

*THE MEN WITH THE NEW FACES*

AN English war-hospital, on the whole, furnishes forth fewer horrible sights than happy ones. But there is one perturbing experience which, for the worker in such an institution, is inevitable. It is this. He finds that he must fraternise with fellow-men at whom he cannot look without the grievous risk of betraying, by his expression, how awful is their appearance. Myself, I confess that this discovery came as a surprise. I had not known before how usual and necessary a thing it is, in human intercourse, to gaze straight at anybody to whom one is speaking, and to gaze with no embarrassment. Now I never felt any embarrassment in thus amicably confronting a patient, however deplorable his state, however humiliating his dependence on my services, until I came in contact with certain wounds of the face. And even these, when still at the stage of requiring to be dressed and bandaged, did not repel. When the wound was healed, however, and the patient was going about with his wrecked face uncovered, I was sometimes sensible of the embarrassment to which allusion has been made. I feared, when talking to him, to meet his eye. (Generally there is only one eye left.) I feared that inadvertently I might let the poor victim perceive what I perceived: namely, that he was hideous.

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

To talk to a lad who, six months ago, was probably a wholesome and pleasing specimen of English youth, and is now a gargoyle; and a broken gargoyle at that—the only decent features remaining being perhaps one eye, one ear, and a shock of boyish hair—is something of an ordeal. You know very well that he has examined himself in a mirror. That one eye of his has contemplated the mangled mess which is his face—all the more hopeless because 'healed.' He has seen himself without a nose.

Skilled skin-grafting has reconstructed a something which owns two small orifices that are his nostrils; but the something is emphatically not a nose. He is aware of just what he looks like: therefore you feel intensely that he is aware that you are aware, and that some unguarded glance of yours may cause him hurt. This, then, is the patient at whom you are afraid to gaze unflinchingly: not afraid for yourself, but afraid for *him*.

Such a patient must be the more disappointed, when he is first allowed to use a mirror, if he has undergone a sequence of laborious operations which have improved his features from what they were. The signs of the 'improvement' are far to seek! That, I fear, must be his preliminary impression, when he regards the upshot of wonderful skin-grafting, bone-transplanting, injection of wax, and all the other marvels of the surgeon's acumen. Without this series of masterly cuttings and manipulations he would have died or perhaps would have lost the sight of his surviving eye, perhaps would have been able to breathe only through the mouth, perhaps would have been prevented from masticating. Without surgery's aid his face might have been unspeakably worse than it is. He has every reason to bless surgery. And yet——! Surgery at last has washed its hands of him; and in his mirror he is greeted by a gargoyle.

Suppose he is married, or engaged to be married? 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.

Well, we have found a way of easing the burden. Here, as in other matters, the War has evoked a creative spirit to combat its destructiveness, and mankind is the richer for a notion which in normal times would never, probably, have blossomed or borne fruit. Yet even in normal times facial disfigurements occur: so that in future the victims of such an accident will profit by the work done on soldiers in this military hospital: indeed, already, by special permission, civilians have made pilgrimages to be treated here—civilians who, long before the War, were disfigured, and now, thanks to the War, can walk the world unabashed. One of these, a woman, had for years worn a thick, practically opaque, veil. A rodent ulcer had been removed from the middle of her face, and the hiatus which it left was appalling. Now she has a nose, cheeks, and a mouth. We may look at her photographs, 'before' and 'after.' . . . They must be seen to be believed. It suffices that the 'after' owns the countenance of a woman; a trifle expressionless, but still, a woman. Whereas the 'before' . . . But there are some things which, quite literally and in every sense, cannot be described.

Let me take the reader into the Masks for Facial Disfigurements Department at the 3rd London General Hospital.

Tommy Atkins, facetious here as elsewhere, calls it the 'Tin Noses Shop.' His joke is far from being a sneer—as you will learn if you find him being accommodated with a 'tin nose.' For tin noses are not easily come by, if they are to bear the remotest resemblance to actual ones; and the tin noses (which are not tin, by the way) supplied at this war-hospital resemble the real with a closeness that, when you have examined the fraud, is almost comical. (And there are other delicate frauds as well as the tin nose: the tin cheek, for instance, and the tin eyebrow and even the tin ear. Of these more anon.) Comical or no, the so-called masks are not devoid of beauty—the beauty of a fine idea finely materialised.

