox, this is particularly true of many of Tonks' former students such as the Nash brothers, Stanley Spencer and C.W.R. Nevinson²⁸⁷ – in other words, a generation later than Tonks. In relation to avant-garde movements in the 1920s, Annette Becker argues that post First World War artists such as the Dadaists 'in their immense diversity, owed everything, or nearly everything to the ruptures of war.'²⁸⁸ However, Becker also posits that while certain avant-garde artists moved from 'cautious enthusiasm' for the war to 'cruel disillusionment', for the majority of artists who were 'well removed from the avant-garde', it was easy to retain their traditional methods.²⁸⁹ Tonks and Freida belong to this latter group. In terms of how the war may have affected their art, it is difficult to make a strong argument for dramatic change and a more perceptible sadness in Tonks and Frieda's post-war work. Figures II.22 and II.23 appear to attest to Tonks' constancy. Created twenty years apart, the subject matter is tender scenes of young women and children in almost ethereal settings, suffused with pastel colours and softness. That is not to say that he was not unaffected by his experiences. In early 1915 he wrote from the Red Cross Hospital at Arc-en-Barrois 'The wounds are horrible, and I for one will be against wars in the future, you have no right to ask me to endure such suffering'.²⁹⁰ There are none of Freida's words to inform on his feelings about the war, only his post-war art to consider. The themes of violence in Freida's illustrations continued, essentially because of the nature of the narratives he was instructed to depict. His final work for *Le Jardin des Supplices* is clearly the starkest and most brutal. Accordingly, it could potentially be argued that his post-war work demonstrates that he was

²⁸⁵ James Fox, 'Introduction' in *British Art and the First World War 1914-1924*, (Cambridge, Cambridge University Press, 2015), 5.

²⁸⁶ *Ibid.*, 6.

²⁸⁷ *Ibid.*

²⁸⁸ Annette Becker, 'Arts' in Vol. 3, 'Civil Society' of *Cambridge History of the First World War*, (Cambridge, Cambridge University Press, 2014), 644.

²⁸⁹ Annette Becker, 'Les Artistes' in *Encyclopédie de la Grande Guerre 1914-1918*, (Paris, Bayard, 2013), 655.

²⁹⁰ Henry Tonks to Geoffrey Blackwell and D.S. Mcoll, January 1915, cited in Hone, *The Life of Henry Tonks*, 114.

in some way affected by the conflict in comparing two of his images containing violent themes. Figure II.24, from *Oedipe Roi* was created by Freida in 1912/13 and depicts Oedipus having gouged his eyes out. Blood pours from his eye sockets onto his clothing in this particularly graphic scene, especially as red ink was also used in the engravings. In spite of the graphic nature of Figure II.24, Figure II.25 from *Le Jardin des Supplices* is more stark and harsh by comparison, ostensibly because the focus is entirely on the extreme brutality. The subject is impaled, and his agony is conveyed in the awkward angles of his chained limbs and the contortions of pain in his face. However, the entire story was about torture, therefore there was an imperative for Freida. It is also noteworthy that *Oedipe Roi* was Freida's second commission from Romagnol, and in fact the editor specifically requested that the illustrations were 'a little less sad' than his work for *Poèmes Barbares*.²⁹¹ In sum, while Freida's illustrations for *Le Jardin des Supplices* are the most extreme examples of his work, it is also difficult to claim they demonstrate how or if he was profoundly affected by his experiences during the Great War, since the narrative demanded brutal and violent visual accompaniment.



Figure II.19, Henry Tonks, *Wounded Soldier with a Bandaged Head*, 1918, chalk on paper, 241.3 mm x 292.1 mm, E.355-1937, © Victoria and Albert Museum, London, accessed 6 March 2022, <https://collections.vam.ac.uk/item/O735039/drawing-tonks/>

²⁹¹ P.A. Romagnol, P.A. Romagnol to Raphaël Freida, November 14, 1912, Paris, private collection.



Figure II.20, Henry Tonks, *Advanced Dressing Station in France*, 1918, oil on canvas, 1828 mm x 2184 mm, Cat. No. Art.IWM ART 1922, ©Imperial War Museum, London, accessed March 6 2022, <https://www.iwm.org.uk/collections/item/object/26420>

Raphaël Freida

es
ta

Vers la Nuit, eau-forte originale exposée par M. Raphaël Freida au Salon des Artistes Français, est une œuvre d'une singulière puissance.



* Vers la Nuit », Eau forte de Raphaël Freida

ARCHIVES
NATIONALES

Figure II.21, Raphaël Freida, *Vers la Nuit*, 1918, engraving, dimensions unknown, Dossier No. F/21/6981, Archives Nationales de France, Paris.



Figure II.22, Henry Tonks, *Summer*, 1908, oil on canvas, 940 mm x 940 mm, Cat. No. NO4565, © Tate Collection, London. Reproduced by kind permission.



Figure II.23, Henry Tonks, *Spring Days*, 1928, oil on canvas, 864 mm x 813 mm, Cat. No. NO4600, ©Tate Collection, London. Reproduced by kind permission.

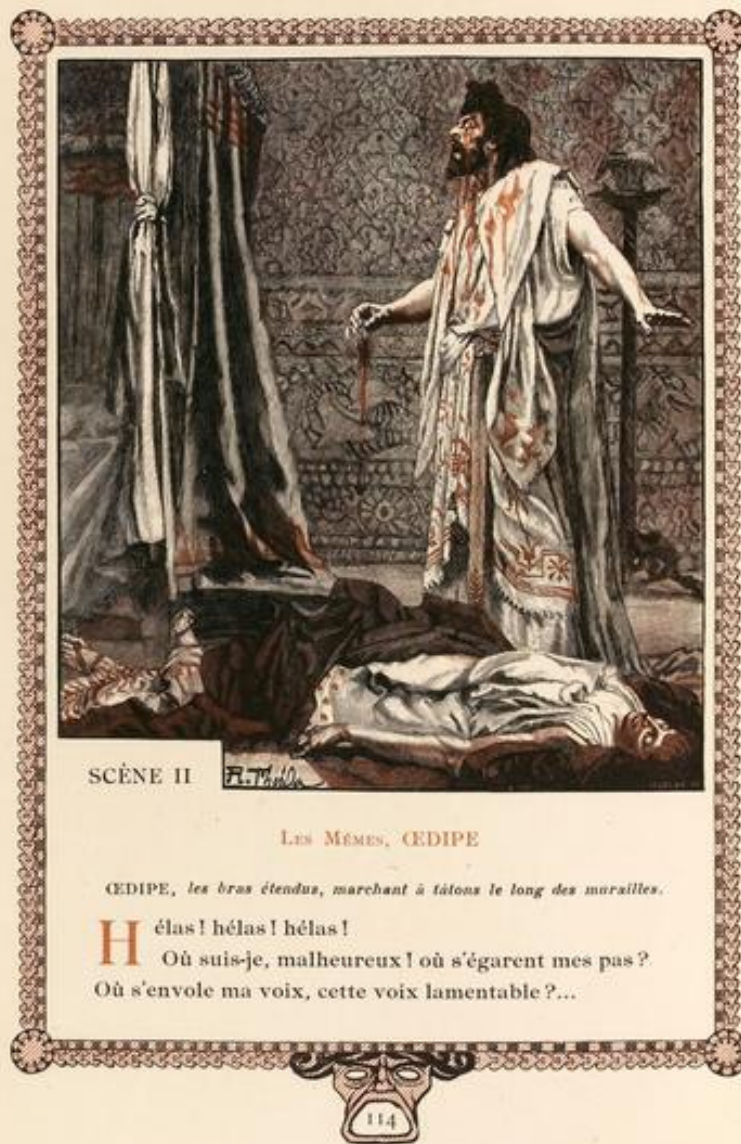


Figure II.24, Raphaël Freida, *Scène II Les Mêmes. Œdipe*, 1912/13, engraving in Sophocles *Œdipe Roi*, (Paris, Romagnol, 1922), 114, accessed March 6 2022, <https://gallica.bnf.fr/ark:/12148/bpt6k1524675z/f162.double.r=raphael%20freida>

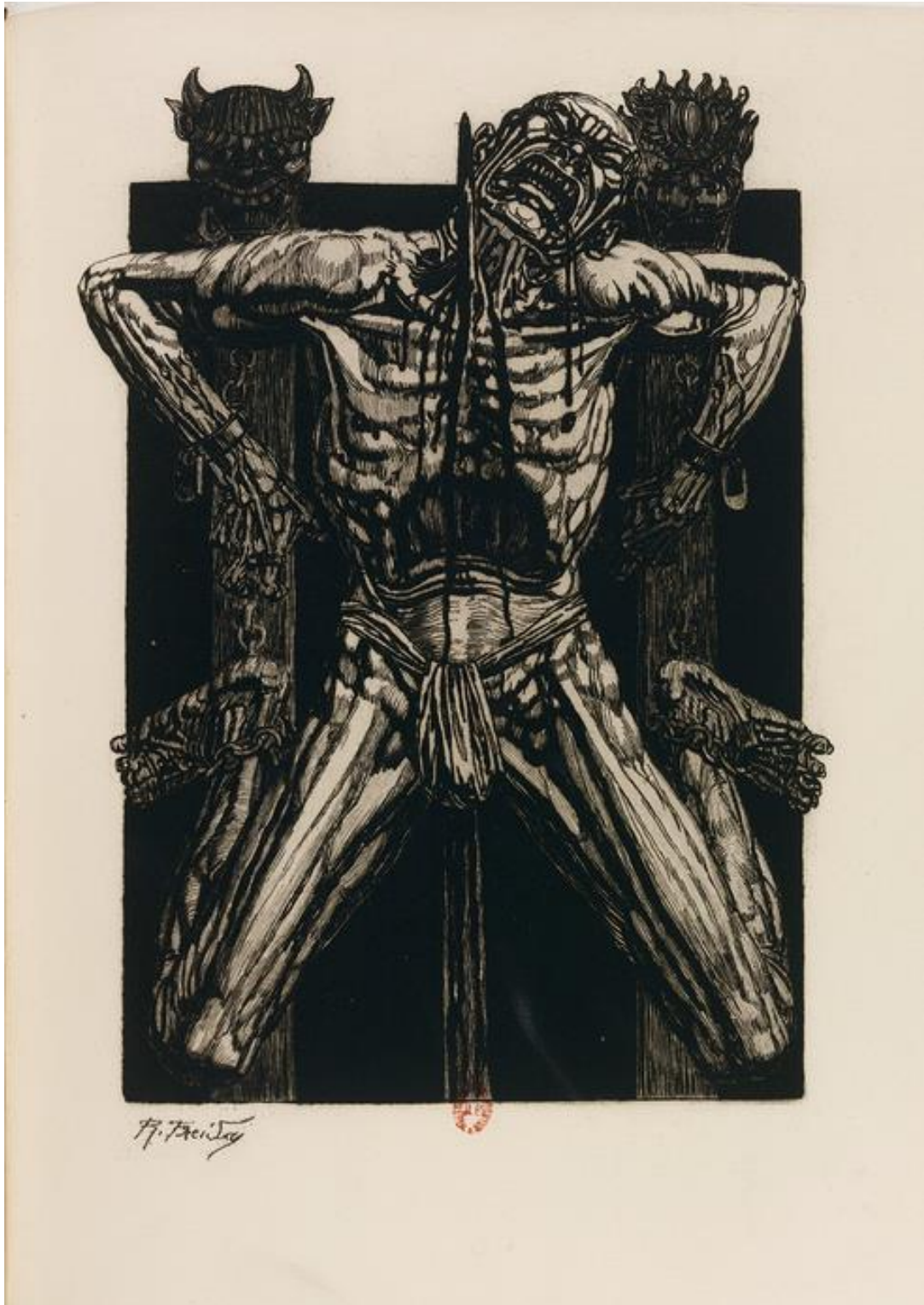


Figure II.25, Raphaël Freida, engraving in Octave Mirbeau *Le Jardin des Supplices* (Paris, Javal & Bourdeau, 1927), 107, accessed March 6 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k1523677g/f151.item.r>

Conclusion

Freida and Tonks brought very different creative styles to their portraiture during the Great War. This chapter has shown how their artistic tendencies were fostered in their early lives, eventually resulting very different creative methodologies and career trajectories for them both. Contributing factors include their social and educational backgrounds and cultural attitudes to art in the nineteenth and early twentieth centuries. There were divergences in their art education. Freida's lengthy tenure at art school contrasts with Tonks' experience, whose 'early longings for art' resulted in a piecemeal learning process through correspondence courses and night classes. These efforts were simultaneous to his work as a house surgeon. However, his abandonment of medicine and surgery for art was a courageous move in light of the prevailing attitudes at the time towards a career as an artist. In many ways, his social status and connections helped with his ultimate achievements, although this too was driven by his own determination and persistence. Freida's formal instruction did not result in long-term success, which was affected by a number of elements. His work pattern, although stable in his early career, was entirely dependent on his acquiring commissions from third parties such as publishers and manufacturers. It seems that he struggled with interpersonal relationships, and was rigid in his adherence to his chosen form of artistic expression. He saw no need to change his style or adapt to new requirements for illustration and design. Tonks, too, was not inclined to embrace the new, more radical movements in art which developed during the latter half of the 19th century and early part of the 20th century. As professor of anatomy and drawing at the Slade, he was seen as a strict instructor and a harsh critic, although his art betrays a more sentimental aspect to his character. In terms of creative influence, Freida was an advocate of historical art, which of course is evident in his illustrations and stained-glass designs. Tonks' artistic style is largely described as Impressionist, although some observers argue that his work is categorically 'English art'.

Their material circumstances throughout their lives were polarised – where Tonks led a comfortable and secure existence, Freida lived on the margins of poverty if not in complete penury at the end of his life. Tonks' and Freida's experiences of the First World War were dependent on their ages, social status and military cultures in England and France at the outbreak of the conflict. Where Tonks could more or less choose how he engaged with the war effort, Freida was subordinate to the French military authorities. Their military ranks were that of officer for Tonks, and regular infantryman/auxiliary for Freida. The medical portraits they created in collaboration with reconstructive surgeons were only part of their

corpus of work during the Great War, where they also created more general imagery based on conflict and its aftermath. It is of note that they brought their particular artistic methodologies to their work during the First World War, with no obvious change in their respective styles and use of media. As to how the war affected their creative approaches, in Tonks' case there is little perceptible change in his subject matter and style before and after the conflict. Freida is a little more enigmatic. On the one hand, both before and after the Great War much of his work as an illustrator demanded dramatic and often brutal scenes. However, his final significant commission, *Le Jardin des Supplices*, contains his most stark and violent images, therefore it could be argued that this somehow reflects how the conflict wrought changes in his art. Conversely, the narrative is about torture, therefore Freida was obliged to illustrate accordingly. Additionally, there remains insufficient work by Freida to test the hypothesis that his war experiences somehow impressed darker and more extreme imagery on his work. In the final analysis, both artists brought their unique styles to the medical portraits they created during the Great War. These images will be interrogated in more detail in the next chapter, concentrating on subject matter, composition, media and volume.

Chapter III

Words are Too Abstract: Visually Representing Mutilated Faces

Introduction

Henry Tonks' and Raphaël Freida's portraits of maxillofacial injuries are part of a very broad corpus of images in various media used by clinicians during the Great War. Reconstructing faces required dexterity and skill, if not creativity and innovation, and, in practice, written description of the wounds and restorative procedures was often difficult to relate to. Visual documentation was therefore an essential tool for surgeons and dentists during the First World War in the planning of their therapeutic approaches to facial trauma. The visual records would also have a pedagogical function. This documentary process was initiated in France early in the conflict and, influenced by these practices, was adopted in England in 1916. This chapter will therefore argue in the first instance that there is a transnational element to the process of visual recording of facial injury during the Great War. Initially aimed at an exclusively clinical audience, and published accordingly in medical journals, in post-war France some of these images were viewed in the public domain. This was not the case in England, however. With the exception of some of the plaster and wax models, most of the reproductions of the injured men were in monochrome. Tonks' and Freida's coloured portraits then, would give another perspective on facial trauma to the treating clinicians. Through close analysis and comparison, this chapter will provide a new perspective on the artistic representation of facial trauma in the Great War. The commonality between Tonks' and Freida's portraits is the subject matter, produced in colour, and in clinical settings. However, if they used similar media, both artists employed different techniques to depict their subjects. Their methodological approaches to similar trauma will be analysed, taking examples from the portraits of cheek, nose, eye and burns injuries. Both artists' portrait collections contain only one example of a colonial subject, and the possible reasons for this will be investigated. Tonks' hazy pastels contrast sharply with Freida's detailed, linear drawings, and the effectiveness of their differing styles in reproducing the injured men also makes for interesting reflection. As art reflecting the devastating effects of conflict, Tonks' portraits have been compared with the work of Julia Midgley, a contemporary artist. Tonks' and Midgley's ambitions for their work were very different, as, arguably, were Freida's. It is therefore compelling to explore all three artists' images as representations of injured veterans a century apart.

III.I Medical Records and Documenting Facial Injury in France and England in World War I

In order to contextualise Tonks' and Freida's portraits as part of a process of clinically recording facial injury in the First World War in England and France, this first section of Chapter III aims to examine and compare the documentation in media outside the framework of pastel and paint. To date, studies on visually recording facial injuries in France and England during and after the conflict have been mostly limited to national narratives. In *Gueules Cassées*, Sophie Delaporte describes some aspects of the practice in France in detail, such as photographing or taking plaster casts of the men's faces. She mentions artistic representation, briefly referring to clinical art, and post-war propagandistic art. Andrew Bamji also describes these procedures in *Faces from the Front*, along with the arrangement between Henry Tonks and other artists and Harold Gillies for medical portraiture, but only in relation to the maxillofacial units at the Cambridge Hospital, Aldershot and the Queen's Hospital in Sidcup. He also argues that the collection and use of this data was much less efficient and less well-organised in France than in England. This is questionable, however, and section III.1 will posit that there is evidence to support transnational influences in the recording of facial trauma for clinical purposes during the Great War; it was initiated in France some months before the practice began in England. French clinicians also recognised the need to use these images in sharing information in the early stages of the war, and by 1916, an international congress on dental and restorative facial surgery was organised for this very purpose. In *The Men with Broken Faces* Marjorie Gehrhardt gives the best comparative assessment to date, particularly in terms of clinical and propagandistic imagery relating to the *gueules cassées* in France, England and Germany. Here, she draws a distinction between the use of imagery in positive narratives of restoration and courage in France and England, but 'physical brokenness' in Germany.²⁹² This section will compare the practical processes of recording injury in France and England, and the storage and uses of the ensuing clinical imagery within and beyond a medical setting.

²⁹² Marjorie Gehrhardt, 'The Faces of War' in *The Men with Broken Faces*, (Bern, Peter Lang, 2015), 236.

Recording the Damage

The overwhelming number of facial trauma cases during the First World War compelled military medical personnel to collect as much information as possible in an effort to establish protocols of treatment. By referring to x-rays, wax and plaster models, ‘before’ and ‘after’ photographs, watercolour and pastel portraits and illustrations of surgical procedures, clinicians could plan the management of these complex and very challenging traumata, and assess the outcomes of their interventions. The overriding reason for visual documentation of facial trauma was that written instruction was deemed too abstract for those treating these very individual injuries, such that ‘early on, Gillies realised that it was difficult to relay in words an exact description of complex facial wounds. He, therefore, enlisted the help of Henry Tonks.’²⁹³ Jason Bate confirms this assertion, but in the context of photographic recording and sharing information on the treatment of maxillofacial injuries during World War I, noting, ‘the use of words for conveying ideas on facial injuries was less informative in providing important data on case studies and medical techniques.’²⁹⁴ It is of note that in many cases, several different forms of visual representation of the same individual’s facial trauma were created; photography, colour portraits, plaster or wax models, x-rays and intra-operative diagrams. This reflects the breadth of specific medical, technical and artistic skills needed to plan and implement the management of these complex injuries. For example, dental technicians needed three-dimensional models of the patients’ faces to create splints and dentures, or the effectiveness and progress (or not) of reconstructive surgery could be seen in photographs and portraits. It is important to remember, therefore, that Tonks and Freida’s portraits form only part of a series of visual recordings of facial injury. In both France and England maxillofacial centres would have special facilities for visual documentation of facial wounds. The clinical significance of visualising the injuries in either two or three dimensions is outlined by the stomatologist Dr Rubrecht in 1916. He cites the importance of early recording of facial damage in order to plan treatment, noting that ‘it is important to take a photograph and an x-ray as soon as possible. For recent cases, I generally make a model from

²⁹³ John D. Holmes, “Development of Plastic Surgery” in *War Surgery 1914-1918*, eds. Steven Heys and Thomas Scotland (Solihull, Helion & Company, 2012), 267.

²⁹⁴ Jason Bate, ‘Facilitating Changes: photography as a link between dentistry and surgery in the First World War’ in *History and Technology* 32:1 (2016): 92.

a plaster cast [-]. In some cases, where a *moulage* is not possible, I have to content myself with a photograph. In these cases, a stereoscopic photograph can be very interesting.²⁹⁵

In France, the need for specialist maxillofacial centres was recognised very soon after the outbreak of the conflict, with units opened in Paris, Bordeaux and Lyon between September and December 1914, followed by more widespread initiatives throughout 1915.²⁹⁶ Consequently, the documentation of the injuries was also implemented, and, according to Jason Bate, was very well organised with a broad selection of case studies.²⁹⁷ In England, it was not until February 1916 that Harold Gillies' facial reconstructive surgery unit was set up at Aldershot,²⁹⁸ although Bate suggests that around the same time, British military medical personnel had begun to recognise the need to collect visual evidence of facial wounds.²⁹⁹ At a meeting at the Royal Society of Medicine in February 1916, the president of the British Dental Association, Sir Harry Baldwin, had invited French and American specialists who presented photographs and examples of casts and dental splints which were used to demonstrate the processes of reconstruction.³⁰⁰ This suggests therefore that there is a transnational element to the practice of visual documentation of facial injuries, since the methods in France with regard to recording facial injuries appear to have influenced English policies.

The vast majority of visual documentation of facial injuries are photographs; 'the backbone of the medical records' at the Queen's Hospital Sidcup, Andrew Bamji notes.³⁰¹ According to Valérie Gorin, 'with its pretext to the real, by its mechanical recording of experiences, photography serves as a tool of measurement, bears witness and even denounces. Medical photography would be widely exploited during the First World War, to illustrate the progress and experiences of the war-wounded in a hospital setting.'³⁰² This 'pretext to the real' is appreciated by Harold Gillies in the introduction to his monograph

²⁹⁵ George Villain, Ed., *Congrès Dentaire Interalliés 11-12-13 Novembre 1916-Comptes Rendus*, (Paris, Chaix, 1917), 245.

²⁹⁶ Sophie Delaporte, "Le centre spécialisé de l'arrière" in *Gueules Cassées : Les Blessés de la Face de la Grande Guerre*, (Paris, Éditions France Loisirs, 1996), 72.

²⁹⁷ Bate, "Facilitating Changes", 93.

²⁹⁸ Richard Petty, *Plastic Surgery and its Origins: The Life and Work of Sir Harold Gillies 1882-1960* (London, Richard Petty, 2013), 17.

²⁹⁹ Bate, "Facilitating Changes", 93.

³⁰⁰ Ibid.

³⁰¹ Andrew Bamji, "A Revolution in Record-Keeping" in *Faces From the Front*, (Solihull, Helion, 2017), 123.

³⁰² Valérie Gorin, "De la Grande Guerre à la guerre d'Irak : photographies de soldats mutilés, entre corps abandonné et réhabilitation" in *European Journal of Disability Research* (4, 2010) : 7, accessed April 7, 2021. <https://doi-org.proxy.bnl.lu/10.1016/j.alter.2009.11.001>

Plastic Surgery of the Face (1920) in which he used numerous photographs, diagrams and portraits from his collection of individual case notes to illustrate the various injuries and their management. He noted that the photographer at Sidcup ensured that the photographs were ‘an honest and true record’ and that the ‘temptation to manipulate the lighting or retouch the negatives’ was ‘sternly’ resisted.³⁰³ Typically, and common to France and England, photographs presented the progression of treatment from initial injury, through various stages of restoration to the final result.

Sophie Delaporte outlines the process of photographic recording of facial trauma, taking the example of a temporary 500-bed maxillofacial centre established at the Thermal Palace Hotel in Vichy. ‘When their condition allowed it or as soon as they arrived at the centre’, cases that were judged as of particular scientific interest were chosen to be photographed, with sometimes further recording during the course of their treatment and again at the end ‘in such a way as to fully appreciate the improvements.’³⁰⁴ It is clear then that this was a selective process and that many cases were most likely left unrecorded, in keeping with Delaporte’s argument that not all of the facially-injured suffered dramatic mutilations, with between 10,000 and 14,000 *grands blessés* of the French total of approximately 50,000 *gueules cassées*.³⁰⁵ At Albéric Pont’s maxillofacial unit in Lyon, the documentation began in the photography department, equipped ‘complete with a darkroom’ and images are taken on arrival, during and after the treatment. Plaster casts and dental prostheses were also photographed.³⁰⁶ In England, Gehrhardt notes that medical photographs were taken by professional photographers (a special studio was set up at the Queen’s Hospital, Sidcup) and related the same pattern of recording the progress of treatment as their equivalents in France.³⁰⁷ Bamji gives more detail about this process at Sidcup, where Sidney Walbridge, a photographer before the war, was charged with photographing the maxillofacial cases, often from several angles so as to detail the injuries and optimise the demonstration of progress of treatment.³⁰⁸ Gordin also observes that in France the process of photographing the facially-wounded took a similar pathway, where ‘close-up portraits framing the wounded face

³⁰³ Harold Gillies, *Plastic Surgery of the Face*, (London, Frowde/Hodder & Stoughton, 1920), xi.

³⁰⁴ Sophie Delaporte, *Gueules Cassées*, 77.

³⁰⁵ *Ibid.*, 30.

³⁰⁶ Drs Flechet and Hollande, “Sur le Fonctionnement des Services de Stomatologie et de Prothèse Maxillo-faciale de la XIV Région” in *Congrès Dentaire Interalliés*, 1239.

³⁰⁷ Gehrhardt, *The Men with Broken Faces*, 191.

³⁰⁸ Bamji, *Faces from the Front*, 123.

and in profile to show the extent to which the face was damaged.’³⁰⁹ The use of albums to store photographs is common to both countries, as Figures III.1 and III.2 demonstrate. The Royal Army Medical Corps collection of photographs that Bate discusses was carried out by Albert Norman, a retired physician, at the King George Military Hospital.³¹⁰ Most of the images are of facial trauma. Minimal details of the patients’ names, injuries and surgical procedures were included, and, depending on the severity of the injury, dedicate half, one or two pages to the individual case. The recording in Pont’s albums follows a similar pattern (although the digitised version at BIU Santé has covered the names). However, the settings in which the photographs were taken are slightly different; most of Norman’s subjects are seen in their hospital beds at first, and then fully dressed in their military hospital uniforms which typically signified the end point of treatment. This suggests that not every maxillofacial unit had a dedicated space for photographing the injured men. Conversely, Pont’s patients are presented as head shots with a neutral background. Photographs and other records were stored differently at Sidcup. It seems that Harold Gillies was unique in his insistence on the creation of individual patient files which would contain all the details on the progression of treatment. Operation notes, diagrams of planned procedures and before and after photographs were included, although Tonks’ portraits were deemed too fragile to be included in the files. Bamji remarks that this was the result of Gillies’ ‘obsession with accurate and comprehensive records’ but also related to the ‘development of staged surgery’, whereby it was essential to be able to consult documentation of previous surgeries in order to assess, plan and implement further interventions.³¹¹

³⁰⁹ Valérie Gorin, ‘De la Grande Guerre à la guerre d’Irak : photographies de soldats mutilés, entre corps abandonné et réhabilitation’, 7.

³¹⁰ Bate, “Facilitating Exchanges”, 94.

³¹¹ Bamji, *Faces from the Front*, 121.

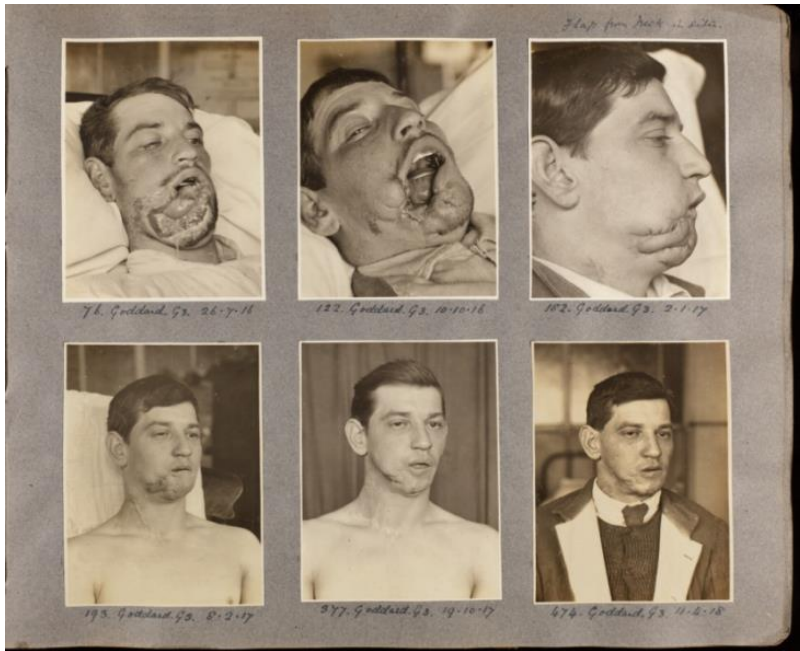


Figure III.1 Albert Norman, Goddard, 1916-18, Black and white photographs, RAMC Album, RAMC/760/2, Wellcome Library, London, 6, accessed April 30, 2021. <https://wellcomecollection.org/works/m5kgewzg/items?canvas=5>



Figure III.2, Anon., Anonymised injured soldier, 1915, black and white photographs, Album Docteur Pont, BIU Santé, Paris, accessed April 30, 2021. https://archive.org/details/BIUSante_pont_gc_album_01/page/n59/mode/2up

There is little evidence of similar policies in France. Usual practice was to keep ‘campaign notebooks’ which contained visual and written details of various injuries sustained on the battlefield, such as that of Dr Gosset, cited in *Rayon-X* by Henri Nahum.³¹² Photograph albums seem to have been the most widely-used means of recording the progress of treatment. These albums were stored at the specialist maxillofacial units and later at medical museums, with future reference for reconstructive surgery in mind, as discussed below.

³¹² Henri Nahum, “La Radiologie pendant la Grande Guerre” in *Rayons X : Une autre image de la Grande Guerre*, (Lyon, Éditions Libel, 2017), 89.

Clinicians' personal preferences, therefore, and the fact that the capacity at the various maxillofacial facilities varied may have influenced the different practices in documentation-keeping. Gillies' maxillofacial and reconstructive unit was somewhat smaller than at Val-de-Grâce or Lyon; at Aldershot and Sidcup, approximately 5,000 patients were treated,³¹³ but at Lyon alone, for example, 7,000 cases were treated between 1914 and 1918.³¹⁴ Thus it could be argued that with fewer in number, it was easier to create individual files. The archives at the Royal College of Surgeons in London contain details of some 2,639 cases from Sidcup. Albéric Pont's albums comprise over 460 pages of almost 2000 before, during and after photographs with minimal information on the subjects. In the first album, the names of the men and the dates of their injuries and treatment are written in beside or under the photographs; in the second album, simply the men's names and ward numbers. It is not clear why this information differs in both albums, although some of the same patients are recorded in both. The second album mentions *École Dentaire* in some of the pages, so perhaps there were different users for the documents, based separately at the dental school and the surgical unit. At Val-de-Grâce, according to Beatriz Pichel, 'thousands of front and profile photographs completely focused on the face of the patient', which are stored with information on the identity of the subject and the circumstances of injury.³¹⁵ Ultimately, the chronology of treatment is well documented in both France and England, but certainly subject to mitigating factors such as time, surgeons' preferences and the perceived future uses for the visual recording of facial injury.

Aside from photographs, wax and plaster models of the men's faces were also used to document their injuries and guide their treatment. The advantages of the *moulages* were such that a three-dimensional representation of the trauma facilitated the creation of prosthetic and stabilising dental devices and masks to cover disfigurements that could not be surgically repaired, such as those created by Archie Lane at Sidcup.³¹⁶

³¹³ Bamji, *Faces from the Front*, 67.

³¹⁴ Xavier Riaud, "Le Docteur Albéric Pont (1870-1960)", *Histoire des Sciences Médicales* Tome XLII No. 3 (2008) : 319.

³¹⁵ Beatriz Pichel, "Les Gueules Cassées. Photography and the Making of Disfigurement" in *Journal of War and Culture Studies* 10:1 (2017): 88-9.

³¹⁶ Bamji, *Faces from the Front*, 128-9.



Figure III.3, Anon., Marion, before and after treatment, after 1914, plaster and paint, Collection Albéric Pont, 2007.0.3641 M & 2007.0.3636 M, ©Musée des Hospices Civils, Lyon.

The creation of these models was undertaken by dental technicians such as Lane, and, in some instances, by sculptors. For example, at Sidcup, the sculptor Kathleen Scott, and latterly the modeller John Edwards created plaster models of the maxillofacially injured men which, according to Bamji, were invaluable three-dimensional objects used more effectively than photographs or portraits for ‘mapping out the incisions’ and thus enabling the surgeons to ‘recreate them in the flesh with a far higher degree of accuracy.’³¹⁷ Thus the plaster models’ use was as templates for facial prosthetics, dental splints and tactile materials for preparation for surgery. However, Gehrhardt argues that in fact one sculptor, Frederick Coates, went beyond merely recording the facial trauma and worked in ‘active participation’ with the surgeons, advising on ‘the aesthetics of reconstruction.’³¹⁸ In France, Drs Fléchet and Hollande describe plaster casts of major damage to the face as better than photographs to give a full understanding of the extent of the facial lesions and outcomes of treatment, noting that wax models give a more ‘accurate and vivid’ reproduction of the injuries.³¹⁹ France appears to have been the most prolific producer and user of models of facial injury during the Great War. Martin Monestier notes that the bulk of the collection of wax and plaster portraits at the

³¹⁷ Bamji, *Faces from the Front*, 128.

³¹⁸ Marjorie Gehrhardt and Suzanne Steele, ‘Frederick Coates: First World War ‘Facial Architect’ ’in *Journal of War and Culture Studies* 1 (2010): 8, accessed September 27, 2022 <https://doi-org.proxy.bnl.lu/10.1080/17526272.2016.1238564>

³¹⁹ Drs Fléchet and Hollande, “Sur le Fonctionnement des Services de Stomatologie et de Prothèse Maxillo-faciale de la XIV Région” in *Congrès Dentaire Interalliés*, 1239.

Val-de-Grâce hospital were originated at the maxillofacial units managed by Hippolyte Morestin, Léon Dufourmentel, Pierre Sébileau, Émile-Jules Moure and Albéric Pont.³²⁰ The surgeons in charge were responsible for recruiting and instructing the technicians who created the *moulages*. At Lyon, for example, the process was carried out by several different technicians under the direction of a Sergeant Robin, selected by Pont because of his work as a modeller before the war.³²¹ As in England, the use of plaster models in France was concerned with the creation of dental and cosmetic prostheses. However, there is more evidence of French *moulages* used as ‘before’ and ‘after’ representations and thus presented the outcomes of treatment as both instructive and performative objects which were displayed in medical museums and schools during and after the war. Figure III.3, from the collection at the Musée des Hospices Civils at Lyon illustrates this practice quite well.

That executing the plaster casts was more invasive than photographic or artistic recording is clear from Delaporte’s description of the process. On arrival at a specialist centre, in cases which necessitated prosthetics, either provisional or permanent, the patients were taken to a ‘laboratoire de prothèses’ where moulds were taken of their faces. Given that there were open wounds, fractures, and possibly infected tissue, the procedure could be uncomfortable and distressing for the patient, therefore some skill and care was needed to produce the moulds. In preparation, the face was covered in damp cloths, coated with a fatty substance and rubber tubes were inserted into the airways to maintain respiration during the mask-making. A light layer of plaster was then applied which, once dry, was removed in pieces and washed.³²² The impression of the men’s faces was then reproduced in either plaster or wax. It is worth considering agency and cooperation in the production of the *moulages* as a more intrusive intervention than photography or x-ray. Gehrhardt notes, in the context of clinical photography, that the ‘patients’ willingness to pose may be partially attributed to its purpose. Its main function was to provide an illustrated record of the treatment and surgical operations performed.’³²³ This argument could also be applied to the creation of the *moulages*. However uncomfortable the process of creating a cast of their damaged faces, it was an integral part of visualising treatment, and perhaps promised better outcomes through careful and individual planning. It seems that there may have been little

³²⁰ Martin Monestier, *Les Gueules Cassées*, (Paris, Le Cherche-Midi, 2009), 261.

³²¹ Philippe Paillard and Chantal Rousset, *Opération Gueules Cassées*, (Lyon, Musée des Hospices Civils, 2014), 40, 42.

³²² Delaporte, *Les Gueules Cassées*, 77-8.

³²³ Gehrhardt, *The Men with Broken Faces*, 191.

choice for the men other than to comply, especially if the surgeon felt theirs was a particularly interesting case which may have been persuasive. The French corporal, Albért Jugon, for example, seemed content, if a little wearied, with the attention he was getting as a ‘medical curiosity’.³²⁴

X-rays should also be considered as part of the corpus of visual recording of facial injury during the Great War. Since a large proportion of facial injuries involved fractures, x-rays were essential diagnostic aides in eliciting the extent of damage. X-rays were also useful in locating bullets and shrapnel lodged in the face. Examples were used in the *Congrès Dentaire Interalliés* report to demonstrate the use of dental splints to stabilise facial fractures, such as in Figure III.4. How these x-rays were stored in France is not entirely clear, but there is evidence that clinicians also kept them in their offices with other materials relating to their cases. One example cited is an x-ray of a soldier’s face demonstrating a bullet lodged in the soft tissues, which was retained in a Dr Gosset’s campaign notebook.³²⁵ For Gillies’ patients, these records were stored within the individual patient files, and archival information on these documents shows that about 12% of these files contain x-rays.³²⁶ This very specific form of clinical material needed particular diagnostic skills to interpret it and therefore, as Figure III.4 suggests, it is unlikely to have seen exposure outside this sphere. It is also worth noting that x-rays were valuable medico-legal material, supporting claims for military discharge due to disability from war injuries.³²⁷

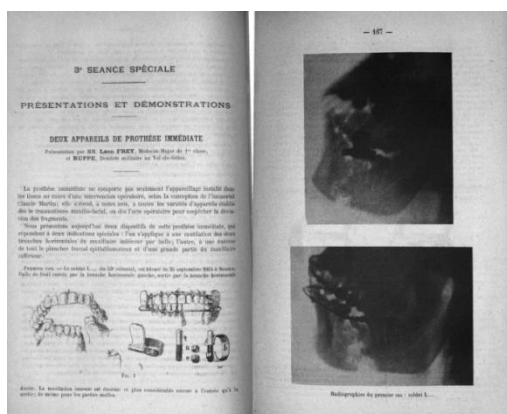


Figure III.4, Anon., *Soldier L.*, 1915, X-ray, reproduced in Georges Villain (Ed) *Congrès Dentaire Interalliés-Comptes Rendus*, Paris, accessed April 7, 2021. https://archive.org/details/BIUSante_92939/page/n189/mode/2up

³²⁴ Cited by Sophie Delaporte in “Revivre” in *Visages de Guerre*, (Paris, Bélin, 2017), 58.

³²⁵ Nahum, *Rayon X*, 89.

³²⁶ Calculated from a spreadsheet provided by the Royal College of Surgeons of England containing content details of 2639 of Harold Gillies’ patient’s files from the Queen’s Hospital, Sidcup.

³²⁷ Nicolas Sigaux, “Albéric Pont et la prise en charge des gueules cassées” in *Rayon-X*, 99.

Diagrammatic recording of facial injury appears to be more frequent in England. Most of Gillies' patient files contain visual aids to plan and record surgical interventions, often drawn by Tonks. In France, diagrams seem to be mostly limited to publications such as the *Congrès Dentaire Interalliés*, although two of the report cards accompanying Freida's portraits at Lyon contain small line drawings. It is entirely possible that French surgeons kept such diagrams in their campaign notebooks, but these documents were not always preserved, and it seems photographic and three-dimensional records retained greater importance.

Sharing Information

In France, the sharing of information on the management of facial injuries among the treating clinicians was seen as an essential response to the inordinate volumes of facial injury. If specialists could exchange their experiences and practice, then challenging cases could be handled by those who were unfamiliar with some of the injuries. Accordingly, visual materials collected at the various treatment centres were disseminated to a wider, but essentially clinical audience. In November 1916, the *Congrès Dentaire Interalliés* was held in Paris, resulting in a large report published in 1917 and containing all the various specialists' advice and experiences to date in the treatment of maxillofacial trauma. Case studies on fracture stabilisation and reduction, rhinoplasty, grafting techniques and dietary regimes were presented by dentists and surgeons, and demonstrated in copious diagrams and photographs. The images include examples of various retaining devices, dental braces and prosthetics, dental plaster casts of various individuals and before and after photographic portraits, where, in some instances, the subject is identified by his rank and the initial of his surname. In his introduction, the Secretary General of the Congress, Georges Villain, briefly mentions his gratitude to the presenters for the images provided, however, there is no acknowledgement of the subjects or indeed the photographers.³²⁸ Although this was meant to be an internationally collaborative event, it appears that the overwhelming majority of papers and articles were from French practitioners, explained perhaps by the location but also that specialist centres for maxillofacial surgery had been established in France almost immediately after the commencement of hostilities. As the title of the conference suggests, there was a particular emphasis on the treatment of dental injuries rather than aesthetic outcomes of surgery. There was relatively little contribution from other Allied dental specialists Charles Valadier and Varaztad Kazanjian, and reference to Harold Gillies amounts

³²⁸ Georges Villain, "Introduction" in *Congrès Dentaire Interalliés 11-12-13 Novembre 1916 –Comptes Rendus* (Paris, Chaix, 1917), 7.

to his acknowledgement as a delegate. There is also a mention of the British exhibits in a section at the back of the tome. It is, however, not entirely surprising that Gillies' input should be so limited, since the congress was only five months after his specialist unit was established at Aldershot and thus in all likelihood he would have had less experience in the field at that stage than many of his French counterparts. The congress is also a demonstration of the overarching emphasis on the importance of dental and bony repair in relation to functionality as a necessary part of the reconstruction of shattered faces. The fact that this Inter-allied Conference took place is rather at odds with Bamji's assertion that 'the system adopted in France did not facilitate the spread of new techniques in facial injury care, and was not mirrored in the development of the Queen's Hospital'.³²⁹ Delaporte somewhat echoes Bamji's argument, noting that there was poor communication between the maxillofacial centres at the Front and specialist units in the interior which did not assure continuity of care.³³⁰ However, it is worth considering the initiative and the scale of the *Congrès Dentaire Interalliés*; the report constitutes over 1500 pages of case studies from multiple practitioners. French specialists continually published papers on maxillofacial surgery and reconstruction in specialist journals throughout the Great War; Albéric Pont, for example, published nine articles in the period 1914-1918.³³¹ Hippolyte Morestin in Paris was even more prolific, producing 45 articles for *Bulletins et mémoires de la société de chirurgie de Paris*.³³² *La Restauration Maxillo-Faciale* was also a vehicle for transmission of information among French practitioners aiming to repair facial injury. It was launched in 1917³³³ and monthly editions cited case studies presented by surgeons and dentists situated throughout the maxillofacial centres in France. These journals also included imagery of the various types of trauma and how to manage them. Interestingly, one of the subjects among Freida's portraits appears in the February 1918 issue, photographed before and after interventions on his scarring from severe burns.³³⁴ It is not known exactly how well disseminated these journals were. However, that there were continuous editions throughout the second half of the Great War demonstrates a response to the need to keep medical and surgical personnel up to date on the evolution and changes in treatments.

³²⁹ Bamji, *Faces from the Front*, 42.

³³⁰ Delaporte, *Gueules Cassées*, 72.

³³¹ Xavier Riaud, *Pionniers de la Chirurgie Maxillo-Faciale (1914-1918)*, (Paris, L'Harmattan, 2010), 20.

³³² *Ibid.*, 36.

³³³ Beatriz Pichel, "Les Gueules Cassées. Photography and the Making of Disfigurement" in *Journal of War & Culture Studies*, 10:1 (2017): 91.

³³⁴ Dr Hollande, "L'ionisation appliqué au traitement des cicatrices de la face" in *La Restauration Maxillo-Faciale : Revue Pratique de chirurgie et prothèse spéciale*, No. 2, (1918), 61-64, accessed May 2, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k65340756/f25.item.zoom>

Bate contends that in England the sharing of information on operative techniques and outcomes accelerated as the war progressed, with increased publication of articles and images through 1917 and 1918,³³⁵ but there was no specialised journal dealing with facial injury. According to John Bennett, Gillies made an unsuccessful request to the Ministry of Information to finance a quarterly journal on facial plastic surgery, presenting them with a sample copy illustrated by Tonks.³³⁶ Meanwhile, if papers including visual evidence were published on the subject, it was usually in the established and broad-spectrum medical media, such as the *British Medical Journal* or *The Lancet*. Ultimately, it is possible that in an academic context information was disseminated successfully in France, and therefore difficult to argue that clinicians there did not consider the educational value of sharing their experiences. However, since the maxillofacial units were scattered throughout France during the conflict it could be posited that, in practical terms, this made regular communication between practitioners and standardisation of techniques challenging.

The afterlife of visual records

The visual recording of facial injury in France was initially for the purposes of medical training and as such, intended specifically for the clinical gaze. In July 1916, a museum for the collection of medical materials relating to the war was inaugurated at Val-de-Grace in Paris. The mission of this museum was outlined by Justin Godart, the undersecretary of state for health:

‘Since the beginning of hostilities, the entire medical corps has put its intelligence, activity and devotion to work for the service of the country. It is important that a material record of their efforts remain, and it is important that the experience acquired from a medical and scientific point of view constitutes for future years an element of instruction and progress. That is why I have decided to collect and keep all the objects and documents which, in any capacity, affect the organization and or improvement of the army health service.’³³⁷

The institution was in fact an expansion of a pre-existing, small collection of pedagogical materials which was established in 1852 at the school of military medicine, but by 1923, its contents were mostly relating to the 1914-1918 period.³³⁸ Figure III.6 from 1924 shows the section on facial trauma, with a wide variety of *moulages* displayed in glass cabinets, along

³³⁵ Bate, “Facilitating exchanges”, 100.

³³⁶ John P. Bennett, “Henry Tonks and his Contemporaries” *British Journal of Plastic Surgery* 39 (1986): 15.

³³⁷ Cited in Martin Monestier, “Les trésors du musée du Service de Santé” in *Les Gueules Cassées* (Paris, Cherche Midi, 2009), 260.

³³⁸ *Ibid.*

with a series of frames on a stand containing photographs. On a somewhat smaller scale, Albéric Pont's office is laid out in similar fashion. Some images are on display, along with facial and dental casts in plaster and wax, seen in Figure III.5. Pont's photograph albums remained in his private ownership, and were eventually bought by the Bibliothèque Interuniversitaire de Santé in Paris where they are currently stored. The plaster casts and wax models of his patients are kept at the Musée des Hospices Civils archive in Lyon. Medical materials collected during the Great War in France are considered as official army property, but it is clear that not all documentary material relating to injured veterans found its way to the military archives in Paris, as Pont's collection suggests. It is likely Pont retained the materials for pedagogical purposes. Some materials were destroyed after the war; Delaporte cites the collection created at Vichy as an example.³³⁹ In England, Harold Gillies also sought to establish a museum in which to keep the details of his maxillofacial cases for future reference, because, according to Andrew Bamji, 'there would be fewer opportunities to experiment with plastic surgery techniques [-] available in civilian life.'³⁴⁰ It is however, difficult to establish whether or not his decision was influenced by French practices. The English 'Facial Museum' was established at the Queen's Hospital, Sidcup somewhat later than at Val-de-Grâce. Bamji does not give a specific date, only that it existed while the hospital 'was still functioning' as a maxillofacial unit so presumably soon after 1917; subsequently the collection was moved to the Royal College of Surgeons in London in 1923.³⁴¹ In 1920, Gillies published *Plastic Surgery of the Face* based on his surgical experiences during the war. He used many of the photographs, diagrams and Tonks' portraits to illustrate the various methods of reconstructive surgery, however this was a specialist textbook aimed at a particular audience.

Visual documentation recorded during the war was therefore retained as specifically medical material on the basis that it could serve as useful information in the event of future conflicts, or on restorative surgery for facial trauma should the need arise in civilian life. Museums like that at Val-de-Grâce and the Royal College of Surgeons were attached to medical schools and therefore expressly for medical education rather than for a public audience. It is still necessary to arrange an appointment to view these collections as they are not generally on display to a broader public. However, soon after the war, particularly in France, some of the visual records were viewed by a wider audience, thus taking on 'new

³³⁹ Delaporte, *Les Gueules Cassées*, 77.

³⁴⁰ Andrew Bamji, "A Revolution in Record-Keeping" in *Faces from the Front*, (Solihull, Helion, 2017), 120.

³⁴¹ Ibid. 129-30. The RCS was bombed during the Second World War and the collection was lost.

meanings’ as part of what Pichel describes as a move from ‘the rhetoric of reconstruction to the social function of the face’.³⁴² The aim of distributing these images was primarily propagandistic and to promote the surgeons’ and dentists’ skills in reconstructive surgery which would lead social rehabilitation of the disfigured soldiers. Facial trauma, however, was often not as easy to present as a successful example of surgical and technological innovation in the same way prosthetics for missing limbs demonstrated a renewed, functional arm or leg. Consequently, in France and in England, images of disabled veterans for public consumption during and after the Great War were mostly of the limbless being rehabilitated to ‘reclaim their proper roles as able-bodied workers and breadwinners’.³⁴³ Jeffrey S. Reznick, for instance, cites a full-page of illustrations and photographs dedicated to ‘marvellous artificial arms and legs’ from *The Illustrated London News* from 13 November 1915 as an example of the selective, and therefore propagandistic, presentation of disabled veterans’ re-introduction to purposeful, working lives thanks to ‘medical materiality’.³⁴⁴



Figure III.5, Anon., Interior of Albéric Pont's Office in Lyon, 1914-1918, Black and white photograph, Ref. pont_gc_pdv_070, Collection BIU Santé, Paris, accessed May 5, 2021. https://www.biusante.parisdescartes.fr/histoire/images/index.php?refphot=pont_gc_pdv_070

³⁴² Pichel, “Les Gueules Cassées”, 83.

³⁴³ Jeffery S. Reznick, “Prosthesis and Propaganda” in Nicholas Saunders (Ed.), *Matters of Conflict: Material Culture, Memory and the First World War*, (London, Routledge, 2004), 52.

³⁴⁴ Ibid., 54.



Figure III.6, Agence ROL, Musée de Santé Militaire, 1924, Black and white photograph, Collection Bibliothèque Nationale de France, Paris, accessed May 5, 2021.

<https://gallica.bnf.fr/ark:/12148/btv1b53139902t.r=musee%20de%20sante%20des%20armees?rk=85837;2>

Similarly, in France, Pichel references the French military photographic service as being responsible for the distribution of images of disabled veterans using their prosthetic limbs to good effect at the *École professionnelle des mutilés* in Paris.³⁴⁵ While limbless veterans proved a more acceptable image of war injury than that of facial mutilation, there is evidence that in France, unlike in England, images of the latter were on view in some public media. As an example of how disfigured men were presented to the public as positive narratives of reconstructive surgery, Pichel describes an exhibition in Bordeaux in 1919 to raise funds for injured and disabled veterans.³⁴⁶ She does not, however, include the images in her paper for *The Journal of War and Culture Studies*, and it is interesting to consider them in their context as examples of medical media repurposed as propaganda. Figures III.7, III.8 and III.9 are the visual materials in question, and, as can be seen, they are quite graphic. However, it is worth noting that they could have been selected with a public audience in mind, therefore carefully curated so as not to shock as much as some of the more dramatic and disfiguring injuries could. As Pichel points out, there is no way of discovering to what extent these images were

³⁴⁵ Pichel, "Gueules Cassées", 84.

³⁴⁶ *Ibid.*, 82-3.

viewed by the public,³⁴⁷ yet there is a stark contrast with the representation (or not) of mutilated veterans in England at the time. The exhibition catalogue contains a brief article on surgical technique accompanied the images. The sitters are not identified (one image only represents an ear before and after intervention), but captioned as patients of ‘Professor Moure’. The watercolours are accredited to ‘J.Dupas’. In England, such images were not considered appropriate materials for an audience outside the clinical domain. In her paper ‘The Rhetoric of Disfigurement in First World War Britain’, Suzannah Biernoff explores the ‘public discourse’ and ‘rhetoric of bodily and facial reconstruction’, noting that ‘the response to facial disfigurement was circumscribed by an anxiety that was specifically visual.’³⁴⁸ Thus there was ‘an unofficial censorship of facially-disfigured veterans in the British press and propaganda’.³⁴⁹ Accordingly, if attention was drawn to these veterans, it was limited to the written word. On 5 November 1921, for instance, an article about the Queen’s Hospital, Sidcup appeared in *The Times* of London. Entitled ‘Wonders of Facial Healing’, the piece referred to the achievements at the hospital since its establishment. The reader is given little detailed description of the trauma, and the emphasis is on the positive outcomes of skin grafts and reconstructive surgery; ‘almost incredible results have been achieved in a great number of cases, and it is claimed that of all the men treated there are now not more than 15 or 16 of those whose disfigurement is likely to be permanently of a distressing character.’³⁵⁰ It is typical of the kind of propaganda associated with disfigured veterans in Britain, where although ‘incredible results’ came from reconstructive surgery, there was no inclination to provide visual evidence such as was the case for veterans with prosthetic limbs, or indeed their confrères in France. Additionally, the emphasis is on the surgeons’ perceived skills rather than the reality of the individual’s appearance after their reconstructive operations. Medical photographs, diagrams, plaster casts and portraits therefore firmly remained in a clinical context in England for decades after the Great War, while in France the material saw some, if circumspect public exposure.

³⁴⁷ Ibid.

³⁴⁸ Suzannah Biernoff, ‘The Rhetoric of Disfigurement in First World War Britain’ in *Social History of Medicine*, 24:3, 668.

³⁴⁹ Ibid.

³⁵⁰ Anonymous, “Wonders of Facial Healing,” *The Times*, November 5 1921, 1.

