“Eyes are eyes & can’t be neglected”: A New Insight into Frances Hodgkins?

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Abstract
An aspect of the Anglo-New Zealand artist Frances Hodgkins (1869–1947) which has been largely overlooked by art historians is the challenges that she faced with her eyesight, particularly from the 1930s onwards. These are documented here, using her letters to family and friends. The article then applies findings in the pioneering studies of art and ophthalmology by Patrick Trevor-Roper and John S. Werner to a selection of Hodgkins’ paintings of the period. Links are made between her use of colour – which earlier writers have described as lyrical and “rapturous” – and the strong probability that she was suffering from cataracts.

In the “Afterword” to her book Finding Frances Hodgkins (2019), Mary Kisler stated of this enigmatic Anglo-New Zealand modernist painter: “You think you know her and then you discover something else”.

Could the softened, “misty effects” of Hodgkins’ later work, regarded by eminent art world contemporaries as some of her best, owe something to changes in her vision? According to Kisler, Hodgkins “had real difficulty with her eyesight” from the mid-1920s onwards: “this changed her perception”; her so-called “neo-romantic paintings” and “more misty, more abstract paintings – I think… are partly due to her eyesight”.

This point stimulated the present authors’ investigation into how Hodgkins might have been challenged by her condition. Till now, the overwhelming emphasis has been on positioning Hodgkins’ artistic development in the context of her modernist European and British predecessors and contemporaries. A typical instance was when the late Iain Buchanan wrote of The Red Cockerel (1924; Dunedin Public Art Gallery) and its “sombre effect related to early Cubism and reminiscent of Marcoussis”.

This article does not attempt to question such an orthodox approach, still less challenge Hodgkins’ intelligent receptivity to her milieu and inflection of it. Instead, we address essentially complementary, indeed fundamental questions which we hope will provide a new and useful insight into the artist. How did problems with her eyesight affect her ability to continue to paint? And how did this manifest itself in the development of her painting style, particularly in her later years?

The extensive literature on Hodgkins reveals surprisingly little about her eyesight. The indexes of two recent publications have several entries under her “health,” but these are invariably brief. Her many letters to family members after she arrived in Europe in 1901 were the next obvious source, particularly in relation to her eyesight. Evidence began to emerge from a relatively early date. One of the first mentions of problems came in her mid-forties in letters to her mother, Rachel Hodgkins, from Equihen-Plage on the Pas-de-Calais coast of France, where she was conducting a painting class in Summer 1914.

Hodgkins complained that her eyes had been causing her sufficient trouble as to require professional advice. Although this was inconvenient given the responsibility that she felt towards her students and their needs, she decided to make a rapid trip to London, to consult a Harley Street eye specialist, Dr Norman Fleming. Fortunately, he found that her sight was good and even assured her that her symptoms would improve with time.

Further references in her correspondence to problems with her eyes seem to confirm the specialist and do not reappear until the mid-1920s. Once again, Hodgkins was conducting
summer painting classes in France, this time at Montreuil, some distance inland from Equihen-Plage. She informed her mother: “I am in good form – except for my eyes,” which were causing her “serious concern”. She continued: “Tomorrow, I will be seeing a specialist in Boulogne”. Typically, Hodgkins – who would live mostly in straitened circumstances for much of her working life – complained that this will “eat into her savings”. But, she argues in a more resigned mood, “eyes are eyes & can’t be neglected, so my shirt must go on new glasses – even if I have to walk there & back”. In yet another letter, written in late 1926 to her sister, Isabel Field, Hodgkins disclosed that she now had two pairs of glasses – one pair for her close work and another for everyday purposes. She was then living in Manchester, employed as a designer for the Calico Printers’ Association. The type of detailed work this required would also have put considerable strain on her eyes and it would hardly be surprising if her eyesight continued to be a cause of concern, especially for someone in their mid-fifties.

