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The Rhetoric of Disfigurement in First World War Britain

Suzannah Biernoff*

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

Keywords: disfigurement; plastic surgery; prosthetics; visual culture; First World War

Disfigurement and mutilation were ubiquitous on the battlefields of the First World War, in military hospitals, convalescent homes, towns and villages: an estimated 60,500 British soldiers suffered head or eye injuries, and 41,000 men had one or more limbs amputated.¹ At the specialist hospital for facial injuries near Sidcup in Kent, over 11,000 operations were performed on some 5,000 servicemen between 1917 and 1925.² Many soldiers were shot in the face simply because they had no experience of trench warfare: ‘They seemed to think they could pop their heads up over a trench and move quickly enough to dodge the hail of machine-gun bullets’, wrote the American surgeon Fred Albee.³ Military medical archives contain exhaustive visual evidence of the injuries inflicted by machine guns and modern artillery on the faces of young British men (Figure 1). Until the past few years, however, these X-rays and surgical diagrams, photographs and stereographs, plaster casts and models were rarely publicly exhibited. It has even been claimed that they amount to a ‘hidden history’ of the First World War.⁴

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¹Bourke 1996, p. 33. Harold Gillies’ surgical team had performed 11,572 major facial operations by the time the war ended. Pound 1964, p. 54.

²Bamji in Cecil and Liddle (eds) 1996, p. 495.

³Albee was famous for revolutionising bone-grafting techniques in orthopaedic as well as facial surgery.

⁴This claim was made in the exhibition *Faces of Battle* at the National Army Museum, London 2008/9.

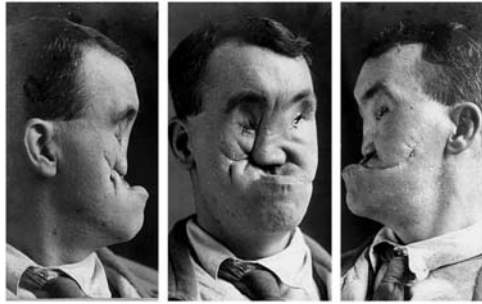


Fig. 1. Photographs from Moss case file Source: Gillies Archives, Queen Mary's Hospital Sidcup. Photograph courtesy of the Gillies Archives.

During the war, visitors to the Queen's Hospital at Sidcup would be able to see Henry Tonks' remarkable life drawings of patients before and after surgical reconstruction. They were one of the 'sights', although Tonks himself thought them 'rather dreadful subjects for the public view'.⁵ Aside from these unusual studies, the disfigured face is almost entirely absent from British art. Francis Bacon's heads and portraits from the 1940s onwards bear an uncanny resemblance to Tonks' studies of wounded soldiers, but there is a crucial difference: Bacon was painting his lovers, friends and drinking companions; his violations of the human form are altogether more theatrical, more stylistically consistent in their violence. There was no British Otto Dix, Max Beckmann or George Grosz: the mutilated body of the war veteran was not explored as a site of shame and revulsion the way it was in Weimar Germany.⁶ Neither the drawings by Tonks, nor the photographs in the men's case files, found their way into anti-war publications, as happened in Germany, and they never featured in the illustrated histories of the war.⁷ As historical documents, they speak volumes about the kinds of injuries sustained in modern combat, and the medical response to these injuries, but it could not be said that they have been part of British cultural history in any broader sense; at least not until very recently.⁸

In 2002, Tonks' delicate studies of facial injuries were displayed alongside photographs and notes from the case files in the Strang Print Room at University College London. In June 2007, the full set of portraits was made available on the website of the Gillies Archives.⁹ Renewed interest in the cultural history of medicine and science has coincided, in the UK, with a number of major exhibitions and art-science projects, and Henry Tonks

⁵Tonks 1917, n.p. Tonks' studies of wounded soldiers are now in the archives of University College London and the Royal College of Surgeons of England. On Tonks' portraits, see Biernoff 2010 and Chambers 2009.

⁶For a discussion of the politics and aesthetics of trauma in Weimar Germany, see Fox 2006.

⁷Apel 1999. Popular illustrated histories included *The War Budget*, *The War Illustrated* and *T. P.'s Journal of the Great War*, which was published from the offices of the *Daily Telegraph*. Newnes' *The War of the Nations*, and *The Great War* (Amalgamated Press), also contained visual material. Published

retrospectively in annual volumes, *The Times History of the War* is the most authoritative account.

⁸Sandy Callister makes a similar point about the New Zealand context, remarking that images of facial injury have been 'conspicuously absent from our nation's war historiography'. See Callister 2007, p. 112.

⁹*Henry Tonks: Art and Surgery*, University College London, 2 October 2002–28 March 2003. Gillies Archives image collection <http://www.gilliesarchives.org.uk/Tonks%20pastels/index.html> (accessed 10 June 2009).

has emerged as a recurring (I am tempted to say, haunting) presence in this interdisciplinary domain.¹⁰ The most recent of these are *War and Medicine*, at the Wellcome Collection in London; and *Faces of Battle*, at the National Army Museum.¹¹ Both exhibitions probed the strange symbiosis of military technology and medical innovation; both juxtaposed scientific and artistic responses to bodily mutilation. This article is evidently part of a trend. But it is different from these other projects in two key respects: rather than reiterating the pervasive idea of 'progress through bloodshed', or telling 'untold stories of suffering, heroism and hope' (as in *Faces of Battle*), I approach this rhetoric in one of its primary historical formations, during the First World War.¹² The second difference concerns the relationship between art and medicine, which I discuss in the context of facial reconstruction. When curators place art and medical artefacts in the same room, it is usually art's role to either illustrate or illuminate, to answer a need for documentation or contemplation.¹³ Francis Derwent Wood's portrait masks do something else. They point to the inadequacy of medicine just as much as they fail to hide the human cost of war. Above all, these fragile, intimate objects prove that being human is an aesthetic matter as well as a biological one.