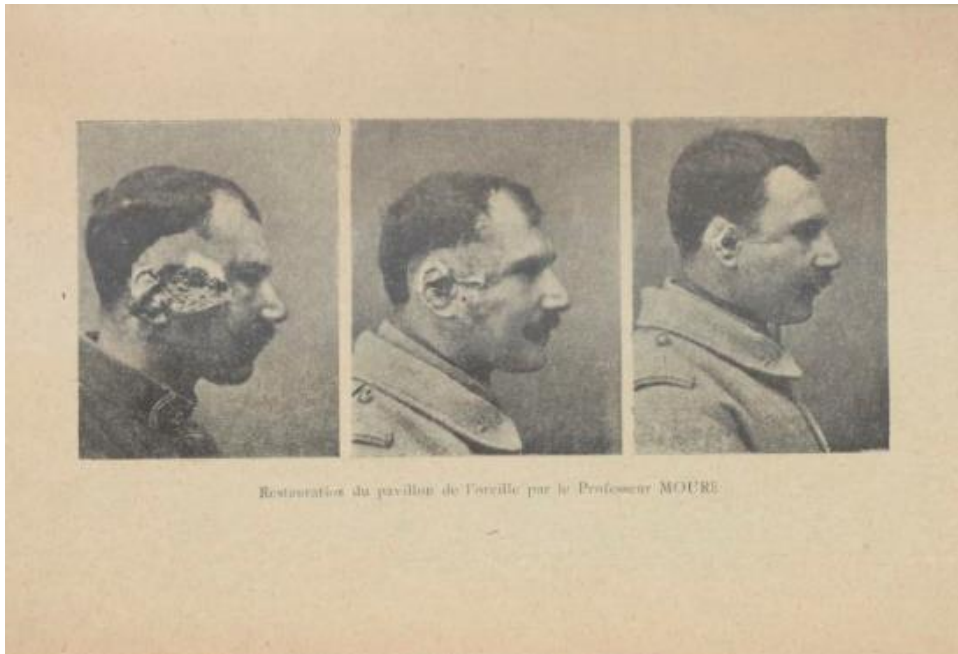


Figure III.7, Anon., Restauration du pavillon de l'oreille par Professeur Moure, undated, black and white photographs, *Exposition Œuvres et Documents de Guerre, Catalogue Illustré*, Bordeaux, accessed May 6, 2021. <https://gallica.bnf.fr/ark:/12148/bpt6k6550775x/f9.item.texteImage>

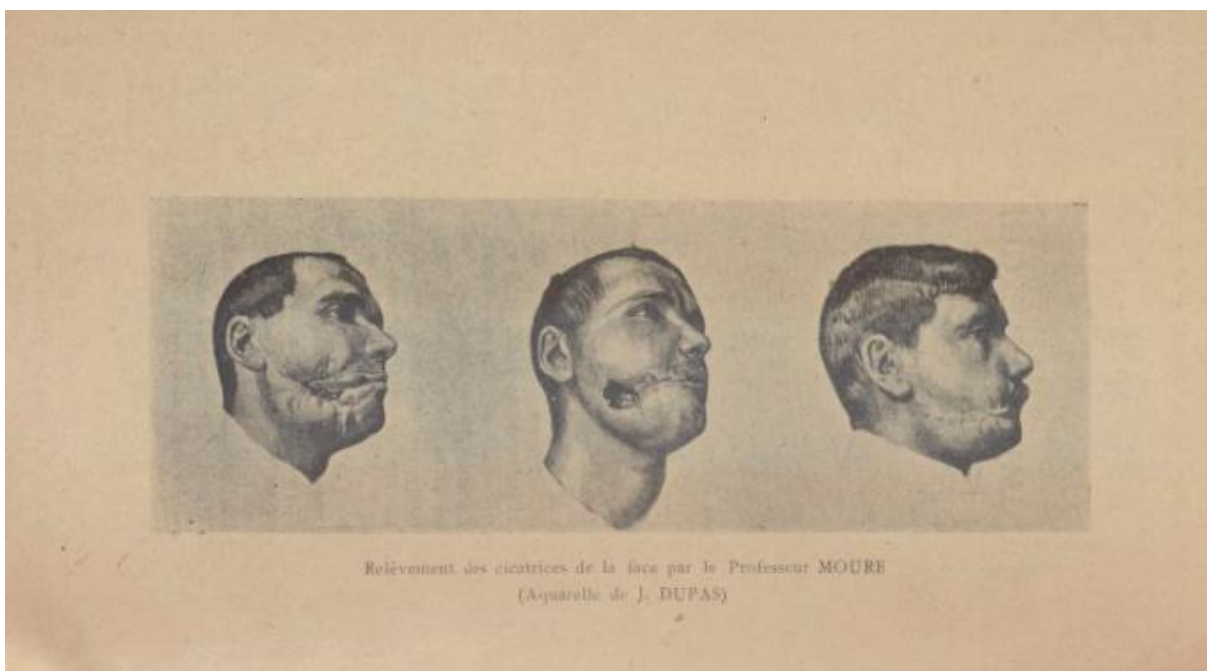


Figure III.8, J. Dupas, Relèvement des cicatrices de la face par le Professeur Moure, 1914-1918, watercolours on paper, *Exposition Œuvres et Documents de Guerre, Catalogue Illustré*, Bordeaux, accessed May 6 2021. <https://gallica.bnf.fr/ark:/12148/bpt6k6550775x/f6.item.texteImage>

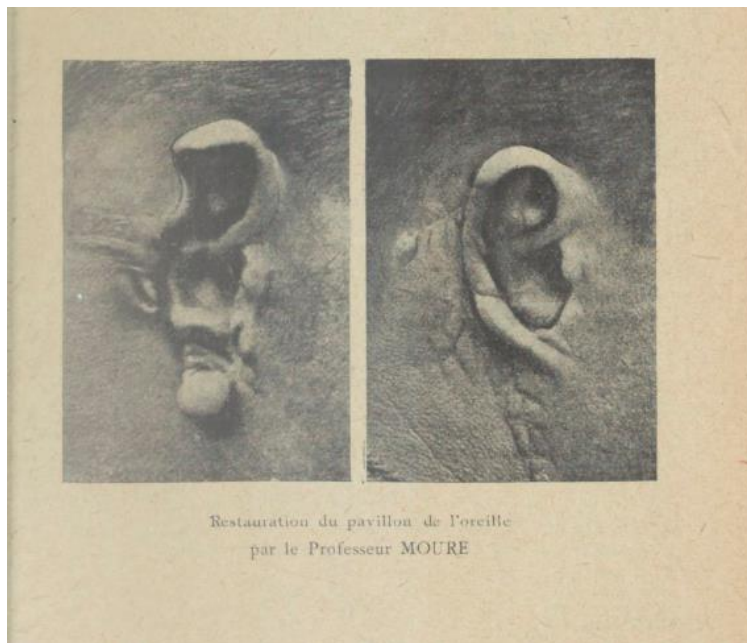


Figure III.9, Anon, *Restauration du pavillon de l'oreille par le Professeur Moure, 1914-1918*, black and white photographs, *Exposition Œuvres et Documents de Guerre, Catalogue Illustré*, Bordeaux, accessed May 6, 2021. <https://gallica.bnf.fr/ark:/12148/bpt6k6550775x/f11.item.texteImage>

That most of the visual recording outside of artistic representation (and some of the *moulages*) is in monochrome means that its interpretive value was limited in some ways. Photographs demonstrated the extent of the injury and the progress of reconstruction. X-rays allowed for the exact location of fractures and foreign bodies, and line drawings and illustrations helped visualise surgical procedures. Plaster casts served as tactile materials to plan and create surgical and mechanical approaches to repairing facial damage. Some plaster casts were coloured and therefore presented as before and after narratives, but as representations in this context wax models offered the most realistic version of the trauma. However, while clearly the three-dimensional models were found to be very helpful as both planning templates and pedagogical materials, they involved more investment of time to create and were more invasive than photographs, x-rays or portraits. It appears that access to several visual versions of the injuries allowed for a more holistic approach to the management of these sometimes very complicated facial traumata, and it is important to consider Tonks' and Freida's portraits within this context. Essentially, more than one aspect of the injury was necessary for internal, functional reconstruction and external, aesthetic repair. The question often arises then as to why artistic representation in pastel, crayon, charcoal and watercolour was needed in addition to photographs. The most obvious answer

must be ‘colour’, since the monochrome versions do not demonstrate certain important details. For instance, yellows and greens show infection, bruises are blue green or purple, and even evidence of a successful healing process or not can be seen in the different tones of red and pink. Thus, Freida’s and Tonks’ portraits provided another dimension to the visualisation of facial trauma in need of repair, acting as diagnostic and educational tools to reinforce the additional documentation.

III.II Tonks’ and Freida’s Portraits: Origins, Methodologies and Case Studies

Tonks’ images were produced in 1916 and 1917, and Freida’s in 1917 and 1918, both at the bidding of clinicians who considered them ideal candidates to record their work. According to Bamji, Tonks would watch Gillies at work in the operating theatre and make ‘lightening sketches’, following this with drawing pastel portraits ‘on the ward.’³⁵¹ The exact circumstances of production of Freida’s portraits are unknown, but Nicolas Méroc notes that in response to the need for iconographic documentation of facial wounds, Albéric Pont solicited Freida’s help.³⁵² As all of both artists’ portraits are on plain backgrounds, it is not possible to establish exactly where they were created; designated space, treatment room or hospital ward. In the first instance, Tonks was very enthusiastic about his task:

‘I am doing a number of pastel heads of wounded soldiers who had their face knocked about. A very good surgeon called Gillies who is also nearly a champion golf player is undertaking what is known as the plastic surgery necessary. It is a chamber of horrors, but I am quite content to draw them as it is excellent practice.’³⁵³

This statement has an interesting dynamic. Tonks appears to be trying to lighten the situation in his correspondence with his friend, D. S. McColl by deflecting from the brutal nature of the injuries; the men’s faces were ‘knocked about’. He then adds some rather casual information about Gillies’ golfing skills, and ends with ‘a chamber of horrors’ which he qualifies as a gratifying exercise to improve his artistic techniques. There is, clearly, little evidence of such levity in his portraits. While it may be argued that the use of pastels somehow softens the appearance of disfiguring facial trauma, Tonks’ depiction of the injuries was appreciated by Harold Gillies. In the preface to *Plastic Surgery of the Face* he wrote ‘The foundation of the graphic method of recording these cases lies to the credit of Professor

³⁵¹ Bamji, *Faces from the Front*, 51.

³⁵² Nicolas Méroc, “Les Gueules Cassées d’Albéric Pont et Raphaël Freida” (PhD diss., Université Claude Bernard – Lyon, 2007).

³⁵³ Cited in Hone, *The Life of Henry Tonks*, 127.

H. Tonks (Slade Professor), many of whose diagrams and photographs of his remarkable pastel drawings adorn these pages.³⁵⁴ The only information that exists on how Freida felt about drawing the portraits for Pont is his dedication to the latter on one of his images in his portfolio “Les Misères de la Guerre”, seen in the top right corner of Figure III.10. This could have been out of esteem for the surgeon, or in gratitude for recognition of his skills as an artist, but it is difficult to speculate.

Many of Tonks’ and Freida’s portraits depict similar facial injuries, and it is interesting to consider how these are presented using different techniques. The soft-focus qualities of pastels in Tonks’ hands appear to work very well for the most part in portraying the man and his injury. Equally, Freida’s precise, line-textured graphics result in the same outcome – a clear representation of the injured sitter. Qualitatively, then, the portraits by both artists are similar; Chambers notes that Tonks’ portraits ‘exceed the meaning and conventions of medical illustration’³⁵⁵ and the same could be said of Freida’s. These portraits are works of art in the more traditional sense and present their subjects as entities beyond their status as examples of clinical interest. As Bennett said of Tonks’ portraits, ‘the artist has, in a sense, instilled his sympathy and understanding into the record’,³⁵⁶ and again the same sense of sympathy is apparent in Freida’s portraits, particularly as he highlights many of his sitters as obvious war casualties. In their respective artistic styles, each artist reproduces the individual, and a detailed visual description of their injuries. Their initial impression is that they adhere to the formal conventions of portraiture, meeting the expectations for the viewer as a mimetic representation of the sitter. This is borne out in the photographs and sometimes other media representations of the same subjects. There is a slight difference in the sizes of the portraits; Freida’s are a little larger at 25.5 cm wide and 33 cm long as opposed to Tonks’ 20 cm wide and 27 cm long. Both artists demonstrate extensive knowledge of the physiognomy of the face and head, and, perhaps more importantly, the ability to capture the ‘essence’ of the sitter, if not necessarily their state of mind at the time of sitting. Both artists display an understanding of the pathologies of trauma, perhaps more so for Tonks given his background in surgery and anatomy; he was ‘highly attuned to the physicality, the *fleshliness* of art’ as Biernoff points out.³⁵⁷ Pastels’ gauzy, blurred characteristics would seem to be an

³⁵⁴ Harold Gillies, *Plastic Surgery of the Face*, (London, Hodder and Stoughton, 1920),X.

³⁵⁵ Emma Chambers, “ Wounded soldiers and the memory of war” in S.J.M.M Alberti (Ed) *War, Art and Surgery*, (London, Royal College of Surgeons of England, 2014), 54.

³⁵⁶ John P. Bennett, “Henry Tonks and his Contemporaries” *British Journal of Plastic Surgery* 39: 1986, 15.

³⁵⁷ Suzannah Biernoff, “Flesh Poems” in *Portraits of Violence*, (Ann Arbor, University of Michigan Press, 2017) 118.

inappropriate medium to reproduce anatomy and pathology accurately, but Tonks' competency largely succeeds. Shapes are made by working the pastel on the paper with fingers, a tactility in tune with clinical handling human tissue, as noted by Biernoff.³⁵⁸ Perhaps in Freida's case, then, sight is the more important sense in his version of the facially-injured soldier. Freida's observational skills from years of life drawing also render him more than capable of accurate reproduction, his precision draughtsmanship quite literally contrasting sharply with that of Tonks, but ultimately fulfilling the brief of illustrating the trauma.

There is a confidence in the production of the portraits, Tonks shaping the heads and faces with sweeping movements of the pastel crayons, and Freida meticulous in his use of fine lines, demonstrating two distinct modes of presenting depth and perspective. That both artists were long-established in their professions when they drew the portraits would explain this – they were experienced and comfortable with the media they used. Tonks had been working with pastels since 1911, and, according to Collins Baker, cited by Hone, had 'mastered the medium' as he found it less complex to use than oil.³⁵⁹ Pastels aided Tonks in achieving his 'goals of sculptural solidity; infinite variety of light suffused colour; elusive fractions of tone and half-light, and the glory of full sunlight were achieved in pastel by long-studied processes of building up'.³⁶⁰ This is evident in his use of the malleability and texture of pastel crayons on white or cream paper, which does indeed give the impression of 'structural solidity' and tangibility to the subjects. There is however, a hurriedness about Tonks' pastels, with emphasis on the clinical nature of the portraits to provide optimum display of the wounds, therefore little time for additional details such as dress or background in many examples. This may well reflect the volume of images he was obliged to create, although Chambers notes that Tonks regarded pastel as 'a versatile medium which could equally be used for taking quick and accurate notes'.³⁶¹ It may also be because the bulk of his artistic work was in illustrating the surgical plans and procedures, as Gillies had sought him out since 'drawings of the actual operations were necessary in order to use his patients as an educational resource.'³⁶²

³⁵⁸ *Ibid.*, 136.

³⁵⁹ Hone, *The Life of Henry Tonks*, 333.

³⁶⁰ *Ibid.*, 332.

³⁶¹ Emma Chambers, 'Fragmented Identities' *Art History* 32:3 (2009): 587. The author cites a letter from Henry Tonks to his friend D.S. McColl from 2 July 1934.

³⁶² Bamji, *Faces from the Front*, 50.

Tonks' pastel contours and shapes contrast with the linear, illustrative style of Freida's portraits. Freida uses pastel crayon and pencil on a dark background, variously dark grey or burgundy. Detail is achieved in using fine pencil strokes to build up the image, which is in keeping with his profession as an illustrator. This method is to facilitate the engraving for repeated reproduction of an image, since the fine lines would be scored on to a metal plate to be used in the printing process. Typically, several drafts of the required images would be produced before deciding on which one to use. Often, there was a template or preparatory sketch in pencil,³⁶³ of which there are several examples in the collection of his work at Val-de-Grâce. This suggests a greater degree of planning for the envisaged final product, differing perhaps from the apparent spontaneity of Tonks' portraits. Over half of Freida's twenty-two portraits are in military uniform, some more formal than others, suggesting that he had more time to attend to details, although it is worth remembering that as an experienced artist he could quite feasibly have executed his portraits with the same apparent speed as Tonks. The intricacies of illustration are, for Freida, 'at the summit of all the arts',³⁶⁴ as much as Tonks found pastels quick and convenient, although the latter apparently eventually abandoned the use of the medium.³⁶⁵

Both artists use a similarly minimalistic colour palette. Tonks uses bright fleshy tones on a white or cream background, coupled with ochres and khakis to shape the face, and highlights the injuries using bright red for the open wounds, various shades of blue for bruising and often bright yellow to show pus exuding from infected wounds. Freida uses more muted tones of off-white, pale yellow, peach, pale blue to complement the structures he has created with black pencil lines. There are occasional examples of vivid reds in his portraits, such as in Figure III.13. Freida's use of yellow and white on a dark background serves to elevate the face from the page, the reverse of Tonks' equally effective technique of using darker colours on a light background. It is also worth exploring how their use of colour presents the impact of scarring and disfigurement from the injuries, such as how the soft lines of Tonks' pastels compare with Freida's sharp-edged linear detailing of damaged tissue.

One of the most obvious differences in the execution of both artists' portraits is that Tonks produces 'before' and 'after' examples, a continuity that is missing in Freida's single portraits of each sitter which appear to be during or after treatment. However, there are in fact

³⁶³ See, for example, Figure III.17.

³⁶⁴ Raphaël Freida, *Raphaël Freida to J. Rougier* May 19 1934. Letter, Paris, private collection.

³⁶⁵ Hone, *The Life of Henry Tonks*, 334.

only ten examples of pre- and post-operative conditions among Tonks' 73 portraits. It may well be that some of the pastels were lost, although Bamji asserts that while the Facial Museum from Sidcup 'vanished', Tonks' works were saved at the Royal College of Surgeons in London.³⁶⁶ Occasionally, in both artists' collections, the subjects' names are included on the image, some have corresponding photographs and, with Pont's patients, *moulages* and film footage.

Tonks and Freida appear to have different approaches in constructing identities for their sitters. Tonks' work is purely clinical, aimed at optimising visual access to the wounds, evidenced by the focus on the head, and particularly the physical damage, and the recurring exclusion of details such as dress. Conversely, there is an ambiguity about Freida's portraits which present a mix of the clinical and the commemorative, some as disembodied heads like those of Tonks, others in full military uniform. Of the twenty-two portraits, ten have had a recent injury or are in the process of restorative surgery. Twelve of his subjects are in uniform, often wearing their military decorations, suggesting an honorific as much as clinical basis for their creation. In Tonks' portraits, Josephine Tipper remarks that in the 'after' portraits by Tonks the men have 'neatly combed hair, and occasionally wearing ties and pressed collars with blue jackets.'³⁶⁷ It would, however, be misleading to think that more formal attire or a uniform signified the end of treatment. In Freida's case, some of his uniformed subjects are presented as though their faces are in the process of reconstruction. Tonks' subjects are wearing the specific British Army hospital attire, consisting of a blue jacket and trousers, white shirt and red tie. Twenty one of Tonks' sitters are represented to one degree or another in this uniform. It is most frequently simply a suggestion, with some blue jacket lapels, some wearing the red tie, others in open-necked white shirts with a hint of the blue jacket. It is arguable that Tonks' portraits give little indication of the origins of the men's trauma; the blue jacket and red tie may not betray the status of the sitters to an audience unaware of the British military hospital uniform policy. Conversely, Freida's uniformed men leave the viewer in no doubt as to the origins of their injuries. Apart from one image of Private Ashworth, who appears to be in the process of having his wounds irrigated using a metal receiver under his chin, most of Tonks' portraits do not contain other medical

³⁶⁶ Andrew Bamji, 'Facial Surgery: The Patients' Experience' in H. Cecil and P. Liddle (Eds) *Facing Armageddon: The First World War Experienced*, (Barnsley, Pen & Sword Books, 1996), 495.

³⁶⁷ Josephine Tipper, "Reconstructing men from the operating table to the gallery: A study on the shifting context of Henry Tonks' pastel portraits of wounded soldiers" (Masters diss., University of Edinburgh, 2016), 19.

accoutrements such as dressings. This is not the case for Freida's portraits, six of which include materials like dressings, splints and drains, which suggest ongoing management of the injuries. This will be further discussed in Chapter IV.

What is also striking about the collection of Freida's work at Val-de-Grâce is that one is not of a facially-injured soldier. The man in Figure III.11 has no obvious wounds, but his face is creased, his eyes are squeezed to half-closed and his mouth is turned down; it could be that he is crying, but there are no tears. Perhaps Freida was trying to convey some kind of facial nerve damage. Little information is available on this image, and it is not known whether it represents physical or psychological damage.³⁶⁸ That Freida depicted physical and emotional distress beyond facial trauma is interesting, and the reason for this could be attributed to his very different professional background to that of Tonks. The latter was also a qualified surgeon and anatomist, and therefore understood the exact requirements of Gillies and the other practitioners working within the context of maxillofacial reconstruction. However, although he was deployed as an 'infirmier' or medical orderly, Freida would not have had the same clinical experience and mindset as Tonks. This may well explain why he took a broader approach to his subjects' identities as war casualties. Also, the possibility that photographic materials and *moulages* held more practical value for Pont as clinical and educational tools may have some bearing on his expectations from artistic representations of his patients. It is reasonable to assume however that Freida's portraits had a pedagogical function much in the same way as those of Tonks, given their meticulous representation of the injuries.

Freida has signed and dated all his portraits, and some of them include details about the sitter, conversely, none of Tonks' portraits are signed, although some among them identify the sitter. Equally, none of Tonks' portraits are dated. It is possible that Freida signed his portraits through force of habit, since in print all his images bear his signature. It may also be that there was an intended audience beyond the clinical setting for Freida, whereas Tonks did not feel the need to identify himself as he did not create the portraits for public display.

³⁶⁸ M. Marc Baumelle, curator at the Musée de Santé des Armées, suggests the possibility of bodily injury such as to the limbs, or gas poisoning. Email message to author, June 25, 2021.



Figure III.10, Raphaël Freida, *Le C.*, dedicated to Albéric Pont, 1918, pastel and pencil, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

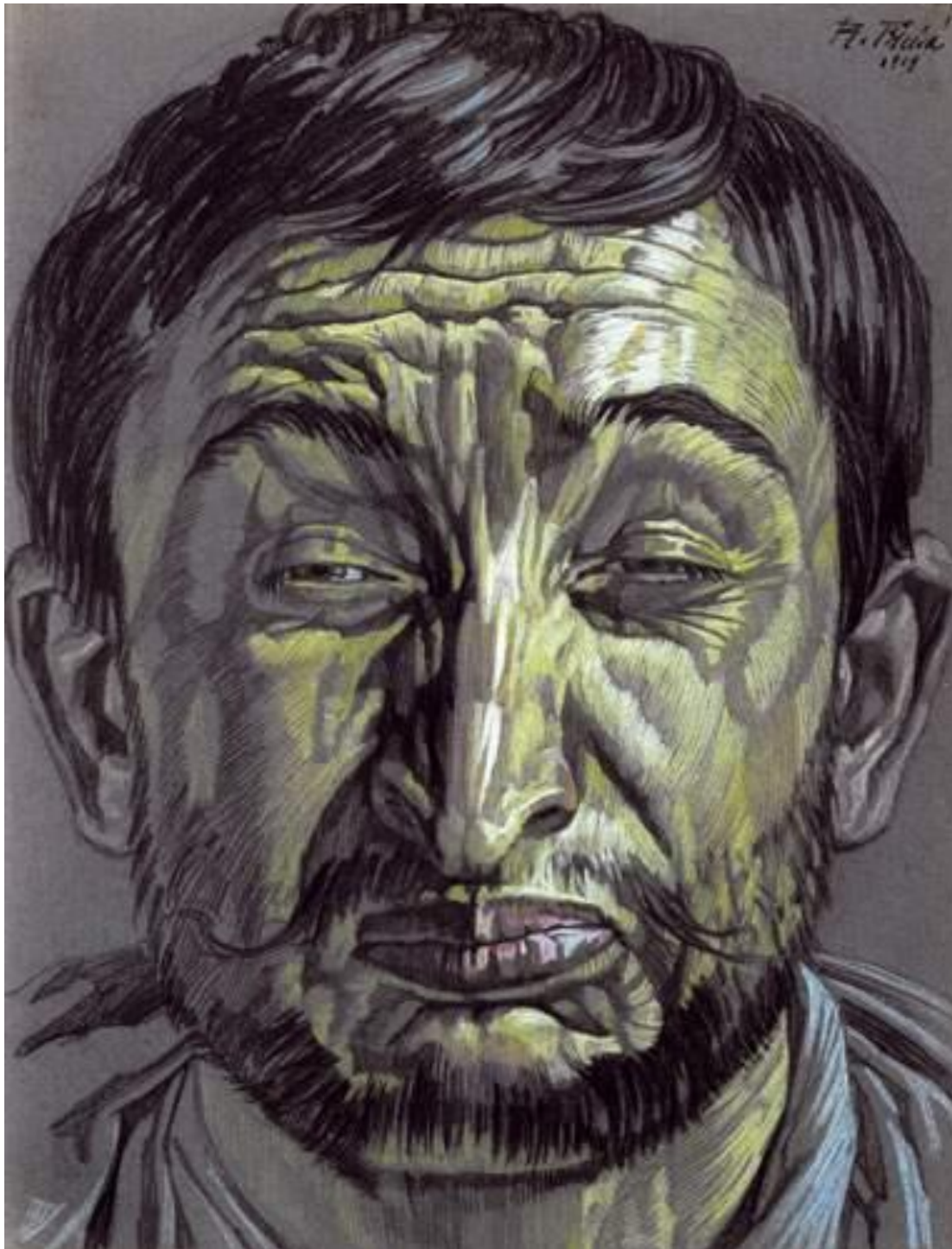


Figure III.11, Raphaël Freida, portrait of an unknown man, 1918, pastel and pencil on paper, 25.5 x 33.3 cm, © Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

There are 73 examples of Tonks' portraits, as opposed to 22 by Freida, however these numbers are sufficient for the purposes of this project. As representative of the typical types of injuries sustained by the soldiers, examples of similar facial wounds from each artist will be analysed. Composition and use of colour to illustrate the injuries will be compared. Almost all of the portraits are of white men, but common to both artists is a single portrait of a black soldier with facial trauma, which makes a case for a brief exploration of how this represents colonial soldiers and the Great War in the context of military medicine and facial trauma.

Cheek Wounds

Figures III.13 and III.14 are of men who received injuries to the right cheek. Both portraits are good examples of Tonks' and Freida's contrasting methodologies. The latter's portrait of *Sous Lieutenant Allemand* (Figure III.13) is typical of his more honorific images – Allemand is in full uniform, wearing a military medal (the *Croix de Guerre*), and posing face-on for the image. This is in spite of the fact that Freida's technique demonstrates that the injury appears to be relatively recent. The shading in red highlighted in white under his right eye shows the bulge of a blood-filled contusion which would in the fullness of time have reduced to discolouration. The wound stretches from just in front of his ear to his lower lip, which is twisted downwards, the livid red of the wound echoed in the insignia on his uniform collar. There is no corresponding photographic record of Allemand, but there is a coloured *moulage* which represents the full extent of the wound along his cheek (Figure III.13). A small file card accompanying the portrait gives details of the injury, but not of the treatment, presumably because none had been initiated at that point. Allemand was injured on 20 August 1917 at Beaumont, but how exactly is not explained. The resulting damage is that his right cheek is almost completely 'torn away' from underlying structures, with a wound extending to the outer edge of his right lip, fractures of his upper and lower right maxillae and substantial loss of teeth.³⁶⁹ Unusually, there are handwritten details (not in Freida's distinctive style) of Allemand's rank and date of injury on the top right hand corner of the portrait although this information also cites the place of injury as Verdun. There is a second version of this portrait (at the Archives of the Musée des Hospices Civils de Lyon) which is not annotated, and there is also a preparatory sketch. (Figure III.17) The full-face portrait does not demonstrate the entire extent of the trauma to Allemand's cheek, and therefore

³⁶⁹ File card accompanying portrait of Sous-Lieutenant Allemand, Item no. 308, Musée des Hospice Civils de Lyon Archives.

contrasts considerably with Tonks' approach to Private Dandridge (Figure III.14). This perhaps reinforces the idea that some of Freida's portraits were recordings more for posterity than for clinical use, although as will be shown he has produced more graphic examples of facial trauma.

Using mostly shades of grey, brown, flesh and red, Tonks recreates Dandridge's injury to his right cheek which he sustained on 23 June 1916.³⁷⁰ Tonks pays careful attention to the position of Dandridge's head which is tilted to the left in order to maximise the details of his trauma, such as soft pastel strokes would allow. There is a suggestion of a uniform in the khaki/brown colour around his neck. There are lines above his head which suggest some consideration about its position on the page before the definitive drawing. He is presented in three-quarter face portrait in order to reveal a gaping wound from just in front of his right ear and including the right lower margins of his lips. His mouth drops open as a result of the trauma, as opposed to Allemand's mouth which is firmly shut. It is entirely possible that this is due to the latter being fitted with a stabilising brace for his maxillary fractures; Albéric Pont had invented these devices for emergency use on the battlefield to prevent complications setting in before treatment. Dandridge was admitted for treatment just over a week after his injury,³⁷¹ but there are two smudges of yellow in the wound which suggest the presence of infection. It is of note that he spent five months at the Cambridge Military Hospital,³⁷² which would indicate that his injuries took some time to repair and heal. There is no 'after' portrait of Private Dandridge, although his patient file contains a diagram of his planned surgery and a photograph after treatment had ended. Gillies used Dandridge as an example of his work in *Plastic Surgery of the Face* (Figure III.12) putting both artistic and photographic representation to good use as post-war pedagogical visual materials. The gaze of both Dandridge and Allemand is directed away from the viewer, a common theme of apparent passivity in most of the artists' portraits of facially-traumatised soldiers. Ultimately, and despite Freida's apparent desire to forge a more holistic representation of his sitters as men rather than 'cases', Figure III.13 draws attention to the wound, the primary aim of the portrait. The humanity of Tonks' subjects is perhaps explained as a means to acknowledge the very individuality of their identities, and anticipates the work involved in restoring this individuality. This could be said of all his portraits.

³⁷⁰ Samuel J. M. M. Alberti, *War, 'Henry Tonks' Work' in Art and Surgery*, (London: Royal College of Surgeons of England, 2014), 44.

³⁷¹ *Ibid.*

³⁷² *Ibid.*

CASE 8

The mucous membrane shown in Professor Tonks's pastel (photo represented) was carefully preserved by stitching it to the skin margin in the early stages of this man's wound.

When the large wound on the right side of the cheek had healed, a plastic operation was undertaken for me by Lieutenant C. B. Tudehope, R.A.M.C. The corner of the mouth had been dragged down by the scar, and was relieved by its excision. In order to improve the position of the corner of the mouth and maintain it at a correct level, a descending flap from the right nasolabial fold, containing skin and subcutaneous tissue, was swung down and sutured beneath the readjusted vermilion border. A pleasing effect was thereby produced, but it might have been possible to raise the centre of the lip a shade more by making the flap a little longer.



FIG. 241.—Early condition.



FIG. 242.—After plastic.

Figure III.12, Private Dandridge, pastel portrait by Henry Tonks (L) and post-treatment photograph (R), reproduced in *Plastic Surgery of the Face*, 1920, London.

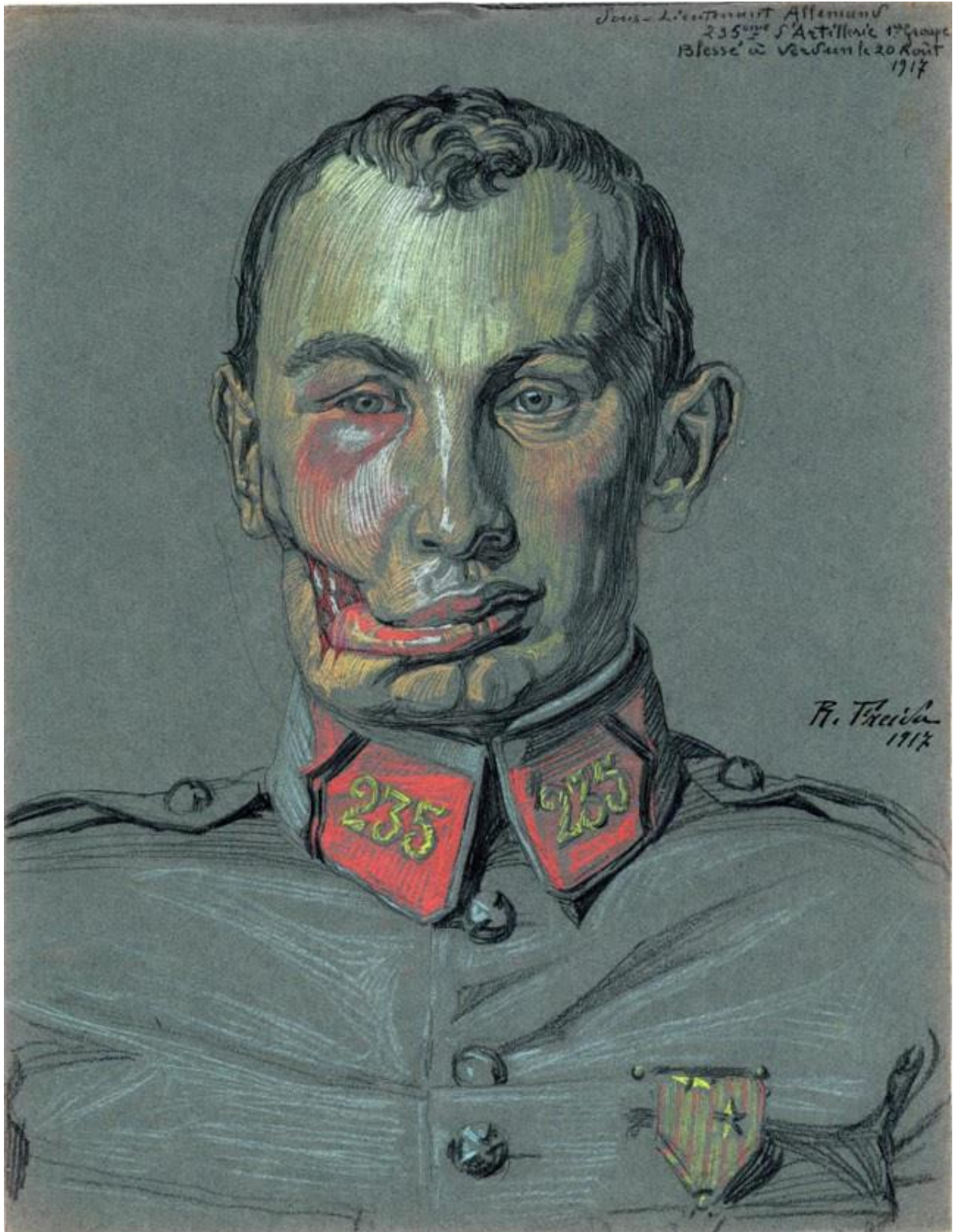


Figure III.13, Raphaël Freida, Sous-Lieutenant Allemand, 1917, pastel and pencil on paper, 25.5 cm x 33.3 cm, © Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.



Figure III.14, Henry Tonks, Private Dandridge, 1916, pastel on paper, 27.7 cm x 20 cm, RCSSC/P 569.21, ©, reproduced by kind permission of the Royal College of Surgeons of England, London.

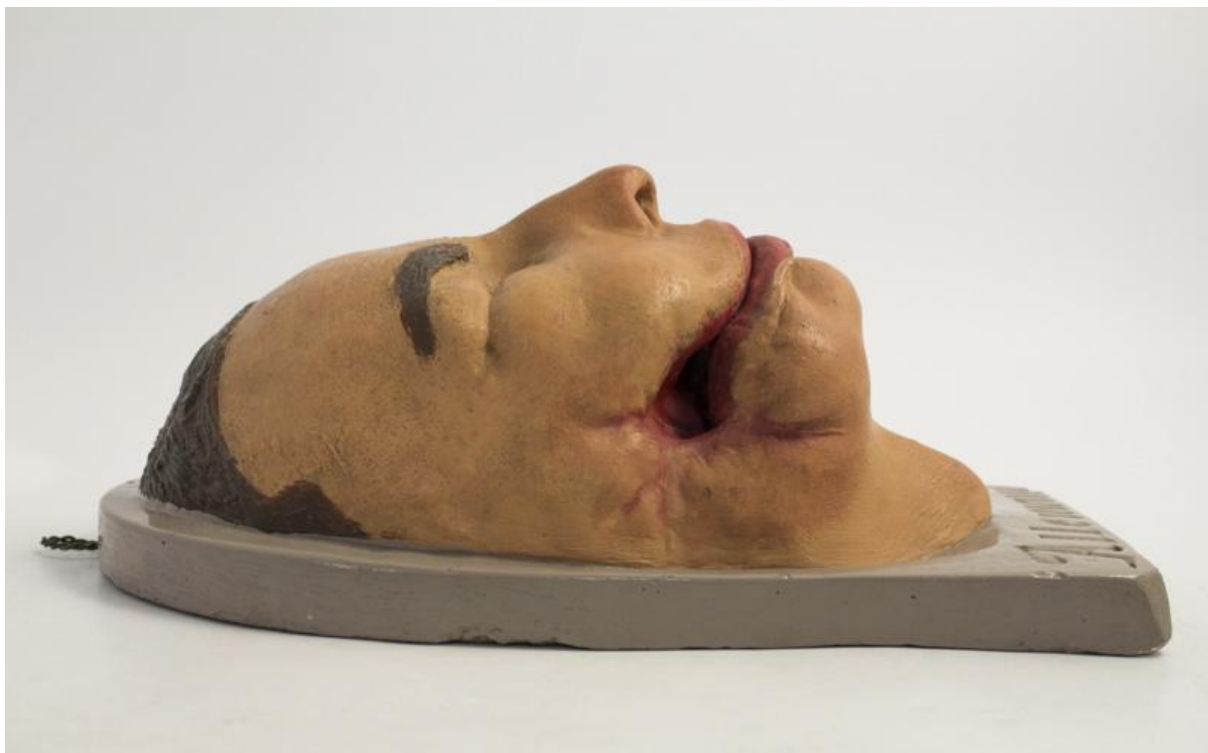


Figure III.15/16, Anon. Sous Lieutenant Allemand, 1917, plaster and paint, front and side views, Collection Albéric Pont, 2007.0.3657 M, ©Musée des Hospices Civils de Lyon 2007, © Service des Musées de France 2014.



Figure III.17, Raphaël Freida, Sous-Lieutenant Allemand, 1917, pencil on paper, 25 cm x 33 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

Nasal Trauma

The two portraits being compared here present similar nasal injuries, involving a hole across the bridge of the nose, and the loss of the nasal bones. Figure III.18 shows J. M. who was wounded by ‘a projectile’ on 17 September 1917 in Alsace. His injuries include a fracture of the outer wall of the upper right maxilla with exposure of the maxillary sinus and nasal cavities, a penetrating wound at the root of the nose and displacement of the nasal spine and the septum.³⁷³ The maxillary fracture and attendant haemorrhage and bruising is, as in Figure III.13, created using red crayon with white highlights, J. M.’s nose is crumpled into his face, and the gaping hole above his nostrils details the interior structures of his nasal cavities. In an example of Freida’s use of brighter colours, his skin tones are coloured in yellow, white and flesh, the contours of his face shaded with greys for depth and structure. Pink and white recreate the large swelling in his right cheek and the damage to his right nostril. J. M. is one of the few sitters that stare directly out of the portrait, and is the only subject of Freida’s that is without any kind of clothing visible. The file card with his portrait at the Musée des Hospices Civils, Lyon outlines the plan for a costal (rib) graft to repair the defect in his nose, but there are no further details of whether or when this intervention took place.

In his portrait of Private C. Day, Tonks has included a background wash of grey, and the blue collar of the hospital uniform. (Figure III.19) Tonks’ use of a background tint appears to be random, and there is no particular pattern to its use in his images. Day’s nose was torn off as a result of a shell explosion, and Tonks shows the damage in his use of pinks and reds. One of his nostrils is entirely gone. His nose was eventually reconstructed using a skin flap from his forehead, unlike M.’s bone graft. There is no ‘after’ portrait by Tonks, but the photographs from his file show the use of a splint to keep the graft in place, along with the final result of ten interventions.³⁷⁴ For all the blurred edges of Tonks’ portrait, it is still a detailed representation of Day’s injuries due to judicious use of colour and texture. Freida’s portrait is also textural but achieved with very fine strokes of colour; it is almost photographic compared with Tonks’ soft-focus pastels. Freida’s J.M. is depicted in close-up, his face filling almost the entire page space, Day is less so. Unlike Allemand in Figure III.13, M.’s face is better placed to show the full extent of his injury, with light and shade and the slight turn of his head used accordingly.

³⁷³ File card accompanying portrait of J.M., Item no. 309, Musée des Hospice Civils de Lyon Archives.

³⁷⁴ Alberti, *War, Art and Surgery*, 88.

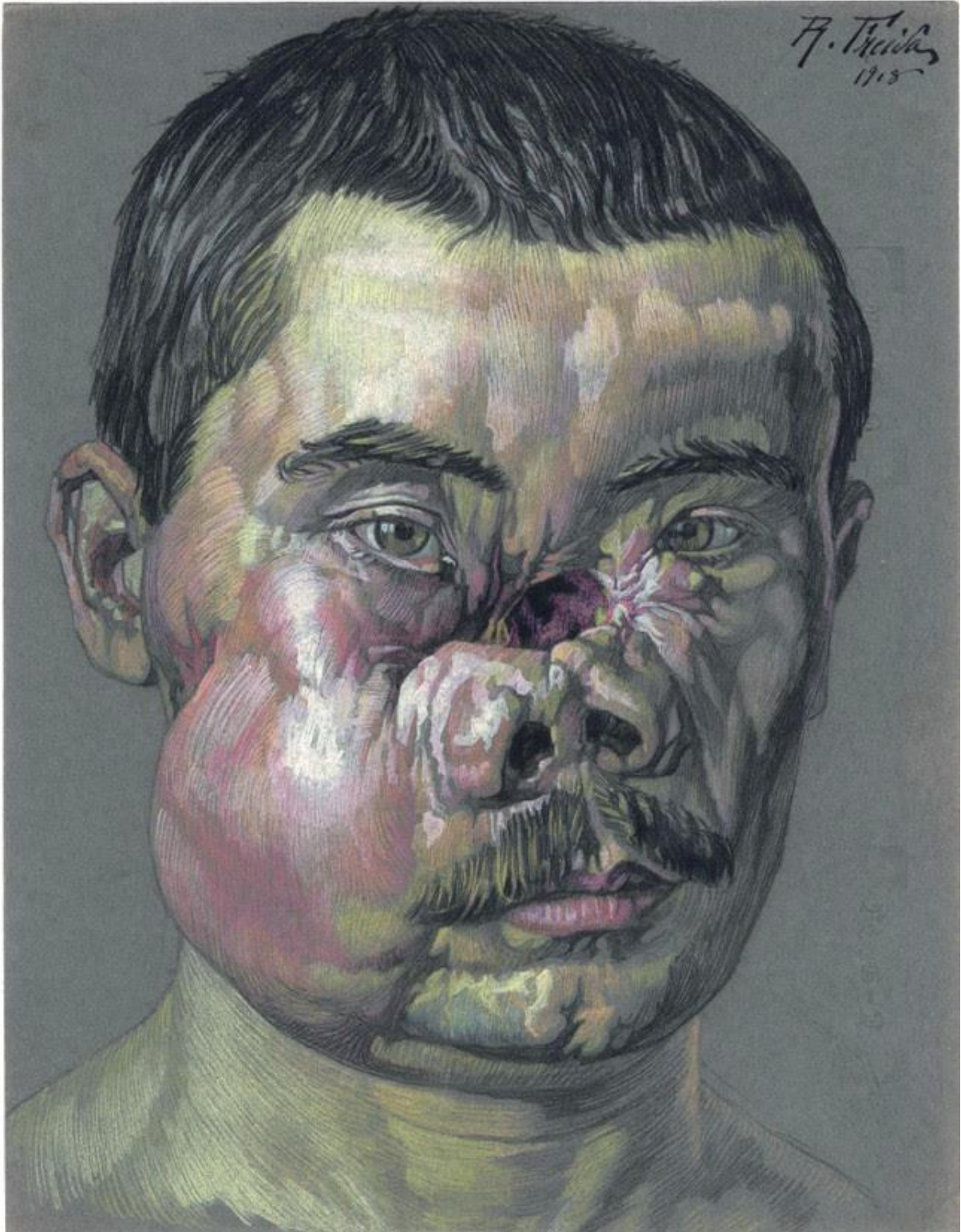


Figure III. 18, Raphaël Freida, portrait of J.M., 1917, pastel and pencil, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.



Figure III. 19, Henry Tonks, portrait of Private C. Day, 1916, pastel on paper, 28 cm x 21 cm, RCSSC/P 569.41, ©, reproduced by kind permission of the Royal College of Surgeons of England, London.

Colonial Soldiers

The portraits by Tonks and Freida contain only one example of a black soldier with facial trauma. While scholarship on the involvement of colonial troops in the Great War is ongoing, Richard S. Fogarty provides some interesting insights into the French military during the conflict. He notes that in principle, based on the ideologies of *'liberté, égalité, fraternité'*, the *troupes indigènes* were regarded as equal partners to their metropolitan comrades in the fight against the enemy.³⁷⁵ These attitudes contrasted heavily with the American forces' outwardly racist treatment and segregation of black soldiers. British Imperial authorities apparently expressed a certain unease about furnishing some of their colonial subjects with munitions, for fear of insurrection in their colonies. Ultimately, while French attitudes to their colonial troops appeared more inclusive than those of other belligerent nations, racial prejudices were evident nonetheless, making their 'full integration in to the French nation, which official rhetoric insisted was their 'adopted fatherland' difficult, if not impossible.'³⁷⁶ African troops serving with Britain numbered about 50,000,³⁷⁷ and comprised the vast majority of the 600,000 French colonial military forces.³⁷⁸ Given that these figures are a small proportion of the total of mobilised men in both countries, 7 981 000 in France and 8 904 467 in Britain,³⁷⁹ it may be that there were fewer frontline casualties among African soldiers. This may explain the limited medical visual resources. A further reason for the lack of examples of battle-related trauma among this group could be that many of those from British and French colonial territories were deployed in roles that did not involve active combat, supporting military infrastructures as manual labourers, for example.³⁸⁰ The consensus remains that colonial soldiers made an important contribution to the war effort, although their involvement in the conflict was not always necessarily by choice.³⁸¹ In terms of the incidence and outcomes of facial injury and colonial troops however, further studies are needed.

Figure III.22 is a full-face portrait from 1918 of Aka N'Dié, who is identified only with the initial 'A' in the accompanying file card. He sustained his injury at Gallipoli on 25

³⁷⁵ Richard S. Fogarty, *Race and War in France: Colonial Subjects in the French Army, 1914-1918*, (Baltimore, Johns Hopkins University Press, 2008), 2-3.

³⁷⁶ Ibid.

³⁷⁷ Bernard Waite, "Peoples of the Underdeveloped World" in Hugh Cecil and Peter Liddle (Eds) *Facing Armageddon: The First World War Experienced*, (Barnsley, Pen and Sword, 1996), 608.

³⁷⁸ Marc Michel, "Les troupes coloniales dans la guerre" in *Encyclopédie de la Grande Guerre 1914-1918*, (Paris, Bayard, 2013), 323.

³⁷⁹ Jay Winter, "Victimes de la guerre : morts, blessés, invalides" in *Encyclopédie de la Grande Guerre 1914-1918*, 1017.

³⁸⁰ Waite, *Facing Armageddon*, 608-9.

³⁸¹ Michel, *Encyclopédie de la Grande Guerre*, 321-2.

June 1915, with the loss of his left eye and the bridge of his nose. This was eventually reconstructed using a flap of skin from his forehead, along with a cartilaginous graft.³⁸² However, as the image shows, the end result was not aesthetically ideal, and he was left with scarring which contorted his features, his nostrils bent to the left and his left eyelids are dragged out of shape to reveal an empty cavity. Freida contours Aka's face with precise strokes in pink, black and grey, and uses bright white to highlight the scar on his forehead and his nose, lips and left eye. In fact, the portrait is one of several visual representations of Aka, there are two photographs from Pont's album (Figure III.20), a *moulage* (Figure III.21) and, rather interestingly, there is also some film footage (Figure III.24/5). The latter is part of a short film made in 1916 about Pont's work at Lyon, where his patients are presented in various stages of treatment, including the use of prosthetics for a missing ear. Aka performs to the camera, doffing his cap and smiling, although it is not clear whether he was instructed to do so by the film maker or acting spontaneously. His appearance suggests that he had not yet had surgical reconstruction, as there is still a discernible hole in the left side of his nose, and the scar in Freida's portrait is not readily visible. It is an unusual film as it presents mutilated men with significant disfigurement, and was shown to the public in cinemas, promoting advances in surgery for injured soldiers.³⁸³ This further supports the argument that *gueules cassées* were more visible in France. It is, however, testament to Freida's skill as a portraitist, as the man in the film is unmistakable as the subject in the artistic medium.

Private Williams from the 3rd Nigerian Regiment was injured in September 1917, although the exact location is unknown. (Figure III.23) His lower jaw and lip are torn apart, with part of the maxilla missing, and there appears to be damage to his left cheek also. Tonks uses a blue background, with various shades of brown to shape Williams' face. It is difficult to elicit whether or not his tongue is intact, there is a pink patch below his lip but exact shapes are indiscernible. Tonks' representation of Williams' clothing amounts to a suggestion of a blue jacket, and a white collarless shirt. His face is turned slightly to the right to display his injury and, unlike Aka in Freida's portrait, his gaze is directed away from the viewer. According to Bamji, the only record of Williams' treatment is a small file card, and his recovery was slow because he suffered repeated infections and 'three attacks of pneumonia', but eventually a satisfactory reconstruction was achieved with a dental splint.³⁸⁴

³⁸² File Card accompanying portrait, Article no. 320, Musée des Hospices Civils Lyon Archives, Lyon.

³⁸³ Véronique Pontillon-Valedon, Responsable des Actions Scientifiques, ECPAD, email correspondence with author 29 July 2021.

³⁸⁴ Bamji, *Faces from the Front*, 74.

He returned to Nigeria in December 1919,³⁸⁵ however, his life as a war veteran may not have been easy. George S. Njung notes that in spite of promises made by British colonial authorities at the end of the war, social and economic provision for Nigerian ex-soldiers was inadequate and indifferent.³⁸⁶

These portraits are further examples of the artists' very different approaches to depicting facial trauma. Freida's portrait of Aka is completed with his illustrative precision, and pays attention to every crease and detail of the sitter's face, presenting a striking image of his mutilated features. Tonks' portrait of Private Williams, however, appears vague and imprecise in comparison, more a suggestion of the trauma. For example, there is no indication of the saliva coursing down his neck, as in the photograph in Figure III.26. However, it could be that some of the pastel crayon work in Tonks' portrait has been erased or damaged in some way, since these materials are fragile and difficult to store.

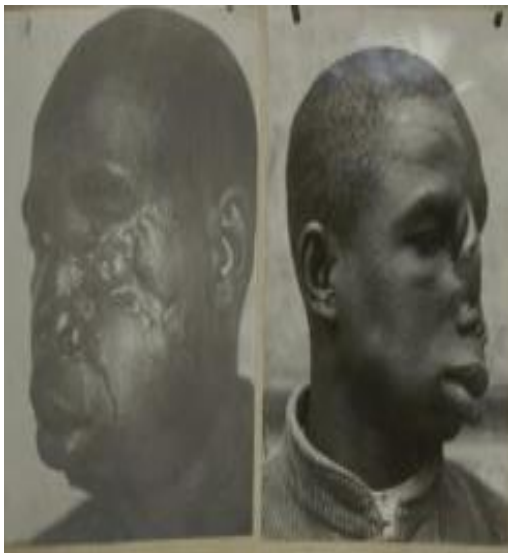


Figure III.20 (L), Anon., Aka N'Dié, date unknown, black and white photograph, Album Albéric Pont, BIU Santé, Paris, accessed May 8, 2021. https://archive.org/details/BIUSante_pont_gc_album_02/page/n103/mode/2up Figure III.21 (R), Anon. Aka N'Dié, after 1915, plaster and paint, 32.4 cm x 18 cm x 13 cm, Ref. 2007.0.3634 M, © Musée des Hospices Civils, Lyon.

³⁸⁵ Alberti, *War, Art and Surgery*, 160.

³⁸⁶ George S. Njung, "Victims of Empire: WWI ex-servicemen and the colonial economy of wartime sacrifices in post-war British Nigeria" in *First World War Studies* 10:1, 2019, 49-67.

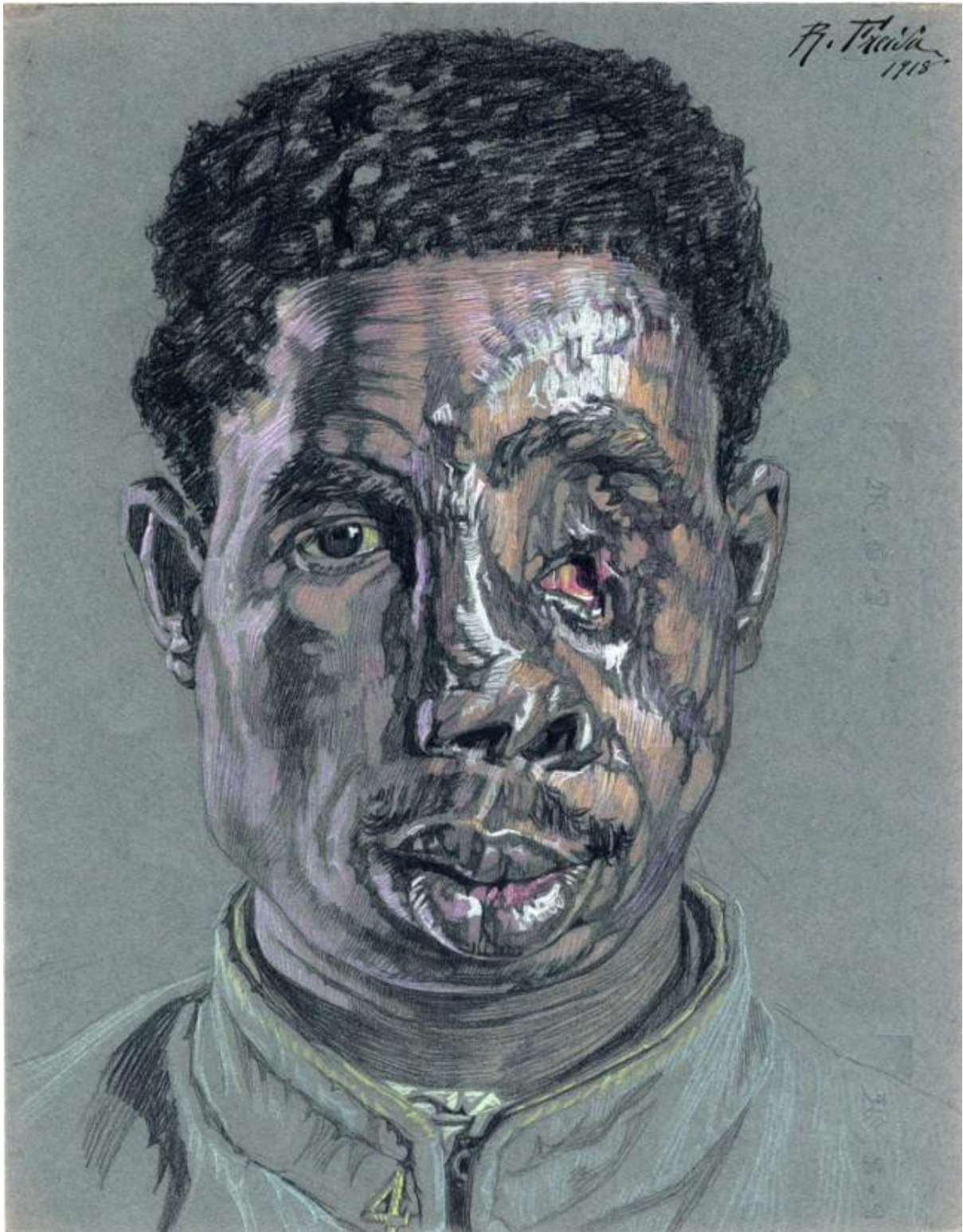


Figure III. 22, Raphaël Freida, Aka N'Dié, 1918, pastel and pencil on paper, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.



