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# Boys on Blue Benches: Disfigured Veterans of the First World War

Brenna K. Pritchard

*Louisiana State University and Agricultural and Mechanical College*, [bpritchard@jmcrew.com](mailto:bpritchard@jmcrew.com)

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BOYS ON BLUE BENCHES:  
DISFIGURED VETERANS OF THE FIRST WORLD WAR

A Thesis

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
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in

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## ABSTRACT

The First World War saw a multitude of facial wounds, with veterans coming home with severe facial mutilation numbering in the thousands. These veterans have been somewhat overlooked in the historiography of medicine in World War I, and this work seeks to remedy that by examining every aspect of their lives, from the moment of the wound, to the aftermath of their return home. The medical professionals who treated these men gave a great deal of thought to the philosophy behind their work, and frequently voiced the opinion that their work was essential for the wellness of these men's psyches. This is because patients with facial wounds experienced a double trauma, resulting in both the loss of function and the loss of psychic identity. If surgeons were unsuccessful in covering over severe wounds, sculptors stepped in to take over for them, crafting fine tin masks for the men to wear until they themselves expired. The masks came to serve as a visual reminder of medicine's inability to cover the wounds of war. Finally, these men experienced unpleasant reactions upon returning home, because their wounds did not fit in with the way that Europeans preferred to memorialize the First World War. The personal accounts of soldiers and medical workers speak to this notion.

## CHAPTER 1: INTRODUCTION

Our story begins with Rupert Brooke. In 1914, Rupert Brooke was twenty-seven years old. With curly brown hair, a chiseled jaw, and wide, youthful eyes, Brooke presented the perfect soldier. He enlisted in the military in 1915, and became famous for writing poems about the war experience. Within seven months of enlisting, he would be dead, killed by an affliction caught from a mosquito bite. He would never see combat, but he would be considered the ideal soldier and the pinnacle of male beauty in the 1910s.<sup>1 2</sup>

The face of World War I soldiers can be used as a metaphor for the culture of Great War Europe. Vibrant and youthful, Rupert Brooke's picturesque visage represented the ideal of many Europeans during the 1910s. The soldier bravely goes to battle to protect the glory of his nation. And like Rupert Brooke, many soldiers did not return from battle, slain in glorious combat by the daunting foe. The soldiers who did return, however, brought with them tales of war that were unlike what anyone expected or even wanted to believe. The soldiers that make up the body of this work wore their war experience forever on their faces, torn to pieces by the brutality of industrialized warfare. The faces of these soldiers represented Europe in 1918 – broken and disillusioned.

The goal of this work is to tell the story of these wounded warriors, attempting to provide a full picture of the entirety of their experience, from the battlefield to the war's aftermath. I will try to illustrate how the experience of the war's facial wounds, while not necessarily more severe than other types of disfiguring injuries, was a unique experience resulting in a double trauma: the

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<sup>1</sup> Robert Wohl, *The Generation of 1914*, (Cambridge: Harvard University Press, 1979), 91.

<sup>2</sup> See Appendix, Figure 1 for image of Rupert Brooke.

loss of both working capacity and identity. These two types of trauma made facial wounds both a medical and a social experience.

Photographs of veterans with facial disfigurement are some of the most striking and disturbing images from the First World War. Even when seen through the lenses of antiquated cameras one hundred years later, it is difficult not to recoil at the sight of men with no eyes, jaws, or noses. In Great Britain in the immediate aftermath of World War I, the disfigured soldier evoked a combination of fear, disgust, and pity, adding to the already surreal nature of his wound. Soldiers with facial disfigurement were assigned a unique place in the post-war world, because their wounds were often jolting to the unsuspecting passerby. In the town of Sidcup outside of London, where many disfigured soldiers were treated, “some park benches were painted blue; a code that warned the townspeople that any man sitting on one would be distressful to view.”<sup>3</sup> The situation there was similar to the whole of Britain; the disfigured occupied a particular space where they were invisible to civilians.

The medical front of World War I saw many new developments in the field of general surgery, including facial surgery. New forms of weaponry and the resulting imbalance between defensive and offensive technology resulted in an increased rate of facial wounds, with soldiers receiving them moving into the thousands during the period between 1914 and 1919.<sup>4</sup> British and German soldiers were treated by surgeons, doctors, and dentists, who worked together to help disfigured soldiers recover. This multidisciplinary approach was new in the First World War, and

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<sup>3</sup> Caroline Alexander, "Faces of War," *Smithsonian Magazine*, no. February 2007 (2007). <http://www.smithsonianmag.com/history/faces-of-war-145799854/?no-ist> [accessed Oct 2014], 2.

<sup>4</sup> For more on wounds in World War I, see Leo Van Bergen, *Before My Helpless Sight: Suffering, Dying, and Military Medicine on the Western Front, 1914-1918*, (Burlington, VT: Ashgate, 2009), and Robert Weldon Whalen, *Bitter Wounds: German Victims of the Great War, 1914-1939*, (Ithaca: Cornell University Press, 1984).

was tailored especially for the unique nature of facial wounds.<sup>5</sup> Another essential development was the improved use of anesthetics, which enabled surgeons to work for longer and with greater care on damaged faces.<sup>6</sup> After they were treated by surgeons, some disfigured veterans were provided with custom-made masks by sculptors. These artists did painstakingly detailed work to ensure that mutilated soldiers could regain some semblance of their former humanity, but oftentimes their disfigurement was too severe to hide.<sup>7</sup>

There was also the issue of paying for disfigured veterans to receive surgery and masks; in nations that were in financial ruin after committing their resources to five years of warfare, this was often extremely challenging. Some of the most interesting sources on disfigurement in the First World War come from pension documents, which are used here. Political responses to these men both reflected and informed public perceptions of them, as public officials attempted to assign monetary value to the loss of, say, an ear, an eye, or a mouth.

In regards to public life, reactions to disfigured veterans varied from country to country. In Great Britain, the disfigured were frequently concealed. Theories of plastic surgery and the creation of the masks themselves supported this; men with facial mutilation were not meant to return to the public eye. Although their wounds often did not adversely affect their health, they were required to undergo surgery for the sake of regaining their humanity. Mutilated veterans in Britain were also frequently treated as freaks and objects of curiosity. Crowds would gather on train platforms at times to see the mutilated disembarking upon their return from the front or

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<sup>5</sup> Lyn Macdonald, *The Roses of No Man's Land*, (London: Michael Joseph, 1980).

<sup>6</sup> Katherine Feo, "Invisibility: Memory, Masks and Masculinities in the Great War," *Journal of Design History* 20, no. 1 (2007): 17-27.

<sup>7</sup> For more on the sculpting of facial masks see Feo; David Lubin, "Masks, Mutilation, and Modernity: Anna Coleman Ladd and the First World War," *Archives of American Art Journal* 47, no. 3/4 (2008): 4-15; and Francis Derwent Wood, "Masks for Facial Wounds," *The Lancet* 189, no. 4895 (1917): 949-951.



from Queen Mary's Hospital.<sup>8</sup> In Germany, the interwar period saw a phenomenon in which the disfigured were viewed as symbols of the human cost of violence. Several artists and writers of the Weimar Republic attempted to use the disfigured as symbols of their broken society or as the proof for why modern European societies should pursue the course of pacifism.<sup>9</sup> The use of disfigured veterans as symbols was much more commonplace in Germany than in Great Britain; this may have been due to Great Britain's victory and the desire to cover over the negative aspects of the war rather than embracing the terrible violence and gore of trench warfare. This study will mostly be focused on Great Britain and the Dominions, due to limitations on source material.

#### HISTORIOGRAPHY

The study of disfigured veterans is part of an emerging field in disability studies that has come to prominence only over the past two decades or so. This is a particularly rich field in regard to World War I, as "it may...be estimated that the total number of disabled ex-service men [in the Great War, was] something above 10,000,000," as found by the International Labor Organization in 1923.<sup>10</sup> Disfigured veterans, themselves considered disabled even in the event that they were not blinded, were counted among this number. Interest in the experiences of these veterans emerged from a tradition in the History of Everyday Life, as more historians became interested in segments of the population that were previously overlooked.

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<sup>8</sup> Suzannah Biernoff, "The Rhetoric of Disfigurement in First World War Britain," *Social History of Medicine*, 24, no. 3 (2011): 666-685.

<sup>9</sup> For more on disfigured veterans as symbols in Weimar Germany see Dora Apel, "Cultural Battlegrounds: Weimar Photographic Narratives of War," *New German Critique*, no. 76: Special Issue on Weimar Visual Culture (Winter 1999): 49-84, and Modris Eksteins, *Solar Dance: Van Gogh, Forgery, and the Eclipse of Certainty*, (Cambridge: Harvard University Press, 2012).

<sup>10</sup> International Labour Office, *Employment of Disabled Men: Meeting of Experts for the Study of Methods of Finding Employment for Disabled Men*, (Geneva: 31 July – 2 August 1923), 16.

This interest also has much to do with a new attention to the way that cultural conceptions of disability and the disabled themselves interacted with politics and culture. Heather Perry writes that “by the turn of the twenty-first century, medical historians began thinking more theoretically about the relationships between the structures and institutions of both the military and medical ‘spheres’ during the war.”<sup>11</sup> This linkage of mere medical history with the outside world is a relatively new development, and Perry uses it beautifully in her important book, *Recycling the Disabled*. Here, Perry argues that prostheses during the First World War were designed to convince the German populace that those who were considered permanently disabled could be fully rehabilitated with the help of medicine and science. Other books have similarly contributed to the historiography, with several historians of German culture examining the ways in which disabled veterans’ groups interacted with the state in their own unique ways.<sup>12</sup>

One of the most illuminating sources on disabled veterans in the First World War is Julie Anderson’s *War, Disability, and Rehabilitation in Britain: Soul of a Nation*. In this work, Anderson argues that “the First World War was a catalyst in increasing the public’s awareness of disabled people” and that disabled veterans were “visible signs of war” as men returned home with wounds that they could not help but display as marks of their service. Anderson provides a great deal of useful information on how the disabled returning from war shaped post-war society both culturally and politically.

While disfigured veterans themselves have been given special attention in several published articles and a couple of unpublished theses and dissertations, it is an unexplored field

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<sup>11</sup> Perry, 7.

<sup>12</sup> Some of these works include James Diehl’s *Thanks of the Fatherland* and Robert Weldon Whalen’s *Bitter Wounds: German Victims of the Great War, 1914-1939*.

in terms of full-length monographs.<sup>13</sup> This led the present writer down a winding path through works on the importance of aesthetics in society, histories of plastic surgery and the wider scope of war medicine, books on shell shock, and, most importantly, historical accounts of the lives of doctors and nurses. It was consultation of these sources that allowed for a more nuanced look at how it felt to be a disfigured veteran, and how it felt to meet and interact with these veterans on a regular basis. The sources present disfigured veterans as fully-formed human beings with important everyday lives, and fill the gap in secondary literature in this particular area.

Some of the articles that detail these men's lives are summarized below. In "The Rhetoric of Disfigurement in World War I," Suzannah Biernoff argues that facial disfigurement was a fate more severe than other forms of disability, contrasting the experience at Queen Mary's Hospital in Sidcup (Britain's major facial surgery hospital) with the experience at Roehampton (Britain's rehabilitation hospital for amputees). Biernoff attempts to show that, while British society looked favorably upon amputees as symbols of hope and progress, facially disfigured soldiers were cast out as social pariahs, unfortunate representatives of the futility of the Great War. I am hesitant to categorize the experience of facial disfigurement as more severe than amputation, although it was certainly different, and I will question Biernoff's argument here. However, Biernoff's analysis of the ways that the disfigured veteran represented the war experience across Europe is a central contention of this piece.

Another important contribution to the discussion is Dora Apel's "Cultural Battlegrounds: Weimar Photographic Narratives of War," in which she goes into great detail on the *War Against War* exhibition in Weimar Germany by Ernst Friedrich. This exhibition was meant to show the

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<sup>13</sup> These articles include Caroline Alexander's "Faces of War" from *Smithsonian Magazine*; Katherine Feo's "Memory, Masks, and Masculinities in the Great War,"; and Robert Love, et. al.'s "Plastic Kiwis – New Zealanders and the Development of a Specialty."

more brutal side of war as an argument for pacifism, but Apel argues that it came to mean much more than just that; it marked disabled, and particularly disfigured, veterans as memorials of the evils of war. Apel's argument provides one way for looking at the unique experience of facial disfigurement, as it was the most visible of deformities. The disabled veteran, in this case, became the very grotesquerie that soldiers faced every day in combat. Apel's examination of "War Against War" led to more questions about what these men meant to the public and how it affected their everyday lives.

Insights into the minds of disfigured patients are difficult to find, and most of the sources available are those written by the doctors and nurses who treated them. Life in treatment gave patients their first look into how they would be treated in the wider world, and the outlook was often quite grim for those whose disfigurement was the most difficult to hide. There were several cases where it became clear that patients preferred death to living with their disfigurement, and many surgeons seemed to agree. In addition, the ways in which patients were essentially used as test subjects for new surgical techniques may have left them feeling as if they had been reduced to an inhuman object. The Gillies Archive, which houses files on hundreds of British patients with facial disfigurement, shows how difficult life could be for these patients, with many of them retreating from public life after they were finished with their treatment.<sup>14</sup> Many historians have used the words of doctors and surgeons to come to conclusions about patients' personal feelings; however, this work will look more closely at how medical workers' observations themselves informed their patients' psychological distress.

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<sup>14</sup> Andrew Bamji, "Facial Surgery: The Patient's Experience," in *Facing Armageddon: The First World War Experienced*, edited by H. Cecil and P.H. Liddle, 490-501, (London: Leo Cooper, 1996).

One of the guiding ideas in this study is that plastic surgery is unique in that it attempts to restore form over function. In thinking through these issues, I have been inspired by those who study plastic surgery from both a historical and philosophical standpoint. Of particular interest are Virginia Blum's *Flesh Wounds* and Sander Gilman's *Making the Body Beautiful*. In his 1999 work *Making the Body Beautiful*, Sander Gilman laid the foundation for many of the articles on the aesthetic value of faces that emerged during the 2000s and 2010s. Gilman's and Blum's arguments on how the development of plastic surgery was linked with an increasing desire to ease psychological distress are particularly influential here.

There have also been many helpful works on general World War I medicine that have provided invaluable insights into the daily lives of the patients discussed here. One of these, and perhaps the most influential, was Lyn Macdonald's *The Roses of No Man's Land*. In this work, Macdonald allows the reader to become more familiar with the daily workings of nurses who interacted with these patients on a day-to-day basis, providing a great deal of insight into what it was like to achieve some level of intimacy with those who had suffered what many described as the greatest loss of all. The nurses whose memoirs are included in *The Roses of No Man's Land* provided a lens through which to look at the patients described here.

## OVERVIEW

The first chapter of this work will address the medical side of the fight to restore men's faces. I will provide details on the actual moment of the wound and some of the reasons for why the First World War was unique in supplying a larger quantity of these types of wounds. I will then discuss the innovative physicians who contributed to the field of plastic surgery, including Harold Delf Gillies, August Lindemann, and Varaztad Kazanjian. I will also discuss the

philosophy behind facial reconstruction, which is the most intriguing part of plastic treatment. The trauma of facial wounds was made worse by the symbolism that broken faces carried into the future, and this was fully acknowledged by the surgeons who treated these men. It is here that I will argue that disfigured veterans experienced a double trauma: the loss of, first, function, as in other kinds of disability, and also the loss of masculine identity. The words of these surgeons are proof that this was a unique form of disability that was often inescapable.

The second chapter will go into detail on those who treated the men whose wounds could not be repaired by medicine: the sculptors who created tin masks. These masks feature quite prominently in both the contemporary culture of the interwar period and also today's popular culture, despite the fact that many veterans never actually received masks.<sup>15</sup> The chapter will delve into the reasons for why this is the case and examine the writings of those who actually participated in the mask-making process. I will argue that, although the masks served a positive function in that they allowed men to re-enter society without shame, they also came to serve as a sort of war monument in and of themselves. The masks signaled that not all of war's wounds could be repaired by medical progress and, especially in Britain, were a symbol of the type of concealment that civilians sought to bring to all elements of their war-torn world.

The third and final chapter will examine the cultural, social, and political reverberations of masked men across Europe. I will use accounts from their personal lives and from the doctors who treated them to try to illustrate the sometimes specific values that citizens assigned to aesthetic identity. Here I will argue that ideas about external versus internal value were in a state of flux in the years between 1914 and 1919, and that those with facial wounds provide us with a clear lens for looking at these concepts. The disfigured's status as veterans, in particular, can

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<sup>15</sup> The popular HBO show "Boardwalk Empire" features a masked World War I veteran as a major character.

inform us on male beauty's links with masculinity, as soldiers are frequently celebrated for their manliness. Facial wounds forced people to question what it meant to be human, what it meant to be a veteran, and what faces meant in terms of identity and personality. Citizens constructed their own memory of the First World War in an attempt to seek out the meaning of violence on such a large scale, and disfigured men were a part of this memory in that they represented an ugliness that society sought to conceal.

Disfigured veterans represent a unique portion of World War I's casualties, and the experience of disfigurement continues to be unique when compared to other kinds of war wounds. It also provides us with an illuminating perspective on the First World War. Disfigured veterans became the physical embodiment of the negative war experience that the post-war world often strove to forget. If disfigured veterans were remembered at all, it was as the model of grotesquerie, a symbol that war should be avoided at all costs. Even after soldiers made this great sacrifice, these veterans would never regain their identity or the same level of agency. Disfigured men were either expressly or subtly asked to conceal themselves from the public eye or to display themselves as examples of why their service was meaningless. Rather than being celebrated as veterans, the disfigured led a life of isolation and shame.

## CHAPTER 2: MUTILATION

Wounded soldiers are an integral part of any post-war population, and in World War I, there was a multitude of veterans with wounds that would stay with them for the rest of their lives. In terms of casualties from the entire war, including all belligerent nations, twenty million men were severely wounded, while 8 million veterans returned home permanently disabled.”<sup>16</sup> Disfigured men numbered among those considered to have a permanent disability. Although they did not make up the majority, men with facial wounds constituted a shockingly large portion of casualties. New technologies and forms of warfare led to a greater number of soldiers suffering from facial wounds, partially due to the imbalance of offensive and defensive technology and also because of advances in medical science that led to more people with head wounds surviving. From the front to specialist hospitals back at home, pioneers in facial surgery such as Harold Delf Gillies in Great Britain and August Lindemann in Germany created innovative new techniques for treating these veterans. Many of these surgical techniques would persist in the field of plastic surgery for decades.

Surgeons developed different theories surrounding the reshaping of a face as they went along. Plastic surgery, whether in military medicine, or as an elective surgery, presents commentators with a fascinating problem. While surgery is usually conducted to correct some sort of loss of function, surgery of the face is geared towards correcting a loss of form. Present-day plastic surgeons have given a considerable amount of thought to this issue, forming a philosophy for why physicians feel compelled to repair broken faces and dwelling on what faces mean in a cultural context. Susannah Biernoff has written that plastic surgery serves as a form of consolation in the face of unfathomable loss, writing that “scientific progress ameliorates the fear

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<sup>16</sup>Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, (Berkeley: University of California Press, 1999), 1.



(perhaps even more than the reality) of facial mutilation.”<sup>17</sup> During the First World War, surgical advancement itself came to serve as a way by which to cope with the manner of wounds received by young men.

A particularly strong voice in this field is that of Virginia Blum, a historian and philosopher of the art of plastic surgery. Blum eloquently presents the paradoxical nature of plastic surgery in her history of plastic surgery, *Flesh Wounds*, arguing that, in opposition to other forms of surgery “in cosmetic surgery we find harm being done to a healthy body, cuts being made, blood flowing for no known medical reason. This is why plastic surgeons tend to justify their practice through the claim of psychological necessity.”<sup>18</sup> While many of the patients referred to in the following pages were not “healthy,” they would frequently return to surgery repeatedly even after they had recovered in an attempt to completely restore form. There was no functional reason for these returns other than to excise existing scar tissue; the practical uses of the face had been restored, but soldiers came back again and again for more surgeries purely to correct their aesthetic disability.

This paradox provides us with a helpful lens through which to look at the work of Great War plastic surgeons, who frequently treated form in addition to function. Another writer who has written extensively on the philosophy of plastic surgery is Sander Gilman – in his book, *Creating Beauty to Cure the Soul*, he writes that “curing the physically anomalous is curing the psychologically unhappy.”<sup>19</sup> Plastic surgery was geared towards curing a societal wound rather

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<sup>17</sup> Suzannah Biernoff, “The Rhetoric of Disfigurement in First World War Britain,” *Social History of Medicine* 24, no. 3 (2011), 674.

<sup>18</sup> Virginia Blum, *Flesh Wounds: The Culture of Cosmetic Surgery*, (Berkeley: University of California Press, 2003), 13.

<sup>19</sup> Sander Gilman quoted in Blum, 55.

than a physical one – it sought to correct differences that were deemed unacceptable by the community at large.

Some World War I physicians themselves took into consideration the ethically complex issue of aesthetic identity and what broken faces meant. A few viewed this problem in the context of the war itself. Doctor James Robb Church wrote that plastic surgery “is the very antithesis of war; an upbuilding to meet a tearing down: construction versus destruction, and is a work that any member of the profession cannot but regard with pride.”<sup>20</sup> Church saw the patients themselves as a metaphor for the war itself, and their cosmetic recovery as proof that the broken world could be repaired after the destruction of war. One must recall the face of Rupert Brooke in comparison with those of the patients described here. Unblemished and unmarked by the horrors of the Great War, Brooke was the preferred poster boy for the war, in stark contrast with the “gargoyles” of plastic surgery.

