

Hunterian Museum talk – Between the lines: drawings of military medicine past and present

Tuesday 28 October, 1pm

JANE: Good afternoon, everybody. And welcome to the Royal College of Surgeons, and to this beautiful autumn day, so it's a really nice change not to be sitting here in October, wondering whether I should have put my thermals on this morning. And welcome to the second lunchtime lecture in the series to complement our War Art & Surgery exhibition, I'm very pleased to welcome Julia Midgley to speak today, Julia's work is on display in the exhibition and I do encourage you to go and have a look at it in the museum after the talk. She provides a contemporary examination of the art of war, and that's my interpretation of it, rather than hers, alongside the historical pastels that were produced by Henry Tonks. Julia is a printmaker and an artist who specialises in drawing, she has practised as a reportage/documentary artist for several decades and her works on paper are drawn on location, recording the live action in a wide variety of places and organisations. She became interested in surgery during the 1999 artist residency at the Royal Liverpool University & Broadgreen Hospital Trust and it was during the project exhibition here at the Royal College of Surgeons, and I remember that, I have been here a long time, that Julia first encountered Tonks' drawn archive of Gillies' reconstructive surgery on injured soldiers. Today, Julia will look at examples of the work of official war artists from the First and Second World Wars, as well as reportage artists who have focused on mentored, military and civilian, from the 20th and 21st centuries. She will then focus on her war art and surgery drawings, describing the experience of working with recovering service personnel as well as the drawing process. So please welcome Julia Midgley to speak on Between the Lines, drawings of military medicine, past and present. Thank you. (Applause).

JULIA: Thank you very much, it's lovely to be here. Yes, just briefly, Jane explained I am a documentary reportage artist and that involves effectively being rather like a documentary film crew, only reportage artists work with a pencil and paper rather than with cameras, and that gives access to certain areas that a lot of places, you wouldn't really be able to go to with a camera crew, and so this particular project, which I will talk about later on in the talk, has really used that genre, at its best really, in that we can get into very specific areas. But documentary drawing has long been a genre in the UK, particularly in the form of sending official war artists to the field of combat over the centuries and it's a genre which continues very much today. I have my notes over here, so if I keep turning this way, it's because I'm looking at my notes as we go. So the talk today, I think Jane has really explained, I'm going to go briefly over a bit of a history of First World War and Second World War war artists but looking really at those who have concentrated on medical subject matter. Then I will look at a few peacetime war artists and also surgeons who paint as well as treating patients. Then I will go on to the project itself, War Art & Surgery. Afterwards, hopefully there will be some time for questions and please don't hesitate to ask me anything you would like to know. In the pantheon of British war artists there are some very famous names and I am sure they will be familiar to all of you, in particular John and Paul Nash, this is a very famous painting, the Menin Road, from World War I, and both brothers studied at the Slade in London, but they didn't necessarily concentrate on medical subject matter, it was more the onslaught of World War I really and the general destruction of the landscape and the people. Another of their fellow students at the Slade was Stanley Spencer, whose painting here called travoys arriving at the dressing station, was made in Macedonia, where he had been sent as a member of the RAMC in 1915, interestingly Spencer regarded this piece of work as a religious piece of work, more a scene of redemption than of direct journalism. William Orpen is a very big name, grew to become one of the most famous artists of the First World War, remarkably talented, hugely successful after the war as well as a society artist, but he too was a student at the Slade, and became so successful during World War I that he was appointed an official war artist in 1917, he was knighted in 1918, and became a member of the Royal Academy of Art in 1919, so of course post-war. This is a particular favourite of mine, this piece of work, and it's currently on show in the Imperial War Museum, in their exhibition of First World War art. But during

