

A charcoal drawing of a man's face, rendered in shades of grey and black. The drawing is partially obscured by large, bold, red text. The text is arranged in four lines: 'A' at the top, 'SHA' in the second line, 'TTTE' in the third line, and 'RED' in the fourth line. The word 'BODY' is written in a smaller, bold, red font at the bottom. The overall composition is centered and has a high-contrast, graphic quality.

A
SHA
TTTE
RED
BODY

A SHATTERED BODY

On the representation of wounded and disabled bodies of soldiers and veterans in the period of the First World War in artworks by Henry Tonks, Christopher Nevinson, Otto Dix and Georg Grosz

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Words: 21.179

Cover: Henry Tonks, *Portrait of a wounded soldier before treatment*, 1916-17, measurements unknown, pastel, Tonks Collection.
Photograph: Gillies Archives <<http://gilliesarchives.org.uk>> (9 July 2015).

Table of contents

Preface	3
Abstract	4
1. Introduction	5
1.1 Historiography: The body in the First World War	6
1.2. Main and sub questions	9
1.3. Methodology	9
1.3.1. Art history	10
1.3.2. Disability studies	10
1.3.3. Material culture studies	11
1.3.4. Sources: archives, artists and artworks	12
1.4. Theory	12
1.5. Relevance	15
2. History of the Different Body	16
2.1. Muscular Christianity	16
2.2. Anthropometry and eugenics	18
2.3. Disability, disease and mental illness before the First World War	20
2.4. Freak shows	22
2.5. Summary	23
3. The Body and the First World War	25
3.1. Trench-warfare and the development of modern weapons	25
3.1.1. Trenches	25
3.1.2. Complicating weapons: airplanes and infantry weapons	26
3.1.3. New weapons: machine guns and chemical warfare	26
3.2. Wounding in the First World War	27
3.2.1. Diseases	27
3.2.2. Amputations	27
3.2.3. Facial injuries	28
3.2.4. Shell shock	29
3.3. Normalising the wounded body	29
3.3.1. Masks	30
3.3.2. Prosthetics	30

3.4. Summary	32
4. The Representation of Wounded and Disabled Soldiers and Veterans in Art	34
4.1. The avant-garde	34
4.2. Henry Tonks	35
4.2.1. Practice and material	36
4.2.2. The medical gaze and plastic surgery	37
4.3. Christopher Nevinson	39
4.4. Otto Dix	40
4.5. Georg Grosz	43
4.6. Summary	44
5. Conclusion	47
5.1. Results	47
5.2. Reflection	49
Bibliography	51
List of Images	56

Preface

Visiting Ypres is etched into my memory, I became fascinated with the First World War and the lives and deaths of thousands of young men. The lines of the famous poem 'In Flanders Fields' by John Mcrae kept singing through my mind during my education; I knew that someday I had to do something with this topic. Before I knew, the beginning of the end was there; my thesis. I seized the opportunity and chose to combine my two favourite subjects; art and war. People look at me with slanted eyes when I tell them I love writing, that I am totally comfortable being hidden in a fortress of books for several months, but it is true. I hope you enjoy reading this thesis as much as I liked writing it. I would like to thank dr. Willemijn Ruberg for her enthusiastic help, corrections and suggestions.

Abstract

This research provides information about the representation of wounded and disabled bodies of soldiers and veterans in the period of the First World War in artworks by Henry Tonks, Christopher Nevinson, Otto Dix and Georg Grosz. The different body as it was perceived in pre-war society is analysed. The strong belief in the connection between the mind and physical appearance and in the malleable body becomes clear and the effects of the First World War on the body are disclosed. By relating technological progress to the invention of modern and complicating weapons, I argue that the male body was intended to be harmed and to harm. Looking at the origins of plastic surgery as a medical expertise, it appears the idea of a repairable body, that could be normalised, was key. In the final chapter artworks by the above mentioned artists are analysed. An art historical methodology is combined with concepts from the field of disability studies. By looking closer into the discourse of disability and societal and institutional power, I state that this discourse regarding disabled and wounded soldiers and veterans is prominent in the discussed artworks and the style in which they were made. The big difference in the depiction of the war-wounded body between artists from Germany and Great Britain surfaces in the conclusion. Germans Otto Dix and Georg Grosz both make use of a graphic style, harsh lines and an explicit depiction of wounding and disability, while Christopher Nevinson and Henry Tonks contribute to the idea of the repairable body, using influences from cubism and softer materials such as pastel.

1. Introduction

The impact of the First World War on the human body was enormous. Men were killed, maimed, became disabled or died of disease or wound infection. The physical effects warfare had on the human body were reflected by society and manifested themselves through visual culture. Power relations shifted, technology improved and the mutilation of thousands of men resulted in the changed face of a generation.

An artwork representing the effects of the First World War on the male body is *Rock Drill* (1913-1915) by Jacob Epstein (fig. 1). This artwork consists of a plaster sculpture that was placed on an actual rock drill. Initially, the art piece was meant to send a positive message concerning technological progress, modernity and men's control over machines in a literal way since the plaster figure rises above the drill.¹ However, once the First World War started and its effects became visible in society, Epstein changed *Rock Drill* and its meaning completely. He dismantled the original sculpture by removing the drill and truncating the figures' limbs. The figure was left with one and a half arm and with no legs (fig. 2). It was now a representation of the effects the First World War had on the male body, men were shredded to pieces, by these new and promising machines.² The sculpture *Rock Drill* did not only reveal the effects the war had on the male body but it also illustrates the role of the arts in reflecting a predominant sentiment in society.

This thesis focusses on soldiers who suffered from injuries or disabilities caused by the First World War and the way these men were represented in art. Several works of art that depict wounded and disabled soldiers and veterans are considered. Prostheses and facial masks that were made and applied when physical damage was beyond repair are also discussed. What did it mean when a soldier lost his face or a limb? What were the consequences of returning to society as literally half a man? Questions like these also show that the body is inextricably linked to societal and medical discourse and power relations. Being wounded or disabled thus works on more levels than only on a physical one. The effects of the war on the body are also reflected in poetry, novels and movies, but I decided not to take those into account since this would result in a research that is too extensive for a thesis.

This research touches upon many different fields of study and topics such as the history of World War I, disability studies, art history and the history of the body. Bringing all those different fields of study together demonstrates that this assembly can provide new insights about the body in relation to wounding and disability in WWI. I focus on plastic surgery and other medical procedures. Artists (often with medical backgrounds) were employed by hospitals that were involved in the reconstruction of the face. Pastels and drawings that were previously seen as medical records and purely scientific, have only recently become seen as art. There is a thin line

¹ S. Malvern, *Modern Art, Britain and the Great War. Witnessing, testimony and remembrance* (New Haven 2004) 1.

² Malvern, *Modern Art, Britain and the Great War*, 2-4.

dividing art and science but this is in no way a problem. As shown by this research: art and science are not two worlds apart.

1.1. Historiography: The body in the First World War

During the cultural turn in the 1980s the experience of the First World War by the individual and especially how soldiers in the trenches experienced the war, became a topic of interest in academic research.³ This is of great importance to this research since a substantial part of the WWI-experience consisted out of being wounded, being treated, becoming disabled or seeing this happen to others. In this part of this thesis, I explain a set of publications all featuring interesting perspectives on the body of the soldier and the experience of the First World War.

The particular focus on experience in connection to research regarding the body at war is reflected in *Facing Armageddon. The First World War Experienced*.⁴ A very interesting part in this publication is *Medicine and Experience*. This subcategory provides a very lively image of the process of wounding and treatment on the battlefield and the diseases that were most common in the trenches. An essay in this category, written by historian Andrew Bamji, is titled: 'Facial Surgery: The Patient's Experience'.⁵ Bamji links war-wounding to the development and evolution of plastic surgery. Bamji used written primary sources to analyse the importance of plastic surgery, which was still in its infancy at the time the war started. He focusses on facial surgery and certain procedures that could play an important role in the lives of men who would otherwise remain faceless. Bamji's perspective is interesting because he combines the soldier's bodily experience to the medical world at the time. This perspective makes clear that being wounded, treated and plastic surgery are important topics that can be related to the experience of war.

One of the most important publications on the experience of wounding and masculinity during the First World War is written by Joanna Bourke. In *Dismembering the Male. Men's Bodies, Britain and the First World War*, Bourke argues that gender identities between men from different social classes proved to be more compatible during the First World War than initially assumed. Bourke states that the male body existed within a cultural and social frame of age, class, ethnicity and generation and that this frame was deconstructed by the devastating effects the war had on the male body.⁶ Bourke uses a hermeneutical method and discourse analysis when it comes to analysing primary sources such as diaries, letters, newspaper articles, advertisements and battle reports. Bourke further underpins her research with quantitative information regarding the amounts of fallen and wounded soldiers in order to categorise information about the most common and uncommon types of wounding and treatment in certain battles.

³ H. Cecil and P. Liddle (ed.), *Facing Armageddon. The First World War Experienced* (London 1988) 490-501.

⁴ Cecil and Liddle (ed.), *Facing Armageddon* (London 1988).

⁵ A. Bamji, 'Facial Surgery: The Patient's Experience', in: H. Cecil and P. Liddle (ed.), *Facing Armageddon. The First World War Experienced* (London 1988) 490-501.

⁶ J. Bourke, *Dismembering the Male. Men's Bodies, Britain and the Great War* (London 1996) 11.

An interesting starting point and probably a motivation for Bourke's research is that there was (and still is) a lot of attention for the notions of femininity in conjunction with masculinity during the First World War, but that there is not much known about the effects of the war on the male body solely. Bourke argues that there exists a lacuna regarding this subject, because of the great interest in military history. According to her, the study of the First World War has become an area reserved for specialists. On top of that, she states that the histories of men from humble descent are overshadowed by heroic stories and that we thus know little about the 'average soldier', despite the fact that they formed the majority.⁷ Bourke also focusses on masculinity in relation to the war. This perspective is relevant because being masculine was central to the mindset soldiers were expected to have, as argued by historian Robert Nye.⁸ He relates the soldier's body to the masculine domain of battle. Men had to be fit to fight in order to claim the right to possess the nation. These military and nationalist ideologies were inscribed on the body by the willingness to sacrifice it, or parts of it, in battle.⁹

The interesting perspective that masculinity and disability can be seen in conflict with each other is pointed out by historians Suttleworth, Wedgwood and Wilson.¹⁰ They state that masculinity is associated with autonomy, virility and strength and that disability is generally associated with being dependant and weak (on a physical and mental level).¹¹ According to them, being a man and suffering from disabilities makes it a struggle to embody masculinity in any way. They argue that matters get even more complicated when a man becomes impaired in the course of his life, as opposed to being born with a disability. When a masculine identity has already formed, a sudden disability can cause an identity crisis because men have to deal with a sudden physical change and they can no longer associate with their already developed masculinity. However, people who were born disabled were already categorised as 'abnormal' and thus developed their identity around this category.¹² This distinction is relevant because the soldiers of WWI became injured and disabled in a flash. It shows that disability, the categories of *normalcy* and abnormality and the way soldiers became disabled are all connected to masculinity.

Looking at an article from the Dutch women's history magazine *Historica* shows that there was not a singular masculine identity but that multiple masculine identities can be distinguished. The magazine devoted its 2014 edition to the First World War with a focus on medical treatment and gender. An interesting topic is the relation between the wounded soldier and the doctor. Fabian van Wesemael's article 'Artsen in de 'Grote Oorlog'. Een genderanalyse van de representatie van 'de arts' en het gewonde soldatenlichaam' is based on the question how doctors shaped their

⁷ Bourke, *Dismembering the Male*, 10-12.

⁸ R.A. Nye, 'Western Masculinities in War and Peace', *American Historical Review* 112 (2007) 417-438, 422.

⁹ Nye, 'Western Masculinities in War and Peace', 419.

¹⁰ R. Suttleworth, N. Wedgwood and J. Wilson, 'The Dilemma of Disabled Masculinity', *Men and Masculinities* 15 (2012) 174-194, 174-175.

¹¹ Suttleworth, Wedgwood and Wilson, 'The Dilemma of Disabled Masculinity', 174.

¹² *Ibidem*, 183-184.

masculinity in relation to the heroic and masculine soldier.¹³ Doctors did not take part in the actual battle and they were seen as 'unreal soldiers'. Van Wesemael uses a discourse analysis to research war writings of British, American and French doctors. He states that the predominant romantic discourse about the war directly shaped the image of the body. This discourse was also paramount when it came to the legitimisation of the body of the doctor. The doctor could either present him- or herself in a medical reductionist manner; in which the body was seen as something purely medical and sterile, or they could present themselves as distant and martial non-professionals, who were not particularly interested in the wounded soldier. Van Wesemael makes clear that this dichotomy illustrates the many different nuances there were to the 'practice' of masculinity within the field of medical expertise.¹⁴

Historian Robert Whalen shows that the male body in relation to WWI is not only an interesting topic to study from a medical perspective but also from a political and economic one. He researches the social, political and economic problems disabled and wounded war veterans in Germany had to cope with.¹⁵ Whalen makes extensive use of newspaper articles in order to map the changing attitudes in society regarding disabled veterans. By closely reading these articles against and along the grain and by applying an observant discourse analysis, Whalen pinpoints the struggles of the German state when it came to the unstable welfare system and providing (social) care and a pension system for disabled veterans.¹⁶ By focussing on the types of wounding, on the character of the battles fought and by describing the emergence of modern weaponry, Whalen connects the destructive effects the war had on the body to illustrate the political quest for a societal solution. This shows that the body of the soldier was not only subjected to different kinds of masculinity (within medical or military discourse) that were inscribed on it, but that the meaning of battle wounds, disability and masculinity changed within the context of politics and economics as well.

When it comes to the research that has been done regarding the body and the First World War from a social and cultural historical perspective, it shows that the war was inscribed on the body on multiple levels. With an emphasis on the experience of living through battle and becoming wounded or disabled in relation to masculinity, academic interest in the body at war results in opening new ways of studying the First World War, whether it is from a medical point of view like the one provided by Andrew Bamji, or with a strong focus on the masculine identity as described by Joanna Bourke and Fabian van Wesemael. Robert Whalen even shows that the body is directly connected (and to a great extent subjected) to economics and politics.

¹³ F. van Wesemael, 'Artsen in de 'Groote Oorlog'. Een Genderanalyse van 'de arts' en het gewonde soldatenlichaam', *Historica* 3 (2014) 10-15, 10.

¹⁴ Wesemael, 'Artsen in de 'Groote Oorlog'', 14.

¹⁵ R. Whalen, *Bitter Wounds. German Victims of the First World War, 1914-1939* (London 1984).

¹⁶ Whalen, *Bitter Wounds*, 131-141.

1.2. Main and sub questions

In the above mentioned research, it becomes clear that the bodily experience of the First World War is a popular topic in academic studies. However, art and disability are not often combined to find out more about the WWI-experience, despite the fact that they are connected in important ways as will be shown by this research. This connection became particularly visible during the War that was characterised by its many maimed soldiers and multi-faceted expertise of plastic surgery. By combining art and disability, I can make a contribution. Hence, the question central to this research is: **'How are wounded and disabled bodies of soldiers and veterans of the First World War represented in the arts?'**

This question is divided into three chapters, each one characterised by a sub-question. In the first chapter I focus on bodies before the outbreak of the First World War. In this chapter I subsequently look at masculine identity and make a distinction between the 'normal' and the 'abnormal' body, as described within the field of disability studies. The question spanning this chapter is: **'What were considered to be (ab)normal bodies in the period before the First World War in Western society?'** In order to understand how different, war-maimed bodies were seen and depicted in art, it is important to understand how people that looked different were regarded by society and what were considered to be ideal bodies before the war.

In the following chapter I focus on the character of the First World War. For instance the developments of weapons, war tactics, different types of injuries and subsequently on how these injuries were treated. The question central to this chapter is: **'What effects did the First World War have on the body of the soldier?'** The types of disabilities and wounds soldiers and veterans suffered from are important aspects of the artworks studied in the final chapter. Knowing what caused bodies to look different is essential.

In the final chapter I apply the information presented in the first two chapters to works of art featuring wounded and disabled soldiers in all their facets. Since the representation of wounded and disabled soldiers will become graphic at this point, the subquestion spanning this chapter is: **'How did Henry Tonks, Christopher Nevinson, Otto Dix and Georg Grosz represent wounded and disabled soldiers and veterans in their artworks?'** This question will present the opportunity to use information from the previous two chapters to make a legitimate claim about the depiction and perception of bodies that were afflicted by war.

1.3. Methodology

In this paragraph the methodology and sources that are used in this research are explained. A distinction is made between three methodologies. Firstly, art history is discussed as a method. Secondly, certain concepts stemming from disability studies are explained. Thirdly, the use of material culture studies is pointed out in relation to prosthetics and facial masks. Finally, the usage of primary sources central to this research is elucidated.

1.3.1. Art history

One of the methodologies used in this paper is an art-historical one. This method consists out of multiple layers. Firstly it implies looking at what is depicted by the application of a formal analysis as described by art historian C.C. Coggins.¹⁷ According to Coggins, a formal analysis entails the careful description of the exterior aspects of a work of art.¹⁸ By looking at technique, colour, lines, shape, space, mass and composition the style of the artwork can be evaluated. She states that a formal analysis cannot be made without comparing artistic styles and movements.¹⁹ Highlighting and analysing differences between styles, movements and techniques is thus a crucial part of this research.

A second layer of the art historical method is iconography. This means interpreting motifs, symbols and subjects and considering them as representations in order to understand the meaning of an artwork. By connecting elements of the formal analysis, insight is provided into the theme and topic of the artwork. An iconographic approach also offers insight into what the artist tried to accomplish and what he meant with his work of art.

A third layer is added once iconology is taken into consideration. Iconology aims to use the outcome of the iconographic approach and ties it in with important events and shifts in society that were occurring at the time the artwork was made. Constantly referring to these events is important in order to fully grasp the context the artworks were made in. The artworks are studied in connection to a cultural historical framework.²⁰ Combined, formal analysis, iconography and iconology provide a profound analysis of the artworks that are pivotal to this thesis.

1.3.2. Disability studies

When it comes to the bodies of the soldiers that were forever marked by the war, the academic field of disability studies can provide interesting perspectives. Concepts that lie at the basis of disability studies are used as a method for this research. Disability scholar Rosemarie Garland-Thomson stresses the distinction between the abled body and the disabled body in what she describes as the *ability/disability system*. She argues that disability can be seen as a culturally fabricated narrative that is inscribed on the body. It functions to contain and confirm values of *normalcy*, beauty and health. This results in the fact that people who do not conform to the 'able-standard' are seen as aberrant of the cultural norm.²¹ Applying this opposition to artworks depicting disabled and wounded men provides an understanding to why disabilities and war-wounds are depicted in certain ways.

¹⁷ C.C. Coggins, 'The Uses of Style in Archaeology', *Journal of Field Archaeology* 19 (1992) 232–234, 233.

¹⁸ Coggins, 'The Uses of Style in Archeology', 233.

¹⁹ G. Rose, *Visual Methodologies. An Introduction to the Interpretation of Visual Materials* (London 2001) 53.

²⁰ P.J. Verkruijse (et al.), 'Letterkundig lexicon voor de neerlandistiek', DBNL 2002 <http://www.dbnl.org/tekst/bork001lett01_01/bork001lett01_01_0010.php#i003> (4 July 2015).

²¹ R.G. Thomson, 'Integrating Disability, Transforming Feminist Theory', *NWSA Journal* 14:3 (2002) 1-32, 5.

