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Facial Disfigurement in Post World War I Britain: Representation, Politics and Masculinity, 1918-1922

Jacob Benjamin Newton

Throughout World War I, thousands of British soldiers suffered facial disfigurement and amputation. Advanced weapons like the machine gun, mustard gas, and high-explosive artillery shells, combined with the outdated battle tactics of trench warfare to produce an unprecedented number of severe, disfiguring injuries. At the same time, doctors had begun to grasp the basic tenets behind germ theory¹ and battlefield infection control.² Wounds that would have been fatal in a previous era were now survivable. With a rise in survival rates came a corresponding rise in the number of severely disabled and disfigured. Over 60,000 men were injured in the face or eyes, while another 41,000 underwent amputation of one or more limbs.³ In addition, the pioneering efforts of plastic surgeons, including Dr. Harold Gillies and the facial

¹ Katherine Feo, "Invisibility: Memory, Masks and Masculinities in the Great War", *Journal of Design History*, 20 (2007): 19, <http://jdh.oxfordjournals.org/content/20/1/17.short> (accessed January 6, 2013).

² Nick Bosanquet, "Health Systems in Khaki: The British and American Medical Experience," in *Facing Armageddon: The First World War experience*, eds H. Cecil and P.H. Liddle, (London: Leo Cooper, 1996), 451.

³ Joanna Bourke, 1996, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1996), 33.

prosthetic sculptor Francis Derwent Wood, attempted to address the aesthetic and psychological recovery of disfigured veterans after the war.⁴ This paper discusses the divergent reactions that the disfigured and amputees faced from the British public upon their return home to England.

Facially wounded men faced an overwhelming stigmatization by British society, and found their mangled faces unwanted in the public eye.⁵ Amputees, by contrast, were revered and honored in the public sphere. Their absence of limbs stood as a symbol of their service to country. They had access to vocational training schemes and seemed to face a much easier path to reintegration than the facially wounded in the inter-war era. However, amputees faced profound barriers when Britain attempted to suppress public memory of the war. In this context, missing limbs proved a stark reminder of national trauma to a war-weary population. Amputees who were acknowledged and venerated as heroes during the war instead faced mounting stigma in their search for workplace and societal acceptance in the post-war years; they were subject to a cultural emasculation, as women kept or took their previously held jobs, and were pushed away to live among the lower classes of society.⁶

⁴ Feo, 25.

⁵ Suzannah Biernoff, "The Rhetoric of Disfigurement in First World War Britain," *Social History of Medicine*, 24 (2011): 670, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3223959/> (accessed January 6, 2013).

⁶ Seth Koven, "Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain," *The American Historical Review*, 99 (October 1994): 1201,

While much is known about the fate of amputees in the 1920s and 1930s, there has been no historical research on the outcomes of the facially disfigured. Research has been hindered by the loss of archival material from the rehabilitative hospitals, only recovered in the 1980's, when follow up interviews would have been impossible.⁷ In the absence of direct evidence, my research has aimed to examine the structural and social barriers to reintegration facing the facially disfigured. The British public was visually and socially averse to disfigured veterans, representing an "improvised response to a crisis of representation."⁸ I argue that the disfigured faced a bleak postwar environment, far harsher than that of amputees, bereft of any vocational, psychological, or public support.

To support this, I will examine the extent and permanence of their injuries, the ineffectiveness of early-twentieth-century tin facial prosthetics, the emotional effects of their injuries, and the total erasure of the disfigured from media portrayals of the war-wounded. Comparing this to the negative outcomes for amputees, who despite seemingly excellent prospects for reintegration in 1918, ended up stigmatized and relegated to the social margin, I argue that the facially disfigured would have been even more ostracized to the fringes of British society.

This study draws on the historical debate surrounding amputated and facially injured British

<http://www.jstor.org/stable/2168773> (accessed February 10, 2013).

⁷ Dr. Andrew Bamji, Personal Correspondence, 25 February 2013.

⁸ Biernoff, 670.

soldiers returning to civilian life in England. Wounded men returning from the front were at odds with the prescribed Victorian ideals of masculinity and honor and confronted with challenges to their masculinity by their fellow Brits. Joanna Bourke has produced well-researched works on the social effects of injured British soldiers, specifically the attack on their masculinity and manhood at home. Her book, *Dismembering the Male*, examines the experiences and reactions to war-battered young soldiers by the public.⁹

Bourke posits that amputees' visible status of their service to country initially rendered them heroes. The absence of their limbs "came to exert a special patriotic power."¹⁰ In this sense, their injuries, although still reminders of the terrors of war, branded them as acceptable, honorable men who fulfilled their duty to the nation. Amputees received vocational training for reentering the industrial and private sectors, while the disfigured received training in menial jobs like toy making.¹¹ This occurred in the context of the defining of masculinity in Great Britain before, during, and after the war.