the war, Orpen organised and gave exhibitions of his work and the work of fellow war artists, back in the UK and really these drawings were the only first hand account of life in the trenches and life at the frontline, during the First World War. Interestingly, even those sometimes were censored, not everybody's work was shown, some was considered too graphic, possibly demoralising or depressing, but nevertheless, it was a source of first-hand information from the frontline. The War Artists Commission sent a lot of artists out to the front, and on all fronts as well. Back to Orpen, he ended up teaching at the Slade and whilst he didn't specifically look at medical subject matter, he was always interested in anatomy and he used his drawings of anatomy as teaching aids at the Slade, when he was working there. I have included this drawing for a couple of reasons. It's on black paper, so the drawing is made in white and brown chalk, and blue chalk. And it's one of a set of about 60 - I should know exactly how many, and I don't, I am ashamed to say, but this body of drawings are on a large portfolio, they are what is called imperial paper size, which is not far off A1, 22 by 30 inches, for those of you who still use imperial measurements. On black paper, and they were recently acquired by the Tate Gallery, two or three of them were exhibited at Tate Liverpool last year in a drawing exhibition, they are stunning things, and they are all the same size, and must have made wonderful teaching aids, lucky students, is what I can say. Christopher Nevinson was one of the most famous World War I artists, however, apparently he was notoriously difficult to like. He had a fairly inflated - well, apparently it wasn't inflated, a justifiably high opinion of himself, but it is said he was very difficult to love. He was a bit of a wide boy, they say. When he was a student, again, at the Slade, he was advised to abandon all hopes and thoughts of an artistic career after he left, actually he was extremely famous and made a lot of money during the First World War, and there are some who feel that he might be the character that Pat Barker based her character Kit on in her books, Toby's Room particularly. Anyway, all these artists I have just mentioned, they were all students at the Slade, but they were all taught by Henry Tonks. This is something - I want to go back to Henry Tonks later on in the talk in more detail, a particular set of pastel portraits that he produced during World War I, but this painting is one that is more famous, and it is called: Advanced Dressing Station France. Henry Tonks was a surgeon, he became a member of the Royal College of Surgeons in 1888, but shortly afterwards, he started studying drawing and life drawing at Westminster School of Art in the evenings, under Frederick Brown, who was so impressed that within a couple of years, Tonks was asked to be assistant to Frederick Brown at the Slade, and in fact by 1892, Tonks had given up his surgical practice and became professor of fine art at the Slade. He was hugely gifted, and he became a very, very highly sought after portrait painter, social artist, academic painter. This piece of work was actually commissioned by the British War Memorial Committee and as you can see, Tonks is displaying here his knowledge of medicine, you can see that he is very interested in the dressings, the wounded, the treatment or care of the wounded by the medics on the spot. Also it was a painting that reflected heroism and sacrifice and it was something that the government and the British War Memorial Committee were very keen to put that sort of message across, so that whilst, you know, you have your heroic injured soldiers in the foreground, there is nothing too distasteful in the painting to worry you, it's the Brits looking after the Brits and bringing them home. In World War II, artists continued to look at medicine and surgery, of course. In East Grinstead, Archibald McIndoe had set up a clinic to deal with burns and he had noticed that pilots who had been brought down in the sea, he had noticed that their wounds healed more quickly, and so they developed a system of giving saline baths to servicemen who had suffered from burns injuries, and this painting by Alfred Thompson just demonstrates that process. I don't really know a lot about Alfred Thompson but I think it is a wonderful painting, there is something very touching about it. During both wars there were a lot of women war artists but they tended - well, in fact they were all pretty much working on the home front, a lot of them are depicting work in the land and the factories. But Eleanor Erlund Hudson produced this painting which is almost like a drawing really of nurses making bandages from sheets. Again, this is this great sort of making-do, isn't it, not spending too much money and recycling, which is, of course, very apt today. And this piece of work was accepted by the War Artists Advisory Committee and is in the national collection now. Another World War II artist who occasionally looked at medicine was Blair Hughes Stanton who applied several times to be made an

