

**The Destiny and Representations of Facially Disfigured Soldiers  
during the First World War and the Interwar Period  
in France, Germany and Great Britain**

Submitted by Marjorie Irène Suzanne Gehrhardt to the University of Exeter  
as a thesis for the degree of  
Doctor of Philosophy in French in September 2013

This thesis is available for Library use on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.

I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

Signature: .....



## Abstract

The frequency and seriousness of facial injuries during the First World War account for the presence of disfigured men in significant numbers in European interwar society. Physical reconstruction, psychological and social consequences had long-term consequences for experts and lay people alike. Despite the number of wounded men and the impact of disfigurement, the facially injured soldiers of the First World War have rarely been the focus of academic research.

This thesis aims to bridge this gap through a careful investigation of the lives and representations of *gueules cassées*, as they came to be known in France. It examines the experience and perceptions of facial disfigurement from the moment of the injury and throughout the years following, thereby setting the parameters for a study of the real and the mediated presence of disfigured veterans in interwar society. The chronological frame of this study begins in 1914 and ends in 1939, since the perception and representations of facial disfigurement were of particular significance during the First World War and its aftermath.

Using a comparative approach to explore the experience and representations of disfigurement, this study investigates the presence of facially injured combatants and veterans in 1920s and 1930s society. With an interdisciplinary perspective, literary and artistic depictions as well as historical documents are examined in order to complement contemporary descriptions with the voices of the men themselves. This study sheds new light on the history of wounded soldiers of the First World War through in-depth analysis of original documents from France, Germany and Great Britain.

This thesis provides the first detailed comparative study of British, French and German disfigured men. It emphasises the at times paradoxical situation of veterans who sought to lead ordinary lives but also became symbols of the war. All five chapters highlight the visibility of facially injured men and explore different responses to their presence whilst also interrogating their role and image in wartime and interwar societies. As such it aims to make a contribution to the cultural history of the First World War and its aftermath.



## Acknowledgements

I am very grateful to all those who have supported me in the writing of this thesis. Particular thanks go to my supervisor Dr Ulrike Zitzlsperger, who has guided and encouraged me in my academic work since I started my Master's degree, and who has always found the time and the words to help me in my PhD. Thank you also to Dr David Houston Jones for his feedback and support. I am grateful to the College of Humanities for providing me with funding and giving me the opportunity to teach within the Department of Modern Languages. EdmissionUK and the Association for the Study of Modern and Contemporary France have also generously supported my participation in a conference and one of my research trips.

Many people have facilitated my research work, especially with archives that were sometimes difficult to locate and access. I am particularly grateful to Madame Garric and Capitaine Tabbagh at the Val-de-Grâce, Andrew Bamji and Brian Morgan at the Gillies archives, Sarah Pearson and Sam Alberti at the Royal College of Surgeons, Olivier Roussel from the *Association des Gueules Cassées*, and staff members at the British Red Cross Archives, the *Centre de Recherches de l'Historial de la Grande Guerre*, the Landeshauptstadt Düsseldorf Stadtarchiv and the Hauptstaatsarchiv Stuttgart.

The fruitful exchanges I have had with several researchers have helped me in my research and I would like to thank in particular Prof Christian Auer, Dr Nicolas Beaupré, Dr Suzannah Biernoff, Dr Sophie Delaporte, Prof Allison Fell, Dr Stéphane Garcia, Dr Martin Hurcombe, Dr Frances Mossops, Dr Anne Rasmussen and Dr Fiona Reid. Many thanks go also to Bidy Stevens and her daughter, for sharing with me memories of their father and grandfather, wounded during the First World War.

I am grateful to my colleagues for being a stimulating and encouraging team. Thank you especially to Zoë, Lucie, Laurie, Damien and Isaure. Thanks must also go to all my friends and family for being understanding of the demands of writing a thesis, and for showing an interest in my work. Thank you to Carole, Fanny and Marie-Emilie for keeping in contact despite the distance. Dani, Shona, Liane, Ameera, David and Mike kindly made time to proof-read for me, and their comments were very helpful. Thanks also go to Postgraduate Fellowship members, including Rachel, David and Joe, to Friends International

team members and students, and to people at Pinhoe Road Baptist Church for their warm welcome and their supportive attitude. I would like to express my gratitude to Louise, Simon and Rosemary for their help with academic matters, but also their encouragement on a daily basis during the time when I had the privilege to live with them. I am especially grateful to David for his thoughtfulness, his understanding and his encouragement. Finally, I would like to thank my family, in particular Sabine, Jean-Marc and Anne-Catherine, for their unconditional emotional and financial support.

## Contents

|   |            |
|---|------------|
| Abstract  | 3          |
| Acknowledgements  | 5          |
| List of illustrations   | 11         |
| <b>Introduction</b>   | <b>21</b>  |
| <b>Facial injuries in the First World War:<br/>traditional attitudes and new developments</b> | <b>22</b>  |
| Facial injuries: quantitative and qualitative aspects   | 23         |
| The development of plastic surgery of the face  | 26         |
| <b>State of research</b>  | <b>29</b>  |
| Medical History   | 30         |
| Social and Art History  | 33         |
| Body culture and disability studies   | 36         |
| Gender studies  | 43         |
| <b>Research questions and methodology</b>   | <b>46</b>  |
| Cultural history and remembrance of the First World War                                       | 47         |
| Human embodiments of memory   | 52         |
| Memory and wounds   | 56         |
| <b>Chapter 1: Facially Injured Soldiers in Hospital</b>                                       | <b>63</b>  |
| <b>Treating facially injured soldiers</b>   | <b>64</b>  |
| The re-appropriation of the self  | 64         |
| A holistic endeavour  | 67         |
| The art of maxillofacial surgery  | 70         |
| Healing and hiding  | 74         |
| <b>A re-creation of the family sphere</b>   | <b>83</b>  |
| Nurses and female staff: lovers and mothers   | 84         |
| Male staff: a fraternal relationship  | 94         |
| <b>The surgeon: a multi-faceted figure</b>  | <b>97</b>  |
| A paternal figure   | 98         |
| A heroic figure   | 101        |
| <b>Conclusion</b>   | <b>107</b> |

|   |            |
|---|------------|
| <b>Chapter 2: Economic and social reintegration</b>                             | <b>109</b> |
| <b>Professional reintegration</b>   | <b>110</b> |
| Training in hospitals   | 110        |
| The challenges of returning into civilian employment                            | 116        |
| <b>The family sphere</b>  | <b>121</b> |
| Parents and children  | 122        |
| Romantic relationships  | 126        |
| <b>Social reintegration</b>   | <b>131</b> |
| Spaces of contact, wartime and civilian identities                              | 131        |
| Marginal figures  | 136        |
| Normalising depictions  | 148        |
| <b>Conclusion</b>   | <b>153</b> |
| <br>  |            |
| <b>Chapter 3: The <i>Association des Gueules Cassées</i>:</b>                   |            |
| <b>Shaping a New Identity</b>   | <b>155</b> |
| <b>Individual and collective dimensions</b>                                     | <b>156</b> |
| ‘Esprit de corps’ amongst <i>gueules cassées</i>                                | 156        |
| The creation of the <i>Union des Blessés de la Face</i>                         | 161        |
| The role of individual leaders  | 164        |
| <b>The work of the <i>Union des Blessés de la Face</i></b>                      | <b>172</b> |
| Meeting the veterans’ practical needs   | 172        |
| A family structure  | 178        |
| The <i>Maison des Gueules Cassées</i> : a home for facially disfigured veterans | 180        |
| <b>Shaping the collective image of <i>gueules cassées</i></b>                   | <b>188</b> |
| The image promoted by the UBF   | 188        |
| Publicising <i>gueules cassées</i>  | 199        |
| A political body  | 203        |
| <b>Conclusion</b>   | <b>215</b> |
| <br>  |            |
| <b>Chapter 4: Visual Representations of Facially Injured Soldiers</b>           | <b>219</b> |
| <b>Photography</b>  | <b>221</b> |
| Official photographs  | 223        |
| Medical photographs   | 233        |
| Use of photographs representing facially injured soldiers                       | 237        |



|   |            |
|---|------------|
| <b>Medical drawings</b>   | <b>245</b> |
| A double purpose  | 245        |
| Case studies  | 247        |
| Dissemination and responses   | 252        |
| <b><i>Gueules cassées</i> in ‘conventional’ visual arts</b>   | <b>254</b> |
| The integration of <i>gueules cassées</i> into visual narratives<br>of physical and social reconstruction | 254        |
| Images of difficult interaction   | 259        |
| <b>Conclusion</b>   | <b>269</b> |
| <br>  |            |
| <b>Chapter 5: Facially Injured Soldiers in Interwar Literature</b>  | <b>271</b> |
| <b>The facially injured soldier: a marginal figure in interwar literature?</b>                            | <b>272</b> |
| Chronological and international differences: marketing <i>gueules cassées</i>                             | 272        |
| Putting loss and pain into print  | 273        |
| Prefaces  | 275        |
| The literary treatment of the figure of the facially injured soldier                                      | 278        |
| <b>Representing the indescribable:<br/>depictions of facially injured soldiers in literature</b>          | <b>279</b> |
| A realistic setting   | 279        |
| The presence of a ‘mediator’  | 281        |
| Literary descriptions of the injured face   | 285        |
| The man in the mirror:<br>the psychological consequences of facial disfigurement                          | 289        |
| Coping with facial injuries   | 292        |
| <b>Facing the world</b>   | <b>295</b> |
| The rejection of other people   | 295        |
| Responses of strangers  | 297        |
| Friendships   | 302        |
| Facially injured men and their families   | 304        |
| Love and romantic relationships   | 306        |
| <b>Conclusion</b>   | <b>308</b> |
| <br>  |            |
| <b>Conclusion</b>   | <b>311</b> |
| <br>  |            |
| Bibliography  | 317        |



## List of illustrations

The illustrations listed below are mostly out of copyright; for those under copyright, written permission has been sought.

- Figure 1 64  
Photograph of Musketier L., German soldier, in Erich Lexer,  
*Wiederherstellungs-Chirurgie* (Leipzig: Johann Ambrosius Barth, 1920), p. 339
- Figure 2 64  
Photograph of Private Moss, British soldier, army medical record © Gillies  
archives, London
- Figure 3 64  
Photograph of a French soldier [unidentified] © Musée du Service de Santé aux  
Armées du Val-de-Grâce, Paris
- Figure 4 71  
Sketch of the 'fat flap' surgical procedure, in Harold D. Gillies, *Plastic Surgery of  
the Face* (London: Frowde, 1920), p. 41
- Figure 5 72  
Photographs of patient Cécillon before, during and after treatment © Musée du  
Service de Santé des Armées au Val-de-Grâce, Paris  
Photographs of casts of Cécillon's face © Musée du Service de Santé des  
Armées au Val-de-Grâce, Paris
- Figure 6 73  
Photographs of patient Hugo before, during and after treatment © Musée du  
Service de Santé des Armées au Val-de-Grâce, Paris  
Photographs of casts of Hugot's face © Musée du Service de Santé des  
Armées au Val-de-Grâce, Paris

- Figure 7 73  
 Photographs of patient Mascard before and during his treatment by Dr Hippolyte Morestin, Val-de-Grâce © Musée du Service de Santé des Armées au Val-de-Grâce, Paris  
 Photograph of a series of casts documenting the reconstruction process © Musée du Service de Santé des Armées au Val-de-Grâce, Paris
- Figure 8 79  
 Photograph of Anna Coleman Ladd's studio, in Fisher Ames, Jr, 'Human Repair', *American Red Cross Work Among the French People* (New York: The MacMillan Company, 1921) [no page number]
- Figure 9 81  
 Photograph of Anna Coleman Ladd with a patient, in Grace S. Harper, 'New Faces for Mutilated Soldiers', *Red Cross Magazine*, November 1918, p. 44
- Figure 10 114  
 Painting of the dentistry workshop at The Queen's Hospital, Sidcup © Imperial War Museum. John Hodgson Lobley, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the dental mechanics' class*, c. 1918. London, Imperial War Museum, IWM ART 3757 © Imperial War Museum
- Figure 11 114  
 Photograph of the dentistry workshop at The Queen's Hospital © Gillies archives
- Figure 12 119  
 Photograph of Harry Burbeck, his wife Isabella and their three children (1930s). Courtesy of Mrs Bidy Stevens, daughter of Harry Burbeck
- Figure 13 120  
 Photograph of Eugène Criqui, Agence de presse Meurisse, 1919. Paris, Bibliothèque nationale de France, Meurisse 70980 © Bibliothèque nationale de France

- Figure 14 159  
Souvenir Programme, The Queen's Hospital Thespian Society, 19 December 1919 © Gillies archives, London
- Figure 15 160  
People (patients and visitors?) playing on the grounds of The Queen's Hospital, Sidcup © Gillies archives, London
- Figure 16 160  
Photograph of 'The Football Team. Patients whose features had been restored', *Report on the work of The Queen's Hospital, Sidcup, Kent, for sailors and soldiers suffering from facial and jaw injuries (1917–1921)*, 1921, p. 15 © Wellcome Library archives, London
- Figure 17 168  
Portrait of Yves Picot sold to UBF members, reproduced in *Bulletin de l'Union des Blessés de la Face*, 43 (September 1935), p. 16
- Figure 18 170  
Photograph of the funeral of Yves Picot, in *Bulletin de l'Union des Blessés de la Face*, Special issue, April 1938, p. 18
- Figure 19 171  
*Le Serment* made by UBF members to honour Yves Picot's memory, in *Bulletin de l'Union des Blessés de la Face*, Special issue, April 1938, p. 1
- Figure 20 182  
'Les Gueules Cassées?', propaganda poster [1926?], Comité de Propagande Lyonnais. Péronne, Historial de la Grande Guerre collections, 064199 © Historial de la Grande Guerre
- Figure 21 184  
Picture of 'Le Château des Gueules Cassées', *Bulletin de l'Union des Blessés de la Face*, 16 (December 1926), p. 3

|   |     |
|---|-----|
| Figure 22   | 187 |
| Photograph of Miellet and Picot trying the 1932 Moussy cider, <i>Bulletin de l'Union des Blessés de la Face</i> , 35 (July 1933), p. 10             |     |
| Figure 23   | 192 |
| Photograph of a 'Borne Sacrée'. Péronne, Historial de la Grande Guerre collections, 1 DEC 30 © Historial de la Grande Guerre                        |     |
| Figure 24   | 193 |
| Photograph advertising <i>La Dette...</i> prizes, <i>Bulletin de l'Union des Blessés de la Face</i> , 27 (November 1931), p. 21.                    |     |
| Figure 25   | 194 |
| Advertisement for <i>La Dette...</i> , <i>Bulletin de l'Union des Blessés de la Face</i> , 27 (November 1931) [no page number]                      |     |
| Figure 26   | 194 |
| Jean Carlu, ' <i>La Dette...</i> ' poster, c. 1931. Péronne, Historial de la Grande Guerre collections, 14 AFF 16.1 © Historial de la Grande Guerre |     |
| Figure 27   | 195 |
| Lottery ticket, <i>Bulletin de l'Union des Blessés de la Face</i> , 44 (December 1935), p. 7  |     |
| Figure 28   | 207 |
| 'Memorandum', <i>Bulletin de l'Union des Blessés de la Face</i> , 25 (August 1930), p. 3  |     |
| Figure 29   | 207 |
| 'Memorandum', <i>Bulletin de l'Union des Blessés de la Face</i> , 26 (November 1930), p. 3  |     |
| Figure 30   | 208 |
| Front page of <i>Bulletin de l'Union des Blessés de la Face</i> , 27 (November 1931)  |     |

- Figure 31 211  
*Pour la Paix du Monde* poster. Péronne, Historial de la Grande Guerre collections, 005108 © Historial de la Grande Guerre
- Figure 32 213  
*J'accuse* publicity material. Paris, Cinémathèque française, B 46–134 GANCE © Cinémathèque française
- Figure 33 214  
*J'accuse* poster (160 x 240 cm). Paris, Cinémathèque française, B 46–134 GANCE © Cinémathèque française
- Figure 34 224  
'Repairing war's ravages: renovating facial injuries. A British soldier wounded between the eyes by a piece of time-fuse, which lodged at the back of his cheek. It was extracted by massage without injury to the cheek'. London, Imperial War Museum, Q.30,449 © Imperial War Museum
- Figure 35 225  
'Repairing war's ravages: renovating facial injuries. The patient after a plate was fixed for the spectacles to cover the wound. The sculptor was Captain Derwent Wood, RA, 3<sup>rd</sup> London General Hospital'. London, Imperial War Museum, Q.30,450 © Imperial War Museum
- Figure 36 227  
Wood's assistants 'applying first coat of plaster for the purpose of taking the mould of the patient's face, who has been blinded in one eye. The patch is to restore that side of the face which has been disfigured'. London, Imperial War Museum, Q.30,452 © Imperial War Museum
- Figure 37 227  
'The complete mould before removal'. London, Imperial War Museum, Q.30,453 © Imperial War Museum

- Figure 38 227  
 'The mould removed'. London, Imperial War Museum, Q.30,454 © Imperial War Museum
- Figure 39 228  
 'The patient examining the mould of his own face'. London, Imperial War Museum, Q.30,455 © Imperial War Museum
- Figure 40 228  
 'Captain Derwent Wood, RA, who moulds the plates'. London, Imperial War Museum, Q.30,456 © Imperial War Museum
- Figure 41 228  
 'Painting the plate'. London, Imperial War Museum, Q.30,457 © Imperial War Museum
- Figure 42 229  
 'Examining the finished plate'. London, Imperial War Museum, Q.30,458 © Imperial War Museum
- Figure 43 229  
 'Repairing war's ravages: renovating facial injuries. The mould in different stages. From left to right the mask mould, the mask cast, the cast with the good eye restored, the plate moulded, and the finished plate attachment'. London, Imperial War Museum, Q.30,459 © Imperial War Museum
- Figure 44 229  
 'Repairing war's ravages: renovating facial injuries. Various plates and attachments in different stages of completion'. London, Imperial War Museum, Q.30,460 © Imperial War Museum
- Figure 45 235  
 Case 37, in Harold D. Gillies, *Plastic Surgery of the Face* (London: Frowde, 1920), pp. 40–41



- Figure 46 240  
Ernst Friedrich, *Krieg dem Kriege!* (London: The Journeyman Press, 1987), pp. 226–27
- Figure 47 244  
*La délégation des Gueules cassées à Versailles, le 28 juin 1919*. Péronne, Historial de la Grande Guerre © Historial de la Grande Guerre
- Figure 48 248  
Pastel of Private Frank Boorman, by Henry Tonks (1917–1918). London, Royal College of Surgeons, RCSSC/P 569.31 © Royal College of Surgeons
- Figure 49 248  
Unidentified soldier, by Raphaël Freida (1918), in Raphael Freida, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918). Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, 2009.1.21 © Musée du Service de Santé aux Armées du Val-de-Grâce
- Figure 50 248  
Unidentified soldier, by Raphaël Freida (1918), in Raphael Freida, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918). Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, 2009.1.25 © Musée du Service de Santé aux Armées du Val-de-Grâce
- Figure 51 249  
Detail of surgical treatment to reconstruct a facial injury, pastel by Henry Tonks. London, Royal College of Surgeons, RCSSC/P 569.72 21 © Royal College of Surgeons
- Figure 52 249  
Pastel of Private Harold Burbridge, by Henry Tonks (1917). London, Royal College of Surgeons, RCSSC/P 569.9 © Royal College of Surgeons

- Figure 53 249  
 Pastel of Private Harold Burbridge, by Henry Tonks (1918). London, Royal College of Surgeons, RCSSC/P 569.10 © Royal College of Surgeons
- Figure 54 250  
 Painting of Private Charles Arnoux, by Raphaël Freida (1918), in Raphaël Freida, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918). Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, 2009.1.17 © Musée du Service de Santé aux Armées du Val-de-Grâce
- Figure 55 250  
 Painting of an unidentified soldier, by Raphaël Freida (1918), in Raphaël Freida, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918). Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, 2009.1.18 © Musée du Service de Santé aux Armées du Val-de-Grâce
- Figure 56 250  
 Painting of a German soldier, by Raphaël Freida (1917), in Raphaël Freida, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918). Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, 2009.1.4 © Musée du Service de Santé aux Armées du Val-de-Grâce
- Figure 57 250  
 Pastel of an unidentified soldier, by Henry Tonks. London, Royal College of Surgeons, RCSSC/P 569.9 © Royal College of Surgeons
- Figure 58 250  
 Pastel of Private Charles Deeks, by Henry Tonks. London, Royal College of Surgeons, RCSSC/P 569.1 © Royal College of Surgeons
- Figure 59 254  
 John Hodgson Lobley, *The Queen's Hospital for Facial Injuries, Frognaal, Sidcup: the commercial class*, c. 1918. London, Imperial War Museum collections, IWM ART 3767 © Imperial War Museum

- Figure 60 254  
 John Hodgson Lobley, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the dental mechanics' class*, c. 1918. London, Imperial War Museum, IWM ART 3757 © Imperial War Museum
- Figure 61 255  
 John Hodgson Lobley, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the carpenters' shop*, c. 1918. London, Imperial War Museum, IWM ART 3728 © Imperial War Museum
- Figure 62 255  
 John Hodgson Lobley, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the toy-makers' shop*, c. 1918. London, Imperial War Museum, IWM ART 3756 © Imperial War Museum
- Figure 63 257  
 Jean Galtier-Boissière, *Défilé des Mutilés* (1919). Paris, Musée d'Histoire contemporaine © Bibliothèque de Documentation Internationale Contemporaine
- Figure 64 259  
 Otto Dix, *Transplantation* (1924), in *Der Krieg* portfolio. New York, Museum of Modern Art
- Figure 65 261  
 Otto Dix, *Kriegsverletzter* (1922). London, Tate Gallery
- Figure 66 262  
 Otto Dix, *Die Skatspieler* (1920). Berlin, Nationalgalerie: Staatliche Museen zu Berlin-Preussischer Kulturbesitz
- Figure 67 264  
 Otto Dix, *Die Kriegskrüppel* (1924). New York, Museum of Modern Art

Figure 68 265  
George Grosz, *Das Gesicht der herrschenden Klasse*, p. 28. International Dada  
Archive, Special Collections, University of Iowa Libraries  
<[http://sdr.lib.uiowa.edu/dada/Das\\_Gesicht/](http://sdr.lib.uiowa.edu/dada/Das_Gesicht/)> [accessed 28 May 2013]

Figure 69 265  
George Grosz, *Das Gesicht der herrschenden Klasse*, p. 31. International Dada  
Archive, Special Collections, University of Iowa Libraries  
<[http://sdr.lib.uiowa.edu/dada/Das\\_Gesicht/](http://sdr.lib.uiowa.edu/dada/Das_Gesicht/)> [accessed 28 May 2013]

Figure 70 266  
Max Beckmann, *Der Nachhauseweg* (1919), in *Die Hölle*. National Galleries of  
Scotland <[http://www.nationalgalleries.org/object/GMA\\_2465\\_B](http://www.nationalgalleries.org/object/GMA_2465_B)> [accessed 28  
May 2013]

Figure 71 268  
Otto Dix, *Dirne und Kriegsverletzter: Zwei Opfer des Kapitalismus* (1923).  
Münster, Westfälisches Landesmuseum für Kunst und Kulturgeschichte

## Introduction

On 28 June 1919, participants in the Paris Conference gathered to sign the peace treaty that officially marked the end of the First World War. In the dramatic setting of the Hall of Mirrors in Versailles, delegates made their way to the table where the document was displayed. Before reaching it, they had to walk past the *Délégation des Mutilés*: five facially injured French soldiers invited there by the French Prime Minister Georges Clemenceau. Although they remained silent during the ceremony, they did not go unnoticed by the attendees. But despite the place of these men on centre stage at this symbolic event, the presence of disfigured soldiers and the role they played in the war and the interwar period have been little researched. This thesis aims to bridge that gap and to explore the experiences and representations of facially injured soldiers during and after the First World War.

The silence surrounding disfigured soldiers and later veterans can be accounted for by the painful memories evoked by their faces, and by the fact that they themselves often wished to go unnoticed. The place they were given, or that they made for themselves, differed depending on the country. Through a discussion of the fates and representations of *gueules cassées* [broken mugs], as they came to be known in France, this thesis shows their cultural significance and the variation in terms of their perception in France, Germany and Great Britain. This is best understood through a study of their journey from the hospital to the return to civilian life, analysed here with special emphasis on the relationships established or maintained by wounded combatants. This thesis offers a new perspective on a group of servicemen who, although little known, were very visible – often painfully so – at the time. It aspires to make a contribution to the study of the cultural history of the First World War and its aftermath by using a variety of primary sources, ranging from medical accounts to contemporary press and artistic representations, in order to examine society's responses as well as the experience of disfigurement as narrated by *gueules cassées* themselves. This introduction gives an overview of facial injuries during the First World War; it sets out the aims and structure of the thesis, and places it within the existing body of knowledge on injured soldiers, veterans and remembrance of the First World War.

## 1. Facial injuries in the First World War: traditional attitudes and new developments

Facial disfigurement was nothing new in 1914. It could be observed in peacetime as a consequence of accidents, malformation or diseases such as smallpox, syphilis and leprosy.<sup>1</sup> Facial injuries had also been encountered in previous wars as attested in the account of the Battle of Solferino (1859) given in 1862 by Jean-Henri Dunant, the founder of the Red Cross. In *A Memory of Solferino*, Dunant, who happened to be near the battlefield shortly after the fight and took an active part in caring for the wounded, recalls his attempts at relieving facially wounded soldiers.<sup>2</sup> But for them, there was little hope of survival; French combatants who suffered such wounds during the Napoleonic Wars were in fact killed by their comrades to spare them further misery.<sup>3</sup>

A similar attitude could still be observed during the First World War, on the part of stretcher-bearers as well as the combatants themselves, for whom facial injuries were a particular fear. It was commonly thought, not without reason, that facial wounds would almost unfailingly lead to death. Thus, the British soldier Percy Clare describes a comrade as acting 'with a terribly scared and horrified look' upon seeing him wounded on the battlefield. He later writes 'perhaps he was panic-struck at my appearance,' acknowledging the strong visual impact of facial injuries on witnesses. The first two rescue parties who found him on the battlefield refused to take him, convinced that he would die soon and that it was not worth carrying him all the way to the casualty clearing station.<sup>4</sup> Likewise, Albert-Emmanuel Jugon, who was later to become one of the founders of the French organisation for facially injured soldiers *Union des Blessés de la Face*, was given absolution on the battlefield. He himself is reported to have asked 'Emportez les autres, après seulement, si vous avez le

---

<sup>1</sup> Louis-Paul Fischer and others, 'Les gueules cassées représentées par de grands peintres (O. Dix – G. Grosz – R. Freida): La défiguration en histoire de l'art', *Histoire des Sciences Médicales*, 41, 4 (2007), 337–46 (pp. 339–40).

<sup>2</sup> Jean-Henri Dunant, *A Memory of Solferino* (International Committee of the Red Cross, 1986), p. 15. First published in 1862 by Dunant under the title *Un Souvenir de Solferino*. <<http://www.icrc.org/eng/resources/documents/publication/p0361.htm>> [accessed 16 October 2010].

<sup>3</sup> François-Xavier Long, 'Les Blessés de la Face durant la Grande Guerre: Les origines de la chirurgie maxillo-faciale', *Histoire des Sciences Médicales*, 36, 2 (2002), 175–83.

<sup>4</sup> London, Imperial War Museum, Percy Clare, *Private papers of P. Clare*, 3 vols, III, 06/48/1 [no pagination]. This manuscript was written in 1918, revised in 1920 and recopied in 1932 and 1935.

temps, souvenez-vous que je suis ici'.<sup>5</sup> He expected to die from his injuries, thus illustrating the sense of fatality which was associated with facial wounds. But between the time Jugon was hit, on 16 September 1914, and the end of the war, the victims' prospects of survival improved dramatically.

### 1.1. Facial injuries: quantitative and qualitative aspects

When taking stock of the material and psychological changes related to facial injuries during the Great War, two trends must be considered. Whilst the war is widely acknowledged as a pivotal moment in the development of reconstructive maxillofacial surgery, one also needs to highlight another evolution which to some extent permitted these groundbreaking medical advances, namely the unheard-of number of combatants who suffered facial wounds. This quantitative evolution was noted by contemporaries, for example in the section devoted to 'Les blessures de la face' in *Science et Dévouement*, one of the first comprehensive collections of articles on medicine in the Great War ever published (1918).<sup>6</sup>

Reasons for the high number of casualties are manifold. The length and intensity of the First World War account for it, although one should note that the influx of wounded men was irregular, months of stalemate following intense battles. Moreover, trench warfare and new weaponry, as well as the relative absence of protective equipment, increased the proportion of injuries to the head and face.<sup>7</sup> Amongst the numerous advances in military technology, the use of shells and machine guns, as well as the rather late improvement of protective helmets had a significant impact on the frequency of facial wounds. These evolutions in terms of military strategy and weaponry also fostered an increased sense of anonymity of the war; weapons of massive destruction killed indiscriminately, causing the once physically close link between the perpetrator

---

<sup>5</sup> Raymond Noël Bréhamet and Noëlle Roubaud, *Le Colonel Picot et "Les Gueules Cassées"* (Rennes: Nouvelles Editions Latines, 1960), p. 19.

<sup>6</sup> Hippolyte Morestin, 'Les blessures de la face', *Science et Dévouement: Le Service de Santé de la Croix-Rouge, Les Œuvres de Solidarité* (Paris: Editions d'Art Aristide Quillet, 1918), pp. 137–59 (p. 137).

<sup>7</sup> In his autobiography, Albee, a surgeon during the First World War, underlines the soldiers' lack of awareness of the danger: 'French soldiers failed to understand the menace of the machine gun. They seemed to think they could pop their heads over a trench and move quickly enough to dodge the hail of machine-gun bullets. By the time they found out that this was the wrong idea, head-wound cases were filling the hospitals of France'. In Frederick H. Albee, *A Surgeon's Fight to Rebuild Men: An Autobiography* (London: Robert Hale Ltd, 1950), p. 108.

and the victim of violence to be severed. This may have proved a relief for the gunman who had no means of ascertaining that the bullet or shell he had shot had actually hurt anyone; it also prevented the injured man from identifying his attacker. Face-to-face combat was rare, strengthening a sense that the war was that of men against machines.<sup>8</sup>

From the moment a man put on the uniform, he became part of the military masses for the duration of his service. The comradeship that is retrospectively often presented as a redeeming characteristic of the front experience showcases an ideal of equality and solidarity amongst servicemen, sometimes even across the trenches, as the 1914 Christmas truce on the Western front exemplified. This *esprit de corps* underlines the role of the group as a whole. The prevalence of the collective over the individual was observed from the training camp to the battlefield, during leaves and even in death, many fallen men being denied their own grave. In the context of the general negation of the combatant's individuality, injuries to the face constituted a further blow to the soldier's identity, leaving scars that would not be as easy to get rid of as the uniform once he returned to civilian life.

Determining the exact number of combatants who suffered facial injuries is difficult; Sophie Delaporte estimates that '11 à 14% des blessés français de la Grande Guerre l'ont été au visage', which would make a total of over 500,000 victims, a similar figure being given by Martin Monestier for the number of head injuries for the French side.<sup>9</sup> On the German side, Michael Hagner gives 300,000 as a likely number of soldiers who suffered wounds to the face.<sup>10</sup> Pinning down a number for Great Britain is no easier despite the fact that one central structure, the Queen's Hospital at Frognal, Sidcup, emerged in 1917 under the leadership of surgeon Harold Gillies. Joanna Bourke estimates the number of British soldiers who suffered head or eye injuries to be around

---

<sup>8</sup> Michel Goya, *La chair et l'acier: l'invention de la guerre moderne (1914–1918)* (Paris: Tallandier, 2004), especially chapter 9: 'Dans la zone de mort', pp. 303–31. This aspect is also underlined in literature, for instance in Erich Maria Remarque, *All Quiet on the Western Front*, trans. by Brian Murdoch (London: Vintage, 1996). First published under the title *Im Westen nichts Neues* (Berlin: Ullstein, 1929).

<sup>9</sup> Sophie Delaporte, *Les Gueules Cassées: Les Blessés de la Face de la Grande Guerre* (Paris: Noësis, 1996), p. 30. Martin Monestier, *Les Gueules Cassées: Les Médecins de l'Impossible, 1914–1918* (Paris: le cherche midi, 2009), p. 55.

<sup>10</sup> Michael Hagner, 'Verwundete Gesichter, verletzte Gehirne: Zur Deformation des Kopfes im Ersten Weltkrieg' in *Gesichter der Weimarer Republik: Eine physiognomische Kulturgeschichte*, ed. by Claudia Schmölders and Sander Gilman (Köln: DuMont Buchverlag, 2000), pp. 78–95 (p. 78).



60,500; this figure is very low compared with other countries.<sup>11</sup> Overall figures range from between 10,000 and 20,000 to hundreds of thousands. The figures raise a question of definition regarding who was considered to be facially disfigured. This study is concerned with veterans who suffered severe wounds that led them to be sent to specialised hospitals, and whose appearance was fundamentally changed as a consequence of their facial injury, accompanied or not by functional disability. Delaporte proposes figures of 10,000 to 15,000 'grands blessés de la face' in the case of France, which is the best-documented to-date.<sup>12</sup> Taking into account Delaporte's assessment and considering that 'at least 12 per cent of all men wounded suffered from facial wounds', Jay Winter gives an overall estimate of 280,000 soldiers who remained disfigured in France, Germany and Great Britain.<sup>13</sup>

The number of patients who were treated in maxillofacial units and underwent plastic surgery provides more precise figures. However, apart from Great Britain (and only from 1917 onwards), no conclusive efforts were made at grouping soldiers who had suffered severe facial injuries in one central hospital. Examples of specialised centres in France include Paris (Val-de-Grâce, in Hippolyte Morestin's service) and Lyon (Albéric Pont's services); in Germany soldiers could be directed for example to the Charité (Berlin) or the Westdeutscher Kieferklinik (Düsseldorf). Of the three countries, France was the one where most battles were fought, which partly accounts for the multiplication of maxillofacial services throughout the territory. The number of patients treated at the purpose-built Queen's Hospital, Sidcup, between 1917 and 1921, reached 8,000. Some of them came from what were then British dominions, in particular Australia and New Zealand.<sup>14</sup> Besides this, other maxillofacial units were in operation before and during this period in Great Britain. It must also be noted that, in all countries involved, many wounded servicemen suffered multiple injuries and were therefore treated first outside maxillofacial departments. This occasioned delays in the treatment of facial wounds, about which maxillofacial surgeons repeatedly complained. When patients were finally

---

<sup>11</sup> Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1996), p. 33.

<sup>12</sup> Delaporte, p. 30.

<sup>13</sup> Jay Winter, 'Forms of kinship and remembrance in the aftermath of the Great War' in *War and Remembrance in the Twentieth Century*, ed. by Jay Winter and Emmanuel Sivan (Cambridge: Cambridge University Press, 1999), pp. 40–60 (p. 48).

<sup>14</sup> Andrew Bamji, 'The Macalister archive: records from the Queen's Hospital, Sidcup, 1917–1921', *Journal of Audiovisual Media and Medicine*, 16 (1993), 76–84 (p. 76).

referred to their specialised units, their damaged tissue had often started to heal, leaving unsightly scars and rendering facial reconstruction more complex. Before they were able to start reconstructive surgery procedures, Harold Gillies and his peers' first task was often to reopen improperly healed wounds.

## 1.2. The development of plastic surgery of the face

Although the provision of care for facially injured soldiers was very limited, if it existed at all, in 1914, the creation of medical units specialising in maxillofacial surgery during the course of the conflict bears testimony not only to the great number of cases, but also to the development of 'plastic surgery of the face'.<sup>15</sup>

Before giving an overview of the progress achieved in medicine that enabled many soldiers to survive their wounds, a point of terminology needs to be clarified. How facial injuries were described is revealing in terms of how they were perceived. In fact, several phrases have been used to refer to the surgical procedures and related medical specialty which aims to repair maimed faces. In his pioneer work on the cultural history of aesthetic surgery, Sander Gilman defines the latter as 'the opposite of "reconstructive" surgery, which is understood as restoring function'.<sup>16</sup> According to him, whilst the term 'plastic surgery' started to be used more often in the nineteenth century, at a time when facial surgery was associated with 'beauty' surgery, wartime practitioners were performing *reconstructive* surgery. The adjectives 'aesthetic' and 'reconstructive' help to clarify the aim, i.e. restoring or increasing beauty or functions, and Gillies and his contemporaries seem to have rarely used them. Their preferred periphrases are indicative of anatomical localisation, such as 'plastic surgery of the face' (Gillies), 'facial surgery' (Pickerill), 'blessures de la face' (Morestin), 'blessures de la face et du cou' (Dufourmentel and Bonnet-Roy), 'chirurgie cranio-maxillo-faciale' (Lebedinsky and Virenque),

---

<sup>15</sup> *Plastic Surgery of the Face* is the title given by New Zealand surgeon Harold Delf Gillies to his 1920 treatise, based on his experience as a military surgeon at the first maxillofacial hospital in Great Britain, possibly in the world. Gillies played a major role in setting up this hospital in 1917. Harold D. Gillies, *Plastic Surgery of the Face Based on Selected Cases of War Injuries of the Face Including Burns, with Original Illustrations* (London: Frowde, 1920, repr. 1983, London: Gower Medical Publishing in association with the British Association of Plastic Surgeons). It is not my aim here to investigate the significance of the First World War in the history of plastic surgery; the contributions of this field of scholarship to the study of facial disfigurement will be acknowledged in the review of existing literature.

<sup>16</sup> Sander Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 1999), p. 8.

'Kieferverletzungen' (Bruhn), 'Gesichtsplastik'.<sup>17</sup> Specifying the affected part of the body enables to move away from the stigma which had started to be associated with 'beauty' surgery in previous decades. Whilst the cause of the damage is often mentioned (wounds as opposed to illness), the fact that it was war-induced is terminologically ignored.

Plastic surgeons were keen to establish that every injury affecting the face (and sometimes even the head and neck), fell within their remit, as shown in Hippolyte Morestin's declaration that 'Tout ce qui contribue à l'expression faciale, tout le visage, nous appartient'.<sup>18</sup> They also insisted on overseeing the whole process of facial reconstruction, and as a consequence surgery, dentistry and prosthetics divisions were often combined. Maxillofacial surgery was simultaneously developing in intimate connection with other specialties, and striving to assert its singularity. This rather new medical field grew tremendously during the war, with an unheard-of number of casualties needing treatment and the consequential setting up of maxillofacial centres. The fame and reputation of individual surgeons – some of whom were equated with 'gods' in journalistic depictions – had implications for the discipline as a whole, enabling it to gain recognition from the medical world and the general public as a serious medical specialty.<sup>19</sup>

Advances in general medicine as well as in plastic surgery significantly increased the patients' chances of recovery.<sup>20</sup> Alongside the improvement of

---

<sup>17</sup> Henry Percy Pickerill, *Facial surgery* (Edinburgh: E & S Livingstone, 1924); Morestin, 'Les blessures de la face', *Science et Dévouement*; Léon Dufourmentel and Flavien Bonnet-Roy, *Chirurgie d'urgence des blessures de la face et du cou* (Paris: Maloine et fils, 1918); J. Lebedinsky and Maurice Virenque, *Prothèse et chirurgie cranio-maxillo-faciale* (Paris: Baillière et fils, 1918); *Die gegenwärtigen Behandlungswege der Kieferschussverletzungen*, ed. by Christian Bruhn (Wiesbaden: Bergmann, 1916); Jacques Joseph, *Nasenplastik und sonstige Gesichtsplastik: nebst einem Anhang über Mammoplastik und einige weitere Operationen aus dem Gebiete der äusseren Körperplastik: ein Atlas und Lehrbuch* (Leipzig: Curt Kabitzsch, 1931). The term *Kieferoperationen* is also used, for instance in Georg Hermann, *November 18* (Berlin: Das neue Berlin, 2000), p. 32. The original date of publication (1930) suggests that German society, not only medical specialists, were familiar with the term.

<sup>18</sup> Morestin, 'Les blessures de la face', p. 137.

<sup>19</sup> For example Joseph Roth, 'Der Wiederaufbau des Menschen: Gesichtsplastik in der Charité – Kriegs- und Zivilranke – Die Tragik der Nasen', *Neue Berliner Zeitung*, 6 June 1921, published in *Joseph Roth Werke, Das Journalistische Werk: 1915–1923*, ed. by Klaus Westermann (Köln: Kiepenheuer & Witsch, 1989), pp. 580–83. This will be analysed in more depth in chapter 1.

<sup>20</sup> The history of plastic surgery and its developments during the First World War have been well-researched, for instance by Delaporte and Antony F. Wallace, *The Progress of Plastic Surgery: An Introductory History* (Oxford: Willem A. Meeuws, 1982). It has also been the subject of doctoral theses in medicine and dentistry. The positive connotations associated with medical progress and the lasting relevance of some procedures developed then are a possible explanation for this scientific interest.

hygiene and efforts at implementing antiseptic measures, notable features include the development of anaesthetic procedures. Wallace emphasises the successful collaboration of Harold Gillies with anaesthetists Captain Wade and later Ivan Magill. Progress in anaesthetics enabled surgeons to perform the often long operations in relatively safe conditions, with less risk of being themselves affected by chloroform or ether.<sup>21</sup> Skin and bone grafts also developed during the First World War, pioneers in this field being plastic surgeons Bruhn, Lindemann and Lexer in Germany, Morestin and Delagenière in France.<sup>22</sup> Other reconstructive techniques, for instance the tube pedicle or the *greffe Dufourmentel*, were perfected by surgeons such as Harold Gillies (Sidcup) and Léon Dufourmentel (Val-de-Grâce). These procedures developed in the field of plastic surgery of the face found applications in other medical specialties.

The growing attention given by the medical world to facial wounds is demonstrated by the publication of related articles in medical journals and by the prominent place this topic was given at the 1916 Inter-Allied Dental Congress.<sup>23</sup> If, at the beginning of the conflict, wounded soldiers were still regarded as doomed, recommendations made by specialised surgeons regarding the immediate care of facially injured men (for instance the position in which they should be kept, half sitting, whilst waiting for treatment), contributed to improving chances of survival. The delays with which wounded men were referred to and actually reached maxillofacial centres remained a bone of contention between plastic surgeons and the medical staff on the front, the latter often making decisions which made the reconstruction process more difficult. In order to be sure that 'facial' cases would be sent to him as quickly as possible, Gillies had tags printed and distributed in field hospitals.<sup>24</sup> Despite such attempts, the medical treatment of injured soldiers remained standardised. Morestin underlines that there are no two identical facial wounds but the number of casualties, especially after the battles of the Somme and Marne, meant that in military hospitals, as in the trenches, soldiers were viewed as

---

<sup>21</sup> Wallace, pp. 145–46.

<sup>22</sup> *Ibid.*, p. 150.

<sup>23</sup> In France, a specialised journal, *La Restauration Maxillo-Faciale*, was created in 1917.

<sup>24</sup> The New Zealand surgeon spent £10 on these labels at the time when he was working at Aldershot hospital; this initiative proved to be a success. Andrew Bamji, *Queen Mary's Sidcup, 1974–1994: A Commemoration*, p. 13.

medical 'cases' rather than individual men.<sup>25</sup> Thus the dehumanising dimension of war on the battlefield could also be observed in hospitals, and Jay Winter even compares the treatment system to a mechanical assembly line.<sup>26</sup>

These two developments – the growing number of maimed men and the progress in medicine – may initially appear to be contradictory. The former speaks of the large-scale destruction caused by the war, whilst the latter points to new possibilities in the reconstruction of bodies. Yet in fact they go hand-in-hand, the massive damage creating the need for progress in reconstructive surgery as well as providing the 'raw material' on which new techniques could be experimented and perfected. Thirty years before Archibald McIndoe's burnt airmen created the Guinea Pig Club, facially injured soldiers of the First World War acted as guinea pigs for new reconstructive techniques. The advances in reconstructive surgery achieved during and after the Great War had a lasting impact on plastic surgery. As a consequence, an unheard-of number of disfigured men returned to civilian society. The novelty of this phenomenon, as well as its long-term repercussions on ways of thinking, makes the interwar years a particularly interesting period to study disfigured veterans.

## 2. State of research

Considering the number and significance of facially disfigured veterans during and after the First World War, it is surprising that they seldom appear as a focus of attention amongst the plentiful studies of the war and its aftermath. A distinction should be made however between various fields of study. If no comprehensive studies have yet been published on the topic, research on specific aspects of the fates and representations of *gueules cassées* has been carried out in intersecting fields of scholarship, including the history of medicine, disability, war, gender and visual culture studies as well as the cultural history of the Great War. The aim of this thesis is to provide the first discussion of the fates and cultural representations of facially injured soldiers, and thus it calls for an interdisciplinary approach. The theoretical approaches discussed in this

---

<sup>25</sup> Morestin, *Science et Dévouement*, p. 138.

<sup>26</sup> Jay Winter, 'Hospitals', in *Capital Cities at War: Paris, London, Berlin 1914–1919*, ed. by Jay Winter and Jean-Louis Robert, 3 vols (Cambridge: Cambridge University Press, 2007), II: *A Cultural History*, pp. 354–82 (p. 360).

review have informed my own research on the experience and representations of disfigurement. The different disciplines emphasise various aspects that are of importance in the study of the role and cultural significance of *gueules cassées*.

## 2.1. Medical history

Medicine, and medical history in particular, stands out as the area of study in which the greatest attention has been paid to facially injured soldiers. The pivotal role of the First World War in the development of plastic surgery was acknowledged by contemporaries. The efforts of documentation of cases and the exhibition of material in newly-created museums attached to military hospitals, for instance at the Val-de-Grâce and the Queen's Hospital, bear testimony to the growing awareness of the pioneering value of the work of surgeons such as Harold Gillies (The Queen's Hospital, Sidcup), Hippolyte Morestin (Val-de-Grâce, Paris) and Jacques Joseph (Charité, Berlin) during and after the war. It is therefore hardly surprising that ever since the end of the war, medical practitioners have carried out extensive research on facial disfigurement, perfecting reconstructive techniques that were pioneered during the period of conflict. In doing so, many authors touched upon the post-war destinies of facially disfigured soldiers. Generally speaking, these studies focussed on surgical issues, with some references to the related psychological trauma and social stigma.<sup>27</sup>

A growing interest in facial disfigurement and the multiple issues it raises can be observed since the end of the twentieth century. Sander Gilman's pioneering work on the cultural history of aesthetic surgery mentions the role of First World War surgeons, for whom aesthetic concerns were secondary to the goal of functional reconstruction.<sup>28</sup> Gilman's reflection on the notion of 'passing', although it is discussed in the context of a quest for 'beauty', can be applied to the case of facially injured soldiers who underwent reconstructive surgery:

The pursuit of happiness through aesthetic surgery presupposes decisive categories of inclusion and exclusion. Happiness in this instance exists in crossing the boundary separating one category from another. It is rooted in

---

<sup>27</sup> See for instance Bernard Devauchelle, 'Défigurations', paper given at the second *Guerre et Médecine* seminar, Paris, 7 February 2004. <<http://www.bium.univ-paris5.fr/histmed/guerre/journee2004/x10devauchelle.pdf>> [accessed 15 November 2011].

<sup>28</sup> Gilman, *Making the Body Beautiful*, p. 13.

the necessary creation of arbitrary demarcations between the perceived reality of the self and the ideal category into which one desires to move. It is the frustration or fulfilment of this desire that constitutes 'unhappiness' or 'happiness'. The patient and the surgeon know that there is a group that the patient wants to join, and that the surgeon can help him or her to do so. The surgeon can enable the patient to 'pass' as a member of the desired group.<sup>29</sup>

Gilman stresses the fact that these two categories are the product of the patient's as well as the surgeon's subjectivities. Rather than achieving a greater degree of beauty, what facially wounded soldiers wished for above all was to go unnoticed, the desired target group being that of 'ordinary people'. At the beginning of the twentieth century, plastic surgery was beginning to be associated with beautification; the First World War contributed to making this medical discipline more acceptable to the wider public by emphasising its reconstructive dimension, which benefited injured soldiers and society at large. Reflecting on photographic representations of New Zealand soldiers, Sandy Callister writes: 'the goal of the reconstructive surgeon [...] was to aid these men's transition from being symbols of the horror of war to the acceptable category of the "war-wounded"'.<sup>30</sup> First World War facially disfigured men were longing for invisibility and their claim was for a right to indifference.<sup>31</sup>

Gilman's approach to a medical topic from the perspective of cultural history opened the way for later studies, which adopted a more comprehensive view of the question of facial disfigurement and reconstruction. The discovery of the Macalister Archives (recording Gillies's work) led to the publication of several articles by Andrew Bamji in the 1990s.<sup>32</sup> In France, François-Xavier Long's 2002 article is worth noting. Most of this work is devoted to the evolution of facial wounds and subsequent treatments since Antiquity, yet post-surgical concerns are mentioned in the conclusion.<sup>33</sup> In his contribution to a 2004 conference on war and medicine, surgeon Bernard Devauchelle – who performed the world's first partial face transplant the following year – adopts a medical approach to *Défigurations*; however, he also orientates his reflections

---

<sup>29</sup> Gilman, *Making the Body Beautiful*, pp. 21–22.

<sup>30</sup> Sandy Callister, 'Photographic Representations of Severely Wounded New-Zealand Soldiers', *Social History of Medicine*, 20, 1 (2007), 111–30 (p. 119).

<sup>31</sup> *La Greffe Générale*, quoted in Delaporte, p. 166. *La Greffe Générale* was a journal written by and for Val-de-Grâce patients; it will be analysed in chapters 2 and 3.

<sup>32</sup> Andrew Bamji, 'The Macalister Archive: Records from the Queen's Hospital, Sidcup, 1917–1921', *Journal of Audiovisual Media and Medicine*, 1993, 16, 76–84, and Andrew Bamji, 'Facial Surgery: the Patient's Experience' in *Facing Armageddon: The First World War Experienced*, ed. by Hugh Cecil and Peter H. Liddle (London: Cooper, 1996), pp. 490–501.

<sup>33</sup> Long, pp. 175–83.

at the difficulties of rehabilitation and broaches the topic of artistic representations of facial disfigurement.<sup>34</sup>

This interest in facial disfigurement from the point of view of the medical profession is also evident in the few available biographical studies. The contributions of two pioneers of facial surgery during the war, the French Albéric Pont and the New Zealand surgeon Harold Gillies (who practised in Great Britain), were thus acknowledged in studies of their life and work published in the 1960s and 1970s.<sup>35</sup> Written for the general public, Martin Monestier's richly illustrated *Les Gueules Cassées: les Médecins de l'Impossible, 1914–1918* approaches this topic from the surgeons' point of view, but remains non-technical in its content.<sup>36</sup> Xavier Riaud's *Pionniers de la Chirurgie Maxillo-Faciale (1914–1918)* constitutes an overview of the work of major plastic surgeons in the First World War.<sup>37</sup> This synthesis has the merit of offering an international perspective; the systematic treatment of individual surgeons does however not favour comparison, all the more so since they are classified depending on their national origins.

Approaching facial injuries from the medical angle, and focussing on the work of surgeons, has enabled scholars ever since the war to emphasise the possibilities of rehabilitation and the positive consequences of wounds on science: surgeons can fix the damage and medical advances can be made. This literature is therefore inscribed within an interpretative trend which emerged during the conflict in France, Great Britain and Germany, a trend that highlights the progress achieved rather than dwelling on the destruction caused by the war. The lives of the surgeons are better-documented than those of their patients, and the consistently eulogistic tone of medical studies on this topic reveals that doctors have been integrated in a wider narrative about the Great War: they symbolise a nation's capability to overcome.

The only biography devoted to a disfigured soldier of the First World War centres on a man who was already seen as an iconic figure in the 1920s and is still regarded as the founding father of the French *Union des Blessés de la*

---

<sup>34</sup> Devauchelle, *Défigurations*.

<sup>35</sup> Jean-Pierre Fumex, *Le Docteur Albéric Pont, sa vie, son œuvre* (PhD thesis, Lyon, 1971); Reginald Pound, *Gillies, Surgeon Extraordinary: A Biography* (London: M. Joseph, 1964).

<sup>36</sup> Monestier, *Les Gueules Cassées*.

<sup>37</sup> Xavier Riaud, *Pionniers de la Chirurgie Maxillo-Faciale (1914–1918)* (Paris: L'Harmattan, 2010).



*Face*: Colonel Yves Picot.<sup>38</sup> This early interest in Picot (1956) is no surprise considering his instrumental role in the championing of French *gueules cassées*, and the fact that the authors were people committed to the same cause explains their interest in his life. The writers' bias accounts for the heroic description of their protagonist, portrayed as the ultimate embodiment of patriotic sacrifice. This narrative therefore conveys the same positive message as the works focussing on surgeons' feats; whilst the latter repaired the physical damage caused to soldiers' bodies, Picot is credited with having given *gueules cassées* a means of being socially rehabilitated.<sup>39</sup>

## 2.2. Social and art history

The turn of the century, which coincided with the death of the last veterans of the First World War, was marked by a new wave of scholarly research on the topic, this time not limited to medical aspects or to individual figures. It started in France with Sophie Delaporte's 1996 *Les Gueules Cassées: Les Blessés de la Face de la Grande Guerre*. Although the perspective is mostly that of the medical staff, the author follows the wounded men's journey from the battlefield to civilian life. This chronological approach enables Delaporte to explore not only the medical, but also the social implications of their wounds, as well as attempts to define the men's new place in post-war French society. The last section, devoted to the *Association des Gueules Cassées*, offers a brief insight into this organisation. In 2009, Martin Monestier once again turned the spotlight on the medical profession, reverting to a more traditional approach to facial disfigurement. Drawing upon an important collection of photographs of *gueules cassées*, the author elucidates the circumstances of the beginnings of maxillofacial surgery. Consistent with its title (*Les médecins de l'impossible*), this study singles out French pioneers of facial surgery. Whilst the accumulation of shocking images produces a powerful effect on the viewer, it has the simultaneous effect of undermining the individuality of these medical 'cases'.

---

<sup>38</sup> Bréhamet and Roubaud, *Le Colonel Picot et "Les Gueules Cassées"*.

<sup>39</sup> It is interesting to note that no autobiographical accounts were written by World War One facially disfigured veterans, unlike soldiers who suffered similar injuries in later conflicts. For the Second World War see: Richard Hillary, *The Last Enemy* (Short Hills, NJ: Burford Books, 1997, first published under the title *Falling Through Space* in New York, 1942) and Geoffrey Page, *Tale of a Guinea Pig: Exploits of a World War II Fighter Pilot* (New York: Bantam Books, 1983); for the Falklands War: Simon Weston, *Walking Tall: An Autobiography* (London: Trafalgar Square Publishers, 1990).

It was also in 2009 that Juliet Nicolson published her social history of the years 1918–1920 in Great Britain.<sup>40</sup> *The Great Silence* combines the stories of various protagonists who fought on the actual battlefield or on the Home Front, in order to recreate what she regards as a distinctive feature of the two years that followed the First World War: silence. Two opposing dimensions of silence are discussed; on the one hand, it can bring ‘relief’ and show acceptance, and on the other it reveals an ‘emptiness’ and signals ‘denial’.<sup>41</sup> A few of the case studies she includes feature facially disfigured men; most of the time they show the difficulties they experienced as they attempted to reintegrate themselves into society. A more detailed discussion of these ex-servicemen leads Nicolson to distinguish between different kinds of responses to facial disfigurement: denial (hiding the face) or acceptance (surgical reconstruction). She qualifies this simplistic classification, however, demonstrating that choosing to undergo surgery rather than wearing a mask did not guarantee a successful reintegration. Yet denial and acceptance of physical and emotional wounds are presented by Nicolson as the two possible paths that were open to facially disfigured men. They were obviously not either-or choices but could characterise different stages in the healing process, and very often victims went through phases of growing acceptance followed by ‘relapses’.

German scholars also started to study facial disfigurement of the First World War at the turn of the twenty-first century, for instance with the publication, under the co-editorship of Gilman, of a collection of essays on the significance of the face (parallel to the fixation on limbs) during the Weimar Republic.<sup>42</sup> Special emphasis is put on social reintegration, aesthetic surgery and artistic representations. This last dimension of the perception of facial disfigurement in the inter-war era was given further attention in a French magazine in 2007.<sup>43</sup> In France, the renewed academic interest in depictions of facially disfigured soldiers in the arts coincided with an increase in the popular attention paid to *gueules cassées*, as shown in the success of novels and

---

<sup>40</sup> Juliet Nicolson, *The Great Silence: 1918–1920, Living in the Shadow of the Great War* (London: John Murray, 2009).

<sup>41</sup> *Ibid.*, p. 1.

<sup>42</sup> *Gesichter der Weimarer Republik*, ed. by Schmölders and Gilman.

<sup>43</sup> Fischer and others, pp. 337–46.

movies narrating their destinies, and in the organisation of an exhibition in 2009.<sup>44</sup>

A similar phenomenon has been observed in the English-speaking world, with the publication of several fictions centred on First World War facially disfigured soldiers.<sup>45</sup> This popularisation of the figure of the *gueule cassée* was again preceded by an increase in research on artistic representations, especially regarding the pastel drawings made by Henry Tonks at The Queen's Hospital, Sidcup. Art historians and scholars of the emerging field of visual culture studies have published several analyses of pictorial depictions of *gueules cassées*. Visual culture researchers emphasise the visual impact of facial injuries, a factor already acknowledged during the war. Thus, a journalist covering the opening of The Queen's Hospital in 1917 finds himself at a loss for words to describe 'the marvellous things which are possible by what is known as plastic surgery' and points to the evocativeness of paintings and wax masks.<sup>46</sup> Julian Freeman's 1985 discussion of Tonks's war-related work presents the artist's pastels as particularly accurate, and analyses them as representing a moment of reconciliation between the two careers – medicine and arts – that Tonks considered.<sup>47</sup> After almost two decades of silence, the Slade School professor's wartime drawings came back as a focus of attention. In a short and richly illustrated article in 1999, Tom Lubbock disagrees with Freeman's assessment of the pastels as accurate medical representations, and marvels at the paradoxical effect of the drawings which 'stress the outrage by, so to speak, failing to rise to it'.<sup>48</sup> Emma Chambers (2009) and Marguerite Helmers (2010) shift the focus from the conditions of production to those of reception and discuss the impact of the images on the viewer.<sup>49</sup> The particular

---

<sup>44</sup> Marc Dugain, *La chambre des officiers* (Paris: Lattès, 1998); *La chambre des officiers*, dir. by François Dupeyron (ARP Selection, 2000); Guy Monségur, *étrange et tragique destinée d'un Poilu* (Pau: Monhélios, 2004); Corine Valade, *Gueules cassées...et alors? Sourire quand même* (Saint-Cyr-sur-Loire: Alan Sutton, 2004).

The *Musée des Hospices Civils de Lyon* organised two exhibitions (2005 and 2009) presenting the work of Albéric Pont, who set up in Lyon one of the first maxillo-facial units in France.

<sup>45</sup> James Ostby, *Men with Broken Faces* (Indianapolis: Dog Ear Publishing, 2010); Louisa Young, *My Dear I Wanted to Tell You* (London: Harper and Collins, 2011). The latter featured in Radio 4 'Book at Bedtime' in 2012.

<sup>46</sup> 'Opening of The Queen's Hospital', *Sidcup Times*, 27 July 1917, p. 5.

<sup>47</sup> Julian Freeman, 'Professor Tonks: war artist', *The Burlington Magazine*, 27, 986 (1985), 285–93.

<sup>48</sup> Tom Lubbock, 'Doing Damage', *Modern Painters*, 12 (1999), 58–62 (p. 59).

<sup>49</sup> Emma Chambers, 'Fragmented identities: reading subjectivity in Henry Tonks's surgical portraits', *Art History*, 32 (2009), 578–607. Marguerite Helmers, 'Iconic images of wounded soldiers by Henry Tonks', *Journal of War and Culture Studies*, 3, 2 (2010), 181–99.

focus on Tonks can be explained by the re-discovery of his works and the concerns around their preservation (they were restored between 2008 and 2010, following an appeal). This thesis aims to analyse them not in isolation but alongside other artistic representations, and to discuss the relationships between images and texts that describe facial injuries.

An evolution can thus be observed, from artistic representations being seen first as documentation serving the practice of medicine until more recently as constructs and rhetorical tools. The latter is evidenced in the title of Suzannah Biernoff's more recent contributions, in which she adopts a comparative approach to artistic representations and sets them against the treatment of other maimed servicemen, bringing forward the idea of a double function of facial masks as a protection, firstly for the wearer and secondly for the viewer.<sup>50</sup> This growing interest from an artistic point of view is further confirmed by the innovative works of Paddy Hartley (Project Façade) and René Apallec, who create twenty-first century representations of facially wounded servicemen of the First World War, thus offering new artistic perspectives on visual depictions of *gueules cassées*, and simultaneously raising the awareness of twenty-first century audiences to the traumatic injuries inflicted in the First World War.<sup>51</sup> The gaze of both the artist and society has evolved and on occasions endeavoured to re-organise or re-create the maimed bodies of the First World War.

### 2.3. Body culture and disability studies

Facial injuries are particularly striking examples of the damage caused by war to the body, leading scholars in the field of body culture theory to delve into the subject. As Amy Lyford convincingly argues in her discussion of wounded men,

---

<sup>50</sup> Suzannah Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain*, 11, 1 (2010), 25–47 and Suzannah Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', *Social History of Medicine*, 24, 3 (2011), 666–85.

<sup>51</sup> 'Project Façade', sponsored by the Wellcome Trust and the National Army museum, brought together artist Paddy Hartley and the curator of the Gillies Archives Andrew Bamji. This project combined scientific and artistic angles, with Hartley drawing upon medical notes to develop 'digital and hand embroidery sculptures' of facially injured soldiers.

<<http://www.wellcome.ac.uk/Education-resources/Teaching-and-education/creative-encounters/project-facade/index.htm>> [accessed 24 March 2012].

'René Apallec' is the invented persona behind which hides real-life twenty-first century French artist Herbot. His collages, presented as works realised in the interwar years by Apallec, an ambulanceman during the Great War, represent *gueules cassées*

<<http://www.reneapallec.com/sujet/gueules-cassees/>> [accessed 24 October 2011].

the body had a collective ideological significance in the wake of the First World War. Deborah Cohen confirms that maimed and disfigured veterans were reminders of the war: they brought war home.<sup>52</sup> This is even more the case with facial wounds, which affected the most visible part of the body; as a consequence, their impact on the victim and the onlooker was particularly significant. This unique position in what could be called the hierarchy of wounds is evidenced in literature, with facially injured men sometimes expressing jealousy towards other maimed veterans. Clemenceau's decision to have five *gueules cassées* present at the signing ceremony of the Treaty of Versailles and Ernst Friedrich's choice to devote a large part of his pacifist manifesto *War against War!* to disfigured soldiers are further proof of the political use that was made of the body in post-war years, and of injured faces in particular.<sup>53</sup> Mistreated and damaged, sometimes beyond recognition, the body needed to be healed, or at least its scars needed to be concealed as much as possible.

The First World War is regarded as a turning point in the field of body culture studies, especially in terms of aesthetics and disability. The strong physical impact of facial disfigurement has meant that it features prominently in body culture theory. The question of physical aesthetics is of particular interest when it comes to the case of *gueules cassées*. Ana Carden-Coyne's 2009 *Reconstructing the Body: Classicism, Modernism and the First World War* underlines the rise of an obsession with physical beauty in the interwar years, as if people wanted to make up for the destruction and ugliness of the conflict.<sup>54</sup> Whilst she argues that resorting to classical holistic ideals of beauty enabled post-war Anglophone societies to aim for harmony between the mind and the body, the crisis experienced by many disfigured men as they attempted to reconcile their unrecognisable body to their unchanged spirits and aspirations indicates how difficult this endeavour could be. This is a recurring motif in literary and artistic representations, and it is confirmed by the testimonies of

---

<sup>52</sup> Amy Lyford, *Surrealist Masculinities: Gender Anxiety and the Aesthetics of Post-World War I Reconstruction in France* (Berkeley: University of California Press, 2007). Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914–1939* (University of Michigan Press, 2000; repr. London: University of California Press, 2001).

<sup>53</sup> Ernst Friedrich, *War against War!* (London: The Journeyman Press, 1987), first published under the title *Krieg dem Kriege!* in Berlin by the author in 1924.

<sup>54</sup> Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War* (Oxford: Oxford University Press, 2009).

contemporaries.<sup>55</sup> *Gueules cassées* are extreme embodiments of the dichotomy between the body and the mind, the war having amplified the separation between the two. Investing the body with a similar symbolic function as Lyford does in her book, Carden-Coyne regards individual and collective processes of bodily reconstruction as participating in the re-shaping of civilisation and the search for a new harmony. She underlines the recourse to both the reassuring continuity and unifying dimension of classicism and the empowering creativity of modernism to make sense of the new world that came out of the war, and to integrate returning soldiers.

Body culture theory also illuminates our understanding of the medical and cultural dimensions of disfigurement and disability. Facial injuries featured a prominent aesthetic dimension and were not always associated with severe disability but they nevertheless often incurred functional impediments. Many veterans were suddenly unable to perform such natural and long-acquired activities as eating, speaking or smiling.<sup>56</sup> The nickname given to the patients at the Val-de-Grâce, *les baveux* [the dribblers], is telling of one of the issues they were faced with, namely regaining control over, and re-appropriating, their own bodies.

A few contributions to the study of facially injured soldiers have been published in the context of disability studies, but no comprehensive investigation of the specific case of these veterans has been written to date. One possible explanation is the fact that injuries to the face, although they started to be officially recognised as inducing a form of disability in the 1920s, did not always functionally impair the victim. Facially disfigured soldiers were only one group amongst the vast number of maimed veterans, six million people being permanently disabled after the war.<sup>57</sup> To these visible scars should be added the invisible marks left by what was called 'shellshock'.<sup>58</sup> Post-traumatic

---

<sup>55</sup> See Henriette Rémi, *Hommes sans visage* (Lausanne: Editions SPES, 1942). Although this book was published after the outbreak of the Second World War, it is concerned with the First World War. A note by the publishers specifies that the volume was to be released in 1939 but that this had to be postponed due to the start of a new war.

<sup>56</sup> In an essay for a writing class, a soldier treated at Sidcup reports: 'It was several months after leaving hospital before I regained my speech, and not for a couple of years later could I speak plainly or eat solid food'. *My Personal Experiences and Reminiscences of the Great War*, 6, January 1922, p. 10 (Liddle collection, Leeds University Library).

<sup>57</sup> Serge Bernstein and Pierre Milza, *Histoire du XXe siècle*, 3 vols (Paris: Hatier, 1996), I, p. 109.

<sup>58</sup> According to Joanna Bourke, millions of soldiers suffered from psychological traumas. Joanna Bourke, *Shell Shock during World War One*, BBC website, <[http://www.bbc.co.uk/history/worldwars/wwone/shellshock\\_01.shtml](http://www.bbc.co.uk/history/worldwars/wwone/shellshock_01.shtml)> [accessed 4 August 2010].

disorders were only starting to be acknowledged and treated in the First World War and Joanna Bourke underlines the suspicions of malingering looming over soldiers who presented symptoms of psychological trauma.<sup>59</sup> The sacrifice entailed for the maimed soldiers who survived could not be commemorated in the same way as that of the eight million people who lost their lives.<sup>60</sup> Winter emphasises that death during the First World War posed a new set of problems for families, not least because so many bodies remained unidentified or could not be repatriated.<sup>61</sup> But the challenges awaiting survivors were not negligible: physically and psychologically affected by war, they had to fit into a social environment which had changed significantly in the four years of conflict and was not ready to depart from pre-conceived values as to the role of soldiers.

Disability Studies constitute a rather new field of scholarship and still largely consider disabled veterans in the narrow sense of the term, i.e. as physically crippled, seeking to establish a general overview. Studies focussing on specific disabilities are usually devoted to maiming and blindness, amputees being often, according to David Gerber, singled out as the one category which, because of the very visible nature of their injuries, came to embody all disabled veterans.<sup>62</sup> It could be argued that facially disfigured veterans bore even more visible wounds, and that the threat to one's identity posed by a maimed face is greater than that caused by the loss of a limb, which can be seen as mostly functional. Prostheses could also potentially compensate for this form of disability, which was easier for the general public to ignore. Blind veterans have been a focus of attention since the Great War itself (various injury-specific organisations and training schools such as St Dunstan's being set up to provide for them), one possible explanation being the fact that they were particularly dependent on other people.<sup>63</sup> This led their carers to be comforted rather than challenged in their own 'able-bodiedness'. Besides, although blindness could be accompanied by facial disfigurement, the victim remained unaware of the extent

---

<sup>59</sup> Bourke, *Dismembering the Male*, pp. 107–22.

<sup>60</sup> Berstein and Milza, p. 109.

<sup>61</sup> Jay Winter, *Sites of Memory, Sites of Mourning: The Great War in European Cultural History* (Cambridge: Cambridge University Press, 1995, repr. 2008), p. 22.

<sup>62</sup> *Disabled Veterans in History*, ed. by David A. Gerber (Ann Arbor: The University of Michigan Press, 2000), p. 2.

<sup>63</sup> Julie Anderson analyses the influence of St Dunstan's on the evolution of perceptions of blind veterans during the First World War and she demonstrates that this institution promoted the image of a self-sufficient, employable although disabled man. She notes that disfigured blind soldiers differed from this standard of the stoic veteran. Julie Anderson, 'Stoics: Creating Identities at St Dunstan's, 1914–1920' in *Men After War*, ed. by Stephen McVeigh and Nicola Cooper (London: Routledge, 2013), pp. 79–91.

of the damage and of the potential shock his sight could provoke in others. It is therefore no surprise if total blindness was sometimes called a blessing in disguise by *gueules cassées*, some of whom would have preferred to be spared the painful realisation of their disfigurement.

In his pioneering work on the history of disabled veterans, Gerber distinguishes a few trends that have impacted the perception of disability throughout the centuries and have contributed to the rise in awareness: the sudden increase in the number (and therefore increased visibility) of disabled veterans, the 'greater normalisation of [their] existence', as well as a growing attention paid by the state and a developing activism on their part, all shape the context of the interwar period.<sup>64</sup> Disabled veterans of the First World War are discussed in more detail in two chapters in this collection of essays, both devoted to the vocational training offered to injured soldiers in Great Britain and Germany as a way of facilitating their professional reintegration.<sup>65</sup> Earlier discussions of disabled soldiers were included in more general works on this period. In *Bitter Wounds: German Victims of the Great War*, Robert Whalen considers disabled veterans alongside widows and orphans, highlighting the wounded servicemen's status as victims rather than heroes.<sup>66</sup> In this chronological study, he underlines the paradoxical position in which maimed soldiers found themselves upon their return home: 'Disabled soldiers faced a desperate problem. Touched by grotesque death, they discovered to their horror that they had become the grotesque'.<sup>67</sup> A few years before, Antoine Prost had touched upon the topic of French maimed soldiers of the First World War.<sup>68</sup> However, neither of these works delve into the destinies of facially disfigured ex-servicemen, Prost only mentioning them in relationship with the setting up of injury-specific organisations whilst Whalen uses the case of a facially disfigured combatant to illustrate his point about the overwhelming presence of disabled

---

<sup>64</sup> *Disabled Veterans*, ed. by Gerber, p. 2.

<sup>65</sup> Jeffrey S. Reznick, 'Work-Therapy and the Disabled British Soldier in Great Britain in the First World War: The Case of Shepherd's Bush Military Hospital, London', in *Disabled Veterans*, ed. by Gerber, pp. 185–203 and Deborah Cohen, 'Will to Work: Disabled Veterans in Britain and Germany after the First World War', in *Disabled Veterans*, ed. by Gerber, pp. 294–321.

<sup>66</sup> Robert W. Whalen, *Bitter Wounds: German Victims of the Great War, 1914–1939* (Ithaca: Cornell University Press, 1984).

<sup>67</sup> *Ibid.*, p. 47.

<sup>68</sup> Antoine Prost, *In the Wake of War: 'Les Anciens Combattants' and French Society*, trans. by Helen McPhail (Oxford: Berg Publishers Limited, 1992), first published as *Les Anciens Combattants et la société française* (Paris: Gallimard, 1977).



veterans in the Weimar Republic art and literature.<sup>69</sup> Interestingly, he does not analyse this particular example, as if John Bogdan's story was powerful enough on its own and needed no further explanation.<sup>70</sup>

Discussing the years following the First World War in Germany and Great Britain more specifically, Deborah Cohen notes that 'More than any other group, disabled veterans symbolised the First World War's burdens. [...] Years after their demobilisation, disabled veterans bore the sufferings war inflicted. [...] Each disabled veteran appeared to bring the war's horrors home with him'.<sup>71</sup> Neither Gerber nor Cohen pay much attention to the case of facially injured men, although both of them insist on the iconic quality of disabled veterans as symbols of the war, 'the war come home' emphasised in the title of Cohen's book. The fact that an implicit hierarchy between different war victims developed, directly influencing the amount of financial compensation disabled ex-servicemen received, is convincingly advanced in Sabine Kienitz's 2008 study. Amongst those who received little praise, she mentions facially injured soldiers.<sup>72</sup> Her main point does not lie in the discussion of the material compensations German veterans were entitled to, but rather in the shift in what they embodied in the course of the 1920s: from war heroes, they soon came to be seen as burdens.<sup>73</sup> Their relationships with society at large are discussed, Kienitz positing the shared responsibility of the state and veterans themselves in the ex-servicemen's gradual alienation from their fellow countrymen, who moved from praising the returned soldiers to resenting them. In contrast, Whalen identifies the German state as the agency mainly responsible for the change in the perception of war victims, especially disabled veterans. To him, the coming of age of a new generation who cared less for the sacrifices made by soldiers is not enough to account for the shift from a heroic image to a burden or profiteer. The author's argument is that authorities knowingly

---

<sup>69</sup> Prost, p. 38, Whalen, p. 56.

<sup>70</sup> Andreas Latzko, *Men in War* (1918, first published as *Menschen im Krieg* in 1917), quoted in Whalen, p. 56. A similar assumption had been made by Ernst Friedrich in his antimilitarist pamphlet in 1924.

<sup>71</sup> Cohen, *The War Come Home*, p. 2.

<sup>72</sup> Sabine Kienitz, *Beschädigte Helden: Kriegsinvalidität und Körperbilder 1914–1923* (Paderborn: Ferdinand Schöningh, 2008), p. 104. Blinded veterans are described as the category of injured soldiers that was praised the most.

<sup>73</sup> *Ibid.*, pp. 45–48.

favoured this representation so as to legitimise the cuts to pensions they were implementing.<sup>74</sup>

If Whalen does not examine the specific case of facially injured soldiers, Kienitz discusses photographs representing them in way of extreme examples of both the destructive power of the war and the creative achievements of medicine:

Als besonders prägnant erscheinen dabei die Fotografien von Gesichtsverletzten, deren Heilungserfolge häufig durch Nahaufnahmen und den narrativen Spannungsbogen in der Gegenüberstellung des 'vorher-nachher' Bildaufbaus dargestellt werden. Hier richtet sich der Blick auf den Körper selbst, und zwar sowohl in der Zerstörung als eben auch in verschiedenen Phasen der chirurgischen Rekonstruktion. Eingeübt wird ein Blick auf den Körper, der die Inhumanität des Krieges und den Verlust der Menschlichkeit bloßlegt, der aber gleichzeitig am rekonstruierten Körper die künstlich herbeigeführte Menschwerdung und damit die gelungene Neuformierung, die Normierung und Standardisierung des menschlichen Körpers vorführt.<sup>75</sup>

The case of facially disfigured veterans is used by Kienitz to exemplify one category of photographs of wounded servicemen, that of pictures representing the extent of the damage to the human body caused by military weapons. Efforts at 'normalising' them, also underlined by Carden-Coyne, are investigated with respect to their bodily appearance, but no specific mention is made of social rehabilitation.<sup>76</sup> Both studies posit disablement as a threat to the victim's manliness, Kienitz going so far as to provokingly ask the question, 'Das Ende der Männlichkeit?'. In this section she investigates the far-reaching consequences of physical injuries on self-perception, confidence and individual identity, and also on general perceptions of manhood:

Doch mit ihren massiven Beschädigungen hatten die Kriegsversehrten mehr verloren als nur die objektiv feststellbare Gebrauchsfähigkeit des Körpers: Mit dem Körper war ihnen auch die Basis für jene Selbstgewissheit verloren gegangen, die sowohl subjektiv als auch objektiv Teil männlicher Identität war und als solche Eingang gefunden hatte in ein je nach Schicht differierendes Selbst- und Fremdbild von Männlichkeit/en.<sup>77</sup>

This general assessment applies to facially disfigured men too and broaches the question of the impact of disablement on gender perceptions. The First World War was a turning point in gender history insofar as it questioned

---

<sup>74</sup> Whalen, p. 170.

<sup>75</sup> Kienitz, p. 221.

<sup>76</sup> Carden-Coyne, p. 17.

<sup>77</sup> Kienitz, p. 254.

traditional roles and led to a greater emancipation of women. Returning soldiers – and *gueules cassées* were no exception – had to cope with the traumatic experience of war alongside coming to terms with a changed reality at home. Studies devoted to disabled veterans stress the impact of war injuries on the ability of the wounded men to find a new place in society, in a context in which women had had to assume the position of head of the family and breadwinner for several years.<sup>78</sup>

#### 2.4. Gender studies

In studies of First World War disabled veterans, there is no shortage of discussion of the impact of disablement upon the idea of soldiers' manliness, thus entering the academic field of gender studies. Kienitz underlines the symbolic impact of war injuries upon men's social status: not only were wounded veterans physically injured, but their manhood was also questioned:

Der Körper des Kriegsbeschädigten war nicht geschlechtsneutral, sondern muss als zentraler Bestandteil einer männlichen Identitätskonstruktion begriffen werden, die sich für die Zeitgenossen in Bilder von Mobilität, Arbeits- und Leistungsfähigkeit, Kraft, Autorität und Zeugungsfähigkeit übersetzte.<sup>79</sup>

Gerber distinguishes between two responses affecting disabled veterans' manliness: 'On the one hand, the warrior may be valorized as a symbol of masculine honor; on the other, pity and fear, the common emotions associated with our response to disability, serve to subvert honor and infantilize and feminize the male'.<sup>80</sup>

Joanna Bourke discusses the return home of disabled British veterans from a gender studies perspective, four years before the publication of Cohen's comparative analysis.<sup>81</sup> Focussing on British servicemen, the title of Bourke's book (*Dismembering the Male: Men's Bodies, Britain and the Great War*) stands in stark contrast with Carden-Coyne's later one (*Reconstructing the Body: Classicism, Modernism, and the First World War*). Insisting on the variety of 'masculinities' and responses to the disillusionment experienced by soldiers on the front, Bourke argues that the Great War and its aftermath also brought

---

<sup>78</sup> Cohen, *The War Come Home*, p. 107.

<sup>79</sup> Kienitz, p. 21.

<sup>80</sup> Gerber, p. 5.

<sup>81</sup> Bourke, *Dismembering the Male*.

about a greater convergence in terms of perceptions of the male body, its assertion and the danger posed by its fragmentation across generations and social classes.

The gender perspective also features in Whalen's analysis of German victims, when he asserts that 'the disabled felt emasculated, and were fearful that as cripples they could never depend on a woman's love'.<sup>82</sup> Not only did they feel diminished in their physical capabilities, but they also faced limitations in their social life. Lyford's study of masculinity as viewed by the Surrealists offers a similar picture of the growing 'anxiety about male weakness' in interwar France.<sup>83</sup> She also underlines the collective dimension of individual traumas, arguing that rehabilitating the male body and psyche, and restoring the traditional image of male heroism, were presented as 'the prerequisites for national renewal'.<sup>84</sup>

Lyford discusses facially injured soldiers in connection with the challenges to masculinity and their artistic representations in the aftermath of the First World War. Her choice to put them to the fore in her introduction suggests that she regards them as representative of the difficulties men were faced with in terms of redefining and reasserting their masculinity after the war.<sup>85</sup> She discusses the medical representations and masks of *gueules cassées* that were exhibited, amongst other items, at the Musée du Val-de-Grâce (Paris) from 1916 onwards.<sup>86</sup> She uses these to further her argument about the symbolic function of reconstructed male bodies in the therapeutic narrative of national reconstruction. For Lyford, war-damaged faces that have been given a human appearance again convey a strong positive message about France's ability to recover from the war.

Although Lyford does not develop the psychological and social implications of facial disfigurement upon wounded men, her essay approaches the question of facially injured soldiers and their representations from the perspective of gender studies. This standpoint is relevant insofar as they are

---

<sup>82</sup> Whalen, p. 115.

<sup>83</sup> Lyford, p. 6.

<sup>84</sup> *Ibid.*, p. 11.

<sup>85</sup> Lyford starts her introduction with a photograph of facially injured soldiers treated at the Val-de-Grâce to illustrate the ravages caused by the First World War, suggesting that they are particularly telling embodiments of the violence of the war. Her analysis of this picture stresses the tension between the viewer's natural desire to believe that wounds would heal and the impression emanating from it that 'cures were slow and not always successful' (Lyford, p. 1).

<sup>86</sup> *Ibid.*, pp. 47–54.

described as extreme embodiments of the damage caused to the male body, which in turn jeopardised their role in the public and private spheres. But if there is no denying that *gueules cassées* were challenged in their masculinity, the physical and psychological upheaval caused by disfiguration went beyond this gendered dimension and questioned the victims' very identity as a human being. Literary and artistic representations seldom depict facially injured men as downgraded males, or attribute feminine qualities or weaknesses to them. Yet in art and literature, relationships, especially romantic ones, are often presented as a gauge of how successful the reintegration of *gueules cassées* has been (see chapters 4 and 5).

This overview of existing research on facially injured men, their historical significance and their representations, reveals disparities between countries. Whilst the topic has been discussed by scholars from different disciplinary fields, the only cross-disciplinary study of facially disfigured man has been published in France by Sophie Delaporte. The fact that French disfigured men coined and claimed a name for themselves – *gueules cassées* – and set up a powerful organisation still in existence today may account for their greater visibility within French society, and the subsequent academic interest they have attracted. In Great Britain and Germany, disfigured veterans have been discussed within the frameworks of disability studies and more recently of gender and visual culture studies. This thesis aims to shed a new light on the French case through a comparison with other countries and to move beyond Delaporte's work through the discussion of to-date unexplored sources, especially artistic documents, from an interdisciplinary perspective.<sup>87</sup> Focussing on a group of veterans so far largely ignored, it investigates the tensions between the visibility of *gueules cassées* and their claim for a 'droit à l'indifférence'.<sup>88</sup> Moreover, this comparative approach illuminates our understanding of national variations and convergences in interwar Western societies.

The study of facially injured soldiers is of particular interest in a twenty-first century context. The passing of the last veterans of the First World War can be seen as an incentive to preserve the memory of the conflict. Scientific and technological advances, such as the development of cloning procedures, have

---

<sup>87</sup> France, Germany and Great Britain were all major participants in the war, and strong links existed between them, thus making their comparison particularly fruitful.

<sup>88</sup> *La Greffe Générale*, quoted in Delaporte, p. 166.

contributed to break the link between the face and the identity, whilst the multiplication of surgical possibilities and the democratisation of aesthetic surgery have made disfigurement a mutilation that can be treated in many cases. Another possible explanatory factor for this growing readiness to talk about disfigured soldiers of the First World War is the existence of current conflicts, for instance in Afghanistan and Iraq. A phenomenon of displacement has occurred, in which the focus is shifted from today's injured soldiers to mutilated veterans of the past as a strategy for coping with the present situation. A surge of interest in the middle of the twentieth-century may be interpreted as the result of a will to perpetuate the memory of prominent figures of the First World War. It also indicates a longing for heroes and makes clear the importance of perceiving military involvements as part of long-term historical developments.

### 3. Research questions and methodology

Acknowledging the status of *gueules cassées* as particularly potent reminders of the war, the present study uses cultural history as its main framework of analysis. Drawing upon existing research on the memorialisation of the Great War, it aims to show the at times paradoxical situation of disfigured men who, as they strove to reclaim their lives, achieved the status of symbols, sometimes against their own will. The visibility of facial wounds turned the soldier into a public figure that science, society, politics and the arts appropriated and used. The fates and representations of *gueules cassées*, who were both ordinary men and embodiments of the destructiveness of war and patriotism, testify to the collective significance of facial wounds. This thesis explores the (self)perception of the ex-servicemen and their interaction with others, showing that the significance of their presence in post-war society and arts differed from one country to another. Through a discussion of the place the veterans were given – or made for themselves – this thesis challenges traditional representations of the men as either victims or heroes, and contributes to the understanding of the role and integration of facially disfigured veterans in European societies during and after the First World War.

### 3.1. Cultural history and remembrance of the First World War

Cultural history, in part due to its focus both on the individual and on the collective, provides an excellent approach to investigate the interface between *gueules cassées* and interwar society. Moving beyond the analysis of a given phenomenon from a specific and limited perspective, it aims to explore the ways in which people remember and try to understand events, as posited by Winter and Prost who define cultural history as ‘a history of the intimate, the most moving experiences within a national community [...] a history of signifying practices [that] studies how men and women make sense of the world in which they live’.<sup>89</sup> This provides a useful angle to the analysis of the destiny and representations of facially injured soldiers in the context of the interwar years, in particular with regard to the question of their interaction with society and the success or failure of their reintegration into civilian life. This thesis follows the journey of facially injured soldiers from the time of their wounds, and explores their place in war and interwar culture, with culture being understood by Matthew Stibbe as ‘being made up of individual and collective efforts to interpret and represent the world by means of language, gestures and symbols’.<sup>90</sup>

This thesis aims to make a contribution to the existing research on the cultural history of the Great War and on disabled veterans. It explores the interface between historical accounts and artistic representations, in an attempt to confront the documented ‘real’, perceived and mythologised destinies of First World War facially injured soldiers. It is an investigation into the experience of facial disfigurement and a discussion of how *gueules cassées* made sense of their injuries and envisaged their future. In turn, the gaze of society is studied, the onlooker’s perception bringing to the fore the individual and collective challenges posed by the presence of disfigured men. The role played by *gueules cassées*, the ways in which they remembered the war, how they conveyed the memory of this conflict and how they were integrated into wider memorial discourses are analysed in depth.

The field of memory studies is relatively new and no single definition has been established, not least because of the strong interdisciplinary focus of this

---

<sup>89</sup> Jay Winter and Antoine Prost, *The Great War in History: Debates and Controversies, 1914 to the Present* (Cambridge: Cambridge University Press, 2005), p. 29.