The idea, and also its materialisation, are to the credit of one man: Francis Derwent Wood, A.R.A., the sculptor. In May 1915 he enlisted as a Private in the R.A.M.C., and, like his comrades, was promptly put to washing dishes and doing similar ward-orderly 'chores.' The present writer washed dishes with Derwent Wood, and to the best of his recollection Derwent Wood was quite an efficient washer of dishes. There are artists whose art can conceivably find no appropriate application in the War and who are therefore content to wash dishes, indeed proud to do any task, however humble, in the nation's great need. Others there are whose talents are wasted because the Powers that Be are blind or unimaginative. Private Wood was an exception in both respects: his art has shown itself war-useful (if a much-needed word may be coined) and his Commanding Officer has been wise enough to encourage it, thereby rendering the community a service not always received from Commanding Officers similarly situated in regard to unusually gifted men in their employ.

Pte. Wood's tentative suggestions, that is to say, were listened to, not pooh-poohed. He was promoted, in due course, from the errand-boy-housemaid career of a ward-orderly and given a free hand to make a new type of splint, daintily wrought to the patient's arm, leg, back, or whatever it might be: the said arm, leg or back being first of all cast in plaster of Paris. Those casts and splints, in the perfection of their craftsmanship, betrayed the sculptor's trained hand. Presently Derwent Wood was a Sergeant, in charge of the Splint Room. The same room still sees the evolution of remarkable splints. But its *forte* is dealing with facial wounds. It is now the Masks for Facial Disfigurements Department, and its creator and director is no longer Sergeant but Captain Derwent Wood, of the General Service.

The room, divided by a partition, is half a workshop and half

a studio. In the workshop we encounter a Lance-Corporal who, as a civilian, was a sculptor's moulder by trade—a job not learnt in a day. He presides over a bench, a litter of esoteric implements, a bag of plaster of Paris, some plasticine, a sink, and a geyser for hot water. In the studio we find the sculptor (but a sculptor attired as a Captain of the British Army); and likewise some of his odd sculptures, frail little painted bits of human visages, some with neat moustaches and pairs of spectacles attached to them; and, on the walls, a frieze of souvenirs in the shape of casts of those same visages, with photographs of their owners in the flesh—the 'before' and 'after' records which so promptly demolish the criticisms of the theorising objector.

What exactly happens to the man who goes into that room with a gargoyle face and, a week or two later, after various processes, is able to emerge with a face which at a few yards' distance is almost a replica of the one he wore before he was wounded? To begin with, it must be explained that the sculptor does nothing whatever unless the surgeon has finished with the case. The wound must be radically healed. It is useless for the sculptor to tackle it if further shrinkages are going to alter its contours. When the healing is pronounced complete, the man can be turned over to the Masks for Facial Disfigurements expert, not before. He enters the room, is seated in a chair, and very carefully scrutinised. He has been asked to supply, if possible, a portrait of himself as he was before he went to the Front. Generally he can do so—that last photograph which the wife or sweetheart coaxed him to endure develops an unforeseen value!—and this portrait guides the sculptor in some of the factors he must weigh in deciding what type of mask is best suited to the individual: later, too, the portrait will be of priceless help in the mask's finishing touches.

The decision arrived at, the patient's face is prepared for moulding. He has lost, perhaps, one eye, a slice of the adjacent cheek, and the top part of the nose. In such a case the whole of the upper half of the face, including the entire nose and the surviving eye, must be moulded. It is first painted over with oil. The eyebrows are smeared with vaseline. The moustache, if any, receives the same treatment. This is to prevent the plaster of Paris, which is about to be applied, from sticking to the hairs. Meanwhile our Lance-Corporal has been deftly mixing the plaster of Paris with warm water in a bowl—a minor preparation which nevertheless demands a craftsman's knowledge, for this substance's behaviour is fickle. Soon it is of the proper consistency, and the patient, leaning back in his chair as though on the point of being shaved at a barber's, closes his one remaining eye and has a snippet of tissue-paper placed on its oily lid to protect it.

A similar snippet protects the hole which once contained the other eye. Quickly a film of plaster is brushed on to the face; heavier dollops of plaster are applied to this film; soon the face looks as though its upper features had been very richly lathered. The lather grows thicker and thicker, more and more solid, drier and drier. At length the exactly correct moment, as recognised by the Lance-Corporal, has arrived, and he detaches and lifts off from the patient's face a faintly steaming shell of plaster, the inner surface of which is a negative replica of the gargoyle which is to be restored to naturalness. A minute later the gargoyle's owner, none the worse, has had the oil sponged off and is ready to go back to his ward—or to his home—until he shall be required to pay his next visit.

