

To what extent were facially disfigured
soldiers failed by post World War One
Britain?

Table of Contents

Identification and evaluation of Sources	3
Investigation.....	5
Reflection	9
Bibliography	10
Appendices.....	13
Appendix A.....	13
Appendix B.....	14
Appendix C.....	14
Appendix D.....	15
Appendix E	16
Appendix F	17
Appendix G.....	18
Appendix H.....	19

Identification and evaluation of Sources

This study investigates the question “To what extent were facially disfigured soldiers failed by post World War One Britain?” To keep the scope of this study manageable, I focus on wartime facial reconstruction, and conditions for facially disfigured men in Britain during and after World War One. The use of plastic surgery in Germany and France, as well as their treatment of soldiers with damaged faces, is also considered to contextualise the situation in Britain.

Beyond the sources chosen for evaluation, outlined below, the study will make use of a range of sources, a full list of which is included in the bibliography. These include the Smithsonian article ‘Faces of War’¹, which provides a broad recent take on the issue, the BBC iWonder article ‘How do you fix a face that’s been blown off by shrapnel?’², providing in-depth description of the surgery, not failing to incorporate the social aspect, and a thesis by Marjorie Gerhardt³ which provides a thorough 300 page analysis of first hand sources, focusing on social implications.

The first source I detail for evaluation is ‘*The Rhetoric of Disfigurement in First World War Britain*’, by Suzannah Biernoff, lecturer in Modern and Contemporary Visual Culture at Birkbeck, University of London, for the journal *Social History of Medicine*, which contrasts the British perception of amputees with that of people with facial disfigurements and outlines the medical measures taken to restore these men’s faces and reintegrate them in society.

¹ (Alexander, 2007)

² (Mosley, s.d.)

³ (Gerhardt, 2013)

This source is particularly relevant because it provides an in-depth look at how facial injuries were treated differently in British society to amputees. It provides evidence that despite effort to reintegrate these men, they were largely hidden from the public by the media, their injuries perceived as a more shocking loss than any other. *(Summary in appendix A)*

This source is an Oxford Academic paper and its purpose is to present research. It is therefore valuable for an investigation of the key question as it provides relevant reliable information. Biernoff has over 45 publications, most of which document aspects of the visual culture of the injured body in a historical period, and several which address the importance of the face “which has tended to be overlooked in histories of the body”⁴. In terms of limitations, the source fails to document much of the soldiers’ experiences beyond hospitalisation

The second source I detail for evaluation is a section of original film footage, used for teaching of facial reconstruction by the renowned surgeon Harold Gillies during WW1. Provided by the Gillies Archives⁵, it details the methods used to restore severely damaged faces of injured men.

This source is particularly relevant because it provides essential insight into the reality of facial injuries and the traumatic surgery soldiers had to undergo. The footage helps to contextualise issues discussed in this study by demonstrating the shocking circumstances the men faced. Appendices C, D and F illustrate this, albeit less graphically than the surgical footage.

This source is a first-hand document used in medical teaching; its purpose is therefore to depict procedures to trainees, rather than for public consumption. On this basis it is valuable for an investigation of the key question as it provides uncensored and neutral insight into the brutality of facial injury and reconstruction. Despite clearly having limitations, such as not presenting any quantitative information about the scale of the issue and omitting information and insight into the

⁴ (Biernoff, 2017)

⁵ (Bamji, 2015)

social implications, Gillies has been described as ‘the father of plastic surgery’⁶ and is the most important figure relating to this study, so his first-hand document is valuable for this investigation.

Investigation

The scale of the bloodshed caused by WW1 is well-known; 8 million European soldiers were killed and a further 21 million were wounded⁷. A lesser-known fact, however, is that 11-14%⁸ of these 21 million sustained facial injuries. Over 2 million men came back from the front with damaged faces.

The question this study investigates is critical because this number of injuries, and ones so serious, had never before been experienced by any country in so short a time. Were the efforts and strategies used to help the men with ‘broken faces’ enough to help them reintegrate into society?

The question remains relevant today because facial reconstruction is still needed for veterans, though it has seen much improvement, and this study shows how essential surgery, and rehabilitation thereafter, is for people who have suffered the loss of their appearance.

The most prominent historical perspective regarding this question is that near miraculous improvements were made to aesthetic surgery during the First World War and that these advancements were life-saving for thousands of men. However, other perspectives focus on the ways in which these injured men were hidden away from society, isolated, or driven to depression and suicide.

