

DICKIE ORPEN - SURGEONS' ARTIST

ACKNOWLEDGEMENTS

The exhibition at Camberwell College of Arts and at the Royal College of Surgeons puts on show for the first time some of the vast repertoire of drawings carried out by Dickie Orpen - Surgeons' Artist. They are a sample of the outcome of her commitment to working with Rainsford Mowlem at Hill End Hospital, St Albans. Brian and I should like to thank Dr Angela Eames for her insightful introduction to the show and for the funding from the Ethel and Gwynne Morgan Trust. Our thanks are also extended to Kelly Chorpening, Stephen Farthing, Rootstein Chair of Drawing and Professor Anita Taylor of the University of the Arts, London, for their support. We hope that this exhibition contributes to a rewarding exchange between Art and Medicine.

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Dickie Orpen, Surgeons' Artist

An exhibition of Dickie Orpen's WW2 drawings of reconstructive surgery performed by Rainsford Mowlem and his colleagues at Hill End Hospital, St Albans.



Operating theatre, Hill End, St Albans. (Pastel work, 1945)

This exhibition and accompanying conference has been organised by Associate Lecturer in BA Drawing at Camberwell College of Arts, Jeanne Woodcraft. She has collaborated with Brian Morgan, retired Plastic Surgeon and Archivist, in a project associated with the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) on the drawings of Dickie Orpen. Orpen was a WW2 artist who worked in the field. She drew as the surgeon reconstructed faces and limbs. There is a vast collection of sketch books and individual drawings that have never been seen. They are remarkable drawings for they were executed under difficult conditions and yet are faithful records of the surgical advances made.

Ahead of the game - *Angela Eames*



A patient, with tight scarring of the right chin and neck (probably from burns) has the scarring removed and the defect covered with local flaps and a large rotation flap from the lower neck.

Dickie Orpen, born in 1914, was the daughter of Sir William Orpen, a well-known artist at the time. At the age of 14 she began studying at the Slade, under the direct influence of Professor Henry Tonks who had recorded Harold Gillies reconstructive work in WW1. She also attended The Byam Shaw School. In 1942 she wrote to Gillies asking if she could help the war effort with her drawing. Her letter was passed to Rainsford Mowlem and she started work at the Plastic and Maxillo-Facial Unit at Hill End St Albans. She spent the rest of the war in the operating theatre producing 2500 pastel and pen drawings showing in great detail the surgery that was being performed. These are collected at the Antony Wallace Archive of BAPRAS. In the 1960's she voluntarily taught painting and drawing at Silverwood, a centre for people with Polio in Surrey and during the 1970's she was involved again with illustrating reconstructive surgery when John Barron and Magdy Saad wrote 'Operative Plastic and Reconstructive Surgery'.

Orpen the artisan is at work in these drawings. The marks employed by her are concerned with a need for clarity, speed and accuracy rather than artistic flair. She is constrained by her working environment. One imagines that she would have had to work, silently, swiftly and incognito. She would have to have been able to extract the necessary visual information without offering any interference within the operating theatre to either nurses or surgeons. Her working process would also have to have been subject to time and motion

constraints. Like the musician within a foursome, Orpen working deftly alongside the team of surgeons operates as a musician. She cannot fall behind or out of time. This is drawing as both recording and record. Information has to be observed, assimilated and interpreted as visual mark in space and time. In turn her visual results provide an invaluable practical reference manual for surgeons and trainees. There is no room for correction, expression or obfuscation - the plastic arts are in the employ of plastic surgery.

Nevertheless on close inspection the individual drawings have an inherent quality. They are subtle and understated wherein the persona of the artist at work is consciously and intentionally excluded. Discretion and circumspection are essential in her working approach. These drawings have a job to do. The materials used are as part of the process, small scale cheap paper and probably HB pencils, or it has been stated, pastels. One suspects that there would be no opportunity for sharpening pencils in the germ-free environment of the theatre, nor would she have been afforded the luxury of an easel at which to work. The drawings are evidence of her skill with her medium - it is all too easy for the novice to produce smudgy, gestural marks, unsuited to the requirements of medical records. Equally the very idea of anyone being able to use pastels in the sterile environment of an operating theatre would be unthinkable these days.

For students of drawing in the twenty-first century these drawings are a timely reminder of the practice of drawing as an essential part of our human understanding and of our responsibilities as visual practitioners in a specialised field. Whether using pencil and paper or a video camera (although in the context of surgery this might be considered an invasive technology), the responsibility lies with the drawer as to the relevance, of the final visual record, be that graphite on paper or moving image on DVD. The decisions made during the process of drawing with regard to what is recorded and how that is recorded are crucial.

