Under the High patronage of Mister François HOLLANDE, President of the French Republic

Gueules Cassées

UN NOUVEAU VISAGE

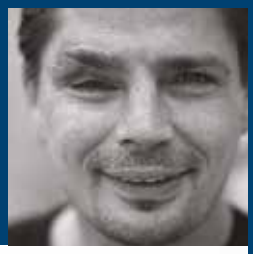
17 et 18 octobre 2014

Commemoration of the First World War Centenary


Agenda and Abstract Book

Symposium
"Gueules Cassées, un nouveau visage"

Ecole Militaire, Paris



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Gueules Cassées

UN NOUVEAU VISAGE

17 et 18 octobre 2014

Agenda

Friday 17, October

8:30 • WELCOME COFFEE

9:00 • 9:30

Announcement by *Thierry Lefebvre*, master of ceremonies:

- Welcome address from the President of the Union des Blessés de la Face et de la Tête, and the President of the Foundation for « Gueules Cassées".
- Welcome address from *Jean-Christophe Rufin*, from the French Academy and sponsor of the symposium "Gueules Cassées, un nouveau visage"
- Welcome address from Doctor M.A Roze-Pellat, Head of the Department of Dental Surgery at the National Disabled Institution and Vice-President of the «Gueules Cassées» Foundation
- Opening speech by Kader Arif, Secretary of State for Veterans and Remembrance, at the French Ministry of Defence

SESSION 1

STORIES OF PEOPLE - STORIES OF INSTITUTIONS

Moderators: Pr. Jean-Paul Amat - Pr. Olivier Forcade

9:30 • 10:00

- **The institution of *Gueules Cassées*: origins, construction and influence**

Pr. Jean-Paul Amat - Université Paris IV-Sorbonne

10:00 • 10:30

- ***Gueules Cassées* in french society**

Pr. Olivier Forcade - Université Paris IV-Sorbonne

10:30 • 11:00 • BREAK

11:00 • 11:30

- ***Gueules Cassées* in Europe: a comparative study**

Marjorie Gehrhardt - University of Exeter

11:30 • 12:30

- ***Gueules Cassées* through the ages and around the world**

Round Table

12:30 • 14:00 • LUNCH BUFFET

SESSION 2

THE SURGE IN MAXILLOFACIAL SURGERY

Moderators: Pr. Jean-Louis Blanc and Dr. François-Xavier Long

14:00 • 14:00

- **Causes and specificities of the wound during the World War I**

Dr. François-Xavier Long - Verdun Hospital
Dr. Vito Cerabona - Verdun Hospital

14:30 • 15:00

- **Taking on maxillofacial injury cases during World War I, and evolution**

Pr. Gaëtan Thiery - Laveran Military Teaching Hospital - Marseille
Pr. Laurent Guyot - Hôpital Nord - Marseille

15:00 • 15:30 • BREAK

15:30 • 16:00

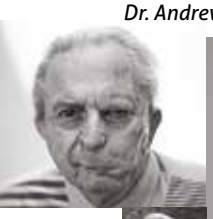
- **Military hospitals during World War I**

Dr. Jean-Jacques Ferrandis - Paris

16:30 • 17:00

- **Sir Harold Gillies and people with facial injuries**

Dr. Andrew Bamji - London



Saturday 18, October

8:30 • WELCOME COFFEE

9:00 • 9:30

Announcement by *Thierry Lefebvre*, master of ceremonies:

- Welcome address from the President of the Union des Blessés de la Face et de la Tête, and the President of the Foundation for *"Gueules Cassées"*.
- Welcome address from by Doctor *M.A Roze-Pellat*, Head of the Department of Dental Surgery at the National Disabled Institution and Vice-President of the *«Gueules Cassées»* Foundation

SESSION 2 suite

THE SURGE IN MAXILLOFACIAL SURGERY

Moderators : Pr. Jean-Louis Blanc and Dr. François-Xavier Long

9:30 • 10:00

- **Contribution of dentists in the treatment of facial injuries: the case study of V.H. Kazandjian**

Pr. Jean-Louis Blanc - Timone University Hospital - Marseille

10:00 • 10:30

- **Facial injuries during the World War I and their representation in German art**

Dr. Vincent Coupez - Fribourg

10:30 • 11:00

- **From reconstructive surgery to face transplants**

Pr. Bernard Devauchelle - Amiens University Hospital

11:00 • 11:30 • BREAK

SESSION 3

SUFFERING AND PSYCHOLOGY OF SOLDIERS AND VETERANS

Moderator: Pr. Maurice Bazot

11:30 • 12:00

- **Disfigurement: a singular moral injury or how to "smile anyway"**

Pr. Marie-Dominique Colas - Percy Military Teaching Hospital - Clamart

12:00 • 12:30

- ***The long and difficult journey towards recognising those left psychologically traumatised by modern wars***

Chief Medical Officer Humbert Boisseaux - Val-de-Grâce Military Teaching Hospital - Paris

12:30 • 14:00 • LUNCH BUFFET

14:30 • 14:30

- **From psychological loss to psychological injury. The "post Afghanistan" advances**

Pr. Franck de Montleau - Percy Military Teaching Hospital - Clamart

14:30 • 15:00

- **Lazarus syndrome**

Pr. Patrick Clervoy - Ecole du Val-de-Grâce - Paris

15:00 • 15:30 • BREAK

SESSION 4

EXPERTISE AND COMPENSATION

Moderator: Pr. Maurice Bazot

15:30 -16:00

- **The after-effects of war injuries in terms of managing medical and legal compensation for physical injuries**

Dr. Jean-Michel André

16:00 - 16:30

- **Psychic trauma: a new form of war wounds. Therapeutic value of the expertise (1992 decree)**

Dr. Michel Pierre

16:30 - 17:00

- **Compensation for Post-traumatic Stress Disorder (PTSD)**
- **From recognition in theory to implementation in reality**

Véronique de Tienda-Jouhet - Paris Bar

17:00 - 17:30

- **Symposium closing speech** by Prof. Jacques Philippon - President of the Foundation for *"Gueules Cassées"* Scientific Committee

Message from the Presidents

The Union des Blessés de la Face et de la Tête and the «Gueules Cassées» Foundation: a lesson in courage and a source of hope.

Talking about «Gueules Cassées» instantly conjures up images of soldiers with facial injuries from the First World War. However, all wars leave new physical and psychological «broken faces» in their wake. It is for these defenders of France and its ideals that the Union des Blessés de la Face et de la Tête and the «Gueules Cassées» Foundation have organised this very special event, under the patronage of the President of the Republic:

The «Gueules Cassées - un nouveau visage» symposium, to be held on 17th and 18th October 2014 at the Ecole Militaire in Paris.

In 1921, three men: Albert Jugon, Bienaimé Jourdain and Colonel Yves Picot established an association to help their comrades who had been left horribly disfigured by the Great War.
They chose to call themselves the «Gueules Cassées» or «Broken Faces», a rather vulgar and provocative term in the eyes of the general public, but one of affection and endearment for them. Their slogan was one of promise and hope «Smile anyway».
In a spirit of brotherhood and mutual assistance, the «Gueules Cassées» provides psychological and material support for soldiers injured in combat or on external operations, for police officers and fire-fighters injured on duty and for civilian victims of attacks, who have sustained facial or head injuries.
It also plays a vital role in ensuring the continued commemoration of people who have made enormous sacrifices for their country.
The association receives funding from La Française des Jeux, the French national lottery charity, in which it is the second largest shareholder after the state.
In fact, it was the «Gueules Cassées» who had the brilliant idea of creating the French equivalent of lottery syndicates in the 1930s, and were the official National Lottery promoters in 1976.
Keen to ensure that its work would continue, the «Gueules Cassées» established its own foundation in 2001. Its aim is to provide assistance to any organisation that works on facial and head trauma and the after-effects of this, as well as illnesses caused by deformities or tumours and degenerative diseases that affect brain function.
Advised by a scientific committee of leading doctors, it grants bursaries and financial assistance to research teams and provides equipment for establishments specialising in cranio-maxillofacial trauma. The «Gueules Cassées» Foundation is a major sponsor of this type of research, which is supported by very few other charities. In 2012, it received a Gold Medal from the French National Academy of Medicine for all its hard work in this field. Since its establishment, the «Gueules Cassées» Foundation has sponsored 300 research projects, donating over €8.5 million.