The Victorian ideals of female domesticity and patriarchal bread-winning had been prevalent in England into the early twentieth century, as a generation of men and women were educated through

⁹ Bourke.

¹⁰ Ibid.

¹¹ Sandy Callister, "Broken Gargoyles: The Photographic Representation of Severely Wounded New Zealand Soldiers", *Social History of Medicine* 20, (March 2007): 95. <http://english.siu.edu/Resources/HaroldGilles.pdf> (accessed February 10, 2013).

rigid frameworks of feminine and masculine life. Women's work consisted of caring for children and the home, while men took on the responsibilities of working for wages and providing for his family. Britain had been an imperialist nation for decades, and with that a generation of boys were groomed to be patriotic and militaristic. The public schools that many attended did not necessarily believe the schools' strengths lay in academic subjects. Instead, "they specialized in ... manliness, or making men out of boys..."¹² The boys were to be independent, hard working, and capable of standing up for themselves. This idea continued into the war years, as British propaganda presented "Tommy Atkins," the ideal British soldier to the public. As Nicoletta Gullace points out, "Within the wartime vocabulary of gender definitions, men were those who protected; women those who required protection."¹³ Upon return home, many soldiers faced scrutiny for their inability to uphold this male ideal: "Only a khaki uniform or a missing limb could protect a young man on the home front from the ignominious brand of 'coward' and the shrill taunts of strangers, friends, families, and texts."¹⁴ An amputee's "absence would be more powerful than presence," Bourke asserts.¹⁵ While amputees were to be re-made into men, given custom

¹² John Tosh, *Manliness and Masculinities in Nineteenth-Century Britain: Essays On Gender, Family, and Empire* (New York: Longman, 2005), 197.

¹³ Nicoletta Gullace, *The Blood of Our Sons: Men, Women, and the Renegotiation of British Citizenship During the Great War*, (New York: Palgrave Macmillan, 2002): 43.

¹⁴ *Ibid.*, 38.

¹⁵ Bourke, 59.

prosthetic limbs and chances at returning to their roles as the head of the household, the facially wounded were unable to regain this identity, for they faced a society unwilling to accept their visual presence in the social sphere.

Susannah Biernoff takes this foundation and builds upon Bourke's work in her analysis of British visual anxiety and avoidance of disfigured soldiers in the public discourse. Her goal is to answer the question of why facial disfigurement was not visually represented within the public sphere except in the medical establishment in Britain. Contrasting the facially wounded to amputees and the press coverage that came with them, she argues that the worst loss one could endure was the loss of the face, for along with it went a person's sense of self and masculinity.¹⁶ Often isolated from their families and friends, the disfigured were subject to what Biernoff suggests is a social "anxiety that was specifically visual."¹⁷ Surgery was their main option, and upon healing, many were still shocking to look at, at which point they went to Francis Derwent Wood for a tin prosthetic mask fitting. Biernoff notes, however, that the usefulness of these masks was overestimated in press reports.¹⁸

Katherine Feo also examines the success of prosthetic tin masks like the ones made by Wood.¹⁹ She claims the tin prosthetics were incapable of working to limit the visibility of war violence in the civilian community.²⁰ The inherent function of masks

¹⁶ Biernoff, 666.

¹⁷ *Ibid.*, 668.

¹⁸ *Ibid.*, 679.

¹⁹ Feo, 17.

²⁰ *Ibid.*, 25.

is to hide, and therefore, she concludes, that instead of helping to restore the veteran's identity and sense of self, the masks lack human emotion and remind the viewer of the horrors of war. These masks simply could not restore a pre-war life to the post-war period.²¹

This study also utilizes research covering the history of plastic and aesthetic surgery. In particular, Sander Gilman's *Making the Body Beautiful* offers insight into the effects and consequences of aesthetic surgery.²² For Gilman, aesthetic surgery was so appealing because it allowed people to 'pass'; they could blend in and be seen as a member of a group they wished to identify with. His investigation into war-ravaged faces highlights the loss of masculinity as well as sexual attraction. In addition, beauty culture had been steadily growing in Britain since the end of the nineteenth century, and an emphasis on appearance gripped the British populace.²³ With more social importance given to vanity, the disfigured suffered the wrong injury at the wrong time, as more unkempt appearances drew the ire of Britons.