Figure III. 23, Henry Tonks, portrait of Private Williams, 1917, pastel on paper, 28 cm x 22 cm, 2800, © UCL Art Museum, University College London. Reproduced by kind permission.



Figure III.24/25, Aka N'Dié, 1916, "Service de prothèse maxillo-faciale du docteur Pont à Lyon", still from film footage (01m.48s-02m.07s), © Réalisateur inconnu/SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission.



Figure III.26, Anon., Private Williams, 1918, black and white photograph, MS0513/1/1/2231, © Reproduced by kind permission of the Royal College of Surgeons of England, London.

Burns

Most of the injuries represented in the portraits by both artists are from gunshot and shrapnel, the most common means of trauma. Although facial burns in wartime are perhaps more readily associated with RAF pilots in the Second World War, there are certainly examples of this kind of trauma among Great War soldiers. In the Gillies archives, there are only 20 cases of burns listed, mostly caused by petrol or cordite, with 3 civilian cases also treated at Sidcup.³⁸⁷ In *Plastic Surgery of the Face*, Gillies outlines five main causes of burns; cordite from ‘backfires’ in the ‘burning of munition dumps’, petrol, associated with aviation, acid as a result of a factory accident, from flame-throwers and ‘electric burns’.³⁸⁸ Both Tonks and Freida have an example each among their portraits of airmen disfigured by severe burns. There are two further burns cases in Tonks’ collection, Gunner Grayer who was injured in an artillery explosion,³⁸⁹ and Private Brown, whose source of injury is controversial; he was apparently burned by a flame thrower, but Gillies thought his scars more in keeping with acid burns.³⁹⁰

Murray C. Meikle notes that the combustible nature of early aircraft compounded by the lack of safety equipment like parachutes made pilots extremely vulnerable to severe burns.³⁹¹ The resulting damage was extensive, contracted, thick and fibrotic scarring, often with the features literally melted away or dragged out of shape by the cicatrisation process. Freida’s portrait of Airman Marius Émé from 1917 (Figure III.27) is of his head and shoulders and he is in full uniform, with his military decorations including the *Croix de Guerre*. He was injured in an aeroplane crash on 25 February 1917 and treated at the maxillofacial centre in Lyon.³⁹² The top right hand corner of the portrait is annotated with his name and the date of his injury. Again, Freida’s meticulous detail outlines Émé’s face and shoulders using colour sparingly, shaping the scarring around his eyes, using pink to demonstrate his downward-turned lower eyelids (ectropion). Black and white strokes show the remnants of his nose and pink and yellow create the contracted tissue around his lips, giving the impression that he cannot close his mouth. His case was of particular interest as he

³⁸⁷ Calculated from a spreadsheet provided by the Royal College of Surgeons of England containing content details of 2639 of Harold Gillies’ patients’ files from the Queen’s Hospital, Sidcup.

³⁸⁸ Harold Gillies, *Plastic Surgery of the Face*, (London, Hodder and Stoughton, 1920), 347-8.

³⁸⁹ Bamji, *Faces From the Front*, 101.

³⁹⁰ Alberti, *War, Art and Surgery*, 144.

³⁹¹ Murray C. Meikle, ‘McIndoe and the Queen Victoria Hospital, East Grinstead’ in *Reconstructing Faces: The Art and Wartime Surgery of Gillies, Pickerill, McIndoe and Mowlem*, (Otago, Otago University Press, 2013), 126-7.

³⁹² File Card accompanying portrait at Musée des Hospices Civils, Lyon, Item No. 313.

had been treated with ionisation to reduce the appearance and contractures of his scars. In *La Restauration Maxillo-Faciale* from February 1918, a Dr Hollande outlined his treatment, which began on his admission to the centre in May 1917. Electrodes were applied to his face and an electric current was passed through a potassium solution to soften the scar tissue.³⁹³ When Émé was reassessed in October 1917, there were visible improvements in his scars, which had become softer and more flexible with the ionisation treatment and allowed him to open and close his eyelids and move his lips, which had been compromised by the scarring. It was also noted that pigmentation returned and his facial hair showed signs of regrowth. At the time of writing, Émé was continuing his ionisation treatment.³⁹⁴ Figures III.29 and III.30 show the airman before and after his treatment; there is perceptible improvement in his extensive scarring which appears smoother, and the contractures around his eyes have been released to allow him to open his eyelids. Freida's portrait of Émé gives the impression that it was done after or during his treatment, as the scarring does not appear to be as extreme as in the photograph in Figure III.29.

Gillies makes a brief reference to ionisation treatment for burns scars in *Plastic Surgery of the Face*, along with making recommendations for procedures based on each individual case.³⁹⁵ However, his patient Ralph Lumley, severely burned in July 1916, had a disastrous outcome following his treatment at Sidcup, unlike Marius Émé's relative success. Gillies remarks that the 'colour of the scar tissue, which was an ugly red, made the appearance more ghastly than the illustration portrays'.³⁹⁶ The 'illustration' in question here must refer to the photograph in the book, which, in monochrome, does not present the full, coloured horror of his disfigurement. As Figure III.28 shows, Tonks does depict the 'ugly red', portraying Lumley's face as a round, livid mass of scar tissue, with the lower part of his nose missing, much like Émé. His right eye is perceptible, but clouded from his injury, and the left eye has been burned away. His mouth looks fixed open by contracted scars. The full-page head shot and vivid reds and pinks contrast heavily with the subdued colours in Freida's portrait of Marius Emé. However, the fibrous scars from his burns are not as obvious as they are in his photograph (Figure III.32) where they are thrown into relief by light. Gillies

³⁹³ Dr Hollande, "L'ionisation appliquée au traitement des cicatrices de la face," *La Restauration Maxillo-Faciale*, 2, (February 1918) : 55-64, accessed June 22, 2021
<https://gallica.bnf.fr/ark:/12148/bpt6k65340756/f19.item>

³⁹⁴ Dr Hollande, "L'ionisation appliquée au traitement des cicatrices de la face," *La Restauration Maxillo-Faciale*, 2, (February 1918) : 64, accessed June 22 2021
<https://gallica.bnf.fr/ark:/12148/bpt6k65340756/f28.item>

³⁹⁵ Gillies, *Plastic Surgery of the Face*, 348.

³⁹⁶ *Ibid.*, 364.

attempted a complete skin graft to cover all of Lumley's face, taking skin from his chest. Unfortunately, the graft failed to take, and became infected and necrotic (died off and began to decompose). Lumley subsequently died in these horrific circumstances, to Gillies' great regret. Reflecting on this particular case in *Plastic Surgery of the Face*, Gillies acknowledges he may have acted too quickly in going ahead with the procedure. He noted that Lumley was 'bitterly disappointed and exceedingly depressed' at the idea of having to wait a year until he was in better health before undergoing surgery.³⁹⁷ Gillies' recounting of the situation with Lumley highlights the difficulties in patient/clinician relations, where, perhaps against his better judgement, he proceeded with an essentially experimental and dangerous intervention. But he was also influenced by the desperation of his patient, who was impatient for a solution to his devastating disfigurement after several months of waiting for treatment. Tonks' portrait, in vividly capturing Lumley's totally destroyed face, conveys a kind of hopelessness which is perhaps less evident in many of the other images of mutilated men. If at least there is some part of the face spared injury, then there remains a recognisable identity. Here, there is little hope for restoration of the subject's previous self. With his shocking mask of scar tissue, Lumley's face is so utterly removed from that of his pre-injury photograph (Figure III.31) that his despair is understandable.

Tonks' other two portraits of burns victims further demonstrate his technique of bright colour use to convey damaged tissue. Figure III.33 shows Gunner Francis Grayer whose face was burned with cordite. He had reconstructive surgery on his eyelids, but his portrait is obviously before the procedures. Tonks highlights the burn injuries with bright red on his cheek and around his eyes and the bridge of his nose, in three-quarter face to show how his right eye is pulled out of shape by the burns. Private William Brown suffered burns to his chin and neck, although their exact origins are contested. (Figure III.34) Williams claimed to have been burned by a flame-thrower, but Gillies was convinced the injury was due to acid burns.³⁹⁸ Tonks again uses bright red to depict the damage, emphasising the dragged, fibrous skin scarring on his chin and neck resulting from burns. There are certainly divergences in how the respective artists depict the textures of burnt skin. Freida's restraint in terms of colour is compensated by his use of fine lines and shading, whereas Tonks uses layers of bright red and pink to emphasise the trauma. Both methods, however, depict the injuries and the men compatible in large part with photographic recordings.

³⁹⁷ Gillies, *Plastic Surgery of the Face*, 364.

³⁹⁸ Alberti, *War, Art and Surgery*, 144.



Figure III.27, Raphaël Freida, Marius Émé, 1917, pastel and pencil on paper, 25.3 cm x 33.2 cm, 2007.0.6687.M, © Musée des Hospices Civils, Lyon.



Figure III.28, Henry Tonks, 2nd Lieutenant Henry Lumley, 1917, pastel on paper, 26.5 cm x 18.5 cm, RCSSC/P 569.67 ©, reproduced by kind permission of the Royal College of Surgeons of England, London.



FIG. 5. — Soldat E... avant le traitement (obs. III).



FIG. 6. — Soldat E... après trois mois de traitement (obs. III).

Figures III.29 (L), III.30 (R), Anon. Soldat E..., 1917, reproduced in *La Restauration Maxillo-Faciale*, (Paris, Librairie Félix Alcan, 1918), 61-2.



Figure III.31 (L), Anon. 2nd Lieutenant Henry Lumley, c. 1915, black and white photograph, and Figure III.32 (R), Anon., 2nd Lieutenant Henry Lumley, MS0513/1/11284, reproduced by kind permission of the Royal College of Surgeons of England, London.

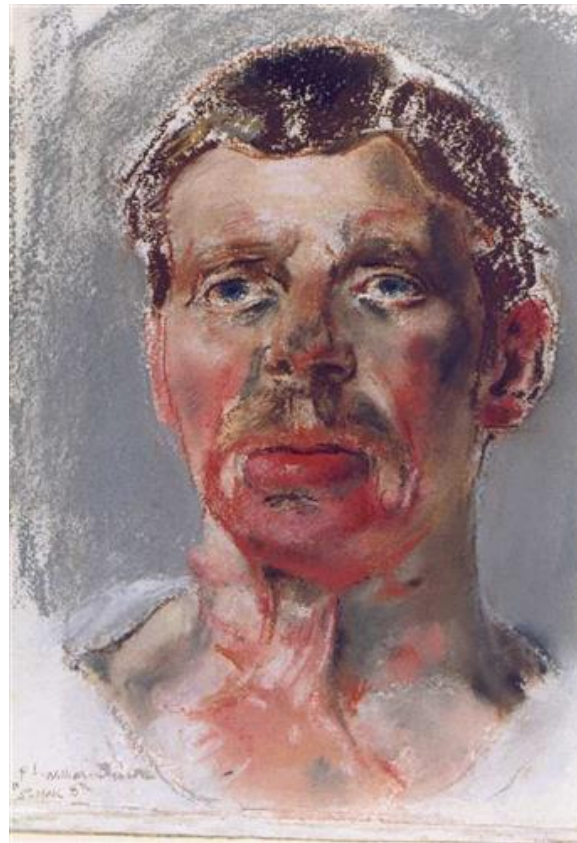


Figure III.33 (L), Henry Tonks, Gunner Francis Grayer, 1917, pastel on paper, 27.9 cm x 20.9 cm, RCSSC/P569.66 and Figure III.34(R), Henry Tonks, Private William Brown, 1917, pastel on paper, 27.9 cm x 21.6 cm, RCSSC/P 569.65, ©, reproduced by kind permission of the Royal College of Surgeons of England, London.

Ocular Damage

Since combatants' faces were so vulnerable to injury during the conflict, it follows that eye injuries proliferated. Freida's portraits include 8 examples of ocular trauma, and Tonks' comprise 9, excluding the two burns patients Lumley and Grayer. Corinne Doria notes that at the outbreak of the war, unlike in Britain and Germany, ophthalmology was not particularly well-established as a medical discipline in France, but emerged as a recognised speciality due to the conflict.³⁹⁹ As with many of the maxillofacial cases, the wait for specialist treatment was often protracted. Lack of access to specialist treatment however meant that often eyes were removed by inexperienced frontline doctors,⁴⁰⁰ which may have been with the best intentions to offset complications such as infection or loss of sight. The need for specialist

³⁹⁹ Corinne Doria, "How to face a sanitarian emergency. French ophthalmologists and the Great War" *First World War Studies* 9 (2018):19-34.

⁴⁰⁰ *Ibid.*, 19.

ophthalmological centres was duly recognised and accordingly, 74 of these centres were established in France and North Africa 'between July 1915 and the end of 1916'.⁴⁰¹ Often, however, it was impossible to save the eye, and the best that could be done was to create a suitable cavity to fit a prosthetic eye. O.V., in Figure III.35, was injured at Verdun in 1914 and lost his left eye, however, in Freida's portrait of 1917 he had undergone surgery to reconstruct his eyelids. His wound dressing is pushed back over his hair to reveal a red and inflamed-looking scar, shaded with white to emphasise the wound, with a patch of yellow on his upper eyelid suggesting infection. The dark and contracted lines of the scar suggest that healing was in progress at the time the image was created. He is in three-quarter pose, and another example of Freida's subjects in full uniform. Nonetheless, the portrait's composition appears to be created to maximise the view of his injury.

The unknown serviceman in Figure III.36 has a comparable wound to O.V., although it is debatable as to whether he has actually lost his left eye as there is perceptible substance beneath his distorted eyelid. His pose is in almost full profile in order to effectively demonstrate his injury. Although the dark pink area around his eye suggests relatively recent trauma or intervention, there is also a deep T-shaped scar beneath his eye, and a trace of a circular shape following his orbital space. There is also a hint of scarring or indented skin under his left nostril. With a grey background, there is little else to identify the sitter as only his head is depicted. His tousled hair contrasts with the crisp, uniformed neatness of O.V. in Freida's portrait. There is an illegible annotation at the bottom right of the image. It is one of twenty-three 'unknown' sitters among the Tonks collection.

The file card containing details of O.V.'s treatment contains a small diagram of the reconstruction of his eyelids which is more abstract than anatomical, and not as detailed as those in the Gillies Archive. Depending on the success of reconstruction of the eyelids and orbital cavity, the cosmetic solutions were either a prosthetic eye, or a prosthetic mask, usually attached to a pair of spectacles, to cover the disfigurement. It is not known what the outcome of treatment was for both these sitters.

⁴⁰¹ Ibid., 22.



Figure III.35, Raphaël Freida, portrait of O.V., 1917, pastel and pencil on paper, 25.5 cm x 33.3 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.



Figure III.36, Henry Tonks, portrait of a serviceman, 1916-1918, pastel on paper, 27.5 cm x 21.1 cm, RCSSC P/569.55, ©, reproduced by kind permission of the Royal College of Surgeons of England, London.

Figures III.37 and III.38 are further examples of the artists' depiction of ocular trauma, in this instance to the right eye. Again they highlight the contrast in technique, but demonstrate how well the injuries can be displayed using different methodologies. In Figure III.40, Tonks' varying flesh tones on a white background, together with his use of grey and white to build up the impression of bony damage around the eye; there is an obvious dent over the subject's right eye, and a criss-cross of thin, red scars surrounding the area. There are lines scored behind his head, ostensibly as preliminary marks to the creation of perspective and pose. Although he is wearing a tie, it seems casually tied, and is very different to the stiff formality of the sitter in Figure III.41. Here, Freida too uses flesh tones, although much more sparingly than Tonks. The contours of the sitter's face are shaped with strokes of yellow, flesh, and black, with white spotlighting his empty right orbital cavity, and pale blue denoting the sutures holding his eyelids together. This image is a very good example of what Emma Chambers refers to when describing the unsettling quality of Tonks' portraits, as mutilation is 'juxtaposed with the undamaged areas of the face.'⁴⁰² There is a stark dichotomy of damaged and undamaged in the man's face, bisected vertically, his left side a serious, if passive-looking man in uniform, the right side, on the other hand, resembling the bleached skull of a memento mori.

Figures III.39 and III.40 are examples of where both eyes have been lost. Tonks' portrait of Private Edward Moss depicts a man literally defaced after a gunshot crushed the central section of his face. In profile, it shows most of the damage to Moss's face, although not in quite as much detail as in his photograph. In a rare example among Tonks' portraits, his name and regiment are noted in the top right hand corner, perhaps in this case a necessary move to identify the sitter. Freida's pencil drawing of an unknown man, presumably a soldier, is also of bilateral eye loss. It appears unfinished, as there is no other colour added to the black pencil on very dark grey paper. The right side of the man's face is heavily scarred, and his left eye is missing as is obvious from the gaping eyelids. The dark background of this image and the sombre browns and greys of Tonks' portrait of Private Moss, along with the catastrophic disfigurement in both men are the very embodiment of Tonks' reference to 'a chamber of horrors'.

⁴⁰² Emma Chambers, "Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits" *Art History* 32 (2009) 588.

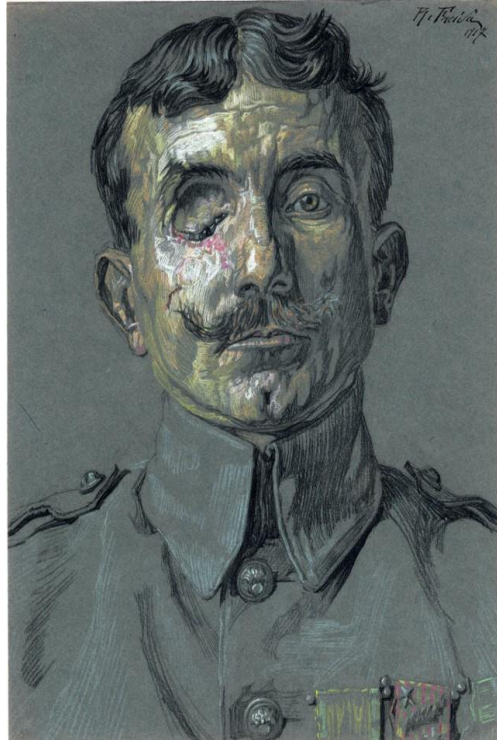


Figure III.37 (L), Henry Tonks, portrait of a serviceman, 1916-1918, pastel on paper, 27.5 cm x 21.1 cm, RCSSC P/569.35, ©, reproduced by kind permission of the Royal College of Surgeons of England, London. Figure III.38 (R), Raphaël Freida, Jean Frey, 1917, pastel and pencil on paper, 25.5 cm x 33 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

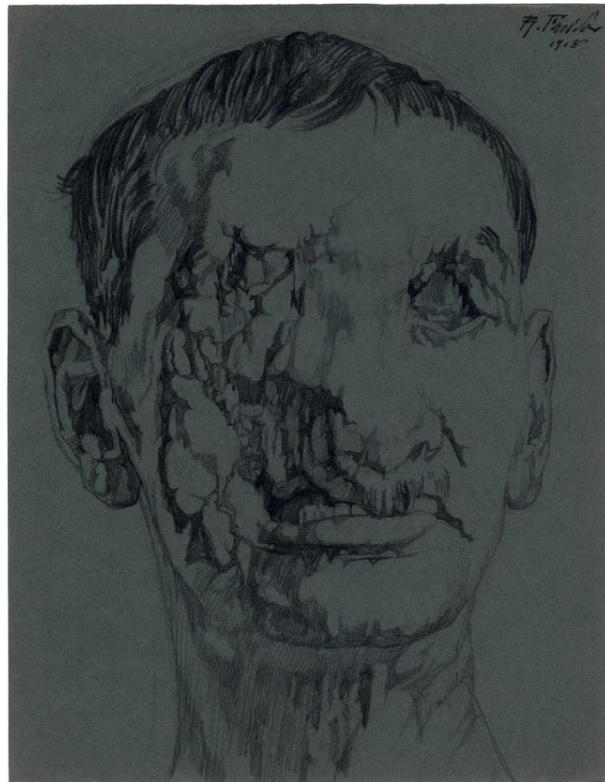


Figure III.39 (L), Henry Tonks, portrait of Private Moss, 1916-1918, pastel on paper, 27 cm x 21 cm, RCSSC P/569.29, ©, reproduced by kind permission of the Royal College of Surgeons of England, London. Figure III.40 (R), Raphaël Freida, unknown sitter, 1917, pencil on paper, 25.5 cm x 33 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

As previously mentioned, Freida also portrayed a sitter with what looks like emotional rather than physical trauma. Figure III.41 from 1917 represents Pierre Chastanet whose emotional state and subsequent suicide attempt resulted in his facial disfigurement and loss of his left eye. There is no date for his injury, caused by a gunshot and resulting extensive damage to the underlying structures of his face. Interestingly, the details accompanying the portrait at the archives of the Musée des Hospices Civils in Lyon make no mention of his self-harm, citing only the injuries and subsequent treatment. At the Musée de Santé des Armées however, the accompanying documentation, although brief, includes more information;

‘Chastanet, Pierre, 14e Train des [...] self-inflicted wound to the left malar area with enucleation of the left eye. Suicide attempt. Comminuted fracture of the left superior maxilla at molar level, with a fistula in the maxillary sinus. Fracture of the left inferior maxilla at the angle, with loss of substance extending from the second molar to the middle 1/3 of the ascending branch. The injured is wearing two metal dental plates secured on the left with blocking wires.’⁴⁰³

During the First World War, suicide among servicemen was an uneasy narrative, especially since mental breakdown in military personnel was not treated with a great deal of empathy in France.⁴⁰⁴ It appears that there were about 5000 suicides recorded in the French army between 1914 and 1919, and possibly more attempted suicides.⁴⁰⁵ Accordingly, Patricia E. Prestwich notes that ‘wartime conditions with the inevitable appeals to duty, honour, patriotism and sacrifice, made it difficult to speak openly about suicide’.⁴⁰⁶ This particular portrait then, especially if Freida intended it to be seen by a public audience, appears in some ways to address this issue, although it is not at all obvious that Chastanet’s scars are of his own making. It seems unlikely that Freida would not have known about the origins of Chastanet’s wounds, given that some of the other portraits (such as that of Marius Émé) are annotated with details of the sitters’ injuries. Freida treats his subject sympathetically, affording Chastanet a dignity in his formal pose in uniform, three-quarter profile to fully display the damage to his face, which has been carefully reproduced.

⁴⁰³ File card accompanying portrait at Musée de Santé des Armées, Val-de-Grâce, Paris.

⁴⁰⁴ Taylor Downing, *Breakdown: The Crisis of Shell Shock on the Somme, 1916*, (London, Little, Brown, 2016), 339-40.

⁴⁰⁵ Patricia E. Prestwich ‘Suicide and French Soldiers of the First World War: Differing Perspectives 1914-1939’ in John Weaver and David Wright (Eds.) *Histories of Suicide: International Perspectives on Self-destruction in the Modern World* (Toronto, University of Toronto Press, 2018), 136.

⁴⁰⁶ *Ibid.*, 135.

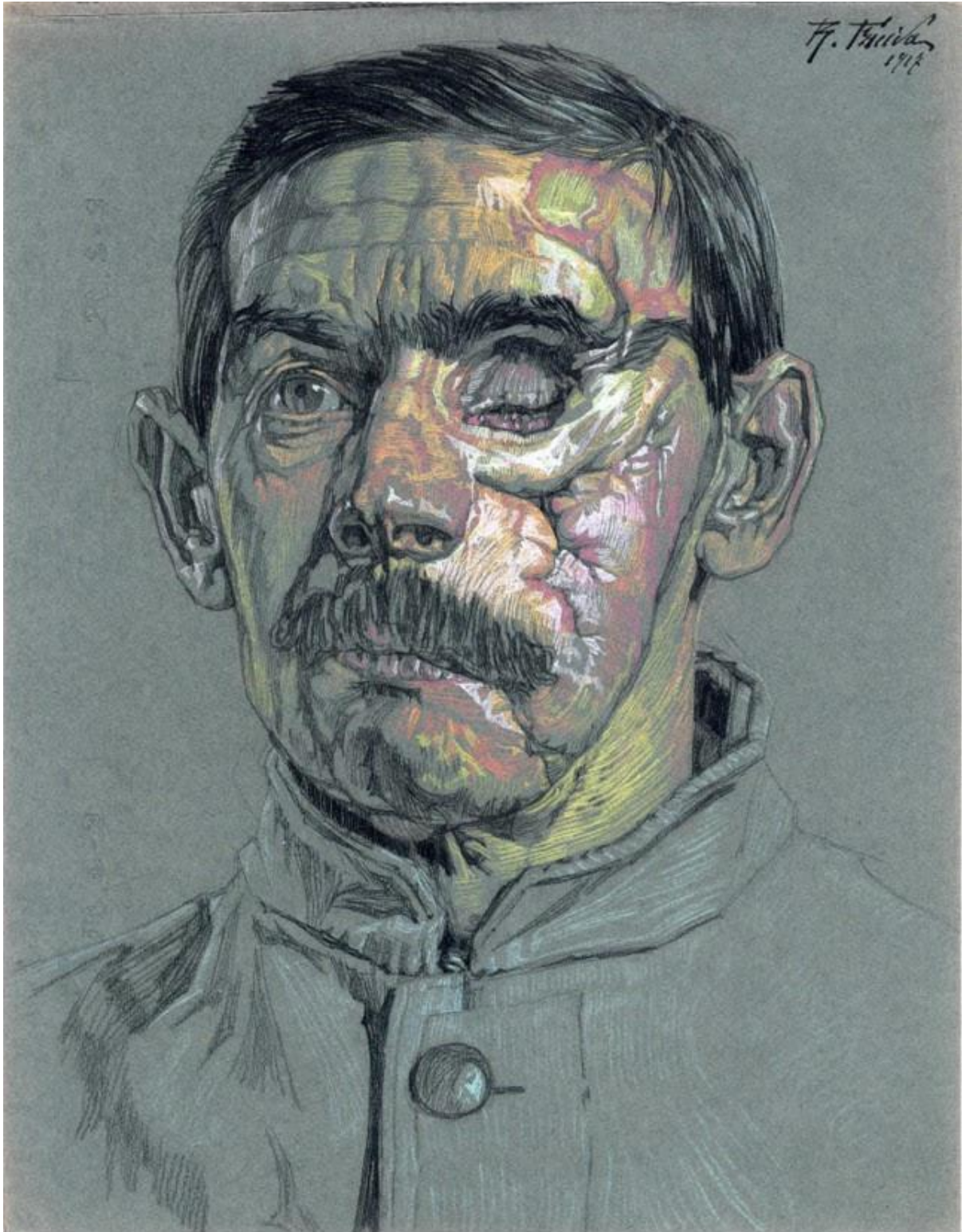


Figure III.41, Raphaël Freida, portrait of Pierre Chastanet, 1917, pencil and pastel on paper, 25.5 cm x 32.8 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

Post-treatment Scarring

It is worth considering how the textural softness of Tonks' pastels present facial scarring, and how the technique compares with Freida's precision line drawing. In many of his portraits, Tonks depicts the scarring with thin, bright red lines along the surface of the skin. It is sometimes difficult to reconcile these fine lines tracing across the men's faces with the multiple and complicated reconstructive procedures they underwent. That scarring was relatively minimal could be testament to the surgeons' skills and consideration for the best aesthetic outcomes for their patients. Equally, for some the healing process was straightforward and uncomplicated by obstacles such as infection or lack of success in bone or cartilage grafts, resulting in minimal scarring. Cosmetic outcomes could also be affected by the length of time it took between injury and treatment, since many men had to wait several months before specialist intervention. Wound contracture and unreduced fractures were a constant cause for concern among stomatologists and reconstructive surgeons. The 'before' and 'after' image allows for a certain gratification in seeing a once-mutilated face reconstructed resulting in a recognisable individual almost returned to his previous identity. Perhaps Tonks' esteem for Gillies' skills as a plastic surgeon are reflected in his minimalistic depiction of post-treatment scars. Examining photographs of the same sitter to compare representation is instructive. Monochrome makes it difficult to establish how livid the scars are, although perhaps there is a clearer depiction of their shape and extent. Tonks' 'after' portrait of Private Deeks is a case in point. (Figures III.42 and III.43) Comparing it with his photograph at the end of his treatment, the pastel presents a barely perceptible fine red line at the right hand corner of his mouth. There is another small, very fine line at the left corner of his mouth and dark brown shading in the area. However, the photograph, even if in monochrome, demonstrates more extensive scarring on both sides of his mouth.

With Freida's images it is more difficult to compare photographs with the portraits, as very few can be matched. His portrait of Albert Valero from 1917 (Figure III.46) is one example, although there is obviously a time lapse between the photographs and the portrait. Valero was injured on 30 January in 1915, and lost his nose, along with sustaining several fractures to his upper and lower maxilla.⁴⁰⁷ He underwent some 18 operations to reconstruct his nose, but in the end required a nasal prosthesis. His undated photograph from Pont's album (Figure III.47) shows a large cavity in the centre of his face, but in Freida's portrait

⁴⁰⁷ File card accompanying portrait, Reference No. 805, Article No. 312, Musée des Hospices Civils de Lyon Archives.

this is covered by bands of tissue. Valero also has considerable scarring around his mouth, and in comparing the photograph with Freida's portrait, the latter appears to align very closely with the former. If anything, the visual effects here are the opposite to the British cases; the photograph looks less detailed than the artistic version. Again, Tonks' portrait of Private Robert Davison appears to play down the scarring around his mouth, as a comparison with the photograph shows. (Figures III.44 and III.45) Davison seems to have healed quite well, but in the pastel portrait he has three fine lines, two around his nose and one from the left hand corner of his mouth, as opposed to in the photograph where more extensive scarring is clearly visible, particularly on his chin.

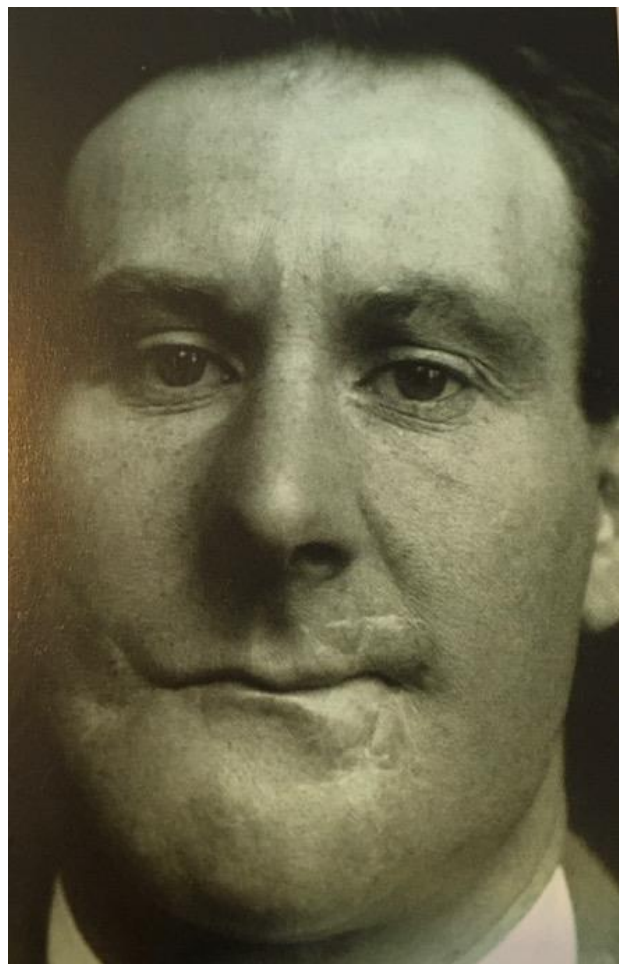


Figure III.42 (L), Henry Tonks, portrait of Private Charles Deeks, 1917, pastel on paper, 28 cm x 21 cm, RCSSC P/569.2, ©, reproduced by kind permission of the Royal College of Surgeons of England, London. Figure III.43 (R) Anon., Private Charles Deeks, 1922, black and white photograph, MS0513/1/1/553, reproduced by kind permission of the Royal College of Surgeons of England, London.



Figure III.44 (L), Henry Tonks, portrait of Private Robert Davison, 1917, pastel on paper, 29 cm x 21 cm, RCSSC P/569.34, ©, reproduced by kind permission of the Royal College of Surgeons of England, London. Figure III.45 (R), Anon., Private Robert Davison, 1919, black and white photograph, MS0513/1/1/1523, reproduced by kind permission of the Royal College of Surgeons of England, London.

In another example of Freida's work, as with Valero's portrait, the subject's apparently healed scars in Figure III.48 also appear more clearly depicted than in his photograph. The portrait was created in 1918, but there is no date for the photograph (Figure III.49). In the latter, there is a hole under the right eye socket, which is much reduced in Freida's image. It is most likely then that the portrait was created some time after the photograph was taken, and after some kind of restorative interventions had taken place. The deep scar across his left cheek is as it is in the photograph, along with the dark spaces in the folds of his skin under his nose. The damage around his mouth is more exaggerated in Freida's portrait, but perhaps because of his use of light, shade and colour. Nonetheless, it is worth remembering that the depictions of the men in photographs can be as manipulated in the same way as pencil or pastel on paper. The creation of these images also depends on the aims and resources available to the photographers. The quality of light, film, photographic paper and storage are all elements to bear in mind, although as alternative likenesses to the sitters in the portraits, photographs prove very useful.

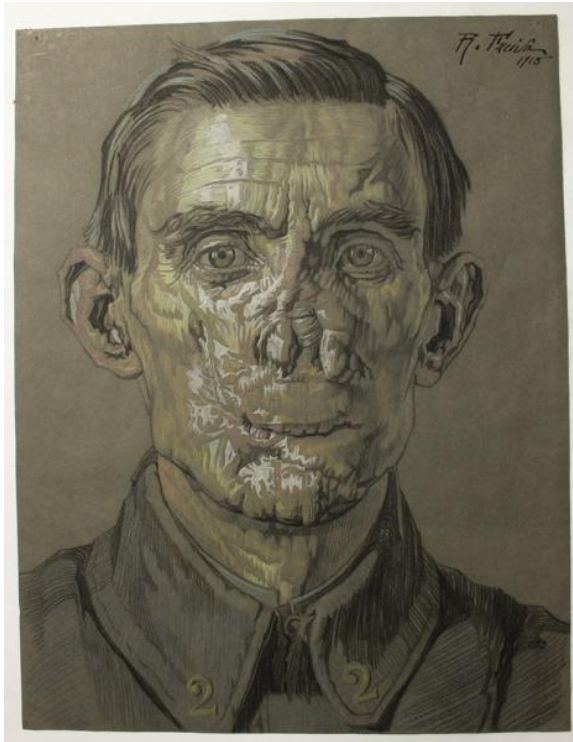


Figure III.46 (L), Raphaël Freida, portrait of Albert Valero, 1918 pastel and pencil on paper, 32.8 cm x 25.5 cm, 2007.0.6673.M, ©Musée des Hospices Civils, Lyon. Figure III.47 (R) Anon., Albert Valero, date unknown, black and white photograph, Collection Albéric Pont, BIU Santé, Paris, accessed May 8, 2021.

https://archive.org/details/BIUSante_pont_gc_album_01/page/n175/mode/2up

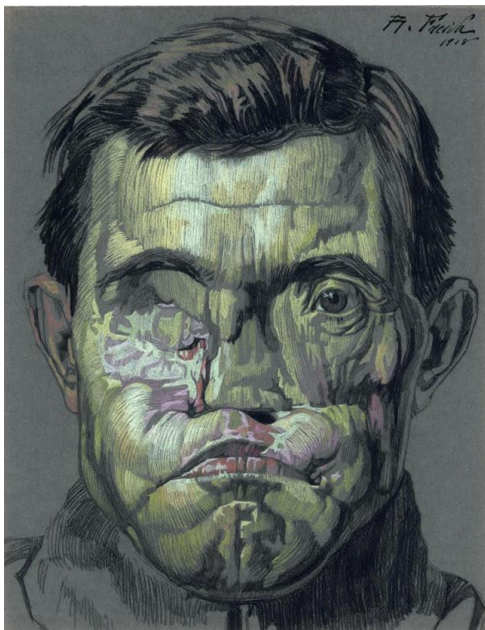


Figure III.48 (L), Raphaël Freida, portrait of an unknown serviceman, 1918, pastel and pencil on paper, 33 cm x 25.5 cm, ©Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission. Figure III.49 (R) Anon., unknown serviceman, date unknown, black and white photograph, Collection Albéric Pont, BIU Santé, Paris, accessed May 8, 2021.

https://archive.org/details/BIUSante_pont_gc_album_02/page/n211/mode/2up

III.III Pastel or Pencil – Methods and Outcomes.

The question remains as to how effective both Tonks' and Freida's respective artistic techniques are in depicting traumatic disfigurement in the context of clinical recording. Both artists convey, in visual rather than lexical language, the trauma to their sitters' faces, ostensibly for planning restorative repair and, in the longer term, for pedagogical use. Freida's technique reveals every mutilating detail of the damage to these men's faces. Tonks' pastel work, while understanding the surgeons' requirements in planning restorative treatment, is often more *suggestive* of the shapes and structures of the face, damaged or not. In his analysis of Tonks' pastel portraits, Tom Lubbock holds that the 'medical usefulness doesn't strike me as obvious', maintaining that 'critics too easily attribute a clinical precision to these images'.⁴⁰⁸ Lubbock further adds that to his 'untutored eye', there is no 'clarity of result'.⁴⁰⁹ However, since Tonks had an exclusively medical audience in mind, it was perhaps accepted that Gillies and his colleagues would interpret the images as clinicians; that is, with an in-depth knowledge of the anatomy of the face and the effects of injury.

One method could be to consider the portraits in the context of how they were valued and used by those that had commissioned them. In terms of objects meant for the clinical gaze, it appears that both are fulfilling the brief. This is evidenced by Gillies' appreciation of Tonks in the preface of his book, although no mention is made of how well pastel on paper recreates the injuries. Freida, it seems, was actively sought out by Pont for his artistic skills. In relation to collaboration between surgeon and artist, Biernoff points out that it is difficult to elicit what Tonks' portraits for Gillies reveal about the 'relationship between art and surgery, both in the context of wartime Britain and in relation to the broader histories of medical representation and aesthetics'.⁴¹⁰ Ultimately, both were 'practical men', for whom bearing witness to the facial trauma intensified Gillies' awareness of the *aesthetic* dimension of reconstructive surgery', while Tonks' earlier surgical instruction rendered him conscious of the 'physicality [-] of art'.⁴¹¹ As to Albéric Pont's appreciation of Freida's work, the former, too, could be seen as a 'practical man', needing to envisage complicated facial injuries in as many forms as possible to map out treatment, albeit perhaps more in terms of dental intervention than aesthetic repair. In this instance, a good artist served to enhance the

⁴⁰⁸ Tom Lubbock, 'Doing Damage' in *Modern Painters*, 12 (Spring 1999), 59.

⁴⁰⁹ Ibid.

⁴¹⁰ Biernoff, *Portraits of Violence*, 117.

⁴¹¹ Ibid.

existing corpus of visual documentation of his patients. Since there were several visual versions of many of Tonks' and Freida's subjects, it is worth considering the portraits as simply one of a series of interpretations, and, if necessary, a full appraisal of the final appearance of each soldier is only achievable through examining all of the material records.

As has been noted, Tonks greatly appreciated the flexibility of pastels crayons. According to C. H. Collins Baker, Tonks had long struggled with oil paints to achieve a satisfactory effect.

'In oil paint and in pastel, he used a complicated system of super-imposition. None more regretfully and violently than he recognised and cursed the intractability of oil paint. To cope with this inherent obstinacy, or quirk, he resorted to many recipes and expedients. He employed various systems of underpainting, loading, scumbling and glazing; of treating unsatisfactory surfaces to render them congenial; of stippling with the smallest sables. While he realised that this was not so much a perfect process as a hope of redemption, he believed that time would bear him out by eventually fusing and patinating his surface. But with pastel he was free of these difficulties,[-] he made himself master of that medium.'⁴¹²

Steven Csoka argues that, in spite of their association with paleness, delicacy and 'soft technique', and that pastel work on paper is 'fragile and transitory', the medium in fact comprises a robustness and great variety of deep colour favourably comparable to oils.⁴¹³ Csoka echoes Collins Baker's narrative on the difficulties with oil paints; there is a laborious process of blending colours on a palette to achieve the correct shade, whereas with pastels this is unnecessary, the blending is done directly on the page.⁴¹⁴ This is evident in Tonks' portraits as the contours of the face and the trauma are shaped by the use of his fingers on the pigments on the texture of the page. Furthermore, Csoka holds that pastels are seen 'in the popular concept' as more suited to 'delicate subject matter, like babies, lovely young women, dewy spring flowers', and that the medium is 'weak and feminine'.⁴¹⁵ In view of Csoka's argument to the contrary then, it would seem that Tonks' choice of media, certainly in his experienced hands, was very well suited to the creation of convincing portraits of mutilated faces. Nevertheless, there is a delicacy about his depiction of these men. As Biernoff notes,

⁴¹² Hone, *The Life of Henry Tonks*, 332.

⁴¹³ Steven Csoka, *Pastel Painting* (New York, Reinhold Publishing, 1963), 8.

⁴¹⁴ *Ibid.*

⁴¹⁵ *Ibid.*

‘his choice and treatment of the medium emphasizes the youthfulness, fragility, and beauty of his sitters, as well as suggesting the fleshliness of their injuries.’⁴¹⁶ She also argues that the portraits have a ‘tenderness that is wholly absent from the photographs (and from Daryl Lindsay’s watercolor portraits of the same men, which were painted from photographs).’⁴¹⁷ This ‘tenderness’ is perhaps less evident in Freida’s portraits.

However, it could be argued that there is a different kind of delicacy in Freida’s portraits. Texturally, there is little of the softness of Tonks’ work, but a multitude of fine lines to shape the face and slightly longer strokes to depict fabric in largely subdued colours. It is true that the sharper lines and high contrast of bright white on dark paper make for a more graphic representation, giving a sense of acuity reminiscent of photographic reproduction. Therefore, Freida’s work could be seen as harsher and rather stark in comparison to Tonks’, and a more direct way of communicating the damage and somewhat less subtle than hazy, powdery pastel. The word ‘clinical’ is often used to describe medical places rather than procedures, evoking a coldness and detachedness countering human warmth. In this respect, then, Freida’s portraits are literally and metaphorically ‘clinical’. Freida does not use physical touch to effect depth and perspective in the same way as Tonks, obviously, as there is little to suggest the manipulation of colour on the page other than with the point of a pencil or pastel crayon. In sensory terms, then, sight is more important than touch for Freida in creating the portraits.

As mentioned in Chapter II, according to Susan Doyle et al, illustration, like Csoka’s analysis of pastels, is often misunderstood and has long been associated with popular culture and therefore not considered in terms of fine art.⁴¹⁸ They further note how illustrative technique is ‘expressive, personally inspired and beautifully crafted’.⁴¹⁹ Freida’s portraits are certainly expressive and beautifully crafted; he had many years’ experience as an illustrator where his main aim was to disseminate narratives of biblical and classical themes in one form or another. During the Great War however, he was obliged to create the real as opposed to the imagined when he produced his portraits of the *gueules cassées*. He retained his habit of producing more than one version of the image, from preparatory sketches to the final image,

⁴¹⁶ Biernoff, ‘War and the Aesthetics’ in *Portraits of Violence*, (Ann Arbor, University of Michigan Press, 2017), 129

⁴¹⁷ Ibid.

⁴¹⁸ Susan Doyle, Jaleen Grove, Whitney Sherman (Eds.) ‘Introduction’ in *History of Illustration*, (New York, Bloomsbury, 2018), xvii.

⁴¹⁹ Doyle et al, *History of Illustration*, xvii.

in keeping with the processes for engraving. This practice is by all accounts a result of the nature of illustration's collaboration between 'client or employer.'⁴²⁰ Charles Sumner asserts that engraving requires as much skill as painting;

'Much that belongs to the painter belongs also to the engraver, who must have the same knowledge of contours, the same power of expression, the same sense of beauty, and the same ability in drawing with sureness of sight as if, according to Michel Angelo, he had "a pair of compasses in his eyes." These qualities in a high degree make the artist, whether painter or engraver, naturally excelling in portraits.'⁴²¹

Freida's 'sureness of sight' then, is reflected in his fine and meticulous reproductions of injured men. His initial sketches, followed by two definitive drawings of many of his subjects suggest that he was preparing the images for mass reproduction and therefore beyond the confines of a specialist medical unit. Ultimately, however, both artists produced their portraits as a response to the need to create additional images and enhance existing visual records of facial trauma. It is therefore conceivably not a question of whether one technique is better than another, but how well each artist used their skills with their preferred media; qualitatively they are equal.

In terms of comparison as contemporaries, Henry Tonks' and Raphaël Freida's Great War portraits have only been briefly discussed in Gehrhardt's *The Men with Broken Faces*. She notes that 'Freida's dark background prevents him from making full use of colours; the game of shadows and light is, however, more visible in his portraits. In contrast, Tonks's light colours are more realistic and create a warmer atmosphere.'⁴²² It is true that Freida's portraits are more reminiscent of early, sepia-toned photographs, often with the subject in a stiff, formal pose. Nonetheless, they present facial planes of damaged and undamaged tissue in remarkable detail. What Gehrhardt means by Tonks' colours being 'more realistic' perhaps could be construed as how the resulting image gives the notion of a greater 'presence' of the subject, and because the warmer flesh tones draw the viewer closer to the sitter and creating an 'intimacy' as Biernoff notes.⁴²³ Conversely, there is a distance about Freida's work, demonstrating his comprehensive observational skills but not necessarily an experience of handling human flesh in the clinical sense as Tonks did.

⁴²⁰ Doyle et al, *History of Illustration*, xviii.

⁴²¹ Charles Sumner, *The Best Portraits in Engraving*, (New York, Frederick Keppel & Co, 1875), 8.

⁴²² Gehrhardt, *The Men with Broken Faces*, 209.

⁴²³ Biernoff, *Portraits of Violence*, 132.

Of the two artists, Tonks' is the only one to have been compared with a 21st century artist. In 2014, 'War, Art and Surgery' at the Royal College of Surgeons in London exhibited works by the contemporary artist Julia Midgley alongside Tonks' portraits. Midgley's watercolours documented injured soldiers from more recent conflicts in Iraq and Afghanistan, depicting a progression from initial injury, evacuation to a medical centre, surgery and rehabilitation. In this sense, Midgley's work is more reminiscent of Freida's wartime drawings of not only facial trauma but also from the rehabilitation centre at Tourville. Comparing Tonks' and Midgley's art, it is useful to consider images of war trauma created a century apart. It provokes discourse on how attitudes to injured veterans may or may not have changed, and perhaps makes a statement on how visible war-injured and disabled veterans are in the present compared with in the aftermath of the Great War. There is also the question of how battlefield injuries may or may not have changed. Midgley's art is not clinical, however, and was never meant to be.

Biernoff highlights the fundamental difference between Tonks' and Midgley's work as being their intended audiences; Tonks' portraits were 'never meant for a public audience' but Midgley's 'poignant vignettes of hospital life – from medical training and surgery through to rehabilitation – are unambiguously addressed to us.'⁴²⁴ With public dissemination in mind, Midgley subdued her work accordingly. She stated that her aim was not to 'overwhelm a sensitive audience by concentrating on the appalling injuries described in my drawings. Rather, I prefer to pull the viewer in and gradually reveal the stoic endurance demonstrated by injured people during rehabilitation.'⁴²⁵ She therefore used 'the sensitive delicacy of pencil and watercolours' to create her images.⁴²⁶ Tonks' and Freida's use of media, on the other hand, appears to be based on preference for the material they employed habitually. However, quite clearly neither artist sought to shield the viewer from the horrors of facial injury by amending their use of colour, texture and surface.

For Midgley, Tonks and Freida, the portraits had diverging functionalities as commemorative and medical visual materials. Observed on the same page as the earlier work, the similarities and differences in technique are compelling. Figure III.50 is a watercolour portrait of John Dawson after restorative surgery to his face. Like Tonks' and Freida's portraits of Edwin Evans (Figure III.51) and F.Y. (Figure III.52), the colour palette is

⁴²⁴ Suzannah Biernoff, 'A Necessary Humanity' in S. J.M.M Alberti (Ed) *War, Art and Surgery*, 122.

⁴²⁵ Julia Midgley, 'Drawing Materials', *Ibid.* 284.

⁴²⁶ *Ibid.*

minimal. However, the watercolour wash is almost opaque in comparison to the depth and dimension achieved in pastel and pencil of the two older images, giving the sitter a somewhat two-dimensional and fleeting demeanour. Midgley's portrait seems hesitant and tentative as opposed to the deeper colours and apparent confidence in execution by Tonks and Freida. Dawson is casually dressed and casual in his bearing, a three-quarter angle image. He is represented in a head and shoulders composition like Freida's portrait of F.Y., but it is an informal image conveying, as Midgley wanted, a more holistic study of individuals profoundly affected by their war injuries. Equally, perhaps, Freida's depiction is holistic; it represents the individual behind the trauma, identifiable as a decorated serviceman in full uniform. However, F. Y. is still in the process of treatment as there is a brace in his mouth, visible through his parted lips. Edwin Evans' face is framed in dark strokes of pastel, contrasting with the bright blue of his eyes and flushed, pink cheeks. The damage to his chin is presented as a thin scar on his lower lip, and a clearly reduced jaw line. Like Dawson, he is casually dressed with an open-necked shirt, which is depicted in minimal detail. Midgley's watercolours echo the softness of Tonks' pastels on a pale background, in contrast to Freida's sharper lines and brighter whites and yellows with a dark backdrop to highlight the contours of the face.

It is interesting to consider the context of their creation a century apart. For all three, the visual narratives diverge. Alberti describes Midgley's work as 'reportage'⁴²⁷, therefore intended to outline a story, rather than present the explicit detail visible in Tonks' and Freida's portraits. For the latter two artists, it was necessary to portray the injuries thoroughly as documentary and pedagogical material for medical records. As has been indicated, Freida's work is more ambiguous in terms of intended audience. It is also notable that Midgley's art was produced in a context where clinical imagery had advanced considerably; colour photography and technologies such as CT scans allow for a visualisation of injury that was unimaginable in the early part of the twentieth century. Accordingly, while Midgley's aims for her art are outlined above, extensive detail in artworks relating to trauma may no longer be seen as essential. Bearing this in mind, then, there is also value in comparing Tonks' and Freida's medical portraiture as it is from the same setting and timeframe of the Great War.

⁴²⁷ Alberti, *War, Art and Surgery*, 6.



Figure III.50 (L), Julia Midgley, John Dawson, Grenadier Guards, 2014, pencil and watercolour on paper, no dimensions, RCSSP/3333, Special Collections, ©Royal College of Surgeons, London. Reproduced by kind permission of the artist.

Figure III.51, Henry Tonks, portrait of Edwin Evans, 1917, pastel on paper, 28 cm x 21 cm, RCSSC/P 569.69, ©, reproduced by kind permission of the Royal College of Surgeons of England, London.

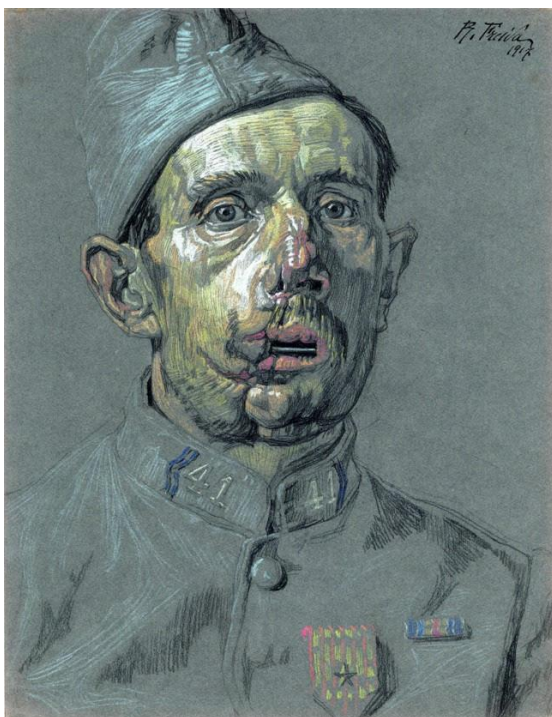


Figure III.52, Raphaël Freida, François Job, 1917, pencil and pastel on paper, 25.3 cm x 33 cm, © Musée de Santé des Armées, Val-de-Grâce, Paris. Reproduced by kind permission.

Conclusion

For maxillofacial trauma cases during the First World War, images rather than words were considered as the most practical means to plan operative treatment. Accordingly, surgeons, dentists and orthodontists were prompted to collect as much visual information as was necessary. Aside from their function as a chronology of treatment, visual documentation was also used as pedagogical material. These images were created in several different media, depending on the requirements of the specialists. Photographs cataloguing the injuries through the progress of treatment and the final result were the most widely-used method of recording. This practice was initiated in France as soon as 1915, and adopted in England in 1916, ostensibly after a British Dental Association conference which hosted French and American surgeons who included images in their presentations. Plaster casts and wax models of the men's faces were also used to document their injuries, and in some cases, their post-intervention appearance. This method was used in both countries, but more extensively in France. Specialist medical imagery was also deployed, notably x-rays, which helped locate foreign bodies and with the placement of dental plates and wires. Diagrams helped to map out reconstructive procedures, but while these were kept within individual patient files in England, they are less in evidence in France, appearing occasionally in file cards or campaign notebooks.

During and after the Great War, these visual materials were also shared beyond the specialist units where they were created. In France, the treating clinicians elected to hold the *Congrès Dentaire Interallié* in 1916, and published all of the papers presented in 1917, a tome of some 1500 pages. This included many of the photographic recordings of facial injury cases, and illustrative examples of equipment and treatment in diagrammatic form. A specialist journal was also initiated in France, *La Restauration Maxillofaciale* which also included illustrated case studies using photographs, x-rays and diagrams from the different maxillofacial centres throughout France. In England, if papers were written on the treatment of facial trauma, they were mostly published in *The Lancet* or the *British Medical Journal*. After the war, Harold Gillies published *Plastic Surgery of the Face*, where he used images from his patients' files at Sidcup, including some of Tonks' portraits. Contrary to Andrew Bamji's argument that there was little collection and dissemination of educational material on maxillofacial surgery, this evidence suggests that French clinicians produced prolific amounts of writing on the subject.

However, photographs and paintings of facial injury and disfigurement were also used as propaganda in France after the war, for example, as a positive narrative on the restorative effects of plastic and reconstructive surgery. In England, although ‘the wonders of plastic surgery’ were addressed in the media, images were kept away from the public eye.