My focus here is the public discourse, the *rhetoric* of bodily and facial reconstruction (in the sense that we are dealing with arts of persuasion, both literary and plastic). In the sources I will be concentrating on—newspaper and periodical articles, the reminiscences of doctors and nurses—a fairly consistent picture emerges. The response to facial disfigurement was circumscribed by an anxiety that was specifically visual.¹⁴ Patients refused to see their families and fiancés; children reportedly fled at the sight of their fathers; nurses and orderlies struggled to look their patients in the face.¹⁵ Ward Muir, who worked as an orderly at the 3rd London General Hospital in Wandsworth, was surprised by his reaction to patients on the facial ward: 'I never [before] felt any embarrassment ... confronting a patient', he confesses, 'however deplorable his state, however humiliating his dependence on my services, until I came in contact with certain wounds of the face'.¹⁶ I have speculated elsewhere about the culture of aversion that surrounded facially-disfigured veterans of the First World War.¹⁷ This collective looking-away 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 (Figure 2). Unlike amputees, these men were never officially

¹⁰In the exhibition *Future Face*, curated by Sandra Gilbert at the Science Museum in London (October 2004–February 2005), Tonks' drawings of mutilated servicemen were used to foreground the absence of the disfigured face from traditional portraiture.

¹¹*Faces of Battle* is the culmination of the Wellcome-funded *Project Façade* <http://www.projectfacade.com> (accessed 10 June 2009).

¹²For a critique of the 'progress through bloodshed' argument, see Cooter in Bynum and Porter (eds) 1993. *Untold Stories of Suffering, Heroism and Hope* is the subtitle of the NAM exhibition.

¹³*Faces of Battle*, for example, presented graphic documentation of facial injury alongside interpretive

textile sculptures by the artist and curator Paddy Hartley.

¹⁴Although responses to the wounded and disfigured face tend to emphasise visual aversion, an idealised feminine gaze and touch surfaces in this literature as well. A woman's touch—that of a nurse, wife or even a stranger—could transcend the dehumanising (and emasculating) effects of mutilation. See Biernoff in Pajczkowska and Ward (eds) 2008, pp. 221–2.

¹⁵'Always look a man straight in the face', one sister told her staff. Macdonald 1980, pp. 149–50.

¹⁶Muir 1918, p. 143.

¹⁷Biernoff in Pajczkowska and Ward (eds) 2008.

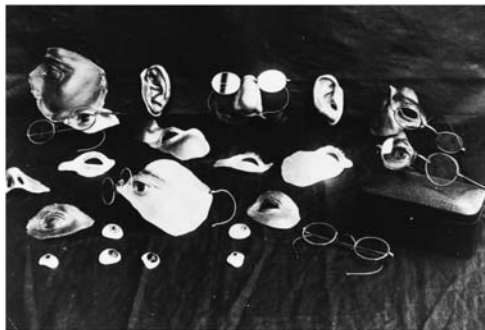


Fig. 2. Horace Nicholls, *Repairing War's Ravages: Renovating Facial Injuries*. Various plates and attachments in different stages of completion. Source: Imperial War Museum, Q.30.460. Photograph courtesy of the Imperial War Museum, London.

celebrated as wounded heroes.¹⁸ The wounded face, as Sander Gilman intimates, is not equivalent to the wounded body; it presents the trauma of mechanised warfare as a loss of identity and humanity.¹⁹

The argument advanced here rests primarily on textual evidence: what was said and written about disfigurement by nurses, orderlies, doctors, journalists and artists. Although almost none of these sources were illustrated, they reveal a great deal about the visual culture of the injured body, if 'visual culture' is taken to mean ways of seeing and imagining (and cultural prohibitions against looking) as well as visual artefacts. In a recent interview, W. J. T. Mitchell said he suspected that 'the most interesting new questions for visual studies ... will be located at the frontiers of visibility, the places where seeing approaches a limit and is faced with its own negation'.²⁰ This article explores one such limit case, and proceeds from the premise that what cannot be represented or looked at is as important as what is shown or pictured.

We begin, then, with the documentary evidence for a culture of aversion surrounding facial injury: the popular and professional perception of unsustainable loss. The central part of the article contrasts the perceived 'indignity' of facial mutilation with the sentimentalised and often idealised representation of amputees, whose prosthetic limbs and altered bodies were highly visible in the wartime press. The final section considers the promise—and limits—of surgical and prosthetic reconstruction. The bespoke masks produced by Francis Derwent Wood belong within a history of aversion (to the extent that they concealed what must not be seen), but—as portraits—they also represent a remarkable attempt to realign appearance and identity.

The Anatomy of Aversion

Our faces are privileged signifiers of gender, age, social and familial identity, ethnicity, emotion and much more besides. However, beneath the face we are meat, a fact that

¹⁸On developments in prosthetic limb technology and attitudes towards disabled servicemen during and after the First World War, see Cohen 2001; Guyatt 2001; Koven 1994; Bourke 1996, pp. 31–75;

Reznick in Saunders (ed.) 2004; Perry in Ott *et al.* (eds) 2002.

¹⁹Gilman 1999, p. 162.

²⁰Mitchell in Smith 2008, p. 36.

