

Review of "The Facemaker: A Visionary Surgeon's Battle to Mend the Disfigured Soldiers of World War I" by Lindsey Fitzharris

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Lindsey Fitzharris. *The Facemaker: A Visionary Surgeon's Battle to Mend the Disfigured Soldiers of World War I*. New York: Farrar, Straus and Giroux, 2022. Pp. 336.

The Facemaker: A Visionary Surgeon's Battle to Mend the Disfigured Soldiers of World War I is an engaging account of the early career of Dr. Harold Gilles and his work in facial reconstruction during the First World War. Written by historian Lindsey Fitzharris, who has developed a reputation for producing lively books and other popular media often centering on the history of medicine, this book is no exception as it will have far-reaching appeal for a general audience with an appetite for history and good storytelling.

The Facemaker is equal parts biography and medical and military history. Fitzharris shines a light on Dr. Harold Gilles, and his role in helping to evolve the field of plastic surgery. This evolution occurred within the context of the First World War—a war that created a demand for the practice of facial reconstruction to develop quickly.

There is no denying that Fitzharris writes in a clear and engaging way that will appeal to a broad audience. Fitzharris wields her pen particularly well when it comes to describing complex medical procedures to a lay audience. For example, she describes the use of the “flap” in plastic surgery (p. 73), as well as the emerging science of blood transfusions (pp. 209-13) in a way that is understandable without oversimplifying. Through Fitzharris, we understand not just how these practices worked, but also how revolutionary these advances were for both physicians and patients in the early twentieth century.

Her descriptive writing powerfully places the reader within the ghastly realities of both the front lines and the operating room. Her arguments are deftly conveyed through vividly described anecdotes. For example, in describing the injuries sustained by Private Percy Clare at the Battle of Cambrai (pp. 175-77), one of the patients who made it to Gilles's operating table, Fitzharris writes in such a way as to make you understand not only the pain of the injury itself, but the further pain inflicted upon one's damaged body when being carried first by stretcher and then by ambulance across heavily shelled areas.

In addition to the experiences of the physicians and soldiers, Fitzharris pays particular attention to the voices of the nurses, including some who worked alongside Gilles and tirelessly cared for his patients. She also draws from additional accounts published by

nurses in the postwar period. She includes the powerful statement by American nurse, Ellen La Motte, that “[T]he science of healing stood baffled before the science of destroying” (p. 7)—a statement which neatly sums up the immense challenge faced by doctors and nurses in developing medical care at a rate that could keep pace with the application of science to find increasingly varied ways to inflict damage on the body.

While no doubt can be cast upon Fitzharris’s writing style, there are some instances in which her attention to detail can be called into question. For example, Fitzharris notes that the crime of Absence Without Leave (AWL) was punishable by death in the British Army after a period of thirty days (p. 197)—however, this is incorrect. The crime of absence was not subject to the death penalty. Fitzharris is instead referring to the crime of desertion. Desertion was distinguished from AWL by evidence of *intention*—the intention to leave and not return to service, or the intention to evade a particular service. A commanding officer could also modify an AWL charge to one of desertion if a soldier failed to return after twenty-one days. While desertion was punishable by death during the First World War, absences were instead handed lesser punishments including field punishment, docks in pay and periods of confinement.

In setting the context for her work, Fitzharris notes that the First World War produced a high number of facial injuries. She writes that during the war over 280,000 men from France, Germany and Britain suffered some form of facial trauma (p. 7). Unfortunately, this is as concrete as these statistics get. No more information is offered regarding the number of facial injuries from other belligerent nations, or even if the British numbers reflect only Great Britain, or nations of the Commonwealth more generally. Furthermore, no additional clarifying information is provided—for example, information that distinguishes between the severity of the facial wounds (i.e., small surface wounds vs. obliteration of a nose). Further statistical information could certainly help the reader understand the scope of the problem, including how facial injuries may have compared to the incidence of other life-threatening injuries, or the percentage of those who suffered severe facial trauma that had access to transformative plastic surgery. This last question seems to be a particular omission. Not only was I left wondering how many men overall had access to the type of care that Gilles and his team offered, but how that access was determined? How did issues of rank or race, such as non-white

soldiers from the colonial armies, determine access to care? If this information is simply unknown it would be best to confront that directly rather than making the reader guess.

Fitzharris's work is based on both previously published accounts, as well as archival sources. She refers in her acknowledgements to the incorporation of disability studies and the manuscript's review by scholars in that field. In particular, she notes that these consultations informed her final decision to include photographs of what she terms "disfigured" men in her book—a decision that she acknowledges some may take issue with (p. xi). These photographs, however, are presented in a way as not to elicit shock but to show the extent of injuries, and the extent of facial rehabilitation that was possible in the early twentieth century. Outside of this decision to include photographs, however, I would have liked to have seen a wider acknowledgment of how the growing field of disability studies informed the author's work. It is not clear in the writing if it was incorporated in any wider sense, and I think that making greater use of emerging research from this field would have made this book more relevant to a scholarly audience. Fitzharris does touch upon the unique social and psychological aspects of facial injuries. For example, she notes that unlike amputees, the facially disfigured were not necessarily celebrated as returning heroes, but instead, often reviled and looked upon with fear, disgust and as a stark reminder of the brutality of the war. She notes that this reaction could create an additional layer of trauma for many of the wounded (p. 11). Aside from these brief mentions, a deeper dive into the literature on disability could have expanded our understanding of how this subset of veterans coped in the postwar period. While we are offered a few specific examples, some broader conclusions would have been welcomed.

What is clear is that Fitzharris admires her subject, Harold Gilles, and, it seems, with good reason. Gilles was not only a skilled and revolutionary surgeon, but he was empathetic and cared deeply for the men under his care. By all accounts, he experienced extreme pain with failed surgeries and the loss of patients. One of Fitzharris's central themes throughout the book is that Gilles was ahead of his time. He understood and encouraged the use of interdisciplinarity in medical care, by including dentists, artists, photographers, radiologists and other specialists in his practice.

On a general level this book makes an excellent contribution to our understanding of First World War medical care and the evolution

of plastic surgery. While Fitzharris clearly notes in her introduction that her intention is not to provide a comprehensive account of the evolution of plastic surgery, nor a biography of Gilles, for readers unfamiliar with wider literature on these topics, this book will succeed in introducing them to both. Given that this book makes heavy use of previously published literature, its overall contribution is not in making any substantial breakthroughs in the research or historiography, but in reaching a new audience. Fitzharris's platform and writing style will allow her to reach a wider and more general audience than previously published scholarly works on either Gilles or First World War medical care. For those with a specialised interest, I would recommend this book as a first step before diving deeper into the robust scholarship related to medical history and warfare.

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