This study will highlight the often temporary positive effects of plastic surgery and prosthetic tin masks for the facially wounded, examining in detail their limited usability. Furthermore, it will explore the post-war outcomes for amputees, as they offer in essence a precursor of the stigma and difficulties that

²¹ *Ibid.*, 25.

²² Sander Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*, (Princeton: Princeton University Press, 1999).

²³ Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore: Johns Hopkins University Press, 1997): 25.

disfigured men were to face in England. My research is based primarily on materials generated in the public sphere, including newspapers and medical journals, to get a sense of public opinion during the intra- and post-war years. In addition, first-hand letters and accounts shed light on the experience of the facially injured while under treatment.

The Disfigured

For the first time in the 20th century, significant numbers of horribly wounded soldiers, whether dealing with amputation or facial injury, survived in spite of their wounds. Those unlucky enough to suffer injury to the face suffered through arguably the most difficult and psychologically damaging injury a man could experience. Outdated tactics of war as well as advanced weaponry, including artillery and machine guns, combined to produce devastation, leaving thousands of young men with unimaginable facial injuries. Soft caps worn in the early years of the war provided little to no protection of the head. In 1915 the British military switched to steel helmets, yet these posed the problem of dangerous metal shrapnel if a soldier were struck in the head.²⁴ A soldier named John Glubb recounted his experience of being hit by a shell: “I heard for a second a distant shell whine, then felt a tremendous explosion almost on top of me. For an instant I appeared to rise slowly into the air and then slowly fall again. ... I began to run towards Hénin, when the floodgates in my neck seemed to burst, and

²⁴ *Ibid.*, 29.

the blood poured out in torrents.”²⁵ Like many soldiers facing similar circumstances, Glubb was transported back to England to await surgery and treatment for his injuries. Upon return home, however, disfigured veterans like Glubb faced a populace at that point incapable of accepting these “broken gargoyles” into a society wishing to forget the atrocities of war, while their amputee counterparts returned to fanfare and the respect of the public.²⁶

The first waves of facially wounded soldiers returning home were sent to various ill-equipped hospitals scattered throughout England, where many of them waited weeks and months for treatment. Dr. Harold Gillies, a New Zealander who volunteered with the Red Cross, remedied the issue of decentralized treatment by persuading the Army Surgeon General to concentrate facial treatment in one place, after which point wards at the Cambridge Military Hospital in Aldershot were obtained.²⁷ By 1917, the Queen’s Hospital at Froggnal House was constructed in Sidcup as the premier plastic and reconstructive surgery center in England, with Gillies at the helm. The hospital grew quickly to house the thousands of

²⁵ John Glubb, *Into Battle: A Soldier’s Diary of the Great War* (Cassell: London, 1978): 185.

²⁶ Ward Muir, *The Happy Hospital* (Simpkin: Kent, 1918): 152.
<http://babel.hathitrust.org/cgi/pt?id=wu.89079715389;num=7;seq=7;view=1up> (accessed February 10, 2013).

²⁷ Andrew Bamji, “Sir Harold Gillies: Surgical Pioneer”, *Trauma* 8 (2006): 144,
<http://english.siu.edu/Resources/HaroldGilles.pdf> (accessed February 9, 2013).

disfigured veterans needing medical care, and by 1918 over 1,000 beds were available.²⁸ Queen's Hospital proved popular with the wounded, many of whom waited for months in ill-suited hospitals to be transferred. Sergeant John Glubb recounted:

I lay for three months in my bed in Wandsworth during which my wound remained septic, and received no medical attention. ...No doctor ever looked at our wounds or removed the bandages. Presumably there were not enough doctors. My mother used to visit me at Wandsworth. Through her I sent applications to all and sundry, for a transfer to another hospital. At last, in November 1917, three months after I had been hit, I was transferred to a new hospital for face injuries at Frognal, Sidcup, Kent. Here things were very different. My broken and septic teeth were extracted and my wound cleaned.²⁹

At Sidcup, disfigured soldiers waited to receive surgeries in the hope of restoring the original function and appearance of their faces. As lead surgeon, Dr. Gillies pioneered numerous surgical techniques in facial reconstruction, revolutionizing the work of reconstructive surgery. Working in what he deemed a "strange, new art", Gillies required the precision of a skilled surgeon with the attention to aesthetic detail of

²⁸ Andrew Bamji, "Facial Surgery: The patient's experience", in *Facing Armageddon: The First World War experience*, eds H. Cecil and P.H. Liddle, (London: Leo Cooper, 1996), 495.