These drawings are not concerned with notions of expression or personal commentary. They are drawings which serve a purpose and as such whilst they adhere to this strategy, they also as a bonus deliver an insight into the nature of innovation. Both surgeon and artist are intuitively treading a new path. There is much conjecture currently about the equivalent use within the operating theatre of the 'black box' as used in the aircraft industry to record activity on the flight deck. Thoughts prevail amongst eminent surgeons wherein the value of retrospective data of success and failure as an aid to reflection, is deemed essential to advancement within the medical profession.

Orpen and Mowlem were ahead of the game.

October 2008

Dickie Orpen on Henry Tonks, her tutor and mentor.

Orpen refers in this piece of writing to the 'Sidcup Drawings', drawings carried out by Tonks working alongside the surgeon Harold Gillies.

When I was asked to write a little about Henry Tonks, I really had no idea how difficult it would be. His disapproval reaches me even now. His attitude to Art (and Medicine) demands such stringent standards and unwavering humility. My father was a painter and a student of Tonks. He took a view as serious as Tonks' own and forbade his children to paint or draw, so I grew up under the dictum "one damn good painter in the family and no bloody amateurs". Quite by mistake, my father found some drawings I had brought back from my boarding school and he sent them round to Tonks who replied, "Send her to the Slade on Monday". It was his last year at the Slade and I was magically whisked from school, the proviso being that I put away foolish things (Oxford and Paris) and promised there and then to "work like a Man". I was fifteen years old and this sounded like Paradise. Of course it proved a taste of Ambrosia. I was young enough to be enchanted by picking my way over the prostrate forms of my fellow students sleeping it off after a hard night's drinking on the steps of the Slade at 9am. Later on, Tonks' head, which resembled a rather desiccated turtle, would twist round the Life Room door at what seemed an immense distance from the ground with the words, "Where is the Orpen child?" to which I squeaked "I'm here sir". He was enormously patient even to the extent of giving me a tremendous rocket for a drawing (on my board) just made by a member of his staff. The poor young man and I blushed with equal ferocity but said nothing.

One of the last letters my father wrote was to thank Tonks for all he had done for me, "She is under your feet in devotion, as much as I was thirty years ago and am at this moment". After I had left the Slade School and was working at Byam-Shaw, his kindness continued and I would be bidden to, "take a dish of tea at 4 o'clock and bring my work", terror and pleasure always mixed. As well as telling me about the Sidcup drawings. In the last year he said, "Your Mr Johnson (F. Earnest Jackson who taught me at Byam-Shaw) has done what I failed to do in all my years at the Slade - teach people to draw intelligently". This shows, I think, the greatness of the man and a reason why his memory is held in such reverence by all who knew him.

His dictum re women and marriage was "Women particularly cannot serve two masters; the baby and their soul or spirit, or if you like it, I can call it their Art". In 1931, he met me outside Burlington House and drew a fascinated crowd about him as he loudly acclaimed "You are married Orpen child". "Oh no Sir, I'm not". "You are lying". "Oh no Sir, really I'm not". "Well then you have become a Roman Catholic". "No Sir, I have not". His conviction

being that marriage, motherhood and Catholicism were the things that ruined female students. Not long before his death in 1936, this great but alarming man said to me that the only drawings that he ever made and was not ashamed of were the ones he made for Harold Gillies in the 1914-18 war.

I had never heard of these drawings and indeed, it was not until 1939 that I told Lord Dawson's secretary 'Hughie' how much I longed to see them. At once, it was arranged and the drawings were brought up from the cellars of the Royal College of Surgeons and shown to me by a somewhat apprehensive pathologist. As a draughtsman, I was overwhelmed by the truly remarkable quality of these pastels - a difficult medium which can produce furry, of even floury and sentimentally 'soft-edged' effects, but used here with enormous urgency, directness and speed, so that their vigour and veracity catch the very nature of the injuries and not only of the injuries themselves but also of the damage done to the person. I believe that these Sidcup drawings represent a really remarkable fusion of Doctor and Artist - it is almost an explosion of talent. One imagines that his normal pace of drawing and painting was leisure, nothing done 'con bric' but always with unhurried observation and humility. Here, marvellous speed. Often have I longed to question him about the length of time these drawings took? How far from the patient was he drawing? How much pastel dust (pastels are very friable and clouds of colour can be blown off the paper) could have allowed to float on to these exposed areas?