This essay will begin by recognising that state-of-the-art medical treatment was offered to facially-injured veterans and describe attempts to socially reintegrate them. It will then describe how, despite this, these men were mostly hidden away, their sacrifices never fully recognised, let alone

⁶ (Yeo, 2008)

⁷ (Alexander, 2007)

⁸ (Gehrhardt, 2013) (page 24) (using the French estimate)

celebrated, and there was a reluctance to inform the public about their situation. Finally, the fate of facially-disfigured men will be compared to those of amputees, revealing how unequally they were treated. The essay will conclude by acknowledging the considerable efforts made to help these men, while maintaining that nonetheless, there was not enough will to raise awareness and acceptance, resulting in more isolation and depression than was necessary.

The medical effort and innovation to restore the faces of soldiers was substantial. With thousands of patients in need, plastic surgery improved rapidly and a new discipline, mask-making (*see Appendix B*), was created to provide badly injured men with prosthetic faces. After WW1 started, plastic surgeons such as Harold Gillies in England and Jacques Josef⁹ in Germany were deified for performing “Christ-like work”¹⁰. This was a consequence of huge advancements in plastic surgery, which helped to heal even the most destroyed faces: “terrible facial injuries can be so patched up as to remove all the horror and grotesqueness and make the sufferer quite normal again”¹¹. These sources do have their limitations; their origins and purposes point to them serving to reassure the populace and cover up demoralising issues. The plastic surgery involved implanting cartilage from a patient’s body into their face, allowing it to heal, then twisting it into place before removing excess tissue¹² (*see appendix C*). Although this surgery was very new and rudimentary, it made it possible men to gain a semblance of a face, albeit not an attractive one (*see appendix D*).

Measures were also put in place to reintegrate these men in society, including occupational therapy to teach new skills such as woodworking and foreign languages (*see Appendix E*). A British newspaper article from 1917 argued it was vital that facially-injured veterans should be reintegrated: “No effort must be spared to give these men – many of them mere lads – a fresh

⁹ (Ramsbrock, 2010)

¹⁰ (Daily Graphic, 1917)

¹¹ (Daily Graphic, 1917)

¹² (Mosley, s.d.)

interest and a new start in life – preferably in the country, and make them realise that they are not useless wrecks. If this is not done, many will drift to the towns on their discharge from the services, only to become mere objects of pity and frequently the recipients of misdirected charity.”¹³ This shows an intention to get men back to work and to their lives, though it emphasises keeping them away from cities and the gaze of other people, which does not constitute full social reintegration. This source also has limited reliability as its purpose was surely to sustain morale and reassure the British people about the wellbeing of veterans. By working, soldiers found a comforting sense of renewed independence and a place in society. Some took on fairly highly skilled jobs whilst in hospital, such as in dentistry workshops at The Queen’s Hospital at Sidcup, the main facial reconstruction hospital in the UK, as well as in other British Hospitals such as Roehampton, and French ones like Bordeaux.¹⁴ Despite some failures, many soldiers returned to their pre-war occupations including Eugène Criqui, who returned to boxing and won the world title in 1923 after receiving surgery for a near-fatal jaw injury¹⁵.

However, these men were often hidden away, with few photographs of them in newspapers, and jobs that kept them away from other people, and even, in some cases, parks had separate benches for the facially disfigured. The most noticeable example of this happening was how newspapers described the wonders of facial reconstruction, “Happily the marvels of present-day surgery are such that cures can be effected in 90% of cases”¹⁶, but rarely printed photographs of the actual injured soldiers, before or after their surgery. This source is a British media outlet so its purpose was likely to paint a hopeful and pleasant picture of the veterans, reducing reliability. Such material has been unavailable until recently (*see appendix F*). In the early 2000s photographs and artwork, such as Henry Tonks’ watercolours¹⁷ (*see appendix G*), started resurfacing, and since then there has been

¹³ (Anon., 1917)

¹⁴ (Gehrhardt, 2013)

¹⁵ (Gehrhardt, 2013)

¹⁶ (Morning Post, 2017) (The Times, 1917)

¹⁷ (Biernoff, 2011) (Bamji, 2007)

considerable interest in this “hidden history”¹⁸. Interestingly, the situation in Weimar Germany was different; German post-war shame gave rise to artists such as Otto Dix and George Grosz who represented mutilated soldiers. Furthermore, facial injuries were included in German anti-war publications, which was never the case in Britain¹⁹. Almost all of the classes provided in hospitals were for jobs which kept them away from other people. And although the intentions behind this may have been good, to prevent embarrassment or shame, it exacerbated the lack of awareness and understanding which prevented these men feeling comfortable in public in the first place.