<sup>90</sup> Matthew Stibbe, *Germany, 1914–1933: Politics, Society and Culture* (London: Pearson, 2010), p. 132.

approach, as underlined by Astrid Erll in her introduction to *Cultural Memory Studies: An International and Interdisciplinary Handbook*, a collection of articles that offers discussions of specific concepts (such as sites of memory) as well as theoretical issues.<sup>91</sup> The process and products of remembrance are particularly complex in the frame of the First World War, a conflict that marked people for generations. In 1975, Paul Fussell noted in an essay on the First World War and memory an ‘obsession with the images and myths of the Great War among novelists and poets too young to have experienced it directly’.<sup>92</sup> Reflecting on the reasons accounting for the ‘vividness’ of combatants’ memories, Fussell offers several possible answers, such as the psychological impact of the war experience, and also the emphasis put on ‘alertness and a special kind of noticing [in military training]’.<sup>93</sup> But once the last survivors have died, this first-hand source is no longer available; other ways of accessing war memories have to be found. This observation has also been made in a recent article published in *History Today*. In it, Peter Englund argues for the rehabilitation, or at least a better valorisation and inclusion, of individual memories in history.<sup>94</sup> The growing awareness of the richness of individual memories, not least of subsequent generations, has also been observed in Germany. Thus, the *Gedächtnis der Nation* project gives free online access to the testimonies of eyewitnesses about events since the first decade of the twentieth century, evidencing a similar concern with individual experiences. As people who lived at the time disappear, attempts at preserving their memories have flourished. The Imperial War Museum’s recordings of interviews with soldiers, including First World War veterans, can be regarded as part of the same trend, as well as the growing interest in photographic documentation, triggered first by Roland Barthes, then Susan Sontag.<sup>95</sup>

With an event of the magnitude of the First World War, often termed the ‘Great War’ and regarded as a turning point in history, the beginning of the

---

<sup>91</sup> Astrid Erll, ‘Cultural Memory Studies: An Introduction’, in *Cultural Memory Studies: An International and Interdisciplinary Handbook*, ed. by Astrid Erll, Ansgar Nünning and Sara B. Young (Berlin: Walter de Gruyter, 2008), pp. 1–15.

<sup>92</sup> Paul Fussell, *The Great War and Modern Memory* (Oxford: OUP, 1977, first published in 1975), p. 321.

<sup>93</sup> *Ibid.*, p. 327.

<sup>94</sup> Peter Englund, ‘Remembering the First World War: Touched from a Distance’, *History Today*, 61, 11 (2011), 3–4.

<sup>95</sup> See in particular Roland Barthes, *Camera Lucida* (New York: Hill and Wang, 1981); Susan Sontag, *On Photography* (New York: Straus and Giroux, 1977); and Susan Sontag, *Regarding the Pain of Others* (London: Penguin Books, 2003).



twentieth century and even the dawning of a new era altogether, memories are bound to diverge, although they all acknowledge the impact of the conflict. According to Englund, if the severance of the link with the actual events previously maintained by the presence of veterans permits a 'deeper understanding of the conflict', it also opens the way for the creation of an (over)simplified vision of the past.<sup>96</sup> This is even more the case with such a traumatic event as the First World War, which functions for us today as 'the supreme cautionary example of the horrors of war'.<sup>97</sup> Whilst survivors could approach the conflict from a different perspective, contemporary historians 'dare' only talk about its tragic dimension. With the disappearance of the last veterans of the Great War, Englund argues, we have also lost access to diverging memories, and consequently some freedom in the way we approach this momentous event in world history, a phenomenon that he calls 'the multiplicity of war'.<sup>98</sup> In doing so, the author defends the merits of individual and subjective memories of eye witnesses.

This research project therefore explores both individual and collective accounts of the lives of veterans, as well as of the organised structures in which they were gathered, be they medical or social. Investigating individual life-stories proves an indispensable step to get an insight into what facially injured soldiers experienced and how they coped with their wounds. No facially disfigured veterans published an autobiography but the destinies of individual *gueules cassées* can nevertheless be approached via other means, such as biographical documents and interviews with relatives. Although the subjectivity of the author or interviewee has to be taken into account, these provide an interesting starting point for an analysis of the wounded men's self-perception, and also of how others perceived them, raising the question of the multiplicity and diversity of memories and representations of *gueules cassées*.

International comparisons are particularly relevant when dealing with cultural memory, which presupposes the existence or construction of a collective object of study. Jan Assmann defines cultural memory as '[comprising] that body of reusable texts, images, and rituals specific to each society in each epoch, whose "cultivation" serves to stabilize and convey that

---

<sup>96</sup> Englund, p. 3.

<sup>97</sup> Ibid., p. 3. This claim underlines the special status of the First World War but is contestable, the Second World War being more generally acknowledged as playing this role.

<sup>98</sup> Ibid., p. 4.

society's self-image'.<sup>99</sup> The emphasis rests upon the role of cultural memory as a cement, bringing together members of a particular group, the implication being that it is important not only for what it is but also for the cohesive and distinctive function that it fulfils. This functional approach is consistent with that of Pierre Nora, who writes that: 'La disparition rapide de notre mémoire nationale appelle aujourd'hui un inventaire des lieux où elle s'est électivement incarnée et qui, par la volonté des hommes ou le travail des siècles, en sont restés comme ses plus éclatants symboles [...]'.<sup>100</sup> This suggests that the French historian envisages compiling and studying *lieux de mémoire* as a way to fight against the disappearance, or forgetting, of national memory, in the belief that re-asserting their existence revives a feeling of national cohesion.

Both Nora and Assmann place the concept of cultural memory in the context of a particular group. The international perspective of this thesis may therefore appear to contradict the seemingly essential national focus of cultural memory studies; a comparative approach nevertheless offers the advantage, in Winter's words, to 'help frame in a more informed way questions of particular national experience'.<sup>101</sup> What is more, it allows for the analysis of shared experiences. In the collection of essays on *Capital Cities at War*, Winter distinguishes like-for-like comparisons (frequent when dealing with statistical series, here for instance the number of men who were facially injured or the proportion of veterans who got married or went back into paid work) and what he terms the 'geometrical approach':

the relational mode of comparison is dictated by the sources: there are areas where the cases are so different, and the archival traces so uneven, that it is wise to use what we might term a 'geometrical approach', in placing one case at the centre, and using evidence of the other two cities to make a particular point about that particular case.<sup>102</sup>

If the limitations inherent to a comparative approach must be acknowledged, especially when dealing with different national contexts, the potential of international comparisons as a possibility of illuminating national histories shows the standpoint to be worthwhile. This project will therefore, wherever applicable, discuss national phenomena in parallel, for instance in terms of the

---

<sup>99</sup> Jan Assmann, 'Collective Memory and Cultural Identity', trans. by John Czaplicka, *New German Critique*, 65 (1995), 125–33 (p. 132).

<sup>100</sup> *Les Lieux de Mémoire*, ed. by Pierre Nora, 3 vols (Paris: Gallimard, 1997), I, p. 15.

<sup>101</sup> Jay Winter, 'The practices of metropolitan life in wartime', in *Capital Cities at War*, ed. by Winter and Robert, pp. 1–19 (p. 9).

<sup>102</sup> *Ibid.*, pp. 8–9.

question of pensions (and of the implicit judgement on war-induced facial disfigurement). However, there are also cases, such as the question of the name used to refer to facially injured men or of the organisation they set up in France alone, which call for an individualised investigation. The possible reasons that account for the emergence or absence of similar phenomena in France, Germany and Great Britain, will thus also be discussed.

The dangers of comparisons on an international scale, especially in the context of the First World War and its aftermath, must also be kept in mind. Indeed, the nation is a construct which, then maybe more than ever since, did not refer to a homogeneous political or cultural ensemble. In the case of France and Germany, geographical boundaries changed as a result of the First World War – with Germany having to face the loss of war, the ‘war guilt clause’ and reparations as stipulated in the Treaty of Versailles and, in due course, a troubled democracy.<sup>103</sup> The role played by France, Germany and Great Britain, all of which were major protagonists in the First World War, remains, however, a shared starting point.

An important common point between the three countries lies in the extent of the loss experienced, as underlined by Winter in his study on the aftermath of the First World War. In *Sites of Memory, Sites of Mourning*, Winter focuses on the ways in which people coped with loss and mourned.<sup>104</sup> Private and public attempts at making sense of the trauma and commemorating the dead are therefore discussed, along with the pivotal role of the war in the shift from tradition to ‘modernism’. Focussing on France, Germany and Great Britain, Winter argues for the ‘commonality of cultural history’, underlining that, even between previously hostile countries, ‘this bond of bereavement was one of the most prominent and the most enduring’.<sup>105</sup> It can be assumed that German ex-servicemen and society at large found it harder to justify the privations and sacrifices endured, the lost war preventing an *a posteriori* vindication. The extent to which the situation of *gueules cassées* was influenced by broader national trends will be investigated, alongside the influence they sometimes had upon their countries. In this context, the case of an injury-specific organisation

---

<sup>103</sup> For a discussion of the Weimar Republic, see Peter Gay, *Weimar Culture: The Outsider as an Insider* (London: Penguin, 1988). This essay was first published in Great Britain in 1969 (London: Martin Secker & Warburg).

<sup>104</sup> Winter, *Sites of Memory, Sites of Mourning*.

<sup>105</sup> *Ibid.*, p. 227.

that emerged in France appears to be unique; as such, it will be studied in more depth.

The First World War was a turning point in the remembrance of conflicts. Referring to contemporaries as ‘the first (though not the last) “generation of memory”’, Winter contends that ‘the images, languages and practices which appeared during and in the aftermath of the Great War shaped the ways in which future conflicts were imagined and remembered’.<sup>106</sup> The significance of the Great War as a formative moment in contemporary history was acknowledged when the events unfolded, as evidenced in the state-led efforts at collecting documents related to the war, gathering them and exhibiting them in dedicated spaces.<sup>107</sup> The agreement on the potent impact of the conflict on contemporaries did not guarantee a uniform interpretation of events, as evidenced by the diversity of interpretations visible in the various war memorials and commemorations. Beyond these organised processes, wounded veterans constituted yet another form of ‘war memorials’.

### 3.2. Human embodiments of memory

Drawing upon the specific case of facially disfigured soldiers, this study investigates the status of human embodiments of memory. It posits that *gueules cassées* were powerful ‘walking reminders of the war’ in the 1920s and 1930s, and examines them as potentially controversial ‘sites of memory’. More specifically, they had an iconic value, functioning as embodiments of the physical and psychological wounds caused by the First World War. This is made visible in interwar artistic representations as well as in real-life stories.

Whilst Nora insists on the distinction between memory and history, Winter argues for a study of ‘remembrance’ phenomena rather than ‘memory’, thereby emphasising the dynamic aspect of the process of recalling and ‘insist[ing] on specifying agency, on answering the question who remembers, when, where and how? And on being aware of the transience of remembrance, so dependent on the frailties and commitments of the men and women who

---

<sup>106</sup> Winter, *Remembering War: The Great War between Memory and History in the Twentieth Century* (New Haven and London: Yale University Press, 2006), p. 1.

<sup>107</sup> The National – now Imperial – War Museum in London and the Bibliothèque-Musée de la Guerre (now BDIC) in Paris, both of which were founded during the First World War, are cases in point.

take the time and effort to engage in it'.<sup>108</sup> If the active involvement of people in the act of remembering is uncontested, the actual part they play in remembrance processes varies and deserves to be investigated in more depth.<sup>109</sup>

In his work on *lieux de mémoire*, Nora insists on the role of people as producers of memory, underlining the necessity of the will to remember in order for sites of memory to emerge: 'au départ il faut qu'il y ait volonté de mémoire'.<sup>110</sup> If Nora does not limit his definition of *lieux de mémoire* to places but encompasses other phenomena such as ceremonies, emblems and objects, the possibility of memory crystallising in people, or of human beings as sites of memory, is hardly envisaged. The question of *who* remembers plays a crucial part. Positing that facially injured men came to embody the violence of the First World War against the human body requires a consideration of who came to regard them as reminders of the war, and especially to what extent this memorial value was self-attributed or ascribed by others. People play an active part in the act of recalling the past and may resist their being invested with a particular memory, or with any memorial significance at all if their own wish is to forget. It is important to bear this in mind when questioning the categorisation of injured soldiers as heroes or victims.

The function of people as 'receivers' of memory comes to the fore in Assmann's essay on 'Communicative Memory and Cultural Identity', in which he dwells on the constant reconstruction and changing use of collective memory, defined as 'a body of reusable texts, images and rituals specific to each society, each epoch'.<sup>111</sup> Underlining the role of memory in binding members of a community together and distinguishing them from others, Assmann's conclusions about the fundamental role of memory in shaping identity foreshadows Winter's 2007 analysis of identity in terms of inclusion and exclusion.<sup>112</sup> In the case of disabled veterans, the creation of support organisations is indicative of a will to get together, both to prolong the comradeship born of a common experience of the front, and to further specific

---

<sup>108</sup> Winter, *Remembering War*, p. 3.

<sup>109</sup> This reflection on human embodiments of memory partly draws on an essay on 'People as Sites of Memory: A Communicational Approach', which I wrote as part of my master's degree.

<sup>110</sup> Nora, p. 37.

<sup>111</sup> Assmann, p. 132.

<sup>112</sup> Winter, 'The practices of metropolitan life in wartime', in *Capital Cities at War*, ed. by Winter and Robert, p. 2.

claims. In his study examining the processes of remembrance of the First World War, Winter discusses the case of 'men with broken faces' from the perspective of their particular socialisation through the organisation that they created. To him, setting up injury-specific groups was a necessity insofar as they assumed a therapeutic role: they re-integrated men into social networks and avoided '[reducing them] to their wounds or disabilities'.<sup>113</sup> Drawing largely upon Henriette Rémi's memoirs, Winter examines the specific challenges the Union of Disfigured Men met, whilst using this organisation to exemplify the more widespread trend of forming support associations for veterans and their families in the interwar years.<sup>114</sup> These groups are, according to Winter, evidence of a special 'kinship' bond which emerged between the combatants. But it can be argued that, at the same time as these organisations brought ex-soldiers together, they isolated them from 'the others', especially those who had stayed at home and whose experience of the war was dismissed.

In a context in which returned servicemen found it hard to verbalise their feelings and talk about their war experiences, 'walking reminders' represented a means through which society could have access to, albeit not the reality of the front, at least the imprint it had left on those who were there. This encounter, unlike the act of looking at photographs or films, was almost unmediated (except for the fact that medicine had often more or less successfully healed or hidden the imprint of war). Their 'accessibility' is a remarkable feature of human embodiments of war memory. Unlike war memorials, the men could be met anytime in the streets, during and after the conflict. Some encounters were staged, for instance in the case of military marches, but most were unplanned. This unpredictability broadened the scope of potential addressees in an almost intrusive fashion, bringing the war home. Contemporaries could avoid visiting memorials; they could not as easily ignore these living memories and would therefore be forced to remember. The latter were vehicles of meanings, but interpretations varied significantly, as this thesis shows.

---

<sup>113</sup> Winter, 'Forms of kinship and remembrance in the aftermath of the Great War', in *War and Remembrance*, ed. by Winter and Sivan, p. 48.

<sup>114</sup> Winter follows in Delaporte's footsteps in assuming that Rémi's reminiscences concern a French hospital. Stéphane Garcia however convincingly argues in the afterword to his forthcoming re-edition of Rémi's memoirs (Geneva, 2014) that Henriette Rémi (this was a pen name) was married to a German officer during the First World War, and cared for soldiers in a German hospital. In the light of another account by a French nurse and of two publications by *gueules cassées* (*La Greffe Générale* and the *Bulletins de l'Union des Blessés de la Face*) discussed in the present thesis, Winter's discussion of the needs expressed by facially injured soldiers remains however relevant.

*Gueules cassées*, like other maimed veterans, established a link between the battlefield and the home front. Because they were visually evocative of the conflict, they constituted an intrusion of war into everyday life, especially once it was over. This intrusion was not always well received by societies, who oscillated between a 'moral obligation' to remember and the wish to forget.<sup>115</sup> The disappearance of the veterans in the course of time has not meant the end of their use as memory tokens, in France at least. The name they coined for themselves, *gueule cassée*, is still in use today; and although it now also refers to soldiers mutilated during later wars, firemen and policemen, it is still strongly associated with this first group of disfigured combatants. The role played by the first *gueules cassées*, and their leaders especially, is discussed here as a way of explaining their long-term memorial legacy.

A further aspect of the relationship between people and memory is stressed by sociologist Paul Connerton.<sup>116</sup> In *How Societies Remember*, he posits the essential role of human beings, especially in terms of the body and bodily practices, in remembering. Connerton insists on the role of people in keeping social memory alive and transmitting it through incorporating practices, which transmit memory only during the time when people are present (smiles, handshakes or conversations) or inscribing practices, i.e. actions we perform to 'trap and hold information' (for instance taking photographs, recording tapes or writing).<sup>117</sup> People are intermediaries, or channels, through which memory is transmitted. Who the person is remains of little importance; rather than who they are, it is their role in the mediation process of memory that matters.

The opposite is observed in the case of human *lieux de mémoire*: here, who they are is of prime importance. However, there is only one distinctive feature or feat which is singled out in the person for its iconic value. In the case of facially injured men the focal point is their physical appearance and more specifically their disfigured face, which in turn points to the war and to heroic values of patriotism and self-sacrifice. This reduction of their identity to their wounds constituted a further blow to many disabled veterans, who wished to go unnoticed rather than draw attention to their injury. Thus, human embodiments of memory, if they come to be regarded as such during their lifetime, can

---

<sup>115</sup> Fussell, p. 327.

<sup>116</sup> Paul Connerton, *How Societies Remember* (Cambridge: Cambridge University Press, 1989, repr. 2003).

<sup>117</sup> *Ibid.*, p. 73.

experience a form of dissociation between their individual identity and their collective significance. Not only are individual men robbed of their faces, but their social identity is also altered. Their missing faces became what defined them in the eyes of others.

### 3.3. Memory and wounds

What makes *gueules cassées* stand out are their wounds. Wounds are visible, physical and tangible traces of the brutality of war, which is otherwise characterised by invisibility, as noted by Eric Leed: 'It was precisely the memory of having inhabited for an unimaginable length of time a landscape saturated with invisible men and controlled by an unapproachable technology that remained the longest with many combatants'.<sup>118</sup> Wounds are evidence of a transgression; they constitute a violation of the body and potentially of the mind. War wounds are transgressive on several accounts, war experience being in Leed's terms 'nothing if not a transgression of categories. In providing bridges across the boundaries between the visible and the invisible, the known and the unknown, the human and the inhuman, war offered numerous occasions for the shattering of distinctions that were central to orderly thought, communicable experience, and normal human relations'.<sup>119</sup>

The present study explores this transgressive dimension of wounds, and by association that of the men who received them, in the long term. It investigates not only the brutality of the war, but also the violence of the interwar years. In the 1920s and 1930s, facially disfigured veterans exemplified transgressions in several respects. Their presence, like that of other maimed soldiers, blurred spatial boundaries between the front and the home, and chronological boundaries between wartime and peacetime. The specific nature of their wounds made them even more transgressive: they bore at the same time features of the human and of the monstrous, echoing the crisis of civilisation triggered by the First World War in early twentieth century Western societies. *Gueules cassées* evoked on the one hand the brutality and destruction that human beings were capable of, and the technological and scientific prowess they could achieve on the other.

---

<sup>118</sup> Eric J. Leed, *No Man's Land: Combat and Identity in World War I* (Cambridge: CUP, 1979), p. 20.

<sup>119</sup> *Ibid.*, p. 21.



This link between death and life – German facial surgeon Jacques Joseph was even described as having God-like powers insofar as he created new human beings – produces an unsettling effect, all the more so since it affects the primary locus of the individual's identity. The onlooker, whether the disfigured man who struggles to reconcile the image reflected in the mirror with his face as he has always known it, or an external 'other', experiences conflicting impulses towards identification on the one hand and distance on the other. The persistence of intact features triggers an impression of familiarity whilst the distorted, sometimes unrecognisable, traits render the disfigured face utterly alien. An almost 'uncanny' feeling results from this paradoxical combination, further complexifying the remembrance process prompted by the sight of disfigured men. The presence of maimed veterans was a constant reminder of the war and as such may have contributed to what Richard Overy describes as the 'overwhelmingly morbid character of much of the culture and ideas of the inter-war years'.<sup>120</sup>

Because they are visible, wounds are particularly apt to bring memories to the surface. Although malformation and accidental disfigurement existed in the 1920s and 1930s, facial wounds almost automatically pointed to the war, reminding society of the conflict. Whilst those who wanted to could try and dismiss shell shock as a fantasy, wounds were visible and undeniable. They had a truth value, functioning as tangible proof of war experience. Thus, wounds are a form of visual testimony. They evoke pain and a form of 'trauma'.<sup>121</sup> The initial suffering caused by the injury was often followed by months, even years, of operations, and even after plastic reconstruction had taken place, physical pain was something many men would have to live with for the rest of their lives. If wounds reminded victims of the physical pain they had experienced, they also triggered and recalled a psychological trauma, both in their victims and in others. On an individual level, pain was literally written all over the disfigured man's face.

Disfigurement also shatters the subject's perception of self, of their humanity and personality. This redefinition of the self led many a *gueule cassée* to despair that they would never be able to lead a 'normal' life again, not least since the face is the means through which one interacts with the rest of the

---

<sup>120</sup> Richard Overy, *The Morbid Age: Britain Between the Wars* (London: Penguin, 2009), p. 364.

<sup>121</sup> For an in-depth discussion of trauma, see Bourke, *Dismembering the Male*, pp. 107–22.

world. The challenges awaiting disfigured men in their interaction with others and the strategies developed to overcome them are explored in this thesis. The question of symbolism is here of particular importance. As veterans and society tried to make sense of their experiences, the belief that soldiers were fighting for a noble cause such as the protection of one's country or the defence of civilisation, enabled the veteran to move from the status of powerless victim to that of heroic warrior. Thus, the injury was not passively suffered but became a sacrifice accepted for the good of the greatest number.<sup>122</sup> The fact that wounds also point to the injuries given to others is seldom evoked.

The ways that wounds were perceived influenced the place facially disfigured veterans were given, or made for themselves, in civilian society. The chaos provoked by the war itself, although it questioned long-established values, triggered, according to Winter, a return to tradition at the same time as modernity emerged. In terms of the memory of wounds, Winter and Robert note that moral metaphors were abundantly resorted to in the language used to talk about the war, for 'Too many people were disabled, too many killed, too many in mourning to allow questions of fairness, of equity, of shared sacrifice to remain unaddressed'.<sup>123</sup> Fussell's assessment that interwar societies felt they had a duty to remember, a 'moral obligation' to revisit the war, is further evidence of the prevalence of the idea of justice.<sup>124</sup> Identifying Germany as responsible for the war and having *gueules cassées* attending the signing ceremony of the peace treaty is a case in point. The message conveyed speaks of suffering for a purpose, and with the Treaty of Versailles the culprits appeared to be exposed and punished accordingly, in full view of a poignant group of victims.

Remembering the suffering, and the associated pain, can appear to be a duty but it can also become a burden once the majority of people start to forget. Carden-Coyne interrogates the transition from sites of mourning to 'sites of healing'.<sup>125</sup> Wounds bear testimony to the destructive power of war, yet facially injured men are not dead. They are survivors, their wounds pointing to their journey through violence and triumph over the destructive power of war. As

---

<sup>122</sup> The redeeming value of wounds and pain is underlined in literary works and does not apply only to the context of the First World War. See for instance Pierre Dumas, *L'homme qui mourut deux fois* (Bordeaux: Editions Delmas, 1943). The disfigured hero claims that 'Oui, mes amis, ce n'est pas pour rien que j'ai donné ma gueule...si je l'ai donnée pour la paix' (p. 72).

<sup>123</sup> *Capital Cities at War*, ed. by Winter and Robert, p. 481.

<sup>124</sup> Fussell, p. 327.

<sup>125</sup> Carden-Coyne, p. 20.

such, they were both reminders of the war and symbols of 'overcoming'. Working from Gilman's notion of 'passing', it can be argued that *gueules cassées* had an iconic function; even though they often failed to 'pass' as normal, their scars preventing them from being totally invisible in interwar society, others invested them with a positive message not only of survival, but even of the symbolic triumph of science and progress over the destructive forces of modern war.<sup>126</sup> Indeed, the *gueules cassées*' motto 'Sourire quand même', encouraged a positive outlook in the face of adversity.

Elise Julien posits that, in France at least, agreement on a common interpretation of the collective memory of the First World War was, in interwar society, a key element in the healing process on a national level:

Oublier la guerre semble impossible alors qu'elle est aussi présente. Sans doute, à mesure que l'on s'en éloigne, les souvenirs personnels du conflit se font-ils moins vifs. Mais à l'échelle collective, l'élaboration et la transmission d'une mémoire consensuelle et pacifiste s'avèrent peut-être le meilleur moyen de refermer le conflit.<sup>127</sup>

Julien's idea of closing up the conflict is strongly evocative of the healing of a wound, suggesting that a sanitised, uncontroversial memory could have a healing effect on society. When it comes to the specific case of facial injuries, Carden-Coyne underlines that the primary goal of plastic surgery was to restore patients to some 'normalcy'; this poses the question of what, and who, might establish the norm.<sup>128</sup> The place allocated to facially disfigured men is thus in direct correlation with society's way of handling the memory of the War.

A parallel between the work of the historian on the memorialisation and remembrance of facial wounds and the work of the plastic surgeon can be drawn. Before reconstructive surgery could be performed, facial wounds often had to be reopened so that the tensions and constrictions caused by improper healing could be set right. The historian's work also contributes to a form of reconstruction of the past. The plastic surgeon would sometimes look at visual representations of his patient before his injury, but the new face could never be an identical reproduction of the old one. Likewise, the picture which emerges from historical investigations is mediated through the scholar's subjectivity and

---

<sup>126</sup> This is shown in literary representations but also in the staging of medical exhibits and photographs as narratives of successful rehabilitation (as underlined by Lyford).

<sup>127</sup> Elise Julien, *Paris, Berlin: la mémoire de la guerre 1914–1933* (Rennes: Presses universitaires de Rennes, 2009), p. 60.

<sup>128</sup> Carden-Coyne, pp. 6–7.

their choices shape the final product. Whilst Gillies decided which type of nose would suit his patient's physiognomy, the historian chooses a specific approach and cannot remain an impartial, external observer. This study aims to illuminate our understanding of memorialisation of very specific wounds, and First World War facial wounds in particular. The aim of this project is not to put the spotlight on facially disfigured men and impose an a posteriori hierarchical frame on different wounds suffered in the First World War. Instead, by drawing attention to the lives of *gueules cassées* and carefully examining them in the wider context of the daily life, politics and arts of interwar societies, they might 'pass', to borrow Gilman's terminology, in history.

This thesis is an original contribution to the study of the First World War and its aftermath insofar as it explores the perception and place in interwar societies of veterans rarely analysed, yet often used as symbols. The variety of primary sources discussed, from military files to personal testimonies, pastel drawings and literary accounts, provides an insight into the subjective experience and the representations of facial disfigurement during and after the war. I adopt a chronological approach in order to follow the journey of soldiers through hospital, back to civilian life, and until the outbreak of the Second World War. Moving on from Delaporte's focus on medical questions, this thesis discusses the relationships of *gueules cassées* with others and the symbolic impact of facial injuries on the wounded man and the onlooker, investigating different, sometimes conflicting, images of disfigured veterans.

The first chapter examines the confrontation with one's own reflection and with the gaze of others immediately after the wound was suffered and throughout the medical treatment. It shows the key role played by the hospital as a space of transition and questions the image of passive victims often associated with patients. The study of their interaction with staff also allows for a discussion of the representations of the latter in connection with the function they fulfilled for facially injured soldiers.

The return of *gueules cassées* to civilian life is analysed in the second chapter, with special emphasis on the question of their reintegration into economic and social circles. Representations of the men as extra-ordinary figures are discussed. They are set against a normalising treatment observed in some publications and claimed by soldiers via a newspaper written and circulated at the Val-de-Grâce hospital.

The third chapter considers the sociability of facially injured men, from the friendships born in hospital to the 'institutionalisation' of a special bond via the creation of the *Union des Blessés de la Face* in France. Its rise in importance and the subsequent changes it brought in terms of the collective image of French *gueules cassées* are examined in an attempt to explain why such an organisation emerged in this country and not in any others.

Chapter 4 shifts the focus to another expression of society's perception of *gueules cassées*, here by means of artistic representations. It investigates the functions and uses of depictions depending upon the visual medium used and the country, showing different ways of interpreting the presence of *gueules cassées* in European societies. It investigates the claims made by society on the figure of the facially injured soldier and the latter's integration in discourses on war.

The final chapter (Chapter 5) focuses on literary representations and the exploration of the veteran's psyche that they offer. It examines the treatment of mutilated veterans and society in fiction, with special focus on the literary rendering of visually striking wounds and on the process of reintegration as imagined by interwar authors. The question of what appears to be the sign of a successful reintegration is considered, as well as the mediation of encounters between *gueules cassées* and society.

All five chapters show the visibility of facially injured men and explore different responses to their presence, whilst also interrogating their role and image in war and interwar societies. They engage with documents by *gueules cassées* and sources reflecting other people's responses to them so as to examine points of convergence and differences in terms of experiences, perceptions and representations.



## Chapter 1

### Facially Injured Soldiers in Hospital

This chapter explores life in maxillofacial units from the perspective of both patients and staff. In order to discuss the interaction between injured servicemen and the people who cared for them, I draw upon accounts by patients and maxillofacial unit personnel, with additional references to literary accounts. Some of these documents have been touched upon in existing literature, especially by Delaporte and Winter.<sup>1</sup> However, they have never been thoroughly discussed, either separately or with a comparative focus. British and French sources prevail as many patients' personal files from The Queen's Hospital (Sidcup) and French hospitals (kept in the military medical headquarters at the Val-de-Grâce Hospital) are still in existence. German archives largely disappeared during the Second World War but medical treatises and press articles are still available. In addition, recent findings by Stéphane Garcia place the origins of Henriette Rémi's memoirs – one of the most comprehensive accounts on life in a maxillofacial hospital – in a German ward.<sup>2</sup> They are here for the first time discussed in the light of this new development.

This chapter aims to demonstrate how hospitals were a key transitional space, being both an extension of the battlefield and a stepping stone towards return to active service or civilian life. The interaction between patients and staff will be explored, with special focus on the roles they both played in the reconstruction process. Starting from the parallel Delaporte has drawn between the family model and relationships between wounded soldiers and staff, the closeness between patients and professionals implied by this model will be challenged through an investigation of the heroic qualities ascribed to surgeons.

---

<sup>1</sup> See for instance Delaporte, *Les Gueules Cassées* and Winter, 'Forms of kinship and remembrance in the aftermath of the Great War', in *War and Remembrance*, ed. by Winter and Sivan, pp. 40–60.

<sup>2</sup> Stéphane Garcia's to date unpublished findings will be released to the public in 2014. He has kindly given me permission to include them and discuss them.

## 1. Treating facially injured soldiers

In this chapter the treatment of facial injuries from the point of view of the patient and of the professionals, and the apparent contradiction between healing and hiding, will be focal. This ambivalence is indicative of contemporary perceptions of facial disfigurement, and of the subsequent practical and social challenges.

### 1.1. The re-appropriation of the self

In hospital, soldiers discovered the damage done to their bodies and they began the slow process of getting used to it. As such the hospital was a place of life-changing revelation.<sup>3</sup> Realising the nature and extent of their injuries led to what Biernoff describes as self-alienation: the subject is unable to recognise himself in the mirror. The reflected image is that of another being, human in the best of cases, monstrous in other instances.<sup>4</sup>



Figure 1  
Muskettier L. (Germany)



Figure 2  
Private Moss (Great Britain)



Figure 3  
French soldier (Val-de-Grâce)

These photographs, taken in hospital, show facial wounds at an early stage of the reconstruction process.<sup>5</sup> If visual documentation abounds, the soldier's initial confrontation with his reflection and the emotions it triggered have rarely been recorded. Whilst literary narratives hardly ever fail to describe this

---

<sup>3</sup> The traumatic dimension of this first discovery of one's disfigurement is best described in Dumas's novel, *L'homme qui mourut deux fois*. In a dramatic scene, the wounded soldier sees a reflection of his face in a mirror. This sight throws him into a state of panic because he is unable to recognise himself. The man in the mirror is a stranger to him; this leads him to break with his old life and take a new identity (p. 40).

<sup>4</sup> Biernoff, 'Flesh Poems', p. 39.

<sup>5</sup> Full references of all images can be found in the List of Illustrations (p. 9).



encounter, usually in a spectacular fashion, historical documents are generally silent on what is, after all, a very private topic.<sup>6</sup> Whether this event was less shocking than what writers imagined, or whether it was actually too traumatic to be put into words remains unclear. Existing accounts suggest that the reaction could be brutal. In one of the few first-hand testimonies available, British soldier Percy Clare recalls that when he first saw his face, shortly after his injury, he 'received rather a shock' and describes himself as 'an unlovely object'.<sup>7</sup> Likewise, Corporal X, treated at Aldershot, asked the nurse to put screens around his bed after he saw his face in a shaving-glass.<sup>8</sup> This desire for isolation testifies to the shock received, and to the officer's wish to protect himself from the view of others, or to spare his fellow patients the sight of his face.

The confrontation with the wounded face was followed by a period of time over which the body was gradually rebuilt. The hospital was the theatre of this process and the medical staff its first witnesses as well as its architects. Delaporte describes it as a 're-birth' for the wounded soldier: his face was remade and he learnt to cope with the consequences, on a psychological and practical level (for instance eating and speaking). This view can be questioned, not least because of the implicitly positive implications of this term of 're-birth', when in fact the outcome was sometimes tragic: haemorrhages and gangrenes were not uncommon, and there were cases of suicides.<sup>9</sup> In hospitals, issues related to a man's identity – and loss thereof – came to the fore, although the fact that patients were undergoing treatment meant that they harboured the hope that their appearance would be improved.

It is also in hospitals that *gueules cassées* had their first contact with other people; this space was thus crucial for their future social reintegration.<sup>10</sup> As noted by Delaporte, wards provided a safe environment in which injured soldiers were surrounded with men like themselves. Here, facial disfigurement was the norm; the medical staff and visitors, with their intact faces, were the

---

<sup>6</sup> Dumas's and Galis's descriptions are particularly telling: in both instances, the wounded soldier, like a madman, tries to run away from his own reflection (Henri Galis, *Mon visage fait horreur: Confession d'une gueule cassée* (Paris: Les œuvres libres, 1929) republished in 1930 (Paris: Les Etincelles)). Literary descriptions are discussed in more detail in Chapter 5.

<sup>7</sup> Clare, Private papers.

<sup>8</sup> Catherine Black, *King's Nurse – Beggar's Nurse: An Autobiography* (London: Hurst & Blackett, 1939), p. 88.

<sup>9</sup> *Ibid.*, p. 87.

<sup>10</sup> Delaporte, p. 127.

exception. Their reaction towards mutilated men was particularly important. The fact that patients and staff were in daily contact in a professional environment made the latter less prone to be shocked; their testimonies nevertheless reveal the difficulties of caring for the men. The relationships between patients and hospital staff prepared wounded men for the next step in their social reintegration: meeting their families and friends, who were sometimes allowed to visit them in hospital. The length of the stay in hospital also meant that patients were permitted to go out, facing people they did not know. The hospital constituted a transitional space in terms of social reintegration and the confrontation with the outside world was carefully monitored, as will be shown in this chapter.

One significant issue during plastic reconstruction was that of the patient's self-perception. The absence of, and sometimes even total ban on, mirrors in the wards, reported by eye witnesses in different countries, postponed the confrontation between the disfigured man and his reflection.<sup>11</sup> This protected the patient from unnecessary distress whilst the reconstruction process was still incomplete. The mirror was the key to retrieving one's individual image and could become an obsession for patients, who sometimes regarded the unknown as harder to cope with than reality.<sup>12</sup>

Paradoxically, whilst the patient himself was left in a state of uncertainty and expectation concerning his appearance, the evolution of his treatment was recorded in much detail, especially through photographs and sketches. This abundance of documentation, both clinical and artistic, was made available for other clinicians to see in the museums attached to the hospitals at Sidcup and the Val-de-Grâce (these visual representations will be discussed in more detail in Chapter 4). It would be a powerful visual reminder of the long way the injured had come and provide evidence of the war's 'ravages', of which patients were not always aware.<sup>13</sup> *Gueules cassées* first and foremost saw themselves through the eyes of their fellow patients and of the medical staff.

---

<sup>11</sup> Dumas's novel illustrates this traumatic confrontation, which is also mentioned by Black and Rémi in their memoirs.

<sup>12</sup> Nurses' accounts (such as Rémi's and Black's) mention how patients sought to introduce mirrors into the wards. This essential search for one's reflection is also visible in Dupeyron's film.

<sup>13</sup> In Dumas's novel, the surgeon refuses to allow his patient to see his own face before he has done everything in his power to restore the destroyed features. 'War ravages' is the title of a series of photographs taken by the British official photographer Horace Nicholls. London,

Once the man had seen his reflection, he entered a process of getting re-acquainted with his features, the operations gradually changing his physical appearance. The fact that old photos of soldiers, taken before their injury, were used in facial reconstruction, further complicated matters. The creative dimension of plastic surgery added to potential confusion, the patient being sometimes asked to choose his new features. Pickard, wounded on 31 March 1918 and treated at Sidcup hospital for two years, reports that he was asked what nose he wanted.<sup>14</sup> He replied: 'I don't care, as long as I get one!' This kind of choices is described by Rémi as a way to empower men by giving them some control over what their new faces would look like.<sup>15</sup>

## 1.2. A holistic endeavour

This overview of the initial consequences of facial injuries shows that the medical profession was well aware that maxillofacial surgery had implications that went beyond plastic reconstruction. Indeed, it was a holistic endeavour calling for different skills and the intervention of several agents. The comprehensive approach advocated and adopted by maxillofacial surgeons contrasted with the views held by the military command, who appeared to make no specific allowance for facial injuries, especially at the beginning of the conflict.

There was pressure from the military authorities to return men promptly to active service in all three countries. In Great Britain, Gillies complained that 'as soon as the healing had occurred the soldier was sent back to his battalion or battery, often looking like a travesty of his former self'.<sup>16</sup> The example of Percy Clare, who suffered wounds to his jaw and cheek, is telling. He spent months in and out of hospital, reporting for duty twice in the meantime. In his memoirs, he expresses his surprise at being sent back to the front despite the fact that he could hardly open his mouth. This caused him to be too weak and he soon reported ill again. A few months later he was back in Dover and he went through the same training designed to 'harden' returning soldiers. He

---

Imperial War Museum, Horace Nicholls, *Repairing War's Ravages: Renovating Facial Injuries.*, Q30450, Q30452, Q 30455, Q30456, Q30457, Q.30460.

<sup>14</sup> London, Imperial War Museum, Interview with Joseph Pickard (Peter Hart, 1986), Reel 18. 8946.

<sup>15</sup> Rémi, pp. 54–57.

<sup>16</sup> Pound, p. 26

again found himself too weak but the officers refused to let him report sick, and it was only because he could not open his mouth wide enough to wear a gas mask that he was allowed to see a doctor, who recommended that he should be discharged.<sup>17</sup>

This emphasis on sending soldiers back to active duty is apparent in popular media too. A 1918 newspaper article praises the fact that sixty percent of soldiers treated at the Jaw Centre (Fallowfield) successfully returned to active service.<sup>18</sup> Comparisons between countries were not unusual: referring to the assessment made by German surgeon August Lindemann, Pound writes that German army surgeons were under orders to quickly send facial cases back into service: 'Appearance was of secondary importance'.<sup>19</sup> A comment by Sébilleau in 1917 makes clear the pressure on French doctors as well: 'Au point de vue de la Défense Nationale [...], nous estimons que nous rendons au Service armé une proportion considérable de blessés de guerre'.<sup>20</sup>

Whilst military officers were more interested in the number of men returned to the front, surgeons refused to give up on the aesthetic dimension of plastic surgery. Their main argument was the lasting psychological and social impact of disfigurement. Reflecting on his work during the First World War, the American surgeon Fred Albee notes 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'.<sup>21</sup> A more recent contribution to the study of facial injuries underlines the risk of 'irreversible psychic trauma' due to the distinctive visual quality of wounds to the face: 'a facial deformity is not a secret. It is visible to everyone'.<sup>22</sup> This visibility leads the author, Jacob Longacre, to recommend early plastic reconstruction as a way to improve the condition of these patients,

---

<sup>17</sup> Clare, Private papers.

<sup>18</sup> 'Facial Wounds: Merciful Work of Modern Surgery', *The Manchester Guardian*, 18 September 1918, p. 3.

<sup>19</sup> Pound, p. 28.

<sup>20</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, *Hôpital temporaire du Collège Chaptal, 73, rue de Rome, Paris. Rapport du Centre de Chirurgie Maxillo-Faciale. Mois de janvier 1917. Du Dr Sébilleau à M. le Médecin-Inspecteur, Directeur du Service de Santé du G.M.P.*, Box 120. This pressure from military authorities to return soldiers, even those in a bad state, to active service is further demonstrated in George Grosz, *Die Gesundheitsbeter* (1916–17), in which a skeleton is declared fit for duty.

<sup>21</sup> Albee, p. 110.

<sup>22</sup> Jacob Longacre, *Rehabilitation of the Facially Disfigured: Prevention of Irreversible Psychic Trauma by Early Reconstruction* (Springfield: Thomas, 1973), p. ix.

showing that First World War surgeons set out principles and practices still valid decades later.

The task awaiting maxillofacial surgeons during and after the war was significant: pioneers of a new speciality, sometimes in opposition to the military authorities, they held their patients' physical and psychological condition in their hands. The German writer Joseph Roth resorts to the religious term of 'Erlösung' to describe the work carried out at the Berlin Charité-hospital, whose maxillofacial section was about to close down in the 1920s.<sup>23</sup> He implies that denying access to medical treatment equals condemning patients to cruelty and death. Roth was not the only one to praise the work of maxillofacial surgeons: in his biography of surgeon Harold Gillies, Pound notes:

Theirs were more than wounds; in some instances, facial obliteration. The patients lay encased in bandages, unable to speak, eat, taste, many unable to see, nearly all unable to sleep. Some lost the will to live and begged for easeful death. More than once Gillies heard the cry: 'Kill me! Kill me!' He said that 'a few undoubtedly willed themselves to death'. There were broken hearts and suicides. Others sought to isolate themselves from the world, dreading the impact of their changed appearance on those who knew them best. The mortality rate was high, the risks from gas gangrene – nothing to do with chemical warfare – and sudden haemorrhage, ever present.<sup>24</sup>

On the shoulders of maxillofacial surgeons rested not only the patient's physical survival and wellbeing, but also the soldier's mental and social welfare, present and future. The title of Albee's book highlights the difficulty of the endeavour: the 'fight' was not only to mend faces but to 'rebuild men'.<sup>25</sup> Indeed, despite the pressure to treat cases as quickly as possible, maxillofacial surgeons insisted on treating individuals. Pound stresses Gillies's concern regarding the man: 'all [staff] were impressed by his staunch insistence that the patient mattered, that he was more than a numbered warrior, a name on a bloody label'.<sup>26</sup> Modern warfare emphasised the collective over the individual: individual identities were erased through the wearing of identical uniforms, the pre-eminence of military hierarchy, and the emphasis put on numbers – the number of combatants, of casualties, of weapons. Fighting was often anonymous, so was death, and so was healing. The rules in military hospitals were not much different from those

---

<sup>23</sup> Roth, p. 580.

<sup>24</sup> Pound, p. 34.

<sup>25</sup> Albee, *A Surgeon's Fight to Rebuild Men*.

<sup>26</sup> Pound, p. 49.

enforced on the battlefield, the staff being overwhelmed with the intake of patients. Disfigured men constituted an extreme embodiment of this negation of the individual. Although facially wounded soldiers were to some extent ‘guinea pigs’ of a developing speciality, the emphasis put by the plastic surgeon on each man stands out.<sup>27</sup>

Maxillofacial surgery has an aesthetic as well as a functional aim, as pointed out by Albee: ‘It was our job to repair them, not only so that the victims would no longer be horrifying to look at, but also to restore, as far as possible, the functions of their faces’.<sup>28</sup> Rather than improving physical appearance – the goal of cosmetic surgery – war surgeons tried to return the body to a functional and normal-looking state. Roth’s ‘Der Wiederaufbau des Menschen’ is a telling example and the title indicates that it is a case of ‘reconstructing’ human beings step by step.<sup>29</sup> The combination of aesthetic and practical concerns is emphasised by Gilman: ‘The self-conscious rise, during the closing decades of the nineteenth and the opening decade of the twentieth century, of surgeons who saw themselves as “beauty” surgeons was challenged by the post-war reconstructive surgeons, who saw aesthetic surgery as incidental to their practice’.<sup>30</sup> A holistic approach to facial surgery, including pain relief, functional and aesthetic concerns, developed during the First World War in spite of pressures. Gillies, Morestin, Joseph and their peers were in the public’s perception not only surgeons, but also psychologists and artists.

### 1.3. The art of maxillofacial surgery

Gillies’s treatise on *The Principles and Art of Plastic Surgery* (1957), and Dufourmentel’s 1946 *Essai sur l’art et la chirurgie* bring the artistic dimension of

---

<sup>27</sup> It could be argued that this is an isolated example of one specific surgeon. Gillies’s care for his patients is further evidenced by the concern he showed towards Harry Burbeck. Bidy Stevens, Harry’s daughter, was interviewed as part of this research project (30 March 2012). Harry Burbeck was born on 15 January 1891 and during the First World War he served in the Royal Horse Artillery. Wounded by shrapnel in 1917 (place unknown), he was admitted at The Queen’s Hospital, Sidcup, where he spent three years and underwent ten operations and three skin grafts under Gillies’s supervision. In the 1940s, Burbeck went to see Gillies again after a pneumonia, which he thought was related to his injury and the subsequent operations. Bidy Stevens recalls the kindness shown by the surgeon towards his former patient, more than twenty years later. A similar concern for their patients’ general wellbeing was observed in other countries, Delaporte underlines this fact for France (p. 140).

<sup>28</sup> Albee, p. 108.

<sup>29</sup> Roth, p. 580.

<sup>30</sup> Gilman, p. 13.

this medical speciality to the fore.<sup>31</sup> Albee also notes that successful plastic surgeons 'must combine mechanical dexterity with artistic feeling for the desired cosmetic result'.<sup>32</sup> But the aesthetic result of surgery was not the only area which called for artistic skills: surgeons also had to show creativity in their preparations. Harold Gillies used sketches of the procedures he tried:



FIG. 16 represents fat flaps rolled in towards the centre of the depression.

Figure 4  
Sketch of the 'fat flap' procedure in Gillies, *Plastic Surgery of the Face* (1920)

The artistic dimension of plastic surgery is further emphasised through the collaboration of doctors and artists. The surgeon was surrounded by professional artists who not only recorded the progress accomplished, but also took an active part in the surgical reconstruction. In particular, Gillies acknowledges the contribution of the sculptor in residence at Sidcup: 'Lieutenant J. Edwards has not only been responsible for the preparation of routine plaster-cast records, but for a very important part of our work, the reconstruction of features on the casts as a preliminary to surgical reconstruction'.<sup>33</sup> A 1917 newspaper article underlines the powerful impact of Edwards's casts on the onlooker: '[Edwards's casts] give vivid if grim testimony to the wonderful results attained'.<sup>34</sup> The benefits of the use of plaster casts are demonstrated in a short film documenting the work of Pont in Lyon: several

---

<sup>31</sup> Harold D. Gillies and D. Ralph Millard, *The Principles and Art of Plastic Surgery* (Boston: Little, Brown and Co., 1957). Léon Dufourmentel, *Introduction à la chirurgie constructive: Essai sur l'art et la chirurgie* (Paris: La jeune parque, 1946).

<sup>32</sup> Albee, p. 109.

<sup>33</sup> Gillies, *Plastic Surgery of the Face*, p. xi.

<sup>34</sup> 'The Marvels of plastic surgery: a new institution for the treatment of wounded heroes', January 1917, p. 3 [Newspaper title unknown]. It is part of a collection of press cuttings on The Queen's Hospital held at the London Metropolitan Archives (hereafter referred to as LMA), reference HO2/Y01/05.

patients are filmed holding a cast of their face before reconstruction began. The contrast between the moulage of the wounded face, still and white, and the often smiling restored faces is striking.<sup>35</sup>

Albee also describes the active part played by the sculptor in the reconstruction of a man's features: 'The sculptor was of great assistance to the surgeon. By making a cast of the wounded man's face from a good photograph, taken before he was wounded, the surgeon was usually able to reconstruct the badly mutilated features in such a way that his relatives would recognise the patient'.<sup>36</sup> Several artists worked at Sidcup: 'Art has also been called into service, and Professor Tonks, of the Slade School, a painter of high distinction, as well as a surgeon, and Mr Edwards, an eminent sculptor, will see to it that the new creations are of types that accord with the men's features'.<sup>37</sup> Many plaster casts made in France are still held at the Musée du Service de Santé des Armées au Val-de-Grâce and have been reunited with the photographs of the cases they documented during the war.



Figure 5

Cécillon © Musée du Service de Santé des Armées au Val-de-Grâce, Paris

<sup>35</sup> Paris, Etablissement de Communication et de Production Audiovisuelle de la Défense ECPAD, 'Service de Prothèse maxillo-faciale du Docteur Pont à Lyon' (film), 14,18 A 910. The excerpt in question is to be found at 4'17"–5'40".

<sup>36</sup> Albee, p. 109.

<sup>37</sup> 'Faces Rebuilt: New Hospital to Transform Ugliness into Good Looks', *Daily Sketch*, July 1917, LMA HO2/Y01/05, p. 14.





Figure 6  
Hugot © Musée du Service de Santé des Armées au Val-de-Grâce, Paris

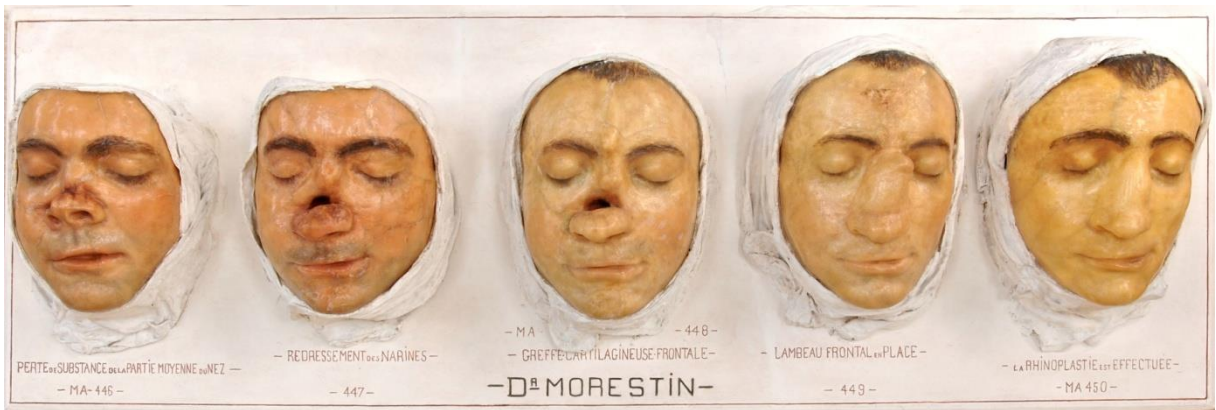


Figure 7  
Mascard © Musée du Service de Santé des Armées au Val-de-Grâce, Paris

These plaster casts testify to the skilfulness of both the sculptor and the surgeon. Unlike photographs, they are three-dimensional, coloured representations. In this respect, they make the disfigured men's faces even more real to the onlooker. Most visual representations discussed in chapter 4 call for the onlooker to see; masks almost invite one to touch the face. At the same time, masks reduce the wounded soldier to his face, whereas photographs usually feature hair and show the top of the chest, including clothes. Moreover, for practical reasons, plaster casts picture patients with their eyes closed, thus making them appear lifeless. The contrast between the realistic dimension of plaster casts and the impression of death they convey is striking. Whilst they appeal to the viewer's tactile sense, they also deny visual contact. The disfigured man, or at least his face, is objectified.

#### 1.4. Healing and hiding

The main contribution of artists was in helping men whose looks had not been sufficiently improved by surgery, or who refused to undergo further treatment.<sup>38</sup> A tension between doctors and mask-makers can be observed. Gillies notes that even those patients who decided to stop operations eventually decided to come back and complete the reconstruction process. Pickerill, the Surgeon-in-Charge of the New Zealand section at The Queen's Hospital, broaches the subject of masks, only to dismiss them as a second-class solution:

These [masks] were in many instances very skilfully constructed, and were attached to the face by means of spectacles in the case of large losses, or by gum for small masks. This method of treatment, however, proved to be not satisfactory from several points of view: The patients were never very happy wearing what they termed 'tin faces'. The edges of the masks were always difficult to approximate both in position and colour to the normal and mobile parts of the face on which they rested, and were, moreover, apt to become shiny. The paint on the masks, too – in towns, at least – became progressively darkened, necessitating repainting, which could only be done by a skilled artist. Patients who have been thus treated have come subsequently to have their facial losses and disfigurement remedied surgically.<sup>39</sup>

---

<sup>38</sup> A 1917 article notes interruptions due to the 'disinclination of the patient to further prolong the treatment': 'The Marvels of plastic surgery: a new institution for the treatment of wounded heroes', p. 2 (LMA HO2/Y01/05).

<sup>39</sup> Pickerill, p. viii.

The surgeon recommends masks as a temporary solution more than a long-term one, although he overlooks the fact that surgery could not guarantee total reconstruction. Most of the time, however, the work of the sculptor and the surgeon was not a competition but a collaboration, the former taking over once the latter had finished. In France, the American Anna Coleman Ladd and the French Jane (Jeanne) Poupelet worked together in the American Red Cross 'Studio for Portrait Masks' in Paris, and in England sculptress Kathleen Scott – wife of the Antarctic explorer Robert Falcon Scott – joined Gillies's team, whilst Francis Derwent Wood put his art to the service of disfigured men at the 3<sup>rd</sup> London General Hospital.<sup>40</sup> There, he set up the Masks for Facial Disfigurement Department, which became known as the 'Tin Noses Shop'.<sup>41</sup> In an article published in 1917 in *The Lancet*, the British sculptor details the process of making masks for facial wounds, emphasising that he does not seek to relieve pain or restore function. A distinction is established between the surgeon's and the artist's work, the latter dealing with those cases 'in which the wounds or depredations of disease have been so severe as to remove them beyond the range of even the most advanced plastic surgical operations'.<sup>42</sup> This collaboration between the medical expert and the artist is stressed from the beginning, in a 1916 article in the *Hospital Gazette*, entitled 'Sculptor and Surgeon. How they Collaborate at the 3<sup>rd</sup> L.G.H.'. <sup>43</sup>

A detailed description of the work carried out by Wood is provided by Corporal Ward Muir, who followed the sculptor's ascent from the time when, in 1915, they were washing dishes together. The artist's progression to the rank of Captain is due, according to Muir, to Wood's ability to find a wartime-relevant way of using his art, and to the support of his superiors. The 'Splint Room' is both an artist's studio and a craftsman's workshop, staffed with experienced professionals under the headship of Wood, the 'presiding genius'.<sup>44</sup> The mask-making process is detailed by Muir, who describes the sculptor magically awakening lifeless casts. This contrasts with Wood's account of his own

---

<sup>40</sup> Aspects of this reflection on facial masks are developed in more detail in my forthcoming article on 'Gueules Cassées: The Men behind the Masks', *Journal of War and Culture Studies*, Special issue on Veterans' Identities, December 2013.

<sup>41</sup> Ward Muir, *The Happy Hospital* (London: Simpkin, Marshall, Hamilton, Kent & Co, 1918), p. 146.

<sup>42</sup> Francis D. Wood, 'Masks for Facial Wounds', *The Lancet*, 23 June 1917, p. 949.

<sup>43</sup> 'Sculptor and Surgeon. How they Collaborate at the 3<sup>rd</sup> L.G.H. A Note by the C.O.', *The Gazette of the 3<sup>rd</sup> London General Hospital. Wandsworth*, May 1916, pp. 205–6.

<sup>44</sup> Muir, p. 150.

practice, although both descriptions converge in their emphasis on restoring the patient's original features. The mask is to represent 'the man not as he is but as he was'.<sup>45</sup> This insistence on a return to the past is worth noting and explains the importance of pre-injury and pre-war photographs. Wood's masks were meant to be as close in resemblance as possible to the patient's old face: they enabled the 'passing' from 'gargoyles' to a state of 'naturalness', a movement back in time.<sup>46</sup> However, covering the physical marks left by war did not make up for the functional consequences of injuries, nor erase the trauma of war experience and disfigurement.

Muir's writings also report other people's responses to the mask-wearer. His description is full of praise for the work of the sculptor, and underlines the natural effect of the mask, the only differences noticeable for a patient's friends from a short distance being, according to him, the glasses and an occasional squinting.<sup>47</sup> Functional impediments related to masks, underlined by surgeons and acknowledged by Wood himself, are overlooked. Muir's emphasis rests on the aesthetic effect of masks and the subsequent impact on the patient and the people who surround him. He even notes an improvement in functionality brought about by the mask, which can hide a pad absorbing saliva or tears.<sup>48</sup> The ward orderly emphasises the 'harmonious moulding and tinting', the 'elegant false ear' made by Wood, a moustache of which the bearer is so proud that 'he waxes it and twists it in a fashion sprucely dandiacal'.<sup>49</sup> The mask seems to be well-accepted by patients, not only as an external device, but a full-fledged part of their body.

Muir goes as far as suggesting that some patients ended up with improved looks: one 'would not be offended if told that he is now a handsomer man than he was when he joined the Army', the eyes of another 'have become [...] straighter and more tranquil'.<sup>50</sup> This statement overlooks the potential pain and embarrassment men felt under their masks. Juliet Nicolson underlines that 'For most of the wearers, masks were horribly uncomfortable as the tin rubbed

---

<sup>45</sup> Muir, p. 151.

<sup>46</sup> *Ibid.*, p. 149.

<sup>47</sup> *Ibid.*, p. 152.

<sup>48</sup> *Ibid.*, p. 153

<sup>49</sup> *Ibid.*, p. 153

<sup>50</sup> *Ibid.*, pp. 153–54. Rémi also reports a wounded man assuring his friend that his new nose – which is not the nose he wanted – makes him 'sûrement bien plus beau qu'avant' (p. 57).

against the ravaged face beneath producing a nearly intolerable sensation'.<sup>51</sup> In her essay, she opposes masks, presented as visual embodiments of denial, and surgical reconstruction, described as evidence of acceptance. In contrast, Muir insists on the effect on the onlooker. He writes that masks enable the viewer to look at the disfigured man without embarrassment, thus emphasising the fact that these devices not only protect the wearer, but also shelter the onlooker from a disturbing confrontation. It stands in direct opposition with Nicolson's assessment that 'men with shattered faces hidden beneath masks walked the streets, terrifying in their inability to make the mask laugh or cry'.<sup>52</sup>

Unlike 'scientific' accounts by surgeons or sculptors, which provide a factual assessment of both the damage done to the face and the result of their work, Muir's description is full of emotion. The ward orderly has a personal connection with Wood and with patients, whom he cared for during the war. This personal link accounts for his focus on the psychological and social consequences of wearing a mask:

Instead of being a gargoyle, ashamed to show himself on the streets, he is almost a normal human being and can go anywhere unafraid – unafraid (a happy release!) of seeing others afraid. Self-respect returns to him. His depression departs.<sup>53</sup>

According to Muir, the main emotion associated with facial disfigurement is shame.<sup>54</sup> Wood himself acknowledges this psychological impact: '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 nor of sadness to his relatives and friends'.<sup>55</sup> The question of 'normality' is a recurring motif, not only in terms of wounded men's appearance, but also their behaviour: 'normal' looks condition 'normal' interaction with others. The benchmark against which conformity to normality is assessed is not clearly specified. Thanks to masks, disfigured men were able to return to their occupations and be self-sufficient, as

---

<sup>51</sup> Nicolson, pp. 66–67.

<sup>52</sup> Muir, p. 8.

<sup>53</sup> *Ibid.*, p. 152.

<sup>54</sup> This is a far cry from the supposedly proud attitude veterans were sometimes said to have towards their injuries. Although facial disfigurement was suffered in a context of a war, shame is still the prevalent feeling triggered in victims. This is consistent with past attitudes towards facial disfigurement; indeed in ancient, medieval and modern times, facial disfigurement was a physical marker of shameful practices or diseases.

<sup>55</sup> Wood, p. 949.

expected by the Commanding Officer: 'The soldier is by nature independent, and the men who had the pluck to throw up their jobs and go to the help of the country are not the men who will wish to exist on pensions granted by the Government; they will prefer to resume their former tasks when possible. The formation of this new department will, I am sure, make this possible for many'.<sup>56</sup> Restoring the disfigured soldier's appearance is described as key to a successful professional reintegration and to him regaining his self-esteem, the ward orderly echoing the officer's assessment in his later publication.

Muir's description suggests that disfigurement is an outward sign of mental problems, the broken faces being depicted in an evocative fashion as 'macabre and sometimes brutish physiognomies metamorphosed into sane and reasonable ones', 'the "wrongness"' being 'exorcised' by the wearing of masks. These religious undertones emphasise the parallel between the sculptor and a god, fully assumed by Kathleen Scott. Thinking about the chin she was to make for a man, she comments: 'I feel terribly like God. The surgeon said without a smile, "Don't make it longer than you need or we shan't have enough flesh to cover it." God! It's a fantastic world'.<sup>57</sup> In a similar fashion, the result of the sculptor's work is confirmed by Muir as a blessing.

The chapter on 'Masks and Faces' – the last one in Muir's book – ends with a focus on the individual sculptor, the author allowing him a category of his own, apart from other medical practitioners. His work requires different skills and does not overlap with his *confrères*'. The author emphasises the artist's somewhat solitary position among scientists: his area of expertise is outside their reach. He appears as a mysterious figure, whose skills can make up for the destructiveness of the war. Muir's positive assessment contrasts with that of surgeons; Gillies for instance writes that 'one can appreciate a sweetheart's repugnance at being expected to kiss shapely but unresponsive lips composed of enamelled phosphor-bronze'.<sup>58</sup> This lack of expressivity points to the theatrical dimension of masks, which is underlined by Roth in an article subtitled 'Tragik der Nasen'.<sup>59</sup> It is also particularly visible in photographs of Wood's 'Tin

---

<sup>56</sup> 'Sculptor and Surgeon. How they Collaborate at the 3<sup>rd</sup> L.G.H. A Note by the C.O.', pp. 205–6.

<sup>57</sup> Kathleen Scott, quoted in Louisa Young, *A Great Task of Happiness: The Life of Kathleen Scott* (London: Macmillan, 1995), p. 189.

<sup>58</sup> Pound, p. 50.

<sup>59</sup> Roth, p. 580.

Noses Shop' and Ladd's 'Studio for Portrait Masks'. Masks are to some extent props, and they were even at times used as such by injured men:

A South African patient, recalled by Miss Steggall as 'wild but likeable', was given a mask to wear when he went on day leave to London. The mask was uncomfortable in hot weather and the patient often had to take it off. Returning to hospital, he would hold up two, three and sometimes four fingers to denote the number of people in the streets who had shown panic at the sight of his grim visage.<sup>60</sup>

This soldier apparently accepts his image of a 'freak' and chooses to laugh at it. Muir also hints at this theatrical dimension, describing the 'tin nose' as an 'almost comical' 'fraud'.<sup>61</sup> It can be argued that more than the artefact made by the sculptor, it is the soldier's disfigured face which is a mask in itself, as pointed out in Galis's novel: 'ma laideur était pour moi un déguisement de carnaval impossible à dévêtir'.<sup>62</sup> Literary documents, as discussed in Chapter 5, confer a theatrical dimension upon the disfigured face, whether hidden behind a mask or left uncovered, for everyone to see.<sup>63</sup> The alignment of before/after plaster casts in Anna Coleman Ladd's Studio evokes a mass production of faces, and beyond this, of selves. Moreover, they remind the viewer of the false faces visible at a carnival. Referring to performing arts, as well as to religion, can be seen as a way of making sense of the presence of facially disfigured men, enclosing them within the sphere of the metaphysical or the grotesque:

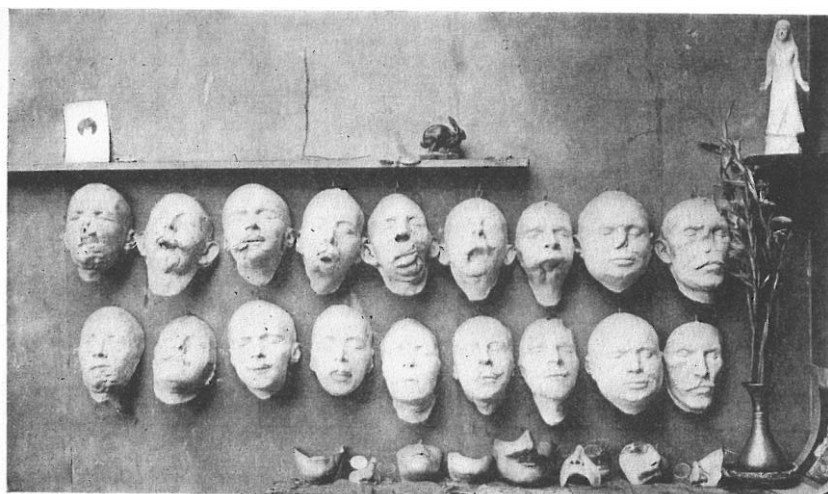


Figure 8  
Anna Coleman Ladd's studio, Paris

---

<sup>60</sup> Pound, p. 50.

<sup>61</sup> Muir, p. 146.

<sup>62</sup> Galis, p. 71.

<sup>63</sup> Dumas, p. 36.

The American Red Cross Studio for Portrait Masks was located in the artists' quarter at 86 Rue Notre-Dame-des-Champs in the Latin Quarter, Paris. After reading about Wood's work in London, Anna Coleman Ladd (Boston sculptor and wife of Dr Maynard Ladd, a medical adviser of the American Red Cross on the French front) opened this studio with four assistants in 1917. Having consulted with her British colleague Wood, she went on, according to a Red Cross report, to surpass him in skill.<sup>64</sup> Marie-Louise Brent and later Jane Poupelet, two French artists, joined the team. The American Red Cross mask-making unit merged with the Val-de-Grâce military hospital in 1919.<sup>65</sup>

Although sculptors had the skills to restore the features of mutilated faces, it remains a fact that the sight of disfigured men was a shock, even to them. A letter written by Brent to Poupelet testifies to her difficulty in facing one of them:

Il y a eu justement des cas intéressants et difficiles à résoudre. Nous avons eu une recrudescence de mentons et d'aveugles. [...] Justement cette après-midi nous en avons eu un qui est tellement horrible à voir que j'en suis presque malade. Ce n'est plus une figure humaine mais une espèce de gargouille! Heureusement il est aveugle et ne se doute pas combien il est terrible. On ne pourra rien faire de bien mais s'il croit qu'il est mieux, puisqu'il ne voit pas, ce sera tout ce que l'on pourra faire.<sup>66</sup>

The adjectives 'horrible' and 'terrible' and the comparison with a gargoyle echo Muir's writings; they emphasise the inhuman dimension of facial injuries. The 'gargoyle' motif besides suggests that wounded faces are sculptures, carved by war on men's bodies. This comparison also testifies to the attempt to find images to which one can relate.

Ladd and her team made the *Studio* into a homely, warm environment, thus showing awareness of the psychologically de-humanising risk associated with facial disfigurement. Photographs and a short film reveal that the place was nicely decorated, including flowers. Despite their unsightly looks, efforts were made to welcome veterans as human beings.

---

<sup>64</sup> American Red Cross archives, Washington D.C., 'The Making of Portrait Masks by Mrs Ladd', *The First Year of the American Red Cross in France: Activities for the year ended July 1, 1918*, pp. 32–33.

<sup>65</sup> Elisabeth Lebovici, 'L'art répare les gueules cassées', *Libération*, 11 November 2005 <<http://www.liberation.fr/culture/0101548040-l-art-repare-les-gueules-cassees>> [accessed 24 October 2012].

<sup>66</sup> Marie-Louise Brent, Letter to Jane Poupelet, 11 September [1918?], in *Jane Poupelet, 1874–1932: "La beauté dans la simplicité"*, ed. by Anne Rivière (Paris: Gallimard, 2005), pp. 48–49.





Figure 9  
Anna Coleman Ladd with a disfigured soldier, Paris

An article in the *Red Cross Magazine* underlines the settings in which the sculptors carry out their art: a 'bright studio', surrounded by an 'attractive courtyard overgrown with ivy and peopled with statues' and the workshop itself is 'a sunny room' to which 'patients have grown attached'.<sup>67</sup> The re-humanising aspect of the sculptors' work is also stressed in newspaper articles published during and after the war. Poupelet's work is praised in French publications:

Durant la guerre, Mademoiselle Poupelet a sacrifié son avenir à l'humanité. Pour les mutilés de la face, [Poupelet] a obscurément donné son talent, créant des modèles, se fatigant à faire des moulages pour resculpter des visages humains aux misérables héros défigurés par la mitraille imbécile.<sup>68</sup>

The spirit of self-sacrifice with which soldiers are generally credited transfers to the artist. This article insists on the heroism of mutilated veterans, although the adjective 'misérables' betrays the author's pity. This is less the case in a 1928 article:

La guerre nous accablait de ses horreurs. Discrètement, l'artiste vint mettre son immense talent de modelleur au service des chirurgiens essayant de rendre un visage humain aux "pauvres gueules cassées"! Ainsi assouplissant la paraffine, les mains dispensatrices de belles formes devinrent-elles des mains pieuses d'infirmière sans cesser d'être celles d'une grande artiste.<sup>69</sup>

---

<sup>67</sup> Grace S. Harper, 'New Faces for Mutilated Soldiers', *American Red Cross Magazine*, November 1918, p. 44.

<sup>68</sup> André Salmon, *La Jeune Sculpture française*, 1919, p. 74, quoted in Rivière, p. 49.

<sup>69</sup> Anon., *Le Petit Parisien*, 6 August 1928, p. 3, quoted in Rivière, p. 49.

In a documentary film made in 1918, showing the sculptors at work, a soldier is pictured lighting a cigarette in the busy studio, Ladd standing by his side and checking that his mask, which covers the lower half of his face, is properly fitted.<sup>70</sup> He then deliberately takes it off, revealing his mangled face in a close-up. This scene suggests that masks not only covered the aesthetic damage, but also enabled injured men to do simple things like smoking. The soldier and the sculptor look pleased with the mask, and he puts it back on. The whole process is very quick and appears to be easy. The next scene pictures another female artist carefully painting a mask and then placing it on a plaster cast of a face. She checks that it fits and holds both the mask and the cast, together and separately, giving the camera a close view on the artefacts used at this stage of the mask-making process. The fabrication of the mask, moulded on the cast, is pictured in the following scene, which features a man in a white coat, presumably one of Ladd's assistants. This first part of the documentary is a narrative of the mask-making process. The different stages are detailed, the protagonists frequently pausing to hold the artefact so that the viewer can see it well. It starts with the final result and its positive consequences on the wearer, and then moves backwards. The following scenes depict the workers, sculptors and craftsmen, making other masks and attachments, including a false ear, a mask covering the middle and upper half of the face and glasses which support a false nose. The focus is on the staff and the mask themselves, which suggests that although the circumstances and purpose of this film are unknown, it was made to document and publicise the work of Ladd and her team to American audiences who supported their work via the American Red Cross.

The masks themselves have largely been lost and Ladd and her colleagues forgotten. In contrast, the legacy of surgeons such as Morestin, Joseph and Gillies, appears more lasting. Masks, through the impression they give of a restoration of a previous, better, state on an individual level, can be seen as symbolising a longing for a lost pre-war history. They illustrate what Nicolson presents as a form of denial.<sup>71</sup> Her assessment largely corresponds with the point of view of surgeons. In the light of the testimonies discussed in

---

<sup>70</sup> Internet Archives database, Red Cross film documenting the work of Anna Coleman Ladd at the American Red Cross 'Studio for Portrait Masks' Portraits Masks', *Red Cross Work on Mutilés at Paris, 1918*, National Museum of Health and Medicine, Armed Forces Institute of Pathology, United States of America <<http://archive.org/details/RedCrossMutilés>> [accessed 13 November 2011].

<sup>71</sup> Nicolson, pp. 54–68.

this chapter, it nevertheless appears that in many cases masks and attachments complemented the surgical reconstruction, even if only temporarily. As will be discussed later on in this chapter, the surgeon and the artist both come across as heroic figures; however it is the voice of the former that has prevailed throughout the twentieth century. The facially disfigured man remains in the background, the raw material and object on which talented professionals display their skills.

## 2. A re-creation of the family sphere

Reconstructed or masked faces not only protected the veteran, they also preserved others from a disturbing sight. To borrow Gilman's terminology, plastic reconstruction, attachments and masks favoured the 'passing' of disfigured men into society, transforming 'gargoyles' into humans. In this respect, they were part of a psychological healing process, which also relied on the soldier's relationships with fellow patients and medical staff. Delaporte notes the significant role played by the latter in the combatants' acceptance of their disfigurement and reintegration into society. Doctors and nurses were the first people with whom wounded men were in contact, making their reaction particularly important. In wards where mirrors were banned, the looks of fellow patients and the reactions of medical staff gave wounded soldiers an indication as to the damage done to their own face. Moreover, the duration of the treatment meant that the contact between medical staff and patients was prolonged, making their relationship all the more significant. Studying the wounded man's interaction with others in the context of the hospital illuminates our understanding of the *gueule cassée*'s later reintegration into professional and social networks. Delaporte's model of familial relationships will be explored here with an international perspective. The implications of the familiarity implied by this parallel will be questioned and alternative approaches investigated.

## 2.1. Nurses and female staff: lovers and mothers

Nurses and voluntary aids spent time with the servicemen, caring for their physical needs but also supporting them emotionally. Their written testimonies portray the men's difficulties in coping with the painful operations and the many questions and fears raised by disfigurement. Although medical staff was confronted with injuries on a daily basis, their attitude towards facially disfigured men emphasises the distinctive quality of these wounds in the 'hierarchy' of war injuries.

Three testimonies by female staff will be examined: one is part of the memoirs of British nurse Catherine 'Blackie' Black, one is by the French Val-de-Grâce staff Elisabeth Baillaud and the third one is by Henriette Rémi.<sup>72</sup> Catherine Black worked with Gillies at Aldershot and later went on to care for King George V. Her memoirs were written several decades after the First World War but her time caring for facially wounded men appears to have made a strong impression on her. Baillaud, like Muir, adopts a cheerful tone in her account, describing her work with facially injured soldiers as hard but enriching. She started working at the Val-de-Grâce in 1914 without any qualifications or experience. Her short testimony mentions her work in different services but dwells on her time at the *Ve blessés*, a specialised unit under the headship of Hippolyte Morestin. Rémi's testimony is the longest and most comprehensive account. She focuses solely on her experience of caring for facially wounded soldiers in an unidentified hospital. Existing literature on facially injured soldiers treats this narrative as a text about a French hospital, possibly the Val-de-Grâce. The French names used and the language in which it was written seem to support this hypothesis. Stéphane Garcia's recent findings however suggest that the author was married to a German officer and lived in Germany for the duration of the war; she could therefore not have worked in a French hospital.<sup>73</sup>

---

<sup>72</sup> Black, *King's Nurse – Beggar's Nurse*; Rémi, *Hommes sans visage*; Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, Elisabeth Baillaud, testimony (14 pages) [no reference number].

<sup>73</sup> This information was provided by Stéphane Garcia and the Institut Jean-Jacques Rousseau (Genève), where the Adolphe Ferrière archives are held (Ferrière wrote the foreword to Rémi's book, in which he mentions that she wrote most of it whilst staying in his house). According to their findings, Henriette Wille (La Chaux-de-Fonds, 1885 – Genève 1978) married Hans Danneil, from Hanover, in 1914. She moved to Germany and stayed with him during his time in a *Lazarett* (Archiv der sozialen Demokratie, Bonn, Internationaler Jugendbund, Box 67, 'Lebensplan von H. Danneil'). This hospital is likely to have been in Verden, where she lived between 1915 and 1920 (Letter to Rudolf Eucken, Verden, 31 July 1917, Thüringer Universitäts-

Rémi's decision to set her narrative in France can be accounted for by her divorce and subsequent return to Switzerland in the 1920s, where she re-married. The tensions in Europe at the time of writing and her personal circumstances (she was involved in a pacifist movement and married to a pacifist militant who had served a prison sentence) further explain the deliberate vagueness in terms of localisation, and the pen name.<sup>74</sup> The stories of facially injured men nevertheless appear to transcend national boundaries.

The length of Rémi's narrative allows for a more detailed insight into her own emotions as well as the evolution of her relationships with her 'friends'. She describes her writing as a cathartic endeavour also benefitting facially disfigured men whose imaginary voices plead, two decades after the events, for the world to see them and understand: 'Donne-leur nos visages en pâture, qu'ils nous voient tels que nous sommes, qu'ils aient un écho de nos souffrances; puisqu'ils ont des yeux pour voir, qu'ils regardent – et qu'ils comprennent ... enfin!'<sup>75</sup> Rémi's account gives a voice to *gueules cassées*. Their undetermined national origins in fact add to the pacifist dimension of her endeavour, making them appear to be a universal indictment of war, in a way reminiscent of Ernst Friedrich's use of photographs of disfigured men in his antiwar pamphlet (1924).

All three accounts underline how special the experience of caring for facially wounded soldiers is. Two key features highlighted by the authors are their attachment to patients and the difficulty of their task. 'Facials' were acknowledged as particularly difficult cases and literature reveals that even experienced medical staff found it hard to care for them.<sup>76</sup> Like Muir, Black describes it as the most difficult period of her time in the military medical services:

In all my nursing experience those months at Aldershot in the ward for facial wounds were, I think, the saddest. Sadder even than the casualty clearing stations to which I went afterwards, for there death was swifter and more merciful, and it is not so hard to see a man die as to break the news to him that he will be blind and dumb for the rest of his life. And that was something we had to do so often in that silent ward where only one in every ten patients could mumble a few words from the shattered jaws, for the

---

und Landesbibliothek Jena, Nachl. R. Eucken, 1, 38). She moved back to Switzerland in 1924 and got a divorce in 1928, before marrying a Swiss pacifist militant named Ith. In 1927 she started working with Ferrière, and wrote her testimony at his house in Les Pléïades.

<sup>74</sup> Rémi might also have hoped to find a more sympathetic audience by shifting events from Germany to France.

<sup>75</sup> Rémi, p. 8.

<sup>76</sup> In Dumas's novel, nurses turn away during the first operation, unable to look at the injured face (Dumas, p. 29).

facial wounds were in many respects the most serious of the War casualties.<sup>77</sup>

Black provides an emotional description of her own reaction, comparing it to her other war experiences. Death is perceived as almost more desirable than facial injuries. This account points towards the staff's identification with their suffering patients. This specific passage stresses the tensions between silence and speech. The silence, understood here as the inability to communicate, surrounds injured men. The only sound breaking this silence is the voice of the nurse who has the responsibility to tell soldiers about the seriousness of their condition, and the definitive nature of their disability. If death puts an end to any communication, facial injuries isolate their victims but leave them alive and conscious of their loss.

Rémi's experience is similarly difficult, all the more so since she has no qualifications or training. She starts to help at the maxillofacial hospital in response to a call for help from her 'aunt Marie' (who might have been one of her husband's relatives), who works there. Rémi's 'initiation' is brutal: although she knows about the patients' disfigurement, facing them is a shock. She presents this first day as an experience of overcoming her own emotions. She has to deal with the sight of mutilated bodies, 'ce que j'ai vu de plus atroce de ma vie!', as well as with the unpleasant smell of the ward.<sup>78</sup> Rémi's initial response is horror, her description of what she can see underlining the 'inhuman' nature of *gueules cassées*: 'une vingtaine de monstres, d'hommes qui n'ont presque plus rien d'humain, de corps portant des débris mutilés de visages'.<sup>79</sup> Disgust and pity overwhelm her at times. Although they cannot see her, she struggles to look at them at first. The problem of visual contact is also mentioned by Ward Muir in his account of working with disfigured men, in which he describes the onlooker's embarrassment at the sight of wounds and scars.

Rémi is most preoccupied by a sense of guilt, as if the men were accusing her, holding her and the rest of society responsible for their plight: 'Et il me semblait que tous me criaient: "C'est ta faute si nous sommes ainsi. Pas d'exception et pas d'excuse. C'est la faiblesse de chacun qui a permis cette boucherie. Tu as ta part, tu as ta part!'" To Rémi, wounded soldiers are visual

---

<sup>77</sup> Black, pp. 86–87.

<sup>78</sup> Rémi, p. 36 and p. 40.

<sup>79</sup> *Ibid.*, p. 36.

testimonies of the atrocities of war and function as reminders for societies who allowed the conflict. The message they convey is one of generalised indictment of society for its participation in war, or its passivity in letting it happen. It again echoes Friedrich's antiwar pamphlet and is indicative of a use of facially injured soldiers in way of promotion of pacifist goals. In the context of the mid-1930s however, this image of German veterans as antiwar symbols was no longer consistent with the growing militarism in the country. This further accounts for Rémi's choice to situate her memoirs in an unidentified national context.

Caring for facially injured combatants marked staff, and Rémi and Baillaud touch upon the fact that their relationships with patients did not stop at the end of the conflict. Like Baillaud, who stayed in contact with some of her former patients, Rémi still refers to hers as friends, two decades later. The physical and psychological trauma experienced by injured soldiers extended to the people who cared for them, Rémi mentioning the haunting memories writing her memoirs triggered. Although they did not share a common experience of the front, they went through the long reconstruction process together. Bonds developed between female staff and patients throughout this time. Friendly, sometimes even flirtatious, relationships are mentioned by Clare, who reports that VADs at Croydon hospital were 'quite willing to be taken out for an evening now and then: surreptitiously of course!'<sup>80</sup> Some nurses and female visitors even married one of their former patients, despite efforts to prevent romances in the wards. Thus, Baillaud mentions that the French military medical authorities had a deliberate policy of choosing young women, aged between eighteen and twenty-five, to care for facially wounded men because 'les blessés risquaient le moins de leur tourner la tête'.<sup>81</sup>

Delaporte argues that a mother-son link emerged, this female presence playing a significant part in the moral and social rehabilitation of facially disfigured men.<sup>82</sup> Rémi's writings confirm this interpretation; from her first day, she emphasises the importance of being useful to wounded men: 'on sent qu'ils comptent sur vous, qu'ils s'accrochent à vous, qu'ils ont besoin de vous et le sentiment maternel qui vit en toute femme vous fait bien vite trouver votre vraie

---

<sup>80</sup> Clare, Private papers.

<sup>81</sup> Baillaud, p. 4.

<sup>82</sup> Delaporte, p. 148.

place'.<sup>83</sup> The parental role fulfilled by nurses and female volunteers, like Rémi, is claimed as their rightful place.

The maternal care provided by female staff is expressed in different ways. In addition to medical issues, practical help with everyday life is valued. Clare's account of the good treatment he received from nurses before he was evacuated to England emphasises the attitude of female staff, described as devoted, gentle and hard-working. One of them tended to him, fetching a barber and washing the dried blood off his face after his injury.<sup>84</sup> Likewise, Baillaud and her colleagues looked after their patients' physical needs but they also comforted them when they woke up after an operation. Black underlines the challenges faced in everyday life:

The problem of feeding was acute, for very few of the patients in that ward could take even a particle of anything solid, and yet their strength had to be kept up at all costs. So we had to ring the changes as best we could in two-hourly feeds ... tomato soup made with milk, Benger's food, iced coffee, egg flip. Often we would use as many as three hundred eggs a day in that ward alone.<sup>85</sup>

In addition to providing for their practical needs, Rémi also recalls reading, writing and posting letters for those patients who could not do it themselves.<sup>86</sup>

Rémi and her colleagues also participated in the men's preparation for the future: for example, teaching Braille (mentioned by Baillaud and Rémi) enabled them to communicate and took them out of their isolation. Doing crafts and making objects exercised their physical abilities and helped restore their self-esteem, whilst also keeping them busy. As Baillaud underlines, she and her fellow staff members aimed to make their patients independent and self-sufficient. Their injury, especially through its functional consequences, forced them to rely on other people. Like children, they had to learn basic skills; in this learning process, nurses played a significant role: 'Nous leur apprenions surtout à se suffire à eux-mêmes, à se diriger, à nous reconnaître sans que nous ayons à leur parler'.<sup>87</sup> Like parents, they aimed to help the people under their care to be independent. This reflects a view of the injured soldier as a helpless figure needing not only to be physically re-humanised, but also to re-learn basic skills

---

<sup>83</sup> Rémi, p. 38.

<sup>84</sup> Clare, Private papers.

<sup>85</sup> Black, p. 87.

<sup>86</sup> Rémi, p. 71.

<sup>87</sup> Baillaud, p. 9.



such as communication. The process of being fed and given liquid food, mentioned by Black, further emphasise this infantilisation experienced by facially wounded soldiers.

The emotional support provided by staff is an important aspect in the study of relationships between patients and their carers. Black highlights psychological problems that sometimes left medical staff powerless:

Hardest of all was the task of trying to rekindle the desire to live in men condemned to lie week after week smothered in dressings and bandages, unable to talk, unable to taste, unable even to sleep without opiates because of the agony of lacerated nerves, and all that while knowing themselves to be appallingly disfigured.<sup>88</sup>

Black does not specify how she and her fellow workers sought to cope with their patients' depression; this passage nevertheless indicates their awareness of the psychological suffering men were going through, the duration of their ordeal and their lack of hope. The stress is on the 'inability', thus emphasising the powerlessness of the victims who were locked away in their bodies and in their minds.

The occasional silence between nurses and wounded men – the latter sometimes needed to come to terms with their disfigurement by themselves – does not contradict the closeness between staff and patients.<sup>89</sup> Baillaud's fondness for her patients 'particulièrement attachants' shows through, echoing a poem by a Val-de-Grâce nurse in *La Greffe Générale*.<sup>90</sup>

Mais, si leur âme se cuirasse  
Elle a besoin de s'épancher;  
Femmes, gardiennes de la race,  
Mais, si leur âme se cuirasse  
Assistons-la ... Que l'amour fasse  
Sur leurs cœurs, nos cœurs se pencher. [...]  
Messieurs, pour prix de cette audace,  
Qu'en vos cœurs elle ait une place,  
L'infirmière du Val-de-Grâce,  
Qui vous admire et vous rend grâce.<sup>91</sup>

This poem, written by an anonymous nurse, demonstrates her respect for her patients, who are described as valiant combatants. She depicts the role of

---

<sup>88</sup> Black, p. 87.

<sup>89</sup> Ibid., p. 88.

<sup>90</sup> Baillaud, p. 7.