The prolific surgeon Harold Gillies also reflected on this issue to a great extent in his work on plastic surgery of the face. Gillies wrote that “surgeons of all civilised and some uncivilised countries have from time to time evolved methods of repair for various disfigurements,” citing Indian work to repair disfigurement of the nose.<sup>21</sup> Gillies felt very strongly that the face was an important social identifier, and stated that the loss of a face was “analogous to loss of a limb, and in the upshot a presentable appearance is often the mask of a skeleton of surgical inefficacy.”<sup>22</sup> Disability historian Julie Anderson references how there was a frequent pressure to return soldiers to the front after treatment, and describes how Gillies fought

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<sup>20</sup> James Robb Church, *The Doctor's Part: What Happens to the Wounded in War*, (New York: D. Appleton and Company, 1918), 75.

<sup>21</sup> Harold Delf Gillies, *Plastic Surgery of the Face*, (London: Henry Frowde, Hodder & Stoughton, 1920), ix, 3.

<sup>22</sup> *Ibid.*, 123.

to make sure that his patients were not returned too early, requiring a number of operations “so that they would be able to look at the public without them turning away.”<sup>23</sup>

Plastic surgery in World War I, as evidenced by these philosophical musings, served a definitively cultural role. Because the broken faces of the war symbolized a darker side of battle that citizens preferred to keep hidden, disfigured veterans suffered from a double trauma that affected them on both a functional level and a psychological one. These men became the reluctant symbols of the lack of ability to recover from the war, as evidenced by the strained efforts of surgeons, doctors, and dentists to restore their appearances. Disfigured veterans were inflicted with the loss of aesthetic function, but also with a profound loss of masculine identity, as their form was taken away from them.

## THE WOUND

The first step in the disfigured soldier’s journey was the moment of injury, and an understanding of this specific flashpoint in a disfigured soldier’s life is essential to gain a full picture of the experience of disfigurement. Much has been written of the hellish landscape of World War I battlefields. After being wounded, soldiers were likely to wait for hours or even days to be rescued from No Man’s Land, surrounded by their dead comrades and a surreal landscape. This in itself was incredibly traumatic; Leo Van Bergen writes that “being wounded often caused a man to lose all sense of time and place. Half dazed, he lay or sat with gunfire all around, incapable of making effective sounds or gestures.”<sup>24</sup> The experience could be worsened considerably when one had received a head wound. In an essay written from the hospital in 1922,

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<sup>23</sup> Julie Anderson, *War, Disability, and Rehabilitation in Britain: ‘Soul of a Nation’*, (Manchester: Manchester University Press, 2011), 44.

<sup>24</sup> Leo van Bergen, *Before My Helpless Sight: Suffering, Dying, and Military Medicine on the Western Front, 1914-1918*, (Burlington, VT: Ashgate, 2009), 293.

Pte. Ernest Wordsworth described the experience of losing his left eye and receiving a ghastly disfigurement during the first offensive at the Battle of the Somme:

There I layed with blood streaming from my face from 7.30 Sat. morning until early Monday morning without assistance of any kind. The pain was scorching hot, laying upon me, and becoming chilly at night, practically dying for want of water to replace the lost blood. I had to keep myself alive by robbing the dead of water which was mostly drunk before they collapsed. Really it is beyond comprehension however I defied the struggle for water... How strange it was that I was conscious to it all, but suffered from concussion naturally.<sup>25</sup>

Soldiers inflicted with head wounds made up a large number of the wounded, with 60,500 soldiers suffering from head or eye injuries in Great Britain alone.<sup>26</sup> Their experiences were likely similar to Wordsworth's, with a combination of pain, disorientation, thirst, and exposure to the elements.

Soldiers were more likely to receive these wounds because of the new kinds of weaponry and the offensive/defensive imbalance of technology in the early 20<sup>th</sup> Century. Suzannah Biernoff describes the First World War as “a new frontier, where the modern war machine met human flesh, and where modern surgery met the uniquely dehumanising effects of facial injury.”<sup>27</sup> Moving through the trenches of the western front, soldiers would often move their heads over the top to get a look at the battlefield, leaving their faces exposed to enemy fire. The unusual nature of trench warfare and the way in which it caused a greater amount of head wounds is well-documented; one doctor wrote that “trench warfare and bombs from airplanes result in an unusual proportion of wounds on the top of the head and the face.”<sup>28</sup> As Fred Albee wrote, soldiers thought that they could “pop their heads up over a trench and move quickly

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<sup>25</sup> Ernest Wordsworth. *Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds, England, 6-7.

<sup>26</sup> Biernoff, 666.

<sup>27</sup> *Ibid.*, 678.

<sup>28</sup> Edward T. Devine, *Disabled Soldiers and Sailors' Pension and Training*, (New York: Oxford University Press, American Branch, 1919), 21.

enough to dodge the hail of machine gun bullets.”<sup>29</sup> This was, of course, not possible, and soldiers were likely to receive more than one bullet wound when exposed to machine gun fire. One hospital worker’s account can provide some degree of scope in how many soldiers truly suffered from this particular type of wound. Orderly Edmund Pitts writes that “in November, 1918, one hundred and eighty-one new ear, nose and throat cases were admitted to the Clinic and over 2,000 treatments of old cases of the same kind were given from day to day throughout this period. During the same month 217 new eye cases received treatment, while the old cases coming back from day to day numbered 581.”<sup>30</sup> This illustrates not just the amount of men receiving these types of wounds, but also the many patients who returned for further treatment.

The prominent use of shelling was also a factor in the increased frequency of facial wounds, as shell splinters had a particularly devastating effect on the human body. According to Robert Weldon Whalen, “more than 50 percent of fatal wounds were caused by artillery fire,” rather than bullets, mines, or other weapons.<sup>31</sup> When shells detonated, “pieces of jagged steel the size of a human hand or smaller than a needle flew through the air at tremendous speeds, and these fragments caused ghastly wounds.”<sup>32</sup> The speed and sharpness of shell fragments easily caused the kind of gory wounds that would result in disfigurement. American doctor Woods Hutchinson described in his memoirs of World War I hospitals in 1917 and 1918 the unique nature of shell wounds in contrast to bullet wounds from former wars. He stated that while “a bullet would go completely through the face from side to side, and perhaps break one jaw or put

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<sup>29</sup> Fred H. Albee, *A Surgeon's Fight to Rebuild Men: An Autobiography*, (New York: Dutton, 1945), 136.

<sup>30</sup> Edmund Pitts, ed., *Base Hospital 34 in the World War*, (Philadelphia: Lyon & Armor, 1922), 146.

<sup>31</sup> Robert Weldon Whalen, *Bitter Wounds: German Victims of the Great War, 1914-1939*, (Ithaca: Cornell University Press, 1984), 51.

<sup>32</sup> *Ibid.*, 51.

out an eye,” a shell splinter “will often shear away the whole lower half of the face, leaving the tongue hanging down on the chest, or tear away an eye, all the front of the upper jaw and teeth, and one side of the lower jaw at one swoop.”<sup>33</sup> One German field surgeon described the differences between shell wounds and other types of wounds, writing that “the power of these bits of iron is particularly violent. Even the smallest fragment rapidly penetrates the body and causes the most unpredictable damage; the larger fragments cause frightful destruction of bone and tissue.”<sup>34</sup> He went on to describe how, because most shell wounds were penetration wounds, “a large area of the wound is deprived of blood and hence subject to gangrene. This gangrenous condition in turn induces substantial wound discharge, infection, bleeding, and putrefaction.”<sup>35</sup> Considering the long period of time that it frequently took to get soldiers from the field to a hospital, infections often increased the degree of disfigurement that surgeons would later have to treat.

Physicians came to excel at correlating certain kinds of wounds with their corresponding weapons. Chemical gas could burn a man’s face, leaving him blinded; machine gun bullets pierced flesh at incredibly high velocities and often in multiple places at once; and shell splinters could create gaping wounds that would completely destroy parts of the face.<sup>36</sup> While these statistics vary between countries and between studies, “one 1917 German army study found that 75 per cent of all wounds came from artillery shells which had developed into formidable weapons of destruction.”<sup>37</sup> Wounds in World War I were so devastating that many soldiers

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<sup>33</sup> Woods Hutchinson, *The Doctor in War*, (Boston: Houghton Mifflin, 1918), 227.

<sup>34</sup> Whalen, 51, citing a Letter from Dr. Schlange, Chief Surgeon, X Army Corps, to War Ministry, Oct. 10, 1914.

<sup>35</sup> *Ibid.*, 51.

<sup>36</sup> see Appendix: Figure 2 for photograph of William Kearsey, injured in 1917.

<sup>37</sup> Heather Perry, *Recycling the Disabled: Army, Medicine, and Modernity in WWI Germany*, (Manchester: Manchester University Press, 2014), 1.

actually believed that the enemy was using dum dum bullets, which were illegal according to international law and have never had a verified presence in the Great War. Medical officer John Masefield expressed this view in his letters from the front when he wrote that “some of [the facial wounds] were done by rifle bullets at 15 metres, evidently with dum dum bullets, and these are frightful in the early stages.”<sup>38</sup> This illustrates the ways in which weaponry had become more advanced and more deadly.

Burn victims constituted a great deal of the patients at plastic surgery hospitals, as they required a number of skin grafts for their features to be restored. James William Davenport Seymour described one of these victims in his *History of the American Field Service in France*: “On the rack on which they lift the stretchers lay a liquid-fire victim – his face black and charred like a cinder and the upper part of his body scorched and cooked. He hardly murmured.”<sup>39</sup> These were some of the worst cases that stretcher bearers and ambulance drivers came across during their service. Frederick Pottle, too, described a burn victim. This man was an aviator, a profession particularly susceptible to burn wounds as their primitive planes would often catch fire in accidents. Pottle wrote of this incident with a certain degree of disgust and horror:

His body is not much marked, but his face is so charred that none of the features are distinguishable, and his hands are burned to mere stumps. Thin strips of gauze wet with some antiseptic solution cover his face, but not so completely that one cannot see the horror of his condition. His sense of hearing is acute, and as anyone comes up to his bed he begins to murmur in a faint, hoarse whisper, the hole where his lips should be puffing up the edges of the gauze.<sup>40</sup>

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<sup>38</sup> Peter Vansittart, *John Masefield's Letters from the Front 1915-17*, (New York: Franklin Watts, 1985), 122.

<sup>39</sup> James William Davenport Seymour, *History of the American Field Service in France: “Friends of France” 1914-1917: Told By Its Members (Volume 2)*, (Boston: Houghton Mifflin Company, 1920), 90.

<sup>40</sup> Frederick A. Pottle, *Stretchers: The Story of a Hospital Unit on the Western Front*, (New Haven: Yale University Press, 1929), Chapter 4.

Exposed to the flames from his plane, this aviator had likely moved his hands up to attempt to shield his face, leading to his decimated hands. The torment of this particular patient is viscerally described in this passage, and provides one of the most horrifying instances of disfigurement documented.

The journals and autobiographical works of nurses and stretcher-bearers are invaluable in any medical history of the First World War, and such accounts are often littered with examples of the very subjects of this study. One nurse wrote that “one sergeant has both eyes gone from a shell wound” when discussing the hellish sights of Great War hospitals.<sup>41</sup> In one particularly gory account, another nurse spoke of the high-maintenance nature of facial wounds. She said that “swollen faces full of bits of shrapnel had to be washed gently. Some of the mouths were full of blood, and the eyes of one man had to be pushed in now and then.”<sup>42</sup> Already, these soldiers required a great deal more attention than others, and the horrors witnessed by medical workers were almost certainly minimal compared to the experience of being wounded. In his diaries from the front, ambulance driver Leslie Buswell wrote of a soldier who had been wounded in the face: “I touched his forehead when I arrived and whispered, ‘Bon courage, mon brave!’ He looked at me a moment and answered, ‘Would God he had taken my life, my friend.’”<sup>43</sup>

Soldiers themselves were not the only ones who voiced this opinion; others, too, frequently expressed their regret that these men had to live through such an experience. One doctor, Francis Toland, described “an English boy...hit on the right side of the jaw” whose wound took away his ability to speak and forced him to sleep on his stomach so that he did not

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<sup>41</sup> Anonymous, *Diary of a Nursing Sister on the Western Front 1914-1915*, (Edinburgh and London: Blackwood and Sons, 1915), 94.

<sup>42</sup> Elizabeth Walker Black, *Hospital Heroes*, (New York: Charles Scribner’s Sons, 1919), 102.

<sup>43</sup> Leslie Buswell, *With the American Field Service in France: Personal Letters of a Driver at the Front*, (Boston, 1916).



choke on his own tongue.<sup>44</sup> Toland asked how such a patient could even survive. In his study of suffering and dying in World War I, Leo Van Bergen writes of how, particularly in cases where the face had been severely compromised, a philosophical debate was sparked over whether it was better to let people suffer or pass away quietly. As Van Bergen writes, “such cases raised questions as to how best to respond. Should a man be left to die in fear and agony, or should his end be hastened and made more bearable?”<sup>45</sup> It was thought to be a unique kind of torture to have one’s ability to care for themselves so compromised – these soldiers often could not speak, eat, or drink without aid. One British soldier wrote of how, when he was taken prisoner by the Germans, they felt that his facial disfigurement was too severe and waited until he recovered on his own to be seen by a doctor at all: he wrote that “when I got there the doctor would not look at me I supposed he thought it was only a matter of a few hours then I would pass out of existence.”<sup>46</sup> This was the initial experience of double trauma – the loss of function, and the emasculating loss of identity. In one moment, soldiers were robbed of their personality, their capabilities, and the basic capacity for self-care.

Despite these rather sorrowful cases, facial wounds often covered a vast spectrum in terms of the attitudes of the patients and the evaluation of how severe a wound actually was. James William Davenport Seymour wrote that “the extent of human endurance never ceases to amaze me... A man with half the face shot away, with a leg, arms, and hand wounded, often rides as an *assis*.”<sup>47</sup> This is a perfect example of how, while some facial wounds were considered

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<sup>44</sup> Edward Dale Toland, *The Aftermath of Battle: With the Red Cross in France*, (New York: The Macmillan Company, 1916), 43.

<sup>45</sup> Van Bergen, 338.

<sup>46</sup> Francis J. McGowan, *Reminiscences of 6 badly wounded soldiers*, 1922, Wounds Item 34, Liddle Collection, Special Collections, Brotherton Library, University of Leeds, England, 7.

<sup>47</sup> Seymour, 271. Translated from French, an *assis* would have been a casualty who was still able to assist medical officers in caring for other casualties.

to be the most ghastly of them all, others were considered a flesh wound compared to, for instance, the loss of a leg or arm. It also speaks to the surprisingly positive outlook of many of these patients, which will be discussed later on.

## MEDICAL ADVANCEMENT AND INGENUITY

Medical advancements proved to be remarkably effective in saving men whose lives would not have been rescued in previous conflicts. This was partially because the war was a convenient laboratory for experimenting on new kinds of wounds, with millions of wounded men being produced even in early battles of the war. By 1916, conflicts like the Battle of the Somme had become an effective machine for producing millions of walking wounded. One of the ways in which medical advancements helped surgeons was with the creation of “inter-tracheal anaesthesia [replacing] chloroform and ether, making it possible for surgeons to work continuously without disrupting the sterile surgical field.”<sup>48</sup> Before this invention, surgeons would have had to pause facial surgery to apply a chloroform-soaked cloth to the patient’s mouth, rather than inserting a tube down their throat. This enabled surgeons to perform longer surgeries and resulted in less cases of infection that would have killed patients in earlier wars. New surgeries were especially effective when it came to facial injuries – Woods Hutchinson wrote that “not the least wonderful of the triumphs of surgical skills in this war have been won over those most dramatic and shocking of shell injuries – wounds of the face and jaws.”<sup>49</sup> However, Hutchinson’s statement should not be taken to mean that these wounds were completely

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<sup>48</sup> Katherine Feo, "Invisibility: Memory, Masks and Masculinities in the Great War." *Journal of Design History* 20, no. 1 (2007): 19.

<sup>49</sup> Hutchinson, 227.

eradicated; while they could be treated and many more soldiers with head and face wounds survived, their scars often left them with permanent disfigurement.

After they were retrieved from the battlefield, wounded soldiers were bandaged up as well as possible, and then taken by ambulance to a hospital in France or to a boat where they could be returned to England. Adding to this distressing experience, “the wounded men were carried, jolted, shuffled and left unattended in long drafty corridors before coming to rest under the care of surgeons.”<sup>50</sup> Even then, many of them would return to the battlefield after just enough rounds of surgery to ensure that function had been regained. As Julie Anderson writes, “the pressure to return wounded soldiers to the front as quickly as possible resulted in numbers of badly repaired facial injuries.”<sup>51</sup> In this way, the nature of field medicine too contributed to the severity of facial wounds and the numbers of veterans with remaining wounds after the war’s conclusion.

If wounds were severe or grotesque enough to inhibit soldiers from returning to the front immediately, these veterans were then taken back to military hospitals further from the front, where they were treated by a number of specialist. In the United Kingdom, this hospital was Queen Mary’s in Sidcup, London, while the German equivalent was the *Kieferslinik* in Düsseldorf. Surgery was performed by teams of specialists, as the different parts of the face required detailed knowledge in vastly different areas. Specific fields that saw advancements during the war were dentistry and plastic surgery.

Remarking upon the innovations he saw in surgery upon his arrival in Europe, American doctor Fred Albee wrote that “the surgeon, the plastic surgeon, and the dentist cooperated in the

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<sup>50</sup> Caroline Alexander, “Faces of War,” *Smithsonian Magazine* (online), February 2007, 2.

<sup>51</sup> *Ibid.*, 44.

reconstruction of the face.”<sup>52</sup> This was a new approach to surgery, as such wounds had been rare before the First World War. Lyn Macdonald broke the different specializations down:

An ear, nose, and throat man [would] create new nostrils so that a soldier could breathe without a nose; to rebuild the gullet so that he could eat; to insert a plate in a shattered palate, so that he could speak. An eye surgeon would be needed if his sight could be saved, or, where it could not, to trim and clean the empty sockets or create a new one to receive an artificial eye. Most delicate of all was the work entailed in rebuilding a shattered jaw and, where part of the jawbone had disappeared completely, inserting a contraption of teeth and wire. Nothing like it had ever been done before. There had never been any need.<sup>53</sup>

Others, too, described the teamwork necessary for repairing facial wounds. Frederick Pottle described how “the teams are provisionally assigned to particular types of wounds... Captain Foote in wounds involving the eye, Lieutenant Dillon in fractures of the jaw and teeth...”<sup>54</sup> Many of these men were not distinguished surgeons, but military physicians responding in innovative ways to new needs. Strict specializations for facial wounds made them that much more difficult to operate on in the field, leading to half-finished jobs where function was restored but cosmetic form was neglected. In many cases, soldiers simply returned to their home countries for treatment. Robert Love claims that it was the Germans who established the practice of “a multidisciplinary approach to face and jaw injuries involving teams of surgeons, dentists, and dental technicians to manage various aspects of the surgery and reconstruction,” and this quickly became the norm for surgeons in all belligerent nations.<sup>55</sup> Three or four doctors were regularly required in the treatment of a single patient if they had been wounded in the face.

The first phase in surgery of the face was the work of dentists. A large number of dentists and oral surgeons were brought to the western front and to national military hospitals to perform

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<sup>52</sup> Albee, 137.

<sup>53</sup> Lyn Macdonald, *The Roses of No Man's Land*, (London: Michael Joseph, 1980), 148.

<sup>54</sup> Pottle, Ch 8.

<sup>55</sup> Robert Love, Tom Brooking, Andrew Bamji, "Plastic Kiwis - New Zealanders and the Development of a Specialty," *Journal of Military and Veterans' Health* 17, no. 1 (2015).

operations on these patients. Upon arriving in France to operate on Entente soldiers in 1916, oral surgeon Fred Albee was surprised by the “unusually large number of bone grafts in restoring portions of the jaw.”<sup>56</sup> Surgeons would cut out sections of different bones from the patient’s body and then use them to craft new portions of the jaw or cheekbones in the hope of rebuilding the shape of the patient’s face. Albee described how he “took a U-shaped graft from the pelvic bone for the purpose of replacing loss of jaw substance, and by carefully mortising the ends of this graft into grooves in the jaw fragments...[was] able to restore the contour of the patient’s face.”<sup>57</sup> Albee thought of surgery of the jaw as the most difficult of all bone restoration surgeries. He described the jaw bone as being “as hard as ivory,” and complained that the jaw did not break but “simply recedes.”<sup>58</sup>

Details of surgery were still very much in the experimental stage, and they required experts in their field. As Robert Love states, “custom made dental appliances and a detailed knowledge of dental occlusion were paramount in the adequate fixation and immobilisation of facial structures, as no satisfactory means of internal fixation of bony fractures existed at the time. External fixation using pins and frames was considered state of the art, often using dental appliances such as an anchorage point for these appliances.”<sup>59</sup> Describing a procedure where pins were placed in the jaw to shift it into the correct place again, John Masefield wrote of how dental surgeons “were engaged in hoisting the lower part [of the jaw] back into position and propping it back to the right, with some most ingenious pads and props which were made next door.”<sup>60</sup> Masefield’s curiosity in regard to these operations is clear in the nature of his descriptions, in

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<sup>56</sup> Albee, 136.