²⁹ Glubb, 193.

an artist. He and his team developed various new techniques in 1917, like the tube pedicle, which allowed for the grafting of skin from one part of the body to another by keeping blood circulating at the reattached area.³⁰ In addition, he created the temporalis transfer, arterial flaps, and a variation of an epithelial inlay for the reconstruction of eyelids.³¹ Gillies was a meticulous surgeon, notable for taking his time, and said “never do today what can honourably be put off till tomorrow.”³² He made sure a man’s wounds were completely healed before continuing to the next stage of treatment. This process often lasted months, even years, due to the numbers of surgeries required in extreme cases. He also befriended his patients, even keeping some photographs as mementos.³³ At Queen’s Hospital, Gillies and his team wrote extensive case notes for each patient, including photographs and drawings. He commissioned Henry Tonks, a doctor turned medical artist, to draw before and after images of his patients, as well as make diagrams of the surgical procedures themselves.³⁴

Within the rehabilitative framework of Queen’s Hospital, soldiers had to come to terms with their new appearance, undergo numerous surgeries and hope to cope with their mutilated faces. At Sidcup, mirrors

³⁰ Feo, 19.

³¹ Bamji, *Sir Harold Gillies: Surgical Pioneer*, 144.

³² Bamji, *Facial Surgery: The patient’s experience*, 498.

³³ Bamji, *Sir Harold Gillies: Surgical Pioneer*, 145.

³⁴ Suzannah Biernoff, “Flesh Poems: Henry Tonks and the Art of Surgery,” *Visual Culture in Britain* 11 (February 2010): 27. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3158130/> (accessed January 11, 2013).

were not allowed in any rooms, arguably in an attempt to spare the men any more emotional trauma.³⁵ In *The Happy Hospital*, considered the best contemporary piece detailing a visit by a commoner to a facial wound ward, Ward Muir recounts an unnerving encounter with a patient in the halls: “When the wound was healed, however, and the patient was going about with his wrecked face uncovered, I was ... sensible of the embarrassment to which allusion had made. I feared, when talking to him, to meet his eye. I feared that inadvertently I might let the poor victim perceive what I perceived: namely, that he was hideous.”³⁶ There are two notable conclusions that can be drawn from this work. The descriptive language of the wounded, namely that he is ‘hideous’ and like a ‘gargoyle’, is representative of the negative sentiment Britons held towards these men. Muir’s word choice suggests a lack of identity and humanity within this soldier, as if the exposure of his wounds serves to dehumanize him.

Depression was common amongst disfigured soldiers, as would be expected given the importance of one’s face and appearance to their identity and self.³⁷ Dr. Gillies himself commented “only the blind kept their spirits up through thick and thin.”³⁸ Catherine Black, a nurse who worked with Gillies at Cambridge Hospital, wrote: “Hardest of all was the task of trying to rekindle the desire to live in men condemned to lie week after week smothered in bandages, unable to

³⁵ Bamji, *Facial Surgery: The patient’s experience*, 497.

³⁶ Muir, 143.

³⁷ Reginald Pound, *Gillies: Surgeon Extraordinary: A Biography*, (M. Joseph: London, 1964): 35.

³⁸ Pound, 35.

talk, unable to taste, unable even to sleep, and all the while knowing themselves to be appallingly disfigured.”³⁹ These men were not only saddened and horrified by their own appearance, but they carried with them a consciousness of how others were affected by the sight of their faces. Horace Sewell, a Brigadier-General during the war, recounted one such experience: “The people of that place requested the matron to keep us indoors, as it gave them ‘the shivers’ to see us out walking. The Prince of Wales was not immune. He emerged from a tour of the wards reserved for the worst cases ‘looking white and shaken.’”⁴⁰ Interactions of this sort can only be viewed as detrimental to the well-being of those rejected by their fellow Britons, and highlight the immense significance of the face within Western cultures, as acknowledged by Ward Muir: “I had not known before how usual and necessary a thing it is ... to gaze straight at anybody to whom one is speaking, and to gaze with no embarrassment.”⁴¹ Facial expressions and body language are quite useful in obtaining a sense for a person’s emotional state. One can imagine that routinely witnessing one’s visitors shy away from making eye contact, even showing disgust at the sight of oneself would not be emotionally uplifting. The *Daily Mail* featured an article in 1918 describing a visit by a young woman to see Sergeant Bates, a soldier wounded in 1916:

‘He told you of his wound.’