With a proud history, the Union des Blessés de la Face et de la Tête and the "Gueules Cassées" Foundation are now leading players in terms of solidarity in France. This symposium is a key stage on the steep slope between remembrance and the future.

Général (2s) Chauchart du Mottay
President of the Foundation for "Gueules Cassées"

Henri Denys de Bonnaventure
President of UBFT

Dr. Marie-Andrée Roze-Pellat, Head of the Department of Dental Surgery at the National Disabled Institution and Vice-President of the «Gueules Cassées» Foundation

Dr. **Marie-Andrée Roze-Pellat**

Those with facial injuries from the first world war provided support, solidarity, fraternity and psychological assistance to their brothers in suffering connected by disfigurement. They offered them the opportunity to band together within an Association - the «Gueules Cassées». The heavy toll of this war would mark the start of a wonderful story of solidarity, which continues to the present day. Aware throughout my professional career of oral and dental care for «Gueules Cassées» patients, at the National Disabled Institution, the centenary of the Great War appeared a timely moment for me to devote this «Gueules Cassées - A fresh look» symposium to them.
I hope that the aspects covered by the four sessions will prevent the Gueules Cassées Association's and Foundation's image and vocation gradually fading from memory and increase awareness of the numerous areas explored and promoted by these two structures.

- The session entitled *Stories of People - Stories of Institutions* deals with the issue of the emergence of those with facial injuries. On the battlefield, the power of weapons and the conditions of warfare; within society, the weight of representation, the role of institutions, the increasing power of organisations and associations. The history of the Gueules Cassées is put into perspective with the care of these injured men in different warring countries.
- The session entitled *The Surge in Maxillofacial Surgery* explains how the first world war would contribute to the rapid rise of this discipline. In effect, reparation for thousands of men with facial injuries followed the development of maxillofacial and dental surgery, which were practically non-existent at the beginning of the 20th century. Surgeons, dentists and prosthetists have never stopped innovating, trying, succeeding and improving operating and prosthetic techniques, in order to give these victims, who were the drivers of innovation and progress, their faces back.
- The session entitled *Suffering and Psychology of Soldiers and Veterans* shows that examinations of the mental suffering associated with disfigurement, which would affect thousands of men, the vast majority of whom were young, were only conducted belatedly. Barely mentioned during the first world war, this aspect would emerge with other twentieth century conflicts, resulting in care that has enabled those injured to better tolerate their injuries and disfigurements.
- The session entitled *Expertise and Compensation* analyses the role of the Gueules Cassées Association in enforcing the right to reparation for war victims with facial injuries. In the law of 31st March 1919, legislators were unaware of the specific harm caused by disfigurement. This injustice was remedied by two decrees enacted in 1925 and 1954, which awarded pensions of between 10 and 100 %.

Thanks to progress in medicine, the Gueules Cassées have regained a face. Equipped to deal with the perceptions of others, they would step out of the isolation into which the initial generations had retreated. Despite the injuries sustained on numerous battlefields, they have continued to uphold the wonderful Gueules Cassées slogan: «smile anyway».

Kader Arif, Secretary of State for Veterans and Remembrance, at the French Ministry of Defence

Kader Arif

Every war is followed by its procession of dead and wounded. The modern armaments used during the Great War caused extensive physical and psychological trauma. Alongside the 1.4 million dead, this war left behind it millions of injured soldiers. Wounded in the flesh, body, mind and soul. In 1918, these men were living, but they were the survivors of horror and barbarity, condemned to deal with a society that could not look at them. In Europe, in the aftermath of the Great War, there were around 6.5 million invalids, including almost 300,000 100 % disabled men: blind, amputees without one or both legs or arms, and those with facial and/or head injuries. The number of "gueules cassées" in France, who bore the scars of a brutal war on their faces, providing a reminder of the horror of the trenches and fighting at the front, is estimated to be at least 15,000 men.

Although 11th November 1918 marked an end to the fighting, the armistice did not put an end to the suffering they endured. So many soldiers were affected. However, very few voices were raised to mobilise opinion in support of these men and their living conditions.

Talking about the "gueules cassées" means, beyond the context of the Great War, delving into the private world of men, who had been robbed of a part of themselves by the war and whose everyday lives had completely changed. It also means talking about an entire generation scarred by these traumas: women, children and friends who could see an endless war in the face of a parent or loved one. But it is also an act of remembrance that we perform in order to remember the values to which these men were committed and for which they made so many sacrifices, a hundred years ago, as well as seventy years ago and even more recently on external operations.

This is why I would like to sincerely thank the Union des Blessés de la Face et de la Tête and the "Gueules Cassées" Foundation for organising this symposium. I should also like to praise the commitment of their members, who ensure, in a spirit of fraternity, that psychological and material support is provided to soldiers wounded on external operations, to military personnel, police officers and fire-fighters involved in domestic operations as well as civilian victims of attacks.

Their entire history is one of solidarity and mutual assistance, which was born in 1921 and has continued ever since. As symbols of the barbarity of the Great War, the "gueules cassées" still continue to fight for social justice and recognition for the forgotten victims of war.

The veterans who bear on their faces the scars of the past help today's soldiers, who are wounded in the flesh, to look to the future. Their courage and generosity compels and drives us to continue our efforts to implement an ever more ambitious policy of reparation and recognition for veterans.

The institution of *Gueules Cassées*: origins, construction and influence

Pr. **Jean-Paul Amat** - *Université Paris IV-Sorbonne*

Pr. **Jean-Paul Amat**

Jean-Paul Amat is a professor emeritus at the Paris-Sorbonne University, Associate Professor of Geography, and Doctor in literature and social sciences. His thesis studied the relationship between the forest and war on the western front in WWI. He led the joint CNRS–Sorbonne Spaces, Nature and Culture laboratory. He is a member of numerous scientific councils (the Centenary PIRG, the Pays du Meaux musée de la Grande Guerre, the Fleury-devant-Douaumont memorial), president of the scientific council for the Gâtinais national park and Fontainbleau biosphere reserve, and expert for the National Forests Office with regards to recognising former battlefields as heritage sites. He is also president of the Friends of the War Museum in Paris.
Upon his return to Paris in 1966, he took up the role of neurosurgery assistant, responsible for mostly traumatic, but also neurovascular, emergency admissions. He therefore became well-versed in modern resuscitation techniques.
When he became an Associate Professor, he took on responsibility for the Neurosurgery Department in Salpêtrière hospital, a position he held for 23 years.
A member of the French National Academy of Medicine since 2005, he is also a member of the French National Academy of Surgeons and President of the Foundation for Gueules Cassées scientific committee.

Created in 1921 and sanctioned by the state in 1927, the Union des Blessés de la Face et de la Tête (UBFT) *(Union for those with Facial and Head Injuries)* known as «Les Gueules Cassées» set itself the goal of helping the thousands of war victims not cared for by the state: obtaining recognition of their right to reparation and guaranteeing them vital psychological and material support. The Union was a driving force behind numerous social initiatives, which set the standard for the state to follow, and which are now widespread. In 1935, alongside other associations, the Gueules Cassées took the plunge as an issuer of national lottery tickets - created in July 1933 - in the form of syndicates *(tenths of a whole ticket)*.

The creation of a property portfolio enabled the Union to fulfil its mission. The first Gueules Cassées Home, opened in Moussy near Paris in 1927, became a genuine rehabilitation facility, based around a farm. Acquired in 1934, the Domaine du Coudon near Toulon is currently being extended with the construction of the *«Résidence Colonel Picot»* nursing home.