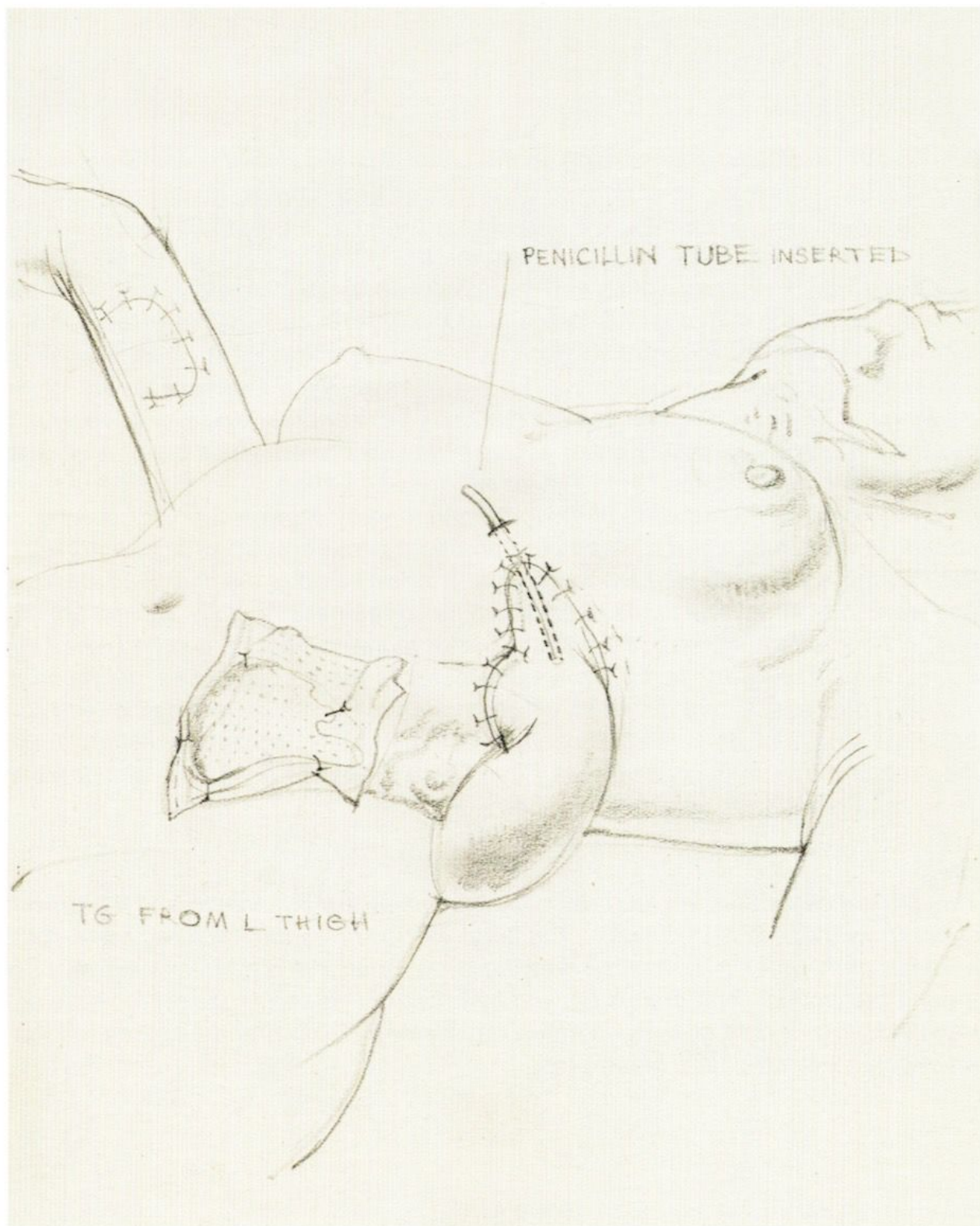
November 2008

JW:

Torso foreshortened and slightly curved across the centre of the page situating the area of interest, the pedicle, in the centre. The injured neck (the reason for this operation) is just visible above the patient's left breast. It's a strong composition designed to give maximum information. The range of marks, especially around the pedicle, denotes its heaviness, structure and complexity. There is a faint outline of a triangle just below the navel. It links to the top & inner part of the pedicle, the square shape of the open wound (denoted by a series of short dashes) and to the left of the pedicle. This is probably to gauge the size, position and plane of that area. The right side of the drawing is worked on further. There are soft linear traces of repositioning on the patient's left breast, the neck above and on the curved lines that denote the thigh, hip and left side of the patient's torso. In contrast the lines denoting the hip, rib cage and right breast are single. Above the right breast is a short faint line which indicates a plane (or side of bed?).

BM:

The drawing shows a complication of infection in a reconstruction. One end of an abdominal tube pedicle was transferred to the right forearm but has been returned to the belly and a penicillin tube inserted. In the drawings of February 1944 a tube pedicle, from the back, has already been attached to the left forearm. It is now detached from the back and lifted on the arm to attach to the left side of the neck and chin so that burn scarring and contracture can be removed.



