Introduction

*Gueules Cassées*: The Face of War

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 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.

Despite the place of the five disfigured combatants on centre stage at this symbolic event, the presence of these men and the role they played in the war and the interwar period are not often talked about or studied. This is not because *gueules cassées* [broken faces], as the disfigured combatants came to be known in France, were very few, or because they did not mix with civilians, on the contrary. The silence surrounding disfigured soldiers and veterans can be accounted for by the painful memories evoked by their faces, and by the fact that they themselves often wished to blend in, not to stand out.

The experiences and representations of facially injured soldiers during and after the First World War reveal some of the individual and collective challenges faced by the people who lived through wartime. This book highlights the visibility of facially injured men and explores different responses to their presence, whilst also interrogating their role and representation in wartime and interwar societies. It underlines the often paradoxical situation of men who sought to lead ordinary lives and yet also became symbols of the war.

The place facially injured men were given, or that they made for themselves, differed notably depending on their country of residence. Through a discussion of the fates and representations of *gueules cassées*, this book shows their cultural significance and their varied perception in France,
Germany and Great Britain.\textsuperscript{1} This is best understood through a study of their journey from the hospital to their return to civilian life, analysed here with special emphasis on the relationships established or maintained by wounded combatants. Using a variety of primary sources, ranging from medical accounts to contemporary press reports and artistic representations, this account explores society’s responses to facial injury as well as the experiences of disfigurement narrated by \textit{gueules cassées} themselves.

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 and syphilis. In particular, a missing nose was often interpreted as shameful, a sign of immorality for the person concerned who had either fought in a duel or lost it due to a venereal disease. Soldiers had also suffered facial injuries in previous wars. French combatants who sustained such wounds during the Napoleonic Wars were in fact for the most part killed by their comrades to spare them further misery.\textsuperscript{2}

A similar prejudice could still be observed during the First World War, on the part of stretcher-bearers and of the combatants themselves, for whom facial injuries were a particular fear. Wounds to the face were horrifying, and it was commonly thought that they would lead to death. Thus the British soldier Percy Clare describes how the first two rescue parties who found him on the battlefield refused to take him, convinced that it was

\textsuperscript{1} The French term \textit{gueules cassées} will be frequently used throughout this book as a concise way of referring to the general phenomenon.

not worth carrying him to the casualty clearing station. Likewise, Albert Jugon, who was later to become one of the founders of the French organization for facially injured soldiers *Union des Blessés de la Face* (Organization for Facialy Injured Soldiers) was given absolution on the battlefield. He himself requested, ‘Look after the other wounded first, and if there is still time when you have finished, remember that I am here’. Wounded on 16 September 1914, Jugon expected to die from his injuries. But between the time Jugon was injured and the end of the war, the survival prospects of the facially wounded improved dramatically.

**Destruction and reconstruction**

When taking stock of the material and psychological changes concerning facial injury during the Great War, two trends must be considered: the unprecedented number of disfigured men and the advances in medical practice that took place in the period. If the war was a pivotal moment in the development of reconstructive maxillofacial surgery, it is partly the huge number of facially wounded combatants that permitted these ground-breaking medical advances.

Different reasons account for the high number of casualties. The length and intensity of combat are one explanatory factor, although it should be noted that the influx of wounded men was irregular, months of stalemate following intense battles. Trench warfare and new weaponry (in particular shells and machine guns), as well as the slow development of protective helmets, increased the proportion of injuries to the head and face. The

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

American surgeon Fred Albee commented on 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.\(^5\)

Determining the exact number of combatants who suffered facial injuries is difficult. Sophie Delaporte estimates that 11 to 14 per cent of the wounds sustained by French soldiers affected the face, which would make a total of over 500,000 victims; Martin Monestier gives a similar figure.\(^6\) On the German side, Michael Hagner suggests 300,000 as a likely number.\(^7\) Pinning down figures 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 and 8,000 patients were treated there between 1917 and 1921. Joanna Bourke estimates the total number of British soldiers who suffered head or eye injuries to be around 60,500, a figure that is very low compared with other countries.\(^8\) The statistics raise a question of definition regarding who was considered to be facially disfigured. This book is concerned with veterans who were sent to specialized hospitals, and whose appearance was fundamentally changed as a consequence of their injury, whether accompanied or not by functional disability. Jay Winter posits that ‘at least 12 per cent of all men