<sup>57</sup> *Ibid.*, 137.

<sup>58</sup> *Ibid.*, 136.

<sup>59</sup> Love.

<sup>60</sup> Vansittart, 122.

which he used terms such as “ingenious” repeatedly. Masfield described “the whole scheme” of treating facially disfigured soldiers as “an adaptation of dentistry to surgery.”<sup>61</sup> The goal with these surgeries was to restore both form and function – the dentist’s primary concern was to ensure that the patient would be able to consume food and speak with relative ease, but, as Fred Albee pointed out, when doing surgery one had to “combine mechanical dexterity with artistic feeling for the desire cosmetic result.”<sup>62</sup> The level of artistry required for Great War facial surgery was previously unheard of in military medicine, especially for those who were still often quite functional.

Sometimes the dentists performing medicine in military hospitals were not even technically meant to be performing surgery, but their skills as dentists “and knowledge of the structure of that particular part of the anatomy,” made it necessary for them to be included in the healing process.<sup>63</sup> Improvisation and learning on the job were key elements in becoming effective wartime physicians when faced with new and devastating wounds. One such dentist was Dr. Varaztad Kazanjian, who had gone over to the field hospitals in France with the 1<sup>st</sup> Harvard Medical Unit. Although he was not officially qualified and had not received any surgical training, he “developed his technique to such a degree that he could not be spared when the rest of the unit returned at the end of their six months’ service.”<sup>64</sup> Even with his limited training in surgery, Kazanjian’s methods were able to show incredible results; in the case of British soldier F.N. Snowdon, he was able to almost completely restore the patient’s jaw. A letter from Snowdon to Dr. Kazanjian in 1918 shows the gratefulness of this particular patient, with

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<sup>61</sup> Vansittart, 122.

<sup>62</sup> Albee, 137.

<sup>63</sup> Macdonald, 148.

<sup>64</sup> *Ibid.*, 148.

Snowdon saying that “both my people and myself are deeply grateful for what you have done.”<sup>65</sup> One hospital worker wrote that “too much credit cannot be given to Dr. Kazanjian...this Harvard man is always found equal to every occasion.”<sup>66</sup> The effect that these physicians could have on their patient’s lives was truly transformational, and Snowdon was just one of many who expressed intense gratitude. Kazanjian would later go on to become a pioneer in the field of plastic surgery back in the United States.<sup>67</sup>

The other kinds of surgery applied to mutilated soldiers were equally revolutionary. Robert Love claims that German physicians had a head start on other nations when it came to facial surgery, due to “the mostly unsuccessful outcomes of face and jaw injuries from then recent conflicts like the Balkans War in 1913.”<sup>68</sup> The Balkan Wars had provided a laboratory for these treatments on a much smaller scale than the First World War due to fewer casualties, but it was still a chance to practice plastic surgery on a population in need. Veterans were treated at the Düsseldorf *Kiefersklinik*, and they were placed under the care of surgeons Christian Bruhn and August Lindemann. According to Ana Carden-Coyne, “it was a German text on jaw surgery that had first initiated [British surgeon Harold Gillies] into plastic work,” and some historians have speculated that this text was actually written by Lindemann.<sup>69</sup> Gillies operated on thousands of disfigured veterans at Queen Mary’s Hospital in Sidcup, refining the skills detailed in this original text and in others like it.

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<sup>65</sup> F.N. Snowdon to Varaztad Kazanjian, 1918. *National Archives of Plastic Surgery*. Francis A. Countway Library of Medicine.

<sup>66</sup> M.A. De Wolfe Howe, ed., *The Harvard Volunteers in Europe: Personal Records of Experience in Military, Ambulance and Hospital Service*, (Cambridge: Harvard University Press, 1916), 183-184.

<sup>67</sup> Macdonald, 148.

<sup>68</sup> Love.

<sup>69</sup> Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War*, (Oxford: Oxford University Press, 2009), 101.

This helps to illustrate one of the most fascinating aspects of facial surgery in the First World War, and of surgical ingenuity in general, and that is that it had an overwhelmingly international character. Rather than competing for better tactics by which to save their patients, surgeons drew heavily off of the works of others in an international context. For instance, the New Zealand-born surgeon Harold Gillies acknowledged that he had learned much from the work of both Albee, an American, and Lindemann, a German. Albee himself spoke admiringly of other surgeons who were doing similar kinds of work.<sup>70</sup> Surgeons on both sides of the conflict had a strong influence on each other's work, each of them building off of medical precedent in the attempt to perform more effective reconstruction. Great Britain surely benefitted from its role as an imperial power, as it was able to draw on the talents of surgeons from the dominions, such as Gillies himself.

Robert Love points out how the wars scattered throughout Europe in the nineteenth century may have been effective in helping surgeons practice their techniques, stating that “as a result of observations by German medical authorities of the mostly unsuccessful outcomes of face and jaw injuries from then recent conflicts like the Balkans War in 1913, hospitals in Berlin, Strasbourg, Hanover and Düsseldorf were already prepared to receive face and jaw injuries by 1914.”<sup>71</sup> Medical journals like the British *Lancet* would have circulated across the world, informing foreign surgeons on new and innovative techniques. The medical field was unique during a period of intense national competition, as physicians were more interested in helping their patients than in maintaining national loyalties.<sup>72</sup>

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<sup>70</sup> Gillies, 177.

<sup>71</sup> Love.

<sup>72</sup> For more on this, refer to Chapters 2 and 3 on mask-making and living with facial wounds. Because this was a niche field, both doctors and patients frequently utilized services from other nations.



Americans like Varaztad Kazanjian were instrumental in the effort to rebuild faces, even before Americans had officially entered the war in 1917. Young American surgeons went overseas to operate on patients with the Red Cross, or simply volunteered with national militaries. In one account, Americans provided the ingenuity to save a man after his own physicians had deemed him a lost cause: “At an English hospital where he was sent, they said it was hopeless to do anything for him in the way of his appearance, but that the American doctors were very daring, so they sent him to the American Ambulance.”<sup>73</sup> This was likely overstated and largely anecdotal, but still speaks to the international character of this new treatments. Many of the remaining memoirs on plastic surgery in the First World War come from American doctors who went overseas to gain experience and provide aid.

For his part, Gillies gave credence to work by August Lindemann as one of the pieces that spurred his entry into deeper plastic surgeries. In addition, inspiration for his techniques came from sources as old as “the *Ayurvéda*, the sacred medical record of the Hindoos,” and from “the Italian method [for rhinoplasty], which originated apparently in Sicily about 1415 and was developed by Tagliacozzi in Italy forty years later.”<sup>74</sup> Gillies himself admitted “there is hardly an operation...in use to-day that has not been suggested a hundred years ago. But our work is original in that all of it has had to be built up again [from the beginning].”<sup>75</sup> While the techniques were not necessarily brand new, the First World War provided an ample number of patients upon whom to perform surgery and fine-tune surgical techniques, and it was in this laboratory that doctors were able to revolutionize plastic surgery.

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<sup>73</sup> Mary Smith Churchill, *You Who Can Help: Paris Letters of an American Army Officer's Wife, August, 1916-January, 1918*, (Boston: Small, Maynard & Company, 1918), 56.

<sup>74</sup> Gillies, 3.

<sup>75</sup> *Ibid.*, 3-4.

Gillies became arguably the most prominent facial surgeon in the United Kingdom after volunteering with the Red Cross in France.<sup>76</sup> Gillies was stunned at the sheer number of patients who required plastic surgery, and at the magnitude of their terrible wounds. Recalling his days as a World War I surgeon in the 1950s, Gillies wrote that “unlike the student of today, who is weaned on small scar excisions and graduates to harelips, we were suddenly asked to produce half a face.”<sup>77</sup> Unlike some other surgeons, who were committed only to making sure that the patient survived, Gillies attempted to restore the man’s original appearance as well as the functionality of his eyes, nose, and mouth. Gillies’ and other surgeons’ goal was “beauty and symmetry...the fundamental ideals of reconstructive surgery.”<sup>78</sup> It was “essentially...sculpturing with live tissues for material.”<sup>79</sup> This new form of surgery was a synthesis of regaining both the functional and the cosmetic operations of the face.

In addition to bone grafting, skin grafting saw significant advancement during the First World War. A group of surgeons in London were “experimenting with injections of wax under newly grafted skin, which covered a flat angular plane, in order to pad it into some semblance of a cheek.”<sup>80</sup> While this did not see widespread use, it illustrates the ways in which these soldiers were essentially guinea pigs in the pursuit of new cosmetic techniques. The techniques used were so new, in fact, that they sometimes appeared to be quite fantastical to those who had never witnessed such surgeries. One letter from John Masefield details how mystified he was by the practice of skin grafting:

You go out to the front and have both your jaws and your nose blown away and everybody says ‘O Lord, Billy, you are settled as a lady’s man’; but not a bit of it,

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<sup>76</sup> Love.

<sup>77</sup> Alexander, citing the memoirs of Harold Delf Gillies.

<sup>78</sup> Carden-Coyne, 95.

<sup>79</sup> Ibid., 137.

<sup>80</sup> Macdonald, 149.

you go to the Neuilly people, and they cut out one of your ribs and make you a new pair of jaws, with excellent teeth and palate, then they cut out a calf's tongue and tie it on to the roots of your old one and water it till it sprouts; then they find an old nose somewhere or other, or make a new one out of the calf of your leg, and they solder up the gaps and rouge over the white parts and there you are, able to talk and eat and much more lovely than ever. I am not joking. They really do these things. They shewed me some 50 casts of Before and After treatment and really they make human heads out of things that have no single feature left, not even a swelling.<sup>81</sup>

While this was, of course, an overstatement – rarely did patients emerge from surgery with such a lovely appearance – Masefield's awe at the art of plastic surgery comes across quite clearly. At times, plastic surgery seems almost like magic, with the use of a calf's tongue, or like an act of God, with the cutting out of a rib to make a new jaw. Cosmetic surgery is depicted here as something both miraculous and unnatural.

The most long-lasting of the techniques pioneered by these surgeons was the tube pedicle flap, used frequently on patients who required lip reconstruction.<sup>82</sup> During this treatment, surgeons would pull a flap of skin from another part of the body and attach it to the part of the face that required reconstruction, allowing the skin to regrow naturally from a different source. While Harold Gillies has historically been given much of the credit for developing the tube pedicle flap, Robert Love points out that it was “to Gillies' great disappointment” that the procedure was “independently developed by ophthalmic surgeon Vladimir Filatov of Odessa and Hugo Ganzer of Berlin.”<sup>83</sup> This procedure mitigated the risk of infection, as it connected the newly replaced skin with its original blood supply.

Before this reconstructive method was invented, many patients who underwent facial surgery fell victim to infection, which Woods Hutchinson identified as one of the major risks in

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<sup>81</sup> Vansittart, 121.

<sup>82</sup> see Appendix, Figure 3 for photograph of patient undergoing a tube pedicle flap procedure.

<sup>83</sup> Love.

regard to facial surgery.<sup>84</sup> The greatest risk to wounded soldiers in the days immediately after their injury was infection, and this appears to have been an issue in regard to dental surgery, “either for bone splints or other repairs of the jaws.”<sup>85</sup> The First World War had this in common with former wars, but advancements in germ theory generated a greater awareness of it among physicians and consequently led to more soldiers surviving their infections. Infection was a greater problem for those with wounds to the mouth because of the poor dental hygiene of some soldiers, which was a more important factor than “the germs carried in on the shell fragments.”<sup>86</sup> When soldiers were wounded, poor dental hygiene could lead to bacteria in their mouths infecting their wounds. In a somewhat folksy turn of phrase, medical professionals on the front advised that “a clean mouth like a clear conscience is a mighty good thing to go into battle with.”<sup>87</sup> Dentists and doctors did what they could to encourage soldiers to maintain good hygiene, and would then attempt to keep the wound perfectly clean as the first step in ensuring that their patients would survive. Most dentists were also regularly inexperienced in the specific types of procedures that would be necessary for these patients, as their pre-war work was primarily inside the mouth. Contrary to internal work, “external wounds necessitate an entire change of procedure from the methods used in jaw fractures in civil hospitals. Owing to the drainage of saliva through these wounds, the sepsis is wide-spread and persistent.”<sup>88</sup> In these cases, the patient’s own body was working against him, nurturing disease and frequently preventing the surgeon or dentist from doing their work.

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<sup>84</sup> Hutchinson, 232.

<sup>85</sup> *Ibid.*, 232.

<sup>86</sup> *Ibid.*, 232.

<sup>87</sup> *Ibid.*, 232.

<sup>88</sup> Howe, 183.

If infection was prevented, it was now the physician's job to attempt to restore function to the face. Work was extremely experimental, and usually required multiple surgeries before the surgeons felt that their work was done. Lyn Macdonald writes that patients sometimes went through "as many as a dozen separate operations, with long intervals between them" to gauge the effectiveness of recovery.<sup>89</sup> As noted by Andrew Bamji, "operations were not hurried and were often done in many stages. Our notes record frequent re-admission. The Sidcup experience required much patience."<sup>90</sup> Surgeries of this type frequently took longer than other more routine operations, and a higher quantity of procedures was necessary to produce the desired effect. For example, Sidcup patient Thomas Murray described how he had "several operations" and was "waiting for another" in 1922, with short periods of work and visiting family in between.<sup>91</sup> Dr. Church portrayed facial treatment as "a work that calls for infinite patience...for it is not done at one fell swoop, but means many weary months and sometimes as many as twenty or thirty operations."<sup>92</sup> Harold Gillies described the challenges of this process for the patient and for the surgeon:

The majority of plastic operations are unavoidably long; the insertion of sutures alone is apt to occupy a skilled surgeon more than half an hour. The type of patient, too, is often unfavourable, especially in cases of wounds involving the oral cavity, where a long convalescence has been hampered by ill nourishment. Moreover, the airway, in many cases, is strangely distorted in some part of its course; and in addition, the surgeon must perforce trespass upon the territory usually regarded by the anaesthetist as his own. Evidently, therefore, there is scope for any and every device that will diminish effort for the patient and the anaesthetist, and bring the prolonged strain within the limits of endurance.<sup>93</sup>

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<sup>89</sup> Macdonald, 149.

<sup>90</sup> Andrew Bamji, "Facial Surgery: The Patient's Experience," In *Facing Armageddon: The First World War Experienced*, edited by H. Cecil and P.H. Liddle, 490-501, (London: Leo Cooper, 1996), 498.

<sup>91</sup> Thomas Murray, *Reminiscences of 6 badly wounded soldiers*, 1922, Wounds Item 34, Liddle Collection, Special Collections, Brotherton Library, University of Leeds, England, 11.

<sup>92</sup> Church, 74-75.

<sup>93</sup> Gillies, 23.

The intimidating abundance of surgeries that patients had to endure was likely exacerbated by the long duration of these procedures and by the fact that it was difficult to administer anesthesia to patients with facial wounds. Due to the fact that many of these patients had suffered from loss of blood, anesthesia use was quite tricky. Gillies described how, because a very light anesthetic was required after the first half-hour, patients would sometimes “pass into a stage of analgesia, during which they will answer remarks quite sensibly for half an hour or more before the operation is finished.”<sup>94</sup> Although they usually could not feel the pain of surgery, this was likely still traumatic for patients witnessing surgery on their own faces.

Not only was it difficult to administer anesthesia to patients, but many veterans likely went without any kind of painkillers between operations. Because morphine was in short supply for much of the war, officials sometimes recommended that doctors exclusively use local anesthesia, and this was only during surgery.<sup>95</sup> Pain medication was so scarce that medical workers were inclined to save it for extreme cases, giving patients cigarettes instead to ease their pain and boredom while in the hospital.<sup>96</sup> For facial surgery patients, even cigarettes were not an option, as they frequently suffered from wounds of the mouth.

The effectiveness of facial surgery was described by multiple physicians as being entirely revolutionary. While this was undoubtedly the case due to the many advancements in cosmetic surgery that took place during this period, physicians’ optimism sometimes appears to be overstated, as in this cheerful assessment issued by American doctor Woods Hutchinson:

The worst case of all that I saw was a poor English boy, who had lost completely both eyes, his nose, the front third of his upper jaw, and about a quarter of the

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<sup>94</sup> Gillies, 24.

<sup>95</sup> Army Medical Services, *Injuries and Diseases of War: A Manual Based on Experience of the Present Campaign in France*, (London: His Majesty’s Stationery Office, 1918), 44.

<sup>96</sup> Brenna Pritchard, “Miraculous Tobacco: An Examination of Psychoactive Substances in the First World War,” (unpublished paper, Louisiana State University, 2016), 6.

front of his lower jaw, including the chin and lower lip and tip of his tongue. His face when the dressing was taken off was just one succession of bloody craters below another. At first sight the pity seemed to be that he had survived at all. But within six months that poor youngster had been given new fronts to both of his jaws by bone grafts, capable of carrying full plates of artificial teeth so that he could chew perfectly, a new nose, by combined bone and skin grafts, and a new lower lip. Enough of the eyelids were left on one side so that by skillful repairing he was able to wear one glass eye, and a carefully tinted enamel-coated metal plate held in place by a pair of spectacle frames completely covered the gap in his other orbit. So that his artificial face, while far from handsome, was quite presentable enough to allow him to go about his work and appear on the streets or anywhere else in public without attracting special attention or causing any feeling of repulsion in those who met him.<sup>97</sup>

This passage is significant in a number of ways. Hutchinson evaluated the young man on his cosmetic value, disregarding entirely in his description of the aftermath of surgery the fact that the soldier would be permanently blinded. This helps to illustrate that the goal of surgery was to restore form, even if function was now an impossibility. In addition, Hutchinson seems optimistic despite the soldier being forced to wear a tin mask – the “carefully tinted enamel-coated metal plate” – for the foreseeable future.

Others expressed a different viewpoint, instead voicing the opinion that surgery actually did very little good. Physician Fred Albee described how, after surgery was completed, most soldiers with facial wounds still appeared disfigured, with “scars left as a result of these operations.”<sup>98</sup> While plastic surgeons attempted to mitigate the effects of surgery on a man’s appearance, they could only do so much to conceal the repaired flesh. Dr. Church wrote of the remarkable nature of facial restoration, with the qualifier that victims remained disfigured in spite of the efforts of physicians. After his description of the surgical process, he wrote that “finally the unfortunate wretch comes forth somewhere in the shape that God made him.”<sup>99</sup>

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<sup>97</sup> Hutchinson, 227-228.

<sup>98</sup> Albee, 138.

<sup>99</sup> Church, 74-75.

Surgery was likely not the miracle that many physicians had hoped for, although the excision of scar tissue was often a goal of the physician as well. Dr. Gillies pointed out that this was not simply a cosmetic concern but a medical one.<sup>100</sup> The desire to erase even the scars from surgery, however, was one of the factors in determining the high number of operations that a patient would have to go through.

As doctors widely acknowledged, reconstructive surgery was both a medical and an artistic practice. One of the unique elements of plastic surgery in the Great War was that its goal was not simply to repair function, but also form. Fred Albee wrote that “when transplanting bone and soft tissues for repair of the nose, cheek, or jaw, one must combine mechanical dexterity with artistic feeling for the desired cosmetic result.”<sup>101</sup> The surgeon became a sculptor of human faces, rendering the wounded in a way that was more pleasing to the eye than if they had simply regained their ability to behave normally and sustain themselves. Harold Gillies described how part of the process actually required the use of art; “to overcome...difficulties, surgery calls art to its aid,” he said, “a plaster cast of the face is made, and thereon the sculptor, aided by early photographs if available, models the missing contours.”<sup>102</sup> After a cast of the face was developed, the surgeon attempted to replicate its appearance through the use of skin grafts. Indeed, it was this exact method – making a plaster cast of the broken face and rebuilding it based on photographs – that Francis Derwent Wood would later use to construct masks for patients that medicine could not fully heal.<sup>103</sup>

While Gillies remarked on the need to excise scar tissue for medical reasons, he was reluctant to write of the importance of identity in restoring a man’s face. However, this was

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<sup>100</sup> Gillies, 30.

<sup>101</sup> Albee, 137.

<sup>102</sup> Gillies, 5.

<sup>103</sup> For more on this, consult Chapter 2 on mask-making.



certainly an essential element of the plastic surgeon's work. One fascinating element of Gillies' work regarded the particular types of flesh used in skin grafts of the lip. For these grafts, Gillies attempted to use skin grafts with hair-bearing skin to ensure that men could still grow moustaches as they recovered from their wound.<sup>104</sup> If the physician was only attempting to produce medical results, this would probably not have even been a consideration; however, the use of hair-bearing skin reveals the cosmetic goals of plastic surgery.

Even after they had received surgical treatment, many of these soldiers would still require masks to make them socially acceptable for the masses. Sculptors worked tirelessly to mask the hundreds of men who would be left permanently disfigured, producing as many masks as they could before they lost funding or space to complete their work. The fact that surgeons could not complete treatment for many of their patients speaks not only to the severity of their wounds, but to the nature of facial disfigurement. Although most regained the ability to speak, to chew, and to operate fairly normally, they were still disabled – not functionally, but aesthetically. More than just surgery would be required of these veterans if they ever wanted to re-enter normal society.

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<sup>104</sup> Gillies, 78-79.