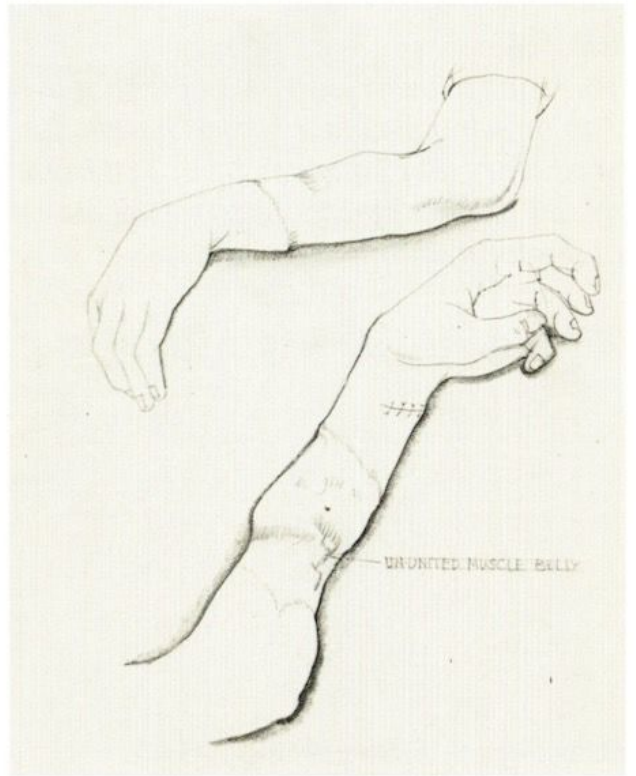
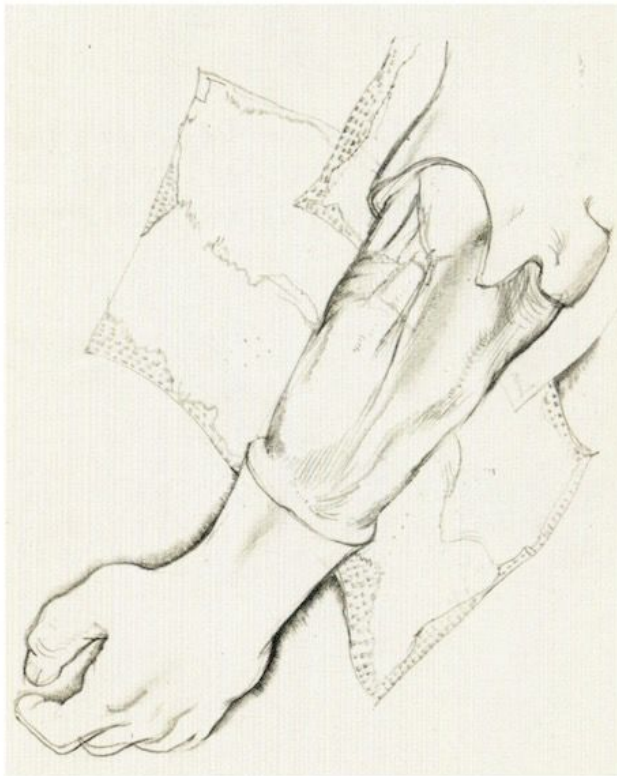
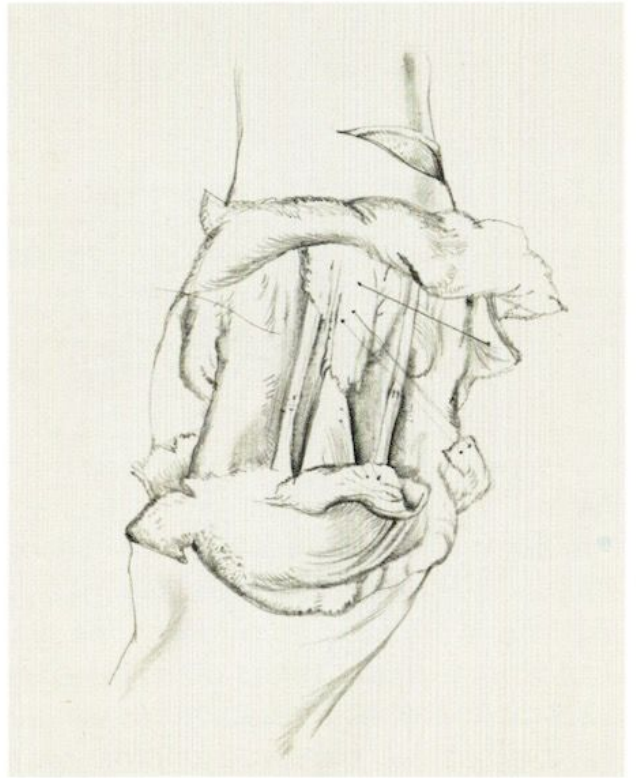
JW:

The first three drawings were done on the same day; the drawing, lower right, one month later. In this series of images of an injured arm, Orpen works compositionally on the diagonal. Orpen has included the hand in drawings 1 top left, 3 bottom left and 4 bottom right enabling the viewer to locate the site of the injury, its scale and finally the result of surgery. The hand (top left) rests palm up, fingers closed loosely. Traces of under-drawing are minimal. The drawing of the hand is entirely linear, the pencil deftly indicates form by varying the thickness and lightness of the mark. It was possibly the first part of the drawing to be done. The layout established a pattern for the following drawings. The second image depicts the injury from another angle. The view is closer the lines are more textural. Edges, such as the skin are drawn as a series of tiny loops with no sharp delineation. On the lower left drawing Orpen slides the side of the pencil along the edge of the drawing of the hand and then by using a series of short outward strokes creates a strong darkened aura around it and the wrist; she does not continue this into the area of the injury, which is lightly drawn. Above the injury the line is thick and worked over several times to establish its correctness. Lightly applied pencil marks map out the different areas of the wound, prior to the thicker overworked sides of the injured arm. The varied textural marks indicate the different surfaces. In the final drawing the 'shelf' above the wrist, which is open in the previous drawing, can clearly be seen. The thick dark line that curves around the arms, on both drawings emphasises the area of the injury and its vulnerability. There is also an aesthetic consideration. The drawing methods echo contemporary practice.

BM:

This patient caught his left forearm in the cog wheels of a machine and the drawing shows how the skin is in ribbons. Top left drawing shows the fractured bone, torn muscles and tendons. Lower left drawing shows a split skin graft is being wrapped around the wound. The graft is backed by tulle gras (vaseline gauze) for ease of handling. Lower right drawing fourteen days later the skin graft has taken but the artist notes the "un-united muscle belly".

Drawing ref: ORPEN-sheet 5-1,2,3 and 4



JW:

The angle of the head is essential because it conveys concurrent information. It shows both the site of the injury and the means of repair. What look like lines curving just below and above the eyes, to establish the planes of the face, are probably a surgical brace? Just visible, on the edges of the head and through the centre of the face are the initial guide lines that help establish the shape, the planes and the position of the injury site. It is a sensitively observed, informative and simply constructed drawing.

BM:

This man's lower jaw has been shot away.

The drawing shows a bucket handle forehead flap being prepared by first placing a skin graft (very thin Thiersch graft, TG, from R Thigh) under the strap flap over a gutta percha mould (thermoplastic latex). This provides a lining for inside the mouth and some healing of the forehead.



JW:

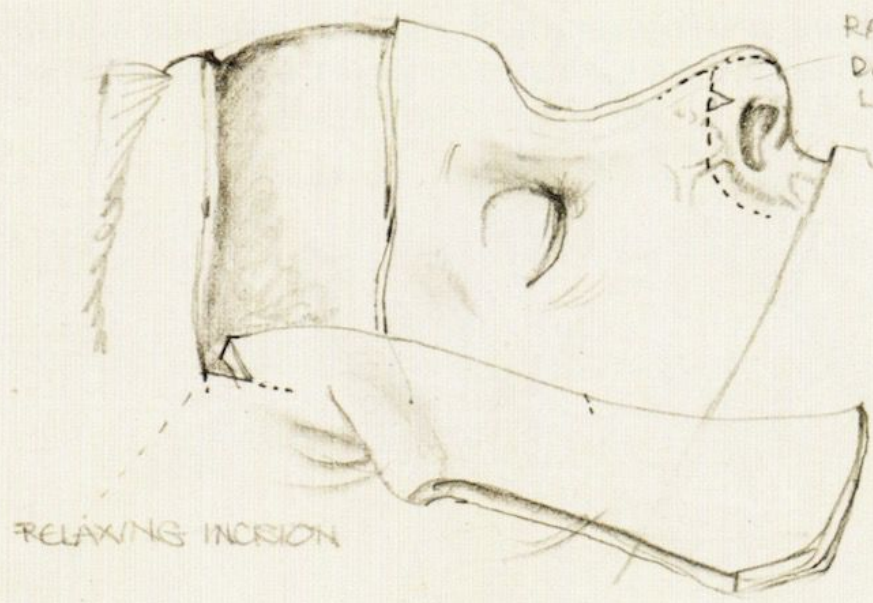
Top drawing: In the foreshortening and angle of the head, Orpen describes the jaw in a single unbroken line. There is a slight inward arc as it indicates the curve of the zygomatic bone before touching the location of the mandible. Here the line is met by a short curve that describes the mandible. At this point the line describing the right side of the head begins. There is a faint trace of placement drawing of the nose, which continues along the supraorbital ridge, above the right eye. This is then drawn over and eventually continues into the fine outer line that describes the curve of the forehead. There are several lines in this area where that curve and the site of the flap converge.

Lower drawing: It is not a piece of cloth but skin and flesh lifted from the forehead that is neatly placed along side the cheek of the patient. The sides of the flap and the edges of its previous site are clearly defined. A faint linear bridge connects the two sides of the 'channel'. Two small adjoining curves describe the arc of the closed eyelid. A strongly defined line emerges from several softly applied lines to define the plane and edge of the eye socket below. It is finely observed.