At this period, “spectacles” were still often labelled as “medical appliances”. Accordingly, there was a certain social stigma attached to wearing them, as James Joyce attested in his autobiographical novel, Portrait of an Artist as a Young Man (1916). This may also explain Hodgkins’ apparent reluctance to mention her eyesight problems and her dependence on glasses to anyone beyond close family for many years. Being bespectacled was inevitably associated with ageing, and she already looked and felt conspicuous, given that she was a generation senior to associates like Cedric Morris and her fellow Seven and Five Society artists. Therefore she evidently took care not to be seen wearing glasses, right until the last years of her life. Nevertheless, a photograph taken of Hodgkins when staying with her former student, Jane Saunders, at the vicarage in Whittingham, Northumberland, in August 1939, provides telling evidence (fig. 1). While this is probably only a candid and personal image, she holds a pair of glasses in her hand. Significantly, they appear to have thick convex lenses. This type of lens is generally prescribed for long-sighted people. Of course, long-sightedness or hyperopia is a common eye condition, and can be remedied by wearing such corrective lenses. Yet as explained below, the eye complaints which from Hodgkins’ own telling increasingly troubled her probably did not relate to long-sightedness alone.

![Fig. 1 Jane Saunders (photographer), Frances Hodgkins on Holiday in Northumberland, 1939. E.H. McCormick Papers, E.H. McCormick Research Library, Auckland Art Gallery Toi o Tāmaki, gift of Linda Gill, 2015.](https://doi.org/10.26686/jnzs.NS36.8325)
An indication of how closely guarded Hodgkins remained about her eye problems is suggested by the very absence of any mention of this matter from her fellow artists, even those who had known her over many years. A notable exception was Cedric Morris (1889–1982), who spoke about her eyes in a Tate Gallery interview on his association with her.\(^9\) Morris and his life partner, Arthur Lett-Haines (1894–1978), had first met Hodgkins while they were all living in Cornwall during the First World War. Despite an age difference of some twenty years, a friendship would develop between them into a strong and meaningful working relationship, possibly the only one that she would genuinely acknowledge (fig. 2).

![Cedric Morris, Portrait of Frances Hodgkins, 1928, oil on canvas, 98.5 x 86.4 cm. Auckland Art Gallery Toi o Tāmaki, purchased with funds from the William James Jobson Trust, 1954.](https://example.com/fig2)

Notable among Morris’s memories of Hodgkins was an incident which occurred when they were in Wales in August 1935. Morris, who was involved in mounting an exhibition in Aberystwyth at the time, saw the visit as also providing an opportunity for him to introduce Hodgkins to his home country. She herself mentioned to her friend and patron, Rée Gorer, how
Morris had visited her in the village of Ponterwyd, prior to her joining him in Aberystwyth. What actually happened is uncertain, but it evidently related to Hodgkins’ glasses, which were either forgotten, lost or, most probably, broken. This might have seemed banal were it not for the genuine distress that Hodgkins felt, and was obviously magnified by Morris’s presence. The episode necessitated a hasty appointment with an optician for a replacement pair on her return to London, prior to her imminent departure for Spain. Morris recalled how at the time, she became incredibly anxious, causing him concern for her emotional wellbeing. This made him aware of how reliant Hodgkins was on her prescription glasses, and how visually challenged she had become over the years. She described the incident in a letter to her friend and confidante, Dorothy Selby, in early September, when she still roundly chastised herself for her apparent stupidity: “this has happened to me enough times, and must not occur again!” and even called herself “a b[loody] f[ool]”. Something similar had occurred when Hodgkins was in Saint-Tropez in May 1931. That time, she had definitely broken her glasses, causing a delay in getting her work back to her then agent, Arthur Howell, of St George’s Gallery, London, for which she humbly apologised.

By the 1930s, and now in her sixties, references to Hodgkins’ eye problems also appear in letters to her friends and her agents, mostly written on extended painting trips in Europe. On several occasions she was forced to hurriedly make appointments for problems with her eyes. In addition, Hodgkins provides some firm evidence as to how she was affected by her eye condition, and further, speculates on the potential cause. She describes how her problems may have been triggered by working for prolonged periods under strong sunlight. She had first raised this idea, although at this stage it was probably only a hunch, as far back as 1914 at Equihen-Plage.

Although Hodgkins continued to travel to European destinations from the late 1920s, most of her extended painting trips were planned for over the winter months, notwithstanding the discomfort she experienced from the cold. “I defy anyone to work through a Spanish winter,” she declared to her agent, Duncan Macdonald. Besides her sojourn in Tossa de Mar, discussed below, Hodgkins made trips during the winter months to Martigues and Saint-Jeannet in the South of France: twice to the former in 1928 and 1930, and four times to the latter in 1921, 1925, 1928 and 1931. She also visited Ibiza in 1933.