Henry Tonks and Francis Bacon reveal only too well. The surgeon Harold Gillies describes the sight, following the Somme, of 'men burned and maimed to the condition of animals'.²¹ A prosthetic mask could never replicate the warmth and expressive range of a human face, but it could hide the 'dreadful abyss' of raw being and restore a semblance of humanity.²²

This article is about an improvised response to a crisis of representation; a 'symbolic collapse', to use Julia Kristeva's term: a crisis that threatened to undermine the very concept of human nature in the context of social and economic upheaval and mass slaughter.²³ It is partly for pragmatic reasons that I concentrate on the public discourse of disfigurement. The subjective experience of facial injury is much more elusive. On the occasions that they did put pen to paper, men whose injuries brought them to the specialist hospital for facial reconstruction at Sidcup were apt to be stoical and good-humoured. During their long periods of convalescence, the patients were encouraged to attend workshops and classes to improve their employment prospects and help them prepare for civilian life. Some of these activities—toy-making and poultry farming, for example—are featured in newspaper and magazine articles; other skills included watch and clock-repairing, coach-building, cinema-operating, dentistry and hair-dressing.²⁴ Literacy classes were also offered, and it was in one of these, in 1922, that six of Gillies' patients wrote essays on the topic of 'My Personal Experiences and Reminiscences of the Great War'.²⁵ In these neatly penned exercises there is little evidence of despair: most of the men describe in detail the circumstances surrounding their injuries—the surprising 'smack' of a bullet hitting the face.²⁶ Four of the six conclude on a positive note.²⁷ Aside from worries about pensions and employment, the consensus (amongst this small and self-selected group) was that it had been worth it. 'I cannot say I am sorry I joined the army, as it has broadened my outlook on life', wrote Private Best. 'So after all, I lost little, and gained much, through the Great War.'²⁸

It is not the purpose of this article to excavate Private Best's stoicism. Instead, I want to interrogate the popular view of facial disfigurement as 'the worst loss of all'—a perception shared, then and now, by many in the medical establishment.²⁹ Aside from

²¹Quoted in Bamji in Cecil and Liddle (eds) 1996, p. 495.

²²The expression 'dreadful abyss' is from the London *Evening Standard*, 'Men Shattered in the War', June 1918.

²³Kristeva 1989, p. 24. Winter 1995, pp. 225–7 draws inspiration from Kristeva's account of 'symbolic collapse'—and its 'sublimatory solutions' (which Kristeva sees as aesthetic and religious as well as psycho-analytic, p. 25). In this sense, the surgical and prosthetic reconstruction of faces could be seen as continuous with the broader tendencies Winter identifies in visual and material culture. Veterans' bodies were also contested sites of bereavement and commemoration; of 'symbolic collapse' and attempted sublimation.

²⁴As listed in the *Bexley Heath Observer*, November 1921.

²⁵Liddle Collection, University of Leeds. The essays are catalogued as Wounds, Item 34:6, with the note 'Narratives by Badly Wounded Soldiers, "My Personal Experiences and Reminiscences of the Great War", Collected by Lady Gough at Sidcup Hospital, 1922. Written for an education class.'

²⁶From the essay by Private Gillimore, 2nd Gloucestershire Regiment.

²⁷The psychological rehabilitation of British servicemen of the First World War with facial injuries is discussed by Millar, who comments that there are 'no signs of regret or despair' in the essays written at Sidcup. See Millar 2005, p. 22.

²⁸Best was a Private in the 2nd Battalion Royal Scots and was wounded in the cheek at Ypres in September 1914 after only a few days of action.

²⁹'Worst Loss of All', *Manchester Evening Chronicle*, press clipping dated May–June 1918, London Metropolitan Archives (hereafter LMA).

medical case histories, the most detailed contemporary account of facial injury and its treatment is Ward Muir's *The Happy Hospital*, which was published in 1918. A corporal in the Royal Army Medical Corps (RAMC), Muir already had some success as a novelist and had written for *The Spectator*, *Country Life* and *The New Statesman*, amongst other periodicals.³⁰ The final chapter of *The Happy Hospital* is devoted to the facial ward and its decidedly unhappy scene of human wreckage:

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.³¹

This passage points to the fear, disgust and shame surrounding facial disfigurement, both for the men who suffered these injuries, and for those—like Muir—who came into contact with them. *The Happy Hospital* probably would not find a publisher today: we have come to expect a more sensitive (and more euphemistic) treatment of disfigurement and disability. But Muir's book is evidence that the mutilated male body was written about, and imagined, in unflinching detail. What Henry Tonks thought was inappropriate for the public gaze could be quite acceptable in print. It was showing (and looking at) the disfigured face that was taboo.

'Very severe facial disfigurement' was among the injuries for which a veteran was paid the full pension.³² As Joanna Bourke points out, from 1917 the Ministry of Pensions' calculation was made not on the basis of a loss of function or earning capacity, but in relation to a normative concept of masculinity. 'Each part of men's bodies was allocated a moral weighting', she argues, 'based on the degree to which it incapacitated a man from "being" a man, rather than "acting" as one'.³³ Disfigurement exemplifies Bourke's distinction between 'being' and 'acting' as a man. Although severe facial injury usually resulted in loss of function, the horror of disfigurement—and payment of the full pension—was entirely about a loss of appearance.³⁴ Disfigurement compromised a man's sense of self and social existence. It deprived him of the 'visible proof' of his identity, according to the *Manchester Evening Chronicle*:

The torturing knowledge of that loss, while it lasts, infects the man mentally. He knows that he can turn on to grieving relatives or to wondering, inquisitive

³⁰Muir's pre-war publications include *The Amazing Mutes* (1910), *When We Are Rich* (1911) and *Cupid's Caterers* (1914). He also edited *Happy-Though Wounded*, a fundraising publication with contributions from staff and patients at the 3rd London General.

³¹Muir 1918, pp. 143–4. The stigma of syphilis (a disease for which there was no reliable cure until 1943) probably accounts for the particular horror of the missing nose. Haiken 1994.

³²Table of war pensions for physical injury, *Ministry of Pensions Leaflet*, c. 1920, reproduced in Bourke 1996, p. 66.

³³Bourke 1996, p. 65.