## CHAPTER 3: MASKS

After the surgeons were done with their work, many veterans were left with persistent disfiguring wounds, as there was only so much that surgery could repair. When this happened, sculptors stepped in to finish the work of concealing the veteran's face from the public, a relatively new practice in terms of war wounds. While prosthetics had previously been created to conceal wounds that left permanent disfigurement, it had never been done on such a large scale, much like the surgical methods being introduced during the same time period. Mask-making departments were constructed in several hospitals, with the largest and most-discussed being Francis Derwent Wood's "Tin Noses Department" in London. The hospital also served as the first place where veterans had true contact with the outside world, as their experiences before this were often amongst surgeons and those more used to seeing grotesque wounds. In the mask-making process, veterans encountered many who expressed extreme distaste at their appearance, like Ward Muir, a nurse in the Tin Noses Department.

This chapter will first explore the full process of mask-making, detailing the methods that sculptors used to recreate a lost face. I will then describe some key figures in the new field of prosthetic faces, including Wood, mentioned above, and Anna Coleman Ladd, an American artist working in Paris. Following these more basic descriptions will be a section detailing the first steps of these veterans into the outside world, and the true effects that the masks had, including an examination of why artists felt that it was necessary to create masks in the first place. These masks were significant not only to the men who wore them, but to the public as well, becoming a sort of war memorial in and of themselves. Sculptors and citizens had conflicting feelings about the masks and what they said about the world after the war.

## KEY FIGURES

Before we can begin, we must first become acquainted with the key figures in the field of mas-making. The first person the reader will meet in this section is Ward Muir, an orderly in the Tin Noses Department. Muir is an invaluable source, as he wrote extensively on his life during the First World War. His work consisted of treating a variety of different kinds of wounds, but the most memorable wounds to him were the grotesque wounds of the face. His memoirs provide some of the most detailed accounts of facially disfigured patients, and give readers a great deal of insight into the private feelings of the orderlies who surrounded these men. While he certainly felt pity for those with facial disfigurement, he frequently expressed his distaste for interacting with them in hospital, describing it as one of the most unsavory jobs that he was forced to do while working as an orderly. The dehumanization of these veterans comes across strongly in Muir's memoirs.

Muir's superior, Francis Derwent Wood, also came from a background as an orderly, but went on to become the foremost expert on sculpting prosthetic faces. He was a pioneer in the field of developing tin masks by taking casts of the wounded man's face and smoothing over the areas that had been damaged beyond surgical repair. Wood's mask-making work is consistently characterized by an academic tone, and he almost sounds like a plastic surgeon himself, treating his patients as if they were still undergoing surgical treatment. For Wood, the creation of prosthetic faces was an integral part of finishing treatment for these men. Healing was a multifaceted process, characterized by not just physical healing, but mental as well, and Wood saw himself as being integral to this process.

Wood began his work with disfigured soldiers as an orderly in Great Britain, witnessing the remarkable agony of wounded men. After working with plaster casts on wounds of the limbs,

Wood came up with a new and ingenious idea: molding the cast “to fit the arm, the leg or the back of the patient.”<sup>105</sup> Wood had previously worked with splints, and was forced to adapt splint technology to fit to limbs – it made sense to Wood to similarly adapt masks, which he likely thought of as casts and prosthetics for the face. His training in sculpture served him well, as he simply adapted plaster molds used in sculpture to the human body. Lyn Macdonald writes that it was close contact with disabled veterans that inspired Wood to adopt this new method – when he was an orderly conducting “the awkward business of helping them use bedpans, Derwent Wood’s skilled eye assessed the problem and came up with a solution that could only have occurred to a sculptor.”<sup>106</sup>

Anna Coleman Ladd, too, felt like she was a part of this process. As the primary maskmaker in France, Ladd provided services to hundreds of French veterans in need out of her Red Cross studio in Paris. After hearing about the destruction in Europe and the work that Francis Derwent Wood was doing in England, Ladd chose to use some of her own funds to put her sculpting skills to a new work at a new task: constructing badly-needed prosthetic faces. Ladd was only able to stay in France for less than a year, and her services would be sorely missed when she left, as evidenced by the many letters sent to her after she returned to Boston. Also like Wood, Ladd was a sculptor by trade, but her lasting legacy would be in the field of sculpting masks for facial wounds.

Outside of the key mask studios in Britain and France, there is little evidence that other such studios existed. Leo Van Bergen has written that “artificial arms, legs and eyes, even face masks, all provided free of charge to officers, were manufactured at the Ecole Joffre in Lyon,” although Ladd herself does not mention this studio and it is absent in the vast majority of

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<sup>105</sup> Lyn Macdonald, *The Roses of No Man’s Land*, (London: Michael Joseph, 1980), 150.

<sup>106</sup> *Ibid.*, 150.

sources.<sup>107</sup> Instead, prosthetic faces were likely produced by small-scale physicians and artisans. Dentists had a long history of constructing appliances for the jaw, and it is probable that they supplied a number of these prostheses, but they have so far been neglected in the secondary literature. One civilian wrote to Anna Coleman Ladd in 1919 describing how he had to wear “an artificial [nose] made of red hard rubber by a dentist” after losing his own nose in an accident several years earlier.<sup>108</sup> We can infer that there were many more of these small-scale mask-makers, but we will have to confine our analysis here to those who left a more lasting trace.

### MAKING A MASK

To begin with, it must be explained that the sculptor does nothing whatever unless the surgeon has finished with the case. The wound must be radically healed. It is useless for the sculptor to tackle it if further shrinkages are going to alter its contours. When the healing is pronounced complete, the man can be turned over to the Masks for Facial Disfigurement expert, not before. He enters the room, is seated in a chair, and very carefully scrutinised. He has been asked to supply, if possible, a portrait of himself as he was before he went to the Front. Generally he can do so – that last photograph which the wife or sweetheart coaxed him to endure develops an unforeseen value! – and this portrait guides the sculptor in some of the factors he must weigh in deciding what type of mask is best suited to the individual: later, too, the portrait will be of priceless help in the mask’s finishing touches.<sup>109</sup>

In this passage, Ward Muir excellently describes the painstaking process of mask-making. The task was undertaken only when the wound was “healed” – or at least as much as possible – by the surgeon, and it was at that point that the sculptor began his work. Masks were only created for those who had experienced extremely severe disfigurement, and therefore a very low

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<sup>107</sup> Leo Van Bergen, *Before My Helpless Sight: Suffering, Dying, and Military Medicine on the Western Front, 1914-1918*, (Burlington, VT: Ashgate, 2009), 343.

<sup>108</sup> Oliver C. Small to Anna Coleman Ladd, 31 March 1919, Anna Coleman Ladd papers, 1881-1950, Archives of American Art, Smithsonian Institution.

<sup>109</sup> Ward Muir, *The Happy Hospital*, (London: Simpkin, Marshall, Hamilton, Kent, 1918), 148.

percentage of the total number of war casualties.<sup>110</sup> As Muir says, the man was “carefully scrutinised” by the artist – an assuredly agonizing process, considering the severity of many wounds and the psychological effects of loss of identity – and a mask was made as an amalgamation of what the artist observed and the most recent photograph taken of the subject, if available. It is here that we see a true transition from surgery to art; thus, we will now call our subject the artist rather than the surgeon, dentist, or doctor. As Wood himself pointed out, in the making of a mask “no attempt is made...for the alleviation of the sufferings of wounded, to restore functioning or to produce a cosmetic effect by plastic methods.”<sup>111</sup> This was truly an art form, despite its rather medical bent. Wood wrote that “my work begins where the work of the surgeon is completed...I endeavour by means of the skill I happen to possess as a sculptor to make a man’s face as near as possible to what it looked like before he was wounded.”<sup>112</sup>

As mentioned earlier, the first step in this process was to take a plaster cast of the patient’s face. Patients were given a tube to breathe through while the plaster set, mimicking as nearly as possible the faces of these men.<sup>113</sup> After the cast was taken, the artist did his work, sculpting the missing parts of the man’s face. This was one of the more creative parts of the job, as sculptors had to work from grainy early twentieth-century photographs to recreate what the man would have looked like, or, when no photo was available, to imagine what the man would have looked like. These sculptors were responsible for constructing what they thought was the most desirable face for the men without photographs – and thereby they had a hand in reconstructing their very identity.

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<sup>110</sup> Caroline Alexander, “Faces of War,” *Smithsonian Magazine*, February 2007, online, 1.

<sup>111</sup> Francis Derwent Wood, “Masks for Facial Wounds,” in *The Lancet*, no. 4895 (1917): 949.

<sup>112</sup> *Ibid.*, 949.

<sup>113</sup> This process is detailed in Wood’s article in *The Lancet*.

After the face had been sculpted, another cast was made in tin, out of which the final mask would be made. Wood experimented with a variety of different substances to achieve maximum utility and permanence for the masks, as they would likely be used for the rest of the patients' lives. Wood wrote that "considerable experiment has proved that a rigid mask can be depended upon, both for hygienic and cosmetic reasons. Various soft substances...have been tried and have failed. Such applications cannot be either healthy or beautiful."<sup>114</sup> Susannah Biernoff details the amount of fine artwork that was put into creating these masks, with "cream-coloured spirit enamel" carefully matched to the patient's skin, and "the sheen of oily skin...replicated with varnish 'rubbed down to match' the patient's complexion."<sup>115</sup> Wood even carefully reproduced the look of a man's eyelashes, using "thin metallic foil for the eyelash for the eyelashes, which," according to Biernoff, "he would cut into fine strips, tint, curl and solder in place."<sup>116</sup> The attention to detail illustrates the importance assigned to the task at hand. It was truly the artist's goal to reproduce a life-like appearance in faces that had lost much of their character – even if that face did not even resemble the man's former visage.

One analytical approach to the creation of prosthetic faces is to compare it with the concurrent production of prosthetic limbs for amputees. In her book *Recycling the Disabled*, Heather Perry writes that "function began to dictate form in the design of prostheses," quite the opposite of the goal of sculpting and painting tin masks.<sup>117</sup> Perry argues that, as engineers became more adept at developing artificial limbs, they took on increasingly futuristic and utilitarian appearances. However, rather than othering amputees as strange or robotic, Perry finds

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<sup>114</sup> Wood, 949.

<sup>115</sup> Susannah Biernoff, "The Rhetoric of Disfigurement in First World War Britain," in *Social History of Medicine* 24, no. 3 (2011): 680-681.

<sup>116</sup> *Ibid.*, 681.

<sup>117</sup> Heather Perry, *Recycling the Disabled: Army, Medicine, and Modernity in WWI Germany*, (Manchester: Manchester University Press, 2014), 56.

that their unnatural-looking limbs endeared them to the German populace as symbols of scientific advancement and the ability to overcome war's wounds. As Perry writes, "pictures of one-armed men exercising and re-training their bodies convinced Germans of the sturdy, healthy nature of these newly rebuilt soldiers."<sup>118</sup> On the other hand, masks were geared toward concealing the fact that a wound had ever occurred, and led to a distinctive othering of the facially disfigured soldier.

Robert Weldon Whalen has written that "the principle of design [for prosthetics] was efficiency, not aesthetics," and this would have been difficult to reconcile in terms of producing masks.<sup>119</sup> For one thing, masks took a great deal of time and precision to produce. There was no way to streamline the process, as each one was completely different and did not simply require the matter of fitting them to different sizes of limbs. In addition, the efficiency of a face was oftentimes purely aesthetic, if a wound had not limited the ability to masticate, see, smell, or hear.

Whereas artificial limb production became very scientific and industrial, the maskmaker had to attempt to reproduce nature in nuanced ways. Ward Muir described maskmaking as "a very close union between craftsmanship and art," similar in many ways to plastic surgery itself.<sup>120</sup> This makes its role as an assumed medical necessity – and the mask-making studios' locations in medical facilities – particularly interesting. Muir pointed out that "there is no surgery and nothing the least like surgery, no medicine and nothing the least like medicine, no 'treatment' of the face or jaw as in, say, massage or dentistry – no 'treatment,' in short, of any description whatsoever."<sup>121</sup> This, too, stands in stark opposition with the development of prosthetics, which

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<sup>118</sup> Perry, 146.

<sup>119</sup> Robert Weldon Whalen, *Bitter Wounds: German Victims of the Great War, 1914-1939*, (Ithaca: Cornell University Press, 1984), 61.

<sup>120</sup> Muir, 154.

<sup>121</sup> *Ibid.*, 155.



for the entire war was intertwined with the field of orthopedics. Prosthetics offered a further cure in the form of bodily exercises to learn how to use one's new body, but masked patients realized that they had reached the end of their treatment. While the amputee could still find some relief in the idea that he would return to working capacity, the loss of a face was too great to overcome, and many felt that they needed masks so that they would not frighten the public or their own friends and family. In many of the wards for disfigured patients, they "preferred not to have visitors at all" as some visitors "had to be brought out of the room in fits of hysterics."<sup>122</sup> These men were informed by the behavior of those who looked upon them that they had to conceal themselves to even be bearable, and that their natural faces should never see the light of day.

As in the surgical element of treating mutilated patients, mask-making took on a decidedly international character. Because there was such a scarcity of artists who produced these types of prosthetics, they were in high demand around the world, from both soldiers and civilians alike. Mask-makers were also eager to learn from their foreign colleagues. Anna Coleman Ladd's diaries and letters are peppered with references to Francis Derwent Wood and the desire to share the knowledge of both of their disciplines, and Ladd was constantly looking for ways to improve her work by playing off of others. For example, Ladd wrote in January of 1918, "I surely would be better to visit Derwent Wood's place – just to see the mechanical part – I do want to know about your nose here..."<sup>123</sup> Ladd kept a copy of both Wood's *Lancet* article and Muir's *The Happy Hospital* among her possessions in the studio. An American civilian who had heard of Ladd's work sought her help in acquiring a new prosthetic nose, writing to her from Maine in 1919. These few mask-makers garnered a great deal of attention all around the world,

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<sup>122</sup> Macdonald, 151.

<sup>123</sup> Anna Coleman Ladd to E. Achelis Miller, 18 January 1918. Anna Coleman Ladd papers, 1881-1950, Archives of American Art, Smithsonian Institution.

and even those who were not veterans sought out their help in creating new prosthetics for the face. These kinds of masks were a new invention, far superior to other forms of facial prosthetics that had come before.

### EVALUATING THE UTILITY OF MASKS

In order to fully understand this subject, we must now turn to the actual effectiveness of the tin masks. The American *History of Base Hospital no. 18* reported that masks had proven to be helpful in concealing facial wounds on British patients, encouraging American physicians to adopt similar practices:

...the most interesting single development of the work here was the extensive use of cosmetic appliances to replace lost portions of the face, either temporarily, where surgical reconstruction of the lost organ was being planned, or permanently, when such reconstruction was considered impossible. As a result of much experiment among this line, a paste containing wax and gums, with colouring matter, has been invented, which is easily moulded, and reproduces most satisfactorily the appearance of normal flesh. From this paste, noses, ears and lips are modeled and attached to the unfortunate mutilated person with suprisingly good effects. The method has a wide field of usefulness in rendering more tolerable the existence of these unfortunate people, and is worthy of employment in our own army.<sup>124</sup>

Note the language used here: the author describes how the masks made “more tolerable the existence of these unfortunate people.” The utility of these masks was not practical, but psychological. Unlike prosthetic legs, which actually helped soldiers regain the ability to walk, prosthetic faces were thought to return to the disfigured veteran the ability to exist in public and to go back to the business of being a human.

Some sources expressed a sincere, if misguided, optimism in terms of how effective masks really might be for their wearers. Woods Hutchinson, the American doctor mentioned in

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<sup>124</sup> *History of Base Hospital no. 18, American Expeditionary Forces*, (Baltimore: Base Hospital Association 18, 1919), 105.

Chapter 1 who traveled extensively during the war and reported on the many medical advancements being made, was in awe of the whole process of mask-making, and became a strong advocate for such work. Hutchinson wrote that “so skillfully and successfully is the tinting and other camouflage done that at a glance one can-not tell where the edge of the mask leaves off and the living skin of the face around it begins.”<sup>125</sup> While this appears to be promising, one must consider how the masks would have looked when the face was in motion, with the mask serving as a frighteningly expressionless foil to the living face. The masks could sometimes turn their wearers into a different kind of monster; Harold Gillies “reports how the children of one mask-wearing veteran fled in terror at the sight of their father's expressionless face.”<sup>126</sup> Assuming an uncomfortable likeness of reality, these masks sat somewhere in the uncanny valley between real and artificial.

Ward Muir, an occasionally cold realist, imagined that there must have been a strikingly positive impact on the patient's life after receiving a mask. Amazed by the work done by Francis Derwent Wood, Muir stated that “instead of being a gargoyle, ashamed to show himself on the streets, [the patient] is almost a normal human being and can go anywhere unafraid...of seeing others afraid. Self-respect returns to him. His depression departs.”<sup>127</sup> For Muir, the effects of seeing a mutilated face for onlookers was also traumatic, and the mask served to both save the mutilated man from shame and to rescue witnesses from disgust; the task of creating masks was a noble one for both the patient and the onlooker. Muir expressed his distaste for looking at his patients when described seeing the disfigured as the worst experience he had in hospitals, writing that he found that “he must fraternise with fellow-men at whom he cannot look without the

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<sup>125</sup> Woods Hutchinson, *The Doctor in War*, (Boston: Houghton Mifflin, 1918), 234-235.

<sup>126</sup> Alexander, 2.

<sup>127</sup> Muir, 152.

grievous risk of betraying, by his expression, how awful is their appearance.”<sup>128</sup> Later, Muir added that the before and after photographs of mutilated soldiers “cannot register the access of cheeriness which has been brought about within the brains which those facades hide.”<sup>129</sup> While this may have been an overly-optimistic view (it was, of course, recorded in a book titled *The Happy Hospital*), Muir was not alone in his positive thoughts. However, Muir’s tone is tinged with a certain level of judgment for the disfigured soldier, as he wrote that “comical or no, the so-called masks are not devoid of beauty – the beauty of a fine idea finely materialised.”<sup>130</sup> Yes, the masks could help in an unfortunate situation – but, according to Muir, they did not help that much.

Little help in learning how it felt to wear a mask is provided by looking at actual photographs of masked patients. Given the poor quality of the photos and the stoic expressions favored by photography’s subjects, the utility of the mask is difficult to see.<sup>131</sup> Using these pictures, one cannot evaluate how the mask compared to the actual face of a man smiling, laughing, or weeping; their emotions were obscured by the neutral expression forever painted on their faces. Caroline Alexander adds that the masks were unable “to restore lost functions of the face, such as the ability to chew or swallow.”<sup>132</sup> Taking this into account, one must also consider other factors that would have added to the surrealism of the masked veteran, such as the changed sound of the man’s voice, with his vocal cords potentially affected by surgery and his mouth unable to properly form words, or the single unblinking eye that would constantly stay open.<sup>133</sup>

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<sup>128</sup> Muir, 143.

<sup>129</sup> *Ibid.*, 153.

<sup>130</sup> *Ibid.*, 146.

<sup>131</sup> See Appendix, Figure 4 for before/after pictures of a masked patient.

<sup>132</sup> Alexander, 2.

<sup>133</sup> See Appendix, Figure 5 for before/after pictures of a masked patient who lost an eye; you can see the slight difference between the remaining eye and the fake.

Katherine Feo points out another aspect of the utility of masks – that they were modeled on photographs that, by the end of the war, would have been outdated. Feo writes that “the masks became electroplated snapshots of faces untouched by war, a physical backdating that cruelly juxtaposed the recipients actual face with the time before the trauma of violence.”<sup>134</sup> It is impossible to determine if veterans or onlookers were aware of the stark symbolism of this contrast, but it would certainly have made the mask-wearer increasingly uncomfortable as the years went on, especially considering that almost all masks were never replaced. However, even with the drawbacks of the masks, they were so heavily used that few survive today, and the ones that do remain show the signs of years of use. Sarah Crellin, Francis Derwent Wood’s biographer, has suggested that many masked veterans were buried with their masks still on, the mask having become as important a part of their identity as their own face.<sup>135</sup>

The goal of the masks was to make the wearer able to blend in with normal society once again:

A masking was considered successful when the patient could walk down a Parisian boulevard without being noticed. Earlier, after their multiple surgeries were complete but before they were fitted with masks, the men had gone on supervised forays into the city, accompanied by their nurses, only to find that onlookers gawked at them and sometimes even fainted. The men called this the Medusa effect. The masks allowed them to regain some measure of the social visibility they had forfeited because of their ghastly wounds.<sup>136</sup>

These patients had been transformed into monsters whose very appearance could prove harmful to others. The idea of social visibility is an interesting concept to examine in this regard, and

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<sup>134</sup> Katherine Feo, “Invisibility: Memory, Masks and Masculinities in the Great War,” *Journal of Design History* 20, no. 1 (2007), 24.

<sup>135</sup> Alexander, 2.

<sup>136</sup> David Lubin, “Masks, Mutilation, and Modernity: Anna Coleman Ladd and the First World War,” *Archives of American Art Journal* 47, no ¾ (2008), 11.

provides an explanation of the utility of masks. They were quite necessary in allowing the disfigured patient to regain what he had lost: the very ability to exist in the public sphere.