BM:

The patient has a nasal deformity from burn scarring on the right. A forehead flap has already been raised and 'delayed'. It is raised again with a relaxing incision to give greater length. Local skin is turned in, to provide lining within the nose. The end of the flap is rolled to form the alar margin and held with catgut sutures, shown in the lower drawing. The artist's understanding and visual description is such that the procedure can be repeated.

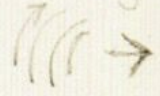
But why the double underlined NO in the top drawing?



RAISED & TURNED
DOWN TO FORM
LINING.

+ WEDGE
EXCISION TO
DE-FAN
THE FLAP
NO

Swung down
& stitched
cutout to
form rolled
alar margin



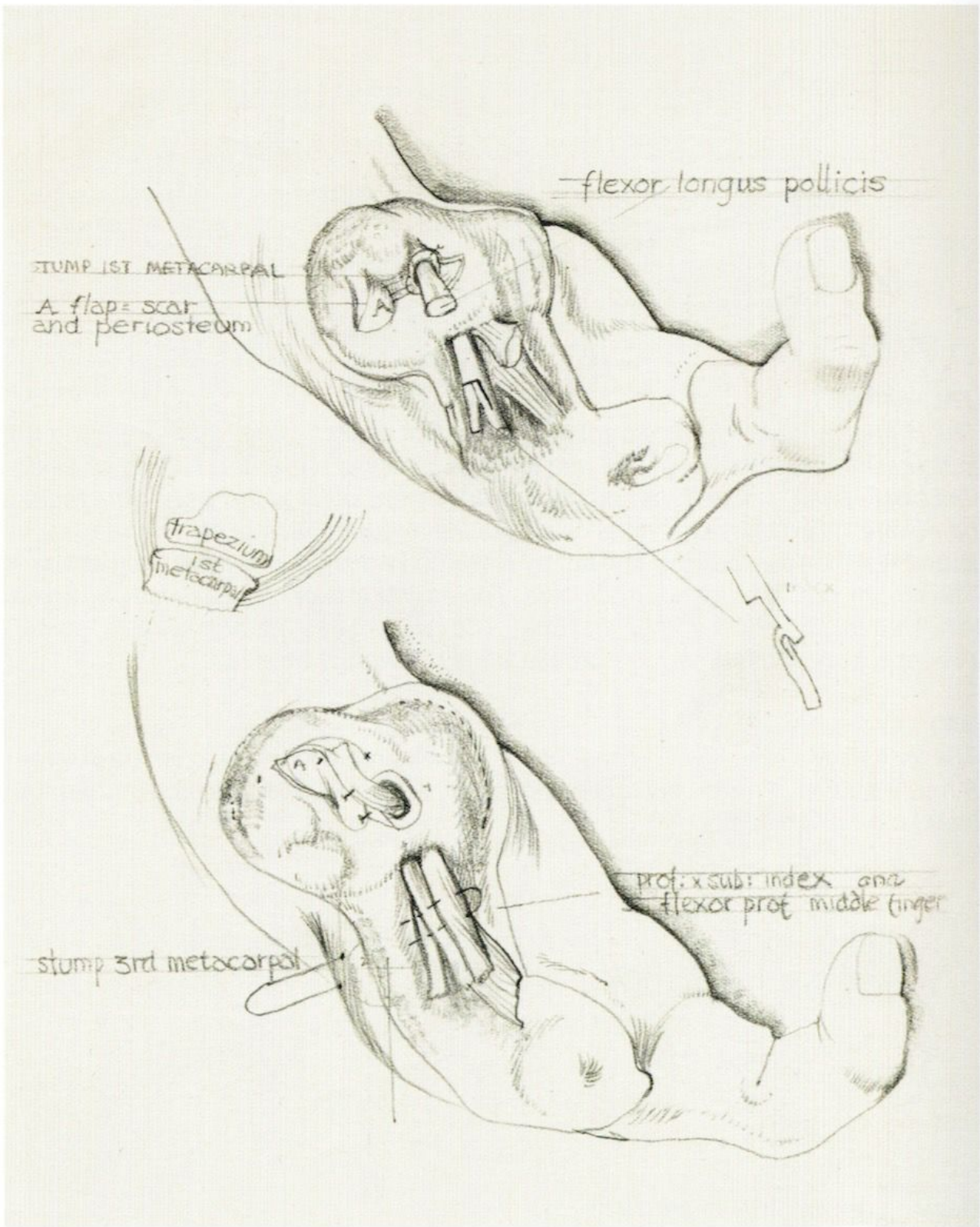
RELAXING INCISION

JW:

Diagrammatic drawings with text inscribed onto the areas of surgical attention. Using the side of a soft pencil and a darker line, Orpen accentuates the soft curves of the upper edge of the arm and hand in both drawings. Short pencil strokes indicate planes on the skin. The interior is an understated use of marks to delineate the outline of the parts such as the flexor longus pollicis, which is extended in the lower drawing. There is no overworking or evidence of tracing one image as a template for the other.