Hodgkins’ trip to Tossa de Mar (1935–6) offers an interesting case study in the relationship between the artist and her eyesight. Behind it was her peripatetic nature and the artistic challenge that new locations offered. She told both her agents in turn, Macdonald and Alex J. McNeill Reid of the Lefevre Gallery in London, that she was “in danger of forgetting that she primarily was a Water Colourist”. She declared that if she “is to paint more Water Colours,” she needed “sunshine”. In which case, she must “go abroad” and hence had decided “to make tracks for Spain”. Behind the apparent bonhomie of these communications, Hodgkins felt extremely pressured. Although her contract with the Lefevre Gallery gave her some security, she was always acutely aware of her reliance on their favourable opinion of the work that she was expected to produce in return. Still smarting from the rejection of a good number of the paintings, both in oil and on paper that she had recently submitted and sent back for reworking, she confided to Selby that she was “near breaking point”. What she “really needed,” she wrote, “was a long long rest from painting”.

It is highly likely that Hodgkins had decided to travel to the Costa Brava region in Autumn 1935 on Gorer’s recommendation. She had invited Hodgkins to accompany her on a chauffeur-driven tour of the coast north from Tossa de Mar into the L’Emporda region early
the following year. Hodgkins would have probably considered this an ideal opportunity to extend her stay in Spain by several weeks either side of the proposed trip with Gorer. Letters written in late September 1935 to Gorer and also to Selby, provide details of the weeks following Hodgkins’ arrival in Spain. She told Gorer how she had reached Barcelona after a bad sea voyage and needed to spend several days recuperating there. Hodgkins also disclosed that after her arrival in Tossa, how it was taking her some time to familiarise herself with her surroundings, thus following a certain pattern. A further factor which contributed to a delay in getting started was because she was awaiting the arrival of painting materials ordered in Barcelona. By November 1935, Hodgkins appears to have become more settled. She informed Selby that Tossa is a charming little place: “[It is] so small that I can step out – make a quick sketch & back to the studio. Repeating this 2-3 times in a morning…”.

The New Zealand expatriate artist May Smith (1906–1988), who had first met Hodgkins in 1927 at Tréboul in Normandy and again in Ibiza in 1933, was also coincidentally wintering in Tossa at the time. Later, she recalled details of her encounter with Hodgkins to June Opie who was gathering material for a documentary on the painter in the 1960s. Hodgkins told her how she was much affected by glare from the sun. She explained how she managed this problem by adopting a very strict working routine which, Smith observed, was rigorously maintained. There were only two periods of the day when Hodgkins could work outdoors. Hence she rose at sunrise, and never worked past 8.30am. She would emerge again in the late afternoon for another painting session after 4pm. Nevertheless, despite taking precautions against any adverse reaction on her eyes from the sun’s glare, within weeks the familiar, debilitating effects re-emerged in early January 1936 and then again in the weeks following. In April, she felt once again the need to consult an eye specialist. Eventually, the persistence of her eye problems drove her to shorten her time in Spain by several weeks and return to England.

Excerpts from Hodgkins’ letters written in May and June 1936, from Corfe Castle, Dorset, provide quite a detailed account of the symptoms experienced in Spain. Although she initially appeared quite upbeat, she told Macdonald that she was now “looking for a quiet corner to crystallize the afterglow of my Spanish memories – before they grow dim”. She went on to describe how she had been troubled by her eyes responding adversely to the sun’s dazzle. Although the public transport service from Tossa to Barcelona was far from good, in her quest to seek some professional advice for her eyes, she had made this journey early in the New Year of 1936. Beyond this visit to the specialist, she also told Macdonald how she had made a second appointment to have her eyes seen to in April. On this occasion, Hodgkins described how she had travelled to the South of France, en route back to Britain. To Gorer, she was more expansive, telling her how she made the journey to Toulon, probably by steamer. Once there, she had gone overland to Bormes-les-Mimosas, to consult what she called an “occulist”. However, despite these consultations, she complained: “My eyes went queer & groggy for a time in the too bright light & I did hardly any work to speak of…”.