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wounded suffered from facial wounds’ and gives an overall estimate of 280,000 soldiers who remained disfigured in France, Germany and Great Britain. Delaporte argues that 10,000 to 15,000 men remained severely disfigured in the French case, which is the best-documented to date.

Although the provision of care for facially injured soldiers was very limited in 1914, if it existed at all, the creation of medical units specializing 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’. If the Queen’s Hospital was the largest of its kind, other maxillofacial hospitals remained in activity across Great Britain, in Manchester and in London, for example. Specialized centres in France included Paris (Val-de-Grâce and Lariboisière hospitals) and Lyon (Albéric Pont’s unit); in Germany soldiers could be directed, for example, to the Charité (Berlin) or the Westdeutscher Kieferklinik (Düsseldorf). Many wounded servicemen sustained multiple injuries and were treated first outside maxillofacial wards. This occasioned delays in the treatment of facial wounds, about which maxillofacial surgeons repeatedly complained. When patients were finally referred to specialized units, their damaged tissue had 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.

The changing terminology of facial injury highlights the different ways in which it has been perceived. Several telling phrases have been used to refer to surgical procedures and related medical specialty that aims to repair maimed faces. In his cultural history of aesthetic surgery, Sander Gilman defines the activity as ‘the opposite of “reconstructive” surgery, which is

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11 Harold Gillies, Plastic Surgery of the Face Based on Selected Cases of War Injuries of the Face Including Burns, with Original Illustrations (London: Frowde, 1920).
understood as restoring function’.\textsuperscript{12} According to him, 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. This preoccupation, or even obsession, with beautiful bodies increased again in the interwar years. In contrast, wartime practitioners were performing reconstructive surgery. The adjectives ‘aesthetic’ and ‘reconstructive’ help to clarify the aim, i.e. restoring or increasing beauty or functions, but Gillies and his contemporaries seem to have rarely used them. Their preferred periphrases are indicative of anatomical localization, such as ‘plastic surgery of the face’ (Gillies), ‘facial surgery’ (Pickerill), ‘blesures de la face’ (Morestin), ‘blesures de la face et du cou’ (Dufourmentel and Bonnet-Roy), ‘chirurgie crano-maxillo-faciale’ (Lebedinsky and Virenque), ‘Kieferverletzungen’ (Bruhn) and ‘Gesichtsplastik’.\textsuperscript{13} Specifying the affected part of the body makes it possible 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 also the head and neck), fell within their remit, as


shown in Hippolyte Morestin’s declaration that ‘Everything that contributes to facial expression, everything in the face, belongs to us’. Maxillofacial surgery was simultaneously developing in intimate connection with other specialties such as dental surgery and prosthetics, and striving to assert its singularity. Advances in general medicine – in anaesthetic and antiseptic measures, for example – also significantly increased the patients’ chances of recovery. Skin and bone grafts developed significantly during the First World War, pioneers in this field being plastic surgeons Bruhn, Lindemann and Lexer in Germany, Morestin and Delagenière in France. Likewise, procedures originally developed in the field of plastic surgery of the face found applications in other medical specialties during and after the war.