An important element in the work by Garland-Thomson, is that she amplifies feminist theory by focussing on disability studies in order to show that the intersection of feminist theory and disability studies can deepen our understanding and open up new perspectives in both fields of study. She notes that both feminist theory and disability studies are to some degree marginalised because of the prejudice that it are narrow fields of study that have little to do with 'mainstream academic research'.²² Identity and beauty are important themes in Garland-Thomson's article because she considers disability as something that is culturally and socially constructed and therefore it shapes the body and the way it is perceived. She discusses topics central to feminist theory such as representation to show how disability studies and feminist theory can be combined. Garland-Thomson mentions the example of a doll named Becky, Barbie's disabled friend. Becky sits in a wheelchair and wears comfortable clothes and sneakers. Opposed to Barbie, she has flat feet and her legs can actually bend. By comparing Barbie's body and clothes to Becky's, Garland-Thomson shows that Becky is not physically confined by her clothes and high heels (as Barbie is) . Becky escapes being sexually objectified like Barbie. On the other hand, Becky forms an example of the prejudice that disabled women can not be associated with sexuality. It becomes clear that the female disabled body is no longer disregarded by medicalisation but that it is not considered to be beautiful, feminine or normal.²³ Since Garland-Thomson successfully integrates disability studies and feminist theory, I will link disability studies to masculinity and see if connections can be made regarding art showing disabled soldiers and veterans as well.

1.3.3. Material culture studies

Prosthetics and facial masks are used as sources, since they can be interpreted as a physical extension of the disabled veteran. It may seem that prostheses and (medical) art are very different objects that cannot really be grouped together, but that is a misconception. Prostheses are in fact a frequently used source of inspiration by artists and many facial masks were made by sculptors. Facial masks and prostheses can thus be seen as pieces of art. In order to analyse these sources, I make use of *material culture studies*. This methodology is elucidated by medical historian Jeffrey Reznick, who points to prostheses as a new object of study that can be approached by focusing on its material aspects.²⁴ By researching primary sources like artificial limbs and facial masks and relating them to other sources like photographs, medical reports or diaries and by looking at the material they are made of, the image and history of the men who suffered disfigurements during WWI can be reconstructed and deepened. By looking at the way objects were made and used, it is possible to find out a lot about the people using them, their behaviour and subsequently about society and culture at a specific period in history.

²² Thomson, 'Integrating Disability', 2.

²³ Ibidem, 18-19.

²⁴ J. Reznick, 'Prostheses and Propaganda. Materiality and the human body in the First World War', in: N. Saunders (ed.), *Matters of Conflict: Material Culture, Memory and the First World War* (Oxfordshire 2004) 51-61, 53.

Prown described the method used in material culture studies. A first step is description. The physical characteristics of the object are described, important are the size, shape and material of the object. A second stage is deduction. The relationship between the object and the viewer is evaluated. How the object feels, what it is used for and the emotional response of the viewer are considered. Finally, there is the stage of speculation. Hypotheses are formulated and the context of the object is taken into consideration.²⁵

1.3.4. Sources: archives, artists and artworks

Some of the primary sources that are key to the last part of this research are found in the Gillies Archives. These online-archives contain over 2500 records of plastic surgery of the face, performed between 1917 and 1925 in the Queens Mary's Hospital in Sidcup, varying from medical notes to X-rays. However, the sources used in this research are clinical photographs, drawings and pastels made by artists (and photographers) and employed by hospitals to map surgical procedures and healing processes of soldiers who suffered from facial injuries.²⁶ The documents and artworks contained in the archives were made at the time of WWI and they reflect an important issue that was distinctive for this period and the war, namely facial wounding. The archives also show the connection between the medical world and art, not frequently discussed by scholars. Those are the main reasons to take the Gillies Archives into consideration for this research.

Four artists are studied in the final chapter. There are many artists who made artworks in connection to the body at war but to be able to provide an extra dimension to this thesis, I limited the number of artists. The extra dimension concerns the fact that many artists participated in the war and translated their experiences into their art. Discussing this participation will add extra depth to the context the artworks were made in.

There is a focus on artists from two different countries; Henry Tonks and Christopher Nevinson from Great Britain and Otto Dix and Georg Grosz from Germany. The reason for choosing artists from Great Britain and Germany is the possibility to contrast them because there exists a big difference in the depiction of wounded and disabled bodies between these two countries. When it comes to selecting the artworks for this research, a criterium is that all the artworks had to depict bodies that are influenced by the war, one way or another.

1.4. Theory

Focussing on theories that can be used in relation to the (disabled and wounded) body, I make use of Michel Foucault's (1926-1984) concept of *biopower*.²⁷ Using this concept can help analysing to what extent the disabled soldier was submitted to medical and societal discourses of disability.

²⁵ J.D. Prown, 'Mind in Matter: An Introduction to Material Culture Theory and Method', *Winterthur Portfolio* 17 (1982) 1-19, 7-11.

²⁶ The Gillies Archives from Queen Mary's Hospital, Sidcup <<http://www.gilliesarchives.org.uk>> (14 July 2015).

²⁷ M. Foucault, *The History of Sexuality* (New York 1978) 140.

Foucault's philosophy is known for the distinction between different discourses in which power and knowledge are intertwined. According to Foucault, people are being normalised by these power structures and are subjected to them. These discourses are found in the shape of institutions. For instance, the terminology used in hospitals and the actions performed by medical staff contribute to the structure of discourses by excluding lay people (often patients).²⁸ *Biopower* can be applied in this research by looking at the government and the way they to some degree 'regulated' the choice of wounding as a topic by artists.

Related to disability studies is the tension between the social and cultural construction of the normal and the abnormal body that is described by disability scholar Lennard J. Davis. He analyzes the historical origin of the concept *normalcy* and argues that this concept is a configuration that arises at a particular moment in the history of modern society.²⁹ Davis relates our modern-day conception of *normalcy* to eugenics and in this way the sick, poor, wounded, criminal, old, alcoholic, and mentally ill were not differentiated.³⁰ By showing that *normalcy* is a social construction with long roots in history, Davis tries to pinpoint the marginalisation of the disabled. An important aspect to disability studies in relation to the concept of *normalcy* is that it is not the disabled person that forms a problem but the way *normalcy* is constructed in societies. This construction is the reason disabled people are seen as abnormal and thus problematic. Davis describes a norm as something the majority of the population is part of and that can be connected to 'the Bell Curve'. If used to show 'normal' and 'abnormal' people, the curve shows that there are more people who correspond to the norm than deviate from it. Davis argues that this indirectly implies that disabled people are inherent to abled people when a norm is established.³¹ Setting a standard for *normalcy* is what creates categories as disability and abnormality and it contributes to the societal discourse.

Also relevant for the concept of *normalcy* is the distinction between an ideal and a norm. Other than the ideal, the norm is something the majority of the population must or should somehow be part of. Through history, there were multiple ideologies and various attempts to make the different body fit the norm (as will be further explained in the second chapter that is partly about eugenics). According to Davis, being disabled and thus 'abnormal' is always ideologically marked; there is a focus on the ways the different body can be changed to fit the standard of *normalcy*.³²

The conception and the origins of *normalcy* and *abnormality* are important to this research. Most soldiers were healthy young men before marching to war, but this could change in a second by a single bullet or piece of shrapnel. Understanding categories such as normal and abnormal helps to create an insight into the way the wounded or disabled soldiers perceived themselves and

²⁸ A. McHoul and W. Grace, *A Foucault Primer. Discourse, power and the subject* (New York 1993) 31-33.

²⁹ L.J. Davies, (ed.), *The Disability Studies Reader* (New York 1997) 17.

³⁰ L.J. Davies, 'Constructing Normalcy. The Bell Curve, the Novel, and the Invention of the Disabled Body in the Nineteenth Century', in: L.J. Davies (ed.), *The Disability Studies Reader* (New York 1997) 9-26.

³¹ Davies, 'Constructing Normalcy', 13.

³² *Ibidem*, 25-26.

how they were perceived by those who were seen as 'normal'. Taking categories such as normal and abnormal into consideration could also contribute to understanding how unstable such conceptions are. Soldiers who were 'shellshocked' often did not look different at first sight. One can wonder to what extent appearances contributed to being sorted in the 'normal' category and how this conception was mirrored in the arts.

A theory that can also be connected to the (different) body is Jacques Lacan's notion of the *gaze*; the awareness of being looked at. The concept of the *gaze* can be brought in relation with Foucault's theory of *biopower* because the awareness of being looked at can also lead to the altering of people's behaviour.³³ Shortly reverting to Foucault, he designed a theory building on the *gaze*, namely the *medical gaze*. He used this term to denote the separation of the patient's body from the patient's identity. The reason for this separation is caused by the discourse of power created by the hospital and the medical personnel. According to this theory, the patient is nothing more than a body with a certain condition that had to be resolved. Within the medical discourse, the patient's body became the only point of interest and his or her voice or identity was of no importance.³⁴ Using art made by an artist who was employed by a hospital, provides the opportunity to research if the *medical gaze* was indeed occurring or if there was room for other identities. The *gaze* can also be seen as contributing to the realisation of the bodily appearance. Lacan uses the term *mirror-stage* to describe the process of becoming aware of one's body. This theory is particularly interesting when looking at the changing representation of wounded and disabled soldiers. Before going to war, the self-image these men had of their bodies must have been radically different from when they found themselves, often disfigured, in hospital beds. The *gaze*, looking and being looked at are thus important concepts in this thesis.

A perspective these concepts provide, is related to prostheses and masks. The manufacturing and use of such devices contribute to Charles Cooley's idea of the construction of one's identity and appearance through others. Cooley describes this notion as the *looking-glass-self*. The core of this theory is a human being who defines himself through social interactions.^{35 36} Many veterans wore facial masks and prostheses to cover their disabilities. The important question that arises is whether they did this to comfort other people, or whether it was for their own wellbeing. Perhaps the two are inherent. Looking more closely at the production and use of masks and prostheses with Cooley's theory in mind, provides a deepening into this issue, because they provide a framework in which prosthesis and facial masks are understood as more than material objects for everyday use.

³³ A. Lasén and E. Gómez-Cruz, 'Digital photography and picture sharing: Redefining the public/private divide', *Knowledge, Technology & Policy* 22 (2009) 205-215, 212.

³⁴ E. Godard, 'A better reading', *Canadian Medical Association Journal* 173 (2005) 1072-1073, 1072-1073.

³⁵ C.H. Cooley, *Human Nature and the Social Order* (New York 1902) 152.

³⁶ K.T. Yeung and M.J. Levi, 'The Looking Glass Self: An Empirical Test and Elaboration', *Social Forces* 81 (2003) 843-879, 843-844.

Another important concept in this thesis that can be linked to the body and the medical world is agency; the capacity of a person to make his or her own choices and let their voice be heard. Agency forms an important counter-argument to Foucault's theory regarding power, discourse and *biopolitics*, because this theory is based on the assumption that there is no such thing as agency and that the 'agent' is irreversibly subjected to overruling discourses of power.³⁷ Regarding the representation of the disabled and wounded soldier, this means that a next step is to look whether the patient who was depicted in medical art had agency or that he was seen as nothing more than a medical challenge.

1.5. Relevance

This research is academically relevant since it contributes to a broadening of knowledge and understanding about the representation of injured and disabled bodies of WWI. This thesis can contribute to the field of disability studies by combining an art-historical approach with theories that lie at the basis of disability studies. Analysing artworks depicting wounding and treatment of soldiers through the lens of disability studies, leads to interpretations and insights that a merely textual focus cannot provide. This research also offers a deeper understanding of art and the ways an artwork can contain a lot more information than can be imagined at first sight.

This research is important since the topic of battle wounds and disability caused by war is still relevant today. Disabled veterans are striving to get rid of the idea that they should be pitied because of their disabilities and battle scars and that they cannot be 'sexy' because of them. Veterans are participating in popular television shows and fashion magazines seem no longer hesitant to place male models with amputated limbs on the cover.³⁸ In order to understand the shifting attitude towards disabled veterans and their demand of becoming visible and participate in society, studying the history of the depiction of wounded or disabled soldiers and veterans is a great way to start.

³⁷ M. Bevir, 'Foucault and Critique: Deploying Agency against Autonomy', *Political Theory* 27 (1999) 65-84, 81.

³⁸ RTL Nieuws, 'Geamputeerde veteranen zijn niet zielig maar sexy', <<http://www.rtlnieuws.nl/nieuws/opmerkelijk/geamputeerde-veteranen-zijn-niet-zielig-maar-sexy>> (8 June 2015).

2. History of the different body

In this chapter the 'normal' and 'abnormal' body as they were perceived in Western society before the First World War are discussed. Considering the ways people with different appearances were seen and treated, helps to explain and map the ways the deformed men coming home from the front were perceived. Simultaneously, it creates an understanding regarding the depiction of those men in the works of art that reflect the effects of WWI on the human body. In order to consider what was seen as 'aberrant' it is helpful to look at what was seen as beautiful and more importantly as 'normal'. The first part of this chapter provides an overview of what it meant to be 'masculine' and 'healthy' at the turn of the century. Secondly, looking closer into the theory and practices of anthropometry and physiognomy discloses the ways the normal and abnormal body were categorised and classified. Thirdly, I will look at how pre-war disability was perceived. Analysing how people came into contact with disabilities in everyday life shows how they responded to the thousands of war-maimed men. In the last part of this chapter freak shows are mentioned. Looking closer into this phenomena helps to complete the image that existed of people that looked different. Eventually, this leads to a more complete idea of how wounded, shellshocked and disabled soldiers are represented.

2.1. Muscular Christianity

Central to the masculine ideal of the second half of the nineteenth century were 'health' and practising sports as a way of improving it. People believed that by practicing sports, in order to train and strengthen the body, physical degeneration could be reversed or prevented. This ideology placed the responsibility for a healthy body on the individual.³⁹ Physical education became central to American and Western educational systems and in society as a whole. Sports became an important part of government-related institutions such as the boy scouts and public schools. Contributing to this sports and health oriented system were Darwin's *On the Origin of Species*⁴⁰ and improvements made on medical and scientific instruments like the microscope.⁴¹ Developments like these placed the emphasis on biological processes and their expanding visibility. For instance, looking more closely into the spinal cord and the nervous system resulted in the realisation that processes that were initially mythical or connected to religion, were in fact structured and organised by biology.⁴²

³⁹J.A. Mangan and J. Walvin, (ed.), *Manliness and Morality. Middle-class masculinity in Britain and America 1800-1940* (Manchester 1987) 8.

⁴⁰ C. Darwin, *On the Origin of Species. by means of natural selection, or the preservation of favoured races in the struggle for life* (London 1859).

⁴¹ Mangan and Walvin, *Manliness and Morality*, 11.

⁴² *Ibidem*, 13.

People became increasingly aware of the fact that they were no supreme beings, but part of the evolutionary food chain. Subsequently they became to believe that character was inseparably connected to the physical body and that flaws or undesired traits in one's personality could thus be improved or altered by practicing sports. On top of that, these activities could improve one's appearance by making the body muscular, strong and athletic; complying to the ideal of muscular Christianity.⁴³

Contributing to this image of the 'self-made', physically fit man was American physician and educational reformer William A. Alcott (1789-1859). By publishing many articles and popular books like *Young Man's Guide* (1836) Alcott played a major part in educating people about the nature of their bodies and how they could improve their health.⁴⁴ According to Alcott one has to engage the mind during sports and therefore outdoor sports like swimming, leaping, fencing, ball sports and running were most beneficial. This conviction is shared by Alcott's contemporaries and was adopted in Northern-European countries.⁴⁵

Connected to creating a fit body was the importance of playing games in order to strengthen not only the body, but also the nation. According to Joanna Bourke, rugby, boxing and football could be compared to battle because they reproduced the aggressive character, disorder and brutality of front-line service.⁴⁶ These dangerous aspects of playing sports were used to 'promote' masculinity and to connect pugnacity to the male body. Subsequently, the performance of masculinity through sports can be connected to nationalism, not only because the nation played a big part in edifying the educational system to which sports and games were central, but also because sports were often compared to fighting.⁴⁷

According to Horn, Jary and Tomlinson, the belief in the malleability of the 'self' and the idea that one had to take one's own responsibility when it came to the body, health and mind, ultimately led to the emergence of an ideal male type: the mesomorphic body type.⁴⁸ This type is characterised by rectangular, athletic features, a straight posture and developed muscles (fig. 3). Being able to develop this body type by means of exercising, automatically led to the belief that one was morally good.⁴⁹ Not only the outside of the body was feasible, but sports also benefitted one's character and moral condition. The belief in the possibility of the improvement of one's morality by practicing athletics can be connected to Christianity. By relating the physical trials that Christ had to undergo to sports (which could also be painful), religion was inscribed on the athletic body. The muscular body could be employed as protection for the 'weak' (meaning women and children). Ladd and Mathisen argue that sports and games were extra promoted since this type of

⁴³ Ibidem, 11.

⁴⁴ W.A. Alcott, *Young Man's Guide* (Boston 1836).

⁴⁵ Mangan and Walvin, *Manliness and Morality*, 16.

⁴⁶ Bourke, *Dismembering the Male*, 35.

⁴⁷ Ibidem, 35.

⁴⁸ J. Horne, D. Jary and A. Tomlinson (ed.), *Sport, Leisure and Social Relations* (New York 2014) 152-153.

⁴⁹ Mangan and Walvin, *Manliness and Morality*, 9.

sports brought people together and created a sense of solidarity amongst men whilst improving their bodies and thus their (Christian) morality.⁵⁰

Central to muscular Christianity and the beauty ideal of nineteenth-century society was the emphasis on the strong, agile and muscular male body. Men had to take their own responsibility when it came to their bodies and this emphasised that the body was something that could be influenced. It is not hard to imagine that being different from the ideal male type was seen as one's own 'fault', since the body was plastic. Regarding one's behaviour, personality and morale, the same can be argued. When looking into muscular Christianity, morality was inseparably linked to the body. It was a 'logical' assumption that a person who was different on the outside was also different on the inside. Since fitness, health and the ability to play sports and games were directly linked to Christianity, it was assumed that people who were different in any way were also associated with sin, transgression and bad morale.⁵¹ It appears that Garland-Thomson's *ability/disability system* linked to disability studies⁵² was something one could influence. Being masculine, muscular and strong was considered to be a norm that was accessible.

2.2. Anthropometry and eugenics

Another way to look at 'normal' and 'abnormal' bodies is through the perspective of anthropometry. Anthropometry is a tool for physical anthropology, the study of measuring humans in order to categorise them and to create a basis for studying them.⁵³ Anthropometry is still used today in design, fashion and architecture, but initially the motives to start measuring were different. During the nineteenth century, people strongly believed in statistics, numbers and in science as a whole.⁵⁴ In order to improve society in all sorts of ways, people were measured, photographed, and different body parts were fixed in plaster casts. The results of such examinations were often handed to governments in order to make improvements to society. An example of examinations that were done are related to the comparison between nutrition, poverty and growth. Measurements were also conducted in order to discover and categorise different races in the colonies overseas.⁵⁵ The idea that there were certain measurements that could be connected to normal and abnormal people is paramount here.

One of the founders of the positivist movement of anthropometry was the Italian criminologist Cesare Lombroso (1835-1909). Lombroso especially conducted research regarding criminals, but he also took prostitutes, epileptics, alcoholics and 'the insane' into consideration

⁵⁰ T. Ladd and J.A. Mathisen, *Muscular Christianity: Evangelical Protestants and the Development of American Sport* (Michigan 1999) 13–14.