³⁹ Bamji, *Facial Surgery: The patient’s experience*, 497.

⁴⁰ Callister, 99.

⁴¹ Muir, 143.

‘He said he was hit by shrapnel, ma’am, but not bad.’

Matron motioned her to sit down, and then, with an infinite pity in her face ... told the little woman before her in a few words what Sergeant Bates in his agony of mind could not write.

‘So you see, Mrs. Bates,’ she ended gently ‘you must be brave when you see him, because—he dreads this meeting – for your sake.

...Sister came into the small ward rather hurriedly and, drawing the screen round the Sergeant’s bed, told him very gently that his wife was waiting to see him.

‘Sister,’ the man turned abruptly, as he groped for the kindly hand she held out ‘I’m a bloomin’ coward, that’s what I am.’⁴²

Disfigured soldiers awaiting or undergoing treatment had a truly difficult task in coping and adjusting to their new appearance. Like Sergeant Bates, many men expressed feelings of guilt about interacting uncovered with people. The unsupportive reactions by the general public strengthened in many the feelings of shame felt for having subjected normal people to such a gruesome, shocking sight as their destroyed faces. Ward Muir’s reaction is indicative of the typical public reaction: “Could any woman come near that gargoyle without repugnance? His children ... Why, a child would run screaming from such a sight. To be fled from by children! That must be a heavy cross for some souls to bear.”⁴³

⁴² Daily Mail, in Bamji, Experience, 498.

⁴³ Muir, 145.

Visual Aversion

British society found accepting these men who had fulfilled their duty to their nation difficult because they presented a visual reminder of war undesired by a war-torn populace. As a result, outside the confines of the medical establishment the visual presence of the facially wounded was suppressed and limited. At Sidcup the wounded were able to recuperate by taking walks in the local parks. Some of the benches in the park were painted blue, as a “code that warned townspeople that any man sitting on one would be distressful to view.”⁴⁴ The public was given warning to spare themselves any grief from a possible glance at a ghastly, broken face. This culture of aversion was pervasive throughout England, and the treatment of the disfigured by the press underscores this sentiment.

Contemporary representations of the disfigured in the public sphere, through pamphlets, newspapers and journals, rarely featured photographs, for “no more horrible result of war could be represented in the public sphere than the mutilation of the face.”⁴⁵ If public reports and pamphlets did run photographs, they focused on visits to Queen’s Hospital by British royalty, or only showed the soldiers with their wounds covered in bandages.⁴⁶ When art was substituted for photographs, like the British Red Cross Society’s “Help the Wounded” poster, the images depicted the

⁴⁴ Caroline Alexander, “Faces of War,” *Smithsonian*, <http://www.smithsonianmag.com/history-archaeology/mask.html> (accessed February 10, 2013).

⁴⁵ Gilman, 159.

⁴⁶ Callister, 95.

masculine ideal of Tommie Atkins, bandaged yet unwounded in the face. Most public reports on the disfigured were extremely propagandistic and fanciful in nature, often in the quest for charity or to quell the public's fears.⁴⁷ A December, 1919 edition of *The Times* ran a text-only piece about the rehabilitative work being done at Sidcup that indicates the manipulation of news for public consumption:

The Queen, Princess Mary, and Princess Helena Victoria paid a visit on Sunday to Chelsea House, Cadogan-place, and inspected there an exhibition of children's toys and beadwork and woodwork articles made by the soldier patients of the Queen's Hospital, Frognaal, Sidcup ... The makers of the toys ... were nearly all men who had suffered facial disfigurement through wounds, and in some extreme cases, where sufferers had become depressed to the point of contemplating, and even attempting, suicide, the work had brought a powerful counteracting interest.⁴⁸

Other articles made announcements about advances in medicine and the opening of new hospitals to treat facial wounds. In the *Liverpool Echo*, an informational piece covering a new facial hospital in Liverpool discussed disfigured veterans as if fixing their injuries was an easy, simple process: "Many of the wounded soldiers brought back to this country have crooked faces, and numbers of them are now

⁴⁷ Biernoff, "The Rhetoric of Disfigurement", 677.