Francis Derwent Wood hoped that his work helped his patients psychologically. Although he acknowledged that he was no physician, Wood described in his *Lancet* article how “as in plastic surgery, the psychological effect is the same. The patient acquires his old self-respect, self-assurance, self-reliance, and, discarding his induced despondency, takes more to a pride in his personal appearance. His presence is no longer a source of melancholy to himself nor of sadness to his relatives and friends.”<sup>137</sup> Indeed, many mask-makers were likely induced to open their mask shops because of high rates of psychological distress among the permanently disfigured. Katherine Feo has written that “according to one source, Wood was moved to open the mask shop because he was disturbed by the high rate of suicide among disfigured soldiers as well as the negative reaction their injuries provoked in their visiting relatives.”<sup>138</sup> Judging by Harold Gillies’s discussions of patients’ reactions to their wounds, it is not difficult to believe that this was true.

Another prominent mask-maker, Anna Coleman Ladd, was less optimistic about how well her masks would work, and her letters and diaries are tinged with despair for the men that she treated. Ladd wrote that “the letters of gratitude from the soldiers and their families *hurt*, they are so grateful.”<sup>139</sup> Ladd herself was often skeptical of how her own work affected other peoples’ lives, and she expressed a great deal of surprise when receiving letters like the one just mentioned. In January of 1918 she wrote, “I suffer much as I doubt the utility of many things that I give my whole strength to,” likely writing not only of her career in mask-making but also to her

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<sup>137</sup> Wood, 949.

<sup>138</sup> Feo, 21.

<sup>139</sup> Anna Coleman Ladd, quoted in Alexander, 2.

work as a sculptor of war memorials.<sup>140</sup> Of course, the masks were something of a monument to the war themselves; soldiers wore the record of their service on their own faces.

According to many onlookers, a mask would have been far preferable to what lay underneath. Even after surgery, Ward Muir described these patients as being some of the most grotesque sights he had ever been subject to:

Hideous is the only word for these smashed faces: the socket with some twisted, moist slit, with a lash or two adhering feebly, which is all that is traceable of the forfeited eye; the skewed mouth which sometimes – in spite of brilliant dentistry contrivances – results from the loss of a segment of jaw; and worse, far the worst, the incredibly brutalising effects which are the consequence of wounds in the nose, and which reach a climax of mournful grotesquerie when the nose is missing altogether.<sup>141</sup>

Note that this was after surgery had been completed, as Muir points out with the mention of “brilliant dentistry contrivances.” Muir clearly preferred the ridiculousness of a mask over the horror of the faces underneath. However, he did not dismiss surgery, and acknowledged that it could have been worse if the plastic surgeons had done nothing. Even so, “surgery at last has washed its hands of him; and in his mirror he is greeted by a gargoyle... Could any woman come near that gargoyle without repugnance? His children... Why, a child would run screaming from such a sight.”<sup>142</sup> Macdonald has expressed some doubt that the masks did much at all, as the patient was still acutely aware of the disfigurement that lay underneath. While the mask could provide some solace, it was more of a “buffer against the world” than a new face in and of itself, a temporary solution to a permanent problem.<sup>143</sup>

Even after soldiers were masked, their lives often did not improve; rather, they became a different kind of monster. As Feo states, “pretending that the masks made pre-war life a

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<sup>140</sup> Anna Coleman Ladd to E. Achelis Miller, 18 January 1918.

<sup>141</sup> Muir, 143-144.

<sup>142</sup> *Ibid.*, 145.

<sup>143</sup> Macdonald, 154.

possibility in the post-war period seems to imply blithe optimism about the permanent consequences of disfigurement.”<sup>144</sup> This proved to be the case, as masked soldiers found themselves unable to return to their normal lives. Alexander writes that “in England, sentimental schemes were discussed for the appropriation of picturesque villages, where ‘maimed and shattered’ officers, if not enlisted men, could live in rose-covered cottages.”<sup>145</sup> These were veterans meant to be remembered, but not seen, and they were more safely tucked away in some concealed corner than out in the open with their comrades in arms. The veterans themselves acknowledged as much, with one soldier writing to Anna Coleman Ladd, “Thanks to you, I will have a home... The woman I love no longer finds me repulsive, as she had a right to do.”<sup>146</sup> Patients felt like it was their duty to conceal the mark of their service.

Some have suggested that the production of masks may have been more harmful than helpful. Andrew Bamji, the historian in charge of the Queen Mary’s Hospital Archives, writes of an unconfirmed riot of ‘Tin Face’ patients at Aldershot. He states that “clearly the development of plastic surgery, with reconstruction rather than concealment, mitigated the psychological effects of injury.”<sup>147</sup> Concealing the wound did not help to restore the patients’ self-esteem, serving instead onlookers that did not wish to be repulsed by the disfigured’s twisted faces.

As far as the longevity of masks, it is difficult to determine how long they lasted and how long they stayed in use. What is certain is that masks were not replaced; the mask that a soldier received immediately after the war was the one that he would keep for the rest of his life, despite

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<sup>144</sup> Feo, 25.

<sup>145</sup> Alexander, 3.

<sup>146</sup> Ibid., 2.

<sup>147</sup> Andrew Bamji, “Facial Surgery: The Patient’s Experience,” in *Facing Armageddon: The First World War Experienced*, edited by H. Cecil and P.H. Liddle, 490-501, (London: Leo Cooper, 1996), 497.



the fact that “it was clear that a mask had a life of only a few years.”<sup>148</sup> This is mostly because the major mask studios lost funding very quickly after the war and permanently shut down operations. Ladd had planned on opening another studio in Paris, but had been unable to do so due to lack of funds.<sup>149</sup> Additionally, these studios frequently decreased in quality prior to their ultimate closing. The work done there required a great deal of compassion, and it was unfortunate when those who had less feeling for their patients took over the mask-making studios. In a desperate letter from May 1919, a Red Cross worker in Paris begged Ladd to return to Paris and care for her patients:

It is one great pity that you left Paris and I wish that you could come back. Your great work for the French mutilées is in the hands of a little person who has the soul of a flea. I suppose [name obscured] has written you frequently and that you know how the work you started in Paris has grown and how more and more mutilées apply for missing faces... Since your departure the place is closed every day around 2 o'clock and the mutilées are not allowed to enter after that hour. One poor thing came all the way from the provinces to get fixed up.<sup>150</sup>

Not only were the studios poorly funded, but they were few and far between, as illustrated by this passage. Caroline Alexander explains that “by the end of 1919, Ladd’s studio had produced 185 masks” and that the number produced by Wood was likely greater, but that “these admirable figures pale only when held against the war’s estimated 20,000 facial casualties.”<sup>151</sup> Because of the difficulty that sculptors had with finding funding to produce masks, mutilated *and* masked veterans represent only a small percentage of disfigured veterans. This makes it particularly fascinating that masked soldiers feature so prominently in historical memory and modern-day popular culture. Even contemporaries believed that this was an important task, despite the fact

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<sup>148</sup> Alexander, 2.

<sup>149</sup> Janet Scudder to Anna Coleman Ladd, 7 May 1919.

<sup>150</sup> Ibid.

<sup>151</sup> Alexander, 2.

that it was egregiously underfunded – in a letter to Ladd, L.F. Bochman referred to this work as “one of the saddest and most important features of the war.”<sup>152</sup>

### THE CULTURAL SIGNIFICANCE OF MASKED PATIENTS

While the masks held significance in their social utility in the form of hiding the wounded man’s face from the public, they were also cultural symbols for some of the darker sides of the Great War. Much was made of the ability of surgeons to repair the terrible wounds inflicted by shrapnel and machine guns; before and after photos served as a sign of hope for the public, proving that some of the damage of the war could be undone by human progress. However, the masks themselves were proof that not all of the war’s wounds could be healed. As Biernoff points out, the masks “point to the inadequacy of medicine just as much as they fail to hide the human cost of war.”<sup>153</sup> The masks concealed war’s wounds in much the same way that civilians themselves struggled with seeing the consequences of violence between 1914 and 1919.

The masks were similar to another fascinating result of the war. Ana Carden-Coyne found that, using primitive photograph-editing techniques, the after photos of wounded soldiers were often retouched to make it appear that surgery had been more effective. She argues that “the retouched images affirmed the importance of the ‘restored’ appearance for the patient, the public, and the professional alike.”<sup>154</sup> As a real-life example of these sorts of retouched faces, the tin masks produced by Derwent Wood and Ladd represented on some level the idea that full recovery was an illusion, and that the true cost of the war had to be concealed. Masks served as a different kind of concealment in the process of disfigured veterans being “shunned, banned from

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<sup>152</sup> L.F. Bochman to Anna Coleman Ladd, 6 April 1919.

<sup>153</sup> Biernoff, 3.

<sup>154</sup> Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War*, (Oxford: Oxford University Press, 2009), 96.

public spaces, or hidden away.”<sup>155</sup> When a disfigured veteran wore a mask he was engaging in “a social contract not to offend, not to be obtrusive.”<sup>156</sup>

David Lubin has found that the practice of masking wounded men coincided with similar practices in other portions of society. He writes that “popular culture...evinced a heightened fascination with masks and masking. Pancake make-up, along with the heavy application of mascara (from the Italian word for mask), became fashionable for women in these years.”<sup>157</sup> Even outside of reactions to the war itself, this was a period of time when ideas about the self were going through a process of re-fashioning. The post-war years saw humanity as something that could be re-shaped and made into something that it had not been before.

Lubin also argues that “the determination of Ladd and her contemporaries to hide facial disfigurement, if not the facially disfigured themselves, from public view...seems out of step with the strong modernist spirit of candor that arose at the end of the war.”<sup>158</sup> Lubin here likely refers to the artists who felt it was important to reveal the darker sides of the war. However, masking was very much in line with some of the other cultural tides of the post-war world, especially concerning the atmosphere directly following the ceasing of hostilities and the armistice in 1919. The artists who created monuments – one of whom was Ladd herself – often took a more classical approach to their creations, with the goal of making the soldier and the war appear glorious and unflawed. When men were depicted in these monuments, they were never wounded, but were completely whole, their faces composed of clear and strong lines. Even the surgeons who treated patients before they received their masks viewed their patients as classical figures whose features required restoration – Gillies once described a patient as “a young fellow

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<sup>155</sup> Carden-Coyne, 261.

<sup>156</sup> Biernoff, 16.

<sup>157</sup> Lubin, 14.

<sup>158</sup> *Ibid.*, 13.

with a rather classical face” who looked “exactly like a living damaged Greek head as his nose had been cut clean off.”<sup>159</sup> When sculptors entered the scene, they were meant to repair what the surgeons had been unable to, restoring the disfigured man to picturesque glory.

Unblemished images of classically perfect men are abundant in Great War memorials. One example is a stained glass memorial, constructed in the Baltic Exchange in 1922. The glass features art meant to mimic the glory of the Roman Empire, which it compared with the glory of the British Empire. Marble-like and unblemished faces decorate the entirety of the monument, and glorious death is depicted as a favored outcome for the Great War soldier.<sup>160</sup> Rupert Brooke’s friends frequently compared him to the Greek hero Achilles, and he was thought of as somewhat of a “modern version of a classical hero.”<sup>161</sup>

This was the preferred mode of memorialization for war heroes; mythologized and abstract figures over tangible, wounded veterans. Jay Winter has written that, according to Foucault “in the construction of war memorials, death is deconstructed: its horror, its undeniable individuality, its trauma, and the ignominy often associated with it, are buried. Then it is reinvested with meaning, as an abstraction, a collective sacrifice remote from individual extinction.”<sup>162</sup> The disfigured’s masks were a twisted version of this abstraction, but they did not effectively extract the “ignominy” of violence, nor did it take the horror out of the equation.

Ladd’s diaries are filled with sketches of possible war memorials and with simple drawings for her own use. One of these is a recurring image in her diary of a soldier riding a horse, his back to the viewer. Interspersed as this image is with notes on how to mask mutilated

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<sup>159</sup> Gillies, quoted in Carden-Coyne, 101.

<sup>160</sup> See Appendix, Figure 6 for photographs of the Baltic Exchange memorial glass.

<sup>161</sup> Elizabeth Vandiver, 368.

<sup>162</sup> Jay Winter, *Sites of Memory, Sites of Mourning: The Great War in European Cultural History*, (Cambridge: Cambridge University Press, 1995), 94.

veterans, this is a striking figure that leads to questions about how effective Ladd herself thought her work was, and what she thought the role of the mutilated veteran was in the post-war world. Like her masked patients, the veteran on the horse's face is concealed; seeing his face is not conducive to healing the wounds of war.<sup>163</sup> It is to this topic that we will turn in the next chapter.

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<sup>163</sup> See Appendix, Figure 7 for Anna Coleman Ladd sketch of a man on a horse.

## CHAPTER 4: MEN

After receiving surgical and aesthetic treatment, mutilated veterans had to leave the hospital and return to the outside world. It was there that they would be met with a world that was suddenly alien to them, and which would react in a variety of ways to their presence – almost none of which were positive. This chapter will explore the ways in which mutilation affected the veteran’s perception of the self, external cultural attitudes towards the wounded, political responses to mutilated veterans, and social responses according to standards of male beauty. The loss of their faces affected disfigured veterans in a number of ways, from their own inner thoughts to the way that they were treated as members of European societies. Because they were considered disabled, they occupied a new and strange sphere that was neither public or private, and navigating their new lives was complex.

When looking at images of disfigured veterans, it is impossible not to consider what the psychological effects on these men would be. Contemporaries of disfigured veterans engaged in a certain level of speculation over how their patients would react to their disfigurement, even though both doctors and patients were reluctant to talk about any sort of mental conditions that soldiers may have developed during their service. Tones of pity, disgust, and apathy are all present in the spectrum of reactions that onlookers had to these twisted “gargoyles,” as Ward Muir referred to them. It is in these reactions that one can most clearly see the societal reflections on male beauty and masculinity that facial disfigurement made plain.

## VOICES OF THE WOUNDED

One of the most fascinating things about reading accounts from these soldiers themselves is that they do not reflect the despondency that doctors, nurses, and the like expected from the

mutilated. Instead, disfigured soldiers were sometimes the most optimistic of hospital patients from the Great War. These men expressed the attitude that they had not lost a limb, and were still at full working capacity, unlike amputees. They were often eager to get back into the fray. At first, it is difficult to accept this, and many historians have been inclined to distrust the personal accounts of these men; some, like Susannah Biernoff, have questioned the stoicism and “good humor” of these patients; Biernoff and others suggest that anecdotal evidence proves cases of depression, regardless of the fact that this is mostly absent in the sources. However, the evidence of their personal attitudes towards being wounded is overwhelmingly positive. An anonymous nurse wrote extensively of her interactions with the mutilated in her Great War memoir, and fondly remembered these particularly patients. In one instance, she wrote that “a Reading man, with his face wounded and one eye gone, kept up a running fire of wit and hilarity during his dressing about having himself photographed as a Guy Fawkes for ‘Sketchy Bits.’”<sup>164</sup> She also recalled how “some of the men, with their eyes, noses, or jaws shattered, are so extraordinarily good and uncomplaining.”<sup>165</sup>

Physicians repeatedly described similar scenes. When discussing a severe burn victim, Harold Gillies mused on “how a man can survive such an appalling burn [to the face]” and how it was “difficult to imagine, until one has met one of these survivors from fire, and realised the unquenchable optimism which carries them through almost anything.”<sup>166</sup> Similarly, one doctor observed “the cheerfulness and courage of the men themselves... Such pluck as that of a nineteen-year-old Irish boy with eye and nose gone, both jaws broken and two bullets through

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<sup>164</sup> Anonymous, *Diary of a Nursing Sister on the Western Front 1914-1915*, (Edinburgh and London: Blackwood and Sons, 1915), 95.

<sup>165</sup> *Ibid.*, 47.

<sup>166</sup> Harold Delf Gillies, *Plastic Surgery of the Face*, (London: Henry Frowde, Hodder & Stoughton, 1920), 356.

one arm, who always felt, ‘In the pink, thank you, sir!’”<sup>167</sup> Upon viewing mutilated veterans in France, Woods Hutchinson spoke of “the indomitable pluck of the soldier boys” receiving facial surgery.<sup>168</sup> These were not pitiful beasts waiting for treatment, but brave soldiers, continuing to do their duty by facing their odds with courage. James Judd’s *With the American Ambulance Service in France* provides us with a good example of the optimism and positivity of many physicians towards their disfigured patients:

Another boy was shot through the face sideways, the piece of shell tearing away a large part of the lower jaw and half his tongue. A fringe of lower lip hung down almost to his chest. He cannot speak, so writes notes asking for something to drink and whether he will ever be able to speak again. He is wonderfully brave and patient and after having been fed a few times he took his tube, funnel and pitcher of milk and insisted on feeding himself.<sup>169</sup>

It was clearly an awe-inspiring sight for Judd to see this terribly disfigured man working for himself, and confidently making his way towards recovery. However, there is also a slight tone of infantilization here, with Judd praising the boy for seemingly small acts. We must also interrogate the idea that the cheerful made up the majority of cases, as it is likely that these demonstrations of courage had much to do with the societal expectations that the wounded ought to bear their suffering with stoicism, or even with good cheer. It is quite easy to read a sense of overstated optimism into sources such as the memoir of Woods Hutchinson, as this seems to be a common rhetorical tradition for the period, particularly in medical memoirs. For example, Ward Muir frequently spoke of the desperate conditions of his patients on the same page in which he would discuss their remarkable resilience. In addition, many historians have expressed skepticism about the authenticity of what Hutchinson called ‘pluck.’ Deborah Cohen suggests

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<sup>167</sup> M.A. De Wolfe Howe, ed., *The Harvard Volunteers in Europe: Personal Records of Experience in Military, Ambulance and Hospital Service*, (Cambridge: Harvard University Press, 1916), 184-185.

<sup>168</sup> Woods Hutchinson, *The Doctor in War*, (Boston: Houghton Mifflin, 1918), 231.

<sup>169</sup> James R. Judd, *With the American Ambulance in France*, (Honolulu: Star-Bulletin, 1919), 50.



that patients may have appeared to be so optimistic as part of their cultural exclusion: “Relegated to silence, disabled veterans in Britain became the mute objects of gratitude, rather than subjects in their own right. Their vaunted cheerfulness just as often masked despair.<sup>170</sup> It was the patient’s job to play into cultural ideas about masculinity and taking care of himself after being wounded.

Despite the skepticism we must use when approaching such documents, optimism and the recognition that their war service had been for a good cause both also come across in accounts from disfigured soldiers themselves. It is particularly interesting to analyze the attitudes of the disfigured towards the meaning of their service. In writing classes at Sidcup, veterans were asked to compose essays about their war service and the aftermath of their facial wounds, and several of these are collected in the Brotherton Library at the University of Leeds. Written in 1922, these essays do not offer a single example of a veteran who regretted his war service, although their essays are sometimes tinged with sadness over the loss of their former lives. While the essays may have been censored, the fact that they were unpublished gives them slightly more credibility. In addition, the essays contain some content that is negative, although most of it concerns ire over pensions, rather than the psychological effects of their wounds. Ernest Wordsworth of the Yorks and Lances wrote that his only regret was having to leave the front “with the knowledge of not being able to retaliate, for I had not a chance to fire a single shot against the foe,” despite the fact that his “experiences in the war were not long, and of an unpleasant nature for the most part.”<sup>171</sup> Even when Wordsworth went into a description of the long and arduous process of treatment, he had only positive words for his experience and for those who helped him:

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<sup>170</sup> Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, (Berkeley: University of California Press, 1999), 190.

<sup>171</sup> Ernest Wordsworth. *Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds, England, 7-8.

I arrived at the Brook War Hospital Woolwich on the 6<sup>th</sup>...and had my eye extricated on the 9<sup>th</sup>. I shall never forget for I began to see out of the other one immediately which was being kept blind owing to other being ruptured. I learnt if the extrication had been left another day I should have been totally blind. I would now pay homage to the Nursing Staff of that hospital who so carefully nursed me back to health in a separation ward.<sup>172</sup>

Here, Wordsworth describes what was undoubtedly a painful and difficult process, but appears to have few complaints besides the fact that he was unable to get his revenge on the enemy.

Others expressed similar sentiments. Thomas Murray of the North Staffs had no disdain for his country after the war, and looked back on his service as being for a righteous cause, as did Robert Best, another patient at Sidcup. "I like my country and if I can be allowed to earn a respectable living in it shall never have anything to say against it," Murray wrote in 1922.<sup>173</sup> Best viewed serving in the army as being an overall positive force in his life, despite the fact that joining had resulted in his disfigurement. "I cannot say I am sorry I joined the army as it has broadened my outlook on life, and given me many friends, whom I otherwise would never have known," Best said, "So after all, I lost little, and gained much, through the Great War."<sup>174</sup> Regardless of their possible fears for the future, they seemed to be grateful to and have faith in their state; the consequences of the war had not changed their attitude toward patriotism.

One could attribute the soldiers' positive attitudes in part to the initial surprise over their wound and the simple fact that they were happy they had lived at all. Almost none expressed any hesitancy about treatment at the outset, and most seemed very happy to be leaving the front for treatment. An anonymous nurse wrote that "nearly every man on the [wounded] train, especially the badly smashed-up ones, tells you how exceptionally lucky he was because he didn't get

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<sup>172</sup> Wordsworth, 7-8.

<sup>173</sup> Thomas Murray, *Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds, England, 12.

<sup>174</sup> Robert Best, *Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds, England, 3.

killed like his mate.”<sup>175</sup> She later recalled how “they all seem to take it as a matter of course; the bad ones who are conscious don’t speak, and the better ones are all jolly and smiling, and ready ‘to have another smack.’”<sup>176</sup> These were not the objects of pity that one so often hears about in the memoirs of doctors and nurses, but eager soldiers who were prepared to deal with their wounds.