The Gueules Cassées Foundation was born in 2001. It works with the Union in renewing its goals and broadening the scope of its public interest activities. At the beginning of the 21st century, its core activities include providing support for veterans in the medico-social field, remembrance initiatives and being involved in the world of medicine, with the provision of support for the creation of innovative medical facilities that are open to everyone. In this way, it provides critical support for the development of cranio-maxillofacial reconstruction techniques.

Gueules Cassées in French society

Pr. **Olivier Forcade** - *Université Paris IV-Sorbonne*

Pr. **Olivier Forcade**

Olivier Forcade is a professor of the modern history of international relations at the University of Paris IV-Sorbonne, Director of the Research Centre and Paris-Sorbonne University Press. His doctoral thesis examined the history of censorship in France during the Great War. Together with Rainer Hudemann and Fabian Lemmes, he directs the Franco-German ANR-DFG programme on "Evacuations in the Franco-German border region 1939-1945" (to be published by Metropol Verlag, Berlin, 2014). His current research relates to population displacements in international relations in the 20th and 21st centuries, the history of intelligence and the history of blockades and embargoes between the 18th century and the modern day.

The faces and bodies of Gueules cassées first provided a reflection of war in French society and in Europe: on 28th June 1919, national delegations, first and foremost defeated Germany, signed the Treaty of Versailles in front of disfigured soldiers exhibited for the world to see. In the 20th century, and in particular from the First World War onwards, technical developments in military combat resulted in a depersonalisation of the methods of causing bodily injury. The new forms of warfare increased physical trauma. Modern ammunition and grenades, like artillery combat, inflict even more serious injuries because of the speed of penetration and the blast accompanying any impact. Shrapnel tears through all parts of the body. In 1914-1918, 70% of injuries to the 2.8 million injured soldiers of the Great War affected the limbs, with the head and skull being especially vulnerable - i.e. approximately 15% facial injuries.

Even though it batters the bodies of combatants, for all that, modern warfare does not protect the society of non-combatants, as the trauma of injuries also affects - in concentric circles - close family and society in general, with the frightening spectacle of torn off, amputated and deformed faces. The wounded themselves experience a double trauma: personally - in their own flesh - and socially - how they are perceived by others.

From 1922 onwards and throughout the 20th century, remembrance and commemoration have also broadly, but not systematically, diverted the gaze of society, by turning combatants into heroes with the allegorical features of the unknown soldier. The censorship of society or the self-censorship of wounded soldiers, by hiding their faces or bodies and sometimes by taking refuge in specialist institutions, is a constant feature of the national memory of combatants from the past century.
Physical and psychological after-effects have an impact on injured veterans leaving military hospitals and medical centres.

From the First World War onwards, the large number of injured and disfigured veterans provoked a response from medicine, both during and after the war. Multiple physical and psychological traumas were a challenge for rehabilitation, which went further than just surgery to repair bodies, but extended to social and political responses. Thus, the creation of the Gueules Cassées association in 1921 by three founders, followed by the work of Colonel Picot, its first president, opened the way for collective solidarity, which resulted in state approval for the Union des Blessés de la Face et de la Tête (UFBT) *(Union for those with Facial and Head Injuries)*. Since then, its initiatives and responses have also sought to alleviate the mental and physical distress of injured soldiers, who are not always able to return to their families and work.

The solidarity of combatants and the indescribable experience they share creates a brotherhood, which enables them to share their suffering, move beyond it and find refuge. In the 20th century, although they are less numerous, disfigured wounded soldiers continue to be treated by specialist institutions. The issue is still very much alive today in French society, a century after the outbreak of the First World War.

Gueules Cassées in Europe: a comparative study *(France, Germany, Great Britain)*

Marjorie Gehrhardt - *University of Exeter*

Marjorie Gehrhardt

Marjorie Gehrhardt is a post-doctoral university researcher on 1914FACES2014, a project funded by the INTERREG IV interregional cooperation programme. Her research focuses on the experiences and representation of facially wounded soldiers in France, Germany and the UK during and after World War I. She studied modern languages and cultural history as part of her doctorate (at the University of Exeter) as well as her Masters (at the University of Exeter and the University of Strasbourg). Her most recent publications include "Gueules Cassées: The Men Behind the Masks' *(Journal of War & Culture Studies, 2013)* and articles in the books *Gender, Agency and Violence: European Perspectives from Early Modern Times to the Present* (Cambridge Scholars Publishing, 2013) and *Twentieth Century Wars in European Memory* (Peter Lang, 2013). Marjorie Gehrhardt taught in the Modern Languages Department between 2009 and 2013, and she is an Associate Member of the Higher Education Academy.

More than 280,000 French, German and British veterans had their faces indelibly scarred by the First World War. Although there were many of them in these three countries, the conditions on returning home were not necessarily the same. A cross-over study provides a better understanding of the circumstances and experiences of "gueules cassées" returning to their respective countries, as well as of mutual influences and exchanges in a European level.

Based on testimonies as well as on press clippings and audiovisual materials, this presentation will deal specifically with matters relating to the rehabilitation of those with facial injuries. What were their hopes and fears?

How were they perceived by others, especially their friends and family? Does the absence of an association such as the Union des Blessés de la Face mean that they were completely left to fend for themselves in Germany and Great Britain? These and many more questions will be analysed from a comparative perspective. In reality, even though France and Great Britain were allies during the war and both emerged on the "winning" side, the experience and perceptions of the "gueules cassées" differed in the two countries. Likewise, the depictions of those with facial injuries and the use of their image varied between these countries and the defeated enemy, Germany. The overview provided by this initial presentation will lead to an examination of a range of cases, both individual stories as well as social and political phenomena on a national and international level.

Causes and specificities of the wound during the World War I

Dr. **François-Xavier Long** - *Verdun Hospital*
Dr. **Dr. Vito Cerabona** - *Verdun Hospital*

Dr. **François-Xavier Long**

Born into a family who have practised medicine since the beginning of the 18th century, François-Xavier Long was an intern in the Hôpitaux de Marseille (1971-1976), clinic head at the Nancy Faculty of Medicine and assistant at the Hôpitaux de Nancy (1976-1981), assistant practitioner at Hôpitaux de Nancy (1981-1983), hospital practitioner at the Centre Hospitalier de Verdun and head of ENT and facial and neck surgery at the Centre Hospitalier de Verdun (1983-2012).
François-Xavier Long has published 105 scientific works to date, the majority of which have appeared in scientific journals. He is a member of the departmental council of the Order of Doctors of la Meuse, expert at the Nancy Court of Appeal, registered expert on the national ONIAM list, member of the International Society for the History of Medicine, co-founder and national secretary of the Association for the Memory of Health Service Personnel who Gave their Lives for France. François-Xavier Long is a member of the Foundation for Gueules Cassées Scientific Committee. He has carried out a number of projects on patients with facial injuries from World War I and the origins of maxillofacial surgery.

There was considerable medical and surgical progress made during the First World War, mainly linked to the demands of working in conflict conditions and advances in science and technology in general.

The treatment of facial injuries is a typical demonstration of this, not only in the surgical sphere but also in the field of prosthetics. This type of injury was far less common in previous conflicts, due to the weapons used and the combat conditions.

The First World War was a modern war with a greater reliance on new firearms instead of blades, but also with new military strategies (movement, positioning) that changed the panorama of the classic war that we were used to seeing up until the start of the 20th century.