It was clearly due to ongoing problems with her eyes that Hodgkins had decided to quit Spain early. This decision would prove fortuitous, given the country’s escalating political tensions by mid-1936, with the outbreak of the Spanish Civil War. Potentially even more personally distressing was the fact that her eye problems did not improve on her return to England. She told Gorer that she had informed Macdonald of how she had had to stop working over the last two months due to this condition.
How did Hodgkins’ eyesight problems impact on her actual paintings in Spain? Kisler’s analysis of them, as she followed the artist’s footsteps in Finding Frances Hodgkins, offers interesting, indeed significant findings and considers how she often appears to “play with reality” in her compositions.31 She shows how Hodgkins had selected motifs sketched on her road trip, such as the Romanesque bridge and landscape elements, which were used in the paintings Ruins, Cadaques (location unknown) and Private Bathing (both ca. 1936) (fig. 3), and later combined into the drawing Untitled (Santa Maria de la Neus), (1935–36; Museum of New Zealand Te Papa Tongarewa, Wellington). Moreover, she reveals how, on comparing this drawing of the church, overlooking the broad sweep of the bay above El Port de la Selva with the final painting, Hill Landscape (ca. 1936), Hodgkins has relocated the church and surrounded it with the muted tones of a mountainous landscape (fig. 4). The discovery represents admirable detective work, but it does not attempt to provide any insight into eyesight questions, so much as Hodgkins’ capricious mind’s eye.

Fig. 3 Frances Hodgkins, Private Bathing, 1935–36, gouache, 55.7 x 77 cm. Private Collection.
Kisler’s findings are complemented by those of the conservators at the Auckland Art Gallery Toi o Tāmaki, Ute Larsen (works on paper) and Sarah Hillary (works in oil). These deal primarily with Hodgkins’ techniques, which are summarised in some detail here as they offer a continuum with the central question of eyesight. Hillary and Larsen separately describe how they closely examined representative samples of Hodgkins’ works. They submitted many of these to a range of analytical techniques, including under raking light. It emerged that compared with other artists, Hodgkins chose a less proscribed approach towards the use of her materials. She was evidently reluctant to follow recommended methods for the preparation of her paper supports, whether working in watercolour or gouache. Further, Larsen found that the painting techniques for her works on paper were often at variance with what might be termed best practice.

A primary concern was the general condition of works in gouache, Hodgkins’ preferred medium from the 1930s. Here, cracking and flaking of paint surfaces had become a major problem. Larsen identified several inconsistencies in the application of paint, suggesting that Hodgkins was not very familiar with the medium. In comparison with watercolour, gouache is more opaque and fluid, and while the preferred method for the application of gouache is wet-on-wet, from close examination of *Hill Landscape*, Hodgkins had worked wet-on-dry. This method of paint application can create an undesirable surface tension between the layers of paint and is likely to lead to flaking and cracking. Larsen also detected how Hodgkins frequently mixed fillers or extenders, including gypsum, into her painting materials, while Hillary observed a similar approach in her use of oils. Although this may bring about certain incidental textures to the paintings, applying pigments in this manner was inadvisable with gouache. It amplified problems associated with the overall stability of the art work, particularly in relation to the satisfactory adhesion between the paint layers. Close examination of *Hill Landscape*...
Landscape reveals that Hodgkins herself had engaged in pre-emptive restorative work at a very early stage, probably prompted by signs of deterioration of the paint surface. Larsen also observed that the articulation of details in Hodgkins’ later paintings appeared to become increasingly fluid. This could have come about as a result of the larger brush required in the application of gouache. But equally, could this not also suggest that, as she aged, Hodgkins paid less attention to the techniques she employed? Or could this equally imply that she was giving less consideration to the actual organisation of her compositions, showing the lack of “forethought and control” identified by Linda Gill? As an older artist, Hodgkins possibly had increasing difficulties with her concentration for any considerable length of time. Even a measure of indecisiveness on the artist’s part may also apply here. The number of layers of overpainting revealed under raking light in Hodgkins’ paintings at this period may well indicate this. For example, in Hill Landscape, Larsen’s study revealed up to nineteen layers of paint.