³⁴Muir's description of the blind and partially sighted patients at the 3rd London General Hospital suggests that loss of sight was considerably less horrifying (certainly for Muir) than loss of appearance. 'If you want to hear the merriest banter in a war hospital', he writes, 'visit the blind men's wards'. Muir 1917, p. 88.

strangers only a more or less repulsive mask where there was once a handsome or welcome face.³⁵

This was not just tabloid fare: doctors and nurses who witnessed severe facial casualties were profoundly affected. In *A Surgeon's Fight to Rebuild Men*, Fred Albee concludes that:

the psychological effect on a man who must go through life, an object of horror to himself as well as to others, is beyond description. ... It is a fairly common experience for the maladjusted person to feel like a stranger to his world. It must be unmitigated hell to feel like a stranger to yourself.³⁶

When the specialist hospital for facial injuries opened at Froggnal near Sidcup in August 1917 under Harold Gillies' direction, the new facility and its patients received considerable attention in the press.³⁷ The physical and psychological isolation of the men was a recurring theme, as were the wonders of modern surgery. Patients often spent two years or more in treatment, undergoing multiple operations, and often returning for further operations after being discharged. These men were 'The Loneliest of all Tommies', 'the most tragic of all war's victims ... half strangers among their own people, and reluctant even to tread the long-wished-for paths of home'.³⁸ The Froggnal estate's extensive and secluded grounds, including a hundred-acre farm, provided an ideal setting for lengthy convalescence. The *Morning Post* is typical in stressing that the 'privacy and beauty of the place' made it perfectly suited 'for the purpose to which it has been put', for the patients 'are almost condemned to isolation unless surgery can repair the damage'.³⁹ To be in an ordinary military hospital meant 'braving the streets, and the pitying stares or shocked, averted looks of passers-by'.⁴⁰ Newspapers covering the opening of the new hospital reported that 'many of the patients are so conscious of their affliction that they refuse to return to their homes and friends'. This phrase is repeated in a number of articles, usually with the optimistic comment: 'Happily the marvels of present-day surgery are such that cures can be effected in 90 per cent of the cases.'⁴¹

³⁵'Worst Loss of All', *Manchester Evening Chronicle*, May–June 1918.

³⁶Albee 1950, p. 110. In *The Times History of the War* (vol. vii, 1916), facial injury is discussed in the context of shell-shock and nervous injuries on the grounds that facial reconstruction, 'while it belongs in a sense to the surgery of the war, possesses a psychological importance which is perhaps its chief consideration' (p. 344). It is not possible here to pursue this analogy with shell-shock, but it raises several questions deserving of further attention. Did facial injury and shell-shock represent the loss of *different* aspects of identity or humanity? Did the visual anxiety (shame, disgust, fear) surrounding facial injury extend to 'nervous breakdown'? Might this parallel help to account for the relatively few images of shell-shock in the media, and its almost exclusively literary treatment?

³⁷A collection of press clippings from the Queen's Hospital is held at the LMA, HO2/QM/Y01/05.

³⁸'The Loneliest of All Tommies', *Sunday Herald*, June 1918; 'Miracles They Work at Froggnal', *Daily Sketch*, April 1918.

³⁹'Facial Surgery for Sailors and Soldiers', *Morning Post*, July 1917.

⁴⁰'Miracles', *Daily Sketch*, April 1918. The residents of the Queen's Hospital were free to leave the estate during the day. Along the road into Sidcup there were reserved benches, painted blue, so that they would not have to sit next to members of the public. Bamji in Cecil and Liddle (eds) 1996, p. 498.

⁴¹'Queen and Our Wounded: New Special Hospital', *Morning Post*, January 1917; 'Facial Injuries: New Soldiers' Hospital in Kent', *The Times*, January 1917.

At a narrative level, these brief and formulaic reports lead the reader from horror to relief. Scientific progress ameliorates the fear (perhaps more than the reality) of facial mutilation—and of course these articles were aimed at mothers, fathers, wives and girlfriends of men who might well be sent home with their faces shattered ‘beyond description’.⁴² The morale of the troops was another consideration: on both sides of the war, severely disfigured men were judged unfit for service ‘for the reason that the psychological effect on other soldiers interfered with discipline’.⁴³ The Hospital Page in the *Daily Graphic* predicts that ‘soon the scientist will rival Nature herself in creating and rebuilding’. By means of plastic surgery—‘the most extraordinary medical discovery of this wonderful age’—‘terrible facial injuries can be so patched up as to remove all horror and grotesqueness and make the sufferer quite normal again’.⁴⁴ In another Queen’s Hospital clipping, from the *Kent Messenger*, the surgeon arrives to perform his ‘Christ-like work’ on the young hero whose face is so ‘grievously disfigured’ that his own children flee from him in fright: the terrified children another stock anecdote in the rhetoric of disfigurement.⁴⁵

Many such articles were published in illustrated papers, but the surgical miracles they describe are very rarely shown. Occasionally one sees bandaged men enjoying boyish pursuits of leap-frog or bowls, making ‘woolly plush’ toys in the workshop, or tending the animals on the farm.⁴⁶ The scene reproduced here is unusually explicit in its representation of facial injury, but the dressings conceal any permanent disfigurement and, more importantly perhaps, suggest a process of healing (Figure 3). Muir was haunted in particular by the ‘healed’ faces he saw, the men for whom no more could be done—and the ‘after’ photographs in the patients’ case files make for harrowing viewing.

While published photographs of the Queen’s Hospital disavow the psychological and physical trauma of facial injury, written accounts are more explicit. There was no clinical record of the patients’ psychological condition, but anecdotal evidence suggests that depression was common. Robert Tait McKenzie, an inspector of convalescent hospitals for the RAMC during the war, described the facial patients at the 3rd London General Hospital as ‘the most distressing cases’ in military surgery:

The jagged fragment of a bursting shell will shear off a nose, an ear, or a part of a jaw, leaving the victim a permanent object of repulsion to others, and a grievous burden to himself. It is not to be wondered at that such men become victims of despondency, of melancholia, leading, in some cases, even to suicide.⁴⁷

⁴²A “Roehampton” for Facial Injuries’, *The Guardian*, August 1917.

⁴³Albert G. Bettman, ‘The Psychology of Appearances’, *Northwest Medicine*, 28, 1929, p. 184, quoted in Gilman 1999, p. 161. See also Pound 1964, p. 39.

⁴⁴‘Our Hospital Page’, *Daily Graphic*, July 1917.