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. If, at the beginning of the conflict, wounded soldiers were still regarded as doomed, recommendations made by specialized surgeons regarding the immediate care of facially injured men (for instance, the position in which they should be transported, half sitting), contributed to improving chances of survival. The delays with which wounded men reached maxillofacial centres remained a bone of contention between plastic surgeons and the medical staff on the front. 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. But the number of casualties meant that in military hospitals, as in the trenches, soldiers were viewed simply as medical


16 In France a specialized journal, *La Restauration Maxillo-Faciale*, was created in 1917.

17 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* (1994), p. 13.
cases rather than individual men with complex needs. This dehumanizing dimension of war on the battlefield could also be observed in hospitals, and Jay Winter even compares the latter to a mechanical assembly line.¹⁸

These two developments – the growing number of maimed men and the progress in medicine – go hand in hand. The former speaks of large-scale destruction, whilst the latter points to new possibilities in the reconstruction of bodies; yet despite this seeming disparity, the massive damage created 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 became the Guinea Pig Club, facially injured soldiers of the First World War acted as guinea pigs for new reconstructive techniques. The advances achieved during the Great War had a lasting impact on individual men, on society and on plastic surgery. As a consequence of these advances, a great number of disfigured men returned to civilian life. 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.

The many facets of the study of facially injured soldiers

The multiple implications of facial injuries, for the people who sustained them and also for the onlookers, call for an interdisciplinary approach to their study. Traditionally, this group of veterans and their role in wartime and interwar societies have been little explored. Considering the number and the role played by disfigured veterans, it is surprising that they seldom appear as a focus of attention amongst the plentiful studies of the First World War and its aftermath. But if no comprehensive comparative 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, psychology, disability, war, gender and visual culture studies, as well as the cultural history of the Great War. However, facially disfigured combatants have often been reduced simply to their faces, and the emphasis has been mainly upon the positive steps taken (usually by others) to alleviate their conditions.

Medicine, and medical history in particular, stands out as the area of study in which the greatest attention has been paid to the subject. First World War surgeons were aware of the significance of their work and attempted to keep records of cases for dissemination amongst their peers. Decades later, other publications were prompted by the rediscovery of these medical treatises and of patients’ records.¹⁹

Approaching facial injuries from the medical angle has enabled scholars to emphasize the positive consequences of wounds on science: doctors can repair the damage caused by war. Doctors, whose lives are better documented than those of the *gueules cassées* themselves, have been integrated in a wider narrative about the Great War: they symbolize a nation’s capability to bring good out of evil.²⁰ This literature is therefore inscribed within an interpretative trend that emerged during the conflict in France, Great Britain and Germany, a trend that highlights the progress achieved rather than dwelling upon the destruction brought about by the war.

Sander Gilman’s cultural history of aesthetic surgery also touches upon the First World War as an agent of change in the understanding and practice of this specialty. Of particular interest is his reflection on the

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Introduction

notion of ‘passing’, which, I argue, is also relevant in the context of First World War guêules cassées:

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 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.21

Rather than achieving a greater degree of beauty, facially wounded soldiers wished to go unnoticed, the desired target group being that of ‘ordinary’ or ‘normal’ people. These considerations point to the psychological and social impact of disfigurement and surgery, an element that was already acknowledged in the First World War: it was mentioned by doctors, described in sensationalist terms by journalists, and romanticized in fiction. However, little provision was made for the disfigured combatants and their families and little research was conducted on the topic. In the second half of the century, research on social stigma provides keys to understanding the difficulties faced by disfigured people.22 The work of Nichola Rumsey since the 1980s has additionally addressed the impact of facial difference, and the work of social psychologists has contributed to enlightening our understanding of the experience and perceptions of ‘visible facial differences’ (VFDs).23 If historical evidence suggests that some of the mechanisms at work in the individual and the group observed during and after the First

21 Gilman, Making the Body Beautiful, pp. 21–22.
World War bear resemblance with the experience of people with facial disfigurement today, it nevertheless remains true that war wounds and the context of the interwar period represent a specific and unique situation, not least in terms of their association with wartime heroism.

Research in this field has revealed that difficult interaction with people with VFDs is often caused by the onlooker’s fear of saying or doing something wrong: ‘Being uncertain about what to say and how to act around people with VFDs was a commonly reported behavioural response [...] this stemmed from a lack of confidence and a lack of understanding about how to approach and interact with someone who was visibly different.’