Could some of Hodgkins’ obvious difficulties with her painting techniques also be understood as indicating an increasing lack of eye/hand coordination? If this were so, then any such impairment may reflect a loss of visual acuity, whereby the eye does not see objects as clearly as it once did. Certainly, from her own account to Dorothy Selby, Hodgkins admitted to being quite overwhelmed at times, especially when requested to rework paintings by her agents. On another occasion, this time in a letter to Rée Gorer, Hodgkins explained how she was busy preparing for an exhibition: “I am nearly buried under a great stack of canvases I am retouching or repainting for my show”. This, of course, entailed making the requested improvements, scraping down the layers of paint for works in oil, while for works on paper, she resorted to the questionable technique of applying pigments directly on to the painted surface, wet-on-dry. She continued: “I paint with fearful slowness”. Tellingly, Hodgkins gives the main reason for this as being “her Eyes!”

The science editor of New York Times, Guy Gugliotta, reported on the results of simulations carried out on artists’ eyes and what they reveal about developments in the painting style of a practitioner with a known eye condition. For artists with defective eyesight, brushstrokes tend to become bolder and details within the composition are less defined; in certain instances, colours may even appear to flow into one another. In addition, there are likely to be changes in their chosen colour palette. The stylistic developments Gugliotta described correspond remarkably to those Larsen identified in the course of her examination of Hodgkins’ works – without specifically diagnosing eyesight problems. The same developments were observed by others writing on Hodgkins, including Ian Roberts and David Armitage, who compiled the catalogue for her birth centenary exhibition in 1969. They noted her apparent paring back of forms and simplification of their features, what they called her almost “nebulous treatment of pictorial space”. Their language was of course couched in that of perceptive formalist critics rather than conservators or indeed medical specialists.

It is widely accepted that as we age, a number of changes in our ability to see will occur. While for the most part they will rarely provoke more than a little progressive blurring of vision, it stands to reason that when undertaking a comprehensive study of an aging artist, consideration of their eyesight should be integral to it. As we know with Hodgkins, from the mid- to late 1920s, she was regularly seeking treatment for an unspecified eye condition. Yet, despite all her efforts, it is also clear that this condition was not responding; rather, it was becoming increasingly advanced over time. The salient question is, what exactly was ailing her?
Two optometrists were consulted to answer this. Without any patient case notes to refer to, they were reluctant to offer any professional opinions on Hodgkins’ eye condition. Despite this disappointing response, there was already ample evidence gathered from the reports of conservators, first-hand observations from her contemporaries, and of those who have since made close studies of Hodgkins; and then, of course, there were the artist’s own accounts of herself in her letters. In turn, the rediscovery of a pair of spectacles reputedly worn by J.M.W. Turner (Ashmolean Museum, Oxford, on loan to Tate Britain), although seemingly a small piece of evidence, in the hands of specialists like the British ophthalmologists, Patrick Trevor-Roper (1916–2004) and James McGill (1940–), proved to be an invaluable tool in answering questions on artists and eyesight. Indeed, these glasses would enable Trevor-Roper and McGill to bring new understandings in Turner studies. At last there was an evidence-based explanation for the remarkable colour combinations that this painter had achieved in his later works, complementing or perhaps even supplanting the often rhapsodic art historical writing that had hitherto dominated that field.

Eye conditions associated with visual artists is an avenue of research that Trevor-Roper made his chosen field in the mid-twentieth century. In his book, The World Through Blunted Sight: An Inquiry into the Influence of Defective Vision on Art and Character (1970), he examines inter alia the relationship between aging and colour values. John S. Werner’s work on changes in visual acuity among artists complements that of Trevor-Roper. In his study of Claude Monet and his later works, Werner notes how detrimental sunlight can be for the eyesight. He states how this alone can undoubtedly lead to several serious eye conditions that develop following too much cumulative exposure of direct sunlight on the naked eye. Werner also emphasises that artists known to have worked en plein air are the most susceptible to this. In the early stages, any effects of direct sunlight on the eye, save for the often remarked upon sensitivity to glare, would have appeared almost insidious and any damage to the eyes would not be detectable. In this context, the assessment of Hodgkins’ eyes in 1914 is especially pertinent. Regrettably, by the time it does become evident, considerable damage will have already been done.