Facial injuries were caused by shrapnel, bullets and shell fragments, which have a high lethality, as well as by burns from flamethrowers. The injuries caused did not only affect the soft tissue of the face, but also the bones of the facial skeleton and the sense organs. The prognosis of these injuries was linked to a number of favourable factors, such as the rich blood supply to the face which prevents gangrene, and the wearing of the Adrian helmet which was better suited at protecting the head and face than the previous iteration. There were, however, adverse factors such as the delay in transporting the patient from the battlefield to the specialist medical centre, despite the advances that had been made in evacuation methods, as this was usually carried out in stages (aid station - ambulance - ordinary evacuation hospital - specialist centre). Primary healing often had to be restarted, but there was also the treatment of damage to the facial skeleton. The high number of operations required was offset by the fact that the soldiers were often young and therefore highly resilient, despite the relative rudimentary nature of aseptic techniques and anaesthetics at the time.

During the First World War, the health service underwent a series of fundamental changes that allowed it to cope with situations it had never had to face before due to the length of the war. The number and severity of facial injuries led to army medics devising ingenious methods to overcome these obstacles, especially in cases where surgery failed and prosthetics were required. These factors made a significant contribution to the development of maxillofacial surgery, which was no doubt born on the edges of the battlefield.

Taking on maxillofacial injury cases during World War I, and evolution

Pr. **Gaëtan Thiéry** - *Laveran Military Teaching Hospital - Marseille*
Pr. **Laurent Guyot** - *Hôpital Nord - Marseille*

Pr. **Gaëtan Thiéry**

After joining the Ecole du Service de Santé des Armées in Lyon Bron in 1985, Gaëtan Thiery went on to the Paris Val-de-Grâce training school in 1994. He served in Lyon Infantry 22nd Regiment from 1994 to 1997. In 1997, he interned in oral and maxillofacial surgery in Marseille, before becoming head of oral and maxillofacial surgery in the Laveran Teaching Hospital in Marseille.
Today, Gaëtan Thiery is an Associate Professor at Val-de-Grâce, and coordinator of the specialist field. He is department head of the Weekday Surgical Hospital in the Laveran Military Teaching Hospital, and head of oral, maxillofacial and facial plastic surgery. He is a member of the Teaching College for oral, maxillofacial and facial plastic surgery.
He is also a member of the French National Academy of Surgeons, and vice president of the scientific committee for the International Committee on Military Medicine (ICMM).

Before the First World War, surgeons were not specifically trained to deal with maxillofacial trauma. Ambroise Paré only wrote about relatively mild and harmless facial injuries, which he would treat with prosthetics. In fact, those with severe maxillofacial injuries died prematurely from asphyxia or haemorrhaging, or they were left for dead on the battlefield since they were either unable to call for help or were deemed to be too injured for treatment.

The human drama of the First World War reached an intensity the likes of which had never been seen before, with brutal and dehumanising clashes between both sides. Heads out of the trenches and the use of increasingly lethal weapons, such as shells, led to a massive surge in casualties. This war was responsible for 500,000 soldiers with facial injuries. They were wounded despite their best efforts and their existence would lead to the creation of a new discipline- maxillofacial surgery.

This discipline continued to advance, from bone and skin transplants to regional or distant microsurgical flaps. This surgery has explored many different techniques, either those specifically designed for this application or those taken from other specialisms. At the same time, advances in medicine, such as those in anaesthetics or resuscitation, have meant that surgeons are able to carry out increasingly complicated operations on patients, with the current height of this being the first face transplant. This was performed by Prof. Devauchelle in Amiens, the same city where there was a major treatment centre for facial injuries during World War I, making it a veritable historical ouroboros.

At present, as in the past, the treatment of maxillofacial trauma requires appointments made over time, frequent interventions, and technical innovations such as bioengineering. Keeping patients informed of this brings them new hope and means these «broken faces with broken souls» can continue to receive treatment, until they can «smile anyway».

Pr. **Laurent Guyot**

Laurent Guyot is a maxillofacial Surgeon, Professor of University and Hospital Practitioner. He is currently Head of Department of Maxillofacial Surgery and Plastic Surgery at the University Hospital of Marseille.
Laurent Guyot has made his training at Marseille with stays in several centers in France and abroad to acquire the technical repair processes of the face.
He was intern from 1991 to 1997, a graduate of General Surgery (DES) and Maxillofacial Surgery (DESC) and head of clinic at the Faculty of Medicine of Marseille, Hospital Assistant from 1997 to 2000 and Hospital Practitioner from 2000 to 2006 and Professor of University in 2006.
His scientific training was conducted in anthropology and he participates as an associate researcher at the Laboratory of Bio-Cultural Anthropology, Law and Health, Faculty of Medicine of Marseille - Aix-Marseille University.
Professor Guyot is a member of national and international scientific societies, he is also legal expert at the Court of Appeal of Aix en Provence, Associate Editor of the Journal of Dentistry, Oral Surgery and Maxillofacial and he serves in the Army Reserves as a military doctor (rank of Captain).

Military hospitals during the World War I

Dr. **Jean-Jacques Ferrandis** - *Paris*

Dr. **Jean-Jacques Ferrandis**

Medical doctor and (retired) chief medical officer of the Armed Forces Health Service, Jean-Jacques Ferrandis graduated from the École du Louvre. He is an honorary curator at the Val-de-Grâce Musée du Service de santé des armées in Paris; from 1989 to 2003, he was the technical manager for the restructuring of the entire museum. Former secretary general (2000-2009) and then president (2010-2012) of the Société française d'Histoire de la Médecine (SFHM–French Society for the History of Medicine), he is now a member of the International Society for the History of Medicine.

Before the war, there was only one medical centre that specialised in maxillofacial injuries. Circular no.14 198 C/7, dated 10 November 1914 and entitled «The Organisation of Specialist Centres for Stomatology, Maxillofacial Prosthetics, and Facial Reconstruction», officially established the first three centres in Paris, Lyon, and Bordeaux. Since early August, patients had been evacuated exclusively to Paris, to the centre for prosthetics and facial reconstruction (run by Dr Frey), which had existed before it was attached to the Val-de-Grâce military hospital. On 14 December 1914, it was annexed by the «5th patient» (Prof. Morestin). Another centre was subsequently opened in Paris at the Lariboisière hospital and Chaptal College (Prof. Sébileau). As the years went by, other affiliated centres (the odontotechnical school and dental school in Paris) and voluntary hospitals (the American ambulance in Neuilly, the Saint Cloud Canadian Hospital, the lycée Michelet in Vanves, l'École Normale Supérieure, Rollin college, avenue Trudaine) were established.

The dental school in Lyon opened a stomatology and maxillofacial prosthetics department on 15 September 1914, and an annex at Minimes with 100 beds on 1 October. Dr A. Pont went on to run the stomatology and maxillofacial prosthetics department that opened on 1 December (dental school and affiliated hospital no.19 in the Rue Saint-Cyr school). Auxiliary hospitals were set up in La Ferrandière, Fontaine-sur-Saône and Neuville-sur-Saône.

Starting from the end of August in Bordeaux, the Saint Raphaël dental clinic was handed over to the department (Prof. Cavalié). Between 10 November 1914 and 25 January 1915, patients were treated in the Saint Nicolas military hospital and the hôpital du Béquet. The maxillofacial surgical centre was opened on 24 January (at the Saint Raphaël dental clinic, Saint André hospital annex and Talence temporary hospital) (Profs Cavalié, then Denucé, and then Moure in October 1917). Major Herpin kept his position as head of the stomatology department.

Regional maxillofacial surgical centres began to appear in 1915 (with 17 in existence by 1918), notably in: Amiens (Dr Blot), Angers (Dr Martin), Beauvais (Virenque), Chalons sur Marne (Bonnet-Royer and Dufourmentel), Le Mans (Drs Delagenière and Lebedinsky), Limoges (Dr Lecène), Marseille (Drs Imbert and Réal), Montpellier (Senior Medical Officer Forgue), Rennes (Dr Rouget), Rouen (Drs Gernez and Lemière), Toulouse (Prof. Dieulafé), Royat and Vichy (Lemaître).
«Mobile army maxillofacial teams», attached to the front-line hospitals, were officially inaugurated in 1918, although they existed long before this, notably in Bar-le-Duc, Verdun, and Amiens in particular. In June 1916, in this town located close to the front, Dr Blot set up a maxillofacial surgical centre in two adjoining buildings: temporary hospital no.7 and the courthouse. Otolaryngology and ophthalmology departments were attached to the centre.
Following the major health disaster at the start of the conflict, by 1918 France's military heath service had become the most effective of all armies involved in the conflict.