Feelings of uncertainty or unease may also account for the scholars’ reluctance to investigate this category of war veterans before the generation had passed away. The face has an almost sacred dimension and its violation is disturbing on many levels, for according to ethnologist David Le Breton, ‘the face is the most human locus in Man. It is perhaps in the face that the feeling of sacred is born.’ The turn of the century, which coincided with the death of the last veterans of the First World War, was thus marked by a new wave of scholarly research on the topic, this time not limited to medical aspects or to individual figures such as surgeons. In particular, Sophie Delaporte’s pioneering essay, *Les Gueules Cassées: Les Blessés de la Face de la Grande Guerre*, was published in 1996. Although the perspective is mostly that of the medical staff, the author follows the wounded men from the battlefield to civilian life, with special emphasis on the impact in terms of identity. Her case study of the Amiens maxillofacial centre clearly explains the workings of these new medical facilities, and her chapter on the disfigured men’s organization provides an insight into the creation and role of this group in the lives of its members.

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Stock et al., ‘Young People’s Perceptions of Visible Difference’, p. 47.

The existence of this organization may account for the greater interest in the subject in France. Facially injured soldiers remain marginal in British and German studies of the First World War. Among the works that consider facially disfigured combatants in more detail are Juliet Nicolson’s social history *The Great Silence*, which holds disfigured men as examples of acceptance and denial, and a collection of essays, under the co-editorship of Gilman, on the significance of the face in the Weimar Republic. In it, special emphasis is placed upon surgery and visual representations. This last dimension was given further attention in French and English publications, notably in terms of the work of Slade School professor Henry Tonks. The focus on Tonks can be explained by the rediscovery of his pastels and the concerns about their preservation (they were restored between 2008 and 2010, following an appeal). Suzannah Biernoff’s recent essays have offered a new insight into the role of visual representations of facially injured soldiers as constructs and rhetorical tools. In Britain as in France, the renewed academic interest in depictions of facially disfigured soldiers in the arts has coincided with an increase in the popular attention paid to gueules cassées, as shown in the release of novels and movies narrating their destinies.
Exhibitions featuring or even centred upon facially injured soldiers have also recently been organized in all three countries, in part triggered by the production of contemporary artworks inspired by First World War representations of disfigured combatants. This book analyses Tonks’s pastels alongside other works for the first time, not in isolation but in comparison to works by French and German artists, and discusses the relationships between images and texts that describe facial injuries.

Raising awareness and changing perceptions of facial disfigurement has also been the aim of recent campaigns by organizations such as Changing Faces and the French Facing Faces Institute. Their increasing visibility has encouraged body culture and disability studies historians to consider the role of the First World War in the evolution of perceptions and rehabilitation of disfigured ex-combatants. As Amy Lyford convincingly argues in her discussion of wounded men, the body had a collective ideological significance in the wake of the First World War; Deborah Cohen goes even further in stating that the maimed ‘brought war home’. 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 questions of aesthetics and disability, of appearance and function, are of particular interest when it comes to *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 destructiveness of the

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Facial injuries were not always associated with severe disability but they nevertheless often incurred functional impediments. Many veterans were suddenly unable to perform natural and long-acquired activities such as eating, speaking or smiling. In an essay for a writing class, a patient 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.’ The nickname given to the patients at the Val-de-Grâce, les baveux (the dribblers), is a telling reminder of one of the issues they faced, namely regaining control over, and re-appropriating, their own bodies. Injuries to the face, although they started to be recognized as representing a form of disability that was reflected in pension scales, did not always functionally impair the victim in the long-term and it took time for the aesthetic prejudice to be acknowledged. Facialy disfigured soldiers were only one group amongst the millions of maimed veterans and to these visible scars should be added the invisible marks left by what was then called ‘shellshock’. 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.