⁵¹ Mangan and Walvin, *Manliness and Morality*, 9-13.

⁵² Garland-Thomson, 'Integrating Disability', 5.

⁵³ R.E. Herron, 'Anthropometry: Definition, Uses and Methods of Measurement', in: W. Karwowski, *International Encyclopedia of Ergonomics and Human Factors* (New York 2001) 879-882, 879-880.

⁵⁴ N. Lynton, *The Story of Modern Art* (New York 2010) 87.

⁵⁵ N. Randeraad, *Het onberekenbare Europa. Macht en getal in de negentiende eeuw* (Amsterdam, 2006) 228.

when it came to taking measurements. Lombroso's main argument was that criminality and insanity can be connected to evolution. Lombroso strongly argues against the assumption that everyone could eventually turn into a criminal, because it was part of human nature in general. Instead, he stated that some people were born with 'bad' traits. When this happened, evolutionary theory 'reversed' itself resulting in degeneration. Lombroso believed that bad traits such as criminality could be derived from a person's appearance, since those traits were an effect of an 'evolutionary defect' that could be brought in relation with conceptions about primitive people, wild animals and even plants.⁵⁶ Lombroso connected a good character (good morale) to beauty and *normalcy*. Primitive traits were seen as ugly traits, this subsequently contributed to the idea that someone 'ugly' was also a bad or criminal person. Appearance and personality seem to be connected once again.

Theories by Cesare Lombroso were detested throughout Europe, amongst other things because sociologists and scientists from other fields of study could not find sufficient evidence to support his claims. His ideas were generally conceived as distasteful, despite the fact that Lombroso related insanity, alcoholism and criminality to evolutionary theory. The person involved thus had no influence on the way his character evolved.⁵⁷ Although there was a lot of resistance to Lombroso's theory, the adoption of concepts such as degeneration and the possibility to distinguish the typical 'Jewish type' by the Nazi-party before and during the Second World War⁵⁸ leads to assuming that Lombroso's theories gained more ground than initially accounted for.

Other ideas that contributed to setting the standard for the (ab)normal human body come from eugenics. This strain of ideas marked the period between 1880 and 1920, and focused on improving genetic quality by encouraging reproduction by people with 'strong' genes and discouraging reproduction by people with 'genetic defects' such as disabilities, mental illnesses and addictions.⁵⁹ People believed that eugenics speeded up the process of natural selection among humans.⁶⁰ Bashford and Levine state that eugenics were industriously practiced by the government in the form of *eugenic policies*. People who were in the possession of favourable traits were encouraged to reproduce (positive eugenics), but on the other end of the spectrum people with undesired, deviant traits were prohibited to marry or forced to sterilisation (negative eugenics).⁶¹ Playing a major part in the ideologies leading to the Holocaust, eugenics were renounced after the Second World War.⁶²

Pivotal to eugenics and anthropometry is the idea that there is a certain standard to *normalcy* and beauty that can be found in the outer appearance of a person. Certain traits, whether

⁵⁶ M. Gibson and N. Rafter, *Criminal Man. Cesare Lombroso* (Durham 2006) 2.

⁵⁷ M. Gibson and N. Rafter, *Criminal Man*, 5-10.

⁵⁸ D.J. Kevle, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York 1995) 9-10.

⁵⁹ R. Hansen and D. King, 'Eugenic Ideas, Political Interests, and Policy Variance: Immigration and Sterilisation Policy in Britain and the U.S.', *World Politics* 53 (2001) 237-263, 240.

⁶⁰ A. Bashford and P. Levine, *The Oxford Handbook of the History of Eugenics* (Oxford 2010) 4.

⁶¹ Bashford and Levine, *The Oxford Handbook of the History of Eugenics*, 5.

⁶² Kevle, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, 9-10.

they are desired or undesired, can be classified and measured. Being disabled, mentally ill, addicted or having a lower IQ, meant that the exterior of the body was reflected in character and personality. The idea that certain undesired traits could eventually be out-ruled by means of eugenics, seconded the conception that the body was subjected to the human power to mould the body to what it was desired to be. This confirmed the socially constructed norm of the normal and abnormal body.

2.3. Disability, disease and mental illness before the First World War

In this paragraph the perception of the different body before the First World War is discussed. One way of being different was by having a physical disability or by suffering from injuries. It is important to note that those conditions were quite common in Northern-European societies before the war. As mentioned in the previous paragraph, sports and games were very important in the muscular-focused Western society that preceded WWI. An important reason for the key position of sports was the connection rough games like rugby, boxing and football had with warfare and battle. Becoming wounded or disabled due to playing sports (something that happened frequently) was compared to becoming wounded or disabled in battle. Bourke even states that playing sports and becoming wounded, or more importantly to injure someone else (even if it was only during sports) was an important part of 'becoming a man', since this act formed a good preparation for going to war. She states that it was a manly accomplishment to be tainted with blood.⁶³

Apart from sports, illness was another factor that often resulted in a different body. Joanna Bourke notes that it were mainly young children who became disabled or sick due to diseases they encountered early on in life. A major cause of disability amongst children in Great Britain was called 'rickets'.⁶⁴ The Dutch name for this disease the 'Engelse Ziekte' (English Disease), shows this disease was most commonly known in Great Britain. Caused by a vitamin D and calcium deficit, the disease resulted in the decalcification of bones and subsequently in inadequate bone formation or the coalescence of limbs or the spine.⁶⁵

Injuries that were very frequent in pre-war society and that can also be related to children, were those related to urban life and the ongoing process of mechanisation against the background of the industrial revolution. It was mainly the working class that was associated with factory-related wounding, sickness and disability because an unsafe and unhygienic work-environment was typical for factories. Working in a factory was especially dangerous for children. They were employed as so called 'mule scavengers' in cotton mills where their job was to pick up the remnants of wool, oil and dust that ended up under the spinning mule. The heavy moving parts of the machine and the lack of time to retrieve once the machine moved back at them, led to the

⁶³ Bourke, *Dismembering the Male*, 37.

⁶⁴ *Ibidem*, 35.

⁶⁵ M.F. Holick, 'Resurrection of vitamin D deficiency and rickets', *The Journal of Clinical Investigation* 116 (2006) 2062-2072, 2062-2063.

crushing of children's fingers, hands, arms and in fatal cases, even heads.⁶⁶ Also, diseases were often associated with factory workers. Many children suffered from respiratory diseases such as lung cancer because they had been exposed to toxic chemicals and gasses in the factories. Other sorts of injuries and disabilities were common among men with risky professions such as dockworkers, miners, construction workers and professional soldiers.⁶⁷ All in all, sickness, deformity and disability were not unknown before the outbreak of WWI.

Mental illness can be interpreted as another aspect of disability. Edgar Shorter argues that at the beginning of the 19th century, the mentally ill were often classified in the same category as beggars and alcoholics. It was commonly believed that the people suffering from 'madness' or other conditions that placed them on the margins of society, had something to do with sin and the evil that existed within them. During the 1850s however, this started to change. Due to the growing belief in science, the progressive medical expertise and new theories that were associated with Darwinism and eugenics, people associated mental illnesses with defects in the brain. Shorter states that the responsibility of being mentally ill was no longer placed on the (non)moral behaviour and choices of the individual, but became part of a biological process the patient had no influence on.⁶⁸ This is important when it comes to considering the soldiers who came home from the front in one piece, but suffered from headaches, tinnitus, amnesia and hypersensitivity to noise. Although these soldiers did not suffer from physical injuries, something was seriously wrong. Later on, the term 'shell shock' was ascribed to this condition.⁶⁹ In the next chapter I provide a more extensive part on men who were shellshocked, but for now it is important to understand the attitudes towards people with mental conditions were shifting.

The attitudes and sentiments regarding disabled and wounded people were dependent on the nature of the injury and who it was that became injured. It is however important to keep in mind that the injuries the war caused cannot be compared to the injuries that were common in society before the war. War-related disabilities and wounds were a lot worse, because according to Bourke the male body was intended to be maimed and damaged during the war.⁷⁰ Limbs were ripped off, faces were pierced with shrapnel and intestines were gushing out of bellies. In addition, the process of wounding was incredibly fast. It happened within seconds. This was entirely different from the ways children suffered from diseases that took time before they resulted in disfigurement. Young men who went to battle formed a whole new category within the matrix of disability. Most of them were young, spirited and healthy. They were no young children or elderly people that, in the eyes of society, could be more easily related to diseases, injuries and disabilities. Davis' statement that the construction of a 'norm' results in a distinction between abled-bodied and disabled, proves

⁶⁶ M.C. Buer, *Health Wealth and Population in the Early Days of the Industrial Revolution* (London 2006) 30.

⁶⁷ Bourke, *Dismembering the Male*, 35-37.

⁶⁸ E. Shorter, *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac* (New York 1997) 1-3.

⁶⁹ E. Jones and S. Wessely, *Shell Shock to PTSD. Military Psychiatry from 1900 to the Gulf War* (Sussex 2005) 17.

⁷⁰ Bourke, *Dismembering the Male*, 31.

itself useful here.⁷¹ Also important is the scale of war-wounding and disability, since the war resulted in thousands of wounded and disabled men. Disabled people became more ubiquitous and visible than ever before, everybody knew someone that was impaired or wounded by the First World War. Although people were used to seeing disabled people on a day to day basis, the war changed the face, the frequency and the seriousness of disability permanently.

2.4 Freak shows

A topic that cannot go unmentioned when it comes to the history of the different body is that of the freak- or sideshow. Freak shows have long roots in history, even in the Middle Ages 'monstrous births' were exhibited and perceived as omens.⁷² The freak show evolved over time and has many aspects, but in this paragraph the focus is on what the mid-nineteenth-century freak show meant for the different, 'abnormal' body once it was put on display.

The freak show was at its peak in the early modern period and fared especially well in Great Britain. Amongst other things this had to do with printed media and increasing mobility due to the emergence of railroads and automobiles. That freak shows were able to attract an audience from a wider range, led to a bigger awareness of the existence of people with exceptional physical characteristics. The shows are associated with fairgrounds, circuses and carnivals and were mainly entertaining with a slight educational component. The attractions consisted of people with a lot of different characteristics, for example people who were intersex or had intersex features (bearded women), conjoined twins, people from different ethnical descent, exceptionally large or small people and people with special physical abilities or talents such as fire-eating. There were people with certain rare disabilities and diseases that were on display, but also rarities like mermaid skeletons and deformed fetuses could be viewed.⁷³

People who were exhibited were often not seen as sick or disabled (even if they were in some instances), neither by the audience nor by themselves. Historian Nadja Durbach shows that the 'freaks' on display often had a lot more agency when it came to their exhibition than initially assumed. They participated on their own volition, performed their act while on stage and received a payment in exchange. In a way, certain 'freaks' developed a 'stage personality'; they did not associate with in the 'real' world.⁷⁴ Durbach argues that their condition was to a certain extent performed, the occupation of being a freak was comparable to other stage-related professions.⁷⁵ The audience did not sympathise with the 'freaks' but associated them with entertainment instead.

⁷¹ Davies, 'Constructing Normalcy', 13.

⁷² N. Durbach, *Spectacle of Deformity. Freak Shows and Modern British Culture* (London 2010) 2.

⁷³ Durbach, *Spectacle of Deformity*, 2.

⁷⁴ *Ibidem*, 9.

⁷⁵ *Ibidem*, 13.

In a way the audience provided the status of 'freak' by visiting freak shows and gazing at the people on display.⁷⁶

Other than entertaining, Durbach states that freak shows were also useful for the audience. By confirming that the people on display were fundamentally different, the audience could construct their own identity. By gazing, comparing, judging, investigating and evaluating the bodies of the 'freaks', the audience confirmed their own *normalcy* by concluding that the freaks did not fit the norm.⁷⁷

The entertaining component of the freak show faded over time because of the increasing interest in the 'abnormal' body as an object for scientific study within the disciplines of anatomy and natural history. Freaks became seen as opportunities to understand the course of nature and evolution more fully. However, according to Durbach the interest that was paid to them from this scientific perspective did not mean the stigma related to their conditions disappeared.⁷⁸ Also, it became somewhat distasteful to be amazed and astonished by someone's disability or physical otherness. Another reason for the decline of the freak show can be found in the fact that it was no longer something extraordinary to not have arms, legs or a face. The effects the First World War had on the body were so extensive that deformity became something that was quite common to encounter.⁷⁹

2.5. Summary

Central to this chapter was the question: '**What were considered to be (ab)normal bodies in the period before the First World War in Western society?**' Answering this question, there is a variety of conclusions to be made. First of all, it were certain groups in the population that became disabled or sick, namely children working in factories, men with a risky profession and the elderly. Looking at *normalcy* as explained by Davis, the division of 'the Bell Curve' was indeed fixed, making disabled people inherent to able-bodied people. People were familiar with disabled or different people but not with young men that became limbless, sick or faceless due to the war. Secondly, a distinction can be made between people who earned a living using their condition and people who did not. According to Durbach, people were aware that the freaks in freak shows partly performed their condition. An important shift occurred when the war broke out, people changed their attitudes and views towards people who looked and acted differently; it was considered to be distasteful to stare at disabled people. Thirdly, there were a lot of different aspects to *normalcy*, disability and their construction in society. One aspect that stands out is that people were, to some extent, held responsible for their physical condition. More important is the connection that was

⁷⁶ Ibidem, 9.

⁷⁷ N. Durbach, "'Skinless Wonders": Body Worlds and the Victorian Freak Show', *Journal of the History of Medicine and Allied Sciences* 35 (2012) 1-30, 25.

⁷⁸ Durbach, *Spectacle of Deformity*, 22.

⁷⁹ Ibidem, 17.

seen between one's body and one's character or personality, since this resulted in the belief that the inside and the outside of the body were connected and reflected each other. By taking good care of the body and by striving after a healthy and athletic appearance, the wellbeing of the mind and a good morale were insured. On top of that, taking part in rough team sports was seen as a good preparation for warfare.

At the same time, ideologies connected to Darwinism and eugenics led to the belief that a part of this responsibility was lifted off the individual and replaced with the conviction that bad traits, a poor health and mental disorders were contained in 'abnormal' people all along because of genetic deviations they could not control. This belief was firmed by ideologies connected to science; normality and *abnormality* could be measured by means of anthropometry and it could be generated by means of eugenics. Man was his own creation, on the inside and outside.

3. The Body and the First World War

“Lice, rats, barbed wire, fleas, shells, bombs, underground caves, corpses, blood, liquor, mice, cats, artillery, filth, bullets, mortars, fire, steel: that is what war is. It is the work of the devil.”⁸⁰

- Otto Dix

This chapter provides an insight into the (physical) effects of WWI on the body. Those effects are represented in the artworks I analyse in the next chapter. In order to understand the different types of wounding and disabilities soldiers suffered from, it is important to consider the character of the war, the weapons that were used and the exact wounds they caused to comprehend what happened to the body at war. The first part of this chapter is devoted to the description of the character of the war. For instance on weapons that were used. The second part is about what their usage meant for the physical and mental health of soldiers are also discussed. The last paragraph of this chapter is about the use, meaning and societal significance of prosthetics and facial masks.

3.1. Trench-warfare and the development of modern weapons

This paragraph is about certain aspects that were characteristic for WWI. For example, trenches, the inventions of new weapons and the occurrence of chemical warfare in the form of the usage of gas.

3.1.2. Trenches

Representative for the warfare and tactics of the First World War are the trenches. Warfare with modern, manageable and faster weapons made it inconvenient for troops to frontally attack each other because this would cause too many casualties. Digging in created a possibility for hiding, slowing down combat and it created more protection.⁸¹ Enemies would dig in opposite to each other strengthening their trenches with barbed wire, leaving a ‘neutral’ part of empty land in the middle called ‘no man’s land’. No man’s land was a wasteland full of decaying bodies, splintered tree trunks and muddy pits caused by explosives. The first trenches enlarged quickly over time, becoming deeper and more complex, sometimes spanning several kilometers with an average depth of four meters.⁸² Important in the construction of trenches was their solidity, since they had to be able to withstand shells, bombs and other sorts of enemy fire.

⁸⁰ E. Karcher, *Otto Dix, 1891-1964. Leben und werk* (Köln 1988) 38.

⁸¹ S. Bull, *World War I Trench Warfare 1914-16* (Oxford 2002) 17.

⁸² P. Griffith, *Fortifications of the Western Front 1914-18* (Oxford 2004) 11-14.

3.1.2. **Complicating weapons: airplanes and infantry weapons**

An aspect that complicated the war was the use of airplanes. Initially they were used to spy behind enemy lines and to map the exact location of hostile trenches and supply routes. When the war continued, the role of the airforce changed dramatically. Machine guns were implemented by the increasingly faster and manoeuvrable airplanes. Inventions led to the possibility to drop bombs. Airplanes were no longer just eyes in the sky, but dangerous weapons to be reckoned with.⁸³

When it comes to infantry weapons, the rifle with an attached bayonet was a commonly used weapon during the First World War. When fired at a long range, the pointed jacketed bullets caused neat holes with clean wound edges, little blood and they often a quick death. However, military historian Stephen Bull points out that, if fired at a closer range, the rifles proved themselves very destructive and caused great damage to the body. Massive rifle wounds were something a lot of doctors encountered. Flesh and bones were torn to pieces and exits wounds spanning 13 centimeters were recorded.⁸⁴ So called 'loopholes' caused a lot of the facial wounds depicted in Henry Tonk's pastels. These holes could be found at the top of the trenches in between sandbags and they provided an outlook on no man's land. Skilled shooters were able to locate the loopholes and leering over the battlefield could cause facial injuries.⁸⁵ This description does not make it very hard to imagine the severe nature of physical damage that was caused by this firearm.

3.1.3. **New weapons: machine guns and chemical warfare**

A weapon that premiered during the First World War was the machine gun. This was a very lethal weapon because it was able to fire almost endless rounds of bullets at an extremely high rate. Bull states that a disadvantage of the machine gun was that it was quite heavy and thus not very mobile. It required a team of three to four men to move the device, to carry the stripper clips and to put it in the right position.

Also new to the battle fields of the First World War was gas. Chemical warfare was first used in 1915 near Ypres in the form of 'chlorine'. Later on other gasses were developed such as phosgene and mustard gas. Chlorine had the nightmarish effect of destroying lung tissues, causing men to literally drown in their own fluid that accumulated itself on the inside of the body. Mustard gas was known to cause burn wounds in the form of blisters on the skin that filled up with fluids and caused tremendous pains. Inhaled in large quantities, it also caused burning and blistering within the respiratory system, eventually leading to suffocation. Gas was a sneaky and unpredictable killer and its success was largely dependent on dry weather and a soft wind towards the enemy. Later on in the war, gas masks were used by soldiers to arm themselves against the

⁸³ Fighting Aircraft of World War I, Documentary <https://www.youtube.com/watch?v=pbUUCzJwN_8> (5 July 2015).

⁸⁴ Bull, *World War I Trench Warfare*, 9.

⁸⁵ *Ibidem*, 21.

destructive effects of chemical warfare, but according to Bull the usage of gas put a definite end to traditional combat techniques and war tactics.⁸⁶

The different weapons and methods of warfare discussed in this part provide a limited overview of the destructive effects and challenges they had on the body. Pieces of shrapnel flying through the air at tremendous speeds and tanks, bombs, flame throwers, handguns and mines also contributed an equal share to the physical damage caused by the war. It is important to keep in mind that the mentioned weapons were created to kill, demoralise, destruct and weaken the body and the mind. Fear, despair and a constant sense of nervousness led to demoralisation and mental disorders such as shell shock.⁸⁷

3.2. Wounding and the First World War

As illustrated above, there was no end to the ways the body could be mutilated in battle. The effects of the war on the body are discussed in this part. This paragraph provides an overview of the most common diseases, injuries and medical procedures, namely amputation, plastic surgery, facial injuries and shell shock.