official war artist but he was a Communist and so was not elected to that position. But he did serve in the Middle East, his father was a Royal Academician and there is obviously a family trait of good draftsmanship here and I think this is very interesting, it's almost surreal, this image, and it's quite a difficult one to quite understand what's happening, but it's called: emergency operation. So moving on to post-war, Barbara Hepworth is a household name of course, you will all be very familiar with her, and in fact in this building, there are examples of her work in the collection. But from - what perhaps a lot of people don't know or perhaps aren't aware of is that Hepworth had triplets, she had three daughters, one of whom suffered from 1944 with osteomyelitis, and during the early days of her treatment, the family met a surgeon who was working at Exeter at the time called Norman Capener and Norman Capener was very interested in modern art and like a lot of surgeons was a painter. So he persuaded Barbara Hepworth to do a portfolio of drawings of the work of the hospital, and she said, "I don't want to do anything about operations, I am not very good with blood, but anything that involves healing and hands, then yes", and the end result was a remarkable series of drawings. There is an excellent book that contains, as it were, the catalogue of all these drawings, and I'm just trying to remember the title of it, but it will come back to me later, I hope, if anybody is interested. But I think it's interesting that this sort of surgeon artist thing keeps cropping up and you will notice it more and more so as I continue. This is a good example - hang on, I missed a slide out, I think. Anyway, there seems to be a missing slide of Linda Kitson who is from the Falklands - no, it's the next one, I'm jumping ahead, sorry. Diana Orpen was known as Dickie Orpen, she is the daughter of William Orpen, of whom we spoke earlier. William Orpen had several children and he dictated to all of them that none of them were to be artists, one successful artist in the family was quite enough, but on seeing her drawings from a holiday she had had, and she had brought back a sketchbook which he saw, he took her to meet Henry Tonks who was in his final year teaching at the Slade, and Tonks said, "Well, let her join the class", so at 14, Diana Orpen went to the Slade and studied under Tonks for a year and then presumably carried on studying after his retirement, but she was very interested in maxillofacial injuries and treatment, and so after the war - well, during the Second World War, she worked at St Albans Maxillofacial Unit and Hospital and continued to make medical illustrations of facial surgery well into the 1970s, and in fact there was an exhibition, I think it was here, organised by Brian Morgan of BAPRAS, some years ago, about ten years ago. Interestingly, when she was working with Tonks, as a very young child, she wrote down that Tonks had told her the only drawings he was unashamed of in his entire output were those that he made of Harold Gillies' work which we will come to later, but it's a great quote, that. Linda Kitson, this is the slide I thought I had lost, Linda Kitson was official war artist and was sent by the Imperial War Museum to the Falklands War and she didn't really concentrate on things medical but this double-page spread from her sketchbook shows a field ambulance of the Royal Army Medical Corps. There are lots of other contemporary war artists, not many of them concentrate on medicine, but of those English artists who have been out to different conflicts since the Falklands, there is Peter Howson, who is very well-known, Frances and Jason Bowyer have both been out to Camp Bastion, John Keane went to Iraq, and Arabella Dorman has been to Afghanistan, so it continues to be very much a tradition in the English visual arts to send artists out there. But in the peaceful time, as it were, and in more recent years, there have been other portfolios of drawings produced on the subject of medicine and Susan Macfarlane produced two portfolios, one - and this is an example of one of them - was called "a picture of health" and it is about women and breast cancer, and she produced a large portfolio of very large paintings and drawings, it is difficult to - this is one of these things. Sometimes things are called paintings and sometimes drawings, they are on paper and there is a linear quality to them, and a pastel quality to them, but there is also paint, so they could be either. But these beautiful pictures were quite large, and they were in London in the late 1990s, and the whole project was initiated by another surgeon, Geoffrey Farrer-Brown who had met Macfarlane and seen her work, her personal work, and encouraged her to work within medicine, so she had made this portfolio and a second one called "living with leukaemia" about childhood leukaemia and the effect on families. Sir Roy Calne must be a very familiar name to most people who are interested in transplant surgery, interestingly he is now pretty much retired from practising but

he refers to himself on his CV as an artist. He transplanted - well actually, he made the first - he performed the first liver transplant in Europe, I think, if I am right, in 1987, but he also later transplanted the liver of Royal Academician John Bellany who you may or may not have heard of, who was a high liver who enjoyed his life to its fullest extent and Calne transplanted John Bellany's liver. During the recovery, Bellany gave lessons to his surgeon and then went on to make a portrait of Sir Roy Calne and that portrait hangs in the National Portrait Gallery. But Roy Calne uses his drawings not only to record his patients and to draw portraits of his patients and his work, he uses his diagrams, so the drawing on the left here is a diagram drawn by him and used as a slide in his lectures to his students, and to other practising medical personnel. The drawing on the right is one of my drawings of Roy giving a lecture using his drawings at the Liverpool medical institution. A nice circular route there. But he is a really passionate artist and he sculpts now as well, and works in bronze. So now we are approaching the time when I need to talk about my own project, and military medicine today. There is a little bit of history to that too, in that Sir Charles Bell in 1815, another surgeon, but he was an artist too, and he made drawings of his patients and illustrated his own texts, and this drawing was made of a German prisoner at Waterloo. Much more recently, in fact on the first day when I was on location at a military medical training camp I was asked if I had ever heard of Gora Pathak, who is a working military surgeon, who makes these paintings of his work, these two drawings were made in Iraq between 2003 and 2011. But perhaps the most famous surgeon, going back now to my subject matter, I diverted briefly there, but the most famous surgery during World War I was that made at Queen's Hospital, Sidcup by Harold Gillies. His pioneering facial reconstructive techniques repaired the faces of countless soldiers whose faces had been blown to bits really in the trenches, but Gillies was a New Zealander, he was a multi-talented individual, he played golf and there is a very good poem I am going to read you here:

For Cambridge (nineteen-four) he rowed

Appearing from an Antipode

At golf he's plus I don't know what.

And won St George's Challenge Pot.