Disability studies tend to focus on maiming and blindness, amputees often being singled out as a category that came to represent all disabled veterans. It could be argued that facially disfigured veterans bore even more visible wounds, and that the threat to one’s identity posed by a broken 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 also been a focus of attention since the Great War (various injury-specific organizations and training schools such as St Dunstan’s were set

34 See, for example, Bourke, *Dismembering the Male*, pp. 107–22.
up to provide for them), one possible explanation being the fact that they were particularly dependent on other people. 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 of the damage and of the potential shock his sight could provoke in others. It is therefore no surprise that blindness was sometimes called a ‘blessing in disguise’ by men who would have preferred to be spared the painful realization of their own disfigurement.

In his pioneering work on the history of disabled veterans, David Gerber distinguishes several trends that have impacted the perception of disability throughout the centuries: the sudden increase in the number (and therefore increased visibility) of disabled veterans, the ‘greater normalization of [their] existence’, alongside the growing attention paid to them by the state and a developing activism on their part, all shape the context of the interwar period. Disabled veterans of the First World War are discussed in detail in two chapters in his collection of essays, which are both devoted to the rehabilitation and more specifically the vocational training offered to injured soldiers in Great Britain and Germany. This approach contrasts with that of Robert Whalen, who underlines the German veterans’ status as victims rather than heroes, alongside orphans and widows. Antoine Prost had already touched upon the topic of French maimed soldiers; however, he only mentions disfigured ex-servicemen in terms of their relationship with injury-specific organizations, whilst Whalen uses the case of a facially disfigured combatant to illustrate his point about the

37 Gerber, Disabled Veterans, p. 2.
Introduction

overwhelming presence of disabled veterans in Weimar Republic art and literature.  

The value of a comparative approach to the history of disabled veterans is demonstrated by Deborah Cohen in her study of German and British ex-servicemen. She notes that

More than any other group, disabled veterans symbolized the First World War’s burdens. [...] Years after their demobilization, disabled veterans bore the sufferings war inflicted. [...] Each disabled veteran appeared to bring the war’s horrors home with him.  

Neither Gerber nor Cohen pay much attention to disfigured combatants, although both of them insist on the iconic quality of disabled veterans as symbols of the war. But not all veterans were treated equally, and an implicit hierarchy developed, directly influencing the amount of financial compensation that disabled ex-servicemen received. Amongst those who received little praise, Sabine Kienitz mentions facially injured soldiers; they are, however, then encompassed in a more general study of maimed veterans who, from the status of war heroes, soon came to be seen as burdens. This analysis underlines the threat to the victim’s manliness, Kienitz going so far as to ask the provocative question, ‘Das Ende der Männlichkeit?’ [The end of masculinity?].

The question of the impact of disability on gender perceptions is also raised by Bourke, who discusses a variety of ‘masculinities’ and argues that the Great War brought about a greater convergence of perceptions of the male body. The title of her essay Dismembering the Male: Men’s Bodies, Britain and the Great War stands in stark contrast with Carden-Coyne’s later emphasis on Reconstructing the Body: Classicism, Modernism, and the

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42 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 praised the most.
First World War. But if there is no denying that *gueules cassées* challenged perceptions of masculinity, the physical and psychological upheaval caused by disfigurement went beyond this gendered dimension and questioned the victims’ very identity as a human being.

Towards a cultural history of facially disfigured veterans

Existing studies about facially injured men reveal disparities between countries; whilst the topic has been discussed by scholars from different disciplinary fields, the only cross-disciplinary study of facially disfigured men has been published in France by Delaporte. The fact that French disfigured men coined and claimed a name for themselves – *gueules cassées* – and set up a powerful organization, accounts for their greater visibility and the subsequent academic interest they have attracted. This book sheds a new light on the French case through a comparison with other countries and moves beyond Delaporte’s work through the discussion of previously unexplored sources, especially artistic documents, from an interdisciplinary perspective. This book investigates the tensions between the visibility of *gueules cassées* and their desire to go unnoticed, its comparative approach illuminating our understanding of national variations and convergences in interwar Western societies.