3.2.1. Diseases

There were a lot of injuries and diseases that can be related to living in the trenches. A condition that occurred frequently during the First World War and also owes its name to it, was the so called 'trench foot'.⁸⁸ A cold and damp environment could lead to a reduced blood flow, resulting in necrotic tissue and in some instances in gangrene. Keeping feet dry and warm could prevent this condition from occurring, but since the trenches easily filled themselves with water when the weather was bad, this proved to be a challenge.⁸⁹ Wounds that did not seem serious at first sight, could easily get infected. Sandy Callister pointed out that the manured soil in Flanders formed a breeding place for bacteria that could cause sepsis, gas gangrene and inflammations.⁹⁰ Besides direct physical damage caused by warfare, insidious diseases and infections were the most common conditions soldiers suffered from. Bone and tissue loss, infections, direct wounding and scarring resulted in physical deformities.

3.2.2. Amputation

Once a soldier had an injured or infected limb, surgeons tried to salvage damaged body parts. However, in a lot of cases doctors chose to amputate limbs that were at risk of becoming infected

⁸⁶ Ibidem, 47-49.

⁸⁷ Ibidem, 50.

⁸⁸ R.L. Atenstaedt, 'Trench foot: the medical response in the first World War 1914-18', *Wilderness and Environmental Medicine* 17 (2006) 282-289, 283-284.

⁸⁹ Atenstaedt, 'Trench foot: the medical response in the first World War 1914-18', 283.

⁹⁰ S. Callister, 'Broken Gargoyles': The Photographic Representation of Severely Wounded New Zealand Soldiers', *Social History of Medicine* 20 (2007) 111-130, 116.

or already were so. According to Edwards, there was a lack of time to treat wounded limbs and amputation was often an 'easy' way out. Other factors to take into consideration regarding the decision whether to amputate or not were speed and the need to treat as many soldiers as possible in a short amount of time. Doctors in France used a device resembling a guillotine in order to be able to quickly remove damaged limbs. The lack of time to sedate the patient and the use of such a deterrent device led to an overall traumatic experience. Edwards argues that amputations made by the 'guillotine' were extra painful because the nerves were located at the end of the bone in the remaining stump. Many veterans endured a constant pain after having a limb amputated or suffered from phantom pains.⁹¹

3.2.3. Facial injuries

A type of wounding common during the First World War, are facial injuries. Soldiers wore helmets that to some extent protected their heads, but their faces were exposed to bullets and shrapnel flying around with high velocity. Their bodies were mostly covered when standing in the trenches, but once the sniper on the other side of no man's land was able to locate a loophole, or when a soldier tried to glance over the edge of the trench, facial damage was a serious risk. Not only flying shrapnel and bullets caused facial damage, gas and flame throwers resulted in facial damage as well. The emerging new medical discipline of plastic surgery provided solace in the treatment of facial injuries. A central, pioneering figure to the new developments made in plastic surgery was surgeon Sir Delf Harold Gillies (1882-1960). Gillies was employed by the Queens hospital in Sidcup, solely devoted to the reconstructive surgery of facial injuries. Facing a great variety of injuries, Gillies was able to develop new methods in order to reconstruct faces. For instance, he was able to create new noses by implementing rib cartilage in the forehead.⁹²

According to historian Anna Carden-Coyne, a strong motivation for repairing broken bodies was that Gillies felt it was his duty to help men regain their *normalcy*. By reconstructing the body, Gillies wanted to help them in becoming a participant in society again.⁹³ He saw it as his medical and social responsibility to make sure wounded soldiers could re-enter society as disabled, but presentable men. Carden-Coyne argues that Gillies thought of himself as an artist. Instead of working with clay or marble Gillies worked with the human body. In his eyes, plastic surgery was an art and the repaired body an artwork, that in some instances was considered to be more beautiful than before becoming wounded. She argues that Gillies (to some degree) aestheticised his patient's. Carden-Coyne stresses the similarities between damaged classical statues and the wounded body to underpin this glorification. Men missing noses or other parts of their bodies were compared to damaged antique marbles, adding an exalting context to the appearance of the

⁹¹ Edwards et al., 'Doomed to go in company with miserable pain', 1716.

⁹² BBC, 'How do you fix a face that's been blown off by shrapnel?' <<http://www.bbc.co.uk/guides/zxw42hv>> (3 July 2015).

⁹³ D.H. Gillies, *Plastic Surgery of the Face* (London 1920) 391.

wounded soldier. Beauty and normalising the body were thus a very important incentive for Gillies' work.⁹⁴

3.2.4. Shell shock

It was assumed that soldiers suffering from shell shock were literally shocked by the physical effects of shrapnels, mines or other explosive devices and this was seen as the reason for their abnormal behaviour. Later on, it appeared that soldiers who did not come near explosives suffered from comparable symptoms and that the cause was related to the patient's mental health. According to Jones and Wessely, diagnosing patients with shell shock was difficult because the condition was not taken seriously.⁹⁵ It was assumed that men were malingering shell shock in order to escape the battlefield. Suffering from shell shock automatically made men weak and it was seen as a disease related to nerves later on. The most notorious nervous condition was known to be 'hysteria' and this was a condition prone to women.⁹⁶ Jones and Wessely state that shell shock not only made men weak because it turned them into 'deserters' but it also made them weak because of the feminine connotations of nervous diseases and mental disorders. Although shell shock can be connected to the harmful effects the war can have on the mind, it was no exception for the illness to manifest itself in a physical manner as well. Some of the symptoms experienced by soldiers suffering from shell shock were an empty stare, muscle pains, sleeplessness, chest pains, tremors, loss of voice and hearing and paralysis.⁹⁷

Providing an insight into the most common ways the First World War afflicted the body, is important in order to understand wounding, disability, healing processes and surgical procedures that are represented in the artworks discussed in the next chapter. Some artists suffered from shell shock or other injuries and disabilities themselves, or they saw it happen to their peers. Setting eyes on wounds that literally showed the inside of the body discarded the idea that there was more than the physical body in the form of a 'soul' or a mind. According to Callister, the male body became the representation of a battle field.⁹⁸

3.3. Normalising the wounded body

Another way to normalise the body besides plastic surgery was by the use of prosthetics or masks. This topic creates an ideal opportunity to show the intersection between art and medicine. First, the production and usage of facial masks are discussed. Next, prosthetics are analyzed.

⁹⁴ A. Carden-Coyne, *Reconstructing the Body. Classicism, Modernism, and the First World War* (Oxford 2009) 102.

⁹⁵ Jones, Wessely, *Shell Shock to PTSD*, 19.

⁹⁶ *Ibidem*, 45.

⁹⁷ *Ibidem*, 19.

⁹⁸ Callister, 'Broken Gargoyles', 128.

3.3.1. Masks

Facial masks, or 'tin noses', were made by artists and sculptors. Initially, soldiers with severe facial injuries were operated on by plastic surgeons like Gillies, but when a face was so damaged it was beyond repair, facial masks provided a solution. In order to make a mask, a plaster cast was applied over the damaged area(s) of the face. With the help of clay, the exact features of the missing parts of the face were recreated. Finally, a copper plate was used to create the final cast. This was then painted to match the patient's skin tone, wrinkles and if necessary also eye colour (fig. 4).⁹⁹

Historian Suzannah Biernoff makes interesting observations about the creation and usage of facial masks. She remarks that the decision of a patient to start wearing a facial mask was often ambiguous. On the one hand, a large part of one's identity can be related to the face, it is the first thing people notice when engaging in social interaction and looking at one's face is also an important way of indicating emotion. Biernoff argues that a reason to wear a facial mask is to repair (a part of) one's identity. In this respect, facial injuries are the worst injuries of all. The loss of a face can be compared to the loss of one's identity.¹⁰⁰ On the other hand wearing a facial mask, although very uncomfortable could comfort other people so they did not have to be confronted with the sight of a maimed face. In this context, the mask becomes part of a social contract not to offend others.¹⁰¹ It becomes clear facial masks play a central role in the discourse of disability and the process of normalisation (fig. 5).

Cooley's theory regarding the *looking-glass-self*¹⁰² leads to the conclusion that wearing a facial mask could result in an increased awareness of one's appearance. Men were constantly reminded of wearing them, since the facial prosthetics were often attached to (fake) glasses (fig. 5). Despite the fact that they were intended to veil the damage, they are interpreted as self-censorship by Biernoff.¹⁰³ By fearing a negative reaction of the public, men massively covered themselves. It can be argued they got to know their true selves through others, as argued by Cooley.

3.3.2. Prosthetics

Normalising the wounded body by replacing missing limbs with prosthetics is described by historian Jeffrey Reznick. Compared to facial masks, prosthetics contributed to the idea that the body was something that could be repaired, but they did a lot more than that. Reznick shows that prosthetics played an important role in the reconstruction of pre-war masculinity by contributing to the perception of completeness and thus to normality.¹⁰⁴ The ability to earn a living after the war

⁹⁹ S. Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', *Social History of Medicine* 24 (2011) 666-685, 681.

¹⁰⁰ Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', 682.

¹⁰¹ Ibidem, 680.

¹⁰² Cooley, *Human Nature and the Social Order*, 152.

¹⁰³ Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', 668.

¹⁰⁴ Reznick, 'Prostheses and Propaganda', 57.

played a major part in this desire for a normal, able and masculine body. Protheses were advertised and depicted as technological progress against the background of modernity. Reznick states that on the one hand the body was destroyed by modern and innovative weapons and on the other it was repaired by technological improvements, all driven by the same desire for modernisation.¹⁰⁵ Reznick takes several newspaper articles and illustrations into account to show the attitude towards protheses during the war and reveals their propagandistic character.¹⁰⁶ An illustration in *The Illustrated London News* from 1915 is used by him to show how advanced protheses were and that the physical movements made by men wearing them were in fact the same as before their amputation or even smoother (fig. 6). This contributed to the idea that the disabled body could not only be normalised regarding the way it looked, but also in the ways it functioned.

Another way the discourse on disability unveils itself by looking at prosthetics, is when masculinity is taken into account. According to Reznick, missing a limb and replacing it with a prosthetic was seen as manly, since the male body was meant to be maimed by war and prosthetics were physical evidence of sacrifice. Men had given up parts of their bodies for their country and this nationalist ideology was inscribed on their bodies for everyone to see. Being able to work and earn a living was a big part of the masculine identity. There were many advertisements that confirmed the idea that a body could still fully function when missing limbs. This reinforced the notion that masculinity could be reconstructed.¹⁰⁷

The desire to repair the broken body also connects to the combination of masculinity and disability that can be seen in strong contrast. Men were supposed to be autonomous and independent. Losing a limb made them weak and dependant and everything but masculine. Being a man and being disabled was thus problematic. Contributing to this complication was the way soldiers got injured. Before going to war they were healthy, virile young men, complying to the nationalist and military ideals of masculinity. They had to cope with injuries that happened in seconds and learn how to deal with their changed bodies but also with their changed masculine identities. The struggle disabled men had with coming to terms with their new identity and status is also described by Carden-Coyne who states that, after being injured, men spoke of their bodies and their stumps in the third person. As if they were not actually in their own bodies. She states that their bodies and their masculine identities had to be 'renegotiated'.¹⁰⁸

For most limbless men, the reconstruction of their bodies unfortunately turned out to be a utopia. Many ended up homeless and begging for change on the sidewalks. Being able to regain a valuable position in post-war society while being disabled had much to do with the social class men belonged to before entering the war. In the new post-war society they were subjected to the class-

¹⁰⁵ Ibidem, 51.

¹⁰⁶ Ibidem, 56-57.

¹⁰⁷ Ibidem, 51.

¹⁰⁸ Carden-Coyne, *Reconstructing the Body*, 76.

related discourse of disability. According to Joanna Bourke, the nation-based respect limbless soldiers were treated with faded quickly after the war.¹⁰⁹ Many of the young boys participating in the war belonged to the working middle-class and in a lot of cases they were not able to afford themselves costly, high quality prosthetics, nor were they able to find jobs to match their changed abilities.

Despite that veterans without limbs were often not treated according to the way they were idealised, a major difference existed in the way veterans without limbs and veterans with facial injuries were 'welcomed back' from the battlefield. Suzannah Biernoff points out that the wounded face was a taboo other than the (repaired) limbless body that, as noted previously, was initially seen as patriotic, heroic and masculine.¹¹⁰ On the other side, men suffering from facial injuries lost their identity and were marginalised. Reconsidering masculinity in connection to facial injuries, it is likely that these types of wounding affected the masculine identity more than the loss of a limb. The face is important for the construction of all identities (not only a masculine one) by means of social interaction. On top of that, limbless men were meant to reintegrate in society and 'faceless' men were put in rehabilitation centres on the countryside, far from civilisation.¹¹¹ A measure that really exposes the discourse the men suffering from facial wounds were subjected to, is the instalment of blue benches around the rehabilitation centres as described by Callister. The blue colour meant that the benches were especially intended for convalescing patients, warning the public.¹¹² This resulted in the creation of a disrupted power relation between the normal and the abnormal person, confirming the discourse of disability and the loss of masculine identity.

3.4. Summary

In order to answer the sub-question: 'What effects did the First World War have on the body of the soldier?' the effects of the war on the body were analysed. It appears that the male body was meant to be damaged by the war. The invention of a variety of modern and technologically advanced weapons combined with the hardships that were associated with living and surviving in the trenches, makes clear that the experience of being wounded and wounding someone else was part of warfare and thus of manhood. Considering sports as a preparation for warfare appears to be applicable here; the male body was prepared to be harmed and to harm others. Advanced high velocity weaponry and innovative battle tactics were deployed to win the war but also to weaken, destruct and demoralise the body. Looking at different types of wounding and their treatment, it appears that patients were subjected to the medical discourse of plastic surgery to which *normalcy* and beauty were paramount. Most injuries were inflicted incredibly fast. This further complicated masculine identity because soldiers were now dependant and weak instead of fit to fight and

¹⁰⁹ Bourke, *Dismembering the Male*, 32.

¹¹⁰ S. Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47, 28.

¹¹¹ Carden-Coyne, *Reconstructing the Body*, 99.

¹¹² Callister, 'Broken Gargoyles', 125.

independent. Shell shock was a condition for weak and feminine men because of its relation to hysteria further undermining masculinity.¹¹³ Looking more closely to the overall reception of disabled veterans returning to society, it appears that the way they were treated does not correspond with the idealisation of the loss of a limb and wearing a prosthetic as promoted by the government. On top of that, there was a major difference in the way limbless and faceless soldiers were seen. In the case of the limbless men, society at least tried to rehabilitate them, but soldiers suffering from facial trauma were instantly marginalised.

However, central to this chapter is the idea that the body was not only intended for destruction but that it was also, at least to some extent, repairable. Prosthetics and facial masks made the body, at first glance, complete again. This results in the assumption that bodies afflicted by war needed to be repaired; normalisation became some sort of obligation. As shown by Bourke, this applied to many men. She states that over 41.000 soldiers had a limb amputated and 60.500 suffered from wounds in the head or eyes.¹¹⁴ The body was affected in many ways, soldiers were subjected to the idea that the body and their masculinities were feasible and could be reconstructed, but in practice it turned out they were never the same again.

¹¹³ Jones and Wessely, *Shell Shock to PTSD*, 45.

¹¹⁴ Bourke, *Dismembering the Male*, 33.

4. The Representation of Wounded and Disabled Soldiers and Veterans in Art

“My hatred of men has grown to enormity. It seems I shall slowly approach the madness of despair... I am crossing bare hell - white, skull white. The ragged sky stands in the window, but I never see the stars. Above the beds hang black birds; the nameplates of the sick animals. All human features have disappeared from their faces.”¹¹⁵

— Georg Grosz

This chapter discusses paintings, drawings and pastels, made by German artists Otto Dix and Georg Grosz, and British artists Christopher Nevinson and Henry Tonks. Photographs are considered and compared to pastels made by Henry Tonks, because his art was primarily used to supplement clinical photography. Central to this chapter is the representation of the wounded and disabled bodies of First World War. I analyse them through an art historical-lens and with a focus on concepts related to disability studies such as discourse, *normalcy*, *abnormality* and the construction of those notions. In the following paragraph general developments in the arts at the time of the First World War are mapped, in order to create a context for the works that will be analysed. Next, separate paragraphs are devoted to each artist and several of their artworks.

4.1. The avant-garde

One of the most important and major features of art is that it mirrors changes, moods and significant events in society. The war formed a frequent topic in the oeuvre of various war artists since many artists served as soldiers. Central to the Western arts around 1900 was the avant-garde movement. Artists were looking for new perspectives to represent reality. The desire for this new and modern perspective was accompanied by the tendency to end existing traditions and conventions. Impressionism, expressionism, futurism, cubism and fauvism are just a few examples of the groundbreaking ways reality was reconsidered.¹¹⁶

Once the war broke out, it became clear that artists held very different feelings towards it. There was optimism, excitement, nationalism and on the other end of the spectrum fear, disgust and aversion predominated. War artists attempted to capture their sentiments using the new methods the avant-garde movement provided. The new ways to represent reality often provided a distorted vision that suited the overruling sentiments of abhorrence the war evoked once its effects

¹¹⁵ R. Cork, *A Bitter Truth. Avant-Garde Art and the Great War* (London 1994) 154.

¹¹⁶ H. Honour and J. Fleming, *Algemene Kunstgeschiedenis* (Amsterdam 2009) 798-803.

on the male body became visible.¹¹⁷ For instance, Fernand Legér used influences from the futurist and cubist movements in his painting *La Partie de cartes* (1917) (fig. 7). The arms of the men playing cards are barely attached and depicted in a mechanical robotic way. Richard Cork argues it is likely Legér based his card-playing figures on dismembered veterans wearing prosthetics that he encountered.¹¹⁸ The combination of elements stemming from futurism and cubism underpin the justification of the subject that Legér used.

Many artists were agitated by the gap between the idealising propagandist view the government provided of warfare and the actual struggle for survival in the trenches that most of them experienced for themselves.¹¹⁹ When it comes to the disabled body and the possibility of reconstructing it, this provides an interesting perspective. As pointed out in the previous chapter, the government also encouraged and aestheticised the use of prosthetics. A lot of artists were critical when it comes to the possibility of normalising the destructed body. This critical attitude towards the First World War was mirrored by the dadaist movement that started in 1916 in Switzerland and became an international movement. Consisting of poets, performers, writers and artists, this movement was characterised through its left-wing anti-war, anti-capitalist and anti-art convictions.¹²⁰ Dadaism promoted the creation of art through the use of intuition and nonsense, often incorporating *object trouvés* and collage-like elements.¹²¹ Otto Dix was initially in favour of the war and the need for a total destruction by means of it, but eventually he decided to side with the dadaists. Richard Cork notes that the explicit depiction of wounded, decaying and crippled bodies is typical for Dix's art (fig. 8 and 9).¹²² *Verwundeter* (1924) shows a soldier lying on his back (fig. 8). He has a gaping wound in his abdomen, his intestines are out. His helmet has tilted on his head and his expression is one of pain and fear, his mouth is opened wide in what might be a scream. *Schädel* (1924) shows a decomposing skull, covered with maggots and worms that are crawling out of the eye-sockets (fig. 9). It is evident that the avant-garde movement provided artists with new methods and perspectives to depict the effects of modern warfare on the body.