When the soft turf his niblick hews.

Deftly the divot he replaces.

And the same plastic art renews.

The natural form of wounded faces.

He was quite a martinet apparently but at the same time encouraged skits in the ward and performances in the evenings and whilst he banned alcohol in the daytime he would bring champagne in in the evenings, when apparently he often dressed up as a woman! Or came in in costume. Anyway, this is a painting of the hospital in Sidcup where interestingly and unusually, two operations were taking place at once, this is by J Hodgson Lobley. Another New Zealander, Daryl Lyndsay, was working at Sidcup. Gillies recognised the importance of recording his work so he would use photographers and artists but the most important artist that was to record Gillies' work was, of course, Henry Tonks, whose pastel portraits, his half size pastel portraits are just a remarkable example of technique, skill and humanity, and they were really not very much known about until recent years. At the start of World War I, Tonks was 52, but he was appointed to the Royal Army Medical Corps in 1916 and then sent to work and record the work of Gillies at Sidcup. Given that he was a surgeon anyway, he was uniquely qualified for this role, and his drawings were produced as reference for Gillies, as a record for Gillies, but also as teaching material for

student doctors in future years, but interestingly they weren't regarded as works of art. It's not until really recently that that shift in opinion has taken place. They are really very human portraits and when you look at them, and they are all upstairs, this is so unusual to have all 72 of these portraits under one roof, in one exhibition. And when you look at them, you sort of know that you'll recognise that patient if you see him. They are basically before and after surgery. The patients never saw these drawings, they were - obviously Tonks was a senior ranking, so they would never ask to see them. No mirrors were allowed. But what they did draw from Tonks was the fact that he scrutinised them directly. He looked at them face to face. He was sitting there, right in their space, drawing them. This oddly enough is a reassuring thing for them at the time, because most people on seeing these facial injuries would recoil or turn their eyes away, whereas Tonks wouldn't, he would stare them in the face and look at them and draw them. These drawings really stayed in a medical setting, in the interwar years, and they were rarely seen as Tonks' main body of work either. Very rarely referred to. But now they are accessible to the general public, to medics and students, and they have attracted the attention of filmmaker, art historians and writers. We mentioned Pat Barker, and she wrote about Sidcup and the Queen's Hospital, and if you do have time to go upstairs and look at them afterwards, you will see how these drawings show remarkable handling of pastel which is a notoriously unstable medium to control, and they were drawn face to face. So around this time - well, around the time that Tonks' drawings came to this building, the Royal College of Surgeons, I had just finished a two-year spell as artist in residence at the Royal Liverpool & Broadgreen Hospital and the idea of that was to record medicine at the end of the 20th century. So the exhibition resulting from that project came here, and that's when I first saw the Tonks drawings. By about 2011, my thoughts were turning again to wanting to work with surgery and to do another project, and I thought it would be nice, with the centenary of World War I fast approaching, to reflect and pay tribute to Henry Tonks' work, and look at military surgery today. So initially, I had thought it would be good to concentrate on the same sort of subject matter as Tonks, but of course in Afghanistan, injuries are very different. They are mainly lower limb, upper limb and torso, so the project shifted and we decided to concentrate on how military surgeons and all military personnel in the medical services are trained before their deployment to Afghanistan, or in fact any combat zone. This is the first drawing of 155 that were produced, they are all about A3, they are all on different sorts of paper, but you might notice my scribble up on the left-hand side, that I have written "military artist, wing commander Gora Pathak, orthopaedic consultant", because the first day someone says "do you know his work?", and of course I didn't at the time. This is a reconstruction of Camp Bastion hospital which is in Yorkshire, it's at Strensall camp and I spent quite a lot of time there making drawings of medical training. And it's vast. At that point, it exactly replicated the layout of Camp Bastion hospital, and it replicated or attempted, and I'm sure it did replicate every scenario that any serving medic might confront. They have a cosmetic department there, so I should warn you that these slides are all prosthetic injuries, they are all cosmetic prosthetic injuries. This is a soldier being made up to appear to have been severely burned, and they have a cosmetics team called Trauma Effects there. And the girls who run it were trained at art school. This again is a prosthetic injury, designed to prepare medics and the patients, in inverted commas, some of them are civilians who are already amputees, some of them are serving soldiers. This is not a real injury, this is a prosthetic injury. And this particular - they call them actors, this particular actor is a double amputee and there are a lot more gory shots of how they have made up his stumps to look at if he has lost his legs, I will spare you those but they are very convincing. The amount of detail, little balloons of artificial blood are put into the wounds and they pulse. It is extraordinary. It was a complete eye opener, I had no idea the lengths that our military force, went to to prepare medical practitioners. This is one of my drawings of a soldier who has a prosthetic wound applied to his face. This is another one, again this patient, it is a prosthetic injury and he already has a stump on that leg, so this is not a real leg that has been blown apart but it is what doctors are likely to face. So having spent quite a lot of time at Strensall camp in Yorkshire, I was then sent to Headley Court in Surrey, very famous institution, very beautiful house, where servicemen and women go for rehabilitation following their surgery, which has generally taken place, once they have been recovered from Afghanistan, they tend to come into Birmingham and after their