While photographs, *moulages*, x-rays and diagrams offered many different aspects and angles of facial damage, their disadvantage was lack of colour. Some of the plaster and wax models were polychromic, but were time consuming and invasive to make. Consequently, Tonks’ and Freida’s portraits fulfilled the need to see the wounds from a different perspective. Tonks and Freida’s very different approaches to their subjects include not only the way they used the media but also how they constructed the identities of their sitters. Tonks’ surgical background allowed him to consider the needs of the treating clinicians. He therefore focussed almost entirely on the trauma, even if the individuality of the sitter was maintained. His portraits are mostly head shots, with little other detail aside from the wounds. Suggestions of hospital issue uniform are made, but not consistently. His function in creating the portraits was entirely as a medical artist. Freida’s work is more ambiguous. On initial observation, what is striking about his portraits of the *gueules cassées* is the fact that some subjects are in full uniform, unlike any of Tonks’ work. However, there are also head shots in this collection that appear to be more specifically aimed at a medical audience. Freida’s work, then, is a mixture of the clinical and the commemorative. He collected the portraits as a portfolio entitled *Les Misères de la Guerre*, which he dedicated to Albéric Pont in what appears to be a desire to have them published. This is also where Freida’s and Tonks’ portraits diverge; Tonks had no wish to expose his medical images to a public audience.

Both artists were experienced and confident in the use of their preferred media which guided their approach to the portraits. The portraits are in very distinctive styles. Tonks’ pastels are soft-focus, but his manipulation of the pastels on a white background gives a deep and three-dimensional impression. Conversely, Freida’s use of dark paper has a similar effect. As a trained surgeon, Tonks was synchronous with the needs of the clinicians and detailed the pre- and postoperative portraits accordingly. Freida’s precision presents extremely detailed renditions of the sitters and their injuries. The portraits also demonstrate that the French army and British forces suffered the same types of injuries. When compared with a contemporary artist, this can only be done with the effects of war as a common theme. Julia Midgley’s ‘reportage’ images of veterans from present day war theatres and were

created with a public audience in mind. Tonks' and Freida's portraits, on the other hand, were created for a clinical viewer (although not necessarily in Freida's case), and reflect a time when resources for envisaging pathologies were very different to current practice. In conclusion, this chapter has demonstrated that Tonks' and Freida's portraits can serve as compelling primary sources when viewed and analysed as testaments to the nature, management and implications of facial trauma in the context of the Great War.

Chapter IV

The Portraits as Primary Sources

Introduction

In Chapter III, Tonks' and Freida's portraits were investigated for how their artistic style and technique presented various types of subject matter in relation to facial trauma. Writing her introduction to *Things that Talk*, Lorraine Daston discusses the interpretive value of 'things' as they 'communicate by what they are as well as by how they mean.'⁴²⁸ The portraits 'communicate' as documentaries from a specific event; however they also have more than one meaning as interpretive materials. The artistic execution obviously makes for a very significant part of their analysis, but equally the sitters and their trauma can provoke further questions regarding their experience of war, or more particularly, narratives of injury, restoration and physical and psychological healing. Suzannah Biernoff acknowledges that Tonks' portraits are 'historical documents' that 'speak volumes about the kinds of injuries sustained in modern combat, and the medical response to these injuries'.⁴²⁹ The same argument can be made for Freida's heretofore little analysed work. It is in this context that the portraits will be examined in this chapter, along with the social implications for disfigured veterans in France and England. What is clear is that Tonks' and Freida's portraits depict different stages of the sitters' progression from their initial trauma through treatment and eventual outcomes. Much of the recent analyses of Tonks' portraits is about the viewers' visual responses to them. Accordingly, Tonks' portraits have seen less critical assessment in terms of what they actually reveal as material sources from the conflict, only that they depict the brutality and devastation of facial trauma, without necessarily demonstrating much with regard to the broader processes of surgical restoration. Freida's portraits have more to offer in this respect. This section asserts that while Tonks' presents the beginning and the end of the servicemen's journey through maxillofacial reconstruction, Freida demonstrates details of *gueules cassées*' inpatient treatment. Furthermore, the portraits can also reflect and confirm the contention that there were different cultures of visibility for disfigured veterans in France and England, which will be examined below.

⁴²⁸ Lorraine Daston (Ed.), 'Speechless' in *Things that Talk*, (New York: Zone Books, 2004), 20.

⁴²⁹ Suzannah Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', in *Social History of Medicine* 24 (2011): 667.

IV.I The Portraits as Material Culture from the Great War

In general terms, Nicholas J Saunders describes the ‘defining feature’ of material culture from the First World War not as its vast variation in type and size, but that it is ‘the product of human activity rather than natural processes.’⁴³⁰ Fundamentally, then this analysis can be applied to Tonks’ and Freida’s portraits – that they were created by human hands and observations, ostensibly in response to a need for recording facial trauma. The artistic representations of maxillofacial injury, in both a medical and post-war pacifist context tend to have seen more analysis as visual culture rather than how exactly it is they can inform as visual evidence of trauma, its treatment and the men who were affected. Emma Chambers, for example, analyses Tonks’ portraits as viewed objects and their ‘unsettling’ nature as they ‘exceed the meaning and conventions of medical imagery and war art’.⁴³¹ Fischer et al outline the origins of production of Freida’s portraits for Albéric Pont, and briefly refer to the sitters’ identities as presented to the viewer.⁴³² However, most scholarly analysis of Tonks’ and Freida’s portraits does not greatly elaborate on their application as primary sources in the context of the history of medicine. From this perspective the portraits must be regarded in terms of what they can divulge as material culture from the conflict, specifically in relation to the practice of restorative surgery and the sitters’ own narratives of healing.

Catherine Moriarty traces the beginnings of interest in materials relating to individual experiences of the conflict in the late 1970s. The history of the war was no longer confined to ‘operational and strategic’ analysis, and instead focussed on ‘the direct impact of this conflict on combatants, those who ‘experienced’ the war, but there is now an additional emphasis on the legacy of this experience.’⁴³³ Moriarty argues specifically for the commemorative aspects of the First World War and a broadened ‘space of remembrance’⁴³⁴, in which analyses of the personal and the public are brought together to consider the individual in various scenarios of war. Letters, postcards and photographs are as important, if not more so, than public memorials to the dead. Similarly, Saunders considers these types of object in relation to the First World War, noting that ‘For all anthropological approaches to material culture, objects

⁴³⁰ Nicholas J Saunders, ‘Material Culture and Conflict: The Great War 1914-2003’ in Nicholas J Saunders (Ed) *Matters of Conflict: Material Culture, Memory and the First World War*, (Abingdon, Routledge, 2004), 6.

⁴³¹ Emma Chambers, ‘Fragmented Identities : Reading Subjectivity in Henry Tonks’ Surgical Portraits’, *Art History* 32 (2009): 579.

⁴³² Louis-Paul Fischer et al, ‘Les gueules cassées représentées par de grands peintres (O.Dix – G. Grosz – R. Freida) in *Histoire des Sciences Médicales*, XLI : 4 (2007) ,337-346.

⁴³³ Catherine Moriarty, ‘The Material Culture of Great War Remembrance’ in *The Journal of Contemporary History*, 34:4, (1999), 653-4.

⁴³⁴ Ibid.

take on an important and varying social dimension, which encompasses not only the utilisation for which they were destined, but at the same time goes beyond this first application.⁴³⁵ Further, ‘they invite us to consider them beyond their material shape and to take into consideration hybrid relations and ceaseless renegotiations which link material objects and individuals.’⁴³⁶ In this way, Saunders suggests that a multidisciplinary approach to material culture of the First World War can ‘create a new engagement with the conflict.’⁴³⁷ Accordingly, as primary sources Tonks’ and Freida’s portraits can be explored outside the parameters of their original context as medical illustrations and what they mean as representative of facial trauma. Placing Tonks’ and Freida’s portraits among these ephemera of the Great War requires a different approach to that of Saunders and Moriarty, as they were neither personal objects once owned by combatants and their entourage, nor were they public materials in the wider sense, excepting perhaps Freida’s possible intentions for his portraits. Certainly, there is a commemorative element to the latter’s images.

In relation to primary source materials and physical trauma during the Great War and its implications, other objects such as prosthetic limbs have been studied by specialists in pensions, gender studies and materiality and design. For example, Jeffrey S. Reznick examines the prosthetic limb as ‘the very *materiel* of wartime rehabilitation’ as ‘Britain’s ad hoc propaganda effort to mask the horrors of war and maintain morale among soldiers and civilians alike.’⁴³⁸ He elaborates on the theme of restoration of masculinity through reconstruction of the male body. Joanna Bourke discusses the provision of artificial limbs for Great War veterans, noting that attention was paid to the raw materials and design to provide optimum comfort for the wearers. Although expensive, a metal prosthetic limb was lighter and therefore easier to wear than a wooden equivalent, and according to Bourke, the War Office and Ministry of Pensions were lobbied in the early 1920s to make provision for veteran amputees.⁴³⁹ In further analysis of the design and function of limb prostheses, Mary Guyatt also examines the emergence of the metal prosthesis, along with the standardisation of practices in the manufacture of the devices. She posits that the artificial limb represents a ‘fusion of technology, culture and the organic’ as a ‘repository for changing cultural

⁴³⁵ Nicholas J Saunders ‘Objets de guerre’ in Stéphane Audoin-Rouzeau and Jean-Jacques Becker (Eds) *Encyclopédie de la Grande Guerre* (Paris, Bayard, 2013), 699.

⁴³⁶ Ibid.

⁴³⁷ Saunders, *Matters of Conflict*, 3.

⁴³⁸ Jeffrey S. Reznick ‘Prostheses and Propaganda: Materiality and the human body of the Great War’ in Nicholas J Saunders (Ed) *Matters of Conflict: Material Culture, Memory and the First World War*, 51.

⁴³⁹ Joanna Bourke, ‘Mutilating’ in *Dismembering the Male: Men’s Bodies, Britain and the Great War*, (London, Reaktion Books Ltd., 1996), 46.

expectations' and which has seen a proliferation of interest since the end of the 20th century.⁴⁴⁰ It is also worth noting that during and after the First World War limb loss and replacement with prosthetics was widely reported in words and pictures in the press, ostensibly to promote the restoration of masculinity and the return to function as breadwinners and providers.⁴⁴¹ Accordingly, there was greater public awareness or perhaps even acceptance of amputees than of facially disfigured veterans, particularly in England.

With regards to facial trauma, prosthetic masks have also seen some analysis as material testimonies to the broken men of war. Again, this is relatively recent, relatively limited and sometimes more specifically about their design as opposed to what they can reveal about the broader medical and social implications of disfigurement. It is important to note that there are very few examples of cosmetic facial prostheses from the First World War to review as primary sources. This is most likely because of their fragility, and the distinct possibility that the men 'were buried with their masks.'⁴⁴² As rare examples of facial prostheses from the Great War, a selection of these dislocated facial parts, some with names written on the interior can be found at the Imperial War Museum in London. (Figure IV.1) There are also two examples at the Historial de la Grande Guerre in Péronne. For many however, the masks served as intolerable reminders of their family life with a facially disfigured veteran. In his podcast 'Walking the Somme: Ancre Valley' Paul Reed relates the story of a woman who destroyed her father's prosthetic mask (made from china, rather unusually) after he died, such were her painful childhood memories of stigma and othering.⁴⁴³ At the Musée des Hospices Civils in Lyon, there remain some examples of Albéric Pont's vulcanite, gelatine and wax prosthetic pieces, which have been briefly discussed by Delaporte, noting that while Pont himself may have been satisfied with the outcomes, the wearers were not.⁴⁴⁴ Delaporte also suggests that in France prosthetic masks were mostly abandoned and that dressings were used to cover facial disfigurement more often than not.⁴⁴⁵

⁴⁴⁰ Mary Guyatt, 'Better Legs. Artificial Limbs for British Veterans of the First World War' in *Journal of Design History* 14:4 (2001): 307.

⁴⁴¹ Biernoff, 'The Rhetoric of Disfigurement', 675.

⁴⁴² Sarah Crellin, cited by Caroline Alexander in 'Faces of War' in *Smithsonian Magazine*, 37:11 (2007) accessed August 8, 2021, <https://www.smithsonianmag.com/arts-culture/faces-of-war-145799854/>

⁴⁴³ Reed, Paul, "Walking the Somme : Ancre Valley" *The Old Front Line*, April 2021, 46m.06s-49m-10s., accessed August 28, 2021, available at <https://podcasts.apple.com/gb/podcast/walking-the-somme-ancre-valley/id1505204931?i=1000519609484>

⁴⁴⁴ Delaporte, *Gueules Cassées*, 118.

⁴⁴⁵ *Ibid.*, 122.

Katherine Feo holds that prosthetic masks were all but useless in serving to hide the evidence of dramatic facial injury in her paper 'Invisibility: Memory, Masks and Masculinities in the Great War'. As sources, Feo suggests that the masks 'can be considered pertinent material representations of the brutal and unresolved consequences of the war as a whole.'⁴⁴⁶ However, while she may see the masks as an unsatisfactory resolution to facial trauma and only as a means to exaggerate the 'inadequacies of surgery', she does not consider the objectives of the masks' creators at the time of their making. While it is true that the masks were impractical in many ways, such that for example they did not 'age' with the wearers' faces and were uncomfortable to wear, their function was rehabilitative. If they chose to deflect from the limits of surgical restoration, the sculptors Francis Derwent Wood and Anna Coleman Ladd sought to alleviate disfigured veterans' self-consciousness by providing the means to camouflage their dramatically altered and missing features. Feo certainly approaches the prosthetic mask as an object that can relate a wider story than its original purpose, however arguing that they serve to emphasise the horrors of disfigurement is at odds with their original purpose, as intended by the sculptors, however ambitious they appear to have been.⁴⁴⁷ It is an interesting, if negative critique of objects that were primarily meant to restore humanity with what skills and materials were available at the time.

In exploring the masks as crafted, rehabilitative material, Biernoff suggests that the prosthetic masks 'as fragmentary portraits were precious objects in their own right'.⁴⁴⁸ She posits that while the uncanniness of the mask seems odd to the viewer, the wearer's dependence and potential emotional attachment on the device should be acknowledged; the mask is part of a very personal collection of essential possessions 'like a valuable watch or a bespoke hat.'⁴⁴⁹ Gehrhardt elaborates on the tension between surgeon and sculptor/dental technician in the creation of prosthetic masks, but concedes that these paraphernalia complemented the reconstructive work of the clinicians, even if on a temporary basis.⁴⁵⁰ Prosthetic masks then, have seen critical analyses as some aspects of irreparable facial trauma, although their importance as the wearers' intimate essentials is only addressed by Biernoff. That they are testament to the constraints of surgical technique at the time is

⁴⁴⁶ Katherine Feo, 'Invisibility: Memory, Masks and Masculinities in the Great War' in *Journal of Design History* 30:1 (2007):17.

⁴⁴⁷ In 1917 Francis Derwent Wood wrote in *The Lancet* 'I endeavour by means of the skill I happen to possess as a sculptor to make a man's face as near as possible to what it looked like before he was wounded.' Vol. 89 No. 4895, 949.

⁴⁴⁸ Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', 680.

⁴⁴⁹ Ibid.

⁴⁵⁰ Gehrhardt, *The Men with Broken Faces*, 51.

undoubted, as is the fact that significant attempts were made to re-socialise the mutilated veteran with varying degrees of success. The portraits too can be seen as evidence of efforts to physically and socially rehabilitate the disfigured soldiers, either through Tonks' before and after images, or in Freida's insistence on presenting some of his subjects as uniformed veterans.

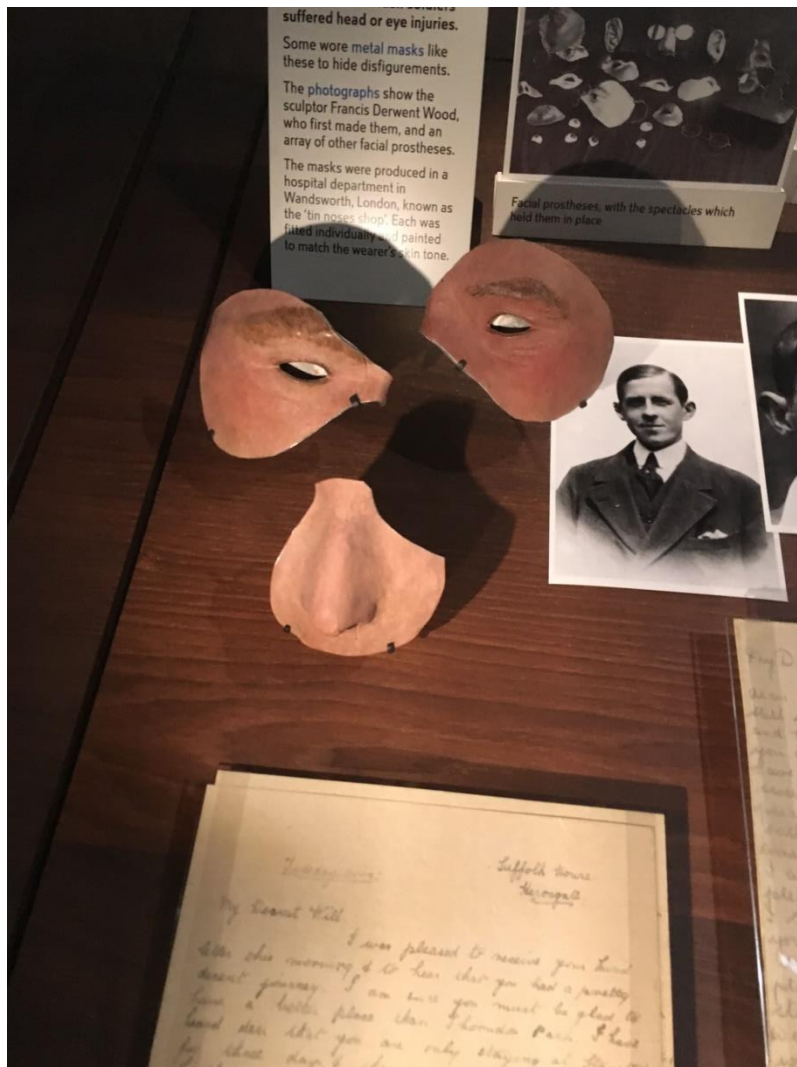


Figure IV.1, Anon., selection of facial prosthetics, colour photograph, 1914-1918, Imperial War Museum, London. Photographed by the author, September 2017.

It would be erroneous to suggest that the portraits alone reflect the volume of facial trauma during the First World War. With Tonks' 73 portraits, and Freida's 22 examples, it must be remembered that these images represent a small proportion of this type of battlefield injury. They are, essentially, vignettes from a much broader narrative. Between France and England, there were roughly 120,000 cases of facial wounding, therefore Tonks' and Freida's representations serve only to demonstrate some of the typical examples rather than a global

picture. As mentioned in the previous chapter, the portraits are part of a large series of documentations of facial injury in different media, the photograph being the most commonly used. Monochrome photographs have also seen some analyses as material culture of First World War facial trauma. Martin Monestier, for example, writing about the vast collection of photographs at the Musée de Santé des Armées at Val-de-Grâce, holds that in spite of the shocking nature of the images, there is ‘an irresistible urge to get to know the subject better. What was his name? What were the circumstances of his injury? What was his life like before the injury...and after?’⁴⁵¹ These are questions also provoked by Tonks’ and Freida’s portraits. Monestier’s book however is more journalistic in style than historiographical, perhaps even sensationalist as mostly a succession of graphic images of extreme disfigurement. Jason Bate notes that Dr Albert Norman’s collection of photographs ‘allow us to think about their war experiences and reflect on the lasting effects that their injuries might have had on their lives’⁴⁵² This is also the case with Tonks’ and Freida’s portraits, although, like the men in Norman’s photographs, biographical material beyond their sometimes patchy hospital records is elusive. It could be posited that the portraits represent the worst examples of facial injury, bearing in mind that Delaporte suggests a number of between 10,000 and 14,000 ‘*grands blessés*’ in France.⁴⁵³ Other facial damage was less dramatic and required limited intervention to repair it. For example, in Major T J Mitchell’s survey of 48,290 casualties admitted to Casualty Clearing Stations, there are considerably more ‘slight’ injuries to the face, head and neck than ‘severe’.⁴⁵⁴ It is perhaps also important to consider this in terms of unrecorded cases, seen as less interesting as reference material for medical pedagogy.

Gehrhardt notes that ‘visual representations [-] provide a valuable insight into the onlooker’s perceptions that goes beyond the imminence of physical confrontation. These depictions help us to understand how facially injured combatants were treated and perceived by others.’⁴⁵⁵ The word ‘perceptions’ has different applications here. Placed in the context of their original creation, the portraits can relate how the artists and treating clinicians understood them. The artists themselves clearly had their own interpretation of the damage to the men’s faces. As mentioned in the previous chapter, both Freida and Tonks constructed identities for their

⁴⁵¹ Monestier, *Les Gueules Cassées*, 266.

⁴⁵² Jason Bate, ‘Disrupting our Sense of the Past: Medical Photographs that Push Interpreters to the Limits of Historical Analysis’ in Patricia Skinner and Emily Cox (Eds.) *Approaching Facial Difference: Past and Present*, (London, Bloomsbury Academic, 2018), 213.

⁴⁵³ Delaporte, *Les Gueules Cassées*, 30.

⁴⁵⁴ T.J. Mitchell, *History of the Great War: Medical Services*, (Uckfield, The Naval and Military Press Ltd., 2010), 41.

⁴⁵⁵ Gehrhardt, *The Men with Broken Faces*, 177.

sitters, essentially ranging between the clinical subject and the heroic war veteran. The surgeons' perceptions would be similar to those of Tonks, seeing a case study of damage to the superficial and underlying structures of the face with which to plan restorative surgery. It is not known whether the sitters themselves viewed their portraits. Policies on the 'jaw wards' were that the men should be prevented from seeing their injuries, and accordingly mirrors were banned from these spaces.⁴⁵⁶ However, Bamji notes that some patients, such as Bob Davidson (Figure III.44) were offered and accepted the photographs recounting their treatment.⁴⁵⁷ In the French newsreel from 1916, some of the men are seen holding their *moulage* as a testament to their injured selves before reconstruction. This is further discussed below. (See Figures IV.28 and IV.29) There is little record of how the artists interacted with their subjects in such a way that they may have allowed them to see their portraits. In sum, perceptions of the facially-injured soldiers through Tonks' and Freida's portraits were limited at the time of their creation to the clinician and the artist. As primary sources in this respect, the portraits inform on their purpose as specialist medical art.

The vulnerability of the face to disfiguring injury during the conflict is also obvious from the portraits. Features were ripped away by gunshot and shrapnel, and various substances melted and contracted flesh, permanently altering identifying features. There is an important distinction between the staging processes of intervention conveyed in the portraits by the respective artists. Tonks, according to Hone, created the portraits 'to show the general effect of the injury or the repair in relation to the man's "looks"'.⁴⁵⁸ Emma Chambers holds that 'the pairing of 'before and after' portraits is a crucial element in this process, 'a redemptive function as they narrate the transformation of the sitters' physical features and psychological state, damaged and rendered illegible by the injuries of war.'⁴⁵⁹ Accordingly, Tonks' 'before' and 'after' portraits certainly demonstrate the initial shock and brutality of the injuries and the eventual outcomes of sometimes lengthy surgical interventions. However, as already noted, the haziness of the pastels often presents a different interpretation of the scarring on the men's faces when compared with photographic images. For Gillies' patients, photographs served as evidence of the stages and progress of treatment, completing the information omitted by Tonks' portraits. This is also true for most of Pont's cases recorded in

⁴⁵⁶ Gehrhardt, *The Men with Broken Faces*, 34.

⁴⁵⁷ Bamji, *Faces from the Front*, 190.

⁴⁵⁸ Hone, *The Life of Henry Tonks*, 129.

⁴⁵⁹ Emma Chambers, 'Plastic Surgery Portraits at Aldershot' in *Henry Tonks: Art and Surgery* (London, The College Art Collections, 2002): 16.

his photographic albums. There are, in fact, only 10 examples of ‘before’ and ‘after’ images in Tonks’ collection. Private Deeks, for instance, portrayed post-treatment in Figure III.42 was also depicted with his lower jaw rent apart in Tonks’ initial portrait of him. Freida, on the other hand, has not recorded any sequential images of the same sitter. His portraits are more a series of snapshots of the men in various stages of treatment, some with recent injury, others clearly in the process of facial reconstruction, and a small number showing their final appearance after various interventions. Freida’s therefore demonstrate more in terms of inpatient experience and the ongoing clinical management of facial wounds, showing bandaging, splints and drains, and also two cases of skin grafts from the forehead to reconstruct the nose. Accordingly, the next section will examine how the portraits evoke the painful challenges of facial reconstructive surgery during what was essentially an experimental period in the history of surgery.

IV.II Narratives of Healing Processes – Inpatient Experiences and Beyond

Jason Bate, in referring to photographs of facially injured men asks ‘What kinds of histories can be written if we start from the photographic image as the basis of a lived experience of facial disfigurement rather than a representation?’⁴⁶⁰ Similarly, this question can be asked of Tonks’ and Freida’s portraits. Part of the affective response to the portraits is that they prompt the viewer to think about how the men coped with their injuries, disfigurement and surgical restoration, what interventions they had and how they fared through life beyond the hospital ward. On the individuality of the face, Joel E. Pressa and Rod J. Rohrich note that ‘The surface of the face is a roadmap for the underlying anatomy. Anatomy is not arbitrary: structures show a remarkable consistency between individuals. It is the difference in the shapes of facial structures and their relationship to one another that determine the unique and distinct appearance of each individual.’⁴⁶¹ This statement succinctly underlines the challenges in reconstructing traumatised faces. Layers of soft tissue and the bony structures underneath required different, specialist attention and it is therefore unsurprising that surgeons and dentists collaborated to rebuild faces while trying to retrieve a sense of self and identity for the patient. More often than not the bony structures of the face were fractured as bullets and

⁴⁶⁰ Jason Bate, ‘Disrupting our Sense of the Past: Medical Photographs that Push Interpreters to the Limits of Historical Analysis’ in Emily Cock and Patricia Skinner (Eds) *Approaching Facial Difference*, (London, Bloomsbury Academic, 2018), 194.

⁴⁶¹ Joel E. Pessa and Rod J. Rohrich, ‘Preface’ in *Facial Topography: Clinical Anatomy of the Face*, (Boca Raton FL., CRC Press Ltd. 2012) accessed September 4, 2021, <https://ebookcentral.proquest.com/lib/unilu-ebooks/reader.action?docID=1665615&ppg=8>

shrapnel impacted. As scaffolding for facial soft tissue, restoring the integrity of these structures was a crucial part of the process of repair. A ‘Complicated Fracture’ of the face is described by Sepänen-Kajjansinkko as ‘open fractures in which a considerable injury or defect exists in the overlying soft tissues. Gunshot injuries and other high-energy injuries usually are complicated, open fractures.’⁴⁶² While this is a present-day analysis of maxillofacial trauma, it more than adequately applies to the injuries suffered by First World War servicemen. Managing these patients required special attention and skill, although the aesthetic and functional outcomes were variable. The unprecedented volume of facial trauma seen in the Great War served as a precipitate learning experience for the clinicians involved. Tonks and Freida’s portraits go some way to prompt interrogation of these processes, and particularly the short- and long-term implications. This section will explore the portraits as case studies of the various challenges Great War soldiers faced in the process of recovery from their trauma.

The portraits represent patients under the care of two clinicians, Harold Gillies in England and Albéric Pont in France, although it must be noted that both would have had teams of assistant surgeons and dentists working with them. The latter was among the first in France to establish a specialist maxillofacial unit. This was part of an initial response to the rapidly rising numbers of facial trauma from the outset of the Great War. Lyon was one of three centres to open between September and December in 1914, along with Paris and Bordeaux.⁴⁶³ In the *Congrès Dentaire Interalliés*, Drs Hollande and Fléchet give a detailed description of the facilities in the stomatology centre in Lyon. Spread over several sites in the city, the hospital was divided into three services, each under the care of a specialist clinician. These services provided space for either those in need of surgery and frequent dressings and wound irrigation, or reduction of fractures where there was little or no damage to the surrounding structures, and for dental prosthetics.⁴⁶⁴

In England, Harold Gillies founded maxillofacial facilities with the support of the British military authorities, first at the Cambridge Hospital in Aldershot in 1916, and later, a larger unit at Sidcup in Kent.⁴⁶⁵ There were also other sites where maxillofacial injuries were

⁴⁶² Ritta Sepänen-Kajjansinkko et al, ‘Establishing a Clinical Diagnosis and Surgical Treatment Plan’ in P. A. Brennan, H. Schliephake, G.E. Ghali (Eds.), *Maxillofacial Surgery Volume I*, (St Louis, Elsevier, 2017), 27.

⁴⁶³ Delaporte, *Les Gueules Cassées*, 72-3.

⁴⁶⁴ Drs Fléchet and Hollande, ‘Sur le fonctionnement des services de stomatologie et de prothèse maxillo-faciale de la XIV Région’ in *Congrès Dentaire Interalliés*, 1242-3.

⁴⁶⁵ Gillies, *Plastic Surgery of the Face*, ix.

treated, such as the Croydon Jaw Hospital, the 3rd London General Hospital and the King George Hospital in London, and Leeds, often forming part of pre-existing military medical facilities.⁴⁶⁶ The Queen's Hospital in Sidcup was a purpose-built institution, opened in 1917 after it became clear that capacity at Aldershot was insufficient.⁴⁶⁷ Aside from the necessary operating theatres and wards, convalescent homes in the surrounding area formed part of the complex, since many of the men were unprepared or unable to return to their homes, or the Front, before their treatment was completed.⁴⁶⁸ It is of note that this institution was eventually staffed by military personnel from not only England but Australia, New Zealand and the United States. At Lyon, the hierarchical structure of personnel appears to be largely from more local sources. Pont was the senior officer in charge of the unit, supported by two specialist surgeons, two auxiliary doctors, four or more dental surgeons, a dental technician, nurses and volunteers.⁴⁶⁹

Biographical material on Gillies and Pont is largely written by other medical professionals. It is therefore difficult to elicit a more balanced appraisal of their work through the secondary sources available. For example, Richard Petty, a clinician and author of *Plastic Surgery and its Origins: The Life and Works of Harold Gillies* was the son of one of Gillies' colleagues. Xavier Riaud, Pont's biographer, is a dental surgeon. Delaporte and Gehrhardt discuss the clinicians also, but this is woven into their broader narratives on the facially injured men's hospital experiences. It would seem that Gillies and Pont share similar characteristics. Both were established, successful clinicians at the outbreak of World War I, although Pont was 12 years older than Gillies. Their specialisms were slightly different, since Pont's training was as a dentist, Gillies' as an otolaryngologist. Pont studied medicine at Lyon, and, while an intern, was persuaded by the dental surgeon Claude Martin to study dentistry. After he completed his studies in Geneva, Pont returned to Lyon and established his career as a stomatologist. He was one of the founders of the dental school at Lyon in October 1899, and became an established member of the upper middle-class in the city.⁴⁷⁰ Gillies' medical training was at Cambridge University, followed by clinical instruction at St Bartholomew's Hospital in London, where he specialised in ear, nose and throat surgery.

⁴⁶⁶ Kristin Hussey, 'British Dental Surgery and the First World War: the treatment of facial and jaw injuries from the battlefield to the home front', *British Dental Journal* 217 (2014), 599. Bamji, *Faces from the Front*, 67.

⁴⁶⁷ Murray C. Meikle, 'The Queen's Hospital, Sidcup: Birthplace of modern plastic surgery' in *Reconstructing Faces*, 72.

⁴⁶⁸ *Ibid.*

⁴⁶⁹ Drs Fléchet and Hollande, 'Sur le fonctionnement des services de stomatologie et de prothèse maxillo-faciale de la XIV Région' in *Congrès Dentaire Interalliés*, 1242-3.

⁴⁷⁰ Xavier Riaud, *Pionniers de la Chirurgie Maxillo-faciale 1914-1918* (Paris, L'Harmattan, 2010), 15-16.

Like Pont, he enjoyed a comfortable lifestyle, ‘paid £500 per annum, plus any private patients he could pick up for himself’.⁴⁷¹ At the outbreak of the war, both men volunteered their services. Pont, initially, was engaged as a medical orderly at Perrache train station in Lyon, presumably to manage incoming casualties. Soon after, however, he created a specialist centre for maxillofacial trauma, which grew from an initial 30 beds to 850.⁴⁷² After the war, Pont returned to his practice as an orthodontist and director of the dental school in Lyon, and was prominent and active as a clinician and in administrative roles in various societies until he died in 1960.⁴⁷³ Gillies however, moved away from otorhinolaryngology and remained within the discipline of plastic surgery for the rest of his career.

Gehrhardt notes that Gillies was seen as a paternal figure, citing those who worked with him and observed his attitude towards staff and patients.⁴⁷⁴ He employed some of his patients, either as assistants in the operating theatre or in administrative roles⁴⁷⁵ and one of the men became his chauffeur.⁴⁷⁶ Pont, too was apparently very sympathetic towards his patients, sometimes offering refuge and work in a personal capacity. According to Jean-Pierre Fumex, ‘a certain number of the particularly disfigured soldiers whose social rehabilitation was difficult were taken to his residence, *La Mulatère*, where they were occupied with odd jobs.’⁴⁷⁷ That both were committed to the cause of facial reconstruction is in no doubt. Certainly, Gillies’ work was successful in many cases, and he appears to have developed exceptional skills out of necessity during the conflict. He remains lauded as ‘the father of plastic surgery’ among surgical specialists in England.⁴⁷⁸ In spite of the popular media reports of ‘miraculous’ reconstructive surgery, leaving no trace of the original disfiguring injury, Gillies, like other clinicians, remained susceptible to problems outside his control. At a time when antibiotics were as yet unavailable, infection could destroy what was considered as a successful operation. Often, cartilaginous and skin grafts failed to ‘take’.⁴⁷⁹ Pont, too was not an unqualified success as a reconstructive surgeon. Julie Mazaleigue-Labaste argues that

⁴⁷¹ Murray C Meikle, *Reconstructing Faces*, 31.

⁴⁷² Xavier Riaud, *Pionniers de la Chirurgie Maxillo-faciale 1914-1918*, 16-17.

⁴⁷³ *Ibid.*, 19-20.

⁴⁷⁴ Gehrhardt, *The Men with Broken Faces*, 67-8.

⁴⁷⁵ *Ibid.* See also *Plastic Surgery of the Face*, where Gillies thanks two patients for their secretarial work.

⁴⁷⁶ Bamji, *Faces from the Front*, 192.

⁴⁷⁷ Jean-Pierre Fumex, « Le Docteur Albéric Pont : Sa vie – Son œuvre » (PhD Diss., Université Claude-Bernard, Lyon, 1971), 39.

⁴⁷⁸ For example, Neil Shastri-Hurst, ‘Sir Harold Gillies, CBE, FRCS: The Father of Modern Plastic Surgery’, *Trauma* 14, 2 (2011): 179-187, accessed 3 December 2021, <https://doi-org.proxy.bnl.lu/10.1177%2F1460408611428115>

⁴⁷⁹ See Ralph Lumley in Chapter 3.

while Pont undertook an important amount of facial reconstruction work, he was not an innovator in any great sense. She notes that Pont's background as a stomatologist and not as a trained surgeon 'prevented him from developing an innovative maxillo-facial surgical practice and way of thinking.'⁴⁸⁰ What is remarkable however is the volume of work these men undertook, with relatively little experience of reconstructive surgery as pre-war surgeons. Freida's portraits certainly evidence that the aesthetic results of maxillofacial reconstruction at Pont's unit in Lyon were perhaps not as pleasing as those represented in Tonks' 'after' portraits. However, it is essential to note that often images were created of men considered as 'interesting cases' for future medical educational purposes. It is also quite possible that Tonks' 'after' portraits were selectively chosen as gratifying examples of successful outcomes.

In spite of the initiatives to establish maxillofacial trauma centres, many of the men waited extended periods before treatment. This was problematic as it often had a negative effect on outcomes of surgical reconstruction, which may explain the final appearance of some of the men in the portraits, particularly those by Freida. Delaporte outlines the reasons for this, namely delays in evacuation of the wounded from the Front, and rudimentary treatment of facial wounds by inexperienced medical officers.⁴⁸¹ However, Bamji notes that the 'initial management of a facial wound focused on survival', therefore the 'threat of blood loss, suffocation and infection' prioritised the need for urgent intervention over aesthetic outcomes.⁴⁸² This clearly was a policy in both the French and English military medical service. Many languished in hospitals where there was little expertise in maxillofacial surgery. English facial casualties saw similar delays in reaching specialist centres, such that Gillies took the initiative to purchase labels to send to the Front to identify any men needing transfer to his specialist unit.⁴⁸³ Bamji claims, however, that by early 1918 most facial trauma cases waited no more than a week before admission to Sidcup.⁴⁸⁴ Figure IV.7 represents a good example – the sitter was injured on 1 July 1916 and arrived at Sidcup five days later.⁴⁸⁵ Among Freida's portraits there is also evidence a rapid transfer to Pont's maxillofacial facility; Figure IV.9 illustrates this well with fresh bruising around the subject's

⁴⁸⁰ Julie Mazaleigue-Labaste, 'Between Care and Innovation. Albéric Pont and the Gueules Cassées: Medical and Surgical Innovations, or Not', *The Journal of War and Culture Studies* 10 (2016): 37, accessed November 28, 2021, <https://doi-org.proxy.bnl.lu/10.1080/17526272.2016.1241527>

⁴⁸¹ Delaporte, *Les Gueules Cassées*, 88.

⁴⁸² Bamji, *Faces from the Front*, 38.

⁴⁸³ *Ibid.*, 49.

⁴⁸⁴ *Ibid.*, 48.

⁴⁸⁵ Alberti, *War, Art and Surgery*, 110.

right eye. Ultimately, restorative surgery was made more complicated by contracted scar tissue and facial fractures that had not been properly reduced. Pont attempted to offset poor management of fractures at the field hospitals by devising an emergency jaw-wiring set for use at the casualty clearing stations at the Front.⁴⁸⁶

Furthermore, many were not initially treated by specialists, which complicated the process of reconstruction. This seems to be particularly true of France, where many had to wait several months before being admitted to a maxillofacial unit. Wound contractures and badly healed fractures would require resolution before any reconstructive surgery began. This problem was not exclusive to France as there are also examples of delays in treatment in England. There is evidence in the Gillies' archive among the files of men waiting some months before their first operation at Sidcup; Private A Feasy was wounded on 11 April 1917, but had his first operation on 4 September the same year; Rifleman Ernest Carter was wounded on 2 August 1917, but his first operation was on 11 February 1918; Private Sidney Beldam received a gunshot wound to his face on 28 November 1917, with a first operation on 22 June 1918.⁴⁸⁷ It is possible that the delays in these men's treatment were caused by logistical problems, or the need to attend to complications such as other injuries or stabilise infections before surgery. Bamji holds that 'French treatment was inferior' citing a 'fatalistic attitude' among French clinicians, along with a lack of communication between specialists throughout the country.⁴⁸⁸ He also notes that, unlike Gillies and his associates, French specialists did not maintain 'a systematic approach to record keeping; and the ability and desire to analyse poor results in order to develop the practice of facial reconstruction.'⁴⁸⁹ This was based on Bamji's observations of Hippolyte Morestin's records at the *Musée de Santé des Armées* in Paris. However, as argued in the previous chapter, French specialists (including Pont) published prolific amounts of articles on their various experiences in the management of maxillofacial trauma, which in all likelihood had a pedagogical effect. Pont's collection of photographs of his military patients contains a great variety of images of men who appear to have had varying results from their respective surgeries. The scarring is relatively limited, or in some cases, very disfiguring, and often beards and moustaches cover the reminders of their trauma. Observing some of Gillies' photographic records, there is also a variety of scarring on the men's faces, some more dramatic than others. Therefore while

⁴⁸⁶ Xavier Riaud, *Pionniers de la Chirurgie Maxillo-Faciale (1914-1918)*, 17.

⁴⁸⁷ A. Feasy, ID 678 Box 13, E. Carter, ID 334 Box 6, S. Beldam, ID 133, Box 3, Gillies Archives, RCSEng, London.

⁴⁸⁸ Bamji, *Faces from the Front*, 113.

⁴⁸⁹ *Ibid.*, 112.

perhaps Gillies' techniques were innovative and ground-breaking, there were many contributing factors to the effectiveness (or not) of treatment. It is, perhaps, easy from the distance of time to judge whether French practices were much less successful than those of Harold Gillies, and there is scope for further investigation on this topic.

While Tonks demonstrates the initial injury and eventual outcomes of surgery, Freida gives clues as to the actual treatment processes of facial trauma. As Biernoff notes, 'the response to facial disfigurement was circumscribed by an anxiety that was specifically visual'⁴⁹⁰ in the sense that communication with others outside the clinical space was fraught with concerns about their appearance for the injured men. However, it is also worth examining how the images reflect the servicemen's and the surgeons' experiences in temporal, practical terms. The implications beyond the reconstructive surgery should be considered. The physical and social legacies of facial trauma affect not only the visual recognisability of the affected individual. Damage to the structures of the face affected speech, breathing, eating and issues such as residual and chronic pain and discomfort. Sometimes chronic problems such as leaking fistulae compromised social interaction, even amongst family and friends. The portraits can therefore give clues as to how these problems may have impacted the sitters, and, referencing further sources, can also provide a wider scope of information.

Damaged Mouths

With regards to functionality, re-establishing speech and adequate nutritional intake could be problematic for the men with more severe facial trauma. This is clearly reflected in some of Tonks' and Freida's portraits. Figures IV.3 and IV.4 provide two good examples of the challenges certain types of facial wounds posed. Both men have lost the lower right part of the mandible, and their tongues are protruding from their faces. Figure IV.3 is a further example of Tonks' vivid portrayals of trauma with bright reds, pinks and white highlights presenting the sitter's feverish eyes and glistening, swollen tongue. Freida's drawing in Figure IV.4 has an air of calmness about it, the sitters' gaze turned downwards. Perhaps this is because although he uses bright yellow to highlight the contours of the face, the colours and background are duller and darker. It would appear that the injury here is older than that represented in Figure IV.3. Apart from the very disfiguring nature of this trauma, the images exemplify how difficult it must have been for these men to eat, drink or speak. As has been

⁴⁹⁰ Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', 668.

noted by some observers,⁴⁹¹ the nutritional condition of severely facially injured cases was often very poor, for the simple and practical reason that they could not eat or drink very well. Obviously, dietary intake consisted of fluids and soft foods as chewing was impossible for some of these men. Drs Fléchet and Hollande give a detailed description of the policies of nourishment for facially injured patients. A ‘special diet’ is required for the patients, but this must be prepared within the framework of military regulations regarding nutrition.⁴⁹² Accordingly, suitable equipment for the preparation of soft food must be made available, such as mincing machines and vegetable mashers. Next, the affected men must be furnished with special ‘duck’s beak’ drinking cups, and, only if absolutely necessary, a gastrostomy tube may be inserted.⁴⁹³ This latter procedure involved the introduction of a tube directly into the stomach. Like the use of a tracheostomy tube, the practice was used only as a last resort since the susceptibility to infection was greatly increased. Pierre Sébilleau vociferously denounced the practice as ‘heresy’, insisting that the patients could be fed via a fine nasogastric tube, a ‘harmless’ procedure that could be carried out by the nursing personnel.⁴⁹⁴ In Figure IV.5, the sitter, identified only by the initials ‘Y.X.’, has a small tube extending from his right nostril. Held in place by string, this device is most likely to facilitate feeding, as he suffered extensive injury to the interior structures of his mouth. There is also some thread hanging from the left side of his mouth, which is probably attached to an internal brace or temporary prosthetic fitting. Shrapnel tore the right side of his lips, cheeks and split his tongue, fracturing his upper and lower jaw.⁴⁹⁵ This sitter is also an example of the effects of delay on treatment; he was injured August 1916, and is obviously still under clinical management in 1918 when Freida created his portrait.⁴⁹⁶ It is therefore clear that eating and drinking would have been impossible for him until such time as his mouth was sufficiently reconstructed. The nasogastric tube would be connected to a funnel, into which liquids, as described below, would be slowly introduced, as demonstrated in Figure IV.6.

In the *Congrès Dentaire Interalliés* report, three types of diet are outlined, based on capability to chew solid food or not.

⁴⁹¹ R. Wade, ‘Anaesthesia’ in *Plastic Surgery of the Face*, 23. ‘in cases of wounds involving the oral cavity, a long convalescence is hampered by ill-nourishment.’

⁴⁹² Drs Fléchet and Hollande, *Congrès Dentaire Interalliés*, 1242.

⁴⁹³ Ibid.

⁴⁹⁴ Pierre Sébilleau, Ibid., 905.

⁴⁹⁵ File card accompanying the portrait, Article No. 310, Musée des Hospices Civils Archives, Lyon. *the anterior side of the card has water damage, consequently the details are illegible.

⁴⁹⁶ Ibid.

1. A diet with solid meat for those that can chew normally
2. A diet with minced meat for those with difficulty in chewing
3. A liquid diet for those who absolutely cannot chew and who are ‘blocked’,⁴⁹⁷

The recommended regime for a liquid diet at the maxillofacial unit in Lyon was as follows:

1. 06.30 am: coffee with milk
2. 09.00 am: 50 centilitres of milk or broth
3. 10.30 am: 50 centilitres of milk or soup with milk, with 50 centilitres of milk or 20 centilitres of wine
4. 15.00 pm: 50 centilitres of milk or broth
5. 17.00 pm: 50 centilitres of milk or soup with milk, plus 50 centilitres of milk or 20 centilitres of wine⁴⁹⁸

Those considered as requiring extra protein were given meat stock or eggs, added to the broth or as a drink mixed with alcohol.⁴⁹⁹ Delaporte notes that food intake was followed by oral irrigation (this is discussed further below) to ‘eliminate septic materials’ which was one of the many essential procedures carried out by nursing staff.⁵⁰⁰ Albert Jugon was injured during the first weeks of the war; shrapnel tore a hole in his face, removing a large part of his hard and soft palate and upper jaw. He was subsequently admitted to a maxillofacial unit in Bordeaux where he was something of a curiosity as his severe facial wounds were beyond the previous experience of the medical and nursing staff. Apparently, Jugon received special attention from the nurses, who fed him with egg-supplemented liquids.⁵⁰¹ A similar protocol for nutrition in maxillo-facially injured soldiers was also applied in English hospitals. Bamji cites a report from the Joint War Committee after the conflict which outlined the expense of supplying the Queen’s Hospital with milk and eggs for the dietary requirements of ‘the majority of the patients [-] on ‘tube’ feeds’.⁵⁰² In *The Trench Cookbook*, there is a chapter entitled ‘Beverages for Invalids’ which, although does not specifically mention diet and facial trauma, gives useful information on what constituted a liquid diet as recommended by the

⁴⁹⁷ Flechet and Hollande, *Congrès Dentaire Interalliés*, 1244. ‘Blocked’ here refers to those who are unable to open their mouths because of contractures and badly healed fractures.

⁴⁹⁸ *Ibid.*, 1242.

⁴⁹⁹ *Ibid.*

⁵⁰⁰ Delaporte, *Gueules Cassées*, 64.

⁵⁰¹ Sophie Delaporte, ‘Revivre’ in *Visages de Guerre*, (Paris, Bélin, 2017), 59.

⁵⁰² Bamji, *Faces from the Front*, 58.

British forces. As with the French protocols, the sustenance involved hot and cold liquids with broths enriched with eggs to augment protein intake.⁵⁰³

Even if reconstructive surgery were successful, in the long term many men had difficulties with dietary intake. Some could only manage semi-solid food for the rest of their lives, ostensibly due to the discomfort of scar tissue and incomplete reconstruction due to bone loss. There are occasional mentions in Gillies' patients' files of how the men were able to eat 'solid food' at the end of their treatment, seen as an important step towards recovery. For example, in *Plastic surgery of the Face*, Gillies remarks on how 'firm bony union of the lower jaw has occurred, and the patient can eat solid food' (see Figure III.42, Charles Deeks).⁵⁰⁴ In another case, Walter Ashworth, it was observed that in a patient with a fractured lower jaw which had taken some time to repair, dentures 'enabled him to eat a semi-solid diet.'⁵⁰⁵ Bamji confirms that Ashworth did indeed have trouble eating for the remainder of his life.⁵⁰⁶ The need to use a special cup (a 'canard') to help with eating meant that Albert Jugon lamented the 'embarrassing' situation of eating with friends or in a restaurant.⁵⁰⁷ According to Bamji, Bob Davison (Figure III.44) had significant internal damage to his mouth, such that he could not share a meal in company because he felt so self-conscious about the noises he made when he ate.⁵⁰⁸ As discussed in Chapter 3, Tonks' depiction of Davison's scarring is somewhat less detailed than in his photographic record. This is perhaps also an example of how the portraits can present outward success but hide severe internal damage not obvious to the viewer.

In France, a device called a 'masticateur' was used to grind meat into fine pieces to render it edible for the *gueules cassées* with long term nutrition problems. (Figure IV.2) In 1922, the *Union de Blessés de la Face* (UBF) lobbied the French government to provide this 'precious little instrument' for men 'whose jaws do not allow for useful mastication' because of their injuries, and because masticators were prohibitively expensive for some.⁵⁰⁹ This request was eventually granted in December 1922. The *UBF Bulletin* from 1923 announced

⁵⁰³ Hannah Holman (Ed.), 'Beverages for Invalids', *The Trench Cookbook 1917*, (Stroud, Amberley Publishing, 2016), 170-4.

⁵⁰⁴ Gillies, *Plastic Surgery of the Face*, 131.

⁵⁰⁵ *Ibid.*, 62.

⁵⁰⁶ Bamji, *Faces from the Front*, 186.

⁵⁰⁷ Delaporte, *Visages de Guerre*, 62.

⁵⁰⁸ Bamji, *Faces from the Front*, 190.

⁵⁰⁹ Anon, 'Le masticateur n'est pas un appareil de prothèse' (the masticator is not a prosthesis), *Bulletin de l'Union des Blessés de la Face* 111 (1922) : 5, accessed November 11, 2021.

<https://argonnaute.parisnanterre.fr/ark:/14707/a011426759232GDsSoG/e775c231b4>

‘From now on all those with jaw injuries for whom mastication is impossible or difficult and where dental prosthetics are ineffective, will be furnished with a masticator.’⁵¹⁰ Whether such provision was made for English veterans remains unknown.

The severe trauma to the structures of the mouth depicted in the portraits would also affect speech patterns. There is very little historiographical analysis of this particularly challenging problem in the context of facially injured Great War veterans. Loss or paralysis of part of the tongue was particularly affecting. Delaporte describes the difficulties Albert Jugon had in communicating with his family after extensive interventions to repair his face. In 1916, after surgery to release his tongue, he wrote to his brother ‘Moure ‘liberated’ my tongue, as profoundly as possible, but, the entire free part being already removed, the little that could be released gives no practical advantage, being too short to help with mastication; dental prostheses modified the state of my mouth a little and help me to speak more clearly, but they are useless for eating because of my tongue.’⁵¹¹ He describes his anxiety in trying to speak with his young niece, worrying that she would not be able to understand what he was saying. It was not only the injured party that had to habituate to their changed speaking, but also those around them. Jugon’s problems with speech apparently embarrassed him for the rest of his life, but it seems he rarely complained.⁵¹²

It is obvious, however, from the evidence in Figure IV.3, that surgical reconstruction would be demanding, if not resulting in an unsatisfactory outcome. Gillies found the final results of his restorative interventions in ‘these terrible cases in which the whole of the mandible from molar region to molar region is carried away, the author has neither seen nor performed any series of operations which may be said to have achieved more than mediocre result as regards appearance and more than a very poor result as regards function.’⁵¹³ He notes the ‘most serious difficulty in the way of functional repair is the provision of a depressor musculature for the new jaw’ which can result in ‘gross impairment of speech and of the first stage of deglutition’.⁵¹⁴ He does not, however, suggest any postoperative therapies which may help to correct this.

⁵¹⁰ Anon, ‘Le masticateur’, *Bulletin de l’Union des Blessés de la Face* VI (1923) : 3, accessed November 11, 2021. <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759247rrAc56/dd17d97acd>

⁵¹¹ Cited in Delaporte, *Visages de Guerre*, 62.

⁵¹² *Ibid.*

⁵¹³ Gillies, *Plastic Surgery of the Face*, 123.

⁵¹⁴ *Ibid.*, 124.

Elocution as part of the recovery process from facial trauma was discussed in *La Restauration Maxillo-faciale* in June 1918. A Monsieur Belanger from the *Institution Nationale des Sourds-Muets* wrote of his experiences when invited to treat some of the *gueules cassées* at Val-de-Grâce. Belanger claimed that there had always been a need for pedagogical speech therapy, through ‘bad habits, or malformation of the organs of speech’.⁵¹⁵ However, the facial injuries of war brought new opportunities for speech therapy. Maxillofacial trauma rendered the victims literally speechless; Belanger refers to a notebook and pencil as a means of communication, which was subsequently abandoned by its user after successful orthophonic exercises restored his speech.⁵¹⁶ It is likely that this was the mode of expression most frequently used. There is no description of exactly what kinds of exercises were used to rehabilitate the men’s speech, they are simply described as ‘pronunciation exercises’ but Belanger stresses the need for early intervention to ensure the best outcomes. He cites a case much like that of the subjects in Figures IV.3 and IV.4, where severe damage has been done to the jaw and tongue, but ultimately with rapid therapeutic intervention speech was restored.⁵¹⁷ Belanger’s article relates largely to patients at Val-de-Grâce, with a further reference to the maxillofacial unit at Bordeaux. It is therefore difficult to assess whether speech therapy was offered at Pont’s facility at Lyon. However, if *La Restauration Maxillo-Faciale* was, as a vehicle for sharing information among the treating clinicians, it could be assumed that Pont (as a regular contributor) was not unaware of the benefits of these rehabilitative therapies.

There is little mention of formal speech and language therapy for English maxillo-facially injured veterans, but in fact, it was a relatively new discipline at the time of the First World War. According to Jois Stansfield, ‘Before the 20th century, speech therapy in the UK was carried out predominantly by individuals interested in a combination of public speaking, rhetoric, elocution and correcting ‘speech defects.’⁵¹⁸ Stansfield further notes that there is little historiography on speech and language therapy, however, it developed as a practice from the 1920s in the UK, establishing as a professional organisation in the mid-1940s.⁵¹⁹ It is clear from the depictions of facial trauma that speech would have been extremely

⁵¹⁵ A.D. Belanger, ‘Du rôle de l’orthophonie dans la restauration maxillo-faciale’, *La Restauration Maxillo-faciale*, 6 (1918) : 205-6, accessed November 3, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k6534079v/f5.item.r=la%20restauration%20maxillo-faciale>

⁵¹⁶ Ibid., 207.

⁵¹⁷ Ibid.

⁵¹⁸ Jois Stansfield, ‘Giving Voice: An oral history of speech and language therapy.’ *International Journal of Speech and Communication Disorders* 55:3, (May/June 2020) 320-1.

⁵¹⁹ Ibid., 321.

challenging for these men. Perhaps it was one of the functionalities that was seen as being naturally restored once the facial fractures and lacerations had been repaired. It is also quite possible that the nursing staff, much as they did as developers of what was later to become the discipline of physiotherapy, also helped re-train the men to speak, but as an informal and less structured part of their ward duties. It is interesting to note then that in France efforts were made to communicate to the maxillofacial specialists the importance of speech and language therapy. Freida's and Tonks' depictions of fractured and missing jaws, and indeed the seemingly completed treatment (which sometimes hid severe internal damage) certainly stimulate thought on the long-term difficulties in living with the effects of facial trauma.



Figure IV.2, Masticator, Paris, 1870-1890, Wellcome Collection, accessed November 9, 2021.
<https://wellcomecollection.org/works/kbwvct3j>



Figure IV.3, Henry Tonks, *Unknown Serviceman*, 1916-1917, pastel on paper, 27cm x 21cm, RCSSC/P 569.18, © Reproduced by kind permission of the Royal College of Surgeons of England, London.