4.2. Henry Tonks

Henry Tonks (1862-1937) is central to this paragraph. The practice and purpose of his art are explained and the discussed artworks are related to theoretical concepts like the *medical gaze* and the normalisation of the body in the light of plastic surgery. Tonks was born in Solihull and decided to study medicine. Later on in his career he thought about specialising in surgery. Tonks was not only passionate about medicine, but he was intrigued by art as well. When he was offered a

¹¹⁷ Malvern, *Modern Art, Britain and the Great War*, 5.

¹¹⁸ Cork, *A Bitter Truth*, 165.

¹¹⁹ *Ibidem*, 8-9.

¹²⁰ C. Harrison and P. Wood (ed.), *Art in Theory 1900-2000. An Anthology of Changing Ideas* (Oxford 2003) 222-223.

¹²¹ E. Doss, *Twentieth-Century American Art* (Oxford 2002) 68-72.

¹²² Cork, *A Bitter Truth*, 10.

professorship in art he did not hesitate and chose art over medicine.¹²³ Later on in his artistic career Tonks was employed by surgeon Delf Harold Gillies, in order to help him mapping surgical procedures and healing processes. The pastels, sketches and drawings that emanated from this cooperation were initially considered as medical records. They were only recently exhibited as art.¹²⁴ Tonks had an advantage over other artists in this particular profession because he had profound knowledge of the human body due to his medical training. In the next paragraph the way Tonks made his pastels and his use of pastel as a medium is examined. Clinical photographs and pastels are juxtaposed in order to compare the extent to which the patient was exposed to the *gaze* of the photographer and to Tonk's *gaze*.

4.2.1 Practice and material

During his employment under Gillies, Tonks depicted a lot of men suffering from facial injuries. One of them was Charles Deeks, who was caught in an explosion. This led to the obliteration of the biggest part of his right cheek and mouth. The pastels depicting Deeks are characterised by the loose manner in which the pastel is applied and by the bright colours that were used (fig. 10 and 11). The use of pastel implies that Tonks worked swiftly and did not spend a lot of time depicting the patients, since pastel does not require any preparation nor drying time between layers. Also, it can be easily faded or softened to make colours blend.¹²⁵ These qualities made it a very suitable medium for the depiction of wounds. It was important for the surgeon to have a clear image of wound edges, bruises and scars to map the patient's recovery or to schedule surgery. The different shades of pink, purple, blue and yellow often presented a more realistic and clearer picture of the wounds than the clinical photographs that were in black and white (fig. 12 and 13).¹²⁶

Historian and expert on facial wounding in art, Suzannah Biernoff, made some interesting observations regarding the comparison of clinical photography to Tonks' pastels. Although they were both used for the same purpose, they depict the patient in entirely different ways. Photography only captures the surface and it also creates a certain distance, according to Biernoff. A moment was literally captured in a flash, it was merely a visual report. Also when it comes to the actual practice of taking the photos, a big difference is noticeable. Patients had to sit in front of the lens, having no direct contact with the photographer due to the physical presence of the camera between them. The patient was probably very aware of his wounds and scars because he was exposed to the *gaze* of the photographer and was not able to *gaze* back because he had to look into the lens. Concerning the practice of the pastels, Henry Tonks sat at the bedside of the patient. They most likely had some sort of conversation and Tonks chose the colours and used the pastel with precision and care, alternating his *gaze* between the patient's face and his canvas. The

¹²³ J. Freeman, 'Professor Tonks: War Artist', *The Burlington Magazine* 127 (1985) 284-293, 285.

¹²⁴ Exhibition, 'About Face - Pastels by Henry Tonks', Durham Light Infantry Museum, May-June 2012.

¹²⁵ Biernoff, 'Flesh Poems', 37.

¹²⁶ *Ibidem*, 37.

patient was able to *gaze* back at him, making the portrayed and the artist equals. The patient was no longer only a medical problem waiting to be resolved, but he regained a part of his dignity and humanity in Tonks' pastels. Biernoff also points out that Henry Tonks frequently wrote the names of the patients onto his works, he paid extra attention to depict parts of their collars, linens or pillows; aspects that are not necessary to depict because of the medical and surgical purposes of the pastels.¹²⁷

Sketches that were made to map surgical operations also show how Tonks tried to capture the patient's (in this case Deeks') identity (fig.14). Despite the fact that these drawings are quite abstract, Tonks paid extra attention to depicting the fine lines around the eyes. Taking a closer look, Deeks is gazing directly at the viewer, his eyes are highly expressive. Tonks could have chosen not to depict the eyes, since Deeks' right cheek and mouth were the areas that needed reconstructive surgery. This demonstrates Tonks' emotional understanding regarding the patients. Highlighting the modern miracles plastic surgery could do by underscoring hardships patients had to face before being operated on, could create a foundation for the new medical expertise of plastic surgery. On top of that, it affirmed the positive value connected to *normalcy* and the complete, healthy body.

4.2.2. The medical gaze and plastic surgery

Looking at the differences between medical photographs and Tonks' pastels with the *medical gaze* in mind, it appears that photography led to the objectification of the patient as a medical problem. The identity of the patient was emphasised in Tonks' pastels and this (to some degree) surpassed the fact that he was seen as abnormal.¹²⁸ The pastels and clinical photographs contributed to the discourse of disability and the normal body on another level. In the records a strong emphasis is placed on the appearances of the patients before and after the procedure. This is logical from a medical perspective; patients were operated on so their faces could heal, but it did definitely set the standard when it comes to defining what was normal and what was not. Not only was surgery meant to make the pain bearable, there was also a strong intention to make the face more beautiful. Biernoff notes that, in some cases, clinical photographs were retouched in order to make the end result look better. Small alterations with pencil were made to make the face look more symmetrical.¹²⁹ Anna Carden-Coyne describes the standards of beauty that plastic surgery abided to, namely a classical, statuesque and symmetrical ideal.¹³⁰

Applying theories by Foucault regarding power and discourse¹³¹, shows that the hospital, particularly the medical discipline of plastic surgery, had strong intentions to normalise the body. The patient was subjugated to the power of the surgeon, whose intention was to repair the face not

¹²⁷ Ibidem, 37.

¹²⁸ Carden-Coyne, *Reconstructing the Body*, 97-99.

¹²⁹ Ibidem, 95.

¹³⁰ Ibidem, 109.

¹³¹ Foucault, *The History of Sexuality*, 140.

only for medical reasons but also for aesthetic one's. One can wonder to what extent the patient was self-determinant or had *agency* when it came to procedures of reconstruction and the new appearance of his face. It is also questionable to what extent pain was taken into consideration. The idea that the body was malleable and repairable is illustrated by the desire to heal the face but also to improve it aesthetically.

Since Tonks studied and later on taught art, he also created artworks that were not directly related to his medical drawings and pastels but that can be seen in strong connection to his pursuits in the St. Mary's Hospital. *Saline Infusion* (1915) provides an interesting view on how Tonks perceived the body of the patient, the experience of being wounded and treated, the discourse between the doctor and the patient and it shows an interesting perspective on the bodily ideal of muscular Christianity (fig. 15). Depicted is a patient lying in a bed. He is being operated on by a surgeon on his right side, while his lower arm is held by a doctor standing on the left bedside. A nurse is standing by, observing the operation. It is clear that the patient is in pain, his upper body is taut and his neck muscles are tightened. Emma Chambers analysed this artwork and underscores the strong religious composition central to *Saline Infusion*.¹³² Suzannah Biernoff describes the artwork as a contemporary *pietà*; the bed symbolises the cross and the tools of the surgeon represent the instruments of the passion.¹³³ Biernoff also points out a possible erotic component captured in the painting and connects it to the vulnerability of the naked upper-body of the patient.¹³⁴ It seems that in this artwork the pose of the body in pain is interchangeable with the pose of the body in ecstasy.

When reconsidering the predominant ideal type of masculinity, namely muscular Christianity, it appears the patient depicted in *Saline Infusion* corresponds to this bodily ideal. The patient is muscular, lean and complying to the mesomorphic body type which is based on a straight posture, developed muscles and rectangular, athletic features (fig. 3). The religious iconography of the composition is important. As discussed in the first chapter, bodily health and beauty were inextricably linked to morality and mental wellbeing.¹³⁵ In the case of this work of art, this morality has strong Christian connotations of suffering and sacrifice.¹³⁶ Notable in *Saline Infusion* is that the focus is not on the wounding of the body, but on its pose; the wound and proceedings of the surgeon are hardly even visible. This underpins the assumption that being wounded, sick or disabled did not comply with morality, but at the same time Tonks captured the aesthetics of the wounded and treated body contributing to the image of the lifesaving doctor and the patient confiding in him. This concurs with the strongly rooted belief in the malleability of the damaged body.¹³⁷

¹³² E. Chambers, *Henry Tonks: Art and Surgery* (London 2002) 15-16.

¹³³ Biernoff, *Flesh Poems*, 39.

¹³⁴ *Ibidem*, 39.

¹³⁵ Ladd and Mathisen, *Muscular Christianity*, 13-14.

¹³⁶ Biernoff, *Flesh Poems*, 39 and Chambers, *Henry Tonks*, 15-16.

¹³⁷ Hansen and King, 'Eugenic Ideas, Political Interests, and Policy Variance', 240.

4.3 Christopher Nevinson

This paragraph covers the work of Christopher Nevinson (1889-1946), also a British war artist. Nevinson's work is used as a case to look more closely into the exhibition policy imposed on artists at the time of WWI, in order to reveal discourses concerning the depiction of wounding and death. Nevinson was a painter, lithographer and etcher who was educated by Henry Tonks. According to Sue Malvern, he was one of the most important British war artists.¹³⁸ He is often brought in relation to one particular painting he made connected to the First World War; *La Mitrailleuse* (1915) (fig. 16).¹³⁹ Remarkable about this painting is that it is characterised by futurist and cubist influences. It shows four soldiers in the trenches, three alive and one dead, surrounded by wooden beams and barbed wire. One of the soldiers is operating a machine gun, focussing on the enemy who is not visible for the viewer. Taking into consideration that Nevinson used influences stemming from the cubist and futurist movements, it appears this abstract, geometrical and deconstructive manner of depicting warfare suits the topic of the painting; the machine gun. As discussed in the second chapter, the main goal of this advanced piece of weaponry was to deconstruct and maim the human body. By representing the four men, the machine gun and their ravaged environment in angular, almost dehumanised blocks, Nevinson mirrors the deconstructive effects of the machine gun in his style of painting.

Nevinson made numerous paintings in relation to the effects of WWI on the body. Malvern relates his interest in this topic to his activities as an ambulance driver during the war.¹⁴⁰ Reverting to the wounded body, having a look at Nevinson's *The Doctor* (1916) can provide an insight into its treatment (fig. 17). The artwork was exhibited in Washington in 1919, where 250 works of the British War Art collection were shown. The painting depicts several wounded soldiers who are being treated in a shed, after the battle at Dunkirk.¹⁴¹ Doctors and other medical staff are busy treating the injured. The man central in the composition is sitting on a stretcher, his mouth is opened in agony and a doctor is inspecting a head-injury that is most likely to be serious, since there is blood dripping down his bare torso. Another soldier, probably deceased, lies on a stretcher next to him. On the background, a soldier is seen from the rear with his pants on his knees and with a gaping wound in his buttocks.

Historian Anna Carden-Coyne states there is nothing heroic about war-injuries. She argues that by depicting the uncompromising ways of treatment and wounding, Nevinson aimed to show the degrading effects the war had on the human body and hardened them by using a cubist, abstract style.¹⁴² Showing men as weak and dependent threatens the traditional notion of masculinity in which men are considered to be strong and domineering. On the other hand, she

¹³⁸ Malvern, *Modern Art, Britain and the Great War*, 5-10.

¹³⁹ *Ibidem*, 10.

¹⁴⁰ *Ibidem*, 5.

¹⁴¹ Imperial War Museum, 'The Doctor' object information <<http://www.iwm.org.uk/collections/item/object/20221>> (2 June 2015).

¹⁴² Carden-Coyne, *Reconstructing the Body*, 87-89.

states that the war created a pleasure culture in Britain. She argues that there was something gruesome but fascinating about wounded bodies. Also, people wanted to know what their loved one's went through fighting in the trenches and art was an ideal medium for this purpose. Carden-Coyne argues that art can be seen as a way of transmitting a part of the bodily experience of war to the viewer.¹⁴³ Considering the big interest in the depiction of the wounded body from the perspective of the *gaze*, it seems people used works of art similar to *The Doctor* by Nevinson to look at wounding and treatment. Artworks provided them with an opportunity to witness events they could not normally encounter. On top of that, they could look at wounding and treatment without staring at real wounded men and being gazed back upon.

Christopher Nevinson made another artwork worth mentioning, *Paths of Glory* (1917) (fig. 18.). The bodies of two men are lying, face-down, in the mud of no man's land. They are faceless, they have no identity, they could be anyone. Despite the fact that the men depicted are deceased and no injuries can be detected, this artwork is important because of the events that occurred when the painting was exhibited. Nevinson wanted to include *Paths of Glory* in an exhibition held in the Leicester Galleries in 1918, but he was forbidden to do so by Lieutenant-Colonel Lee who was in charge of censoring art. According to him, the depiction of dead bodies would affect war-morale amongst civilians and soldiers, causing battle-anxiety and defeat. Nevinson decided to censor his own artwork by applying a brown piece of paper over the dead bodies, reading 'censored'. He was reprimanded for his actions but at the same time gained a lot of publicity.¹⁴⁴

With reference to Foucault's notions of *discourse* and *power*, the army and the government had an extensive influence regarding the depiction death and wounding. By forbidding the exhibition of artworks featuring the horrific effects the war had, they (deliberately or not) contributed to the standards of *normalcy* and *abnormality*. The government used its overruling political power in order to maintain morale over its citizens and strongly contributed to the discourse of wounding, disability and death. They attempted to manage the representation of the dead and wounded bodies, contributing to what Foucault interpreted as *biopolitics*; the power the government executed in managing the bodies and minds of their citizens.¹⁴⁵

4.4. Otto Dix

This paragraph shifts the focus from the Great Britain to Germany by discussing several of Otto Dix's (1891-1969) artworks. This demonstrates the different depiction of war-maimed bodies overseas. It also shows that Dix used different artistic styles than Tonks and Nevinson, to match the more shocking image he provided of wounding and disabilities.

Dix was enthusiastic about the war and immediately volunteered. He entered the army in 1914 and was discharged from service in 1918. He fought in the battle of the Somme, for some

¹⁴³ Ibidem, 89.

¹⁴⁴ Imperial War Museum, 'Paths of Glory', <<http://www.iwm.org.uk/collections/item/object/20211>> (7 July 2015).

¹⁴⁵ Foucault, *The History of Sexuality*, 140.

soldiers known to be the worst battle of the war.¹⁴⁶ Dix himself did not suffer serious physical wounding or disabilities during the war, but seeing this happen to his fellow soldiers affected his mind in an irreversible manner.¹⁴⁷ A common misconception about Dix's own war history in connection to his artwork is pinpointed by art historian Ann Murray. She notices that Dix is often seen as a 'passive observer' since he did not suffer any physical damage and subsequently his artwork is denoted as a mere eyewitness report.¹⁴⁸ According to Murray, Dix definitely was a participant since the war affected him in a psychological way. His artwork should therefore be interpreted as a mental residue of his war experiences.

In light of this mental scarring, Dix adapted a style of painting and drawing that is very typical for him and that is easily recognised, for it is said that some of his artworks belong to the *Neue Sachlichkeit* (or new objectivity), an art movement focussing on depicting social issues in a cartoonish, narrating and abstracted style.¹⁴⁹ However, Karcher argues that some of his works can also be regarded in the light of dadaism, since he incorporates elements of collage into his artworks and he exhibited some of his works at the Dada Fair in Berlin in 1920.¹⁵⁰ The strong dadaist influences can be seen in *Prager Straße* (1920). For instance in the application of newspaper headlines on the canvas, addressing the rising anti-Semitic sentiments (fig. 19). A lot is happening on the canvas, but the man with wooden prosthetics immediately attracts the eye of the viewer. His weather-beaten face with hollow cheeks are the least of his worries since he only got his right arm left. The rest of his limbs are replaced by wooden prostheses. In the foreground, a man without legs rolls by on a board on wheels. Dix adapted the image of veterans begging on the streets as a symbol for the disillusion created by the war,¹⁵¹ but also in order to uncover the intolerant attitudes towards soldiers who returned from the war with mental and corporeal disabilities.¹⁵² Looking at the background, it becomes clear that the man is sitting against the window of a shop that sells high-end prosthetics, corsets and wigs. This is an ironic statement, since the begging veteran sitting outside could never afford such advanced prostheses. In her article, Murray points out that limbless veterans who were poor, suffered a lot more than men who were richer or higher in rank.¹⁵³ Being able to work was very important, not only to provide for oneself but also to be able to feel masculine. On top of that the power relations between men and women shifted; women were working and a lot more self-sufficient than before the war. This further eliminated the possibility for a man to be the provider of the household.¹⁵⁴ The transition from being a hero when going to war to coming home with no place in a new society and as literally half a man

¹⁴⁶ J. Winter, *Remembering War. The Great War Between Memory and History in the Twentieth Century* (London 2006) 232.

¹⁴⁷ Cork, *A Bitter Truth*, 251.

¹⁴⁸ A. Murray, 'Reformed masculinity: trauma, soldierhood and society in Otto Dix's War Cripples and Prager Straße', *Journal of the Irish Association of Art Historians* 6 (2012) 1-19, 2.

¹⁴⁹ S. Plumb, *Neue Sachlichkeit 1918-1933. Unity and diversity of an art movement* (New York 2006) 15.

¹⁵⁰ E. Karcher, *Otto Dix, 1891-1964. Leben und werk* (Köln 1988) 251.

¹⁵¹ Cork, *A Bitter Truth*, 251.

¹⁵² Murray, 'Reformed masculinity', 4.

¹⁵³ *Ibidem*, 15-16.

¹⁵⁴ Nye, 'Western Masculinities in War and Peace', 432.

was a big one. On top of that, disabled veterans had to get used to their new statuses and their exclusion from traditional, autonomous masculinity.

An artwork by Otto Dix that provides an interesting viewpoint is *Die Skatspieler* (1920) (fig. 20). Also incorporating collage-like elements in the shape of newspaper headlines, which is typical for the dadaist movement, this artwork shows three crippled veterans playing a game of cards. It is almost impossible to see where the coat stand and table and chairlegs start and where their prostheses end. What stands out are their faces. The men are missing eyes, noses, jaws, cheeks, ears and they are covered in scars. The man sitting on the left has a tube in his head and both the man in the middle and on the right have metal jaws. This intersection between men and machine was made by Dix for a reason, namely to show the dark side of modernisation and technological progress. The promising inventions that made warfare a lot more 'efficient' resulted in the destruction of the body. Richard Cork argues that same promising technological and medical inventions were then used to reconstruct and heal the body, but they led to further maiming it by turning it in a combination between flesh and machine.¹⁵⁵

Otto Dix made one particular drawing that can be related to the medical artworks by Henry Tonks. *Skin Graft* (1924) strongly resembles Tonk's pastels, even when it comes to the depiction of parts of the patient's clothing (fig. 21).¹⁵⁶ A man is sitting on a hospital bed, wearing striped pyjamas, looking straightly at the viewer with his right eye. The left half of his face is shattered and consists of a patchwork of stitches, scars, misplaced plucks of hair, teeth and open wounds. The big difference with Tonks' pastels lies in the technique that was used; Dix made use of very sharp and clear lines that did not so much underscore the fleshliness and softness of wounds and tissue as in Tonks' pastels, but emphasised scars, shades, wrinkles and stitches. It therefore provides a totally different perspective on facial damage and the abilities of the plastic surgeon.