⁴⁵‘The Queen’s Hospital’, *Kent Messenger*, August 1917. The same story appears in the *Morning Post*, July 1917.

⁴⁶The visit of the Queen and Princesses to an exhibition of toys, beadwork and woodwork made by patients at Sidcup is reported in *The Times*, 9 December 1919, p. 11. The Queen chose a small grey chimpanzee as a souvenir.

⁴⁷McKenzie 1918, p. 117. The Canadian-born physician was celebrated as much for his sculptures of athletes and love of scouting as for his contribution to physical education and therapy.



Petting before potting—the men take much interest in the rabbits.—(D.S. photo.)

Fig. 3. *Daily Sketch/Associated Newspapers Ltd.*, 12 June 1918, pp. 4–5. ‘Petting before potting—the men take much interest in the rabbits’. Reproduced with permission.

According to Gillies, ‘only the blind kept their spirits up through thick and thin’.⁴⁸ Depression is also mentioned or alluded to in most of the news articles on the Queen’s Hospital. The *Evening Standard* claims that: ‘Not every one of the sailors and soldiers who have been severely wounded in the face or jaw at Frognaal suffer from acute depression: but most of them do so.’⁴⁹ The *Pall Mall* gazette contrasts the mood at Frognaal to that at the Queen Mary Auxiliary Hospital in Roehampton, where amputees were fitted with artificial limbs: ‘There is none of that depression [at Roehampton] which, however well diverted, attends in a more or less degree [sic] the fear of permanent facial disfigurement.’ Indeed, the *Daily Mail’s* medical correspondent declared Roehampton to be the ‘cheeriest place in England’.⁵⁰ This is one of the most striking points of comparison between journalistic representations of amputees and those with severe facial injury: ‘disabled warriors’ at Roehampton are shown strolling and running on their false legs, riding bicycles, playing cricket and football on crutches, chopping wood and playing golf with one arm.⁵¹ They train to become carpenters, engineers, book-keepers and chauffeurs; several photographs even feature amputees making prosthetic limbs in the workshops attached to the hospital.⁵² Physical agility and manliness are re-inscribed into the prosthetically remade body.

‘More of a Man’

These accounts—implausible as some of them are—add texture to Bourke’s assertion that the absent limbs of amputees ‘came to exert a special patriotic power’ during the early

⁴⁸Pound 1964, p. 35. One of the roles of the nursing staff at Sidcup (which included Gillies’ wife Kathleen) was to ‘revive hope in despairing hearts’. Pound notes that depression was a particular problem ‘when the repair work failed’ (pp. 46–7).

⁴⁹‘Music in the Wards ...’, *Evening Standard*, June 1918.

⁵⁰‘New Limbs for Old’, *Daily Mail*, August 1916.

⁵¹The term ‘disabled warriors’ is from the *Daily Sketch*, November 1915, accompanying a photograph of

‘war-time golf’. This and similar articles can be found in the press clippings file from Queen Mary’s Hospital (Roehampton) May 1915–February 1917, held at the LMA, HO2/QM/Y01/01 See also *The Times History of the War* chapter on ‘Care of Disabled British Soldiers’ (vol. xiii, 1917, pp. 343–60).

⁵²For example, the *Evening News* and *Lloyd’s Weekly News*, September 1916.

years of the war, to the extent that the disabled soldier could be hailed as 'not less but more of a man'.⁵³ John Galsworthy, in his foreword to the 1922 *Handbook for the Limbless*, amplifies this sentiment: 'The Briton has to be "up against it" ', he wrote, 'to be seen at his best—an expensive but thrilling characteristic'.⁵⁴ An entire chapter is devoted to 'Recreations for those who have lost limbs', and includes bicycling, riding, boxing and billiards for the one-armed. Those who were 'sick' (physically or mentally) had to live with the suspicion of malingering. The 'wounded', however, bore the visible proof of their valour and sacrifice.⁵⁵ There is a paradox here. As Mary Guyatt points out, amputation was 'one of the most visible reminders of war'. Only by concealing the loss could the country 'begin to move forward seemingly cleansed and guilt-free'.⁵⁶ And yet, looking through the press clippings from Roehampton hospital, one is struck by the *lack* of concealment of absent and artificial limbs in comparison to facial disfigurement. Artificial legs in particular were presented as objects of superior craftsmanship as well as utility in much of the trade literature Guyatt considers; what is perhaps more surprising is the visual display of bodily reconstruction in the illustrated press. In two photographs published in the *Illustrated London News* in October 1915, we see the final adjustments being made to a full-length, polished and ready-shod wooden leg (Figures 4 and 5). The recipient looks on, his empty trouser leg folded loosely at the hip ready for the limb to be fitted. In the second image, another young man stands confidently—almost defiantly—without support, his trousers rolled above the knee to reveal a pair of brand new artificial legs.

The rhetorical and physical repair of limbless servicemen answered to a number of imperatives: military and economic as well as social and personal; but as the war continued, and its human toll became increasingly apparent, attitudes towards disabled soldiers inevitably began to change.⁵⁷ The economic cost of post-war reconstruction and competition for employment tipped the balance further against veterans who were dependent on the state for their limbs and livelihood. Galsworthy predicted, in his first issue of *Reveille*, that:

when the war is over, the cruel force of industrial competition will come into fuller play than ever before. ... 'What sort of land will it be', he asks, if 'five and ten years hence, tens of thousands of injured in this long tragedy are drifting unhappily among us, without anchorage of permanent, well-paid, self-respecting work?'⁵⁸

The Victorian work ethic was central to the concept of rehabilitation, particularly the powerful association between working-class masculinity and skilled labour.⁵⁹ There was little expectation that single men disabled or disfigured in the war would find fulfilment

⁵³Bourke 1996, p. 59; 'The Disabled Soldier', *Liverpool Chronicle*, 27 June 1917, quoted in Bourke 1996, p. 58.

⁵⁴Galsworthy in Howson (ed.) 1922, p. vi.