At this point in history, psychology was still a fairly new field, and the general public frequently responded to what we would now consider to be post-traumatic stress disorder as if it were actually cowardice. Shell shock, as it was commonly referred to, was written off as a product of the weak mind, with even specialists looking down to a certain extent on those victims who showed symptoms. However, when one was inflicted with a wound that was traumatic even to outside observers – such as severe facial mutilation – outsiders, too, expressed concern over their patients’ mental health. Fred Albee wrote that “the psychological effect on a man who must go through life, an object of horror to himself and as well as to others, is beyond description” and that “it must be unmitigated hell to feel like a stranger to yourself.”<sup>177</sup> This raises some fascinating questions in terms of the face and identity. Albee evidently believed that the disfigured veterans he treated had lost a piece of their personal identity; losing the face generated a disability in terms of lacking the ability to manifest one’s self through his physical appearance. Fears about these psychological effects can be reflected in some contemporary literature on the causes and symptoms of shellshock. In general, psychologists observed that “the symptoms vary, but the fact of the injury is usually so impressed upon the mind of the patient as

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<sup>175</sup> Anonymous Nurse, 105.

<sup>176</sup> Ibid., 39.

<sup>177</sup> Fred H. Albee, *A Surgeon’s Fight to Rebuild Men: An Autobiography*, (New York: Dutton, 1945), 138-139.

to determine their character, at least to a certain extent.”<sup>178</sup> These victims could emerge from their war experience as completely different men, and doctors feared that this would be even more pronounced in disfigured veterans. War wounds, and particularly disfiguring wounds, produced a new individual out of the crucible of the Great War.

Physicians seemed certain that these men would feel a great deal of shame and self-loathing for their wounds, and their language is anything but friendly. Doctor James Robb Church felt that these men were the most pitiful of all veterans:

Alive, but a living horror to all who see him and he himself, a despondent wretch. If you can figure to yourself what a man is with no nose, with no lower jaw, or only half a one, with a face that looks like a mangled beefsteak, you can appreciate what it means to patiently build him up again almost from the beginning and turn him out, scarred and seamed to be sure, but not an object that children would run from screaming.<sup>179</sup>

Here, Church refers to his patients as objects. They have lost their humanity, and their sense of identity from the moment of the wound is tied to their disfigurement. One can imagine, from this description, scenes of intense depression in the facial hospitals that national governments built up in response to the growing need for plastic surgery.

Doctors and nurses occasionally spoke out about the more negative cases that they dealt with, although these cases were certainly fewer than the medical professionals and observers who took a more positive approach. The anonymous nurse who had made much of the positivity of disfigured soldiers experienced one such moment while treating a young soldier who had at first expressed optimism himself. After the soldier stated confidently that he would get over his wound, the nurse wrote that “I didn’t happen to answer for a minute, and in a changed voice he

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<sup>178</sup> John B. Roberts, *War Surgery of the Face: A Treatise on Plastic Restoration After Facial Injury*, (New York: William Wood and Company, 1919), 429.

<sup>179</sup> James Robb Church, *The Doctor’s Part: What Happens to the Wounded in War*, (New York: D. Appleton and Company, 1918), 74.

said, ‘Shan’t I? Shan’t I?’ Of course I assured him he’d get quite well, and that he was ticketed to go straight to an eye specialist. ‘Thank God for that,’ he said, as if the eye specialist had already cured him, but it is doubtful if any eye specialist will save his eyes.’<sup>180</sup>

Nurses like this one provided a particularly good source of insights into how these soldiers felt, as they frequently formed closer bonds with their patients than did the doctors themselves. Black described an instance where a patient “showed me a photograph of his pretty fiancée in her Alsatian costume. ‘Tell me, Mademoiselle...’ he would always say anxiously, ‘do you think she will care for me when I return, a poor mutilé with a changed face? She always told me how handsome I was...’”<sup>181</sup> The scene is almost too melodramatic to be believed, but it is quite easy to imagine that is how both veterans and their nurses felt. Many thought that it was quite indescribable to think of the agony their patients would suffer upon being confronted with past relationships.

These were some of the most heartbreaking tales from the diaries and memoirs of medical professionals in the war. Out of the hundreds of case notes held in Harold Gillies’s tome on First World War plastic surgery, Case 388 – a burn victim – stands out as being one of the few in which Gillies actually discusses the patient’s state of mind. Case 388 had gone through several rounds of surgery and his life had been remarkably changed after his wound. Gillies described how “having pinned his faith on the result of the forthcoming operation, [the patient] was bitterly disappointed and exceedingly depressed at the thought of having to wait another long period...the attempt to reconstruct the whole face is a procedure which is obviously justifiable, and it would, in a more reposed patient, have succeeded.”<sup>182</sup> Gillies had other patients

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<sup>180</sup> Anonymous Nurse, 39.

<sup>181</sup> Elizabeth Walker Black, *Hospital Heroes*, (New York: Charles Scribner’s Sons, 1919), 56.

<sup>182</sup> Gillies, 364.

who also exhibited extreme despair over their futures, although many of these were mentioned only in his memoirs and not in contemporary case notes. David Lubin cites a quote from Gillies where he states that “Mirrors were banned from the [facial] ward but [one boy] had a small shaving glass in his locker. At the sight of himself he collapsed. All hope of allowing his girl to visit him died with that forbidden glimpse. From then on he insisted on being screened from the rest of the ward patients.”<sup>183</sup> However, one must remember that Case 388 and this particular boy, while notable for the interesting observation of mental health changes, were in the minority of disfigurement cases. Others exhibited a sense of stoicism and perseverance, as evidenced above.

It is extremely difficult to discern how the wounded felt while progressing through the stages of treatment. For one thing, the historian can only know so much about an historical figure’s inner thoughts and feelings. However, we have some sources that can bring some light to this question. Andrew Bamji, the official historian and record keeper for the archives from Queen Mary’s Hospital in Sidcup, suggests that, despite the cheerful tone of many of the patients’ personal accounts and outsiders’ memoirs, conditions were in reality quite grim. Despair seemed to increase as proximity to the war itself waned. Bamji writes that some men “developed hysterical symptoms; some put on a front. Pte Anderson celebrated his 50<sup>th</sup> operation by getting utterly drunk and smashing all the ward windows.”<sup>184</sup> Bamji is careful to point out that psychological disturbances were not necessarily caused by wounds, and that the wound was occasionally caused in part by psychological disturbance itself; according to Bamji, “the Sidcup

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<sup>183</sup> David Lubin, “Masks, Mutilation, and Modernity: Anna Coleman Ladd and the First World War,” *Archives of American Art Journal* 47, no. 3/4 (2008), 9.

<sup>184</sup> Andrew Bamji, “Facial Surgery: The Patient’s Experience,” in *Facing Armageddon: The First World War Experienced*, edited by H. Cecil and P.H. Liddle, (London: Leo Cooper, 1996), 499.

archives show at least two cases of self-inflicted facial injury.<sup>185</sup> Psychological strain could be evidence of the effects of facial wounds, or may have been prevalent before the wound.

Psychological problems are thought to have been common in many of the Sidcup patients, and although this is, as Bamji admits, difficult to show conclusively, there are some historians who have provided arguments for why this would have been the case. Although he is discussing disability in general in this passage, Robert Weldon Whalen provides an interesting lens through which to view the pronounced predicament of the disfigured soldier:

The dead finally escaped the need to confront death; it was the living and especially the wounded who had to confront it. Disabled soldiers faced a desperate problem. Touched by grotesque death, they discovered to their horror that they had become the grotesque. Robert Jay Lifton noted a similar experience among survivors of the atomic attack on Hiroshima. They had been touched by a death they felt was 'bizarre, unnatural, indecent, absurd.' Writes Lifton, 'After any such exposure, the survivor internalizes this grotesqueness as well as the deaths themselves, and feels it inseparable from his own body and mind.'<sup>186</sup>

If this analysis is correct, one must imagine that the disfigured soldier had to grapple with a certain amount of self-loathing every time he looked in the mirror, and observers of these veterans thought as much. However, much of the hostility towards disfigured veterans seems to have come from those who observed them, rather than from themselves.

While the predominant view was that disfigured patients suffered from mental illness as a result of their wounds, some outsiders had a very different attitude towards the disfigured, calling into question how cultural input influenced perceptions of these men. Francis Toland provides a compelling contrast with the vast majority of sources considered here, as he believed that "the

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<sup>185</sup> Bamji, 500.

<sup>186</sup> Robert Weldon Whalen, *Bitter Wounds: German Victims of the Great War, 1914-1939*, (Ithaca: Cornell University Press, 1984), 47.

face wound is merely superficial.”<sup>187</sup> Toland did not seem to be as severely affected by the loss of a face as others in his profession, as “face wounds look terrible but they are generally much less serious than they seem. I would a great deal rather have a face wound like that than a fractured femur.”<sup>188</sup> Here, Toland’s voice comes across clearly stating what many have thought of in the years since the Great War: that, as far as functionality is concerned, one should not be all that worried about a face wound in comparison with other forms of more severe disability. This seems to have been the same attitude that many patients possessed when they were first inflicted with a facial wound. Why, then, was facial disfigurement considered to be such a great harm to the veteran?

#### POLICY AND THE DISFIGURED

One of the ways in which to gauge cultural ideas about war wounds is to look at the pension policies written in response to these wounds. Many historians point out that “very severe facial disfigurement” was one of the wounds that was thought to produce 100% loss of working capacity. However, as we have seen, facial disfiguration was not a single type of wound, but constituted a large range of wounds that were sometimes considered severe and sometimes extremely mild. Political responses to disability and to disfiguration varied across geographic space and within different groups of the wounded.

Pension committees in charge of making sure that wounded veterans were provided for very frequently discussed the ways in which their disability and/or disfigurement affected their ability to provide for themselves and their families. In a report from the International Labor

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<sup>187</sup> Edward Dale Toland, *The Aftermath of Battle: With the Red Cross in France*, (New York: The Macmillan Company, 1916), 74.

<sup>188</sup> *Ibid.*, 73.



Office from 1923, researchers found that “owing to the technical and scientific progress which has been made in supplying suitable instruments for work and in organising vocational training on systematic lines, nearly all disabled men, even if they have suffered severe mutilation, can work nearly as efficiently as normal uninjured workers.”<sup>189</sup> Policy analysts were concerned with working capacity over human identity, and in this regard, facial disfigurement occupied a unique position.

An excellent example of this can be found in the minutes of a British Ministry of Pensions file regarding the pension assessment of Pte. Evan Edward Williams. Williams, an older man who had been “discharged for misconduct in 1912,” rejoined the military for the Great War and received shell wounds on his face in November of 1915, which “necessitated the removal of the left eye after his arrival in England.”<sup>190</sup> However, Williams was, according to older military files, already blind in the eye that was lost, creating a policy conundrum. Initially assessed to have 40% disability – 30% for blindness in one eye and 10% for the loss of his eye – policymakers found themselves embroiled in a debate over whether he should receive more pension for the disfigurement or less because he was already blind. This was a conversation about whether he should receive more money for the loss of aesthetic identity or less money because he had not actually lost working capacity.

In the opening note from the minutes, a doctor argues that “my award was given for the facial disfigurement resulting from the loss of an eye. Apart from its visual value an eye has also

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<sup>189</sup> International Labour Office, *Employment of Disabled Men: Meeting of Experts for the Study of Methods of Finding Employment for Disabled Men*, (Geneva: 31 July – 2 August 1923), 17.

<sup>190</sup> C.G.W. to Mr Tombleson, 5/30/1918, National Archives of the UK (TNA), *Facial Disfigurement: Assessment of Pension Value of Cosmetic Effect of Blind Eye*, PIN 15/3710, Pension Minutes and Related Documents.

a cosmetic one, ‘as every schoolboy knows.’”<sup>191</sup> It is very interesting to see in this source an example of a physician acknowledging the cosmetic value of the face, and the increased pension he would have afforded to a veteran who had been even slightly disfigured. Following this is a long discussion concerning whether the man’s blind eye had cosmetic value at all before it was removed, with one participant stating that “the cosmetic value of an eye whether blind or not is undoubted.”<sup>192</sup> In the closing note from the minutes, the pension policymakers agree that “it was intended to allow for disfigurements below 80%, though the ‘value’ would fall off rapidly, and we ought to be careful not to give for just ‘the honourable scar’.”<sup>193</sup>

After reading through the actual accounts of these young men and their attendants, all of whom spoke so emotionally and intimately about the experience of facial disfigurement, it is almost startling to read the cold commentary of pension officials. However, there are several pieces from this discussion over Pte. Williams that speak to cultural understandings of the significance of the face. These men were forced to put into calculated terms the exact “value” of an eye, and certainly believed that different parts of the face held cosmetic value. The comment about “the honourable scar” is also quite fascinating in the context of discourse over facial disfigurement. According to this document, there were certain types of facial wounds that would have been aesthetically desirable, and other types that clearly were not. The facial wounds that left one with a non-severe mark of their war service – which would likely have been affected by a number of variables, among them the effectiveness of their surgery – were considered an honourable scar, as opposed to others that were undesirable. Although this was probably not their

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<sup>191</sup> Dr. Heron to Controller, 6/7/1918, *Facial Disfigurement: Assessment of Pension Value of Cosmetic Effect of Blind Eye*.

<sup>192</sup> A.M.G. to Controller, 6/25/1918, *Facial Disfigurement: Assessment of Pension Value of Cosmetic Effect of Blind Eye*.

<sup>193</sup> J.A.F. to Mr. Sanger, 7/1/1918, *Facial Disfigurement: Assessment of Pension Value of Cosmetic Effect of Blind Eye*.

goal, the word choice is certainly interesting, forcing one to question if other types of facial wounds were dishonorable.

The utility of the face as a social marker was seen by some as being integral in finding work and making a livelihood. As Katherine Feo points out, some believed that an aesthetically acceptable visage was necessary for the achievement of “economic self sufficiency.”<sup>194</sup> One field surgeon wrote that the plastic surgery patient “will undergo untold hardships to be restored to the normal. This rule has no exceptions... What is the use of life if he is not in a condition to seek and earn a livelihood, is the view that the patient who wishes to support himself takes.”<sup>195</sup> According to this line of thought, disfigurement disqualified one from the ability to earn a livelihood, highlighting the cultural role of the face.

With conversations like this being conducted throughout Europe during and after the war, pensions became a difficult area to navigate for the disfigured veteran. According to pension documents from the National Archives, pensioners were sometimes reevaluated as often as every three to six months, but frequently met with a physician again every year or two to determine if they had regained any of their working capacity. For many with facial disfigurement, their pensions actually increased over time, as the nerve damage in their faces had done irreparable damage or the wounds simply refused to heal, like in the case of Canadian soldier William James Gilham.<sup>196</sup> In addition, the funds provided were frequently not enough. Sidcup patient Ernest

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<sup>194</sup> Katherine Feo, “Invisibility: Memory, Masks and Masculinities in the Great War,” *Journal of Design History* 20, no. 1 (2007), 20.

<sup>195</sup> *Ibid.*, 20.

<sup>196</sup> William James Gilham, *Nature of Disability: Wound on Face*, National Archives of the UK (TNA), PIN 26/5707, Pension Minutes and Related Documents.

Wordsworth wrote that, considering the severity of his wound and the impact on his life, “I might say I have had to fight to get my pension within anything near what it should be.”<sup>197</sup>

Veterans with all kinds of wounds felt that they had paid for their service, and that service should be rewarded. Disability historian Deborah Cohen writes that “disability was both a physical fact and an identity that men chose for themselves. In the years 1918-1920, disabled veterans across the political spectrum sought a special status based on their suffering and their unparalleled service to the state.”<sup>198</sup> Cohen points out that there was likely a certain level of public guilt associated with seeing disabled veterans, and this would have been even more pronounced in the case of disfigured veterans. The disfigured had sacrificed their very identity for the state; civilians had to cope with how they could ever repay veterans for their sacrifice.

Due to the state of economic distress in the interwar period, the government often had to turn to outside sources to help fund care for their wounded veterans. According to Dora Apel, “German doctors were generally not private entrepreneurs but civil servants affiliated with public institutions or, in the case of military doctors and university professors, employees of the state.”<sup>199</sup> Similarly, Cohen writes that “in contrast to Britain, where civil servants sought to divest the state of responsibility to the disabled, the Weimar Republic – a pioneer in the field of social welfare – regarded rehabilitation as its highest obligation.”<sup>200</sup> Although Germany had lost the war, German veterans often received much better care from their government, and this was almost certainly due to the high value that civil servants in Germany invested in their veterans and in the general welfare of their citizens.

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<sup>197</sup> Wordsworth, 7-8.

<sup>198</sup> Cohen, 163.

<sup>199</sup> Dora Apel, “Cultural Battlegrounds: Weimar Photographic Narratives of War,” in *New German Critique*, no. 76: Special Issue on Weimar Visual Culture (Winter 1999): 61.

<sup>200</sup> Cohen, 5.

In Britain, the situation was quite different as the 1920s progressed. For example, Queen Mary's Hospital at Sidcup, which had started out as a facial surgery hospital in 1917, was converted into a non-specialist hospital by 1925, as the funding for the plastic surgery ward had dried up. Ana Carden-Coyne states that "in Britain, orthopaedic and special facial surgery developed rapidly during the war, but many soldiers could not access appropriate support once they returned home."<sup>201</sup> Treatments that had not necessarily been finished were forced to terminate without completion, and the check-ups that should have been performed by a plastic surgery specialist were often performed instead by general practitioners instead in the ensuing decades. This was especially unfortunate due to the very recent development of plastic surgery; Harold Gillies had voiced his concern over his patients in the years to come, saying "it is not yet established how they will be affected in conditions of wasting, or in old age."<sup>202</sup>

## CULTURAL RESPONSES TO FACIAL DISFIGUREMENT

Due to the perceived social implications of losing their faces, disfigured veterans held a unique position in the culture of the interwar period as those who had experienced the greatest loss of all. Both the mutilated and observers often referred to the loss of a face as the greatest wound of all. The historiography on disability seems to echo this sentiment, placing the loss of a face on an even higher plane than, for instance, losing a leg. In her article "The Rhetoric of Disfigurement," Susannah Biernoff attempts to interrogate this classification, and has some interesting findings on the cultural value of the face as a marker of identity. Although her view is somewhat more pessimistic than most of the primary sources allow, her idea that "disfigurement

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<sup>201</sup> Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War*, (Oxford: Oxford University Press, 2009), 105.

<sup>202</sup> Gillies, 14.

compromised a man's sense of self and social existence" is perhaps the most striking idea articulated in the article.<sup>203</sup> One must question how much this loss of identity was felt by the patients themselves and how much was imposed upon them by, first, medical professionals, and then civilians and society at large.

Mary Smith Churchill, an officer's wife, wrote in 1918, "I have begun to think that the blind are perhaps blessed and better off than the mutilated, for they are spared seeing themselves, which to the mutilated must be agony."<sup>204</sup> While, as we saw earlier, the mutilated themselves were able to grapple surprisingly well with their mutilation, it seems as if much of the stigmatization of their wounds was carried out by external forces, such as the doctors who treated them. The loss of identity due to their face appears to have been more significant to observers than to the patients themselves. Nurses often imposed this sense of shame on the disfigured veteran, placing their own feelings on them. Examples of this can be found all over Ward Muir's *The Happy Hospital*, such as when he states that the mutilated veteran "is the patient at whom you are afraid to gaze unflinchingly: not afraid for yourself, but afraid for *him*."<sup>205</sup> Muir's disgust for his patients comes across repeatedly, and one wonders how much of his pity was directed at the patient, and how much was for himself, for having to view what he thought of as hideous objects. Unfortunately, Muir's attitude was not unique. Nurse Churchill, too, voiced a similar opinion, writing that "the thousands and even hundreds of thousands of head and face wounds almost prevent the poor men from looking human. I suppose that they are glad to be alive, but

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<sup>203</sup> Suzannah Biernoff, "The Rhetoric of Disfigurement in First World War Britain," in *Social History of Medicine* 24, no. 3 (2011): 672.

<sup>204</sup> Mary Smith Churchill, *You Who Can Help: Paris Letters of an American Army Officer's Wife, August, 1916 – January, 1918*, (Boston: Small, Maynard & Company, 1918), 23.

<sup>205</sup> Ward Muir, *The Happy Hospital*, (London: Simpkin, Marshall, Hamilton, Kent, 1918), 144.

with the life before them it is a pretty hard outlook.”<sup>206</sup> Here, Churchill questions how they could even be glad to be alive – as if the loss of their face was so great that they would not even wish to return home.

Nurses feared that their disfigured patients would realize that they had become grotesque, and discussed different methods for hiding from them the extent of their deformity. According to Caroline Alexander, “within the surgical and convalescent wards, it was grimly accepted that facial disfigurement was the most traumatic of the multitude of horrific damages the war inflicted. ‘Always look a man straight in the face,’ one resolute nun told her nurses. ‘Remember he’s watching your face to see how you’re going to react.’”<sup>207</sup> Nurses’ attitudes of fear and avoidance reinforced the cultural notion that these men did not have a place in the public sphere.