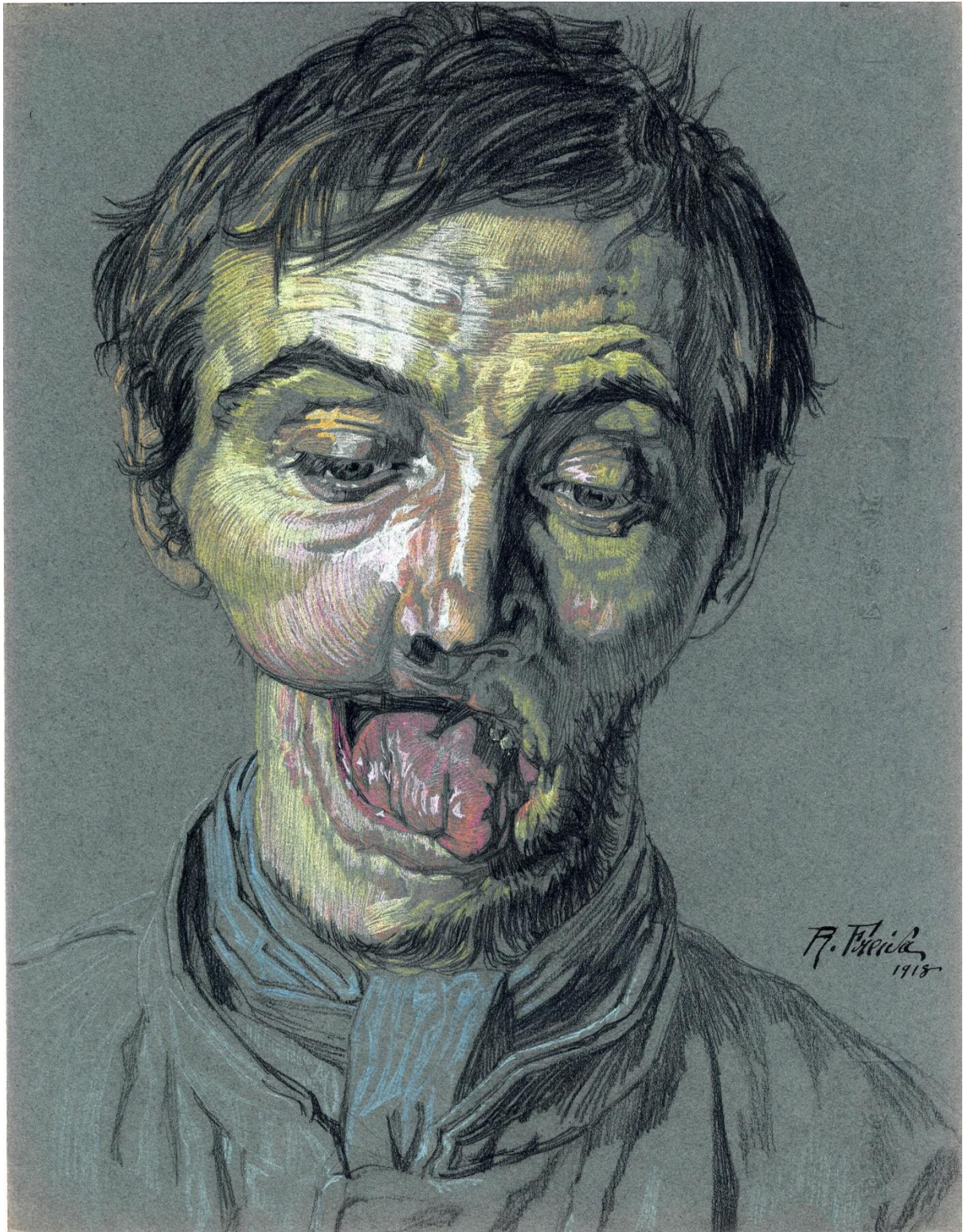


Figure IV.4, Raphaël Freida, portrait of J.D., 1918, pencil & pastel on paper, 25.2cm x 32.9cm, ©Musée de Santé des Armées, Paris. Reproduced by kind permission.

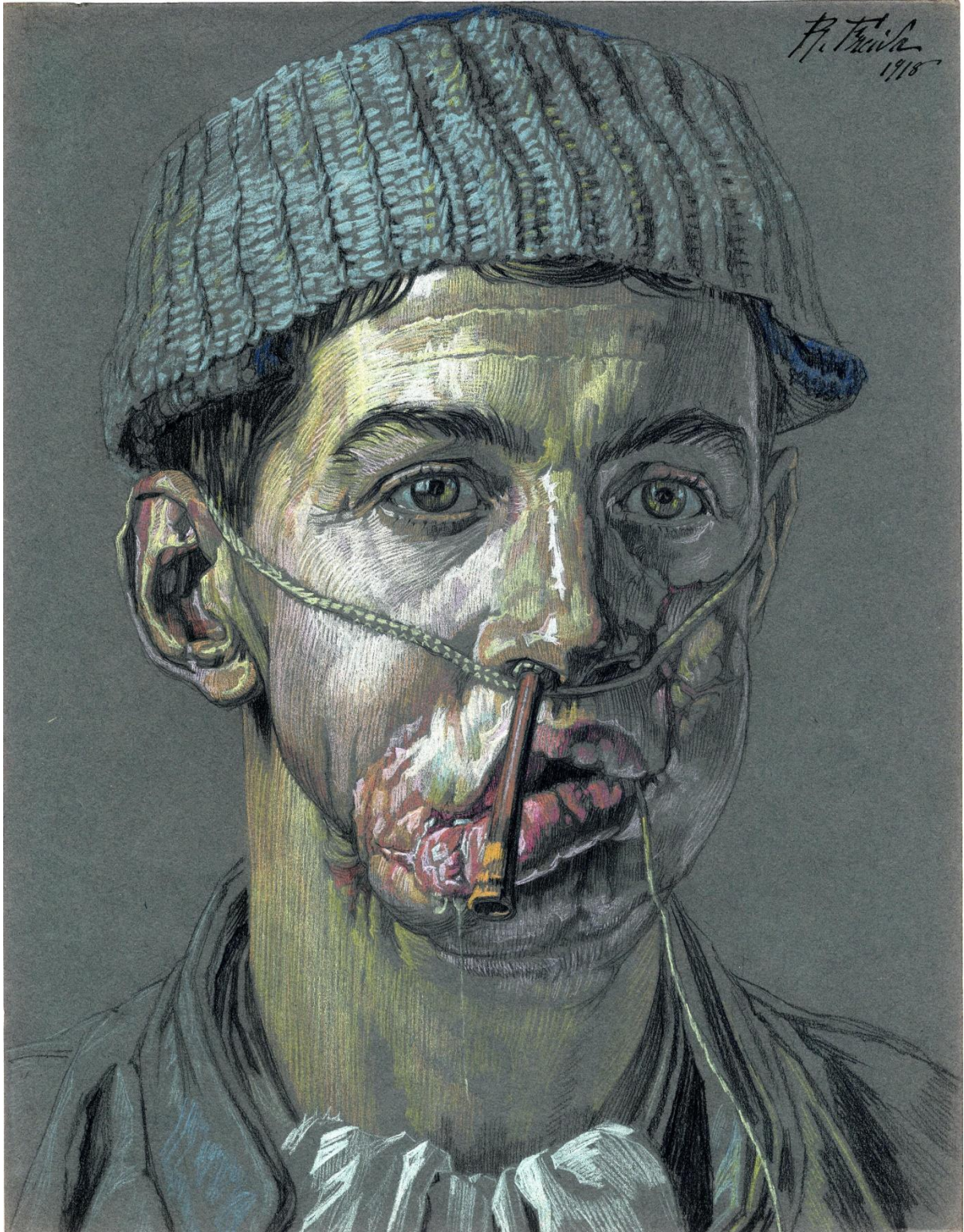


Figure IV.5, Raphaël Freida, portrait of Y.X, 1918, pencil and pastel on paper, 25.5cm x 33cm, ©Musée de Santé des Armées, Paris. Reproduced by kind permission.

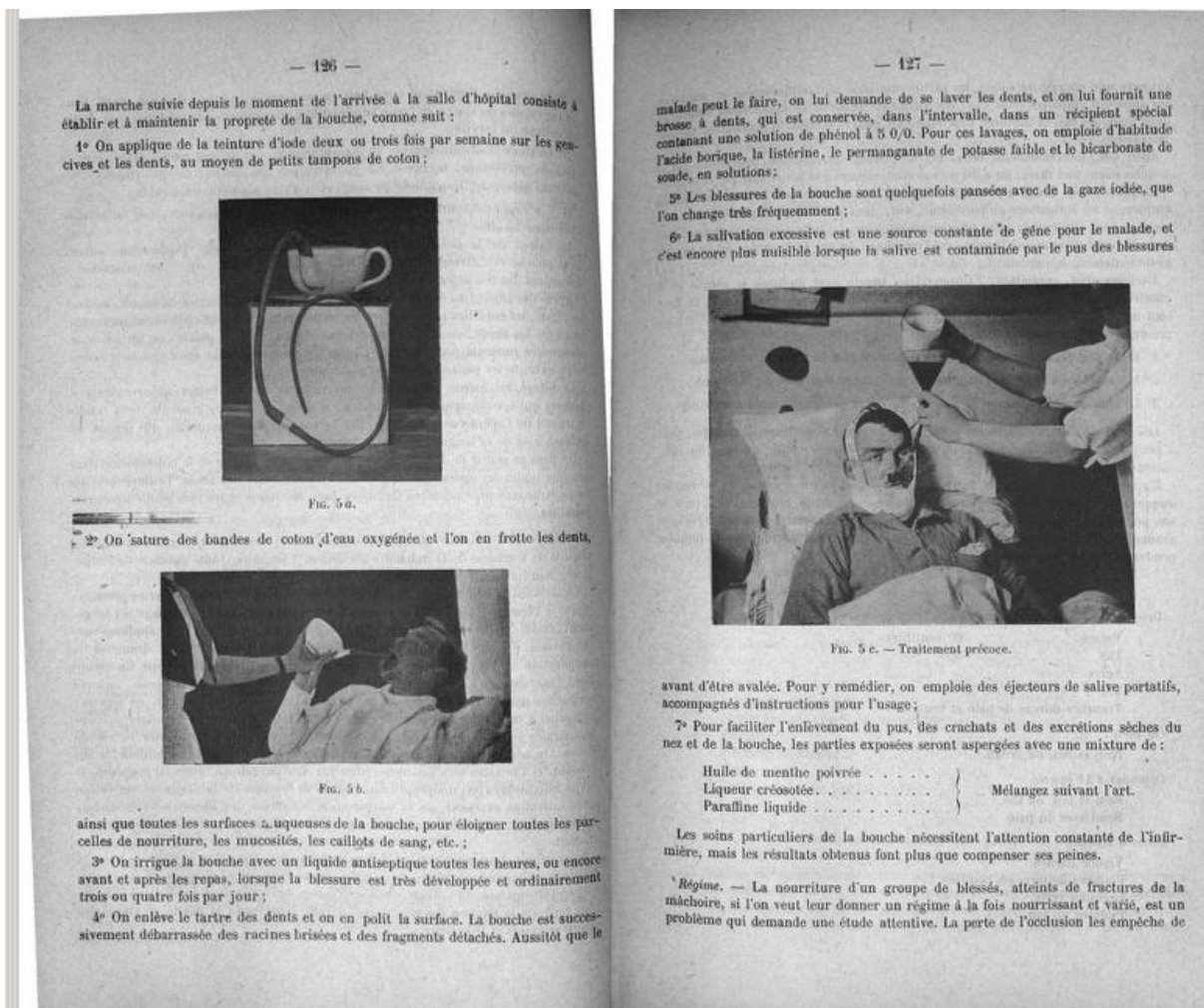


Figure IV.6, Anon., Instructions for tube feeding the maxillofacially injured patient, 1914-1916, black and white photographs, reproduced in Georges Villain (Ed) *Congrès Dentaire Interalliés*, Paris, Chaix, 1917, accessed November 9, 2021. https://archive.org/details/BIUSante_92939/page/126/mode/2up

Medical Equipment

The medical devices depicted in some of Freida's portraits raise the question as to their functionality and the processes of facial reconstruction. There are only two examples of Tonks' portraits containing clues to the clinical interventions carried out. One is of a serviceman with a retainer in his mouth (similar to the device depicted by Freida in Figure III.52) shown through parted lips. The other is that of Walter Ashworth (Figure IV.7), who has a metal receiver (often referred to as a 'kidney dish' because of its shape) placed below his shattered chin. This was most probably because he was in the process of having his wounds irrigated, an important procedure to eliminate as much potentially infectious matter

as possible. Ashworth received a gunshot wound on 1 July 1916 which fractured his lower jaw and, as can be seen, tore through the flesh on the left side of his face. According to Gillies, ‘In the early treatment of all wounds involving the oral cavity the dental surgeon must be encouraged to take a large share of responsibility. His treatment will begin naturally with a general *nettoyage* of the alveolar area. Loose and septic teeth and stumps must be extracted’.⁵²⁰ He adds, ‘The most careful watch for persistent pockets of pus must be maintained.’⁵²¹ If infection occurred, it would lead to the breakdown of tissues and sutures, ultimately rendering a careful reconstruction useless. Wounds therefore had to be kept as clean as possible, and were regularly disinfected with special solutions. Often, battlefield injuries contained dirt and debris, much of which could cause fatal septicaemia if left unattended. Pont gives similar views to Gillies on the practice in the *Congrès Dentaire Interalliés*. As preparatory treatment, *lavages* are essential:

‘In war surgery, maxillary wounds are almost always open fractures in constant communication with a septic milieu: the buccal cavity; where it is necessary to attenuate as much as possible the septicity of this milieu and that of the wound.’⁵²²

Gillies does not, however, give any details with regard to the practicalities of wound irrigation and cleaning. More information on these techniques are given in French sources. Pont writes of his attempts with different apparatus to find the best methods for the procedure; a receptacle containing the irrigation solution is placed ‘very high to ensure sufficient pressure’ which would be the most effective way to clean the wounds.⁵²³ At the outset, the *lavage* would take place every two hours. As to the liquid used, Pont recommended 1.5 litres of ‘permanganate 1/2000’ with which he ‘had every satisfaction’ and which should be ‘used tepid at around 32 degrees’.⁵²⁴

Ashworth had three surgical procedures to repair his face at Sidcup, and, for a time, he wore a special device to stabilise the healing fracture.⁵²⁵ He is the subject of one of the few ‘after’ portraits by Tonks. A photograph of him wearing a facial splint is included in his patient file, however, Freida presents an artistic version of such a device in Figure IV.9. The

⁵²⁰ Gillies, *Plastic Surgery of the Face*, 6.

⁵²¹ *Ibid.*

⁵²² Pont, ‘Traitement immédiat des fractures des maxillaires’, *Congrès Dentaire Interalliés*, (1916): 77, accessed November 4 2021, https://archive.org/details/BIUSante_92939/page/76/mode/2up

⁵²³ *Ibid.*

⁵²⁴ *Ibid.*

⁵²⁵ Alberti, *War, Art and Surgery*, 111.

sitter is Jean Douvoux, who suffered substantial injuries including the loss of his right lower jaw.⁵²⁶



Figure IV.7, Henry Tonks, portrait of Walter Ashworth, 1916, pastel on paper, 27cm x 21cm, RCSSC/P 569.50, © Reproduced by kind permission of the Royal College of Surgeons of England, London.

The *Congrès Dentaire Interalliés* report contains further information on the use of splints and stabilising equipment for fractures of the lower jaw. In 'Early treatment for injuries to the

⁵²⁶ File card accompanying the portrait, Musée de Santé des Armées, Paris.

face and jaw', Varaztad Kazanjian outlines the use of braces and other devices to manage maxillary fractures and damage to the floor of the mouth. In describing the functions of this equipment, Kazanjian concludes that 'extraoral appliances, although very useful, do not undoubtedly offer a point of support as fixed as intraoral appliances and therefore they are not suitable only when intraoral immobilization is mechanically impossible.'⁵²⁷ A photograph included in Kazanjian's chapter demonstrates the use of this device, Figure IV.8, used in this instance with an internal plate attached to the rubber strap at the side of the face.

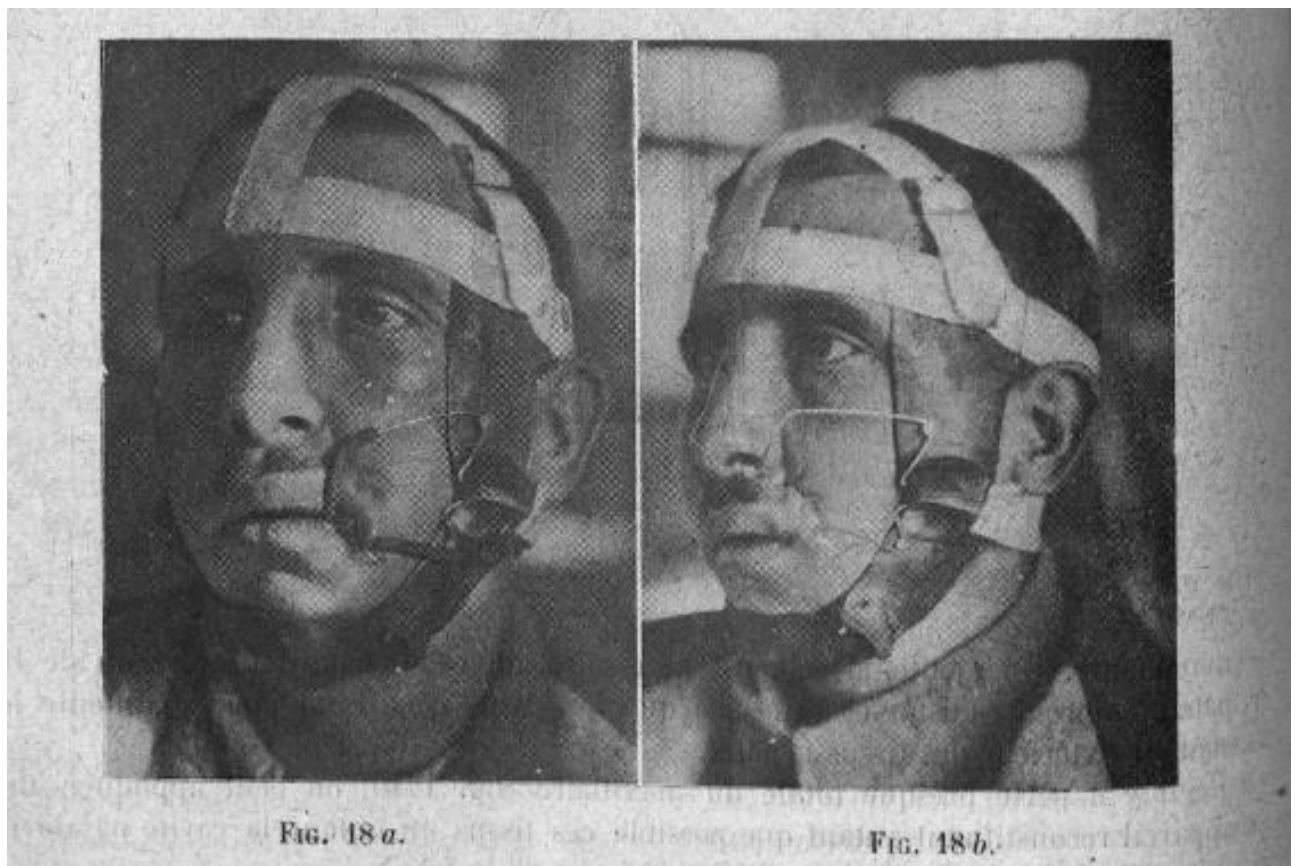


Figure IV.8, Anon, unknown serviceman, black and white photograph, 1914-1916, reproduced in Georges Villain (Ed) *Congrès Dentaire Interallié*, Paris, Chaix, 1917. 142, accessed November 4, 2021. https://archive.org/details/BIUSante_92939/page/142/mode/2up

⁵²⁷ Varaztad Kazanjian, 'Early treatment for injuries of the face and jaw' in *Congrès Dentaire Interalliés*, 143. Accessed November 4, 2021, https://archive.org/details/BIUSante_92939/page/142/mode/2up

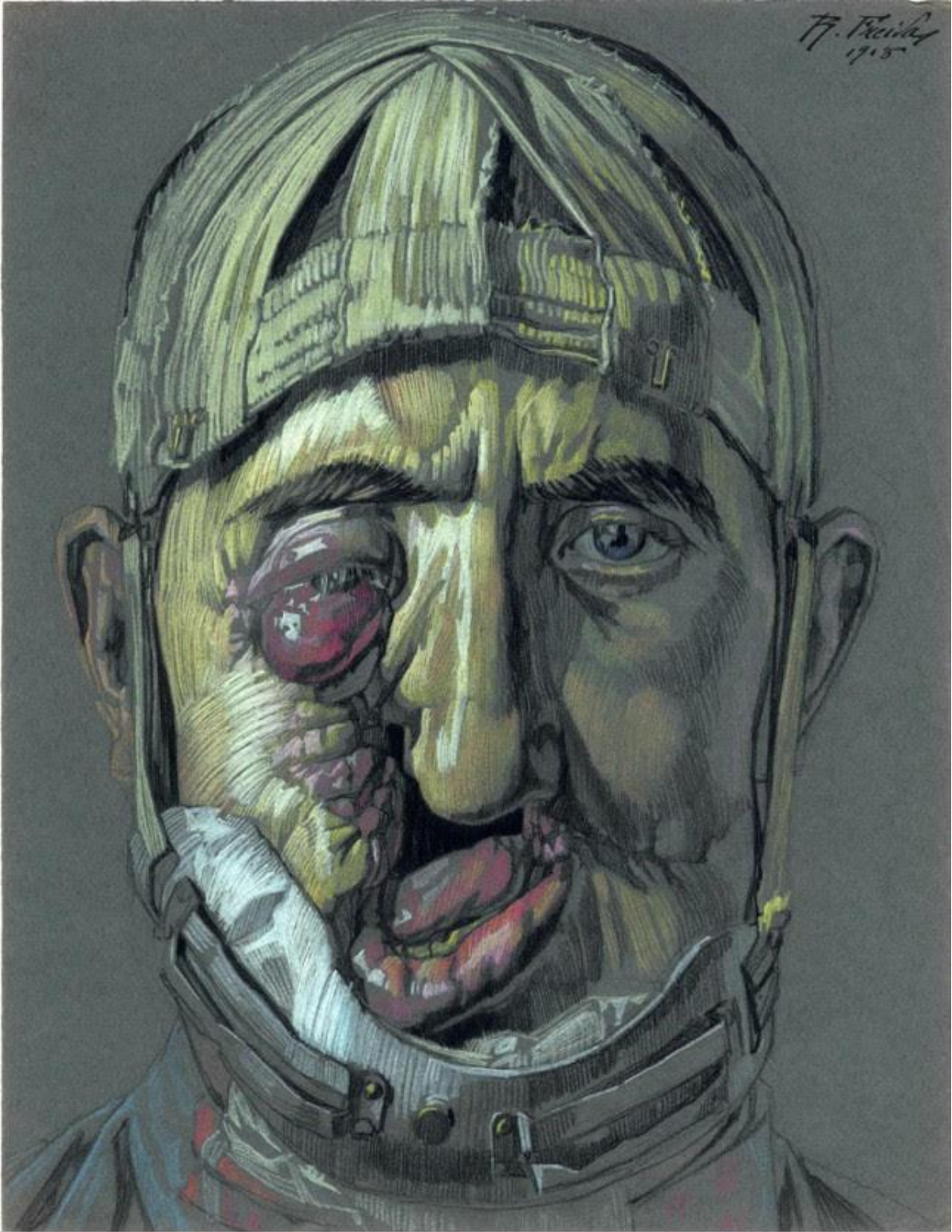


Figure IV.9, Raphaël Freida, portrait of Jean Douvoux, 1918, pencil and pastel on paper, 25cm x 33cm, ©Musée de Service de Santé des Armées, Paris. Reproduced by kind permission.

Freida depicts Douvoux's trauma in exquisite, if not excruciating detail. The haematoma under his right eye is particularly well demonstrated by Freida's shading with red, black and white pencil. The man's brow is furrowed in discomfort, and, in addition to his mandibular loss, the damage to his upper jaw the roof of his mouth is all too clear in the dark space between his right nostril, his tongue and his drooping lip. The *coiffe* or frame is literally holding his face together. This case would support Kazanjian's assertion that intraoral prosthetics and support would be contra-indicated in this instance. Devices such as those shown in Figure IV.9 were used routinely by clinicians in France and England, particularly for dental and bony reconstructive work. They were adapted according to the injuries, and Figure IV.10 from Albéric Pont's album is a further example of the variety of maxillofacial splints used. Indeed, the film footage of Pont from 1916 demonstrates one *gueule cassée* wearing a splint very similar to that in the right of Figure IV.10.



Figure IV.10, Anon., *Appareils Divers*, black and white photographs, 1914-1918, Album Dr Albéric Pont, BIU Santé, accessed November 11, 2021. https://archive.org/details/BIUSante_pont_gc_album_01/page/n137/mode/2up

Rhinoplasty

Often, pre-existing techniques such as those used for nasal reconstruction were resurrected and refined during the Great War. Gillies refers to this precedent in *Plastic Surgery of the Face*, noting that ‘from time immemorial rhinoplasty has been performed in India’ and that the ‘forehead-flap’ method is the most persistent.⁵²⁸ This procedure was regularly used to reconstruct noses in France and in England. Among Freida’s portraits there are two examples of rhinoplasty using a cartilaginous graft and transposition of skin from the forehead. Gillies also used this method, however, there are no examples among Tonks’ post-operative portraits.

Delaporte describes nasal reconstruction as a painstaking and lengthy process, involving at least three stages of surgery. The wounds are debrided and cleaned, a costal graft of cartilage is taken and placed in the defect, and finally a flap of skin from the forehead is placed over the graft.⁵²⁹ The outcomes of such surgery were varied, and often infection and poor technique resulted in a less than ideal appearance for the patient. Albéric Pont published his observations on managing the substantial loss of the nose in May 1917 in *La Restauration Maxillofaciale*. He presents just two possibilities, rhinoplasty or prosthesis, and insists that the former is preferable to the latter as long as ‘the result is neither deplorable or ridiculous.’⁵³⁰ He also acknowledges the difficulties of reconstructing a nose, and citing ‘in spite of the skill of the surgeon and the perfecting of surgical techniques, there are still failures, and we must recognise that rhinoplasty does not always perfect results from an aesthetic point of view.’⁵³¹ This is clear from Freida’s portrait of Albert Valéro (Figure III.46), who was left with a network of gnarled scarring where his nose should have been. This case will be further discussed below under the heading *Prosthetics*. Figures IV.11 and IV.12 confirm Pont’s assertions that post-rhinoplasty results can be variable, although the subjects are depicted soon after their surgery.

A typical method of nasal reconstruction during the Great War was using cartilage grafts taken from the ribs and used as an underlying structure in the defect, and covering the graft with a flap of skin which was swung down from the forehead. Two of Freida’s portraits illustrate this procedure very well, although the results are not entirely aesthetically pleasing

⁵²⁸ Gillies, *Plastic Surgery of the Face*, 3.

⁵²⁹ Delaporte, *Gueules Cassées*, 111.

⁵³⁰ Albéric Pont, ‘Rhinoplastie et Prothèse Nasale’, *La Restauration maxillo-faciale* 2 (1917) : 5, accessed September 7, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k6532142j/f5.item>

⁵³¹ *Ibid.*, 58.

– the men are significantly disfigured even after their reconstructions. However, it is possible that at the time the portraits were created the men were still in the process of treatment. Over time, inflammation settled and although the reconstructed nose looked out of place on the countenance, the appearance was acceptable.

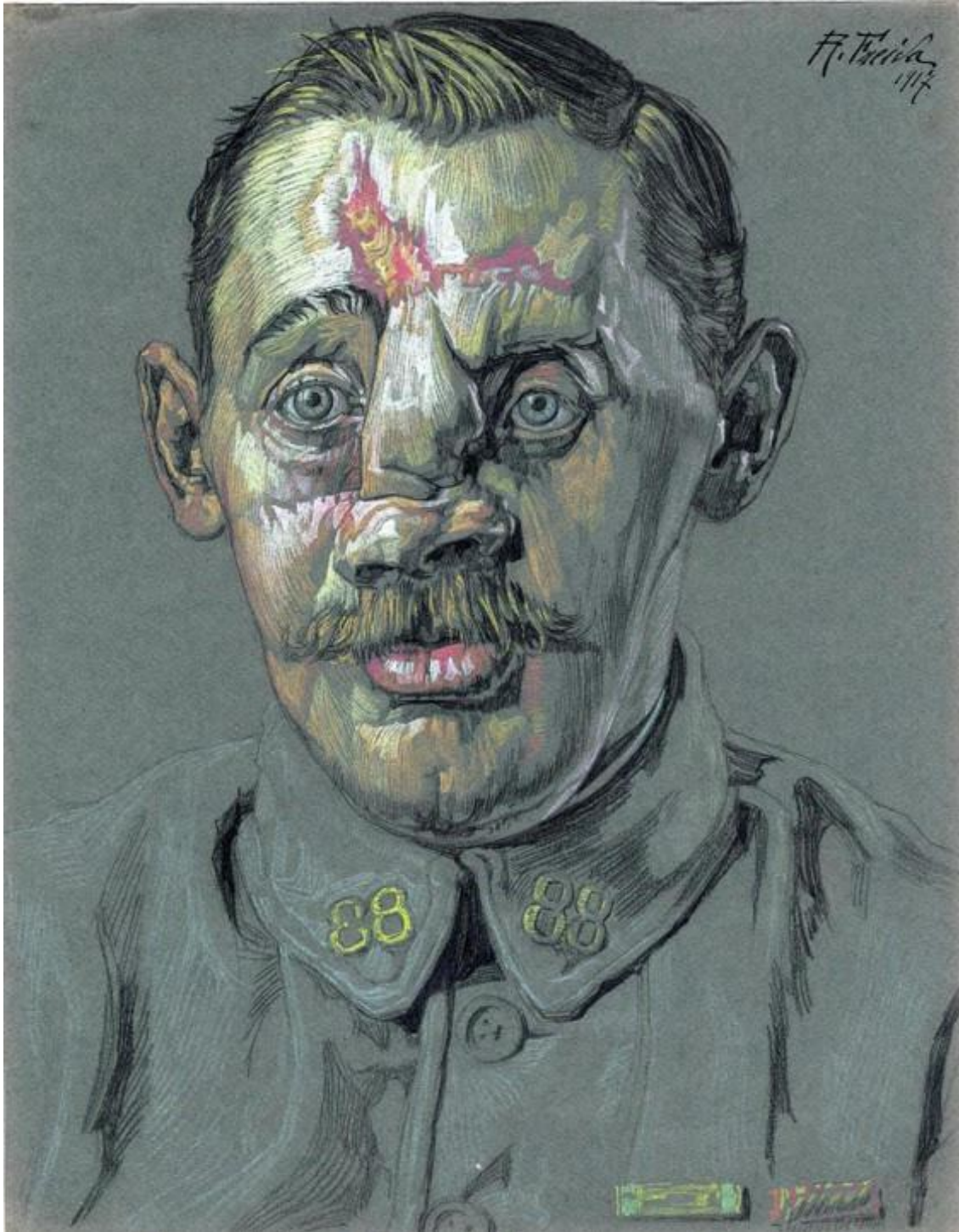


Figure IV.11, Raphaël Freida, G. Delabié, 1917, pencil and pastel on paper, 25.4cm x 32.8cm, ©Musée de Santé des Armées, Paris. Reproduced by kind permission.

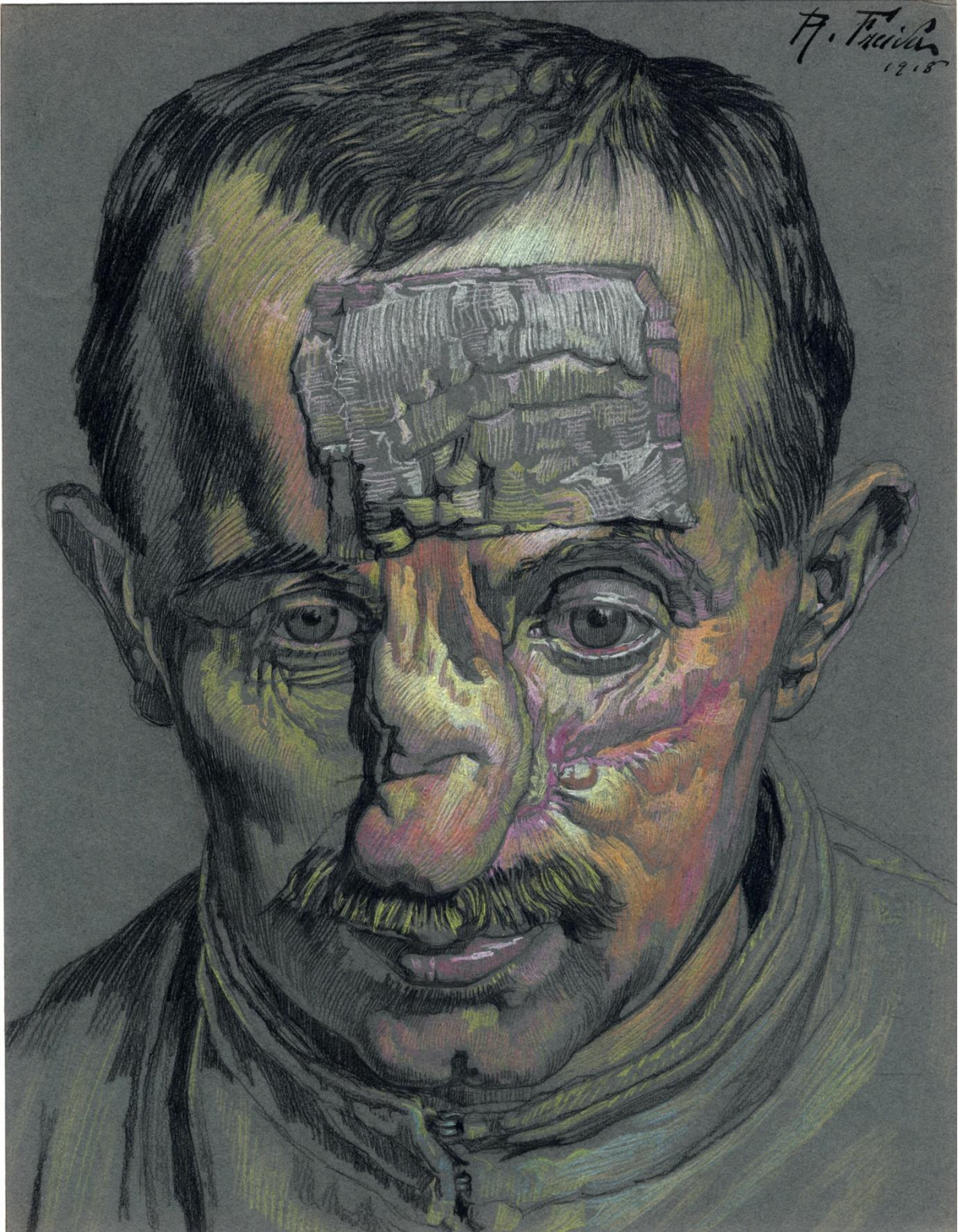


Figure IV.12, Raphaël Freida, portrait of an unknown serviceman, 1918, pencil and pastel on paper, 25cm x 33cm, ©Musée de Santé des Armées, Paris. Reproduced by kind permission.

RAPHAEL FREIDA

“ LES MISÈRES
DE
LA GUERRE ”



GUEULES CASSÈES ET MUTILÈS



DESSINS ORIGINAUX

1918

Figure IV.13, Raphaël Freida, Portfolio Title Page, print on paper, 1918, dimensions unknown, ©Musée de Santé des Armées, Paris.

‘D’ in Figure IV.11 is a case in point. On his forehead, there is a triangle of raw flesh, possibly even slightly infected as there are some yellow markings. There is no further imagery of this individual, but he obviously required nasal reconstruction. His file card contains sparse information, only that he was injured on the 18 May 1916 at Avocourt in north western France. He suffered from upper and lower maxillary fractures, and the centre of his face was crushed.⁵³² He had a rhinoplasty as described above, most likely not long before Freida drew his portrait in 1917. The skin flap resembles a piece of patchwork over his nose, which is misshapen and crumpled.

Figure IV.12 is a further example of one of Pont’s rhinoplasty cases. Like Figure IV.11, the new nose is bent out of shape and cumbersome looking. However, this is recent surgery as the sitter has a gauze dressing over the skin graft site on his forehead. There is a contracted scar on his left cheek, mirroring that of ‘D’s’ right cheek in Figure IV.11. There is no information on how and when the injury occurred. It is reasonable to suggest that the long term effects of these two examples of rhinoplasty would be difficult; the men were still disfigured after their interventions, however, conceivably, this was preferable to prosthetics or a gaping hole where their nose should be. It is also worth considering the long-term problems with breathing and speaking these men may have had.

Gillies used similar methods for nasal reconstruction, but there is no postoperative image by Tonks. Photographs serve as the only record of any rhinoplasties in final appearance. In this instance, it is worth considering how Tonks’ representations of the wounds in their earliest state can provoke questions, such as that of Edward Palmer in Figure IV.14. There is a bloodied, gaping hole in his face, his nose having been completely torn away. It is perhaps more shocking to view because of the fresh wound with its livid reds, as opposed to Freida’s muted colours in his portrait of Valero’s healed, if extremely disfigured face. The scale of this horrifying wound prompts the viewer to consider how this would be repaired. In this instance, Gillies did not use Tonks’ portrait of Palmer in *Plastic Surgery of the Face*, but a photograph instead. It is possible that the full impact of the colour version would have been lost as all the images in the monograph are in black and white. Nevertheless, Gillies found this case particularly difficult and in fact he uses it as an example ‘to point out mistakes of which one has become cognisant after the events. It is a mistake to put the cartilage *under* the periosteum. It is a greater mistake not to line the new nose with

⁵³² File Card accompanying portrait, Item No. 315, Musée des Hospices Civils, Lyon, accessed September 7, 2021 http://www2.culture.gouv.fr/Wave/image/joconde/0801/m103989_060698_p.jpg

some form of epithelium. The homologous secondary cartilage graft was an injudicious procedure.⁵³³ The photograph (Figure IV.15) of Edward Palmer after his skin graft and reconstruction quite clearly reproduces the issues with rhinoplasty depicted by Freida in Figures IV.11 and IV.12. There is a distinct line across the nose where the cartilaginous graft has collapsed underneath. This suggests that rhinoplasty was problematic for both French and English reconstructive surgeons.



FIG. 509.—After this stage the pedicle was returned and the forehead successfully grafted. The nose, however, owing to the lack of epithelial lining mentioned in the text, underwent considerable diminution in size.

(L) Figure IV.14, Henry Tonks, portrait of Edward Palmer, 1917, pastel on paper, 28cm x 21cm, RCSSC/P 569.45, © Reproduced by kind permission of the Royal College of Surgeons of England, London. (R) Figure IV.15, Anon, Edward Palmer, black and white photograph, 1917, reproduced in Harold Gillies *Plastic Surgery of the Face*, (London, Hodder and Stoughton, 1920), 261.

⁵³³ Gillies, *Plastic Surgery of the Face*, 260.

Prosthetics

Many of Tonks' and Freida's portraits depict men with parts of their faces missing, prompting consideration as to whether efforts were made to replace the features by artificial means. External apparatus was certainly used in these instances, completing the broken faces where surgeons could not reconstruct lost features. While these examples among Tonks' portraits are all before reconstructive interventions, some of Freida's portraits present the men with their final appearance. It is interesting to note however that Tonks' 'after' portraits do not depict any examples of permanent and extensive loss of tissue. The existing 'after' images portray facial scarring but no dramatic disfigurement. There are possible reasons for this. It may be that some of Tonks' portraits have been lost, or that he ceded the task of recording the 'after' to the photographers or other artists such as Herbert Cole. A further explanation is that he did not spend long enough at Gillies' maxillofacial unit to be able to create portraits of more finished cases. In the preface to *Plastic Surgery of the Face*, Gillies regrets Tonks' departure from his unit; 'Unfortunately, his other duties forbade his taking as large a part in the work as he and we ourselves could have wished.'⁵³⁴ The exact reason why Tonks discontinued his work at the maxillofacial unit is not known, but it seems he was anxious to portray the soldiers' lives at the Front. Hone notes that Tonks finally fulfilled his wish to work as a war artist after leaving Sidcup:

'In June 1918, Tonks and John Sargent were attached to the Guards Division. The opportunity of distinguishing himself as a war artist, alongside John, Orpen, Muirhead Bone, Nevinson, William Roberts, Wyndham Lewis and other of his Slade pupils had been long in coming; but, believing that he could put dramatic quality into his work, he was quick to take it when it came.'⁵³⁵

It is also worth considering the possibility that Tonks felt the 'after' portraits should reflect Gillies' talent as a plastic surgeon, presenting pleasing results as medical educational materials. Evidence suggests that he held the surgeon in some esteem. He wrote 'A very good surgeon called Gillies who is also near champion golf player is undertaking what is known as the plastic surgery necessary.'⁵³⁶ As discussed in the previous chapter, Tonks' technique with pastels sometimes underplayed the extensive scarring on the men's faces. Public discourse on Gillies' work was almost always about the 'miraculous' nature of his work. In July 1917, the

⁵³⁴ Gillies, *Plastic Surgery of the Face*, xi.

⁵³⁵ Hone, *The Life of Henry Tonks*, 142.

⁵³⁶ Cited in Hone, *The Life of Henry Tonks*, 127.

Yorkshire Post reported on the surgeon/artist collaboration at the Queen's Hospital, Sidcup. Tonks' before and after portraits are noted as 'giving vivid if grim testimony to the wonderful results achieved'.⁵³⁷ On occasion however, Gillies was defeated by the injuries he tried to repair insofar as the external appearance had to be enhanced by prosthetics. In the case of Private Moss, seen in Figure III.39, Tonks presents the sitter with an almost completely crushed face, with the loss of both eyes and the nose. Aside from the horrific nature of the injury, the reconstructive process presents as enormously challenging, especially in terms of social rehabilitation. In *Plastic Surgery of the Face*, Gillies outlines the process of restoring Private Moss's features, where an internal prosthesis was used to support the collapsed central part of his face. This was an extremely difficult process, and 'it was only after various mechanical appliances had been constructed to force the soft tissues forward that a happy result was obtained.'⁵³⁸ In Moss's file, there is a photograph of his final appearance, which involves a prosthetic nose attached to a pair of spectacles. It is interesting that this is not mentioned in Gilles' monograph. It seems that many surgeons were reluctant to resort to prosthetics and did not share Pont's enthusiasm for the devices. This may explain in part the more frequent appearance of absent features in Freida's portraits. However, as mentioned above Julie Mazaleigue-Labaste points out Pont's lack of surgical training which may have prompted his recourse to prosthetics rather than operative repair. Nevertheless, it is worth exploring how some of Freida's portraits reflect the need for prosthetics and subsequent practices at Pont's maxillofacial unit.

Albert Valero in Figure III.46 is also a clear indication of an unsuccessful outcome after attempts at restorative surgery. Ultimately, as can be seen in his photograph from Pont's album (Figures IV.17 and IV.18), he needed a nasal prosthesis. In *La Restauration Maxillo-Faciale*, Pont outlines three instances when a nasal prosthesis is necessary:

1. 'When rhinoplasty is impossible or contra-indicated
2. When the rhinoplasty has not given satisfactory aesthetic results
3. As a temporary method, either before or during the different phases of surgical intervention'⁵³⁹

⁵³⁷ Anon, 'The Marvels of Plastic Surgery. New Institution for the treatment of wounded heroes.' *The Yorkshire Post*, July 1917, London Metropolitan Archives, H2/QM/Y1/5.

⁵³⁸ Gillies, *Plastic Surgery of the Face*, 199.

⁵³⁹ Pont, Albéric Pont, 'Rhinoplastie et Prothèse Nasale', *La Restauration maxillo-faciale* 2 (1917) : 57, accessed November 11, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k6532142j/f5.item>

Pont apparently spent many years attempting to create the most comfortable and convenient nose, ear and eye prostheses using different materials. It is clear that he sought an alternative that was more lifelike than metal masks. The ‘plastic’ prostheses Pont devised were made of gelatine or animal and vegetable wax, but this meant that every ‘two or three days’ the prosthesis had to be remodelled. This he admits ‘presents a certain inconvenience. The injured, particularly in the case of nasal prostheses, is obliged to re-mould an artificial nose every three or four days; however, despite the ease and speed with which this can be done, many of these men, through negligence, only wear their prosthesis in exceptional fashion, and so the goal we set for ourselves was not sufficiently achieved. I therefore sought to improve this method.’⁵⁴⁰ Pont was particularly proud of his efforts to create facial prosthetics, and is shown in the same public information film mentioned in the previous chapter (in relation to Aka N’Dié) demonstrating his technique of fitting artificial features. Pont attaches the prostheses with great flourish, the recipient turning his head (and his head being turned by Pont) to display the surgeon’s handiwork. Figure IV.16 is footage of Pont fitting a nasal prosthesis, pasting glue on the piece before attaching it to the man’s face using tweezers. It is obvious that the materials used were not ideally suited to everyday use, refashioning the prostheses was time-consuming, hence the abandonment by many in favour of a simple dressing, as previously noted. Delaporte states that the devices could be very uncomfortable due to the glue used to secure the prosthesis, along with scratching from the margins of the device, both of which aggravated the surrounding skin.⁵⁴¹ It seems then that while Pont was creative and explored many ways to devise suitable prostheses, he was limited by the materials available to him at the time, much as the sculptors Derwent Wood and Coleman Ladd were.

⁵⁴⁰ Pont, Albéric Pont, ‘Rhinoplastie et Prothèse Nasale’, *La Restauration maxillo-faciale* 2 (1917) : 66, accessed November 11, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k6532142j/f5.item>

⁵⁴¹ Delaporte, *Les Gueules Cassées*, 122.



Figure IV.16, Anon, Albéric Pont fitting a nasal prosthesis on an unknown soldier, 1916, "Service de prothèse maxillo-faciale du docteur Pont à Lyon", stills from film footage (00:06m:07s/00.06m.35s), © Réalisateur inconnu/SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission.



Figure IV.17, Anon, Albert Valero, undated, black and white photograph, date unknown, Album Docteur Pont, BIU Santé, Paris, accessed November 13, 2021, https://archive.org/details/BIUSante_pont_gc_album_01/page/n175/mode/2up



Figure IV.18, Anon., Albert Valero, undated, black and white photograph, date unknown, Album Docteur Pont, BIU Santé, Paris, accessed November 13, 2021, https://archive.org/details/BIUSante_pont_gc_album_01/page/n175/mode/2up

As previously noted, Pont was also limited by his lack of surgical training which may account for some of the less successful outcomes of his attempts at facial reconstruction. Albert Valero apparently continued to wear a prosthetic nose; it would be cumbersome to cover such an extensive disfigurement situated in the middle of the face with just a gauze dressing. (Figure IV.17 and Figure IV.18) In his photographs, Valero is not wearing his uniform as he is in Freida's portrait of him. There appears to be a significant cosmetic improvement with the gaping hole in his face covered by the artificial, and, ostensibly well-proportioned nose. As the image is in black and white, it is difficult to perceive whether or not the prosthesis matched the colour of his skin. Nevertheless, it would appear that attention was paid to this particular detail at Pont's maxillofacial unit, as there are a number of prosthetic noses and ears in various skin tones in the Musée des Hospices Civils archives.⁵⁴² It is also worth noting, nonetheless, that as a pedagogical document, Pont's album contained examples of

⁵⁴² These objects can be viewed on line at <https://www.chu-lyon.fr/musee-des-hcl> through the link '925 fiches qui ont été versés' pp. 801-900.

what he considered the most compelling cases, and also perhaps the best outcomes of his surgery and prosthetic work.

Valero eventually returned to Algeria, his country of origin, after his treatment. He worked as a railwayman in Mostaganem and remained there until the early 1960s, settling in France after the Algerian War where he joined *the Union des Blessés de la Face (UBF)*. His file at the institution contains a small passport-sized photograph of him, white-haired, bespectacled and wearing a nasal prosthesis.⁵⁴³ It is not clear whether the nose is attached to his spectacles, but this was often a means to keep prosthetics in place and therefore used frequently. While much has been discussed on the disadvantages of World War I facial prosthetics, it is worth remembering that the aims were to try and socially rehabilitate the disfigured men, using the best methods that were available at the time. Certainly, it would seem that Pont was rather too enthusiastic about his gelatine and wax prostheses. As Delaporte notes, ‘if Doctor Pont considered himself entitled to perceive an ‘improvement’, one suspects that this could only be very relative.’⁵⁴⁴ It is likely that Valero’s prosthetic nose in the *UBF* file photograph is not the original created by Pont, given the practical difficulties already outlined. Nonetheless, a legacy remains from early twentieth-century attempts to alleviate social distress from facial disfigurement through prosthetics, albeit originally driven by necessity through conflict. Present day practices, typically in the wake of radical facial surgery, may use different and more advanced materials, notably silicone, but there remain circumstances that necessitate facial prosthetics.⁵⁴⁵

IV.III Hidden and Heroic: Visibility (or not) of Disfigured Veterans in France and England

That Freida depicts many in full military uniform raises questions about how his portraits may reflect the visibility of facially injured veterans during and after the Great War in France. Evidence suggests that *gueules cassées* had a greater public presence there than their counterparts in England. Ostensibly, both artists’ portraits of the injured men were meant for the clinical gaze, but while this appears to be Tonks’ confirmed intention for his portraits, there is an ambiguity about Freida’s images. Tonks’ evidently admired the quiet courage of

⁵⁴³ Anon, File No. 1838 Albert Valéro, Union des Blessés de la Face et la Tête, Paris.

⁵⁴⁴ Delaporte, *Les Gueules Cassées*, 118.

⁵⁴⁵ See for example Leonardo Ciocca and Roberto Socci ‘Oculo-facial rehabilitation after facial cancer removal: Updated CAD/CAM procedures. A Pilot Study.’ *Prosthetics and Orthotics International* 38 (2014): 505-509, accessed December 4, 2021. <https://doi-org.proxy.bnl.lu/10.1177%2F0309364613512368> The creation of a partial facial prosthetic mounted on spectacles for a cancer patient is discussed in this article.

his sitters; ‘One poor fellow has the D.C.M., a large part of his mouth has been blown away, he is extraordinary and modest and contented.’⁵⁴⁶ However, he was particularly insistent in how he wanted the portraits to be viewed as medical material only. ‘The pastels that I have done are of wounded soldiers with face injuries. They are I think rather dreadful subjects for the public view.’⁵⁴⁷ There were, it seems, numerous visitors anxious to see Tonks’ work at Aldershot, where the portraits were on display in his office there.⁵⁴⁸ Tonks was unhappy about this, referring to ‘the poor ruined faces of England’ being the focus of curiosity because ‘the tedious visitor from various countries is generally taken to see them’.⁵⁴⁹ As will be seen below, Tonks’ images of men with broken faces perhaps reflect the culture of visibility in First World War England; certain war injuries were seen as unpalatable for a wider audience beyond the hospital and convalescent setting.

There is no record of how Freida felt about his portraits of *gueules cassées* therefore only his careful reproductions of the men in pencil on paper can be interrogated for clues. In the first instance, it is worth considering his background as a narrative or historical artist. As has been previously mentioned, he, like Tonks, was comfortable with the materials and media he used to produce the portraits. This could also be said of his particular artistic style and practice. Before the war, his work was exclusively about storytelling, borne out in his designs for stained glass and illustrations for mythological and biblical narratives. It should be noted however that even though the characters he represented were fictional, his imagined versions were drawn from life using models. The narratives in *Thaïs*, *Oedipe Roi*, *Poèmes Barbares*, *Hérodias* and *Les Jardins des Supplices* were dramatic and sometimes extremely violent, and these themes were paralleled by Freida’s illustrations. The idea of violence was therefore not new to Freida, and it could be suggested that in some ways he was familiar with brutality and bodily harm. It is also thought that he saw action at the Front before his work as a medical orderly at Lyon.⁵⁵⁰ Although he focuses on the facial trauma, he also creates a wider picture of some of the men and their injuries with his inclusion of details that are absent from Tonks’ portraits. The meticulousness in recreating the men’s uniforms and military decorations, or indeed the medical accoutrements associated with reconstruction is in distinct contrast to Tonks’ exclusion of these extra elements. Freida’s actual narrative of the men is therefore

⁵⁴⁶ Cited in Hone, *The Life of Henry Tonks*, 127.

⁵⁴⁷ Cited in Chambers, *Henry Tonks: Art and Surgery*, 17.

⁵⁴⁸ *Ibid.*, 15.

⁵⁴⁹ *Ibid.*

⁵⁵⁰ Nicolas Méroc, *Les Gueules Cassées d’Albéric Pont et de Raphaël Freida*, 158.

different to that of Tonks insofar as he appears to want to highlight their heroism as much, if not more than their actual injuries.

It is quite possible that Freida's portraits remained in Pont's possession until the latter's death, with some of them donated to the *Musée des Hospices Civils* in Lyon. The collection now held at Val-de-Grâce in Paris auctioned off in 1961⁵⁵¹, the year after Pont's death, changing hands at least once in the intervening years between acquisition at the Musée de Santé des Armées. The sale of the portraits in 1961 could also be purely coincidental; potentially, Freida himself kept the portfolio which could have been among the materials looted from his apartment after his death, as outlined in Chapter II. In any case, Gehrhardt suggests that the portraits were actually meant for publication. She notes that Freida had 'compiled over twenty of them in an album destined for publication. (1917-1919)',⁵⁵² Figure IV.13 is the outer cover of the portfolio. Gehrhardt considers some possible reasons as to why Freida's portraits remained unpublished; differences in the respective authorities' attitudes to visual representations and censorship; the later dates of production of Freida's portraits which coincided unfavourably with war pensions discussions and therefore made them 'undesirable' for publication.⁵⁵³ The fact that the portraits were organised together in this way could support the argument that Freida's intention was for them to be seen by a wider audience. After all, he had illustrated the brochure for the publicly-distributed Tourveille rehabilitation centre, showing the *mutilés* at work with their prosthetic limbs. In terms of the way in which the portraits were produced, with more than one copy, preparatory sketches, cross-hatching and fine lines, this could indicate preparation for the engraving and consequent mass production. Ultimately, Gehrhardt concedes that there remain questions as to why Freida's collection of portraits was never published.⁵⁵⁴ However, there are potential answers to these questions which may counter Gehrhardt's assertion that Freida had planned to publish the portraits. Anxious to resume his work as an illustrator, Freida returned to Paris after demobilisation,⁵⁵⁵ and, as suggested above, may have left the portraits with Pont in Lyon.

⁵⁵¹ François Robichon, 'Les blessés de la Grande Guerre, ou la transfiguration de l'horreur dans l'art français', *Transylvanian Review* XXVII (2018) : 93. Robichon states that 'an album entitled « Misères de la guerre » was sold at l'Hôtel Drouot (an auction house) in 1961, which he concludes is probably the document stored at Val-de-Grâce.

⁵⁵² Gehrhardt, *The Men with Broken Faces*, 204.

⁵⁵³ *Ibid.*, 214.

⁵⁵⁴ *Ibid.*, 204.

⁵⁵⁵ Nicolas Méroc, *Les Gueules Cassées d'Albéric Pont et Raphaël Freida*, 158.