Not only physical injuries and the social status of disabled veterans wearing prostheses were important to Dix. This can be derived from *Fliehender Verwundete (Sommeslacht)* from 1916 (fig. 22).¹⁵⁷ The etching shows the portrait of a man in despair, according to the title, fleeing away from the battlefield at the Somme. It is possible this was an actual person Dix encountered since he was fighting in this battle. Although the man appears to be slightly injured on one arm and his forehead that is mostly covered in bandages, his facial expression of pure anxiety stands out most. His open mouth and big eyes with dilated pupils make it seem as if he looked death in the eye and managed to escape.

It appears that Dix witnessed the horrors afflicted by the First World War first hand. Despite the fact he did not suffer from physical wounds, his mental scars are explicitly represented in his artworks.¹⁵⁸ Looking through the lens of disability studies, it appears that Dix wanted to disrupt the

¹⁵⁵ Cork, *A Bitter Truth*, 254-255.

¹⁵⁶ MoMa, 'Works from the Collection', <http://www.moma.org/collection_ge/object.php?object_id=63267> (3 July 2015).

¹⁵⁷ MoMa, 'The War', <http://www.moma.org/collection///browse_results.php?criteria=O%3ATA%3AE%3Avo63259&page_number=10&template_id=1&sort_order=5> (1 July 2015).

¹⁵⁸ Murray, 'Reformed masculinity', 2.

emphasis on *normalcy* and the normal body by explicitly showing wounds, scars and disability. He wanted to express his dissatisfaction about the situation by showing that the body could not be repaired and that mental damage was something that was real.¹⁵⁹ Disability scholars argue for the acceptance of the different body as it is, and Dix's denial of the malleability of the body by plastic surgery or the usage of prosthetics and masks in order to make men functional again can be seen as an extension of this ideology.¹⁶⁰ Although Dix shows the horrors of war-wounding, he also shows that some medical interventions only made matters worse thus indirectly advocating the acceptance of the wounded body instead of medically interfering with it. Taking discourse and power into consideration, Ann Murray shows that Dix picked up on the tensions and the changing attitudes towards disabled veterans returning into society by showing a poor, begging veteran wearing cheap wooden prosthetics in front of a shop selling expensive, high-quality ones (fig. 19). These differences affected the veteran's masculinity by depicting him as someone dependant and in need for help, while masculinity was based on being autonomous and strong in order to be able to claim one's country. Murray points out that this shift in masculinity is mirrored in Dix's painting.¹⁶¹

4.5 Georg Grosz

This paragraph is about two artworks made by Georg Grosz (1893-1959), a contemporary of Otto Dix. Grosz's artworks can be linked to the *medical gaze* and the traumatising effects of WWI on the mind. Grosz also experienced the First World War from up close. Unlike Dix who was initially very optimistic, Grosz feared the war and did not volunteer but anxiously waited until he was called to fulfil his conscription.¹⁶² In 1917 he was admitted to a hospital, because his mental condition became too severe. A few days later, a doctor declared him healthy enough to return to war and he was commanded to give up his bed. Grosz then attacked the doctor and a fight arose.¹⁶³ The traumatic experience of a possible recalling and being subjected to a medical examination is mirrored in a drawing by Grosz which, due to its narrating and cartoonish style, belongs to the *Neue Sachlichkeit*.¹⁶⁴ The drawing is titled *K.V.* (1916-1917) short for 'Kriegsdienst-Verwendungsfähig', meaning a soldier was healthy enough to return to the battle field (fig. 23). Central to the drawing is a skeleton that is being examined by a doctor holding an ear trumpet to the skeleton's intestines and stating 'KV', meaning the skeleton is healthy enough to go back to war. Surrounding the central scene are officers and other medical personnel. They appear to be talking and gloating over the examined skeleton, some showing their disinterest by looking away.¹⁶⁵

¹⁵⁹ Jones and Wessely, *Shell Shock to PTSD*, 19.

¹⁶⁰ Murray, 'Reformed masculinity', 16.

¹⁶¹ Murray, 'Reformed masculinity', 1-19.

¹⁶² Cork, *A Bitter Truth*, 154.

¹⁶³ *Ibidem*, 154.

¹⁶⁴ S. Plumb, *Neue Sachlichkeit 1918-1933*, (New York 2006) 15.

¹⁶⁵ Cork, *A Bitter Truth*, 154.

This drawing forms a representation of Grosz's fear of returning to the front lines¹⁶⁶, but taking a closer look reveals it is more than that. The *medical gaze* is illustrated by this drawing and the context it was made in. The doctors and the officers already made up their minds before examining the skeleton; they would send it back to war, overlooking (or ignoring) the fact that it is a skeleton and not a (recovered) man. By focussing strongly on whether or not the body is physically ready for battle, identity and feelings were overlooked. This is typical for the *medical gaze*; in the context of this artwork, the body is nothing more than a clinical problem.¹⁶⁷

An artwork by Georg Grosz that can be related to *Prager Straße* (fig. 19) by Otto Dix is *Der Held* (fig. 24). This lithography was made by Grosz in 1933 and also shows a one-legged veteran sitting on the sidewalk. He is holding his crutch under his arm and a bunch of flowers in his hand. The focus is on his face; his eyes are nothing more than black holes and his mouth is shaped in a fixed grimace. The austere title indicates that this man was once a hero, but now he has to beg for change. This artwork not only confirms that mental wellbeing was often linked to physical health but it also shows that men lost their masculinity. The depicted veteran was not able to regain his position in society and became dependant and helpless. This artwork represents the man as pathetic, sad and rejected instead of strong, muscular and autonomous. The hero was not only rejected from society but also from the category of *normalcy* he once belonged to.

Similar to Dix, Grosz mirrors the rueful faith of the disabled veteran, pinpointing the discourse of disability in post-war society.¹⁶⁸ Grosz also captured the fear of going to war in *K.V.*. The skeleton receiving a positive verdict, reveals the discourses that dominated medical examinations, but it also illustrates the focus on sending as many men to war as possible, while not taking their mental conditions and anxieties into account.¹⁶⁹ Most of these conditions were not physically visible, making it hard to distinguish between soldiers who pretended they suffered from a mental disorder in order to escape the war and soldiers who actually were mentally ill. The skeleton is subjected to the *medical gaze* in the sense that the individual and its feelings are totally surpassed by focussing only on the medical and physical condition of the body.¹⁷⁰ In the case of this particular lithography, the *medical gaze* focussed on whether or not the skeleton was fit to fight.¹⁷¹

4.6 Summary

In this chapter I focussed on answering the question: **'How did Henry Tonks, Christopher Nevinson, Otto Dix and Georg Grosz depict wounded and disabled soldiers and veterans in their artworks?'** What stands out is the difference between the artists from Great Britain and the

¹⁶⁶ Ibidem, 154.

¹⁶⁷ Godard, 'A better reading', 1072-1073.

¹⁶⁸ Cork, *A Bitter Truth*, 255.

¹⁶⁹ Ibidem, 154.

¹⁷⁰ Ibidem, 155.

¹⁷¹ Ibidem, 154-155.

artists from Germany when it comes to the representation of the wounded and disabled WWI soldier in art. Artists in Great Britain generally preferred to depict the wounded, disabled or deceased soldier in an abstract manner. Christopher Nevinson made use of influences from futurism and cubism in order to present the viewer with a stylised view on the war. Also contained in this abstract, cubist representation, are strong connotations to technology and question what technological progress really meant in the form of weapons affecting the body.

Henry Tonks made frequent use of pastel in order to depict the softness and fleshliness of facial wounds suffered by patients, leading to an aestheticised view on wounding. In Germany, this representation was entirely different. Otto Dix and Georg Grosz expressed their traumatic experiences and their discontent about the way disabled veterans were treated by society in their paintings and drawings. Realistic cartoon-like drawings, etchings and lithographs, sometimes consisting of just a few simple lines or collages, explicitly showed the effects of WWI on the body. Grosz and Dix did not disregard the mental effects the war could have. In both their oeuvres is room for the depiction of the soldier suffering from shell shock, trauma, anxiety or a combination of the latter.

According to Nye, a possible explanation for this difference in the depiction of wounded and disabled veterans and soldiers can be found in the different war-time experiences soldiers from different countries had. There was a big difference whether a man returned to a culture of victory or to one of defeat. Since Germany lost the war, German men might have felt they sacrificed their bodies, identities and masculinities in vain.¹⁷² In the artworks by Dix and Grosz this resulted in the depiction of the wounded soldier in a grim, explicit and confrontational way, expressing discontent towards disabled veterans. In Great Britain, injured and disabled bodies were believed to be repairable and this belief was also mirrored in the arts.

Considering theories connected to societal discourses on disability, the (*medical*) *gaze* and power, it appears that looking at different countries, artists and works of art can lead to interesting findings. By comparing clinical photography to Tonk's pastels, it appears that pastels were a medium that was more open to negotiation due to the possibility of interaction with the artists and the option to *gaze* back. On top of that, it is shown that Tonks payed attention to the individual behind the facial injuries; he looked beyond the *medical gaze*. Patients were still exposed to it, but to a lesser extent.

In artworks by Grosz, the *medical gaze* is also a relevant concept. The skeleton is examined and gazed upon by a big group of high-ranked officers and doctors; there is a sole focus on physical appearance but the examiners fail to notice that they are looking at a skeleton. Regarding Foucault's theory, the hospital and the army are seen as institutions creating a discourse and practicing power over the men who were examined.

¹⁷² R. Nye, 'Western Masculinities in War and Peace', 430.

Christopher Nevinson decided to exhibit and censor a controversial artwork against all rules.¹⁷³ By forbidding him to exhibit it, the government confirmed discourse towards disabled, wounded and dead soldiers by preventing them from being depicted in art. There were certain horrific and demoralising things people were not allowed to see and these were regulated and kept away from the public by means of what can be interpreted as *biopolitics*.

The discourse of disability and the exploitation of soldiers and veterans becomes clear looking at Dix's and Grosz's artworks because they depict how limbless veterans were seen and treated in society. Even though they were initially seen as heroes, they often found themselves wearing cheap, wooden prosthetics while living on the streets.

Another conclusion drawn from this chapter regarding the visualisation of wounds and disabilities, is the strong hope and belief in the possibility that a body can be reconstructed and normalised that is expressed in the artworks by Tonks and Nevinson and a disbelief in this possibility of reconstruction in art by Dix and Grosz. Nevinson depicts the wounded soldiers in *The Doctor* with bandages.¹⁷⁴ Despite that they are in grave pain, they are being treated; help is being offered. The medical pastels by Tonks are characterised by strong focus on the patient 'before' and 'after' treatment, implying that the facial wounds could, to some extent, be normalised. Not unimportant, Tonks' art contributed to the normalising process of plastic surgery.

Dix and Grosz were far more explicit and sceptical than Nevinson and Tonks. Their artwork is grim and this reveals their disbelief in a reconstructable body. The belief in being normalised by prosthetics, surgery or masks is being torn to shreds by looking at the card playing veterans in *Die Skatspieler*, who are almost grown together with the furniture around them. Everything has already been attempted in order to normalise these men but they are still different, abnormal and disabled. From the perspective of disability studies, the distinction between categories of the abled and disabled body is emphasised and illustrated. This claim can be strengthened by looking at the muscular and athletic body within the ideal of muscular Christianity. None of the depicted wounded soldiers or veterans corresponds to this ideal, except for the patient depicted in *Saline Infusion* (fig. 15). This makes it even more credible that wounded veterans were marginalised after the war due to the discourse of disability.

¹⁷³ Malvern, *Modern Art, Britain and the Great War*, 37-38.

¹⁷⁴ *Ibidem*, 10.

5. Conclusion

5.1. Results

The question central to this research was: **How are wounded and disabled bodies of soldiers and veterans of the First World War represented in the arts?** In order to answer this question, a focus was placed on how normal and abnormal bodies were considered and represented before the war. Based on freak shows, it was argued that by developing an act and a stage persona around a condition, 'freaks' were able to distance themselves from their condition. To some extent, people connected *abnormality* to entertainment and the public was aware of the act performed by the 'freaks'. The relation between disabilities and entertainment vanished once the effects of the war became visible. Due to a growing interest in science, 'freaks' were increasingly seen as objects of study in the fields of anatomy and natural history.

Normalcy was attributed to the muscular and agile male body within the ideals of muscular Christianity. Wounded and disabled veterans did not correspond with this ideal. The sceptical attitude towards them was expressed in artworks by Otto Dix and Georg Grosz, showing veterans begging and being marginalized. (fig. 19 and 24). Eugenics, Darwinism and anthropometry strengthened the belief in the malleable and measurable body, making it plausible that disabled soldiers and veterans belonged to the category of the 'abnormal' in society and in science. Being unable to work and regain their former position in society and the household, led to the destabilisation of traditional masculinity and manhood.

Masculinity appeared to be an irreconcilable concept in relation to disability. Being masculine while being disabled is argued to be problematic because disability is seen as a condition that restricts in a physical way but also in a societal one. Men marching to war were seen as strong, complete and heroic. They were brave enough to fight and sacrifice themselves for their countries. Becoming injured, losing a limb or losing their faces totally changed the idea they had of themselves but it also changed the way they were perceived. They could no longer identify with masculinity and they were no longer associated with it. On top of that, their war-inflicted injuries and disabilities made it more difficult for them to accept their new bodies since they were used to being 'normal'. The dependant status of war maimed veterans is mirrored by Dix and Grosz, but also by Nevinson who showed the degrading aspects of wounding and treatment by depicting a soldier with wounded buttocks (fig. 15).

The aggressive character of the war and technological inventions are described in the third chapter. Concluded was that the male body was meant to be damaged, but could also be repaired again. In Great Britain this was a dominant idea and the strong belief in the recuperative qualities of the body is mirrored by Tonk's pastels. By applying a formal analysis on the technique Tonks used and by looking at what he actually depicted, it appears plastic surgery can be seen as a method to reconstruct *normalcy*. The artworks by Nevinson contribute to the belief in the repairable body. Due to the cubist elements he used, the soldiers depicted consist out of geometrical blocks that can be arranged and

rearranged. The viewer attempts to reshape and reconstruct the painting and thus the bodies of the soldiers.

Masks and prosthetics can also be seen as methods to reconstruct and normalise the body. There was however a big difference in the ways soldiers with different types of disabilities were treated. This discourse of disability is shown in *Prager Straße* by applying an iconographic approach combined with concepts from material culture studies (fig. 19.). By depicting a man with (cheap) wooden prosthetics, sitting in front of a shop selling the finest mechanical limbs, Dix reveals the inequality and class differences among limbless veterans but also the dependant position they were put in, undermining their masculinities.

Pivotal to this conclusion is the difference between the depiction of the wounded body by artists from Great Britain and Germany. In Great Britain the belief in the repairable body was mirrored in Tonks' pastels. Nevinson showed treatment and care being offered to wounded soldiers, whereas Dix and Grosz showed the horror of wounds and their skeptical attitudes towards the abilities of the surgeon and medical care. The government attempted to manage the representation of dead and wounded bodies in Nevinson's art. This can be interpreted as *biopolitics*; the desire of rulers to manage the bodies and minds of their nationals.

When it comes to the artistic styles used by the different artists, the difference between Germany and Great Britain also shows. Otto Dix and Georg Grosz employed collage, cartoonish features and strong harsh lines stemming from dadaism and the *Neue Sachlichkeit*, in order to add a sceptical and socially critical layer to their art. Henry Tonks aestheticises facial wounds by applying soft coloured pastel and Nevinson employed cubist and futurist elements in order to connect wounding and disability to technological developments in warfare. A reason for this difference could be that Germany lost the war. Artists there felt the sacrifice and mutilation of men had been for nothing. This frustration and discontent were subsequently expressed in artworks that were explicit and expressed critical sentiments towards society, the government and their neglect of disabled veterans.

A recurring motive in this chapter is that of the *gaze* and being gazed upon. People wanted to see what the war did to the human body and the above mentioned artists answered to this demand. Connections to the *medical gaze* are made by looking at Tonks' pastels; patients were exposed to Tonk's *gaze* but to a lesser extent than to the *gaze* of the clinical photographer. Theories about the *medical gaze* are also illustrated in *K.F.* by Grosz and are combined with his overruling anxiety and fear of going back to battle (fig. 23). Using a biographical perspective helped elucidate the way soldiers were examined and subjected to the *medical gaze*.

An important aspect to the representation of the wounded disabled soldier in art, is that artists were aware of the existing discourses regarding *abnormality* and disability. By showing the impoverished position of limbless veterans, Grosz and Dix expressed their dissatisfaction about the care for veterans who were once national heroes.

This thesis proves that there were many aspects to the representation of the body afflicted by war. The (institutional and societal) discourses towards the disabled, *normalcy*, *abnormality* and the *gaze* were all pivotal to the representation of the body afflicted by war. Artists employed their art to show their discontent about the war and its effects on the human body. Using influences and styles stemming from the avant-garde such as dadaism, the Neue Sachlichkeit, cubism and futurism, artists reflected on wounding, healing and treatment. This led to different forms of the representation of wounded and disabled bodies that coexisted and corresponded to locally prevailing attitudes towards war-afflicted bodies.

5.2. Reflection

This research proves that an art historical method, underpinned with concepts from disability studies and material culture studies provides new ways of looking at art and disability. It turned out that the use of disability studies deepened the art historical perspective and made it easier to understand the marginalised position of the disabled and wounded soldiers depicted. The implementation of terms indicating an opposition between the abled and disabled body made it possible to understand how disabled people were perceived and what (normal) people were supposed to look like at the time of WWI.

It appeared masculinity and disability are in conflict with each other because the autonomous and independent connotations of masculinity are incompatible with the idea that the disabled are weak and in constant need of help and assistance in order to function. Connecting this knowledge to the representation of wounded and disabled soldiers, who were clearly seen as different, disabled, non-masculine and as 'others', made it possible to gain an understanding in the diverse ways artists chose to depict them. Focussing on *normalcy*, *abnormality* and the socially and culturally constructed narrative of disability, resulted in new insights regarding the depiction of disabled soldiers in art. The rewarding use of disability studies as a methodology proves Garland-Thomson's advocacy for disability studies to be implemented more often in multi-disciplinary research.

The triple-layered art historical method I applied was also enhanced by the use of material culture studies. Focussing on the material aspects of historical objects, (in the case of this research prosthetics and masks) seems similar to the first step in my art historical methodology, namely a formal analysis. However, without focussing on the difference between wooden and metal artificial limbs the class inequalities among disabled veterans would not have become clear. Using material culture studies also made clear that facial masks were made by artists, this shows the overlap between art and the medical world. The iconological context that makes up the third layer of the art historical approach is thus enriched by the use of material culture studies.

Applying this iconological approach to consider the context artworks were made in, showed that the style artists used contributed to the image of wounded soldiers and disabled veterans they wanted to convey. Focussing on particular artists makes clear that it is worthwhile to take the course of their lives

into consideration. Knowing that the artists all experienced the war adds extra depth to the context of their works and helped to pick up on discourses in society at the time.