<sup>91</sup> This poem was written by an anonymous nurse who signed it off as 'A. Nurse'. A. Nurse 'Réponse aux Blessés de la Trogne', *La Greffe Générale*, N. 2, 15 January 1918, p. 3. Bibliothèque nationale de France collections, Paris, reference FRBNF32783911.

women as carers and confidantes of wounded soldiers. Another nurse, publishing in a later issue, writes that female staff had to keep their distance and harden themselves to be able to perform their duties. This indifference was only a façade, ‘Le Coeur bat! S’il pouvait se montrer à son aise, Vous reconnaîtriez celui d’une Française, celui d’une maman’.<sup>92</sup>

Female staff and volunteers shared the patients’ joys and sorrows. Rémi was with Lazé, one of her patients, as he waited for his wife and son to visit, and he asked for her advice as to how to behave and whether he should kiss his son. It was also Rémi who accompanied him to his hometown to see his family later on. As they walked together from the station to his village, he opened up, sharing some of the difficulties of life at the hospital:

- ces odeurs d’hôpital, de sang, de fièvre, de désinfectants – on ne sait trop de quel mélange ... ça vous soulève le cœur; je n’ai jamais pu m’y habituer.
- Vous n’en laissez pourtant rien voir.
- Il y a beaucoup de choses que je ne laisse pas voir, à l’hôpital. [...] Que voulez-vous, à l’hôpital, il faut bien tenir sa langue. D’abord, c’est toujours le régime militaire. Si on disait ce qu’on pense, il y aurait des sanctions. Et puis, les camarades, dans leur presque totalité, n’y comprendraient rien. On les mène à la tuerie comme des moutons. Ils disent amen et c’est tout.<sup>93</sup>

His pacifist views stem from a simple observation: men on both sides are being manipulated. His eyes were opened, Rémi discloses, when he spoke to enemy prisoners and read their newspapers.<sup>94</sup> More than the enemy soldiers, it is military authorities that Lazé holds responsible for the slaughter. Rémi’s opinion matches Lazé’s and echoes Friedrich’s in the open criticism of leaders, suggesting that they both refer to the German context. The author’s political views do not come across explicitly elsewhere in her writing, as if the stories of facially disfigured soldiers were speaking for themselves. Lazé’s only comfort is to think that the conflict will soon be over and that his son will be spared a similar experience, expressing a then commonly held belief that this conflict was ‘the war to end all wars’.

The dramatic reunion between Lazé and his son, the child failing to recognise his father and running away, terrified, underlines the perverse effect

---

<sup>92</sup> Philè, ‘Aux Blessés de la Face’, *La Greffe Générale*, N. 5, 10 March 1918, p. 3.

<sup>93</sup> Rémi, pp. 99–100.

<sup>94</sup> A similar realisation occurs for Paul Bäumer in *All Quiet on the Western Front*, when he kills a French soldier then finds photographs of the dead man’s family. He realises that this ‘enemy’ soldier is not very different from him (Remarque, *All Quiet on the Western Front*, pp. 150–52.

of the lengthy period of time spent by wounded soldiers, especially blind ones, in hospital. Surrounded by men like them, and by staff who have grown accustomed to their wounds, they evolve in a safe environment. This protected space is presented as necessary for their recovery but it also had adverse effects insofar as it did not prepare them for the confrontation with the world. In creating an artificial sense of 'normality', the hospital could in some cases delay the moment of realisation, making it all the more painful to accept reality. It was only when his son did not recognise him that Lazé understood that not only his body, but his whole life, had changed. Unable to face it, he declared his preference for death and committed suicide after a second failed attempt to be reunited with his son. Rémi's emotional reaction testifies to her close relationship with her patients and her maternal feelings. The final scene of her book depicts her standing beside the surgeon, mourning together, a picture of parental grief at the loss of a son.

Rémi and her colleagues thus also played the role of intermediaries. Firstly, between surgeons and patients, supporting them through their operations and sometimes transmitting messages between them.<sup>95</sup> Secondly, nurses and aids were mediators between the wounded men and their families. One of Rémi's colleagues, Sister Berthe, devised a procedure aimed to make the first encounter between a wounded soldier and his family less shocking: nurses made relatives walk through the main ward first, bringing them to see the most mutilated men, so that when they finally met their own relative, they were relieved. Not only did nurses comfort patients, but they also dealt with visiting relatives. Rémi recalls one of her patients asking her to stay with him as his father visits him for the first time, 'comme un enfant qui veut la présence de sa mère pour adoucir la colère du père'.<sup>96</sup> Their medical background made them trustworthy interlocutors for patients and relatives. Rémi saw wives confide in her; they expressed their shock upon seeing their husbands for the first time, sometimes also their guilt at not being able to accept them. Her memoirs reveal the significant role played by nurses in the early encounters between men and their relatives, thus emphasising the importance of the hospital as a space of transition.

---

<sup>95</sup> It is for instance Rémi who secures the major's permission for a patient's family to come and visit him, when the head surgeon had denied it to the man himself.

<sup>96</sup> Rémi, p. 49.

The patients' attitude on Rémi's first day indicates that they, in turn, valued the presence of female staff members: they offered her sweets, were concerned that she would catch a cold and they wondered if she was ill when she did not eat. The men's affection for their nurses also shows in a (maybe fictional) letter from a Val-de-Grâce patient, 'Pitou', to his parents, published in *La Greffe Générale*. Here, he declares that he wants photographs of his nurses, so that he can one day show them to his children and tell them 'C'est ces p'tit's mains qu'vous voyez là, qu'ont aidé à raccommoder vot' papa'.<sup>97</sup> The patient has developed a sense of admiration and gratefulness for nurses. His affectionate description of their relationships dwells on the nurses' gentle demeanour and gives a picture of a close community of patients and staff. Pitou also expresses his initial surprise when one of them called him 'son p'tit', as if he was her son. He later realises that her maternal tone shows how much she cares about him. The nurses' affection created a form of 'sanctum', a safe environment in which patients were sheltered, at least for a time.

Further evidence of the patients' friendly feelings towards their nurses is found in Clare's letters, one of them describing in more detail one particular Sidcup nurse: 'she is a "brick", and we all love her and vie with each other to do jobs for her, not to curry favour (which wouldn't be tolerated) but to please her'.<sup>98</sup> This reciprocal affection accounts for the cheerful atmosphere usually described as reigning at the hospital. Baillaud, like the British orderly Muir, emphasises the joyful atmosphere, even the 'fou-rire' which were not uncommon in the wards.<sup>99</sup> The nurses' mission was, she says, to fight physical pain and psychological gloominess. Contemporary accounts thus mention both moments of silence and of gaiety. Baillaud does not deny that some patients suffered from depression; however she dwells in more detail on cheerful anecdotes. The young women sought to prove to the men that 'leur vie n'était pas irrémédiablement terminée dans le malheur'.<sup>100</sup> In Baillaud's account, female staff members and visitors act as substitutes for mothers or lovers, re-affirming patients in their masculinity and helping them regain their independence and self-confidence. The closeness of these bonds means that

---

<sup>97</sup> 'Lettre de Pitou à ces [sic] Chers Parents', Hôpital du Val-de-Grâce, 8 March 1918, Copied by Francillon, *La Greffe Générale*, N. 5, 10 March 1918, pp. 19–20.

<sup>98</sup> London, Imperial War Museum, Percy Clare, Letter (manuscript), 8 January 1918. Reference 06/48/1.

<sup>99</sup> Baillaud, p. 8.

<sup>100</sup> *Ibid.*, p. 8.

some links were maintained after soldiers left hospital, as evidenced in Baillaud's testimony.<sup>101</sup> The testimony of the daughter of a British soldier suggests that there was a greater understanding between nurses and patients, than with their families.<sup>102</sup> Her father Harry Burbeck only spoke about his treatment once his daughter had qualified as a nurse, suggesting that what he could not, or would not, talk about with his daughter, he felt more at ease to mention to a medical professional.<sup>103</sup>

Rémi's focus on soldiers' moral qualities balances the negative description of their unsightly looks. Difficult patients are rarely mentioned. The tendency to highlight disfigured men's moral qualities is recurring, as if with the loss of a face there was nothing else left to praise, but inner values. Besides, individual patients are often singled out, as opposed to other accounts by medical staff, especially by doctors. To Rémi, they are not just numbers or monsters. Very little emphasis is put on them being in the army; her testimony suggests that the likelihood is that her friends will not return to active service; the focus is therefore on their place in society, in their family in particular, not on their military rank. To learn to identify the men quickly, she uses their different and specific injuries to memorise their names. Men are thereby reduced to their wounds. On the other hand, Rémi's attempt also testifies to the medical staff's awareness that recognising the men, calling them by their names, helped to affirm them as individual human beings.

Because hospital staff were the first interlocutors of facially wounded soldiers after their injuries, their attitude mattered. Rémi soon realised that her every reaction was perceived by them and could hurt them:

Je pressens – et cela m'est confirmé par la suite – que nos “gars” sont très sensibles à l'effet qu'ils produisent, et qu'il faut avant tout éviter de les offenser ou de les faire souffrir, en laissant deviner du dégoût ou simplement de la compassion.<sup>104</sup>

---

<sup>101</sup> Baillaud also hints at the fate of German and Empire soldiers (p. 5). She mentions that German patients were treated in exactly the same way as French patients at the Val-de-Grâce. No other accounts refer to the care given to enemy soldiers and prisoners of war in hospitals, although from a medical point of view, French surgeons complained of the poor treatment offered to enemy soldiers in Germany (thus contradicting Dumas's fictional account). Her comments on African soldiers are patronizing, but although she describes them as child-like in their frankness, she declares having a particular fondness for them.

<sup>102</sup> He only mentioned the physical pain caused by his wound and subsequent treatment to his daughter once she had qualified as a nurse. Conversation with Biddy Stevens, 30 March 2012.

<sup>103</sup> Biddy Stevens, 'Post War', Notes following an interview (2012).

<sup>104</sup> Rémi, p. 42.

The key rule is, according to Rémi's more experienced aunt, to treat disfigured men like anybody else. Her constant battle against her emotions is described in terms of overcoming, much like the process of wounded men accepting and learning to live with their disfigurement. Furthermore, Rémi explicitly compares herself to a soldier: 'je suis comme le soldat qui ne baisse plus la tête en entendant siffler les balles'.<sup>105</sup> Coping with disfigurement is equated with a fight, for both the patient and the onlooker. It is a process of mutual growth, the war being prolonged or displaced from the battlefield to the medical sphere. Patients (and carers) appear to be a class in their own right, with enemies such as pain and depression being stressed. The creation of an organisation for disfigured men later on in France seems a natural consequence of this shared war experience.

## 2.2. Male staff: a fraternal relationship

The symbolic function fulfilled by female staff differs from that ascribed to male helpers in contemporary accounts. The role they played was not one of parental authority or affection, but rather of brotherly fellowship, thus prolonging the comradeship often described as inherent to the experience of the front. The testimonies discussed here – one by a French and one by a British author – also make plain the tensions between the onlooker's identification with, and alienation from, disfigured veterans.

The French author Georges Duhamel enlisted in the army and worked in various capacities, including stretcher-bearer, in the military medical force. In *Civilisation*, he recalls scenes involving facially wounded soldiers.<sup>106</sup> Although the author expresses his own feeling of powerlessness when faced with the suffering and death of his comrades, these anecdotes end on a hopeful note. One of them clearly reveals the strong impact his encounter with a facially wounded combatant had on him:

De Louba, nous ne pouvions pas attendre des paroles: l'éclat d'obus lui avait effondré la face. Il ne restait rien de son visage qu'une immense plaie barbare, un œil dévoré, déjeté, et le front, un humble front de paysan. Un

---

<sup>105</sup> Rémi, p. 44.

<sup>106</sup> Georges Duhamel, *Civilisation: 1914–1917* (Paris: Mercure de France, 1918). This novel is largely based on Duhamel's own war experience and describes the conflict and the life of soldiers from the point of view of a stretcher-bearer in the trenches and in hospital. It was awarded the *Prix Goncourt* in 1918.

jour, pourtant, comme nous lui disions des choses fraternelles, Louba voulut nous témoigner son contentement, et il nous fit un sourire. Ils s'en souviendront, ceux qui ont vu l'âme de Louba sourire sans son visage.<sup>107</sup>

This account reveals that despite his looks, the soldier was not completely isolated from his comrades. Louba was left practically unable to communicate: his ability to speak, and seemingly his sight as well, were gone. Staff and fellow patients had become used to the state he was in and were not expecting any responses. They nevertheless continued to speak to him, their words making him smile. This very simple action is depicted as a miraculous achievement. Duhamel does not distinguish between himself and other staff and patients; they are all presented as a community, his testimony emphasising comradeship and solidarity.

Muir's writings are more detailed and give us an insight into the daily routine of a hospital ward. Corporal Ward Muir, R.A.M.C. (T.) worked as a medical orderly in Ward B 16 at the 3<sup>rd</sup> London General Hospital, Wandsworth. He wrote about his war experience in *Observations of an Orderly* and published *The Happy Hospital* in 1918. Trained as a journalist, he is also the author of several novels and editor of *Happy – Though Wounded*, a 3<sup>rd</sup> London General Hospital publication. Excerpts of *The Happy Hospital* were released in newspapers and magazines before appearing in book form.<sup>108</sup> He points out in several places the distinctive features of the 3<sup>rd</sup> London General Hospital, emphasising for instance the quality of the food served and the joyful atmosphere. Whilst pain and death were part of the daily life at a military hospital, they are hardly mentioned in Muir's book. By overlooking the suffering and focussing on the positive aspects of war experience, he underlines the soldiers' resilience but also presents it as necessary to survive, to remain 'sane'. Muir's often humorous depiction of the daily life of hospital patients and staff insists on the comradeship amongst men.

Of the fourteen chapters of this book, only two have to do with aspects of his work Muir found more difficult: one is a short and rather general reflection entitled 'A Note on "Horrors"', the other deals with the author's confrontation with facially injured soldiers. 'Masks and Faces' is the very last chapter. The

---

<sup>107</sup> Duhamel, pp. 47–48.

<sup>108</sup> *The Spectator, The Nineteenth Century, Country life, The Daily News, The New Statesman.* Note, Muir, p. 8.

position of this section as well as its content increase the impact it has on the reader. Muir found caring for *gueules cassées* a distressing experience:

An English war-hospital, on the whole, furnishes forth fewer horrible sights than happy ones. But there is one perturbing experience which, for the worker in such an institution, is inevitable. It is this. He finds that he must fraternise with fellow-men at whom he cannot look without the grievous risk of betraying, by his expression, how awful is their appearance. Myself, I confess that this discovery came as a surprise. I had not known before how usual and necessary a thing it is, in human intercourse, to gaze straight at anybody to whom one is speaking, and to gaze with no embarrassment.<sup>109</sup>

Although the author acknowledges that they are still human beings, his ‘fellow-men’, he finds himself unable to interact with them. He is more concerned about his own reaction than their response. Muir later specifies the kind of ‘embarrassment’ betrayed by his attitude as a form of repulsion, although this only comes, according to him, once the wounds are healed. This may be accounted for by the fact that healed wounds suggest that the treatment is over and the looks can no longer be improved. Muir’s fears focus on the gaze, he is sure that his eyes, the ‘lamp of the soul’, will ‘let the poor victim perceive what I perceived: namely, that he was hideous’.<sup>110</sup> Although pity is not openly referred to in this passage, it is implied in the descriptions of the ‘wrecked face’ of the ‘poor victim’.

Muir’s work makes clear the challenges caused by facial disfigurement in terms of communication between the mutilated veterans and ‘the others’. If even medical staff were made uncomfortable by such a sight, so would the rest of society. The author only briefly depicts what a mangled face looks like, and this description is almost comical. The ‘mournful grotesquerie’ of some faces, compared to ‘broken gargoyles’ here too, proves to be ‘something of an ordeal’ to anyone who wants to talk to these men.<sup>111</sup> However, as with the rest of the book, the author moves on from the tragic facts to the more optimistic prospect of the sculptor restoring damaged faces. The title, ‘Masks and Faces’ betrays this emphasis on solutions to relieve patients and beyond that, to normalise their relationships with society.

Clare’s private papers provide another insight into relationships between wounded men and staff. The cheerful attitude of stretcher-bearers carrying men

---

<sup>109</sup> Muir, p. 143.

<sup>110</sup> Ibid., p. 143.

<sup>111</sup> Ibid., p. 144.



onto the ship which was to take them back to England made a lasting impression on him: 'they invariably went out of their way to say cheery and encouraging words to the wounded and showed that fellowship with suffering which only men in the fighting forces felt and understood'.<sup>112</sup> Most of the staff he was in contact with during his time in hospitals were female, which makes this anecdote particularly significant. It further evidences the comradeship between men, whether patients or staff.

The family model illuminates important aspects of the interactions between patients and female and male staff, who are seen respectively as maternal and fraternal bonds. The reassuring dimension of a family-like pattern provides a comforting presence to soldiers who are experiencing alienation from their own bodies. In this respect, the hospital is both a re-creation of the past and a projection into the future: the wounded man finds himself in an environment bearing similarities with a family home, whilst at the same time it conveys an implicit promise of reintegration into a family sphere after the conflict. However, the comparison between patient-staff relationships and family bonds can be misleading, insofar as the commonality of experiences shared by the different protagonists in the maxillofacial ward is not replicated outside the hospital, where the divide between combatants and non-combatants constitutes a significant obstacle to communication.<sup>113</sup> Reintegration into real-life families proved problematic in many cases. Furthermore, the implications for the patient in terms of self-image are far from negligible, especially since the family model suggests a degree of infantilisation and powerlessness.

### 3. The surgeon: a multi-faceted figure

The surgeon stands out in testimonies recording the life in maxillofacial units. In narratives in which the collective prevails over the individual, he is one of the rare actors to be singled out, both by his fellow medical staff and by patients. Although his relationship to patients resembles a paternal one, his role far

---

<sup>112</sup> Clare, Private papers.

<sup>113</sup> This failure to relate with his family is experienced by one of the protagonists in Remarque's *All Quiet on the Western Front*, leaving the young man devastated (pp. 108–28). In contrast, the difference in terms of experiences between nurses, ward orderlies and patients is minimal.

exceeds it and accounts for the heroic, even mystical, aura he is often credited with.

### 3.1. A paternal figure

The biographies of surgeons reveal little of their perception and interaction with wounded soldiers. The great number of cases they treated accounts for the limited contact they had with facially injured men; however some information can be found in the accounts of other medical staff. On occasions they present the surgeon as a fatherly figure, in both the caring dimension and the disciplinary aspect traditionally associated with the father. In her account of the time she spent working with Gillies at Aldershot, Black underlines the doctor's care and concern for patients:

Then came the stream of wounded, men with half their faces literally blown to pieces, with the skin left hanging in shreds and the jawbones crushed to a pulp that felt like sand under your fingers. "Don't worry, sonny, you'll be all right and have as good a face as most of us before we've finished with you," Captain Gillies would say and the poor huddle of splints and bandages that had once been a handsome young guardsman would believe him and try to shake off his blank despair.<sup>114</sup>

Clare also reports that Gillies was willing to give his patients permission to stay out late to visit their families: 'Patients are required to be in at 5 o'clock but I understand that if one sees Major Gillies and gives his word of honour that he is going to his own home in London he (Major G. [sic]) will make an exception to the rule'.<sup>115</sup> Rémi's testimony also reveals that, like a father, the head surgeon was controlling the men's outings and visits.

Before Sidcup became the central hospital for facial injuries, Gillies himself paid for labels to be printed off and dispatched to field hospitals so that facially wounded men would be sent to him without delay. Once he was in charge of The Queen's Hospital, he again gave his own money to help his patients: 'Strength had to be built up in order to enable them to endure a long series of operations, sometimes twenty and more. For that purpose Gillies prescribed a supply of egg flip which he caused to be laced with brandy at his

---

<sup>114</sup> Pound, p. 26.

<sup>115</sup> Clare, Letter, 8 January 1918.

own expense'.<sup>116</sup> The collaboration of two patients in the preparation of his medical treatise suggests that he trusted them and sought to encourage their activities during their stay in hospital. In his preface, he acknowledges their help: 'The heavy secretarial work has been chiefly performed by the author's patients (for the most part E. J. Greenaway; partly also R. W. D. Seymour), who have stuck to their task with persistent, cheerful loyalty, in the intervals between their operations'.<sup>117</sup> The surgeon did not only resort to patients for administrative tasks, he also trusted some of them to assist during operations. Clare reports helping in the operating theatre:

For two hours yesterday I had to hang on to a man's tongue (by means of a catgut passed through it) to prevent him rolling it into his throat and choking. [...] I had to keep swabbing blood and clots away with my left hand while gently resisting the pull of his tongue with my right. I 'played' him as an angler would a fish but had to be very gentle and not let the catgut tear the hole in his tongue larger.<sup>118</sup>

Gillies's concern with his patients' and ex-patients' welfare did not stop once their treatment was complete. Biddy Stevens remembers the warm welcome given by the surgeon to her father as he went to see him in the 1940s, over two decades after his stay at Sidcup. Harry Burbeck was wounded during the First World War and spent three years at Sidcup (1917–1920). Gillies examined him and reassured him, expressing his satisfaction at Burbeck's successful professional and family life. Moreover, Gillies personally employed some of his ex-patients during or after their treatment, and one of them married the doctor's sister.<sup>119</sup>

Archives recording the relationships between German doctors and patients are not available but in France, the sculpture patients had made for the Val-de-Grâce surgeon Hippolyte Morestin demonstrates their gratitude. The presence of a large number of patients at Morestin's funeral in 1919, some of them in tears, is attested by Baillaud.<sup>120</sup> The emotion of soldiers and staff goes beyond the respect paid to a skilled doctor and testify to the role that surgeons played in the lives of these patients. Further evidence of this close relationship

---

<sup>116</sup> Pound, p. 34.

<sup>117</sup> Gillies, p. xi.

<sup>118</sup> Clare, Letter, 8 January 1918.

<sup>119</sup> Andrew Bamji, curator of the Gillies archives, reports the case of Tankman Cohen who stayed on as a porter. He never got married but was looked after by the nurses. Another patient, Seymour, stayed as Gillies's secretary and chauffeur, and married the surgeon's sister.

<sup>120</sup> Baillaud, p. 93.

is the fact that the first issue of the patients' journal *La Greffe Générale* is dedicated to Morestin, and the second one to his colleagues. The surgeon's support is also mentioned in the list of benefactors. The *Union des Blessés de la Face*, founded later, also acknowledged the work of Morestin, 'ce Bienfaiteur de l'Humanité', and supported a request by ex-patients that part of the *rue du Val-de-Grâce* be re-named in his honour.<sup>121</sup> Likewise, Rémi's account, although it underlines on several occasions the apparent coldness and distance of doctors, ends with a depiction of the surgeon as a human and sympathetic figure, mourning with her over the death of a patient:

La porte s'ouvre. Le médecin-chef s'approche; il reste un instant silencieux à côté du lit. Puis, doucement, il pose sa main sur le front du cadavre, et deux larmes coulent de ses yeux. Il est père, lui aussi.<sup>122</sup>

Surgeons were however also figures of authority. They implemented discipline. As a consequence, their relationship with patients could be tense. This is made obvious in one episode recounted by Rémi, in which a wounded man, Bertrand, complains about the major's refusal to let his wife and daughter visit him. He accuses the doctor of not understanding his plight and being unable to sympathise. Bertrand claims that he knows best what is good for him: 'Pourquoi qu'on veut pas me laisser ce plaisir?'<sup>123</sup> He dismisses the major's explanation that further surgery is needed and that he should not impose the unpleasant sight and smell of his wounds on his family. This refusal appears to be justified by medical reasons. The wounded man's rhetoric and the impersonation he makes of the major add to the ridicule of the scene. The latter remains silent whereas the patient comes across as a stubborn child incapable of understanding that the surgeon's decision is for his best interest. Permission is finally given, following Rémi's intervention to support her patient's request. The familial model mother/father/child is therewith followed through.

Delaporte notes the sometimes distant attitude of surgeons and interprets it as hiding the 'tragique répulsion que ces blessés inspiraient par leur défiguration'.<sup>124</sup> Patients, according to Rémi, perceived major Audemar as a

---

<sup>121</sup> *Bulletin de l'Union des Blessés de la Face*, 6 (February 1923), p. 1. All the *Bulletins* were consulted at the headquarters of the *Association des Gueules Cassées*, where they are held as part of a private collection.

<sup>122</sup> Rémi, p. 110.

<sup>123</sup> *Ibid.*, p. 64.

<sup>124</sup> Delaporte, p. 140.

harsh man; his lack of reaction when one patient comes back distressed from a disastrous reunion with his family confirms this.<sup>125</sup> But if the paternal comparison provides a good basis for understanding the relationships between surgeons and facially injured men, historical archives as well as literary and artistic documents also underline another dimension of the surgeon-patient dynamics. The familiarity implied in this model does not do justice to the out-of-the-ordinary qualities attributed by staff and patients to the surgeon. Whether they were deserved or idealised, these abilities make the relationship between the doctor, who is often described as a solitary figure, and others worth studying from another angle, that of surgeons as heroes.

### 3.2. A heroic figure

The particular status of facial surgeons is evidenced by the comparatively numerous biographies devoted to them (as opposed to accounts of patients' lives).<sup>126</sup> Literary fictions emphasise the heroic work of surgeons, who are described as god-like figures.<sup>127</sup> Rémi recalls the work of a surgeon who specialised in noses: 'il a "réhumanisé" des monstres [...] à l'hôpital, cet homme est considéré comme un dieu'.<sup>128</sup> Similarly, in a 1917 article in *Le Figaro*, Latzarus describes Morestin as a 'faiseur de miracles'.<sup>129</sup> This parallel between surgeons and gods is a recurring motif in all three countries. A 1917 British article, having described the consequences of facial injuries as 'hell', goes on to describe the work of the surgeon: 'And just here comes the doctor with his trained brain, with his capable hands, to do his Christ-like work'.<sup>130</sup> A similar statement is made by guests attending the opening of the The Queen's Hospital in Sidcup: "'Truly the age of miracles is not over!'" Such was the exclamation of the many visitors who were present yesterday afternoon at the inspection of The Queen's Hospital at Frognaal'.<sup>131</sup> A later article describes Sidcup doctors as

---

<sup>125</sup> Rémi, p. 105.

<sup>126</sup> See for instance Pound, Riaud and Monestier.

<sup>127</sup> See for instance Dumas, p. 49, and Roth, p. 581.

<sup>128</sup> Rémi, p. 54.

<sup>129</sup> Louis Latzarus, 'Ils veulent rire', *Le Figaro*, 23 September 1917, [page number unknown].

<sup>130</sup> *Kent Messenger*, July 1917, [Article title unknown], LMA HO2/Y01/05, p. 16.

<sup>131</sup> 'Opening of the Queen's Hospital', *Sidcup Times*, 27 July 1917, LMA HO2/Y01/05, p. 5.

'wizards of surgery' who, like good fairies, 'transform ugliness into good looks'.<sup>132</sup>

Rémi suggests that surgeons tended to keep their distance from their patients and not get emotionally involved. When they did, their staff noticed it, as shown in a comment of a nurse, who expressed her surprise at the head of service's decision to discharge a patient early. Knowing that he was suffering from tuberculosis, the surgeon sent him home to spend his last months with his family. Sister Berthe, quoted by Rémi, commented: 'Il est plus humain que je n'aurais cru, le major [...]. Lui laisser encore quelques beaux moments, plutôt que de l'employer comme cobaye'.<sup>133</sup> Rémi also mentions an incident involving a facially wounded violinist who suffers from a broken wrist, and whose distress touches the head surgeon: 'Devant cette immense angoisse, le chef, qui paraît si insensible d'habitude, baisse les yeux et se tait'.<sup>134</sup> The officer's usual detachment, hinted at here, helped give him a mysterious, almost mystical, aura. Facially injured patients were remote from normality because of their 'inhuman' appearance; equally, surgeons were often pictured as exceptional. To cope with 'monsters', 'gods' were needed. This special status of surgeons is emphasised by Pound in his biography of Gillies:

In World War One, Gillies was a heroic figure working at first alone as an innovator of new methods of restoring war shattered faces to human semblance. His success sent a wave of confidence through all ranks of the Army, where face disfigurement in battle was always an obsessional fear. Nothing so experimental had been attempted before. It was all daringly novel and orthodox surgery found it 'hard to take'.<sup>135</sup>

The surgeon's isolated position is further highlighted in a short film recording the work carried out at the *Service de prothèse maxillo-faciale* in Lyon.<sup>136</sup> The second scene pictures the surgeon, alone, posing in front of the camera for several seconds, before the next scene shows him surrounded by his assistants. Pont does not wear his white coat and is smiling, later casually talking with his colleagues. His friendly demeanour, alongside his neat looks, make the following shot, picturing a disfigured empire soldier, all the more striking in contrast. The wounded black man stands alone, looking rather

---

<sup>132</sup> 'Faces Rebuilt: New Hospital to Transform Ugliness into Good Looks', *Daily Sketch*, July 1917, LMA H02/Y01/05, p. 14.

<sup>133</sup> Rémi, p. 78.

<sup>134</sup> *Ibid.*, p. 62.

<sup>135</sup> Pound, abstract.

<sup>136</sup> 'Service de Prothèse maxillo-faciale du Docteur Pont à Lyon' (film), ECPAD.

uncomfortable, obviously following someone's command to turn slowly so that his wound is best visible.

The title of Albee's autobiography suggests that doctors were 'fighting', something that can be seen not only in terms of their attempts to defeat death and restore the soldiers' damaged bodies, but also in their conflict with the medical Establishment. A solitary figure in his status as a pioneer, Gillies's resourcefulness and determination are underlined by Black: 'There was no such word as impossible in his vocabulary. He would not admit defeat [...] [Rebuilding faces] was a task that demanded infinite time and patience, for sometimes as many as fifteen operations were necessary for one patient, but he was tireless in his determination to succeed'.<sup>137</sup> An out-of-the-ordinary courage and perseverance characterise the plastic surgeon, alongside his surgical skills: 'Nothing seemed to daunt them', reports a 1921 article.<sup>138</sup> As a consequence, patients, nurses and colleagues alike stood in awe. The testimony of Elisabeth Baillaud demonstrates the medical profession's admiration for Morestin: 'Souvent, des chirurgiens [...] venaient de l'extérieur, dans notre service, assister aux opérations; ils étaient comme nous, eux aussi, dans l'admiration'.<sup>139</sup> According to the nurse, he sacrificed his life, his work at the Val-de-Grâce leading to his premature death.<sup>140</sup>

Visits from other doctors, sometimes coming from far away, testify to the emulation but also the potential rivalry existing between countries and individual surgeons. Indeed, a form of competition emerged between surgeons, adding an extra incentive to innovate and develop this emerging medical specialty: 'at [Sidcup] hospital the rapid evolution of the successful remedy of apparently hopeless facial injury has largely been the result of friendly rivalry between a number of active intelligences brought to bear upon collected material of an unusual character'.<sup>141</sup>

On an international level, the war was becoming more reliant on science and technology (with the increased use of gas, aircraft and submarines for instance), as both sides looked for new or improved means of destruction. But

---

<sup>137</sup> Black, pp. 85–86.

<sup>138</sup> 'The triumphs of Sidcup', *The Manchester Guardian*, 5 November 1921, LMA HO2/Y01/05, p. 8.

<sup>139</sup> Baillaud, p. 3.

<sup>140</sup> Baillaud writes that '[Morestin] est mort à la tâche (je suppose de tuberculose) quand il était encore auprès de nous', p. 3.

<sup>141</sup> 'Intensive Medical Treatment', *The Lancet*, 8 December 1917, LMA HO2/Y01/05, p. 27.

the battle was also fought in the field of medicine, the priority being to return as many men as possible to active service. Reports by French maxillofacial and dental surgeons in Bordeaux underline the superiority of Allied techniques over German procedures.<sup>142</sup> In contrast, in a 1921 article, the German writer Joseph Roth presents Germany as being ahead of the rest of the world when it comes to facial reconstruction and according to him, Berlin's Charité-hospital is at the forefront of treatment.<sup>143</sup>

Even between those who were fighting the same enemy, a form of rivalry existed; thus, Pound notes the little acknowledged influence of Lindemann, Valadier and Morestin on Gillies. Inter-Allied congresses brought medical practitioners together, and visits from foreign surgeons were not unusual. There is evidence of Gillies visiting Valadier and Morestin in France and the latter's attitude shows his unwillingness to be observed. In a letter, Gillies writes: 'Morestin was very unkind to me in the way of not letting me see his war surgery, but he was a very jealous and secretive person'.<sup>144</sup> Even after he obtained permission from military authorities to observe French surgeons, Morestin still refused to have him as an observer.<sup>145</sup> Gillies later acknowledged the influence of German surgeons, especially Johannes Esser, on his own practice, writing that reading a German publication had 'stimulated in [him] the desire to do this reconstructive work'.<sup>146</sup> This might have been one of the sixty-eight publications by Esser, who worked in the Austro-Hungarian and Prussian armies. The Dutch surgeon had first offered his services to the French and British, who had declined them, and he is often credited with the invention of the rotation flap.<sup>147</sup>

---

<sup>142</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, 'Missions Etrangères', *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Du 1er Août au 31 Août 1916 Par Monsieur le Professeur DENUCE, Médecin Principal de 2<sup>e</sup> Classe. 18<sup>e</sup> Région*, p. 7. Box 127. Another article is to be found in *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Septembre 1916 Par Monsieur le Professeur DENUCE, Médecin Principal de 2<sup>e</sup> Classe. 18<sup>e</sup> Région*, pp. 1–2. Box 127.

<sup>143</sup> Roth, pp. 580–83. The tone is full of praise, as the author insists on this positive outcome of the war at the same time as he criticises the financial difficulties which threaten the survival of this specialised unit due to an administrative decision.

<sup>144</sup> Harold Gillies, Letter to Ralph Millard, 12 September 1951 (Gillies Archives).

<sup>145</sup> Reported by Brian Morgan, honorary archivist of the BAPRAS archives, Royal College of Surgeons, London (26 January 2012).

<sup>146</sup> Gillies, Letter to Millard, 1951.

<sup>147</sup> Jan Hilbert and Johannes Hoenig, 'The Plastic Surgeon Johannes Fredericus Samuel Esser (1877 to 1946) and his Unknown Period during 1917 and 1925 in Berlin, Germany', *European Journal of Plastic Surgery*, 32 (2009), 127–30 (p. 128).



In turn, visitors at Sidcup were frequent: Varaztad Kazanjian (United States), René Bloch (France) as well as at least two Japanese surgeons came.<sup>148</sup> A 1918 article in *The British Medical Journal* points to an Austrian monograph whose publication ‘indicates that enemy dental surgeons are dealing with their war problems on much the same lines as our own’, and mentions the ‘opportune service’ done to surgery by the translation of a French treatise on facial injuries.<sup>149</sup> Pickerill reports the ‘healthy rivalry existing between the various sections – British, Canadian, Australian, New Zealand – into which the hospital was divided, each autonomous up to a certain point, but co-ordinated and commanded by an officer, Lieutenant-Colonel Colvin [...]’.<sup>150</sup> The setting up of specialised collections of exhibits within maxillofacial hospitals or as part of more general war museums is documented in France (Val-de-Grâce), and Great Britain:

The Museum attached to the [Sidcup] Hospital has been formed with much care. The plaster casts together with photographic and pictorial records showing the nature of wounds and the methods of dealing with them were exhibited at the Inter-Allied Medical Congress at Rome and at the Imperial War Exhibition (Medical Section), Crystal Palace, where they attracted considerable attention.<sup>151</sup>

This initiative was first described as ‘weird’, especially the masks, which ‘almost take one’s breath away with amazement as to what has been achieved’.<sup>152</sup> Journalists stressed its necessary but shocking nature, describing it as an ‘interesting, but ghastly, museum’ and a ‘place of marvels’.<sup>153</sup> In France, items from various maxillofacial services in the country were sent to the military medical services headquarters at the Val-de-Grâce. Although Sidcup centralised most ‘facial cases’ in Great Britain, smaller units independently carried out similar work, and documented it. Thus, exhibits from the Facial and Jaw Centre at the 2<sup>nd</sup> Western General Hospital, a three hundred-bed medical

---

<sup>148</sup> London, Wellcome Library archives, *The Queens Hospital, Sidcup: Visitors’ Book, from 15 August 1919*. Reference Hist. pam/QUE.

<sup>149</sup> ‘Injuries of the Face and Jaw’, *The British Medical Journal*, 13 April 1918, p. 429.

<sup>150</sup> Pickerill, p. vii.

<sup>151</sup> Wellcome Library archives, London, *The Queen’s Hospital, Sidcup, Kent, for Sailors and Soldiers suffering from facial and jaw injuries; Report on Work: 1917–1921*, p. 4. Reference RAMC/1296, Box 284.

<sup>152</sup> ‘Opening of The Queen’s Hospital’, LMA HO2/Y01/05.

<sup>153</sup> ‘The Queen’s Hospital: An Institution for the Treatment of Facial Wounds’, *Westminster Gazette*, July 1917, LMA HO2/Y01/05, p. 9; ‘Facial Surgery for Sailors and Soldiers: Some Great Achievements’, *Morning Post*, July 1917, LMA HO2/Y01/05, p. 11.

unit, were displayed at the Disabled Service Men's Exhibition in the Free Trade Hall, Manchester.<sup>154</sup> The general public was given access to them.

The architect of the bodily reconstruction is the surgeon. Maxillofacial specialists, like their disfigured patients, are described in terms that exceed their human status. In literature, the doctor is portrayed as the *gueules cassées*' saviour, capable of 'ressusciter [...] bâtir, créer véritablement, faire naître de la chair vivante sur une moitié de visage mort'.<sup>155</sup> The power of the 'surgeon creator' to shape new facial features or to restore human traits is reminiscent of God's work, although there is also a dark side that is sometimes hinted at, as in Duhamel's recollection of memories *A Muster of Ghosts*.<sup>156</sup> Thinking about Morestin, with whom he worked before the war when he was operating on patients suffering from tongue cancers, the French author writes: 'The artist was transformed into a wild beast'.<sup>157</sup> This is however an isolated instance. Depictions of surgeons as benevolent geniuses, remote from ordinary mortals, and even as god-like figures are a recurring motif in all three countries.

The link between facial injuries and religion is also present in Roth's aforementioned article *Lebende Kriegsdenkmäler*. '[Kieferbeschädigte] sind Menschen, die Gott nach seinem Ebenbilde schuf und die dann der Krieg nach seinem Ebenbild umarbeitete. Hier siehst du die Fratze der Großen Zeit. So sah der Krieg aus [...]'.<sup>158</sup> The war deprived soldiers of their likeness with God and left its own evil imprint on their faces. According to Roth, the only means of counteracting the deadly effects of war is medicine. Roth's visit to the Charité in Berlin, where he witnessed both the horror of injuries and the miracles of surgery, left him with mixed feelings: 'ein Gefühl, gemischt aus Verwunderung und Schauer über die Macht eines Menschen, Menschengesichter neu zu bilden'.<sup>159</sup> The supernatural powers of the chief surgeon enable him to take over

---

<sup>154</sup> 'Facial Wounds: Merciful Work of Modern Surgery', *The Manchester Guardian*, p. 3.

<sup>155</sup> Dumas, pp. 35 and 41.

<sup>156</sup> 'New Faces for Old: Surgeon creator tells the story of his triumphs', *Daily Express*, September 1920, LMA HO2/Y01/05, p. 64.

<sup>157</sup> 'A Muster of Ghosts' in Georges Duhamel, *Light on my days: An autobiography*, trans. by Basil Collier (London: J.M. Dent & Sons Ltd, 1948), p. 275. Another interwar writer, Georges Finaud, also hints at this popular mythical view of plastic surgery, declaring that patients get skin grafts taken from 'les animaux les plus bizarres', making them 'les éternels souffre-douleur des expériences chirurgicales' (Georges Finaud, 'Les Mutilés de la Face', *Après le Combat*, reprinted in *Bulletin de l'Union des Blessés de la Face*, 8 (September 1923), p. 1). This suggests that popular imagination was suspicious of plastic surgery.

<sup>158</sup> Roth, 'Lebende Kriegsdenkmäler', *Neue Berliner Zeitung*, 31 August 1920, in *Joseph Roth, Werke: 1915–1923*, ed. by Klaus Westermann, 6 vols (Köln: Kiepenheuer & Witsch, 1989), I, pp. 347–52 (p. 351).

<sup>159</sup> Roth, 'Der Wiederaufbau des Menschen', p. 580.

the work of the Maker. The credit for restoring the disfigured man's body and spirits is unreservedly given to the surgeon. He is presented as the soldier's saviour. The doctor gave his patients reason to hope, and Black reports that Gillies 'made life worth living again for thousands of despairing war-disfigured men'.<sup>160</sup> Likewise, a former patient in a Manchester hospital confesses: 'When I left the battlefield I did not recognise myself. I was stricken with horror when I happened one day to catch a glimpse of my injuries. I said to myself, "I am done for. No surgeon living can put me right again". I was a pessimist then; I am an optimist now'.<sup>161</sup> Rémi also mentions the strong bond between surgeons and wounded soldiers, recalling the example of a nose specialist adored by his patients.<sup>162</sup> The mythical and religious dimension of surgeons accounts for the distance between them and their patients, as well as for the fact that their destinies and their work are better known to us than the fates of the men they treated.

## Conclusion

The hospital was the place where facially injured soldiers were first confronted with their disfigurement and with the gaze of others. Accounts of patients' and staff's experiences underline the nature of the hospital as a transitional albeit enclosed space, in which men were 'works in progress'. Relationships which developed were of key importance in the physical and psychological recovery. In particular, the reassuring aspect of family-like relationships with nurses and surgeons helped mutilated men cope with the pain and depression caused by their condition. At the same time, the hospital was an extension of the battlefield: staff and patients were fighting a common battle against death, disfigurement and despair. In the ward as well as on the front, the collective prevailed over the individual. However, amongst the masses of anonymous men, the surgeon stands out. Alternately a pioneer, a paternal figure, a genius and a god, he is, in historical accounts as well as in literary and artistic representations, the one true heroic figure. The embodiment of the beneficial impact of war on science and mankind more generally, his achievements

---

<sup>160</sup> Black, p. 85.

<sup>161</sup> 'Disfigured Faces Restored', *The Manchester Guardian*, 26 September 1916, p. 4.

<sup>162</sup> Rémi, p. 54.

helped make sense of a conflict which was otherwise characterised by its destructiveness.

This chapter has shown the implications of the parental model and heroic depictions of surgeons and sculptors, especially in the way it emphasises the infantilisation and powerlessness of the soldiers. The combined skills of the surgeon and sculptor, whose work is less known, aimed to make the wounded fit and presentable again. The hospital prepared men for their return to active service or to civilian life; it was there that they re-learnt to relate to other people. An early description makes clear this future-oriented dimension: Sidcup hospital '[endeavoured] to secure the welfare and future of the men whilst brightening their lives during convalescence'.<sup>163</sup> The maxillofacial ward was a protected environment, a safe place where disfigurement was the norm. Upon the soldiers' discharge however, the confrontation with the outside world in which their injured faces were not the norm but the exception, and an extremely noticeable one, could be brutal. Medical treatments did not in all cases enable soldiers to go unnoticed, or in Gilman's terms to 'pass' into society. Those who remained severely disfigured constituted a transgressive presence in civilian and peacetime societies. This chapter has highlighted a communal point of departure between France, Germany and Great Britain. Interwar societies then responded to the presence of *gueules cassées* in different ways, which will be explored in the following chapters.

---

<sup>163</sup> 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries', *Rotherham Advertiser*, January 1917, LMA H02/Y01/05, p. 1.

## Chapter 2

### Work and the World: Economic and Social Reintegration

In 1918, Grace Harper, Chief of the Bureau for the Reeducation of *Mutilés* of the American Red Cross in France, began an article on Ladd's Studio with the following words:

Of all the results of war horrors, facial disfigurement seems the most cruel. What answer is there to the appeal: 'How can I work with such a face? How can I live with my family or they with me?' Many can help the cripple, but few can administer to the need of such as these.<sup>1</sup>

Her responsibilities within the organisation add credibility to the description she gives of the difficulties facing the disfigured veteran trying to find a place in a profession or within his family. The loss of his status as breadwinner and father is emphasised even more than the aesthetic prejudice. Harper was in regular contact with mutilated veterans and her depiction of the doctor's efforts to make patients 'less repulsive' implies that complete recovery was impossible.<sup>2</sup> The social impact of facial wounds on the victim and the onlooker is also underlined by professionals. Maxillofacial specialist Varaztad Kazanjian wrote:

There is no person more severely handicapped than the patient with severe facial disfigurement. Since the face is the centre of attention wherever social interaction occurs, the region where the sense of self is generally located, the dominant part of the body image and the most revealing area of personality traits, those who have gross facial deformity undergo countless indignities and social deprivations.<sup>3</sup>

From the outset, specialists were concerned about the return of disfigured veterans to civilian life. This chapter examines the challenges posed to ex-soldiers and society, and the efforts made to facilitate economic and social reintegration. It questions the assessment made by the German surgeon Walkhoff who, drawing upon his experience in the 1870 Franco-Prussian war, said that 'those suffering from injuries of the face and jaws are heroes today;

---

<sup>1</sup> Harper, p. 44.

<sup>2</sup> *Ibid.*, p. 44.

<sup>3</sup> Varaztad Kazanjian and John M. Converse, *Surgical Treatment of Facial Injuries* (Baltimore: Williams and Wilkins Company, 1959. First edition in 1949), p. vii.

but later, if untreated, are objects of dread and loathing to their fellow-countrymen'.<sup>4</sup>

With the exception of a short chapter in Delaporte's essay, the reintegration of facially wounded soldiers has only been touched upon as a peripheral question in existing literature. Even less attention has been paid to their place in the world of employment. This chapter aims to show that efforts were made to prepare them to settle back into the civilian world, but society was sometimes at a loss to know how to relate to veterans. It draws upon primary sources, some of which have never been discussed before, including newspaper articles, official reports and testimonies, to investigate strategies designed to promote the reintegration of *gueules cassées*. The last section confronts different journalistic treatments of facially wounded soldiers and proposes an alternative frame of interpretation to usual depictions of disfigured men as extraordinary figures.

## 1. Professional reintegration

### 1.1. Training in hospitals

In wartime, patient-soldiers were expected to continue their active service, especially between operations and during convalescence.<sup>5</sup> A report by the French surgeon Temoin (Nevers, May 1916) warns against malingerers:

Beaucoup de ces blessés, parfaitement aptes à reprendre leur place de combattants ou à être utilisés suivant leurs capacités professionnelles à travailler pour la Défense Nationale, restent indéfiniment dans les dépôts parce que les médecins, non prévenus de la facilité qu'ont ces blessés d'exploiter leurs troubles, ont trop tendance à les écouter. [...] Retourné à son dépôt, il est évident que le blessé du maxillaire ou l'édenté a toute facilité, par le jeu normal de ses muscles, d'exagérer ou mieux, de simuler des troubles résultant de son ancienne blessure. Le médecin non spécialisé pourra être très embarrassé.<sup>6</sup>

---

<sup>4</sup> W.H. Dolamure (translated and shortened), 'The Treatment in Germany of Gunshot Injuries of the Face and Jaws', *British Dental Journal: The Journal of the British Dental Association*, 37 (1916), 105–84 (p. 105).

<sup>5</sup> Alongside the expectation that men, even wounded, would contribute to the war effort, was the suspicion that some hospital patients were taking advantage of their situation to stay away from the front.

<sup>6</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, Report on the *Centre de prothèse Restauratrice Maxillo-dento-faciale, 8e Région, Place de Bourges*, May 1916, p. 2. Box 122.

As well as being of immediate use, starting the process of professional reintegration when wounded soldiers were still in hospitals presented real advantages in terms of their future reinsertion. The development of occupational therapy during the First World War stems from the realisation that keeping men busy had a positive impact on their recovery. Boredom and depression weighed on patients' self-perception and their apparent inactivity influenced what other people thought of them. Having a productive occupation proved that they could still contribute to the war effort and post-war national economic reconstruction. An article published in January 1917 in a British newspaper explains:

No effort must be spared to give these men – many of them mere lads – a fresh interest and a new start in life – preferably in the country, and make them realise that they are not useless wrecks. If this is not done, many will drift to the towns on their discharge from the services, only to become mere objects of pity and frequently the recipients of misdirected charity.<sup>7</sup>

This fear of wounded veterans becoming burdens is an echo of Walkhoff's warning. This article also refers to professional training with an emphasis on its beneficial results in practical and emotional terms. A 1919 newspaper article further underlines this positive impact: 'In some cases, where sufferers had become depressed to the point of contemplating, and even attempting, suicide, the work had brought a powerful counteracting interest'.<sup>8</sup> In psychological terms, professional activities opened up prospects for the future and reassured soldiers about their abilities and status. Some of their occupations put men in a position to earn money or provide for their fellow patients: the production of eggs, fruit and vegetables at Sidcup hospital, carried out by patients 'will doubtless supply a great need, and its value to a large number of our worst broken men cannot be over-estimated'.<sup>9</sup>

The functional consequences of facial disfigurement prevented some patients from returning to their previous occupations.<sup>10</sup> The *Union des Blessés de la Face* – whose measures encouraging the employment of *gueules cassées* in the 1920s and 1930s will be discussed in the next chapter – gives several

---

<sup>7</sup> 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries', January 1917, LMA H02/Y01/05, p. 1.

<sup>8</sup> 'Soldier Craftsmen: Display of Work by Hospital Patients', *The Times*, 9 December 1919, p. 11.

<sup>9</sup> 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries', LMA H02/Y01/05, p. 1.

<sup>10</sup> Roubaud and Bréhamet report patients at the Val-de-Grâce teasing one of them, a phonetics teacher, unable to articulate following his injury (p. 19).

examples of practical problems faced by disfigured men in terms of their employment:

Citons le camarade qu'une grave fracture du maxillaire a obligé de renoncer à une carrière d'avocat qui s'annonçait déjà brillante. Citons encore l'horloger dont l'œil unique ne peut supporter les fatigues d'un travail de précision, à la loupe. Citons, enfin, tous ceux à qui un affaiblissement général, consécutif à une nutrition défectueuse, interdit les travaux de force qui leur assuraient une bonne rémunération.<sup>11</sup>

In order to tackle these problems, nurses and hospital visitors trained soldiers in new professional and social skills, such as reading Braille, stenography or simply means of recognising people. Baillaud recalls the successful case of one blind patient she took under her wing, who went on to pass his *licence ès Sciences*.<sup>12</sup> He then secured a teaching job and married the woman he was engaged to before his injury. Patients themselves looked for people to teach them: 'Ils trouvaient, venant du dehors, des professeurs pour leur enseigner les métiers les plus divers particulièrement ceux concernant la musique'.<sup>13</sup>

A similar commitment to help blind patients regain their dexterity and to prepare them for life outside hospital was observed in Sidcup. Clare mentions the 'beautiful embroidered cushion' made by a fellow patient, disfigured and blind.<sup>14</sup> The author expresses his surprise at the man's skill despite the loss of his sight. The artefact was presented to Princess Victoria when she visited the hospital.<sup>15</sup> As mentioned in the previous chapter, Harold Gillies asked patients to work for him on his medical treatise.<sup>16</sup> The main contributor was E.J. Greenaway, who continued as a member of the *Daily Express* staff despite spending three years at Sidcup. His injury and the resulting twenty-one operations did not put an end to his career, as he carried on working whilst in hospital.

In addition to practical issues, the aesthetic consequences of facial wounds meant that many *gueules cassées* had to change jobs. Vocational training in occupations suitable for disfigured veterans was offered in hospital.

---

<sup>11</sup> *Bulletin de l'Union des Blessés de la Face*, 11b (June 1925), p. 7.

<sup>12</sup> Baillaud, p. 9.

<sup>13</sup> *Ibid.*, p. 9.

<sup>14</sup> Clare, Private papers.

<sup>15</sup> Clare, Letter, 8 January 1918. The beauty of the items made is underlined, contrasting with the maker's disfigurement.

<sup>16</sup> 'New faces for Old: Surgeon Creator tells the story of his triumphs', LMA HO2/Y01/05, p. 64.



The official report on the work carried out at The Queen’s Hospital between 1917 and 1921 details the various workshops set up:

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

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

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

As shown in this table, customer-facing trades were rare. Some activities were directly related to the workings of a maxillofacial hospital; for example, farming provided food for patients and staff, and dentistry students made prostheses.<sup>18</sup> Only a few months after the opening of the hospital, an article reported that ‘at least two Frogmal patients are already engaged at work in the dental laboratory

<sup>17</sup> *The Queen’s Hospital, Sidcup, Kent, for Sailors and Soldiers suffering from facial and jaw injuries: Report on Work, 1917–1921.*

<sup>18</sup> Lobley’s painting that represents the dentistry class suggests that it could not be attended by many students at the same time; however more than five men (the approximate figure given in the report) are attending. At least nine students can be seen on a photograph of the dental workshop.

John Hodgson Lobley, *The Queen’s Hospital for Facial Injuries, Frogmal, Sidcup: The Dental Mechanics’ Class*, 1918 (London, Imperial War Museum, reference IWM ART 3757). Other works by Lobley include *The Queen’s Hospital for Facial Injuries, Frogmal, Sidcup: The Commercial Class*, 1918 (London, Imperial War Museum, reference IWM ART 3767); *The Queen’s Hospital for Facial Injuries, Frogmal, Sidcup: The Carpenter’s Shop*, 1918 (London, Imperial War Museum, reference IWM ART 3728); *The Queen’s Hospital for Facial Injuries, Frogmal, Sidcup: The Toy-makers’ shop*, 1918 (London, Imperial War Museum, reference IWM ART 3756). These visual representations are set against German and French works in chapter 4.

whilst undergoing treatment for their own wounds'.<sup>19</sup> The speedy establishment of the dental workshop suggests that the idea had been considered beforehand, maybe modelled on the example of French initiatives and other British hospitals, such as Roehampton. Through their participation in their own treatment, patients moved from a passive to an active role, contributing to the reconstruction of their face and of their lives.



Figure 10

John Hodgson Lobley, *The dentistry workshop* © Imperial War Museum



Figure 11

The dentistry workshop © Gillies archives

Delagenière and Lebedinsky (in Le Mans) had already evoked the setting up of a similar class in France in a report in March 1917:

---

<sup>19</sup> 'A Christmas Wonder Tale: How they spend Yule in the military hospitals', *Pall Mall*, December 1917, LMA HO2/Y01/05, p. 26.

Une proposition d'utilisation des mutilés, pendant les longs mois d'attente de liquidation de leur réforme, et désireux d'apprendre le métier de mécanicien dentiste fut faite à Monsieur le Directeur du Service de Santé; ainsi, une aide appréciable serait récupérée et œuvre utile faite en donnant à ces soldats un métier rémunérateur dans la vie civile.<sup>20</sup>

There is evidence of such a dentistry workshop being run in Bordeaux, although it is unclear whether it was only for facially injured soldiers, or also open to other wounded men.<sup>21</sup> The author of the report gives a positive description of the work carried out and provides an example of successful professional reintegration: 'un de ces mutilés, D..... vient de sortir de nos ateliers, avec des appointements de 300 Fr. par mois et un engagement de deux ans. Il y était resté 4 mois ½'.<sup>22</sup> It is also suggested that apprentices, being trained in the work of rubber and metals, could reuse these skills in other trades. Based on the success of the dental prostheses workshop, the mayor of Bordeaux offered his financial support.

Cinema operating classes were also run at Sidcup. They are particularly interesting, not least because of the support of the Cinema Trade Benevolent Fund to maxillofacial hospitals.<sup>23</sup> The development of cinema in the first decades of the twentieth century created new jobs, some of them particularly suitable for men who did not wish to be seen by other people. However, the low number of attendees (4) is surprising, especially when compared to the number of men training as hairdressers, a customer-facing job featuring an aesthetic dimension.<sup>24</sup> Toy-making, woodwork (also referred to as carpentry) and commercial classes were attended by larger cohorts. These three instructional workshops are documented by the RAMC war artist John Hodgson Lobley (1878–1954) in his paintings, and the items made by toy-making and carpentry students were displayed and sold to the general public. The quality of toys,

---

<sup>20</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, Delagenière and Lebedinsky, *Rapport sur l'organisation et le fonctionnement du Centre de Stomatologie et de Prothèse MF. 4<sup>e</sup> région. Place du Mans*. Section on 'Centre de Prothèse Elementaire pour Edentés', 1–31 March 1917, p. 10, Box 121.

<sup>21</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, 'Ecole de Mutilés', *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Du 1<sup>er</sup> Août au 31 Août 1916 Par Monsieur le Professeur DENUCE, Médecin Principal de 2<sup>e</sup> Classe. 18<sup>e</sup> Région*, p. 8. Box 127.

<sup>22</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Octobre 1916, Par Monsieur le Professeur DENUCE, Médecin Principal de 2<sup>e</sup> Classe. 18<sup>e</sup> Région*, p. 2. Box 127.

<sup>23</sup> This support is acknowledged for the Brook Street Red Cross Hospital for Facial Injuries in 'Hospitals for Facial Injuries', *The Official Journal of the British Red Cross Society*, 5, 10, 15 October 1918.

<sup>24</sup> The novelty of the venues may account for this reluctance to get training in cinema-related occupations, as well as the association with the celebrity cult.

beadwork and woodwork articles made at Sidcup is underlined in newspaper contributions: 'It is a tribute to their quality that more than one well-known firm has offered to take any surplus [toys] remaining'.<sup>25</sup> Their exhibition at Chelsea House and the royal endorsement through the visit of the Queen, Princess Mary and Princess Helena Victoria also drew attention to the items.<sup>26</sup> The primary purpose of such instructional workshops – which were similar to those offered in other hospitals, for example at St Dunstan's – was to provide an occupation for patients and train them in a trade which they could pursue later (not unlike the recreational and therapeutic activities that have been employed in hospitals ever since). They empowered the wounded and showed society that facially injured men were capable and willing to work.

## 1.2. The challenges of returning to civilian employment

This preparation was no guarantee of an easy professional reintegration into civilian society. The wartime and post-war economic context created problems for all workers and the situation of disabled veterans was particularly precarious. In *The War Come Home*, Cohen underlines national divergences in terms of the state's treatment of disabled veterans: '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>27</sup> She contrasts the 1918 King's Roll – the only measure taken in Britain to support the employment of ex-servicemen, and largely implemented by charities – with the numerous laws passed in Germany, which had the perverse effect of leading 'most Germans [to think] that the disabled were the favoured wards of the welfare state'.<sup>28</sup> Prost notes that early in the war, 'the inadequacy of pensions and the difficulty of finding work sometimes meant heartbreaking destitution for the disabled, particularly in the major cities'.<sup>29</sup> The pensions to which facially disfigured soldiers were entitled were regarded as insufficient, especially because the aesthetic consequences were not always acknowledged as deserving to be rated. However, there was a

---

<sup>25</sup> 'Queen's Hospital Industries', *Morning Post*, December 1919, LMA HO2/Y01/05, p. 59. This reflected well on the companies too.

<sup>26</sup> 'Soldiers Craftsmen', *The Times*, p. 11.

<sup>27</sup> Cohen, *The War Come Home*, p. 5.

<sup>28</sup> *Ibid.*, p. 9.

<sup>29</sup> Prost, p. 29.

growing awareness that something had to be done to keep discharged soldiers off the streets.

Pensions were expensive for the state and did not always cover the needs of disabled veterans. In all three countries, there is evidence of authorities or private organisations trying to improve the situation of disabled veterans through employment schemes. A 1917 article underlines a tax scheme set up in France, under which the state subsidised employers so that recruiting disabled employees would not be financially disadvantageous.<sup>30</sup> This measure is praised and it is suggested that similar action should be taken in Great Britain. The degree of state involvement varied depending on the national context. Germany is an example of strong state intervention, and Great Britain one of significant private support networks.<sup>31</sup> Instead of drawing on official documents, this section will focus on individual stories to investigate the challenges faced by *gueules cassées* in terms of their professional reintegration.

While the image given by newspapers of convalescent soldiers suggests the possibility of a return to an almost normal professional life, the reality was different. The veteran's confrontation with the labour market provides an insight into society's perception of disfigured ex-servicemen and on the place they had in civilian society. In contemporary accounts, work is a source of concern for disfigured men. Rémi recalls a father's assessment of his son Robert's future in the family hairdressing business:

Croyez-vous que les messieurs chics et les belles élégantes voudront se laisser toucher par ça? [...] Une gueule cassée, ha-ha-ha, ça leur rappellerait trop de choses auxquelles ils n'aiment pas penser. [...] Il est foutu, foutu, mieux vaudrait être mort!<sup>32</sup>

Here, disfigurement is perceived as too evocative of the war to enable the veteran's return to his previous occupation. Society, it is implied, wanted to move on.<sup>33</sup>

---

<sup>30</sup> 'Treatment of Disabled Soldiers: British and French Methods', *The Manchester Guardian*, 7 August 1917, p. 6.

<sup>31</sup> The work placement scheme devised by the *Union des Blessés de la Face* in France is another example and will be discussed in the next chapter as part of a set of measures taken by this private charity to favour the reintegration of *gueules cassées*.

<sup>32</sup> Rémi, pp. 85–86.

<sup>33</sup> This quotation is the only instance in Rémi's account, in which the term *gueule cassée* is used. The author herself never employs it, which is surprising considering the popularity gained

Existing literature tends to focus on failed attempts to return to a previous job. This makes the occasional 'success story' even more striking. For example, the British soldier Walter Ashworth returned, once discharged, to Bradford, where he had previously worked as a tailor.<sup>34</sup> His fiancée ended their relationship, only to marry his best friend. Because his unsightly looks upset the customers, he was not allowed to sit in the front room of the shop. He left, went off to Australia, made a fortune there and then went back to Bradford a successful man. The unfaithful fiancée and the employer appear morally lacking in comparison.

Not all veterans who went back into employment made fortunes; however many, like Ashworth, managed to secure a place after difficult beginnings. Harry Burbeck had problems finding a job, although his disfigurement was not severe. His daughter reports: 'To apply for work, attend interviews with a disfigurement, required a certain amount of bravery, and to be unsuccessful several times (work was hard to find), it must have been hard to remain confident'. Despite this, only two months after his discharge (at the end of 1920), he secured the post of Assistant Clerk. In 1927, he was promoted and finally became Chief Financial Officer to Downham Rural District Council.<sup>35</sup> His disfigurement does not seem to have proved a major hindrance to his professional reintegration and advancement. However, references to his facial injuries appear in documents supporting a job application in 1924. This suggests that Burbeck's mutilation was worth mentioning. A testimonial from the Chairman of the Council refers to Burbeck's war injury and specifies that 'he saw five [sic] and a half years of hard War Service and bears the marks of very severe wounds'.<sup>36</sup> Burbeck himself thought it necessary to give more detail about his injury in his application letter:

Whilst on active service in France I received severe facial wounds and after ten operations and four grafts from my leg and arms, all of which were successful, I was discharged from hospital on October 31<sup>st</sup>, 1920 with a presentable appearance, and I am perfectly fit and healthy.<sup>37</sup>

---

by the *Association des Gueules Cassées* by the end of the 1930s. This can be interpreted as further evidence of the fact that Rémi is not talking about French disfigured men.

<sup>34</sup> Story reported by Dr Bamji, curator of the Gillies archives (2011).

<sup>35</sup> Biddy Stevens, Notes on Harry Burbeck's professional career.

<sup>36</sup> Testimonial from Edward Clark, Castle Bytham, Grantham, 12 February 1924 (courtesy of Biddy Stevens). The time Burbeck spent in treatment at Sidcup is here included in the 'five and a half years of hard War Service'.

<sup>37</sup> Harry Burbeck, application letter (draft), 15 February 1924. Courtesy of Biddy Stevens.

The emphasis on the success of the treatment received and the absence of any practical consequences ('fit and healthy') gives a picture of a capable, 'normal' candidate. However, Burbeck's description of his looks as 'presentable' to some extent contradicts the Chairman's testimonial. Photographs and testimonies from Burbeck's daughter and granddaughter indicate that although his scars were noticeable, he did not remain severely disfigured.



Figure 12  
Harry Burbeck and his family (1930s?)

Many veterans were similarly successful in reintegrating into professional life. A 1918 article on Sidcup in a Manchester newspaper tells of the 'thousands of soldiers who [...] have gone back to their friends and to their business occupations, some of them so marvellously repaired that no one would guess what their injuries had been'.<sup>38</sup> This is also evidenced in the story of a wounded man who returned to be a waiter in London: a group of American nurses without coupons were refused food at a Strand restaurant by the waiter until he realised which unit they belonged to: 'the waiter, a shattered wreck from the French front, had had his face "made over" [...] at the hospital staffed by the nurses' corps, and his gratitude at finding himself able to take up his old occupation again was now his strongest emotion'.<sup>39</sup> No mention is made of scars despite the fact that his injury was apparently serious and this anecdote even puts him

<sup>38</sup> 'The triumphs of Sidcup', *The Manchester Guardian*, 5 November 1921, p. 8.

<sup>39</sup> "Made over". Gratitude of a man who had his features restored. Story with a moral', *Daily Sketch*, June 1918, LMA HO2/Y01/05, p. 41.

in a position of strength: he is now able to help the nurses and, to some extent, repay them for what they did for him.<sup>40</sup>

Even for those men whose faces were not improved by surgery or the wearing of a mask, and who suffered from permanent functional loss, career prospects were not necessarily bleak. Baillaud's blind patient who became a teacher is a case in point.<sup>41</sup> Another *gueule cassée*, Jeand, had a career as an artist after the war and advertised his services in the *Bulletin de l'Union des Blessés de la Face*.<sup>42</sup> The French featherweight boxer Eugène Criqui (1893–1977) suffered a severe – doctors even thought it would be fatal – jaw injury in 1915. He was taken to a hospital in Lyon and underwent seven operations, followed by a long speech re-education process to recover his voice. He then successfully returned to his boxing career, his jaw prosthetics having earned him the nickname 'Mâchoire de fer'. He won the world title in 1923. His injury became an integral part of the 'legend'.<sup>43</sup>



Figure 13

Photograph of Eugène Criqui (1919) © Bibliothèque nationale de France

In fact, injuries could work in a man's favour, as illustrated by the story of Bélagnon. A patient at the Val-de-Grâce hospital, severely disfigured, he found a job as a postman, thanks to the help of a local senator.<sup>44</sup> Here, the soldier's disfigurement, interpreted as a sign of patriotism, won him the support needed to secure a job. In Great Britain, no governmental scheme was implemented but the fact that John Reith, who was instrumental in the formation and running of

---

<sup>40</sup> The touching and moral dimensions of this story account for the fact that it was chosen to be publicised.

<sup>41</sup> This story can be set against the announced failure of Remarque's fictional character Paul Rademacher. More than the veteran's looks and partial blindness, his speech impediment is a source of concern to him and a reason to believe that he will not be able to become a teacher. Erich Maria Remarque, *The Road Back*, trans. by Arthur W. Wheen (London: Little, Brown & Co., 1931), pp. 76–77, first published under the title *Der Weg Zurück* (Berlin: Propylaen Verlag, 1931).

<sup>42</sup> *Bulletin de l'Union des Blessés de la Face*, 6 (February 1923), p. 12.

<sup>43</sup> Biography of Eugène Criqui, *Le noble art* website, <<http://www.lenobleart.com/rep1/page02.php?id=25>> [accessed 25 April 2013].

<sup>44</sup> Général O.P.Ré, *La Greffe Générale*, N. 7, p. 26.



the BBC between 1922 and 1938, had himself been facially wounded during the First World War may account for the company's favourable disposition towards veterans.<sup>45</sup> The 'invisibility' associated with being on air also facilitated the employment of mutilated men. In France, the *Union des Blessés de la Face* tackled the issue of its members' professional reinsertion, as will be discussed in the next chapter.

Facially injured soldiers thus faced obstacles to their professional reintegration, sometimes related to the uncomfortable memories evoked by their faces. Professionals expressed some scepticism regarding the men's employment prospects, but the case studies presented in this section show that there were both successful and failed attempts. Arguably, the stories recorded by contemporary observers are extreme cases of rejection or success, and many remain untold. They nevertheless give a more nuanced picture of the professional situation of *gueules cassées* than the pessimistic predictions of Harper and Walkhoff suggested.

## 2. The family sphere

In 1917, a British journalist wrote that 'many of the patients are so conscious of their affliction that they refuse to return to their homes and friends until they are convinced that everything possible has been done for them'.<sup>46</sup> This alienation from others is discussed by Biernoff and it echoes contemporary perceptions of men being 'almost condemned to isolation unless surgery can repair the damage'.<sup>47</sup> The presupposition at the time was that not only were others unprepared – sometimes unwilling – to face *gueules cassées*, but that they themselves sought to avoid contact with their families. The efforts made to prepare patients for their reunion with relatives discussed in the previous chapter point to the crucial significance of the family in helping men cope with their disfigurement. Although visits in hospital were regulated, they were not forbidden. The Sidcup hospital chaplain even made arrangements to provide

---

<sup>45</sup> The producer Charles Chilton mentions them in his autobiography: Charles Chilton, *Auntie's Charlie: An Autobiography of Charles Chilton* (Coventry: Fantom Films Limited, 2012).

<sup>46</sup> 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries, LMA H02/Y01/05, p. 1.

<sup>47</sup> 'Facial surgery for sailors and soldiers: some great achievements', *Morning Post*, July 1917, LMA H02/Y01/05, p. 11.

accommodation for relatives nearby. Withdrawal on the part of the soldiers themselves was not uncommon but, more often than not, men desired to re-establish their place in their families.<sup>48</sup>

## 2.1. Parents and children

The reactions of parents, especially the mother, were of particular importance: if they did not recognise their son, his chances of being accepted by society were limited. Percy Clare's correspondence with his mother reveals that he had to repeatedly reassure her.<sup>49</sup> In his first letter, sent the day after his injury, the description he gives of his wound is detailed and technical, suggesting that he is repeating what doctors have told him. To him, being sent back to England is a blessing in disguise: it means he will be safe, away from the front, for a few months at least. At this stage, he expresses no fear about his appearance. His next letter, sent from England, gives his mother the exact medical diagnosis as well as details about the circumstances of his wounding. The functional impediments caused by it are mentioned but Clare's letter is positive: 'Do not worry. I really am very fortunate to be so well. When I am at Sidcup you could perhaps come to see me – its [sic] not so much of a journey'.<sup>50</sup> He describes the aesthetic consequences of his injury as minor and writes reassuringly:

I think you need have no anxiety whatever for me. Truly and really mother dear my wound is of a very slight nature: everything is straightforward I mean, no complications and time alone will complete its healing, in fact although so far it has had no treatment [...] the exterior holes are fast disappearing: one has already gone.<sup>51</sup>

When they came to meet, parents sometimes found it difficult to cope with the sight of their disfigured child. Black reports the shock experienced by an officer's mother when she first saw his face:

On the day [Corporal X's bandages] were taken off his mother visited him. She went very white and I thought for a moment that she was going to faint, but not the slightest expression of face or voice betrayed her. She went on

---

<sup>48</sup> This longing for a return to 'normality' within the family sphere is prominent in literary narratives, as shown in chapter 5.

<sup>49</sup> See for instance Clare, Letter, 24 November 1917 and 13 December 1917.

<sup>50</sup> Clare, letter, 21 November 1917.

<sup>51</sup> Ibid.

talking unconcernedly as though she had not realized that her son would always be terribly disfigured for as long as he lived.<sup>52</sup>

A similar determination to not let emotions show is reported by Rémi, who describes a patient's father collapsing in the corridor after having managed to hide his shock in front of his son. His despair turns into anger as he blames an unidentified enemy soldier for his son's injuries.<sup>53</sup> Like him, Rémi recalls struggling to hide her emotions on her first day, and having nightmares the following night. She suggests that the soldier's blindness could make this first encounter easier. In her second chapter, entitled 'Mon Dieu ... c'est lui!', she describes the reunion of a blind *gueule cassée* with his mother and sister.<sup>54</sup> Before meeting them, he shares happy family memories with Rémi and seems sure that his relatives will take care of him, although he fears that they may not recognise him at first. The two women's initial reaction, of which he remains unaware, is one of horror:

Tout à coup, son visage pâlit, une expression de terreur le crispe; ses yeux s'agrandissent d'effroi, ses mains s'étendent en avant comme pour repousser une vision d'horreur, ses lèvres murmurent:  
– Mon Dieu...c'est lui!<sup>55</sup>

Whether the soldier's relatives managed to overcome the initial shock is left untold. Rémi reports cases that show the strain put on relationships between disfigured men and their families.<sup>56</sup> A difficult reunion could be interpreted as a foreshadowing of future rejections. Baillaud recounts the case of Canuet, whose meeting with his mother left him dejected:

---

<sup>52</sup> Black, p. 88. Among the details the nurse gives about him, we learn that 'he was a young solicitor from the Midlands, and he had been, judging from the photographs his mother showed me, very handsome until a shrapnel wound on the Somme had blown away the greater part of his face'. (p. 87). Finaud reports that a French patient refused to be seen by his mother, although she had travelled over four hundred kilometres to see him: 'il fit répondre qu'il n'était pas visible et, malgré les larmes, les cris, resta dans sa prison volontaire pour ne point faire peur à sa maman'. (Finaud, p. 1).

<sup>53</sup> Rémi, p. 51–52.

<sup>54</sup> Ibid., pp. 14–23.

<sup>55</sup> Ibid., p. 23.

<sup>56</sup> See for example the rejection of Robert by his father (Rémi, p. 87). Interestingly, Robert's father is the only one using the phrase 'gueule cassée', and he does so in a derogatory context. This term, which was popular at the time when Rémi wrote her memoirs, is conspicuous by its absence in her narrative. This suggests that she was either reluctant to employ it because she was in fact not referring to the French context, or that she was not aware of its common use because she lived abroad.

Je me rappelle un grand blessé de la face (un trou au milieu de la figure) qui était allé en permission. En rentrant, il me dit: "Mademoiselle, je ne demanderai plus jamais de permission". – "Et pourquoi Canuet?" – "Ma mère ne m'a pas reconnu".<sup>57</sup>

Baillaud does not specify if Canuet ever saw his mother again, but the fact that she goes on to mention the setting up of the *Maison des Gueules Cassées*, where 'tous ces grands blessés défigurés, qui ne voulaient plus rentrer chez eux, [...] ont pu, entre eux, finir leurs jours', indicates that he probably chose to isolate himself and remain with his peers.<sup>58</sup> The attitude of hospital staff, and their assumption of the role of parental figures, gave therefore a much needed sense of acceptance. They sometimes had to step in to make up for the absence or rejection of the soldier's family. Thus, one of Baillaud's patients, a young man from Brittany who had no family in Paris, developed a close bond with Marthe, a visitor. She came to see him and brought him oysters, his favourite food, every day.<sup>59</sup> When his parents managed to visit him, they only spent a short time with their son. Their apparent lack of willingness to extend their stay upset Baillaud. The fact that the young patient did not ask for his mother, but called Baillaud and Marthe on his deathbed, shows his desire for a caring presence, the role of a mother now fulfilled by female staff.

The reaction of a soldier's parents was of prime importance insofar as it restored continuity in terms of the man's identity: despite his injury, he was still recognised by the people who knew him well. His reinstatement as an independent, grown-up adult, however, also depended on the evolution of his relationship with his children. In this particular relationship, the veteran is himself in a position of authority and fulfils what was regarded as a traditional masculine role. A child's rejection had far-reaching implications, not only emotionally but also symbolically. Children running away from their disfigured fathers are mentioned time and again in newspaper articles, this motif being used by journalists to dramatise their stories, for example in the *Morning Post*: 'the poor fellow's children fled in terror from him' and in the *Kent Messenger*: 'his own children ran away from him!'<sup>60</sup> The figure of the father is traditionally associated with safety; a man whose appearance scares off his children

---

<sup>57</sup> Baillaud, p. 10.

<sup>58</sup> Ibid., p. 10.

<sup>59</sup> Ibid., pp. 10–11.

<sup>60</sup> 'Facial surgery for sailors and soldiers: some great achievements', p. 11 and Untitled, *Kent Messenger*, August 1917, LMA HO2/Y01/05 p. 16.

appears unable to fulfil this role. Then again, two stories reported by Rémi illustrate different reactions from children. The teenage daughter of a severely wounded patient, when visiting him, sat quietly beside her blind father or read to him. She did not fear physical contact with him and supported him when they went for a walk.<sup>61</sup> Thus, the implications of confrontation with others vary: if the response is one of acceptance, the wounded soldier is heading towards a restoration of his status of man and father. If he is rejected, it can mean that his injury has definitively robbed him of his identity and place in civilian society:

Avoir été un homme, avoir mis toutes ses forces à réaliser en plein ce que ce mot veut dire...et n'être plus que ça...un objet de terreur pour son propre enfant, une charge quotidienne pour sa femme, une honte pour l'humanité...<sup>62</sup>

With his son's rejection, Lazé feels he has lost his status as a father, as a husband, as a man and even as a human being.<sup>63</sup>

For children born to facially injured men after their injuries, the disfigurement constituted less of a shock since it did not come as a brutal realisation. Harry Burbeck's daughter recalls that she had not noticed anything unusual about her father's face until aged 7, when a school friend commented that he had a 'snout', not a nose.<sup>64</sup> Following this comment, Bidy observed her father carefully and realised that his nose was unusual, although not 'nastily different'. The testimonies of Bidy Stevens and Fiona Stevens describe their father and grandfather as a 'strict' and 'kind' man who took great care of his family. Burbeck's daughter underlines her father's 'strength of character', which helped him cope with the past: 'people who were not strong already would capitulate but he didn't'. According to her, 'he didn't feel less of a man because of what he looked like and what had happened', his career and family indeed point to a successful professional and social reintegration. The main reason for this, in Burbeck's relatives' opinion, is the key part played by his wife.

---

<sup>61</sup> Rémi, pp. 75–76.

<sup>62</sup> *Ibid.*, p. 106.

<sup>63</sup> Suicides are seldom mentioned; for France, only one occurrence of self-inflicted death can be found in Sébileau, *Rapport du Centre de Chirurgie Maxillo Faciale (Juillet 1917), Hôpital temporaire du Collège Chaptal, 73, rue de Rome, Paris, 8 August 1917*. In the imaginary testimony of his wounded great-uncle, Monségur suggests that suicides were not uncommon (Monségur, p. 30).

<sup>64</sup> Interview with Bidy Stevens.

## 2.2. Romantic relationships

When he was 33, Burbeck met Isabella. She was only twenty years old and her parents at first disapproved of her intention to marry Harry. They warned her that she was 'mixing up love and pity'.<sup>65</sup> Their concern is indicative of the widespread assumption that disfigured men triggered compassion, but were unlikely to be loved. Isabella's parents finally gave their consent and the wedding was celebrated in 1924; this marriage is described by Biddy Stevens as 'the best thing that ever happened' to both. They were a 'good team': he was older than his wife and she was very active; they were members of many clubs and did a lot for the town they lived in. This example shows the empowerment allowed by positive relationships.

In the Burbecks' case, the main obstacle to a romantic relationship was not a woman's rejection but parental opposition. This problem is also raised in *La Greffe Générale*: engaging in an imaginary conversation with parents of women betrothed to *gueules cassées*, the author Louis Latzarus assures them that should they, or their daughters, have doubts as to whether to marry a disfigured man, the best option is to break up.<sup>66</sup> The possibility of facial disfigurement putting an end to romantic relationships, envisaged in literary narratives, can thus also be observed in real life. The author presents these broken engagements as a blessing in disguise since they protected soldiers from marriage to unworthy women. In the process, the *gueule cassée* is not a passive victim but a man in control of his destiny.

Happy marriages were not a guaranteed outcome, as suggested in 1916 by the American dentist W.A. Bryan. He wrote that the practitioner 'must have sufficient imagination to know what a human face should look like before he can apply those fundamentals to some hideously deformed face with such results that somebody may yet fall in love with that face'.<sup>67</sup> The likelihood that this would happen seems feeble. An article published in 1917 in *The Observer* even endeavours to help men find marital bliss. This article acknowledges the importance of 'wife and child' in the social rehabilitation of injured soldiers, especially blind men. The author supports Sir Arthur Pearson's appeal for a marriage endowment, which would prevent the blind from '[losing] the solace

---

<sup>65</sup> Interview with Biddy Stevens.

<sup>66</sup> Louis Latzarus, 'Le Blessé dans la Rue', *La Greffe Générale*, N. 2, 15 January 1918, p. 1.

<sup>67</sup> W. A. Bryan, 'Plastic Surgery of the Face', *British Dental Journal*, 37 (1916), 229–32 (229).

and inspiration of fatherhood'.<sup>68</sup> This plea in favour of mutilated soldiers aims to help men who lost their sight and it starts with the fictional story by the French writer Maurice Donnay, of a young woman who married a *gueule cassée*:

One of the characters is a little milliner who has married the man to whom she was engaged before the war. His face having been disfigured by a wound, he had kept away from her, had not let her know he was still living; but she had sought him out, accustomed herself with a Frenchwoman's practical instinct to his forbidding countenance, and insisted on fulfilling the pledge she had made when he was handsome and prosperous. [...] We are invited to look beyond the individual and see the importance of the family.<sup>69</sup>

This example illustrates the development of private initiatives in Great Britain.<sup>70</sup> Donnay's story is a moral lesson and reverses traditional gender roles: the woman pursues the man, she does not let herself be put off by his appearance and honours her promise. The facially disfigured veteran, in contrast, is passive and implicitly physically and financially unattractive. This story reflects and encourages the empowerment of women following the Great War and the related alleged demise of manhood. Its use in this context is paradoxical: if the milliner's attitude was shared by real-life veterans' fiancées and lovers, no marriage endowment would be needed. This appeal emphasises the powerlessness of the ex-soldiers at the same time as it asserts the importance of the traditional family model, a theme that is taken up in literature (this will be discussed in chapter 5).

Indeed, the situation of men already engaged or married before their injuries was different from that of single men. One of Black's patients, once he had seen his face, wrote a letter to his fiancée Molly, in which

[he] asked her to release him, told her that he had met a girl in Paris with whom he had fallen in love. He had realized that their engagement had been a mistake. Would she forgive him and let it end there? 'It wouldn't be fair to let a girl like Molly be tied to a miserable wreck like me,' he said, 'I'm not going to let her sacrifice herself out of pity. This way she will never know'.<sup>71</sup>

A similar story is reported in a 1918 newspaper article: 'After [the wounded man] had coaxed a nurse to let him see his shattered face in a mirror [he] had straight away broken off his engagement and refused to see his friends. Plastic

---

<sup>68</sup> "'The Larger Necessity': Blinded Soldiers' Children's Fund', *The Observer*, 23 September 1917, p. 11.

<sup>69</sup> *Ibid.*, p. 11.

<sup>70</sup> This difference is discussed in more detail by Cohen in *The War Come Home*.

<sup>71</sup> Black, p. 89.

surgery had the part of the good fairy of romance and made things all right again'.<sup>72</sup> In turn, a reunion was not only a subject of concern for soldiers: "I have never told anybody, but I've had those words Facial Severe going through my brain ever since my husband went out," confides a subscriber to the Frogal Comforts Fund. "I have done some nursing and I know what those words may mean, and I have even prayed that if he is wounded it might be in some other way".<sup>73</sup>

Kissing especially appears time and again as an issue, as mentioned by Joseph Roth: 'die Lippen fehlen, die Lippen, mit denen er [der Mann] küssen, flüstern konnte'.<sup>74</sup> One of Rémi's patients despairs when his wife collapses, unable to face him, let alone to kiss him. He had clung to the hope that 'Elle m'embrassera, elle m'embrassera et tout le reste sera oublié'.<sup>75</sup> Her subsequent visits and her willingness to hold his hand or sometimes kiss him on the forehead appear to be only a pale compensation. For the blind *gueule cassée*, this kiss he is denied sums everything up:

Alors Alix a compris. Ce baiser rédempteur, il ne l'aura jamais. Il a saisi soudain toute l'horreur de...de quoi? De sa vie? Il n'en a plus; elle s'écoule par cette blessure qui suinte, elle le fuit avec cette femme qui ne peut plus l'embrasser.<sup>76</sup>

Despite the words they exchange, there is a gap in communication. This estrangement is described in terms of silence in a British article: 'There are the tragic meetings with mothers, sisters, brothers, wives, and bairns that leave men doubly depressed when silence holds them as they clasp hands'.<sup>77</sup> The loving attitude of another patient's wife, Dargan, makes Alix's wife feel even guiltier, the other woman displaying a readiness to accept physical contact. Madame Dargan's affectionate behaviour towards her husband is particularly

---

<sup>72</sup> 'Happy end to war romance: broke engagement because face was shattered', *Daily Dispatch*, June 1918, LMA HO2/Y01/05, p. 54.

<sup>73</sup> "'Facial Severe": Two Words with a Terrible Meaning', *Manchester Dispatch*, June 1918, LMA HO2/Y01/05, p. 42.

<sup>74</sup> Roth, 'Lebende Kriegsdenkmäler', p. 351.

<sup>75</sup> Rémi, p. 80.

<sup>76</sup> *Ibid.*, p. 80. A similar observation is made by Finaud, who writes in 1923 that 'eux, au masque horrible, boursoufflé, hideux, ne connaîtront plus la douceur d'un baiser, à part celui de leur mère'. (Finaud, p. 1).

<sup>77</sup> 'Music in the wards: making the lot of the war-scarred brighter, public can help, fund for the queen's hospital mounting up', *Evening Standard*, June 1918, LMA HO2/Y01/05, p. 38. The *Bulletin de l'Union des Blessés de la Face* also reports the case of a *gueule cassée* who had been abandoned by his first wife following his injury and whose second wife, inconvenienced by his disfigurement and inability to control his saliva, wanted to leave him too (*Bulletin*, 10, p. 8).



noticeable insofar as she treats him as if he were perfectly normal. The positive impact on the disfigured man is telling: he is a happy man.<sup>78</sup> But Rémi finds out that her attitude is pretence: she is cheating on her husband and admits that it is her lover she thinks about when she kisses her husband. The wife's confession gives Rémi an insight into her struggles to cope with her wounded husband: 'Sa voix me remue. Je ne lui ai jamais entendu ce timbre. C'est profond et sombre comme un gouffre'.<sup>79</sup> The enthusiasm and joy Madame Dargan displays in the presence of her husband hide her own despair.

In contrast, the reunion between Sergeant Bates and his wife at Sidcup has a positive outcome. The *Sunday Chronicle* reports that the woman, unaware of the nature of her husband's injury, is warned by the matron: 'you must be brave when you see him, because – he dreads this meeting – for your sake'. When told about his unexpected visitor, Bates confesses: 'I'm a bloomin' coward, that's what I am'. Both the patient and the nurse's concerns however prove unfounded: the wife 'took one searching glance as involuntarily he turned his "good" side to her and then, deliberately choosing the other, she went right up to the bed, and with a hand on each shoulder, kissed him – ever so lightly – on the worst scar of all'.<sup>80</sup>

The implications of a wife's response are also noted by Baillaud, who recalls the case of another patient: 'je pense qu'il se serait suicidé s'il n'avait pas laissé une fiancée dans les Ardennes, son pays qui était alors envahi. Celle-ci, grâce au Ciel, ne l'a pas laissé tomber'.<sup>81</sup> According to Baillaud, he successfully reintegrated into society: he married his fiancée, found a job and had children. The French nurse notes that this 'happy ending', or at least, successful return to 'normal' life, was not unusual: she remembers that all of her blind patients got married, sometimes to a woman they met after their injury. The Val-de-Grâce hospital was in fact the starting place of many a romance: 'Souvent l'idylle a commencé au Val-de-Grâce avec des personnes qui les faisaient sortir'.<sup>82</sup> Likewise, Sidcup patients sometimes married in the vicinity: 'a

---

<sup>78</sup> Rémi, p. 82.