More importantly, the portraits themselves are thought of as military property,⁵⁵⁶ and it is interesting that they should remain in Pont's possession. Arguably, then, neither did the portraits belong to Freida to do with as he chose. This therefore raises the question as to whether Freida actually had any agency in the ultimate display of the portraits to a wider audience beyond the clinical gaze. His aims to publicise his *gueules cassées* could have been futile in the face of military policies. At the very least, it is worth considering that the portraits may have been only intended for Pont to add to his collection of facial injury recordings from the War. Nicolas Méroc contends that Freida's portraits 'had the only objective of clinical representation of the lesions and surgical repair.'⁵⁵⁷ The fact that some of the portraits are commemorative in nature, specifically as some of them are more formal portraits that present the sitters decorated in full uniform, would indeed suggest an intended public audience. However, many of the portraits, as has been noted, appear to be purely clinical like those of Tonks. Without any written sources on his experiences at the maxillofacial unit at Lyon, it is difficult to conclude exactly what plans Freida had for the portraits. The arguments are compelling either way; the portraits' mode of creation and preparation indicate an intention for printing copies, while equally the idea that they were French military property precludes their publication, explaining why the only examples are those in the archives. Nevertheless, it is interesting to consider the document *Exposition Oeuvres et Documents de Guerre* mentioned in the previous chapter, where some watercolours by Dupas of patients from the Bordeaux maxillofacial unit were published after the war. This shows a varied attitude at the time to facial injury veterans, where perhaps the context of the images as military property was not yet a fixed regulation.

The *gueules cassées* were more visible in France, ostensibly due to the efforts of the *Union des Blessés de la Face* in the years after the Great War. In England, the trope of miraculous results from Gillies and his team at Sidcup frequently cited in the press implied that the men blended among others after their faces were restored to their pre-war visible identity. Aside from his assertion that the images were unfit for public viewing, the clues in Tonks' portraits evidence his intentions for them as clinical pedagogical materials. He

⁵⁵⁶ In a meeting with M. Marc Beaumelle on 12 .11.2021 at the Musée de Santé des Armées in Paris, he stated that all the portraits by Freida are property of the French Military Services since they were created during the Great War at military hospitals. It is not known why Pont kept all the visual records from his work during the war, but it is possible that he was not the only clinician to retain medical records, and at other centres records were destroyed after the war. (Delaporte) Bamji notes that Gillies retained the patient files from Sidcup at his home to use for *Plastic Surgery of the Face. Faces from the Front*, 130.

⁵⁵⁷ Méroc, *Les Gueules Cassées d'Albéric Pont et Raphaël Freida*, 168.

focuses on the physical trauma more than other details such as clothing and medical equipment. However, the sitter's identity is reproduced in his skilled execution of the image, producing a tangible entity behind the wounds. For Tonks, the visibility of these men, firmly in the context of the clinical gaze, was either as brutally deconstructed faces requiring surgical intervention, or as newly completed examples of Gillies' skill as a plastic surgeon, hence the delicate interpretation of the post-operative facial scars. It is as if Tonks desired to showcase the surgeon's talent by presenting the best examples of his reconstructive work. This decision may also have been made in collaboration with Gillies. Chambers notes that 'in a significant number of the 'after' portraits the men are presented with assertive expressions and neatly combed hair implying a restored confidence and identity'.⁵⁵⁸ However, as discussed in the previous chapter, this is not obvious in all of the portraits. Nevertheless, as an instructor himself, Tonks aimed to respond to the need for educational images to contain the challenging injuries and the gratifying final results of surgery. He therefore would have been constructing the images as future reference materials for trainee plastic surgeons.

If Tonks' and Freida's portraits can be seen as representative of the visibility (or not) of disfigured veterans in France and England, then there are two examples of primary sources which could support this contention. The first is a scrap book of newspaper cuttings relating to the Queen's Hospital, Sidcup, stored at the London Metropolitan Archives. The press articles are dated between 1917 and 1930, although their production is more intense between the period 1917 to 1920. The anticipated opening of the hospital was published in several newspapers, and later the articles were more to raise awareness of fundraising activities, along with emphasising the bravery and patriotism of the wounded soldiers. The same narrative appears in different papers, indicating perhaps that one article was shared between several outlets. In what has been analysed as propagandistic means to capitalise on the theme of repairing the broken men of war,⁵⁵⁹ many of the newspaper articles have similar headlines. For example, from July 1917 (some months after the maxillofacial unit at Sidcup had opened), various and nationwide newspapers articles were entitled 'Faces Rebuilt. New Hospital to Transform Ugliness into Good looks. Shattered Men Remade' (Daily Sketch); 'New Features for Old. Wonders of Plastic Surgery.' (Morning Advertiser); 'Broken Faces Restored' (Daily Chronicle).⁵⁶⁰ Similar headlines recur throughout the selection of newspaper cuttings in the album. The emphasis is on renewal and repair and the transformative effects of

⁵⁵⁸ Emma Chambers, *Henry Tonks: Art and Surgery*, 16.

⁵⁵⁹ Biernoff, 'The Rhetoric of Disfigurement', 674.

⁵⁶⁰ Anon, newspaper cuttings (1917), London Metropolitan Archives, H2/QM/Y1/S: 14.

plastic surgery, but there are very few images among these newspaper articles. The men are frequently referred to as heroes, but when images are used, they are carefully chosen so as not to display the injuries too graphically. Figure IV.20, from *The Daily Sketch*, dated November 1917 and entitled 'The Queen and a Young Hero' shows Queen Mary visiting the hospital at Sidcup. She is standing by a soldier's bedside, but his face is heavily bandaged, his forehead and nose just visible. The caption reads 'The Queen, visiting a Sidcup hospital, where miracles of healing are being wrought in the reparation of facial injuries and disfigurements, chats with Pte. L. Ripps, Rifle Brigade, a young hero of 19, who has seen three years' active service.'⁵⁶¹ Further images from *The Daily Sketch* from June 1918 include some of the men partaking in various activities at the centre. By way of rehabilitation and re-training, the men did courses in agricultural management, market gardening, dairy and poultry husbandry and other skills such as carpentry and mechanics.⁵⁶² Figure IV.21 shows more of the men feeding chickens, petting rabbits and playing leap-frog in the grounds of the hospital. However, their faces are partially bandaged, and they are not looking directly at the camera. Similarly, in December 1919, *The Daily Mirror* included a photograph of three 'men suffering from severe facial wounds in the Queen's Hospital, Sidcup'⁵⁶³ making stuffed animals, but again none are looking directly at the camera, and one has his face completely obscured by his hat. (Figure IV.19) The other two show very little in the way of frank disfigurement. This further supports the argument made in Chapter III that very little imagery was available in relation to facial disfigurement in British public documents during and after the War. Gehrhardt refers to just one instance where images of facial trauma were seen at an exhibition of cases from a 'Jaw Centre' in Lancashire, but she notes that while the photographs made for difficult viewing, the overall message was 'one of hope'.⁵⁶⁴ However, Eilis Boyle makes an interesting observation regarding the representation of facially injured veterans in the press. While they may not have had the support of an organisation such as the *Union des Blessés de la Face* (discussed below), she argues that 'in written and oral testimonies and drawing upon humour, defiance or aggression, they provided a counter-narrative to the dominant expectations of passivity and asserted agency through their own self-representation.'⁵⁶⁵ Therefore, while the

⁵⁶¹ Anon, newspaper cuttings (1917), London Metropolitan Archives, H2/QM/Y1/S: 23.

⁵⁶² Anon., *The Morning Post*, *The Rotherham Advertiser*, *The Daily Telegraph*, January 1917, LMA, H2/QM/Y1/S: 1.

⁵⁶³ *Ibid.*, 59.

⁵⁶⁴ Gehrhardt, *The Men with Broken Faces*, 196.

⁵⁶⁵ Eilis H. L. Boyle, 'An uglier duckling than before': Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War' in *ALTER, European Journal of Disability Research* 13, (2019):321, accessed December 16, 2019. <https://doi-org.proxy.bnl.lu/10.1016/j.alter.2019.08.003>

press may have portrayed the facially-injured soldier as a brave but pathetic figure obliged to spend the remainder of his life hiding or in a state of extreme self-consciousness, for many this was often not the case.



Figure IV.19, Anon, Wounded soldiers as toy makers, 1919, black and white photograph, *Daily Mirror*, H2/QM/Y1/5, London Metropolitan Archives, 59.



Figure IV.20, Anon, The Queen and a Young Hero, 1917, black and white photograph, *Daily Sketch*, H2/QM/YI/5, London Metropolitan Archive, 23.

The second source is the previously mentioned film footage of Albéric Pont and some of his patients from 1916. This has been referenced by Gehrhardt and Delaporte, but not in great detail. Although this recording is before Freida worked with Pont, it is instructive to consider the context, dissemination and content of this short film. If the newspaper articles in England were circumspect in showing images of the men with facial trauma, this French newsreel was extraordinarily candid. This public information film was shown in cinemas, and the audience was not spared details of significant facial trauma. Sound free and interspersed with brief intertitles, the film is from the *Chambre Syndicale Française de la Cinématographie* and was made with ‘authorisation from the Military’ according to the opening credits.⁵⁶⁶ It is interesting to consider the agency of the men included in the film in this context. The individuals are bound up in this authorisation as part of the French military body. They sometimes appear to be following instructions from behind the camera, and sometimes Pont himself physically moves their heads to demonstrate their injuries and prosthetics. For example, Figure IV.26 which shows Pont’s hand moving the back of the man’s head to display the ear prosthesis he has fitted. In all likelihood, they were following orders as ‘interesting cases’, and therefore would have been obliged to co-operate. The opportunity to demonstrate their sacrifice for the nation and their stoic, patriotic heroism was also persuasive.

By way of an introduction, Pont is shown walking up and down in front of the hospital at Quai Jayr in Lyon, apparently cheered on by the multitudes of patients waving from the windows. He is then seen laughing and joking with some of his assistants. (Figure IV.22) Several men are shown in what is essentially a performative activity, doffing their caps, turning their heads this way and that and pointing to fully demonstrate their injuries, and sometimes removing and replacing various intra-oral prosthetics, and posing with their pre-operative *moulages*. Many of them smile at the end of their time on camera, sometimes looking as if they are instructed to do so. Most of the men are in uniform, and those that are not are usually wearing their military képi. Unlike the newspaper articles about Sidcup, words such as ‘miraculous’ and ‘wonders’ are not used in relation to the restorative surgery. The intertitles merely introduce the ‘Service de Prothèse maxillo-faciale du Docteur PONT à Lyon’ and indicate more the activities of the unit rather than the surgeons’ or inpatients’ restorative results. Perhaps eschewing the need for superlatives, the visual evidence in the

⁵⁶⁶ Chambre Syndicale Française de la Cinématographie, ‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon, 1916, ECPAD, 00 :00 :02 :19.

images of men with their *moulages* as their ‘before’ selves is deemed sufficient for the audience as a mark of successful outcomes of surgery. (Figures IV.27 and IV.28) In other frames, it is obvious that some of the men are in the process of treatment. (Figures IV.23 and IV.24) It is worth noting that British film footage of disabled veterans also exists. However, an evaluation of previews from British Pathé reveals that most of the men depicted in these films are amputees.⁵⁶⁷ Occasionally, a bandaged face appears. Interestingly, facial injury cases in British soldiers outnumbered those with trauma to the arms and legs. Johanna Bourke cites the statistic that ‘over 41,000 men had their limbs amputated during the war’, as opposed to 60,500 receiving injuries to the ‘head or eyes’.⁵⁶⁸ This would support the contention that there was little public appetite in Britain for the more visually distressing trauma of facial disfigurement, and that the authorities there heavily censored the exposure of war injuries.



Figure IV.22, Anon, ‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon’, Dr Albéric Pont and colleagues, 1916, still from film footage (00:01m: 39s) © SCA/ECPAD/Defense/18.18 A910. Reproduced by kind permission of ECPAD.

⁵⁶⁷ Rory Griffiths, Archive Co-ordinator, British Pathé Ltd, email correspondence 2 December 2021.

⁵⁶⁸ Johanna Bourke, *Dismembering the Male*, 33.



Figure IV.23, Anon, 'Service de Prothèse maxillo-faciale du Docteur Pont à Lyon', wounded soldier, 1916, still from film footage (00:02m: 09s) © SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission of ECPAD.



Figure IV.24, Anon, 'Service de Prothèse maxillo-faciale du Docteur Pont à Lyon', wounded soldier, 1916, still from film footage (00:02m: 38s) © SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission of ECPAD.



Figure IV.25, Anon, 'Service de Prothèse maxillo-faciale du Dr Pont à Lyon', Dr Pont attaching a prosthetic ear to an unknown soldier, still from film footage (00: 07m : 51s) © SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission of ECPAD.



Figure IV.26, Anon, 'Service de Prothèse maxillo-faciale du Dr Pont à Lyon', Dr Pont with an unknown soldier, still from film footage (00:08m: 06s/00:08m: 07s) © SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission of ECPAD.



Figure IV.27, Anon, 'Service de Prothèse maxillo-faciale du Docteur Pont à Lyon, unknown soldier with cast of his face, still from film footage (00:04m:41s) © SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission of ECPAD.



Figure IV.28, Anon, 'Service de Prothèse du Docteur Pont à Lyon unknown soldier with cast of his face, 1916, still from film footage (00:05m:06s) © SCA/ECPAD/Defense/14.18 A910. Reproduced by kind permission of ECPAD.

These two sources demonstrate very well how ‘seen’ (or not) disfigured veterans were in France and England during and after the Great War. In many ways they also reflect Tonks’ and Freida’s intended or potentially intended audiences for their portraits. It is also interesting to note that while positive words such as ‘miracle’ and ‘wonder’ are often used in the Sidcup newspaper articles, there are also some other, darker narratives. In the *Manchester Evening Chronicle* from May/June 1918, for example, facial trauma is referred to as the ‘worst loss of all.’⁵⁶⁹ The ‘rudest blow that war can deal and yet let its victim live – the loss of their face’ is described as having ‘laid waste and wrecked the visible proof of their identity’, such that ‘His own mother would not know him! ‘only a more or less repulsive mask where there was once a handsome or welcome face’⁵⁷⁰ This is indicative of a reluctance to show detailed examples of the injuries, in spite of their largely positive and encouraging language in the British press. Bandaged faces, faces obscured by headwear or barely perceptible scarring contrast with the directness of the French film footage. This is more in keeping with the grounds of Tonks’ argument that his portraits of mutilated faces should be kept away from the public arena. Freida’s uniformed and decorated subjects look as if they are ready to go on parade, which is precisely what the men in the newsreel footage from 1916 are doing. There is a sense of continuity about Freida’s portraits from 1917 and 1918, as they depict further examples of men from Pont’s maxillofacial unit with similar injuries and accoutrements of treatment.

According to Fiona Reid, ‘The facially-wounded man became emblematic of the war in France in the way that the shell-shocked man came to symbolize the war in Britain.’⁵⁷¹ If this is the case, then Tonks and Freida’s portraits perhaps embody this hypothesis, the former’s work mostly presenting images of wounded faces with little other identifying details for clinical purposes only, the latter’s more commemorative in style, celebratory of the perceived heroism of the sitters. Deborah Cohen describes The Peace Procession of July 1919 in London where ‘400,000 servicemen, along with military policemen and members of the medical corps, joined the parade.’⁵⁷² However, the disabled veterans were not invited to take part in the procession, and had to observe ‘from the sidelines’, wearing their ‘hospital

⁵⁶⁹ Anon., ‘Worst loss of all. Public Deeply Moved by War-Time Revelation’, May/June 1918, LMA H2/QU/Y1/S: 31.

⁵⁷⁰ Ibid.

⁵⁷¹ Fiona Reid, ‘Losing Face: Trauma and Maxillofacial injury in the First World War’ in Jason Crouthamel and Peter Leese (Eds) *Psychological Trauma and the Legacies of the First World War* (London, Palgrave MacMillan, 2012): 42.

⁵⁷² Deborah Cohen, ‘Life as a Memorial’ in *The War Come Home: Disabled Veterans in Britain and Germany 1914-1939*, (Berkeley, University of California Press, 2001): 101.

blue'.⁵⁷³ The limbless were effectively paid to be elsewhere and out of the public consciousness on the day, their expenses for 'a trip home' covered by the government.⁵⁷⁴ Cohen makes no reference to facially-injured men, but it seems that if the limbless were considered too horrific a reminder of the brutality of war, then mutilated features were much further beyond the realms of acceptability. Conversely, the *gueules cassées* had a much greater public presence in France. Delaporte notes that at the insistence of Georges Clémenceau, the Prime Minister, five *gueules cassées* went with the French delegation to the Versailles Settlement in 1919, ostensibly to make the German representatives uncomfortable about the effects of their battlefield savagery, therefore justifying demands for reparation.⁵⁷⁵ Bamji refers to this event as 'if to shame the vanquished nations by exhibiting the consequences of "their" war'.⁵⁷⁶ Later efforts by the *Union des Blessés de la Face*, ensured that these men remained in the public consciousness. Although the history and origins of this institution have been extensively discussed by Gehrhardt and Delaporte, it is worth considering it again in relation to Tonks' and Freida's portraits as representative of the visibility of these men.

Gehrhardt dedicates a chapter to the *Union des Blessés de la Face* in *The Men with Broken Faces*. Here, she explores the notion of 'collective identity' which shaped the social acceptance of facially injured veterans in France. This was essentially through public awareness campaigns organised by the association, which was, uniquely, grown from the friendships made in the French maxillofacial units.⁵⁷⁷ The organisation published a tri-annual *Bulletin* for its members, and within these documents are numerous examples of how the *gueules cassées* interacted with the public. The most significant public awareness activity was the Lottery initiated by the *UBF* in 1931, and authorised by the French government in 1933.⁵⁷⁸ The members of the organisation themselves sold lottery tickets, often door-to-door, raising their profile and that of the *UBF*.⁵⁷⁹ Other public activities were also organised by the *UBF* for its members, such as commemorative events. In December 1921, for example, a delegation of *gueules cassées* went to lay a wreath at the tomb of the unknown soldier. Members were encouraged to come in large numbers to the Arc de Triomphe, 'to tell our

⁵⁷³ Ibid.

⁵⁷⁴ Ibid.

⁵⁷⁵ Delaporte, *Visages de Guerre*, 77-9.

⁵⁷⁶ Bamji, *Faces from the Front*, 114.

⁵⁷⁷ Gehrhardt, *The Men with Broken Faces*, 171.

⁵⁷⁸ Nicolas Delalande, 'Giving and Gambling. The Gueules Cassées, the National Lottery, and the Moral Economy of the Welfare State in 1930s France' in *French Historical Studies* 40 (2017), 624.

⁵⁷⁹ Ibid., 631.

immortal comrade of our profound and unalterable admiration'.⁵⁸⁰ This shows that veterans with facial injury, as much as any other of the survivors, had a public presence in France, whereas in England efforts were made to keep them hidden away, or, at the very least, minimise contact with the public. Bamji describes how the distinctive blue uniform worn by Sidcup patients would alert a bystander to a potentially distressing view, and there existed special benches in the village, painted blue, which were allocated to the men to avoid awkward encounters.⁵⁸¹ Delaporte also completes a chapter on the *UBF*, noting that it was 'born of the shared suffering in the specialist hospitals.'⁵⁸² She points out that while support organisations for injured and invalided veterans had been established during the conflict in France, the *Union des Blessés de la Face* was the first association dedicated to a specific kind of injury.⁵⁸³ Again, public visibility of the *gueules cassées* accelerated in 1925 when it was decided that the *UBF* should establish a retreat for its members, either as a permanent home or for convalescence. This institution would also cater for the families of the *gueules cassées*, and fundraising initiatives were national and international.⁵⁸⁴ Of note is a report in the 'Publicity' section of the *UBF Bulletin* from 1927, mentioning 'MM Raton et Pont' from Lyon, collecting 100,000 francs for the cause.⁵⁸⁵

Bamji insists that a group such as *L'Union des Blessés de la Face* was unnecessary for the men who had been treated at Sidcup. He believes that every aspect of the men's psychological and social needs was attended to, essentially because of their prolonged stays at the facility. A combination of 'sensitive follow-up by the surgeons', 'the camaraderie of the wards, the provision of rehabilitation facilities on site gave men further opportunities to meet fellow patients and make friends. All these factors removed the need for a separate self-help group. It already existed.'⁵⁸⁶ This argument is somewhat problematic in that, as evidence suggests, camaraderie also existed in French hospitals. For example, at Val-de-Grâce, Noële Roubaud and Raymond Brehamet describe how the *gueules cassées* lived as a community and supported each other, creating a 'fraternal intimacy'.⁵⁸⁷ Colonel Picot, one of the founders of the *Union des Blessés de la Face*, a *gueule cassée* himself, sought out his fellow

⁵⁸⁰ Anon, *Bulletin UBF*, 2, (1921), 1. Accessed March 3, 2022.

<https://argonnaute.parisnanterre.fr/ark:/14707/a011426759159SlebZh/f17776271b>

⁵⁸¹ Bamji, *Faces from the Front*, 143.

⁵⁸² Delaporte, *Les Gueules Cassées*, 173.

⁵⁸³ *Ibid.*, 174

⁵⁸⁴ Delaporte, *Les Gueules Cassées*, 189-90.

⁵⁸⁵ Anon, *Bulletin UBF* 17 (1927): 23. Accessed March 3, 2022.

⁵⁸⁶ Bamji, *Faces from the Front*, 114.

⁵⁸⁷ Raymond Noël Brehamet and Noële Roubaud, *Le Colonel Picot et Les Gueules Cassées*, (Rennes, Nouvelle Éditions Latines, 1960), 62.

patients and apparently made every effort to ‘cheer all these courageous men up [-] and make them forget their sadness.’⁵⁸⁸ This however was perhaps based on military hierarchical structures, such that, the duties of the officers were to demonstrate their leadership by elevating the morale of the soldiers in other ranks. Nevertheless, it was this leadership that would see Picot chosen as president of the *UBF*. Like the men at Sidcup, French inpatients were also the subjects of protracted treatments for their injuries, and relationships were formed in their respective hospitals accordingly. The *Union des Blessés de la Face* grew out of such friendships. There was a certain security for these men within the maxillofacial facilities which they may have been apprehensive at losing once they were discharged home. Delaporte describes Albert Jugon’s remaining at Val-de-Grâce after the Armistice, ‘to help his companions still in treatment, but perhaps also because of fear of confronting peacetime society alone.’⁵⁸⁹ It is entirely possible that his British counterparts felt the same way. In spite of their perceived comprehensive care at Sidcup, reintegration would be difficult for many. The men would no longer be in the company of others in a similar situation, who could perhaps empathise and understand their shared problems. Delaporte recounts Jugon’s sadness at leaving his fellow inpatients after demobilisation. He arranged a final gathering for them, after which one among them apparently stated ‘But couldn’t we meet again, we are brothers now and the support from some of us could help those who have none?’⁵⁹⁰ Some days later, Jugon encountered Bienaimé Jourdain at the military pensions office, resulting in the first meeting for the organisation taking place in June 1921.⁵⁹¹

In July 1921, the first *UBF* Bulletin was published, with a letter from Picot detailing the origins of the *Union des Blessés de la Face*. His letter to members and potential members reiterates the basis on which the association was founded:

‘Faces bruised and deformed, but hearts intact, which each of them very much experienced, in exchanging their ideas during the course of the long days that flowed between sessions on the operating table!... [-] From the friendship which bound them, L’UNION DES BLESSES DE LA FACE was born; GUEULES CASSÉES which

⁵⁸⁸ Ibid.

⁵⁸⁹ Delaporte, *Visages de Guerre*, 80-1.

⁵⁹⁰ Cited in Delaporte, *Visages de Guerre*, 81.

⁵⁹¹ Ibid.

will dominate their fraternal thought; ‘As badly affected as we all are, there is always a comrade worse off who needs perhaps our help and certainly our affection.’⁵⁹²

This is further evidence of the proactive outcomes of support and companionship forged in hospital which led to the foundation of the organisation. It is therefore perhaps a little simplistic to suggest that the men, once they left the Queen’s Hospital, would all return to happy lives as they were before the conflict. Although some relationships were adversely affected, for example, romantic attachments were broken,⁵⁹³ many successfully settled back with their families after their reconstructive surgeries. However, the brutality of the trauma must have badly affected others. Little information remains for most of these men. Plausibly, many may have kept in contact with each other after their discharge from Sidcup, and some may have enjoyed the support of charitable institutions such as the Royal British Legion. The latter was, like the *UBF*, established in 1921, an amalgamation of the four ex-servicemen’s associations in Britain.⁵⁹⁴ The Royal British Legion expanded in numbers to 300,000 by the early 1930s, however, similar organisations in France and Germany had far greater membership.⁵⁹⁵ Like the *UBF*, its aim was to lobby the Ministry of Pensions for better remuneration and compensation for veterans. The Legion also instigated memorialisation of the Great War, and offered some practical help to veterans; Bamji mentions one of Gillies’ ex-patients living in British Legion Sheltered Accommodation at the end of his life in the 1980s.⁵⁹⁶ Conversely, the *UBF* undertook a broader and more comprehensive approach to the welfare of its members. This involved facilitating access to medical care and inclusion of its members in activities such as rest and recuperation at its convalescent home to holiday camps for members’ children. The regular newsletters (*Bulletin*) grew from a rudimentary typed document in July 1921 to a more sophisticated magazine, complete with photographs by the end of the 1930s. The notion of fraternity and sense of belonging to ‘the family’ of *gueules cassées* was actively promoted, with some pages dedicated to members’ personal news such as births, marriages and deaths.

It is also true that the comprehensive support of the *UBF* for the *gueules cassées* and their families did not shield them from discrimination and distressing social interactions.

⁵⁹² Colonel Yves Picot, ‘Un Mot du Président’, *Bulletin*, 1 (1921) : 2, accessed December 6, 2021 <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759159SlebZh/aa4e7f9ea0>

⁵⁹³ Bamji, *Faces from the Front*, 184. Bamji cites two examples of ex-Sidcup patients’ fiancées leaving them because of their loss of looks.

⁵⁹⁴ Cohen, *The War Come Home*, 49.

⁵⁹⁵ *Ibid.*, 50.

⁵⁹⁶ Bamji, *Faces from the Front*, 184.

This is as much as admitted by the *UBF* itself in 1922, when the *Bulletin* wrote on employment opportunities for its members. Acknowledging that unemployment rates were high, the plight of the disfigured veterans was heightened by the fact that ‘the nature of our wounds themselves properly constitutes Horror...and we understand the hesitation of employers who wish to expose their clients to personnel with correct smiles.’⁵⁹⁷ In both France and England, socialisation remained a great source of anxiety for many whose features had been so brutally altered.

The psychology of disfigurement appears to have been understood in part but not particularly well explored during and after the Great War. It remains the case that this area of study is under ongoing investigation, as noted by Nichola Rumsey and Diane Harcourt⁵⁹⁸ In contemporary literature, ‘depression’ was often mentioned in relation to the men’s reactions to their life-changing injuries. For example, in newspaper articles from July 1917, it is noted that the men ‘suffer so acutely from mental depression’.⁵⁹⁹ French medical documentation refers to the ‘morale’ of the facially injured soldiers, particularly in relation to delays in treatment. Albert Bloch, for example, writing in the *Congrès Dentaire Interalliés*, holds that maxillofacial trauma has ‘a painful impact on the morale of the wounded when the irremediable lesions rapidly occur when they are not averted by instant interventions.’⁶⁰⁰ It is understandable that the men would want their injuries repaired as soon as was possible, but protracted periods which were essential to healing did not help. Ultimately, the final result was often far from a return to the men’s previous appearance, which for many would be disheartening. In more recent scholarship, Rumsey and Harcourt outline the difficulties experienced by those with facial difference, noting the variabilities in ‘severity and visibility’ which influence social interaction for those concerned.⁶⁰¹ However, a commonality was found in the problems ‘frequently reported’ by people with visible differences, notably ‘negative self-perceptions and difficulties with social interaction’, resulting in social anxiety,

⁵⁹⁷ Anon, ‘Des Emplois pour les “GUEULES CASSÉES” in *Bulletin Union des Blessés de la Face* : « LES GUEULES CASSÉES » IV (1922) : 5, accessed 8 December 2021

<https://argonnaute.parisnanterre.fr/ark:/14707/a011426759232GDsSoG/f9b4519856>

⁵⁹⁸ Nichola Rumsey and Diane Harcourt, ‘Body image and disfigurement: issues and interventions’ in *Body Image* 1 (2003):92.

⁵⁹⁹ Anon, ‘The Queen’s Hospital’ in *Kilkenny Moderator and Leinster Advertiser*, ‘Face Wounds’ in *Evening News*, LMA H2/QM/Y1/5, 10.

⁶⁰⁰ Albert Bloch, ‘De l’évacuation des blessés de la face avec lésions des Mâchoires’ in *Congrès Dentaire Interalliés*, (1917) : 158, accessed 5 December 2021.

https://archive.org/details/BIUSante_92939/page/158/mode/2up

⁶⁰¹ Rumsey and Harcourt, ‘Body image and disfigurement: issues and interventions’, 85.

fear of negative social evaluation and lowered self-esteem'.⁶⁰² Further troubles encountered during social interaction include 'staring, audible comments and unsolicited questions about the nature and cause of difference'.⁶⁰³ As Tonks' and Freida's portraits and the media sources cited above attest, Great War veterans with disfiguring facial injuries undoubtedly experienced these challenges. Delaporte, in her chapter 'Hell is other people' describes the responses to disfigured veterans as variously pride, pity, fear and disgust, reactions with which they were all too familiar.⁶⁰⁴ However, Rumsey and Harcourt posit that there are different, individual coping mechanisms adopted to offset uncomfortable social interactions, including 'faith, humour, sense of self, social skills, determination and networking', which 'influence resilience',⁶⁰⁵ which supports Boyle's argument discussed above. The concept of networking here is perhaps the most relevant in terms of the Great War veterans such as are represented in Freida's and Tonk's portraits. Recent studies relate well to the aims of peer support associations from post-World War I Europe. It is argued that 'Condition-specific self-help groups can be very useful sources of support and information about both physical aspects and appearance concerns', particularly when these groups are organised by those with personal experience of the 'reality of living with a disfigurement'.⁶⁰⁶ This would seem to be the case with the *UBF* as it provided a comfortable and empathic space for those with a shared background in trauma, and through the many aspects of practical support it facilitated. Bravery, heroism and patriotism are recurring themes used to reference members of the *UBF*, and Freida's portraits reflect this attitude, even if they simply capture a particular moment in the lifetime of his subjects. Furthermore, whether veterans became members as soon as the *UBF* was established, or joined much later in life as Albert Valero did, it is clear that this organisation was enormously beneficial, socially and psychologically, for the *gueules cassées*.

⁶⁰² Ibid.

⁶⁰³ Ibid.

⁶⁰⁴ Delaporte, *Les Gueules Cassées*, 160-1.

⁶⁰⁵ Ibid., 86.

⁶⁰⁶ Ibid., 92.

Conclusion

As primary source material from the First World War, Freida's and Tonks' portraits provide a compelling if sometimes fleeting insight into the experience and management of facial trauma. Ostensibly created as medical documents, their recording of the processes of injury, reconstructive surgery and outcomes vary. In many ways, the narratives of treatment and healing presented in the portraits are patchy. Tonks provides a 'before' and 'after', but, for reasons not entirely obvious, by no means in all of the men he represents. These images therefore only provide limited information on the broader undertakings of restorative treatment. The 'after' portraits for example are largely presented as successful outcomes, with no dramatic alteration of features in spite of best efforts to restore them. However, in the case of Gillies' patients, much of the continuum of treatment is recorded in photographs of the various stages of progress. For those in Pont's care, Freida's artistic documentation provides further clues as to how these wounds were managed. Where Tonks' has included medical equipment in only two of his portraits, Freida depicts dressings, nasogastric tubing and a stabilising splint among six of his images. In this sense, Freida's work informs on the 'between' stages of treatment where Tonks' has represented the 'beginning' and 'end'. Previous interrogations of images of facial trauma from the Great War have not posed wider questions regarding the injuries, such as this chapter has sought to answer. For example, some of the injuries depicted prompt inquiry as to how nutrition, speech and missing facial parts were managed. The use of other sources is therefore essential to help interpret what is presented in the portraits. Gillies' *Plastic Surgery of the Face* is valuable in that it contains further information on some of the men who sat for Tonks. Papers by Pont and his associates for *La Restauration Maxillo-faciale* and *Congrès Dentaire Interalliés* shed light on the various methodologies used in the repair and reconstruction of the men's faces, thus making sense of the depictions in Freida's portraits.

Tonks and Freida's portraits could be seen to symbolise the divergences between France and England in terms of social and cultural attitudes to facially mutilated servicemen. Tonks' portraits were intended for a clinical audience, which he confirmed himself in expressing his disdain for curious viewers outside the medical milieu. There are good arguments for Freida's intention to publicise his portraits of the *gueules cassées*, such as the fact that he prepared them as a portfolio and used techniques conducive to mass production as etchings. The fact that over half of the portraits are of uniformed veterans also indicates a commemorative intention, lauding their heroism and sacrifice. However, it is also possible

that French military regulations and post-war demobilisation prevented the portraits' further exposure beyond Freida's portfolio. Again, the analysis of complementary primary sources provides evidence to support the argument that visibility of disfigured veterans was greater in France than in England. Two particularly useful resources were used, an album of newspaper cuttings between 1917 and 1930 concerning the Queen's Hospital, Sidcup and a short public information newsreel from 1916 on Albéric Pont and his work. Where English newspapers contained enthusiastic reportage of 'miracles' of modern plastic surgery, there were very few accompanying images of this perceived wondrous restorative work. However, as is evident from the French newsreel, the full detail of facial trauma was on view to the general population as early as 1916. Other materials such as the *UBF Bulletin* outlined several examples of activities that demonstrated the involvement of the *gueules cassées* with the public, such as memorial ceremonies and fundraising. Newsreel footage of English disabled veterans also exists, but it contains images of amputees rather than men with facial trauma. As material sources of the First World War, the portraits often provoke rather than answer questions, particularly in relation to the wider implications of facial trauma. Using supporting sources, this chapter has provided responses to some of these queries arising from the portraits, particularly in relation to short- and long-term management of aspects of facial trauma. In viewing these images, there is much to consider, from artistic technique, to narrative of medical and social treatment, and ultimately to exhibiting them outside of a medical context and the affective responses they initiate.

Chapter V

Beyond the Clinical Gaze: Viewing Henry Tonks' and Raphaël Freida's Portraits

Introduction

If Tonks' and Freida's portraits were intended for a clinical audience at the time of their creation, they have latterly become part of a much wider cultural approach to First World War narratives. However, both artists' collections of medical portraits remained forgotten in the archives for many decades. It is only since the mid-1980s that Henry Tonks' portraits of facially wounded soldiers have been analysed variously by medical practitioners, and historians of art, medicine and the Great War. Tonks' pastels have been exhibited multiple times in various settings since the mid-1990s, garnering much attention and ensuring that these art works are an important point of reference as examples of wounds from the Great War as an 'industrial war'. However, the overarching focus on Tonks' portraits in this context is in stark contrast to the relative neglect of Freida's works which have only been publicly exhibited three times. On one of these occasions, *1917* at the Centre Pompidou, Metz in 2012, both artists' portraits were shown together, but Tonks' pastels received more recognition than Freida's drawings. As these medical portraits have acquired a new meaning beyond simply recording facial difference, a number of contemporary artists have explored and interpreted the theme. For that reason, the works of Lyse Blanchard, Paddy Hartley and Hervé Laplace will be discussed in this chapter. Both Tonks' and Freida's portraits are digitised; therefore in terms of 'user experience' it is important to contemplate the merits and potential problems associated with viewing the originals as opposed to the digital recordings. Lastly, there are ethical issues which must be considered when researching medical portraits of identifiable victims of trauma. If images are available beyond the archives, then they are susceptible to inappropriate use, which has already occurred with one of Tonks' portraits. Accordingly, although there is emerging discourse on the need for duty of care in handling medical photographs, little ethical guidance exists on the use of medical art. This final chapter seeks to explore how the portraits acquired different meanings through renewed interest decades after their creation. It will review and compare the breadth of exposure and the various responses to the portraits which have not previously seen extensive analysis.

V.I New Perspectives: Exhibiting Broken Faces in Present Day Settings

Tonks' statement that his portraits of men with facial trauma are "rather dreadful subjects for the public view"⁶⁰⁷ has often been cited in scholarly analyses of these works. Freida's ambitions for his portraits remain largely unknown but the time of their creation, the portraits by both artists were on view only to a very specific audience. As discussed in Chapter II, both artists' other work on casualties of war had a more public kind of spectatorship in mind. *An Advanced Dressing Station in France* by Tonks and the amputees at Tourveille and *Vers la Nuit* by Freida were exhibited in London, Lyon and Paris respectively shortly after the conflict. These images presented a relatively sanitised and bloodless version of the broken bodies of war, the former where 'dislocated jaws and gaping cheeks of the pastels are supplanted by an abundance of dingy bandages and slings'.⁶⁰⁸ Freida's monochrome drawings show amputees in the process of rehabilitation with mechanical limbs strapped over the stumps of their mutilated arms and legs, or, as in his engraving *Vers la Nuit*, two 'walking wounded' soldiers covered in bandages. When the artists' portraits of facial trauma were eventually exhibited to a wider spectatorship long after the end of World War I, critics typically responded by outlining the shocking brutality of the injuries, and praising the skills of the artists in conveying the humanity of their sitters. This is not to say that brutality was not depicted in the art produced and exhibited during and immediately after the Great War; as Annette Becker points out, 'ambulances, hospitals therefore became a subject of predilection. They allow the representation of suffering, far from the heroisation of battles. The men are lying on the ground, powerless.'⁶⁰⁹ However, if these 'representations of suffering' were on view to French and English audiences, elsewhere there were some avant-garde artists that were 'above all witnesses to post-war despair'⁶¹⁰ as they created distressing images of broken and scarred veterans. In the wake of the conflict in Germany, the graphic horror of facial trauma was put to the public as the mutilated face became a powerful anti-war image used by artists such as Otto Dix and Max Beckmann. Here, there was less triumphalism and celebration of the 'miracle' of plastic surgery or the brave soldiers' sacrifice; the losing side opted to dwell on the bleak outcome for broken men as represented by disillusioned artists.

⁶⁰⁷ Cited in Chambers, 'Fragmented Identities', 602.

⁶⁰⁸ Debra Lennard, 'Censored Flesh: The wounded body as unrepresentable in the art of the First World War' in *The British Art Journal*, 12: (2011), 28, accessed 5 August 2022. <https://www.jstor.org/stable/41585318>

⁶⁰⁹ Annette Becker, 'Les Artistes' in *Encyclopédie de la Grande Guerre 1914-1918*, 653.

⁶¹⁰ *Ibid.*, 656.

If the cultural history of the First World War was obscured by other major landmarks of the twentieth century and other historiographical configurations, Jay Winter and Antoine Prost argue that ‘the further the event fades into the past, the more the interest seems to grow’, to the extent that ‘a large, multidisciplinary community of scholarship exists’, which took ‘generations to create’.⁶¹¹ This theory is perhaps also reflected in the proliferation of exhibitions and events relating to First World War cultural materials in recent decades which accelerated as the centenary of the conflict approached. As Marguerite Helmers notes, Tonks’ portraits ‘are only recently receiving a degree of frank appreciation in art and historical literature’.⁶¹² Having remained neglected since they were archived at the Royal College of Surgeons in London in the early 1920s,⁶¹³ the first public discourse on Tonks’ portraits since the Great War appears to be by Julian Freeman in the *Burlington Magazine* in 1985, although at that time this article was not a review of exhibited materials by the artist. In ‘Professor Tonks: War Artist’, Freeman argues that the artist’s creative output during the First World War greatly exceeded the two images for which he was best known, *An Underground Casualty Clearing Station, Arras*, and *An Advanced Dressing Station, France*, and ‘several scenes in oil and water-colour of events in Russia during the Civil War of 1919.’⁶¹⁴ The article contains one diagram (of Walter Ashworth, Figure IV.7) and six of the pastel portraits. Freeman seeks to draw attention to these forgotten images which he considers ‘masterly’, and ‘revealing the draughtsman in Tonks at his most incisive; all are examples of ‘high’ art directly emanating from the horrors of war.’⁶¹⁵ However, if Tonks’ ‘construction of facial contours is exemplary’, and ‘the medical and anatomical details of the works appear to the untutored eye both accurate and impressive in their clarity,’⁶¹⁶ Tom Lubbock is not of the same view. Writing in 1999, he questions Freeman’s assertion on the ‘clarity of result’, arguing that ‘critics too easily attribute a clinical precision to these images’ where in fact Tonks’ ‘pastel style in *Facial Wounds* isn’t one to convey clear, let alone shockingly new, information. Quite the opposite, it is vague, suggestive, low pressure, easy-going,

⁶¹¹ Jay Winter and Antoine Prost, in ‘The Great War in History’ in *The Great War in History. Debates and Controversies, 1914 to the Present*, (Cambridge, Cambridge University Press, 2005), 192.

⁶¹² Marguerite Helmers, ‘Iconic Images of Wounded Soldiers by Henry Tonks’ in *Journal of War and Culture Studies* 3 (2010): 182, accessed October 1, 2022. https://doi-org.proxy.bnl.lu/10.1386/jwcs.3.2.181_1

⁶¹³ *Andrew Bamji notes that the Queen’s Hospital’s Secretary negotiated a move of materials from the Facial Museum to the Royal College of Surgeons in 1923, where, apart from their removal during the Second World War, the portraits remained. *Faces from the Front*, 130.

⁶¹⁴ Julian Freeman, ‘Professor Tonks: War Artist’, in *Burlington Magazine* 127 (1985): 285.

⁶¹⁵ *Ibid.*, 287.

⁶¹⁶ *Ibid.*, 286.

sociable,⁶¹⁷ Both Lubbock and Freeman are art critics rather than clinically qualified to interpret the structures represented in Tonks' portraits, however their conflicting standpoints form part of the numerous and compelling analyses of the pastels as art more than medical records. Freeman concludes that 'Tonks never before or after worked in fields as directly related to his medical training; in this respect, his official and medical wartime *oeuvre* is startling; not in its size [-] but in the extraordinary combination of personal faculties which the work so successfully tapped.'⁶¹⁸ In any case, this article appears to be the first tentative step towards exposing Tonks' portraits as historical materials to a potentially different kind of viewer, as well as medical records from a war that was becoming a distant memory for many.

A year after Freeman's publication, John P. Bennett wrote an article on Tonks' pastels in a supplement to the *British Journal of Plastic Surgery*. However, the intended audience for this material was somewhat limited, as the title of the journal suggests; Bennett was writing for his fellow specialist clinicians. An 'appreciation' of Tonks and his association with Harold Gillies, it was believed by the British Association of Plastic Surgeons that the paper 'would be of interest to all plastic surgeons.'⁶¹⁹ The paper is essentially a biography of the artist, with special emphasis on the fact that he was also a trained surgeon. The entire collection of portraits at the Royal College of Surgeons of England is reproduced in the paper. Describing the pastels as 'probably his finest work', Bennett describes how

'One only has to see for a moment the Tonks pastels to be struck by the mastery of technique which records traumatised tissues; scarring, oedema, salivary fistulae. In the eyes of those portrayed, the expression of pain, anxiety, resignation and anguish makes them one of the most moving and impressive records of human disfigurement which have been hand down to us. They are of more impact because the artist has, in a sense, instilled his sympathy and understanding into the record.'⁶²⁰

It is interesting to consider Bennett's response to the pastels; with a surgeon's eye the images have rather different meanings for him than for other observers. He uses medical terminology (oedema, fistulae) to describe the physicality of the wounds, although he does of course go on to acknowledge the psychological implications of such trauma in the article.

⁶¹⁷ Tom Lubbock, 'Doing Damage' in *Modern Painters* 12 (1999): 59.

⁶¹⁸ Freeman, 'Professor Tonks: War Artist', 293.

⁶¹⁹ Anon. Introduction to 'Henry Tonks and his Contemporaries' in *British Journal of Plastic Surgery* 39 (1986): 1.

⁶²⁰ John P. Bennett, 'Henry Tonks and his Contemporaries' in *British Journal of Plastic Surgery* 39 (1986): 14-15.

Just under ten years after Bennett's article, Tonks' portraits began to be shown frequently and publicly at diverse events and institutions nationally and internationally. In 1995, the portraits were exhibited at the Venice Biennale. The theme of the show was 'Identity and Alterity, Figures of the Body 1895-1995', which, 'surveying the art of the past 100 years', focussed on 'the evolving representations of the human face and form.'⁶²¹ Tonks' drawings were displayed in the section 'Towards the New Man?' alongside a model of the mannequin from the film *Metropolis*, whose 'fine tuning' according to Clarissa Ricci was 'thwarted by the new face offered by gas masks and studies of facial wounds sustained by Great War combatants by Henry Tonks.'⁶²² The curator of this event, Jean Clair, contends that by the end of the nineteenth century, developments in anthropology, anthropometry, photography and the event of the x-ray 'all opened the period of the body. The body's identity is clearly circumscribed, specified, calculated, coded, filtered through a series of scientific procedures. When you try to show the parallel between the history of forms and the history of anthropology and biology, you find extraordinarily rich visual material from the last century, and specific points of convergence.'⁶²³ Clair further argues that 'as you advance into the contemporary period, toward DNA and the gene, you enter the domain of the invisible and the abstract. It becomes hard to find objects that visualize scientific knowledge of the body, and art seems detached from representation.'⁶²⁴ While Tonks' portraits are early twentieth century, temporally they are closer to the developments of the late nineteenth century to which Clair refers than to the late twentieth century technological advances in viewing the body as 'invisible' or 'abstract'. However, although Clair does not specifically cite the Tonks' portraits on display at the event, it is worth considering them in terms of his assertions, and indeed ambitions for his curatorship of the Biennale. It is often said that the pastels represent and reflect a combination of 'art and science,'⁶²⁵ therefore fulfilling what is meant by Clair's arguments on 'specific points of convergence.' In this instance, the sitters are 'coded' by Tonks' representations of the doing and undoing of the facial structures through his knowledge of anatomy, practiced handling first of bodily tissue and of the malleable, artistic medium that is pastels.

⁶²¹ Anon., 'The Venice Biennale : Beauty and the Beast' in *The Economist*, 335, (1995): 87.

⁶²² Clarissa Ricci, 'La Biennale di Venezia 1993-2003. L'esposizione come piattaforma.' (PhD diss., Università Ca'Foscari, Venice, 2012-13), 196.

⁶²³ Lauren Sedovsky, preview: Venice Biennale 1995, interview with Jean Clair for *ArtForum*, accessed August 6, 2022, <https://www.artforum.com/print/199504/lauren-sedovsky-talks-with-jean-clair-33990>

⁶²⁴ Ibid.

⁶²⁵ Suzannah Biernoff, 'Medical Archives and Digital Culture' in *Photographies* 5 (2012), 180, accessed August 21, 2022, <https://doi.org/10.1080/17540763.2012.702680>

The Venice Biennale appears to be the first time the portraits were taken out of their medical context and exhibited to a more general and therefore wider audience. Thereafter, Tonks' Great War portraits were lent out to various exhibitions at least eighteen times.⁶²⁶ For example, at the Strang Print Room, University College London in 2002, where, reviewing the exhibition entitled 'Henry Tonks: Art and Surgery' in *The Lancet*, Jane Wildgoose noted that the textures of the pastels 'vividly and accurately records horrific disfigurements while also proving sympathetic – largely via sensitive attention to the eyes of his sitters – the effect on the men of their experiences.'⁶²⁷ Wildgoose adds that 'the opportunity to view these essentially private records, alongside clinical photographs and case notes, brings haunting insight into the history of World War I, while providing a thought-provoking overview of comparative forms of record, both objective and subjective.'⁶²⁸ Curated by Emma Chambers, this exhibition aimed to highlight Tonks' skill as an anatomist and artist, and how his portraits 'explore the interplay between inner and outer identity in the representation of the sitter.'⁶²⁹

The art historian, Andrew Graham-Dixon also discusses Tonks' portraits' emotional aspects, describing them as 'among the most moving visual documents of the Great War.'⁶³⁰ This was in the context of their display at an exhibition at the Wellcome Collection in London in 2008/9. However, Graham-Dixon also remarks on a 'deep irony' since the subjects' rearranged features are strongly reminiscent of 'the avant-garde movements' so 'detested' by Tonks, who was 'forced by a terrible reality to paint pictures resembling nightmarish modernist visions – faces melted by fire into screaming Expressionist masks, faces rearranged by shrapnel and shot into living Cubist collages.'⁶³¹ This is an extremely interesting analysis of the portraits in that it moves away from the very valid, but perhaps habitual references to the horrors of war, the skill of the artist/anatomist and the individuality portrayed in the sitters since the images began to be displayed to a wider audience. Graham-Dixon's assertions are therefore another good example of how Tonks' portraits are perceived outside the context of medical illustration and how their style is interrogated within the

⁶²⁶ Ruth Neave, Collections Officer, RCSEng., email to author 20 February 2017 containing details of dates and venues where Tonks' portraits were exhibited between 1995 and 2014. The portraits were subsequently exhibited at the Tate Britain Gallery in 'Aftermath' in 2018.

⁶²⁷ Jane Wildgoose, 'A Surgeon's Art', in *The Lancet*, 360: (2002): 1993.

⁶²⁸ Ibid.

⁶²⁹ Emma Chambers, *Henry Tonks: Art and Surgery*, (Cambridge, Piggott Printers, 2002), 1.

⁶³⁰ Andrew Graham Dixon, December 21, 2008, comment on 'War and Medicine' exhibition at the Wellcome Collection, accessed August 4, 2022, <https://www.andrewgrahamdixon.com/archive/war-and-medicine-at-the-wellcome-collection.html>

⁶³¹ Ibid.

framework of early twentieth-century art movements. If Clair was concerned about the increasing ‘abstraction’ of the body in a visual context as the twentieth century progressed, then Graham-Dixon holds that this is already apparent in Tonks’ work, albeit inadvertently. Freida’s portraits, on the other hand, contain no such abstraction; ostensibly because his technique was so different from that of Tonks – the forms, textures and structures of the faces and their trauma are all too precisely displayed.

Four years later, Tonks’ portraits again found themselves as commemorative materials in an exhibition about the First World War. This was part of a general initiative in marking the centenary of the conflict over the period 2014 to 2018. In 2014, the National Portrait Gallery in London ran a presentation entitled ‘The Great War in Portraits.’ Here, Jonathan Jones remarked on the polarised nature of the exhibits; from the ‘stiff portraits of the ruling elite who sparked the conflict to disfigured soldiers’ which he describes as ‘troubling contrasts’.⁶³² Like Wildgoose, Jones also refers to the emotiveness of the portraits, remarking on the poignant nature of the images but lauding them as ‘Britain’s greatest art of the war’, in spite of their status as ‘medical records’.⁶³³ The curator of this exhibition, Paul Moorhouse, discusses how the subjects of Tonks’ portraits ‘are denied the most basic of human experiences which is to be looked at by somebody else’ because of the horrific nature of their wounds.⁶³⁴ Moorhouse further argues that in creating the portraits ‘for their own sakes’, Tonks ‘restores’ humanity by meeting this fundamental need to be ‘looked at’ to his sitters.⁶³⁵ This is also true of Freida’s portraits, whose intense interaction with his sitters is obvious in his careful observation of every detail of their injuries. Tonks’ portraits also shared space with an alternative view of Great War facial trauma in this exhibition. Max Beckman’s *Der Nachhauseweg* (The Way Home) was created in an entirely different context – as shocking material to promote pacifism and demonstrate the destruction, and ultimate futility of war. Here, a severely disfigured German veteran (dressed in his uniform) recoils while a passer-by peers curiously and invasively at his injuries. Biernoff notes the absence of ‘the disfigured face’ from British art, not just during and after the First World War but beyond; save for Francis Bacon’s studies of heads during the 1940s, ‘where his violations of

⁶³² Jonathan Jones, ‘The Great War in Portraits review: ‘They were people, not statistics,’ *The Guardian*, February 25, 2014.

⁶³³ Ibid.

⁶³⁴ Paul Moorhouse, ‘The Valiant and the Damned’, NPG London, (2014), accessed August 10, 2022, <https://soundcloud.com/npglondon/the-valiant-and-the-damned?in=npglondon/sets/the-great-war-in-portraits>

⁶³⁵ Ibid.

the human form were altogether more theatrical, more stylistically consistent in their violence.’⁶³⁶ She adds that there was no ‘British Otto Dix, Max Beckmann or George Grosz: the mutilated body of the war veteran was not explored as a site of shame and revulsion the way it was in Weimar Germany.’⁶³⁷ If Tonks’ medical portraits were kept away from the public gaze in the early part of the twentieth century, then other European countries sought to openly confront the disfigured veteran as either a symbol of the futile brutality of war, as discussed above, or the heroic sacrifice of those who fought in it. In Britain, every effort was made to downplay the brutal human damage, such as is discussed in the previous chapter in relation to the visibility and acceptance of the facially disfigured veterans. The opposite was true in France, although images of facial trauma here were mostly photographs in press articles detailing the activities of the Union de Blessés de la Face or *gueules cassées* attending commemorative events.

In the latter half of 2014, Tonks’ portraits were exhibited again. In this instance they were not lent out to another institution, but where they are archived. Entitled *War, Art and Surgery*, the images were displayed at the Hunterian Museum at The Royal College of Surgeons of England, alongside those of a contemporary war artist, Julia Midgley. The art historian Liz Renes described the exhibition as having ‘two main goals: to place the works in their original context as a documentary medical collection, and to help bridge the gap often seen in the separation between the sciences and the humanities.’⁶³⁸ She continues that ‘by indicating in the title that this is an exploration of art *and* surgery, viewers were encouraged to consider the objects’ aesthetic beauty as well as part of medical history, and to consider how war creates a dialogue between the two.’⁶³⁹ However, Renes also posits that because of Tonks’ ‘hand and the softness of his chosen pastel medium’, and later the gentle aspect of Midgley’s water colours, they ‘took more artistic licence than was relevant or necessary’, therefore perhaps not as ‘devastating’ and ‘unflinching’ as photographic documentation.⁶⁴⁰ She cites the portraits of Private Charles Deeks as an example of how Tonks applies this ‘artistic licence’ insofar as while the ‘before’ portrait shows dishevelment, the ‘after’ portrait shows the subject with combed hair, jacket and tie, a successful ‘restoration’, ‘where once

⁶³⁶ Biernoff, ‘The Rhetoric of Disfigurement in First World War Britain’, 667.

⁶³⁷ Ibid.

⁶³⁸ Liz Renes, ‘War, Art and Surgery’, in *The British Art Journal* 15: 3, (2015): 127, accessed August 10, 2022. <https://www.jstor.org/stable/43490987>

⁶³⁹ Ibid.