The study of facially injured soldiers is of particular interest in the twenty-first-century context. The passing of the last veterans of the First World War and the commemoration of the centenary of this conflict are incentives to re-consider the history and historiography of the Great War. In recent decades, scientific and technological advances, such as the development of cloning procedures, have contributed to a questioning of the link between the face and identity, whilst the multiplication of surgical possibilities and the democratization of aesthetic surgery have made disfigurement something that can be successfully treated for the first time. Furthermore, the return of disfigured soldiers from combat in Iraq or Afghanistan, as well as the awareness-raising campaigns of modern-day charities, call for a greater understanding of the evolution of Western perceptions of, and care for, facially injured people. The rise of interest in First World War veterans
Since the middle of the twentieth century may also be interpreted as the result of a will to perpetuate the memory of prominent First World War figures, particularly at the time of the centenary of the War.

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 memorialization of the Great War, it shows the often paradoxical situation of disfigured men who, as they strove to reclaim their lives, were given a symbolic status, sometimes against their own will. The visibility of facial wounds turned the soldier into a public figure that science, popular media, the political sphere and the arts could appropriate and use. 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. Through a discussion of the place the veterans were given – or made for themselves – this study 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.

Cultural history, in part due to its focus both on the individual and on the collective, provides an excellent approach for investigating the interface between *gueules cassées* and society. It enables us to explore the ways in which people remember and try to understand events; it is ‘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.’ 43 This book examines historical accounts and artistic representations in an attempt to confront the documented ‘real’, perceived and mythologized 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 explored, the onlooker’s perception bringing to the fore the individual and collective

challenges posed by the presence of disfigured men. The roles 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.

Processes and products of remembrance are particularly complex in the context of the First World War, a conflict that marked people for generations. In 1975, Paul Fussell noted an ‘obsession with the images and myths of the Great War among novelists and poets too young to have experienced it directly’. 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]’.

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 by Peter Englund, who argues for a better validation and inclusion of individual memories within history. He claims that with the disappearance of the last veterans of the Great War, we have also lost access to divergent memories, and consequently have lost some freedom in the way we approach this momentous event in world history, a phenomenon that he calls ‘the multiplicity of war’. This book therefore explores both individual and collective accounts of the lives of veterans, as well as of the organized structures in which they were gathered, both medical and social. Investigating individual life stories proves an indispensable step to gain insight into what facially injured soldiers experienced and how they coped with their wounds.

A comparative approach offers the advantage, in Winter’s words, to ‘help frame in a more informed way questions of particular national

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experience’. What is more, it allows for the analysis of shared experiences. As Winter points out with regard to his comparative study of capital cities at war,

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.49

The challenges of comparison 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 that in those times, perhaps more than has ever subsequently been the case, 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.50 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 is also the extent of the loss experienced, which points to the ‘commonality of cultural history’: even between previously hostile countries, the ‘bond of bereavement was one of the most prominent and the most enduring’.51 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 perhaps preventing an a posteriori vindication. The extent to which the situation of the gueules cassées was influenced by broader national trends is investigated, alongside the influence they sometimes had upon their countries. In this

49 Ibid, pp. 8–9.
51 Winter, Sites of Memory, Sites of Mourning, p. 227.
context, the case of an injury-specific organization 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’. The significance of the Great War as a formative moment in contemporary history was acknowledged as the events unfolded, evidenced in the state-led efforts at collecting documents related to the war and exhibiting them in dedicated spaces. This agreement about the potent impact of the conflict on contemporaries did not, however, guarantee a uniform interpretation of events, as shown by the diversity of interpretations visible in the various war memorials and commemorations. Beyond these various organized processes, wounded veterans constituted yet another form of ‘war memorial’.

Walking reminders of the war

*Gueules cassées* were powerful walking reminders of the war in the 1920s and 1930s; as such they were potentially controversial ‘sites of memory’. Disfigured veterans, maybe more than any other mutilated combatants, had an iconic value, functioning as embodiments of the physical and psychological wounds caused by the First World War. This is visible in interwar artistic representations as well as through real-life stories.