⁴⁸ "Soldier Craftsmen", *The Times*, 9 December 1919.

coming to Liverpool to have them straightened.”⁴⁹ Describing their faces as “crooked” and needing to be “straightened”, the author’s simplification and softening of the language surrounding facial injury is representative of British desire to reduce negative and alarming exposure to the destructive nature of wartime injuries. At the same time, some of the wounded receiving treatment at Sidcup expressed positive feelings about their circumstances – an unexpected reaction that appears at odds with the societal aversion they were met with in person and within the press.

Many of the facially wounded recuperated at Queen’s Hospital for long periods of time, necessitated by the number of surgeries and healing time required to properly treat their injuries. With much time on their hands, the men were urged to participate in activities to lift their moods as well as provide them training for their eventual re-entry into the world.⁵⁰ Some activities, expressed in the press, included clock repairing, operating cinemas, hair-dressing and dentistry, as well as toy-making.⁵¹

Literacy instruction was another available option, and in 1922 a Lady Gough assigned soldiers an assignment to write on their experiences from the war. Titled “My Personal Experiences and Reminiscences of the Great War”, these essays describe the young men’s enlistment, deployment and their experience during

⁴⁹ “What Surgeons and Dentists are doing for Tommies in Liverpool,” *Liverpool Echo*, 18 July 1916.

⁵⁰ Biernoff, “The Rhetoric of Disfigurement”, 670.

⁵¹ *Bexley Health Observer*, November 1921, in Biernoff, *The Rhetoric of Disfigurement*, 670.

the war.⁵² They explain the feelings of being wounded in battle and their course of treatment, which in all cases led to Queen's Hospital. Interestingly, most of the soldiers expressed pride for having done their duty and served the nation. Private Best, injured at Ypres, wrote, "I cannot say I am sorry I joined the army, as it has broadened by outlook on life."⁵³ An unnamed soldier reminiscing on his military service wrote of having similar feelings. "When I look back and think things over which has happened during my service I feel proud, I also feel proud to think that I was wounded fighting in such a famous regiment as 'The Black Watch.'"⁵⁴

While under the care of hardworking nurses and doctors in a rehabilitation hospital, it seems to have been easier for these soldiers to feel positively about their service, almost as if they were unaware of how the world outside the hospital felt about them. Private Wordsworth described his immense appreciation and thankfulness for the work of the staff caring for him, "I would now pay homage to the Nursing Staff of that hospital who so carefully nursed me back to health in a preparation ward."⁵⁵ Another soldier also discussed the nursing staff, who although "...very much

⁵² Liddle Collection, University of Leeds. The essays are cataloged as Wounds, Item 34:6 and titled "Narratives by Badly Wounded Soldiers, 'My Personal Experiences and Reminiscences of the Great War', Collected by Lady Gough at Sidcup Hospital, 1922. Written for an education class."

⁵³ Private Best, 1922. "My Personal Experiences and Reminiscences of the Great War", Liddle Collection, University of Leeds, item 34:6.

⁵⁴ Essay #1 by an unnamed soldier injured at the Battle of Cambrai, 1918.

⁵⁵ Essay by Private Wordsworth.

overworked were always cheerful, and did their utmost to make the patients comfortable.”⁵⁶ In their concluding sentences, most of the men summarized their experience until that point as an overall positive experience, and some conveyed a desire to gain acceptance in society. For example, Private Murray wrote, “I like my country, and if I can be allowed to earn a respectful living in it shall never have anything to say against it.”⁵⁷ Private Best even went so far as to say “So, after all, I lost little, and gained much, through the Great War.”⁵⁸ These responses exhibit a specific consciousness on the part of their authors that can arguably exist only in the context of their rehabilitative program. Influenced by the actions and good treatment of their caregivers, these men were optimistic about the future and happy with their service. In this light, the men’s remarks represent in some ways an attempt to justify and accept their wounds as a minor blemish on an otherwise honorable life. In effect, their time in the hospital was their time of most happiness. Recuperation and rehabilitation within the hospital boosted their spirits, leaving many feeling “indebted to them [nurses and doctors] as much as anything else for the peace we now enjoy.”⁵⁹ It is exactly these feelings within the rehabilitative framework that provide a false sense of the outcomes for disfigured men returning to civilian life. Yet in examining the post-war experiences and popular

⁵⁶ Essay #4 by an unnamed soldier injured during the Somme Offensive, 1918.