The facially mutilated patient’s humanity was under scrutiny from the moment he went into treatment after coming off of the battlefield. Enid Bagnold, a nurse, wrote of a disfigured patient that “he has no profile, as we know a man’s. Like an ape, he has only his bumpy forehead and his protruding lips – the nose, the left eye, gone.”<sup>208</sup> The marks of what made this man human had been taken from him, leaving him with the visage of little more than a hideous animal or object. John Masefield, who had a rather rosy view of surgery, wrote in his diaries from the front that doctors “shewed me some 50 casts of Before and After treatment and really they make human heads out of things that have no single feature left, not even a swelling.”<sup>209</sup> When a wounded soldier had lost his features, he was a “thing”; however, when his visage had been restored, he was a “human” once again.

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<sup>206</sup> Churchill, 23.

<sup>207</sup> Caroline Alexander, “Faces of War,” *Smithsonian Magazine*, February 2007, 1.

<sup>208</sup> Bagnold, quoted in Alexander, 2. As Alexander points out in her article, Bagnold later went on to become the author of *National Velvet*.

<sup>209</sup> Peter Vansittart, ed. *John Masefield’s Letters from the Front 1915-17*, (New York: Franklin Watts, 1985), 121.

Others viewed these men as a mere caricature of what they had once been. In his treatise on plastic surgery of the face, Dr. Gillies himself discussed the “unfavourable status” of plastic surgery in the years prior to and during the First World War, using an old French adage to describe those who had been “repaired” using plastic surgery: “Before he was horrible: now he is ridiculous.”<sup>210</sup> Even with all of the patients that he treated, there was something darkly comical about the entire process for Gillies. Catherine Feo quotes an associate of Dr. Gillies who discussed the terms of humanity in clearer terms, as he said of the patients: “It’s the poor devils without noses and jaws, the unfortunates of the trenches who come back without the faces of men that form the most depressing part of the work...the race is only human, and people who look like some of these creatures haven’t much of a chance.”<sup>211</sup> The disfigured were objects, animals, and creatures – only after facial restoration could they be restored to their humanity again.

Dehumanization went further than just the man’s appearance. The process of plastic surgery itself, with multiple rounds of operations, served to infantilize and demoralize the men who fell victim to these wounds. Ana Carden-Coyne discusses the psychological effects of long periods of surgery and treatment in her book, *Reconstructing the Body: Classicism, Modernism, and the First World War*: “Wounded men were examined, operated on, and studied like specimens. Although surgical innovation was inseparable from their healing, it also obscured their suffering. At times, the focus on clinical results and new procedures diminished their humanity.”<sup>212</sup> Their treatment became their lives, and this new life supplanted their old identity. Their bodies were no longer their own; their wound and their treatment was all in the hands of

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<sup>210</sup> Gillies, 211.

<sup>211</sup> Feo, 20.

<sup>212</sup> Carden-Coyne, 103.



the state. On a similar note, Leo Van Bergen states that “the essence of warfare, as the First World War makes graphically clear, can be described as the handing over of one’s body to the state, giving the government free rein to dispose of it as it sees fit, even if that means it will be grotesquely mutilated by bullets and shells.”<sup>213</sup> The war became the sole marker of a disfigured man’s identity, and he could not hide it because he would forever wear it on his face.

This sort of shift can be seen in Harold Cullimore’s Sidcup essay from 1922. Cullimore enlisted in the British military at the young age of 15, able to lie on his application because he was a large and robust teenager. Cullimore served in both Malta and China before the war, building a significant military career before the war broke out when he was 19. However, his wound completely altered the course of his life; the process of wound and treatment is detailed in a quotation from his essay here:

Strange to say the dawn of day brought me my misfortune... I had not been crawling outside many moments trying to get a view of ours and the German lines, when suddenly, I felt a smack on my face and a dull thud in my right shoulder. I was rendered speechless, and my arm hung at my side for many months afterwards. My friends looked at me in horror and did not expect me to live many moments. They bandaged my wounds but they were unable to stop the flow of blood in my mouth which was nearly choking me. Then after a fresh telephone message had been sent which resulted in two bearers and a stretcher appearing about two o’clock next morning, I was carried out and a few hours later found myself in hospital. The doctors quickly operated and for a fortnight afterwards I was racked in torment. I have never been able to find out the name of that hospital. I was in a state of delirium through loss of blood. It was several months after leaving that hospital before I regained my speech, and not for a couple of years later could I speak plainly or to eat solid food. My health suffered greatly through being unable to masticate my food properly... I was discharged at my regimental depot in July 1915 though my wounds were far from being healed, and I attended my village Dr. and Nurse for many months, after which I was again admitted to a London Hospital. There I had four operations on my face was again discharged to

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<sup>213</sup> Leo Van Bergen, *Before My Helpless Sight: Suffering, Dying, and Military Medicine on the Western Front, 1914-1918*, (Burlington, VT: Ashgate, 2009), 168.

be admitted to the Queen's Facial Hospital about four years later, and I am at present still a patient in their hospital.<sup>214</sup>

As one can see here, the horrific wound – which Cullimore's compatriots realized was extremely severe – would only be the beginning of the ordeal he would face. This essay was written in 1922, and Cullimore states that he was discharged from the hospital in July 1915, meaning that his treatment had lasted for over seven years. The essay provides the image of a man who was once the pinnacle of masculinity, a career soldier at the peak of physical health, who was irreversibly changed by his wound. The hospital life became his life; his identity was now, overwhelmingly, that of a patient.

Medical care itself had a profound effect on the men who required intensive care. After years of adulthood and self-sufficiency, many of these men were reduced to the status of sick children, and some nurses treated them as such. Dora Apel writes that “identities were reduced to their injuries and status as patients; their social value as members of society was reduced to their value to the medical institution and the advancement of medical science.”<sup>215</sup> Every moment in the recovering patient's life was put under intense scrutiny, and every achievement was one not just for him, but for the entirety of human progress. Mary Elizabeth Black stated that, “they reminded me of the little crippled children I used to teach on a boat in the East River...all hurt and disabled together. Even those with their faces bandaged smiled.”<sup>216</sup> Many disfigured patients had to be tube fed or were relegated to eating only soft food, and it was their nurses' responsibility to feed them at every mealtime, sometimes for months on end.

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<sup>214</sup> Harold Cullimore, *Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds, England, 9-10.

<sup>215</sup> Apel, 61.

<sup>216</sup> Black, 52-53.

Attempts were made to ensure that veterans would be able to return to their everyday lives and adjust to normal society again, although they were dubiously effective. Veterans were asked to engage in activities “teaching a wide range of skills from coach-building to chicken-farming, and the Sidcup toys were famous throughout London for their quality.”<sup>217</sup> However, Sidcup was far different from Roehampton, where patients engaged in similar physical activities to overcome their amputation and prove that they could still enjoy sports and go back to work. At Sidcup, it was far more difficult to discern how the wounded could regain the working capacity of their faces.

In Germany, disfigured veterans acquired a visible cultural significance that they never seemed to carry in Great Britain, largely as a result of their prominent depiction in works of art. Weimar Germany was ripe with images of the mutilated, in marked contrast to what often seemed in Great Britain like an urge to conceal the disfigured. One particularly striking case was the political photographic display, *War Against War*, by Ernst Friedrich.<sup>218</sup> In this exhibition at the newly founded Antiwar Museum in Berlin, Friedrich put on display dozens of images that showed the brutality of the war, and a number of these were medical photographs of facial wounds, likely taken while veterans were in the hospital. In a sequence of images meant to illustrate “the accumulating horror of death, destruction, and decomposition,” Friedrich featured “twenty-three tight close-ups that fill the frame with severely mutilated soldiers’ physiognomies, known in the medical world as ‘men without faces.’”<sup>219</sup> Dora Apel writes that this was “a forced confrontation with the agonizing loss of facial and psychic identity, the horror that disabled

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<sup>217</sup> Bamji, 499.

<sup>218</sup> See Appendix, Figure 8 for samples from *War Against War*.

<sup>219</sup> Apel, 57.

veterans must have felt when they discovered that they had become grotesque.”<sup>220</sup> Their loss was meant to be translated into terms that could be understood by a larger mass of the civilian population.

Disfigured veterans also featured prominently in the work of Weimar artist and famed surrealist Otto Dix. In his painting *Die Skatspieler*, three broken soldiers sit around a table in a café playing cards. Each of them features an array of grotesque deformities, from missing eyes and ears, to tubes running out of their heads and metal plates making up missing parts of the skull. For Dix, these men represented the changing nature and disorder of the interwar period. “‘All art is exorcism,’ Dix stated. ‘Painting is the effort to produce order; order in yourself. There is much chaos in me, much chaos in our time.’ His work seemed less to condemn and more to indulge in suffering and morbidity.”<sup>221</sup> It is important to note that Dix and his fellow artist George Grosz were both major proponents of peace, like Ernst Friedrich, but it is still interesting that such works did not appear in Great Britain. Modris Eksteins points out how responses differed across Europe depending on whether a country had won or lost the war:

...some twenty-two million had been mutilated – about seven million permanently. The streets of postwar Europe were literally crawling with invalids and cripples. But while the physical cost could be counted and even viewed, the moral and psychological cost was repressed. If you had won this war, there was some consolation. If you had lost, there was non, except the awareness of effort made and life given.<sup>222</sup>

Acknowledgement of loss may have helped some Germans to cope with their actual loss in battle, but the image of loss was inconsistent with British conceptions of victory. Perhaps this is an explanation of the differing views of the disfigured in the interwar cultures of Britain and

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<sup>220</sup> Apel, 57.

<sup>221</sup> Modris Eksteins, *Solar Dance: Van Gogh, Forgery, and the Eclipse of Certainty*, (Cambridge: Harvard University Press, 2012), 75.

<sup>222</sup> Eksteins, 74.

Germany; while Germans were interested in examining the suffering of the war, the British attempted to erase it. Susannah Biernoff describes this as a “culture of aversion” and a “collective looking away [that] took multiple forms: the absence of mirrors on facial wards, the physical and psychological isolation of patients with severe facial injuries, the eventual self-censorship made possible by the development of prosthetic ‘masks’, and an unofficial censorship of facially-disfigured veterans in the British press and propaganda.”<sup>223</sup> While the German government, too, attempted to suppress images of disfigured veterans – Ernst Friedrich’s photographs were eventually censored and removed from public viewing – the German public seemed more receptive to critical thought and internal examinations of how they felt about these walking reminders of the cost of war.

In Great Britain, the attitude towards the disfigured is summarized nicely by historian Seth Koven. Koven suggests that “postwar reconstruction required that societies allow themselves to forget the wounds of war so that these could begin to close, to be concealed,” and the exceptionally visible nature of disfigured veterans was not conducive to their inclusion in the post-war world.<sup>224</sup> In contrast, Robert Weldon Whalen found that Germans made it a common practice to meet the wounded trains upon their arrival back in Germany, where, “as the men were unloaded from the trains, crowds stood around them and gawked.”<sup>225</sup> Rather than attempting to shield themselves from seeing the consequences of war, Germans confronted it head-on, even if it was in a negative fashion.

Stigmatization of British veterans occurred while they were still in treatment, and some communities made it clear that they were unwelcome, such as the village of Sidcup which hosted

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<sup>223</sup> Biernoff, 3.

<sup>224</sup> Seth Koven, “Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain,” *American Historical Review* 99 (1994): 1169.

<sup>225</sup> Whalen, 54.

Queen Mary's Hospital. In Sidcup, some of the benches on the road to the hospital were painted blue, "so that local residents would know that the occupant of such a bench was likely to have some hideous facial injury."<sup>226</sup> The message of shame was clear, and it had an extremely negative effect on many victims. For example, Sidcup patient "Corporal Davidson of the RMAC married a local girl, but if people came to dinner he would dine alone in the kitchen, embarrassed by his inability to eat quietly."<sup>227</sup> Rather than being celebrated for their service, many of these veterans were shunned and silenced, perhaps because the wounded were an all-too-visible reminder of the losses of war. "More than any other group, disabled veterans symbolized the First World War's burdens," writes Deborah Cohen, "For the disabled themselves, as one veteran explained, the Great War 'could never be over.'"<sup>228</sup>

The dehumanized and disfigured veteran was an object of great cultural significance, though he carried a different meaning across cultures and across populations. For soldiers, the mutilated casualty was an object of fear and a manifestation of their anxieties. One of the Sidcup essayists, Thomas Murray, would eventually become one of the grotesque figures in his own ghost stories, as he recounted a tale he had heard from troops returning from the front:

At 10 pm we set out again; this time for the trenches. It was a cold wet night and we were haunted by all kinds of ghostly stories, that some of the fellows had heard whilst we had been in that camp. ('The Guards had been mutilated' only one officer and a few men had escaped alive' was one of the hideous stories which was repeated a thousand and one times.)<sup>229</sup>

Mutilation was a popular story, and a specter that haunted troops at the Front – even those who would eventually be mutilated themselves.

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<sup>226</sup> Bamji, 498.

<sup>227</sup> Ibid., 498.

<sup>228</sup> Cohen, 2.

<sup>229</sup> Thomas Murray, *Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds, England, 7.

The position of the mutilated veteran in popular culture, in politics, and in culture generated stigma that had a severely negative effect on the soldiers that suffered from these wounds. The role of these veterans as varying types of symbols placed them in a position that would have been difficult to fulfill, as they faced alienation from their old communities and dehumanization by the civilians who looked at them and the physicians who treated them. Disfigured veterans quickly discovered that their wound constituted the entirety of their new identity as social and political actors. While they themselves may not have felt initial shame or social discomfort, the reactions of outsiders proved that facial wounds overshadowed who these men were before the war. Their treatment from pension officers, who considered their aesthetic disability to be as great as the loss of a limb, powerfully reinforced the notion that these men were different from other veterans. Wearing the war's most visible wounds on their faces, they unwillingly served as a reminder of the failings of human progress, the inability to cope with loss, and the irreversibly changed Europe that citizens found themselves confronted with in 1919.

## CHAPTER 5: CONCLUSION

From the moment they were wounded until the last years of their lives, disfigured veterans experienced a different type of trauma from other types of veterans. The double trauma of loss of function and loss of identity developed into an experience that was not only personal, but also social. For the few that were fortunate enough to receive masks, their faces would symbolize something different, but equally monstrous. Examining the lives of these men and the world that responded to them provides a new lens through which to look at the legacy of World War I and the way that Europe's citizens came to memorialize it.

Broken faces proved to be so significant in the post-war world because they carried a symbolic meaning as well. Disfigured soldiers' role as a metaphor for Europe before and after World War I was not just something that historians have discovered in the past few decades, but something that European citizens fully realized upon seeing these men's damaged faces. Seeing the complete picture of this ordeal, from the battlefield to the aftermath of treatment, helps us to understand how ideas about disfigurement formed and came to affect the veterans who suffered from it. Looking at this process from the perspective of the disfigured veteran himself, it becomes clear that his conceptions about his face and how it affected his identity were externally imposed, rather than innately felt. The large numbers of disfigured men who populated Europe in 1919 felt the effects of this shift.

The facially disfigured were not the ones who would be celebrated as the heroes of the war. World War I memorials stand as a long-lasting testament to early nineteenth-century ideals of male beauty. The shattered visage of a disfigured man would not decorate national memorials, but rather served as a cautionary tale for those who considered diving into more wars. Rupert Brooke's was the preferred face of the war, untarnished and unable to serve as a living reminder



of the war that wracked Europe between 1914 and 1919. The disfigured were never officially celebrated as wounded heroes, relegated instead to the horror tales of Muir Ward's memoirs or concealed behind tin masks.<sup>230</sup> This is the case in spite of the fact that the disfigured were a more accurate representation of what the war meant to many people. Like disfigured veterans, the landscape of Europe was scarred beyond recognition after the war, sometimes literally.

Today we look at the cultural responses to these men after 1918 with a sense of revulsion. Our current concern with disability awareness and veneration of veterans makes "the portrait-mask enterprise [seem] fairly dishonest. In this regard, it was of a piece with the 'big lie' of the war itself, one more officially sanctioned attempt to conceal war's brutality behind a false front."<sup>231</sup> We prefer to believe that we would not hide our veterans away behind masks or in the dark corners of our society. However, this was a different time; the sheer quantity of disfigured men walking the streets of Europe after World War I far outnumbered the veterans we see coming home today. And today we still dismiss veterans and push them out of view if their wounds are too severe. Revulsion to seeing and accepting the wounds of modern warfare is something that modern-day societies must also combat. Making disabled and disfigured veterans visible in history and in the present can help to further our understanding of disability and its cultural meaning.<sup>232</sup>

Examining the lives of these disfigured veterans can inform modern readers about how Europeans chose to remember the First World War. The practice of hiding them away or treating them as grotesque symbols rather than human beings were intertwined with the manner in which

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<sup>230</sup> Suzannah Biernoff, "The Rhetoric of Disfigurement in First World War Britain," in *Social History of Medicine* 24, no. 3 (2011): 669-670.

<sup>231</sup> David Lubin, "Masks, Mutilation, and Modernity: Anna Coleman Ladd and the First World War," *Archives of American Art Journal* 47, no. 3/4 (2008): 12.

<sup>232</sup> David Gerber, "Finding Disabled Veterans in History," *Disabled Veterans in History*, edited by David Gerber, Ann Arbor: University of Michigan Press, 2012), 5.

dignitaries and civilians constructed popular memory of the war. While they at first expressed positivity and optimism for their treatment, they were soon informed by their environment that they did not have a place in memories of the war. These attitudes force us to speculate on how men became a part of visual culture and came to represent elements of the war that many did not want to look at. When disfigured veterans were seen, they were often treated as objects of revulsion or as symbols of the evils of war. Their humanity was forfeit.

The cultural conditions and personal attitudes of disfigured and masked men in post-war Europe also tell us something about the way that unexpected forms of art evolve. During and after WWI, plastic surgeons, often referred to as artists themselves, truly came to play that role, developing a new part of visual culture. They felt that it was their job to make these men normal again, avoiding negative contributions to the aesthetic world of the post-war era. This was not simply an attempt to make the disfigured themselves more comfortable, but equally as much an endeavor to make the population more comfortable, as disfigurement mirrored “anxieties about the impact of the war on everyone’s humanity.”<sup>233</sup> Their condition was one that was truly social, not just personal.

Finally, the disfigured are an important element of history to examine as their story pertains to today as well. The history of disfigured veterans is absent from most disability historiography, and it is important that these men’s stories are told. War continues, and as medicine advances, more disabled and disfigured veterans return home. Although they do not make up the same percentage of the population as those of the First World War did, the disfigured sometimes still appear in news headlines. Tony Porta, a burn victim and Iraq War veteran, reported in 2013 that he struggled with some of the same problems as the veterans here.

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<sup>233</sup> Sander L. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*, (Princeton: Princeton University Press, 1999), 159.

Porta said that people do not understand veterans – especially those who are disabled – and the struggles that they face.<sup>234</sup> If more attention was paid to the role of disfigured veterans in history, it would help to create a space and a legacy for those who still struggle today.

The words of a hospital volunteer illustrate the place of disfigured veterans in memory of the war; Katharine Foote spoke of “hope and joy, seeming to triumph over the sorrowful sights, the crowd of poor brave souls, some with remade faces, some legless, some armless, others blind, - the huge army of living martyrs to the cause...”<sup>235</sup> Although she probably did not view disabled veterans in this negative light, her words carry a certain amount of irony; the beauty of battle truly did triumph over visibility of “the huge army of living martyrs,” at least in public memory. Unable to claim a place in official remembrances of the war, disfigured veterans were relegated to the horror stories of those who treated them. It is the historian’s job to illuminate their role in the story of World War I.

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<sup>234</sup> Greg Zoroya and Alan Gomez, “Disfigured veteran deals with disrespect at home,” *USA Today*, April 25 2013.

<sup>235</sup> Katherine Foote, *88 bis and V.I.H.: Letters from Two Hospitals*, (Boston: The Atlantic Monthly Press, 1919), 27.

## BIBLIOGRAPHY

- Albee, Fred H. *A Surgeon's Fight to Rebuild Men: An Autobiography*. New York: Dutton, 1945.
- Alexander, Caroline. "Faces of War." *Smithsonian Magazine*, no. February 2007 (2007). <http://www.smithsonianmag.com/history/faces-of-war-145799854/?no-ist> [accessed Oct 2014].
- Anderson, Julie. *War, Disability, and Rehabilitation in Britain: 'Soul of a Nation'*. Manchester: Manchester University Press, 2011.
- Anna Coleman Ladd papers, 1881-1950. Archives of American Art, Smithsonian Institution.
- Anonymous. *Diary of a Nursing Sister on the Western Front 1914-1915*. Edinburgh and London: Blackwood and Sons, 1915.
- Apel, Dora. "Cultural Battlegrounds: Weimar Photographic Narratives of War," in *New German Critique*, no. 76: Special Issue on Weimar Visual Culture (Winter 1999): 49-84.
- Army Medical Services. *Injuries and Diseases of War: A Manual Based on Experience of the Present Campaign in France*. London: His Majesty's Stationery Office, 1918.
- Australian War Memorial. Public Domain.
- Bamji, Andrew. "Facial Surgery: The Patient's Experience," in *Facing Armageddon: The First World War Experienced*, edited by H. Cecil and P.H. Liddle, 490-501. London: Leo Cooper, 1996.
- Biernoff, Suzannah. "The Rhetoric of Disfigurement in First World War Britain." *Social History of Medicine* 24, no. 3 (2011).
- Black, Elizabeth Walker. *Hospital Heroes*. New York: Charles Scribner's Sons, 1919.
- Blum, Virginia, L. *Flesh Wounds: The Culture of Cosmetic Surgery*. Berkeley: University of California Press, 2003.
- Buswell, Leslie. *With the American Ambulance Field Service in France: Personal Letters of a Driver at the Front*. Boston, 1916.
- Carden-Coyne, Ana. *Reconstructing the Body: Classicism, Modernism, and the First World War*. Oxford: Oxford University Press, 2009.
- Church, James Robb. *The Doctor's Part: What Happens to the Wounded in War*. New York: D. Appleton and Company, 1918.