surgery, generally come to Headley Court. There is my pass, Julia Godfrey, that is my surname, artist, unescorted. It's quite difficult to get one of those passes, that is why I photographed it. The garden is beautiful, really stunning place to be if you are trying to get better. They have a lot of gravel paths up and down dale, round the corners, a lot of bridges, and these are taken full advantage of for the recovery of soldiers when they are trying to learn to walk again, and here you see Lieutenant - what's his surname? I have got out of kilter with my notes. This patient, I followed him undergoing something called a boot camp, and he was walking on these new legs. If you look carefully, the artificial legs are different - they are not the same. His stumps are of different lengths. So to walk again on gravel, on an undulating path going up and downhill, is very difficult when you are at this stage of your recovery. He is called Captain Luke Sinnott and he was very good, in allowing me to follow him, because it must have been difficult enough just to learn to stand up, never mind have an artist following you. This is him after his boot camp, trying to get his breath back, and sitting just waiting, whilst notes are made, and they do a sort of post mortem discussion on how he is getting on. This drawing is made on graph paper, and I haven't really said enough about how important paper is to me, other than we mentioned paper, the black paper that Orpen uses. Before I make a mark on any sheet of paper, it's a question of what paper is appropriate for this subject matter. The graph paper I used because there was a lot of notetaking, a lot of statistic taking, there was a lot of medical forms and graphs, and it seemed to me appropriate at the time. I have used it again here, in this portrait of Andy Reid. All these patients have different stories. Andy was coming towards the end of his treatment when I made this drawing of him in 2012. He lost two legs and an arm and his remaining arm, his left arm, was injured, and he had skin grafts on his hand. His throat had been damaged in some way, so his speech was impaired. But he is now, and since then, rebuilt his life as a motivational speaker. He has written a book as well. And to talk about what he had done, he came to London, and came here to the Royal College of Surgeons for a film crew to interview him about a film they are making about war art, and he sat - he came all the way down from Wigan, I think, and sat - and this is him earlier this year, so he is sort of looking more mature and relaxed, and he is an absolutely extraordinary guy. He is married with a child, and he said something very interesting, because he was asked in this interview what was it like when you are undergoing treatment to be drawn by Julia and they asked him what he thought about the drawing, not this drawing, but that one, and he said, "Well, Julia's drawing is bit incomplete, but then without my legs, I am a bit incomplete too", so it's very good. And he is a really remarkable person. This is a very common sight at Headley Court, these are microprocessor legs, they are called C legs, and these are the sort of legs patients aspire to. And I think they are very costly things, but they do enable a huge amount of independence. I just thought this was a fairly poignant image, at the end of the day, just to see these things charging up overnight. This patient, Ricky, he was very keen for me to draw him. He had two military crosses, he had rescued his friend from an explosion in Afghanistan, and lost his legs. He lost an eye, and his arm is affected too. But all he did when I was there was kept texting me to say, "Where are you? I'm in the gym. Come and draw me. And don't make my shorts look a mess, will you?" So as you see, I sort of did, but he was a real character and has now been fully discharged. Justin Davis allowed me into a really poignant moment for him, this was the first day that he had been able to do anything approaching walking again, having lost both his legs very high up, he was wearing what are called stubbies, which are very short legs, as you can see, and they are cut flat across the bottom. The purpose being that you begin to learn how to balance, but if you overbalance, it's not so far to fall. He has gone on to build a new life and is working as a joiner and carpenter in the New Forest now and apparently has graduated to full size legs and is not looking back. And in this drawing, of the rehabilitation pool, at Headley Court, in the background - they have just been having, a bit like a boot camp, but in the water where they have team and relay races. The girl who has just come out of the pool with the stick, I have drawn her twice there, you can see again in this drawing made a year later, and she elected to have her injured leg amputated, it was - she said, it was the best thing she had ever done, her leg had been painful, it was dragging along, it was no use, like a dead weight, and it's this sort of story that I'm hoping these drawings will convey to a wider public really, this sort of incredible spirit. Andy Crossland again reflects this same thing, he had this appalling head injury, and he was happy to let me