<sup>79</sup> Ibid., p. 83.

<sup>80</sup> 'Surgical Marvels: Restoring the Men who went over the top, a national appeal', *Sunday Chronicle*, May 1918, LMA HO2/Y01/05, p. 37.

<sup>81</sup> Baillaud, p. 9.

<sup>82</sup> Ibid., p. 10.

small number [...] married local girls and have remained in the district ever since'.<sup>83</sup>

Clare notes the frequent evenings out enjoyed by jaw patients at Croydon hospital.<sup>84</sup> His testimony shows that soldiers had opportunities to meet women, even during their treatment. His own reunion with his wife happened without any awkwardness or fear on his part:

My time at Sidcup had been very enjoyable on the whole and best of all my wife came down to see me for the first time. It was a snowy day but we met in the lane near the Hospital, and embraced each other closely in the dark under the great Elm trees bordering the road.<sup>85</sup>

Clare's fate, as well as the destinies of the other men discussed in this chapter, confirms that families had mixed responses when confronted with their disfigured relatives. The consequences of rejection, especially by a spouse or child, could be fatal. Efforts were made to facilitate this process, although no general reflection was conducted on this matter, and no official instructions given. It was down to each unit, and even to the individual surgeon, to decide on the best course of actions for the patients.

Less emphasis was put on making contact with the rest of society during treatment. Testimonies and newspaper articles suggest that reintegration into the family sphere was more of a concern to soldiers than their professional careers. In contrast, society was more preoccupied with their economic usefulness. The cases discussed show that despite initial difficulties due both to the men's self-consciousness and other people's perception, return to 'normal' civilian life was possible. An attempt to return to traditional gender roles and to move towards the re-creation of pre-war professional and familial spheres should however not hide the fact that the war, as argued by Bourke, Lyford and Carden-Coyne, also gave rise to new definitions of masculinity, transforming perceptions of the body, of a man's place in society and of the ways in which ex-servicemen related to others.

---

<sup>83</sup> HG Bingham and CE Moore, 'Farewell to Queen's Hospital, Sidcup', *British Journal of Plastic Surgery*, 29, 4 (1976), 297–301 (p. 300).

<sup>84</sup> Clare, Private papers.

<sup>85</sup> Clare, Private papers. He admits having had a shock when he first saw his own face, still covered in blood, but once it had been washed and shaved he found himself recognisable despite the gunshot wound through his face. As a result, he did not fear being rejected by his wife.

### 3. Social reintegration

Literary works as well as paintings depict often problematic encounters with the public, and existing research on mutilated veterans points out their difficulties to relate to others. This study of their interaction feeds into a wider reflection on the ways in which interwar society coped with the memory of the First World War and accommodated ex-servicemen as a new conflict loomed. It draws upon testimonies as well as journalistic accounts to explore two major and apparently contradictory frames of interpretation. A tendency to marginalise *gueules cassées* will be analysed first. The second approach marks a departure from this traditional frame of interpretation and emphasises efforts at 'normalising' facially disfigured veterans and making them 'pass' into society, to borrow Gilman's terminology.

#### 3.1. Spaces of contact, wartime and civilian identities

Historical accounts indicate that the hospital was far from a secluded place. Visitors were common and most institutions received the visits of officials, benefactors and others. Unlike unexpected confrontations with people on the street, encounters at the hospital were planned and organised. Many of the visitors were professionals themselves, and thus accustomed to the sight of wounded soldiers. The names of famous doctors and dentists feature in The Queen's Hospital visitors' book, whilst the occasional presence of journalists and state officials is attested in press articles and testimonies. Visits of members of the royal family to maxillofacial hospitals, Sidcup especially, are documented: Queen Mary came in November 1917, followed in April 1918 by Queen Alexandra, and the Duke of Connaught in June 1918.<sup>86</sup> Lady Constance Butler's Hospital for Facial Injuries was also visited by the Queen, the Princess Royal and Princess Maud in 1917.<sup>87</sup> The Sidcup enterprise attracted royal attention even before the centre started operating. Thus, Queen Mary took a 'personal interest' in the setting up of the hospital, supporting its creation and giving it her name.<sup>88</sup> Her 'sympathetic remarks to each patient' upon her visit

---

<sup>86</sup> C.J. Webber, 'Queen Mary's Hospital: 1915–1971' [no publication title], 30 November 1971. Bexleyheath, Bexley Local Archives, reference P362.11SID.

<sup>87</sup> Court Circular, *The Times*, 5 January 1917, p. 11.

<sup>88</sup> Webber, 'Queen Mary's Hospital: 1915–1971'.

are underlined.<sup>89</sup> A photograph immortalised the event and pictures her beside the bed of a patient. She is slightly bent over him, looking at him and seemingly speaking to him. The message conveyed is one of a conversation between the Queen and a soldier.<sup>90</sup> The bandages on his head spare both his royal visitor and the viewer the sight of his wound. This visual association of injured soldiers and royals emphasises both the heroic character of the men and the fact that they are not repulsive. The Queen sets an example of interaction with them. Furthermore, Princess Helena Victoria, through her involvement with the YWCA, was instrumental in establishing schemes for the entertainment of soldiers, on the front but also in military hospitals such as Sidcup. In France, military officials and political leaders also visited maxillofacial units.<sup>91</sup>

Several categories of other, anonymous visitors are mentioned by Baillaud: families, instructors and people who came to take patients out on walks, to spend time with, and entertain, men. A local woman (then about eleven years old) recalls visiting Sidcup patients with her father to bring them cigarettes on a Sunday morning: 'We felt we were doing something to repay them for the sacrifices they had made on behalf of the cause of freedom for our nation, Great Britain'.<sup>92</sup> Gifts from local residents, in response to a 1917 appeal, included an organ (to be used in the chapel), a gramophone with records, a bagatelle board and a Berbice chair.<sup>93</sup> Sending presents may be interpreted as an indirect way for the population to reach out to patients, without having to face them. The support of the local community is also visible through the organisation of fundraising events, such as a children's play in January 1918.<sup>94</sup>

---

<sup>89</sup> 'The Queen's visit to Sidcup', *Sidcup Times*, 16 November 1917, p. 5.

<sup>90</sup> 'The Queen's talk at a facial hospital – Her Majesty listening to the experiences of one of the patients at a Sidcup hospital, established to treat officers and men who have suffered facial disfigurement', *Daily Mail*, 13 November 1917, LMA HO2/Y01/05, p. 22. Another article featuring the same photograph is titled 'The Queen and a Young Hero' and describes her as '[chatting] with Pte L. Ripps, Rifle Brigade, a young hero of 19, who has seen three years' active service' (13 November 1917, LMA HO2/Y01/05, p. 23).

<sup>91</sup> The fictionalised testimony of Monségur's great-uncle mentions the visits of Clemenceau's sister and Poincaré (Monségur, pp. 30–31).

<sup>92</sup> Doris Marden, 'My first memories of Queen Mary's' in *Queen Mary's Hospital 1929–2004: A collection of stories and photographs to commemorate the 75<sup>th</sup> anniversary of Queen Mary's and the 30<sup>th</sup> anniversary of the new hospital*, compiled by Iris Presswell and Andrew Bamji, p. 5.

<sup>93</sup> 'Generous gifts for Froggnal Hospital', *Sidcup Times*, 26 October 1917, p. 5.

<sup>94</sup> "'Jig-saw", Children's Musical Play at Sidcup in Aid of The Queen's Hospital', *Sidcup Times*, 11 January 1918, p. 5. *The Times* reports other performances in London in support of the maxillofacial hospital, 'A Kiss for Cinderella' being attended by members of the royal family (On 'A Kiss for Cinderella', see Court Circular, *The Times*, 1 December 1917, p. 11 and on 'Henry VIII', Court Circular, *The Times*, 26 June 1918, p. 9).

Alongside isolated individual initiatives, organised schemes of support developed, sometimes putting convalescent soldiers in regular contact with civilians. An active and well-organised trust was run by a ladies' committee at The Queen's Hospital: the Recreation and Comforts Fund was founded in 1917, when an appeal was published in the *Evening Standard*. Not only did the benefactors organise entertainment, especially via the appointment and funding of a resident staff in charge of recreations and instructional workshops, but some got involved themselves. Essays written as part of a writing class run by a lady are still in existence; the theme was the men's war reminiscences and their writings are characterised by their overwhelmingly positive assessment of the patients' experience of the front.<sup>95</sup>

Similar initiatives developed in France, here without the overarching supervision of a committee. Baillaud reports that people came to the Val-de-Grâce hospital to teach men crafts: 'Des personnes de bonne volonté et pleines d'expérience, venaient leur apprendre à confectionner un grand nombre d'objets avec de l'osier, leur rendant ainsi toute leur habileté manuelle'.<sup>96</sup> Others took blind men out for a walk in the Val-de-Grâce gardens.<sup>97</sup>

Clare writes to his mother about various events, such as cinema and concerts, organised to entertain patients at Sidcup.<sup>98</sup> These events, similar to those offered to soldiers on active duty, were sometimes for patients only; they could also serve to bring soldiers and civilians together. Thus, the musical play 'Jig-saw' was not only shown in Sidcup town to raise funds for the hospital, but the children also gave a performance for patients and staff at the hospital. *The Sidcup Times* describes it as a success, patients '[followed] the play with the greatest pleasure and [were] able for the time being to forget their suffering'.<sup>99</sup> Clare also reports being invited to the house of a family friend who lived near Sidcup for tea, and encouraged to bring another patient along.<sup>100</sup>

An article published in 1921 presents the work of The Queen's Hospital and underlines the generosity of people and organisations which supported it,

---

<sup>95</sup> Liddle Collection, Leeds University Library. The positive tone of these writings can be regarded as further proof of just how hard it was to express the problems associated with the experience of war, or as suggesting that a particular discourse on war was expected from soldiers.

<sup>96</sup> Baillaud, p. 8.

<sup>97</sup> *Ibid.*, p. 9.

<sup>98</sup> Clare, Letter, 3 January 1918.

<sup>99</sup> 'The Jig-Saw' play at Sidcup', p. 4.

<sup>100</sup> Clare, Letter, 3 January 1918.

including the Queen and the National Relief Fund.<sup>101</sup> Donations were also made to Red Cross maxillofacial hospitals. Men treated at Kennington Hospital are described as follows: ‘The men are happy, and are fortunate in having generous friends in the vicinity, who arrange various entertainments, as well as an outing now and then, such as a motor char-a-banc drive to Bexhill for the day – a trip which has just been arranged’.<sup>102</sup> Similar recreational activities were offered in other hospitals: ‘The men at Norfolk Street, two weeks ago, went to Chislehurst for a picnic, being driven out there in a motor char-a-banc, provided generously by a lady’.<sup>103</sup> These examples testify to the support of local people, as well as to the presence of facially injured men outside the walls of military hospitals – a conscious effort, then, on behalf of the home front.

Baillaud underlines the support of visitors, and it seems that the help of outsiders was welcomed by both military authorities and patients. This apparently contradicts Rémi’s account, in which she mentions that visits, especially from the men’s families, were strictly regulated. Considering the different national origins of the two testimonies, it could be that access to French hospitals, especially those located in the centre of cities such as Paris and Lyon, was easier than to German institutions. It is also possible that contact with families was more carefully checked, since the reactions of close relatives were more significant in the patient’s recovery, than those of strangers. Although Baillaud mentions helpers coming from the outside to entertain and instruct patients, she makes no reference in her short testimony, to patients venturing outside the Val-de-Grâce. Unlike passers-by, visitors and families who came to the hospital did so deliberately, usually knowing what to expect. They had a reason to go, whether it was visiting relatives or entertaining men. The boundaries between military and civilian worlds were far from rigid, and documents only rarely mention that men were kept inside hospitals, hidden from the rest of the population.<sup>104</sup>

Encounters with other people could be tense, but the relationships evolved as the latter grew used to the sight of injured soldiers. A film

---

<sup>101</sup> ‘The triumphs of Sidcup’, *The Manchester Guardian*, p. 8.

<sup>102</sup> ‘Hospitals for Facial Injuries’, *The Official Journal of the British Red Cross Society*, p. 118.

<sup>103</sup> *Ibid.*, p. 118.

<sup>104</sup> Gelly, in his *Appel*, seems to support this idea without giving any specific detail about the realities of ‘hiding places’. Paris, Bibliothèque Interuniversitaire de Médecine (BIUM) archives, Georges Gelly, *Appel en faveur du “Foyer des Gueules Cassées”* (Etampes: Imprimerie Maurice et Cerf, 1926). Reference BIUM 156766/306–16.

documenting the work of Albéric Pont at the *Service de prothèse maxillo-faciale*, in Lyon, starts with a view of hospital, set up in a primary school, from the outside: patients stand at the windows whilst passers-by walk on the street outside, some of them staring, some of them quickly walking past. Although there is no direct contact, wounded soldiers are a visible presence. Similarly, it took some time for the Sidcup local population to grow used to the presence of disfigured men: 'Although not initially well accepted in Sidcup High Street the ubiquitous soldiers, with their tube pedicles hanging like sausages, were soon made welcome'.<sup>105</sup> Even when no direct interaction took place, the locals grew accustomed to this sight: 'The servicemen were often to be seen sitting along the roadside "seeing" the outside world'.<sup>106</sup> In turn, patients were not necessarily avoiding other people, although they did not deliberately seek contact.

A distinction should be made between encounters happening whilst patients were still in treatment, and confrontation between discharged men and society. Patients were encouraged to go out and mix with the population. At The Queen's Hospital, Gillies prompted men to go to Sidcup, not always with much success according to Burbeck's daughter.<sup>107</sup> The assistance of nurses, also noted by a patient at the Val-de-Grâce, gave men the practical help and confidence needed to venture outside the hospital. During short leaves, for instance for Christmas, Sidcup men who had family nearby could go and visit. This gave them a first contact with the rest of the world whilst their identity was still associated with that of a wounded soldier; this status entitled them to some privileges, for instance from train and bus conductors.<sup>108</sup> In his testimony about his life after the war, Pickard reports that although there were 'people staring' at his nose, locals 'got used to it'.<sup>109</sup> Likewise, Burbeck apparently never faced openly expressed comments about his nose.

Differences can be observed between society's attitudes to injured soldiers in wartime and in peacetime. Clare remarks: 'What kind friends the tommy ever found in those War days. When peace came it was another

---

<sup>105</sup> Bingham and Moore, p. 300.

<sup>106</sup> Marden, p. 5.

<sup>107</sup> Burbeck's daughter reports that Sidcup patients were often reluctant to go out and feared the reactions of other people.

<sup>108</sup> Clare reports being allowed on a crowded bus, or let to travel without paying (Clare, Private papers).

<sup>109</sup> Imperial War Museum, Interview with Pickard, Reel 18.

story!<sup>110</sup> In an essay on 'The practices of metropolitan life in wartime', Winter draws attention to changes in terms of the soldier's identity: 'When a soldier was discharged, he left his wartime uniform and gear behind, and became a civilian again. Some were not so fortunate; they never escaped from their wartime identity'.<sup>111</sup> This can be extended to most wounded servicemen who, as long as they were in treatment, remained combatants. This status changed when they got discharged. In hospital and on the front, the soldiers were among their peers. Upon their return 'home', their status became more ambivalent. As long as they were patients, there remained hope for improvement. Some injured combatants wished they were not wearing 'the blues', but once they had taken them off they were civilians with disfigured faces.

### 3.2. Marginal figures

The study of how people tried to make sense of events is a key question in cultural history.<sup>112</sup> In the specific case of First World War facial injuries, one recurring pattern that developed during and after the conflict pictures *gueules cassées* as excessive figures, whether in a positive or negative light. Newspapers emphasised the out-of-the-ordinary character of facial wounds. Most articles deal with institutional aspects, such as hospitals, medical treatment, soldiers' and veterans' newspapers, support organisations or fundraisers. What the articles say is almost as significant as what they leave out, especially with regard to their portrayal of the physical and psychological impact of facial wounds. These articles, alongside other publications by or about *gueules cassées*, shaped society's perception. They created a link and influenced, whether positively or negatively, relationships between facially injured soldiers and others. In press accounts, disfigured soldiers are described in turn as inhuman monsters, pitiable victims and superhuman heroes.

The strong emphasis put on the 'inhuman' dimension is one key feature of depictions of facially wounded men. Sensationalism and pathos characterise most journalistic descriptions, despite the acknowledgement of an 'unspeakable' quality to facial wounds. One writer openly admits that 'many of

---

<sup>110</sup> Clare, Private papers.

<sup>111</sup> Winter, 'Hospitals', in *Capital Cities at War*, ed. by Winter and Robert, p. 2.

<sup>112</sup> Winter and Prost, p. 29.



the cases are beyond description', another one highlights their haunting nature, yet another expresses his difficulty to write about what he saw at Sidcup:<sup>113</sup>

I shall not talk about those photographs [of Sidcup facially injured patients], though I may dream of them. I shall not talk about the operating theatres, nor the instruments, nor the gifted and untiring doctors, nor the wounds. One can imagine it all with awe and sympathy.<sup>114</sup>

The visual images conjured up by the mere evocation of facial injuries appear telling enough. The only reason justifying an attempt to put into words what the onlooker can see is said to be the hope inspired by these images:

Any word of description of that little room, indeed, its very existence would be an unpardonable offence if it were not that the portraits and casts are made to serve a scientific and beneficent purpose, if it were not for the heartening inspiring fact that these horrors always, or nearly always, come right in the end.<sup>115</sup>

To the author, the positive outcome makes it acceptable to talk about facially injured soldiers. This optimistic view overlooks the disfigurement many men were left with. In dwelling on the state in which soldiers start their treatment, the journalist operates along the same principle as Sister Berthe, who worked with Rémi: he introduces his readers to the 'horrors' first, before talking about the improved looks of men following the treatment. The silence that is presented as a mark of respect has to be set against the profusion of descriptions of the marvels achieved by maxillofacial surgeons and, paradoxically, against the very detailed and often emotional descriptions of facial injuries, sometimes in the very same articles. Journalists, while they insist on the limitations of language, still resort to adjectives pointing to the shocking nature of facial injuries and by extension, the 'inhuman' quality of disfigured people. The alien nature of disfigured faces is emphasised, men being described as 'almost unrecognisable'.<sup>116</sup> The thought of facial injuries is said to trigger a mental block in people, as if facing *gueules cassées* was too unsettling, even in imagination:

---

<sup>113</sup> 'The Queen's Hospital: Appeal for Equipment', *The Times*, July 1917, LMA HO2/Y01/05, p. 12.

<sup>114</sup> Robert Blatchford, 'A Holstery of Healing: I visit a place of Noble Men', *Sunday Chronicle*, June 1918, LMA HO2/Y01/05, p. 46.

<sup>115</sup> 'The Loneliest of all Tommies: The Man whose Face is Shot Away and Hides from his Friends', *Sunday Herald*, June 1918, LMA HO2/Y01/05, p. 41.

<sup>116</sup> 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries', LMA HO2/Y01/05, p. 1.

What kind of vision does your mind conjure up when you hear or see the word 'wounded'? Probably, if you are an average stay-at-home civilian, a limping man in a blue hospital suit or, at worst, an indefinite huddled figure on a stretcher.

But there are other wounded that the mind instinctively avoids contemplating. There are men who come from battle still walking firmly, still with capable hands, unscarred bodies, but who are the most tragic of all war's victims, whose endurance is to be tried in the hardest days, who are now half-strangers among their own people, and reluctant even to tread the long-wished-for paths of home.

In medical language they are classed as 'Facial and Jaw Cases'. Think that phrase over for a minute and realise what it may mean.<sup>117</sup>

In this address, the journalist challenges his readers to face what he thinks anyone spontaneously refuses to ponder. More than the victimisation of facially injured soldiers, this article highlights the gap between them and the rest of the world. Injuries affected many *gueules cassées*' speech and sight, and their own voices and views are seldom to be heard in the press. This article points to the deliberate silence and blindness on the part of society, which tried to obliterate the existence of 'facial and jaw cases' from popular consciousness. This situation weighed on some of the men still in treatment after the war, as underlined in a 1921 article: 'They are now somewhat hardier to-day, but what makes them heart-sick is the realisation forced on them that they are being forgotten. One of them said on Monday: "The war ended such a long time ago. We are forgotten now"'.<sup>118</sup> Similarly, the French writer Georges Finaud observes in 1923 that 'on ne veut plus se souvenir, aujourd'hui, on ne veut plus que de la joie bestiale'.<sup>119</sup> In this respect the post-war experience of disfigured veterans is shared with that of other wounded men.<sup>120</sup> In wartime however, people were apparently already trying to avoid their presence. A train journey with a patient described by Rémi is telling:

Vis-à-vis de nous, la banquette reste libre. Il y a foule, pourtant ; mais les voyageurs, heureux d'abord de trouver une place libre, préfèrent, après un soubresaut, aller s'entasser plus loin.<sup>121</sup>

When a child enquires out loud about the reason for Lazé's disfigured face, the wounded man declares, in the silent carriage:

---

<sup>117</sup> 'Miracles They Work at Frognal', *Daily Sketch*, March 1918, LMA HO2/Y01/05, p. 36.

<sup>118</sup> 'The Men Behind the Veil', *The African World*, 16 July 1921, p. 428.

<sup>119</sup> Finaud, p. 1.

<sup>120</sup> Another 1921 article discussing different categories of injured combatants, titles 'Men still in Hospital: Does London Remember?', *Evening Standard*, November 1921, LMA HO2/Y01/05, p. 74.

<sup>121</sup> Rémi, p. 96.

Regarde-moi bien, mon petiot, regarde-moi bien. Et ne m'oublie jamais. Ca, c'est la guerre – la guerre, c'est ça, et rien que ça! Et tout ce qu'on te dira d'autre pour te faire marcher: mensonge, tromperie. Souviens-t'en toujours, toujours!<sup>122</sup>

This scene increases the uncomfortable atmosphere created in the train by Lazé's presence. He confronts the child, and beyond him every other passenger, forcing them to face what he describes as the true face of war.<sup>123</sup> The silence which follows is telling of the uneasiness of everyone present. Rémi notes that, although there must be people who disagree with Lazé, no one dares challenge him. The disfigured soldier's face is apparently too powerful evidence to be contradicted, an idea later used by Ernst Friedrich in his antiwar pamphlet.<sup>124</sup>

Another facet of the marginalisation of disfigured men is their frequent comparison with inhuman, monster-like creatures. It can be observed in journalistic accounts as well as in contemporary historical and literary documents. Georges Gelly, a medically trained professional himself, writes:

Décrire ces blessures est délicat, mais que l'on se figure un amas de chair informe, portant les traces d'arrachements profonds, offrant le spectacle de la hideur [...], offerte en tribut à la gloire, tels sont ces monstres, dont le sort est pire que la mort.<sup>125</sup>

Terms such as 'terrible wounds', the 'frightful nature of the injuries', 'terrible cases of facial smash-up', and descriptions such as 'His face was terribly 'bashed in' – his own children ran away from him!' are indicative of the fact that facial injuries trigger the need for a description.<sup>126</sup> When observers do not remain silent, they provide emotionally loaded depictions of 'faces shattered beyond human semblance'.<sup>127</sup> A Canadian visitor makes clear this parallel between facially injured men and monsters: in a Toronto newspaper, she

---

<sup>122</sup> Rémi, p. 97.

<sup>123</sup> This association is also to be found in Friedrich's section on facially injured soldiers, entitled 'The Face of War' (pp. 204–27).

<sup>124</sup> This is further evidenced in the reaction of a man's comments, reported by Mrs Wray in a 1920 article: 'when he saw the men he exclaimed: "My God! I've not known what the war was before!"' ('Disfigured Soldiers who are Being Well-Treated at Sidcup: 300 Shy Heroes', *Dundee Evening Telegraph*, May 1921, LMA HO2/Y01/05, p. 66).

<sup>125</sup> Georges Gelly, 'Appel', section published in *Revue Odontologique de France*, 7 (July 1926).

<sup>126</sup> First two quotes: 'The Marvels of Plastic Surgery: a New Institution for the Treatment of Wounded Heroes', LMA HO2/Y01/05, p. 3; 'New Features for Old: Wonders of Plastic Surgery', *Morning Advertiser*, July 1917, LMA HO2/Y01/05, p. 14; *Kent Messenger*, August 1917, LMA HO2/Y01/05, p. 16.

<sup>127</sup> 'Face Restoring: Wonders of War Surgery', *Morning Post* (special correspondent), January 1920, LMA HO2/Y01/05, p. 61.

declares that the men treated at Sidcup 'would otherwise be monstrosities for the remainder of their lives'.<sup>128</sup> The very term 'gueules cassées', widely used in France, coined and claimed by veterans themselves, is telling of this de-humanising aspect: 'gueules' do not belong to humans but to animals.

Furthermore, this phrase reduces facially wounded men to their mutilated faces.

The parallel between wild beasts or monsters and *gueules cassées* is not limited to the appearance of disfigured men. Comparisons are also made in terms of attitudes:

To the victims of such grievous injury, the mental suffering is acute. They suffer frequently from terrible depression, hiding themselves in corners of hospital wards, refusing to return to home or friends in dread of the pity, or even worse, the repulsion, that they know their awful disfigurement would evoke.<sup>129</sup>

Contrasting facial injuries with other forms of mutilation, the journalist underlines the pride most war wounds confer on their victims and sets them against those which 'make those who have received them shrink from the gaze of the passer-by, [...] which disfigure the expression and produce repellent feelings upon those who witness them unexpectedly'.<sup>130</sup> Hiding is presented as a dominant feature of the lives of *gueules cassées*, who are described as being aware of the repulsion they inspire in the onlooker. The author presumes that no normal interaction can take place between facially disfigured veterans and society. A similar assumption is made in another article, which describes disgust as the instinctive reaction to injuries of a 'most revolting nature', 'rendering [the men's] appearance positively repulsive'.<sup>131</sup> The relatively isolated location of the Sidcup hospital is one of the reasons why it was established there, so as to spare soldiers and civilians distressing encounters: '[facially injured men] did not make good progress in the ordinary hospitals, where to be out of doors meant to be braving the streets and the pitying stares or shocked, averted looks of the passers-by'.<sup>132</sup>

---

<sup>128</sup> Iola Plaxton, 'A Wonderful Hospital for Injuries to Face: Mrs William Carruthers of Toronto describes another feature of war work in which Britain is leading the world – soldiers from every British dominion and colony benefit', *Toronto Star Weekly*, November 1917, LMA HO2/Y01/05, p. 25.

<sup>129</sup> 'New Features for Old: Wonders of Plastic Surgery', LMA HO2/Y01/05, p. 14.

<sup>130</sup> 'Facial Injuries', *Newcastle Chronicles*, January 1917, LMA HO2/Y01/05, p. 3.

<sup>131</sup> 'Faces Rebuilt: New Hospital to Transform Ugliness into Good Looks', *Daily Sketch*, July 1917, LMA HO2/Y01/05, p. 14; 'Queen's Hospital, Frognal: Marvels of Plastic Surgery', *Sportsman*, July 1917, LMA HO2/Y01/05, p. 10.

<sup>132</sup> 'Miracles They Work at Frognal', LMA HO2/Y01/05, p. 36.

This overview of the rhetoric of monstrosity reveals a blurring of boundaries between the wounds, the man, and beyond him society and war. All of them appear time and again as inhuman. The role of *gueules cassées* as embodiments of the violence of war was emphasised by Joseph Roth in 1920. In 'Lebende Kriegsdenkmäler', the journalist denounces the way in which hospitalised soldiers are treated by the German state.<sup>133</sup> In the last section, *Die Fratze der Großen Zeit*, Roth notes that facially injured soldiers are no longer human, but rather they have become embodiments of the destructive power of war. His choice to refer to them as *Fratze* besides echoes the French *gueules* and indicates that these men have lost their humanity – the German alluding to a sight of grotesque horror. The use of this term in connection with the appearance of the devil further emphasises the downgrading of men with broken faces. The 'Große Zeit' refers to a popular propagandistic depiction of the time, and the fate of the disfigured stands in stark contrast.

Roth describes 'der Mann ohne Lippen' as a powerful anti-war symbol that requires no further explanation and can be understood by everybody.<sup>134</sup> A similar assumption is made in a British newspaper regarding the items exhibited at Sidcup museum, describing them as 'masks of tragedy that every War Lord should see once in a while as a steadying influence'.<sup>135</sup> Lazé's pacifist speech on the train echoes Roth's writings, the latter investing *gueules cassées* with a universal message of peace whilst the state appears to be the disfigured – morally disfigured – entity. The monstrous and inhuman quality of facial wounds extends to people themselves. A displacement takes place, from the physical disfigurement of individuals to the moral disfigurement of warmongers, and even society at large.

The experience of the future president of the *Union des Blessés de la Face* Yves Picot during his first outing is indicative of people taking physical disfigurement for a sign of moral degeneration. Quite pleased with his new face, he sought other people's opinion: 'dans l'espoir de recueillir un jugement sincère et impartial, je sortis'.<sup>136</sup> In a humorous article, he details his encounters with several people and the embarrassing situations in which he was put

<sup>133</sup> Roth, 'Lebende Kriegsdenkmäler', pp. 347–52.

<sup>134</sup> This foreshadows Friedrich's use of the figure of the facially injured soldier in *Krieg dem Kriege!*

<sup>135</sup> 'Miracles They Work at Frognal', LMA HO2/Y01/05, p. 36.

<sup>136</sup> Yves Picot, "'Un regard compromettant": Histoire véridique', *La Greffe Générale*, N. 7, May 1918, p. 27.

because of his disfigurement and of his glass eye. His lack of control over this prosthesis led people to accuse him of being a pervert and a woman thought he was trying to seduce her. In the tramway at rush hour, his fellow passengers carry him out of the train, thinking he is having a heart attack. It is only once home that he realises the glass eye moved in its socket and caused all this trouble. Through this anecdote, Picot provides an insight into the misunderstandings likely to occur between civilians and disfigured veterans. The former are consistently presented as drawing the wrong conclusions about Picot, identifying him in turn as a pervert, a Don Juan, and a man being gravely ill.

Picot's story illustrates the fact that society, even during wartime, was quick to associate physical mutilation, especially facial disfigurement, with moral degeneration. This view, influenced by the then still popular physiognomy studies, should not hide the complexity and variety of the representations of mutilated soldiers that emerged in interwar years. The popular image of the veteran as either totally bad or totally good has to be nuanced. In literary works and historical documents, combinations of 'terrifying' traits and a victimisation of ex-soldiers are not unusual. Even in extreme cases in which they committed criminal actions, there is a reluctance to condemn them morally and legally. Evidence of this tendency to present *gueules cassées* as victims, their wounds to some extent justifying their actions, can be found in the case of a French veteran accused of murder at the end of the 1920s.<sup>137</sup> Léon Gardeblé, a soldier who killed his wife's lover in 1929, exemplifies the paradoxical treatment of facially disfigured veterans in the interwar press. The court case was reported in an article published in 1930 in *Le Petit Journal* (a still widely distributed newspaper, although its readership was then diminishing).<sup>138</sup> The photograph of Gardeblé on the front page and the fact that the article starts with a description of the veteran's face, show that this story was deemed newsworthy largely because the defendant was a *gueule cassée*:

Son œil crevé dissimulé sous un bandeau noir, toute la partie droite de la face ravagée par le projectile qui fit de lui un grand mutilé de la guerre, une

---

<sup>137</sup> This case is analysed in more detail in an article published in *Gender, Violence and Agency*, ed. by Ulrike Zitzlsperger (Cambridge: Cambridge Scholars, 2013), pp. 151–63. It is also an important element in Henri Galis's novel *Mon Visage fait Horreur*, which is discussed in more detail in chapter 5.

<sup>138</sup> Georges Martin, 'Une "gueule cassée" Léon Gardeblé meurtrier de l'ami de sa femme est acquitté', *Le Petit Journal*, 7 January 1930, p. 1 and p. 3.

“gueule cassée”, le ruban de la médaille militaire et celui de la croix de guerre au revers de son veston noir, fort correct, fort digne, pitoyable. [...] Ses malheurs physiques et moraux, son infortune conjugale, sa nervosité ont fait de lui un criminel et l’ont conduit sur le banc des accusés.<sup>139</sup>

As in most literary depictions, the physical description of the wound is rather brief and the focus is on its moral and social significance. Although the ex-serviceman admitted that he committed a crime, the portrayal which is made of him leads the reader to sympathise. Gardeblé’s wife and her lover are pictured with less sympathy: she is described as unfaithful and he is presented as aggressive. An inversion can thus be observed, the murderer being presented as a victim. A crime paradoxically turns out as an opportunity to praise the perpetrator's qualities. Far from being portrayed as a brutal monster, the stress is on Gardeblé's humanity.

The circumstances in which the crime took place further exonerate him from any responsibility in the murder: Gardeblé had just endured a painful medical procedure and was still under the influence of drugs. He declares that he had lost control over his emotions, he was like an ‘homme ivre’ when he killed his wife’s lover, Platteau. This emphasis on the veteran’s suffering adds to the pathos of the story and his wound is described as enough to justify his acquittal: ‘le seul aspect de son pauvre visage plaide éloquemment pour lui’.<sup>140</sup> In contrast, the state as war leader is regarded as responsible for the ex-serviceman turning into a criminal and consequently supports his acquittal: the police inspector in charge of the enquiry openly praised Gardeblé and the prosecutor only gave a ‘réquisitoire fort modéré’.

The motif of a nation indebted to soldiers appears in other press articles, for instance in one reporting a visit of Albert Lebrun at the *Maison des Gueules cassées*, the house bought by French disfigured veterans. During his visit, the French president met with the organisation’s president and told him about ‘l’éternelle reconnaissance du pays pour les glorieux mutilés’.<sup>141</sup> British newspapers also posit the existence of a national debt:

Around in the cool shades of the wards lie hundreds of heroes, who have never gained a decoration, pain-racked, maimed, disfigured.

---

<sup>139</sup> Martin, p. 3.

<sup>140</sup> Ibid., p. 3.

<sup>141</sup> ‘M. Albert Lebrun visite le domaine des “Gueules Cassées”’, *Le Petit Journal*, 28 July 1933, Paris edition, p. 1.

How can we attempt to pay an unredeemable debt? One looks about in a tumult of emotion. These men have paid their debt. They have fulfilled their part.<sup>142</sup>

The acquittal of Gardeblé appears as one way in which the French state repays its debt; British newspapers on the other hand appeal to British society to provide for their veterans. Readers have the power to 'lighten [the soldiers'] grey lives' through gifts of money to the Recreation Fund.<sup>143</sup> Most press articles published in Great Britain were issued between 1917 and 1918, and appeal for donations. The rhetoric used in these journalistic documents reveals a tendency to victimise facially wounded men: 'In some respects facial injury cases are the saddest [...]'; 'Our worst broken men'; 'So intimate and sacred, somehow, and so precious a man's face to his being that the loss of a limb – grave as it is – seems to many a trifle to it'; 'Among the many sad results of wounds, facial injuries have a particularly pathetic place' and 'The most distressing of all injuries ...' are examples of expressions used to describe the condition of *gueules cassées*.<sup>144</sup>

A hierarchy between wounds emerges and facial injuries are deemed the worst of all, not only in terms of physical disfigurement, but also of psychological and social impact. A similar classification is visible in all three countries. In Germany, Roth writes in 1921 that facial injuries constitute the 'entsetzlichsten aller Gebrechen'.<sup>145</sup> In France, a poster made by the Lyon branch of the French *Union des Blessés de la Face* in the 1920s describes its members as: 'affreuses [...] lamentables épaves de la grande guerre' and 'malheureuses victimes de la guerre'.<sup>146</sup> Likewise, the *Union's* medical consultant Gelly, in a pamphlet appealing for donations towards the purchase of a house, describes *gueules cassées* as 'pauvres déshérités dont le hasard belliqueux a causé

---

<sup>142</sup> 'Victims of War: What You Must Do to Help our Maimed Men. Wounds of the Face: a Fund to Fight Depression and Fill Monotonous Days', *Evening Standard*, June 1918, LMA H02/Y01/05, p. 39.

<sup>143</sup> Ibid.

<sup>144</sup> 'The Queen's Auxiliary Hospital', *Ladies Field*, January 1917, LMA H02/Y01/05, p. 7; 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries', LMA H02/Y01/05, p. 1; 'Worst Loss of All: Public Deeply Moved by War-Time Revelation', *Manchester Evening Chronicle*, May 1918, LMA H02/Y01/05, p. 37; 'The Queen's Auxiliary Hospital for Sailors and Soldiers Suffering from Facial Injuries' [Publication title unknown], February 1917, LMA H02/Y01/05 p. 8; 'A Home of Beneficent Surgery', *Lady*, August 1917, LMA H02/Y01/05, p. 19.

<sup>145</sup> Roth, 'Der Wiederaufbau des Menschen', p. 580.

<sup>146</sup> 'Les Gueules Cassées?' Propaganda poster, Comité de Propagande Lyonnais [date unknown (before the purchase of Moussy in 1927)]. Historial de la Grande Guerre archives, Péronne, Reference 14 AFF 54.1.



l'irréparable éboulement'.<sup>147</sup> The doctor later notes: 'Il n'est pas de plus atroce héritage de la Grande Guerre que celui des blessures maxillo-faciales'.<sup>148</sup> As a consequence, the men suffering from these wounds are presented as helpless and depressed:

These are cases of a peculiarly distressing type demanding exceptional care and treatment in order that the victims may, as far as possible, be spared the pain of permanent disfigurement. It is a pathetic fact that many of the patients are so conscious of their affliction that they refuse to return to home and friends till they are convinced that everything possible has been done for them.<sup>149</sup>

A 1918 article claims that facial injuries are 'the rudest blow that war can deal and yet let its victim live' and that 'it has laid waste and wrecked the visible proof of their identity'. As a consequence, the soldier suffers from the 'torturing knowledge of that loss' and experiences 'the ravages of loneliness'.<sup>150</sup> Isolation is a recurring motif, facially injured men being described as 'the loneliest of all Tommies', whilst their estrangement from family and friends is emphasised.<sup>151</sup>

Thus, newspapers project an image of the facially injured soldier as a victim on several counts. He is a victim of the war and its physical destructiveness on the human body and he embodies his country's 'meurtrissures encore toutes saignantes'.<sup>152</sup> But he also suffers from 'cruautés de l'existence courante': a victim of a society unable, or unwilling, to welcome him back. In terms of impact on the wounded soldier, the difference between wartime and peacetime is not as significant as the difference between before and after his injury. The blurring of the border between wartime and peacetime, discussed by Stéphane Audoin-Rouzeau and Christophe Prochasson in *Sortir de la Grande Guerre*, is particularly visible in the continuity in terms of descriptions of facially

---

<sup>147</sup> Gelly, *Appel*, p. 3. Gelly's writings, although they emphasise the status of *gueules cassées* as victims, still stress their heroism. The fundraising purpose of this work accounts for this victimisation.

<sup>148</sup> *Ibid.*, p. 8.

<sup>149</sup> 'Queen and Our Wounded: New Special Hospital', *Morning Post*, January 1917, LMA H02/Y01/05, p. 1.

<sup>150</sup> 'Worst Loss of All', *Manchester Evening Chronicle*, LMA H02/Y01/05, p. 37.

<sup>151</sup> 'The Loneliest of All Tommies', LMA H02/Y01/05, p. 41.

<sup>152</sup> Gelly, *Appel*, p. 5.

injured men as victims even after the Armistice and the Treaty of Versailles.<sup>153</sup>

Presenting *gueules cassées* as victims produces a specific impact on readers. It shapes society's perception of, and responses to, these men. Describing them as victims implies that they are no threat and that they need help. The support of their families being sometimes denied them, society is called to the rescue. This type of representations appeals, openly or not, to the reader's pity and compassion: 'Among the men who come back broken from the war, few are more to be commiserated than those who have suffered severe facial injuries' and 'Among our wounded sailors and soldiers none, perhaps, deserve our sympathy and compassion more than those who have suffered grievous facial injuries, in many cases of such a nature as to render them at first almost unrecognisable'.<sup>154</sup> The surgeon Albee acknowledged this social dimension and wrote that 'medical science, side by side with nature, reconstructed these unfortunates so that they did not need to hide themselves from public stares of mingled pity and horror'.<sup>155</sup>

Ultimately, it is the public who comes across as heroic, helping to save the disfigured. Press publications are usually accompanied by a call for action, especially to donate to relief funds: the readers' support will 'lead [disfigured men] to realise that they are not useless wrecks'.<sup>156</sup> More than an expression of sympathy, supporting the injured is described as an obligation: 'It is the duty of the nation to come to the aid of the unfortunate men who return to this country with wounds which make them shrink from appearing in public or even from visiting their intimate friends'.<sup>157</sup> Interestingly, it is not the family – traditionally the primary support network – or the state which are called to help veterans, but society. Unlike in Germany, where Cohen established that authorities took charge and subsequently isolated veterans from their fellow countrymen, the British are urged to take responsibility for the welfare of their wounded. Roles are reversed: combatants need the civilians' help, and the latter are urged to 'declare war on these isolating maladies that put men not only out of their fight

---

<sup>153</sup> *Sortir de la Grande Guerre: Le Monde et l'Après-1918*, ed. by Stéphane Audoin-Rouzeau and Christophe Prochasson (Paris: Tallandier, 2008).

<sup>154</sup> 'Facial Injuries: New Soldiers' Hospital in Kent', *The Times*, January 1917, LMA H02/Y01/05, p. 2. 'The Queen's New Hospital for Treatment of Severe Facial and Jaw Injuries', LMA H02/Y01/05, p. 1.

<sup>155</sup> Albee, p. 108.

<sup>156</sup> 'Queen and our Wounded: New Special Hospital', LMA H02/Y01/05, p. 1.

<sup>157</sup> 'Facial Injuries', LMA H02/Y01/05, p. 3.

but out of sight'.<sup>158</sup> In presenting them as helpless victims, the press at the same time empowers society.

Alongside representations as victims, and sometimes in the very same articles, *gueules cassées* are also given a heroic dimension. Although heroes have a more positive image than victims, they remain stereotypical figures remote from reality: 'ces gloires qui ne peuvent plus parler, ces visages qui ont quitté l'aspect terrestre pour se métamorphoser en Idéal surhumain'.<sup>159</sup> The broken or 'wounded heroes' are described in flattering terms in the press, as: 'Gallant lads', 'The gallants who have suffered so cruelly on our behalf', 'Noble Men', 'Shy heroes', '[Men] whose faces bore the honourable scars of battle', 'Vestiges de gloire' and 'Martyrs'.<sup>160</sup>

The confrontation with *gueules cassées* led some to express their admiration for them. The socialist journalist Robert Blatchford writes: 'One does not pity these men. One feels more like standing to attention and saluting. [...] We often say of our brave dead that they have "made the supreme sacrifice" but these mutilated heroes at Frognaal have paid a higher price than life for their unselfish valour'.<sup>161</sup> A poster advertising the cause of French *gueules cassées* states in capital letters: 'Leur sort est pire que la mort!'<sup>162</sup> Their heroic status, sometimes bordering on that of a martyr, further isolates them from others. This rhetoric triggers, or at least aims to produce, reactions in society. In this respect, the authors' intentions are similar, whether playing the 'victim' or the 'hero' card. Supporting veterans appears to be the duty of a society indebted to them. It is a moral necessity.<sup>163</sup> A French waiter, who refused a tip from a *gueule cassée* on the grounds that his client was a mutilated man and that ex-soldiers 'ne devraient même pas payer leurs consommations', exemplifies the feeling of debt.<sup>164</sup>

---

<sup>158</sup> 'Worst loss of all', LMA H02/Y01/05, p. 37.

<sup>159</sup> Gelly, *Appel*, pp. 8–9.

<sup>160</sup> 'The Marvels of Plastic Surgery', January 1917, 'Disfigured in Battle: New Scheme to Care for the Maimed', *North Star*, Darlington, January 1917, LMA H02/Y01/05, p. 1; 'A Home of Beneficent Surgery', LMA H02/Y01/05, p. 19; Blatchford, LMA H02/Y01/05, p. 46; 'Disfigured Soldiers who are Being Well-Treated at Sidcup: 300 Shy Heroes', LMA H02/Y01/05, p. 66; 'Not Forgotten: War Heroes at the Palace', *Daily Telegraph*, September 1921, LMA H02/Y01/05, p. 82; Gelly, *Appel*, p. 20 and p. 22.

<sup>161</sup> Blatchford, LMA H02/Y01/05, p. 46.

<sup>162</sup> *Les Gueules Cassées?*, poster (Historial). A similar statement is made by Finaud, who writes that 'les mutilés de la face sont des enterrés vivants' (Finaud, p. 1).

<sup>163</sup> Gelly, *Appel*, p. 22.

<sup>164</sup> *Bulletin de l'Union des Blessés de la Face*, 5 (September 1922), p. 11.

The long-term difficulties awaiting *gueules cassées*, in medical and social terms, are emphasised in newspapers and propaganda documents. In the mid-1920s, Gelly reminds his readers of the physical and economic struggles veterans went through and suggests that the gratitude French society should feel is to be channelled through financial donations to the *Union des Blessés de la Face*. Similar views were already expressed before the end of the war, for instance in a poem written by Arthur Chuquet, entitled 'A la 5e Division de Blessés du Val-de-Grâce' and published in *La Greffe Générale*.<sup>165</sup> The French historian praises the *gueules cassées*' courage and holds them up as examples. He draws a parallel between the battle against the Germans on the front, and the fight against depression – 'noir cafard, cet autre Boche!' In this poem, the war facially injured men are fighting is described as never-ending. By supporting them, readers are given the opportunity to contribute to the war effort. Nevertheless, it remains that, like the monstrous, 'inhuman' quality of their wounds, their 'superhuman' dimension marginalises facially wounded veterans.

### 3.3. Normalising depictions

Not all newspapers sought to make veterans fit into one of these stereotypical categories. Indeed, some articles fulfil a 'normalising' function, presenting the facially disfigured soldier or veteran as a man like any other, self-sufficient and independent, of whom society need not be afraid. This last trend nuances the traditional hero/victim dichotomy and reflects the less spectacular destinies experienced by many veterans. It tells of a reality more diverse than the romanticised vision of the First World War veterans that has developed throughout the twentieth century. Contemporary accounts reveal a tendency to present *gueules cassées* as ordinary people with an extraordinary physique. This 'normalising' journalistic treatment will be analysed first, followed by a study of the image of disfigured men as ordinary people promoted in *La Greffe Générale*, the journal published by and for maxillofacial patients at the Val-de-Grâce hospital. Although censorship was implemented in soldiers' journals, this

---

<sup>165</sup> Arthur Chuquet, 'A la 5e Division de Blessés du Val-de-Grâce', *La Greffe Générale*, N. 6, 1 April 1918, p. 22.

document gives an insight into the discourse of facially injured men on their own condition.

Whilst acknowledging the soldiers' desire to remain hidden, newspapers still tracked them down, entering the country hospital in Sidcup and lifting the veil on the curtained cabs in which the men travelled, as shown in a 1921 article.<sup>166</sup> This document reports the outings organised for Sidcup patients by a benefactress, Mrs Wray, and highlights the patients' desire to go unnoticed. For example, they travelled in cabs and sat in a separate box at the Hippodrome, curtains drawn. This article gives the point of view of an external observer close to Sidcup men on the interaction between *gueules cassées* and other people:

They once told me that they liked my way of 'entertaining' because I left them alone! I give them cigarettes and some paper and they play cock-golf. I know them all by name and they like that. There is one man I call 'Merry Eyes' and the name has stuck to him ... The lower part of his face has been blown away.

One day the men went back to hospital and said – 'It's been a grand day, so free and like home. Mrs Wray is some lad! You should just see her stop the traffic!'<sup>167</sup>

In underlining the disfigured men's humanity, this article departs from other stereotypical representations of excessive figures. Its date of publication, several years after the end of the conflict, accounts for this 'normalising' treatment, but earlier journalistic descriptions of *gueules cassées* as ordinary men can also be found. Both their physical appearance and their mental condition are time and again presented as ordinary: 'The new surgery has not only made them able to speak and eat again. It has made them look like normal men'.<sup>168</sup> Likewise, a Canadian visitor observes: 'Many are being made almost normal in appearance again'.<sup>169</sup> Against the unknown, and potentially frightening, dimension of the stories of men who underwent plastic surgery, the press stresses ideas of familiarity and return to a safer past. One journalist notes that 'their features are being restored to something exceedingly near their original appearance'.<sup>170</sup> After their treatment, many 'have returned to civil life sufficiently improved in appearance to permit of their taking their place besides

---

<sup>166</sup> 'Disfigured Soldiers who are Being Well-Treated at Sidcup: 300 Shy Heroes', LMA HO2/Y01/05, p. 66.

<sup>167</sup> Ibid., p. 66.

<sup>168</sup> 'Miracles They Work at Frognaal', LMA HO2/Y01/05, p. 36.

<sup>169</sup> Plaxton, LMA HO2/Y01/05, p. 25.

<sup>170</sup> 'Hospital for Facial Surgery', *Globe*, July 1917, LMA HO2/Y01/05, p. 9.

their fellows'.<sup>171</sup> At the hospital the patient is being 'made into himself again'.<sup>172</sup> Not only is he physically repaired, but his identity is also presented as restored. This indicates a tendency to emphasise a return to a pre-war 'normality' and to erase the traces of the war, as if the conflict itself could be forgotten if the scars it left were hidden.

The 'normal' physical and psychological condition of facially wounded men anticipates a successful social reintegration:

Patients acquire their old self-respect, self-assurance, self-reliance, and discarding despondency, take more pride in their personal appearance. Their presence is no longer a source of melancholy to themselves nor of sadness to their relatives or friends.<sup>173</sup>  
For [Sidcup patients] have gone out into the world again with faces that stirred no atom of pitying aversion among strangers, and which their children fondled as of old.<sup>174</sup>

Reports on visits by well-known figures gave journalists the opportunity to present Sidcup Hospital as a peaceful and homely environment, the hospital itself losing its dimension as a 'chamber of horrors'.<sup>175</sup> Thus, an article about the visit of General Sir Francis Lloyd is accompanied by a photograph not of wounded patients, but of the matron Miss Barber having tea with Mrs Marsham-Townshend.<sup>176</sup> The *Maison des Gueules cassées*, where some French veterans withdrew from 1927 onwards, is depicted in similar terms and a journalist underlines the pleasant surroundings of 'jardins fleuris, des roseraies, des terrains de jeux et un parc'.<sup>177</sup> Moreover, newspapers present patients enjoying ordinary activities: Sidcup men are described 'playing tennis or billiards, or at work at the carpenter's benches'.<sup>178</sup> Photographs published in newspapers give a sense of cheerfulness; they show 'the patients [finding] pleasure in feeding the poultry' and 'enjoying a game of bowls, in which they display considerable skill', 'the men [taking] much interest in the rabbits' and 'playing with boyish zest

---

<sup>171</sup> 'The Marvels of Plastic Surgery: a New Institution for the Treatment of Wounded Heroes', p. 3, LMA HO2/Y01/05.

<sup>172</sup> 'Miracles Worked at Frognal', LMA HO2/Y01/05, p. 36.

<sup>173</sup> 'Men Shattered in War', *Evening Standard*, June 1918, LMA HO2/Y01/05, p. 40.

<sup>174</sup> 'The Loneliest of all Tommies', LMA HO2/Y01/05, p. 41.

<sup>175</sup> Tonks, quoted in Pound, p. 30.

<sup>176</sup> 'Gen. Sir Francis Lloyd Inspects New Hospital for Tommy and Jack', *Daily Sketch*, July 1917, LMA HO2/Y01/05, p. 15. Frognal estate, where The Queen's Hospital was built, used to belong to the Marsham-Townshend family.

<sup>177</sup> 'M. Albert Lebrun visite le domaine des "Gueules Cassées"', *Le Petit Journal*, p. 1.

<sup>178</sup> 'Miracles They Work at Frognal', LMA HO2/Y01/05, p. 36.

the good old game of leap-frog while waiting for their wounds to heal'.<sup>179</sup> The somewhat patronising descriptions of the disfigured men contributed to lessen the impact of their potentially threatening appearance.

The sense of humour displayed by *gueules cassées* and reported in the press also contributes to their 'normalisation'. The pun included in the title of the Val-de-Grâce patients' journal *La Greffe Générale* testifies to this cheerfulness, as well as this comment by an Irish patient reported by Gillies: 'When he saw his disfigured face [he] grinned with a peculiar pleasure. When asked what had pleased him, he replied: "Sure, I was just thinking what an easy time the barber would have in future, only half a face to shave"'.<sup>180</sup> This cheerfulness is interpreted by Cohen as 'not only [gratifying] donors but also [demonstrating] that victory, however terrible the price, had been worth it. No matter how badly injured, the war casualties did not regret their sacrifices'.<sup>181</sup>

These depictions of facially injured veterans as ordinary men implicitly predict an easy future, and to some extent prepare for it. In presenting *gueules cassées* as normal people, newspapers demystify them. Some articles go as far as underlining the benefits of their presence to society. For example, the French *Association des Gueules Cassées* organised popular fêtes and contributed to the local and national economic recovery in the 1920s and 1930s (as will be discussed in Chapter 3). It is also foreshadowed in a British newspaper that 'the establishment of this hospital at Sidcup is bound to bring much additional life to that favourite Kentish suburb, and incidentally it should increase the value of neighbouring property, and especially that of the adjoining charming estate, Sidcup Place, now called Sidcup Hall'.<sup>182</sup>

Journalistic descriptions of facially injured men as ordinary people echo the perception they seemingly had of themselves, and the image they wanted to project. This appears in issues of *La Greffe Générale*, the newspaper written and published by Val-de-Grâce patients between 1917 and 1918. This

---

<sup>179</sup> 'New Faces for Old: Wonderful Work for Disfigured Soldiers', *Daily Sketch*, June 1918, LMA HO2/Y01/05, p. 40.

<sup>180</sup> Harold J. Shepstone, 'Surgical Miracles', *Worlds Work*, 618–30 (p. 625), LMA HO2/Y01/05, p. 62. This directly contradicts an apparently popular interwar belief expressed by Finaud in the following dramatic terms: 'les mutilés de la face sont des enterrés vivants. Ils ne sortent jamais. Ils ont peur du rire, plus qu'ils n'ont eu peur des obus et des balles' (Finaud, p. 1).

<sup>181</sup> Cohen, *The War Come Home*, p. 130.

<sup>182</sup> 'New Military Queen's Hospital at Frognaal, Sidcup, Kent', *Citizen*, August 1917, LMA HO2/Y01/05, p. 16.

publication aimed not only to entertain patients, but also to establish contact between them and the rest of society:

Et puis ... et puis ... il y a le Civil! Attention! Petit Canard. Tâchez de vous présenter d'une façon fort civile, capable de retenir l'intérêt de ce juge impitoyable.

Dites-lui bien, à ce malheureux restrictionné de l'arrière, que vos parents désirent avant tout être compris, connus sous leur jour véritable [...]. Dites-lui que nous ne voulons pas exciter la pitié de nos contemporains, étant nous-mêmes très satisfaits de nos blessures.<sup>183</sup>

This soldiers' journal targeted a wide audience, comprising facially disfigured men, other wounded soldiers, combatants on the front and civilians. Its aim was to reveal the character of disfigured men, thus giving society a glimpse of the cheerful spirits behind damaged faces. It enlightens us on the soldiers' perception of civilians, and the responses they expected from other people. The authors confer a positive value to their disfigurement and by contrast denounce skivers. According to this article, their wounds testify to their service of, and sacrifice for, France, some physical evidence other men cannot boast of. The self-ascribed goal of *La Greffe Générale* is to 'devenir l'agent de liaison morale entre le Front, l'Arrière-Front et l'Arrière'.<sup>184</sup> This role as an intermediary is telling of the potentially difficult relationships due to gaps in communication between these three groups with different war experiences. It aimed to prepare society for the arrival of *gueules cassées* in its midst. The journal, a unique endeavour since no evidence of a similar periodical exists in other countries, testifies to the desire of French facially wounded men to take control of their public image. It reveals their perception of being invested, due to their visible wounds, with a greater mission of representing soldiers and establishing a link between them and the rest of society. Paul Bäumer, in Remarque's novel, notes the gap in experience between the front and the home front.<sup>185</sup> The existence of such a 'huge gulf in understanding and experience' between the fighting front and the home front has been questioned, for example by Matthew Stibbe.<sup>186</sup> The presence of mutilated men, whose bodies showed the destructive power of war, contributed to bridging this gap.

---

<sup>183</sup> 'Derniers Conseils à notre Enfant', *La Greffe Générale*, N. 1, p. 1.

<sup>184</sup> A practical way through which facially wounded patients can enter in communication with their families or benefactors is the newspaper. At the end of it, a space is left blank for men to write a few words to the people to whom they are sending a copy. *La Greffe Générale*, N. 1, p. 4.

<sup>185</sup> Remarque, *All Quiet on the Western Front*, pp. 109–28.

<sup>186</sup> Stibbe, p. 38.



The soldiers' journal *La Greffe Générale* explicitly aimed to help readers understand the experience of disfigured combatants, and to prepare society to face the veterans. In 'Le Blessé dans la Rue', the author acknowledges that people's natural reaction is pity and quotes some commonly heard reactions, such as 'les Blessés de la Face sont deux fois blessés' and 'il vaudrait mieux n'avoir qu'une jambe mais un nez complet'.<sup>187</sup> What disfigured men ask for, however, is indifference. An attitude usually perceived as negative and disrespectful is here valued. By treating *gueules cassées* differently, even in trying to be nice to them ('ne lui achetez pas un bouquet de fleurs'), society isolated them. The author of this article suggests that the soldiers' unsightly looks are of a temporary nature and of minor importance; they are 'blessés qu'une balle incivile a momentanément privés d'un charme ou deux'.<sup>188</sup> Playing down the seriousness of wounds contributes to the normalisation process also visible in official photographs and promoted in this article. The author gives his readers an insight into the consequences of their undesired attention:

Le lendemain, s'il voit le ciel beau, et que l'envie lui prenne d'aller prendre sa part de soleil et de vie, le blessé se dira: Restons ici, de peur d'ébahir tous les passants. Et c'est vous qui l'aurez puni, bonnes gens.<sup>189</sup>

However, the written medium, by its very nature, misses an essential feature of the relations between society and facially disfigured men, namely the visual impact of such wounds.

## Conclusion

For those men who, out of choice or not, withdrew from society, making sense of their injuries was particularly important. Failure to reintegrate into professional and social networks could mean that the war had robbed them not only of their body, but also of their place in the civilian world. This made them victims of the conflict and of an indifferent, even hostile, interwar society. This latter 'enemy', as shown in this chapter, was perhaps more difficult to fight, for it was not an unidentified weapon but a potentially familiar face: a wife unable to

---

<sup>187</sup> Latzarus, 'Le Blessé dans la Rue', p. 1.

<sup>188</sup> Ibid., p. 1.

<sup>189</sup> Ibid., p. 1.

kiss her husband, a father refusing to take his son back in the family business, a shopkeeper hiding his employee from the sight of customers or a passer-by looking at the veteran with repulsion.

People's perception of facially injured men, whether they knew them or not, usually ranged from pity to disgust and admiration. What soldiers had been promised was respect and gratefulness for what was presented as patriotic sacrifice. What they apparently wanted was to be allowed to forget, claiming a right to indifference from authorities and society. Journalistic accounts, mainly in view to raising funds on their behalf, depict them as powerless but deserving, or as heroes to whom society is indebted. National differences in terms of the journalistic treatment reveal that Cohen's assessment of the public/private veteran support divide between Germany and Great Britain can be observed in the case of facially disfigured men too.<sup>190</sup> Appeals for funds destined to maxillofacial hospitals and reports on the charitable activities run by private bodies appeared in British newspapers, urging the population to help its veterans. Whereas the politicisation of German veterans is evidenced in the national press, British 'men without faces' are discussed in a more emotional tone and the support of society they need or deserve is highlighted. These sometimes sensational descriptions from a press that aims to 'sell' demonstrate a certain national attitude, and contrast with normalising depictions by *gueules cassées* who want to 'tell' their stories, or simply to express their desire for silence. Instead, *gueules cassées* were a familiar newspaper topic for some time and journalists conveyed images that sought to inform and prepare the wider public. In contrast, as the next chapter will show, the *Union des Blessés de la Face* aimed for something more lasting: as a body, it fostered a sense of identity among the veterans.

---

<sup>190</sup> Cohen, *The War Come Home*.

## Chapter 3

### **The *Association des Gueules Cassées*: Shaping a New Identity**

Against the many, sometimes conflicting, perceptions and depictions of facially injured men, an apparently unified discourse on *gueules cassées* gradually emerged in France. This is largely due, I argue, to the creation and rise in power of the *Union des Blessés de la Face* (UBF), an organisation run by and for disfigured veterans. The existence of this support group throughout the interwar years also testifies to the importance of social networks. The present chapter therefore investigates the interaction amongst facially injured combatants and demonstrates that these links played a significant part in their reintegration into wider society. It studies the relationship dynamics between the disfigured and explores the influence of individual leaders in the formation of the UBF, which also came to be known as *Association des Gueules Cassées*.

This chapter starts with a discussion of the comradeship between soldiers in hospital, based on testimonies and on the hospital journal *La Greffe Générale*. The relationships formed in the wards were key to the later creation of the *Union des Blessés de la Face*: 'les fondateurs, et de nombreux membres, se sont longuement connus dans les hôpitaux autour des "billards" et [...] une affection sincère liait déjà la plupart d'entre eux avant que l'association ne soit formée'.<sup>1</sup> This organisation is a unique example of disfigured men collectively shaping their public profile and claiming a place in post-war society. It has been briefly discussed by Jay Winter, who analyses the *Union* as fulfilling a 'therapeutic' function insofar as it facilitated men's reintegration into society and who uses it as a case study in his discussion of veterans' groups as an extension of 'family' networks.<sup>2</sup> Sophie Delaporte retraces the development of the *Union* from its inception in 1921 to the end of the twentieth century, thus offering a useful but general overview of the history of this organisation. My contribution examines the aims and achievements of the *Union des Blessés de la Face* in depth, with a special focus on the impact it had in terms of the image of *gueules cassées*, and their links with society in the 1920s and 1930s. The

---

<sup>1</sup> *Bulletin de l'Union des Blessés de la Face* (referred to from here onwards as *Bulletin*), 10 (March 1924), p. 1.

<sup>2</sup> Winter, 'Forms of kinship and remembrance in the aftermath of the Great War' in *War and Remembrance*, ed. by Winter and Sivan, pp. 40–60 (pp. 48–51).

*Bulletins de l'Union des Blessés de la Face*, a rarely explored publication, constitute my main primary source.<sup>3</sup> Written and published by members of the organisation, they present the voices of French *gueules cassées*. Their agenda – publicising the organisation and uniting its members – means that they offer a positive view of the UBF and rarely mention disagreements. Taking this bias into account, this chapter seeks to examine the image the *gueules cassées* projected. Through their *Association*, the French veterans appeared much stronger than their German and British counterparts. They became symbols of resilience and models of successful national reconstruction that society was urged to imitate.

## 1. Individual and collective dimensions

Biernoff underlines the alienating effects of facial injuries, which isolate those who suffer from them. At the same time, these wounds create a special bond between fellow sufferers, described by Winter as a form of 'kinship'.<sup>4</sup> The visibility of their disfigurement made *gueules cassées* easy to identify, and the length of their treatment brought patients into contact with one another for significant periods of time. On the other hand, the personal nature of wounds affecting 'the region where the sense of self is generally located, the dominant part of the body image and the most revealing area of personality traits', makes facial disfigurement an intimate and unique experience.<sup>5</sup> The wartime military context challenged the relationship between a soldier's collective and individual experiences, and contributes to explaining the motivation behind the creation of the *Association des Gueules Cassées* in France.

### 1.1. 'Esprit de corps' amongst *gueules cassées*

The *Bulletins de l'Union des Blessés de la Face*, published from 1921 onwards, posit the existence of a special link between facially wounded men. Friendship

---

<sup>3</sup> Delaporte's essay is an exception to this tendency; the present chapter however discusses them in greater depths and highlights different elements such as the role of leaders and the image shaped by the *Union des Blessés de la Face*.

<sup>4</sup> Winter, 'Forms of kinship and remembrance in the aftermath of the Great War' in *War and Remembrance*, ed. by Winter and Sivan, pp. 40–60.

<sup>5</sup> Kazanjian and Converse, p. vii.

and comradeship are also highlighted in Rémi's account and Clare's testimony. The latter describes his first impression of Sidcup as a 'wonderful place', not least because of the 'bright congenial company' which he notes on his arrival: 'Men came round the bed to enquire about me. They all seemed just one happy family, each thinking of the other fellow's welfare'.<sup>6</sup> Clare's wounds are minor – according to his own description at least – but he is nevertheless recognised as part of the 'family'. The atmosphere at Sidcup is also noticed by external observers: 'It is more than a hospital. It is a colony – a colony of pleasant, blue-curtained huts and verandas daily spreading over the fresh grass and under the great trees of the Frogal estate near Sidcup'.<sup>7</sup> The premises appear to facilitate and mirror the friendly relationships between the men. A similar experience is highlighted by a patient at the Val-de-Grâce: 'les copains y sont gentils. On joue aux cartes et on blague ensemble, on parle politique'.<sup>8</sup> This contrasts with Clare's depiction of relationships at another hospital, Summerdown, where he does not really mix with other patients.<sup>9</sup> His testimony consistently describes a strong bond between 'jaw cases', no matter where they are. For example, when he is reunited with some of his fellow patients from Sidcup at Croydon hospital, he notes 'To my great surprise and joy I was loudly greeted on entering the ward, by familiar friends who had been at Sidcup with me. They crowded round my cot to hear my story'.<sup>10</sup> The very presence of disfigured men is comforting to the wounded soldier as he is amongst his peers: he belongs.<sup>11</sup>

Relationships extended to men treated elsewhere and a friendly rivalry sometimes emerged between patients from different hospitals, for instance in the context of games. A Red Cross report on the Brook Street Hospital, London, mentions that the patients 'have recently been given a full-size billiard table, which is appreciated immensely. From time to time they put on billiard matches with Norfolk Street, and also the Maxillo Hospital at Kennington, and prizes are

---

<sup>6</sup> Clare, Private papers.

<sup>7</sup> Plaxton, LMA HO2/Y01/05, p. 25.

<sup>8</sup> 'Lettre de Pitou à ces [sic] Chers Parents', *La Greffe Générale*, p. 4.

<sup>9</sup> Clare, Letter, 'Summerdown'.

<sup>10</sup> Clare, Private papers.

<sup>11</sup> Winter insists on this feeling of 'belonging' and inclusion experienced by soldiers in his essay on identity. Winter, 'The practices of metropolitan life in wartime', in *Capital Cities at War*, ed. by Robert and Winter, p. 2.

usually given by a generous donor to the winning side'.<sup>12</sup> The 'bond' between disfigured men transcended hierarchical differences. Although officers and men were usually accommodated in separate facilities, friendships developed, their wounds bridging the gap between military ranks.<sup>13</sup> This was not always well accepted outside maxillofacial wards, as shown in the friendship between an officer who calls himself 'Général O. P. Ré' and Bélagnon, a soldier treated at the Val-de-Grâce.<sup>14</sup> As for relationships with enemy soldiers, *La Greffe Générale* reveals the antipathy between German and French patients. Whereas Baillaud declares that no distinction was made by staff between soldiers from different countries, French *gueules cassées* complained of the other men's cheering when their national army attacked Paris.<sup>15</sup>

Tensions between patients are rarely mentioned by Clare and Rémi; rather, Rémi notes the help offered by patients who can see to their blind comrades.<sup>16</sup> Clare also emphasises solidarity: 'All the bed 'boys' are waited on hand and foot by those of us who are "up cases"'.<sup>17</sup> The cheerful atmosphere at the hospital is presented by Clare as part of the men's effort to face difficult situations together, for example through the use of expressions that they coined: 'The boys call going under operation in the theatre "going to the pictures" because of the effects of the anaesthetic I suppose, but they make a jest about anything!'<sup>18</sup> The Val-de-Grâce patients' newspaper *La Greffe Générale*, whose very title is a pun, fulfilled a similar function of strengthening the links between facially injured men and cheering them up. The function of humour as a weapon against depression is underlined in its first article:

Nous vous avons baptisé le plus joyeusement possible. Portez donc dignement votre nom, mais n'oubliez pas pour cela la gravité de la mission qui vous est confiée. De votre bec, un tantinet gavroche, tomberont les

<sup>12</sup> 'Hospitals for Facial Injuries', p. 118. The Brook Street Hospital for Facial Injuries was opened in 1916.

<sup>13</sup> Evidence of this spatial segregation can be found for Sidcup in 'The Queen's Hospital, Frognaal, Sidcup', *The Lancet*, 3 November 1917, p. 687. Delaporte underlines the friendship across military ranks, which persisted in the UBF later and contrasts with large veterans' unions such as the UNMR or the AGMG (Delaporte, p. 174).

<sup>14</sup> Général O. P. Ré, 'Le Chasseur Bélagnon: Une des gloires amochées du Val-de-Grâce', *La Greffe Générale*, N. 7, May 1918, pp. 25–26. The true identity of this general is however not revealed; his pen name is a pun. In the same issue of this newspaper, Picot narrates his first day out (p. 27). This time, the author is clearly identified but interestingly, his military rank is omitted. This further suggests that hierarchical boundaries between *gueules cassées* were somewhat blurred, even during wartime.

<sup>15</sup> *La Greffe Générale*, N. 4, 20 February 1918, p. 13.

<sup>16</sup> Rémi, p. 71.

<sup>17</sup> Clare, Letter, 28 December 1917.

<sup>18</sup> Clare, Letter, 3 January 1918. The name *gueule cassée* is another example of pun.

fantaisies étourdissantes, les blagues énormes, les calembours monstrueux, toutes munitions indispensables dans la lutte contre ce vieux frère de Cafard.<sup>19</sup>

This article acknowledges the risk of depression and advocates humour and solidarity to fight it. A similarly good-humoured and self-derisive spirit was observed at Sidcup, as evidenced in a Souvenir Programme issued by The Queen's Hospital Thespian Society on 19 December 1919:

**SIDCUP GALVANIC SOAP**  
MR. S. W. ANK writes: "I had no life in my ears, but after using your soap, I can now flick flies off my nose with either ear."  
**BUY IT TO-DAY.**

**WEAR A PEDICULE**  
and do away with a ticket-pocket.  
**MAKES AN EXCELLENT PIPEHOLDER.**

**Join the League of Rations**  
and help us to abolish bullybeef and mince

**Why Buy Fags?**  
Smoke O.P. Cigarettes and **SAVE MONEY.**

**Queen's Picture House.**  
Next week, the great Success  
**THE Drunkard's Drink**  
In 3 reels and 1 stagger.  
**The great PUSSYFOOT Drama.**

**HIGHEST PRICES PAID FOR OLD RIBS**  
Send your disused Ribs to the Original Firm,  
**Messrs. ADAM & EVE,**  
GENESIS ROAD, PARADISE, N.

**Original Production, for the first time on any Stage, of the great, blood-thirsty, soul-stirring, humorous and Musical Drama by W. INDUP**

**"THE PATIENT'S DREAM"**  
OR  
**"A VISIT TO THE THEATRE"**  
In 1 Act and Several Groans.  
Time - - - - - THE PRESENT  
Scene - A FACIAL HOSPITAL IN NIGHTMARELAND

**CHARACTERS.**  
Major Bullybeef, R.A.M.C., *A Surgeon* ... MAJOR STAPLETON  
Captain Odours, R.A.M.C., *An Anaesthetist* LIEUT. J. STEEL  
Pte. MacNabb, R.A.M.C., *An Orderly* LIEUT. J. K. WILKIE  
Sister Stitchem, *A Dear* ... PTE. HOWARD  
A Patient, *A Poor Devil* ... PTE. JORDAN

**Produced by Mr. N. N. WIMBUSH.**  
Scenery by RAPHAEL & TITIAN. Dresses by REQUEST.  
Cigarettes by ABDULLA & Co. Moustaches by ACCIDENT.

NOTE.—The Management of this Theatre are not responsible for the truth of the Advertisements. The public patronise the Firms at their own risk.

N.B.—The Audience is respectfully requested not to throw bricks at the Actors. All Bricks are urgently required for the Housing Scheme.

**EDUCATION! EDUCATION!! EDUCATION!!!**  
Billiards Taught. Dancing Instruction.  
Whist. Trigonometry. Tea-Making.  
Learn to Drive—We Supply the Car.  
Tuition in GOLF, PONTOON and EUCLID.  
Learn a Foreign Language—French, Bad or Swahili.

**JOIN THE SCHOOL OF INSTRUCTION TO-DAY.**

**WHO SUPPLIED SAMSON**  
With the famous Jaw - bone which enabled him to slay umpteen Philistines? If YOU wish to be a Bible Hero and  
**SLAY PHILISTINES**  
get your next Jaw-bone from us—  
**Messrs. YALE & PADDLE,** Bone Sawyers & Dope Dealers,  
NINETEENTH AVENUE.

**SEE YOURSELF AS YOU REALLY ARE**  
Get your Photo taken at the  
**X RAY DEPT.**  
The human body contains more than 200 Bones.  
Our Photos show them all.

**ARE YOU A CONVINCING TALKER?**  
IF NOT, USE OUR SPLINTS.  
Send no money. Call personally.  
**Messrs. Splutter & Stutter**  
Gas Engineers,  
**WESTMINSTER.**

If you have nothing to do any forenoon, why not spend  
**A HAPPY HALF-HOUR**  
At the Throat Clinic.  
Do not fail to see our Field Officer with the Mirror on his Eye.

**ARE YOU SATISFIED WITH YOUR FACE?**  
If not, come to  
**The Beauty Parlour,**  
X-RAY ROW.  
N.B.—As an additional attraction customers are allowed to converse with the charming lady proprietors during treatment.

**ARE YOUR FRIENDS SATISFIED WITH YOUR FACE?**  
(Probably not. See above.)  
You may not be a Beauty, but you might be worse.

Figure 14  
Souvenir Programme, The Queen's Hospital Thespian Society (1919)

The puns based on hospitals and injuries are indicative of a desire to laugh about even difficult topics. A darker dimension is still present, the play being set in 'A facial hospital in Nightmareland'. The entertainment and activities provided

<sup>19</sup> 'Derniers Conseils à notre Enfant', *La Greffe Générale*, N. 1, December 1917, p. 1.

by outsiders and organised by patients and staff contributed to cheer up the men and encourage friendships. In particular, team sports, such as football, were available, and competitions with other hospitals were organised, strengthening the *esprit de corps* amongst facially disfigured men.



Figure 15  
Sidcup hospital, Gillies archives (1917–1921)<sup>20</sup>

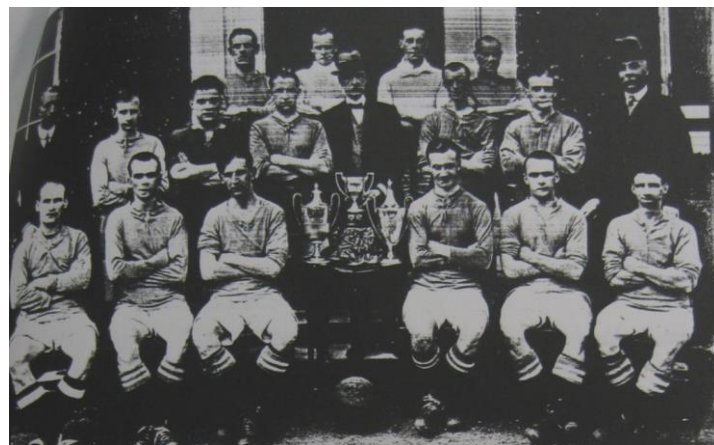


Figure 16  
The Queen's Hospital football team, Wellcome Library archives (1917–1921)

The bond between *gueules cassées* went beyond friendship: their relationships resembled family ties. In a letter, Clare, who went home for the holiday, describes the Christmas celebrations at The Queen's Hospital:

The people here apparently had a ripping time and the Sisters, Nurses and Officers of the Hospital spared no effort or expense to make the poor boys who cannot go home, or who have no home, perfectly happy. [...] Those who were left in the wards are loud in praise of the Sisters and Officers. There was a ton of good things. Turkey, Christmas puddings, jellies, custards and all good Christmas fare. Entertainments, games, and a

---

<sup>20</sup> The women and children featuring on this photograph are not identified; they are not wearing uniforms, which suggests that they are not members of the hospital staff. They may be patients' relatives or local residents; in any case this image gives a relaxed impression.



concert each night (with Officers and Sisters as Artists), Charades, Cinema and Sketches.<sup>21</sup>

The dynamics at work in the hospital emphasised the collective over the individual. Rémi writes: 'Ils sont toujours en paquet, on ne les voit guère isolément; dans le troupeau, ils ne se montrent pas tels qu'ils sont en réalité'.<sup>22</sup> However, the apparent freedom of speech and readiness to share, especially regarding wounds and the war, had limits. In his essay on French *Anciens Combattants*, Prost suggests that the 'brotherhood' so many contemporaries insisted on was mostly a façade:

In fact it would seem that soldiers were no better and no worse than the average man. To believe that the war altered souls was no doubt an illusion. But that it was a widespread illusion is a fact. In the veterans' world, once the war was over, there was an insistence on brotherhood, promoted as a constant element of trench life, whereas callousness and insensitivity were passed over in silence.<sup>23</sup>

Whether real or imagined, this 'special bond' between soldiers appears as a compensating feature for their traumatic experiences on the front line. In the case of disfigured men, this 'brotherhood' is described by observers, medical staff and the patients themselves, as lasting.<sup>24</sup> These strong links between patients proved particularly important for those who experienced rejection by their families.

## 1.2. The creation of the *Union des Blessés de la Face*

The veterans' desire to gather after the war is made clear in the creation of organisations such as the *Association Générale des Mutilés de la Guerre* (AGMG), the *Union des Mutilés et Réformés* (UMR), then the *Union Fédérale* (UF) and the *Union Nationale des Combattants* (UNC) in France, the British Legion in Great Britain and the *Kyffhäuserbund* in Germany. The reasons motivating them were sometimes political and economic, sometimes social. The existence of an implicit understanding between ex-servicemen is recorded by Harry Burbeck's daughter, who recalls how her father joined a local ex-servicemen's club, where men 'got together, away from their families, and

---

<sup>21</sup> Clare, Letter, 28 December 1917.

<sup>22</sup> Rémi, p. 74.

<sup>23</sup> Prost, p. 22.

<sup>24</sup> Roubaud and Bréhamet, p. 20.

talked about “their wartime” over a pint of beer’. With his family however, Harry only ‘occasionally talked about trenches, usually when some national news item brought the horrors to mind [...] but he did not dwell on this matter’.<sup>25</sup> Although the veterans’ club was not restricted to disfigured men, it is evidence of the ex-servicemen’s desire to meet with people who had had a similar experience.

The works of Cohen, Prost and Winter on veterans’ destinies in the interwar years point to national variations. German ex-servicemen appear to have been isolated from their fellow-countrymen and highly politicised, whereas British combatants enjoyed easier relationships with the rest of society. Their support is described respectively as having come either exclusively from the state, or exclusively from private charitable sources. French veterans were between these two ‘extremes’, many of them joined organisations but maintained good relationships with the wider population. Their position, especially towards society and authorities, was perhaps less clear-cut than in the two other countries, leaving room for a flourishing of self-support organisations. It is in this context that the *Union des Blessés de la Face*, also known as *Association des Gueules Cassées*, was born on 2 July 1921, one of the first injury-specific organisations in France.<sup>26</sup>

The *Bulletins de l’Union des Blessés de la Face* provide an insight into the purpose and workings of this organisation. They record the challenges faced by *gueules cassées* and their attempts to solve them collectively. Between 1921 and 1939, issues of the bulletin increased in length and frequency, from a short newsletter format to a twenty-page long document. Unlike official reports and accounts by contemporary observers, they reflect the point of view of the veterans. Written by the executive committee of the UBF, with the occasional input and contribution from other members, they follow the development of the disfigured men’s circumstances and interactions with others during the 1920s and 1930s, and reveal the image they wished to project.

The organisation’s official name, as of 2 July 1921, was *Union des Blessés de la Face*, immediately followed on the first bulletin by *Les Gueules Cassées*, the name under which it became better known.<sup>27</sup> The strong emphasis put by the *Association* on mutual support was stressed from its inception. Veterans did not gather primarily to express their dissatisfaction or

---

<sup>25</sup> Biddy Stevens, ‘Post war’, Notes (2012).

<sup>26</sup> *Bulletin*, 1 (Summer 1921). Delaporte notes this pioneering role (Delaporte, p. 174).

<sup>27</sup> *Ibid.*, p. 1.

further any claims; rather, the UBF was set up to maintain the spirit of solidarity and one of its primary aims was to 'resserrer entre ses membres les liens de bonne camaraderie et d'amitié contractés au cours de leur traitement dans les hôpitaux, de maintenir entre eux l'esprit de solidarité qui les unissait et d'établir des relations profitables aux intérêts de tous'.<sup>28</sup> The members' moral qualities are highlighted as if their facial wounds enabled soldiers to bond in a more meaningful way than in relationships based on outward appearances.<sup>29</sup> Descriptions of facial disfigurement are scarce in this first issue: 'la face masquée par les bandes et les pansements', 'visages meurtris et déformés, mais, cœurs intacts'.<sup>30</sup>

The association's slogan, 'Sourire quand même', is indicative of the founding members' will not to let their disfigurement be an obstacle to their happiness. Many were in fact unable to smile due to their injury. The democratic outlook of *La Greffe Générale* was maintained: no distinction was made between officers and soldiers within the *Association*.<sup>31</sup> In the first bulletin, the organisation's president Picot urges readers to reach out to disfigured men regardless of their military rank. As an incentive to expand the membership, this first bulletin states that whoever manages to recruit ten new members will become a 'membre d'honneur'. This 'propaganda' strategy, as it was referred to in the bulletins, was to remain an important feature of the *Union*, which also benefitted from the support of prominent figures such as Maréchal Pétain – the organisation's honorary president – but also the King of Romania and many artists.<sup>32</sup>

---

<sup>28</sup> *Bulletin*, 1, p. 2 and *Bulletin*, 4 (May 1922), p. 1.

<sup>29</sup> This emphasis put on *gueules cassées*' psyche is also visible in fictional written accounts such as literary representations of facially injured veterans. Interestingly, the *Bulletins de l'Union des Blessés de la Face* does not feature any photographs or visual representations of *gueules cassées* of any kind.

<sup>30</sup> *Bulletin*, 1, p. 2. The term *faciaux* is also used in the foreword by the committee. It refers to the veterans as a group characterised by their disfigurement (p. 1). Later bulletins use, although infrequently, terms such as *les amochés*, *amis au sourire en coin*, *les balafrés*, *les mentons de travers*, *les nez sans nom*, *les rescapés à l'esthétique endommagée* (*Bulletin*, 13 (March 1926), p. 2).

<sup>31</sup> A 1915 Val-de-Grâce report states: 'Cette disposition permet déjà de séparer les sous officiers des autres malades. Pour les officiers il faut reconnaître que ce n'est pas suffisant et qu'on ne peut leur imposer le voisinage immédiat et forcément peu agréable de la salle commune'. Hippolyte Morestin, *Rapport sur le Fonctionnement du Service pendant le mois de Février 1915*, 5e division des blessés de la face, 25 February 1915, p. 2 (Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, Box 120).

<sup>32</sup> *Bulletin*, 1, p. 4. Delaporte underlines the importance of Pétain's patronage in terms of legitimacy and prestige, although the French officer was honorary president of other organisations as well (Delaporte, p. 177). The support of the King of Romania testifies to the international appeal of the UBF.

This chapter shows that the *Union des Blessés de la Face* aimed to support *gueules cassées* in several areas: it endeavoured to offer political, legal, economic, social and emotional help.<sup>33</sup> Although the *Union des Blessés de la Face* shared similar goals with other veterans' organisations, such as questions related to war pensions, it nevertheless remained distinct in its recruitment and aims, as will be demonstrated later on in this chapter.

### 1.3. The role of individual leaders

The UBF was a self-help organisation, run by and for *gueules cassées*. Despite its emphasis on the collective, individuals stood out and some of its members held iconic status, most notably so Colonel Yves Picot. He is known as the founding father of the *Union des Blessés de la Face*, and the investigation of his role in the setting up and workings of this organisation provides an understanding of its development.<sup>34</sup> He is said to have coined the term 'gueule cassée', under which French facially disfigured veterans came to be known:

Une fête patriotique était donnée à la Sorbonne. Le colonel, la tête encore emmaillotée, désirait s'y rendre. Du Val-de-Grâce au boulevard Saint-Michel, il n'y avait qu'un pas et Picot, tout joyeux de cette cérémonie, se présenta au guichet. Là, un garde l'arrêta:

- Avez-vous, monsieur, une invitation?
- Non, mais je suis mutilé de guerre, colonel en service, et actuellement au Val-de-Grâce.
- Impossible, monsieur, de vous laisser passer si vous n'avez pas une convocation.
- Mais, enfin... tout de même!
- Je vous demande pardon, monsieur.

A ce moment, Picot fut légèrement bousculé par un homme qui, sortant rapidement une vague carte de sa poche, dit entre ses dents: Député! et passa, salué respectueusement par le garde.

Picot n'insiste pas, serre les poings, va sur la place de la Sorbonne, en fait le tour deux ou trois fois et s'aperçoit brusquement du départ du garde. Aussitôt, il bondit, passe le tourniquet, sort une vague carte de sa poche, comme le

---

<sup>33</sup> These aims are stated in the *Union's Statutes (Bulletin, 3 (January 1922), pp. 7–8)*. See also 'Les Missions initiales' in the booklet edited by the *Association des gueules cassées (2011)*, pp. 4–5.