⁵⁷ Essay by Private Murray.

⁵⁸ Essay by Private Best.

⁵⁹ Essay #4 by unnamed soldier injured during the Somme Offensive, 1918.

reactions to amputees, for whom successful reintegration was expected to occur in the years immediately following their injuries, the plausibility of negative life outcomes for the disfigured is reinforced.

Amputees

British soldiers injured in their extremities resulting in loss of limb experienced a different kind of reaction upon return home to England. Unlike the facially wounded, whose faces were hidden from public view, returning amputees were received honorably, their absence of limb a visual mark of their service to the nation. These men represented the cream of the crop of British youth, having risked their lives for their country.⁶⁰ The Ministry of Pensions was created in response to demands that "...the wartime mutilated were regarded as the responsibility of the nation."⁶¹ Interestingly, the Ministry's allocated funds for the wounded were based not so much on the degree to which their injuries reduced their physical capabilities, but "on the degree to which [they] incapacitated a man from 'being' a man, rather than 'acting' as one".⁶² A pensions leaflet from 1920 showed that those who were extremely disfigured received a full pension, an amount received only by those who lost an eye and a limb, two limbs, or were fully paralyzed.⁶³ These pension categorizations were justified as compensating a "loss of amenity" over a "loss of working capacity,"

⁶⁰ Bourke, 45.

⁶¹ Bourke, 49.

⁶² *Ibid.*, 33.

⁶³ Feo, 20.

adds Katherine Feo.⁶⁴ In other words, pensions were given out based on how much a person's quality of life, and even manhood was impacted, or reduced. As the evidence points out, facially disfiguring injuries were justifiably considered a worse affliction than losing an arm. A married man who lost a leg would have faced much better odds at retaining his marriage, or meeting a woman and starting a family in comparison to a man missing parts of his face.

Loss of limb no doubt must have been painful and difficult to accept, but amputees were, as a group not as emotionally traumatized as the disfigured. Their identity and humanity were still intact; it was simply their body that was broken. An article in the *Pall Mall Gazette* juxtaposes the emotional state of the disfigured to those of amputees at Queen Mary Auxiliary Hospital in Roehampton. "There is none of that depression [at Roehampton] which, however well diverted, attends in a more or less degree [sic] the fear of permanent facial disfigurement."⁶⁵ Concurrently amputees received positive and supportive press coverage in the immediate years of the war, yet this sentiment was short-lived, as amputees were relegated to the bottom rung of society along with beggars and thieves.

British amputees as a whole received a largely positive reception in the public sphere during the war. Many articles commented on the rehabilitative progress made by amputees, including their fittings for prosthetics and training for new jobs.⁶⁶ In addition,

⁶⁴ Ibid., 20.

⁶⁵ *Pall Mall Gazette*, undated, In Biernoff, 674.

⁶⁶ Biernoff, "The Rhetoric of Disfigurement", 674.

stories about amputees usually included pictures. There was little concealment as was the case for the disfigured. News clippings discussed amputees training to become engineers, carpenters, and chauffeurs, among other vocations.⁶⁷ Propaganda from the Ministry of Pensions argued that curative workshops would train disabled veterans with advanced skills for a modernizing world.⁶⁸ At the same time, prosthetics were highly visible in the press. News clippings carried showed amputees being fitted with new arms and legs, among others.

Due to the numbers of amputees, the demand for prosthetic legs and arms increased, and advances in materials and design dramatically improved their functionality.⁶⁹ Prosthetic arms and legs allowed these broken men to become whole again, remade through a linkage of man and machine. “Physical agility and manliness were re-inscribed into the prosthetically remade body.”⁷⁰ In this sense, defining “masculinity as mobility,” amputees were able to reestablish physical proficiency through prosthetics.⁷¹ The facial prosthetics received by the disfigured, though, failed in their attempt to restore wholeness and reinstate masculinity.

⁶⁷ *Evening News* and *Lloyds Weekly News*, September 1916, in Biernoff, *The Rhetoric of Disfigurement* 674.

⁶⁸ Koven, 1191.

⁶⁹ *Ibid.*, 1195.

⁷⁰ Biernoff, “The Rhetoric of Disfigurement”, 674.