Despite the fact WWI affected the entire world and thus soldiers from a lot of different countries, I only focused on artists from Great Britain and Germany. Of course, soldiers with different nationalities suffered from injuries and disabilities as well. It is important to underscore that situations soldiers returned to were perhaps different from those in Great Britain and Germany. This immediately leads to interesting opportunities for a next research on this topic. Expanding the number of artists and artworks might lead to a deepened comprehension of what disability studies can contribute to the understanding of art depicting maimed and disabled soldiers and veterans. It is important to remember that the First World War changed a lot of men forever and therefore it is interesting and important to keep studying the art depicting them. Not only to remember them, but also to remember the enormous impact war can have on the human body.

Bibliography

Primary literature and sources

Alcott, W.A., *Young Man's Guide* (Boston 1836).

Gillies Archives <<http://gilliesarchives.org.uk>> (9 July 2015).

Gillies, D.H., *Plastic Surgery of the Face* (London 1920).

Secondary literature

Atenstaedt, R.L., 'Trench foot: the medical response in the first World War 1914-18', *Wilderness and Environmental Medicine* 17 (2006) 282-289.

Bamji, A., 'Facial Surgery: The Patient's Experience', in: H. Cecil and P. Liddle (ed.), *Facing Armageddon. The First World War Experienced* (London 1988) 490-501.

Bashford, A., and Levine, P., *The Oxford Handbook of the History of Eugenics* (Oxford 2010).

Bevir, M., 'Foucault and Critique: Deploying Agency against Autonomy', *Political Theory* 27 (1999) 65-84.

Buer, M.C., *Health Wealth and Population in the Early Days of the Industrial Revolution* (London 2006).

Bull, S., *World War I Trench Warfare 1914-16* (Oxford 2002).

Biernoff, S., 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47.

Biernoff, S., 'The Rhetoric of Disfigurement in First World War Britain', *Social History of Medicine* 24 (2011) 666-685.

Bourke, J., *Dismembering the Male. Men's Bodies, Britain and the Great War* (London 1996).

Callister, S., 'Broken Gargoyles': The Photographic Representation of Severely Wounded New Zealand Soldiers', *Social History of Medicine* 20 (2007) 111-130.

Carden-Coyne, A., *Reconstructing the Body. Classicism, Modernism, and the First World War* (Oxford 2009).

Chambers, E., 'Fragmented Identities: Reading Subjectivity in Henry Tonks' Surgical Portraits', *Art History* 32 (2009) 578-607.

Chambers, E., *Henry Tonks: Art and Surgery* (London 2002).

Coggins, C.C., 'The Uses of Style in Archaeology', *Journal of Field Archaeology* 19 (1992) 232-234.

Cooley, C.H., *Human Nature and the Social Order* (New York 1902).

- Cork, R., *A Bitter Truth. Avant-Garde Art and the Great War* (London 1994).
- Crossley N., 'The Networked Body and the Question of Reflexivity' in: Waskul, D. and Vannini, P. (ed.), *Body/Embodiment. Symbolic Interaction and the Sociology of the Body* (Hampshire 2006) 21-32.
- Darwin, C., *On the Origin of Species. by means of natural selection, or the preservation of favoured races in the struggle for life* (London 1859).
- Davies, L.J. (ed), *The Disability Studies Reader* (New York 1997).
- Doss, E., *Twentieth-Century American Art* (Oxford 2002).
- Durbach, N., "'Skinless Wonders": Body Worlds and the Victorian Freak Show', *Journal of the History of Medicine and Allied Sciences* 35 (2012) 1-30.
- Durbach, N., *Spectacle of Deformity. Freak Shows and Modern British Culture* (London 2010).
- Edwards, D.S. and Mayhew, E. R. and Rice, A.S.C, "'Doomed to go in company with miserable pain": surgical recognition and treatment of amputation-related pain on the Western Front during World War 1', *The Lancet* 384 (2014) 1715-1719.
- Freeman, J., 'Professor Tonks: War Artist', *The Burlington Magazine* 127 (1985) 284-293.
- Foucault, M., *The History of Sexuality* (New York 1978).
- Gibson, M. and Rafter, N.H., *Criminal Man. Cesare Lombroso* (Durham 2006).
- Godard, E., 'A better reading', *Canadian Medical Association Journal* 173 (2005) 1072–1037.
- Griffith, P., *Fortifications of the Western Front 1914–18* (Oxford 2004).
- Hansen, R. and King, D., 'Eugenic Ideas, Political Interests, and Policy Variance: Immigration and Sterilization Policy in Britain and the U.S.', *World Politics* 53 (2001) 237-263.
- Harrison, C. and Wood, P. (ed.), *Art in Theory 1900-2000. An Anthology of Changing Ideas* (Oxford 2003).
- Herron, R.E., 'Anthropometry: Definition, Uses and Methods of Measurement', in: W. Karwowski, *International Encyclopedia of Ergonomics and Human Factors* (New York 2001) 879-882.
- Holick, M.F., 'Resurrection of vitamin D deficiency and rickets', *The Journal of Clinical Investigation* 116 (2006) 2062-2072.
- Honour, H. and Fleming, J., *Algemene Kunstgeschiedenis* (Amsterdam 2009).
- Horne, J., Jary, D. and Tomlinson, A., (ed.), *Sport, Leisure and Social Relations* (New York 2014).
- Jones, E. and Wessely, S., *Shell Shock to PTSD. Military Psychiatry from 1900 to the Gulf War* (Sussex 2005).
- Karcher, E., *Otto Dix, 1891-1964. Leben und werk* (Köln 1988).
- Kevle, D.J., *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York 1995).

- Kimmel, M. and Aronson A., *Men and Masculinities. A Social, Cultural and Historical Encyclopedia* (Santa Barbara 2004).
- Ladd, T. and Mathisen, J.A., *Muscular Christianity: Evangelical Protestants and the Development of American Sport* (Michigan 1999).
- Lasén, A. and Gómez-Cruz, E., 'Digital photography and picture sharing: Redefining the public/private divide', *Knowledge, Technology & Policy* 22 (2009) 205-215.
- Lynton, N., *The Story of Modern Art* (New York 2010).
- Malvern, S., *Modern Art, Britain and the Great War. witnessing, testimony and remembrance* (New Haven 2004).
- Mangan, J.A. and Walvin, J. (ed.), *Manliness and Morality. Middle-class masculinity in Britain and America 1800-1940* (Manchester 1987).
- McHoul, A. and Grace, W., *A Foucault Primer. Discourse, Power and the Subject* (New York 1993).
- Murray, A., 'Reformed masculinity: trauma, soldierhood and society in Otto Dix's War Cripples and Prager Straße', *Journal of the Irish Association of Art Historians* 6 (2012) 1-19.
- Nye, R.A., 'Western Masculinities in War and Peace', *American Historical Review* 112 (2007) 417-438.
- Plumb, S., *Neue Sachlichkeit 1918-1933. Unity and diversity of an art movement* (New York 2006).
- Prown, J.D., 'Mind in Matter: An Introduction to Material Culture Theory and Method', *Winterthur Portfolio* 17 (1982) 1-19.
- Randeraad, N., *Het onberekenbare Europa. Macht en getal in de negentiende eeuw* (Amsterdam 2006).
- Reznick, J., 'Prostheses and Propaganda. Materiality and the human body in the Great War', in: N. Saunders (ed.), *Matters of Conflict: Material Culture, Memory and the First World War* (Oxfordshire 2004) 51-61.
- Rose, G., *Visual Methodologies. An Introduction to the Interpretation of Visual Materials* (London 2001).
- Shorter, E., , *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac* (New York 1997).
- Suttleworth, R, Wedgwood, N. and Wilson, J., 'The Dilemma of Disabled Masculinity', *Men and Masculinities* 15 (2012) 174-194.
- Thomson, R.G., 'Integrating Disability, Transforming Feminist Theory', *NWSA Journal* 14:3 (2002) 1-32.
- Wesemael, van F., 'Artsen in de "Groote Oorlog". Een Genderanalyse van 'de arts' en het gewonde soldatenlichaam', *Historica* 3 (2014) 10-15.
- Whalen, R., *Bitter Wounds, German Victims of the First World War, 1914-1939* (London 1984).

Winter, J., *Remembering War. The Great War Between Memory and History in the Twentieth Century* (London 2006).

Yeung, K.T and Levi, M.J. , 'The Looking Glass Self: An Empirical Test and Elaboration', *Social Forces* 81 (2003) 843–879.

Websites

BBC, 'How do you fix a face that's been blown off by shrapnel?' <<http://www.bbc.co.uk/guides/zxw42hv>> (3 July 2015).

Exhibition, 'About Face - Pastels by Henry Tonks', Durham Light Infantry Museum, May-June 2012.

Fighting Aircraft of World War I, Documentary <https://www.youtube.com/watch?v=pbUUCzJwN_8> (5 July 2015).

Imperial War Museum, 'The Doctor', object information <<http://www.iwm.org.uk/collections/item/object/20221>> (2 June 2015).

Imperial War Museum, 'Paths of Glory' <<http://www.iwm.org.uk/collections/item/object/20211>> (7 July 2015).

MoMa, 'The War' <http://www.moma.org/collection//browse_results.php?criteria=O%3ATA%3AE%3Avo63259&page_number=10&template_id=1&sort_order=5> (1 July 2015).

MoMA, 'Works from the Collection' <http://www.moma.org/collection_ge/object.php?object_id=63267> (3 July 2015).

RTL Nieuws, ' Geamputeerde veteranen zijn niet zielig maar sexy' <http://www.rtlnieuws.nl/nieuws/opmerkelijk/geamputeerde-veteranen-zijn-niet-zielig-maar-sexy> (8 June 2015).

Verkruisje, P.J. (et al.), 'Letterkundig lexicon voor de neerlandistiek', DBNL 2002 < http://www.dbnl.org/tekst/bork001lett01_01/bork001lett01_01_0010.php#i003> (4 July 2015).

List of images

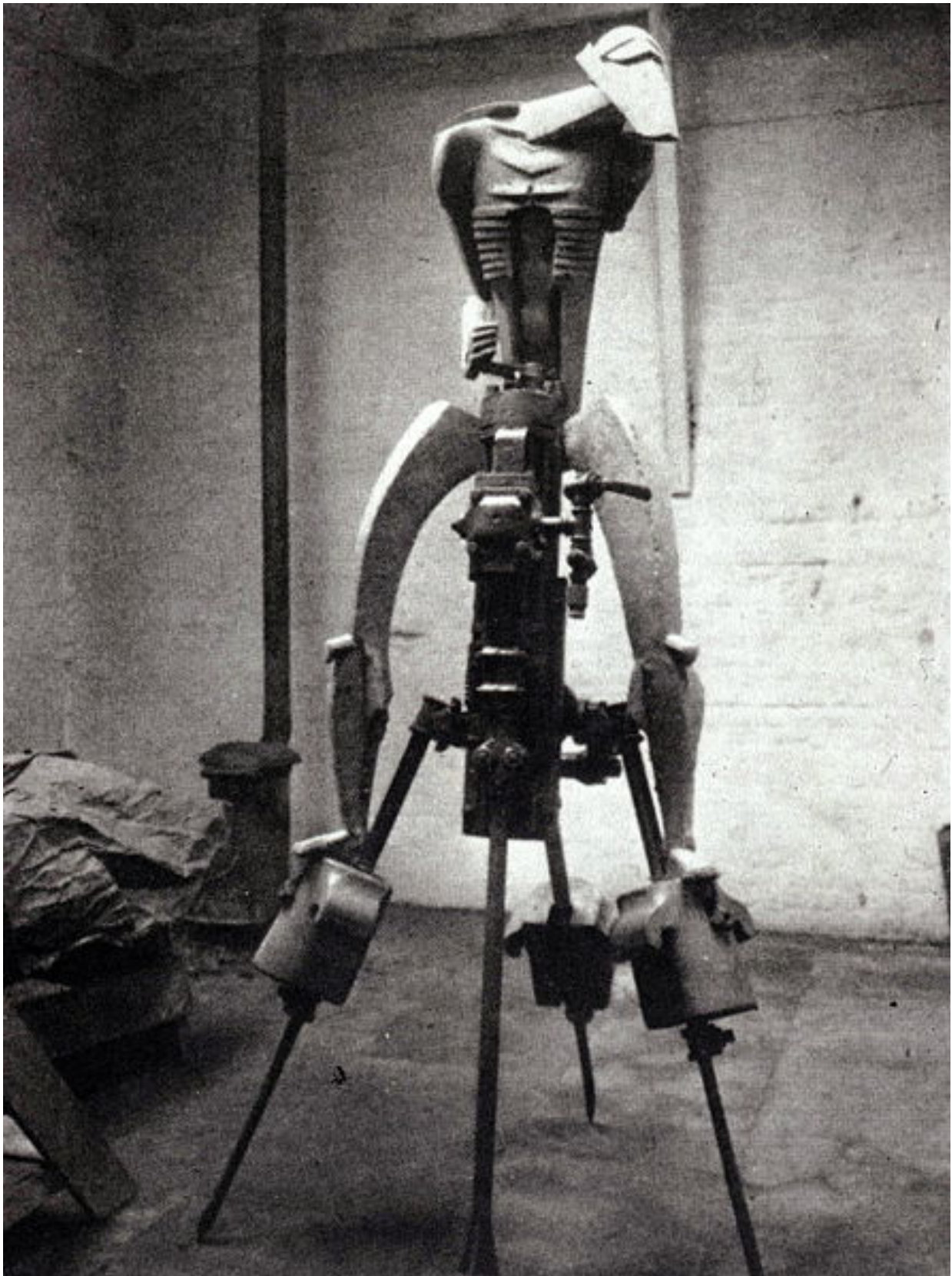


Fig. 1. Jacob Epstein, *Rock Drill*, 1913-1916, sculpture of a plaster figure mounted on a rock drill, 205 cm x 141.5 cm, current owner unknown. Photograph: J. Epstein, *Let there be sculpture : an autobiography* (London 1940) 60.



Fig. 2. Jacob Epstein, *Torso in Metal from the 'Rock Drill'*, 1913-1914, bronze, 70,5 x 58,4 x 44,5, Tate, London. Photograph: Tate <<http://www.tate.org.uk/context-comment/blogs/story-jacob-epsteins-rock-drill>> (6 July 2015).

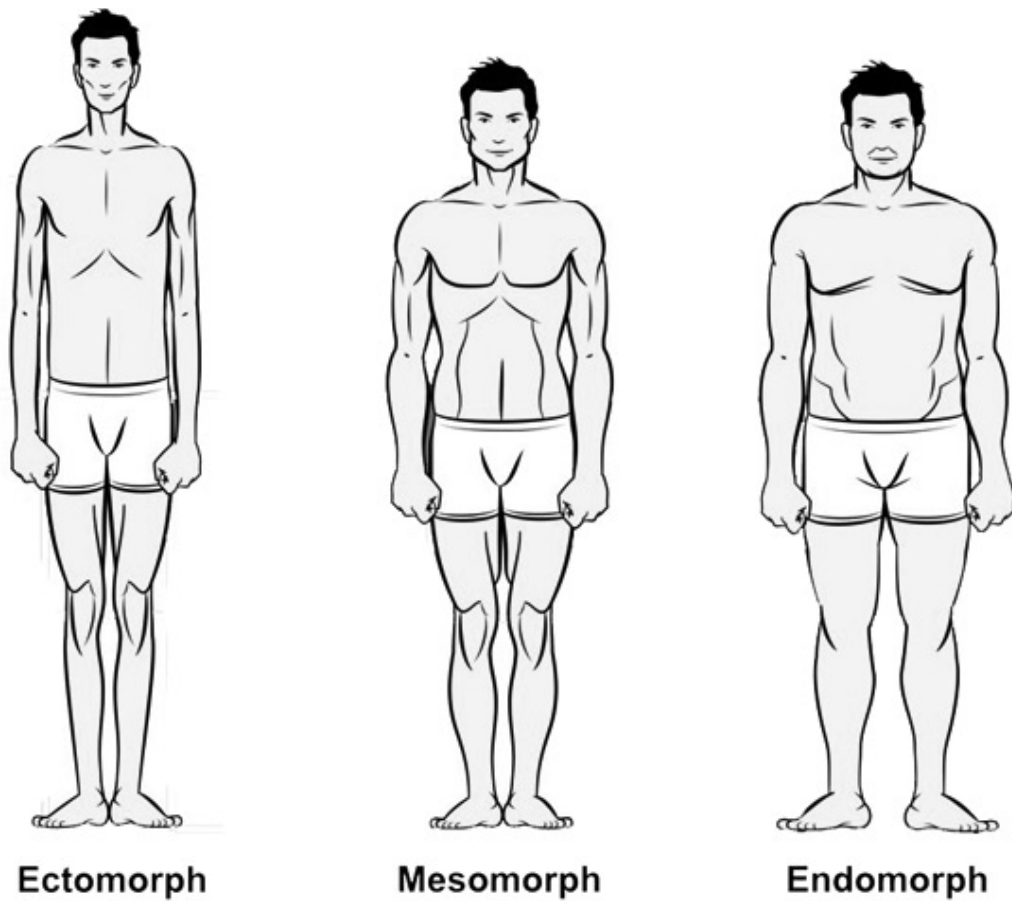


Fig. 3. Ectomorph, mesomorph and endomorph body. Photograph: Wikipedia 'Somatotype and constitutional psychology' <https://en.wikipedia.org/wiki/Somatotype_and_constitutional_psychology#/media/File:Bodytypes.jpg> (8 July 2015).



Fig. 4. The painting the mask of an injured soldier. Photography: O. Khazan, 'The Facial Transplants of World War I', *The Atlantic* <<http://www.theatlantic.com/health/archive/2014/08/the-first-face-transplants-were-masks/375527/>> (5 July 2015) © Imperial War Museum, London.



Fig. 5. Multiple facial masks. Photograph: O. Khazan, 'The Facial Transplants of World War I', *The Atlantic* <<http://www.theatlantic.com/health/archive/2014/08/the-first-face-transplants-were-masks/375527/>> (5 July 2015) © Imperial War Museum, London.

REPLACING LOST LIMBS: MARVELLOUS ARTIFICIAL ARMS AND LEGS.

DRAWN BY W. S. ROBINSON.



Fig. 6. 'Replacing lost limbs: marvellous artificial arms and legs', The illustrated London News, 13 November 1915, p. 633. Photograph: J. Reznick, 'Prostheses and Propaganda. Materiality and the human body in the Great War', in: N. Saunders (ed.), *Matters of Conflict: Material Culture, Memory and the First World War* (Oxfordshire 2004) 51-61, 56. © The Illustrated London News and courtesy of Robert W. Woodruff Library, Emory University).



Fig. 7. Fernand Léger, *La Partie de cartes*, 1917, oil on canvas, 129 x 193 cm, Kröller-Müller Museum, Otterlo. Photograph: R. Cork, *A Bitter Truth. Avant-Garde Art and the Great War* (London 1994) 165.



Fig. 8. Otto Dix, *Verwundeter*, 1924, etching, aquatint and drypoint on paper, 19,7 x 20 cm, Collection of the National Gallery of Australia, Canberra. Photograph: National Gallery of Australia <<http://cs.nga.gov.au/Detail-LRG.cfm?IRN=128588>> (3 July 2015) © Otto Dix. Licensed by Viscopy.



Fig. 9. Otto Dix, *Schädel*, 1924, etching and aquatint on paper, 25.7 x 19.5 cm, National Gallery of Australia, Canberra. Photograph: National Gallery of Australia <http://www.artgallery.sa.gov.au:8080/agasa/home/Exhibitions/Past_Exhibitions/2007/ottodix.html> (3 July 2015) © Otto Dix, licensed by VISCOPY, Australia 2007.