<sup>34</sup> Such an assumption is often made with regards to the role of Archibald MacIndoe in the setting up of the Guinea Pigs Club, a facially wounded veterans' group in Britain, during the Second World War. In that case however, the initiator seems to have been a surgeon, whilst in France, the official leading figure was a disfigured veteran. On First World War surgeons and their influence on *faciaux*, Val-de-Grâce surgeon Morestin, although he was popular and looked up to by his patients and staff, died before the organisation was set up and is seldom mentioned in the *Bulletins*. Thus, the support of a surgeon in the creation of such an organisation does not seem to be necessary. Moreover, Gillies appears very similar to MacIndoe (to whom he was connected by family links); his influence and the closed environment of Sidcup nevertheless did not lead to the creation of an organised post-World War One gathering of ex-patients.

député, et comme lui grommelle: "gueule cassée". On s'efface, et Picot entre fièrement dans la place. C'est ce nom qui désignera désormais les blessés de la face.<sup>35</sup>

More than its meaning, it is the rhyming and similarity of 'gueule cassée' with 'député' which inspired Picot to use the term. This anecdote provides a useful narrative of the origins of the organisation. Having been denied entrance to a *fête patriotique* at the Sorbonne, the soldier's resourcefulness and boldness enabled him to take the place now acknowledged to be rightfully his. This story also creates a link between Picot and the *Union des Blessés de la Face*: even if setting up an organisation was not his idea, he is still accredited a pivotal role in its genesis. The use of the term *gueule cassée* by facially injured veterans contributed to a change in its connotations, as shown in the headline of an article in *The Times*, which announced "'La gueule" is now polite'.<sup>36</sup>

The significance of Picot as an individual figure is further evidenced by the wealth of information about his life, as opposed to those of other members. The UBF commissioned his biography to be written, a distinction no other member was given. This narrative presents the French colonel as a heroic figure, yet human and humble. It describes Picot's paternal attitude towards his fellow patients, despite the difficulties he went through during his treatment. Following his injury on 15 January 1917, he was sent to the Val-de-Grâce where 'très déprimé par sa douloureuse blessure, le colonel fut tout de suite placé dans une chambre où il ne tarda pas à s'ennuyer'.<sup>37</sup> A nurse sent him another patient, Albert Jugon:

Jugon était un fantassin également blessé de la face. Dès qu'il avait pu circuler, il s'était occupé de ses compagnons. Il leur portait du tabac, des livres, quelques suppléments de viande, et parfois un apéritif. Il était bien connu de tous pour son grand cœur. [...] Et donnant, donnant, l'un apportait sa marchandise, l'autre sa bonhomie. C'est ainsi qu'est née une amitié qui devait continuer, et à laquelle se joignit, par la suite, un troisième compagnon, Jourdain. Amitié qui devait durer jusqu'à la mort.<sup>38</sup>

---

<sup>35</sup> Roubaud and Bréhamet, p. 21. This narrative is based on Picot's speech at the 1917 AGM, in which he tells a similar story (*Bulletin*, 17 (May 1927), pp. 12–13).

<sup>36</sup> "'La gueule" is now polite', *The Times*, London, 12 October 1920, p. 9.

<sup>37</sup> Roubaud and Bréhamet, p. 18.

<sup>38</sup> *Ibid.*, pp. 18–19.

It is from this initial trio that the veterans' organisation which grew to number thousands of members during the interwar years was born.<sup>39</sup> Picot's biographers note how the idea emerged at the Val-de-Grâce in 1918: 'on ne reste pas continuellement ensemble, sans prendre une âme commune, et sans vouloir survivre à ces heures de souffrance. Jugon réfléchissait, étudiait ce projet. Ne pourrait-on pas fonder une amicale, mais quels moyens employer pour la réaliser?'<sup>40</sup> Picot, although he is usually regarded as the 'Père des Gueules Cassées', only became involved at a later stage:

Jourdain, Jugon, Brunswick [sic], Hatier, Nicolas, Fournier, se trouvaient à la tête de l'Association. Si Jourdain en était le cerveau et Jugon le cœur, il fallait à la présidence un homme représentatif, un homme de droiture et de fierté. On lança le nom du colonel Picot, et Jugon, qui le connaissait bien, fut chargé de lui demander d'entrer dans cette Société, non comme porte-drapeau, mais comme chef. Jugon va trouver le colonel à Montparnasse où il habite, et lui expose le sujet de sa visite. Picot accepte d'être le président de cette Association, mais il veut travailler pour les autres et surtout 'pas de mafia, ni de luttes pour obtenir des décorations ou certains privilèges arbitraires'.<sup>41</sup>

Albert Jugon implemented his idea of an *amicale* with help from his brother (who had some legal knowledge) and from Bienaimé Jourdain, who was to become the *Association's* general secretary. It is under the latter's influence that Picot came to be the organisation's ambassador.<sup>42</sup> The involvement of Picot with the *Union* appears to be a natural extension of his wartime service: when his request to return to active service was rejected, he found other ways to serve his country and the men for whom he felt responsible.

Picot's role within the otherwise rather anonymous group, is striking. His age – he was 54 when he was wounded – meant that he appeared as a more mature figure. His rank and the military honours he was awarded during and after the war gave him an authority based on experience.<sup>43</sup> Moreover, he took on political responsibilities, serving in the French parliament from 1919 to 1932 as representative for the *Gironde*. His position in the French government provided a further asset to the UBF, opening the door for it to foster ties with the state. Picot's involvement in the debate on war pensions in Parliament from

---

<sup>39</sup> In 1929, it numbered about 5,000 disfigured men (*Bulletin*, 22 (May 1929), p. 6). It reached 8,000 in the 1930s. These figures do not include *membres bienfaiteurs*.

<sup>40</sup> Roubaud and Bréhamet, p. 23.

<sup>41</sup> *Ibid.*, p. 24.

<sup>42</sup> Jugon and Jourdain met in a waiting room; the position the latter held at the Ministry of Pensions proved useful to publicise the organisation and find new members.

<sup>43</sup> In 1933 he was awarded the title of *Grand Officier de la Légion d'Honneur*.

1919 onwards shows that he was committed to upholding the rights of all veterans. He also defended several measures destined to help war victims, including maimed ex-servicemen and orphans.<sup>44</sup> The fact that he was asked to lead the group of mutilated members of parliament is further evidence of the respect he gained amongst veterans in general.<sup>45</sup>

An *Hommage au Président des "Gueules Cassées"*, written by Edmond du Mesnil in 1925, shows how Picot was perceived. In the context of the discussions of the Locarno Treaty, he is presented as 'un modeste héros' and his wounds are described in a positive way as a 'visage glorieusement mutilé' and 'blessures d'une atroce beauté'.<sup>46</sup> He was also a hero in the eyes of his fellow veterans. In 1926, his vice-president Roger Brunschwig, drawing a parallel between the executive committee and Greek mythology, described Picot as the *gueules cassées*' Zeus, 'le Dieu suprême présidant aux destinées de tout et de tous'.<sup>47</sup> Picot is thereby put on an equal footing with surgeons, both fathers and gods. However, unlike doctors, who remained remote figures, this 'sainte figure' is one of their own: he belongs to the group and sets an example which others were encouraged to emulate.<sup>48</sup>

Picot was also a father figure: when the *Association* celebrated its first anniversary, he was officially given the title of 'Père des Gueules cassées'.<sup>49</sup> He is described later as 'grandfather' to the members' children who spent a summer holiday at Moussy, where Picot came to give them sweets.<sup>50</sup> In turn, he considered *gueules cassées* as his children, explicitly addressing them as 'mes enfants' and welcoming their support when his own son died in 1933. This substitution is made clear at the funeral when Picot sees the coffin of his son being taken away and *gueules cassées* walk towards him.<sup>51</sup>

Picot was credited with many a success in the early days of the *Union*. Contemporary accounts highlight his role in securing the free provision of *masticateurs*, a device helping men chew : 'C'est à vos démarches réitérées,

---

<sup>44</sup> The particular political context of the drafting, debating and application of the law on pensions favoured the creation of the Union, as underlined by members in the first AGM (*Bulletin*, 3, p. 2.). The fifth bulletin underlines Picot's involvement in the writing and defence of several other laws and amendments in parliament, on temporary and permanent pensions, and on *Majoration des Orphelins* (*Bulletin*, 5 (September 1922), pp. 10–11).

<sup>45</sup> *Bulletin*, 3, p. 4.

<sup>46</sup> *Bulletin*, 13, p. 15.

<sup>47</sup> *Bulletin*, 16 (December 1926), p. 6.

<sup>48</sup> *Bulletin*, Special issue (June 1939), p. 3.

<sup>49</sup> *Bulletin*, 5, p. 6.

<sup>50</sup> *Bulletin*, 18 (September 1927), p. 18.

<sup>51</sup> *Bulletin*, 36 (August 1933), p. 7.

c'est à votre opiniâtreté que nous devons d'avoir réussi, c'est à vous mon colonel et cher président que nous devons faire remonter le mérite d'avoir emporté cette affaire [...]<sup>52</sup> It was also Picot, accompanied by Jourdain and the *Union's* medical adviser Dr Sibut, who defended the claims of disfigured veterans for a pension, which they were eventually granted in 1925.<sup>53</sup> In January 1927, as the UBF celebrated the acquisition of new premises, its healthy financial situation and growing membership base, the vice-president expressed the organisation's debt to Picot: 'Nous avons tous conscience de ce que nous lui devons. Avec lui, nous sommes tout. Sans lui, nous ne serions rien'.<sup>54</sup>

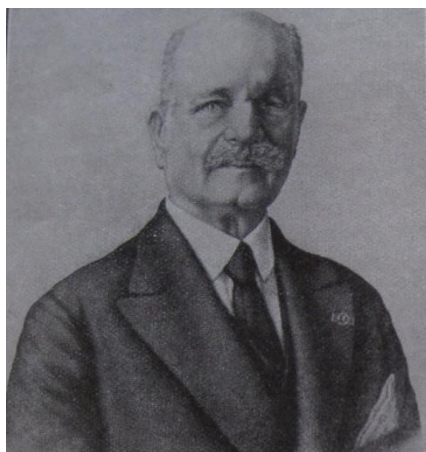


Figure 17  
Portrait of Picot sold to UBF members (1935)

In addition to Picot's role within the *Union*, he was also described as an efficient ambassador for the organisation, for veterans more largely, and for France as a whole. Reporting on his visit to America, Brunschwig declared:

Jamais aucun Français n'a recueilli là-bas une sympathie aussi profonde et aussi unanime. [...] Il est pour la France le meilleur des ambassadeurs [...] Il est pour nous, Gueules Cassées, le plus populaire des représentants. Sa seule présence constitue la meilleure des propagandes.<sup>55</sup>

Picot conveyed the image and message of the UBF to the general public, in France and abroad. This had practical consequences, which were underlined by Jourdain in 1928:

<sup>52</sup> *Bulletin*, 6 (February 1933), p. 3.

<sup>53</sup> *Bulletin*, 11 (February 1925), p. 2.

<sup>54</sup> *Bulletin*, 17, p. 13. Further evidence of Picot's special status within the UBF are the portrait which was made in 1934, and sold by the UBF to its members (*Bulletin*, 43 (September 1935), p. 16), and the photograph of their president members asked for after his death, sold by the UBF for 7 Francs (*Bulletin*, 55, p. 22).

<sup>55</sup> *Bulletin*, 17, p. 13.



C'est à vous mon cher Président, que nous devons ce mouvement d'amitié vers les "Gueules Cassées", c'est à votre belle personnalité, c'est à votre cœur immense et généreux que nous devons d'avoir galvanisé d'aussi magnifiques énergies pour le plus grand bien de nos chers camarades.<sup>56</sup>

When Picot was awarded the *Légion d'Honneur*, the honour was perceived as 'un triomphe pour notre cher Président [...] mais, surtout, une heure triomphante pour notre grande Association [...] dont l'action présente et les buts poursuivis reçoivent, des plus Hautes Autorités du Pays, un témoignage éclatant de reconnaissance en même temps qu'un encouragement si précieux'.<sup>57</sup> Here a crucial displacement occurs: through the individual Picot, the UBF receives the honour. Picot himself expressed his willingness to see his own personality merge with 'l'âme des gueules cassées', declaring that 'C'est notre Oeuvre toute entière qu'on a voulu honorer en ma personne'.<sup>58</sup> A similar observation is made by Julie Anderson on the role of Arthur Pearson and Ian Fraser in the public view of St Dunstan's in Great Britain: 'Their visibility in the newspapers and political and celebrity circles of the time allowed them to become the popular shorthand embodiment of all blind ex-servicemen trained at St Dunstan's'.<sup>59</sup>

Picot's death on 19 April 1938 confirmed him as a lasting pre-eminent figure of the *Association des Gueules Cassées*. He was one of the first founding members to die, and the circumstances of his death added to his aura, as he passed away among his comrades. The special edition of the bulletin published at his death testifies to his popularity.<sup>60</sup>

---

<sup>56</sup> *Bulletin*, 21 (October 1928), p. 12.

<sup>57</sup> *Bulletin*, 36, p. 3.

<sup>58</sup> *Ibid.*, p. 7.

<sup>59</sup> Julie Anderson, 'Stoics: Creating Identities at St Dunstan's, 1914–1920', in *Men After War*, ed. by Stephen McVeigh and Nicola Cooper (London: Routledge, 2013), pp. 79–91, p. 84.

<sup>60</sup> *Bulletin*, Special issue (April 1938).



Figure 18  
The funeral of Yves Picot (1938)

Various articles retracing his life and reporting his funeral stress the impact he had on *gueules cassées* and others, and underline the necessity to keep his memory and legacy alive. His death is described as a national tragedy: many French and foreign officials paid tribute to him, and ‘Incessante, la foule des visiteurs venait s’incliner une dernière fois. Foule anonyme de ce Paris qui sait si bien discerner le beau et le bien, “Gueules Cassées” aux visages ravagés, qui venaient pleurer leur père’.<sup>61</sup> The presence of symbols by the coffin, such as the French flag, indicates Picot’s status as a national hero.<sup>62</sup> Some of the objects displayed, for instance the helmet he was wearing when he was injured, and earth and flowers picked up on the location where he was wounded, are evidence of the cult that was developing around him. The mourning extended beyond the UBF, as shown in the many services held throughout France in his memory during April and May 1938.<sup>63</sup> The articles published in the press, in France and abroad, unanimously praise Picot and portray him as a heroic figure of the war and of the interwar era. The presence of foreign reporters is interpreted in the *Bulletin* as further proof of Picot’s status as an ambassador for the *Union*, and for France, abroad. The solemn promise (‘serment’) made by Brunschwig in presence of the 2,000 members and on behalf of all *gueules cassées*, is telling of their determination to remain faithful to their president:

<sup>61</sup> *Bulletin*, Special issue (April 1938), p. 8.

<sup>62</sup> These elements are visible on the photographs published in *Bulletin*, Special issue (April 1938).

<sup>63</sup> *Ibid.*, p. 22.

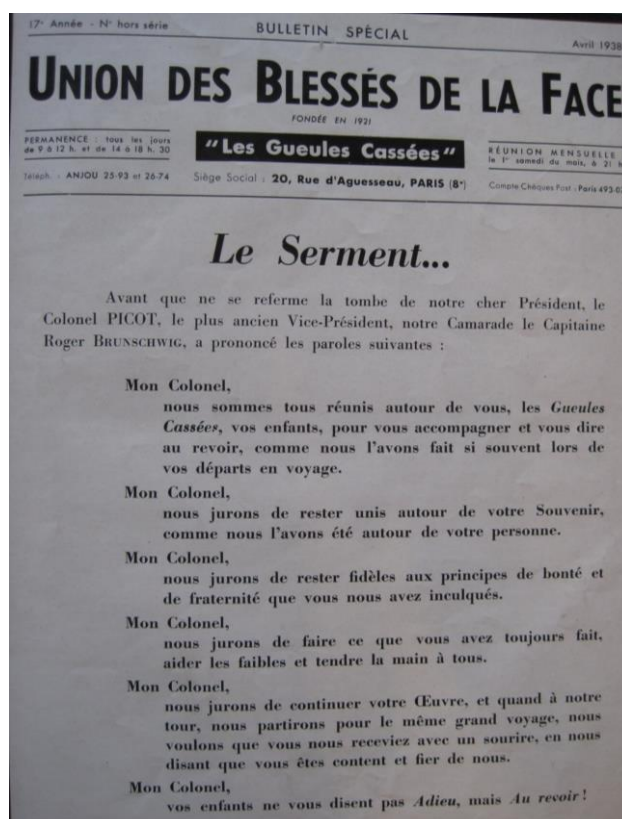


Figure 19  
*Le Serment* made by UBF members to honour Picot's memory (1938)

The UBF decided to erect a memorial and declared a six-month mourning period, during which the organisation's flags remained covered in black and no galas or festivities were organised. Remembrance ceremonies throughout 1938 and 1939 brought together *gueules cassées* and delegates from other organisations.<sup>64</sup> A film recording Picot's funeral was also made, and poems were written in his honour.<sup>65</sup> He was buried with other *gueules cassées*, rather than in his family vault.

At first, no one was appointed to succeed Picot and all the functions of president were effectively fulfilled by the vice-president Brunschwig. This was meant to make Picot 'Celui qui restera le Président des "*Gueules Cassées*", éternellement!<sup>66</sup> This status quo was maintained for almost a year, even after the official mourning period decided by the *Union* had ended. The room where he died was kept in its original state for several months and a ceremony was held there as part of the commemoration of the first anniversary of his death.<sup>67</sup>

<sup>64</sup> *Bulletin*, 56 (October 1938), p. 14; *Bulletin*, 58 (April 1939), p. 1.

<sup>65</sup> *Bulletin*, 58, p. 9; *Bulletin*, 59 (May 1939), p. 17.

<sup>66</sup> *Bulletin*, Special issue (April 1938), p. 24. Although no one came forward, General Rollet was designated as president in 1939.

<sup>67</sup> *Bulletin*, 59, p. 9.

Picot's role suggests that a charismatic individual was needed to represent *gueules cassées*. The development of the *Union des Blessés de la Face* in France, as opposed to other countries, appears to be largely due to its first president, who was both a heroic and a fatherly figure appealing to members and outsiders alike.

## 2. The work of the *Union des Blessés de la Face*

The role played by Picot as the leader and ambassador of French facially wounded men facilitated the development of an organisation that gathered over 8,000 members. Despite being limited to one category of wounded veterans, it became one of the most successful of its kind. The UBF focussed on two areas: practical help and moral support. In doing so, it complemented – and in some cases even took over – the economic and social functions expected from the state and from friends and family.

### 2.1. Meeting the veterans' practical needs

The veterans' desire to support each other remained a priority throughout the interwar years: 'Ils se sont imposés pour but, eux qui sont descendus au plus profond de la douleur humaine, d'aider leurs camarades comme des frères'.<sup>68</sup> The *Union des Blessés de la Face* set up various schemes aimed at meeting its members' practical needs, such as economic subsistence and employment.

The UBF sought to raise awareness and inform its members about their rights, through informal discussions during its regular meetings and via the bulletins. It also offered practical help, for example to those who applied for a pension or for pension revision.<sup>69</sup> Its work on the legislation of 31 March 1919 is an example of the assistance it offered. In the bulletin's second issue, the authors inform the readers of the implications of Article 64 for facially disfigured men. They then put forward requests, such as the freedom to choose a dentist or doctor, a right given to all the wounded except *faciaux*.<sup>70</sup> Actions included: sending letters to the Pensions Secretary, being represented in different

---

<sup>68</sup> *Bulletin*, 33 (April 1933), p. 7.

<sup>69</sup> *Bulletin*, 2 (January 1922), p. 2.

<sup>70</sup> *Bulletin*, 3, p. 2.

governmental committees, sending a delegation featuring ‘une magnifique “collection d’amochés” preuve vivante de la légitimité de [leurs] revendications’.<sup>71</sup> On 18 July 1922, they were granted the right to choose their doctor, it was however only in 1932 that they were given the free choice of their dentist and prosthetics specialist.<sup>72</sup> This, as well as the request for the creation of a Centre maxillofacial in Paris (met in December 1935), is an example of successful negotiations between the UBF and the state.<sup>73</sup>

When the UBF felt that the state was slow to meet an urgent request, it sometimes took over the responsibility in place of the authorities. The provision of *masticateurs* in the early 1920s is a case in point.<sup>74</sup> Relationships with the state grew increasingly strained as authorities failed to respond, and in May 1922, the *Bulletin*'s author declared that ‘Nous ne sommes pas disposés à nous laisser faire’.<sup>75</sup> The determination of the *Union* was clear and the committee eventually decided, as an exceptional and temporary measure, to help those members who urgently needed their *masticateur* to be replaced. In doing so, the UBF became a substitute for the state, although it continued campaigning.<sup>76</sup>

The most significant and lasting issue, which the UBF shared with other veterans' organisations, was that of war pensions. The *Union* acted as an intermediary between *gueules cassées* and the authorities, keeping the former informed of their rights and of the administrative procedures required of them.<sup>77</sup> In 1922, a *Conseil juridique* was created to support members at the *Tribunal des Pensions*.<sup>78</sup> The UBF accompanied disfigured veterans in the legal procedures they undertook and assisted them financially, should their case be dismissed in court.<sup>79</sup>

One of the initial aims of the UBF was to obtain the official acknowledgement of disfigurement as a mutilation deserving a pension: ‘La

---

<sup>71</sup> *Bulletin*, 2, pp. 4–5; *Bulletin*, 3, p. 4.

<sup>72</sup> *Bulletin*, 29 (June 1932), p. 4.

<sup>73</sup> Its director Dr Lemaitre was awarded the status of *Commandeur de la Légion d'Honneur* on that occasion (*Bulletin*, 45 (January 1936), pp. 5–9).

<sup>74</sup> *Bulletin*, 3, p. 5. In ‘Le masticateur n'est pas un appareil de prothèse...’, the authors stress the increase in the price of this device which, although indispensable to some *gueules cassées* who can't chew without it, is rarely paid for by the state. The UBF states its determination to see the authorities acknowledge the essential nature of this item and deliver it for free to facially injured men.

<sup>75</sup> *Bulletin*, 4, p. 2.

<sup>76</sup> In December 1922, their demand was given a favourable response (*Bulletin*, 6, p. 3.).

<sup>77</sup> Pre-written forms were for example made available to facilitate individual members' applications (*Bulletin*, 50 (April 1937), p. 3).

<sup>78</sup> *Bulletin*, 5, pp. 3–4.

<sup>79</sup> *Ibid.*, p. 4.

défiguration, la laideur, la hideur du visage résultant d'une blessure de guerre, alors même qu'aucune fonction de la tête n'est entravée, doit donner lieu à une indemnisation particulière et doit être pourcentée'.<sup>80</sup> In order to achieve this, it arranged to be represented at the *Commission tri-partite* of the Ministry of Pensions: 'les revendications des "FACIAUX" seront exposées et défendues avec une conviction d'autant plus raisonnée et ardente que nos Avocats sont eux-mêmes des "Gueules Cassées"'.<sup>81</sup> A decree on 5 March 1925 acknowledged 'la défiguration' as a disabling condition. This was described as a significant victory, although questions as to the application of the decree were raised immediately after its promulgation.<sup>82</sup> It was modified by another decree (20 May 1925) following the UBF's recommendations, and it gave disfigured men a right to a pension, whether they suffered from an 'important' disfigurement or not.<sup>83</sup> These legal texts did not completely settle the matter and later bulletins denounce an unequally strict implementation across the French territory.<sup>84</sup>

Several other issues remained pending even after the 1925 decrees, leading to criticisms of the authorities, for example in 1929 when the claim for *rétroactivité* was rejected.<sup>85</sup> Throughout the 1920s and 1930s, the question of pensions remained a bone of contention in France as well as in Great Britain, as evidenced in the writings of a soldier treated at Sidcup hospital, who wrote that 'I might say I have had to fight to get my pension within anything near what it should be'.<sup>86</sup> A parallel can be drawn between the UBF and the British Legion, which also provided advice on pension claims to its members, and thereby contributed to maintaining less hostile relationships between veterans, the state and society, than in Germany.<sup>87</sup> The role played by the UBF in channelling its members' discontent with the state was thus similar to the British Legion's,

---

<sup>80</sup> *Bulletin*, 10, p. 8.

<sup>81</sup> *Bulletin*, 1, p. 3.

<sup>82</sup> *Bulletin*, 11, p. 3. The authors' main concern is related to whether a pension was going to be paid for the years between 1919 and 1925 ('*rétroactivité*').

<sup>83</sup> *Bulletin*, 12 (August 1925), p. 1.

<sup>84</sup> Some *Commissions de Réforme* were criticised for not taking photographs or downplaying the seriousness of the injuries and Jourdain, in his address at the 1926 AGM, describes veterans as facing attempts at wronging their case. *Bulletin*, 13, p. 5; *Bulletin*, 15 (August 1926), p. 2.

<sup>85</sup> See for instance the minutes of the 27 July 1927 meeting, in which Jourdain says: 'Quelqu'un a dit: "L'Administration n'a pas de Coeur"; il nous eût été agréable de faire l'épreuve contraire, cette satisfaction nous a été refusée'. (*Bulletin*, 18, pp. 8–9). *Bulletin*, 22, p. 3.

<sup>86</sup> Pte Wordsworth, *My Personal Experiences and Reminiscences of the Great War*, N. 2, January 1922, p. 8.

<sup>87</sup> Cohen, *The War come Home*, p. 50.

although its claims were more specific. The *Union's* small membership base accounts for its success, when the dissatisfaction of British veterans with their organisation grew in the 1930s and led to the development of smaller and more politically active bodies such as the British Limbless Ex-Servicemen's Association.<sup>88</sup>

In France, the parliamentary discussions around a lowering of pension rates in 1932 caused a strong response and the UBF held an extraordinary meeting with 800 participants on 23 October. This crisis revealed underlying tensions in French society, as in other countries, whereby veterans were held responsible for the economic crisis.<sup>89</sup> The 'sacrifice' apparently asked for from ex-servicemen was perceived by *gueules cassées* as outrageous, as they considered their rights as 'sacrés'.<sup>90</sup> The publication by the UBF from 1936 onwards of a monthly magazine entitled *Défendons-nous...*, which was devoted to legal advice, can be regarded as a response to concerns that their pensions and status were threatened.<sup>91</sup> As a new war approached, the *Union* noted the fact that what it regarded as veterans' rights had not yet all been upheld.<sup>92</sup>

Throughout the interwar years, and maybe in reaction to shifting perceptions within French society, the UBF emphasised that veterans were not profiteers. Another facet of the organisation's work was to support its members economically, so that they would not be dependent on the state (as in Germany) or on society's charity (a tendency observed in Great Britain).<sup>93</sup> As part of the practical help offered, schemes favouring the employment of *gueules cassées* were developed, and direct financial assistance given. The emphasis was on mutual support and self-help.

The UBF's aim to help its members go back into employment appears clearly from the second bulletin onwards.<sup>94</sup> *Gueules cassées* are presented as being in a worse position than other veterans, and thus in need of special help: 'beaucoup de nos camarades éprouvent de grosses difficultés à trouver des emplois du fait de leur mutilation qui les gêne considérablement et les place en

---

<sup>88</sup> 'Our Legacy', British Limbless Ex-Servicemen's Association website <<http://www.blesma.org/about-us/our-legacy/>> [accessed 28 August 2013].

<sup>89</sup> Kienitz shows in her essay how criticisms against disabled veterans increased in Germany, where they became seen as burdens or profiteers whilst other citizens suffered from the difficult economic situation (pp. 110–33)

<sup>90</sup> *Bulletin*, 30 (October 1932), p. 3.

<sup>91</sup> *Bulletin*, 45, p. 12.

<sup>92</sup> *Bulletin*, 60 (June 1939), p. 7.

<sup>93</sup> See Cohen, *The War come Home*.

<sup>94</sup> *Bulletin*, 2, p. 2.

état d'infériorité'.<sup>95</sup> The fourth issue (May 1922) denounces discrimination against them:

S'il existe des difficultés de placement pour tous les blessés, il n'en est pas qui dépassent celles rencontrées par les "Gueules Cassées"? C'est que, au degré d'incapacité fonctionnelle vient s'ajouter la nature même de nos blessures qui constitue à proprement parler l'Horreur... Et nous comprenons l'hésitation des employeurs pressés de mettre à la disposition de leur clientèle oublieuse, des employés au sourire correct...<sup>96</sup>

This article reveals no animosity between veterans and employers, the reluctance of the latter to hire disfigured men being presented as understandable. Against this background, the UBF sought to develop a support network for its members by means of an 'office de placement'. The organisation acted as an intermediary between veterans and employers: 'L'Association centralise les offres et les demandes d'emplois et s'entremet auprès des administrations et des particuliers pour obtenir l'embauchage des camarades sans travail'.<sup>97</sup> Although very few offers appeared in the 1920s, more emphasis was put on this scheme in the 1930s: 'ainsi, des *Gueules cassées* pourront être sauvées grâce à d'autres *Gueules cassées*'.<sup>98</sup> The UBF also employed veterans, sometimes on a temporary basis (for example on its properties at harvest-time), and gave them priority in applying for positions within the *Union*.<sup>99</sup>

Financial help via discounts, loans and grants was made available. In addition to the discounts given to all mutilated veterans (for instance by national rail services), the UBF secured offers reserved for its members: the publisher in charge of printing the bulletin offered special prices, *gueules cassées* in the Pas-de-Calais area were encouraged to shop for less at Boesch's pharmacy (himself a member), an optician in Le Bourget and a furrier in Paris also promised discounts.<sup>100</sup> The discount scheme helped members who could benefit from reduced prices; it also supported the businesses and professional activities of advertising members, such as the pharmacist Boesch and the mutilated artist Jeand.<sup>101</sup> A more organised scheme was developed in the mid-

---

<sup>95</sup> *Bulletin*, 3, p. 3.

<sup>96</sup> *Bulletin*, 4, p. 6.

<sup>97</sup> *Bulletin*, 17, p. 28. Three members offered their services in *Bulletin*, 19 (January 1928), p. 8.

<sup>98</sup> *Bulletin*, 50 (April 1937), p. 15.

<sup>99</sup> *Bulletin*, 18, p. 22; *Bulletin*, 21, p. 5

<sup>100</sup> *Bulletin*, 4, p. 7 and *Bulletin*, 6, p. 10; *Bulletin*, 20 (April 1928), p. 11

<sup>101</sup> Jeand, a 'chanteur fantaisiste', member of the UBF, offered to perform for veterans' organisations during their parties (*Bulletin*, 6, p. 12).



1930s, when members were able to buy in bulk via the *Union*.<sup>102</sup> From 1925 onwards, the UBF had been collecting and distributing clothes and shoes ‘pour nos camarades nécessaires’.<sup>103</sup>

Short-term interest-free loans are another facet of the financial help supplied by the *Union*. They were offered to members as an emergency measure from an early stage and in 1928, the UBF developed provisions specifically aimed to help *gueules cassées* in ‘la construction d’*Habitations à bon marché* ou l’*accession à la petite propriété*’.<sup>104</sup> A 1929 project to create a *Cité des Gueules Cassées* was rapidly abandoned but bulletins occasionally featured accommodation notices such as houses for sale or holiday homes for rent.<sup>105</sup>

Birth, death and sickness allowances were available as a token of solidarity between members and this system evolved throughout the years.<sup>106</sup> For example, the AGM rejected a member’s suggestion to give a marriage allowance, but it approved the proposal of a monetary gift to support the education of dead members’ children.<sup>107</sup> This initiative was of a financial and symbolic nature. It exemplifies the inclusive policy of the organisation, committed to supporting *gueules cassées* and also their families: ‘Nous vous proposons de reporter sur la tête des enfants de celui que nous considérons comme un ami, comme un frère, toute l’attention affectueuse que nous avons les uns pour les autres. C’est le geste du frère apportant sa protection aux

---

<sup>102</sup> These bulk prices concerned furniture, watches, perfumes and other items. *Bulletin*, 56, p. 12.

<sup>103</sup> *Bulletin*, 11, p. 9; *Bulletin*, 12, p. 12.

<sup>104</sup> *Bulletin*, 10, p. 3 and *Bulletin*, 21, pp.18–20. This measure came as a result of the UBF’s newly gained status, in 1928, as ‘association reconnue d’utilité publique’, which gave its members access to the 1922 Ribot Law facilitating the purchase or building of a house by veterans.

<sup>105</sup> *Bulletin*, 23 (September 1929), p. 14. The UBF undertook some preliminary actions such as a meeting with the president of the Paris city council and the design of a project by the UBF’s architect; the financial cost however put an end to this initiative. It remains that this idea is evidence of the Union’s holistic approach, seen here in its active involvement in seeking to meet its members’ practical needs. Besides, this project testifies to the fact that some *gueules cassées* wished to create a micro-community, isolated from the rest of society, and that this was in part backed by the *Union* itself. On properties for sale and rent, see for instance *Bulletin*, 46 (April 1936), p. 6.

<sup>106</sup> *Bulletin*, 10, p. 7. The committee’s proposed measures, in 1924, are to give 50 Francs for the birth of a child and 100 Francs to the family, should the member die (50 Francs if the member’s partner dies). 1,699.60 Francs were distributed that year and the amount of each grant was doubled the following year (Minutes of the annual general meeting, *Bulletin*, 11b (June 1925), pp. 4–5). The illness allowance is discussed in *Bulletin*, 15, p. 4.

<sup>107</sup> *Bulletin*, 21, p. 4 and p. 18. Two apprenticeship positions are also later advertised, offering the opportunity to two 13-year-olds to learn a trade at Moussy (*Bulletin*, 23, p. 22).

enfants de son propre frère'.<sup>108</sup> No distinction seems to have been made between members in terms of military or social hierarchy. The fact that fees for 'membres actifs' (i.e. disfigured veterans) were kept low (five, then ten Francs) suggests that this organisation intended to reach as large a membership as possible.<sup>109</sup>

## 2.2. A family structure

The UBF posited the existence of an emotional bond between disfigured men:

Deux "Gueules Cassées" qui se rencontrent ont un terrain d'entente tout préparé pour une conversation amicale. La souffrance supportée pour une noble cause ne serait-elle plus créatrice de sympathie et d'amitié réciproques? Le souvenir serait-il à ce point effacé que le "démoli" n'évoque plus rien en votre paresseuse mémoire? [...]  
Il n'y a pas d'amour-propre, de respect qui tiennent: ce sont de faux sentiments qu'il faut faire taire. Les "Gueules Cassées" sont des copains, voilà la vérité dont il faut se pénétrer.<sup>110</sup>

This early issue of the *Bulletin* describes a spontaneous friendship between men who went through similar experiences. This in itself was not specific to facially mutilated veterans; however the rhetoric used is worth examining. The abundance of terms such as 'amitié', 'fraternelle', 'affection', 'mes Amis', 'fraternellement' in the first bulletin is also evidence of the founding members' desire to give a family feel to their organisation. Veterans were encouraged to nurture a similar ethos of 'comradeship' and bonding in the post-war civilian world as on the front.

Moral support was presented as the first mission of the UBF and regular meetings provided an opportunity for men to get together and socialise. One attendee, quoted in a 1922 article, commented on these gatherings: 'C'est un vrai plaisir de se retrouver au milieu des amis'.<sup>111</sup> Making it possible for *gueules cassées* to stay in contact even after the war, and to develop new friendships, was presented as the *raison d'être* of these meetings. New participants were made welcome: 'Ceux qui, pour la première fois, viennent à nos réunions ne manquent point d'être frappés par cet esprit d'excellente amitié manifestée par

---

<sup>108</sup> *Bulletin*, 17, p. 6. The UBF to some extent fulfilled a parental role, substituting itself to the deceased father.

<sup>109</sup> *Bulletin*, 15, p. 5.

<sup>110</sup> *Bulletin*, 4, p. 1.

<sup>111</sup> *Ibid.*, p. 3.

tous. L'on y est "chez soi"...'.<sup>112</sup> This familiar environment contrasts with the isolation experienced by many veterans, as shown for instance in paintings by Otto Dix and Max Beckmann (discussed in Chapter 4).

More than camaraderie, the UBF proposed to create a second, or even substitute, family for *gueules cassées*. The fact that the origins of this organisation lay in the war was openly acknowledged and this military background featured prominently, especially during its first years of existence. Members awarded medals were systematically mentioned in the bulletin and *gueules cassées* were said to have earned their honours, like the *Légion d'Honneur*:

Il suffira de vous regarder pour avoir la preuve que cette tache qui rougit votre boutonnière est une goutte de ce sang que vous avez largement répandu en des endroits où les "autres" n'ont jamais f... leurs pieds. Vous n'aurez pas besoin de vous expliquer et de vous étendre longuement sur les motifs de l'octroi de ce bout de ruban: votre superbe "Gueule Cassée" témoignera hautement et fièrement de la légitimité d'arborer la Légion d'Honneur.<sup>113</sup>

Mutilated veterans are urged to be proud of their faces, which is presented as a visual testimony to their sacrifice on the battlefield. *Gueules cassées* campaigned to be awarded the *Légion d'Honneur* as a military award and not as civilians, thus in effect distinguishing themselves from people who had not been to the frontline (some of whom were described as profiteers). Despite this apparent hostility towards civilians, the UBF was well-anchored in civilian society. Their war experience was what united the *gueules cassées*, but unlike some other veterans' organisations, the UBF was inclusive and sought to integrate its members' families into the *Union*. Bulletins announced weddings, births and deaths, the *Carnet de Famille* section growing bigger as membership increased. Wives were invited to attend some of the meetings and holiday camps were organised for children.<sup>114</sup> Once the *Maison des Gueules Cassées*, in Moussy, had been purchased, larger summer camps were run there, as the *Union* sought to entertain the children and to provide them with nourishing food.<sup>115</sup> In 1933, a second summer camp project started, aiming to send

---

<sup>112</sup> *Bulletin*, 4, p. 4.

<sup>113</sup> *Bulletin*, 3, p. 5.

<sup>114</sup> *Bulletin*, 8 (September 1923), p. 2. The idea was first mentioned in 1924, when ten children were sponsored to spend a few weeks in the countryside (*Bulletin*, 10, p. 7 and p. 10).

<sup>115</sup> *Bulletin*, 17, p. 6. Tables including the development of the children's weight were published (*Bulletin*, 21, p. 3).

children ‘pour lesquels un séjour à la mer serait une quasi-nécessité’ to Le Havre, and later to Le Coudon (a property in the South of France), Wimereux, Sainte-Adresse, La Bourboule and Bielle.<sup>116</sup>

Annual gatherings such as Epiphany, Easter and Christmas parties also took place. On 15 January 1928, over 600 members and their families celebrated Christmas together, and children were given presents.<sup>117</sup> Likewise, several members are reported to have spontaneously gathered in the house belonging to the *Union* on Easter Day 1928 in a ‘véritable réunion de famille’.<sup>118</sup> Members’ wives got involved, for instance in knitting clothes for other members’ children, especially orphans.<sup>119</sup> Two of the latter were baptised in Moussy, and godparents were chosen among *gueules cassées* and their wives, further emphasising the familial dimension of the UBF.<sup>120</sup>

### 2.3. The *Maison des Gueules Cassées*: a home for facially disfigured veterans

The UBF’s vision of itself as a family, especially for those who did not have a family to go back to after the war, finds its most obvious expression in the setting up of a ‘home’. From the start, the founders had envisaged the purchase of a place where *gueules cassées* could come and stay. This ‘Maison du Blessé de la Face’ is first explicitly mentioned in June 1923 by Picot.<sup>121</sup> A fundraising campaign started in 1925 and the purpose of the *Maison* was explained in more detail: it was to be a place of ‘douceur’, ‘charme’ and ‘repos’ where disfigured men could spend the rest of their days.<sup>122</sup> The isolation of some *gueules cassées* within society, either because they lived as recluses or because they were ‘perdus dans la foule’, was underlined, thereby emphasising the gap between veterans and others.<sup>123</sup> The *Maison* was presented as a shelter for

---

<sup>116</sup> *Bulletin*, 34 (June 1933), p. 8. A similar interest in children’s health is evidenced in the initiative, in 1935, to arrange for some ‘dont l’état de santé pourrait en bénéficier’, stays in one of the following spa towns: St-Gervais, Vichy or La Bourboule (*Bulletin*, 41 (May 1935), p. 8). On Wimereux, see *Bulletin*, 52 (October 1937), p. 4. See also, *Bulletin*, 61 (November 1939), p. 10.

<sup>117</sup> *Bulletin*, 19, p. 5. Similar meetings were organised on a smaller scale for members living in Marseille and Nancy (*Bulletin*, 19, p. 7).

<sup>118</sup> *Bulletin*, 20, p. 7.

<sup>119</sup> *Bulletin*, 45, p. 4.

<sup>120</sup> *Ibid.*, p. 13.

<sup>121</sup> Yves Picot, ‘Anniversaire’, *Bulletin*, 7, p. 1.

<sup>122</sup> *Bulletin*, 11, p. 6.

<sup>123</sup> *Bulletin*, 11b, p. 5.

these 'faces ravagées [...] sur lesquelles s'acharne le malheur'.<sup>124</sup> The project also had a symbolic dimension: it was to be a 'symbole matériel de leur union fraternelle' among *gueules cassées*, but also a means through which 'un sentiment de reconnaissance nationale' would be expressed.<sup>125</sup> Interwar society was both blamed and praised. Its failure to accept and reintegrate mutilated men was pointed out, while at the same time it was described as full of noble sentiments towards veterans, which they were urged to channel into gifts of money.

Benefactors included individuals, professional unions, veterans' organisations but also children and groups of students, employees and whole villages.<sup>126</sup> The *Maison* project seems to have been supported by all and the UBF comes across as a well-integrated association. The messages accompanying gifts of money (printed in the *Bulletin*) tell touching stories of children giving up sweets to help 'ceux qui ne peuvent plus sourire', of a woman 'qui, s'étant regardée intacte dans une glace [...] désirait en témoigner reconnaissance aux "Gueules Cassées"', of people collecting money at a family party and a wedding. Donations from abroad are also recorded, underlining the international visibility of the UBF.<sup>127</sup> Several foreign benefactors are mentioned in the *Bulletin*, from French colonies (Saigon, Morocco, Algeria) and other countries (Great Britain, the United States, Australia, Canada, Argentina).<sup>128</sup> The largest donations came from Madame Cathelin, who mobilised people in Lyon, and from an American woman, Mrs Strong, who gave over 500,000 Francs in 1926 and another 850,000 Francs in 1927.<sup>129</sup> Many gifts were the result of individual initiatives (through door-to-door collections or fundraising events). Press articles and posters were also used:

---

<sup>124</sup> *Bulletin*, 11b, p. 5.

<sup>125</sup> *Bulletin*, 11, p. 6.

<sup>126</sup> *Ibid.*, pp. 6–8.

<sup>127</sup> The contributions of American, British and Belgian donors are acknowledged, alongside one coming from a French colony, Tunisia. *Bulletin*, 12, p. 10; *Bulletin*, 15, p. 8. The sentimental dimension of these reports gives an image of the nation coming together, in a way that is reminiscent of more recent events such as Children in Need.

<sup>128</sup> *Bulletin*, 21, p. 12.

<sup>129</sup> Berthollin, *Le Gaulois*, p. 1; *Bulletin*, 16, p. 8.

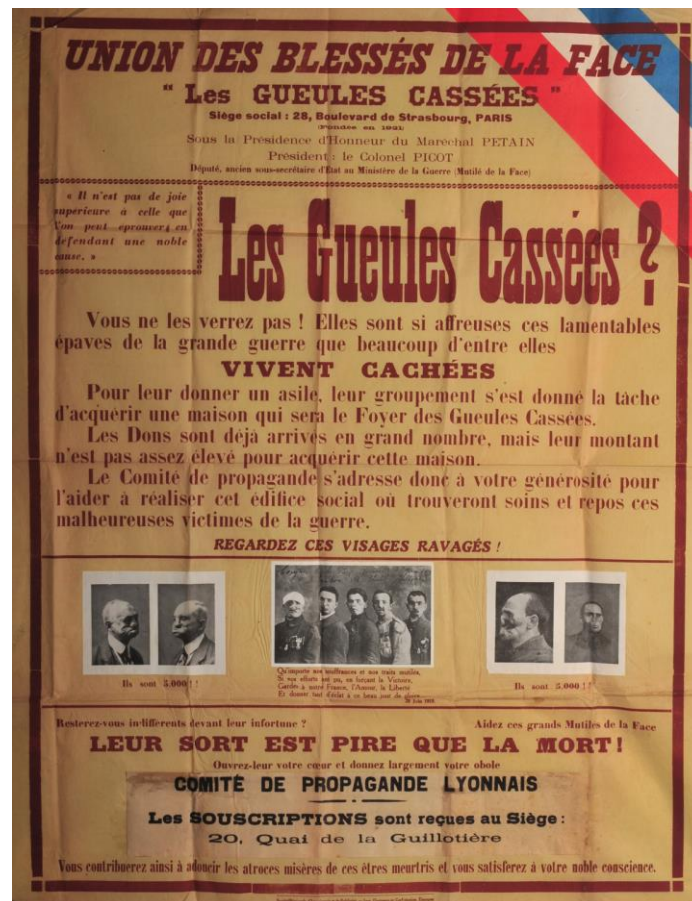


Figure 20  
 'Foyer des Gueules Cassées' poster (1926?)

This poster gives a rather dramatic portrayal of the lives of *gueules cassées*, a far cry from the otherwise largely normalising discourse subscribed to by the UBF. Superlatives, exaggerations and exclamatory sentences testify to the emotional nature of this appeal. Veterans are presented as helpless victims, cut off from society and facing a fate worse than death. The three accompanying photographs are used as evidence of the men's desperate situation, although they do not picture the worst cases and are all of a small size. The visual impact is not prioritised over the words, which urge the viewer to have compassion on *gueules cassées*. This poster reveals that the UBF itself played on the pathos and although the bulletins insisted on the fact that disfigured veterans could live ordinary lives, in the late 1920s it regarded projecting an image of a victim as the most efficient way of gaining society's support. The colours of the French flag on this poster besides give it an official character, at the same time as they insist on the patriotic dimension of the cause.

The popularity of this fundraising campaign with the general public and other veterans' groups is further evidenced in the setting up of a parallel

propaganda committee by French *Odontologistes*, described by *gueules cassées* as *Maîtres* and *Ami*.<sup>130</sup> Disfigured veterans and dentists' societies had developed separately and no previous links had been established, but in a speech on behalf of the dentists' association, Georges Gelly stated the strong bond between them and their ex-patients.<sup>131</sup> Although not a *gueule cassée* himself, Gelly took an active part in the running of the UBF from the mid-1920s onwards. Head of the *Ecole dentaire de France*, he worked as *conseiller technique* for the *Union* and belonged to the *Comité maxillo-dentaire de Secours aux Gueules Cassées*. A booklet he wrote as part of the campaign for the *Maison* testifies to his commitment. Despite Gelly's medical background, his pamphlet overlooks scientific considerations to focus on the psychological and social impact of facial wounds, thereby forming an emotional appeal to the readers' sense of duty and compassion. His descriptions oscillate between victimisation, insisting on the need to provide a shelter where 'les plus déçus' could withdraw, and normalisation, stressing this time the temporary dimension of convalescent stays, a stepping stone for men returning to their families and to work.<sup>132</sup> Gelly's use of photographic representations stands out, such visual aids being rarely used in communications emanating directly from the UBF (e.g. bulletins and posters). His medical background and the fact that he was not disfigured himself may account for his greater readiness to display wounds and his willingness to describe *gueules cassées* as 'Idéal surhumain'.<sup>133</sup>

The steering committee's first report on the *Maison* project, in 1925, discussed the purpose of the house and insisted that men should not be isolated from society.<sup>134</sup> In 1926, suitable premises were found in Moussy-le-Vieux, but funding remained an issue, with an estimated cost of 700,000 Francs when the *Union* had only 400,000 Francs.<sup>135</sup> From 1925 onwards, most initiatives and publications focussed on fundraising and these efforts intensified in 1926. Readers were encouraged to send suggestions about the workings of the house, underlining the collaborative and collective dimension of this

---

<sup>130</sup> *Bulletin*, 15, p. 15.

<sup>131</sup> *Bulletin*, 17, p. 8.

<sup>132</sup> Gelly, *Appel*, p. 3.

<sup>133</sup> *Ibid.*, p. 9. Like Friedrich, Gelly mostly kept the identity of the men represented unknown, even when their role within the UBF was specified. The strong impact of visual representations is underlined: 'Ces portraits de malheureux mutilés en disent bien plus que n'importe quel long discours, ils constituent les plus impressionnants films épiques, puisqu'ils reproduisent fidèlement les séquences douloureuses de la guerre' (p. 26).

<sup>134</sup> *Bulletin*, 11b, p. 8.

<sup>135</sup> *Bulletin*, 15, p. 3.

enterprise.<sup>136</sup> Members were also invited to donate pieces of furniture, and gifts included books, clothes, hunting equipment, beds, ashtrays, bottles of champagne, cleaning products, and crockery and linen (donated by Hotel Ritz).<sup>137</sup> The UBF later secured the cooperation of *Grands Magasins* in furnishing the house, showing the large support it gained in France.<sup>138</sup>

The Château de Moussy-le-Vieux was purchased on 2 August 1926 and this acquisition was announced in the December bulletin, titled 'Notre maison', which was largely devoted to this news. A picture of the premises was printed for all members to see, accompanied by a description of the place:



Figure 21  
'Le Château des Gueules Cassées', *Bulletin*, 1926

The *Domaine* is described as a 'charmante propriété' and a 'souriante oasis où les plus éprouvés et les plus glorieux rescapés de la grande tourmente trouveront une accueillante retraite, plus heureux en cela que les soldats d'Allah qui ne goûtent qu'après leur mort les félicités du paradis de Mahomet!'<sup>139</sup> An idyllic depiction is also given by Gelly in his *Paradis des gueules cassées*, in which he forecasts the admission of fifty 'Mutilés Honteux' into this Eden, also

---

<sup>136</sup> *Bulletin*, 16, p. 6.

<sup>137</sup> *Ibid.*, p. 8.

<sup>138</sup> *Bulletin*, 17, p. 11. Picot singles out Philippe Ortis, then Paris editor of *Vogue*, for his help in establishing contacts with the *Grands Magasins*. This is further evidence of the wide-ranging support given to the UBF.

<sup>139</sup> *Bulletin*, 16, p. 3.



paradoxically described as 'l'enfer des Monstres'.<sup>140</sup> Residents are promised the advantages of family life without losing their independence, but only sixteen men lived there by 1928.<sup>141</sup> This number did not vary much, and in 1930, the UBF expressed some disappointment:

Il serait, certes, désirable de les savoir plus nombreux dans une maison qui comporte un grand confort et dans laquelle sont réunies les distractions les plus variées. Nous pensons souvent à ceux qui errent sans but, sans joies, sans satisfactions d'aucune sorte, en proie à une instabilité malade et qui pourraient venir là dans ce foyer où des amitiés sincères les attendent...<sup>142</sup>

Despite this pessimistic picture, the small number of residents suggests that most disfigured men had settled back into society and did not wish to live in an isolated community. On the other hand, temporary residents and holiday visitors were numerous. Moussy thus appears to have been a welcome addition to the lives of most *gueules cassées*; it became a place where they enjoyed spending time, sometimes with their families. The *Maison des Gueules Cassées*, like the UBF, seems to have supplemented the social circle most veterans already enjoyed.

The *Maison* contributed in cementing relationships between *gueules cassées*, but also in integrating them within French society. The first group of *gueules cassées* visited their new home on 11 November 1926, when the UBF committee organised a trip to Moussy to celebrate the Armistice there. This event is presented as a spontaneous decision to honour the local soldiers who died on the front and to meet the local population. The tribute the veterans paid to the fallen men from Moussy, alongside the local population, symbolically integrated them within the community; they to some extent 'replaced' the dead.<sup>143</sup>

The *Maison des Gueules Cassées* was officially opened on 20 June 1927, the same year the *Union* was granted the status of *association reconnue d'utilité publique*.<sup>144</sup> The significance of this event and beyond that, of the *Association* itself, is made clear by the presence of the French president Gaston Doumergue and of several high-ranking officials at the opening. In his address,

---

<sup>140</sup> Georges Gelly, *Le Paradis des Gueules cassées* (Etampes: Société régionale d'imprimerie et de publicité, 1926), p. 2 and p. 13.

<sup>141</sup> *Bulletin*, 21, p. 11

<sup>142</sup> *Bulletin*, 26 (November 1930), p. 7.

<sup>143</sup> *Bulletin*, 16, p. 5.

<sup>144</sup> This status was granted through a decree published on 25 February 1927.

Picot drew a parallel between disfigured men and the nation as a whole, ‘cette autre victime de la haine’, both of them being regarded as beacons of hope.<sup>145</sup> *Gueules cassées*, he argued, showed the way to their fellow countrymen, and France was to guide the world on the path of peace. In his response, Doumergue underlined the heroism of *gueules cassées*, as noted by the journalist Jean Berthollin: ‘M. Doumergue [...] montra toute la grandeur du sacrifice de “ces défenseurs défigurés qui, après avoir arrosé le sol de la patrie de leur sang, vont contribuer à le rendre plus fertile dans une ferme attenante à leur “Maison”.’” Not only are the past achievements considered, but the veterans’ contribution to the post-war prosperity of the country is also highlighted. *Gueules cassées* are presented as active agents of national reconstruction.<sup>146</sup> The gathering of over 2,000 people (500 of whom were members) ended with a concert featuring popular artists such as Sacha Guitry and Beatrix Dussane. The wide media coverage given to the inauguration of Moussy further increased the popularity of the UBF.

The question of the purpose of the house – whether it was to be a place of temporary or permanent stay – was discussed in several articles reporting the opening ceremony. A three-fold definition emerged: it was to offer permanent residence to those men whose condition stopped them from getting back to work, temporary accommodation for veterans who had to undergo operations, and an affordable holiday destination to all members. The advisory group underlined the fact that inhabitants were not to be inactive and that in providing men with work suitable to their abilities, the UBF would relieve the state of their support.<sup>147</sup> Moussy was described as self-sufficient, the production of agricultural and farming products by residents providing the food they needed.<sup>148</sup> In 1930, the income had reached 100,876 Francs, mainly thanks to the sale of farming products and the payments made by guests.<sup>149</sup> This financial independence, even relative prosperity, brought about some problems. Although the *Maison* cost more than the income it generated, tensions with the authorities developed, culminating in 1931 when the UBF refused to pay taxes

---

<sup>145</sup> *Bulletin*, 18, p. 1.

<sup>146</sup> In her discussion of the use of facially injured men by the French state to shape the narrative of national reconstruction, Lyford focuses on representations and artefacts such as masks and moulages displayed at the Val-de-Grâce museum (*Surrealist Masculinities*, pp. 53–54). The journalistic treatment of *gueules cassées* lends itself to a similar interpretation.

<sup>147</sup> *Bulletin*, 11b, p. 7.

<sup>148</sup> *Bulletin*, 20, p. 8.

<sup>149</sup> *Bulletin*, 26, p. 8.

for the *Maison*, leading the Finance Ministry to threaten them with foreclosure.<sup>150</sup> This controversy was publicised in the press and paradoxically earned the *Union* popular support as well as that of the Pensions and Budget Secretaries.<sup>151</sup> This episode indicates that Moussy was regarded by veterans and society as a haven for deserving veterans, not profiteers.

Despite earlier descriptions of Moussy as a shelter for disfigured men who wished to withdraw from society, visitors were numerous, and included the press and officials. The French presidents Doumergue and Lebrun went to Moussy, as did several Pensions Secretaries, usually accompanied by journalists.<sup>152</sup> A photograph immortalised one of these visits: it functions as visual evidence of the integration, not so much of individual *gueules cassées*, but of their organisation, within French society, here represented by its statesmen:



Figure 22  
Mielliet and Picot try the cider made in Moussy (1932)

In the early 1930s, Moussy had become too small to accommodate all the visitors who wanted to stay there. It was, however, only in March 1934 that the purchase of another property, Le Coudon, was mentioned.<sup>153</sup> The UBF justified this second *Maison* as a quantitative and qualitative necessity: another house was needed to accommodate all the UBF members who wished to come and

---

<sup>150</sup> *Bulletin*, 51, p. 7.

<sup>151</sup> *Bulletin*, 30, p. 6.

<sup>152</sup> *Bulletin*, 34, p. 1.

<sup>153</sup> *Ibid.*, p. 7; *Bulletin*, 38 (Spring 1934), p. 4.

visit, and the Mediterranean climate would be an added benefit for the wellbeing of convalescent and ageing veterans, as well as for children on holiday.<sup>154</sup> The inauguration ceremony of this second property, on 21 September 1936 is not described in as much detail as that of Moussy. It was less spectacular, despite the presence of politicians and military officials, including Pétain, the organisation's honorary president.<sup>155</sup> The economic and political climate of the mid-1930s, the fact that Le Coudon was not the first property, and that it was a holiday residence, are possible reasons.<sup>156</sup>

A change can therefore be noted between the mid-1920s and the mid-1930s, when the two properties were opened. The success of the first campaign shows the popularity of the *Union des Blessés de la Face* in French interwar society, and even beyond national borders. The situation was different ten years later, when Le Coudon was purchased. Although gifts of money were still received, it appears that the UBF depended largely on its own resources to finance this new project. As in other countries, French ex-servicemen denounced society's forgetfulness of the debt they owed the veterans, and reacted against the sometimes scornful attitude observed towards *gueules cassées*.

### 3. Shaping the collective image of *gueules cassées*

The *Union des Blessés de la Face* participated in the definition of a collective identity and shaped society's perception of *gueules cassées* throughout the interwar years. This section explores the image promoted by the UBF, the ways in which it was publicised, and its impact in terms of the relationships between *gueules cassées*, interwar society and the state.

#### 3.1. The image promoted by the UBF

The *Union des Blessés de la Face* sought to project the image of a united group. Divergent opinions were occasionally voiced as the organisation grew in size but such occurrences were infrequent; this suggests that there was little

---

<sup>154</sup> *Bulletin*, 38, p. 8.

<sup>155</sup> *Bulletin*, 48 (October 1936), pp. 13–15.

<sup>156</sup> A short article is to be found in *Bulletin*, 39 (December 1934), p. 11.

disagreement or that it was stifled.<sup>157</sup> The significant features emerging from the collective image promoted by the *Union des Blessés de la Face* will be analysed in this section, with special emphasis on its depiction as a distinctive but integrated group, its self-reliance and its attempts to help other veterans.

Two paradoxical trends emerge in the self-representation of *gueules cassées*: *Bulletins* highlight both their distinctiveness from society and other veterans, and the fact that they belonged to both these social circles. From its early days, the UBF developed links with organisations, for example the *Fédération Nationale des Anciens Militaires* and the *Union Nationale des Combattants*.<sup>158</sup> The *gueules cassées* joined in initiatives such as *La Semaine du Combattant*, a veterans' conference, despite some concerns that distinct groups should remain completely separate: 'Les "Gueules Cassées" qui sont jaloux de leur indépendance, ont cependant apporté leur adhésion à la Semaine du Combattant pour affirmer leur désir d'une entente générale'.<sup>159</sup> Similarly, the participation of the UBF in a *Comité d'entente des grandes associations* was announced in 1925, as the *Union* expressed its wish to see the creation of a permanent overarching body to defend the claims of all war victims.<sup>160</sup> In 1931, the similarities between *gueules cassées* and *trepanés et blessés crâniens* were highlighted as Picot emphasised the *fraternité* between the UBF, *Aveugles de Guerre*, *Plus Grands Invalides* and *Ailes brisées*.<sup>161</sup> But it was only in 1937 that a *Comité de défense des intérêts des Grands Mutilés* was born: faced with increasing difficulties, small organisations sought to join forces.<sup>162</sup> These examples show the integration of the UBF into a network of veterans' organisations in France and, to some extent, on an international level. On the other hand, the distinctiveness of the *Association des Gueules Cassées* was also stated, and this accounts for its refusal to merge with a larger group, in which its relatively small number of members would have made it almost powerless.<sup>163</sup>

---

<sup>157</sup> *Bulletin*, 18 (July 1927) reports the rejection of two motions, by Oddou and Labbé at a members' meeting (pp. 15–16).

<sup>158</sup> *Bulletins* 5 and 6 mention these links, for instance through the presence of representatives at the UBF's general meetings.

<sup>159</sup> *Bulletin*, 10, p. 5.

<sup>160</sup> *Bulletin*, 11b, p. 2.

<sup>161</sup> *Bulletin*, 27 (November 1931), p. 8 and p. 10.

<sup>162</sup> *Bulletin*, 51, p. 4.

<sup>163</sup> *Bulletin*, 17, p. 10. The UBF also took part in the 1927 *Etats Généraux* (*Bulletin*, 21, p. 10).

When it comes to society at large, a similar distinct-but-integrated image emerges. *Gueules cassées* repeatedly mentioned the popular support they received and the June 1923 bulletin bears testimony to their good relationships with the wider society: ‘nous avons eu la joie très douce de constater un large et généreux mouvement de sympathie en faveur de notre groupe naissant. Non, les cœurs bien nés ne sont pas disparus de notre belle France!’<sup>164</sup> Through their organisation, *gueules cassées* were collectively integrated, as shown for instance by the banquet organised for thirty of them at Poccardi, a famous Parisian restaurant, in 1925.<sup>165</sup> The success of the fundraising campaign for the house and later, of the UBF’s participation in the national lottery – a mutually beneficial operation – further reflects this integration.

Although the UBF was well-integrated into veterans’ networks and interwar society, it was also keen to foster an image of self-reliance and independence, especially in economic terms. This can be observed on an individual and a collective level. Individual members were encouraged to help themselves and each other: ‘nous nous sommes promis de faire régner entre tous les blessés de la face l’amitié la plus fraternelle [...] sans faire de bruit, sans vaines manifestations extérieures nous nous efforçons de nous entr’aider les uns les autres, moralement et matériellement’.<sup>166</sup> The work placement system is evidence of this attempt to enable members to be reintegrated into the employment market. Likewise, the way the sickness allowance was distributed illustrates this policy of encouraging self-reliance: payment only started after thirty days to encourage members to attempt to support themselves before requesting help from the *Union*.<sup>167</sup>

On a collective level, the UBF developed a range of fundraising methods to guarantee its economic survival. Although it relied on people donating money, Picot declared: ‘C’est parce que nous avons prouvé que nous valions quelque chose que des gens de cœur nous ont aidés. [...] On ne doit pas aider des paresseux. L’Association des Gueules Cassées n’est pas une Association de paresseux’.<sup>168</sup> In particular, the UBF presented itself as not being reliant on the state: ‘Nous nous interdisons de solliciter des subventions en nous tournant

---

<sup>164</sup> *Bulletin*, 7 (June 1923), p. 1.

<sup>165</sup> *Bulletin*, 12, p. 13.

<sup>166</sup> *Bulletin*, 5, p. 1.

<sup>167</sup> See for instance *Bulletin*, 18, in which the 30 days delay is contested by a member (pp. 8–9).

<sup>168</sup> *Bulletin*, 18, p. 16.

ver l'Etat, en qui trop de gens voient une providence inépuisable'.<sup>169</sup> The *Union* received subsidies from the *Office National des Combattants*, however this represented only a fraction of its income. In 1935, Picot pointed out that the UBF was an 'oeuvre de solidarité qui, dans la mesure de nos moyens et pour ce qui concerne nos membres, se substitue dans bien des cas à l'Office national des Mutilés, dont nous soulageons ainsi un peu les charges, sans solliciter de subventions en échange'.<sup>170</sup> *Gueules cassées* presented themselves not as helpless victims, but as men capable of providing for their own needs. This image in turn had a positive influence on society's perception of them.

In order to be economically self-reliant, various fundraising methods were used throughout the 1920s and 1930s. Events such as concerts and galas were organised across France, sometimes with the participation of renowned artists. One of the most famous events was a fête at the Stade Buffalo in Paris, on 21 June 1926, as part of the fundraising campaign for the *Maison*. The programme featured sporting competitions (cycling, fencing, athletics and boxing) and acrobatic displays. The presence of the French president bears testimony to its success, as does the participation of other political personalities and celebrities. As the show started, one hundred and fifty veterans marched in the stadium in a 'glorieuse cohorte'; this indicates that they did not fear appearing in public as a group.<sup>171</sup> A number of other fêtes, galas, artistic and sporting performances were held, particularly during the fundraising campaign for the *Maison*. These events, such as the 'gala de la Reconnaissance' in 1927, are described in the bulletins as expressions of society's gratitude.<sup>172</sup>

Original means of fundraising were sometimes proposed to the UBF by outsiders. The *borne de terre sacrée* is one example: in 1927, the veteran and sculptor Gaston Deblaize designed and made a small urn which, he suggested, could contain earth from a battlefield and be sold by the UBF for its own benefit.<sup>173</sup> It was to be accompanied with a certificate signed by Picot himself:

---

<sup>169</sup> Speech delivered by Colonel Picot, 27 July 1933, in *Bulletin*, 36, p. 6. Emphasis in the original.

<sup>170</sup> For example, 10,000 Francs came from the *Office National des Mutilés*, out of a total income of 240,130.70 for 1925–1926 (*Bulletin*, 15, p. 4) and *Bulletin*, 41 (May 1935), p. 4.

<sup>171</sup> *Bulletin*, 15, p. 1 and p. 9

<sup>172</sup> *Bulletin*, 18, p. 12.

<sup>173</sup> *Ibid.*, p. 17.

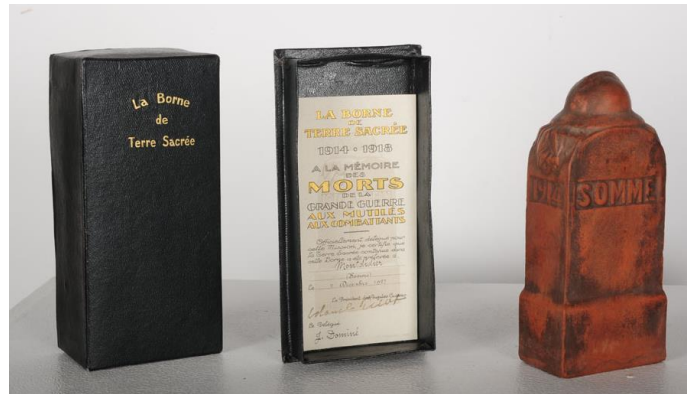


Figure 23

'Borne sacrée' made by Deblaise (1927?), Historial de la Grande Guerre

The sculptor later made six bigger statues that were displayed in France and America. The UBF made a financial profit from the sale of these urns, while the endorsement of this 'oeuvre sous la haute autorité morale des "Gueules cassées"' brought good publicity for Deblaise.<sup>174</sup>

In 1930 however, the UBF faced a deficit for the first time in its history.<sup>175</sup> Acknowledging the need to raise a large amount of money to secure its future, it launched a national lottery subscription called *La Dette...* The patronage of officials, the help of the national central bank and the widespread support of French society indicates that this tombola, whose first results appeared on 12 November 1931, was a success. Although planned to close on 26 November 1932, it was prolonged until February 1933. Several factors account for the popularity of what was meant to be a one-off event.<sup>176</sup> Firstly, it offered numerous prizes, as advertised in the bulletin:

<sup>174</sup> *Bulletin*, 18, p. 20.

<sup>175</sup> *Bulletin*, 27, p. 17. The difference between income and spending exceeded 500,000 Francs. Acknowledging the fact that its members were ageing and that as veterans grew older they would need more support, the UBF sought to find a way of building up capital.

<sup>176</sup> *Bulletin*, 30 (October 1932), p. 1. *Bulletin*, 31 (November 1932), p. 14.



Figure 24  
*La Dette...* prizes

Secondly, the endorsement of this initiative by officials and celebrities contributed to publicising it, as did the active advertisement campaign led by the UBF. It started in April 1931, when Picot gave the first ticket to the French president Doumergue as he was visiting Moussy. This launch gave credit to the enterprise and guaranteed maximum publicity.<sup>177</sup> In addition, press articles were produced and two ‘journées nationales’ were organised to boost the sale of tickets.<sup>178</sup> Posters were also displayed; they are of particular interest, since they focus on the visual in an attempt to attract people’s attention:

<sup>177</sup> *Bulletin*, 27, p. 13.

<sup>178</sup> On the *journées nationales*, see *Bulletin*, 30, p. 14. This official permission given to sell tickets on the streets shows the state support. On the same page, selling *La Dette* tickets is described as the members’ duty, alongside paying their membership fee, insofar as it aims to ensure the future of the UBF. As an incentive, an internal competition is organised: the ‘Grand Concours’ was open to members who sold more than 100 tickets and includes prizes such as a family holiday at Moussy, a watch, bicycles and a camera. (*Bulletin*, 30, p. 17).

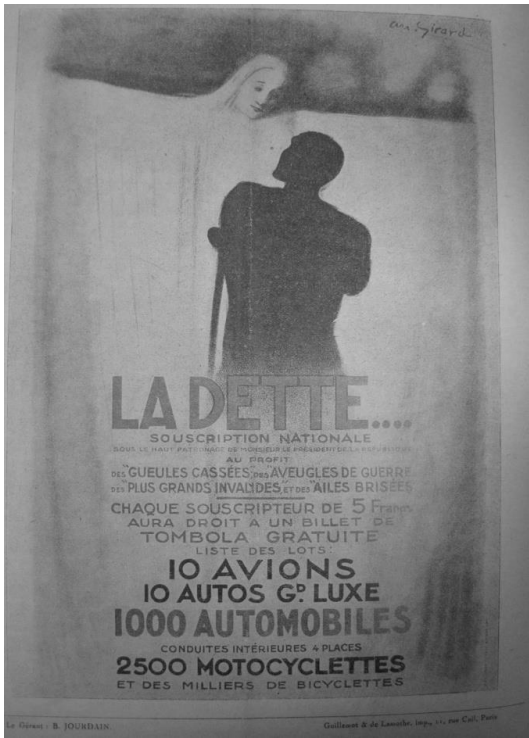


Figure 25  
*La Dette...*, *Bulletin* (1931)



Figure 26  
*La Dette* poster by Jean Carlu (1931?), *Historial*

In both posters, the text occupies less space than the pictures, and the viewer's attention is drawn to the words *La Dette...* The name suggests that society is indebted to the *gueules cassées*. No explanation for the title is given, which indicates that its meaning is obvious: soldiers suffered in defence of French society and deserve their support. The public are now given the opportunity to repay the soldiers, at least in part. The first picture features a shadowy silhouette looking like an amputee, staring at a white angelic figure. It is less graphic than the image on the second poster and a possible interpretation is that it represents society urged to protect vulnerable mutilated veterans. This is in apparent contrast to the idea conveyed by the name *La Dette...*, which does not appeal so much to compassion as to a sense of duty. In contrast, the colour poster by Jean Carlu, then already a well-known designer, is more modern. The only colour, red, cannot but remind the viewer of the bloodshed on the battlefield, whilst the main visual element is the face of a disfigured man, detached from its body. Part of the face is intact, the other half, which stands out against the black background, is damaged. The overall impression is not one of pathos but of heroic sacrifice, thus further highlighting the idea that society is indebted to veterans.

The results of this large-scale public subscription were positive. By February 1933, the sale of tickets had brought in 39,000,000 Francs for a minimal cost.<sup>179</sup> This success encouraged the UBF to take part in other similar schemes, such as a sweepstake with the Luxembourg Red Cross in 1933 and various lotteries in 1935 and 1936.<sup>180</sup> However, the *Union's* main source of income in the 1930s was the national lottery. Although this partnership only started in the mid-1930s, it brought in significant amounts of money and contributed in making the UBF one of the richest organisations in France. This can be regarded as its crowning achievement, both in economic and in symbolic terms. Indeed, in addition to securing a regular income, the lottery established the UBF as a powerful veterans' organisation within French society.

The UBF's involvement in the *Loterie Nationale* started on 22 October 1935 and it was immediately presented as a durable source of funding.<sup>181</sup> The *Bulletin* encouraged members to sell lottery tickets and published a facsimile:



Figure 27  
Lottery ticket (1935)

The patriotic design does not refer specifically to *gueules cassées* but the *Union's* name is explicitly mentioned. The UBF started selling lottery tickets when two official decrees allowed part tickets to be sold, because whole tickets were too expensive and the national lottery subsequently did not encounter the success the authorities expected. *Gueules cassées* then began selling *Dixièmes*, worth a tenth of the value. Reactions to this initiative were mixed. Some UBF members expressed concern that it could damage the reputation of the *Union*, and other groups involved in the lottery did not welcome this 'competition':

<sup>179</sup> *Bulletin*, 30, p. 8

<sup>180</sup> See *Bulletin*, 37 (December 1933), p. 14; *Bulletin*, 38, p. 8 and *Bulletin*, 39, p. 27.

<sup>181</sup> *Bulletin*, 45, p. 11.

[...] ayant pénétré dans le temple où quelques marchands pensaient pouvoir faire la loi, et bien décidés à fermer l'oreille aux propositions qui nous étaient faites, nous eûmes à subir un essaim de réaction assez impressionnant ! Par des mouvements divers, et quelques-uns fort savants, l'on essaya de nous isoler et de limiter notre action. [...] de gros intérêts se sentaient menacés et l'on faisait sonner la garde.<sup>182</sup>

The sale of *Dixièmes* by the UBF was initially criticised by other veterans' organisations such as *Confédération* and *La Semaine du Combattant*. However, by October 1936, the national lottery had become the *Union's* main source of income.<sup>183</sup> Tensions eventually diminished and other groups, such as *Trépanés de Guerre*, *Amputés de Guerre* and *Aveugles de Guerre*, joined in the sale of *Dixièmes*.<sup>184</sup> The economic success of this operation may have contributed in making it acceptable, whilst at the same time the popularity of the UBF gave greater credit to the lottery as a whole. The purchase of *Dixièmes* was presented to the general public as a charitable action: 'notre émission prend une valeur morale plus grande encore, près des souscripteurs qui ont le sentiment, en prenant notre billet, tout en recherchant légitimement la fortune, de soutenir le groupe qui représente la plus grande souffrance continue et le plus grand sacrifice consenti au pays'.<sup>185</sup> By 1937, the survival of the UBF was largely dependent on the success of this fundraising method.<sup>186</sup>

In assessing the participation of the UBF in the development of the French national lottery, both the financial results and the impact in terms of the image of the *gueules cassées* need to be taken into account. The Finance Secretary explicitly asked the UBF to 'consacrer son activité au placement des billets de la Loterie Nationale'; this request shows the mutually beneficial results of the partnership.<sup>187</sup> *Gueules cassées* agreed, although criticisms continued to be levelled against their involvement, and against the lottery in general.<sup>188</sup> The sale of *Dixièmes* empowered the UBF, by increasing their income and

---

<sup>182</sup> *Bulletin*, 48, p. 7.

<sup>183</sup> *Ibid.*, p. 12.

<sup>184</sup> *Bulletin*, 50, p. 5.

<sup>185</sup> *Bulletin*, 51, p. 6.

<sup>186</sup> *Ibid.*, p. 6.

<sup>187</sup> *Ibid.*, p. 6.

<sup>188</sup> See for instance an open letter published in the bulletin in response to a decree banning the lottery from taking place, on economic and moral grounds. In this piece of writing, the author defends the idea that subscribers do so willingly and that money games are no worse than smoking or watching television and that this 'voluntary contribution' helps the state's finances (figures of 750–800,000,000 Francs are given) and provides charitable organisations with the means to support their social work. (*Bulletin*, 57 (January 1939), pp. 11–13). The said decree was overturned.

presenting it as an entrepreneurial organisation. This scheme turned men who were regarded as the worst-off of all war victims into a group not only financially independent, but even prosperous. Other, more personal, fundraising methods were largely abandoned, thereby increasing again the distance between *gueules cassées* and society at large. Ultimately, it can be argued that the lottery was not so much a fundraising method as a financial investment.

In finding innovative ways to appeal to people's generosity, the *Union* established a reputation as an independent organisation and as a group seeking to help others. This is a far cry from images of helpless victims and distant heroic figures. French facially disfigured men remained the main beneficiaries of the UBF in the interwar years; however the *Union* also sought to help other veterans, in France and abroad. In doing so, it became increasingly integrated into society. It also reinforced its image as a thriving organisation, capable of, and keen to, bring benefit to society as a whole.

The UBF sought to help other mutilated veterans both at home and abroad. A bulletin published in 1927 describes the difficulties faced by Belgian *gueules cassées*, 'aussi éprouvés que nous, mais moins heureusement secourus'.<sup>189</sup> This article also mentions The Queen's Hospital and presents it as the British equivalent of Moussy, although evidence shows that Sidcup (mistakenly spelled 'Sydcup' in this bulletin) was by then not reserved for facially injured soldiers any more, and that Gillies was no longer in charge of the hospital. The UBF apparently believed that British soldiers had developed a similar structure, suggesting that only little contact existed by the second half of the 1920s. British and American patrons are mentioned in the bulletins, although the UBF maintained closer contacts with veterans in Belgium and, to a lesser extent, Italy. Relationships between French and Belgian ex-soldiers increased through the action of the *Comité maxillofacial de Secours Français*. This structure offered to subsidise medical consultations for Belgian patients, who had apparently been left helpless in their own country, as shown in an article written by 'Un ami des Belges'.<sup>190</sup>

Moreover, the release of *Pour la Paix du Monde*, a film supported by the UBF, in Belgium in 1927 led to the organisation of several fundraisers for the

---

<sup>189</sup> *Bulletin*, 17, p. 21.

<sup>190</sup> *Ibid.*, p. 22.

benefit of Belgian veterans. Although the participation of the UBF in these events enabled them to collect gifts, their main motivation is said to have been altruistic: 'Est-il besoin de dire que nous ne visions rien d'autre, dans ces manifestations, que d'être utiles dans la mesure du possible à nos frères d'infortune?'<sup>191</sup> Alongside these operations run by the *Union*, individual initiatives existed, such as that of the delegate of the *Comité de Secours aux "Gueules Cassées"* in the Far East (Saigon and Cochinchina), who organised a subscription for the benefit of French war victims in general.<sup>192</sup>

The support given by the UBF to other veterans' organisations is best seen in its inclusion of different mutilated men's groups in tombola and lottery schemes. *Gueules cassées* invited three other *associations* to participate in a tombola in 1931, in an early attempt to guarantee the future of their four respective organisations:

La fraternité! Quel levier puissant, irrésistible! C'est sous son signe encore que nous voulons parachever notre œuvre avec nos frères en souffrances physiques et morales, les Aveugles de Guerre – les plus grands Invalides – les Ailes brisées.

Par un appel à tous ceux qui n'ont pas oublié ce qu'ils doivent à tous ces grands mutilés qui sont la rançon de la Victoire, par un appel aux cœurs vraiment fraternels, nous voulons réunir d'un seul coup les fonds nécessaires pour assurer dans l'avenir et d'une façon définitive, la vie de nos quatre œuvres ...<sup>193</sup>

This illustrates an ambiguity in the discourse of the UBF: although they present facial disfigurement as the worst condition affecting individual veterans, they also describe their organisation as very successful. As a group, they fared better than many veterans depicted as 'Camarades moins heureux'.<sup>194</sup> Other organisations besides benefitted from the *Union's* action in defence of the rights of organisations *reconnues d'utilité publique*.<sup>195</sup>

Non-veterans were also helped by the UBF. As early as 1922, it expressed its support to Mademoiselle Gouze, a French woman who had started a farm during the war and was threatened by the *Institut de France*, which wanted to seize it and sell it for profit. The *gueules cassées* condemned

---

<sup>191</sup> *Bulletin*, 19, p. 7.

<sup>192</sup> *Ibid.*, p. 11.

<sup>193</sup> *Bulletin*, 27, p. 10.

<sup>194</sup> *Ibid.*, p. 18.

<sup>195</sup> *Bulletin*, 30, p. 6.

this decision in their bulletins and campaigned for her.<sup>196</sup> Then in 1934, the UBF raised funds to support Belgian victims of a mining explosion (some of these ‘Gueules Noires’ had previously taken part in fundraising events for the UBF).<sup>197</sup> The *Union* also welcomed children of other organisations’ members to its summer camps.<sup>198</sup> By 1939, eighteen associations benefitted financially from the participation of *gueules cassées* in lottery operations.<sup>199</sup>

Finally, the *Union* came to present itself, or be presented by others, including journalists and officials, as examples for the whole of society to follow. With the help of their organisation, *gueules cassées* became the epitome of patriotism and strength in times of adversity. The image projected by the UBF presented them not only as integrated into French society and economy, but even at the forefront of moral and national reconstruction. A journalist, quoted in the bulletin, wrote:

Un domaine de cinquante hectares, en friche il y a quatre ans, a été mué en une exploitation capable d’assurer à ces victimes de la guerre une existence plus douce, plus saine, plus exempte de soucis, dans la paix de la campagne et la sérénité des champs.  
C’est, en effet, après la leçon de courage et l’exemple d’héroïsme qu’ils ont donné au pays pendant la Grande Tourmente, le plus fécond et le plus efficace des enseignements que les blessés de la face pouvaient lui donner pendant la paix.<sup>200</sup>

Although *gueules cassées* are referred to as victims, they appear to have rebuilt their lives and helped others. This entrepreneurial spirit is praised by the author. Their relative seclusion does not come across as isolation, but instead is depicted as a model of successful return into civilian life and of productive contribution to national recovery. Far from powerless, *gueules cassées* project the image of an influential group, independent and prosperous. In the course of the 1920s and 1930s, they became benefactors rather than recipients of charity.

### 3.2. Publicising *gueules cassées*

The positive collective image of *gueules cassées* shaped by the UBF was publicised and refined in the course of the 1920s and 1930s. This section

---

<sup>196</sup> *Bulletin*, 2, pp. 5–6.

<sup>197</sup> *Bulletin*, 38, p. 5.

<sup>198</sup> *Bulletin*, 56, p. 7.

<sup>199</sup> *Bulletin*, 60, p. 1.

<sup>200</sup> *Bulletin*, 27, p. 14.

examines long- and short-term initiatives aimed at raising the public profile of the UBF, and which often propelled the veterans into the limelight.

The UBF established long-term schemes, which relied mainly on two groups: *gueules cassées* themselves, and the media. From the very beginning, members were urged to make the organisation known, firstly to other mutilated veterans, then to potential patrons (*membres-donateurs*). Virtually every issue of the *Bulletin* features what is called the 'propaganda' section. At first, the emphasis was on reaching out to all facially disfigured veterans, who were pictured as desperately in need and lost without their comrades to support them. Introducing them to the UBF was described not only as a moral necessity, but as a duty and responsibility of every member. The appointment of regional correspondents from the mid-1920s onwards further contributed in the publicisation of the *Union*. These local representatives coordinated propaganda efforts in their regions, making use of the press and organising local events. But more than the economic gain from an increasing membership, it is the symbolic power of a large group and the legitimacy of the UBF as representing all French *gueules cassées* which were at stake. However, throughout the 1920s, a shift in the group targeted by propaganda can be observed: as more *gueules cassées* joined the UBF, the focus, without ever completely moving away from veterans, was increasingly on donors.

Another valuable tool in making the UBF known to French society was the press. Early connections with publications such as the *Journal des Mutilés* and *Souvenir* are attested to by the presence of representatives at the UBF's general meeting in 1922.<sup>201</sup> General news publications also supported the organisation, mainly through free advertisement and articles about the *Union* and its activities.<sup>202</sup> Furthermore, the *Compagnie de Radiophonie* gave Picot the opportunity to present the *Maison* project in 1925.<sup>203</sup>

The support of the Parisian and regional press was frequently acknowledged.<sup>204</sup> This helped make the UBF known, especially as close links developed with individual journalists. For example, the reporter and writer Louis Forest wrote an 'appel émouvant en faveur des "Gueules Cassées"' in *Le Matin* in October 1924; photographs of the veterans attending the signing ceremony of

---

<sup>201</sup> *Bulletin*, 5, p. 2.

<sup>202</sup> *Ibid.*, p. 2.

<sup>203</sup> *Bulletin*, 12, p. 10.

<sup>204</sup> Minutes of the first AGM, *Bulletin*, 3, p. 2



the peace treaty and of Picot were also published. This resulted in 53,867.50 Francs raised for the *Union*.<sup>205</sup>

Journalists were among the first to be invited to the *Maison*, even before its official opening. The good relationship between the *Union* and the press are apparent in the report made by *gueules cassées* of this visit:

Ce que nous voulons, c'est leur dire quel précieux encouragement nous avons puisé dans la lecture de leurs articles pleins de foi dans l'avenir de notre maison et quelle gratitude nous gardons pour le nouveau témoignage d'intérêt qu'ils nous ont donné.

Qu'ils sachent bien que nous apprécions tout le prix du concours inlassable qu'ils nous apportent. Non seulement ils nous ont largement ouvert les colonnes de leurs journaux mais ils nous ont fait bénéficier du fruit de l'expérience personnelle qu'ils ont acquise des hommes et des choses.<sup>206</sup>

The relationship between veterans and the press appears to have been mutually beneficial. Articles about *gueules cassées* sold well and in 1927 Picot officially acknowledged the support provided to the UBF by the press: 'Nous devons tout aux journalistes qui nous ont puissamment aidés. Sans eux, sachez-le bien, nous ne serions pas arrivés au résultat que nous avons atteint'.<sup>207</sup> Even at family gatherings such as the Christmas party at Moussy, representatives from the press were invited, testifying to the UBF's active publicity efforts.<sup>208</sup> The numerous articles published on the occasion of Picot's death further publicised the UBF and its work, as did the presence of journalists at the ceremonies commemorating the first anniversary of his death in 1939. What appear as rather intimate services and a 'pilgrimage' to Le Coudon, where Picot died, were also open to reporters.<sup>209</sup>

In addition to the efforts of members and the relationships with the media, the *Union des Blessés de la Face* also organised and participated in one-time events, which contributed in increasing contacts with society as a whole. As soon as 1923, a series of galas was organised by 'le dompteur Marcel', with the *Union* as sole beneficiary.<sup>210</sup> The first of these galas was held at the Foire du Trône on 27 April 1923, and it was described as very successful, not least thanks to the participation of the boxing world champion *Battling Siki*.

---

<sup>205</sup> *Bulletin*, 11, p. 5.

<sup>206</sup> *Bulletin*, 16, p. 6

<sup>207</sup> *Bulletin*, 18, p. 17.

<sup>208</sup> *Bulletin*, 19, p. 5.

<sup>209</sup> *Bulletin*, 59, p. 9.

<sup>210</sup> *Bulletin*, 8, pp. 2–4.

A second gala was organised at the Neuilly fair on 15 June, in the presence of popular singers Mlle Spinelly and Pélissier. These two instances show the support show business gave the UBF early on; it was a paradoxical partnership between men usually perceived as seeking to hide, and artists used to the limelight.<sup>211</sup> Similar events were held throughout the 1920s and 1930s, with some members, like M. Rhein, specialising in their coordination.

During galas, the spotlight was on the participating athletes and artists, and on the UBF as an organisation. In contrast, other publicity methods made individual members more visible. Thus, a film featuring *gueules cassées* is mentioned by Picot in July 1927, the president pointing out that the UBF not only endorsed it, but actively contributed to its production: a few members, including himself, were indeed filmed by the Gaumont studios. Their aim was to '[montrer] au public l'horreur profonde de la guerre, et nous les Gueules Cassées nous en donnerons l'exemple pour que jamais pareil fléau ne reparaisse'.<sup>212</sup> A film, perhaps the same one, was also shown to spectators on the route of the Tour de France.<sup>213</sup> Although not all *gueules cassées* were happy to be centre stage, the example given by their president Picot set the tone. In 1939, a bulletin mentioned a production entitled *Les Gueules Cassées et leurs oeuvres*, which was presented to military officials and other veterans' groups.<sup>214</sup> Films as well as visits abroad enabled the UBF to become known internationally.

Individual initiatives and collective strategies converged to publicise the cause not only in Europe but also in America and in the French overseas territories. Here, the *Association des Gueules Cassées* benefitted from the contacts and active propaganda of its individual members.<sup>215</sup> The presence of representatives from foreign veterans' organisations at general meetings is also evidence of the international profile of the UBF.<sup>216</sup> These interactions between ex-servicemen across the world, especially in the Americas and Great Britain, make the absence of similar groups in these countries all the more interesting.

---

<sup>211</sup> *Bulletin* 11, reports the support of the 'grand couturier Paul Poiret' who let the UBF use his private hotel for a gala presided by Pétain on 6 June 1924 and of 'les membres du corps diplomatique et la haute société parisienne' who attended their event on 11 July 1924 (p. 4).