⁵⁵This was the theme of the Eugenics Society's Galton Anniversary address in February 1917. Major [Leonard] Darwin 1917, 'The Disabled Sailor and Soldier and the Future of our Race', *The Eugenics Review*, 9, pp. 1–17.

⁵⁶Guyatt 2001, p. 320.

⁵⁷For a comparison of the treatment and experiences of disabled ex-servicemen in Britain and Germany, see Cohen 2001.

⁵⁸Galsworthy 1918, pp. 10, 15. Previously published under the title *Recalled to Life*, the quarterly journal for wounded servicemen acquired a broader remit under Galsworthy's editorship: 'to reveal what the work of restoration means, to those who are being restored, to those restoring them, but even more—to the nation at large' (p. 3).

⁵⁹Koven 1994, p. 1191.



Fig. 4. *Illustrated London News*, 16 October 1915, p. 498: 'Artificial limbs for wounded British soldiers: adjusting a new leg at Roehampton House after a first trial-walk with it'. Source: © Illustrated London News Ltd / Mary Evans.



Fig. 5. *Illustrated London News*, 16 October 1915, p. 498: 'Making his first attempt to walk with the new limbs: A wounded soldier at Roehampton House with artificial legs'. Source: © Illustrated London News Ltd / Mary Evans.

in marriage (though of course many did), but for married men, financial independence was a precondition for their return to domestic masculinity.⁶⁰ An illustrated story in the *Graphic* celebrates the transformation of pitiful 'creatures' into men. On the title page, under an ornate banner proclaiming 'Roehampton: The House of Redemption', the society writer Margaret Chute conjures a cheerful scene, 'full of life and merry voices', where 'on every wall and notice board may be seen these words, "Learn a Trade!"':

They come to Roehampton in thousands, disabled, crippled men. They leave, redeemed by human skill; no longer useless, limbless creatures, but men anxious

⁶⁰Bourke 1996, p. 74. 'Prejudice flourished', notes Bourke, citing the popular belief that disabled ex-servicemen were likely to produce crippled or limbless children. The 'curious belief, widely

entertained among women, that deformities were inherited' is denounced in *The Times*, 5 April 1916, p. 5, under the headline 'Falling Birth-Rate'.

and fit to work again and take a place in the world of workers. That is the mission of this House of Redemption.⁶¹

That the wartime press functioned as an organ of propaganda is beyond dispute: one finds all kinds of distortion, from colourful embellishment to blatant untruth—often in the interests of charity. The *Evening Standard's* recreation fund paid for gramophones, books and magazines, theatrical productions and concerts, picnics, cinema exhibitions and games at Sidcup.⁶² Harold Gillies applauded 'the helpful way in which the great newspaper chiefs ... banged the drum for our cause in the early days. It did a great deal of good.'⁶³ If we want to know more about the actual experience of disability or disfigurement, clearly we have to look elsewhere. But despite, or because of, their sensationalism and sentimentality, these sources reveal the ways in which the mutilated body was discursively remade, and the extent to which the burden of sacrifice was lessened by the idea of the marvels of modern medicine, or the fantasy of prosthetic repair. From this perspective, rhetoric itself has a prosthetic function: it is an 'artificial substitute for lost parts'.⁶⁴

It has been suggested in this article that within this discourse of bodily sacrifice and repair, facial mutilation presents a problem because it concerns the identity of the embodied self, rather than bodily function—*being* a man, in other words, rather than *acting* as one. Prosthetic limbs were generally perceived as mechanical-functional objects (albeit with an aesthetic dimension), but the surgical and prosthetic reconstruction of the face presented different challenges. In many respects, this was a new frontier, where the modern war machine met human flesh, and where modern surgery met the uniquely dehumanising effects of facial injury. Medicine could repair the mutilated body up to a point. It could return it to active service or to some kind of productive labour, but art offered a different kind of advantage: it could humanise. Gillies' famous description of modern plastic surgery as a 'strange new art' points towards this sensibility. He was, writes his biographer, 'uplifted by the idea that the activities of the plastic surgeon were essentially creative, that they demanded the vision and the insight of the artist'.⁶⁵ One finds a similar fascination with the 'art' of facial reconstruction in Muir's account of Derwent Wood's portrait masks. *The Times* reported 'magical results' being achieved 'by the provision of masks ... which will so far defy detection as to enable the owner to go out into the world again without shrinking'. Thus might one 'rob war of its ultimate horror'.⁶⁶

The Art of Appearance

Francis Derwent Wood, 1871–1926, joined the RAMC as an orderly at the 3rd London General Hospital in April 1915, along with several other members of the Chelsea Arts

⁶¹'Roehampton: The House of Redemption', *Daily Graphic*, November 1916. Margaret Chute (b. 1886) went on to become a columnist for *Picture Show* in the late 1920s.

⁶²As reported in the *Manchester Evening Chronicle*, clipping dated May–June 1918, LMA, H02/QM/Y01/05. The *London Evening Standard* appeal raised over £11,000.

⁶³Quoted in Pound 1964, p. 39.

⁶⁴Little 1922, p. 22.

⁶⁵Pound 1964, pp. 27, 29. Gillies and Millard 1957, p. 10 (where a 'Hindu cast of potters' is credited with the discovery of plastic surgery). Albee also compared his work to that of the sculptor. See Albee 1950, p. 109.

⁶⁶'Mending the Broken Soldier', *The Times*, 12 August 1916, p. 9.