⁶⁴⁰ Ibid.

there was a Mr Hyde, there is now Dr Jekyll.’⁶⁴¹ It is interesting that the portraits of Deeks have seen repeated analysis in critiques of Tonks’ portraits. Essentially, they present as satisfactory examples of the compensatory nature of restorative surgery. Biernoff, for example, describes the contrast between the preoperative portrait of Deeks’ ruptured lower face and the ultimate ‘regular features and carefully combed hair of a good-looking young man.’⁶⁴² As previously mentioned, there are in fact only ten examples of ‘before’ and ‘after’ among these portraits, and not all of them present as striking a contrast as those of Deeks. Tonk’s ‘before’ and ‘after’ portraits do not consistently present a sense of disarray and neat repair. This demonstrates the value of closer interrogation of all Tonks’ portraits, if nothing else but to consider the other elements such as technique and how they compare with other artists’ reproductions and interpretations of the same types of injuries. Professor Duncan Geddes, writing a review of the book *War, Art and Surgery* for *The Polyphony*, argues that Tonks’ portraits are perhaps best left to a specialist audience of clinicians, pronouncing them ‘savage’ in comparison to the ‘quiet’ works by Midgley.⁶⁴³ Like Renes, Geddes claims that the images are less about medical illustration and more about art, by ‘people whose chief concerns and careers were art’, arguing that both artists’ work lacks enough detail to ‘educate’ and have a ‘purpose beyond aesthetics.’⁶⁴⁴ This is a further example of convergence and divergence of interpretations, both Renes and Geddes, an art historian and a physician, expect Tonks’ portraits to contain more detail as medical art, however Renes does not argue that they should be limited to the clinical audience. Equally, both observers are agreed that the emotional impact of Midgley’s watercolours of men in rehabilitation differs greatly from the stark brutality of the injuries in Tonks’ portraits.

The extensive scope of Tonks’ portraits’ exposure nationally and internationally ultimately contrasts strongly with the fate of Freida’s portraits of *gueules cassées*. The first known public exposure of Freida’s portraits of *gueules cassées* was in 2004. Entitled *Opérations Gueules Cassées*, this exhibition took place at the Musée des Hospices Civils de Lyon and included the large collection of Albéric Pont’s visual documentation of facial trauma in the Great War. The accompanying catalogue has an image of a soldier with a nasogastric tube and injuries to the lower part of his face (see Figure IV.5), so perhaps not the

⁶⁴¹ Ibid.

⁶⁴² Biernoff, ‘Flesh Poems’ in *Portraits of Violence*, 123.

⁶⁴³ Duncan Geddes, January 5 2015, review of *War, Art and Surgery: The Work of Henry Tonks and Julia Midgley*, *The Polyphony: Conversations across the Medical Humanities*, January 5 2015, accessed August 10, 2022, <https://thepolyphony.org/2016/01/05/11100-2/>

⁶⁴⁴ Ibid.

most dramatic among Freida's portraits of *gueules cassées*. Philippe Paillard, the chief curator at the museum wrote the following regarding the images:

'Freida's drawings of the facially wounded presented in this exhibition, if they show the horrors of the war, nevertheless reveal a certain atmosphere of serenity. Testimony in the same way as the casts and the photographs, the artist does not show any exaltation or excessive pride vis-a-vis the dramatic events lived or the wound inflicted. No resentment can be read on these faces either, as if the men had accepted their fate with abnegation. If Freida by his talent was able to account with absolute realism for the mutilations suffered, paradoxically, his usually impetuous style and the violence of his feelings which usually transpires in his works do not appear here. In this, contrary to other artists of the Great War whose morbid work often inspires a feeling of repulsion, the drawings of the wounded of Freida's face are particularly moving.'⁶⁴⁵

Again the 'moving' nature of the portraits is comparable with the assessments of Tonks' work. Paillard does not specify which artists' 'morbid work' which invokes such 'repulsion', but it is interesting to contemplate his description of the serenity in the portraits which it is true to say is absent in most of his peace-time art. As noted in Chapter III, both Tonks and Freida use a relatively limited palette of colours for their portraits. The 'serenity' observed in Freida's portraits could be related to how these colours present on a dark background. However intricately if not starkly detailed the wounds, scars and expressions are conveyed by Freida, it could be argued that the tones in his portraits appear more muted than in those of Tonks. The latter's use of bright and livid reds of the wounds that stands out on the white backgrounds of his images contrasts with Freida's application of colours which are made to look more tentative because of the dark background, giving a more subdued effect. Also of note is that *Opérations Gueules Cassées* displayed *moulages* of the injured men as well, and, as previously mentioned, these objects are polychromic so perhaps more affecting as three dimensional representations of the injuries, contrasting further with the portraits in pencil and pastel. This exhibition appears rather limited compared to those in which the Tonks' portraits were displayed in that it was regional and not national, using almost entirely a single museum's collection of materials. In a further, local event, Freida's portrait of Aka N'Dié

⁶⁴⁵ Philippe Paillard, 'Les dessins de Raphaël Désiré Freida' in *Opérations Gueules Cassées*, (Musée des Hospices Civils, Lyon, 2004), 57-8.

(Figure III.22) was exhibited in *Rayons X: Une Autre Image de la Grande Guerre* at the Municipal Archives in Lyon in 2017. However, the theme was more about the history and development of x-ray technology and treatment in the city, therefore although Albéric Pont's *gueules cassées* featured as a significant part of the narrative, only a limited amount of relevant visual materials were shown. In this instance, the emphasis was on the importance of x-rays in planning treatment and as evidence to support an application for demobilisation and pensions.⁶⁴⁶

In 2012 Freida's portraits were included in a much larger initiative, *1917* at the Pompidou Centre, Metz. The examples archived at the Musée de Santé des Armées were used in this instance, and not from the Musée des Hospices Civils. Here, for the first and only time to date, Freida's work was publicly displayed alongside that of Tonks. *1917* was an exhibition of some 1,500 works from fifteen countries, ranging from trench art to works by Picasso, Matisse and Kandinsky; 'the *poilu*'s art is honoured in the same way as the works of Brancusi and Duchamp.'⁶⁴⁷ There were also photographs, posters and archival materials from the press.⁶⁴⁸ One of the curators, Claire Garnier, stated that the aim was to 'show the richness and diversity' and 'exceptional cultural and artistic life of that year', which, rather than a linear study of the chronology of the war, 'it seemed much more interesting to interrogate this year 1917 in a multidisciplinary journey showing coincidences of dates and simultaneities, contrasts and surprises, all using two dedicated spaces to this exhibition – *la Galerie 1* and *la Grande Nef* of the Pompidou Centre, Metz to stimulate thought according to two axes; the artists' responses to events in the first part and then notions of destruction, reconstruction and creation in the second part.'⁶⁴⁹ It is in this latter category that Freida's and Tonks' portraits were exhibited, under the heading 'Bruised Bodies' along with other representations of physical damage such as *moulages*, photographs and figurines of men with prosthetic limbs. The objects and images in this part of the exhibition are viewed along a spiral corridor,

⁶⁴⁶ Nicolas Sigaux, 'Albéric Pont et la Prise en Charge des Gueules Cassées' in Michel Amiel and Serguei Piotrovich-D'Orlik (Eds) *Rayons X : Une Autre Image de la Grande Guerre*, 98-9.

⁶⁴⁷ Anne-Laure Oeslick, "L'exposition 1917 au Centre Pompidou Metz," *Tout-Metz Actualité Régionale et Agenda*, May 24, 2012, accessed 8 August 8, 2022 <https://tout-metz.com/exposition-1917-centre-pompidou-metz-2012-744.php>

⁶⁴⁸ Ibid.

⁶⁴⁹ Claire Garnier, "Parades et Artifices" in Claire Garnier and Laurent le Bon (Eds), *1917 : Catalogue de l'Exposition*, (Metz, Centre Pompidou Metz, 2012), 16.

which, according to Garnier, reflects the ‘turbulence’ of the period.⁶⁵⁰ The 591 page catalogue for this exhibition makes for compelling reading. Organised in an ‘A-Z’ of the exhibited materials, there is a short piece on many of the works, including Tonks’ portraits, where Emma Chambers gives an overview of the artist’s life and how the ‘images’ power for the spectator lies in their means of translating the sacrifices of war much more directly than other artistic responses to the First World War, showing individual suffering in place of symbolising it in the guise of some universal, idealised soldier.⁶⁵¹ There is also a piece by Xavier Tabbagh, former curator at the Musée de Santé des Armées in Paris about management of facial injury, illustrated with pictures of the *moulages*. However, Freida is omitted from these writings, and only listed as one of the artists represented in an index at the back of the catalogue. There are 12 of Tonks’ portraits exhibited as opposed to 6 examples of Freida’s versions. This may well be explained by the fact that Tonks’ portraits are framed in groups of four, where those by Freida are individual images. The 1916 film of Albéric Pont attending to his facial trauma patients is on a small monitor between Freida’s and Tonks’ exhibits (see Chapter IV). At the outset of *1917*, Garnier was interviewed for BFM Alsace specifically on the *gueules cassées* exhibited, and again this short film neglects to pay any attention to Freida, with the camera moving swiftly past his portraits and lingering on the *moulages* and Tonks’ work. It is interesting to see the images side by side, even if fleetingly, and what is striking is the darkness of Freida’s portraits compared with the much brighter contrasts of colour on a white background in Tonks’ examples. This could be because of camera work and colour contrast on the film, but perhaps in this sense the eye is more drawn to the brighter shades if not warmer tones used by the latter, as discussed above, and thus provoking more curiosity and discussion. The same argument could be mooted regarding the *moulages*, which are stark and graphic representations of facial trauma and somewhat less subtle than pastel and pencil drawings. The media interview perhaps also functioned as a means to draw attention to the exhibition and pique curiosity with a somewhat sensationalist approach to the exhibits. Garnier briefly discussed the ‘stigma’ of disfiguration for the

⁶⁵⁰ Claire Garnier, interview with BFM Alsace, 0m.52s/7m.07s., accessed August 8, 2022, <https://www.youtube.com/watch?v=2N7VW4Dd1U0>

⁶⁵¹ Emma Chambers, “Tonks, Henry. British Surgeon and Artist, 1862-1937, 55 years old.” In Claire Garnier and Laurent le Bon (Eds), *1917 : Catalogue de l’Exposition*, (Metz, Centre Pompidou Metz, 2012), 276.

gueules cassées, and the psychological difficulties for these men, but does not expand on the representative artworks.⁶⁵²

The greater emphasis on Tonks' contributions to war art in this instance could also be a reflection of the sustained exposure of his work since the mid-1990s, with papers on the topic by specialist academics published more or less consistently into the twenty-first century. Another explanation for the relative neglect of Freida's work is simply that not enough was or is known about him. As has been noted, Tonks' social position and authority as a professor at a prestigious art school and attendant lifetime ephemera contrast sharply with Freida's obscurity. The collection of his portraits at the Musée de Santé des Armées contains little other information about the artist. However, if Jean Frapat wrote his piece 'Freida l'exclu' for *Les Nouvelles de l'Estampe* in 1996, it is intriguing to consider why this was not referenced, even if it was largely about the artist's career as an illustrator rather than his war work. In the final analysis, the fact that information on Freida is much more elusive must shed light on the marginalisation of his work at *1917*.

Freida was subsequently omitted from another major commemorative exhibition on the Great War in London in 2018. At the Tate Britain and entitled *Aftermath: Art in the Wake of World War I*, it was similar to *1917* in that it included a broad range of works created during and immediately after the conflict by international artists. Again, there was a section on battlefield trauma, and while there were only eight portraits by Tonks, it is true to say that *1917* contained a greater volume of graphic materials of facial injuries, a difference which perhaps echoes the anxieties regarding the exposure of disfigured faces to the British public one hundred years before. In *Aftermath*, then, there appears to be a more subdued approach to exhibiting the trauma of the Great War. Tonks' portraits were displayed alongside works by other European artists, for example, plaster sculptures of men with typical postures of mental distress, *Psychoneurotic Camptocormia* by Louis François Carli and Rosina Cahen's drawings of amputees. Otto Dix's particularly graphic material included *The Card Players* and *Prostitute and Disabled War Veteran: We are Victims of Capitalism*, while George Grosz's and Heinrich Hoerle's representations of maimed and disabled veterans also featured in this section.⁶⁵³ In her review of *Aftermath*, Sarah Hudson remarks on the differences in

⁶⁵² Claire Garnier, interview with BFM Alsace, 01m.41s/7m.07s., accessed August 8, 2022, <https://www.youtube.com/watch?v=2N7VW4Dd1U0>

⁶⁵³ Anon., *Aftermath Guide Book*, (London, Tate Britain, 2018), 73-99.

visibility for wounded veterans between Great Britain, France and Germany. She notes that in Britain, ‘the only acceptable way to show them was in a medical context, such as [-] Henry Tonks’s depictions of facial disfigurement (which have since become famous).⁶⁵⁴ Like Moorhouse, Hudson also observes how the ‘humanity’ of these men is returned through their depiction in ‘delicate’ pastels, and again, as with other critics, stresses the ‘moving’ nature of the images.⁶⁵⁵ As to the absence of Freida’s portraits from this exhibition, Emma Chambers from the Tate Britain explained:

“Sadly I wasn’t aware of the Raphaël Freida portraits when I selected the exhibition, they do make a really interesting comparison with Tonks and it would have been great to have shown some of them. You are right that there are also practical aspects to the selection and we often have to focus on our loan requests on particular institutions and locations because of both research time and cost. So we sourced our French medical loans from Val de Grace in Paris which does have drawings featuring soldiers with facial wounds, but in the end we thought that the statuettes of soldiers with shellshock that we included were more compelling for the narrative of the exhibition.”⁶⁵⁶

Once more, it is a similar situation to that at the Centre Pompidou Metz, where Freida’s obscurity as opposed to Tonks’ relative fame precluded the incorporation of more information on his work in the literature if not the exhibition itself. This underscores the importance of this doctoral project, where existing discourse on facial trauma in the First World War is broadened beyond the familiar works of Tonks.

An intriguing question that arises is regarding how the portraits are chosen for these exhibitions. Emma Chambers’ reasons for selecting particular examples of Tonks’ portraits for *Aftermath* is instructive, and are feasibly a good indication of what other curators sought in relation to such images for the public, non-clinical audience. The portraits of Private Charles Deeks, for example, (Figure III.42) were shown at *1917* and *Aftermath*, in the latter because ‘they are such good examples of the before and after portraits and the role of the

⁶⁵⁴ Sarah Hudson, “Aftermath: Art in the Wake of World War One: An Exhibitions Review”, in *The RUSI Journal*, 163:4, (2018):104, accessed August 8, 2022. <https://doi-org.proxy.bnl.lu/10.1080/03071847.2018.1529908>

⁶⁵⁵ Ibid.

⁶⁵⁶ Emma Chambers, e-mail message to author, December 12 2018.

‘after’ portrait in restoring identity.’⁶⁵⁷ The frame includes two other before and after portraits of an unknown serviceman. Figure IV.3 also features in *Aftermath*, and the reason for this is because Chambers found it ‘really interesting because of the clear diagonal division between the injured and undamaged areas of the face.’⁶⁵⁸ Chambers has made this argument before, notably in ‘Fragmented Identities’, where this dichotomy between the affected and non-affected sections of the face demonstrates ‘the gaping wounds and churned flesh made all the more horrifying for the viewer by their juxtaposition with the undamaged areas of the face.’⁶⁵⁹ It could therefore be argued that similar qualities were required of Freida’s portraits for *Opérations Gueules Cassées, 1917 and Rayon X* (although in this instance the portrait was chosen to complement a *moulage* of Aka N’Dié), however, most of these are of uniformed subjects, which would reinforce the commemorative rather than the medical nature of some of the portraits.

V.II The ‘Broken Face’ Reinterpreted in Contemporary Art

Portraits of soldiers with facial trauma have also influenced and been adopted by contemporary artists to mark the centenary of the First World War. The French artist, Lyse Blanchard, was inspired by Tonks’ portraits to produce her own interpretation of facial trauma from the Great War. She exhibited approximately twenty of these works in November 2021 at the municipal hall in Péronne, a small town in northern France which is the site of a large museum dedicated to the First World War. The exhibition was entitled *Cicatrices de Guerre* (Scars of War) and Blanchard’s motives for her re-workings of Tonks’ portraits were to ‘reclaim’, a century after the events, the subject of ‘medical imagery which also fuelled pioneering plastic surgery. But how could one risk such an exercise without offending heroism and greatness of the soul?’⁶⁶⁰ Blanchard explains that ‘this is the whole point of this series, which gleans multiple kinds of visual information from this plastic synthesis. The finer the observations, the more the portraits come alive with meaning and carnality, from the drooling to the one-eyed through the polytraumatised.’⁶⁶¹ She chose oil paints as a medium to create the images, citing its ‘quasi epidermic elasticity’ which can depict the skin in multiple

⁶⁵⁷ Ibid.

⁶⁵⁸ Ibid.

⁶⁵⁹ Chambers, ‘Fragmented Identities’, 588.

⁶⁶⁰ Lyse Blanchard, presentation sheet accompanying *Cicatrices de Guerre*, (Péronne, Musée Alfred Danicourt, 2021).

⁶⁶¹ Ibid.

guises, ‘good, depigmented, scarred, grafted or lacerated.’⁶⁶² This perhaps echoes Tonks’ choice of pastels to shape and depict the disrupted flesh of his subjects, although, as discussed in Chapter III, this was his preferred medium for some time. Pastels also do not need much time to dry, as oils do, therefore are a considerably more convenient means to produce medical images of multiple cases needing attention. Nonetheless, the difference in media choice underlines the variation in meaning and purpose for images of war-related facial trauma a century apart. The portraits themselves make for strange, surreal viewing. The faces are instantly recognisable as some of Tonks’ subjects, yet the colours Blanchard uses are brighter (almost harshly so) and more varied, with the textures of the oil paints much thicker on the canvas than the original pastels on paper. In some instances, Blanchard gives the subjects clothing and hairstyles that are more in keeping with the twenty-first century, a reincarnation which renders them rather unsettling viewing for those familiar with Tonks’ portraits. Figure V.1 is an example of Blanchard’s work, clearly influenced by the subject in Figure V.2 by Tonks. In this case, she has chosen to more or less adhere to the outlines of the original. The details of the sitter’s facial trauma are much less defined here, and the overall effect is one of influence, certainly, but a kind of distanced remodelling of Tonks’ version. Blanchard’s work is commemorative, undeniably, but she insists that the durability of her oil paintings is homage to the *gueules cassées*, which will give them voice, ‘like their immortal motto: *Sourire quand même*.’⁶⁶³ It is difficult to ascertain where exactly Blanchard saw Tonks’ collection of portraits; she claims to have been inspired to copy Tonks’ works after viewing photographs of his pastels and of facial trauma cases and *moulages* at the Musée de Santé des Armées at Val-de-Grâce.⁶⁶⁴ She is also familiar with Freida’s portraits, however, she professes to find them ‘less rich’ than Tonks, preferring the latter, along with Otto Dix, whose ‘visual and emotional affinity is more focused which I like very much.’⁶⁶⁵ Blanchard’s work has not seen appraisal by a wider audience, and it would be interesting to consider what art critics may have to say about the images. To date, no other artist has been moved to use the Tonks’ portraits from the Great War as inspiration for their own re-working of them in different media and style, but Blanchard’s work is nonetheless a compelling interpretation of Tonks’ legacy.

⁶⁶² Ibid.

⁶⁶³ Ibid.

⁶⁶⁴ Lyse Blanchard, e-mail to author, February 7 2022.

⁶⁶⁵ Ibid.



Figure V.1, Lyse Blanchard, *Gueule Cassée d'après Henry Tonks*, 2014, oil on canvas, 38 cm x 46 cm, © Reproduced by kind permission of the artist.



Figure V.2, Henry Tonks, portrait of an unknown serviceman, c. 1917, pastel on paper, 27 cm x 20 cm, RCSSC/P 569.59 ©
Reproduced by kind permission of the Royal College of Surgeons of England, London.

The concept of the facially-injured veteran has also been taken up by other twenty-first century artists who sought not to emulate Tonks' work as Blanchard did but to produce their own interpretation of war trauma. The British sculptor and artist Paddy Hartley created a series of works for an exhibition entitled *Faces of Battle* at the National Army Museum in 2008. With a background in medical implantology at a maxillofacial unit, Hartley was intrigued by the 'origins of reconstructive surgery' which led him to consult the Gillies' Archive and initiate 'Project Façade'.⁶⁶⁶ This consisted of sculptures made in the form of military uniforms which contained embroidered descriptions of surgical treatments copied from Gillies' patients' medical files. The case of Henry Lumley (Figures III.28, III.31 and III.32, pages 191-2)) particularly touched Hartley as Lumley was 'one of a surprisingly small number of men who died as a result of the facial reconstructive surgery performed by Gillies and his surgical team.'⁶⁶⁷ In constructing, or indeed reconstructing, Lumley's Royal Flying Corps jacket with details of his catastrophic injury and subsequent treatment, Hartley states that in 'responding artistically to the medical records of Gillies' patients, my primary aim is to describe in simple, visual terms how Gillies moved skin from one part of the body onto the face to reconstruct missing noses, ears, eyes and jaws. This isn't about replication of injury, more about the communication of repair.'⁶⁶⁸ Thus, Hartley's work is a departure from Blanchard's re-working of Great War medical portraits as he seeks other ways to conceptualise reconstructive surgery, namely through the use of fabrics and stitching as allegories for skin and sutures alongside images of the patient in question as Figure V.3 demonstrates. In another exploration of the theme, the French artist Hervé Laplace invented the persona of René Apallec in 2014, using an anagram of his family name. Apallec was a collagist who had spent time as an *infirmier* exposed to *gueules cassées* during the Great War and was thus moved to create collages of military authoritative figures as victims of facial trauma.⁶⁶⁹ As a 'surgeon-artist', Apallec took official portraits of generals and marshals published in *L'Illustration* and remodeled their faces to resemble the *gueules cassées*.⁶⁷⁰ Apallec/Laplace's aim was to 'denounce the absurdity of the commandment to sacrifice men from the single or dominant perspective of self-justification and more broadly the absurdity

⁶⁶⁶ Paddy Hartley, 'Change Me' in *History Today* 58: (2008): 70.

⁶⁶⁷ Ibid.

⁶⁶⁸ Ibid.

⁶⁶⁹ René Apallec, *Gueules Cassées*, <https://www.reneapallec.com/serie/queules-cassees/page/2/> accessed November 27 2022.

⁶⁷⁰ Renaud Bouchet, 'René Apallec « chirurgien plasticien sur papier » in *Annales de Bretagne et de Pays de l'Ouest* 123 (2016) : 201-2.

of war-butchery itself.’⁶⁷¹ In so doing, the artist’s goal was to ‘avenge the *gueules cassées* with the cut of a scalpel’ as he rearranged the faces of those ‘physically spared by their status as actors-deciders’ through the patchwork medium of collage.⁶⁷² It would appear then that the exposure of portraits of facially-injured veterans from the Great War to new audiences beyond their original, medical setting has prompted artists like Hartley and Laplace to explore the creative possibilities they see in these images. Artists copying or re-working original oeuvres is not new. For example, Vincent Van Gogh copied paintings by Delacroix, Millet and Rembrandt, but, as the art historian Anastasia Manioudaki notes, ‘his versions retain his artistic voice and are not overwhelmed by the originals’.⁶⁷³ In their use of different media, Blanchard, Hartley and Laplace also demonstrate their particular ‘artistic voice’, showing how the image of *gueule cassée* adopts a new meaning as experimental material for artists. Undoubtedly, there will be further artistic interpretations of this nature in due course.



Figure V.3, Paddy Hartley, Henry Ralph Lumley, *Officer’s Uniform*, 2005-2007, digital embroidery, digital fabric print, felt, Project Facade, London. © Reproduced by kind permission of the artist.

⁶⁷¹ Ibid.

⁶⁷² Ibid.

⁶⁷³ Anastasia Manioudaki, ‘Vincent Van Gogh Copying Other Artists’ in *Daily Art Magazine* May 27 2020, <https://www.dailyartmagazine.com/van-gogh-copy/> accessed November 27, 2022.

Contemporary artists continue to produce portraits of people with facial difference, although in a very different context to those of Tonks and Freida. Recording facial trauma and pathologies in present-day medical settings is largely carried out using colour photography and advanced scanning equipment, with perhaps diagrammatic planning of surgeries drawn by the clinicians in the patients' files. However, Mark Gilbert is an artist that collaborates with clinical teams and patients to create portraits of subjects with significant facial difference. This is a form of therapeutic, if not cathartic use of portraiture to assist the subjects (who consent to involvement in the various projects) in coming to terms with their altered features. Gilbert originally became involved in a project established by an oral and maxillofacial surgeon, Iain Hutchinson, who 'wanted the project to illustrate the possibilities of modern facial surgery and to show that people with facial disability are able to enjoy happy, successful and fulfilled lives.'⁶⁷⁴ Gilbert later began a research project *The Experience of Portraiture in a Clinical Setting*, which he discussed in a paper 'Practicing Regard in Clinical Portraiture'. Here, Gilbert explored his interaction with a patient who had cancer and depression, and how they coped with their illness. The patient was largely positive about his experience of portraiture, ultimately considering his image in charcoal as a testament to his survival for others to see. Of this collaboration, Gilbert said 'weaving John's narrative together visually revealed meaning that might require pages of written material or hours of speech to convey.'⁶⁷⁵ The process of having his portrait done also helped with the patient's depression as it 'diminished his feelings of isolation and engendered camaraderie' with both Gilbert and other subjects in similar circumstances whose portraits the latter had also completed.⁶⁷⁶ As for the artist himself, the act of collaborating with subjects whose faces had changed through illness and surgery allayed anxieties he had in anticipation of his work with them and their families. Instead of his 'detachment' from subjects, in this context Gilbert had to 'aspire to a participatory, empathetic approach to the portraiture process.'⁶⁷⁷ This he felt he achieved as he built relationships with his subjects, whose 'generosity and engagement freed me to focus on visually amplifying subjects' strengths while also wondering sometimes how they managed to face their illnesses' and treatments' demands.'⁶⁷⁸ This is perhaps where

⁶⁷⁴ Anon, Statement, Mark Gilbert, 1999. Accessed August 15 2022.

<http://www.markgilbert.co.uk/index.php?/project/saving-faces/>

⁶⁷⁵ Mark Gilbert, 'Practicing Regard in Clinical Portraiture' in *AMA Journal of Ethics* 22:3 (2020): 472, accessed August 15, 2022. https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2020-05/cscm1-2006_0.pdf

⁶⁷⁶ Ibid.

⁶⁷⁷ Ibid., 473.

⁶⁷⁸ Ibid., 474.

Blanchard's work differs from Gilbert's; Blanchard obviously did not interact with her subjects in the same ways as Gilbert, her portraits of long-dead men were more an exercise in exploring the themes and materials of depicting facial trauma in the past. It is interesting to contemplate Gilbert's communication with his subjects in relation to how Tonks and Freida conducted the sittings with theirs. As has been noted, very little is known about these exchanges in terms of subject/artist relations. Tonks betrays some of his feelings about the portraits of men with facial injury he created for Gillies, although this is more his judgement of their appearances rather than their emotional state as they sat for their portraits. He notes how 'one poor fellow has the D.C.M., a large part of his mouth has been blown away, he is extraordinary modest and contented. I hope Gillies will make a good job of him.'⁶⁷⁹ Other ways in which Tonks' 'pays tribute to the incredible pluck of the wounded heroes' include how one 'young fellow with rather a classical face was exactly like a living damaged Greek head as his nose had been cut clean off', and yet another sitter with 'an enormous hole in his cheek through which you can see the tongue working, rather reminds me of Philip IV.'⁶⁸⁰ Ultimately, Tonks asserts that 'no cases of wounded in the war deserve more attention than these real heroes.'⁶⁸¹ Freida leaves no recorded trace of his response to his mutilated subjects, only that he felt it necessary to represent some of them as uniformed and decorated war heroes, thus shifting the focus of the portraits beyond their function as medical case studies.

V.III Viewing Experience – In person, Digital

According to Drew M. Morris and Carter J. Alvey, 'art is esthetically enjoyed in a different way when it is seen in person.'⁶⁸² The word 'enjoy' is perhaps not necessarily applicable to the process of viewing Freida's and Tonks' images of facial trauma, 'appreciate' is a better term, but it is interesting to think about the different experiences of 'looking at' in relation to the original documents and their digitised versions. Morris and Alvey's paper is a neuropsychological study, mainly concerned with market valuation of art,⁶⁸³ and both authors

⁶⁷⁹ Cited in Hone, 127.

⁶⁸⁰ Ibid.

⁶⁸¹ Cited in Chambers 'Fragmented Identities', 588.

⁶⁸² Drew M. Morris and Carter J. Alvey, 'Knowledge and the Perceived Value of Paintings: The Role of Time, Presences and the Contagion Effect on Art Valuation' in *Psychology of Aesthetics, Creativity and the Arts* (January 20, 2022), 9, accessed August 13, 2022 <http://dx.doi.org/10.1037/aca0000464>

⁶⁸³ *'Market valuation' has interesting implications for Tonks' and Freida's portraits. While Tonks' versions remained the property of the RCSEng, some of Freida's portraits were indeed bought and sold, notably the collection at Val-de-Grâce, which was purchased by the Musée de Santé des Armées in the early part of the 21st century.

also concede that little study has been made on the experience of viewing art in person as opposed to digitally. In Morris and Alvey's study, perceptions of value were different when viewing the digital images, such that those that considered themselves more knowledgeable about art concluded that the works they viewed in-person were less valuable than the examples they saw in digital form. This was ostensibly due to the amount of time these participants spent examining the paintings in person, where discrepancies and flaws may be more obvious in this context than on a computer screen. It is the details that are visible during in-person viewing that make the experience wholly different for the spectator, and the accepted practice for art historians is to see an image or other work of art 'in the flesh' in order to better analyse the object. As Morris and Alvey note, 'in-person works will naturally have the highest possible detail compared with any digital facsimile, and more detail can allow for strict scrutiny of the work.'⁶⁸⁴ However, this was a small study of 74 participants, conducted with a very specific aim. In a different context, recent studies have also focussed on the digital versus the in-person experience when viewing artefacts in a museum. According to Morse et al, 'digital collections remain an underrepresented yet increasingly important dimension of the modern museum visit,' and while 'digital collections may not be substitutes for the in-person visit, our findings suggest that cultural professionals can and should design engaging experiences that cater to visiting contexts outside the museum space.'⁶⁸⁵ While this study is not necessarily in relation to archival research but public response to museum experiences, it is also relevant to the study of Freida's and Tonks' portraits. Whatever the purposes in viewing historical materials, it is worth considering the 'user experience' in terms of the advantages and disadvantages of interrogating online and original versions.

There is in fact enormous potential for research in the digitising of images, as noted by Joanna Drucker. She uses the example of *The Arnolfini Portrait*, suggesting that 'using an integrated array of computational techniques, image analysis, and close readings produced by combining digital technologies with network analysis and connoisseurship' could lead to the extraction of multiple kinds of information from one picture.⁶⁸⁶ For example, 'what would happen if a database existed that contained the provenance history of all different sources for

⁶⁸⁴ Ibid.

⁶⁸⁵ Christopher Morse, Carine Lallemand, Vincent Koenig and Lars Wieneker, 'Virtual Masterpieces: Innovation through Public Co-creation for Digital Museum Collections' in *The International Journal of the Inclusive Museum* 15 (2021): 79.

⁶⁸⁶ Joanna Drucker, 'Is there a "Digital" Art History' in *Visual Resources* 29 (2013): 6, accessed August 17, 2022. <https://doi-org.proxy.bnl.lu/10.1080/01973762.2013.761106>

pigments used in Western medieval illumination and Renaissance painting. Understanding van Eyck's work in relation to global systems of trade, commerce, and economic value at the material level would change dramatically and unpredictably using such a tool.⁶⁸⁷ This might 'situate van Eyck in a very different set of associated art works, each brought into view from one of many online repositories.'⁶⁸⁸ For Drucker, 'the point is that we could situate a work within the many networks from which it gains meaning and value, and then present the results within complex visual arguments.'⁶⁸⁹ For the time being, Tonks' and Freida's portraits may remain outside this sphere of enquiry, not least because there are ethical issues regarding medical images which will be discussed further in the next section. However, the idea of a large database of images relating to artistic, cultural and social aspects of facial difference from which extensive information can be gained is compelling. In any case, Tonks' and Freida's portraits appear to be digitised for different reasons, more archived as online records of specialist museum collections than materials which would be subject to 'new avenues of research and new research questions.'⁶⁹⁰ Accessing them is not simply a matter of going to a museum to see them on permanent, public display. According to Jason Bate, in the United Kingdom medical archives 'that provide an appropriate gateway to their resources as well as physical access to the material, [-] ensuring that collections of long-term historical value are placed in the most appropriate publicly accessible repository.'⁶⁹¹ To facilitate this, he adds that 'archives have embraced digitization because of the principles that underpin the accessibility of their collections.'⁶⁹² However, this accessibility is tempered by confidentiality laws, which prohibit the release of documents 'based on an assumed lifespan of each individual of a hundred years'⁶⁹³ In France, medical documents are held for between twenty-five and one-hundred-and-twenty years after the death of the individual concerned.⁶⁹⁴ Here, in addition to these regulations, practicalities also influence the digitisation of materials, as is in the case of the need to maintain accessibility to artefacts from collections from institutions that for example close down temporarily or permanently.

⁶⁸⁷ Ibid.

⁶⁸⁸ Ibid.

⁶⁸⁹ Ibid.

⁶⁹⁰ Lars Wieneke and Gerben Zaagsma, 'Digital Resources and Tools in Historical Research' (paper presented at the conference *Picture Archives and the Emergence of Visual History of Education*, BBF, Berlin, August 28, 2018).

⁶⁹¹ Jason Bate, *Disrupting Our Sense of the Past: Medical Photographs that Push Interpreters to the Limits of Historical Analysis*, in Patricia Skinner and Emily Cock (Eds.) *Approaching Facial Difference, Past and Present*, (London, Bloomsbury Academic, 2018), 207.

⁶⁹² Ibid.

⁶⁹³ Ibid.

⁶⁹⁴ "Archives de France", last modified March 7, 2022, <https://francearchives.fr/fr/article/26287562>

Images of Freida's pencil and pastel drawings were among 925 exhibits placed online for the Musée des Hospices Civils de Lyon in 2015, the institution having definitively closed to the public five years earlier.⁶⁹⁵ During this process, over 6,000 photographs of various items were taken.⁶⁹⁶ However, the examples of Freida's portraits archived at the Musée de Santé des Armées in Paris are not available to view online, as is the rest of the corpus of artefacts there. The quality of digitisation is variable. The collection of Tonks' portraits on the SurgiCat online catalogue at the Royal College of Surgeons of England website is well reproduced, with a facility to zoom in and out of the images allowing for good close inspection, such that, for example, the textures of the pastel and paper are visible. They are indexed over several web pages and easily accessible. Where possible, the sitter is identified and details of their injuries and treatment are recounted, presumably taken from the case notes, which are not available to view online. Other information includes the dimensions of the picture and media used, and a brief bibliography for further reading. There are also three portraits by Tonks stored at University College London Art Museum which are available to see online. The quality of digitisation is similar to that at SurgiCat, although there is less information available on the sitters and the only bibliographical reference is to Samuel J.M.M. Alberti's *War, Art and Surgery*.

The digitised versions of Freida's portraits are a little less satisfactory, where it seems that the images were merely photographed and uploaded onto the Musée des Hospices Civils website as a simple matter of recording rather than considering the viewing possibilities and further engagement. Unless a touch screen is used to access the images there is no facility to zoom in for closer inspection, and even with this mechanism, attempts to inspect the details are unsuccessful as the image blurs with enlargement. The colour saturation in Tonks' digitised images is also superior to the Freida portraits, some of the latter having a greenish tinge or a faded, almost sepia tone appearance which is not at all detectable in the original drawings in the museum archives. The information supplied on each web page for Freida's portraits is almost as comprehensive as on the Royal College of Surgeon's site. A photograph of the file card detailing the injuries and proposed treatment which accompanies each portrait is also available, but some have been damaged and parts of information are missing. Like the portraits, there is no zoom facility on the website itself, so in order to closely read these documents further action needs to be taken. Freida's sitters are only identified by initials, as

⁶⁹⁵ "Musée des Hospices Civils," last Modified May 13, 2022, <https://www.chu-lyon.fr/musee-des-hcl>

⁶⁹⁶ Ibid.

opposed to the full name, ranks and more extensive surgical information available for Tonks' subjects. For both cases, although these are museum collections, they are not on permanent display where they are housed; the images are only available to view in person by appointment.

Surveying the portraits in person helps to reveal aspects that would not otherwise be evident. For example, the quality of the materials used, the condition of the portraits, or even a sense that the viewer experiences more emotional engagement with the pieces and is drawn closer to the creation of the images. In some instances, the preservation of the portraits is so good that they give the impression that they are newly produced, as if the artist has just finished the drawing and left the room. This was especially noticeable with the quality of Freida's unframed works at the Musée des Hospice Civils archives. In the same way, Biernoff perceives the 'physicality' of 'Tonks' attentiveness, the quality of the artist's touch and the duration of his gaze.⁶⁹⁷ These qualities are not immediately obvious in digitised pictures. The spatial aspects of an image are also easier to gauge with original artworks; it can be difficult to envisage the exact size and dimensions of an image without seeing the original. The images' circumstances of storage also affect the in-person viewing experience. For example, the Tonks' portraits are framed with light coloured wood in fours, and behind non-reflective glass. At the Royal College of Surgeons' archives, they were originally stored behind a series of large, rolling filing shelves and hung at about two metres high on the wall, which made viewing more challenging than if they were presented at eye level, such as has been the usual case at the various venues where they were exhibited. The three examples of Tonks' portraits at the University College London Art Museum are kept in individual folders. For the most part, Freida's portraits at the Musée des Hospices Civils and the Musée de Santé des Armées archives are stored in large portfolios, with just a small number among them in single frames. Lighting is also an important aspect of examining images; in an art museum, the lighting is generally carefully considered so as to facilitate optimum viewing however this may not be the case in the archives. According to Roy S. Berns, 'in the display of art, there are two competing criteria: appearance and damage. It is a competition because the optimal lighting that minimizes irreversible damage is complete darkness. Thus, the lighting designer balances these criteria' which must consider 'many parameters, including the artist's

⁶⁹⁷ Biernoff, 'The Rhetoric of Disfigurement', 326.

intention, damage, energy efficiency, viewing experience and understanding.’⁶⁹⁸ This paper was a feasibility study in relation to the technological questions regarding the use of LED lighting for the display of art in a museum or art gallery, so perhaps there are different concerns regarding archived artistic materials. Obviously in the case of Tonks’ and Freida’s portraits, there is a little less anxiety about what systems of lighting to use since they are generally kept in the ‘complete darkness’ recommended by Berns. The most important aspect of the lighting in this context is Berns’ parameter of ‘viewing experience’. Sufficient light is essential to observe the colours and textures of the portraits, although it is possible that natural and artificial light may influence the interpretation of colours, for example. It was only at the University College London Art Gallery that the three Tonks’ portraits were available to view with some natural light in the room. However, examining the images in this context or in windowless rooms under artificial lighting did not seem to interfere too much with the perception of their colours, textures and dimensions as there was adequate lighting provided.

According to Yves Evrard and Anne Krebs, ‘the question of authenticity is central for the identity of museums whose traditional missions are to present original artworks.’⁶⁹⁹ In researching ‘real/virtual’ museum experience, specifically at the Louvre, they approached ‘three dimensions’ in their studies. The first was how ‘nothing can replace the direct contact with artworks’ in terms of authenticity; the second was ‘sustainability’ where ‘digital reproduction of an artwork can replace the direct contact with the genuine artwork; and lastly, the ‘complementarity’ of both forms of experience, as their ‘respective benefits are different.’⁷⁰⁰ It is this ‘complementarity’ that applies to the viewing of Freida’s and Tonks’ portraits in both digital and original forms. While the in-person experience is essential, there are aspects of viewing and using digitised images that are not entirely disadvantageous. For example, in this context they can be deployed as a means to enhance the in-person experience by providing a useful reference source which can be revisited as much as is needed. As has been outlined above, it is also possible that more information is available with a digital image than on a small plaque next to a work of art in a museum or an exhibition catalogue (as is

⁶⁹⁸ Roy S. Berns, ‘Designing White-Light LED Lighting for the Display of Art: A Feasibility Study’, in *Color Research and Application* 36 (2010): 324, accessed August 20, 2022. <https://doi.org.proxy.bnl.lu/10.1002/col.20633>

⁶⁹⁹ Yves Evrard and Anne Krebs, ‘The authenticity of the museum experience in the digital age: the case of the Louvre’ in *Journal of Cultural Economics* 42 (2018): 358, accessed September 20, 2022, <https://doi.org/10.1007/s10824-017-9309-x>

⁷⁰⁰ Ibid.

evident from the Tonks/Freida discrepancies in 1917). For example, in the inclusion of biographical details of the artist and subjects, or the provenance of the piece in question. The bibliography with Tonks' portraits on the SurgiCat website is a case in point. Even in the instance of public exhibition of the images, limited details can be problematic. In his review of the *Aftermath* exhibition, Julian Freeman laments the lack of information and context for the Tonks' portraits, noting that 'each one of these is a matter of record, not all were available to the audiences of 1918 and, for the modern audience, their presence, out of context, needed further explanation.'⁷⁰¹ Background information on Tonks or the subjects of his pastels is not available with the original images in the Royal College of Surgeons archives, unlike the file cards accompanying Freida's images. Thus, access to additional documentation from the Gillies' case notes is essential to pursue further enquiry into the sitters if necessary. It must be noted that the process of digitising images and artefacts from museum collections is greatly variable, and much depends on resources, the amount of materials involved, funding and expertise available.⁷⁰² This is obviously reflected in the diverse quality and local practices in the digitisation of Freida's and Tonks' portraits. It is fortunate to have Tonks' and most of Freida's portraits readily accessible for reference, although there are some contentious issues regarding the dissemination of medical images stored online.

V.IV Ethics, Emotional Engagement and the 'Looking At' of Tonks' and Freida's Portraits

There is increasing scholarship on the ethics and emotions involved in studying images of human suffering by researchers, and the Tonks and Freida portraits fit very well into this debate. Handling distressing images, notions of 'objectivity' and 'subjectivity' often weigh heavily on the researcher. According to Asbjørn Grønstad and Henrik Gustafsson, 'the topic of painful images also presents a particular intellectual challenge. When faced with images of pain, the critic is exposed to a double confrontation: there is *both* the general hermeneutic phenomenology – the encounter with a mute object of interpretation – *and* the additional

⁷⁰¹ Julian Freeman, 'Aftermath: art in the wake of World War One', in *The British Art Journal* 19 (2018): 97, accessed August 23, 2022, <https://www.jstor.org/stable/10.2307/48584661>

⁷⁰² Andrew Pearson, 'Planning the Project' in Jody Butterworth, Andrew Pearson, Patrick Sutherland and Adam Farquar (Eds.) *Remote Capture: Digitising Documentary Heritage in Challenging Locations*, (2018), 19, accessed August 21, 2022, <https://doi.org/10.11647/OBP.0138> *While this does not refer to medical collections and is specifically to do with overseas museum collections, Pearson outlines the multiple aspects of planning and preparation involved in digitising important and valuable materials which can be applied to most situations.

challenge of confronting something unpleasant and emotionally devastating.’⁷⁰³ It is sometimes difficult to remain objective when faced with shocking imagery and simultaneously maintain a degree of detachment necessary for satisfactory critical analysis. For researchers, safeguarding their own good practice is often challenging as many images originally intended for a clinical audience make their way into the public arena in spite of their own best efforts to treat the material sensitively. This is very well illustrated in Suzannah Biernoff’s ‘Medical Archives and Digital Culture: From WWI to *Bioshock*’. It can also be problematic for the viewer not to project their own idea of the emotional status of a person in an image, much like Paillard’s assessment of Freida’s portraits discussed above. However it is also true that the goal of the creator of the image may be to provoke certain emotional responses in the viewer. It is therefore necessary to reflect on these issues when examining depictions of trauma such as Tonks’ and Freida’s portraits, particularly in the context of intended audiences and dissemination.

In ‘Medical Archives and Digital Culture’, Biernoff explores the ethical issues involved with medical images that are freely accessible to a wider audience than was originally intended. She asks “When we encounter medical images in a museum or art gallery, or on a website like *Morbid Anatomy*, what kind of cultural and imaginative work do they perform? Are there ethical considerations raised by their redeployment or appropriation within the contexts of art and entertainment, education and academic research?”⁷⁰⁴ Discussing the afterlife of clinical pictures of a disfigured British serviceman, Henry Lumley (Figure III.28, III.31 and III.32, pages 191-2), Biernoff makes an interesting observation regarding the spectatorship of such visual materials. In questioning responses to these ‘really harrowing images’ she outlines her concerns regarding her and others’ reactions to the portraits. ‘Quite apart from my own moderate squeamishness, I worry how others will respond: with pity? With disgust? Fascination? Should I name the patient, or protect his anonymity? Would he, or his relatives, want the photograph to be shown in a non-medical context? Is there a happy ending – a redemptive ‘after surgery’ to counterbalance the ‘before’?’⁷⁰⁵ The particular case to which Biernoff was referring was an image of a badly burned pilot (Lumley) that had been appropriated by a computer game company. The man’s

⁷⁰³ Asbjørn Grønstad and Henrik Gustafsson ‘Introduction’ in Asbjørn Grønstad and Henrik Gustafsson (Eds.) *Ethics and Images of Pain*, (London, Routledge, 2012), xv.

⁷⁰⁴ Suzannah Biernoff, ‘Medical Archives and Digital Culture’ in *Photographies* 5 (2012), 180, accessed August 21, 2022, <https://doi.org/10.1080/17540763.2012.702680>

⁷⁰⁵ Suzannah Biernoff, ‘Medical Archives and Digital Culture: From WWI to *Bioshock*’. In *Medical History* 55: (2011), 325-330, accessed July 21, 2022, <https://doi.org/10.1017%2Fs0025727300005342>

face was used as a template for a monstrous character in a game, *BioShock*, ostensibly because the original pictures were easily available to view online. This is an extremely disturbing development in the treatment of medical images, and while as yet it does not seem to have happened with other records of facially injured men from the Great War, it is an example of the potential vulnerability of the portraits to these kinds of unethical uses. Biernoff argues that the characters in *Bioshock* ‘are based on identifiable individuals, who – if they were alive – would be entitled to sue for defamation or slander. All of Gillies’ patients are now dead, but many live on in the memories of their children and grandchildren. For them, *Bioshock* can only be a perverse transgression of the pledge not to forget.’⁷⁰⁶ In this instance, then, while the consent of the sitters for the Great War medical portraits may have been largely overlooked when they posed for the artists, it is important to consider that of their descendants. In all likelihood, the unchecked dissemination of a graphic illustration of their ancestor’s brutal wounding on view beyond the medical setting would not be acceptable. As Biernoff summarises, ‘if *Bioshock* is unethical, it is surely because it violates a common feeling that photographs of suffering somehow contain or embody their subjects: and that they therefore carry a burden of care.’⁷⁰⁷ The same principle of responsibility is therefore applicable to artistic depictions of individuals such as Freida’s and Tonks’ portraits. These images are, to use Grønsted and Gustafsson’s ‘mute objects’ insofar as the sitters’ voices are only what is visually represented of their appalling injuries, and they are no longer able to protest an invasion into their medical records. As Mienieke te Hennepe argues, ‘patient photographs belong to the same family as colonial objects, colonial photography, war photography and human remains. The family ties that bind these materials are characterised by a constant confrontation with suffering, questions of ownership or (a lack of) control thereof.’⁷⁰⁸ With this in mind, it is also worth taking the researcher/viewer and the affective nature of medical art into account, and the implications of ‘confrontation with suffering’.

Susan Sontag’s *Regarding the Pain of Others* has often been cited in analysing engagement with distressing images of human misery and torment. In his review mentioned above, Duncan Geddes based his argument on Sontag’s suggestion that ‘perhaps the only people with a right to look at images of suffering of this extreme order are those who could

⁷⁰⁶ Ibid.

⁷⁰⁷ Biernoff, ‘Medical Archives and Digital Culture’, 198.

⁷⁰⁸ Mienieke te Hennepe, ‘Private portraits or suffering on stage : curating clinical photographic collections in the museum context’ in *Science Museum Group Journal* 5 (2016), accessed August 22, 2022. <http://dx.doi.org/10.15180/160503>

do something to alleviate it.’⁷⁰⁹ Sontag also posits that ‘there is shame as well as shock in looking at the close-up of a real horror’, arguing that unless those that view such images ‘can learn’ from them, ‘the rest of us are voyeurs, whether or not we mean to be.’⁷¹⁰ There are challenges for those seeking to learn from images of pain and trauma also. As Helmers notes, ‘portraits are texts that exist to be interpreted visually. Yet it is a curious and important point to note that the patients’ disfiguring wounds were often difficult to look at in life, thus amplifying the difficulty in placing them into the category of artistic portraiture.’⁷¹¹ Quite aside from shocking nature of the injuries, it is tempting to imagine or even impose an emotional state on the sitter. Most of Freida’s and Tonks’ subjects potentially convey a wide selection of feelings such as anger, bewilderment, despair, resignation, boredom, feverishness or stoically-borne discomfort. However in analysing the images it is important not to project these perceived states on the sitters as there is no other evidence to confirm or counter such emotions. Ostensibly, methodologies in primary source analysis should assist in making a more detached and unbiased assessment.

While there is emerging scholarship on research and the ethics of handling medical photographs, there is very little guidance on the approach to medical art. The philosopher Berys Gaut posits that art ‘has the power to upset, to disturb, to make us question our assumptions, to change us. But it also has the power to celebrate our cherished constructions, to pacify us.’⁷¹² He was not specifically discussing medical art in this instance, his monograph *Art, Emotions and Ethics* is an exploration of ‘moral anxieties’ regarding fine art, and indeed popular art.⁷¹³ Nonetheless, thought should be given to his argument that ‘Responses, emotions in the broad sense of the term, are central to our interactions with artworks.’⁷¹⁴ Certainly, the ‘power of art to question our assumptions’ is relevant in that these assumptions should be treated cautiously, such as in the case where the viewer creates an emotional identity for the subject of a medical portrait. However, as reported by Judith Butler, ‘interpretation takes place by virtue of the structuring constraints of genre and form on the communicability of affect – and so sometimes takes place against one’s will or,

⁷⁰⁹ Susan Sontag, *Regarding the Pain of Others*, (London, Penguin Books, 2003), 37.

⁷¹⁰ *Ibid.*, 37-8.

⁷¹¹ Marguerite Helmers, ‘Iconic Images of Wounded Soldiers’, 194.

⁷¹² Berys Gaut, ‘The Long Debate’, in *Art, Emotions and Ethics*, (Oxford, Oxford University Press, 2007), 1.

⁷¹³ *Ibid.*

⁷¹⁴ *Ibid.*, ‘The Merited Response Argument’, 227.

indeed, in spite of oneself.’⁷¹⁵ For the researcher then, it is sometimes impossible to avoid an instinctive reaction to harrowing medical image. Butler also explores ‘what it means to become ethically responsive, to consider and attend to the suffering of others and, more generally, of which frames permit for the representability of the human and which do not.’⁷¹⁶ The ‘frame’ in which the historical researcher works in relation to medical images is the sensitive treatment of what may be considered as invasive recording of illness or injury. Creating a portrait or taking a photograph of an individual with facial trauma is one of many aspects of the management of their injuries. Very few of these men have left any trace of how they coped with their injuries during and after the war, with no information on how they felt about having their portraits done or being photographed. It is therefore impossible to know what their emotional status was as their injuries were visually recorded, and perhaps Butler’s ‘ethical response’ to these images is to acknowledge this.

Critically analysing and contextualising the images has helped to establish why they may provoke certain emotive reactions. For example, the disturbing and unsettling nature of the delicacy of Tonks’ choice of medium sitting incongruously with the sheer brutality of the injuries, or the ‘serenity’ perceptible Freida’s portraits. Damian Freeman argues that when considering the ‘emotional experience of works of art’, enquiry should be twofold; ‘what is distinctive about the emotional experience of art; and what is valuable about this distinctive experience.’⁷¹⁷ In considering Freeman’s argument, then, this ‘distinctive’ emotional experience of art in this case is the response of the viewer to the awful subject matter conveyed by Tonks and Freida in their characteristic styles; the horrifying nature and implication of the injuries certainly, but also perhaps paradoxically, feelings of admiration for the artists’ skills, with careful attention to both the sitters’ individuality but also to the ravaged flesh and bone. As to the ‘valuable’ aspect of this ‘distinctive experience’, there are many possibilities. These include appreciating the necessity for a careful approach to images as primary sources which would help to avoid conjecture; the recognition that these are highly emotive objects; and the realisation that emotional responses are also individual, where different viewers are affected by different details. If Tonks meant his portraits for a specialised audience, then he was simply creating a record of facial trauma for the treating

⁷¹⁵ Judith Butler, ‘Torture and the Ethics of Photography: Thinking with Sontag’ in *Frames of War. When is Life Grievable?* (London, Verso, 2010), 67.

⁷¹⁶ *Ibid.*, 63.

⁷¹⁷ Freeman, Damian. ‘Introduction’. In *Art’s Emotions : Ethics, Expression and Aesthetic Experience*, 3. (Abingdon : Routledge, 2012).

clinicians. This is also seemingly the case for Freida, however, he may have had a wider audience in mind. It is therefore worth considering that as an artist he actively wanted to provoke emotive reactions to the horrors of the injuries. After all, the principal aim of his habitual work as an illustrator was to draw the spectator in to the narrative.

According to Butler, ‘whether and how we respond to the suffering of others, how we formulate moral criticisms, how we articulate political analyses, depends upon a certain field of perceptible reality having already been established. This field of perceptible reality is one in which the notion of the recognizable human is formed and maintained over and against what cannot be named or regarded as the human – a figure of the non-human that negatively determines and potentially unsettles the recognizably human.’⁷¹⁸ This assertion perhaps sums up the responses to the men depicted in Tonks’ and Freida’s portraits; they are seen as recognisable individuals with parts of their faces rendered unrecognisable, which in turn is the root cause of reactions such as horror, pity, sorrow, curiosity and fascination.

Conclusion

A century after their creation, Tonks’ and Freida’s portraits remain fascinating examples of visual culture from the First World War. However, as this chapter has shown, there is a significant imbalance in their exposure to a wider audience in contemporary exhibitions. In the single instance where both artists’ portraits were exhibited together, *1917* in 2012, greater emphasis was placed on Tonks’ images in both the catalogue and in press related promotion of the event. Tonks’ portraits have also inspired the French artist Lyse Blanchard to produce her own versions of these images, using different media and setting the subjects in contemporary clothing. The same artist found Freida’s work less interesting, apparently because of the portraits’ colours and textures. Others were moved by the theme of facial trauma in the Great War to use sculpture and collage to represent the de-constructed face. In England, Paddy Hartley used textiles and embroidery to fashion military uniforms interleaved with details of case notes from the Gillies archive to communicate ideas of grafting and reconstruction. Hervé Laplace re-invented himself as an artist that lived through the First World War and made collages of military leaders as *gueules cassées* themselves.

Artistic recording of facial trauma has taken on a new direction, where, no longer used as medical records for treating clinicians, it is part of a collaborative activity which

⁷¹⁸ Judith Butler, ‘Torture and the Ethics of Photography: Thinking with Sontag’, 64.

supports the subjects as they learn to accept painful and life-changing alterations to their faces. This is a very different scenario to the First World War recording of facial trauma, but demonstrates how the genre has acquired a new meaning over time. As to viewing the portraits from the researchers' point of view, the practicalities of the in-person and digital experiences demonstrate that there are advantages and disadvantages to both. As has been argued, the digitised versions of Tonks' and Freida's portraits are qualitatively different. It is therefore essential to see the images in person to observe details that would otherwise be unnoticed in a digital version. However the latter can also be advantageous in that more information is readily available on a website than with the originals. The digitised portraits also allow the opportunity to repeatedly view them for reference where multiple visits to the archives are impractical or impossible. Lastly, guidance on ethical approaches to medical art is limited, with scholarship on the subject currently favouring medical photographs. With this in mind, this chapter has explored the various theories on emotional responses to art and to depictions of trauma and how they relate to viewing Tonks' and Freida's work. In many ways, medical art and illustration can be treated in much the same way as photographs of similar themes. Care, sensitivity and consideration given to matters of consent and agency are an essential part of the practice of analysing these images.