⁷¹ Erin O’Conner, “Fractions of Men: Engendering Amputation in Victorian Culture,” *Comparative Studies in Society and History* 39, no. 4 (1997): 763, <http://www.jstor.org/stable/10.2307/179368> (accessed January 7, 2013).

Facial Disfigurement

Many soldiers suffered facial wounds that were irreparable by plastic surgery at the time. As Feo states, it “seemed that as people tried to heal from emotional wounds, resentment grew against men who embodied war memories in their disfigurements.”⁷² Thus, those left with gaping holes or missing jaws were sent to “the Tin Noses Shop” to be fitted with a prosthetic tin mask by Francis Derwent Wood and his team.⁷³ The masks were made from tin, constructed after taking a mold of the part of the face to be covered.⁷⁴ If covering an empty eye socket, for example, the mask was constructed around a pair of glasses that, while worn, held the mask in place. A moustache made from thinly cut, painted metal strips instead of real hair could cover a wounded mouth. For eyes, Wood insisted that they be painted on, matching the soldier’s other eye, or in the case of a blinded man, a picture to produce the desired effect. These masks, although intended to cover-up and restore, lacked animation, making them inadequate as a form of social rehabilitation, as their lack of animate realism reminded the viewer of what was missing, instead of covering it up.⁷⁵ The masks were subject to wear and fading of the paint, and since faces change over the years, these masks would have only been useful for a short period of time, at best. While they certainly allowed the disfigured some ability to walk the streets unnoticed, the inherent flaws in their construction and

⁷² Feo, 24.

⁷³ Alexander.

⁷⁴ Ibid.

⁷⁵ Feo, 23.

conceptualization rendered them useless in the long term.

Conclusion

Although there is no information available about the outcomes for the facially disfigured after leaving the hospital, much research has been done looking at amputees after the war. The possibilities for amputees after the armistice seemed endless, but amputees' hopes for the future were short-lived. "The war constructed two competing categories of disabled persons: "peace" and "war" cripples," argues Seth Koven.⁷⁶ These men now had to fight for jobs next to the lowest classes of society because Britons could not re-conceptualize their attitudes towards the war after 1918, which represented a public desire to repress the memories of the war. Women were also an impediment to receiving employment, as they fulfilled many male jobs during a drought of masculine, physically whole workers. Amputees felt angry and disheartened, waiting in line for unemployment benefits and insurance next to those who were receiving the same, yet who hadn't been to war or sacrificed his life for his nation.⁷⁷ This sentiment is expressed in *Reveille*, an orthopedic journal edited by playwright and novelist John Galsworthy after the war.⁷⁸ Galsworthy changed the name of the journal originally called *Recalled to Life*, to "awaken the nation to its obligations to the war

⁷⁶ Koven, 1200.

⁷⁷ *Ibid.*, 1201.

⁷⁸ *Ibid.*, 1167.

wounded.”⁷⁹ Articles discuss issues facing the war wounded and emphasize a consciousness that society *should* be doing more, but simply is not. In a piece called “Converting Public Attitude Toward the Disabled Man”, the author posits “...the attitude of the public has become a greater handicap to the cripple than his physical disability. People have assumed him to be helpless, and have, only too often, persuaded him to become so.”⁸⁰ Feelings like these perpetuate the unaccepting nature of Britons toward the war-wounded.

World War I brought physical destruction and devastation unseen in any other war before it. Advanced weapons combined with outmoded tactics of trench warfare produced tens of thousands disfiguring and dismembering injuries to the face and body. Coinciding advances in plastic surgery allowed more men to survive these injuries than ever before, yet the British populace found itself struggling to contemplate the honor of veterans’ physical signs of service with the physical reminders of tragic memories. To conclude, this paper has been an examination of the structural and social barriers to reintegration facing disfigured soldiers in the years after The Great War. Without records for the disfigured in the post-war years, we will simply never know how the lives of these men turned out. Yet by looking at the emotional and physical effects of their injuries both in rehabilitative hospitals

⁷⁹ Ibid., 1167.

⁸⁰ Douglas McMurtie, “Converting Public Attitude To The Disabled Man,” in *Reveille*, ed. John Galsworthy (London: His Majesty’s Stationary Office, 1918), 1: 444, <http://archive.org/details/1a3reveille00galsuoft> (accessed February 6, 2013).

and the outside world, the failure of facial prosthetics, and the outcomes for veteran amputees, this research gives credence to the plausibility of negative life outcomes for the disfigured.

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