BM:

A mutilated hand with only one finger and no thumb so no possibility of pinch or grasp. The drawing shows details of the tendons and bones that could be identified on dissection.



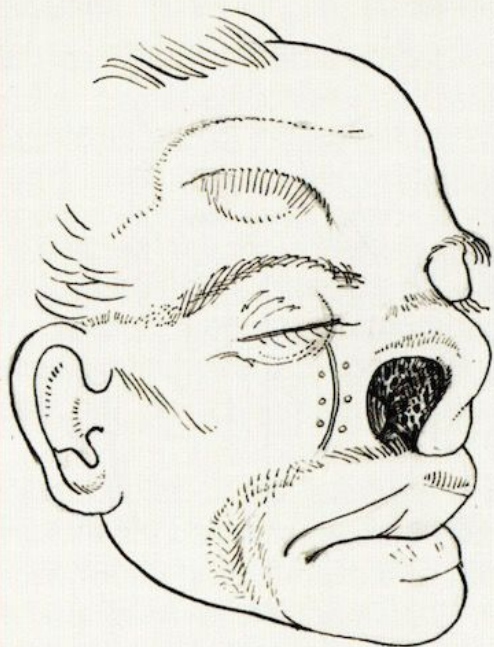
JW:

The ink drawings of all four heads are supported by light pencil under-drawing which indicates they were done in-situ and that later ink was applied. There is no evidence that tracing has occurred. As all the drawings were done at the same time there would be no time. The diversity of marks offsets the awkwardness of the images.

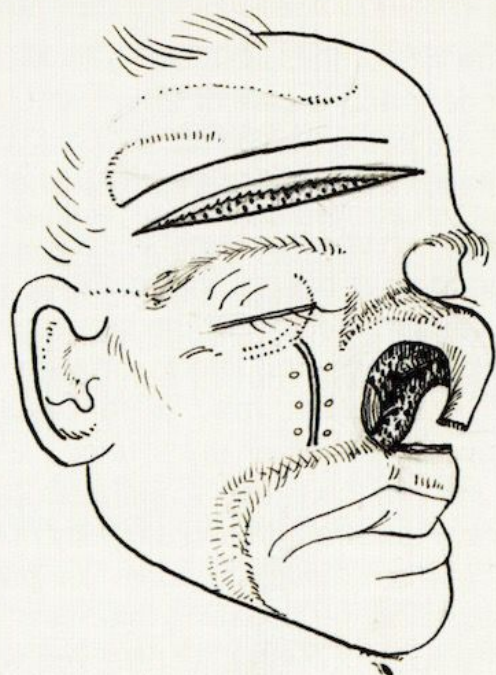
Drawing I shows a rounded jaw but by Drawing IV the jaw is a sharp iron shape. The mouth is also crudely constructed. The attention is on the nasal cavity, which is rendered in close dark stripes and dots. The facial marks are also diverse, some describe planes and others denote the areas of surgical attention.

BM:

The first stages of a nasal reconstruction are illustrated in pen and ink as diagrams. A forehead flap is raised in stages and tubed with a gutta percha mould (thermoplastic latex) over a skin graft.



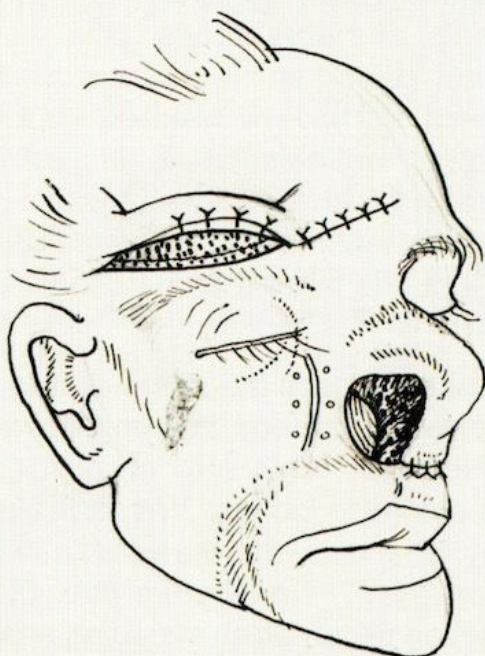
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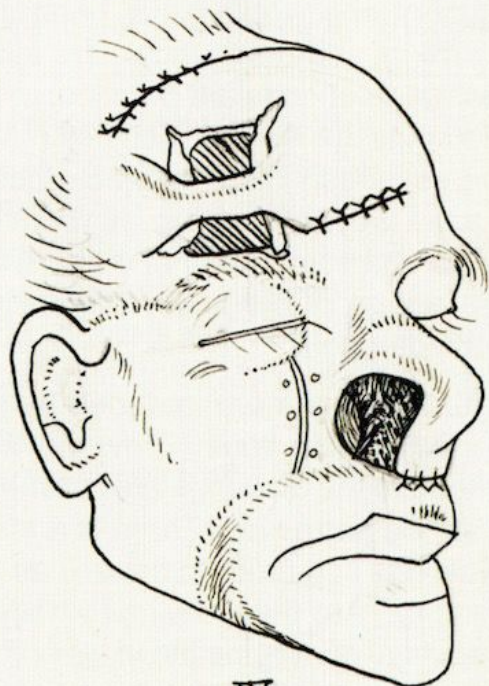
II