draw him like this. And that takes some doing really. Whilst we were having this sitting, we had a completely rational conversation. This is Andy 12 months later. Both these drawings are upstairs, so you can see them upstairs. He had a replacement cranium, and he too has now been fully discharged and is working as an electronics engineer for BT, I think. John Dawson, he had a bullet wound that went through from his chin behind his eye, taking his eye out, and coming out here. And again, he just said, "It's fine, come and draw me, that's fine", so I just sat across the table, we were really close, to my drawing process is one where you just sit in front of someone and talk and you just have a small pad and a pencil, but the important thing about these drawings that I haven't mentioned is that the piece of paper that I start to make the first mark on in the first drawing on location is the same piece of paper that ends up in the frame. I don't then start again in the studio. I do the drawing I started on location, and I finish it in the studio, but I don't start again. I need to keep that authenticity, I need to have that same piece of paper that I know was there. This is John 12 months later, this drawing was made earlier this year in April, he too has had a replacement cranium, and he has - the eye on the left-hand side is a glass eye, but it was when I met him initially. And he is very keen that these drawings should help raise awareness of what recovering soldiers and servicemen and women go through and the efforts they put in to recover. Then I spent time here, at the Military Operational Surgical Training scheme. This training is done upstairs, on the top floor of this building, and teams of medics enact rotations of how receiving an injured person at Camp Bastion, or on the field, would take place. So you can see I've made notations on the drawings, "Can you hear me, can you hear me?" It's all taken very, very seriously. In this case, there is a mannequin on the table, and the same is true here, but it's a different team. And they are assessed, their performance is assessed by another team of people in an adjacent room who can make the mannequins respond using wi-fi, so the mannequins have a pulse, it's really spooky, you can touch these things and they go [buzz] and their eyes can change, their breath can moan, it's all very life-like, and so this all takes place here in London. And they make up the mannequins as well with prosthetic injuries and it's the same cosmetic team who produce those injuries, those cosmetic injuries, who worked in Yorkshire, they come to London. So they all do these ghastly things on the mannequins and then we go off and have a cup of tea together. That was here in the Royal College of Surgeons, and then the fourth venue where I made drawings was at Brize Norton, where, of course, they have to train medics to learn to treat on board aircraft, because the point of injury is often out somewhere remote in the desert, a helicopter goes and picks them up and they have to be treated on the helicopter, then they are treated again at Camp Bastion hospital, and then to come home to the UK they are put on a Hercules, where more teams of medics treat and look after them. This is inside a Hercules aircraft, this is a real aircraft and we went on board, but it was an exercise, so it didn't take off, but its engines started and there was a lot of rattling and kerfuffle, but what is so interesting is the amount of equipment they have to take on board, all the batteries, because they don't have mains electricity and it's quite a long flight, so all of that sort of thing they have to deal with. In this particular training course, they are actually only training two A&E nurses who were also sisters anyway, nursing sisters rather than family members! And this is, for those of you who are good on aircraft, a Merlin helicopter. This one actually did take off. We had been waiting - they had been trying to get me up in the air and I had been desperate to get up in the air with one of these exercises for about four months, I kept going back to Brize Norton, it was either foggy, icy, snowing or raining or there weren't any planes. Finally in April, it was almost snowing, you can see it is rather like hail - you know, what is it called when it rains and snows at the same time?

FLOOR: Sleet.

JULIA: Thank you, that is what it was doing. I got on board, there I am strapped in with my pencil and pad and you can see roughly the size of paper that I draw on, they are effectively A3, 28 by 38cm sheets, all different types of sheets, different types of paper, handmade, graph paper, cheap recycled. This drawing was made in the helicopter mid-flight and for some reason which they hadn't told me about, there was no reason for them to tell me about it,