<sup>212</sup> *Bulletin*, 18, p. 17.

<sup>213</sup> *Bulletin*, 56, p. 19.

<sup>214</sup> *Bulletin*, 58, p. 9

<sup>215</sup> The work of Melchissédéc in South America and Brunschwig in the United States are mentioned in several issues of the *Bulletin*.

<sup>216</sup> The presence of Hauseux, a facially injured man representing Belgian mutilated veterans is attested at the 16 May 1925 AGM (*Bulletin*, 11b, p. 2).

The visibility of French *gueules cassées* on the international stage started as early as 1919, when they attended the signing ceremony of the Treaty of Versailles. Although links with German veterans are seldom mentioned in UBF bulletins, relationships with England appear to have been more frequent but not very deep, as shown by the misunderstanding regarding the function of The Queen's Hospital, Sidcup.

### 3.3. A political body

The development and publicity of the *Union des Blessés de la Face* in France and abroad influenced and furthered its ideas. In addition to its charismatic president, its holistic approach of supporting veterans and its active propaganda, there were other factors contributing to its success. These included its integration into the political landscape of the interwar years, at a time when many veterans' organisations stood in opposition to the authorities and sometimes even to society. This section discusses this integration, focussing on the evolution of the internal structure of the UBF, its relationships with the French state and its views on war.

The stability in the *Union's* executive committee, some of whom were actively involved in French politics, established continuity in the organisation's workings and ethos. Brunschwig, the vice-president, remained in post from his election in December 1921 until the outbreak of the Second World War. The co-founders Jugon and Jourdain were appointed secretaries at its creation and stayed on throughout the 1920s and 1930s. The uncontested leadership of Picot and his insistence on *fraternité* are described as having secured the future of the UBF: 'Vous rendez-vous compte de ce qu'aurait pu être l'Union, avec ces luttes si fréquentes dans d'autres groupements, ces luttes [...] que nous avons eu le bonheur de ne jamais connaître. Mais nous avons eu cette bonne fortune extraordinaire de rencontrer un homme qui, par son élévation morale, qui par son âge, son grade, était indiscutable et indiscuté'.<sup>217</sup> The continuity under Picot's seventeen-year presidency gave the organisation a stability which other veterans' groups did not enjoy. This continuity also enabled it to work efficiently, focussing on the development of its social work. Long-term projects could be

---

<sup>217</sup> *Bulletin*, 51 (July 1937), p. 11.

envisaged, such as the purchase of a house, which required careful planning and prolonged fundraising.

The growing professionalisation of the UBF can also be seen in the acquisition of permanent headquarters. The popularity of ‘consultation hours’, during which members could ask for legal or medical advice, increased the need to find a suitable central meeting place.<sup>218</sup> By the end of 1927 the headquarters moved from 28, Boulevard de Strasbourg in Paris, to new premises let by a benefactor at 6, rue Arsène-Houssaye.<sup>219</sup> A building was finally purchased in 1934 at 20, rue d’Aguesseau in Paris, where the organisation is still based today. These new headquarters were opened by the French president in February 1935. The building was divided into administrative offices, consultation rooms (for medical examinations and legal advice especially), short-term accommodation for members and conference rooms for hire.<sup>220</sup> While these premises were at first too big for the UBF, they became too small after *gueules cassées* started selling *Dixièmes*. The purchase of these headquarters in the centre of Paris was not only a property investment, but also a sign of the *Union’s* will to leave a lasting legacy.

As the organisation grew, its administration became increasingly professionalised. At first, members of the executive committee were not paid and the administrative work was carried out by volunteers. In 1926, a permanent administrative office was created and Jugon was appointed ‘secrétaire administratif’. In 1927, the internal structure evolved and several bodies within the UBF were created.<sup>221</sup> Jourdain made clear the potential pitfalls caused by the financial and administrative development of the UBF: ‘notre Union est devenue très importante. Moralement elle l’a toujours été. Mais voici qu’elle est devenue considérable matériellement. Ses intérêts doivent être surveillés avec la plus grande attention et sa direction, son administration, assurées avec une sage prudence’.<sup>222</sup>

---

<sup>218</sup> *Bulletin*, 37, p. 14.

<sup>219</sup> *Bulletin*, 19 (January 1927), p. 1.

<sup>220</sup> *Bulletin*, 42 (May 1935), p. 3. A *Semaine artistique des Gueules Cassées* was organised in 1935 to let the public know about the UBF and its new headquarters, especially the possibility to rent out conference rooms (*Bulletin*, 45, p. 11).

<sup>221</sup> *Bulletin*, 18, p. 13. *Bulletin*, 20 (April 1928) details the different *Commissions consultatives* and their composition: *Commission des Conseillers administratifs*, *Commission Médico-légale*, *Commission de Contrôle* (presumably financial and fiscal), *Commission Maxillo-faciale* and *Commission Juridique*.

<sup>222</sup> *Bulletin*, 21, p. 11.

The development of local branches also contributed in making the workings of the UBF more efficient. The intention of the UBF to set up a network of regional delegates was announced at an early stage. There is evidence that one local correspondent had been appointed in Corsica in 1922, and a 1925 bulletin lists men in charge of regional 'propaganda' in Lille, Nancy, Marseille, Castres, Bayonne, Quimper and Lisieux.<sup>223</sup> The strengthening of these regional groups is seen in the fact that they gradually started holding their own meetings, and offered weekly *permanences*, based on the model of the Paris central office.<sup>224</sup> Some of them even designed their distinct emblem and flag.<sup>225</sup> A 1929 issue of the bulletin presents this structure as particularly useful in terms of the organisation's social work and propaganda efforts, and names sixteen local delegates in fourteen different localities.<sup>226</sup> Despite early concerns that the *Union* would not remain united, strong links remained between regional sections and the headquarters in Paris. Bulletins from the late 1920s onwards regularly featured a section on the activities of regional branches and members of the executive committee regularly attended events in the different regions, including in overseas territories.<sup>227</sup>

The increase of the membership base of the UBF and the development of its administration brings into question whether such a big group could still be considered a 'family'. The idea of fraternity remained prevalent in the bulletins and the social work conducted during this period testify to the organisation's desire to remain faithful to its original aims. The stability of its leadership and the increasingly professional way in which it was run made it into a small-scale administration, yet it remained close to its members. The UBF claimed to supplement – or even on occasions to replace – official bodies, which were seen as too big, too bureaucratic, impersonal and unstable due to frequent changes in their composition and subsequently in their policies.<sup>228</sup>

At a time when tensions between veterans and the state were increasing, French *gueules cassées* maintained good relationships with the authorities. In

---

<sup>223</sup> *Bulletin*, 4, p. 2. and *Bulletin*, 13, p. 11.

<sup>224</sup> *Bulletin*, 19, pp. 7–8.

<sup>225</sup> *Bulletin*, 37, p. 17.

<sup>226</sup> *Bulletin*, 23, pp. 7–8. In 1935, the Union counted around 20 regional delegates (*Bulletin*, 43, p. 14).

<sup>227</sup> See *Bulletin*, 24 (May 1930), pp. 11–12 and *Bulletin*, 41, pp. 21–22. *Bulletin*, 46 (April 1936), p. 11 mentions Picot's visit to Algeria. An UBF regional representative was besides appointed in Casablanca, Morocco (*Bulletin*, 49 (January 1937), p. 13).

<sup>228</sup> The negotiations around the setting up of the Paris maxillo-facial centre are a case in point, the Ministry of pensions alternatively supporting and opposing it for more than ten years.

fact, the attitude of the UBF, far from being characterised by opposition, was one of active involvement in policy-making. This relatively smooth interaction reflected and facilitated the integration of the *Union des Blessés de la Face* into the French political and social landscape of the 1920s and 1930s.

The *Union des Blessés de la Face* was set up, in part, to defend what veterans saw as their legitimate rights before the State and Pensions commissions. This suggests that, like many veterans, they felt wronged by the authorities. The UBF nevertheless repeatedly declared its faith in them, stating in its first bulletin: ‘nous gardons une grande confiance en l’autorité compétente et [...] nous croyons en son esprit de haute justice et de parfait équité’.<sup>229</sup> When tensions arose, for example regarding the provision of the *masticateur* in the early 1920s, the UBF did not oppose the Pensions Secretary directly, but rather it denounced the way in which the laws were applied, criticising a minority of civil servants who ‘se moquent royalement des mutilés en general et de leur ministre en particulier’.<sup>230</sup> In doing so, *gueules cassées* expressed their discontent with the state of affairs but they took sides with the government, blaming not the leaders but the people in charge of applying their decisions.

In 1925, the official acknowledgement of *la défiguration* as a disabling condition deserving a pension led to an improvement in the relationships between the UBF and the Pensions Secretary, whose, ‘chaleureuse sympathie’ and ‘encouragements’ to facially disfigured veterans are highlighted.<sup>231</sup> The appointment of Louis Antériou to this post in 1925, and then again in 1928–1929, was welcomed by the UBF, all the more so since he was a member himself and took another *gueule cassée*, François Thomas, as his *Chef de Cabinet*. The latter was awarded the status of *Commandeur de la Légion d’Honneur* in 1928 and Picot commended his military achievements during the war and his political, professional and personal realisations in its aftermath, both of which testified to his successful reintegration into society.<sup>232</sup>

After the UBF obtained the official status of *association reconnue d’utilité publique* in 1927, it received more help from the state in the form of tax exemptions, especially with regard to bequeathed money and properties.

---

<sup>229</sup> *Bulletin*, 1, p. 3.

<sup>230</sup> *Bulletin*, 4, p. 2; *Bulletin*, 5, p. 9.

<sup>231</sup> *Bulletin*, 11 (February 1925), p. 1.

<sup>232</sup> *Bulletin*, 21, p. 8. Thomas worked as a teacher after the war, and had four children. His political role and support of *gueules cassées* whilst he was in the government are underlined.

Nevertheless, some tensions remained, as seen in a 'Memorandum' published in August 1930, followed by a second one in November 1930, expressing dissatisfaction with how UBF requests had been dealt with:

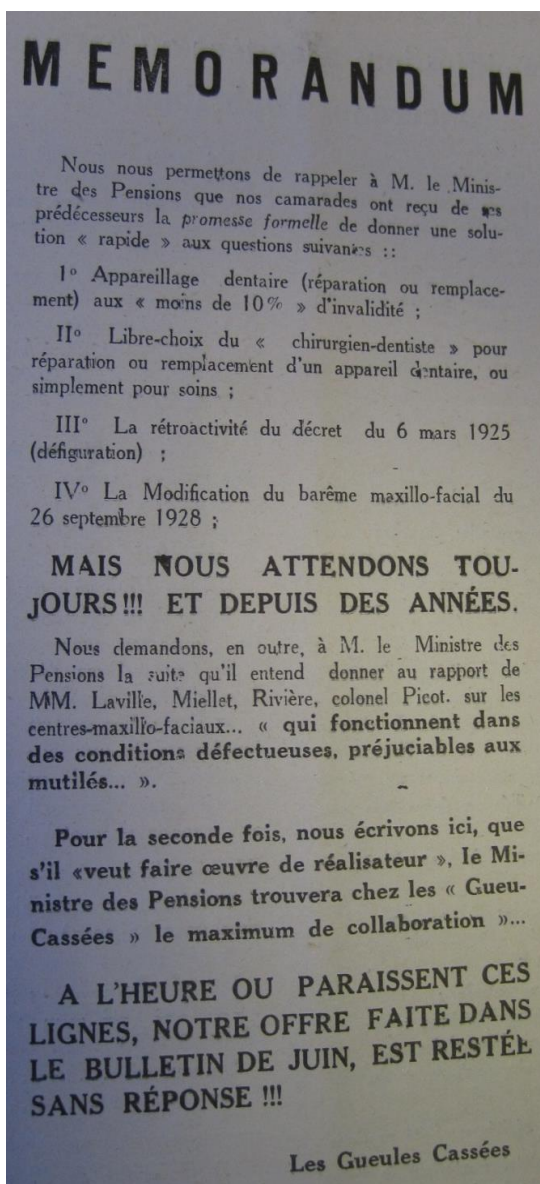


Figure 28  
Bulletin, 25 (August 1930)

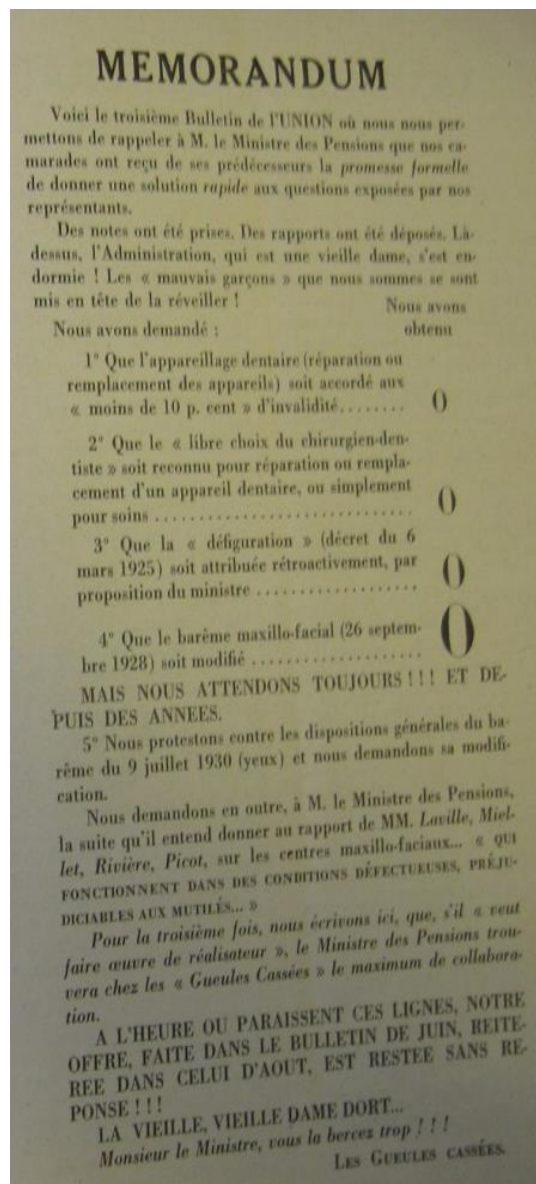


Figure 29  
Bulletin, 26 (November 1930)

These articles detail what appear to be major long-term claims related to the pensions of facially injured veterans. The impatience of the authors shows in the exclamatory sentences, as their criticism of the Pensions Secretary increased. The latter's visit to Moussy, on 20 September 1930, was celebrated as a joyful event, but Picot took the opportunity to remind the officials of the Union's grievances.<sup>233</sup>

<sup>233</sup> Bulletin, 26, p. 23.

The November 1931 bulletin marks a turning point in the relationships between the UBF and the government. The use of a photograph on the cover page makes clear the confrontational approach adopted:

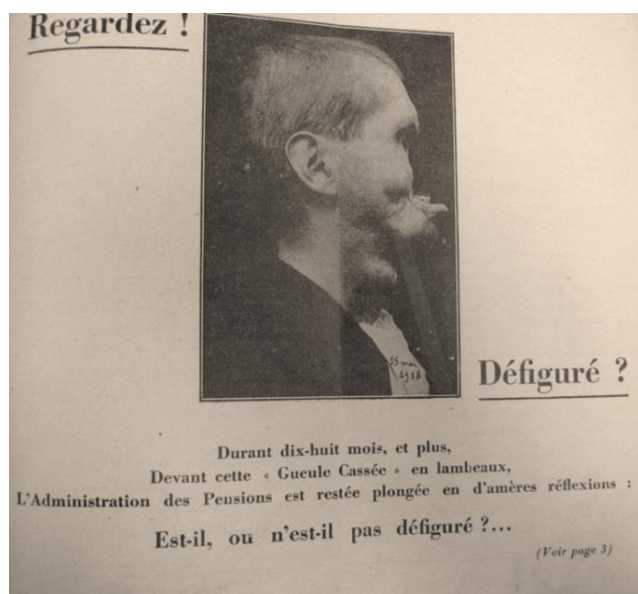


Figure 30  
*Bulletin*, 27, front page (November 1931)

Pictures of disfigured men rarely appeared in bulletins; here the aim is to shock the viewer and to underline what is presented as an absurd situation: indeed, a civil servant questioned this man's right to a full war pension. The French state is described as hypocritical, slow and reluctant to take responsibility. This campaign also bears testimony to the *Union's* awareness of the strong visual impact of disfigured men, and of its willingness to make use of such pictures to further its claims. This development fits into a wider context: from the early 1930s onwards, as the economic climate worsened in France and abroad, ex-soldiers perceived that their rights, especially pensions, were at stake. The UBF reacted strongly against the prospect of a reduction in ex-servicemen's pensions, and also expressed its concern as the diplomatic situation became increasingly tense.<sup>234</sup>

When some of the long-term requests of the *Union*, such as the creation of a dedicated maxillofacial centre in Paris, were not met by the state in the mid-1930s, criticisms were expressed. Gelly, in his capacity as *Conseiller médico-légal des Gueules Cassées*, is exceptionally critical:

<sup>234</sup> *Bulletin*, 31, November 1932, p. 1.



Non seulement impardonnables, les Pouvoirs Publics se montreraient criminels de ne pas faciliter, par leur assistance effective, la tâche si difficile [sic] des thérapeutes. [...] Nos documents suggestifs sont prêts, nos films établis et ils n'attendent que la publicité méritée à laquelle une inertie ministérielle trop prononcée pourrait nous pousser en présence de ce formidable scandale.<sup>235</sup>

The increasingly strained relationships between the state and the UBF illustrate growing tensions between authorities and veterans in general.<sup>236</sup> Maybe because of its relatively small number of members, the UBF did not resort to mass demonstrations; rather it made use of the press and other media, as well as taking advantage of the connections of some of its members. In public speeches, the UBF largely maintained a neutral or positive tone towards the state, as shown in Picot's speech thanking the President for having supported *La Dette*: 'le Gouvernement a toujours facilité notre tâche en aplanissant bien des difficultés'.<sup>237</sup> Thus, despite the existence of tensions with the French state, the methods of the UBF were peaceful and aimed to influence authorities rather than oppose them. This is made clear in an incident which happened during the 1922 June general assembly. To a member who advocated more aggressive actions such as an appeal at the *Chambre des Députés* or a group demonstration, Picot firmly replied that persuasion and working with the government would be more efficient.<sup>238</sup> This absence of hostility between the state and the *Union des Blessés de la Face* again promoted a positive image of *gueules cassées*, and contributed to their reintegration into the political, economic and social context of the 1920s and 1930s.

Perhaps to avoid the dissensions caused within veterans' organisations that had become increasingly politicised, the UBF had officially banned discussions on politics and religion from an early stage (article 39 of the statutes). Throughout the interwar years, the UBF nonetheless increasingly expressed views on war, and the films it endorsed had an antiwar bias. This pacifist stand was presented as inscribed in the flesh of *gueules cassées*. No matter their opinion, they were themselves antiwar figures: 'dans une Assemblée comme la nôtre, composée d'hommes pour lesquels le désir de la paix est douloureusement inscrit dans leur chair, cela ressemble à une galéjade

---

<sup>235</sup> *Bulletin*, 30, pp. 8–9

<sup>236</sup> See for instance *Bulletin*, 51, p. 3: 'Ceux qui ont tout donné pour le pays ont le droit d'être entendus, et le Pouvoirs Publics ont pour devoir de leur assurer, par priorité, le pain quotidien'.

<sup>237</sup> *Bulletin*, 32 (February 1933), p. 1.

<sup>238</sup> *Bulletin*, 5, p. 3.

de poser la question de savoir si nous sommes pour la paix!<sup>239</sup> Yet the UBF publicly supported the French involvement in the Second World War.

The *Union's* discourse on the First World War was overwhelmingly a close-up on the stories of *gueules cassées*, which ultimately merged into one narrative of patriotic sacrifice. Profiteers were denounced in the early years of the UBF, especially as the *Légion d'Honneur* was awarded to civilians whom veterans regarded as undeserving. No open criticism of France's involvement in the First World War was voiced and the *Union* presented the conflict as a trial out of which its members had emerged triumphant. This discourse on war enabled the *gueules cassées* to make sense of their wounds; at the same time it gave them a responsibility towards their fellow-countrymen, sometimes presented as weaker members of society, and towards the country they 'saved'. Throughout the interwar years, the *Union* sought to maintain the memory of the Great War and actively participated in events promoting its remembrance. A minute of silence for the dead was observed at the beginning of each general meeting and delegations regularly visited the Tomb of the Unknown Soldier and other memorials. *Gueules cassées* also sponsored sculptures and war monuments. Local branches held religious services in memory of war victims as part of their meetings, and the UBF summer camps sometimes included visits to war-related sites. More than an opposition to armed conflicts per se, *gueules cassées* presented the defence of peace as a duty and a responsibility civilians and ex-combatants alike had towards the victims of the First World War.

The UBF did not wait until the late 1930s to express its views on a possible future conflict. Throughout the 1920s and 1930s, it supported antiwar campaigns. Picot directly addressed the question of a looming war for the first time in December 1934; the UBF's concerns however focussed on the socio-economic impact of unrest and on how *gueules cassées* might be helped.<sup>240</sup> In April 1936, Picot tackled Hitler's violation of the Treaty of Versailles (with the re-militarisation of the Rhine area) and urged *gueules cassées* to set an example of unity for France to follow.<sup>241</sup>

The *Union's* antiwar stand is best seen in two films in which it took part. Their aim in participating in these two productions was to set themselves up as evidence against war, in an attempt to prevent such conflicts from breaking out

---

<sup>239</sup> *Bulletin*, 30, p. 5.

<sup>240</sup> *Bulletin*, 39, p. 1.

<sup>241</sup> *Bulletin*, 46, p. 1.

in the future.<sup>242</sup> *Pour la Paix du Monde*, released in 1927, was shown in France and in Belgium.<sup>243</sup> It even reached Germany, as seen in an article by Peter Panter, aka Kurt Tucholsky.<sup>244</sup> The journalist points out the realistic nature of the film, which was achieved by the participation of *gueules cassées*:

[...] da tauchen sie, in Zivil, aus dem Dunkel auf, einer nach dem andern, wie eine Vision: zerschossene, zerschlagene, verstümmelte, schreckliche Gesichter, die kaum noch Gesichter sind. Aber nun haben die Opfer einen Sonntagsrock an und sind keine Soldaten mehr, sondern wieder brave Leute, denen man nichts mehr ansieht. Eine schwere Stille lastete auf dem Saal. Nur einmal klatschten ein paar Frauen: eben, als die Franzosen die deutschen Gefangenen heimbrachten – die Schule hatte es ihnen wohl nicht besser gesagt. Aber als sie nachher die Leichen sahen, da war es ganz still...<sup>245</sup>

Here, *gueules cassées* represent the aftermath of war.<sup>246</sup> Tucholsky notes the powerful impact of disfigured men on viewers, the silence of the latter pointing to the unspeakable character of facial wounds. *Gueules cassées* are identified as part of an antiwar discourse, not only by their actions, but by their very being. A poster advertising the film conveys a similar point to French audiences:



Figure 31  
*Pour la paix du monde* poster (1927?), Historial

<sup>242</sup> See for instance *Bulletin*, 18, p. 17.

<sup>243</sup> *Bulletin*, 19, p. 7.

<sup>244</sup> Peter Panter, 'Französischer Kriegsfilm', *Vossische Zeitung*, 2 November 1927 <<http://www.zeno.org/Literatur/M/Tucholsky,+Kurt/Werke/1927/Franz%C3%B6sischer+Kriegsfil m>> [accessed 2 July 2012].

<sup>245</sup> *Ibid.*

<sup>246</sup> 'Les "gueules cassées" présentent un grand film historique: "Pour la paix du monde"', *Journal des Mutilés*, 29 September 1927, p. 1.

Symbols of peace and war are combined: men wearing soldiers' uniforms turn their wounded faces upwards, towards a white female dove-like figure representing peace. Maintaining peace appears as a battle in itself, a cause *gueules cassées* are fighting for. This is also seen in a speech given by Picot during an official visit of Doumergue in 1931. In it, the president of the UBF contrasted the destructiveness of war with the works of reconstruction and peace achieved by the *Association des Gueules Cassées*:

Ainsi les grands mutilés, les grandes victimes de la haine auront encore servi leur pays en montrant ce que peut l'union entre les hommes, en dressant en face de l'œuvre de ruine et de désespérance de l'abominable guerre, l'œuvre réparatrice et féconde de la fraternité.<sup>247</sup>

Picot's patriotic speech presents veterans as peacemakers. And as the risk of a new war increased, the UBF took part in another film: Abel Gance's 1938 *J'accuse*.<sup>248</sup> In this new version of Gance's 1919 silent production, facially disfigured soldiers feature only briefly. Their participation, and the support of the UBF, was nevertheless heavily emphasised in the publicity of the film. On posters, alongside the names of the director and main actors, 'Les Gueules Cassées' are mentioned. No individual names are singled out, rather the group of veterans as a whole is highlighted, their participation presented as '[marquant] ce film d'un réalisme sobre, très émouvant'.<sup>249</sup>

The support of the UBF and the CIAMAC (an international veterans' organisation which boasted four million members) adds realism and legitimacy to this production, despite the theatrical way in which facially disfigured men are pictured in it. Indeed, *gueules cassées* play the parts of dead combatants of the First World War who come back to life. The hero calls upon the victims of the Great War to rise from their graves and remind the world of what war looks like. Gance made use of nine men who were among the worst mutilated, and his production notes underline the shock he sought to create: 'Créer impression d'horreur et d'épouvante inoubliable [...] Faire avec les Gueules Cassées de véritable statues de pierre [...] qui résistent au temps en se gravant indélébilement dans les mémoires des spectateurs'.<sup>250</sup> In choosing these

---

<sup>247</sup> *Bulletin*, 27 (November 1931), p. 10.

<sup>248</sup> *J'accuse*, dir. by Abel Gance (Forrester-Parant, 1938).

<sup>249</sup> Paris, Cinémathèque française, 'Pour la presse', publicity material for *J'accuse*, B 46–134 GANCE.

<sup>250</sup> Paris, Cinémathèque française, Production notes, *J'accuse*, 616–B128 and 616–B129.

veterans, Gance guaranteed his film publicity and respect, not least thanks to the popularity of the UBF itself. But his choice was also directed by the spectacular nature of their wounds, which he utilised to make a lasting impact on viewers. Gance insists on the memorial function fulfilled by veterans, reminding viewers of the past and urging them to prevent such a conflict from happening again. This film thus makes clear the status of *gueules cassées* as living reminders of the war and embodiments of its horror. This inclusion of veterans in a pacifist discourse was fully accepted by Picot and Delahoche (the president of the CIAMAC). Both welcomed the participation of veterans in the film:

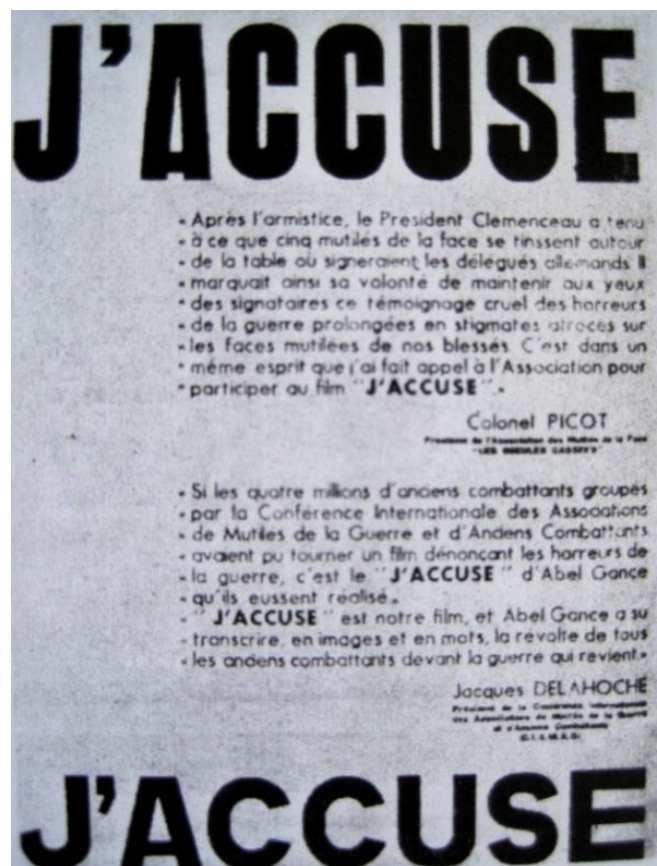


Figure 32  
 Publicity material, *J'accuse* (1939?)



Figure 33  
Poster, 160 x 240 cm (1939?)

In Picot's own words, *gueules cassées* embody the horror of war and have acted as living reminders of it ever since the First World War. He inscribes this participation within the trend inaugurated by Clemenceau at the signing ceremony of the Treaty of Versailles. In this context, as well as in Gance's film, *gueules cassées* were largely silent. The visual impact of their presence was deemed to be evocative enough. Their participation attracted both positive and negative comments, Bernard Barbey judging it as 'choquante' and other journalists criticising it as 'pacifism bêtant'.<sup>251</sup> On the other hand, André Colombier describes it as a 'solennel hommage'.<sup>252</sup> Nevertheless, Delahoche and Picot both acknowledged the antiwar dimension of this film and upheld it as a pacifist discourse.<sup>253</sup> A similar take on war is to be found in the July 1939 issue of the *Bulletin*, which points out how the memory of the war is fading away and asks 'comment concevoir que des hommes seraient assez fous pour donner l'ordre de perpétuer de nouveaux massacres? Et cependant ... ce n'est plus que dans les cœurs de ceux de 1914 que l'on peut retrouver, à l'heure actuelle, l'idéal infini de la paix'.<sup>254</sup>

<sup>251</sup> Bernard Barbey, cited in André Colombier, 'J'accuse', *L'Actualité Cinématographique et Littéraire*, Cinémathèque française, B46–137 GANCE.

<sup>252</sup> André Colombier, 'J'accuse'. Instances of journalists describing it as 'pacifisme bêtant' are to be found in *Marianne*, 16 February 1938, p. 17 and *Canard Enchaîné*, 2 February 1938, p. 4, in Joseph Daniel, *Guerre et Cinéma: grandes illusions et petits soldats, 1895–1971* (Paris: Armand Colin, 1972), p. 147.

<sup>253</sup> The release of the film was hampered by the outbreak of the Second World War,

<sup>254</sup> *Bulletin*, 60, p. 5.

With *J'accuse*, the UBF campaigned for peace; their position was however not always as clear-cut. In an informal conversation with a journalist in 1938, Picot noted:

On a voulu voir en moi [...] un pacifiste à tout poil. Oui, je suis pour la paix, mais pas à la manière dont l'entendront peut-être certains spectateurs du film. [...] Nous, Français, nous n'aimons pas marcher par quatre, défiler au pas de parade, mais quand il le faut, et au moment où il le faut, chacun de nous retrouve un vieil instinct guerrier, et il se bat.<sup>255</sup>

This was verified in 1939. When the Second World War broke out, the UBF declared its determination to support the state's decision to go to war. If few of the *gueules cassées* went back to the front, many saw their children go.<sup>256</sup> The workings of the UBF as a whole were affected by this conflict, especially because of the mobilisation of most of its medical advisors and the need to safeguard the organisation's assets. The *Union's* declared line of conduct was to support the war effort, especially by helping its members' sons at the front and providing for facially wounded soldiers of the Second World War.<sup>257</sup>

## Conclusion

This chapter has shown how the *Union des Blessés de la Face* evolved from a small friendship network to become a powerful organisation. Close bonds were formed between patients in hospitals in France, Great Britain and Germany, as shown in the writings of Baillaud, Clare and Rémi. However it is only in France that these relationships persisted beyond the wards and were given an official structure. The development of the UBF, which became one of the richest and most respected veterans' organisations in the course of the interwar years, was facilitated by the continuity of its leadership and the charisma of its president. Although it benefitted from the support of renowned personalities from its inception, it gained momentum in the mid-1920s, not least thanks to the success of its fundraising campaign for the purchase of a *Maison des gueules cassées*.

---

<sup>255</sup> Conversation between Picot and Léon Bancal, reported in *Bulletin*, 55, pp. 7–8.

<sup>256</sup> *Bulletin*, 61, p. 1.

<sup>257</sup> An allowance was given to soldiers whose deceased father was a member of the UBF (*Bulletin*, 60, p. 7). See also *Bulletin*, 61, p. 3.



This expansion was made possible by internal factors, including the absence of major controversies and the family-like atmosphere encouraged by the limited membership. At its peak, the *Union* had around eight thousand active members, and many more signed up as benefactors. Despite these limited numbers, *gueules cassées* evolved as representatives of war veterans in general. External factors also account for the success of the *Union*, for example in economic terms thanks to donations and the profits made from the national lottery. A continued press coverage, active propaganda efforts and the support of artists contributed to make the organisation widely known.

The UBF nevertheless faced criticisms in the interwar years. During its campaign to obtain the *rétroactivité* of the decree acknowledging and compensating disfigurement, *gueules cassées* were accused of trying to take advantage of the state.<sup>258</sup> In 1929, a bulletin reported a comment in a newspaper describing the UBF as a ‘poussière d’association’.<sup>259</sup> In 1939, the UBF advised its members to answer critics by saying that ‘nous sommes peut-être la plus riche Association, mais nous sommes sûrement celle qui donne le plus à ceux d’entre nous qui en ont besoin ...’.<sup>260</sup> As it became more successful, especially through its involvement in the lottery, criticisms increased and the UBF faced hostility and competition from other organisations. Even its place in society was not without challenges. Thus, a handful of French town mayors were denounced in the *Bulletins* for being ill-disposed towards *La Dette...* and for refusing to sell the tickets sent to them by the UBF.<sup>261</sup> This was interpreted as illustrating a lack of respect towards *gueules cassées* and a refusal to acknowledge society’s debt to the veterans.

Despite some negative reactions, the *Union des Blessés de la Face* overwhelmingly managed to shape a positive public profile for French *gueules cassées*. The *Bulletins* were the organisation’s mouthpiece and consequently present it in a favourable light; they constitute nonetheless a valuable source of information about the image it aimed to project. Other publications, for instance in the press, and the economic success encountered by the UBF during the interwar years tend to confirm that it was well regarded and integrated. The

---

<sup>258</sup> *Bulletin*, 23, p. 6: ‘Contre cette *affirmation mensongère* nous avons protesté en novembre dernier devant le Ministre des Pensions – mais nous n’oserions pas assurer que ces insinuations ne se sont pas acheminées vers le Conseil d’Etat ...’.

<sup>259</sup> *Ibid.*, p. 4.

<sup>260</sup> *Bulletin*, 60, p. 10.

<sup>261</sup> *Bulletin*, 32, p. 7.



veterans' self-reliance and attempts to help other mutilated men facilitated relationships with the state, with other veterans' organisations, and with French society as a whole. The UBF was run like a philanthropic business, extending its benefits to a wider circle. The holistic approach and traditional values upheld by the *Union* were combined with modern and original fundraising methods, enabling it to become a popular and respected veterans' organisation in the interwar years. In association with their president Picot, members were seen as patriots capable of bringing a productive contribution to both wartime and peacetime society. Existing studies on German and British disabled veterans depict them as being respectively praised and ignored by the state, and regarded as burdens and 'the objects of charity' by society.<sup>262</sup> In contrast, the positive image of French *gueules cassées* publicised in the media and sometimes in the arts, was claimed and reinforced by the UBF itself.

---

<sup>262</sup> Cohen, *The War come Home*, p. 60.



## Chapter 4

### Visual Representations of Facially Injured Soldiers

Different types of responses to facial injuries during and after the First World War have been discussed in the first three chapters. The case studies of real-life *gueules cassées* have shown their visibility and the images they had and claimed in European societies. Artistic representations are another form of response to the presence of disfigured veterans; they provide a valuable insight into perceptions that go beyond the imminence of physical confrontation, and show the utilisation of the figure of the mutilated soldier during and after the war. In particular, the arts function as a magnifying glass and highlight the concerns of contemporary observers.

The majority of works analysed in these two chapters on visual and literary representations have been little researched in terms of their message on facial disfigurement, some of the photographs and novels have in fact never been discussed before. They are here integrated in a comparative study that aims for interdisciplinary comparison rather than to provide an art historian's or literary studies approach. This interdisciplinary orientation is one of the characteristics, indeed one of the strengths, of an approach from the point of view of cultural history. These chapters argue that, as *gueules cassées* sought to reclaim their bodies and their lives, so also the arts claimed their images and stories for their exploration. Acknowledging the powerful visual impact of disfigurement, visual representations and literary depictions will be studied separately.

In *The Face in Western Art*, John Brophy argues that a 'subordination of the face to the body' ruled over visual representations of the body until the Renaissance.<sup>1</sup> Faces were, if not absent, at least overlooked in terms of artistic attention. Changes in the understanding of how the mind works and the development of a more acute self-consciousness brought about a renewed interest in the face, which in turn led to a stronger representation in the arts. But if grotesque and deformed faces can be found, especially in caricatures, disfigured faces have not often been depicted, not least because they challenge

---

<sup>1</sup> John Brophy, *The Face in Western Art* (London: George G. Harrap, 1963), p. 17.

traditional conceptions of beauty and perfection. Ancient aesthetic canons of order and symmetry are defied, as scars stand in place of the distinctive facial traits usually associated with the person. Not only do *gueules cassées* defy this 'objective' definition of beauty, but in preventing the onlooker from recognising the men, and even more from identifying with them, the disfigured faces threaten human relationships and point at the de-humanising quality of the First World War. They can trigger a morbid fascination but more generally they are regarded as objects of repulsion rather than sources of attraction.

When the First World War broke out, the classical aesthetic canon had already been challenged, in particular by the development of realism, naturalism and expressionism. Artistic movements promoting faithful-to-life, and even exaggerated depictions may have contributed in encouraging the production and publication of images of disfigured faces. However, Fischer and others note that 'En peinture et en sculpture, les déformations du visage dues à des mutilations, à des absences d'une partie de la face (lèvres, nez, pommettes...) avant les gueules cassées de 14–18, nous semblent rarissimes'.<sup>2</sup> This quantitative change following the First World War may be accounted for by the fact that they now constituted a frequent sight in everyday life. If art is to be a faithful representation of life, picturing the wounded is therefore justified. On the other hand, disfigured soldiers were still likely to shock their contemporaries. This explains why artists, being aware of the powerful impact of *gueules cassées* on the onlooker, used them to epitomise war atrocities and sometimes to promote pacifism. These depictions may appear to be anti-militaristic in all countries, yet there are differences that are indicative of variations and similarities in the post-war situations of Great Britain, France and Germany, for example in view of the treatment and integration of the wounded. The ways in which *gueules cassées* were represented, and on occasions instrumentalised, reflect the role they played in different national contexts.

Existing discussions of artistic depictions of *gueules cassées* are few; these include studies on Tonks's pastels in Great Britain, Maria Tatar's article on representations of the face in German arts and Fischer's essay on French *gueules cassées* in art history.<sup>3</sup> Comparative studies are even rarer.<sup>4</sup> The

---

<sup>2</sup> Fischer and others, p. 337.

<sup>3</sup> Maria Tatar, 'Entstellung im Vollzug: Das Gesicht des Krieges in der Malerei', in *Gesichter der Weimarer Republik*, ed. by Gilman and Schmölders, pp. 113–30; Louis-Paul Fischer and others, 'Les gueules cassées représentées par de grands peintres (O. Dix – G. Grosz – R. Freida): La

structure adopted in the present chapter on visual representations allows for a discussion of different media: photography, medical drawings and paintings.

## 1. Photography

In *Regarding the Pain of Others*, Susan Sontag discusses the production and reception of photographs of atrocities, especially in the context of wars. Her analysis highlights the use of these images and when examining pictures taken during and after the First World War, she refers to photographs representing *gueules cassées* on several occasions.<sup>5</sup> This emphasis stresses the long-term effect of these images and the issues they raise.

In the context of the First World War and its aftermath, photography deserves particular attention. Although photographic techniques had developed since the mid-nineteenth century, the Great War was the first conflict to be widely documented, even though censorship interfered. It was felt that photographs, unlike paintings or drawings, conveyed a greater sense of authenticity. Sontag states: 'Photographs [...] were a record of the real – incontrovertible, as no verbal account, however impartial, could be – since a machine was doing the recording. And they bore witness to the real – since a person had been there to take them'.<sup>6</sup> They are not apparently *representations* insofar as they do not evoke or stand for something else. On the contrary, photographs give the viewer an almost direct access to the scene pictured. The presence of a filter is hardly noticeable and the photographer can almost disappear if he or she wishes to do so. Photographs can therefore produce a very different impact on viewers than other forms of visual representations, such as paintings or drawings, even when these may be more elaborate.<sup>7</sup>

In the context of the war, photographs stand apart from other media forms in that they combine artistic and documentary purposes. Sontag convincingly argues that attempts at rendering pictures of war more 'artistic' have long been received with suspicion: 'For the photograph of atrocity, people

---

défiguration en histoire de l'art', pp. 337–46. Essays on Tonks's pastels will be discussed in more detail in section 2 on 'Medical Drawings'.

<sup>4</sup> Tonks's pastels have on occasions been set against photographic representations, for example in Biernoff, 'Flesh Poems'.

<sup>5</sup> Sontag, *Regarding the Pain of Others*, p. 13.

<sup>6</sup> *Ibid.*, p. 23.

<sup>7</sup> *Ibid.*, pp. 37–38.

want the weight of witnessing without the taint of artistry, which is equated with insincerity or mere contrivance'.<sup>8</sup> It is questionable whether photography can be free from any artistic considerations; moreover the photographer's subjectivity can be regarded as jeopardising the alleged objectivity of photographs. When photographs are too obviously manipulated, be it in order to beautify or to 'uglify' their subject, they are no longer seen as reliable testimonies.

Photographic representations of *gueules cassées* raise questions pertaining to the photographers' purposes, especially with regard to the way wounds are shown, highlighted or hidden. The identities of the soldiers whose pictures were taken and their reasons for agreeing to pose constitute another field of investigation. Furthermore, it is worth exploring what photographs of facially injured veterans tell us about their rehabilitation and place in society.

Sontag points out that taking photographs of the face of the dead (in the context of war) is taboo: 'With our dead, there has always been a powerful interdiction against showing the naked face'.<sup>9</sup> The face is conspicuously absent in photographs of dead people, as if it was deemed too voyeuristic. Maimed faces, however, have an ambiguous status: they belong to living persons but have been altered beyond recognition, even to the point of evoking the idea of death rather than life.<sup>10</sup>

Considering the difficulties men experienced to come to terms with their disfigured face, it is surprising that they would have agreed to have their picture taken at all. In her 2005 novel entitled *Gueules cassées...et alors? Sourire quand même*, Corine Valade stresses the main character's uneasy relationship to the increasingly popular medium of photography in the 1920s.<sup>11</sup> She narrates the (imaginary) post-war destiny of a *gueule cassée* who enjoys photography as a pastime but refuses to have his own picture taken. Although the narrative is fictional, the author draws upon real-life stories of disfigured men who lived at Moussy. Likewise, Renée Girard's novel underlines the significance of the fact that the disfigured man agrees to have his picture taken on his wedding day.<sup>12</sup> This act is presented as evidence of his acceptance of his changed physical

---

<sup>8</sup> Sontag, *Regarding the Pain of Others*, p. 23.

<sup>9</sup> *Ibid.*, p. 63.

<sup>10</sup> This intermediate state – between life and death – reminds viewers of medieval visions of the apocalypse, especially at a time when apocalyptic imagery was a key artistic motif (see Winter's discussion of 'The apocalyptic imagination in art', in Winter, *Sites of Memory, Sites of Mourning*, pp. 145–77).

<sup>11</sup> Valade, *Gueules cassées...et alors?*

<sup>12</sup> Renée Girard, *La vie intime d'une "gueule cassée"* (Paris, Les Etincelles, 1931), pp. 172–73.

appearance. This suggests that only those who had managed to come to terms with their disfigurement were represented on photographs.

In the two aforementioned novels, photographs are taken by amateurs, in everyday-life situations. During the First World War, amateur photographers worked alongside press and official photographers.<sup>13</sup> The first category produced a greater quantity of images, in more diverse contexts (e.g. everyday life on the Western Front but also on the Home Front and later snapshots of civilian life such as wedding ceremonies and family photographs). The quality of such photographs is not consistent and their private nature means that they were not usually publicised, rendering their access difficult. Although newspapers looked for amateur photographs when journalists were denied access to the Western Front, only a minority of the photographs taken by soldiers were actually published. Additionally, as Jane Carmichael observes, First World War photographers involved in the actual fighting – be they soldiers or nurses – were more likely to picture scenes of relaxation than battlefields.<sup>14</sup> On the other hand, press and official photographs were taken by professionals and were intended to be more widely circulated. For security reasons, photojournalists were seldom allowed access to the Western Front; this left only a handful of official photographers to cover the battlefields. The provenance of photographic documents explains the differences in the quality and distribution of photographs, and accounts for the variety in the purposes of the pictures realised and in the ways the subjects are represented.

### 1.1. Official photographs

National governments commissioned official photographers during the war with the intention of using their photographs for propaganda purposes. The French War Ministry set up a specific department, the *Section Photographique de l'Armée* in 1915 as a response to the use of photographic documents by the Germans (in neutral countries especially).<sup>15</sup> The British propaganda organisation also sent official photographers to record events on the Western

---

<sup>13</sup> 'The Photographic Collection', The Great War Archive (containing items donated by the general public between March and June 2008, collected and digitalised by Oxford University, UK), <<http://www.oucs.ox.ac.uk/ww1lit/collections/photo>> [accessed 17 March 2011].

<sup>14</sup> Jane Carmichael, *First World War Photographers* (London: Routledge, 1989), pp. 31–35.

<sup>15</sup> H  l  ne Guillot, 'La section photographique de l'arm  e et la Grande Guerre: De la cr  ation en 1915    la non-dissolution', *Revue Historique des Arm  es*, 258 (2010), 110–17.

Front and the Home Front.<sup>16</sup> Horace W. Nicholls (1867–1941) had previously covered the Second Boer War as a photojournalist and he was the first official photographer to be appointed by the Ministry of Information during the First World War. Commissioned to document the Home Front, several of his photographs included facially injured soldiers. In addition to before-and-after sets of photographs (the most frequently encountered representations of facially wounded combatants in photography), he also produced a series of photographs representing facial masks and attachments. The work of the sculptor Francis Wood is recorded in a set of two before-and-after photographs representing the same soldier and a series of nine black-and-white photographs entitled ‘Repairing war’s ravages: renovating facial injuries’. The process of making a facial mask is detailed, but beyond the items represented, these photographs are telling of the treatment of disfigured soldiers in official photography. The set of two before-and-after photographs portrays an anonymous soldier:



Figure 34

‘Repairing war’s ravages: renovating facial injuries. A British soldier wounded between the eyes by a piece of time-fuse, which lodged at the back of his cheek. It was extracted by massage without injury to the cheek’ © Imperial War Museum (IWM)

---

<sup>16</sup> The War Propaganda Bureau, set up in August 1914, became the Department of Information in February 1917 (Carmichael, pp. 16–20).





Figure 35

'Repairing war's ravages: renovating facial injuries. The patient after a plate was fixed for the spectacles to cover the wound. The sculptor was Captain Derwent Wood, RA, 3<sup>rd</sup> London General Hospital' © IWM

The subject's face is the focal point of these two photographs but they are not a complete close up on his damaged face. Unlike the many photographs taken during the patients' treatment, this one represents a man whose medical treatment is over. The title, 'Repairing war's ravages', evokes the brutality of the conflict as well as the possibility of counteracting the said ravages. It highlights the fact that although scientific and technical advances increased the power of destruction, they also improved chances of survival.

The subject of the above photographs is referred to as 'a British soldier' and 'the patient'; unlike medical photographs, which often specify the patient's name, his is not given. This lack of identification is accounted for by the fact that medical photographs were less likely to be disclosed; more than suggesting that his identity has been completely wiped off by his war injury, it implies that this *gueule cassée* is just one among many others. This further emphasises the symbolic quality of the facially injured combatant, who represents any disfigured soldier and beyond, the face of war itself.

In the first picture, the injury is unconcealed and the way in which the light falls on the wound draws attention to it, the intact side being in the shadow. The wound, which is described in more detail in the caption, looks neat and well-healed. Unlike what the title 'ravages' implies, the damage seems relatively limited and appears to be aesthetic more than functional. This photograph does therefore not show a shocking case of disfigurement, the 'normal' appearance of the subject being increased by the framing and clothes. The top of the man's chest and shoulders is visible, which enables the viewer to see that he is not

wearing a hospital uniform but a suit and a tie. This suggests that he is no longer a patient or a soldier, but rather has returned, or is soon to return, to civilian life. Wearing plain clothes underlines the fact that this man, despite his damaged face, leads an ordinary life, thus facilitating the viewer's identification, or at least enabling him to connect with him. This is further helped by the fact that the young man looks straight at the camera; his gaze does not avoid the onlooker's.

In both photographs, the subject's facial expression is neutral. Although the second picture is slightly overexposed, one can clearly see that the damaged forehead is made almost invisible by a mask attached to a pair of glasses. In spite of this improvement, the patient is neither smiling, nor is he presenting any signs of happiness or relief. The message conveyed in these two photographs is more informative and factual than it is appealing to emotions. The emphasis is on the 'normality'; the choice of the subject – a young, reasonably good-looking man wearing smart clothes – also points to the future and hope of smooth reintegration.<sup>17</sup> This reparation is however superficial: the man's appearance may have been put right according to standards of aesthetic beauty, yet the damage is still visible. The photographs and their captions represent physical restoration only, and do nothing to address the psychological impact of war injuries (which is heavily emphasised in literary representations). More than the successful 'repairing' of the face, i.e. restoration or reconstruction, these images evidence the efficient hiding of the damage.

Another series of photographs produced by Nicholls records the different stages in the making of a facial mask. This time the attention is not so much on the change it brings to the man's face but rather on the item itself, and a narrative emerges out of these images:

---

<sup>17</sup> A similar take is found in Suzannah Biernoff and Jane Tynan, 'Making and remaking the civilian soldier: The World War I Photographs of Horace Nicholls', *Journal of War and Culture Studies*, 5, 3 (2012), 277-93.



Figure 36

'Wood's assistants 'applying first coat of plaster for the purpose of taking the mould of the patient's face, who has been blinded in one eye. The patch is to restore that side of the face which has been disfigured' © IWM



Figure 37

'The complete mould before removal' © IWM



Figure 38

'The mould removed' © IWM



Figure 39  
'The patient examining the mould of his own face' © IWM



Figure 40  
'Captain Derwent Wood, RA, who moulds the plates' © IWM



Figure 41  
'Painting the plate' © IWM

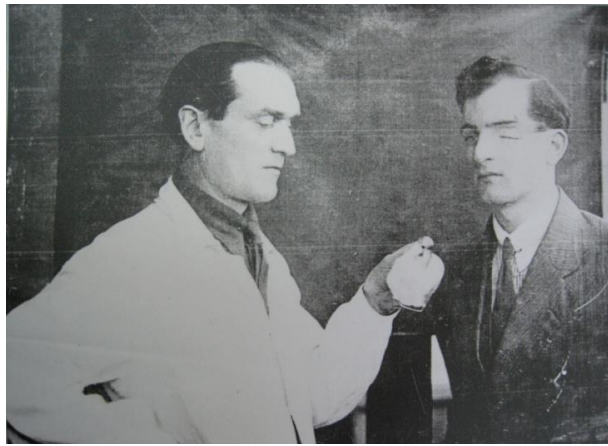


Figure 42  
'Examining the finished plate' © IWM



Figure 43  
'Repairing war's ravages: renovating facial injuries. The mould in different stages. From left to right the mask mould, the mask cast, the cast with the good eye restored, the plate moulded, and the finished plate attachment' © IWM



Figure 44  
'Repairing war's ravages: renovating facial injuries. Various plates and attachments in different stages of completion' © IWM

The setting is not a hospital ward, although the man is referred to as 'the patient'. The rooms where these photographs were taken resemble an artist's studio and were probably Wood's workshop at the 3<sup>rd</sup> London General Hospital.

The background of the first photograph features four masks, their lighter colour standing in contrast with the dark shelves on which they are placed. They are positioned as if looking straight at the two men working on the disfigured soldier, and beyond, at the viewer, thus giving a slightly eerie atmosphere to this scene. A similar decor is visible in photographs and the film showing Ladd's studio; they testify to the artist's previous achievements and show the production process.

In the first photograph, two men, probably Wood's assistants, are pictured bent over a disfigured soldier's face. It does not look severely damaged, thus apparently contradicting Wood's statement that 'as a general rule the cases which come to me are those in which the wounds or depredations of disease have been so severe as to remove them beyond the range of even the most advanced plastic surgical operations'.<sup>18</sup> The reason for this discrepancy may be the purpose of these photographs: unlike medical photographs aimed at a limited and informed audience, official photographs were likely to reach a wider public. Too dreadful a sight would have shocked the viewers and possibly have disheartened them.

The two men in the first photographs do not appear to be posing but look focussed on their task, as if they were unaware of the presence of the photographer. Whilst one man is applying the plaster, the other is standing near and observes. The patient is passive: he sits in a chair, the upper half of his body covered so as not to stain his clothes, his eyes are closed. He is the subject the artists or technicians are working on. This impression is even stronger in the second photograph, which pictures a perfectly still patient whose face is almost completely covered in a thick white plaster. Wood's assistants are contemplating their work. Although they are not working any more, they are still not looking at the camera. A professional attitude also prevails in the third photograph, which shows the two men wearing white coats absorbed in examining the mask they have just made. In contrast, the patient is still in the same position, eyes closed, motionless, when one would expect him to look at the mask too. These first three photographs turn the spotlight on the sculptors and give the impression that the disfigured man is powerless and that his fate is in the hands of others. The contrast between the staff, two professionals

---

<sup>18</sup> Wood, p. 949.

working together, and the lonely, passive figure of the disfigured soldier, is striking.

The fourth photograph of the series marks a change: the setting remains the same, but the focus is now on the patient, who is the only person visible. As the mask which will restore his looks takes shape, other features are also gradually highlighted in his appearance (for instance his clothes) and in his posture. He appears less passive. This photograph illustrates the confrontation between the man and the mould of his face. A phenomenon of *mise-en-abyme* is taking place, and the viewer is the voyeur of the encounter.

The next photographs represent the sculptor Francis Derwent Wood himself. The setting is different: the background – a dark blanket hanging on the wall – is more uniform than the masks in the previous photographs; the viewer's attention thus focuses on the two men in the foreground. The onlooker's eye is drawn to the man on the right, whose white coat stands out against the dark background and contrasts with the disfigured man's dark suit. The presence of an easel, a palette and paint brushes suggests that the scene takes place in an artist's studio. The caption confirms that the man on the left is the sculptor 'Captain Derwent Wood, R. A.'. The artist is putting his skills to the service of the military.

In all three photographs representing Wood and the soldier, the only active person is the artist. Even when Wood is not actually painting, he is the one holding the mask, examining it. The first photograph is telling of the relationship between *gueules cassées* and the rest of the world: the mask is positioned between the two men, like a filter through which Wood sees the other man. The disfigured man is a 'work in progress', as shown in the second photograph, which pictures Wood painting the mask positioned on the face. This procedure is aimed at finding the right shade of paint so that the mask will completely blend with the patient's skin colour. There is a somewhat eerie effect, as Wood is almost painting directly on the man's face, giving him human features again. The last photograph presents the artist examining the plate; the patient is standing beside him but is not looking at the result, as he had not looked at the mould earlier. There is a distance between the man and the mask, the patient barely expressing curiosity at the device meant to change his appearance and potentially his life. The power is in the hands of the artist who



gives life to a plate, a composite of human flesh and inanimate material, sometimes made of the very metal which caused the destruction of his face.<sup>19</sup>

The theatrical aspect of facial masks, plates and attachments is made obvious in the last two photographs of this series. This dimension was perceived by surgeons themselves, for instance by Albee when he wrote that 'Hundreds of soldiers who would otherwise have been too revolting to appear on the street, were restored to something like their old appearance by papier-mâché noses; rubber ears, coloured like flesh and almost as pliable [...]'.<sup>20</sup> The photograph featuring the moulds and plates at different stages bears testimony to the artist's skills. The way they are displayed is both scientific and artistic. It shows the practical stages of making such items but at the same time it makes the mask look like a prop. The theatrical effect is increased by the fact that there is no human being represented alongside these objects. The last photograph does not focus on the technical and artistic process; rather it represents, again like theatre props, a collection of glass eyes, noses, ears and other attachments destined to be fixed on people's faces. These inanimate objects highlight the fact that although masks hid the wounds, they often looked unnatural and failed to convey any of the wearer's emotions since 'Unlike a living face, with its infinite variety of response, the tin mask remained capable only of the one expression imposed by the artist'.<sup>21</sup> Artists themselves acknowledged the limitations to their work, Wood declaring 'I have to call attention at the outset to two important points: no attempt is made in any of my contrivances for the alleviation of the sufferings of the wounded, to restore functioning or to produce a cosmetic effect by plastic methods'.<sup>22</sup>

Thus, although at first sight masks may have facilitated relationships with society, the limits of these 'props' were obvious as soon as the man tried to communicate with other people. In contrast, plastic surgery aimed to restore the function and make patients able to express emotions. The surgical reconstruction of faces was also documented and medical photographs recording the achievements of specialist surgeons have been kept since the First World War.

---

<sup>19</sup> This almost supernatural commission can be paralleled with the surgeon's, as evidenced in Joseph Roth's description of Jacques Joseph's work at the Charité hospital (Roth, 'Der Wiederaufbau des Menschen', pp. 583–84).

<sup>20</sup> Albee, p. 108.

<sup>21</sup> Nicolson, p. 67.

<sup>22</sup> Wood, p. 949.



## 1.2. Medical photographs

Medical photographs were taken by professional photographers who worked in the hospital wards where patients were treated. In her discussion of visual representations of mutilation and restoration, Ana Carden-Coyne underlines that 'Clinical photography was used extensively in the First World War and it enjoyed the reputation of a precise science'.<sup>23</sup> Photographic representations of facially injured soldiers were no exception to this rule. Medical photographs mostly represent *gueules cassées* during their treatment, which sets them apart from official (and amateur) photographs. The former largely focus on facially disfigured men towards the end of their treatment or those who are having masks fitted. Amateur photographs were generally taken by family and friends, after the soldier's return to civilian life. Whilst literature suggests that *gueules cassées* could feel uncomfortable at being photographed in social situations, the abundance of medical photographs indicates that they responded favourably given the 'clinical' context in which medical photographs were taken. Indeed, in hospital wards, everyone was disfigured and photographers – who were sometimes ward orderlies themselves – were used to seeing the wounded men. The close relationship between photography and surgery led to the establishment of a photographer's studio alongside an artist's studio at the purpose-built Queen's Hospital, Sidcup.

The patients' willingness to pose is partially attributed to the purpose of medical photographs. Their main function was to provide an illustrated record of the treatment and surgical operations performed. As plastic surgery was a fast-developing discipline, photographs enabled practitioners to share their techniques; they also had a didactic function and served as evidence of the progress made. Those with access to the photographs mostly belonged to the medical profession and the circulation of these pictures remained limited. However with the publication of treatises on plastic surgery (for instance by Harold Gillies in English and by Erich Lexer in German), more people came across these photographs. The selection of subjects was not dictated by the same concerns as with official photographs: clinical photographers did not shy away from showing severe wounds since they made the case more interesting from a scientific point of view. Medical photographs are usually part of series of

---

<sup>23</sup> Carden-Coyne, p. 95.

at least two pictures (before and after surgery), but often they are more numerous. In medical treatises, several photographs taken at different stages are usually placed side by side, accompanied by technical explanation. Clinical images are mainly close-ups of the face of a patient whose expression is neutral, consistent with the scientific purpose of these pictures. The angle and light effects place focus on the wound rather than on the face as a whole. The soldier's pose sometimes looks unnatural since his wound is what has to be most visible, while in reality *gueules cassées* tended to try to make their scars less noticeable.

There is evidence that clinical photographs were taken in France, Germany and Great Britain. Harold Gillies included many photographs in his 1920 medical treatise *Plastic Surgery of the Face*.<sup>24</sup> So did Erich Lexer, in his book *Wiederherstellungs-Chirurgie*, published in Germany the same year.<sup>25</sup> Medical clichés were also taken in France: over a hundred photographic prints of patients treated by the French surgeon Hippolyte Morestin are still in existence.<sup>26</sup> The usefulness of these visual depictions to the surgeon is recognised, for instance by Harold Gillies. In the introduction to *Plastic Surgery of the Face* (1920), he acknowledges the contribution of painters such as Henry Tonks and Daryl Lindsay, who produced drawings intended to record the surgical process of facial reconstruction. The valuable work of the photographer is also underlined by the surgeon:

The majority of the photographic figures in the book have been prepared by Mr Sidney Walbridge. Their excellence speaks for itself, but gives no idea of the time and care this late N.C.O. has devoted to ensuring that they shall be an honest and true record. He has had to suborn his art to this end, sternly suppressing the temptation to manipulate the lighting or retouch the negatives.<sup>27</sup>

Photography is identified as an art and the assumption is that as such it can be deceptive. However, the scientific purpose of medical photographs requires the photographer to fight this tendency of art to transform reality. According to Gillies, this was successfully accomplished by Walbridge and the result is a presumably faithful rendering of his patients' faces. This reflects Sontag's

---

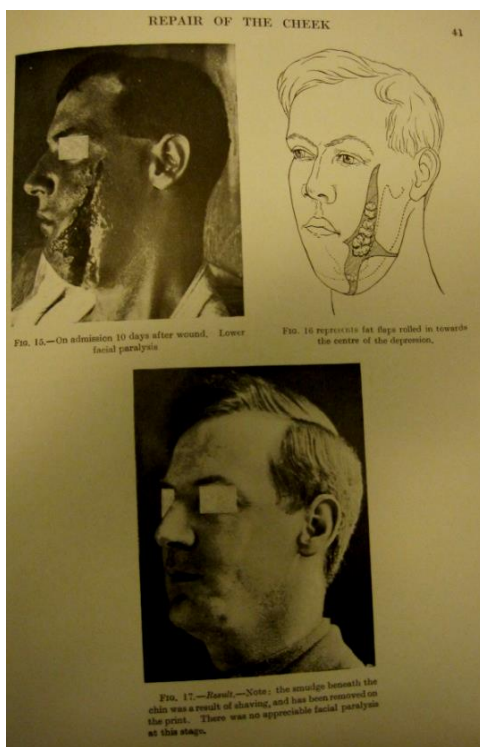
<sup>24</sup> Gillies, *Plastic Surgery of the Face*.

<sup>25</sup> Erich Lexer, *Wiederherstellungs-Chirurgie* (Leipzig: Johann Ambrosius Barth, 1920).

<sup>26</sup> Wellcome Library archives, iconographic records, for instance references 569937i, 570112i, 570414i, 570415i, 570434i.

<sup>27</sup> Gillies, *Plastic Surgery of the Face*, p. xi.

observation that the public seeks the truth in photography and that people are suspicious if there is a 'taint of artistry'.<sup>28</sup> A closer examination of the visual depictions published in *Plastic Surgery of the Face* is telling of the differences between medical drawings and photographs, and enables us to get a better understanding of how photographic representations were used in a medical context.



CASE 37

This officer received a long, gashing wound of the left cheek, which is well illustrated. At its maximum depth, it penetrated to the mouth (buccal fistula), and, during the course of the missile, the mandible was fractured with loss of bone, mainly alveolar. Two pointed ends of the lower border of the bone remained in close proximity in the bottom of the wound, and at the later operation scar tissue was excised between these points, which were themselves freshened. Combined with dental splinting and necessary extractions, this freshening resulted in bony union, so that the injury may be classed as one without loss of bony contour.

The healed condition in a case like this is merely one of a very large depressed scar. The good result obtained was due, I think, to the use of fat flaps, as previously explained and as the diagram represents. On this occasion they were rolled in towards the depression, having their blood supply from the deep tissues: the skin, thus undercut, was drawn over the fatty prominence and accurately sutured. The skin edges were cut markedly on the slant or bevel, and the stitch used was the semi-subcutaneous horsehair mattress suture (*vide p. 33*), reinforced by a few edge-to-edge stitches. The upper part of the scar was invisible as such before this patient left hospital, but there was still a slight depression which marked its site.

The final history of this gallant officer from the Dominions is pathetic. Soon after being posted back to duty he volunteered for foreign service again, was shot through the knee-joint, and died of wounds in the same Casualty Clearing Station as that which received him when his face was wounded.

Figure 45  
Case 37 in Gillies, *Plastic Surgery of the Face* (1920)

This set of iconographic documents published in Gillies's book juxtaposes photographs and a drawing, thereby providing an interesting contrast. It is accompanied by a text explaining the case. The fact that the patient's eyes are hidden on the photographs suggests that he wanted his anonymity to be preserved. However, the sketch makes them clearly visible, which implies either that the person who made it deliberately changed their form and expression, or that drawings were regarded as a form of art less likely to represent the truth. The description accompanying the illustrations of this case is given from the point of view of Gillies himself, which introduces a human element to this scientific textbook. The absence of the identification of the patients in medical treatises leaves, according to Sontag, more room for manipulation: not only is it

<sup>28</sup> Sontag, *Regarding the Pain of Others*, p. 23.

impossible to check that they were actually injured in the war, and that before-and-after photographs actually represent the same men, but it is also impossible to determine their national origins. Moreover, the anonymous individual patient, like the Unknown Soldier in the Tomb, becomes a symbol for all disfigured men.

The identification in the caption ['this officer'] does not jeopardise the patient's anonymity: the only element which is given is the man's military rank; his age or name, for instance, are not specified. Only his origins ['the Dominions'] are later given; the date and place where he received his wound remain unknown. In the last paragraph, which does not offer any technical information and could therefore be considered as useless in such a scientific text, Gillies's voice is heard again, telling the unhappy conclusion after the successful treatment. The emotional involvement of the doctor is evidenced by his choice of adjectives, such as 'gallant' and 'pathetic'. The perceived irony of the officer's death may account for the doctor's decision to include these details. The man's bravery is not denied, yet the fact that his decision led to death suggests that the surgeon's efforts were a waste. This may be what prompted Gillies to add this extra information to the medical discussion of the case.

Such a detailed account of the destiny of a patient is not a common feature of Gillies's book as the surgeon usually limits his case studies to scientific considerations. These are not restricted to the description of technical prowess: Gillies also considers practical aspects following his patients' discharge, such as their ability to eat 'most articles of diet'.<sup>29</sup> He was not only concerned with the artistic quality of his workmanship, but also interested in the patients' quality of life. Interestingly, some of the photographs included in his book show patients smiling.<sup>30</sup> A happy face was not something unusual in photographs taken at the time – one smiles for the camera and therewith eternity – but this attitude is still striking when it comes to medical photographs of *gueules cassées*. These images point to the surgeon's achievements in terms of functional and psychological reconstruction. More than the soldier's looks, his ability to move his muscles in a natural manner bears testimony to the doctor's skills.<sup>31</sup> Beyond the aesthetic and practical dimensions, these

---

<sup>29</sup> Gillies, *Plastic Surgery of the Face*, p. 64.

<sup>30</sup> *Ibid.*, p. 65 and p. 155.

<sup>31</sup> Gillies's pride when he showed a delegation of the British Medical Association that one of his patients, Guardsman J. Maggs, was able to blush is another case in point (Pound, pp. 57–58).

photographs also convey the message that with their new face, these veterans can lead a normal life. The damage inflicted to their bodies has been cured owing to scientific and technological advances; medicine has triumphed over war. Whether this smile is truly an expression of the patient's relief, an automatic response to the presence of the camera or an attitude they are asked to adopt by the medical photographer cannot be ascertained.<sup>32</sup>

### 1.3. Use of photographs representing facially injured soldiers

From documentation in museums to propaganda tools and memorabilia, this section discusses the various uses of photographs. Medical photographs were used in temporary and permanent exhibitions in war and post-war years in France (Val-de-Grâce museum) and in Great Britain (Sidcup, Manchester). Like official photographs, clinical photographs that were exhibited told a story. They were integrated in a narrative of restoration and constituted a visual proof that 'nothing more wonderful has been given to humanity than this triumph of man's science over man's malignity'.<sup>33</sup> A 1918 article published in the *Manchester Guardian* reports on exhibits from the Jaw Centre (Fallowfield, Lancashire) shown to the general public at the Disabled Service Men's Exhibition.

Describing the photographs, the journalist writes:

Some of the photographs would not have been allowed publicity in the good days before we had of necessity accustomed ourselves to the contemplation of the horrible. But here they serve a purpose. They depict not isolated cases, but a large class of injuries which is daily being replenished from the battle fronts, and they show, fortunately, that the men who suffer can be saved from intolerable disfigurement.<sup>34</sup>

The shock effect of photographs is not denied, as images and objects are described as 'painful to look at'.<sup>35</sup> However, the emphasis is on the message of hope they convey.

---

<sup>32</sup> The staged dimension of visual representations of *gueules cassées* is even more visible in a short film shot in 1916 and showing the work of Dr Albéric Pont in Lyon. It features facially injured patients, one of whom looks rather grim but suddenly smiles to the camera, having obviously been asked to do so (*Service de prothèse maxillo-faciale du Dr Pont à Lyon*, ECPAD 14.18 A910).

<sup>33</sup> 'Face Restoring: Wonders of War Surgery', LMA H02/Y01/05, p. 61.

<sup>34</sup> 'Facial Wounds: Merciful Work of Modern Surgery', *The Manchester Guardian*, p. 3.

<sup>35</sup> *Ibid.*, p. 3.

Medical photographs were also used to further political stances, especially antiwar propaganda. This is particularly the case in Germany, where pictures of facially wounded men taken at the Westdeutschen Kieferklinik (Düsseldorf) featured prominently in Ernst Friedrich's 1924 pamphlet *Krieg dem Kriege!*. This pacifist manifesto published five years after the Versailles peace treaty evidences, I argue, a different use of photographic representations of *gueules cassées* in defeated Germany.

The author, a Socialist militant, founder of the Anti-War Museum in Berlin, addresses not only his fellow countrymen, but people from France, the Netherlands and from English-speaking countries as well.<sup>36</sup> This work is therefore anti-war in its content but it also aims to bring former enemies together by a shared topic and by bridging linguistic gaps through its multiple parallel translations (French, English and Dutch). The author dedicates his book 'To those who plan battles – to those who lead battles – to war enthusiasts of all countries [...]'.<sup>37</sup> Friedrich's tone in this initial address is not hostile but it anticipates the bitter and ironic style of the book. The title *War against War!* highlights the fact that the author himself is on the warpath against 'all war profiteers and parasites, [...] all war provokers [...]'.<sup>38</sup>

The challenge set to rulers is made clear in the addition of an empty table, before the introduction, in which the names of those 'rulers and governments of those countries who fear the truth and who forbid this book' can be written down. The artificiality of this strategy cannot go unnoticed but it acts at the same time as some kind of provocation (the heading is 'Who will be the first?'), as if Friedrich was daring anyone to fill in these boxes. It also reveals that the author is aware of the controversial nature of his work and expects censorship.

The introductory text summarises the universal reach and relevance of Friedrich's pacifist message, calling out 'To Human Beings in All Lands!' Transcending issues of national origins and political power, it also fights distinctions in terms of social class ('the bourgeois poet' and 'the proletarian

---

<sup>36</sup> Ernst Friedrich (1894–1967) was arrested in 1933 and the Anti-War Museum was closed. After his release, Friedrich moved to Belgium, then emigrated to France, where he opened a 'centre for peace and international understanding where German and French youth groups could meet' in 1954. The Anti-Kriegs Museum was reopened in 1982 in Berlin. <<http://www.anti-kriegs-museum.de/english/history.html>> [accessed 18 September 2013].

<sup>37</sup> Friedrich, p. 1.

<sup>38</sup> *Ibid.*, p. 23.

writer') and gender ('Women, realise this if your husbands should be too weak! Mothers of all lands unite!').<sup>39</sup> This introduction functions as a vindication of the means used by Friedrich to achieve this reconciliation in a shared condemnation of war. He turns to photography to present 'a picture of War, objectively true and faithful to nature, [...] records obtained by the inexorable, incorruptible photographic lens'.<sup>40</sup> Not only does he ascribe an undeniable truth value to these images, but he also expects anyone seeing them to feel the same: 'not a single man of any country whatsoever can arise and bear witness [sic] against these photographs, that they are untrue and that they do not correspond to realities'.<sup>41</sup> He expects, according to Kienitz somewhat naively, to trigger a spontaneous and universal condemnation of war.<sup>42</sup> Friedrich juxtaposes discourses on war with images of actual fighting experiences. The discrepancy between the two reinforces his attack without further intervention from him as a first-person narrator. Friedrich acknowledges in his 'concluding remarks' that the documents presented are predominantly of German origin, although he does not wish to point out his fellow-countrymen as being the most apt to cruelty.<sup>43</sup> He even calls for readers to send him material from other countries, to be included in a future edition and in his museum collection.

The documents, or rather the 'evidence', used by Friedrich to make his case for pacifism, are arranged in chronological order. They are concerned with the 'education' to war, the experience of the front and life after the war. The photographs of facially disfigured soldiers are included in the last part of the book. This section opposes the effects of war on the ruling class and on 'proletarians', in Friedrich's terminology.<sup>44</sup> Several maimed veterans (most of them amputees) are shown but the number of pictures of *gueules cassées* is greater than that of other injured soldiers.<sup>45</sup> Twenty-four photographs of facially disfigured veterans are included, making up over ten percent of the documents contained in the whole book. This quantitative difference reveals the importance given to them, as does the fact that one of these photographs features on the

---

<sup>39</sup> Friedrich, p. 22 and p. 29. This appeal to women is interesting in the light of Käthe Kollwitz's emphasis on the mother in her sculpture of a woman mourning her dead son.

<sup>40</sup> *Ibid.*, pp. 22–23.

<sup>41</sup> *Ibid.*, p. 23.

<sup>42</sup> Kienitz, p. 12.

<sup>43</sup> Friedrich, p. 249.

<sup>44</sup> See in particular Friedrich, pp. 196–99.

<sup>45</sup> *Ibid.*, pp. 204–27.



original cover page. These images contrast with the banality of war as promoted by the establishment displayed elsewhere in the book.

The section on 'The Visage of the War' does not use the juxtaposition of visual documents as a means of denouncing the ruling class. The captions themselves are free of irony, as if Friedrich found these photographs self-explanatory and saw no reason why he should add anything to their already powerful impact. Out of the twenty-four photographs, only three feature non-descriptive or non-informative captions. The first one represents a disfigured man who has lost his eyes. The text reads: 'A noble gift of Heaven is the light of the eye. (Granade [sic] splinters tore away his eyes, in 1915)'.<sup>46</sup>

The other instance involves two photographs (one front and one side view) on two pages facing each other.<sup>47</sup>

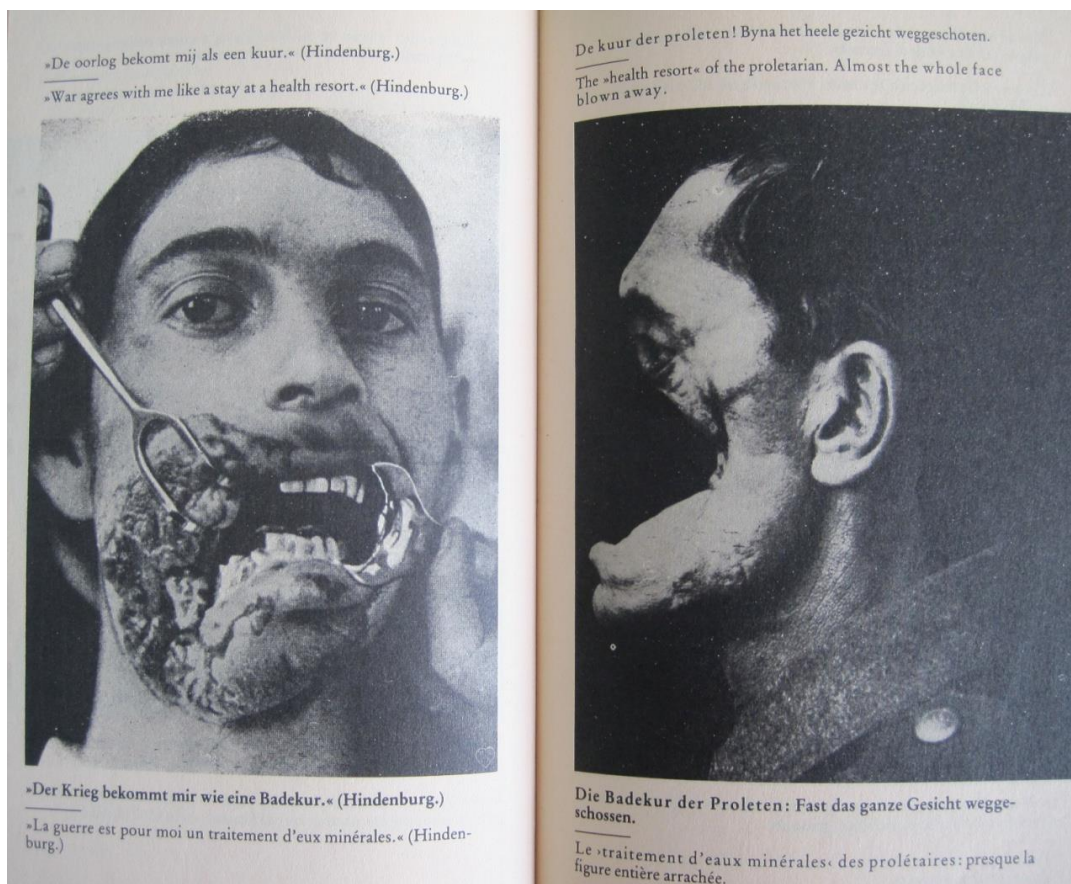


Figure 46  
Ernst Friedrich, *Krieg dem Kriege!* (1924)

<sup>46</sup> Friedrich, p. 212. The supernatural reference echoes Roth's description of plastic surgeon Joseph as performing a god-like creative work (Roth, 'Der Wiederaufbau des Menschen', pp. 581–83).

<sup>47</sup> Friedrich, pp. 226–27.



Both photographs picture severely wounded men. The first soldier had his mouth and jaw destroyed and is represented staring at the camera, his mouth wide open with the help of surgical instruments. The second man has a hole in the middle of his face, where his nose and mouth should be. Although this is a side view, it is easy to imagine that his face bears almost no resemblance with that of a human being. While the first man's features are still recognisable, and his ongoing treatment is suggested by the presence of medical instruments, the viewer's imagination cannot fill in the vacuum in the second soldier's face. He seems to be beyond all hope of reconstruction.

The first caption is a quotation by Hindenburg: 'Der Krieg bekommt mir wie eine Badekur'.<sup>48</sup> The contrast between the destructive effects of the conflict on this anonymous soldier and the beneficial virtues attributed by one of the top German generals to war is striking, illustrating the gap between military leaders who directed operations and mere soldiers who fought. This discrepancy is further emphasised in the second caption which, taking up the same topic, reads 'Die Badekur der Proleten: Fast das ganze Gesicht weggeschossen'.<sup>49</sup> It alludes to the belief that guided the first few years of the conflict: that the war was the maker of men, who were becoming too soft and thereby decadent in peacetime.

The men represented in these last two photographs are not identified, unlike some others. Overall, twelve photographs are accompanied by information regarding the subject's name, age, rank, professional occupation or nature, date or place of injury. Tellingly, facially wounded soldiers are the only people who are identified in Friedrich's book, apart from prominent political leaders such as Wilhelm II or the Crown Prince. Different reasons can account for the fact that the author included these details. On a practical level, such information might not have been available for other, non-medical, photographs. Secondly, the identity of *gueules cassées* was challenged by their wounds to such an extent that Friedrich felt the need to dwell on what made them into human beings, i.e. their names and past. Details regarding the number of operations they have undergone are also sometimes included.

---

<sup>48</sup> Friedrich, p. 226.

<sup>49</sup> Ibid., p. 227.

The journalist Kurt Tucholsky offers a glimpse of the reception of the book when he writes in a brief reference that consciously avoids reviewing the document:

Die Fotografien der Schlachtfelder, dieser Abdeckerein des Krieges, die Fotografien der Kriegsverstümmelten gehören zu den fürchterlichsten Dokumenten, die mir jemals unter die Augen gekommen sind. Es gibt kein kriminalistisches Werk, keine Publikation, die etwas Ähnliches an Grausamkeit, an letzter Wahrhaftigkeit, an Belehrung böte. Das böse Gewissen, mit dem Offiziere und Nationalisten aller Art verhindern und natürlich verhindern müssen, dass das wahre Gesicht des Krieges bekannt werde, zeigt, was sie von solchen Veröffentlichungen zu befürchten haben. Geschriebene Bücher schaffen es nicht. Kein Wortkünstler, und sei er der grösste, kann der Waffe gleichkommen.<sup>50</sup>

Tucholsky's choice of words is striking since he argues that the images will impact upon the reader far more than any written contribution ever could.

The captions that do not give details about the men represented on the photographs are generally more descriptive. They nevertheless bear a strong emotional tone, as evidenced by the use of exclamation marks and qualifiers such as 'gruesomely disfigured' and 'unhappy'.<sup>51</sup> The number of surgical operations and references to the man's inability to eat add to the pathos.<sup>52</sup> The impressive nature of the wounds is increased by the contexts in which some of them were taken, for instance patients lying on hospital beds or in the process of being fed.<sup>53</sup> Their helplessness is highlighted, as well as the pain they had to go through. Photographs of patients undergoing treatment are particularly shocking, especially those representing surgical instruments such as forceps in use.<sup>54</sup> A caption specifies that 'many operations have to be carried out in full consciousness (without any narcotic or anaesthetic)'.<sup>55</sup> This additional information, placed beneath a photograph representing what looks like a painful procedure, raises the viewer's empathy and horror.

Although some of the men agreed to have their photographs taken, Friedrich specifies that many refused, '[fearing] that their relatives who had not seen them again, would either collapse at the sight of their misery, or would turn

---

<sup>50</sup> Kurt Tucholsky, 'Waffe gegen den Krieg' (1926), in *Kurt Tucholsky: Gesammelte Werke*, ed. by Mary Gerold-Tucholsky and Fritz J. Raddatz, 10 vols (Reinbek by Hamburg: Rowohlt, 1975), IV (1925–1926), p. 360.

<sup>51</sup> Friedrich, p. 207.

<sup>52</sup> *Ibid.*, p. 207.

<sup>53</sup> *Ibid.*, pp. 206–07 and 215.

<sup>54</sup> *Ibid.*, pp. 224–26.

<sup>55</sup> *Ibid.*, p. 225.

away forever from them in horror and disgust'.<sup>56</sup> This refusal indicates their struggles to cope with their wounds. It is also telling of their worries at how their relationships with the others, especially their families, will evolve as a result of their disfigurement. These 'unseen' photographs widen the perspective of horrors into the unknown. Friedrich assumes that disfigured men expect to live 'cut off from the world [dragging] on their existences far from their families and friends and relatives, in the hope that they may perhaps after years again acquire the appearance of human beings'.<sup>57</sup> In fact, the section on facially disfigured soldiers does not include any pictures representing them in a social context (even with fellow patients), or at work (unlike other maimed German veterans, or representations in British and French arts). The final photographs and captions can also be interpreted as pessimistic as to the possibilities of facial reconstruction and ultimately, of social reintegration. Indeed, while most of the photographs show patients under treatment – and therefore leave room for hope – the very last picture is that of a soldier whose wounds are apparently cured and who is still missing most of his face. The next section is devoted to pictures of cemeteries, as if the next step after disfigurement is death. Photographs are, then, included in a narrative that evolves towards death, that is, in the opposite direction from visual narratives of individual and national reconstruction found in France and Great Britain.

Photographs of *gueules cassées* were also used as illustrations on postcards. As people tried to find ways of remembering the conflict and cope with the sense of loss after 1918, war memorabilia boomed. Postcards were only one of the many items on offer but they raise a specific set of questions related to their production and their use. Unlike medical photographs, they were destined for a wide circulation. Besides, their commercial purpose sets them apart from official and amateur photographs.

The production of postcards representing symbolic places is part of a wider phenomenon of 'war' tourism which developed in the wake of the First World War.<sup>58</sup> Survivors would go back to the places where they had fought. Grieving families who had lost a relative wanted to see the battlefield where he

---

<sup>56</sup> Friedrich, p. 211.

<sup>57</sup> Ibid., p. 219.

<sup>58</sup> See for instance Winter, *Sites of Memory, Sites of Mourning* and David W. Lloyd, *Battlefield Tourism: Pilgrimage and the Commemoration of the Great War in Britain, Australia and Canada 1919–1939* (Oxford: Berg, 1998).

had fallen. For those who lived too far away, postcards could be an alternative to a trip to the battlefield, the faithful-to-life value of photographs providing an acceptable replacement. Other, lesser-known places also featured, such as military hospitals, including The Queen's Hospital. One possible explanation is that access to military hospitals, especially to the wards where facially injured men were treated, was restricted during and even after the war. In this context, and because the time spent there could be long, the use of postcards representing the premises could be a way of overcoming the physical separation and gave relatives an idea of what the surroundings looked like.

Apart from buildings, postcards also featured other subjects related to facially wounded men, such as memorials. One postcard represents the sculpture Val-de-Grâce *gueules cassées* had made in the honour of their doctor Hippolyte Morestin.<sup>59</sup> This image shows a statue of the French plastic surgeon surrounded by patients; it can be interpreted as another way of paying homage to Morestin or as a means to show the sculpture to sponsors who were not able to come and see it for themselves. Some postcards show people, including medical staff and patients, or record a special event, such as the signing ceremony of the Treaty of Versailles:



Figure 47  
*La délégation des gueules cassées à Versailles, 28 June 1919*

This postcard has a patriotic function: the men represented are wearing their army uniforms and are pictured as being 'on duty'. Although they are all facially disfigured men, they are said to represent all French mutilated soldiers, as

---

<sup>59</sup> *Hippolyte Morestin surrounded by wounded soldiers*. Photograph of a sculpture offered to the surgeon by his patients, ca. 1918. Wellcome Library no. 570434i.

suggested in the name 'Délégation des Mutilés français'. The photograph shows the most damaged side of their face, thus granting them a representative character: their shattered faces encapsulate the destructive power of war. Delaporte underlines the significance of their presence at the signing ceremony and interprets it as Clemenceau's way of telling soldiers that their sacrifice had not been useless.<sup>60</sup> This postcard points to the symbolic meaning ascribed to *gueules cassées* as embodiments of the violence of war, and their iconic function as representatives of wounded veterans. Even before the creation of the UBF, facially wounded soldiers were in the limelight, albeit for a short time. One of them, Jugon, was instrumental in the setting up of the *Union*, as detailed in the previous chapter. This photograph is particularly interesting because it was made into a postcard, and therefore showed facially disfigured soldiers to the wider public whilst conveying an official message.