Sir Harold Gillies and people with facial injuries

Dr. **Andrew Bamji** - *Londres*

Dr. **Andrew Bamji**

Dr Andrew Bamji is a "Gillies Archivist" in the British Association of Plastic, Reconstructive and Aesthetic Surgeons. Based in Rye in the United Kingdom, Andrew Bamji is a renowned expert in rheumatology and rehabilitation. He was president of the British Society for Rheumatology from 2006 to 2008.
Between 1983 and 2011, he was associate medical director and trainer at Queen Mary's Hospital in Sidcup, Kent. This hospital, formerly known as the Queen's Hospital, was founded in 1917 to centralise the care of facial and head injuries for the United Kingdom and Commonwealth nations.
It was run by Harold Gillies, who later went on to be granted a knighthood.
In 1990 and 1991, Andrew Bamji updated the files of facial injuries treated by the British and New Zealand sections, and he established a world-renowned archive on medicine and surgery during the First World War. A common sight at specialised conferences, he regularly appears on television and has written a large number of articles on the development of plastic surgery in the UK.
He was a contributing author for "Facing Armageddon" (edited by Cecil and Liddle; Leo Cooper, 1996), a contributor to the "Oxford Handbook of the First World War", and is currently in the process of finishing a book on the rich history of the Queen's Hospital.

The development of reconstructive facial surgery as a specialism owes much to Harold Gillies, an ear, nose and throat specialist born in New Zealand. He was posted to Boulogne in 1915 to to supervise the work of Valadier, a French-American dentist, who had begun to gain experience in managing facial wounds. Gillies became fascinated by the technical challenges of the work, and visited Morestin in Paris. Convinced that the numbers of casualties would grow he returned to the Cambridge Military Hospital, Aldershot and persuaded his seniors to give him a ward dedicated to facial work. He built a small team of dentists, anaesthetists and surgeons, beginning the systematic recording of operations and subsequent progress with careful notes, diagrams and photographs.

Gillies' ward was overwhelmed at the onset of the Somme offensive on 1st July 1916. Accordingly he planned and oversaw the building of a purpose-built hospital at Sidcup, Kent, which opened in June 1917. He negotiated the transfer of units from Australia, New Zealand and Canada and developed the Queen's Hospital into a large, single-specialty unit with over 1000 beds.

Over 5000 men were treated. The concentration of specialists and patients led to major advances in technique; Gillies and his colleagues found that the French "recipe books" were useless. Gillies recorded that it became more difficult to get a good case than hide a bad one. He and his oral surgery associate, William Kelsey Fry, would mull over cases late into the night. The patients had a say in their own treatment, for example being given the opportunity to choose the shape of their nose.Gillies himself developed tube pedicle surgery, reconstructed noses with cartilage grafts and lined flaps, underlined the importance of ensuring normal tissue was in a normal position, worked with the dental technicians to realign jaw fragments and worked on many burns patients. The work continued after the end of the war, with the departure of some surgeons and anaesthetists and the arrival of others; perhaps the most notable being Magill and Rowbotham, whose insights resulted in wide-bore single tube anaesthesia and the development of equipment. Gillies and his colleagues developed a deep understanding of the psychological problems of facial injury, and ensured that men had opportunities for appropriate work rehabilitation.

Confronted with men who had received treatment as prisoners-of-war, they professed themselves very unhappy with the results they saw. In France and Germany surgeons involved in facial surgery largely worked alone. There was no shared experience and advances in technique were therefore limited. The concentration of patients at Sidcup allowed Gillies to write the definitive post-war textbook of plastic surgery, in which he described what went wrong as well as what went right. He would not be hurried, and underlined the concept that acceptable structure was useless without good function.

Contribution of dentists in the treatment of facial injuries: *the case study of V.H. Kazandjian*

Pr. **Jean-Louis Blanc** - *Timone University Hospital - Marseille*

Pr. **Jean-Louis Blanc**

Jean-Louis Blanc is a university professor and hospital practitioner, working in the Oral and Maxillofacial Surgery department at Marseille University Hospital. A medical doctor, he completed his PhD at the Marseille Faculty of Medicine on 16th October 1975.

He has been Vice-President of the "Gueules Cassées" Foundation's Scientific Committee since 2009.
He was born on 26th December 1946 in Lauris sur Durance in the Vaucluse region, and was educated in Aix-en-Provence and Avignon before going on to study at the Marseille Faculty of Medicine and Pharmacy.

His hospital roles have included: hospital extern, intern, junior doctor and full-time practitioner.

His university roles have included: Senior Registrar, University Professor (1990) and Head of Oral and Maxillofacial Surgery at the Timone University Hospital in Marseille.
Since 2013, he has been working as a consultant in the Maxillofacial Surgery Department at the Timone University Hospital in Marseille.

At the start of World War I in France, the army was unaware of the presence of dental surgeons within its ranks, who were frequently mobilised as stretcher-bearers. In combat units, dentists and dentistry students would provide ad hoc treatment to the other soldiers, performing extractions with whatever tools were to hand, or their own personal instruments.
It was not until 1915 that a dental surgeon was assigned to each regiment, and those that were not assigned were placed in the military nursing corps. In February 1916, the role of dental surgeon in the land and naval armies was created.
During the conflict, dental surgeons and dental technicians provided a vital service, with their knowledge of dental occlusion, temporomandibular physiology, and the option of setting fractures using prosthetic equipment:

1. in hospitals in war zones, they assisted with the primary treatment of facial injuries as part of the maxillofacial surgical departments, the heads of which (not counting the stomatologists) were often general surgeons, ENT specialists or ophthalmologists, and therefore ill-prepared to treat complex fractures of the jaw;

2. in various military regions

- as heads of garrison dental clinics, ensuring the soldiers had good dental health and referring edentulous patients to centres so that they may be given prosthetics;
- in centres for edentulous patients, to treat «unsuitable edentulous patients» as quickly as possible and return them to active service;
- in maxillofacial surgical departments to assist with secondary treatment of patients from the front, who often presented with complications stemming from jaw fractures, and fitting them with restrainers, devices to promote temporomandibular mechanotherapy, and maxillofacial prosthetics.

A large number of practitioners from a range of different backgrounds (stomatologists, ophthalmologists, ENT specialists, general surgeons) contributed to this saga, and were responsible for creating «modern» facial reconstruction surgery.
A high number of dentists were also supported by dental technicians that took part in this adventure.
The career of V.H. Kazandjian, America's «miracle man of the Western front», exemplifies this- he started out as a simple dentist at the start of the conflict, before working for 4 years in an American voluntary hospital that was incorporated in the British Expeditionary Force, near Boulogne-sur-Mer. After returning to the US and completing his medicine studies in 1919, he became one of the pioneers in maxillofacial surgery and plastic surgery, and his work, especially that on cranio-maxillofacial trauma, was authoritative in the field for over 50 years.

Facial injuries during the World War I and their representation in German art

Dr. **Vincent Coupez** - *Freiburg*

Pr. **Vincent Coupez**

Born in Freiburg, Germany, to a French father and German mother, Dr Vincent Coupez grew up in a Franco-German environment. With dual French and German nationality, he attended a French primary school and a French/German secondary school in Freiburg, where he obtained a French-German baccalaureate.
He then went on to study Dental Surgery at the University of Strasbourg, and wrote his thesis, «Contribution to the treatment of hemifacial microsomia», in 2003.
After working as a dental surgeon in a clinic in Alsace, he decided to continue his medical studies in Freiburg, whilst still working as a substitute dental surgeon in Alsace. He then worked as an intern for eight months in the ENT department under Professor Heppt, in the Karlsruhe hospital in Germany.
Since March 2011, he has been working in the Freiburg University Hospital (Uniklinik), in the maxillofacial surgical department under Professor Schmelzeisen.