my seat was at the end, the seats go down the sides of the helicopter and mine was the last seat before the ramp, and the ramp drops down and that's how we all got in. During the flight, they opened the ramp, and of course my paper, which is not a pad, it is loose sheets of paper, was flapping wildly like this, so this drawing you can see there is a blank area on the left-hand side, that's where my hand was holding the paper in place whilst I made the drawing. This is another drawing made from the same flight, we were flying over Oxfordshire and they were going up and down, and wheeling in, simulating flight under attack, and they had a patient, again, not a genuinely ill patient in this case, who they were looking after and treating at the same time. So that was really interesting, and very exciting, but again the lengths that are taken to train people is remarkable. As you can see, at the end of the exercise, the commanding officer is scratching his bottom in the background there, I had asked one of the soldiers to take a photograph of me at work, and it's just classic that, isn't it? It would get somebody scratching his bottom! Really, that's pretty much about it, but I wanted to say that these drawings, the whole portfolio, of 155 drawings, of this project, paying tribute to the Henry Tonks, were all made here in the UK, so I haven't been outside the UK. They were all drawn in the field, literally sometimes, but they are also drawing life in the workplaces of other people and they couldn't have been made if I hadn't been allowed in, so medical services, we owe a great deal to, for allowing me into their work space, and also to the patients who allowed me into their places of recovery, particularly when they weren't really feeling too good. So that's really the last of my slides. But a large selection of the drawings are on show upstairs, all the Henry Tonks are upstairs, there is a book and all 155 drawings is in a slideshow which is being projected above the stairs, as you go upstairs towards the second floor here, so I hope you go and see it, and so if anyone has any questions now, I have overrun a bit, I am afraid, by ten minutes, I think. But that's it, that is all I have to say. It is your turn now. (Applause). Would anyone like to ask me anything? There is so much about this project that I haven't told you because there just isn't time, but does anyone?

FLOOR: I wondered from what you were showing us there, when you were drawing in the aircraft, you had your pad, what did you take in the way of pencils and pens, how much, how many?

JULIA: I wonder if you can see on the photograph. I take like a backpack, it is a fishing stool, and that has pencils, pens and inks and the folder itself usually has about 20 sheets of paper, different sizes and qualities, so it's a bit rattly but it is as compact as I can make it, but I have a car that I take with me to all these places that is not too far away generally, and they allow it on to the base, and that's like a separate studio, it has got everything else in it. In fact, someone saw me putting stuff into it and said, that could only ever be an artist's car!

FLOOR: Can I just ask one question about the First World War, but before I do, Dr Scroggy's war was on at the Globe Theatre.

JULIA: Tonks or Gillies? It might have been Gillies, I think. I think there was an article about that play, which I would love to see, is it still on? What a shame. Yes, I read an article, it sounded wonderful.

FLOOR: My question: would there have been the same number of artists on the other side in the First World War?

JULIA: Yes, you don't hear much about it. There were artists definitely. And in fact, if you go to the Somme there is a very good museum in Piron and there they do have drawings by European artists who were recording the war as well. I don't think there were as many but they definitely did have artists there. Quite often they were serving soldiers, who drew as well. Someone else put their hand up.

FLOOR: I am just interested in the value of drawing now for instruction, I can see the value of Tonks, that he was doing colour at the time when photography was in black and white, but is it useful still in terms of instruction? Instruction for medical students.

JULIA: For medical students; well, I don't really know because I am not a medic or a medical student, but I think there were certain occasions when a drawing can perhaps extract from a patient - if you can get close to a patient and sit and talk with them whilst a drawing is made, something more may come out of that portrait or that drawing than might have come out from a photograph, for example. It's different, it's not better than photography, they perform very different things. I think a drawing can encapsulate moments and hours, whereas a photograph is a fraction of a second, but it can encompass a lot of detailed information. So they do perform very different roles. They say, and Roy Calne says he believes his patients derived a lot of, as it were, therapeutic qualities from him sitting there and drawing them, but they knew that he was a surgeon as well, so that's a sort of double whammy really. I think you would probably have to ask a surgeon what they almost.

JANE: Can I just add something in response to that? The Royal College of Surgeons does run a drawing for surgeons course two or three times a year in this building, I don't know whether it is something they also offer regionally, because I think that relationship, like Tonks, between the skill of the anatomical knowledge and then the ability to put that down on paper is something that seems to continue with surgeons today and it's one of the courses that fills up most quickly, it's always full, very hard to get places on.

JULIA: I didn't know that, that's really interesting. I'll have to come along! Anybody else want to put their hand up?

FLOOR: Did you have to have written consent, as one would for photographs?

JULIA: Yes, loads of it. I don't think Tonks would have done. He is said to have been very autocratic anyway, but I don't think so. They regarded what he was doing as a record and the soldiers were probably terrified of him anyway. And they were thinking about their wounds, I don't think they were really considering that sort of thing so much.

FLOOR: But you had?

JULIA: We did, yes. It's quite a tortuous procedure really but it is very necessary.

FLOOR: Is there a blue pencil person for artists as well? In wartime, they crossed out the things they didn't want people to read. Does the artist have a blue pencil person, to look at the paintings and decide whether they can go forward or not?