This contrasts with the way amputees were lionised, even idolised, as heroes who had undergone great sacrifice. They were often featured, recognised and celebrated in the media (*see appendix H*), and were proud of their prosthetic limbs and found reintegration far more straightforward. The Queen Mary’s Auxiliary hospital at Roehampton, where injured veterans were given their artificial limbs, was described by the Daily Mail as the “cheeriest place in England”²⁰. Contrasting with the Evening Standard’s observation that “Not every one of the sailors and soldiers who have been severely wounded in the face or jaw at Frogner suffer from acute depression: but most of them do so.”²¹ Amputees were treated with respect, seen as ‘more of a man’ than the uninjured; however, facially disfigured men were pitied. The *Gueules Cassées*²² expressed to ‘La Greffe Générale’²³ that they wanted respect rather than pity.²⁴ As extracts from newspapers, these sources have limited reliability and likely pushed an agenda.

To conclude, although there is evidence that veterans with facial injuries were provided with both medical and social help, this historical perspective omits that these men were denied recognition and acceptance a result of failure to raise awareness and understanding about their situations.

¹⁸ (Biernoff, 2011) (National Army Museum, 2008/9)

¹⁹ (Biernoff, 2011)

²⁰ (Daily Mail, 1916)

²¹ (Evening Standard, 1918)

²² This is what facially disfigured men were called in France

²³ A French newspaper

²⁴ (Gehrhardt, 2013) (page 298)

Instead they were hidden away and driven into isolation, depression and self-hatred. The fact that we are only starting to hear their stories now is evidence that they didn't receive the appreciation that they deserved for their sacrifices.

Reflection

One issue raised by this study relating to the methods used by historians is the challenge of finding honest first hand sources from the victims. In terms of this study, this issue manifested itself in the fact that many of the facially mutilated veterans had internalised the view that they should hide themselves or be ashamed. It is therefore difficult to decide whether they were mistreated using their statements and first hand sources. I tackled this issue by looking at other information, for example the jobs they were selected to perform being out of public sight and how they were referred to in publications, "rather dreadful subjects for the public view"²⁵, "hideous are the only words for these smashed faces"²⁶, to show they were not treated with equal respect as other soldiers.

Another issue that historians experience is that for some research there are not many sources, first hand or otherwise. In this investigation, subjects were silenced by public and state discomfort and censorship. Facial disfigurement has only recently been discussed by historians as it was considered a horror worth forgetting. I dealt with this by using newspaper snippets, personal journals, hospital records and photographs from the time to piece together my argument. More recent sources such as the Gerhardt thesis also effectively documented these for use and helped me to form my conclusion.

A third issue for historians is the type of knowledge presented; is it quantitative or qualitative? In terms of this study there are descriptions of the circumstances, but few statistics, making it difficult

²⁵ (Tonks, 1917)

²⁶ (Muir, 1918)

to tell whether the recorded experience of the soldiers was representative of the group as a whole, there were many more facially injured soldiers than were accounted for in hospitals. Since there is only so much evidence available, I based my conclusions on the available sources, but there are likely many people whose struggle went unnoticed.

Finally, this study faces an issue that all historians face, the agendas and subjectivity behind first-hand sources. In this case many of the sources come from surgeons and the British media, who would have wanted to paint a pleasant picture about the treatment and reintegration of their veterans. To tackle this I acknowledged the origin and purpose of sources and took these into account when reaching conclusions.

2225 words

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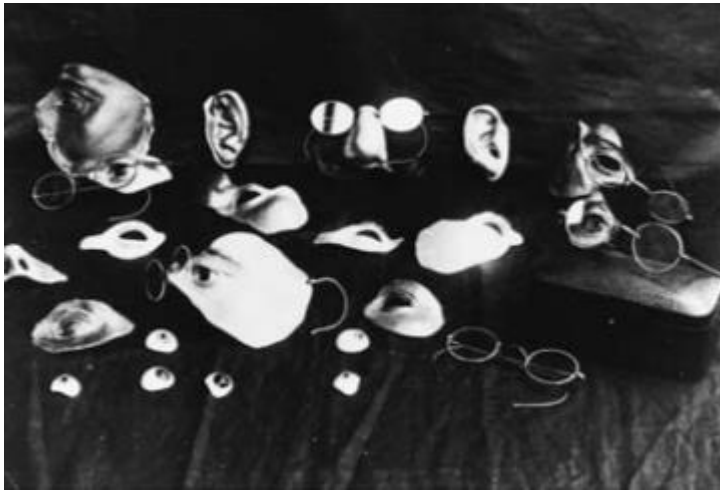
Appendices