gutta percha



III



IV

In summarising...

The aim of the exhibition is to allow surgeons, artists and general public to appreciate and understand a part of 20th century visual arts history that has remained virtually hidden. Through the exhibition, viewers will be able to reflect on the historical continuity of working relationships between artists and surgeons.

As an artist, my interest in science and in aspects of its medical application, has continually, though not overtly, informed my work. As a painting student at the Royal College of Art, I was in the midst of the science departments of Imperial College. But back then, fine art and science had lost touch with one another. In the industrial design department of the RCA however, they were collaborating with medics on the design of vital hospital apparatus. Their preparatory and final drawings were beautiful. The clean, functional quality of the linear schema, stripped of expressive and emotional interference, gave their drawings strength and a quality of enquiry that transcended the explanation. Similarly Dickie Orpen's drawings resolve the problem of disseminating information in a functional way, recording the appalling injuries of war. Sentimentality, even empathy is not a requirement. The subject matter is conveyed with a matter of fact simplicity of line.

Orpen established a language that is diagrammatic and consistent. During her years as a student she would have been constantly drawing in the life room and from casts and learning anatomy under the tutorship of Henry Tonks. She would have learned the discipline of constant practice, constant looking and regular critiques. Thus we see that her drawings are fluid, sometimes mannered, but always depicting a confident capacity to grasp the essentials of her subject. The images on the small rectangles of paper were placed in such a way that there was room to record both visually and with text. The text itself is an important component of these small compositions. It is a neat and a considered aspect of the design of the page, suggesting that it is more than functional. It is also an aesthetic consideration.

Initially I was more intrigued by the subject depicted in the drawings. And then began a series of questions. How did the drawing method become dominated by the subject? Because the drawings are not meant to be art. They are not consciously arranged. Is there a strong narrative? There is and it is painful to look at. We can consider the content of the drawings in a modern context as they remind us that wars continue to dominate in the 21st century. Are the drawings wholly illustrative? No they are not. Studied more closely the means of conveying the visual information becomes an intriguing appraisal of the artist's skill as a draughtswoman. The line is beautifully controlled and understated as it curves round the body contours, breaks to accentuate gently the rise of a rib or the shadow of a pedicle.

Mostly it is kept clear of embellishment.

Just as she raised questions, in her writing, about how her tutor Tonks made drawings of wounded soldiers during operations so I also began to imagine her circumstances. I pondered similar questions about her means of drawing in a theatre, where more than one operation might occur. Penicillin was a precious commodity so the threat of cross-infection must have been present. And indeed her presence also must have been questioned, especially with sketchbooks that will have been used more than once. The pencils cannot have been sterilised. Were the drawing materials kept in the operating theatre when not in use? Orpen sometimes drew small cartoons of herself and theatre staff in gowns and masks. This is how she was dressed whilst creating her fine line drawings. They belie the difficulties of wielding a pencil with such delicacy and confidence in-situ, almost totally covered up in protective clothing, around the body and face.

For the exhibition we have selected images from a collection of loose drawings. We avoided removing any pages from sketch books. As is evident in the sketch books shown, they are mostly fragile items. The Windsor & Newton war time materials have deteriorated, the thin paper is tobacco coloured, there are marks left by rotted cellotape and rusted paper clips. The sketchbook covers are curled and split. And yet this doesn't matter, in fact it helps set them in an historical context. It also (dangerously) adds to the charm of the sketch books. As artists we must extricate ourselves from the sentimental association of time and subject. We have to recognise that the drawings were meant to meet a functional requirement.

There are 36 Windsor & Newton sketch books of observational drawings by Dickie Orpen (as yet to be fully archived). Each drawing within the sketch books is notated; the name of the patient, the surgeon's initials, the procedural sequence and the date of the operation. Sometimes there are more detailed explanations of procedures. The combination of text and drawing was intended as a resource for future surgeons. With the development of more advanced surgery and working procedures, that knowledge became less important and the sketch books disappeared, until Brian Morgan discovered them again.

Jeanne Woodcraft - November 2008