Club.⁶⁷ He quickly impressed the Hospital's entrepreneurial Commanding Officer, Lieutenant Colonel H. Bruce Porter, who put him in charge of the Plaster and Splints Department, promoted him to Sergeant and then Lieutenant, and backed his proposal to make sculpted masks for severely disfigured servicemen.⁶⁸ The 'Masks for Facial Disfigurements Department' was envisaged as a Roehampton for facial casualties, and by April 1916 Wood was out recruiting suitable patients from other military hospitals. The 'Tin Noses Shop', as it was known, employed three sculptors in addition to Wood, as well as a casting specialist and a plaster mould-maker.⁶⁹

Horace Nicholls took a series of photographs of Wood and his assistants casting, fitting and painting a mask (Figures 6 and 7). Commissioned by the Department of Information in the summer of 1917, the photographs were part of a more extensive pictorial record of the war effort on the Home Front.⁷⁰ Like many of the pictures in the series, these ones are artfully staged: Wood, the two assistants and the patient are actors in a surreal allegory of war. Captioned 'Repairing war's ravages: renovating facial injuries,' the photographs reveal a disturbing parallel between portrait mask and death-mask. They also exploit the idea of the Divine sculptor, (re)fashioning man from the dust of the earth: a trope that has become part of the mythology of plastic surgery. Wood, for his part, made a clear distinction between his contribution as an artist and that of the surgeon: 'My work begins', he wrote in *The Lancet*:

where the work of the surgeon is completed. When the surgeon has done all he can to restore functions ... 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.⁷¹

There are cases, he continues, 'which only the hand of the sculptor can deal with, or hands trained to serve both plastic and sculptural manipulations'.⁷² Wood's aim was not to make his patients look better, but to meticulously re-create their original appearance from remaining features and pre-war photographs, matching the contours of the face and the pigmentation and texture of the patient's skin. Muir lingers over this detail and the 'unforeseen value' of that last photograph, given as a keepsake to a wife

⁶⁷Additional biographical details are given in Crellin 2001 and Crellin 2004.

⁶⁸Macdonald 1980, pp. 150–4. See also Muir 1917, p. 23. Wood did, in fact, make at least one mask for a female civilian who had been treated for an extensive facial ulcer. Her case is documented in Wood 1917, p. 951.

⁶⁹The American sculptor Anna Coleman Ladd opened a studio for portrait masks in Paris in November 1917, under the auspices of the American Red Cross and in consultation with Wood. Film footage of Ladd at work in her studio can be viewed on the *Smithsonian* magazine website <http://www.smithsonianmag.com/history-archaeology/10023711.html#> (accessed 20 January 2009). See also Romm and Zacher 1982. The Queen's Hospital, Sidcup, had its own masks unit. See Crellin 2001, p. 80, for

a brief discussion of John Edwards' work there. Very few of the masks have survived. The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) has a nasal prosthesis made by Henry Brooks for himself, and two ocular prostheses, probably also made by Brooks between 1920 and 1940. An optical technician, Brooks ran a facial prosthetic service at Queen Mary's Hospital Roehampton for 30 years. A mask made at Sidcup by the dental technician Archie Lane was displayed in the *War and Medicine* exhibition: this and two others (one unfinished) are owned by Lane's grandson.

⁷⁰Carmichael 1985; Powell 1981.

⁷¹Wood 1917, p. 949.

⁷²Wood 1917, p. 951. McKenzie 1918, p. 124, likewise emphasises the role of 'sculptural skill' and 'imagination'.



Fig. 6. Horace Nicholls, *Repairing War's Ravages: Renovating facial injuries*. Applying the first coat of plaster for the purpose of taking the mould of patient's face, who has been blinded in one eye. The patch is to restore that side of the face which has been disfigured. Source: Imperial War Museum, Q.30.452, Q.30.457. Photographs courtesy of the Imperial War Museum, London.



Fig. 7. Horace Nicholls, *Repairing War's Ravages: Renovating facial injuries*. Captain Derwent Wood painting the plate. Source: Imperial War Museum, Q.30.452, Q.30.457. Photographs courtesy of the Imperial War Museum, London.

or sweetheart.⁷³ If an eye was missing, Wood tried to match the original colour from the remaining eye or, failing that, from a relative's description, painting the reverse of a glass blank, or directly on to the plate.

In *The Lancet* article, Wood describes the painstaking process of mask-making. First the patient's face was cast in plaster-of-Paris, ensuring a perfect edge-fit for the eventual prosthesis; then the mould was chalked and a clay or plasticine squeeze taken, giving a positive model of the healed wound and surrounding skin which could gradually be worked up into a new cheek, eye socket, nose or jaw. Once the missing features had been sculpted, a final cast was taken and electroplated to produce a copper mask 1/32

⁷³Muir 1918, p. 148.

of an inch thick. This was coated in silver and then painted: cream-coloured spirit enamel provided a good base for flesh-matching Caucasian skin; the sheen of oily skin was replicated with varnish 'rubbed down to match' the patient's complexion. Rather than use hair for eyebrows and lashes, Wood found that the results were better if he painted the eyebrows on to the plate, and used thin metallic foil for the eyelashes, which he would cut into fine strips, tint, curl and solder in place.⁷⁴

Mask-making was an individualised, highly skilled and labour-intensive activity. Unlike the manufacture of prosthetic limbs, there were no standardised parts, no economies of scale or mechanised production processes.⁷⁵ Wood was making portraits. The art historian Joanna Woodall argues that the underlying motivation for all naturalistic portraiture is the desire 'to overcome separation':

to render a subject distant in time, space, spirit, eternally present. It is assumed that a 'good' likeness will perpetually unite the identities to which it refers. This imperative has been appreciated since antiquity. For Aristotle, portraiture epitomised representation in its literal and definitive sense of making present again: re-presentation.⁷⁶

Wood's masks, then, are an attempt to 'overcome separation': to make the absent self present again. Considerable skill and expense were devoted to an object that did not, as Wood himself points out, restore function to the patient or alleviate his physical suffering.⁷⁷ What they could do, he suggests, is lessen a patient's psychological pain and social isolation:

The patient acquires his old self-respect, self-assurance, self-reliance, and, discarding his induced despondency, takes once more to a pride in his personal appearance. His presence is no longer a source of melancholy to himself or of sadness to his relatives and friends.⁷⁸

To me, the masks look lovingly but incongruously hand-crafted: the barely visible brush-strokes that describe individual hairs of an eyebrow or the smooth surface of a youthful cheek are uncanny rather than convincingly real. The notion that one might take pride in a painted metal piece held in place by ribbons or spectacles seems incredible, but I think such beliefs need to be suspended if we are to understand how facial prostheses worked: how art and artifice might interact with a patient's sense of embodied and visible self. It may have mattered, for example, that these fragmentary portraits were precious objects in their own right: like a valuable watch or a bespoke hat.⁷⁹ Perhaps their ergonomic flaws, their tendency to chip and rust with wear, and their 'lack of animate realism' were a small price to pay for an appearance.⁸⁰ Self-fashioning, after all, is

⁷⁴Wood 1917, p. 951.