In order to find historical documents in Germany relating to facial injuries during the First World War, we searched through German military archives and uncovered some impressive images in medical files.

The treatment of facial injuries included photographs, drawings, diagrams planning surgical operations, face moulds, and X-ray images.

Unfortunately, most patients with severe facial injuries were not reconstructed in the best way possible, but the photographs made it possible to record the results of the operations, to evaluate them, and to improve them over time.

The surgeons who contributed the most to the development of maxillofacial surgery in Germany were Ganzer, Axhausen, and Bichlmayr.

First World War injuries would go to be represented in art in Germany by artists such as Otto Dix and Grosz. Otto Dix was a German painter who experienced the war as a soldier.

His artistic images reflect how the war was seen at the time, no longer presented as being heroic, but unveiling its true cruelty. These images are an important historical and artistic eye-witness account of the violence, and thus ensure that it is unforgotten by future generations.

From reconstructive surgery to face transplants

Pr. **Bernard Devauchelle** *- Amiens University Hospital*

***Pr.* Bernard Devauchelle**

University professor and head of maxillofacial surgery at the Amiens University Hospital, Professor Bernard Devauchelle has invested over 30 years in reconstructive surgery for severe facial deformities, with a particular emphasis on microsurgical techniques (autotransplantation). In 2005, he carried out the first "face transplant", securing his international reputation. Author of over 150 scientific publications, he is often invited to conferences around the globe. Member of the National Academy of Surgeons and the Leopoldina Academy, and Royal Fellow at the Royal College of Surgeons, he has an honorary doctorate from the University of Louvain. Founding president of the Facing Faces Institute, he is dedicating more and more time to translational research and epistemology. Author or co-author of several French books ("Langue et dysmorphie" and "La fabrique du visage", among others), he will publish a book on transplants in 2014. Finally, he leads the 1914 FACES2014 research programme devoted to the centenary of the Great War.

Unseen, sights from beyond the imagination that greet the gaze of those who look directly into the broken faces left by the Great War, or present-day traumatic, tumorous or malformed disfigurements, which others refuse to see.

Unseen, the piercing gaze of those who struggle to piece together and reconstruct, and who, unthinkingly, work with what's left alive to bring life and soul back to this devastated face, of those who go beyond seeing.

Unseen, the hidden side of a hidden face.

An unbreakable link that binds patients and carers, the injured and the healers, through a shared journey. Links of mutual trust, the keys to success, not so much restitutio ad integrum as restoration of identity, 1914 – Faces – 2014: a century of evolution of techniques and thinking.

Disfigurement: a singular moral injury or how to "smile anyway"

Pr. **Marie-Dominique Colas** *- Percy Military Teaching Hospital - Clamart*

Pr. **Marie-Dominique Colas**

Chief Physician Marie-Dominique Colas is a psychiatrist and associate professor at Val-de-Grâce. Chief Medical Officer of aerospace applied clinical psychology at the Percy Hospital (Clamart) and approved expert with the French Civil Aviation Authority, she teaches aeronautic psychology and psychiatry at the Ecole du Val-de-Grâce and Paris Descartes University.
She runs the air force's medical and psychological support cell, which is called upon after air accidents.
Despite all this, professor Colas has not forgotten to gain operational experience as well, having worked as a field psychiatrist in ex-Yugoslavia, Côte d'Ivoire, Afghanistan, and more recently in Mali. At the Percy Hospital, she admits and monitors injured servicemen and women. She also contributes to the drafting of recommendations for suicide prevention in the armed forces, acting as a NATO working group expert.
Holder of two doctorates, one of which is in psychopathology and psychoanalysis of Gueules Cassées, and an active member of several academic associations, chief physician Colas' work encompasses over one hundred publications and communications in the field of psychiatry in extreme environments.
The contribution she makes towards the study of disfiguration is part of her continued engagement as a military physician, tending to those who have served their country.

Our face gives us meaning. It shows that we belong to a group - human beings - and bears specific features that distinguish us from other people. It is a marker of our differences. It connects us to the world, and yet it lies forever outside of our field of vision. We are only able to see it by looking at an image that represents our body, at a reflection in the mirror, or by the gaze and words of somebody else.

When it happens, disfigurement is a physical «amputation» that can often be life-threatening, but it is also a psychologically traumatic event. In fact, it reveals the amorphous nature of the flesh, and of death, by colliding our internal and external worlds together and attacking the very principle of what it means to be human.

To understand the impact of this unique form of injury, we have decided to bring to life the voices of the Gueules Cassées from World War I and other conflicts that have marked these past 100 years. How to «smile anyway», as goes the motto beloved by all those who have helped their brothers-in-arms rediscover their dignity and find a new face for society whilst fighting against another hidden injury- that of being forgotten.

As a psychiatrist in a military hospital and active in theatres of operations, I am here to talk about the soldiers I have met who were disfigured in combat, and their care pathways.

The psychological work progresses along two strands. The patient must first reconstruct the image they have of themselves, with a protective cover on top. The patient is forced to undergo a sudden regression back to this archaic stage of his development, where he still had no unified perception of his body. He finds that he is a fragmented object, a site where there has been a terrible misunderstanding. It is the attentive look and words of the carers that will enable him to exist again, like the maternal figure who brought him, as a baby, in front of the mirror so he could see his image. With the surgeon, the patient invests an overwhelming desire to return to a sense of physical humanity, and he must be given hope, within the borders of reality.

Then, at a later stage, which is often far in the future or even at a random occasion, the patient needs to access the symbolic dimension of his face by uncovering new identifications, first with others like him and then, like other people, by integrating this event by assigning it new meaning.

The process of reconstructing a new identity requires this level of recognition, as provided by the military establishment. When there is the feeling that one has been forgotten by society, as was the case in the aftermath of World War I, the group of brothers-in-arms helps restore speech, a conversation that re-engages the subject with his history and thus gives him back a face. A century has passed and yet history is repeating itself for those who sacrifice themselves in defence of the nation. This symposium marking the centenary of the First World War is also a tribute to them.

The long and difficult journey towards recognising those left psychologically traumatised by modern wars

Chief Medical Officer **Humbert Boisseaux** - *Val-de-Grâce Military Teaching Hospital - Paris*

CMO **Humbert Boisseaux**

Chief Medical Officer Humbert Boisseaux is head of psychiatry in the Val-de-Grâce military teaching hospital.
After studying at the Ecole du Service de Santé des Armées in Lyon, he made the decision to enlist in the army. Upon leaving the Val-de-Grâce training school, he was posted as chief physician in the 7th LSR in Besançon. Wishing to focus more on psychiatry, he was put in charge of psychiatric selection at the Blois no.10 selection centre. Successfully promoted to military hospital psychiatric assistant, he was then posted to the Laveran military teaching hospital in Marseille. Once his training was complete, he joined Professor Briole's department at Val-de-Grâce. He has been an Associate Professor at Val-de-Grâce since 2005.
His role as military psychiatrist has taken him on various operational missions to theatres such as Bosnia, Kosovo, Côte d'Ivoire and Afghanistan. He has been the French delegate on NATO's Military Mental Health Expert Panel since 2008, and is also president of the French Language Association for the Study of Stress and Trauma (ALFEST). On 1 March 2014, he was given the role of coordinating the army's medical and psychological department.