## 2. Medical drawings

### 2.1. A double purpose

At The Queen's Hospital, medical photographs were used alongside drawings by Henry Tonks (some of which are included in Gillies's medical treatise), and technical sketches by Gillies himself. In France too, doctors and artists joined forces to restore the faces of injured soldiers. Raphaël Freida, who worked with Albéric Pont in Lyon, is the only one who has been identified as yet. No evidence of similar collaborations can be found for Germany, where historical documentations focuses on the work of surgeons (such as Lexer and Joseph) with no mention of sculptors, photographers or artists contributing to the reconstruction of wounded faces. The works of Henry Tonks have drawn the attention of scholars in the field of visual culture studies. However, approaching his pastels from a comparative perspective, setting them against other artistic depictions realised in a similar context, sheds a new light on these

---

<sup>60</sup> Sophie Delaporte, 'La délégation des Gueules cassées à Versailles, le 28 juin 1919', *L'histoire par l'image*, <[http://www.histoire-image.org/site/etude\\_comp/etude\\_comp\\_detail.php?i=112](http://www.histoire-image.org/site/etude_comp/etude_comp_detail.php?i=112)> [accessed 30 November 2011].

representations. Freida's work is only touched upon in Fischer's article and has never been studied in depth.<sup>61</sup>

Henry Tonks (1862–1937) was trained as a surgeon before he undertook an artistic career at the turn of the century. Having become a member of the Slade School of Fine Art, he returned to the practice of medicine during the First World War and it is in this context that he started working with Harold Gillies, first as part of his war service, then as a civilian.<sup>62</sup> The pastel drawings he made, first at Aldershot Hospital, Cambridge, then at The Queen's Hospital, Sidcup, were informed by his knowledge of the human body, acquired during his medical studies. Tonks enjoyed the artistic challenge and in a letter to his friend DS MacColl he writes:

I am doing a number of pastel heads of wounded soldiers who have had their faces knocked about. A very good surgeon called Gillies, who is also a champion golf player, is undertaking what is known as the plastic surgery necessary. It is a chamber of horrors, but I am quite content to draw them, as it is excellent practice.<sup>63</sup>

The aesthetic quality of the artistic rendering should be distinguished from the 'beauty' of the subject represented and the artist himself underlines the unsightly looks of the people he draws. The Australian Daryl Lindsay succeeded Tonks, and the later contribution of Sidney Hornswick is also mentioned by Gillies: 'Latterly, [Tonks's] work has been ably carried on by Mr Sidney Hornswick, who, on his own initiative, has considerably improved and standardised methods of recording flap operations'.<sup>64</sup>

In France, medical drawings were also produced. The only identified artist is Raphaël Freida (1877–1942). He was conscripted into the medical services and assigned to the hospital where Albéric Pont worked, the *Centre maxillo-facial pour les mutilés de la face* in Lyon. There, he produced drawings of facially wounded soldiers almost exclusively, and compiled twenty-six of them in an album destined for publication (1917–1919). Although this project never came to fruition, it raises the question of the artist's motivations and of the reasons why this book was never published.

---

<sup>61</sup> As stated before, this section on medical drawings is not written from the point of view of an art historian; rather, examining these visual representations of an unconventional nature adds to the discussion of perceptions of facial injuries.

<sup>62</sup> John P. Bennett, 'Henry Tonks and his Contemporaries', *British Journal of Plastic Surgery*, 39 (1986), 9–33.

<sup>63</sup> Tonks, quoted in Pound, p. 30. Dated from April 1916.

<sup>64</sup> Gillies, *Plastic Surgery of the Face*, p. x.

Both Tonks and Freida had a medical background, although it was only a short experience in Freida's case. The techniques they and their colleagues used were conventional – pastel drawings, pencil drawings, watercolours – however the setting in which these works were realised and the purpose they fulfilled make them unique. They are both artistic and scientific. Their medical interest lies partly in the fact that they give a better idea of the skin and flesh colours, when clinical photographs were black-and-white. Photographs were more accurate and maybe more objective than paintings and drawings; the latter were however deemed useful in the clinical treatment by surgeons themselves. Gillies acknowledges the value of Tonks's contribution in his preface:

Not a small feature in the development of this work is the compilation of case records. The foundation of the graphic method of recording these cases lies to the credit of Professor H. Tonks (Slade Professor), many of whose diagrams and photographs of his remarkable pastel drawings adorn these pages.<sup>65</sup>

The artistic, maybe even aesthetically pleasing, dimension of Tonks's pastels is underlying in the choice of the verb 'adorn'. The close collaboration between artists and doctors is further evidenced in Freida's dedication of his album to the surgeon Albéric Pont. The usefulness of these artistic works in the treatment is also explained by the aesthetic dimension of maxillofacial surgery, as opposed to other medical specialties. Like drawings sketched in court-rooms, medical drawings fix on paper what most people will never see firsthand. The scientific and artistic qualities of these representations cannot be separated, echoing the holistic nature of plastic surgery itself.

## 2.2. Case studies

Tonks's works have been the object of scholarly discussions since the 1980s.<sup>66</sup> The drawings examined here aim to add to the existing debate through a comparative study with Freida's works, and by drawing parallels with other visual arts, especially photography. For the sake of simplicity, a limited number

---

<sup>65</sup> Gillies, *Plastic Surgery of the Face*, p. x.

<sup>66</sup> See for instance the articles by Freeman (1985) and Bennett (1986).

of images have been selected, illustrating different facets of the work of both artists.<sup>67</sup>

The documentary dimension of the images is evidenced by the fact that they are, in both cases, close-ups on the men's faces:



Figure 48  
Private Frank Boorman  
by Henry Tonks  
(courtesy of the Royal  
College of Surgeons of England)

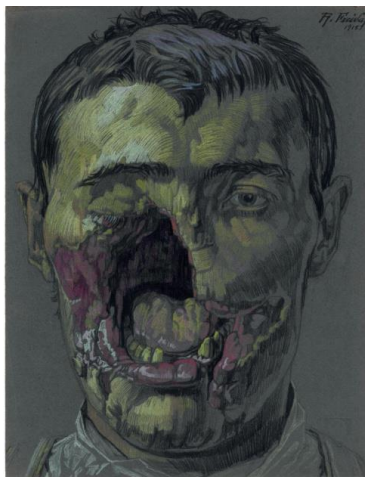


Figure 49  
Unidentified soldier  
by Raphaël Freida

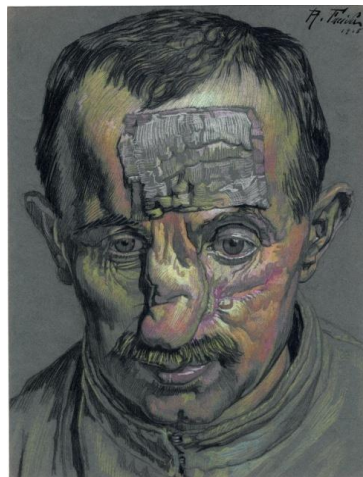


Figure 50  
Unidentified soldier  
by Raphaël Freida

Despite Tonks's medical background, critics disagree in their assessment of the biological accuracy of his pastels. While Bennett, a surgeon himself, underlines the 'mastery of technique which records traumatised tissues; scarring, oedema, salivary fistulae', Lubbock notes 'pictorial uncertainties' and warns the viewer against 'Tonks's vagueness and our ignorance', which according to him make these pastels 'a lesson in vagueness and its risks'.<sup>68</sup> In contrast, Freida's technique involves clearer outlines. His drawings, however, represent fewer extensive injuries and some of them show bandaged heads rather than wounds. Whether or not they provide a reliable scientific account, their documentary aim is evidenced in the angle chosen by the artist, comparable to drawings from a court-room. Like in photographs, this angle highlights the wound. Some of Tonks's images are even limited to the wound itself, the soldier's face remaining invisible:

<sup>67</sup> Paris, Archives du Service de Santé aux Armées du Val-de-Grâce, Raphaël Freida, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918), 2009.1.1–42. Henry Tonks, pastels and ink-and-pen sketches, 1916–1918 (London, Hunterian Museum, RCSSC/P 569.1–72).

<sup>68</sup> Bennett, p. 14; Lubbock, p. 61.





Figure 51  
Henry Tonks, Detail of surgical treatment to reconstruct a facial injury  
(courtesy of the Royal College of Surgeons of England)

In general, little detail about the patient is available. While photographs are usually carefully annotated, medical drawings often remain unidentified. The soldier's identity and history have not been recorded: he is a medical case rather than a person. The man's shoulders and torso are usually absent in Tonks's pastels, strengthening the impression that he is reduced to his disfigured face. When more of his body is represented, he is wearing the standard blue uniform, whereas Freida's drawings systematically represent the upper part of the body, revealing the military uniform and on occasions, medals.

Comparing the differences between photographs and drawings, critics emphasise the merits of the latter. Freeman judges that 'skin tones, mass, shape and colour all appear, all of them beyond the reach of the camera'.<sup>69</sup> More than photographs, medical drawings re-humanised patients.



Figure 52  
Private Harold Burbridge, 1917  
by Henry Tonks  
(courtesy of the Royal College of Surgeons of England)



Figure 53  
Harold Burbridge, 1918  
by Henry Tonks  
(courtesy of the Royal College of Surgeons of England)

<sup>69</sup> Freeman, p. 289.

A parallel can be drawn between series of photographs recording the patient's treatment and Tonks's before-and-after portraits. Both testify to the achievements of the surgeon, however the pastels emphasise the change to an even greater extent, since they do not show intermediate stages. Although not all of Tonks's drawings were paired, they had a function as records of the treatment. In contrast, Freida does not appear to have produced before-and-after sets for his album. This was not due to a lack of time (the book features portraits made in 1917 and 1918); rather it suggests that Freida put less emphasis on the documentary aspect of his works. An overview of some technical features is further evidence of this. Freida largely used charcoal, pastels and watercolours on blue or red Canson Kraft paper for the drawings he intended to publish. In contrast, most of Tonks's sixty-nine pastels and ink-and-pen sketches were made on light paper backgrounds.



Figure 54  
Private Charles Arnoux  
by Raphaël Freida



Figure 55  
Unidentified soldier  
by Raphaël Freida

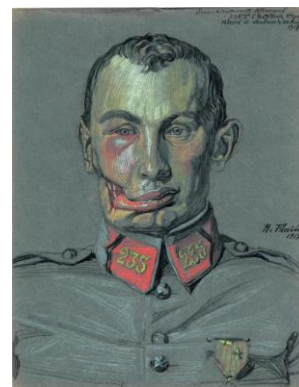


Figure 56  
German officer  
by Raphaël Freida

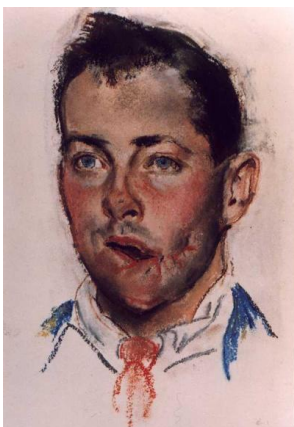


Figure 57  
Unidentified soldier  
by Henry Tonks



Figure 58  
Private Charles Deeks  
by Henry Tonks

(courtesy of the Royal College of Surgeons of England)

The coloured dark background used by Freida prevents him from making full use of colours; the game of shadows and light is however more visible in his portraits. In contrast, Tonks's light colours are more realistic and create an almost tender atmosphere. The emotional charge of his pastels is brought to the fore and Lubbock is alone in stating that 'Tonks's pictures stress the outrage by, so to speak, failing to rise to it. His stance is markedly unexcited. He isn't moved to any responsive violence of his own, nor – the other way – to a clinical detachment'.<sup>70</sup> Most scholars and critiques posit an emotional involvement on the part of the artist, and a powerful impact on the viewer. Bennett assesses that the worth of Tonks's pastels lies in their subjective nature: 'They are of more impact than photographs because the artist has, in a sense, instilled his sympathy and understanding into the record'.<sup>71</sup> The degree of engagement of the artist in the surgical treatment and psychological recovery of patients is hard to assess but Tonks and Freida nonetheless spent a significant amount of time in the soldiers' presence.

In some of their drawings, Tonks and Freida represent the patient looking in a different direction: his gaze does not meet the onlooker's. There is no 'point of entry', thereby to some extent contradicting Helmers' descriptions of Tonks's images as 'gateways' introducing the viewer to the subject's suffering.<sup>72</sup> The depiction of physical and psychological suffering is defined as the prevailing quality in these portraits by Bennett: 'In the eyes of those portrayed, the expression of pain, anxiety, resignation and anguish makes them one of the most moving and impressive records of human disfigurement which have been handed down to us'.<sup>73</sup> The validity of this statement can be questioned in the light of the documentary function they fulfilled and the absence of emotions represented. Tonks's pastels were on display as part of the maxillofacial hospital museum collection. They were however not widely disseminated, even after the war, and did not feature in a later Tate Gallery exhibition, unlike some of his other works.<sup>74</sup>

---

<sup>70</sup> Lubbock, p. 59.

<sup>71</sup> Bennett, p. 15.

<sup>72</sup> Helmers, p. 197.

<sup>73</sup> Bennett, pp. 14–15.

<sup>74</sup> The Tate Gallery exhibition took place in 1936.

### 2.3. Dissemination and responses

In terms of the dissemination of these works, Tonks was approached by the British propaganda services during the war but he was not keen to let his pastels be used. In a letter to the Ministry of Information, he writes: 'The pastels which I have done are of wounded soldiers with face injuries. They are, I think, rather dreadful subjects for the public view'.<sup>75</sup> This reluctance contrasts with Freida's decision to compile and publish some of his drawings. This project was at an advanced stage but the book never went into print. In the British case, the artist was the one reluctant to confront the general public with his works, whereas in France, Freida was keen to disseminate his artistic depictions. A difference in terms of the authorities' attitude to visual representations and censorship policies is a possible explanation for this difference. Another hypothesis is the later date of Freida's endeavour. Indeed, at a time when war pensions were discussed in the French Parliament, the publication of visual representations may not have been desirable. Another possible factor is the propaganda use British authorities considered making of the pastels, whereas in Freida's case he himself prepared the book, which was descriptive more than argumentative. Tonks disliked the fact that his works were on display in the hospital museum, describing the visitors' interest as 'morbid'.<sup>76</sup> In contrast, Freida was keen to show his works to the French public. This apparently greater willingness to see and show *gueules cassées* in France reflects the later developments in France, not least with regard to the visibility of veterans through *Union des Blessés de la Face*.

More time-consuming to make than photographs, drawings rarely trace the reconstruction process in the same way as photographs. This discrepancy accounts for the feeling of an absence of progress. Regardless of their documentary qualities, medico-artistic representations appear to be another area in which the violence of war has given rise to progress and innovation, as suggested by Freeman: 'all are of importance as examples of "high" art directly emanating from the horrors of war'.<sup>77</sup> The usefulness of these works is further evidenced by the fact that similar techniques were used during the Second

---

<sup>75</sup> Henry Tonks, quoted in Bennett, p. 15.

<sup>76</sup> Letter to MacColl, reprinted in Joseph Hone, *The Life of Henry Tonks* (London: Heinemann, 1939), p. 128.

<sup>77</sup> Freeman, p. 289.

World War. For example, one of these later artists was Diana Orpen, daughter of a First World War artist, who was trained at the Slade School under Tonks.<sup>78</sup>

Essays discussing the reception of these drawings usually posit that they provoked both repulsion and compassion, although no contemporary account actually records those reactions.<sup>79</sup> For war artists, *gueules cassées* are subjects with whom they can experiment and develop their skills. Tonks himself described his work at Sidcup as ‘excellent practice’ in a letter to MacColl.<sup>80</sup> They were less widely disseminated than photographs and if some were interpreted in a positive light, they largely present disfigured soldiers as victims, all the more so since most of them depict men before the end of their treatment. Biernoff underlines the complexity of drawings when she describes them as ‘personal, empirical and symbolic’.<sup>81</sup>

The wealth of medical drawings representing facially injured soldiers testifies to the visibility of the soldiers, at least in the medical sphere. The close connection between art and surgery is here emphasised again. These depictions constitute yet another form of documentation, next to the already abundant photographic records. This variety in terms of the visual representations of *gueules cassées* is indicative of different ways in which people tried to capture the experience of facial disfigurement. Medical drawings, like photographs, form part of an accumulation of evidence that defies categorisation: it is partly private, partly public, partly scientific and partly artistic. These works bear testimony to the visual impact of facial injuries and the importance of the onlooker’s gaze. Through the eyes of the painter, the viewer is given more than the wounds to see. Drawings and pastels do not unfold as detailed a narrative as photographs, nor give as realistic a portrait. They offer a more human image of disfigured men, however, mediated by the artist.

---

<sup>78</sup> Her sketchbooks are held in the BAPRAS collections, Royal College of Surgeons, references BAPRAS/DSB 1–26.

<sup>79</sup> See for instance Lubbock, ‘Doing Damage’, and Chambers, ‘Fragmented Identities’.

<sup>80</sup> Tonks to MacColl, quoted in Chambers, p. 588.

<sup>81</sup> Biernoff, ‘Flesh Poems’, pp. 31–32.

### 3. *Gueules cassées* in 'conventional' visual arts

Works by Tonks and Freida only recently started to be shown to the wider public. In contrast, paintings by contemporary artists such as Otto Dix and George Grosz were produced with the intention of being looked at. The absence of medical drawings in Germany contrasts with the predominance of other works of art featuring *Menschen ohne Gesicht* in this country. Such paintings and drawings are more 'conventional' artistic representations insofar as they don't have a scientific purpose, and they often convey a political message. This section focuses on the representative function of such paintings and it considers their symbolic value. I examine a selection of visual representations by contemporary artists and propose frames of interpretation for the stories they tell.

#### 3.1. The integration of *Gueules cassées* into visual narratives of physical and social reconstruction

In French and British arts, the works representing *gueules cassées* are placed in the continuity of medical representations: they speak of physical and social rehabilitation. They were integrated into discourses of individual and national reconstruction insofar as they convey the idea that if facially injured soldiers can overcome their trauma, so can the rest of society.



Figure 59  
The commercial class © IWM



Figure 60  
The dental mechanics class © IWM





Figure 61  
The carpenters' shop © IWM



Figure 62  
The toy-makers' shop © IWM

John Hodgson Lobley (1878–1954) painted soldiers at The Queen's Hospital, Sidcup. His models were in front of him, working and studying. In his capacity as an official war artist, Lobley, a Slade School student, was commissioned by the Royal Army Medical Corps to the maxillofacial centre where he painted rehabilitation workshops. These oil paintings represent the dental mechanics' class, the carpenters' shop, the commercial class and the toy makers' shop. Lobley's paintings were also publicity material, although Sidcup toy advertisements were usually accompanied by photographs, not paintings. The propaganda function of Lobley's paintings was more in terms of shaping society's perception of injured veterans. They also showed the efforts made to enable soldiers – at Sidcup and elsewhere – to be re-trained and to contribute to the nation's economy despite their wounds.

These four paintings represent groups of men in training, apparently not posing. In this respect, they stand in contrast with medical paintings and photography, which focus on one specific individual. Lobley's works do not single out individuals, nor do they highlight their disfigurement. All men wear the customary blue suits (or white coats in the dentist mechanics' class) and the technique used by Lobley does not permit to clearly distinguish wounds or scars. Were it not for the bandages some of them are wearing, they could be any men at work. *The dental mechanics' class* especially, pictures several men in profile, sitting in a row, bent on workbenches. They are visibly concentrating on what they are doing, although the exact nature of the work is unknown. What is emphasised in this painting is not what wounded soldiers are learning, or the result of their efforts, but the fact that they are working, as part of a group. This is only the first step towards a wider economic and social reintegration. *The commercial class* produces a similar effect, the students this time not making

anything but listening. This painting shows men from a different angle, thus making their bandages more visible although the patients in the foreground do not have any apparent injuries. The patients appear to be able to concentrate and learn this new trade – their facial wounds have not impeded their intellectual abilities. *The carpenters' shop* and *The toy makers' shop* represent men actively involved in manual activities. Artefacts bearing testimonies to their efforts are pictured: a table in the carpenters' shop and a stuffed teddy bear in the toy makers' shop. These works feature several men wearing bandages, especially around their jaws, and the wounds of the trainee toy makers in the foreground are more visible than in other paintings.

The official context in which these paintings were realised is of interest, especially with regard to the simultaneous commissioning of Nicholls as an official photographer in Wood's studio, and the presence of other artists at The Queen's Hospital, such as Tonks. The choice to depict injured soldiers not as patients but as men in professional training is telling of the positive discourse authorities sought to promote via these images. Although the men are wounded, they are preparing for their return into employment. They are presented as active, even during their treatment in hospital. These official representations picture facially disfigured men amongst themselves, in hospital, but getting ready to reintegrate into civilian society and make a contribution to the national economy.

Lobley's works were on display for the public to see at the War Museum Crystal Palace exhibition in 1920 and an article in *The Times* emphasises the paintings' 'educational value to the average member of the public who did not enter the fighting zone'.<sup>82</sup> The responses triggered by Lobley's works amongst the public are not mentioned but the very fact that they were exhibited is notable, when other visual representations remained unseen in the interwar years. Lobley's artistic choices may account for this decision; the subdued tones and blurred lines do not draw attention to the wounds and scars, and the individual men can hardly be identified. Moreover, the reassuring message conveyed fits with official discourses and points not to the destructiveness of war, but to men's ability to overcome their trauma and make a productive contribution to post-war society. These images speak of re-integration and the sense of disintegration other artists show is not on display here. The fact that

---

<sup>82</sup> 'Painters of the R.A.M.C.: New Pictures in the War Museum', *The Times*, 25 May 1920, p. 8.



the wounded men are painted at work links them with the 'real', outside world. As such, they are propaganda material and they evidence the trend in Great Britain to represent facial injuries as curable and the future of disfigured men as normal. In contrast, in French and German arts, *gueules cassées* were singled out and appear to be polarising figures hailed or reviled in triumphant and defeated nations.

Jean Galtier-Boissière's *Défilé des Mutilés* shows the 14 July 1919 military march in Paris. It features several facially injured soldiers, this time in a more formal, military context. A first-hand eyewitness of the war, the French artist is better known for his writings (*La fleur au fusil* records his war memories) and his instrumental role in setting up one of the most popular French soldiers' newspapers, *Le Crapouillot*.<sup>83</sup>



Figure 63  
Jean Galtier-Boissière, *Défilé des Mutilés* © BDIC

His *Défilé des mutilés, 14 juillet 1919*, is an oil painting depicting French mutilated soldiers in their army uniforms, walking under the Arc de Triomphe and surrounded by a crowd. The presence of French flags and tricolour banners increases the atmosphere of the nation paying homage to and celebrating its heroes.

There is a stark contrast between the faceless spectators in the background and the front rows of maimed veterans, represented in more detail. Most of them suffer from several injuries, their amputated legs and wounded faces standing out. Two of them, in the second row, seem to have swollen, red

---

<sup>83</sup> His own war experience is recorded in his autobiography: Jean Galtier-Boissière, *La fleur au fusil* (Paris: Baudinière, 1929).

scars leaving them permanently disfigured while the bandages worn by two other soldiers in the front row imply that they are still undergoing treatment. Several men are wearing black patches over part of their face. Their disfigured bodies as well as the fact that most of them cannot walk without crutches or help make them appear to be helpless figures rather than proud war survivors.

This painting suggests that facial injuries were frequent and that their presence was acceptable in a context such as a military march. They belonged to the military world, and to wartime. The soldiers and the public remain separate, the latter being the ones looking and the former the ones looked at. This encounter is between two groups, not between individuals, and it is to some extent staged by the authorities who decided to have wounded servicemen parading at this march devoted to the celebration of victory. They embody the human cost of this victory and remind the onlookers of their debt.

This visual representation of the 14 July 1919 *défilé* differs from the literary depiction of the same event provided by a facially injured veteran in Galis's novel. In the latter, the disfigured veteran François is not a participant but he is in the position of the onlooker: from his balcony, he watches the returned soldiers march down the Champs Elysées. The description, although fictional, is telling of the perceived gap between soldiers and civilians. François notes the joyful atmosphere in his party and amongst the population, especially their 'enthousiasme patriotique'.<sup>84</sup> As for François, he finds it difficult to relate to the other young people and does not feel part of the general fervour. He is also unable to identify with the soldiers parading: his jealousy increases as they march past, 'jeunes hommes valides, beaux et heureux d'être sortis intacts des bras de la guerre'. Their healthy bodies remind him of his own loss.<sup>85</sup> The presence of mutilated soldiers is not mentioned, either during the parade itself, or later on that day when François and his party go and take part in celebrations, making him look even more isolated. However, his willingness to appear in public when he is wearing his uniform and later on, as part of a group of mutilated veterans echoes the ideals of comradeship and collective commemoration of their sacrifice suggested in Galtier-Boissière's painting.

The posture of the men depicted in the *Défilé* painting differs from that of most of Grosz and Dix's soldiers: despite their maiming, the French veterans

---

<sup>84</sup> Galis, p. 48. Literary depictions will be discussed in more depth in Chapter 5.

<sup>85</sup> *Ibid.*, p. 48.

are marching down the famous avenue, holding their heads high. Galtier-Boissière's choice to represent the victory march is telling of the will to honour the 'war heroes' whilst at the same time wanting to forget about the 'war to end all wars'. Mutilated veterans, *gueules cassées* especially, were regarded as particularly apt to conjure up memories of the war. The context in which Galtier-Boissière chose to represent them – that of the nation celebrating the men who made victory possible – integrates them into a narrative of successful reconstruction. French society is pictured as united and victorious.

### 3.2. Images of difficult interaction

Galtier-Boissière and Lobley hold an overall positive discourse on the role of facially injured men during and after the war. In contrast, artistic representations produced in Germany picture isolated figures and difficult relationships with society.

Otto Dix's (1891–1969) interwar work includes representations of facially disfigured men. His personal experience of the front adds authenticity to his art; he volunteered in 1914 and served for four years, taking part in the Battle of the Somme and receiving a wound in 1918.<sup>86</sup> The paintings here discussed were all produced after the conflict.

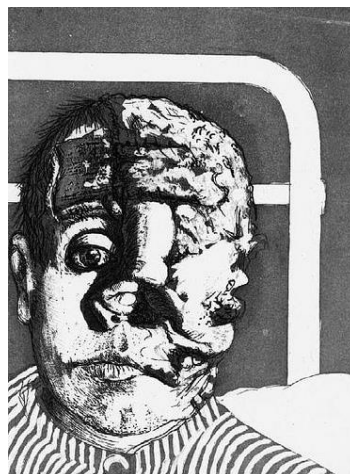


Figure 64  
*Transplantation* (1924)

---

<sup>86</sup> Dietrich Schubert, *Otto Dix* (Leck: Clausen & Bosse, 1996), pp. 21–29. First published in Hamburg: Reinbeck, 1980.

*Transplantation* [known in English as *Skin Graft*] is one of the fifty images in the portfolio *Der Krieg* [The War]. Published in 1924, this collection of etchings, aquatint and drypoint benefited from the support of an antiwar organisation, Never Again War.<sup>87</sup>

The etching shows a patient in hospital, as suggested by his clothes and the frame and bedding in the background. His face, the dominant focus of the etching, is extensively damaged. Although no direct reference to the war is made, the context of the portfolio permits the assumption that he is a wounded soldier. The title of this specific etching refers to a surgical procedure, then a new development, but there is no emphasis on the human dimension. Other pictures in *Der Krieg* have titles pointing to a particular situation, such as *Verwundeter*, *Fliehender Verwundeter*, *Sterbender Soldat*, *Toter*. They do not refer to an act, unlike *Transplantation*. In the latter, the loss of identity of facially injured men is emphasised.

The man's face occupies most of the picture and it stands out against the austere background. His eye stares straight at the onlooker, providing a visual point of entry. The face is depicted with documentary accuracy, as opposed to the simplicity of the other elements represented. The plain and well-delineated shapes of the objects in the background and of the patient's clothes, contrast with the chaos of the face, a messy mix of scars and hair. The damaged side of the face is at the centre of the etching.

The most distinctive characteristic of this visual representation is the duality of the face, half intact and half mangled. Perfectly recognisable human features are visible: ear, eye, mouth and hair. They allow for a comparison that strengthens the sense of loss. The nose and forehead are damaged but identifiable. The viewer involuntarily searches for similar features between the two halves. This division of the face into two very distinct halves, one intact and one damaged beyond recognition is also to be found in Dix' 1922 portrait of a *Kriegsverletzter*:

---

<sup>87</sup> The *Nie Wieder Krieg* movement included prominent interwar figures such as Kurt Tucholsky. A discussion of Dix's works is to be found in Heather Hess, German Expressionist Digital Archive Project, *German Expressionism: Works from the Collection* (2011). This project explores the Museum of Modern Art's collection of German Expressionist art, providing general information on techniques and themes as well as detailed discussions of individual works <[http://www.moma.org/collection\\_ge/object.php?object\\_id=63267&curated=1](http://www.moma.org/collection_ge/object.php?object_id=63267&curated=1)> [accessed 10 May 2012].

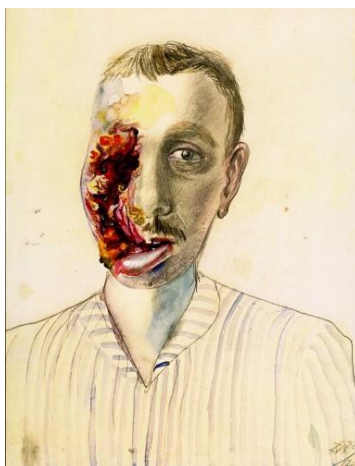


Figure 65  
Otto Dix, *Kriegsverletzter* (1922)

This watercolour depicts a wounded soldier wearing a hospital shirt, the right hand side of his face a gaping wound. The vivid colours used by Dix to paint the wound make it all the more conspicuous against the softer shades of the rest of the painting. While the patient in *Transplantation* presents distorted features, swollen flesh and scars, the wound of Dix's earlier *Kriegsverletzter* is a big hole; half of the face is characterised by the absence of any human features.<sup>88</sup> In contrast with this damaged side, the other half is intact and the man's features are well delineated. There is no emotion on display. Dix used photographs taken in war hospitals to paint mutilated men; this medical background accounts for the similarities between these paintings and some photographs and medical drawings, such as the empty background. Whereas the title of Dix's 1924 etching points to science, *Kriegsverletzter* points to the man, as if the facially wounded soldier was representative of all *Kriegsverletzten*.

The combination of intact and damaged features is a recurring motif in artistic and literary depictions, for instance in Vicki Baum's description of Doctor Otternschlag in her novel *Menschen im Hotel*.<sup>89</sup> The disfigured veteran is in effect a problematic living embodiment of death, a transgressive presence in a society struggling to mourn, heal and forget.<sup>90</sup> Moreover, the man's hospital clothes in both of Dix's works remind the viewer of a prisoner's uniform, this

---

<sup>88</sup> It is interesting to note that Dix chose to paint the wound at this early stage. The American surgeon Albee notes that 'a scarred face is small matter compared with a gaping hole where a nose or a mouth has been', underlining the impact of missing features (p. 110).

<sup>89</sup> Vicki Baum, *Grand Hotel*, trans. by Basil Creighton (London: Geoffrey Bles, 1930), first published under the title *Menschen im Hotel* in Germany, 1929. This work will be discussed in more detail in the next chapter.

<sup>90</sup> This combination of death and life echoes medieval representations of the dance of death (a theme explicitly chosen by Dix in another etching from *Der Krieg* portfolio). In *Transplantation*, the personified death and its victim are two facets of one and the same person.

impression being reinforced by the metal frame of the bed in the background of *Transplantation*. These elements evoke confinement and underline the situation of the wounded man, trapped in his own disfigured body. There is however an element of hope: the setting – a hospital – implicitly refers to the treatment and the possibility of restoring the patient's features. Moreover, *Transplantation* explicitly refers to scientific progress, suggesting that the disfigured man may benefit from this medical technique.<sup>91</sup>

Other works by Dix also represent facially mutilated veterans, individually or in groups, although they are never in direct interaction with civilians. *Die Skatspieler* depicts injured men in a more secluded context, implicitly seedy, playing cards:

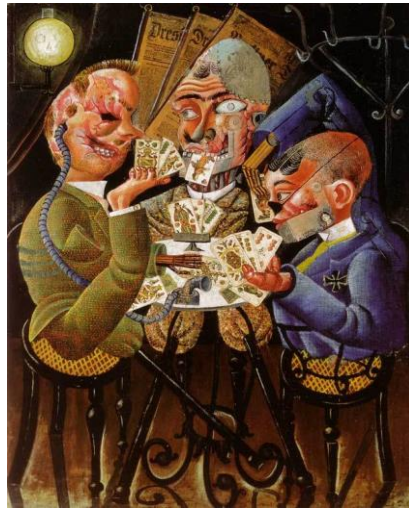


Figure 66  
Otto Dix, *Die Skatspieler* [The Skatplayers] (1920)

This work, a combination of oil paint and collage, underlines the destruction caused by war and features a Dadaist component noted by Dietrich Schubert.<sup>92</sup> The three veterans represented are all maimed; in fact, not one limb appears intact. However, this does not prevent them from playing cards. The multiplicity of injuries and mutilations gives an almost comical effect to the scene through its hyperbolic dimension.<sup>93</sup> Bright colours and the technique of collage highlight the fragmentation of the body caused by the war. The prosthetics, very similar

---

<sup>91</sup> Dennis Crockett, *German post-Expressionism: The Art of the Great Disorder, 1918–1924* (Pennsylvania: Pennsylvania State University, 1999), p. 97.

<sup>92</sup> Schubert, p. 41.

<sup>93</sup> This theatrical dimension is noted by Fischer and others, who compare the three mutilated veterans to 'pantins grotesques', underlining their powerlessness and also their instrumentalisation, both during and after the war. Fischer and others, p. 341.

to the legs of the chairs, evoke the ambiguous relationships between man and machine: the latter tore flesh apart during the war, and helped reconstructing the body after the conflict. *Die Skatspieler* can be understood as a reflection of a dysfunctional post-war society that 'kills time' – here by playing cards as soldiers did in the trenches.

This scene does not single out facial disfigurement; rather it places it within a wider range of war injuries. Nevertheless, even in the midst of this accumulation of wounds, facial injuries still stand out, their composite aspect and the presence of metallic prostheses attracting the viewer's attention. It is on one of the men's metal jaw that Dix added a photograph of himself, along with the words 'Unterkiefer: Prothese Marke: Dix. Nur echt mit dem Bild des Erfinders'. Eyes, mandibles, noses and ears are deformed or absent, preventing the veterans from showing emotions, and probably also from communicating efficiently. The man on the left especially has amidst scars an unnatural smile fixed on his face. The overall impression is pathetic, even more so considering the military background of the veterans represented, one of whom was awarded the Iron Cross. Although the war is over, they have not found a place in post-war society. In her study of disability in the Weimar Republic, Carol Poore interprets them as 'monstrous holdovers of an authoritarian system, [...] still dyed-in-the-wool militarists [who] keep on playing their game the way they have always played it'.<sup>94</sup> These men embody fractured times, the unsettled dimension of this period highlighted by the element of chance at work in card games.

The newspapers in the background provide their only link with the day-to-day affairs of the rest of the world. Two years after the end of the First World War, these men are hardly heroes. According to Ashley Bassie, they function 'as an accusation and a warning against militarism', this utilisation of the figure of the maimed veteran pointing at the purposelessness of war.<sup>95</sup> *Die Kriegskrüppel* conveys a similar sense of irony, especially since the legless men are pictured right in front of a shoe shop:

---

<sup>94</sup> Carol Poore, *Disability in Twentieth-Century German Culture* (Ann Arbor: University of Michigan Press, 2007), p. 32.

<sup>95</sup> Ashley Bassie, *Expressionism* (London: Parkstone Press, 2008), p. 121. Otto Friedrich underlines the impact of the defeat on Germany, leading people to feel that men had fought, suffered and died in vain. The long-term consequences of the war and peace treaty burdened the nation to the point of 'madness' and the climax of this 'delirious' state was reached in 1923. Otto Friedrich, *Before the Deluge: A Portrait of Berlin in the 1920s* (New York: Harper Collins Publishers, 1995), p. 124. First published in 1972.





Figure 67  
Otto Dix, *Die Kriegskrüppel* (1924)

The four men are not interacting with each other, as opposed to the *Skatplayers*; the last one is however helping his fellow veteran, pushing his chair. Most of them have suffered facial wounds, and so have the soldiers represented in other works included in *Der Krieg* (1924). Despite the impact of war on their bodies, they still march in military formation, heads up straight (except for the shell-shocked soldier) and at a regular interval.<sup>96</sup> It is based on an oil-painting exhibited at the Erste Dada-Messe in Berlin in 1920 and entitled '45% Erwerbsfähig', ironically pointing at the way in which German authorities assessed the remaining usefulness of mutilated veterans. This capitalist view of mankind makes no allowance for the pain of these veterans, nor for their courage, although officially recognised by military decorations.

Dix pictures facial injuries as commonplace on the front as well as in post-war life. But although disfigured men are physically present on the street, they remain 'outsiders'.<sup>97</sup> The scarcity of depictions of mutilated veterans alongside other, uninjured people is worth noting, again raising the question of their relationships with the rest of society. French and British visual arts had an inclusive approach, showing the veteran's body in a process of reconstruction within the wider frame of society, whereas Dix's treatment highlights the veterans' isolation and Germany's military and moral defeat.

<sup>96</sup> *Dada in the Collection of the Museum of Modern Art*, ed. by John Elderfield (New York: The Museum of Modern Art publications, 2008), pp. 97–101.

<sup>97</sup> Steve Plumb, *Neue Sachlichkeit, 1918–33: Unity and Diversity of an Art Movement* (Amsterdam: Rodopi, 2006), p. 27.



Whilst Dix does not depict men in situations of communication with other people, George Grosz (*Das Gesicht der herrschenden Klasse*) and Max Beckmann (*Die Hölle: Der Nachhauseweg*) represent mutilated soldiers in a social context. In these works, the interaction between ex-servicemen and their surroundings is not pictured as smooth and serves instead as a political criticism. *Défilé des Mutilés* depicts facially injured soldiers marching in the front row and suggests that the general public acknowledged their sacrifice; in contrast the works by German artists emphasise the difficulties, even hostility, faced by mutilated veterans in yet again polarised interwar Germany.



Figure 68  
George Grosz, p. 28

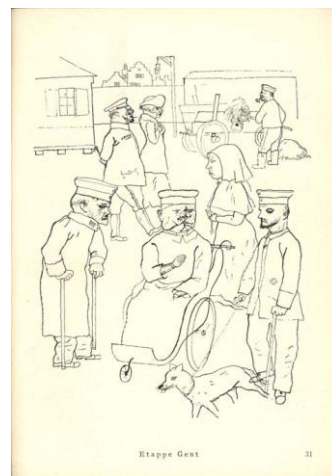


Figure 69  
Grosz, p. 31

Grosz's series of 57 drawings entitled *Das Gesicht der herrschenden Klasse* was published in 1921 and openly states that it is political. In showing the 'face of the ruling class', the German painter also depicts the 'victims' of this ruling class, in this case First World War veterans. Two of these drawings represent soldiers with visible facial wounds, although they are not the only apparent injuries. Both scenes take place on the street and picture veterans as separate from the rest of the population. Page 28 pictures a German beggar in his uniform, wearing his medals; despite these outward signs of his military achievements, he is in a position of inferiority. Having lost his legs, he is sitting on the pavement, immobile, whilst other people are walking past, some of them ignoring him, others staring. His missing nose is covered with a black patch, this dark square in the middle of his face drawing attention to the absent feature. Another of Grosz's lithographs, *Der Held* (1933), also pictures a mutilated veteran selling flowers on the street. His face is not covered with a mask but it is

very dark, making the feature almost undistinguishable.<sup>98</sup> It stands out, the effect described by Tatar as ‘faszinierend nur wegen seiner Häßlichkeit’.<sup>99</sup> The indifference shown by passers-by in Grosz’s earlier picture highlights the irony of the text, ‘Des Vaterlandes Dank ist euch gewiß’, which reminds the viewer of the respect and thankfulness soldiers had been promised.

The drawing entitled ‘Etappe Gent’ (Figure 69) nuances this general indifference towards disabled veterans. Here, three wounded soldiers appear to be interacting together but outside any relationship with the rest of society. Their posture suggests that they are standing still, unlike other passers-by who are in movement. The man in the middle of the drawing – the only one who is not painted in profile – presents several mutilations, including facial injuries. The two other veterans pictured also have various mutilations, but they can still walk. The accumulation of disabilities as well as the central place in the picture of the facially disfigured man, make him stand out. Although his mouth is distorted, he looks like he is trying to communicate with the blind soldier on his left. These two drawings by Grosz emphasise the broken relationship between society and veterans – largely, Whalen argues, due to the state’s intervention. In contrast, Max Beckmann’s *Der Nachhauseweg* pictures a civilian in direct physical contact with a wounded veteran:



Figure 70  
Max Beckmann, *Der Nachhauseweg* (1919)

---

<sup>98</sup> The beauty of the flowers contrasts with the man’s appearance, reinforcing his ugliness, this combination also underlining his threatened masculinity (selling flowers being a job usually done by young girls). *Der Held* challenges the traditional associations between flowers, beauty, life and innocence.

<sup>99</sup> Tatar, p. 114

This lithograph is one of a series of eleven works entitled *Die Hölle* that was published in 1919. Beckmann's depictions of destroyed bodies are informed by his visit to Berlin, as well as his own traumatic experience as a medical orderly during the war. He represents a society torn apart and falling to pieces. *Der Nachhauseweg* is the second plate in this series and it represents a civilian, possibly Beckmann himself, looking at a wounded soldier. This scene is taking place on the street; buildings can be seen in the background and a lamp post shines in the foreground, drawing the viewer's attention to the disfigured veteran's mangled body. His posture, half-turned, and his eye staring at the onlooker, make him stand out.

Like Grosz's and Dix's veterans, Beckmann's man presents multiple injuries. His features are still recognisable but one half of his face is missing. The left eye is altogether absent, what stands in the middle of his face bears only a vague resemblance to a nose, and the mouth is distorted. The other man however does not shy away from the veteran's unsightly appearance but looks – like into a mirror – straight at him, even while the disfigured man confronts him directly with the mangled side of his face. The way the uninjured man is grabbing the veteran's arm, the soldier's strange posture and the ominous figures of the dog and of people in the background create a sinister atmosphere. This work represents the presence of disfigured and disabled ex-servicemen in interwar society as disturbing. They not only bear the imprint of death, but they are also embodiments of hopelessness: for the nearly-dead of the war the future was Hell. The return home, which should be a happy experience, turns out to be an unpleasant confrontation with unfamiliar figures, accompanied by the looming ghosts of war and death.

Beckmann's lithograph features other characters: a man walking on crutches is visible in the background, although his body remains completely in the shade whilst the lit body of the woman standing in front of him suggests that she is a prostitute. The presence of a woman, although she is not in direct contact with any of the protagonists, raises the question of the visual representation of relationships between disfigured veterans and women. Whilst the profession of the woman pictured in *Der Nachhauseweg* is uncertain, Dix openly identifies the woman in *Dirne und Kriegsverletzter* as a prostitute:



Figure 71

Otto Dix, *Dirne und Kriegsverletzter: Zwei Opfer des Kapitalismus* (1923)

This drawing leaves no doubt as to the nature of the injury received by the soldier: only the top of his body is represented, showing his disfigured face. He is wearing a hospital uniform, suggesting that he is still in treatment; the gaping wound from his cheek to his mouth is further evidence of his condition as a patient. The damaged side of his face is in the middle of the picture, the prostitute almost leaning against it. Her emaciated body and her tired eyes, which her make-up cannot conceal, make her look unattractive. Both she and the man return the viewer's gaze and their postures reveal no intimacy between them. Both are nameless casualties of the state, 'victims of capitalism', and both represent whole groups of people who have, to some extent, lost face.

The idea that wounded veterans, and facially disfigured men especially, would not attract women because of their injuries is a recurring motif in literature.<sup>100</sup> Facial injuries represent a challenge to the victim's masculinity not only in terms of his social role of the natural family breadwinner, but also in his more intimate life, as he could perceive himself as robbed of any prospects of marital happiness.<sup>101</sup> Dix's picture points to the justifiable fear of being rejected by women, described in literature as all the more cruel for men whose desires have not disappeared with the loss of their face. Dix's work emphasises the

---

<sup>100</sup> François in Galis's novel and Mongaugé in Dumas's novel both confess to having paid women for sex. The more recent novel by Marc Dugain, based on his grandfather's story and adapted for a film, also pictures *gueules cassées* visiting a brothel during the war. There, the matron is unsure if she will find a woman for them.

<sup>101</sup> In her essay, Tatar insists on the feminisation of veterans and interprets the juxtaposition of a disfigured man and a prostitute (as the beggar holding out flowers in Grosz's *Der Held*) as indicative of a loss of masculinity caused by facial injuries (Tatar, p. 121). While the visit to a brothel is a common feature in war narratives, *gueules cassées* appear to have no other prospects except to pay prostitutes, even in peacetime.

disfigured man's status as a victim. Arguably, the soldier prostituted himself for the war-cause. Both he and the prostitute bear physical marks on their bodies. The coupling of these outcasts – products of a society which does not want to acknowledge them – underlines the fact that the only really ugly face is that of capitalism. This indictment is echoed in Friedrich's pamphlet published one year later, in which he urges his readers: 'Kämpft gegen den Kapitalismus – und Ihr kämpft gegen jeden Krieg!'<sup>102</sup> *Dirne und Kriegsverletzter* thus places wounded soldiers, who had been promised their country's gratitude and respect, on an equal footing with prostitutes. Far from being heroes, facially injured men are presented as misfits. In German arts, disfigured veterans are embodiments of a broken society.

## Conclusion

This overview of a selection of visual representations of mutilated soldiers reveals significant national differences. Two narratives emerge, one positive on the winners' side, the other much more negative. In Germany, the figure of the facially disfigured veteran appears to be consistently deconstructed and the emphasis is put on the soldier's physical brokenness as well as on his isolation from the rest of society, unless he represents society's flaws. Even in depictions of patients in hospital, the injured man is not inscribed in a process of therapeutic reconstruction; rather these artistic depictions are a statement of the degraded humanity of these individuals and beyond, of society as a whole. Furthermore, the disfigured soldier is represented as integral to the war and post-war experience – he is the 'true face of the war' and therewith becomes part of a political agenda.<sup>103</sup>

In contrast, visual representations made in France and Great Britain present facially wounded men in social contexts and although they are never pictured in direct interaction with their surroundings, no conflictual relationship between the soldier and society is expressed. The focus is not on the soldiers' wounds, which are seldom apparent. Rather, their maimed bodies are pictured

---

<sup>102</sup> Ernst Friedrich, *Krieg dem Kriege!*, p. 11.

<sup>103</sup> The National Socialist Party's victory in 1933 marked a change in the ideological representations of veterans, although the political treatment of maimed men did not necessarily reflect an evolution in popular perception.

in movement: their injuries have not robbed them of their dignity, diminished them or hindered them; on the contrary, they are an outward sign of courage. The positive message conveyed in French and British artistic representations insists on the possibility of reintegration, making *gueules cassées* into examples of a successful physical and social reconstruction, and figures of national pride.

## Chapter 5

### Facially Injured Soldiers in Interwar Literature

Visual representations provide at times complex snapshots of society; literature, on the other hand, allows for the exploration of a whole narrative. Whilst novels may not be able to convey the visual significance of facial disfigurement, they nonetheless provide valuable insights into the journeys, in particular emotionally and socially, of facially disfigured soldiers. Literature reflects, and to some extent shapes, society's perception of *gueules cassées* in the long run.

This chapter examines the strategies used to depict facial injuries and disfigurement in literature, and explores the psychological and social implications of wounds as described through this medium. By discussing literary representations, this section provides a further insight into the destinies – both real and imagined – of *gueules cassées*. Narratives may differ in their depictions of the protagonists' reintegration; they nevertheless highlight the role of society in this process. The variations observed in visual arts in terms of the symbolism of facially injured soldiers are, I argue, reinforced in literary accounts.

Four primary literary works are focussed on in this chapter, with additional references made to other novels of lesser relevance to this particular study. One is by a German-speaking author (Vicki Baum's *Menschen im Hotel*, studied here in its English translation) and is set in interwar Berlin. The three other key texts are French and were written by Renée Girard (*La vie intime d'une "gueule cassée"*), Henri Galis (*Mon visage fait horreur: Confession d'une gueule cassée*) and one better-known author, Jean Renaud (*Gueules cassées*). This discussion is not a literary analysis; rather it draws upon the texts to investigate yet another form of representation of, and response to, the presence of facially disfigured veterans. The possibility of representing in literature what was deemed to be 'indescribable', namely the experience of war and facial disfigurement, the evolution of relationships between the veterans and society as described in fiction, and, by extension, what these narratives of successful or failed reintegration say about post-First World War societies, will be of prime importance.

## 1. The facially injured soldier: a marginal figure in interwar literature?

### 1.1. Chronological and international differences: marketing *gueules cassées*

The year 1929 can be seen as a threshold in the history of literary representations of the war in general and of facially injured soldiers in particular. Most of the novels featuring *gueules cassées* were published in 1929 or later, thus indicating that the tenth anniversary of the Armistice and the Treaty of Versailles marked a turning point. This ten-year-gap is to be set against the real-life media coverage of facially disfigured soldiers. By the mid-1920s, the interest newspapers and magazines had previously shown in the veterans had dried up, save for the work of the UBF in France. As shown in chapter 2, articles published in Germany and Great Britain were mostly scientific publications, or newspaper contributions concerned with the treatment and life in maxillofacial hospitals. They often overlooked the men's actual war experiences, and only hinted at the long-term psychological and social consequences of facial injuries. The journalistic treatment in Great Britain and Germany focussed primarily on what they described as the wonders achieved in hospitals, and virtually ceased upon the closure of the major maxillofacial centres in the early 1920s (the Charité in Berlin closed in 1921 whereas The Queen's Hospital, Sidcup, started admitting general medical cases after the war, and in 1924 specialised in the treatment of neurasthenia). Press publications reporting on the *Union* in France treated *gueules cassées* as a group, with very little attention being paid to individual destinies, save for Picot's.

Antoine Prost acknowledges the greater willingness to talk about individual war experiences from the late 1920s onwards: 'It took about ten years for memories to settle, and for soldiers to begin evoking their war. They did so first through the most superficial aspects, the most anecdotal. It was only in 1931 that the most influential veterans' journal (the *Journal des Mutilés*) opened its columns to descriptions of war, for items without strong emotion, evoking rats, lice, or the rough wine'.<sup>1</sup> This shift, evidenced in France by the publication in 1929 of Jean Norton Cru's *Témoins – Essai d'analyse et de critique des souvenirs de combattants édités en français de 1915 à 1928*, can also be

---

<sup>1</sup> Prost, p. 13



observed in literature.<sup>2</sup> It may be assumed that the men's destinies were by now settled, enough time had passed for fiction to start exploring the reasons for the failure or success of their reintegration. *Gueules cassées* were by then a sight common enough to no longer be regarded as a threat, but their status as walking reminders of the war was still sufficiently powerful for writers to choose them as characters in their novels. In fact, with the economic crisis, the financial burden that some of the invalids presented and the fact that governments tended to neglect them brought new problems to the forefront.

Differences between countries are noticeable in the literary treatment of disfigured soldiers, with France at the helm with the most publications. Furthermore, in French literature, a facially injured soldier tends to be the main character, with the story centring on his life. Even in cases in which his facial injury plays no significant part in the plot, the term *gueule cassée* may yet appear in the title, as if it had become a catchphrase.<sup>3</sup> One hypothesis accounting for this proportionally greater importance in France is that facially wounded soldiers had a visible presence in the public sphere thanks to the *Union des Blessés de la Face*. Their visibility in the media during the fundraising campaign for the *Maison* in the second half of the 1920s may have further contributed to a greater symbolic investment in *gueules cassées*. Thus, in France, facially injured soldiers were not an unusual figure in interwar literature.

## 1.2. Putting loss and pain into print

Vicki Baum's *Menschen im Hotel* was first published by Ullstein in Germany in 1929. It can be regarded as her most famous work and also one of the first great successes of the publishing house (along with Remarque's benchmark anti-war novel *Im Westen nichts Neues*, published the same year). Set in a luxurious Berlin hotel, Baum's novel portrays the atmosphere in the German capital in the 1920s. Life in the hotel mirrors that in the metropolis. Fortunes and fame are made and lost, love stories are born and die, cars and electric lights become more available, classical ballet loses ground to jazz while people's

---

<sup>2</sup> Jean Norton Cru, *Témoins-Essai d'analyse et de critique des souvenirs de combattants édités en français de 1915 à 1928* (Paris: Les Etincelles, 1929).

<sup>3</sup> See for instance Jean Renaud, *Gueules cassées* (Paris: Les Etincelles, 1929) and Max Barthélemy, *Mémoire d'une "Gueule cassée"* (Nevers: Imprimerie de la Nièvre, 1930). Both titles have the phrase 'gueule cassée' but the narratives describe mainly the lives of the soldiers before their actual injury.

emotions oscillate between joy and despair. Amongst the various characters whose intertwined stories are narrated, Doctor Otternschlag, a facially disfigured veteran, stands out. The publication of an English translation the following year, the production of a Hollywood movie based on this story in 1932 and later re-editions of this novel are all evidence of its success, both in Germany and abroad. The facially injured soldier does not take centre stage, although he is introduced first. Rather he forms part of the array of fates that characterise post-war society.

French novels that are actually centred on *gueules cassées* did not meet with such success. Only one of them, *Mon Visage fait Horreur: Confession d'une gueule cassée* by Henri Galis (1929), published more than one edition.<sup>4</sup> It first appeared in a volume containing several other stories. The context of publication is rather obscure, but it was first edited by the French publishing house Fayard, as part of a collection called 'les oeuvres libres'. The latter featured only unpublished literary works of fiction or real stories designed to be a 'reflet fidèle de la vie moderne' while avoiding political bias.<sup>5</sup> Galis's narrative was included in a set of stories entitled 'La bibliothèque du combattant'; however the greatest battle faced by Galis's hero was not the war but the fight to re-appropriate his damaged face and his life. This novel, which focuses on the main character's post-war years, was published again in 1930 by *Les Etincelles*, the same publishing house which would release Renée Girard's *La vie intime d'une "Gueule cassée"* the following year.<sup>6</sup> *Les Etincelles*, which also published Norton Cru's pioneering *Témoins* in 1929, seems to have specialised in individual accounts of the war, be they fictional or real.

Neither Galis nor Girard were well-known writers and they do not appear to have published any other works, unlike Jean Renaud. His *Gueules cassées* was also released in 1929 by *Les Etincelles*.<sup>7</sup> Jean Jacques Ernest Renaud (1880–1952) was a more prolific author who had already written several novels by the time his *Gueules cassées* was released. His literary works draw upon his own experiences as a military officer in the French colonies and on the Western front during the First World War. His right-wing political stance led him to join

---

<sup>4</sup> Galis, *Mon visage fait horreur: Confession d'une gueule cassée*.

<sup>5</sup> Foreword to *Les œuvres libres* No. 1, July 1921. Available online [http://www.archive.org/stream/lesoeuvreslibres00pari/lesoeuvreslibres00pari\\_djvu.txt](http://www.archive.org/stream/lesoeuvreslibres00pari/lesoeuvreslibres00pari_djvu.txt) [accessed 18 June 2013].

<sup>6</sup> Girard, *La vie intime d'une "Gueule Cassée"*.

<sup>7</sup> Renaud, *Gueules cassées*.

forces with the industrialist and politician François Coty, to whom the novel is dedicated. Together they founded the far-right league *Solidarité française* in 1933. In spite of his political involvement, Renaud's novel remained relatively obscure. Featuring *gueules cassées* was therefore by no means a guarantee of success for literary works in the 1920s and 1930s, as can be verified in the case of Max Barthélemy's *Mémoires d'une "Gueule Cassée"*.<sup>8</sup> This book, presented as a copy of the notes made by a soldier, narrates the man's war experience. Contrary to what the title implies, these memoirs stop on the day when the soldier is wounded. This shows how fundamental a turning point an injury to the face was and indicates that the phrase *gueule cassée* was thought to sell well.

### 1.3. Prefaces

The prefaces allow for insight into the author's motivations. Renaud's takes the form of a long dedication, in which he expresses his admiration for Coty's patriotic values. To Renaud, Coty shares with *gueules cassées* an admirable readiness for sacrifice.<sup>9</sup> This parallel raises questions since the industrialist and politician himself did not go to the front, and actively defended fascist ideas in the 1920s, during a time when the UBF was criticising people who had benefitted financially from the war without taking part in it. Renaud extends the use of the phrase *gueules cassées* to include civilian heroes carrying 'illusions mutilées', thus suggesting that the term itself had in France become a symbol of courage and patriotism.<sup>10</sup>

In the second part of his preface, Renaud explains the process by which this novel came to be published and ascribes a pacifist goal to his book. His praise of the *Poilus* is paradoxically accompanied by an underlying criticism of war itself: 'la Guerre, dont les grandes périodes oratoires et les grands mots sonores ne parviendront jamais à "idéaler" le visage de meurtre et les gestes de crime'.<sup>11</sup> The author manages to reconcile these two somewhat opposite views on war by distinguishing between the soldier and the man.<sup>12</sup> The soldier

---

<sup>8</sup> Barthélemy, *Mémoires d'une "Gueule Cassée"*.

<sup>9</sup> Renaud, p. x.

<sup>10</sup> Ibid., p. x.

<sup>11</sup> Ibid., p. xii.

<sup>12</sup> See for instance Renaud, p. 72: the war is described as not only challenging men's feelings but also questioning soldiers' belief in its righteousness. On p. 76, Rey recalls a conversation

is envisaged in a traditional heroic perspective and is presented as being proud of bearing scars that, like military decorations, show the sacrifice he made for his nation. In contrast, the man longs for the end of the conflict and a return to normality, both politically and physically. In Renaud's novel, pride always prevails over shame and the soldier has the upper hand. This may be accounted for by the fact that the author himself served in the army, and that his main character is a professional soldier, not a conscripted civilian. In spite of this contextual grounding, the fictional nature of this work is clearly indicated on the cover page: it is a *roman* [novel], albeit a 'roman vécu'. These extra-diegetic elements contribute to making the story appear realistic: Renaud, unlike other writers (such as Girard), cannot be criticised for not being able to understand what life in the trenches was like, having himself fought in the Great War. In spite of this personal involvement, this story does not appear to be particularly important to him: he mentions that the manuscript of the novel was found again by chance, years after it was written. The ten-year gap appears to be a coincidence. On the other hand, this anecdote might aim to conceal the fact that the date of publication was strategic on the part of either the publishing house or the author.<sup>13</sup>

Barthélemy presents his work as a real-life account he obtained from an injured combatant. Although the latter survived his wounds, he refused to tell Barthélemy more or to fill in the gaps created by the loss of some of his notes. The reasons given for this refusal are the narrator's lack of trust in his memory. This attitude is presented by Barthélemy as testifying to the man's honesty. In this preface as well as throughout the novel, the *gueule cassée* comes across as a heroic but humble patriot, who did not intend his notes to be published. Barthélemy decided to share them for a specific purpose: to remind a forgetful society of the 'real face' of war so that 'ceux qui [liront ces faits saisissants] en frémissant n'éprouveront plus jamais le moindre désir de les revivre un jour'.<sup>14</sup> The facially wounded soldier is here associated with a plea against war and his

---

with a fellow officer who, wounded, tells him about the ugliness of the war and the despair he feels despite his spirit of sacrifice.

<sup>13</sup> How important such an actual involvement in the war was for the process of accounting for the experience is visible in the polemic triggered by *Im Westen nichts Neues*: the brevity of Remarque's time on the front was used by his critics to disqualify his depiction. See for instance C.R. Owen, *Erich Maria Remarque: A Critical Bio-Bibliography* (Amsterdam: Rodopi, 1984), pp. 121–41.

<sup>14</sup> Barthélemy, pp. 7–8.

memories are presented as revealing the true nature of war, in a fashion somewhat reminiscent of Ernst Friedrich's endeavour to show 'the face of war'.

Henri Galis's preface gives an indication of the goals he ascribed to his writing. The author dedicates his novel 'Aux hommes', which may refer to men (and therefore implicitly to soldiers), or may embrace mankind as a whole. This suggests that the message conveyed has a universal appeal, reinforcing the image of the *gueule cassée* as a symbolic figure. Whilst the author may at first appear unconcerned by the identity of his readers, he goes on to examine their expectations and advises those in search of 'agréables fictions' or of 'malheurs imaginaires' against reading his book. Galis then narrows his target audience down to those able to feel 'pitié virile'. These two terms seem paradoxical, especially in the context of post-war years that saw men reasserting their status, which had been questioned both on the front (machines taking over men) and at home (with the emancipation of women). It also contradicts the testimonies of real-life *gueules cassées*, who did not want to inspire pity. Galis's initial warning does not include any explicit reference to facial disfigurement, although from the title *Mon visage fait horreur. Confession d'une gueule cassée* the reader is conscious of this theme. A confession establishes an intimate link between the recipient and the narrator; in his novel, Galis invites his readers to meet the man in what is presented as a challenging encounter.

Renée Girard's preface serves to defend her credibility as a female author writing about men wounded during the war. The fictional nature of the story is made clear by the mention of 'roman' on the cover page. However, the author states that she has secured the approval of real-life *gueules cassées* before publication, thus strengthening the link between this story and reality. Contrary to Galis's more general 'Aux hommes', Girard's initial dedication explicitly refers to facially injured soldiers. This choice highlights the author's respect and even admiration, as do the terms she uses with regard to them ('respectueusement' and 'Mutilés de la face' instead of the more colloquial and catchy 'gueules cassées' used in the title). A note from Girard underlines the support the novel obtained from members of the 'groupe de martyrs'. She thereby anticipates any criticism that might be levelled against her possible lack of understanding or unfaithful rendering of physical and psychological struggles. All prefaces have a eulogistic tone and function as a form of tribute paid by the author to the sacrifice of *gueules cassées*.

#### 1.4. The literary treatment of the figure of the facially injured soldier

The presence of facially injured soldiers was not limited to one literary genre. Only Renaud and Barthélemy devote a significant part to the military achievements of the main character. Barthélemy focuses entirely on the narrator's war; the fact that the hero was wounded is mentioned only in the last few pages. This account provides little insight into the life of the narrator after his injury; rather the fact that he is a *gueule cassée* is described as giving more credibility and value to his war memoirs. Renaud also insists on the wartime experience of Lieutenant Jacques Rey who, having been taken to hospital, is reunited there with an old friend, the narrator Paul Dambre. The story is partly comprised of the officer's *carnets*, which are said to have been written on the front.

Galis, Baum and Girard focus on the years following the conflict. They represent the disfigured man in a civilian context as he is faced with situations in everyday life. In Baum's novel, issues such as friendship, love and adultery are addressed, as well as money (and the lack thereof), adventure and boredom. In *Mon visage fait horreur: Confession d'une gueule cassée*, Galis portrays François's relationships with his former fiancée and with his mother, and his difficulties in finding a new goal in his life. Girard's novel is a conventional love story with a happy ending in which love brings the facially injured man back to life. More than the patriotic values of the war hero, it is the strength of character of his female companion which is highlighted. This 'lighter' treatment of facial disfigurement, as well as the happy ending to this story, makes it stand out from other contemporary literary works. The sentimentality of this approach does not contradict the author's admiration for real-life *gueules cassées*, neither did it stop her from securing their support for her book. The fact that facially disfigured soldiers started to feature in popular literature indicates that their presence within French society was well acknowledged and widely accepted.

Two trends in the literary treatment of disfigured soldiers can therefore be observed. On the one hand, the fact that facially injured soldiers featured in popular literature reflects a positive trivialisation. They are presented as ordinary people. On the other hand, their achievements and patriotic sacrifice are also extolled. Literary representations of *gueules cassées* thus oscillate

between an idealisation of the men, and the highlighting of the subsequent banality of their destiny. In both cases, the status of disfigured veterans as reminders is emphasised. This literary treatment echoes the variety observed in the representations of disfigured men in the press and in their own newspapers and bulletins.

## 2. Representing the indescribable: depictions of facially injured veterans in literature

In literary accounts, facial wounds and disfigurement are often only briefly described, and this depiction usually occurs in a similar context and fashion. Literature nevertheless gives access to the memories associated with the injury, which were sometimes difficult to verbalise, as shown in the previous chapters. Whilst the debate on ‘unspeakability’ has focussed primarily on the Holocaust, the three main meanings of this word, unfolded by Thomas Trezise, can also to some extent be applied to facial injuries.<sup>15</sup> Indeed, literary accounts point to the difficulty of verbally expressing the nature and consequences of wounds, to the inherently ‘bad’ (moral or aesthetic) quality they convey and their transgressive dimension, and to a ‘profanation’ of the sacred, in this case the human body.<sup>16</sup> The visual disruption triggered by disfigurement challenges the writer who attempts to represent it. This section explores the strategies used by authors to describe ‘the indescribable’.

### 2.1. A realistic setting

Whilst Dix’s depictions of facially disfigured soldiers picture fragmented heads made up of pieces which do not fit together, one key feature of literary representations is their realistic dimension.

Baum’s *Grand Hotel* is usually associated with the Excelsior Hotel in 1920s Berlin. Nevertheless, this novel achieves a universal relevance – the big city and its representative, the Grand Hotel, stand for the misery of human kind. Girard, the author of *La vie intime d’une “Gueule cassée”*, takes great care to

---

<sup>15</sup> Thomas Trezise, ‘Unspeakable’, *The Yale Journal of Criticism*, 14, 1 (2001), 39–66 (p. 39).

<sup>16</sup> This function of the skin as identity and boundary is also examined in reference to Tonks’s pastels by Chambers, pp. 593–96.

anchor her narrative in a reality the reader was able to relate to. References to dates and places are specific and match historical events and existing locations, whilst characters are identified by their full names.<sup>17</sup>

Accurate references to extra-diegetic elements are not the only strategy used by writers to give a realistic atmosphere to their narratives. Galis, on the other hand, goes to the other extreme: under the pretext of preserving people's anonymity, he does not specify the full name of the main character, who is always designated as 'François' (no surname), as if there was a risk that he could be identified. In addition only initials are used for most other characters, for instance 'M. et Mme D...-R...' or 'M. V...'. The context in which François tells his story – he is confessing to a prison chaplain – also creates a realistic setting for the narrative. The priest is later said to have respected the secrecy of the prisoner's confession, thus making the reader wonder how the novelist could have come across this story, if it is true.

Paul Dambre, the narrator of Renaud's 'roman vécu', also claims to have received the testimony of a facially injured soldier, this time not in jail but in hospital. The narrative is divided into five main parts: the first and the last sections are shorter and narrated from the point of view of Dambre, while the three central ones are presented as the 'carnet de Jacques Rey', which Dambre is reading whilst watching over his friend. Rey's writing tells of the wounds he received on the Western front. These 'carnets', which are presented as authentic documents, add a realistic dimension, as do several parentheses, notes and footnotes specifying that 'ces documents sont authentiques', and a mention of Paul Vignon, 'Ecrivain Combattant, mort au feu'.<sup>18</sup> At the beginning of chapter 20, another comment states that the notes contained in this part of Rey's journal (allegedly written during Rey's time on the front) had to be re-arranged because part of the writing was stained with blood and consequently

---

<sup>17</sup> See for instance descriptions of the military march, references to streets in Paris (e.g. avenue Kléber, rue de la Croix Nivert, avenue de Wagram, rue Férou, rue de Vaugirard), shops and cafés (for instance the *Maison de la Gerbe d'Or*, where the maimed soldier is said to have bought an engagement ring for his first fiancée really existed, as well as the *Café de la Rotonde* (boulevard Raspail) and the once well-known *Restaurant Maire* (boulevard de Strasbourg)) and Moussy.

<sup>18</sup> Renaud, pp. 98–99, p. 131 and p.132.



became illegible.<sup>19</sup> Likewise, chapter 24 contains two supposedly authentic letters, allegedly found amongst Rey's notes.<sup>20</sup>

In addition to these 'material' resources used to convey a realistic impression in Renaud's novel, the narrator's comments also contribute to creating this feeling. Dambre asserts at the very beginning that although the conflict is still going on, a long time has passed since the events, which makes him, so he claims, less biased and his testimony more reliable. This claim of reliability is further emphasised by the overriding reason the narrator gives as to his motivation for telling this story: duty.<sup>21</sup> Not only does Dambre feel he owes this to his dead friend, but he sees in Rey's story the epitome of a more general type of men.<sup>22</sup> The narrator repeatedly claims that he is speaking the truth, even if it does not show him in a favourable light: 'Je crus ... je pensais ... et c'est moi, un docteur, qui avoue? Je suis dans l'obligation de le faire par respect pour la vérité'.<sup>23</sup> The authenticity of this narrative is emphasised by Dambre's repeated statements that he is speaking the truth. Moreover, the fact the Renaud was a military officer himself, who served in the colonial army and fought in the First World War gives his novel a particularly realistic edge. In this narrative as well as in others, the disfigured combatant is presented as the embodiment of real-life soldiering experience and sacrifice.

## 2.2. The presence of a 'mediator'

The presence of a narrator in novels featuring *gueules cassées* heightens the realistic dimension, as his voice appears to be more detached and more reliable than that of the wounded man. Even when the moment of the injury and the patient's feelings are described from the point of view of the disfigured man himself, none of the novels under discussion are purely first-person narratives. The presence of a 'mediator' between the reader and the wounded man is a recurring feature.

In Baum's *Grand Hotel*, Otternschlag's face is illuminated from different angles. The presence of the narrator can be felt: the depiction starts with a

---

<sup>19</sup> Renaud, p. 131 and p. 142. A similar statement is made by Max Barthélemy about the testimony of his main character.

<sup>20</sup> Ibid., p. 169.

<sup>21</sup> Ibid., p. 1.

<sup>22</sup> Ibid., p. 9.

<sup>23</sup> Ibid., p. 9.

comment clause ('His face, it must be said, [...]'), the remaining part of his face is compared with that of a 'Jesuit', and the nickname the German veteran gives to his wound when alone is revealed ('a Souvenir from Flanders').<sup>24</sup>

Otternschlag's mutilated face stands in contrast with another hotel personality, a thief, whose looks appeal to the others, in particular women.

In Renaud's *Gueules cassées*, the importance of the narrator is evidenced by the fact that, before being introduced to the wounded soldier, the reader is made aware of his importance in Paul's life: 'Comme j'entends distinctement sa confession après des mois, et comme je me demande à quoi doit servir une telle mort si elle ne rachète pas toute une vie...'<sup>25</sup> The impact of the events lasts much longer than the events themselves. The narrator nevertheless insists that enough time has passed for him to no longer be partial.<sup>26</sup> He presents his act of writing not as a creative process but as a transcription of memories, which his sense of duty demands.<sup>27</sup> His previous acquaintance with the wounded soldier implies that he is well placed to assess the difference between the 'old' Rey and the new, post-injury Rey. The fact that the narrator Paul Dambre is at first unable to recognise his friend is evidence of the complete change in his appearance.

There is no pre-existing relationship between the narrator and the facially disfigured man in the other novels, although instances of previous contact can be found in Girard and Galis. In the latter, the first-person voice which is expressed in the title *Mon visage fait horreur: confession d'une gueule cassée* prevails in the narrative itself, although the form given to it – a confession – leads to occasional interventions by the priest. The story of the disfigured soldier is largely narrated from the veteran's point of view but it is framed within two descriptions of the context given by an external narrator, who also gives the reader an insight into the chaplain's thoughts. The narrative relates to a previous encounter between the priest and the prisoner: the priest, who was then serving as an ambulance man, transported the wounded soldier after his injury in 1917. Galis's narrator performs similar military duties as Dambre in Renaud's novel: both take part in the conflict, but are in the business of curing

---

<sup>24</sup> Baum, p. 3.

<sup>25</sup> Renaud, p. 2.

<sup>26</sup> Ibid., p. 1.

<sup>27</sup> Ibid., p. 1.

soldiers, not killing them. The priest has seen many wounded men, but transporting François out of the battlefield remains a lasting memory.

The second encounters between Dambre and Rey, and the priest and François, present similarities: they both take place in a secluded environment. In Renaud's novel, they meet at the hospital where Rey was taken. In Galis's novel, François is in jail and the priest comes to visit him to receive his confession. While the narrator is free to come and go, the wounded man is physically constrained in the ward or prison cell. This physical imprisonment mirrors the sense of confinement experienced by the disfigured man, who feels like his old, unchanged, self is locked inside in a body which is not his.

Although the initial reunion between the narrator and the *gueule cassée* may be by coincidence, the following meetings happen by the initiative of Dambre and the priest, not the disfigured man. This interest may be a form of morbid fascination, as mentioned by Tonks in his description of the motivation of visitors to Sidcup museum. It may also be the result of the narrator's will to physically or spiritually help the *gueule cassée*. In both cases, the disfigured man is in a position of inferiority and appears to be condemned by an illness or by the law. A difference is however noticeable in the reactions of Rey and François towards their interlocutors: whilst Rey welcomes Dambre's offer of help, François initially rejects the priest's. By the end, however, both narrators are entrusted with a physical document (a photograph in François's case and  *carnets* in Rey's) which is in fact material evidence of the facially disfigured man's wrongdoings (mostly adulterous conducts). The *gueule cassée* has trusted the narrator, the reader is now invited to do the same.

In Girard's *La vie intime d'une "gueule cassée"*, the focus is on Paule's thoughts. The plot centres on the love story between the young woman and a facially injured veteran, Gérard Thiercelin. It brings female patriotism and self-sacrifice to the forefront. Here again, the presence of Paule functions as a filter between the wounded man and the reader. There is a pattern of repeated encounters between Paule and Gérard. The story, set in the late 1920s, starts on a highly symbolic date: 11 November 1928, that is, exactly the tenth anniversary of the armistice. It ends nine months later, in August 1929, when the pregnancy of the main female character is announced. Although the two main characters meet for the first time on the day of the military march, Paule

remembers having seen Thiercelin before, in a film.<sup>28</sup> Again, she is the one who takes the initiative. In an attempt to trace him, she goes to see an old friend of her father's and convinces him to take her to the mansion where Thiercelin lives. The plot, as indicated in the title (*La vie intime d'une "gueule cassée"*), consists in a conventional love story and the central chapter of the novel is once again a 'confession'.<sup>29</sup> Confession is thus a recurring theme that bears witness to the close relationship between the narrator-confessor and the disfigured veteran. It also suggests that, in the world of fiction at least, *gueules cassées* managed to verbalise their experiences to dramatic effect.

The confessions also have an impact on the person who hears them. Dambre is still haunted by Rey's narrative years later, when he starts telling this story. His own emotions are brought to the fore, especially his guilt at not telling Rey's wife what he read in his friend's *carnets*. This narrative is therefore also a form of confession for Dambre.<sup>30</sup> What he was unable to tell the widow, he now wants to free his conscience of, although he says that duty is his main motivation. Dambre states that his aim is to honour not only Rey – whose 'fantôme' is said to have haunted him ever since – but 'tous les Jacques Rey qui, galonnés ou non, appartiennent à sa famille sentimentale'.<sup>31</sup> This religious dimension to Dambre's narrative, close to an expiation, is emphasised by his description of his endeavour as 'un hommage profond et religieux', and his attitude towards the writing Rey entrusted to him as one of contemplation.<sup>32</sup> Likewise, Paule is moved by Gérard's story, and the priest in Galis's novel is described as having changed after his encounter with the prisoner: he has become more withdrawn and he avoids talking about his experience on the frontline. The priest has also taken a controversial stand on some doctrinal matters such as divine justice.<sup>33</sup> In terms of the impact on the *gueule cassée*, the only confession that has a positive outcome is the one made to Paule: the woman is the only person who is able to lead her interlocutor to 'redemption', understood here as reintegration within society. Where religion (represented by

---

<sup>28</sup> This reference, probably to *Pour la Paix du Monde*, is evidence of the author's awareness of the work of the UBF and it is possible that Girard took inspiration from real-life stories.

<sup>29</sup> The sixth chapter (out of twelve) of *La vie intime* is entitled *La Confession*. The female character and the facially injured soldier confide in each other, sharing very personal events of their lives. This chapter marks a turning point since it is the beginning of the ex-serviceman's redemption.

<sup>30</sup> Renaud, p. 25.

<sup>31</sup> Ibid., p. 26.

<sup>32</sup> Ibid., p. 27, p. 31, p. 34.

<sup>33</sup> Galis, pp. 111–12.

the priest in Galis's novel) and medicine (in the person of the doctor-narrator Paul Dambre in Renaud's narrative) have failed, love seems to overcome.

Facially disfigured veterans appear to never be fully in charge of the narratives, echoing their lack of control on their lives. Their wounds deprived them of the future they had imagined; likewise, they are not permitted to write their own stories in literature. Although none of the characters in these literary works has lost his speech, it is as if they could not speak for themselves. The figure of a second protagonist who acts as an intermediary is a recurring pattern: the mediator 'guides' the exploration of both the impact of the wound (and of war itself) and the particular personal contexts. The presence of a mediator is indicative of the difficulty in accessing the disfigured man; as if the breach in his flesh had exposed him, the protective presence of a narrator between him and the reader is required. Facially injured veterans rarely appear to be on their own, except in the one instance of the German narrative. This echoes the isolation of German mutilated men observed in visual arts.

### 2.3. Literary descriptions of the injured face

Literary descriptions of the physical damage done to soldiers' faces are brief, as if writers did not want to dwell on these sights. Depictions of mangled faces emphasise either their unnatural, inhuman aspect, or depict them as absent altogether (either covered or missing).

The importance of the disfigurement to the soldier's face is evidenced by the fact that even his friends are unable to hide their surprise. In spite of the close relationship between Dambre and Rey, the narrator almost fails to recognise the wounded man when he first arrives at the hospital. His initial reaction is one of incredulity:

– Jacques Rey? Ce n'est pas possible! Jacques Rey? ça?  
Jacques Rey, ce troupiier hailloneux? Cet homme au visage mutilé par des cicatrices monstrueuses? à la poitrine marquée par le large écusson d'un pansement trop évocateur? Allons donc!  
Je le regardais sans comprendre, surtout sans croire [...].<sup>34</sup>

The use of 'ça', a pronoun which generally designates an undetermined object, is telling: the army officer is not even given the status of a human being. The

---

<sup>34</sup> Renaud, p. 3

derogatory way in which he is referred to gives him the appearance of barely more than a thing that words cannot accurately describe. The dehumanisation, also a salient feature in some journalistic accounts, of the maimed face is further emphasised a few paragraphs later: 'ce visage monstrueux avec ses bourrelets veinés'.<sup>35</sup>

Newspaper articles highlight the monstrous nature of facial injuries, as does the nurse who takes care of Rey. Having rejected his request to be given a mirror, she describes the face to him: 'Vous ne verriez qu'un affreux bariolage de teinture d'iode, de vaseline et d'acide picrique ...'.<sup>36</sup> Although two months have passed, his face has still no semblance to that of a normal human being. The nurse's choice of the adjective 'affreux' is far from comforting but Rey is not distressed at this description, probably because it does not tell much about the face itself, but more about what has been put on it, external ointments. The nurse constantly changes the subject from his damaged face to the luck he has had to have recovered from his more serious thigh wound.

When Rey finally sees his face, he is shocked: 'J'ai pris la glace. Une seconde, deux peut-être, j'ai fermé les yeux, puis, brusquement, je les ai ouverts et j'ai vu ... Ah! ... ce que j'ai vu ...'.<sup>37</sup> At this point he is unable to put what he sees into words; the only way he can refer to himself is by using the informal demonstrative pronoun *ça*: 'Et c'est "ça" que je suis devenu? C'est ça que la bataille a fait de moi?' The use of this pronoun introduces a distance between the speaker and the object referred to; this discrepancy is even greater considering that the narrator is talking about his own face.<sup>38</sup> He does not recognise it as his own.

If Rey does not manage to describe his face, François's reaction upon seeing his for the first time is more detailed: 'la moitié de mon visage n'était plus qu'une masse de chair livide et violette, sans traits, où l'œil crevé marquait, comme un sceau, un enfoncement horrible'.<sup>39</sup> This description emphasises the lack of harmony between the two sides of the face. As in visual representations, the focus is on the destroyed half. The coexistence of an undamaged part of the face with the other, unrecognisable, part appears frequently in both visual and

---

<sup>35</sup> Renaud, p. 4.

<sup>36</sup> Ibid., p. 147.

<sup>37</sup> Ibid., p. 163.

<sup>38</sup> Ibid., p. 161.

<sup>39</sup> Galis, p. 44.

literary works. Baum's description includes elements of the remaining half of the face, unlike Galis's. This only serves to emphasise the contrast between the two:

His face, it must be said, consisted of one-half only in which the sharp and ascetic profile of a Jesuit was completed by an unusually well-shaped ear beneath the sparse grey hair on his temples. The other half was not there. In place of it was a confused medley of seams and scars, crossing and overlapping, and among them was a set glass eye. "A Souvenir from Flanders", Doctor Otternschlag was accustomed to call it when talking to himself.<sup>40</sup>

The emphasis is on the facial emptiness. One half of the face is not described as different from the other, or disfigured, but it is characterised by absence. Unlike François in Galis's novel, Otternschlag does not cover – or hide – his face. This choice, as well as the way he cynically names his wound, suggests that the German doctor has managed to live with it, although the psychological damage and the sense of loss are obvious. Remarkably, he presents himself in one of the most frequented places, the hotel's entrance hall, seeing and being seen. As such, the entrance hall marks a threshold between belonging and exclusion.

The absence of human traits is also visible in Girard's description of Gérard's face:

Au premier rang, leur dévoué président était entouré de deux ou trois blessés de la face dont le visage n'offrait plus aux regards pleins d'effroi qu'une masse de chairs informes, que la science s'était efforcée pourtant de réparer au mieux par des greffes humaines, en tentant de se rapprocher de ce que la nature réussit si parfaitement bien.<sup>41</sup>

This description echoes the depiction of Otternschlag's face as a 'medley of seams and scars'. Amongst the disfigured men, one is singled out as 'le plus grand et certainement le plus affreusement mutilé'.<sup>42</sup> After this first comparison, the narrator describes the man's figure, his hair and eyes rather than focusing on the damaged face, which is mentioned in passing: 'il portait fièrement sa tête mutilée'. The first depiction of Gérard's face is only one paragraph long and it is included in a more general description of his body, clothes and manners. It is given from the point of view of the female spectator:

---

<sup>40</sup> Baum, p. 3.

<sup>41</sup> Girard, p. 14.

<sup>42</sup> Ibid., p. 14.

Il avait dû avoir la mâchoire fracassée, autant que Paule pouvait en juger, par les cicatrices très apparentes; son nez et sa lèvre supérieure étaient des greffes humaines, merveilleusement réussies, mais visibles à n'en pas douter; son menton avait presque disparu, le bas de son visage était informe. La bouche avait un rictus affreux, découvrant des dents trop blanches, trop neuves et l'oreille gauche était comme déchiquetée. Les yeux, par bonheur, étaient intacts; le front intelligent, plein d'énergie, avait également été épargné.<sup>43</sup>

This description stands out from others as it makes it clear that the disfigured soldier underwent surgical operations. They however did not result in a complete restoration of the man's face: his fixed expression looked unnatural. But unlike Otternschlag and François, who lost one whole side of their face, the upper part of Gérard's face has been spared. The fact that his two eyes have not been damaged seems to give him an advantage; his first 'discussion' with Paule is in fact limited to visual communication.<sup>44</sup> An account of his injury, given from the disfigured man's own point of view, highlights the speech problem resulting from the injury to his mouth:

Ayant promené les mains sur sa face, il chercha en vain son nez et son menton pendait lamentablement, la mâchoire fracassée.  
Il avait dû cracher ses dents et, fou d'horreur, il avait voulu crier, appeler, mais sa langue perforée en plusieurs endroits se perdait dans le trou vide de son palais, en partie emporté!<sup>45</sup>

In spite of the scope of this initial damage to his speech organs, no later mention is made of any sort of speech difficulties in the novel. The consequences appear to be aesthetic, not functional. His abilities to communicate have not been permanently impaired, yet he chooses to withdraw from society until a woman brings him out of his seclusion.

Thiercelin, like Otternschlag, does not hide his face from the view of other people. François, on the other hand, covers his damaged features, as shown in the very first description of his face (given from the priest's point of view): 'Un bandeau de taffetas noir lui couvrait près de la moitié de la face, une partie du front, l'œil gauche et le haut de la joue'.<sup>46</sup> The brevity of this initial description leaves room for the reader's imagination at the same time as it makes clear the main character's unwillingness to expose his face. Hiding it can be regarded as an understandable protective gesture; it also echoes his failure

---

<sup>43</sup> Girard, pp. 14–15.

<sup>44</sup> Ibid., pp. 16–19.

<sup>45</sup> Ibid., p. 115.

<sup>46</sup> Galis, p. 32.



– or refusal – to overcome this change. He not only covers his face but he also buries his feelings. More than his physical appearance, it is his forced emotional distance and eventual rejection that lead to his engagement to Gisèle, the young woman he loves, being broken. François's choice to hide his wounds can be interpreted as evidence that, being convinced that people cannot understand him, he does not want to force them to confront his disfigurement.

#### 2.4. The man in the mirror: the psychological consequences of facial disfigurement

Even when *gueules cassées* successfully hide their injuries, they remain nevertheless aware of their existence. The brevity of descriptions of the appearance of the wounds highlights the fact that they are 'just' wounds, and that the context and consequences matter as much. Literary accounts allow for an exploration of a man's psyche in the long term.

Renaud's narrative suggests that soldiers particularly feared facial injuries. Rey spends a long time in hospital undergoing treatment before he is allowed to see his face. Not knowing the extent of his wound causes him great worries: although he is portrayed as a brave officer throughout, the thought of resembling some of his 'camarades tellement défigurés, tellement monstrueux' is a source of anxiety.<sup>47</sup> He goes further: by his own admission, life is not worth living with a maimed face: 'je tremble à l'idée de leur ressembler; je ne me sentirai jamais le courage de vivre pour n'être qu'un objet de pitié ou d'horreur...'.<sup>48</sup> Before he sees his wound, Rey is relieved to be alive and away from the horror of the front. His first mention of his head injury is rather casual: it is not the first thing mentioned in the chapter, nor does he complain about the pain it causes him. But as time goes by and he is not permitted to see it, he starts wondering. The psychological impact of his facial wound, as opposed to his severe thigh injury is highlighted:

J'ai pourtant failli mourir de cette blessure [to his thigh]: j'en souffre moins, moralement surtout, que de celle qui me brûle...aux pommettes, au nez, aux lèvres, et qui n'est, paraît-il, que superficielle, pourtant elle seule m'inquiète. Je la redoute, parce que je ne la connais pas et parce que dans le noir de mes insomnies, je lutte contre des angoisses qui me troublent.<sup>49</sup>

---

<sup>47</sup> Renaud, p. 147.

<sup>48</sup> Ibid., p. 147.

<sup>49</sup> Ibid., p. 146.