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53 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.
In his work on *lieux de mémoire*, Nora underlines the necessity of the will to remember in order for sites of memory to emerge.\(^{54}\) Whilst Nora does not limit his definition of *lieux de mémoire* to places but allows it to encompass other phenomena such as ceremonials, emblems and objects, the possibility of memory crystallizing in people – human beings as sites of memory – is not something he envisages. The question of *who* remembers, however, plays a crucial part in the process, as underlined by Winter in his preference for ‘remembrance’ over ‘memory’. This lexical choice emphasizes the dynamic aspect of the process of recalling and the importance of ‘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 take the time and effort to engage in it’.\(^{55}\) 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 to them by others. As people play an active part in the act of recalling the past they may resist being invested themselves with a particular memory, or with any memorial significance at all. This is particularly important to bear in mind when questioning the categorization of injured soldiers as heroes or as victims.

The functions of people as ‘producers’ and ‘receivers’ of memory is stressed by Jan Assmann, who highlights 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’.\(^{56}\) 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.

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55 Winter, *Remembering War*, p. 3.
of identity in terms of inclusion and exclusion. Winter approaches the case of ‘men with broken faces’ from the perspective of their particular socialization through the organization that they created. To him, injury-specific groups had a therapeutic role: they re-integrated men into social networks. Winter uses this organization to exemplify the more widespread trend of forming support associations for veterans and their families in the interwar years: he asserts that these groups are evidence of a special ‘kinship’ that emerged between the combatants. However, it could be argued that whilst in one sense these organizations brought ex-soldiers together, they also further isolated them from other people.

Simultaneously, in a context in which ex-servicemen found it hard to verbalize their feelings and talk about their war experiences, their status as ‘walking reminders’ represented a means through which society could have access to the war – albeit not the reality of the front, but 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 attempted to repair bodies and faces). This ‘accessibility’ is thus a remarkable feature of human embodiments of war. Unlike war memorials, the men could be met anytime in the streets, during and after the conflict. Some encounters were staged – for instance, in Versailles and at military marches – but most were unplanned. This unpredictability broadened the scope of potential onlookers in an almost intrusive fashion. Contemporaries could avoid visiting memorials, but they could not as easily ignore these living memories. The latter were vehicles of meaning, but interpretations varied significantly, as this book shows.

Gueules cassées, like other maimed veterans, established a link between the battlefield and the home front. Because they were visually evocative of conflict, they constituted an intrusion of war into everyday life, especially once the war itself was over. This intrusion was not always well received by societies, who oscillated between a ‘moral obligation’ to remember and the

The disappearance of the veterans in the course of time has not, however, meant the end of their use as memory tokens, in France at least. The name they coined for themselves, *gueules cassées*, is still in use today; and although it now also refers to soldiers mutilated during later wars, and those injured in non-war contexts such as 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.

An investigation of the memorial function of persons – what could be termed ‘human lieux de mémoire’ – suggests that typically there is only one distinctive feature or feat singled out in the person for its iconic value. In the case of facially injured men the focal point is their physical appearance, their disfigured face, which in turn points to the war and either to heroic values of patriotism and self-sacrifice, or conversely, to the shame and hardships associated with defeat. Being reduced 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 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. The missing faces of First World War *gueules cassées* became what defined them in the eyes of others.

*The transgressive dimension of facial injuries*

Wounds are visible, physical and tangible traces of the brutality of war, which remain otherwise often invisible, 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. 60 Wounds are evidence of 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. 61

The present study explores this transgressive dimension of wounds, and by association that of the men who sustained 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, the presence of disfigured veterans, like that of other maimed soldiers, blurred spatial boundaries between the front and the home. It also distorted chronological boundaries between wartime and peacetime. The nature of the wounds made their bearers even more transgressive a figure: they bore at the same time features of the human and of the monstrous, echoing the so-called crisis of civilization 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.