The Great War left its mark on the history of humanity in the shape of the ordeal it imposed on those who fought it. Subjected to an unimaginable barrage of steel and bullets, a number of soldiers found themselves removed from combat despite having no apparent physical injuries. The operational impact of these unforeseen complications led military authorities to hunt for a solution to these «psychological losses». When asked, faculty heads proved powerless to treat these men, thereby only serving to give credence to the belief that all they lacked was moral fibre. It was at this time that the use of aversion therapy was occasionally encouraged, with the intention being to get these soldiers back into fighting shape, and eventually leaving it up to the front-line medics to try and treat them.

It was not until the end of the war that, without the need for urgent results and thanks to significant advances in the field of psychoanalysis, these events were viewed in a different light. This is how the concept of post-traumatic stress disorder arose to provide a model for understanding the impact a brush with death has on an individual, with a significance that can disrupt the very foundations of his or her life. Considering the invasive effect this has on the psychic apparatus, it was recognised that this was in fact a very real «psychological injury». However, that was not enough to remove all the suspicion that continued to weigh down heavily on these soldiers.

Fortunately, the acquisition of knowledge, through a psychodynamic understanding of psychological trauma, opened up new doors towards accessing and treating these men. Although this inspired doctors to act and start offering support to these men who participated in wars that changed the history of the 20th century, it was still difficult to equate the word «hero» with «psychological damage».

We had to wait for the Vietnam War, and the social consequences this engendered for America, for a new page to be turned. The tendency was therefore to hand the problem over to scientists, who were supposedly free from the ideological bias of the previous approaches. It was by using a biophysiological model, that of stress, and a criteriological definition that was capable of identifying this disorder, that the psychological trauma caused by war was given the name of PTSD (Post-Traumatic Stress Disorder).

Today, this model is prevalent in the field of research and also in exchanges between specialists, which can sometimes obscure the importance of previously-gained knowledge. It helps direct treatment towards this disorder, but at the risk of neglecting the person whose life is being turned upside-down. To recognise the achievements of all those who have worked to help soldiers injured in war is also to recognise the suffering of these men and women who, from 1914 to the present day, deserve the same level of attention.

From psychological loss to psychological injury. The "post Afghanistan" advances

Pr. **Franck de Montleau** - *Percy Military Teaching Hospital - Clamart*

Pr. **Franck de Montleau**

Chief Medical Officer Franck de Montleau is a psychiatrist and associate professor at Val-de-Grâce. Alongside his clinical activities, he teaches psychiatry at the Ecole du Val-de-Grâce. He has also taken part in a number of external operations (Chad, Kosovo, Lebanon, Afghanistan, Jordan, Central African Republic). Among other works, his publications relate to clinical psychiatry (psychotraumatic disorders, psychosis, conduct and behavioural disorders), psychiatrists practising in operational situations and the ethical questions this raises, the mental suffering of soldiers on external operations, the risk factors for psychiatric disorders arising from warfare and caring for the wounded during operations.
More recently, together with Professor Lapeyre, Head of the Physical Medicine and Rehabilitation Department at the Percy Military Teaching Hospital, he was responsible for the creation of the Cellule de réadaptation et de réinsertion du blessé en opération (C2RBO) *(Unit for the rehabilitation and reintegration of those wounded in action)*, which they run jointly with the CABAT *(unit providing support for wounded army personnel)*.

On 18th August 2008, the Carmin 2 section of France's 8th Marine Infantry Parachute Regiment sustained heavy losses during an attack by Taliban insurgents in the Uzbeen Valley. The event marked a turning point in French military operations in Afghanistan. In France, the media stir triggered by the deaths of 10 marines in combat caused public opinion to focus more closely on the soldiers who were risking their lives in the line of duty. A new development was that some of the public and media attention was focused on those with psychological injuries. Invisible wounds began to come out, partly at least, from the shadows and silence that had until then added to the suffering of the soldiers that bore them.

The army did not expect this level of awareness following the shock of the battle in Surobi, but its stance on psychological injuries had always been ambiguous. However, the decades-long work of some determined military psychiatrists meant that the general staff were prepared for a paradigm shift. In the space of ten years the army, which had long fallen short of its institutional and moral responsibilities towards those with psychological injuries, underwent a spectacular turnaround. Since 2011, psychological trauma has been a top health priority for the armed forces.

In French military hospitals, the psychiatric treatment of soldiers suffering from psychological trauma occupies a central role, using a dynamic approach that focuses on listening and enquiring about symptoms based on the individual's personal history. Alongside this tailor-made approach, the clinical experience accumulated thus far by the Percy Hospital, which receives a large percentage of soldiers wounded in action, has underscored the need for a multi-faceted approach that takes into account the patient's entire personal and military background. The aim is to support and assist the patient throughout the length of their rehabilitation programme. For the doctors behind the project, it became necessary to have a body representing Command that they could attach themselves to. Therefore, in 2011, the Unit for the Rehabilitation and Reintegration of the War Wounded (the C2RBO, or *Cellule d'adaptation et de réinsertion des blessés en opération)* was established, with one of its goals being to eradicate the division between physical and psychological injuries, and to ensure that psychiatric patients receive all the medical attention they need. The C2RBO takes an interest in the progress of the patients it counsels, guides and supports in the face of obstacles linked to their injuries - be these medical, administrative, financial or compensatory - and which can be a cause of much bitterness. Proactive support is provided, taking into consideration any long-term disabilities, to help the patient return to work in the military theatre or, if this is not possible, to retrain them for a civilian role or prepare them for a specialist centre.

The institutional support that continues long after the injury has been sustained is seen a symbol of recognition and reparation, and has a strong positive impact on the clinical outcome of soldiers with psychological trauma and their ability to rejoin military or civilian life.

Lazarus syndrome

Pr. **Patrick Clervoy** - *École du Val-de-Grâce - Paris*

Pr. **Patrick Clervoy**

Patrick Clervoy is a medicine professor and Chairman of Psychiatry and Psychology at the Ecole du Val-de-Grâce. He has a long history of taking on veteran cases, and has himself participated in several military operations in the Central African Republic, ex-Yugoslavia, Afghanistan, and Mali. He is a member of the NATO working group devoted to stress and psychological support in modern military operations. He is also the author of numerous books on soldier psychology and difficulties encountered by veterans:

- *Le syndrome de Lazare-Traumatisme psychique et destinée,* Ed. Albin Michel, 2007.
- *Les PSY en intervention,* Ed. Doin 2009.
- *Dix semaines à Kaboul -Chroniques d'un médecin militaire,* Ed. Steinkis 2012.
- *L'effet Lucifer,* CNRS Éditions 2013.

He is a professional firefighter, station chief, married. He lives in official staff accommodation. He is respected by his superiors and trusted by his men. One morning, he leads a group on a mission to deal with a gas leak. When the explosion happens, he is the only one hurt. He suffers burns to the face, bruising to the lungs, and multiple fractures to his limbs.

In the days that follow, while he is in an intensive care unit in the hospital, he is visited by senior officials who promise him their unwavering support. But, ineluctably, his entire universe begins to unravel. His battered body needs to be reconstructed, and there are misunderstandings between the patient and the people charged with his care. He loses his staff accommodation because it is needed for his successor in the brigade, as it is clear that he will never regain his professional skills. While he is in hospital his wife is forced to move out, and now that she is living further away her visits become less frequent, she gets tired, and their marital relations begin to suffer.

When he is finally able to leave hospital after a long rehabilitation process lasting two years, he has lost everything: his job, his home, his family, and many of his possessions. He has to completely rebuild his life, which takes years of fighting against the administration and insurance companies.

Lazarus syndrome refers to where somebody is injured and, in addition to that, has to struggle against material and social difficulties in a world that continues to turn without him and that appears to turn its back on his misery. Talking about these hardships, giving examples of other veterans who have been through the same chaotic process as him, explaining to families and administrations why these injured people can sometimes have anguished or rebellious reactions... All these actions are in support of everybody, the patient as well as their friends, family and interlocutors, in the slow and gradual reconstruction of their universe.