JULIA: There probably was. I think there was a degree of, what's it called, censorship in the First World War, when the exhibitions were held in London. Yes, I think so. Not now, I don't think. I think anything - you can show anything. Peter Howson's drawings of Bosnia were very, very graphic and I don't think anyone was censoring that.

FLOOR: You mentioned a couple of times the double whammy effect, particularly disfigurement and the artist would look straight at the person and give them more confidence, probably, to their subject. Did you experience that yourself, the double whammy effect? Did it influence how you felt about your own art afterwards?

JULIA: Oh, I don't know if it - I think you absorb it all. Because given access to people who have an injury that is so life-changing is very humbling anyway really. The process of doing the drawing and talking to them and learning about their experience is very affecting. Quite how it affects my work, I'm not sure. One hopes that it feeds through the work, but sometimes you sort of work in automatic almost, because you're working within a short timescale, and at the behest of those people who have schedules, if they are undergoing treatment, so you do have to concentrate, but at the same time the stories and the conversations, I think what happens is it is the application of the paint. If it is a very calming atmosphere, then actually the drawings don't look very confrontational. The choice of watercolour and pencil are a relatively soft medium. Interestingly, I was talking at a conference in Portugal, showing a few of the

drawings, and someone in the audience said, "These drawings aren't very confrontational, they don't have explosions and anger in them", he said, "I think they're rather sweet", which is a bit of a condemnation really. I couldn't think what to say in response, until about a month later! Which is almost what I am saying to you now. That my drawings are not the moment of impact, they are not the moment of injury, they are about two very separate things, the training of the surgeons who will then go on to treat, and then the recovery, and the recovery period is a very private personal quiet struggle, I think. So I'm hoping the drawings reflect that. That is about as close as I can get to answering your question.

FLOOR: That is fine, you have answered it.

FLOOR: I just wanted to ask what your next projects are going to be and also how your work gets made, so do people invite you into the situations or do you have a project that you propose, and how does the work get commissioned?

JULIA: It is a mixture of all of those really. As for what's coming up next, I don't have anything very specific because this thing is sort of rolling on for a little while longer, a lot of talks, conferences and further exhibitions continuing. Oddly enough, I want to do some more printmaking but I might use some of these drawings and take them further into a different medium. How the projects come into being is very often it's something I might want to really do and then I'll approach someone and say, do you think we might be able to do this? The Royal Liverpool project came up because I knew a surgeon who was a transplant surgeon who had bought one of my etchings and I said I would deliver it to him in Liverpool, because I was at the art school teaching there, he gave me a tour of the renal transplant unit and we said, why don't we draw this? So that was just how things tend to happen. This project, I knew I would like to work with surgery and do something about Tonks, and I talked to a friend who was a retired dental surgeon on the beach in North Wales, and he said, oh you need to go and talk to so-and-so and then so-and-so said, "You need to go and talk to", and eventually things developed. Sometimes people come directly to me and say, "We are doing this, would you like to come and record it?" And it might just be a very short project, or it might be one that goes on for years. You never know, there is no simple route really. Just like life in general. I think almost in any - if you are a writer or a musician, it is the same thing, it is fairly random how things develop. Word of mouth and exhibitions help.

FLOOR: Can I also ask, where do you think your work - it might be a difficult question to ask, but where does your work get seen most, is it mostly seen by surgeons who are medically trained or would you like it to go to more of a wider audience?

JULIA: Yes, I would like to have as wide an audience as possible obviously. Here is a natural home because the Tonkses are here, so it's a privilege to have the works sitting in the same room as him. But not all the drawings are here. Some of them are tourings round the north-west in a bigger group show about remembering World War I and then some other drawings have been at RAF Cosford and then next year they are going to be in a more general - just a gallery and art museum and art centre, so they are travelling round a bit. That is pretty much what I would like - we are very keen that a whole cross-section of society see these drawings and see the recovery process and the training process, so yes, it is very important, that it hopefully is seen by as many people as possible. Anybody else? Have we worn them out, do you think?

JANE: Just in time, as the clock strikes two, thank you very much, Julia, for your talk today. And I do encourage you both to look at the archive material that is still out on display at the back of the room, and don't miss the exhibition as well, where you can see Julia's work. Thank you for coming today, we've got one more event coming up in the series to support War Art & Surgery this year, which is going to be our Hunter to Helmand conference, on 14th and 15th November, with some very eminent speakers, so tickets are selling quite quickly, I would encourage you to

book up now if you are interested, and we also have another lunchtime talk on 4th November, again with the speech to text transcription, so we hope that you will join us for that as well. If you want any more details, I can give you a programme, just ask. Thank you very much. (Applause)

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