After various adventures have befallen it, in which soft-soap and soakings play a part, the plaster of Paris negative yields a plaster of Paris positive. This positive has its few imperfections—minute lumps and the like—smoothed off: then another negative is made from it. From this second negative a 'squeeze' of plasticine is taken. Why the technical name for these sometimes rather beautiful and bust-like works should be such an ungainly one as 'squeeze' I know not; but 'squeezes' they are; and when you go into the Masks for Facial Disfigurements room it is rarely that you will not find a squeeze being laboured upon by the presiding genius of the place.

It is upon the squeeze, in the first instance, that the sculptor exercises his art. The squeeze, as it stands, is a literal portrait of the patient, with his eyeless socket, the cheek partly gone, the bridge of the nose missing, and also with his good eye and a portion of his good cheek. These undamaged features were purposely included in the original cast, for these are what the damaged ones must be made to match. But the eye is closed; its lid was of course lowered to shield it from the plaster; we remember that a morsel of tissue-paper further shrouded it. The plasticine squeeze, then, represents a face lacking one eye and with the other eye shut. The shut eye must be opened, so that the other eye, the eye-to-be, can be matched to it. With dexterous strokes the sculptor opens the eye. The squeeze, hitherto representing a face asleep, seems to awaken. The eye looks forth at the world with intelligence.

The opening of the closed eye is practically the sole function of the squeeze. From the squeeze thus modified a further plaster of Paris cast is made, a negative; and then a positive. This last positive is the basis for the sculptor's main task. On it, working with minute and elaborate finesse, he builds up the patient's portrait. The eyeless socket is filled in and given an eye, eyebrow, and eyelashes which pair with their neighbours; the con-

cave cheek is made convex to pair with the good cheek ; the nose is restored, its shape reproduced from measurements and from comparison with the photograph or photographs. It comes to pass in the fullness of time that a plaster likeness emerges of the man not as he is but as he was ; and from this sculptured plaster portrait the eventual ' mask ' is forged.

The mask, so-called, when it gets its preliminary adjustments on the patient himself, perhaps does not appear very promising. It is a thin metal contrivance—an electrotype plate 1-32nd of an inch thick—which bears a remote resemblance to an irregular bit cut out of one of those papier-mâché vizors worn by revellers at a fancy-dress ball. As yet it is not tinted. It is only shaped—and shaped with notable nicety. It exhibits an oval aperture where the eye is to come ; adjacent thereunto is the upper part of the nose ; at the side we see restored the lost slope of the cheek. Very, very painstakingly is the patient fitted. Then the plate is covered with an electric deposit of silver. Meanwhile the sculptor, turned painter for the moment, is painting on a slim oval disc of glass an eye which is an adroit reproduction, down even to the veins in the ' white,' of the patient's undamaged eye. This disc will be accommodated in the oval aperture left for it. Commercial artificial eyes were tried, but faultless pairing—and the Masks for Facial Disfigurements Department is fanatically particular—was seldom achieved ; so the painted discs hold the field. Lastly, the silvered mask itself is painted. Oil paints are used—this after diligent investigations into the possibilities of fired enamels—and the patient's sound skin is matched with as microscopic precision as was his sound eye. Eyelashes, of metallic foil (real hair has been tried and abandoned), are fixed above the eye ; these and the eyebrow are painted brown, black, or whatever the patient's colour may be. Spectacles are soldered to the mask's fragment of nose : these spectacles are not to enable the patient to see, but to hold the mask in place—an office unobtrusively performed by the spectacles' hooks behind the ears. The mask is so light that it needs little support ; with some of the smaller ones, spirit-gum suffices. Generally speaking, when the patient is wearing his mask the only differences which his friends can observe in him at a couple of yards' distance are (1) that whereas before the War he had no occasion to wear glasses, he now does wear them, and (2) that he occasionally squints. This latter (apparent) phenomenon is of course due to the fact that the mask's eye is immovable, while the sound eye shifts from side to side. But as long as the patient, in talking, remembers to look directly at his *vis-à-vis*, no seeming squint occurs ; the sole abnormality is that one eye winks and the other does not. This, and the squint, the spectacles partly conceal.