Like the French impressionists, Hodgkins herself was a staunch devotee of working en plein air for much of her lengthy career, even after her painting from the early 1920s onwards became markedly less realist. It is well documented that in the years following her arrival in Europe, she spent several months every northern summer at various European locations, including Spain, Italy and France. Therefore, the issue of cumulative exposure to sunlight is highly pertinent to Hodgkins the painter, and in turn to this study. We have seen her reaction to glare and the precautions she took in the times of day and then times of year that she worked in Mediterranean Europe and, despite these, the adverse effects that forced her to temporarily cease working. What becomes more than evident on reviewing these symptoms is their consistency with those associated with cataracts. According to the Kellogg Eye Center at the University of Michigan, these include an increased sensitivity to glare from sunlight by day and the appearance of halos around any light source at night. In addition, these symptoms are likely to be associated with a decrease in clarity of vision, which glasses cannot correct. As a consequence, this may lead to frequent changes of glasses, but without any appreciable improvement in vision.

Although the above symptoms could reflect several eye disorders, given the background history of any artist who has worked en plein air for any length of time, it is more than likely that they correspond to those associated with developing cataracts. Nowadays, the treatment of cataracts is regarded as routine, but the situation was very different in the early 1920s when the elderly
Monet suffered from them and received little satisfaction; this was, of course, remarkably close in time to Hodgkins’ related problems. It was not until after the Second World War, when artificial lenses were first developed by eye doctor Harold Ridley of St Thomas’s Hospital, London, that any effective treatments were available. Only in the 1970s could this particular eye operation could be considered commonplace.

In his study, Trevor-Roper claims that any shift in the colour values on the lens of the eye and photo-receptors will almost certainly have implications for the artist. Such effects would normally be visible in the work of older practitioners who are more likely to be subject to age-related changes in perceived colour values. However, as Werner also reminds us, for artists that have worked en plein air for any length of time, the effects of these shifts in colour values will be present at an earlier age, and are more likely to progress at a much faster pace. Trevor-Roper notes how in the early stages, any observable changes will be attributable to the increase of yellow pigment at the central spot of the retina. With an artist, a yellow haze will be thrown over everything that is perceived. As the film over the eye advances, the colour changes will shift from yellow, further towards the yellow-red. These changes are graphically illustrated in the multiple photographs of extracted lenses at various ages by Canadian eye specialist Sidney Lerman and reproduced in Werner (fig. 5). As a result of these shifts, any blue pigments will be increasingly absorbed and, as a consequence, the artist may appear to suffer from a relative blue blindness. That said, in some circumstances this may lead to a situation where they may actively seek to compensate for this apparent colour deficit by apparently stressing their blues. In this case, the tone of the blue perceived by the artist is markedly less colourful than normal.
Fig 5 Extracted lenses of humans at various ages: (A) six months, (B) eight years, (C) 12 years, (D) 25 years, (E) 47 years, (F) 60 years, (G) 70 years, (H) 82 years, and (I) 91 years. Also shown are three types of cataractous lenses: (J) nuclear cataract, age 70; (K) cortical cataract, age 68; and (L) mixed nuclear and cortical cataract, age 74 years. Photo: Sidney Lerman, *Radiant Energy and the Eye*, 1980.
Trevor-Roper’s explanations of an artist’s inability to detect true colour when the sight is compromised provides a potentially invaluable guide towards identifying the apparent colour changes in the later paintings of Hodgkins. Significantly, his observations on colour shifts for those with sight problems correlates with the results of Larsen’s survey of Hodgkins’ palette, compiled in conjunction with restoration work on her mid-1930s gouaches. There is a discernible increase in her use of a colour range of yellow, orange and brown. Here, *Spanish Landscape in Orange Brown and Green* (ca.1936) provides a classic example (fig. 6).

![Fig. 6 Frances Hodgkins, *Spanish Landscape in Orange, Brown and Green*, ca. 1936, gouache, 48.6 x 59.5 cm. Private Collection.](image)

However, as Trevor-Roper has shown, if blues are used, then a steely dark blue often predominates. This effect clearly manifests itself in paintings like *Return of the River*, (ca. 1936) (fig. 7) and *Spanish Landscape with Stooks in Grey and Pink*, (ca. 1936; Private Collection). The former work correlates perfectly with Trevor-Roper’s claim that “when such a cataractous painter feels compelled to use blue, [she] generally exalts it in order to reach through [her] lowered blue-perception”. With these high frequency wavelengths, violet and blue will continue to be absorbed more. The red ray alone will reach the retina and will result in a permanent change towards its use. This particular development could well account for the rather muted, muddy grey and brown tones observable in the landscapes undertaken when Hodgkins travelled in the L’Emporda region with Gorer, and yet with vigorous rust and amber accents clearly evident. Cases in point are *Hill Landscape, Ruins, Cadaques and Private Bathing.*
Fig. 7 Frances Hodgkins, *Return of the River*, ca. 1936, gouache, 56.5 x 76 cm. Christchurch Art Gallery Te Puna o Waiwhetū, purchased with assistance from the Olive Stirrat Bequest, 1983.