In spite of the reassuring discourse of the medical staff, he perceives that an important change has taken place. The face, previously a familiar sight, has become 'the unknown'. The soldier's worries are sometimes founded, as shown in François's reaction:

Je jette un grand cri. Je rajuste les linges sur ma face, et je m'enfuis dans le parc.  
J'errai plusieurs heures à travers les bois ravagés, les massifs changés en halliers, les allées tapissées d'une herbe tendre. J'entendis sonner le clairon du repas de midi, puis presque aussitôt, me sembla-t-il, le clairon du repas du soir. Quelqu'un m'appela longuement, je me cachais sous des acacias. [...] Enfin, à la tombée de la nuit, je rentrai. J'aperçus, debout à la première marche du perron, ma mère qui m'attendait, immobile et pâle comme une statue. [...] Ses yeux élargis se fixaient sur moi dans l'obscurité. Mon air devait être extraordinaire.<sup>50</sup>

François is horrified by his own appearance; the title 'Mon visage fait horreur' can thus be interpreted as referring not only to other people, but also to the disfigured man himself. François sees his professional career as an artist and his matrimonial plans thwarted; but more than this, his very identity is at stake. This is evidenced by the fact that, while the priest's name is given from the start ('Abbé S ...'), it is only much later that we learn that the main character is called François, as if who he is no longer depends on his name but rather on his physical appearance.

This redefinition of identity due to facial injuries as described in literature highlights the difficulty the disfigured have in accepting the change in their appearance. The doctor who treats Gérard Thiercelin expresses concern towards his patient's psychological condition. He judges that nothing can be medically done to help Thiercelin, and that his injury is the cause of his depression: 'cet homme, que la disgrâce a atteint, est devenu farouche; son moral est déplorable, il est aigri, ombrageux ... [il] souffre moralement, je le crois atteint de neurasthénie aiguë; la plaie de son âme me semble inguérissable ...'<sup>51</sup> The fact that some writers chose to describe the face only as half damaged can be regarded as an external, visible embodiment of the interior conflict raging between the *gueule cassée*'s appearance and his psyche. The remaining half reminds the wounded man of who he was before the war; it points to his past and evokes the future he could have had. The disfigured half

---

<sup>50</sup> Galis, pp. 44–45.

<sup>51</sup> Girard, pp. 37–38.

is a constant reminder of the war that changed the man (a 'Souvenir from Flanders' as Otternschlag calls it) and an obstacle to interaction with other people.

Another telling element observed in literary descriptions is the comparison of the damaged face with a mask the wearer is unable to get rid of. François, who hides his wounds behind a scarf, sees himself as already wearing a mask: 'Ma laideur était pour moi un déguisement de carnaval impossible à dévêtir; et le bandeau de mon front s'y collait comme le masque grotesque d'un Arlequin'.<sup>52</sup> The disfigured face is not perceived as his own; it is an external object that hides his true and unchanged self. Rey also refers to a mask when he imagines his future: 'je cacherais ce masque que la guerre m'a fait'.<sup>53</sup> This mask can evoke various emotions. François regards it as a prop reducing him to Harlequin, nothing but a ridiculous character. In contrast, Paule sees Thiercelin's courage reflected on his 'masque horrible, qui portait pour toujours la marque ineffaçable de l'héroïsme et de la vaillance'.<sup>54</sup> Rey cannot imagine that his 'mask' will provoke any responses but pity:

J'eusse mieux aimé n'importe quelle mutilation, plutôt que celle du visage. L'homme reste un homme avec un bras ou une jambe en moins, tandis qu'il n'est plus, avec un masque comme le mien, qu'une créature douloureuse qui souffre de toutes les charités devinées au fond des regards qui n'osent pas se détourner, comme elle souffre de toutes les gênes qui créent du silence ou du malaise...<sup>55</sup>

He struggles to reconcile his ambitions and his vision of war with the actual impact of the battle on his body. He anticipates a bleak future in which people will pity him and he asserts that any other wound would have been more tolerable. Although he does not question his status as a war hero, it is his manhood, and his humanity, which he feels are threatened.

---

<sup>52</sup> Galis, p. 71.

<sup>53</sup> Renaud, p. 162.

<sup>54</sup> Girard, p. 13.

<sup>55</sup> Renaud, p. 162.

## 2.5. Coping with facial injuries

In narratives of soldiers' post-injury lives, literary works describe different ways in which the men try to cope with their disfigurement and its repercussions. Otternschlag resorts to morphine to relieve his physical pain and fall into oblivion and, like François, he becomes obsessed with tragic stories. This fascination can be seen as an attempt to make sense of their wounds by setting them against greater distresses. The response of François and Otternschlag to the sufferings endured by others however differ. The German veteran, while reading the newspapers, is described as not having

found anything to satisfy him. A typhoon, an earthquake, some petty war between blacks and whites. Arson, murder, political strife. Nothing. Too little. Scandals, panic on the Bourse, colossal fortunes lost. What did it matter to him? How could it affect him? Ocean flights, speed records, sensational headlines. Each page screamed out louder than the last till finally you heard none of them. The noise and bustle nowadays made you blind and deaf and deadens all sensations.<sup>56</sup>

While Otternschlag's perception has been minimised, François's is exacerbated. Following his visit to the house where disfigured soldiers live, he develops an obsession for pain. But unlike the German doctor, he does not feel immune to suffering:

L'idée de la souffrance répandue sur le globe me hanta. Je me mis pour ainsi dire à regarder le monde sous un angle nouveau et unique; et la douleur, où me ramenaient toutes mes réflexions me parut le centre de tout. [...]

Le sentiment de la souffrance générale est seul vraiment désespérant. Je souffrais dans mille individus. Mon malheur semblait s'élargir et s'accroître dans tous les malheurs et je reprochais à Dieu non seulement mes maux, mais tous les maux de la terre, et la création même.<sup>57</sup>

François is at the same time attracted and repelled by the suffering of others. It does not alleviate his own pain and fuels his anger. These tragedies add to his own torment, rather than free him from it. He resents God for allowing this to happen. References to religion are rather frequent and can be interpreted as another way of trying to make sense of the wounds. In contrast, Paule and her husband end up regarding the mutilation suffered by Gérard as a blessing, since it brought them together. This is also the case for Rey and his mistress:

---

<sup>56</sup> Baum, p. 8.

<sup>57</sup> Galis, pp. 84–89.

they are reunited following the officer's injury and enjoy a short time living together as a couple, away from the frontline. But Rey's disfigurement can also be interpreted in the opposite way and seen as a punishment for his adultery. Facial wounds can lead to the fall of an apparently righteous man: François becomes a rapist and a murderer following his injury. In his own words, his disfigurement may be a punishment for his participation in the war: 'A d'autres moments, je me demandais si je ne méritais pas ma difformité comme une punition divine; et j'en donnais d'étranges motifs. N'avais-je pas fait la guerre? N'avais-je pas tué?'<sup>58</sup> In this religious perspective, a spiritual solution appears to be the way for *gueules cassées* to come to terms with their injuries. However, François's confession fails to lead him to redemption. While speech is nowadays regarded as a possible outlet, soldiers who returned from the battlefield then often found themselves unable to put their experiences into words.<sup>59</sup> François finally gives in to the chaplain's insistence:

Enfin, le jeune homme parut excédé de son insistance, plutôt que convaincu par sa bienveillance; et il se décida à la satisfaire.  
– Vous voulez à tout prix, lui dit-il, regarder au grand jour ma douleur. Je la mettrai donc sous vos yeux, non pour réclamer de vous un remède, mais pour vous montrer qu'elle est sans remède.<sup>60</sup>

François's confession exposes his misdeeds but also seeks to prove that religion is powerless to save him. The fact that the priest finally gives up on him and finds himself changed by having received this confession seems to prove that François was right.

The ultimate solution for *gueules cassées* to escape the prison of their bodies appears to be death. Narratives featuring facially injured soldiers include multiple references to death as the only way out of a life that is not worth living. Otternschlag has a supply of syringes and ampoules of morphine, which makes him relish the feeling of being in control of the time of his death: 'You cannot really put up with all the pain that being on this earth entails unless you know that at any moment you can make an end of it. Life is a miserable sort of existence, believe me'.<sup>61</sup> For men who lost control of their bodies and lives, to

---

<sup>58</sup> Galis, p. 74.

<sup>59</sup> This inability or unwillingness to talk about what he saw on the front is also experienced by Paul Bäumer, the hero of one of the most successful war novels, Remarque's *All Quiet on the Western Front* (pp. 107–28).

<sup>60</sup> Galis, p. 33.

<sup>61</sup> Baum, pp. 247–48.

choose the time of their death is a desperate attempt to regain power over their destiny. Otternschlag goes as far as to describe himself as being already dead, only awaiting the final blow:

I am a suicide, you must understand. As a rule you only see suicides after the event – when they have already turned on the gas or pulled the trigger. I, as I sit here, am a suicide before the event. To put it in one word, I am a living suicide – a rarity, you will agree. One of these days I shall take ten of these ampoules out of this box and then I shall be a living suicide no longer.<sup>62</sup>

Otternschlag perceives himself as not living, which may explain why he remains an observer, on the outside of the events. But when he is given the opportunity to fulfil his plans, he finds himself unable to do it. The following morning, he is back in the lounge, moaning about the monotony of life, looking at the street through his glass eye. This final scene exposes the disfigured man's inability to see the world 'full of sunshine'.<sup>63</sup>

François also tries to commit suicide, but his project is thwarted by the unexpected arrival of his ex-fiancée. Love and death are inextricably linked, the latter always prevailing over the former. What should have been the climax of the main character's emotional and physical rehabilitation – the intercourse with his ex-fiancée – takes place in a tomb. Death, which the disfigured man desires more than anything else, is delayed several times, first by his own inability to kill himself, then by the jury's refusal to condemn him to capital punishment. He later tries to jump from a window, again failing to put an end to his life once and for all.

Whilst the priest wants to absolve him, the prisoner judges himself beyond all hopes of rehabilitation. He is not described as a criminal, maybe because he has not yet been tried, or maybe to put greater emphasis on his confinement rather than on his status as a murderer. It is only at the very end, in a final account of what happened to François and to the chaplain after the trial (narrated by an external narrator), that François is referred to as a murderer. The use of this term at that particular moment is all the more striking as the jury declared him not guilty. In spite of this verdict, he was put in a 'maison de santé'. This paradox is another illustration of the tensions between freedom and confinement experienced by facially disfigured soldiers.

---

<sup>62</sup> Baum, p. 249.

<sup>63</sup> Ibid., p. 315.

Thus, while actual descriptions of the physical injury are brief, literary works extensively describe the inner torments experienced as a result. Various attempts at changing do not alter the veteran's perception of himself and of his future, nor do they free him from his own physical prison. Help from the outside is needed.

### 3. Facing the world

Literature explores the post-war experience of facial disfigurement from the point of view of the *gueule cassée*; it also gives an insight into other people's feelings. Literary narratives cover sometimes extended periods of time, allowing for a depiction of the journey on which their disfigurement led the veterans and the people around them. Whether the stories have a happy or a tragic ending, they stress the role of society in the fates of disfigured men.

#### 3.1. The rejection of other people

*Gueules cassées* are usually represented as standing apart from the rest of the world, and even as deliberately isolating themselves. Rey's first reaction is aggression: he resents the doctor, the nurse and his mistress – who came every day to visit him in hospital – for not confronting him with the truth. He is then overwhelmed by grief but even in this state of sorrow he ignores the words of comfort offered by others. He is particularly angry at his mistress, whom he accuses of having lied to him by not telling him how serious his injury was. He seeks to displace his shame and fear. When his irritation subsides, and although he is grateful to her for having stayed with him, he tries to dismiss her. In an attempt to preserve his own feelings, he urges his mistress to leave, persuaded that even if she is not repelled by him now she will realise the truth one day and stop loving him. This pattern of a disfigured man deliberately rejecting others before they can reject him is frequently found in literary works and reflects real-life stories such as those discussed in the first chapters of this thesis.

The narrative of the difficulties Rey faces when he leaves hospital starts with the assertion: ‘Je suis une “Gueule Cassée”’.<sup>64</sup> Rey implies shortly after that he avoids contact with the rest of the world (‘j’ai fui le monde et je lui ai interdit l’entrée de mon logis’) and hopes to go unnoticed.<sup>65</sup> Likewise, François avoids the company of other people, even the young boy who brings him his meals and shops for him. His reunion with his fiancée Gilberte does not live up to his expectations:

A peine je la vis s’avancer au détour de l’allée, plus belle et plus aimable que jamais, mon cœur s’arrêta, et je pris une attitude indifférente. Par une bizarre hypocrisie, où il entrait de la pudeur, de la timidité, et sans doute aussi la crainte de n’être plus aimé, j’affectai de l’aborder d’un air distrait et de lui parler d’un ton léger, dont je ne me départis pas durant toute notre conversation.<sup>66</sup>

Driven by the fear that she might not love him anymore or that she will marry him out of pity, François feigns indifference towards her.<sup>67</sup> He keeps her at a distance in order to avoid being hurt and, for the same reason, he later calls off their engagement, telling her ‘sur le ton d’une conversation mondaine que le mariage était la chose du monde pour laquelle je me sentais le moins fait’.<sup>68</sup> From this moment onwards, François begins to isolate himself. The broken engagement marks his giving up all claims on his old life: his facial disfigurement has robbed him of his future.

The sentiment of lack of control over their lives is revealed through literary descriptions of the destinies of facially injured soldiers, as in the photographs picturing them as passive figures. In literature, the powerlessness they feel leads them to cut themselves off completely from the rest of the world. Thiercelin decides to live secluded in a mansion with other wounded veterans, this house being in all likelihood the *Maison des Gueules Cassées*. Some men are pictured as unaware that they are keeping other people at a distance. Thus, Otternschlag’s paradoxical isolation – he spends most of his time sitting in the hotel lounge, without getting involved in what is going on around him – is described as the consequence of an involuntary attitude:

---

<sup>64</sup> Renaud, p. 177.

<sup>65</sup> Ibid., p. 175.

<sup>66</sup> Galis, p. 46.

<sup>67</sup> Ibid., p. 51. This is also the reason Isabella’s parents used to warn their daughters against marrying Harry Burbeck (according to their daughter Biddy Stevens).

<sup>68</sup> Galis, p. 51.



When he paid he put the money on the plate, not into the boy's hand. He always set a distance between himself and others, though he was not aware of it. The half of his mouth that was still intact even smiled after a fashion as he unfolded the papers and began to read. He expected something that never came, just as no letter, telegram or call ever came; he was dismally alone, empty, cut off from life.<sup>69</sup>

The constant activity and life in the lounge contrasts with Otternschlag's immobility and solitude. He is alone in the middle of the crowd. The social and emotional emptiness of his life echoes the physical emptiness in part of his face. His repeated enquiries at the hotel reception about a letter, a telegram or a call only underline his loneliness. If he is not completely passive – he for instance intervenes to help another visitor, Kringelein – the German doctor seldom acts to improve his own condition. Whilst Kringelein obtains a better room, Otternschlag remains in the same ordinary room he has occupied for ten years 'partly because he is staying en pension, partly because his means were moderate, chiefly, however, because he was too apathetic to demand a better'.<sup>70</sup> The veteran lacks interest in his own condition.

The fear of being rejected experienced by *gueules cassées* thus accounts for their indifference, sometimes even their hostility, towards the outside world. It is a way for them to retain some control, but more importantly it is a means of self-preservation: they reject other people out of fear that they might be rejected themselves. This safety mechanism was observed in real life, and was described in nurses' accounts. The distance between them and others after their return, whether suffered or sought, reflects and fuels extra-ordinary representations of *gueules cassées*.

### 3.2. Responses of strangers

The disfigured man's attitude of rejection and isolation is based on the presupposition that other people will react negatively. The reaction of passers-by is telling of society's perception, since their encounters with *gueules cassées* are unexpected and their responses are less guarded. Given that they do not know the injured man, they are less likely to try and hide their feelings. In Girard's novel, pity is repeatedly mentioned as people's first reaction. Strangers

---

<sup>69</sup> Baum, p. 7.

<sup>70</sup> Ibid., p. 13.

are described as looking at Paule and Thiercelin with ‘touchante pitié’, or reacting with ‘regards épouvantés, pleins de pitié’.<sup>71</sup> Likewise, at the opera, the couple overhear two young men talking about Gérard:

“Dis donc, t’as vu le type s’il est amoché?”

L’autre répondit: “Ce pauvre diable, il s’est fait casser la “g...”.”

Gérard, qui avait entendu, changea de couleur.

Impulsive, Paule fit deux pas en avant et, touchant du doigt l’épaule de celui qui était le plus près d’elle, elle lui dit à voix basse:

“Vous avez raison, mon jeune ami, mais c’est justement pour que votre génération connaisse des jours plus tranquilles que monsieur a sacrifié sa figure: c’est un héros de la guerre.”

Un peu interdits, les deux jeunes gens revinrent sur leurs pas et, spontanément, en silence et avec respect, ils tendirent la main à Gérard, l’un après l’autre.<sup>72</sup>

The young people’s first reaction is pity, but once Paule has drawn their attention to the reason behind her fiancé’s disfigurement and the implications for them, they show respect. In doing so, Paule echoes the voice of real-life *gueules cassées*, who, in their newspaper *La Greffe Générale* and through the UBF, expressed their wish not to be pitied, but respected.

Like Picot, Gérard does not mind being the centre of attention; rather it is the nature of strangers’ reactions (i.e. pity) that upsets him. Rey in Renaud’s novel also appears to tolerate the gaze of others, but reacts strongly when shown pity. During a walk with his mistress, he notices people staring at him: ‘Au moment où nous nous sommes assis, j’ai remarqué, mais sans en éprouver de gêne, qu’on me regardait à la dérobée’.<sup>73</sup> It is the words spoken by a young woman, who is sitting nearby, to her boyfriend that make him uncomfortable: ‘Mon Dieu, si tu étais comme lui. Le pauvre homme. Et c’est ça la guerre. La guerre’.<sup>74</sup> This reaction is indicative of the feelings triggered by the sight of facially wounded men: they are immediately associated with the war. It is of no surprise given that the scene occurs during the conflict, but the association remains strong afterwards and highlights the status of *gueules cassées* as reminders of the war. Although Rey is not affected by the curiosity of onlookers, he reacts strongly to the woman’s commiseration: ‘Je n’ai pas tressailli, mais j’ai eu froid, et tout m’a subitement paru triste, gris et sale’.<sup>75</sup> The woman’s

---

<sup>71</sup> Girard, p. 126 and p. 147.

<sup>72</sup> Ibid., pp. 158–59.

<sup>73</sup> Renaud, p. 178.

<sup>74</sup> Ibid., p. 178.

<sup>75</sup> Ibid., p. 178.

comment triggers a change in the way he perceives the world. While just moments before he was enjoying the sun shining on his damaged face, his surroundings now seem bleak to him. Of all the reactions, he finds that the most unbearable is pity:

C'est cela, va, maintenant, va vers la vie, Jacques REY! Va, présente ta face que des plaies ont rendue monstrueuse. Appelle le passé et offre-lui le sourire de tes lèvres brûlées. Regarde l'avenir, et pour le séduire, montre-lui les balâfres qui te défigurent. Va! Marche au milieu de tes semblables et écoute l'expression de leur pitié qui te fera souffrir, parce que, demain, après-demain, dans un an, dans deux ans, lorsque les illusions seront tombées, quoiqu'on dise et quoi qu'on fasse, quels que soient les mots dont on qualifie la beauté des blessures héroïques, elles n'en sont et seront pas moins des blessures.<sup>76</sup>

During the war at least, facial wounds were seen as epitomising patriotic sacrifice. Reflecting upon his return to Paris immediately after the war, François too feels that passers-by respect him:

J'aurais voulu garder toujours ce grossier vêtement à brisques avec quoi j'avais combattu. Sous le calot de drap bleu, ma blessure me semblait moins affreuse. J'aurais voulu demeurer toujours le blessé qui passe dans la rue et revient de la bataille, la tête entourée d'un glorieux pansement. Le regard des gens que je croisais était pour moi un baume; et je puisais dans l'ignorance de la foule l'illusion de pouvoir guérir.<sup>77</sup>

The difference in people's reaction is attributed to the fact that François was at the time a soldier, proudly bearing his war wound. Once the war is over, strangers display such positive responses only in specific circumstances, namely situations in which facially disfigured veterans are clearly identified as ex-combatants. A form of respect and acknowledgement of their sacrifice persists, but the expression of these positive feelings is limited to contexts in which national remembrance is channelled. When Paule first sees Gérard, he is taking part in a march commemorating the tenth anniversary of the armistice. This context influences her perception of his face as a 'masque horrible, qui portait pour toujours la marque ineffaçable de l'héroïsme et de la vaillance'.<sup>78</sup>

In literature, the responses of strangers impact upon the way in which men cope with their disfigurement, as shown in the example of François. The only outings he enjoys are his visits to the Tomb of the Unknown Soldier: 'La

---

<sup>76</sup> Renaud, p. 161.

<sup>77</sup> Galis, p. 47.

<sup>78</sup> Girard, p. 13.

majesté héroïque du lieu, le recueillement respectueux des passants qui s'arrêtaient à notre vue et se groupaient auprès de nous, comme pour honorer nos douleurs, nous donnaient l'illusion apaisante qu'elles n'avaient pas été inutiles'.<sup>79</sup> At a time when war memorials began to be built, the symbolic value of this specific place cannot be overlooked. The parallel between the Unknown Soldier and the facially disfigured veteran is worth noting, as if the latter was no longer identified and recognised for want of a face.

François dreads people paying attention to him as an individual, and to his disfigured face, but he also longs for the public to acknowledge his sacrifice. His feelings towards society are nevertheless mixed; he oscillates between proud public exhibition on commemorative occasions and as part of a group, and withdrawal when he is alone:

Pénétrer dans un wagon du métropolitain était pour moi un supplice. J'en vins à redouter la simple traverse de quartiers trop fréquentés; je faisais de longs détours. Je pris l'habitude de baisser la tête en marchant, pour échapper à la curiosité du public, à quels singuliers enfantillages n'avais-je pas recours?<sup>80</sup>

François's wish to go unnoticed in his everyday life contrasts with his choice to go to the tomb of the Unknown Soldier. Two elements appear to facilitate his interaction with society. Firstly, being part of a group who goes to the Arc of Triumph makes him less obtrusive than taking the train by himself. Secondly, he does not dread appearing in the solemn context of military remembrance whereas he dislikes being the focus of attention in everyday situations. Being identified as a mutilated veteran is perceived as more bearable than just as any disfigured man. In the context of remembrance ceremonies, the presence of *gueules cassées* is not as transgressive as it is in daily life.

Literature evokes the possibility of positive associations of facial injury with courage and even heroism, most narratives nevertheless emphasise the negative reactions of strangers upon meeting *gueules cassées*. François goes even further in his description: 'Partout où je me montrais, une gêne subite paraissait. Quand j'arrivais à l'improviste dans une réunion, je lisais sur certains visages la surprise où le dégoût, sur d'autres la pitié, sur la plupart l'horreur, sur tous le secret contentement de ne pas ressembler au mien'.<sup>81</sup> While Rey deems

---

<sup>79</sup> Galis, pp. 76–77.

<sup>80</sup> Ibid., pp. 72–73.

<sup>81</sup> Ibid., p. 71.

pity to be the most likely reaction, and also the most difficult to cope with, François underlines the relief he sees on other people's faces at not looking like he does. He describes this 'secret contentement' as a universal reaction; he however qualifies this judgement later, distinguishing between adults and children. The latter's reaction is surprise and curiosity rather than horror or pity.<sup>82</sup> Sitting in a park, François notes the attitude of a child playing nearby: 'Un bel enfant en jouant me regardait avec un étonnement doux. La mère alors l'appelait; je la voyais lui dire quelques mots à voix basse; l'enfant reprenait son jeu et ne me regardait plus'.<sup>83</sup> He does not seem to mind being the object of the child's attention, which is not hostile. Of the three people involved in this scene, the mother is the one who is uneasy.

Among adults, distinctions in terms of their relationships to injured men can be made. Literature depicts interactions between *gueules cassées* and other soldiers and veterans. In Galis's novel, François watches the 14 July 1919 military march from the balcony of his Parisian flat. He later notes the discomfort of other soldiers upon meeting him:

Dehors, la joie populaire, roulant par les rues, vint me heurter à la face. Les bourgeois flâneurs ferment leurs boutiques, les soldats lâchés vidant les casernes, changeaient à me voir, quand ils me voyaient, leurs mines épanouies en un air de commisération, où je croyais discerner autant d'agacement que de pitié. Au milieu de cette foule dont les coudes pressaient mes bras à ne plus pouvoir les remuer, une zone d'isolement imaginaire m'entourait et se déplaçait avec moi. Quel était ce revenant qui errait à travers la ville pour troubler le bonheur universel, comme le spectre de la guerre morte?<sup>84</sup>

Even men who experienced war themselves show embarrassment. One possible explanation is the guilt some combatants felt after their return: having seen their comrades die or wounded, returning home alive could be a source of anguish and culpability. On the other hand, the presence of other ex-servicemen may take the veteran back to the trenches, re-evoking horrors he would prefer to forget.

---

<sup>82</sup> This was also observed in real life, as exemplified in the life of one of Gillies's patients, Cohen. He stayed as a porter and never got married. This suggests that his reintegration was not successful and that he preferred to stay in the relative safety of the medical world. However, he was happy to run Sunday school classes and face children, who are reported to never show disgust or pity, but rather curiosity and interest (as reported by Andrew Bamji, curator of the Gillies archives, Interview conducted on 4 April 2011).

<sup>83</sup> Galis, p. 73.

<sup>84</sup> Ibid., pp. 49–50.

Thus, pity is presented as the most frequent response, and is described as something disfigured men despise. Literary accounts emphasise more strongly representations of *gueules cassées* as victims, rather than as heroes.

### 3.3. Friendship

Some relationships with strangers develop into closer friendships. If François is ill-at-ease among war veterans, he nevertheless confesses that he feels welcome and accepted by other *wounded* war veterans:

Si j'ai pu passer encore quelques instants d'oubli et de gaîté depuis mon retour à Paris, je les dois à mes pauvres vieux compagnons d'hôpital qui traînaient près de moi sur le gravier des cours leurs béquilles et leurs rudes misères. La pincée de tabac offerte avec un juron par un garçon de ferme aux mains rouges, me réconforta mieux que la pitié verbeuse et distraite des gens du monde.<sup>85</sup>

Other maimed soldiers are the men's new family; literature here reflects the real-life experience of members of the *Union des Blessés de la Face*. They do not only share common war memories, but they are also faced with similar challenges in civilian society. This choice to withdraw is presented by Girard as a way to shelter themselves from the world:

Plusieurs des pensionnaires possédant quelques ressources personnelles avaient préféré verser une cotisation annuelle assez importante pour subvenir à leur entretien et fuir la promiscuité du public. Là, au moins, ils vivaient entre pareils, habitués à voir des visages aussi affreux que le leur, ils souffraient moins moralement, n'avaient plus à supporter l'impression poignante, sorte de peur instinctive, que leur aspect causait invariablement et lire dans les regards qu'ils croisaient, au dehors, la pitié et l'effroi!<sup>86</sup>

The pensioners developed close relationships with each other and this literary account reflects, perhaps even exaggerates, the success of the Moussy endeavour. Gérard is well-integrated in the community: his wedding reception takes place there, among other facially disfigured men rejoicing over one of their comrades' departure. His marriage does not sever his links with his friends, rather to some extent his wife becomes a member of this community, in a way reminiscent of the inclusive approach of the *Union des Blessés de la Face*.

---

<sup>85</sup> Galis, p. 45.

<sup>86</sup> Girard, p. 44.

But even the company of other wounded veterans can prove difficult to cope with, as seen in the examples of François and Thiercelin. The latter finds it sometimes hard to put up with the other pensioners.<sup>87</sup> François admits that he is ashamed to be seen with other disfigured men: 'Par une insurmontable contradiction de ma douleur, cette particularité, qui me poussait vers lui en secret avec tout l'émouvant élan de la sympathie, me le faisait fuir en public avec une hâte honteuse. Ainsi me serais-je fui moi-même, si j'avais pu'.<sup>88</sup> In literature, being with other *gueules cassées* makes the wounded man feel 'normal', but at the same time it prevents him from forgetting about his own disfigurement. This is the reason why François refuses to become a member of their organisation and to move to 'la villa rouge', in spite of another wounded veteran's repeated invitations. In this respect, Galis's novel does not support the idyllic depiction of Moussy given by Girard and the UBF itself. François's one-day visit there to attend a *fête* organised for wounded veterans further confirms him in his choice. Whilst amputated soldiers celebrate outside, the house itself is silent:

ils ne parlaient ni ne riaient. [...] Certains, n'ayant plus de lèvres, semblaient rire d'un rire silencieux, terrible. Beaucoup n'avaient même plus de dents, et, quand ils parlaient, on les entendait à peine, car il ne sortait de leur bouche qu'un son aussi informe qu'elle.

Ceux qui ne pouvaient plus mâcher avalaient des bouillies d'enfants avec d'immenses gargouillements. Les autres buvaient et mangeaient sans un mot; et rien n'était plus effrayant, après le spectacle, que le calme sinistre de ce tragique banquet.<sup>89</sup>

In contrast with other maimed veterans, *gueules cassées* are inside the house and the atmosphere is almost eerie. The hierarchy of wounds sometimes evoked in the context of war identifies facial wounds as the worst of all. Literature suggests that the post-war lives of *gueules cassées* were also more difficult than those of other mutilated combatants.

---

<sup>87</sup> Girard, p. 39.

<sup>88</sup> Galis, p. 77.

<sup>89</sup> Ibid., pp. 79–80.

### 3.4. Facially injured men and their families

The responses of relatives to the change in the man's appearance are described as particularly significant in literature, thereby reflecting real-life stories. In literary fiction, relatives tend to be portrayed as managing to deal with their initial shock and relate with the wounded, thereby providing readers with an example of successful interaction. This participates in the construction of a story that would otherwise be very introspective and less appealing to the general public. The emphasis on interaction also performs a didactic function in helping readers to understand the disfigured man's psyche and advising them on how to (and not to) behave.

François's mother is the first person he sees when he wakes up in hospital. Not only has she watched over her son in hospital, but her first action upon his return to consciousness is to make physical contact with him: '[...] ma mère se penchait sur mon lit et me baisait au front à travers la gaze des bandes. Puis elle me fit signe du doigt de me taire, sans doute pour ménager mes forces, et se retira en souriant'.<sup>90</sup> He has no idea what kind of injury he suffers from and his mother's presence suggests that everything is fine. Her tender gestures remind him of his childhood, all the more so since he is treated in his own house, which has been converted into a hospital. Her behaviour is indicative of her acceptance: she is constantly on her son's bedside and appears to be relieved and even joyful: 'Ma mère, de son côté, laissait échapper, par les yeux lumineux de son front soucieux, l'espèce d'âpre allégresse qui la transportait'.<sup>91</sup> His mother tries to shield him by preventing him from seeing his face: 'Un jour, je demandai un miroir à ma mère. Elle me répondit en souriant d'un air distrait par une plaisanterie sur la pénurie de ses bagages'.<sup>92</sup> When she realises that he knows the truth she embraces him and whispers 'Mon pauvre enfant!'<sup>93</sup> His mother's acceptance has a significant impact on François, who later moves in with her to take care of her until she dies. She is the only person whom he does not reject; nor does he reproach her for not having prepared him to face the truth. The fact that his mother accepted

---

<sup>90</sup> Galis, p. 41.

<sup>91</sup> Ibid., p. 42.

<sup>92</sup> Ibid., p. 43.

<sup>93</sup> Ibid., p. 45.



him without any second thoughts does not, however, prevent François from struggling with his disfigurement.

Gérard's mother and his sister both visit him when he lives in Moussy. He kisses his mother when he sees her, and no mention is made of any repulsion on her part. He is nevertheless aware that her first reaction after his injury was sadness: 'Il se souvenait du chagrin de sa mère lorsqu'elle l'avait revu ainsi!'<sup>94</sup> In spite of this initial shock, they maintain a good relationship. More insights into Madame Thiercelin's perception of her disfigured son and his future prospects are given through her attitude towards her daughter-in-law. She confesses to Paule that 'jamais elle n'avait osé espérer un tel bonheur pour son fils' and thanks her: 'Ma chère enfant, soyez bénie pour ce que vous avez fait pour mon fils!'<sup>95</sup> She harboured little hope that her son would ever get married. Her gratitude suggests that she regards Paule's marriage to the disfigured veteran as a sacrifice more than an act of love, as if the maimed soldier was able to trigger a woman's compassion, not her desire.

Otternschlag's experience is very different. He is haunted by a recurring dream:

And then, two floors higher, there is Doctor Otternschlag, dreaming the dream that comes to him every week. He is going through a dream-town which he knows very well and he enters a dream-house that he has forgotten. A dream-woman lives there and she has had a dream-child while he was a prisoner of war – a horrible child of whom he is not the father. It howls in its neat perambulator whenever it sees his mangled face [...].<sup>96</sup>

Although his disfigurement is not described as the cause of the woman's treachery, the child's attitude is a reaction to Otternschlag's damaged face. The German veteran in Baum's novel, like the ones depicted in visual arts, is represented as betrayed and isolated. Had Otternschlag been able to find a place back home, with his family, he may not have become the solitary and cynical figure he became.

---

<sup>94</sup> Girard, p. 143.

<sup>95</sup> Ibid., p. 170 and p. 176.

<sup>96</sup> Baum, p. 307.

### 3.5. Love and romantic relationships

Acceptance by the family is presented as important, but not enough to rehabilitate a disfigured man. Love appears in literary accounts as the only way to a complete reintegration into post-war society. Most novels involve romantic relationships, and the destiny of the wounded veteran – tragic or happy – is correlated with the success or failure of his love story.

Baum's novel aside, romantic relationships play an important part in these literary works.<sup>97</sup> Rey's mistress watches over him during his stay in hospital. While he is still unable to see his wounds, it is her reaction which he dreads the most. He wants to know how she reacted when she first saw him. The lengthy description of their relationship, as well as his earlier questioning as to whether she would leave him if he was mutilated, serve to prepare for this crucial moment. The nurse's answer to Rey's question is ambiguous:

- Que voulez-vous qu'elle dise? Elle souffre de vous voir souffrir.
- Oui, mais la première fois, quand elle m'a vu, quand on a découvert devant elle les plaies de mon visage...qu'est-ce qu'elle a fait ?  
Du silence nous a séparés...pénible... très pénible.  
L'expression de pitié que j'ai surprise dans ses yeux m'a si profondément troublé, qu'un frisson m'a brusquement glacé; mais non, j'ai cru surprendre...parce que je me suis vite rendu compte que ce n'était là qu'un effet de mon imagination inquiète; ses yeux m'ont au contraire regardé très franchement, et elle m'a répondu sur un ton très naturel:  
– Elle s'est mise à genoux et elle vous a embrassé les mains...  
...Alors j'ai baissé les paupières, et sous les linges de mon pansement, j'ai senti la tiède douceur de mes larmes...<sup>98</sup>

Rey perceives the nurse's hesitation but he quickly dismisses his fears, eager to believe her reassuring words. Although his mistress's first response was shock, she did not turn away. He is nevertheless concerned about her feelings, and he asks why she kissed his hands the first time she saw him:

- Parce que je te voyais sanglant.
- Défiguré ?
- Pas défiguré, sanglant. J'aurais voulu embrasser tes plaies, mais je n'ai pas su trouver un autre geste pour te prouver mon amour.

---

<sup>97</sup> In Baum's novel, Otternschlag appears to be indifferent to women, the memories of previous relationships leaving him 'without emotion, the memory occasioned only a faint creeping chill in his spine' (Baum, p. 8).

<sup>98</sup> Renaud, p. 148.

Rey's disfigurement has not repelled his mistress. In this novel, the facial injury, far from separating the couple, unites them and the woman's love is presented as what brings him through his convalescence.

Gilberte, the young woman to whom François was engaged before his injury, fulfils a similar function in Galis's novel, but the outcome of their complicated relationship is tragic. When he rejects her, she tries to convince him of her love: 'Ecoutez, François, me dit-elle d'une voix basse, soyez sincère: croyez-vous que je vous aime moins depuis ...'.<sup>99</sup> Her inability to name his injury and to convince him that they have a future together fails to reassure him. François later admits that he can still feel desire. But his experiences at a brothel and with Gilberte show him that sex is not enough to make him feel 'human' again.<sup>100</sup> He is looking for something more than physical intercourse, as he admits after seducing – almost raping – Gilberte in his parents' mortuary vault: 'la flamme brève de la volupté nous brûla sans nous réchauffer. [...] Une tristesse infinie emplissait mon cœur, jointe au calme extraordinaire de tous ses désirs éteints, même celui de mourir'.<sup>101</sup> From then on, François's life goes from bad to worse, revealing the impact of guilt and of the absence of love. As the couple are offered a chance of reunion at the end of the novel, he feels alive for the first time since his injury, describing his state as 'transporté d'étonnement et d'amour'.<sup>102</sup> This possibility of a bright future is soon denied when François accidentally kills Gilberte. This episode remains the only time in the whole narrative when he starts to believe that happiness is not beyond his reach. A romantic relationship appears to be the key to the disfigured man's reintegration.

Girard's novel is the only narrative that ends with the successful reintegration of the disfigured man, a happy ending which is described as the result of a woman's love. Gérard's decision to withdraw from society was a result of being rejected by his first fiancée.<sup>103</sup> In contrast, new matrimonial prospects with Paule impact positively on his morale and on his health. Their marriage ultimately leads him to bless the wounds that enabled him to find a wife and found a family: 'Je suis redevenu moi-même, je ne redoute plus rien de

---

<sup>99</sup> Galis, p. 51.

<sup>100</sup> Ibid., p. 69.

<sup>101</sup> Ibid., p. 65.

<sup>102</sup> Ibid., p. 108.

<sup>103</sup> Girard, p. 62.

la vie!’<sup>104</sup> Gérard’s feeling of estrangement from his former self because of his injury has come to an end.

In this narrative, the woman’s choice to marry a wounded veteran is presented as a patriotic act. In the context of the interwar years, many women found themselves alone, and the main character in this novel admits that ‘[...] beaucoup de vieilles filles aimeraient mieux avoir près d’elles un homme “amoché” plutôt que d’être vouées au célibat!’<sup>105</sup> Indeed, the post-war years were characterised by a shortage of men, and war pensions could be a further incentive for women to marry veterans. Literary narratives present both women unable – or unwilling – to pursue a relationship with their disfigured fiancés, and happy relationships. However, the one instance of a German novel analysed here suggests that to return home, and beyond, to ‘normal’ life, was beyond the veteran’s reach. His initial betrayal by his wife further represents the ‘betrayal’ of a society, from which he has become isolated. In contrast, in French novels, romantic love appears to be the gateway to the maimed veteran’s re-appropriation of his self and reintegration back into the world. Being loved, the *gueule cassée* is rehabilitated both in the eyes of other people and in his own eyes. Marriage appears to be a benchmark in definitions of normality and reintegration. In turn society, in its acceptance of its war heroes, is rehabilitated too.

## Conclusion

Literary accounts urge the reader to go beyond the mutilated face and to consider the psychological and social consequences of war and disfigurement. Through the narratives of successful or failed reintegration, literature emphasises the role – even responsibility – of society in helping the veteran find a place. A tendency to ‘de-heroicise’ and isolate facially injured men, and soldiers in general, can be observed in the German literary tradition as in visual arts of the time. In contrast, French novels are largely void of political criticism and give a more positive interpretation of the war and its consequences on individual combatants. However, even in accounts presenting *gueules cassées*

---

<sup>104</sup> Girard, p. 188.

<sup>105</sup> Ibid., p. 55.

in a more positive fashion, they still appear powerless to secure the maintenance or restoration of relationships. Many of them are presented as isolated and inactive by choice or by necessity. They are unable, for practical or psychological reasons, to find a way back into work and into society. In contrast, society is empowered, called to remember and to act.



## Conclusion

Through the analysis of official, personal, artistic and literary accounts and representations of facially injured soldiers, this thesis has examined the experience of, and responses to, facial disfigurement during and after the First World War. From the hospital where soldiers spent extended periods of time to their return to civilian life, their journey testifies to the significant personal and collective impact of injuries to the face.

This thesis has demonstrated that facially injured men were a visible and recognised presence, on the streets and in the arts, in France, Germany and Great Britain. Despite the desire they often expressed to go unnoticed and sometimes against their own will, they became symbols of national aspirations. The study of their fates and representations reveals a great variety in terms of their destinies and perceptions: they appear in turn as passive patients and involved in the rehabilitation process, unemployed and successful in a variety of workplaces, rejected lovers and happily married fathers, withdrawing from society and setting an example for their fellow countrymen. The present study has tried to avoid imposing *a posteriori* one particular understanding of the experience and depictions of disfigurement. It has instead drawn upon various theoretical approaches to discuss diverse sources, so as to show the complexity in terms of destinies, perceptions and representations of *gueules cassées*.

The risk of reducing facially disfigured men to one common story or symbol was already visible in the interwar years; it is perhaps even more of a temptation today, as their absence makes it easier for us to merge all their stories into one. Since the First World War, pictures of disfigured combatants have been mainly used as illustrations of the horrors of the First World War. Thus, the 2007 National Army Museum 'Faces of Battle' exhibition was presented by the BBC as '[revealing] a hidden side to the horror of World War I'.<sup>1</sup> Similarly, Claire Garnier, the curator of the 2012 exhibition '1917' (Metz, France), described the return home of *gueules cassées* as 'le moment où

---

<sup>1</sup> "In pictures: Faces of Battle", BBC News, 2009  
<[http://news.bbc.co.uk/1/shared/spl/hi/picture\\_gallery/07/magazine\\_faces\\_of\\_battle/html/1.stm](http://news.bbc.co.uk/1/shared/spl/hi/picture_gallery/07/magazine_faces_of_battle/html/1.stm)>  
[accessed 16 August 2013].

l'arrière découvre les horreurs de la guerre'.<sup>2</sup> The permanent exhibition of the German Historical Museum first used to feature two large size posters of *Menschen ohne Gesicht*, whilst now photographs and a helmet with a gaping hole where a bullet hit the head of a soldier are on display. Images of disfigured soldiers have only seldom been presented in contexts not centred on war or medicine. The work of the French-Algerian artist Kader Attia is particularly innovative in this respect: in *Open your eyes*, he combines images of *gueules cassées* and of African artworks and facial decoration and interrogates the notions of beauty and identity in different cultures.<sup>3</sup>

Rarely have the disfigured men been presented or discussed in parallel with narratives of their lives, one notable exception being the text and images of a soldier throughout his life displayed at the Hunterian Museum, London. The veteran is thereby not reduced to his wound; rather his wound is presented as a part of his life. Almost a century after the events, there is still a temptation to isolate *gueules cassées* and limit studies to their disfigurement. The hierarchy of wounds suggested by Sabine Kienitz as applying to the interwar years in Germany can to some extent still be observed today. This ranking of injuries she discusses in the context of Germany is, in fact, also visible in the rhetoric about facial injuries in France and Great Britain, as shown in this thesis. The discourses on facially injured soldiers frequently depicted their destinies as worse than those of other veterans, and even worse than death itself.

The transgressive dimension of facially disfigured men posited in the introduction has been discussed with reference to soldiers' and medical staff's perceptions, press and artistic representations. This study has thereby revealed tensions between two major trends. On the one hand, we observe a tendency to marginalise *gueules cassées*, describing them as monsters, victims or heroes. They are presented as figures remote from normality and feature inhuman or superhuman characteristics. On the other hand, a normalisation of the figure of the disfigured man is also found and, in some cases, explicitly claimed. This thesis has explored the importance of a more nuanced portrayal of the perceptions and destinies of wounded veterans.

---

<sup>2</sup> Claire Garnier, interview on the exhibition '1917', Alsace 20, 2012 <<http://www.youtube.com/watch?v=2N7VW4Dd1U0>> [accessed 16 August 2013]. The layout of the exhibition (a spiral) culminated with the display of casts of mutilated faces, thereby emphasising these specific items, although the theme was the year '1917' more largely.

<sup>3</sup> Kader Attia, *Open your Eyes* (2010). It was exhibited in Germany (Kunstwerke Gallery, Berlin, 2013) and France (Musée des Ducs de Bretagne, Nantes, 2013).



On a personal level, the challenges awaiting the veterans were similar regardless of the country where they lived. The support they received from the state and the ways in which they were perceived by societies however differed. *Gueules cassées* became symbolically loaded figures in all three countries but different aspects were emphasised depending on the national context. They predominantly featured in German visual arts, in which they often operated as embodiments of a broken society and indictment of militarism. Their presence is more discreet in British arts and society, especially after the war ended. The existence of official photographs testifies to the possibility of them being used as propaganda tools and the building of the first central maxillofacial institution reveals a proactive approach to their treatment on the part of the government. The emphasis was on practical questions and a pragmatic approach was taken, under the influence of Harold Gillies amongst others. The fact that, despite the provision of separate medical facilities for facially injured soldiers, the relationships formed at The Queen's Hospital were not maintained on a significant level after the patient's discharge, confirms Cohen's views on the inclusion of disabled veterans within wider social and philanthropic networks. In contrast, this thesis has shed light on the inception and development of a self-help organisation in France and demonstrated the role of external and internal factors, in particular the role played by its president Picot, in its increase in numbers and influence throughout the 1920s and 1930s. The 'kinship' bond between *gueules cassées* described by Winter as the starting point of the *Union des Blessés de la Face* is here examined in an attempt to explain why no similar organisations emerged in other countries despite the fact that a strong comradeship between men during their treatment was observed in all three countries.<sup>4</sup> In particular, this thesis emphasises the importance of charismatic individuals in the process of the reintegration of *gueules cassées* into society.

The case of facially wounded women has not been discussed in this thesis, their existence should however be acknowledged. Indeed, records show that there were female patients, in all likelihood members of Voluntary Aid Detachments, treated at the Val-de-Grâce and The Queen's Hospital.<sup>5</sup> This is

---

<sup>4</sup> See for instance Rémi on Germany, Clare on Great Britain and Baillaud and *La Greffe Générale* for the French case.

<sup>5</sup> Unidentified plaster casts at the Val-de-Grâce testify to the presence of two female patients. Andrew Bamji mentions one female case at The Queen's Hospital in Andrew Bamji, 'The

also acknowledged in François Dupeyron's film *La Chambre des Officiers*, which portrays the extreme isolation of one female patient in Paris. She is not only estranged from her family, but also from male patients. The limited number of such cases and the lack of information about them do not, however, allow for a detailed analysis. Furthermore, facial disfigurement in women undoubtedly created a different set of issues – especially considering post-war demographics and gender roles – that are beyond the scope of this thesis.

One needs to bear in mind that, for the most part, only the lives of those men who 'successfully' returned home are documented. The sometimes tragic stories of those who spent the rest of their lives in psychiatric wards or chose to end their lives altogether have largely been lost, except when family members decided to investigate.<sup>6</sup> The analysis of military reports and accounts by medical staff, as well as the small number of veterans who decided to live in Moussy permanently, indicate, however, that complete withdrawal and suicides were not a very common occurrence.

The present study focuses on the period between the First World War and the outbreak of the Second World War; it is now more important than ever to acknowledge the long-term legacy of disfigured veterans of the First World War. From visual reminders of one specific war, they became generic symbols of the timeless brutality of all wars. The recent interest in popular culture in the *gueules cassées* of the First World War is indicative of their lasting iconic function. Exhibitions, novels and films have been released in all three countries since the late twentieth century.<sup>7</sup>

Most importantly, the empowerment of French veterans via the *Union des Blessés de la Face* raises questions that remain to be analysed in a broader chronological frame. The bond between members, often described as the consequence of a shared war experience, begs the question of the integration of combatants wounded during other conflicts. Indeed, the emergence of a strong sense of collective identity could have been threatened

---

Queen's Hospital and All The King's Men', paper given at the Royal Society of Medicine's History of Medicine section meeting, in Michael Smith, 'First World War facial injuries', *Journal of the Royal Society of Medicine*, 88 (1995), 601–2.

<sup>6</sup> Guy Monségur thus researched what happened to his great-uncle Jean-Victor, who was facially disfigured and probably also suffered cerebral damage. His findings were published in the form of a partly imaginary narrative retracing the veteran's life until his death, alone and forgotten, in a psychiatric unit (Monségur, 2004).

<sup>7</sup> See for instance Young, *My Dear, I Wanted to Tell You*; Valade, *Gueules Cassées ... et alors?* and Kader Attia's artwork *Open your Eyes*, shown in France and Germany in 2013.

by the inclusion of soldiers injured in later wars. The fact that the *Union* welcomed servicemen disfigured after 1918, and now also supports firemen and policemen, testifies to its inclusive approach. It also shows that facial injuries have remained a powerful common denominator and that the experience of disfigurement is perceived as a link regardless of the context in which it was received.

The creation of the 'Guinea Pig Club' – an organisation that gathered airmen who had been disfigured as a result of severe burns during the Second World War – also calls for a comparison with its French precursor. This thesis has shown that links existed between the *Union des Blessés de la Face* and veterans in Great Britain, but they were tenuous and sometimes led to inaccurate information, for instance the belief that The Queen's Hospital was a home for disfigured men similar to Moussy. The 'Guinea Pig Club' developed in its own right. Some salient features of its inception are however strikingly similar to the context in which the UBF was established. The name they chose for themselves is equally humorous, if not ironical. More importantly, the role played by a group of men, especially surgeon Archibald McIndoe, in its inception, parallels that of Jugon, Jourdain and Picot. Although McIndoe, like Picot, was only one facilitator amongst several men instrumental in the foundation of the club, he became its first president until his death in 1960. If he was not one of the 'Guinea Pigs' himself, his efforts to favour the reintegration of burnt airmen during their treatment at Queen Victoria's Hospital in East Grinstead, made him a key protagonist in their psychological and social rehabilitation.<sup>8</sup> Like Picot, he acted as a spokesperson and an ambassador. The group identity provided by the 'Guinea Pig Club' facilitated the return to civilian life of disfigured airmen of the Second World War, several of whom went on to write their memoirs.

In the case of the *Union des Blessés de la Face* as in that of the 'Guinea Pig Club', there is a greater readiness to study disfigured men within a collective structure, as it presupposes that they are integrated. In contrast, individual case studies highlight the intimate relationship between personal and collective histories as signalled by Peter Englund, which defies convenient simplifications.

---

<sup>8</sup> McIndoe, with the help of the Blondes, arranged for his patients to be invited into homes in the neighbourhood so that they would not be ostracised. Details of his influence can be found on the Blond-McIndoe Foundation's website <[http://www.blondmcindoe.org/sir-archibald-mcindoe.html#Blond\\_McIndoe](http://www.blondmcindoe.org/sir-archibald-mcindoe.html#Blond_McIndoe)> [accessed 15 July 2013].



## Bibliography

### Primary sources

#### Newspaper and journal articles

Anon., 'Albert Lebrun visite le domaine des "Gueules Cassées"', *Le Petit Journal*, 28 July 1933, p. 1

Anon., Court Circular, *The Times*, 5 January 1917, p. 11

Anon., Court Circular, *The Times*, 1 December 1917, p. 11

Anon., Court Circular, *The Times*, 26 June 1918, p. 9

Anon., 'Disfigured Faces Restored', *The Manchester Guardian*, 26 September 1916, p. 4

Anon., 'Facial Wounds: Merciful Work of Modern Surgery', *The Manchester Guardian*, 18 September 1918, p. 3

Anon., 'Generous gifts for Frognal Hospital', *Sidcup Times*, 26 October 1917, p. 5

Anon., "'La gueule" is Now Polite', *The Times*, London, 12 October 1920, p. 9

Anon., 'Les "gueules cassées" présentent un grand film historique: "Pour la paix du monde"', *Journal des Mutilés*, 29 September 1927, p. 1

Anon., "'Jig-saw", Children's Musical Play at Sidcup in Aid of The Queen's Hospital', *Sidcup Times*, 11 January 1918, p. 5

Anon., "'The Larger Necessity": Blinded Soldiers' Children's Fund', *The Observer*, 23 September 1917, p. 11

Anon., 'The Making of Portrait Masks by Mrs Ladd', *The First Year of the American Red Cross in France: Activities for the year ended July 1, 1918*. Washington, D.C., American Red Cross, pp. 32–33

Anon., 'The Men Behind the Veil', *The African World*, 16 July 1921, p. 428

Anon., 'Opening of The Queen's Hospital', *Sidcup Times*, 27 July 1917, p. 5

Anon., 'Painters of the R.A.M.C.: New Pictures in the War Museum', *The Times*, 25 May 1920, p. 8

Anon., 'The Queen's Hospital, Frognaal, Sidcup', *The Lancet*, 3 November 1917, 687–89

Anon., 'The Queen's visit to Sidcup', *Sidcup Times*, 16 November 1917, p. 5

Anon., 'Sculptor and Surgeon. How they Collaborate at the 3<sup>rd</sup> L.G.H. A Note by the C.O.', *The Gazette of the 3<sup>rd</sup> London General Hospital. Wandsworth, I*, May 1916, pp. 205–06

Anon., 'Soldiers Craftsmen: Display of Work by Hospital Patients', *The Times*, 9 December 1919, p. 11

Anon., 'Treatment of Disabled Soldiers: British and French Methods', *The Manchester Guardian*, 7 August 1917, p. 6

Anon., 'The Triumphs of Sidcup', *The Manchester Guardian*, 5 November 1921, p. 8

Berthollin, Jean, 'La maison des "Gueules Cassées"', *Le Gaulois*, 21 June 1927, p. 1

Colombier, André, 'J'accuse', *L'Actualité Cinématographique et Littéraire*, press cutting, Cinémathèque française collections, B46–137 GANCE

- Finaud, Georges, 'Les Mutilés de la Face', *Après le Combat*, reprinted in *Bulletin de l'Union des Blessés de la Face*, 8, September 1923, p. 1
- Harper, Grace S., 'New Faces for Mutilated Soldiers', *American Red Cross Magazine*, November 1918, pp. 43–44
- Latzarus, Louis, 'Ils veulent rire', *Le Figaro*, 23 September 1917 [no page number]
- Martin, Georges, "'Une gueule cassée" Léon Gardeblé meurtrier de l'ami de sa femme est acquitté', *Le Petit Journal*, 7 January 1930, p. 1 and p. 3
- Panter, Peter (Kurt Tucholsky), 'Französischer Kriegsfilm', *Vossische Zeitung*, 2 November 1927,  
 <<http://www.zeno.org/Literatur/M/Tucholsky,+Kurt/Werke/1927/Franz%C3%B6sischer+Kriegsfilm>> [accessed 2 July 2012]
- Roth, Joseph, 'Lebende Kriegsdenkmäler', *Neue Berliner Zeitung*, 31 August 1920, ed. by Klaus Westermann, *Joseph Roth, Werke: 1915–1923*, 6 vols (Köln: Kiepenheuer & Witsch, 1989), I, pp. 347–52
- , 'Der Wiederaufbau des Menschen: Gesichtsplastik in der Charité — Kriegs- und Zivilkranke — Die Tragik der Nasen', *Neue Berliner Zeitung*, 6 June 1921, ed. by Klaus Westermann, *Joseph Roth Werke: 1915–1923*, 6 vols (Köln: Kiepenheuer & Witsch, 1989), I, pp. 580–583
- Salmon, André, [article title unknown], *La Jeune Sculpture française*, 1919, p. 74, quoted in Rivière, Anne ed., *Jane Poupelet, 1874–1932: "La beauté dans la simplicité"* (Paris: Gallimard, 2005)
- Tucholsky, Kurt, 'Waffe gegen den Krieg' (1926), in *Kurt Tucholsky: Gesammelte Werke*, ed. by Mary Gerold-Tucholsky and Fritz J. Raddatz, 10 vols (Reinbeck bei Hamburg: Rowohlt, 1975), IV (1925–1926), pp. 359–60

*Bulletins de l'Union des Blessés de la Face*, 1–61 (1921–1939). Paris,  
Association des Gueules Cassées private archives

*La Greffe Générale*, newspaper published by Val-de-Grâce patients, 1–8  
(December 1917–July 1918). Paris, Bibliothèque nationale de France,  
FRBNF32783911

The Queen's Hospital, Sidcup (June 1917–August 1929), press cuttings  
collection. London, London Metropolitan Archives, HO2/Y01/05

### Military and medical reports and treatises

Anon., Report on the *Centre de prothèse Restauratrice Maxillo-dento-faciale, 8e Région, Place de Bourges*, May 1916. Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, box 122

Anon., 'Hospitals for Facial Injuries', *The Official Journal of the British Red Cross Society*, 5, 10, 15 October 1918, p. 118

Anon., *Report on the work of The Queen's Hospital, Sidcup, Kent, for sailors and soldiers suffering from facial and jaw injuries (1917–1921)*, 1921,  
Wellcome Library collections

Anon., Foreword to *Les œuvres libres*, 1, July 1921  
<[http://www.archive.org/stream/lesoeuvreslibres00pari/lesoeuvreslibres00pari\\_djvu.txt](http://www.archive.org/stream/lesoeuvreslibres00pari/lesoeuvreslibres00pari_djvu.txt)> [accessed 18 June 2013]

Bryan, W.A., 'Plastic Surgery of the Face', *British Dental Journal*, 37 (1916),  
229–32

Bruhn, Christian, ed., *Die gegenwärtigen Behandlungswege der Kieferschussverletzungen* (Wiesbaden: J.F. Bergmann, 1916)



Delagenière and Lebedinsky, *Rapport sur l'organisation et le fonctionnement du Centre de Stomatologie et de Prothèse MF. 4e région. Place du Mans*. Section on 'Centre de Prothèse Elementaire pour Edentés', 1–31 March 1917, p. 10. Paris, Musée du Service de Santé aux Armées du Val-de-Grâce archives, box 121

Denuce, [first name unknown], 'Missions Etrangères', *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Du 1er Août au 31 Août 1916 Par Monsieur le Professeur DENUCE, Médecin Principal de 2e Classe. 18e Région*. Paris, Musée du Service de Santé aux Armées du Val-de-Grâce archives, box 127

—, *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Septembre 1916 Par Monsieur le Professeur DENUCE, Médecin Principal de 2e Classe. 18e Région*, pp. 1–2. Paris, Musée du Service de Santé aux Armées du Val-de-Grâce archives, box 127

—, *Rapport sur le Fonctionnement du Service de Chirurgie Maxillo-Faciale et Stomatologie. Octobre 1916, Par Monsieur le Professeur DENUCE, Médecin Principal de 2e Classe. 18e Région*, p. 2. Paris, Musée du Service de Santé aux Armées du Val-de-Grâce archives, box 127

Dolamure, W.H., (translated and shortened), 'The Treatment in Germany of Gunshot Injuries of the Face and Jaws', *British Dental Journal: The Journal of the British Dental Association*, 37 (1916), 105–84

Dufourmentel, Léon, and Flavien Bonnet-Roy, *Chirurgie d'urgence des blessures de la face et du cou* (Paris: A. Maloine et fils, 1918)

—, *Introduction à la chirurgie constructive: Essai sur l'art et la chirurgie* (Paris: La jeune parque, 1946)

Gelly, Georges, *Appel en faveur du "Foyer des Gueules Cassées"* (Etampes: Imprimerie Maurice et Cerf, 1926). Paris, Bibliothèque Inter-Universitaire de Médecine, 156766/306–16

—, *Le Paradis des Gueules Cassées* (Etampes: Société Régionale d'Imprimerie et de Publicité, 1926)

Gillies, Harold, *Plastic Surgery of the Face Based on Selected Cases of War Injuries of the Face Including Burns, with Original Illustrations* (London: Frowde, 1920)

—, Letter to Ralph Millard, 12 September 1951 (London, Gillies Archives)

—, and D. Ralph Millard, *The Principles and Art of Plastic Surgery* (Boston: Little, Brown and Co., 1957)

Joseph, Jacques, *Nasenplastik und sonstige Gesichtsplastik: nebst einem Anhang über Mammoplastik und einige weitere Operationen aus dem Gebiete der äusseren Körperplastik ein Atlas und Lehrbuch* (Leipzig: Curt Kabitzsch, 1931)

Kazanjian, Varaztad and John M. Converse, *Surgical Treatment of Facial Injuries* (Baltimore: Williams and Wilkins Company, 1959. First edition in 1949)

Lebedinsky, J., and Maurice Virenque, *Prothèse et chirurgie cranio-maxillo-faciale* (Paris: J.-B. Baillière et fils, 1918)

Lexer, Erich, *Wiederherstellungs-Chirurgie* (Leipzig: Johann Ambrosius Barth, 1920)

Morestin, Hippolyte, 'Les blessures de la face', *Science et Dévouement: Le Service de Santé de la Croix-Rouge, Les Œuvres de Solidarité* (Paris: Editions d'Art Aristide Quillet, 1918), pp. 137–59

Pickerill, Henry Percy, *Facial surgery* (Edinburgh: E & S Livingstone, 1924)

Sébileau, *Hôpital temporaire du Collège Chaptal, 73, rue de Rome, Paris. Rapport du Centre de Chirurgie maxillo-faciale. Mois de janvier 1917. Du Dr Sébileau à M. le Médecin-Inspecteur, Directeur du Service de Santé du G.M.P.* Paris, Musée du Service de Santé aux Armées du Val-de-Grâce, box 120

Wood, Francis D., 'Masks for Facial Wounds', *The Lancet*, 189 (23 June 1917), 949–51

### Testimonies

Albee, Frederick, *A Surgeon's Fight to Rebuild Men* (London: Robert Hale, 1950)

Baillaud, Elisabeth, testimony (14 pages), Paris, Musée du Service de Santé aux Armées du Val-de-Grâce

Black, Catherine, *King's Nurse – Beggar's Nurse: An Autobiography* (London: Hurst & Blackett, 1939)

Brent, Marie-Louise, Letter to Jane Poupelet, 11 September [1918?], in *Jane Poupelet, 1874–1932: "La beauté dans la simplicité"*, ed. by Anne Rivière (Paris: Gallimard, 2005), pp. 48–49

Clare, Percy, Letters (to his mother). London Imperial War Museum collection, 06/48/1 [no pagination]

—, *Private papers of P. Clare*, III, written in 1918, revised in 1920, recopied in 1932 and 1935. London, Imperial War Museum, 06/48/1 [no pagination]

Danneil, Hans, 'Lebensplan von H. Danneil', Bonn, Archiv der sozialen Demokratie, Internationaler Jugendbund, Box 67

Duhamel, Georges, *Civilisation: 1914–1917* (Paris: Mercure de France, 1918)

—, *Light on my days: An autobiography*, trans. by Basil Collier (London: J.M. Dent & Sons Ltd, 1948)

Dunant, Jean-Henri, *A Memory of Solferino* (International Committee of the Red Cross, 1986)

<[http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0361/\\$File/ICRC\\_002\\_0361\\_MEMORY\\_OF\\_SOLFERINO.PDF](http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0361/$File/ICRC_002_0361_MEMORY_OF_SOLFERINO.PDF)> [accessed 16 October 2010]

Galtier-Boissière, Jean, *La fleur au fusil* (Paris: Baudinière, 1929)

Marden, Doris, 'My first memories of Queen Mary's' in *Queen Mary's Hospital 1929–2004: A collection of stories and photographs to commemorate the 75<sup>th</sup> anniversary of Queen Mary's and the 30<sup>th</sup> anniversary of the new hospital*, compiled by Iris Presswell and Andrew Bamji, p. 5

Muir, Ward, *The Happy Hospital* (London: Simpkin, Marshall, Hamilton, Kent & Co, 1918)

Norton-Cru, Jean, *Témoins-Essai d'analyse et de critique des souvenirs de combattants édités en français de 1915 à 1928* (Paris: Les Etincelles, 1929)

Pickard, Joseph, interviewed by Peter M. Hart (1986). London, Imperial War Museum, reference 8946

Rémi, Henriette, *Hommes sans visage* (Lausanne: SPES, 1942)

—, Letter to Rudolf Eucken, Verden, 31 July 1917, Vol. 1, p. 38. Jena, Thüringer Universitäts- und Landesbibliothek

Stevens, Bidy, conversation about her father Harry Burbeck (30 March 2012), complemented by notes and photographs given by the family

Anon., *My Personal Experiences and Reminiscences of the Great War*, No. 2 and 6, January 1922. Leeds, Liddle collection

## Novels

Barthélemy, Max, *Mémoires d'une "Gueule Cassée"* (Nevers: Imprimerie de la Nièvre, 1930)

Baum, Vicki, *Grand Hotel*, trans. by Basil Creighton (London: Geoffrey Bles, 1930)

Dumas, Pierre, *L'homme qui mourut deux fois* (Paris: Editions Delmas, 1943)

Galis, Henri, *Mon visage fait horreur: Confession d'une gueule cassée* (Paris: Les œuvres libres, 1929)

Girard, Renée, *La vie intime d'une "gueule cassée"* (Paris: Les Etincelles, 1931)

Hermann, Georg, *November 18* (Berlin: Das neue Berlin, 2000)

Remarque, Erich Maria, *All Quiet on the Western Front*, trans. by Brian Murdoch (London: Vintage, 1996), first published under the title *Im Westen nichts neues* (Berlin: Ullstein, 1929)

—, *The Road Back*, trans. by Arthur W. Wheen (London: G.P. Putnam's Sons, 1931) originally published under the title *Der Weg Zurück* (Berlin: Propyläen-Verlag, 1931)

Renaud, Jean, *Gueules cassées* (Paris: Les Etincelles, 1929)

## Photographs, paintings, drawings and films

Beckmann, Max, *Die Hölle: Der Nachhauseweg*, 1919. National Galleries of Scotland <[http://www.nationalgalleries.org/object/GMA 2465 B](http://www.nationalgalleries.org/object/GMA_2465_B)> [accessed 28 May 2013]

- Dix, Otto, *Dirne und Kriegsverletzter. Zwei Opfer des Kapitalismus*, 1923. Münster, Westfälisches Landesmuseum für Kunst und Kulturgeschichte
- , *Die Kriegskrüppel*, 1924. New York, Museum of Modern Art
- , *Kriegsverletzter*, 1922. London, Tate Gallery
- , *Die Skatspieler*, 1920. Berlin, Nationalgalerie Staatliche Museen zu Berlin-Preussischer Kulturbesitz
- , *Transplantation*, 1924. New York, Museum of Modern Art
- Freida, Raphaël, *Les Misères de la Guerre: Gueules cassées et Mutilés* (unpublished, 1918). Musée du Service de Santé aux Armées du Val-de-Grâce, Paris, 2009.1.1–42
- Friedrich, Ernst, *War against War!* (London: The Journeyman Press, 1987)
- Galtier-Boissière, Jean, *Défilé des mutilés, 14 juillet 1919* (1919). Paris, Musée d'Histoire Contemporaine
- Gance, Abel, dir., *J'accuse* (Forrester-Parant Production, 1938)  
[Related publicity material: 'Pour la presse', Cinémathèque française archives, B 46–134 GANCE and Production notes, Cinémathèque française, 616–B128 and 616–B129]
- 'Les Gueules Cassées?' (poster), Comité de Propagande Lyonnais [1926?]. Péronne, Historial de la Grande Guerre, 14 AFF 54.1
- Grosz, George, *Das Gesicht der herrschenden Klasse*, 1919, 28, 31. University of Iowa Libraries <[http://sdr.lib.uiowa.edu/dada/Das\\_Gesicht/](http://sdr.lib.uiowa.edu/dada/Das_Gesicht/)> [accessed 28 May 2013]
- , *Die Gesundheitsbeter, Gott mit uns* portfolio, 1916–17. New York: Museum of Modern Art

—, *Der Held*, 1933, New York, Museum of Modern Art

*Hippolyte Morestin surrounded by wounded soldiers*, Photograph, 1920/1950  
(?) of a sculpture given by facially injured soldiers to Morestin ca. 1918,  
Wellcome Library no. 570434i

Lobley, John, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the  
carpenters' shop*, c.1918, London, Imperial War Museum, IWM ART 3728

—, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the commercial  
class*, c. 1918, London, London, Imperial War Museum, IWM ART 3767

—, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the dental  
mechanics' class*, c. 1918, London, Imperial War Museum, IWM ART 3757

—, *The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the toy-makers'  
shop*, c. 1918, London, Imperial War museum, IWM ART 3756

Nicholls, Horace, *The Development of 'Plastic Surgery', during the First World  
War*, official photographs, Ministry of Information, First World War Official  
Collection, Imperial War Museum. References Q30450, Q30452, Q 30455,  
Q30456, Q30457, Q30460

Orpen, Diana, sketches (World War Two), London, BAPRAS collections, Royal  
College of Surgeons, references BAPRAS/DSB 1–26

'The Photographic Collection', The Great War Archive (containing items  
contributed by the general public between March and June 2008, collected  
and digitalised by Oxford University, UK),  
<<http://www.oucs.ox.ac.uk/ww1lit/collections/photo>> [accessed 17 March  
2011]

*Red Cross Work on Mutilés at Paris, 1918*, National Museum of Health and Medicine, Armed Forces Institute of Pathology, United States of America. Internet Archives database <<http://archive.org/details/RedCrossMutilés>> [accessed 13 November 2011]

‘Service de Prothèse maxillo-faciale du Docteur Pont à Lyon’ (film). Part of the collections of the Etablissement de Communication et de Production Audiovisuelle de la Défense ECPAD, Paris, reference 14,18 A 910

Tonks, Henry, pastels of facially injured soldiers treated at Queen Mary’s Hospital, Sidcup (1916–1918), London, Hunterian Museum, RCSSC/P 569.1–72

Portrait photographs of facially injured patients treated by Dr Hippolyte Morestin [no title], 91 photographs. London, Wellcome Library. References include 569937i, 570112i, 570414i, 570415i, 570434i

Musée du Service de Santé aux Armées, Val-de-Grâce, Photographs of patients treated in various maxillofacial centres in France

Medical records of Sidcup patients (including notes and photographs), London, Gillies archives

## **Secondary sources**

Alexander, Caroline, ‘Faces of War’, *Smithsonian Magazine*, February 2007 <<http://www.smithsonianmag.com/history-archaeology/mask.html?c=y&page=2#ixzz0TRUaCcPb>> [accessed 11 December 2009]

Anderson, Julie, ‘Stoics: Creating Identities at St Dunstan’s, 1914–1920’, in Stephen McVeigh and Nicola Cooper, eds, *Men After War* (London: Routledge, 2013), pp. 79–91



- Anon., Biography of Eugène Criqui, *Le noble art* website  
<<http://www.lenobleart.com/rep1/page02.php?id=25>> [accessed 25 April 2013]
- Anon., 'In pictures: Faces of Battle', BBC News, 2009  
<[http://news.bbc.co.uk/1/shared/spl/hi/picture\\_gallery/07/magazine\\_faces\\_of\\_battle/html/1.stm](http://news.bbc.co.uk/1/shared/spl/hi/picture_gallery/07/magazine_faces_of_battle/html/1.stm)> [accessed 16 August 2013]
- Anon., 'Les Missions initiales', booklet edited by the *Association des Gueules Cassées* (2011), pp. 4–5
- Apallec, René, portraits <<http://www.reneapallec.com/sujet/gueules-cassees/>>  
[accessed 24 October 2011]
- Assmann, Jan, 'Collective Memory and Cultural Identity', trans. by John Czaplicka, *New German Critique*, 65 (1995), 125–33
- Audoin-Rouzeau, Stéphane, and Christophe Prochasson, eds, *Sortir de la Grande Guerre: Le Monde et l'Après-1918* (Paris: Tallandier, 2008)
- Bamji, Andrew, 'Facial Surgery: the Patient's Experience' in Hugh Cecil and Peter H. Liddle, eds, *Facing Armageddon. The First World War Experienced* (London: Cooper, 1996), pp. 490–501
- , 'The Macalister archive: records from the Queen's Hospital, Sidcup, 1917–1921', *Journal of Audiovisual Media and Medicine*, 1993, 16, 76–84
- , 'The Queen's Hospital and All The King's Men', paper given at the Royal Society of Medicine's History of Medicine section meeting, in Michael Smith, 'First World War Facial Injuries', *Journal of the Royal Society of Medicine*, 88 (1995), 601–02
- , *Queen Mary's Sidcup, 1974–1994: A Commemoration* (1994)
- Barthes, Roland, *Camera Lucida* (New York: Hill and Wang, 1981)

- Bassie, Ashley, *Expressionism* (London: Parkstone Press, 2008)
- Bennett, John, 'Henry Tonks and his contemporaries', *British Journal of Plastic Surgery*, 39, 1 (January 1986)
- Berstein, Serge and Pierre Milza, *Histoire du XXe siècle*, 3 vols (Paris: Hatier, 1996), 1
- Biernoff, Suzannah, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain*, 11, 1 (2010), 25–47
- , 'The Rhetoric of Disfigurement in First World War Britain', *Social History of Medicine*, 24, 3 (2011), 666–85
- , and Jane Tynan, 'Making and remaking the civilian soldier: The World War I Photographs of Horace Nicholls', *Journal of War and Culture Studies*, 5, 3 (2012), 277-93
- Bingham, H.G. and C.E .Moore, 'Farewell to Queen's Hospital, Sidcup', *British Journal of Plastic Surgery*, 29, 4 (October 1976), 297–301
- Blond-McIndoe Foundation's website <[http://www.blondmcindoe.org/sir-archibald-mcindoe.html#Blond\\_McIndoe](http://www.blondmcindoe.org/sir-archibald-mcindoe.html#Blond_McIndoe)> [accessed 15 July 2013]
- Bourke, Joanna, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1996)
- , *Shell Shock during World War One*, BBC website, available online <[http://www.bbc.co.uk/history/worldwars/wwone/shellshock\\_01.shtml](http://www.bbc.co.uk/history/worldwars/wwone/shellshock_01.shtml)> [accessed 4 August 2010]
- Bréhamet, Raymond Noël and Roubaud, Noëlle, *Le Colonel Picot et "Les Gueules Cassées"* (Rennes: Nouvelles Editions Latines, 1960)
- Brophy, John, *The Face in Western Art* (London: George G. Harrap, 1963)

- Callister, Sandy, 'Photographic Representations of Severely Wounded New-Zealand Soldiers', *Social History of Medicine*, 20: 1,111–30
- Carden-Coyne, Ana, *Reconstructing the Body: Classicism, Modernism, and the First World War* (Oxford: Oxford University Press, 2009)
- Carmichael, Jane, *First World War Photographers* (London: Routledge, 1989)
- Cecil, Hugh and Peter H. Liddle, eds, *Facing Armageddon. The First World War Experienced* (London: Cooper, 1996)
- Chambers, Emma, 'Fragmented Identities: Reading Subjectivity in Henry Tonks's Surgical Portraits', *Art History*, 32, 3 (June 2009), 578–607
- Chilton, Charles, *Auntie's Charlie: An Autobiography of Charles Chilton* (Coventry: Fantom Films Limited, 2012)
- Cohen, Deborah, *The War Come Home: Disabled Veterans in Britain and Germany, 1914–1939* (Berkeley: University of California Press, 2001)
- , 'Will to Work: Disabled Veterans in Britain and Germany after the First World War', in *Disabled Veterans in History*, ed. by David Gerber (Ann Arbor: University of Michigan Press, 2000), pp. 294–321
- Connerton, Paul, *How Societies Remember* (Cambridge: Cambridge University Press, 1989, repr. 2003)
- Crockett, Dennis, *German post-Expressionism: The Art of the Great Disorder, 1918–1924* (Pennsylvania: Pennsylvania State University, 1999)
- Daniel, Joseph, *Guerre et Cinéma: grandes illusions et petits soldats, 1895–1971* (Paris: Armand Colin, 1972)

Delaporte, Sophie, 'La délégation des Gueules cassées à Versailles, le 28 juin 1919', *L'histoire par l'image*, <[http://www.histoire-image.org/site/etude\\_comp/etude\\_comp\\_detail.php?i=112](http://www.histoire-image.org/site/etude_comp/etude_comp_detail.php?i=112)> [accessed 30 November 2011]

—, *Les Gueules Cassées: Les Blessés de la Face de la Grande Guerre* (Paris: Noêsis, 1996)

Devauchelle, Bernard, *Défigurations*, 'War and Medicine' workshop, 7 February 2004, Paris  
<<http://www.bium.univ-paris5.fr/histmed/guerre/journee2004/x10devauchelle.pdf>> [15 November 2011]

Dugain, Marc, *La chambre des officiers* (Paris: Lattès, 1998)

Dupeyron, François, dir., *La chambre des officiers* (ARP Selection, 2000)

Elderfield, John, ed., *Dada in the Collection of the Museum of Modern Art* (New York: The Museum of Modern Art publications, 2008)

Englund, Peter, 'Remembering the First World War: Touched from a Distance', *History Today*, 61, 11 (November 2011), pp. 3–4

Erll, Astrid, Ansgar Nünning and Sara B. Young, eds, *Cultural Memory Studies: An International and Interdisciplinary Handbook* (Berlin: Walter de Gruyter, 2008)

Fischer, Louis-Paul, and others, 'Les gueules cassées représentées par de grands peintres (O. Dix–G. Grosz–R. Freida): La défiguration en histoire de l'art', *Histoire des Sciences Médicales*, 41, 4 (2007), 337–46

Freeman, Julian, 'Professor Tonks: war artist', in *Burlington magazine*, 127, 986 (1985), 285–93

Friedrich, Otto, *Before the Deluge: A Portrait of Berlin in the 1920s* (New-York: HarperCollins Publishers, 1995)

Fumex, Jean-Pierre, *Le Docteur Albéric Pont, sa vie, son œuvre* (PhD thesis, Lyon, 1971)

Fussell, Paul, *The Great War and Modern Memory* (Oxford: OUP, 1977)

Garcia, Stéphane, ed., *Henriette Rémi: Hommes sans visage* (Geneva: Slatkine, 2014)

Garnier, Claire, Exhibition '1917'(interview), *Alsace 20*, 2012

<<http://www.youtube.com/watch?v=2N7VW4Dd1U0>> [accessed 16 August 2013]

Gay, Peter, *Weimar Culture: The Outsider as an Insider* (London: Penguin, 1988)

Gehrhardt, Marjorie, 'Gueules Cassées: The Men Behind the Masks', *Journal of War and Culture Studies*, Special issue on Veterans' Identities, November 2013 (forthcoming)

—, 'Walking Reminders of the War: The Case of Facially Disfigured Veterans', in Jozef Niznik, ed., *Twentieth Century Wars in European Memory* (Oxford: Peter Lang, 2013), pp. 103–15

—, 'World War One *Gueules Cassées* and the Ambiguity of Violence', in Ulrike Zitzlsperger, ed., *Gender, Violence and Agency* (Cambridge: Cambridge Scholars Publishing, 2013), pp. 151–63

Gerber, David A., ed., *Disabled Veterans in History* (Ann Arbor: University of Michigan Press, 2000)

Gilman, Sander, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 1999)

Goya, Michel, *La chair et l'acier: l'invention de la guerre moderne (1914–1918)* (Paris: Tallandier, 2004)

Guillot, H  l  ne, 'La section photographique de l'arm  e et la Grande Guerre: De la cr  ation en 1915    la non-dissolution', *Revue Historique des Arm  es*, 258, 2010, 110–17

Hagner, Michael, 'Verwundete Gesichter, verletzte Gehirne: Zur Deformation des Kopfes im Ersten Weltkrieg' in Claudia Schm  lders and Sander Gilman, eds, *Gesichter der Weimarer Republik: Eine physiognomische Kulturgeschichte* (K  ln: DuMont Buchverlag, 2000)

Helmers, Marguerite, 'Iconic images of wounded soldiers by Henry Tonks', *Journal of War and Culture studies*, 3, 2 (2010) 181–99

Hess, Heather, *German Expressionism: Works from the Collection* (German Expressionist Digital Archive Project, 2011)  
<[http://www.moma.org/collection\\_ge/object.php?object\\_id=63267&curated=1](http://www.moma.org/collection_ge/object.php?object_id=63267&curated=1)>  
[accessed 10 May 2012]

Hilbert, Jan and Johannes Hoenig, 'The Plastic Surgeon Johannes Fredericus Samuel Esser (1877 to 1946) and his Unknown Period during 1917 and 1925 in Berlin, Germany', *European Journal of Plastic Surgery*, 32 (2009), 127–30

Hillary, Richard, *The Last Enemy* (Short Hills, NJ: Burford Books, 1997)

Hone, Joseph, *The Life of Henry Tonks* (London: Heinemann, 1939)

Julien, Elise, *Paris, Berlin: la m  moire de la guerre 1914–1933* (Rennes: Presses universitaires de Rennes, 2009)

Kienitz, Sabine, *Besch  digte Helden: Kriegsinvalidit  t und K  rperbilder 1914–1923* (Paderborn: Ferdinand Sch  ningh, 2008)

Lebovici, Elisabeth, 'L'art répare les gueules cassées', *Libération*, 11 November 2005, <<http://www.liberation.fr/culture/0101548040-l-art-repare-les-gueules-cassees>> [accessed on 24 October 2012]

Leed, Eric, *No Man's Land: Combat and Identity in World War I* (Cambridge: CUP, 1979)

Lloyd, David W., *Battlefield Tourism: Pilgrimage and the Commemoration of the Great War in Britain, Australia and Canada 1919–1939* (Oxford: Berg, 1998)

Long, François-Xavier, 'Les blessés de la face durant la Grande Guerre: Les origines de la chirurgie maxillo-faciale', *Histoire des Sciences médicales*, 36, 2 (2002), 175–83

Longacre, Jacob, *Rehabilitation of the Facially Disfigured: Prevention of Irreversible Psychic trauma by Early Reconstruction* (Springfield: Thomas, 1973)

Lubbock, Tom, 'Doing Damage', *Modern Painters*, 12 (1999), 58–62

Lyford, Amy, *Surrealist Masculinities: Gender Anxiety and the Aesthetics of Post-World War I Reconstruction in France* (Berkeley: University of California Press, 2007)

McVeigh, Stephen and Nicola Cooper, eds, *Men After War* (London: Routledge, 2013)

Monestier, Martin, *Les gueules cassées: Les médecins de l'impossible* (Paris: Le Cherche Midi, 2009)

Monségur, Guy, *Etrange et tragique destinée d'un Poilu - En hommage à Jean-Victor Monségur, aux gueules cassées et à tous les combattants de 14–18* (Pau: Monhélios, 2004)

- Nicolson, Juliet, *The Great Silence: 1918–1920, Living in the Shadow of the Great War* (London: John Murray, 2009)
- Niznik, Jozef, ed., *Twentieth Century Wars in European Memory* (Oxford: Peter Lang, 2013)
- Nora, Pierre, ed., *Les Lieux de Mémoire*, 3 vols (Paris: Gallimard, 1997)
- Ostby, James, *Men with Broken Faces* (Indianapolis: Dog Ear Publishing, 2010)
- Overy, Richard, *The Morbid Age: Britain Between the Wars* (London: Penguin, 2009)
- Owen, C. R., *Erich Maria Remarque: A Critical Bio-Bibliography* (Amsterdam: Rodopi, 1984)
- Page, Geoffrey, *Tale of a Guinea Pig: Exploits of a World War II Fighter Pilot* (New York: Bantam Books, 1983)
- Plumb, Steve, *Neue Sachlichkeit, 1918–33: Unity and Diversity of an Art Movement* (Amsterdam: Rodopi, 2006)
- Poore, Carol, *Disability in Twentieth-Century German Culture* (Ann Arbor: University of Michigan Press, 2007)
- Pound, Reginald, *Gillies, Surgeon Extraordinary: A Biography* (London: M. Joseph, 1964)
- Project Façade* <<http://www.wellcome.ac.uk/Education-resources/Teaching-and-education/creative-encounters/project-facade/index.htm>> [accessed 24 March 2012]
- Prost, Antoine, *In the Wake of War: 'Les Anciens Combattants' and French Society*, trans. by Helen McPhail (Oxford: Berg Publishers Limited, 1992)



Reznick, Jeffrey, 'Work-Therapy and the Disabled British Soldier in Great Britain in the First World War: The Case of Shepherd's Bush Military Hospital, London', in *Disabled Veterans in History*, ed. by David Gerber (Ann Arbor: University of Michigan Press, 2000), pp. 185–203

Riaud Xavier, *Pionniers de la Chirurgie Maxillo-Faciale (1914–1918)* (Paris: L'Harmattan, 2010)

Rivière, Anne, ed., *Jane Poupelet, 1874–1932: "La beauté dans la simplicité"* (Paris: Gallimard, 2005)

Schmölders, Claudia and Sander Gilman, eds, *Gesichter der Weimarer Republik: Eine physiognomische Kulturgeschichte* (Köln: Dumont, 2000)

Schubert, Dietrich, *Otto Dix* (Hamburg: Reinbek, 1980; repr. 1996)

Sontag, Susan, *On Photography* (New York: Straus and Giroux, 1977)

—, *Regarding the Pain of Others* (London: The Penguin Group, 2003)

Stibbe, Matthew, *Germany, 1914-1933: Politics, Society and Culture* (London: Pearson, 2010)

Tatar, Maria, 'Entstellung im Vollzug: Das Gesicht des Krieges in der Malerei', in Schmölders, Claudia, and Sander Gilman, eds, *Gesichter der Weimarer Republik: Eine physiognomische Kulturgeschichte* (Köln: Dumont, 2000)

Trezise, Thomas, 'Unspeakable', *The Yale Journal of Criticism*, 14, 1 (2001), 39–66

Valade, Corine, *Gueules Cassées...et alors?: Sourire Quand Même* (Saint-Cyr-sur-Loire: Alan Sutton, 2004)

Wallace, Antony F., *The Progress of Plastic Surgery: An Introductory History* (Oxford: Willem A. Meeuws, 1982)

- Webber, C.J., 'Queen Mary's Hospital: 1915–1971', 30 November 1971.  
Bexleyheath, Bexley Local Archives, reference P362.11SID
- Weston, Simon, *Walking Tall: An Autobiography* (London: Trafalgar Square Publishers, 1990)
- Whalen, Robert W., *Bitter Wounds: German Victims of the Great War, 1914–1939* (Ithaca: Cornell University Press, 1984)
- Winter, Jay, *Remembering War: The Great War between Memory and History in the Twentieth Century* (New Haven and London: Yale University Press, 2006)
- , *Sites of Memory, Sites of Mourning: The Great War in European Cultural History* (Cambridge: Cambridge University Press, 1995, repr. 2008)
- Winter, Jay and Antoine Prost, eds, *The Great War in History: Debates and Controversies, 1914 to the Present* (Cambridge: Cambridge University Press, 2005)
- Winter, Jay and Jean-Louis Robert, eds, *Capital Cities at War: Paris, London, Berlin 1914–1919*, 3 vols (Cambridge: Cambridge University Press, 2007), II: *A Cultural History*
- Winter, Jay and Emmanuel Sivan, eds, *War and Remembrance in the Twentieth Century* (Cambridge: Cambridge University Press, 1999)
- Young, Louisa, *A Great Task of Happiness: The Life of Kathleen Scott* (London: Macmillan, 1995)
- , *My Dear I Wanted to Tell You* (London: Harper and Collins, 2011)
- Zitzlsperger, Ulrike, ed., *Gender, Violence and Agency* (Cambridge: Cambridge Scholars Publishing, 2013)