- Churchill, Mary Smith. *You Who Can Help: Paris Letters of an American Army Officer's Wife, August, 1916 – January, 1918*. Boston: Small, Maynard & Company, 1918.
- Cohen, Deborah. *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*. Berkeley: University of California Press, 1999.
- Devine, Edward T., *Disabled Soldiers and Sailors' Pension and Training*. New York: Oxford University Press, American Branch, 1919.
- Diehl, James. *Thanks of the Fatherland: German Veterans After the Second World War*. Chapel Hill: University of North Carolina, 1993.
- Eksteins, Modris. *Rites of Spring: The Great War and the Birth of the Modern Age*. New York: Mariner Books, 2000.
- Eksteins, Modris. *Solar Dance: Van Gogh, Forgery, and the Eclipse of Certainty*. Cambridge: Harvard University Press, 2012.
- Feo, Katherine. "Invisibility: Memory, Masks and Masculinities in the Great War." *Journal of Design History* 20, no. 1 (2007).
- Foote, Katherine. *88 bis and V.I.H.: Letters from Two Hospitals*. Boston: The Atlantic Monthly, 1919.
- Forsyth, John Dudley. *Memorial Glass*. 1922. National Maritime Museum, London.
- Friedrich, Ernst. *War Against War!*, Nottingham: Spokesman, 2014.
- Gerber, David. "Finding Disabled Veterans in History," in *Disabled Veterans in History*, edited by David Gerber. Ann Arbor: University of Michigan Press, 2012: 1-51.
- Gillies, Harold Delf. *Plastic Surgery of the Face*. London: Henry Frowde, Hodder & Stoughton, 1920.
- Gilman, Sander, L. *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*. Princeton: Princeton University Press, 1999.
- Howe, M.A. De Wolfe, ed. *The Harvard Volunteers in Europe: Personal Records of Experience in Military, Ambulance and Hospital Service*. Cambridge: Harvard University Press, 1916.
- Hutchinson, Woods. *The Doctor in War*. Boston: Houghton Mifflin, 1918.
- International Labour Office. *Employment of Disabled Men: Meeting of Experts for the Study of Methods of Finding Employment for Disabled Men*. Geneva: 31 July – 2 August 1923.

- Judd, James R. *With the American Ambulance in France*. Honolulu: Star-Bulletin Press, 1919.
- Koven, Seth. "Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain," in *American Historical Review* 99 (1994): 1167-1202.
- Love, Robert, Tom Brooking, and Andrew Bamji. "Plastic Kiwis – New Zealanders and the Development of a Specialty." *Journal of Military and Veterans' Health* 17, no. 1 (2015).
- Lubin, David. "Masks, Mutilation, and Modernity: Anna Coleman Ladd and the First World War." *Archives of American Art* no. 3/4 (2008): 4-15.
- Macdonald, Lyn. *The Roses of No Man's Land*. London: Michael Joseph, 1980.
- Muir, Ward. *The Happy Hospital*. London: Simpkin, Marshall, Hamilton, Kent, 1918.
- National Archives of the UK (TNA). *Facial Disfigurement: Assessment of Pension Value of Cosmetic Effect of Blind Eye*. PIN 15/3710. Pension Minutes and Related Documents.
- National Archives of the UK (TNA). Gilham W. J. Nature of Disability: Wound on Face. PIN 26/5707. Pension Minutes and Related Documents.
- Perry, Heather. *Recycling the Disabled; Army, Medicine, and Modernity in WWI Germany*. Manchester: Manchester University Press, 2014.
- Pitts, Edmund M., ed. *Base Hospital 34 in the World War*. Philadelphia: Lyon & Armor, 1922.
- Pottle, Frederick A. *Stretchers: The Story of a Hospital Unit on the Western Front*. New Haven: Yale University Press, 1929.
- Pritchard, Brenna. "Miraculous Tobacco: An Examination of Psychoactive Substances in the First World War." Unpublished Paper, Louisiana State University, 2016.
- Reminiscences of 6 badly wounded soldiers*, 1922. Wounds Item 34. Liddle Collection. Special Collections, Brotherton Library, University of Leeds.
- Roberts, John B. *War Surgery of the Face: A Treatise on Plastic Restoration After Facial Injury*. New York: William Wood and Company, 1919.
- Seymour, James William Davenport, *History of the American Field Service in France: "Friends of France" 1914-1917: Told By Its Members (Volume 2)*. Boston: Houghton Mifflin Company, 1920.
- Schell, Sherrill. *Rupert Brooke*. April, 1913. Primary Collection, National Portrait Gallery, London. Accessed June 4, 2016. <http://www.npg.org.uk/collections/search/portrait/mw00809/Rupert-Brooke?LinkID=mp00576&role=sit&rNo=2>.

- Snowdon, F.N. to Varaztad Kazanjian, 1918. *National Archives of Plastic Surgery*. Francis A. Countway Library of Medicine.
- Toland, Edward Dale. *The Aftermath of Battle: With the Red Cross in France*. New York: The Macmillan Company, 1916.
- Van Bergen, Leo. *Before My Helpless Sight: Suffering, Dying, and Military Medicine on the Western Front, 1914-1918*. Burlington, VT: Ashgate, 2009.
- Vandiver, Elizabeth. *Stand in the Trench, Achilles: Classical Reception in British Poetry of the Great War*. Oxford: Oxford University Press, 2010.
- Vansittart, Peter, ed. *John Masefield's Letters from the Front 1915-17*. New York: Franklin Watts, 1985.
- Whalen, Robert Weldon. *Bitter Wounds: German Victims of the Great War, 1914-1939*. Ithaca: Cornell University Press, 1984.
- William Kearsey. October, 1917. Australian War Memorial. Accessed February 20, 2014. <https://www.theguardian.com/world/postcolonial/2014/may/26/broken-gargoyles-the-disfigured-soldiers-of-the-first-world-war>
- Winter, Jay. *Sites of Memory, Sites of Mourning: The Great War in European Cultural History*. Cambridge: Cambridge University Press, 1995.
- Wohl, Robert. *The Generation of 1914*. Cambridge: Harvard University Press, 1971.
- Wood, Francis Derwent. "Masks for Facial Wounds," in *The Lancet* no. 4895 (1917): 949-951.
- Zoroya, Greg and Alan Gomez. "Disfigured Veteran Deals with Disrespect at Home," in *USA Today*. April 25 2013. Online. <http://www.usatoday.com/story/news/nation/2013/04/25/disfigured-veteran-deals-with-disrespect-at-home-/2113535/> [Accessed June 2016]

APPENDIX



Figure 1: A Portrait of Rupert Brooke. (Schell, Sherrill. *Rupert Brooke*. April, 1913. Primary Collection, National Portrait Gallery, London. Accessed June 4, 2016. [http://www.npg.org.uk/collections/search/portrait/mw00809/Rupert-Brooke?LinkID=mp00576&role=sit&rNo=2.](http://www.npg.org.uk/collections/search/portrait/mw00809/Rupert-Brooke?LinkID=mp00576&role=sit&rNo=2))





Figure 2: Australian soldier William Kearsy after receiving first round of reconstructive surgery. (*William Kearsy*. October, 1917. Australian War Memorial. Accessed February 20, 2014. <https://www.theguardian.com/world/postcolonial/2014/may/26/broken-gargoyles-the-disfigured-soldiers-of-the-first-world-war>)

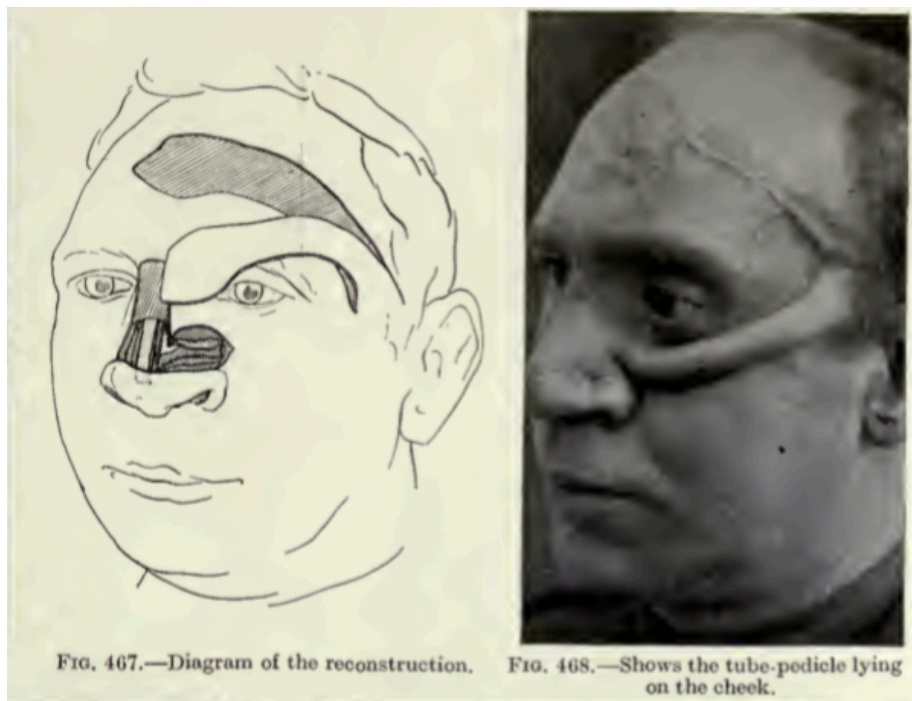


Figure 3: Queen Mary's Patient undergoing a tube-pedicle graft treatment. (Gillies, Harold Delf. *Plastic Surgery of the Face*. London: Henry Frowde, Hodder & Stoughton, 1920. 245.)



Figure 4: Before and after pictures of a masked patient. (Anna Coleman Ladd papers, 1881-1950. Archives of American Art, Smithsonian Institution. Washington D.C. Accessed May 12, 2016. <http://www.aaa.si.edu/collections/anna-coleman-ladd-papers-10600/more>)

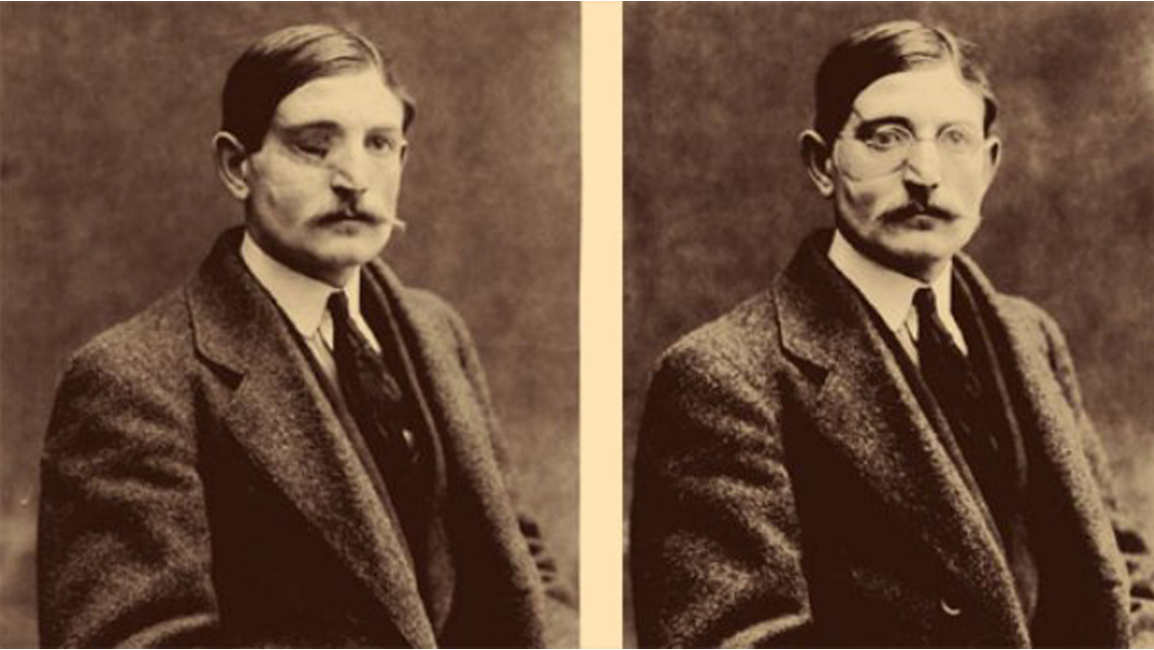


Figure 5: Before and after pictures of a masked patient who was missing an eye. (Anna Coleman Ladd papers, 1881-1950. Archives of American Art, Smithsonian Institution. Washington D.C. Accessed May 12, 2016. <http://www.aaa.si.edu/collections/anna-coleman-ladd-papers-10600/more>)

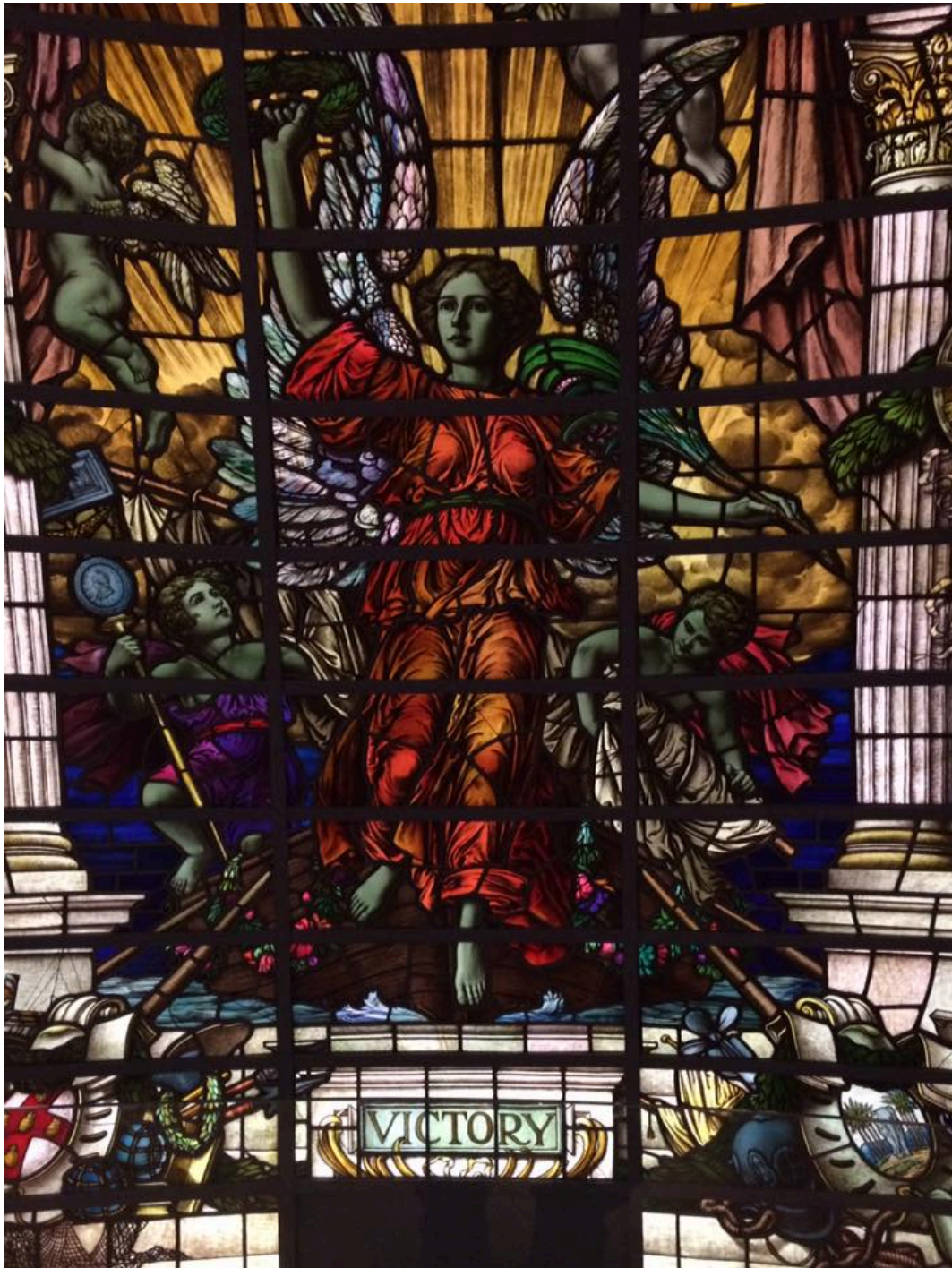


Figure 6: Photograph of the Roman-inspired Memorial Glass from the Baltic Exchange (John Dudley Forsyth. *Memorial Glass*. 1922. National Maritime Museum, London.)



Figure 7: Anna Coleman Ladd sketch of a soldier facing away from the viewer (Anna Coleman Ladd papers, 1881-1950. Archives of American Art, Smithsonian Institution. Washington D.C. Accessed May 12, 2016. <http://www.aaa.si.edu/collections/anna-coleman-ladd-papers-10600/more> )

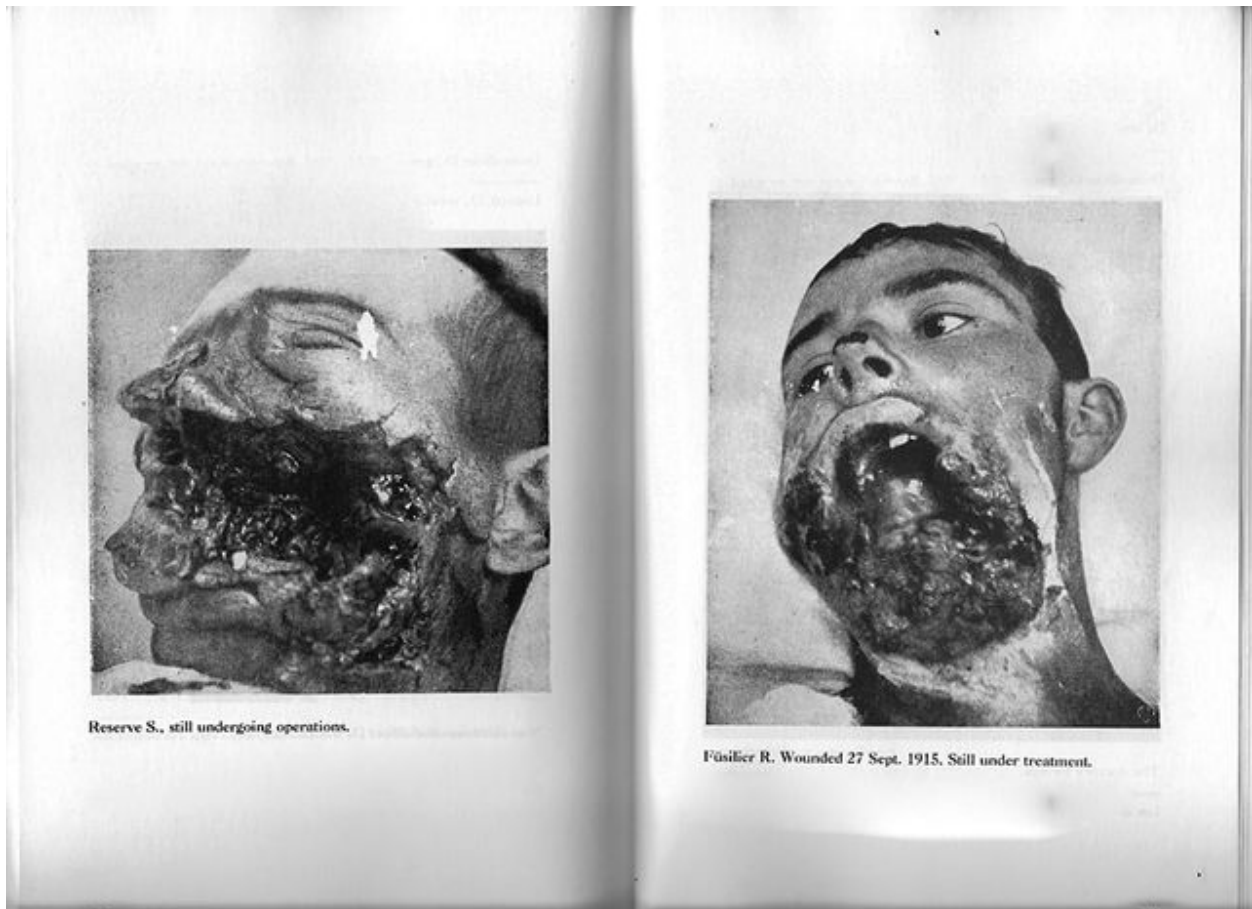


Figure 8: Images from Ernst Friedrich's "War Against War" (Ernst Friedrich, *War Against War!*, Nottingham: Spokesman, 2014)

## VITA

Brenna K. Pritchard, a native of Austin, Texas, received her bachelor's degree in history from Metropolitan State University of Denver in 2014. She plans on pursuing her doctorate after receiving her master's degree from Louisiana State University in 2016. Her research interests include the First World War, medical history, and nationalism.