⁷⁵Guyatt 2001, pp. 312–15.

⁷⁶Woodall 1997, p. 8.

⁷⁷In the opening sentence of his *Lancet* article (1917, p. 949), Wood makes it clear that 'no attempt is made in any of my contrivances for the alleviation of the sufferings of the wounded, [or] to restore functioning.' The only practical benefit was that wadding

placed inside a mask could be used to absorb the discharge from defective tear ducts or salivary glands.

⁷⁸Wood 1917, p. 949.

⁷⁹I owe this analogy to Margaret Collins, Consultant Orthodontist at Barts and the London Hospitals.

⁸⁰One might therefore question Feo's emphasis on the 'discomfort' and 'ultimate impracticality' of the masks. See Feo 2007, pp. 23–4.

always about performance and persuasion, compromise and artifice. It necessarily involves a kind of 'wizardry', as Wood admitted.⁸¹

Gilman makes the point that aesthetic surgery is always about 'passing' within a particular group or social situation. This is not the same as looking better, or becoming invisible. It is about becoming 'differently visible', even when the new you is patently artificial (as is often the case with cosmetic surgery).⁸² The sociologist Erving Goffman offers a further insight into the complex visibility of disfigurement and disability. In his path-breaking book *Stigma: Notes on the Management of Spoiled Identity*, Goffman defines stigma as 'an attribute that is deeply discrediting within a particular social interaction'.⁸³ Unlike Gilman, he reserves the term 'passing' for those whose difference is not immediately apparent (they are, in Goffman's terminology, 'discreditable' but not yet 'discredited').⁸⁴ Invisibility, however temporary or precarious, is key here. Unlike mental illness, or a criminal record—which might well afford opportunities for passing in public situations—facial disfigurement is highly visible in most cultures. If passing is not an option, the stigmatised person may resort to 'covering'. Dark glasses, for example, can signify (and indeed draw attention to) visual impairment, while at the same time concealing any visible deformity or difference. To quote Goffman again, covering serves to lessen the 'obtrusiveness' of the stigma.⁸⁵ And here we return to the function of Wood's masks. A mask can be a likeness (as in 'death-mask'); it can be a disguise; but the term is also used to mean 'a covering for all or part of the face'.⁸⁶ Wearing a plate or mask—however crude or unconvincing—could be seen as part of a social contract not to offend, not to be obtrusive. I will spare you the sight of my face, the mask declares. For Rifleman Moss (Figure 8), dark glasses and a prosthetic nose (not by Wood in this instance) conceal the injury documented in Figure 1. He would hardly have been inconspicuous, but as Gillies later remarked, 'Fitted with an external prosthesis, at least he was presentable enough to be a blind man.'⁸⁷

Conclusion

Goffman describes such encounters with stigma as 'one of the primal scenes of sociology' because they serve to define—for a given social group, at a particular time—what it is to be fully human.⁸⁸ Goffman is ultimately concerned with the structural preconditions of stigma and its subjective vicissitudes, not its specific cultural or historical manifestations; and the experiential, self-revelatory richness of his autobiographical sources has no equivalent in the documentary record of the First World War. How would one begin to reconstruct the experience of stigma from stoicism and silence? Rather than attempt to answer this very difficult question (which may well be unanswerable), I have taken a different tack, focusing on the rhetoric and visibility of

⁸¹ 'I hold over their heads the great power I possess', wrote Wood of his patients: 'in three strokes of my wizard's brush I can present to the public such a vision'. From a letter to Hamo Thornycroft, dated 29 January 1916. Henry Moore Institute Archives, C 757, quoted in Koureas 2007, p. 140.

⁸² Gilman 1999, p. xxi.

⁸³ Goffman 1968, p. 13.

⁸⁴ Goffman 1968, p. 57.

⁸⁵ Goffman 1968, p. 127.

⁸⁶ *The Concise Oxford Dictionary* (1990) has 13 entries under 'mask'.

⁸⁷ Gillies and Millard 1957, p. 27.

⁸⁸ Goffman 1968, pp. 15, 24.



Fig. 8. Photograph of Rifleman E. Moss wearing a prosthetic plate attached to spectacles. *Source:* Moss case file, Gillies Archives, Queen Mary's Hospital Sidcup. Photograph courtesy of the Gillies Archives.

facial injury in wartime Britain: a subject largely neglected by historians of war and disability. Despite the considerable literature on the First World War and the male body—much of it inspired by Joanna Bourke's brilliant *Dismembering the Male*—the male face has remained absent from, or at best marginal to discussions of masculinity and suffering.⁸⁹ Yet as I have argued, facial injury and disfigurement were part of the social and cultural legacy of the First World War: the way it was imagined (the 'worst loss of all'). Innovations in reconstructive surgery and prosthetics were also part of the war's physical and medical legacy, which is why Derwent Wood is such an important and intriguing figure. In his case, the encounter between art and medicine was largely accidental. Confronted with the failure of reconstructive surgery, the 'hopeless cases', he took up the challenge as only a sculptor could. For him, and for many of his contemporaries, art had the potential to overcome the loss of identity associated with facial injury, and to humanise those whose bodies bore the proof of war's essential inhumanity.

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⁸⁹Bourke limits her focus to 'men who survived mutilation in their extremities'. See Bourke 1996, p. 33.

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