It is difficult to convey a fair impression of the extraordinary, thousandth-of-an-inch sort of correctitude with which these membrane-like but strong metal masks adhere to the face and cover the grisly gap beneath them. At a slight distance, so harmonious are both the moulding and the tinting, it is impossible to detect the join where the live skin of cheek or nose leaves off and the imitation complexion of the mask begins. Figure what this means to the patient! Instead of being a gargoyle, ashamed to show himself on the streets, he is almost a normal human being and can go anywhere unafraid—unafraid (a happy release!) of seeing others afraid. Self-respect returns to him. His depression departs. With this improvement in mental health there is a corresponding improvement—as no psychologist will need to be told—in physical health likewise. And should it have happened that his wound has injured the nerves controlling the salivary glands or the tear-ducts, so that he is troubled by a constant discharge, the sculptor's mask is a blessing, for an absorbent pad can conveniently be tucked away within it and will be a comfort to the patient in his distressing affliction.

The 'before' and 'after' photographs which line the studio walls do not, therefore, tell the whole of the story. They show us macabre and sometimes brutish physiognomies metamorphosed into sane and reasonable ones, but they cannot register the access of cheeriness which has been brought about within the brains which those façades hide. Some hint of it is indirectly conveyed by certain of the 'after' portraits, to be sure, and is rather more noticeable in the profiles than in those which are full face. Four photographs are taken of each patient, one full-face and one profile 'before,' one full-face and one profile 'after.' The profile which is noseless, or has been deprived of all but a portion of the nose, or is lacking the upper lip, is pathetically ugly. Such a profile, wearing the moulded mask which restores these features, has no ugliness whatever and is frequently even expressive. When the upper lip is gone its absence is screened by a false moustache hung beneath the artificial nose: this false moustache is made to imitate the moustache which the patient boasted before the War—if he was a moustache-wearer. One owner of a moustached mask of this type is so proud of it, in spite of its falseness, that he waxes and twists it in a fashion sprucely dandiacal, and would not be offended if told that he is now a handsomer man than he was when he joined the Army. Certainly his two 'after' portraits suggest that this is not impossible, they are so spick and span. In another frame we see pictures of a soldier who had completely lost one ear. An elegant false ear—in painted metal, like the masks, and as imponderable as a feather—has been created for him by Captain Derwent Wood.

This ear is attached by spirit-gum. You would not think that the loss of an ear could matter much; with longish hair brushed over the place, no decline in comeliness should have ensued. Nevertheless there *is* a blank in the full-face 'before' portrait, and when we examine the full-face 'after' portrait, with its two ears (of which we can scarcely tell which is the spurious one), we descry at once an added intelligence: the 'wrongness' is exorcised, and the face has returned to a pleasant 'rightness' instead: the very eyes have become, in some queer way, straighter and more tranquil.

All this is brought about by a very close union between craftsmanship and art. The Masks for Facial Disfigurements Department, which is intensely practical and materialistic, would not have been evolved, and could not be conducted, by anyone but a sculptor. Those oddly shaped flakes of painted metal do not perhaps define themselves very ostensibly as sculpture pure and simple. But they are based on the formulæ and practice of sculpture and grow from the deftness of the sculptor's hand. With training, anybody might in time make the plaster of Paris moulds and advance as far as the plasticine squeeze. It is in the alterations and adaptations, the buildings-up and the trimmings-down, and the ultimate reproduction of the human face as it *was*, that the person who does not happen to be a sculptor, and a sculptor of imagination, would inevitably fail. In the Masks for Facial Disfigurements Department there is no parallel to be drawn with any other branch of the war-hospital's activities: there is no surgery and nothing the least like surgery, no medicine and nothing the least like medicine, no 'treatment' of the face or jaw as in, say, massage or dentistry—no 'treatment' in short, of any description whatsoever. The doctor, the surgeon, the masseur, the dentist—all our specialists—come here to watch a confrère whose work on patients is perhaps the only work in the whole institution which does not on some neutral ground overlap with theirs. This confrère has no 'degrees' like theirs and is in no remotest sense either their competitor or their rival. He is not an unqualified man pushing into a close corporation of qualified men. He is outside their domain. But they, equally, are outside his. For they are scientists and he is—simply—an artist.

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