Conclusion

Freida's portrait of Pierre Chastanet, Figure III.41 (Page 200) is a good example of the 'altered image' perceivable in a medical portrait from the First World War. His head is slightly turned so as to expose the full impact of his injuries to his left cheek and eye, however, the right side of his face is apparently unaffected. This dichotomy is almost always present in both Tonks and Freida's portraits of men with facial injury, excepting some instances where most of the face is destroyed. Chastanet is a particularly poignant case, as his injury was self-inflicted, and then evidenced in his unilateral disfigurement, imperceptible if the right side of his face is observed in profile. Full face however, his identity is irretrievably changed. The despair that drove him to shoot himself in the face is conceivably connected to the conflict which resulted in so much human damage, physical and psychological. In *Visages de Guerre*, Delaporte takes the view that in the long term, facial trauma as 'the epicentre of the horror of war', where 'the disfigured bear the stigmata inscribed in their flesh, *in the flesh of their face* to be precise'.⁷¹⁹ This is eminently true insofar as it is arguably easier to conceal other bodily damage with clothing; this is not necessarily an option for those with a badly scarred face and missing features. Thus there is a universality of disfigurement, shared among victims of combat injury to the face across time. As has been shown, gunshot, explosion and fire result in similar, often devastating trauma whatever the war. Veterans have had to, and still have to endure the pain of injury, reconstruction and living with their own 'altered image'.

In any context, war, radical surgery or disease alters the act of visual reproduction of a likeness. If the artist is schooled in drawing or painting the so-called 'standard' planes and shapes of the countenance and equipped with an understanding of the physiognomy of the head and face, here, the template is disrupted. Symmetry is changed or even imperceptible as sections of the face could be missing or displaced. In colour pictures, the harsh reds of scarring and inflammation add an unsettling and often dramatic edge to the apparent serenity or passivity of the sitter's pose. If the typical portrait is meant to contain clues as to the subjects' social and professional identity, a medical version can also be described as biographical, as any portrait is expected to be. The sitter is presented variously as a victim, a patient, a case study or a survivor. However, these images relate only part of the subjects' life story; they present the face as it is in the moment the image was reproduced in whatever

⁷¹⁹ Delaporte, *Visages de Guerre*, 18.

medium, whether the work is a medical portrait or not. Similarly, ‘before’ and ‘after’ portraits provide a partial narrative, even if they show a progression towards healing. Ultimately, medical portraits reflect not only a modification in the sitters’ faces, but, in a sense, how their perception of themselves is also ‘altered’ since the familiar contours of their faces are lost or irrevocably damaged. This study then is also a means to consider the discipline of portraiture in general, and aspects of the genre such as facial difference that are often little researched.

With regards to the history of medicine, it is hoped that in exploring the medical portrait as a precedent to World War I practices this thesis has opened possibilities for further discourse on the theme. As has been argued, evidence suggests that changes in medical education and attitudes to the management of disease are reflected in the form of early patient records as visual or artistic documentation. There remains a wealth of archival material with great potential which has been largely left aside to date. For example, the extent of collaboration between clinician and medical illustrator such as practised in the nineteenth century and beyond certainly merits deeper investigation. Themes of agency, anonymity and identification are also significant areas for discussion. Largely, patients had little control over how their facial difference was recorded (and potentially disseminated), and what kind of therapeutics they submitted to. This is also true of wounded soldiers, although there is some evidence of resistance to prolonged or additional treatment, which undoubtedly occurred in the case of civilian patients, too. With this in mind, continued attention to duty of care in handling sensitive materials such as medical records, visual or otherwise, is an essential ethical dimension to research in this field. Identification of the sitters appears to be random, whether on the instructions of the physician, or the artists’ choice, or otherwise. This therefore raises questions about the relationships between clinician, patient and artist as the medical portrait was produced. There are few answers, as most of these interactions are only visually recorded, and therefore perhaps it is best to look to how the artist depicts the individual and their medical or surgical condition. For example, how much and what kind of details are included in the image, which may indicate that there is an attempt to acknowledge the humanity of the subject as more than a clinical ‘case’. It is also interesting to think about the artists’ reactions to the sometimes distressing and extreme disfigurement of their subjects, and whether or how they hid their own discomfort, or if they grew used to depicting shockingly rearranged features.

In the context of the artist as a medical illustrator, this thesis has examined the lives and work of creators who were required to turn their attention to drawing the medical body.

In so doing, it will contribute to the historiography of medical art in relation to the methodologies of reproducing facial pathologies and trauma. Practices in recording and measuring disease are apparent in original sources documenting patients in nineteenth century hospital settings. In terms of preferred media and habitual style, it is worth considering medical illustrators' choices. Many of the additional visual sources studied for this thesis are in watercolour, pen and ink, wax and plaster, silver gelatine on paper and engraving. This appears to be linked to whether the images were reproduced in textbooks or simply held in a specific space as reference for a particular treating physician. There is little indication as to the creators' other work outside of the medical context, and whether they were required to change their artistic methodologies for the express task of documenting disease and trauma. Tonks' and Freida's circumstances as medical artists were determined by their professional careers before the Great War, and their military status at the time of the conflict. Tonks appears to have actively chosen to produce portraits of men with facial trauma. Freida's motivations are unrecorded, but he may have been subject to command. Whether other artists specifically sought to create medical images in operating theatres and hospitals before and after the First World War requires further analysis. The question arises as to why they created the medical images, if not out of personal interest, acquaintance with the treating physician or because that was their only means of income. However, biographical information on less well-known artists is often scarce.

This study has provided a meaningful insight into the practices of medical documentation during the First World War as it compares in detail the work of two artists. In particular, it has drawn attention to Freida, who has been largely neglected to date, thus broadening the historiographical narrative on the topic. Nevertheless, it is worth remembering that Tonks' and Freida's portraits are but a small part of the vast corpus of visual recording of facial trauma from the conflict. As such, they indicate the importance of the medical museum, and the insight of those that elected to keep these materials if not for future reference, then as testament to the medical practices in the context of the Great War and its attendant, unprecedented casualty count. It must be argued then that there remains much more visual material from the medical archives of the First World War to be interrogated. Indeed, it would be interesting to explore how other types of trauma sustained during the conflict were recorded. In the wake of several existing analyses, Henry Tonks' portraits have been reviewed and re-examined in an exercise which compares them with the work of his little-known contemporary. Accordingly, it has been demonstrated that while Tonks' portraits

are compelling, as primary sources they provide limited information on the sitters' experiences of the process of treatment. Here, the missing information is provided by Freida in his careful representation of surgical and therapeutic accessories. Thus, this thesis also supports other sources on the management of facial injury during the First World War, such as photographs, diagrams and academic papers from the *Congrès Dentaire Interalliés* and *La Restauration Maxillo-Faciale*.

It is quite clear that facial difference did not begin and end with the trauma suffered by soldiers in the First World War. Accordingly, in their compelling reflections on the issue, Biernoff and Delaporte have linked narratives on individuals with maxillofacial injury from different conflicts. This thesis has found that the portrait of facial trauma remains an alluring theme for creators, indicating a legacy of sorts from Tonks' and Freida's efforts. Contemporary artists have reinterpreted the concept of the medical portrait as an 'altered image', as experimental work or by way of recording war injuries from recent conflicts. Here, they have been inspired to test their own methodologies in either reworking existing examples of the genre or creating an entirely new approach. This falls into two areas of practice; the artists inspired by depictions of facial trauma from the First World War, and those that work with present-day patients with facial difference. Tonks' portraits moved the French artist Lyse Blanchard to recreate the images in oil on canvas, and Paddy Hartley wove pictures from Gillies' patient files into military uniforms. Hervé Laplace/René Appalec created collages depicting senior military figures with their features rearranged in exaggerated fashion as a means to ridicule those that were far removed from the horror of battlefield injury. Latterly, Mark Gilbert has worked with patients in maxillofacial units who have undergone necessary but disfiguring radical facial surgery. In France and in England, then, there have been creative responses to the theme of facial difference, however, the work seems to have only been on view nationally rather than internationally. Here, there is perhaps room for exchange of ideas and broader exposure of these new approaches.

Finally, Tonks' portraits have been the subject of inquiry since the mid-1980s, essentially as part of an increased interest in the cultural aspects of the Great War which began to develop towards the latter half of the twentieth century. Conversely, Freida's portraits have only been publicly exhibited in this context three times, ostensibly because Tonks is the better-known of the two artists and his portraits have had more sustained interest. There is a distinct impression that curators have very little information on Freida and his work which may explain his marginalisation. In this respect, this thesis serves to highlight

the artist's work as an important aspect of Great War historiography and an alternative example of medical portraiture from the conflict.

Bibliography

Primary Sources

Medical Publications

Belanger, A. D., 'Du rôle de l'orthophonie dans la restauration maxillo-faciale' in *La Restauration Maxillo-faciale*, 6 (1918) : 205-6. Accessed November 3, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k6534079v/f5.item.r=la%20restauration%20maxillo-faciale>

Albert Bloch, 'De l'évacuation des blessés de la face avec lésions des Mâchoires' in *Congrès Dentaire Interalliés*, (1917) : 158. Accessed December 5, 2021. https://archive.org/details/BIUSante_92939/page/158/mode/2up

Derwent Wood, Francis, 'Masks for Facial Wounds' in *The Lancet* 89 (1917):949-50.

Gillies, Harold, *Plastic Surgery of the Face*, London, Hodder and Stoughton, 1920.

Hayman, Charles A., *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, London, Claudius Ash & Sons, 1899.

Hollande, Dr. 'L'ionisation appliqué au traitement des cicatrices de la face' in *La Restauration Maxillo-Faciale : Revue Pratique de chirurgie et prothèse spéciale*, No. 2, (1918), 61-64. Accessed May 2, 2021. <https://gallica.bnf.fr/ark:/12148/bpt6k65340756/f25.item.zoom>

Kazanjan, Varaztad, 'Early treatment for injuries of the face and jaw' in *Congrès Dentaire Interalliés*, 143. Accessed November 4, 2021. https://archive.org/details/BIUSante_92939/page/142/mode/2up

Legouest, Léon, *Traité de chirurgie d'armée*, Paris, Ballière et Fils, 1863. Accessed June 14 2022, <https://gallica.bnf.fr/ark:/12148/bpt6k5724418j?rk=21459;2>

Villain, Georges, Ed., *Congrès Dentaire Interalliés 11-12-13 Novembre 1916-Comptes Rendus*, Paris, Chaix, 1917. Accessed multiple times, 2020-2022. https://archive.org/details/BIUSante_92939

Péan, Jules, *De l'ablation totale des os de la face*, Paris, Chateauroux, 1890.

Pont, Albéric, 'Rhinoplastie et Prothèse Nasale' in *La Restauration maxillo-faciale* 2 (1917) : 57-65. Accessed September 7, 2021, <https://gallica.bnf.fr/ark:/12148/bpt6k6532142j/f5.item>

Pont, 'Traitement immédiat des fractures des maxillaires', *Congrès Dentaire Interalliés*, (1916): 77. Accessed November 4 2021.

https://archive.org/details/BIUSante_92939/page/76/mode/2up

Newspapers, Newsletters and Brochures

Anon., 'A Tribute from the Tate Gallery' in *The Times*, October 7 1936. Accessed February 28, 2022, <https://www.thetimes.co.uk/archive/>

Anon, 'Art Periodicals' in *The Times*, December 21 1929. Accessed February 28, 2022. <https://www.thetimes.co.uk/archive/>

Anon, *Bulletin Union des Blessés de la Face*, 2, (1921), 1. Accessed March 3, 2022. <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759159SlebZh/f17776271b>

Anon, *Bulletin UBF* 17 (1927): 23. Accessed March 3, 2022. <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759286ts3fEL/27e51f24ea>

Anon, 'Des Emplois pour les "GUEULES CASSÉES "' in *Bulletin Union des Blessés de la Face* : « LES GUEULES CASSÉES » IV (1922) : 5. Accessed December 8, 2021 <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759232GDsSoG/f9b4519856>

Anon. *Exposition Œuvres et Documents de Guerre, Catalogue Illustré*, Bordeaux. Accessed May 6, 2021. <https://gallica.bnf.fr/ark:/12148/bpt6k6550775x/f9.item.texteImage>

Anon, *La Revue Moderne de l'Art et la Vie*, 15 August 1922, accessed December 30, 2020. <https://gallica.bnf.fr/ark:/12148/bpt6k5523254x/f8.image.r=raphael%20freida%20vers%201a%20nuit?rk=21459;2>

Anon, 'Le masticateur n'est pas un appareil de prothèse', *Bulletin de l'Union des Blessés de la Face* 111 (1922) : 5. Accessed November 11, 2021. <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759232GDsSoG/e775c231b4>

Anon, 'Le masticateur', *Bulletin de l'Union des Blessés de la Face* VI (1923) : 3. Accessed November 11, 2021. <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759247rrAc56/dd17d97acd>

Anon., 'Memorial to Henry Tonks' in *The Times*, November 26 1937. Accessed February 28, 2022, <https://www.thetimes.co.uk/archive/>

Anon., 'Nouvelles Artistiques' in *La Liberté*, 28 May 1928. 2. Accessed March 6, 2022 <https://gallica.bnf.fr/ark:/12148/bpt6k4101326m/f2.image.r>

Anon., 'Professor Tonks. The Slade School' obituary in *The Times*, London, January 9 1937. Accessed February 28, 2022, <https://www.thetimes.co.uk/archive/>

Anon, 'The Marvels of Plastic Surgery. New Institution for the treatment of wounded heroes.' *The Yorkshire Post*, July 1917, London Metropolitan Archives, H2/QM/Y1/5.

Anon., 'The New English Art Club' in *The Times*, March 31, 1890, accessed February 28, 2022, <https://www.thetimes.co.uk/archive/>

Anon., *The Morning Post*, *The Rotherham Advertiser*, *The Daily Telegraph*, January 1917, London Metropolitan Archives, H2/QM/Y1/S.

Anon., 'The Queen's Hospital' in *Kilkenny Moderator and Leinster Advertiser*, 'Face Wounds' in *Evening News*, London Metropolitan Archives H2/QM/Y1/5.

Anon., 'Wonders of Facial Healing', *The Times*, November 5 1921, 1. Accessed February 28, 2022. <https://www.thetimes.co.uk/archive/>

Anon., 'Worst loss of all. Public Deeply Moved by War-Time Revelation', May/June 1918, London Metropolitan Archives, H2/QU/Y1/S.

Hirschfeld, Gustave, *Tourville*, Lyon, A. Rey, 1917.

Phillips, Claude, "Jean-Paul Laurens" in *The Art Journal*, Jan. 1889, 2.

Picot, Colonel Yves, 'Un Mot du Président', *Bulletin*, 1 (1921) : 2. Accessed December 6, 2021. <https://argonnaute.parisnanterre.fr/ark:/14707/a011426759159SlebZh/aa4e7f9ea0>

Archival Documents, Letters, Books

Anon., Acte de Décès, Archives État Civil Paris, 14D 436, accessed February 2, 2020. <http://archives.paris.fr/s/4/etat-civil-actes/resultats/>

Anon., Catalogue listing, *Société des Artistes Français*, (Paris), 1927 and 1928 Editions., Société des Artistes Français Archives, 214, 202.

Anon, Census for 14 Arrondissement, Populations de résidence habituelle, Plaisance, 1926, D2M8270. Accessed February 4, 2020. <http://archives.paris.fr/s/11/denombrements-de-population/resultats/>

Anon., Enrollment Register, École des Beaux Arts, Lyon, Archives Municipales de Lyon. 73. Accessed January 27, 2022. <https://recherches.archives-lyon.fr/ark:/18811/hz2g1xqpj6fm/19e45cf6-a5bc-4043-b5eb-bf3d82fd0155>

Anon., Enrollment Register, École des Beaux Arts Lyon, Archives Municipales de Lyon. 146. Accessed January 27, 2022, <https://recherches.archives-lyon.fr/ark:/18811/bgk4qd2jz0sf/0cba7980-3574-4317-991f-1db134867376>

Anon, Fiche Matriculaire Freida, Raphaël, Lyon, Archives Départementales Rhône, 1 RP 999 Régistre Matricule (1897)), 267. Accessed July 28, 2022. <https://archives.rhone.fr/ark:/28729/68dl1qrmtgc5/3050aeef-3ee6-4435-9645-432aab128833>

Anon, newspaper cuttings (1917-1930), London Metropolitan Archives, H2/QM/Y1/S

Anon., Registration and Exhibition Record for Raphaël Freida at the Société des Artistes Françaises, Archives Société des Artistes Françaises, Paris.

Bureau des travaux d'art, musées et expositions, F/21/4210 : dossier sur FREIDA, Raphaël (16 Novembre 1922), Paris, Archives Nationales de France.

Collection Albéric Pont, Archives du Musée des Hospices Civils de Lyon, Lyon. Accessed multiple times, 2019-2022. <https://www.chu-lyon.fr/musee-des-hcl>

Dossier FREIDA, Raphaël, F/21/6981, Archives Nationales de France, Paris.

Dossier No. 1838 VALÉRO, Albert, Union des Blessés de la Face et la Tête Archives, Paris.

Flaubert, Gustave, *Hérodias*, Paris, Plicque & Co., 1926. Accessed February 28, 2022. <https://gallica.bnf.fr/ark:/12148/bpt6k15241290.r=raphael%20freida?rk=42918;4>

Freida, Raphaël, letters to Abraham Romagnol, 1911-1912, private collection.

Freida, Raphaël, letters to Joseph-Laurent Rougier, 1937-1942, private collection.

Hone, Joseph, *The Life of Henry Tonks*, London, William Heinemann, 1939.

Mirbeau, Octave, *Le Jardin des Supplices*, Paris, Javal et Bourdeaux, 1927. Accessed February 28, 2022. <https://gallica.bnf.fr/ark:/12148/bpt6k1523677g.r=raphael%20freida?rk=21459;2>

Sophocle, *Oedipe Roi*, Paris, Romagnol, 1922. Accessed February 28, 2022. <https://gallica.bnf.fr/ark:/12148/bpt6k1524675z.r=raphael%20freida?rk=64378;0>

Paintings and Portraits

Anon, Sous-Lieutenant Allemand, 1917, plaster and paint, front and side views, Collection Albéric Pont, 2007.0.3657 M, Musée des Hospices Civils de Lyon 2007, Service des Musées de France 2014.

Anon, 'Mrs Bennett, afflicted with skin disease', c.1818-21, Ref. 603108i, Wellcome Library, London. Accessed June 25 2022. <https://wellcomecollection.org/works/ru2w4rgt/images?id=e2uctgfv>

Anon, 'Mrs Bennett, cured of skin disease', c. 1818-1821, Ref. 603109i, Wellcome Library, London. Accessed June 25, 2022. <https://wellcomecollection.org/works/ra5cuhhe/images?id=j6bstw7y>

Anon., 'Mr Gledell, cancerous nose', 1829, Ref. 603116i, Wellcome Library, London. Accessed June 26, 2022. <https://wellcomecollection.org/works/qmda66wp/items>

Anon., Marion, before and after treatment, after 1914, plaster and paint, Collection Albéric Pont, 2007.0.3641 M & 2007.0.3636 M, ©Musée des Hospices Civils, Lyon.

Anon, Retrouvé, 1863, reproduced in Léon Legouest, *Traité de chirurgie d'armée*, Paris, Ballière, 1863. Accessed June 14, 2022.

<https://gallica.bnf.fr/ark:/12148/bpt6k5724418j/f926.item.r=visage>

Anon, William Trotman, reproduced in Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (1899), London, Claudius Ash & Son.

Anon, William Trotman, reproduced in Charles A. Hayman, *A Case of Facial Disfigurement restored by means of an Obdurator and Artificial Cheek and Eye*, (1899), London, Claudius Ash & Son.

Baretta, Jules, Syphilis héréditaire. Gomme ulcérée avec destruction des os du nez. Femme âgée de 16 ans, couturière, (1873), Ref.STLCGE00267, Musée des moulages de l'Hôpital Saint-Louis (AP-HP), Paris. Accessed June 15, 2022.

<https://www.biusante.parisdescartes.fr/histoire/images/index.php?refphot=STLCGE00267>

Charles Bell, 'Wanstell 17th Regiment of Foot', 1815, Royal College of Surgeons of Edinburgh.

Burgun, Georges, portrait of a 32 year old woman before surgery, reproduced in Jules Péan, *De l'ablation totale des os de la face*, (1889), Paris, Chateauroux.

Burgun, Georges, portrait of a 32 year old woman after surgery, reproduced in Jules Péan, *De l'ablation totale des os de la face*, (1889), Paris, Chateauroux.

D'Alton, Christopher, George Milton, (1874), Ref. 38034i, Wellcome Library. Accessed June 25, 2022 <https://wellcomecollection.org/works/wcnkq5et/items>

Raphaël Freida, *Cassage des obus avec de la mélanite tamisée par des travailleurs coloniaux*, (1918), Musée de la Médecine et la Pharmacie Archives, Lyon.

Freida, Raphaël, 'Execution', reproduced in Octave Mirbeau *Le Jardin des Supplices*, Paris, Javal & Bourdeaux, 1927. Accessed February 28, 2022

<https://gallica.bnf.fr/ark:/12148/bpt6k1523677g/f151.item.r=rapha%C3%ABl%20freida>

Freida, Raphaël, *Les Misères de la Guerre : Gueules Cassées et Mutilés, Dessins originaux*, (1917-1918), Musée de Santé des Armées, Val-de-Grâce, Paris. 2009, 1-40.

Freida, Raphaël, 'Oedipe et le Sphinx', reproduced in Sophocles *Oedipe Roi*, Paris, Romagnol, 1914. Accessed February 27, 2022

<https://gallica.bnf.fr/ark:/12148/bpt6k1524675z/f55.item.r=raphael%20freida>

Freida, Raphaël, 'Parc d'artillerie de Lyon', collection of 10 pencil and pastel drawings, Musée de la Médecine et de la Pharmacie, 8 av Rockefeller, Lyon.

Freida, Raphaël, *Pésage d'obus (1914)*, (1918), private collection.

Freida, Raphaël, portraits of facially injured soldiers, (1917-1918), Collection Albéric Pont, Musée des Hospices Civils de Lyon. File numbers 308-321. <https://www.chu-lyon.fr/musee-des-hcl>

Freida, Raphaël, 'Salome's Dance', reproduced in Gustave Flaubert *Hérodias*, Paris, A. Plicque & Co., 1926. Accessed February 28, 2022.
<https://gallica.bnf.fr/ark:/12148/bpt6k15241290/f89.item.r=raphael%20freida>

Freida, Raphaël, *Scène II Les Mêmes. Œdipe*, 1912/13, reproduced in Sophocles *Œdipe Roi*, Paris, Romagnol, 1922, 114. Accessed March 6, 2022.
<https://gallica.bnf.fr/ark:/12148/bpt6k1524675z/f162.double.r=raphael%20freida>

Freida, Raphaël, stained glass windows, (1909), Église St Honoré d'Éylau, Paris. Photographed by the author, September 24, 2020.

Freida, Raphaël, 'Un Horticulteur', reproduced in Gustave Hirschfeld *Tourveille* (Lyon, A. Rey Imprimeur-Éditeur, 1917.

Freida, Raphaël, untitled, reproduced in Octave Mirbeau *Le Jardin des Supplices*, Paris, Javal & Bourdeau, 1927. Accessed 6 March, 2021.
<https://gallica.bnf.fr/ark:/12148/bpt6k1523677g/f151.item.r>

Freida, Raphaël, *Vers la Nuit*, (1918), Dossier No. F/21/6981, Archives Nationales de France, Paris.

Thomas Godart, 'Face of a woman affected with myxoedema', (19th century), St Bartholemew's Hospital Archives and Museum, Wellcome Collection, London. Accessed June 25, 2022. <https://wellcomecollection.org/works/fthkgqcn>

Thomas Godart, Head of a boy with a cleft palate and hare lip, (19th century), St Bartholemew's Hospital Archives and Museum, Wellcome Collection, London. Accessed June 25, 2022, <https://wellcomecollection.org/works/xbbzquvg/items>

Henning, Archibald, 'Acne Rosacea' (1841), Wellcome Collection. Accessed June 26, 2022.
<https://wellcomecollection.org/works/r6j9hvsu/images?id=zdm7wf7m>

Midgley, Julia, John Dawson, (2014), WAS154, Royal College of Surgeons of England, London.

Saluy, André Maurel, reproduced in Léon Legouest, *Traité de chirurgie d'armée*, Paris, Ballière, 1863. Accessed June 14, 2022
<https://gallica.bnf.fr/ark:/12148/bpt6k5724418j/f918.item.r=visage>

Tonks, Henry, *Advanced Dressing Station in France*, (1918), Cat. No. Art.IWM ART 1922, Imperial War Museum, London. Accessed March 6, 2022.
<https://www.iwm.org.uk/collections/item/object/26420>

Tonks, Henry, annotated demonstration drawings, (c. 1908), LDUCS-2793 European Drawings Collection, UCL Art Museum, London. Accessed February 25, 2022.
<https://collections.ucl.ac.uk/Details/collect/20002108>

Tonks, Henry, *Charity Organisation Society*, date unknown, T11004, Prints and Drawings Room, Tate Britain, London.

Tonks, Henry, pastel portraits of facially injured soldiers, (1916-1918), RCSSC/P 569.1-569-71, Royal College of Surgeons of England Archives, London.

Tonks, Henry, pastel portraits of facially injured soldiers, (1916-1918), 2798, 2799, 2800, University College London Art Museum Archives, London.

Tonks, Henry, Private Fairweather, File No. 697, Box 12, Patient ID 678, Gillie's Archive, Royal College of Surgeons of England, London.

Tonks, Henry, *Saline Infusion: An Incident at the British Red Cross Hospital at Arc-en-Barrois*, (1915), Cat. No. Art.IWM ART 1918, Imperial War Museum, London.

Henry Tonks, Henry, *Saturday Night in the Vale*, (1928-9), NO4614 Tate Gallery Collection, London.

Tonks, Henry, *Spring Days*, (1928), Cat. No. NO4600, ©Tate Collection, London.

Henry Tonks, *Summer*, (1908), Cat. No. NO4565, Tate Collection, London.

Henry Tonks, *The Birdcage*, (1907), Ashmolean Museum, Oxford. Accessed March 6, 2022.
<https://collections.ashmolean.org/object/372807>

Henry Tonks, Henry, *Wounded Soldier with a Bandaged Head*, (1918), E.355-1937, Victoria and Albert Museum, London. Accessed March 6, 2022.
<https://collections.vam.ac.uk/item/O735039/drawing-tonks/>

Photographs

Agence ROL, Musée de Santé Militaire, 1924, Black and white photograph, Collection Bibliothèque Nationale de France, Paris. Accessed May 5, 2021.
<https://gallica.bnf.fr/ark:/12148/btv1b53139902t.r=musee%20de%20sante%20des%20armees?rk=85837;2>

Anon., Interior of Albéric Pont's Office in Lyon, 1914-1918, Black and white photograph, Ref. pont_gc_pdv_070, Collection BIU Santé, Paris. Accessed May 5, 2021.
https://www.biusante.parisdescartes.fr/histoire/images/index.php?refphot=pont_gc_pdv_070

Anon., Raphaël Freida, (c.1892), private collection. Reproduced in Jean Frapat, *Raphaël Freida 1877-1942*.

Anon., Robert Camis & Raphaël Freida, (28 June 193), private collection. Reproduced in Jean Frapat *Raphaël Freida 1877-1942*.

Anon, Unknown Serviceman, (1872), Charles Delalain photograph album from the 1870 war. Accessed June 27, 2022. https://archive.org/details/BIUSante_CISA1190/page/n9/mode/1up

Anon, Unknown Serviceman, (1872), Charles Delalain photograph album from the 1870 war. Accessed June 2, 2022.

https://archive.org/details/BIUSante_CISA1190/page/n10/mode/1up

Beresford, George Charles, Henry Tonks, (1902), NPG X6600, National Portrait Gallery, London.

Beresford, George Charles, Henry Tonks, (15 June 1922), NPG X6601, National Portrait Gallery, London.

Delalain, Charles, Album de vingt photographies sur papier albuminé, dont douze représentant des blessés de la guerre de 1870 avant et après restauration de la face, (1872), Ref. CISA1190, BIU Santé. Accessed June 27, 2022.

https://archive.org/details/BIUSante_CISA1190/page/n12/mode/thumb

Norman, Albert, Album of photographs of plastic surgery cases at the King George Military Hospital, (later Red Cross Hospital), Stamford Street, London, (1916-1918), Ref. RAMC/760/2, Wellcome Collection. Accessed April 30, 2021.

<https://wellcomecollection.org/works/m5kgewzg/items>

Masticator, Paris, 1870-1890, Wellcome Collection. Accessed November 9, 2021.

<https://wellcomecollection.org/works/kbwvct3j>

Pont, Albéric, Album de photographies de Gueules Cassées I, 1914-1920, Cote : pont_gc_album_01. Bibliothèque Interuniversitaire de Santé, Paris. Accessed multiple times.

https://www.biusante.parisdescartes.fr/histoire/medica/resultats/index.php?do=chapitre&cote=pont_gc_album_01

Pont, Albéric, Album de photographies de Gueules Cassées II, 1914-1920, Cote : pont_gc_album_02. Bibliothèque Interuniversitaire de Santé, Paris. Accessed multiple times.

https://www.biusante.parisdescartes.fr/histoire/medica/resultats/index.php?do=chapitre&cote=pont_gc_album_02

Films

Chambre Syndicale Française de la Cinématographie, *Service de Prothèse maxillo-faciale du Docteur Pont à Lyon*, (1916) short film, 00.00.00-00.07.41. Ref. SCA/ECPAD/Defense/18.18 A910. Établissement de Communication et de Production Audiovisuelle de la Défense, Paris.

Secondary Sources

Alexander, Caroline, "Faces of War," *Smithsonian Magazine*, 37:11 (2007), Accessed August 27, 2021. <https://www.smithsonianmag.com/arts-culture/faces-of-war-145799854/>

Alberti, Samuel. J. M. M. (Ed.), *War, Art and Surgery: The Work of Henry Tonks and Julia Midgley*, London, The Royal College of Surgeons of England, 2014.

Alvey Carter, J., and Morris, Drew. M., 'Knowledge and the Perceived Value of Paintings: The Role of Time, Presences and the Contagion Effect on Art Valuation' in *Psychology of Aesthetics, Creativity and the Arts* (January 20, 2022), 9. Accessed August 13, 2022. <http://dx.doi.org/10.1037/aca0000464>

Amiel, Michel, and Piotrovich-D'Orlik, Serguei, (Eds) *Rayons X : Une Autre Image de la Grande Guerre*, Lyon, Éditions Libel, Lyon, 2017.

Anon., *Aftermath Guide Book*, London, Tate Britain, 2018.

Anon, Statement, Mark Gilbert, 1999. Accessed August 15, 2022. <http://www.markgilbert.co.uk/index.php?/project/saving-faces/>

Audoin-Rouzeau, Stéphane, and Becker, Jean-Jacques (Eds) *Encyclopédie de la Grande Guerre*, Paris, Bayard, 2013.

Badsey, Stephen, *The Franco-Prussian War 1870-1871*, Oxford, Osprey Publishing, 2003.

Bamji, Andrew, *Faces from the Front: Harold Gillies, The Queen's Hospital, Sidcup and the Origins of Modern Plastic Surgery*, Solihull, Helion and Company Ltd., 2017.

Baridon, Laurent and Guédron, Martial, *L'art et l'histoire de la Caricature*, Paris, Éditions Citadelles & Mazenod, 2015.

Barnett, Richard, 'Syphilis' in *The Lancet* 391 (2018): 1471. Accessed June 27, 2022. [https://doi-org.proxy.bnl.lu/10.1016/S0140-6736\(18\)30833-X](https://doi-org.proxy.bnl.lu/10.1016/S0140-6736(18)30833-X)

Barnett, Richard, *The Sick Rose, or: Disease and the Art of Medical Illustration*, London, Thames and Hudson, 2014.

Bassie, Ashley, 'What is Expressionism' in *Expressionism*, (New York, Parkstone Press, 2008). Accessed February 21, 2022. <https://ebookcentral.proquest.com/lib/unilu-ebooks/reader.action?docID=886906&ppg=8>

Bate, Jason, 'Facilitating Changes: photography as a link between dentistry and surgery in the First World War' in *History and Technology* 32:1 (2016): 91-103. Accessed April 12, 2021. <https://doi-org.proxy.bnl.lu/10.1080/07341512.2016.1190556>

Bennett, John P., 'Henry Tonks and his Contemporaries' in *British Journal of Plastic Surgery* 39 (1986): 1-34.

Berkowitz, Carin, 'The Beauty of Anatomy: Visual Displays and Surgical Education in Early-Nineteenth-Century London' in *Bulletin of the History of Medicine* 85 (2011): 248-278. Accessed June 6, 2022. <https://www.jstor.org/stable/44451985>

Berns, Roy S., 'Designing White-Light LED Lighting for the Display of Art: A Feasibility Study', in *Color Research and Application* 36 (2010): 324-334. Accessed August 20, 2022. <https://doi-org.proxy.bnl.lu/10.1002/col.20633>

Biernoff, Suzannah, 'Medical Archives and Digital Culture' in *Photographies* 5 (2012): 179-202. Accessed August 21, 2022. <https://doi.org/10.1080/17540763.2012.702680>

Biernoff, Suzannah, *Portraits of Violence: War and the Aesthetics of Disfigurement*, Ann Arbor, University of Michigan Press, 2017.

Biernoff, Suzannah, "The Rhetoric of Disfigurement in First World War Britain," *Social History of Medicine* 24 (2011): 666-685.

Blanchard, Lyse, presentation sheet accompanying *Cicatrices de Guerre*, Péronne, Musée Alfred Danicourt, 2021.

Bouchet, Renaud, 'René Apallec « chirurgien plasticien sur papier »' in *Annales de Bretagne et de Pays de l'Ouest* 123 (2016) : 200-205.

Bourke, Joanna, *Dismembering the Male: Men's Bodies, Britain and the Great War*, London, Reaktion Books Ltd., 1996.

Boyle, Eilis H. L., 'An uglier duckling than before': Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War' in *ALTER, European Journal of Disability Research* 13, (2019): 308-322. Accessed December 16, 2019. <https://doi-org.proxy.bnl.lu/10.1016/j.alter.2019.08.003>

Brehamet, Raymond Noel, and Roubaud, Noëlle, *Le Colonel Picot et Les Gueules Cassées*, Rennes, Nouvelle Éditions Latines, 1960.

Brennan, P. A., Schliephake, H., Ghali, G.E., (Eds.), *Maxillofacial Surgery Volume I*, St Louis, Elsevier, 2017.

Brown, Michael, 'Wounds and Wonder: Emotion, Imagination and War in the Cultures of Romantic Surgery' in *Journal for Eighteenth-Century Studies* 43 (2020): 239-259. Accessed June 13, 2022. <https://doi-org.proxy.bnl.lu/10.1111/1754-0208.12684>

Brunton, Deborah (Ed.), *Medicine Transformed: Health, Disease and Society in Europe 1800-1930*, Manchester, Manchester University Press, 2004.

Butler, Judith, *Frames of War. When is Life Grievable?* London, Verso, 2010.

Butterworth, Jody, Pearson, Andrew, Sutherland, Patrick and Farquar, Adam, (Eds.) *Remote Capture: Digitising Documentary Heritage in Challenging Locations*, (2018), 19. Accessed August 21, 2022. <https://doi.org/10.11647/OBP.0138>

Cecil, Hugh and Liddle, Peter, (Eds) *Facing Armageddon: The First World War Experienced*, Barnsley, Pen & Sword Books, 1996.

Chambers, Emma, 'Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits,' *Art History* 32 (2009): 579-607.

Chambers, Emma, *Henry Tonks: Art and Surgery*, London, The College Art Collections, 2002.

Ciocca, Leonardo, and Socci, Roberto "Oculo-facial rehabilitation after facial cancer removal: Updated CAD/CAM procedures. A Pilot Study." *Prosthetics and Orthotics International* 38 (2014): 505-509. Accessed December 4, 2021. [https://doi-org.proxy.bnl.lu/10.1177%2F0309364613512368](https://doi.org.proxy.bnl.lu/10.1177%2F0309364613512368)

Clarke, Christopher, March 21, 2020 (08:30 a.m.) comment on William Tonks and Sons, "William Tonks and Sons connection to Campaign Furniture," *Christopher Clarke Antiques Blog*, Last updated, March 21, 2020, <http://antiquecampaignfurniture.blogspot.com/2020/03/williams-tonks-sons-connection-to.html>

Cock, Emily, and Skinner, Patricia, (Eds.) *Approaching Facial Difference: Past and Present*, London, Bloomsbury Academic, 2018.

Cohen, Deborah, *The War Come Home: Disabled Veterans in Britain and Germany 1914-1939*, Berkeley, University of California Press, 2001.

Concise Oxford English Dictionary, Oxford, Oxford University Press, 2009.

Cooke, Robin A., 'A moulage museum is not just a museum' in *Virchow's Arch*: 457 (2010): 513-520. Accessed June 10, 2022, <https://link-springer-com.proxy.bnl.lu/article/10.1007/s00428-010-0983-8>

Crouthamel, Jason. and Leese, Peter. (Eds.), *Psychological Trauma and the Legacies of the First World War*, Bern, Palgrave Macmillan, 2017.

Crumplin M.K.H. and P.H. Starling, P.H., *A Surgical Artist at War: The Paintings and Sketches of Sir Charles Bell 1809-1815*, Edinburgh, Royal College of Surgeons of Edinburgh, 2005.

Csoka, Steven, *Pastel Painting*, New York, Reinhold Publishing, 1963.

Cullen, Lynsey T., 'The First Lady Almoner: The Appointment, Position, and Findings of Miss Mary Stewart at the Royal Free Hospital, 1895-99' in *Journal of the History of Medicine and Allied Sciences* 68 (2013): 551-582. Accessed June 5, 2022. <https://www.jstor.org/stable/24672131>

Cutting, James E., *Impressionism and Its Canon*, Lanham, University Press of America, 2006.

Daston, Lorraine and Galison, Peter, 'The Image of Objectivity' in *Representations* 40 (1992): 81-128.

Daston, Lorraine (Ed.), *Things that Talk*, New York, Zone Books, 2004.

Delalande, Nicolas, "Giving and Gambling. The Gueules Cassées, the National Lottery, and the Moral Economy of the Welfare State in 1930s France," *French Historical Studies* 40 (2017): 623-648.

Delaporte, Sophie, *Gueules Cassées: Les blessés de la face de la Grande Guerre*, Paris, Éditions France Loisirs, 1996.

Delaporte, Sophie, *Visages de Guerre : Les gueules cassées, de la guerre de Sécession à nos jours*, Paris, Belin, 2017.

Doria, Corinne, 'How to face a sanitarian emergency. French ophthalmologists and the Great War' in *First World War Studies* 9 (2018):19-34.

Downing, Taylor, *Breakdown: The Crisis of Shell Shock on the Somme, 1916*, London, Little, Brown, 2016.

Doyle, Susan, Grove, Jaleen, and Sherman, Whitney, (Eds.), *The History of Illustration*, London/New York, Fairchild Books, 2018.

Drucker, Joanna, 'Is there a "Digital" Art History' in *Visual Resources* 29 (2013): 5-13. Accessed August 17, 2022. <https://doi-org.proxy.bnl.lu/10.1080/01973762.2013.761106>

Yves Evrard and Anne Krebs, 'The authenticity of the museum experience in the digital age: the case of the Louvre' in *Journal of Cultural Economics* 42 (2018): 353-363. Accessed September 20, 2022. <https://doi.org/10.1007/s10824-017-9309-x>

Efland, Arthur D., *A History of Art Education*, New York, Teachers College Press, 1990.

Ellmer, Samuel, 'The 'Nameless Exhibition', 1921' in *Burlington Magazine* 153 (2011): 583-590.

Ewing, Fayette C. 'Some Thoughts on the History of Medical Art' in *Bulletin of the Medical Library Association* 20 (1931): 10-13.

Feo, Katherine, "Invisibility: Memory, Masks and Masculinities in the Great War," *Journal of Design History* 30:1 (2007): 17-27.

Fischer, L-P., Méroc, N., Frapat, J., Chauvin, F., & Rousset, C., 'Les gueules cassées représentées par de grands peintres (O. Dix- G. Grosz- R. Freida) : La défiguration en histoire de l'art' in *Histoire des Sciences Médicales*, Tome XLI - No. 4 (2007) :337-346.

Fogarty, Richard S., *Race and War in France: Colonial Subjects in the French Army, 1914-1918*, Baltimore, Johns Hopkins University Press, 2008.

Fox, James, *British Art and the First World War 1914-1924*, Cambridge, Cambridge University Press, 2015.

Frapat, Jean, 'Freida l'exclu 1877-1942' in *Nouvelle de l'Estampe*, 146, (1996) : 3-17.

- Frapat, Jean, *Raphaël Freida 1877-1942*, Paris, unpublished biography, 1990.
- Freeman, Damian., *Art's Emotions : Ethics, Expression and Aesthetic Experience*, 3. Abingdon : Routledge, 2012.
- Freeman, Julian., 'Aftermath: art in the wake of World War One', in *The British Art Journal* 19 (2018): 97. Accessed August 23, 2022. <https://www.jstor.org/stable/10.2307/48584661>
- Freeman, Julian., 'Professor Tonks: War Artist', in *Burlington Magazine* 127 (1985): 284-291 +293. Accessed September 30, 2022, <https://www.jstor.org/stable/882066>
- Fumex, Jean-Pierre, « Le Docteur Albéric Pont : Sa vie – Son œuvre » PhD Diss., Université Claude-Bernard, Lyon, 1971.
- Gaut, Berys, *Art, Emotions and Ethics*, Oxford, Oxford University Press, 2007.
- Garnier, Claire., and le Bon, Laurent., (Eds), *1917 : Catalogue de l'Exposition*, Metz, Centre Pompidou Metz, 2012.
- Geddes, Duncan, January 5 2015, review of *War, Art and Surgery: The Work of Henry Tonks and Julia Midgley, The Polyphony: Conversations across the Medical Humanities*, January 5 2015. Accessed August 10, 2022, <https://thepolyphony.org/2016/01/05/11100-2/>
- Gehrhardt, Marjorie, *The Men with Broken Faces: Gueules Cassées of the First World War*, Bern, Peter Lang, 2015.
- Gehrhardt, Marjorie, and Steele, Suzanne, 'Frederick Coates: First World War 'facial architect' in *Journal of War and Culture Studies* 10 (2017), 7-24. Accessed September 30, 2022, <https://doi-org.proxy.bnl.lu/10.1080/17526272.2016.1238564>
- Gilbert, Mark, 'Practicing Regard in Clinical Portraiture' in *AMA Journal of Ethics* 22:3 (2020): 472. Accessed August 15, 2022. https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2020-05/cscm1-2006_0.pdf
- Gorin, Valérie 'De la Grande Guerre à la guerre d'Irak : photographies de soldats mutilés, entre corps abandonné et réhabilitation'' in *European Journal of Disability Research* (4, 2010) : 3-17. Accessed April 7, 2021. <https://doi-org.proxy.bnl.lu/10.1016/j.alter.2009.11.001>
- Graham Dixon, Andrew, December 21, 2008, comment on 'War and Medicine' exhibition at the Wellcome Collection. Accessed August 4, 2022. <https://www.andrewgrahamdixon.com/archive/war-and-medicine-at-the-wellcome-collection.html>
- Grønstad, Asbjørn, and Gustafsson, Henrik, *Ethics and Images of Pain*, London, Routledge, 2012.
- Guyatt, Mary, 'Better Legs. Artificial Limbs for British Veterans of the First World War', *Journal of Design History* 14:4 (2001): 307-325.
- Hartley, Paddy, 'Change Me' in *History Today* 58: (2008): 70-1.

- Helmets, Marguerite, 'Iconic Images of Wounded Soldiers by Henry Tonks' in *Journal of War and Culture Studies* 3 (2010): 182. Accessed October 1, 2022. https://doi-org.proxy.bnl.lu/10.1386/jwcs.3.2.181_1
- Heys, Steven and Scotland, Thomas, *War Surgery 1914-1918*, Solihull, Helion & Company, 2012.
- Hodge, A. N., *The History of Art*, New York, Rosen Publishing, 2017.
- Holman, Hannah, (Ed.), *The Trench Cookbook 1917*, Stroud, Amberley Publishing, 2016.
- Hudson, Sarah, 'Aftermath: Art in the Wake of World War One: An Exhibitions Review', in *The RUSI Journal*, 163:4, (2018):104. Accessed August 8, 2022. <https://doi-org.proxy.bnl.lu/10.1080/03071847.2018.1529908>
- Hussey, Kirsten D., "British Dental Surgery and the First World War: the treatment of facial and jaw injuries from the battlefield to the home front," *British Dental Journal* 217 (2014): 597-600.
- Jones, Jonathan, 'The Great War in Portraits review: 'They were people, not statistics,' *The Guardian*, February 25, 2014.
- Jones, Kimberley, *Jean-Paul Laurens 1838-1921*. Translated by Nicolas Ballier and Florence Cabaret, Paris, Éditions de la Réunion et musées nationaux, 1997.
- Jordanova, Ludmilla, *Defining Features*, London, Reaktion Books Ltd, 2000.
- Kassell, Lauren, 'Casebooks in Early Modern England' in *Bulletin of the History of Medicine* 88 (2014): 595-625. Accessed June 14, 2022, <https://www.jstor.org/stable/10.2307/26308958>
- Lalanne-Berdoutique, Aude-Marie, "Aptitude militaire et sélection médicale des recrues. France-Angleterre années 1900-1918" PhD Diss., Université Paris Nanterre, 2020.
- Jörg Lehmann, Jörg., 'Civilisation versus Barbarism: The Franco-Prussian War in French History Textbooks 1875-1895' in *Journal of Educational Media, Memory and Society* 7:1 (2015): 51-65. Accessed February 20, 2022. <https://www.jstor.org/stable/44320040>
- Lennard, Debra, 'Censored Flesh: The wounded body as unrepresentable in the art of the First World War' in *The British Art Journal*, 12: (2011), 22-33. Accessed August 5, 2022. <https://www.jstor.org/stable/41585318>
- Leslie, K.S., Millington, G.W.M. and Levell, N. J., 'Sulphur and Skin: From Satan to Saddam' in *Journal of Cosmetic Dermatology* 3 (2004): 94-98. Accessed June 14 2022, <https://web-s-ebshost-com.proxy.bnl.lu/ehost/pdfviewer/pdfviewer?vid=0&sid=c17b179e-94b2-458b-9d8c-af0b7fc22394%40redis>
- Lubbock, Tom, 'Doing Damage' in *Modern Painters* 12 (1999): 58-61.

Luneau, Jean-François, *Félix Gaudin: Peintre, verrier et mosaïste 1852-1930*, Clermont-Ferrand, Presse Universitaires Blaise Pascal, 2006.

Manioudaki, Anastasia, 'Vincent Van Gogh Copying Other Artists' in *Daily Art Magazine* May 27 2020. Accessed November 27, 2022. <https://www.dailyartmagazine.com/van-gogh-copy/>

Mazaleigue-Labaste, Julie, 'Between Care and Innovation. Albéric Pont and the Gueules Cassées: Medical and Surgical Innovations, or Not' in *Journal of War & Culture Studies* 10, (2017): 25-42. Accessed November 28, 2021. <https://doi-org.proxy.bnl.lu/10.1080/17526272.2016.1241527>

McConkey, Kenneth, *The New English: A History of the New English Art Club*, London, Royal Academy of Arts, 2006.

Meikle, Murray C., *Reconstructing Faces: The Art and Wartime Surgery of Gillies, Pickerill, McIndoe and Mowlem*, Otago, Otago University Press, 2013.

Méroc, Nicolas, *Les gueules cassées d' Albéric Pont et Raphaël Freida, Thèse de Médecine*, Lyon-I, 2006.

Mitchell, T.J., *History of the Great War: Medical Services*, Uckfield, The Naval and Military Press Ltd., 2010.

Monestier, Martin, *Les Gueules Cassées* Paris, Cherche Midi, 2009.

Moriarty, Catherine, "The Material Culture of Great War Remembrance," *The Journal of Contemporary History*, 34:4 (1999): 653-662. Accessed September 26, 2022. <https://www.jstor.org/stable/261257>

Morse, Christopher, Lallemand, Carine, Koenig, Vincent and Wieneker, Lars, 'Virtual Masterpieces: Innovation through Public Co-creation for Digital Museum Collections' in *The International Journal of the Inclusive Museum* 15 (2021): 65-83.

Nance, Brian, *Turquet de Mayerne as Baroque Phisician: The Art of Medical Portraiture*, New York, Rodopi, 2001.

Oeslick, Anne-Laure, "L'exposition 1917 au Centre Pompidou Metz," *Tout-Metz Actualité Régionale et Agenda*, May 24, 2012. Accessed August 8, 2022 <https://tout-metz.com/exposition-1917-centre-pompidou-metz-2012-744.php>

Paillard, Philippe and Rousset, Chantal, *Opérations Gueules Cassées*, Lyon, Musée des Hospices Civils de Lyon, 2004.

Palfreyman, Harriet, "Visualising Venereal Disease in London c. 1780-1860." PhD diss., University of Warwick, 2012.

Pessa, Joel E., and Rohrich, Rod J., *Facial Topography: Clinical Anatomy of the Face*, Boca Ratan FL., CRC Press Ltd., 2012. Accessed September 4, 2021. <https://ebookcentral.proquest.com/lib/unilu-ebooks/reader.action?docID=1665615&ppg=8>

Petty, Richard, *Plastic Surgery and its Origins: The Life and Work of Sir Harold Gillies 1882-1960*, London, Richard Petty, 2013.

Pichel, Beatriz, 'Les Gueules Cassées. Photography and the Making of Disfigurement' in *Journal of War & Culture Studies*, 10:1 (2017): 82-99. Accessed April 15, 2021. <https://doi-org.proxy.bnl.lu/10.1080/17526272.2016.1257263>

Pierce, Kathleen, 'Photograph as Skin, Skin as wax: Indexicality and the Visualisation of Syphilis in Fin-de-Siècle France' in *Medical History* 64 (2020): 116-141. Accessed June 6, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6945213/pdf/S0025727319000796a.pdf>

Porter, Roy, *The Greatest Benefit to Mankind*, London, Harper Collins, 1997.

Prévost, Pierre, *Raphaël Freida Collection Monsieur F*****, Paris, Librairie Pierre Prévost, 2015.

Prodger, Michael, 'Old Gods, New Monsters' in *The New Statesman* 145 (2016): 40-43.

Reinartz, Jonathan and Siena, Kevin (Eds.), *A Medical History of Skin: Scratching the Surface*, London, Pickering & Chatto, 2013.

Reyes, Liz, 'War, Art and Surgery', in *The British Art Journal* 15: 3, (2015): 126-7. Accessed August 10, 2022. <https://www.jstor.org/stable/43490987>

Riaud, Xavier, *Pionniers de la chirurgie maxillo-faciale (1914-1918)*, Paris, L'Harmattan, 2010.

Ricci, Clarissa, 'La Biennale di Venezia 1993-2003. L'esposizione come piattaforma.' PhD diss., Università Ca'Foscari, Venice, 2012-13.

Roberts, James Martin, *Europe 1880-1945*, Third Edition, Harlow, Pearson, 2001.

Robichon, François, « Les blessés de la Grande Guerre, ou la transfiguration de l'horreur dans l'art français », *Transylvanian Review* XXVII (2018) : 89-99.

Rumsey, Nicola, and Harcourt, Diane, "Body image and disfigurement: issues and interventions," *Body Image* 1 (2003): 83-97.

Saunders, Nicholas J., (Ed), *Matters of Conflict: Material Culture, Memory and the First World War*, Abingdon, Routledge, 2004.

Sedovsky, Lauren, preview: Venice Biennale 1995, interview with Jean Clair for *ArtForum*, Accessed August 6, 2022. <https://www.artforum.com/print/199504/lauren-sedovsky-talks-with-jean-clair-33990>

Shastri-Hurst, Neil, "Sir Harold Gillies, CBE, FRCS: The Father of Modern Plastic Surgery," *Trauma* 14 2 (2011): 179-187. Accessed February 28, 2022. <https://doiorg.proxy.bnl.lu/10.1177%2F1460408611428115>

Sontag, Susan, *Regarding the Pain of Others*, London, Penguin Books, 2003.

Stansfield, Jois, 'Giving Voice: An oral history of speech and language therapy.' *International Journal of Speech and Communication Disorders* 55:3, (May/June 2020) 320-331.

te Hennepe, Mienneke, 'Private portraits or suffering on stage : curating clinical photographic collections in the museum context' in *Science Museum Group Journal* 5 (2016). Accessed August 22, 2022. <http://dx.doi.org/10.15180/160503>

Thomas, Anabel, *Illustrated Dictionary of Narrative Painting*, London, John Murray, 1994.

Tilles, Gérard, *Dermatologie des XIX et XX siècles. Mutation et controverses*, Paris, Springer, 2011.

Tipper, Josephine, 'Reconstructing men from the operating table to the gallery: A study on the shifting context of Henry Tonks' pastel portraits of wounded soldiers', Masters diss., University of Edinburgh, 2016.

The Chambers Dictionary, 13th Edition, London, Chambers Harrap, 2014.

Weaver , John and Wright, David (Eds.) *Histories of Suicide: International Perspectives on Self-destruction in the Modern World*, Toronto, University of Toronto Press, 2018.

Wieneke, Lars, and Zaagsma, Gerben, 'Digital Resources and Tools in Historical Research', paper presented at the conference *Picture Archives and the Emergence of Visual History of Education*, BBF, Berlin, August 28, 2018.

Wildgoose, Jane, 'A Surgeon's Art', in *The Lancet*, 360: (2002): 1993. Accessed September 30, 2022. [https://doi-org.proxy.bnl.lu/10.1016/S0140-6736\(02\)11926-X](https://doi-org.proxy.bnl.lu/10.1016/S0140-6736(02)11926-X)

Winter, Jay, (Ed.), *The Cambridge History of the First World War*, Vols. I, II and III, Cambridge, Cambridge University Press, 2014.

Winter, Jay, and Prost, Antoine, *The Great War in History. Debates and Controversies, 1914 to the Present*, Cambridge, Cambridge University Press, 2005.

Webster's New Collegiate Dictionary, Springfield, G & C Merriman & Co., 1981.

Woodall, Joanna, *Portraiture: Facing the Subject*, Manchester, Manchester University Press, 1997.

Recordings and Interviews

Claire Garnier, interview with BFM Alsace, 0m.52s/7m.07s. Accessed August 8, 2022. <https://www.youtube.com/watch?v=2N7VW4Dd1U0>

Paul Moorhouse, 'The Valiant and the Damned', NPG London, (2014). Accessed August 10, 2022. <https://soundcloud.com/npglondon/the-valiant-and-the-damned?in=npglondon/sets/the-great-war-in-portraits>

Reed, Paul, “Walking the Somme : Ancre Valley” *The Old Front Line*, April 2021, 46m.06s-49m-10s. Accessed August 28, 2021. <https://podcasts.apple.com/gb/podcast/walking-the-somme-ancre-valley/id1505204931?i=1000519609484>