Eventually, the muted tones associated with advanced cataracts, if left untreated, will become even more pronounced. Particularly relevant here are those works commended by Hodgkins’ contemporaries for their “quite nebulous forms and colour subtleties,” seen for example in her still lifes of the early war years, such as *China Shoe* (1942) (fig. 8). The critic Eric Newton, who wrote the foreword to the catalogue for her retrospective exhibition at the Lefevre Gallery in 1946, marvelled at how Hodgkins could make colours “sing” as they have never done before. Obviously he was unaware of the likely, highly poignant reason for this. Newton singled out for particular mention a certain milky purplish-pink, which in his opinion was a most unpromising colour. He also drew attention to the “greys and browns” which in his opinion, were “positively rapturous”. Hodgkins was indeed a miraculous colourist, but she was also at this stage, the year before her death, a near blind one. We owe it to Kisler’s question about Hodgkins’ vision, Hillary and Larson’s research, and in turn to the specialist evidence of Patrick Trevor-Roper and John S. Werner, to see this artist through a new lens.
Fig. 8 Frances Hodgkins, *China Shoe*, 1942, gouache, 52.6 x 41.2 cm., Radev Collection, London.
The authors are very grateful to Geoffrey Heath (Auckland Art Gallery Toi o Tāmaki) and Tim Jones (Christchurch Art Gallery Te o Waiwhetū) for their assistance with illustrations.

8 Ibid., Frances Hodgkins to Isabel Field, October 16, 1926, 395–96.
11 Frances Hodgkins to Dorothy Selby, September 1935, FHL.
12 Ibid.
13 Frances Hodgkins to Lilian Harmiston (Howell’s assistant), May 12, 1931, FHL.
15 Frances Hodgkins to Alex Reid, January 11, 1935, FHL.
16 Frances Hodgkins to Duncan Macdonald, June 1935, FHL.
17 Frances Hodgkins to Alex Reid, March 12, 1935, FHL.
19 Ibid.
22 Ibid.
24 Frances Hodgkins to Dorothy Selby, November 1935, FHL.
25 June Opie, “Frances Hodgkins: The European Years,” transcript of interview with May Smith, 1969, University of Otago Hocken Collections Uare Takoka o Hākena, AG 583/010.
26 Frances Hodgkins to Duncan Macdonald, May 28, 1936, FHL.
27 Frances Hodgkins to Duncan Macdonald, June 1936, FHL.
28 Frances Hodgkins to Rée Gorer, May 28, 1936, FHL.
29 Ibid.
30 Ibid.
Larsen, “Primarily a Watercolourist?,” 4. She examined 64 works from Auckland Art Gallery Toi o Tāmaki, 26 from Dunedin Public Art Gallery and several from private collections, including *Hill Landscape*.

*Hill Landscape*, for instance, was subjected to polarised light microscopy (PLM) Raman spectroscopy, scanning electronmicroscopy with energy-dispersive X-ray analysis (SEM-EDX), Fournier transform infrared (FTIR) gas chromatography (GC and GC-mass spectrometry) and raking light. See Larsen, “Primarily a Watercolourist?,” 9.

Ibid., 4.


Larsen, “Primarily a Watercolourist?,” 9.

Frances Hodgkins to Alex Reid, September 1, 1942, FHL. In several instances, such as *Methodist Chapel* (ca. 1936), the requested reworking was due to paint losses. See also: Frances Hodgkins to Dorothy Selby, September 1935, FHL.

Frances Hodgkins to Rée Gorer, July 23, 1937, FHL.


Ibid., 45–49, 63.


Ibid., 6, 39.


Trevor-Roper, *Blunted Eyes*, 93, 97.

Werner, “Eyes of Monet,” 7. See also Zhou, “Cataracts”.


Larsen, “Primarily a Watercolourist?,” Table 2, 10.


Ibid.