

Henry Tonks and the true face of war

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Abstract. Wounded faces, deformed, sewn up, assembled. This is the most visible legacy and at the same time the one that no one wants to see of every conflict. Reconstructive plastic surgery was born one hundred years ago during the First World War. Millions of people died, but millions more were severely injured. The trenches of World War I protected the bodies from shrapnel, but not faces. Thus was born the need to reconstruct faces using other parts of the body. Surgeon D. Gillies applied his knowledge of reconstructive surgery in a creative and innovative way to treat severely mutilating facial injuries. Alongside him, the painter and physician Henry Tonks was tasked with making pastel drawings of the facial injuries of wounded soldiers before and after surgery. Through this collaboration with Gillies, Tonks produced a series of portraits of facial injuries that remains unsurpassed to this day for emotional impact, scientific interest, and subtlety of representation.

Key words: gueules cassées, Henry Tonks, war, facial injuries, plastic surgery

Reconstructive plastic surgery was born one hundred years ago during the First World War. The introduction of new weapons during the global conflict caused the appearance of an almost unprecedented type of wounded: the *gueules cassées*, or disfigured faces.

The trenches and helmets of World War I protected bodies from shrapnel, but not faces; thus, field hospitals began to receive large numbers of soldiers who survived artillery fire, but at the price of being horribly disfigured in the face for life (1). It was a type of disability that the press rarely talked about, preferring the more iconic and patriotic image of the amputee veteran, but the numbers speak for themselves: 41,000 amputations were carried out in the British ranks alone, compared to 60,500 men who suffered injuries to the head or eyes. In short, one was more likely to be faceless than legless.

Physicians were unprepared to deal with such human devastation. Until then, facial plastic surgery had been practiced with little attention to the aesthetic side. These injuries were not properly cared for and the remaining pieces of skin were simply sutured to-

gether. In this way, when the scar was settled, the flesh would stiffen and cause horrible grimaces. In addition, the shapes taken on by the skin caused multiple issues related to vision and breathing. The stitched-up faces, often left with parts missing, were the painfully living proof of surgeons' limited capabilities. On every front, procedures to reconstruct the faces of combatants began to be tried (1).

In January 1916 at the Cambridge Military Hospital in Aldershot (England), the New Zealand surgeon Harold Gillies, considered the father of modern plastic surgery, met the physician Henry Tonks, who was serving as a temporary lieutenant in the Royal Army Medical Corps (2). Henry Tonks was both a physician and an artist and was selected to be part of the pioneering plastic surgery team led by Gillies. His role was to make pastel drawings of the facial injuries of wounded soldiers before and after surgery.

Drawing portraits might have seemed superfluous since photographs of the disfigured soldiers were already being taken, but both the doctors were convinced that the objective coldness of film could be mis-

leading compared to the tactile and expressive qualities of a painting. They produced a series of portraits of facial wounds that remain unsurpassed to this day for emotional impact, scientific interest, and subtlety of representation. These paintings had a didactic intent, and the author himself did not wish them to be made available to the public. Although, these works encapsulate a complexity that goes far beyond the function of medical illustrations, disturbing the conventions of both medical illustration and portraiture (3).

Today, alongside the archive photographs of patients at Cambridge Hospital in Aldershot and Queen Mary's Hospital in Sidcup, Tonks' portraits are still present. Comparing the drawings with the photographs, what emerges is the abstraction operated by the artist, aimed at removing any hint of suffering or interiority of the subject. These works are accurate, detached and at the same time profoundly human, whose center is the open wound, rendered with almost tactile precision in the stratification of color, a consequence of the artist's surgical training. Tonks gave his subjects a beauty, a delicacy, and a tenderness that no photograph could have immortalized, departing from the classic medical illustration without shying away from the horror they were meant to represent; the face became an emblem of the cruelty that man inflicts on himself (3).

Despite the technologies developed to protect the body of soldiers in battle, the face still remains one of the most exposed and complicated parts to protect (4).

One hundred years after those first attempts, to which contemporary plastic surgery owes so much, those wounds, which are normally "hidden" and about which very little is said with respect to any conflict, remain the true face of war.

References

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