Appendix A

“During the First World War, the horror of facial mutilation was evoked in journalism, poems, memoirs and fiction; but in Britain it was almost never represented visually outside the professional contexts of clinical medicine and medical history. This article asks why, and offers an account of British visual culture in which visual anxiety and aversion are of central importance. By comparing the rhetoric of disfigurement to the parallel treatment of amputees, an asymmetrical picture emerges in which the ‘worst loss of all’—the loss of one’s face—is perceived as a loss of humanity. The only hope was surgery or, if that failed, prosthetic repair: innovations that were often wildly exaggerated in the popular press. Francis Derwent Wood was one of several sculptors whose technical skill and artistic ‘wizardry’ played a part in the improvised reconstruction of identity and humanity.”

Summary of ‘The Rhetoric of Disfigurement in First World War Britain’ by Suzannah Biernoff provided by NCBI (Biernoff, 2011)

Appendix B



A photograph depicting ceramic masks used to give soldiers the appearance of a face (Biernoff, 2011) (Nicholls, s.d.)

Appendix C



A life-size wax model illustrating surgical techniques (Bamji, 2015)

Appendix D



Photographs of a soldier before and after surgery (Bamji, 2015)

Appendix E

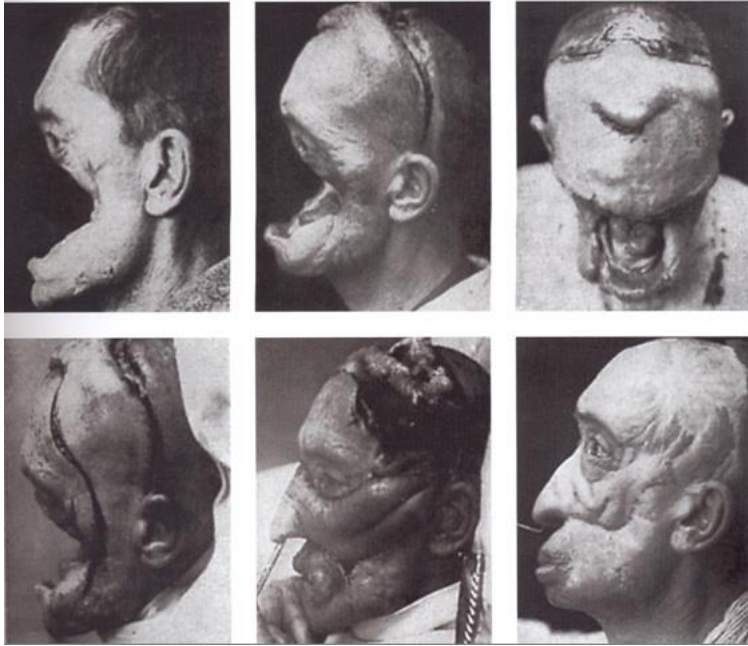
Instructional Workshops, Poultry Farm and Commercial Classes were instituted [...] and the following statistics show the number of men who have attended these various occupational and vocational classes, or received training in special subjects:

Subject	Date of commencement of class	Approximate number of men attending
Toymaking	February 19	322
Woodwork	May 18	253
Commercial	May 20	120
Beadwork	Feb 19	67
Poultry Farming	May 20	22
Boot repairing	May 20	23
French	May 20	9
Dentistry	May 20	5
Hairdressing	May 20	4
Cinema operating	May 20	4
Book binding	May 20	3
Horticulture	May 20	1
Draughtsmanship	May 20	1
Watch and Clock repairing	May 20	1
Photography	May 20	3
Motor engineering	May 20	2
Coach building	May 20	1

In addition to the above a large number of patients have received instruction in foreign languages.¹⁷

A breakdown of the available Classes at The Queen's Hospital, Sidcup (Gehrhardt, 2013) (Anon., 1917-1921)

Appendix F



A series of photographs outlining the facial reconstruction of Turkish Lieutenant Mustafar Ipar (Ramsbrock, 2010)

Appendix G



A Tonks pastel depicting a young injured soldier (Bamji, 2007) (Tonks, s.d.)

Appendix H



An article from 1915 showing a young man proudly wearing a pair of prosthetic legs (Bierhoff, 2011) (Illustrated London News, 1915)