Fig. 10. Henry Tonks, *Portraits of a Wounded Soldier before and after Treatment* (Deeks), 1916-1917, measurements unknown, pastel, Tonks Collection. Photograph: S. Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47, 31.22. © The Royal College of Surgeons of England, Tonks Collection no. 02.



Fig. 11. Henry Tonks, *Portraits of a Wounded Soldier before and after Treatment (Deeks)*, 1916-1917, measurements unknown, pastel, Tonks Collection. Photograph: S. Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47, 31.22. © The Royal College of Surgeons of England, Tonks Collection no. 02.

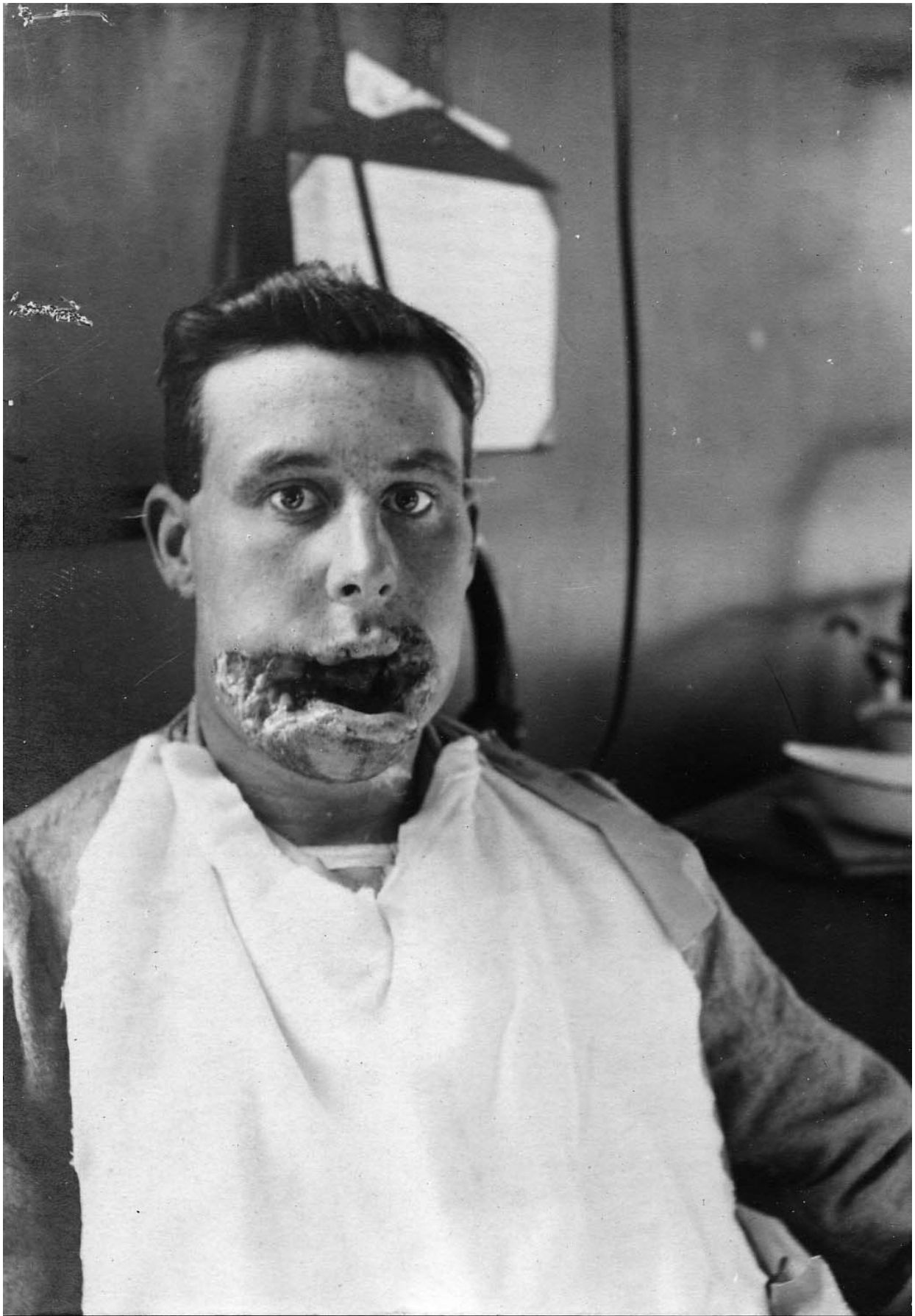


Fig. 12. Photographs of patient before and after surgery. Deeks case file, Gillies Archives, Queen Mary's Hospital Sidcup. Photograph: S. Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47, 29.

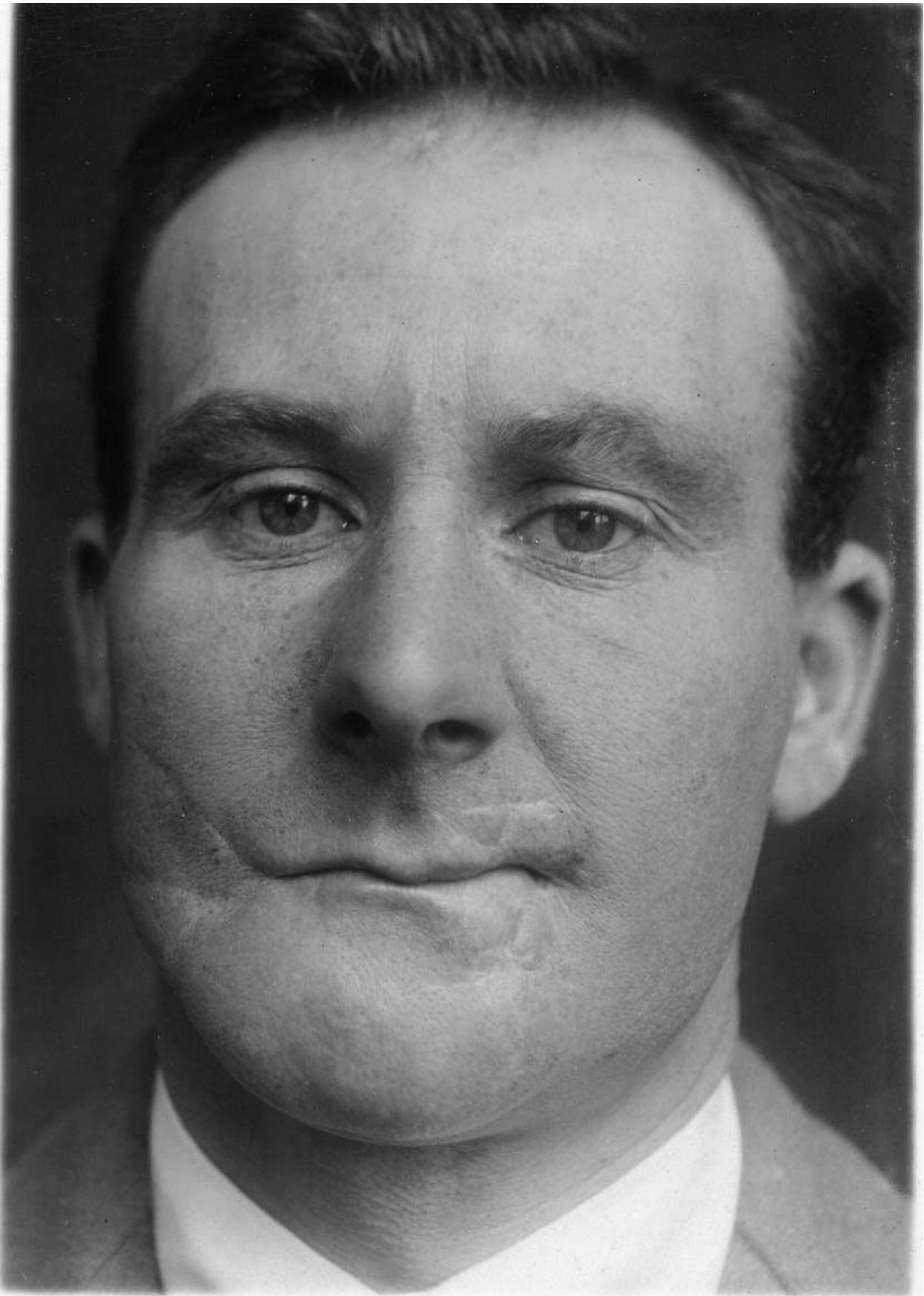


Fig. 13. Photographs of patient before and after surgery. Deeks' case file, Gillies Archives, Queen Mary's Hospital Sidcup. Photograph: S. Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47, 29.

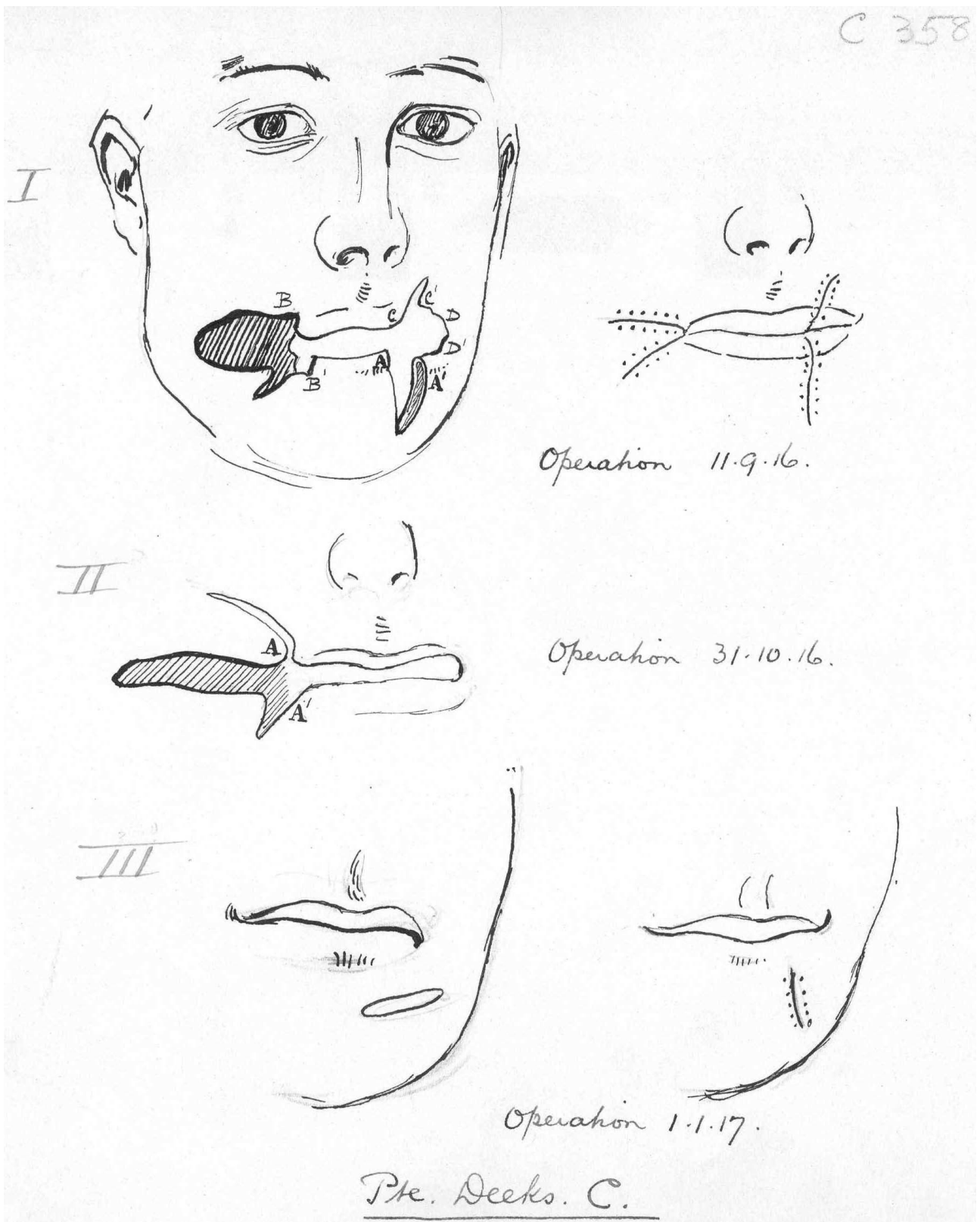


Fig. 14. Henry Tonks, diagram of three surgical procedures. Deeks case file, Gillies Archives, Queen Mary's Hospital Sidcup. Photograph: S. Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain* 11 (2010) 25-47, 27.



Fig. 15. Henry Tonks, *Saline Infusion*, 1915, 989 x 828 mm, pastel, Imperial War Museum, London. Photograph: Photography Imperial War Museum <<http://www.iwm.org.uk/collections/item/object/26419>> (2 July 2015) © IWM (Art.IWM ART 1918).



Fig. 16. Christopher Nevinson, *La Mitrailleuse*, 1915, oil on canvas, 61 x 50,8 cm, Tate, London. Photograph: <<http://www.tate.org.uk/art/artworks/nevinson-la-mitrailleuse-n03177>> (2 July 2015) © Tate, London [2015].



Fig. 17. Christopher Nevinson, *The Doctor*, 1916, oil on canvas, 57,1 cm x 41,2 cm, Imperial War Museum, London. Photograph: Imperial War Museum <<http://www.iwm.org.uk/collections/item/object/20221>> (7 July 2015) © IWM (Art.IWM ART 725).



Fig. 18. Christopher Nevinson, *Paths of Glory*, 1917, oil on canvas 45,7 x 60,9 cm, Imperial War Museum, London. Photograph: <<http://www.iwm.org.uk/collections/item/object/20211>> (8 July 2015) © IWM (Art.IWM ART 518).



Fig. 19. Otto Dix, *Prager Straße*, 1920, oil and collage on canvas, 101 cm x 81 cm, Kunstmuseum Stuttgart. Photograph: A. Murray, 'Reformed masculinity: trauma, soldierhood and society in Otto Dix's War Cripples and *Prager Straße*', *Journal of the Irish Association of Art Historians* 6 (2012)1-19, 22. © Otto Dix/IVARO 2011.



Fig. 20. Otto Dix, *Die Skatspieler*, 1920, oil and collage on canvas, 109,8 x 85 cm, private collection, Germany. Photograph: R. Cork, *A Bitter Truth. Avant-Garde Art and the Great War* (London 1994) 254.



Fig. 21. Otto Dix, *Skin Graft*, 1924, etching, aquatint, and drypoint on paper, 47 x 34.6 cm, MoMa, New York. Photograph: <http://www.moma.org/collection_ge/object.php?object_id=63267> (8 July 2015) © 2015 Artists Rights Society (ARS), New York / VG Bild-Kunst, Bonn.



Fig. 22. Otto Dix, *Fliehender Verwundete (Sommeslacht)*, 1916, etching, 19.05 x 13.65 cm, Minneapolis Institute of Arts, Minneapolis. Photograph: Arts Connected <<http://www.artsconnected.org/resource/78809/fliehender-verwundeter-sommeschlacht-1916-wounded-man-fleeing-battle-of-the-somme-1916-plate-10-from-der-krieg-the-war>> (8 July 2015) © Artists Rights Society (ARS), New York / VG Bild-Kunst, Bonn.

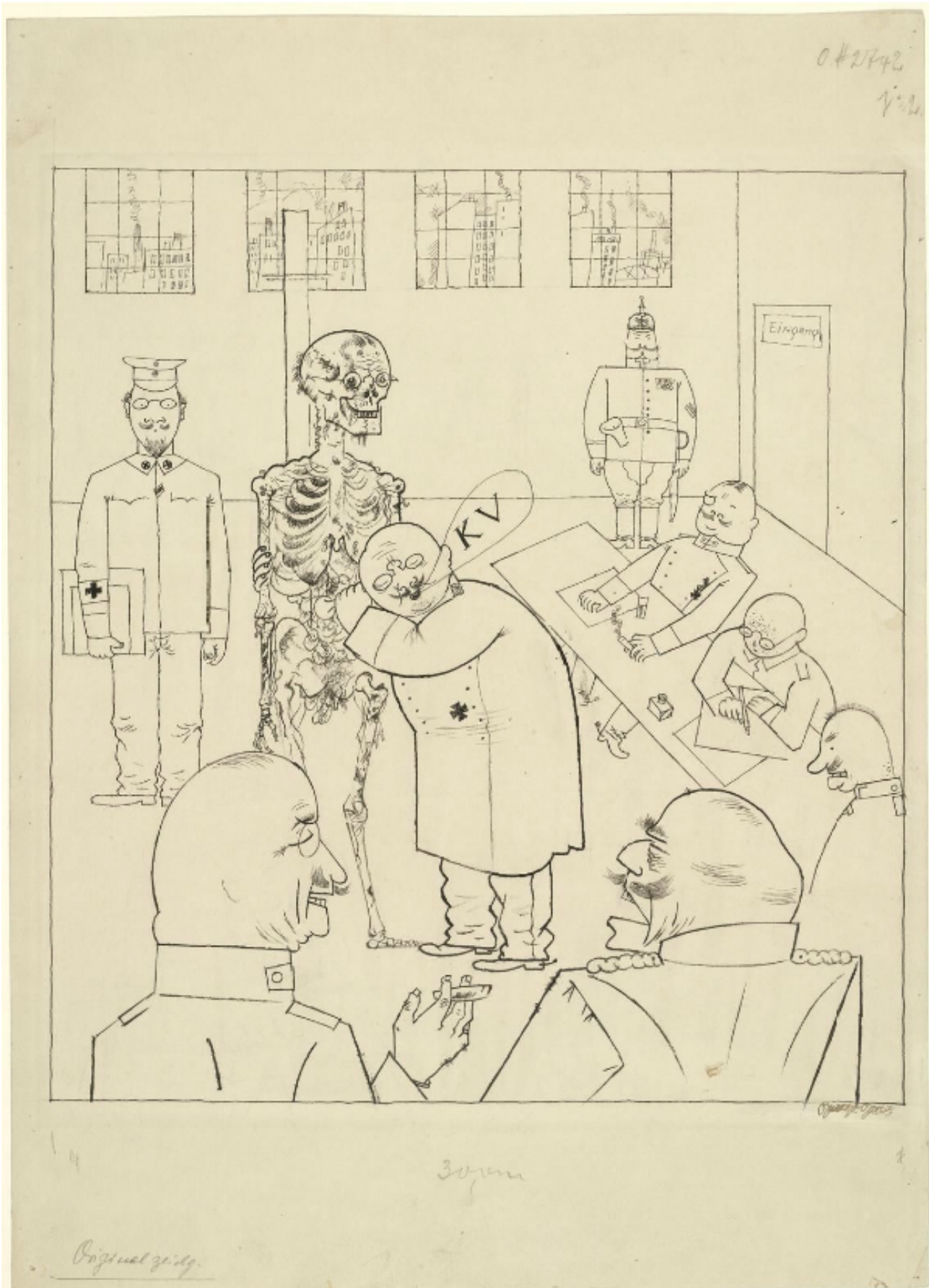


Fig. 23. Georg Grosz, *K.F. (Kriegsverwendungsfähig)*, 1918, ink on paper, 50.8 x 36.5 cm.
Photograph: MoMa <http://www.moma.org/collection/object.php?object_id=35441> (6 July 2015) ©
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Fig. 24. Georg Grosz, *Der Held*, 1933, lithograph, 40.4 x 28.9 cm. Photograph: MoMa <http://www.moma.org/collection_ge/object.php?object_id=72585> (6 July 2015) © 2015 Estate of George Grosz/Licensed by VAGA, New York, NY.