This link between death and life – facial surgeons were rather tellingly described as having God-like powers to create new faces – produces an unsettling effect on the onlooker, and all the more so since the face is a zone considered as ‘the mirror of our individuality, our singularity.’ 62 The story that war has written upon the face points to a traumatic event, which challenges the viewer. 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 unrecognizable, traits render the disfigured face utterly alien. An almost uncanny feeling results from this paradoxical combination, adding further complexity to 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’.

Because they are visible, facial wounds are particularly apt to bring memories to the surface. Although malformation and accidental disfigurement occurred during the 1920s and 1930s, facial wounds almost automatically pointed to the war. Whilst some tried to dismiss shell shock as a fantasy, the reality of wounds was undeniable. They had truth-value, functioning as tangible proof of war experience. Thus, wounds are a form of visual testimony. They evoke pain and trauma. The initial suffering caused by the injury was indeed 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 that affected both their victims and those who encountered them. Disfigurement also shatters the subject’s perception of self, of humanity and personality. As a surgeon who treated gueules cassées put it: ‘We must […] show that we can restore their humanity to those who have lost the outward markers of identity’.


64 ‘Il faut […] faire la preuve qu’on peut rendre l’humanité à ceux qui ont perdu les signes extérieurs de l’identité’, a maxillo-facial surgeon, quoted in Colas, Le Visage des Hommes, p. 189.
This redefinition of the self led many a gueule cassée to despair of ever being able to lead a ‘normal’ life again. The many challenges awaiting disfigured men and the strategies developed to overcome them are explored in this volume. The question of symbolism is here of particular importance. As veterans and their societies 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 civilization 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, at least in victorious countries.

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 becoming invisible in interwar society, others invested them with a positive message not only of survival, but also of the symbolic triumph of science and progress over the destructive forces of modern war. Indeed, the gueules cassées’ motto ‘Sourire quand même’ [‘Smile on regardless’], embodied and encouraged such a positive outlook in the face of adversity.

The place allocated to facially disfigured men correlates with each society’s way of handling the memory of the War. Through the study of a wide range of documents, this book explores the perception and place in interwar societies of veterans who have been rarely analysed in depth, 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 many representations of facial disfigurement during and after the war. Different, sometimes conflicting, images of disfigured veterans are revealed, as we follow the journey of the combatant from the hospital to his potentially difficult reintegration into civilian social and economic circles, a process that was often facilitated by the mediation of a third

65 This is shown in literary representations but also in the staging of medical exhibits and photographs as narratives of successful rehabilitation (as underlined in Lyford, Surrealist Masculinities).
party such as medical nurses, fellow injured ex-servicemen and larger structures like veterans’ charities.

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 medical treatment. It shows the key role played by the hospital as a space of transition and questions the image of ‘passive victim’ that is often associated with patients. Studying their interaction with medical 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 the normalizing 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 ‘institutionalization’ 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 about in terms of the collective image of French *gueules cassées* are examined in an attempt to explain why such an organization emerged in this country and not in others. Chapter 4 shifts the focus to another expression of society’s perception of *gueules cassées*, here by means of artistic representation. It investigates the functions and uses of depictions depending upon the visual medium used and the country of origin, showing several different ways of interpreting the presence of *gueules cassées* in European societies. It investigates the claims made by society upon the figure of the facially injured soldier and the latter’s integration into discourses on war. The final chapter focuses on literary representations and the exploration of the veteran’s psyche that they offer. It examines the treatment of mutilated veterans and their relationship to society in fiction, with special focus on the literary rendering of visually striking wounds and upon the process of reintegration as imagined by interwar authors. The question of what constitutues a sign of successful reintegration is considered, as well as the mediation of encounters between *gueules cassées* and society.
All five chapters demonstrate the visibility of facially injured men and explore different responses to their presence. They engage with documents by *gueules cassées* themselves and with sources reflecting other people’s views in order to examine points of convergence and divergence in terms of experiences, perceptions and representations.