The after-effects of war injuries in terms of managing medical and legal compensation for physical injuries

Dr. **Jean-Michel André**

Dr. **Jean-Michel André**

Having undertaken his military service between 1975 and 1976 as an FFA medical officer cadet, and subsequently as a reserve officer, Jean-Michel André became a Medical Doctor at the University of Paris VI in 1977.
Between 1977 and 2013, he was a junior doctor at the University of Paris VI (Histology-Embryology-Cytogenetics).
Between 1980 and 2002, he was attached to the AP-HP hospitals (Department for Exploration of the Nervous System, followed by vascular exploration).
Between 2003 and 2013, he was an AP-HP hospital practitioner at la Pitié-Salpêtrière (Institute of Cardiology). He is currently occupied in the field of research and training.
A qualified medical officer for the ACVGs between 1977 and 2008 (in particular medical officer for the National Federation of Deportees and Internees), he is the President of the medico-social commission of the Fondation pour la mémoire de la Déportation (FMD) and a member of the scientific council.
He has been a medical expert for the French Ministry of Defence since 2009.

The attention paid by society to those left injured by civil and military conflicts is far from static, and the documents that have been drafted over the past hundred years have led to the current structure of our military disability pension (PMI) department.

The first contact that the patient has with the establishment is now regarded as a deciding factor on how the case will progress, and it should be pointed out that the medical expert is very often the only representative of society who is in direct contact with the pension beneficiary, who listens to them and examines their injuries and their suffering. The medical expert will therefore participate in the patient's rehabilitation right from the beginning.

It is important to stress the fact that expertise in the war-wounded is different to other medicines: considering that the patient has served the country, legislators were keen to ensure that the notion of «benevolence» was included in the PMI code. This is quite a unique notion in its specificity within the general scope of «physical injury», but one that is clearly defined and justified by the pensions code. The guiding scale of PMIs is specific and includes a rate that is applied based on somatic and psychological damage, but it also grants the expert the option to adjust the rate on a case-by-case basis if there is adequate justification to do so. The Ministry expert also has the «unique» opportunity of «exceeding» his or her position by carrying out an «expert evaluation». This means the expert can suggest that the establishment treat a disabled patient «exceptionally», one that has been noted during the medical examination and that would have been missed by the file's forensic administrative instruction.

With regards to the rehabilitation programme, we no longer ignore the implementation of joint medical and social measures as part of the follow-up by the functional rehabilitation team, and the focus is finally on reintegration of the patient within the support structures. Recent years have seen an increasing awareness of the need for more attentive medical and social monitoring, which goes far beyond the scope of the exclusive but conventional role of granting disability pension. This is even the case within armies, with the creation in 1993 of a support team for those injured in the land army (CABAT) whose role is to provide long-term support services for soldiers injured in actions. This initiative was recently bolstered by the creation of a «rehabilitation and reintegration team for soldiers injured in action during external operations (OPEX)» by the military heath service.

The treatment of conflict victims is progressively improving in society, and has finally been embodied by a more managed general concept of helping patients over the long-term.

Psychic trauma: a new form of war wounds. Therapeutic value of the expertise *(1992 decree)*

Dr. **Michel Pierre**

Dr. **Michel Pierre**

Son of an army doctor (1902-1982, Officer of the Legion of Honour, Croix de Guerre 1939-45 with palm), Michel Pierre was born in Nantes in 1955. Educated at the St-Cyr Military School (graduated in the class of 1966-73) from the age of 11 to 18, he then studied medicine at Nantes and interned in psychiatry in Paris from 1981 to 1984.
At the same time, he studied a course on Anthropology and Human Ecology at Paris Descartes University, obtaining a Masters of Advanced Studies in 1984 in communication theories.
He has always striven to offer diversified psychiatric services (in hospitals, homes, prisons, and as an expert consultant) as close to the ground as possible, with a particular interest in the clinical subject's relationship with the collective.
This focus is apparent in his role as Medical Assessor at the Hauts de Seine MDPH (Departmental Home for Disabled People), as Expert Psychiatrist for the Veteran Reform Centre since 1989 (for psychological traumas), and as researcher at the Fondation pour la Mémoire de la Déportation [Foundation for the Memory of Deportation] (for the latent sequelae of deportation).
He is also a Hospital Practitioner at Mureaux Hospital.
On an institutional level, he has just been nominated President of the Yvelines Nord Mental Health Network, and aims to bring together global names in social healthcare for this area.

The challenges faced by experts in post-traumatic stress disorder relate not only to the nature of a rather complex evaluation, but also in the healing process that follows thereafter.

Post-traumatic stress disorder is not a psychological disorder but an injury - and this should be underlined in bold. And, like injuries to the face or neck, it often takes a long time to heal and has significant ramifications for society. Sometimes it is an invisible suffering that can manifest years after the causal event took place and may even remain hidden by the victim, making a medical assessment difficult. Due to this, in certain cases psychiatric experts have been known to go to the «level of occasionally decisive evidence» (Decree of 1992 on psychotraumatic syndromes), using a «logical, rigorous, clear approach that can be easily understood by everyone» as the basis of their reasoning. This type of expert opinion is not simply gained instantly at the time of examination, but requires (psychiatrists and surgeons alike) to watch the entire movie of the person's life from which this photo was taken. It is necessary to take into account the personal psychological dynamic that has been modified by the psychological injury (including its social acceptance) as well as the reality and past of the initial traumatic event. Some things only turn out to have been traumatic when another event takes place. Whilst the classic signs can be quickly identified, the assessment of chronic sequelae is difficult and evaluation of personality changes remains uncertain, sometimes for several decades after the psychological trauma. However, these pathological changes often lead to difficulties in social, familial and professional adaptation, which need to be spotted and treated. There is currently a great deal of interest in building a clinic for the latent after-effects of psychological trauma, be they neurophysiological or psychosocial, in addition to the active research being carried out on the mechanisms behind this.

Reparation: the cornerstone for correctly treating PTSD.
Although the allocation of a pension is an indisputable right, compensation cannot only be financial and must give way to real sense of symbolic reparation. This is engendered in the Decree of 10 January 1992, where it is expressed clearly and for the first time for experts that «during medical examinations, the expert is carrying out a task that indirectly comprises a therapeutic dimension». This «psychological wound» requires acceptance and caring support, which are the beginnings of a construction of sense. This is a key component.
To end on an optimistic note, we will see the start of a change in attitudes that gives cause to hope there will be improved treatment and, eventually, a change in public opinion. It is at this point that reconstructing one's image after a traumatic event will take on another form.

Compensation for Post-Traumatic Stress Disorder (PTSD) From recognition in theory to implementation in reality

Véronique de Tienda-Jouhet - *Paris Bar*

Véronique de Tienda - Jouhet

After training and generalist experience leaning towards social issues (right to work and social security) in several Parisian law firms, Véronique de Tienda-Jouhet established her own firm in 1990.

From 1999, she started to accumulate experience in defending soldiers and military disability pensions that fell within the Right to Compensation and its accessories.

Legal advisor for a number of associations for veterans' rights, primarily working with the UBFT for 15 years. In 2013, she wrote a report for the disability rights group Comité d'Entente, entitled «Injured for France, Injured by France! The bravery and poverty of our war wounded who served France – 30 recommendations...». This study was aimed at France's top government officials and one hundred other possible stakeholders, with a view to improving and accelerating the treatment of those granted the Right to Compensation. She also participated in the investigative television programme, Pièces à conviction, screened on France 3 on 5th December 2012 » The Afghan Syndrome: France's forgotten soldiers».

Active member of the Palais Veterans' Association, which brings together all law practitioners interested in defending soldiers.

The invisible injury was first incorporated into the disability scale in the chapter on neuroses and mental illnesses, yet it was not until the decree of 10 January 1992 that PTSD itself was included on the scale, in chapter 14 «Psychological disorders induced by war». The decree was a good start, but it had its wings clipped by circular 61B of 6 March 1992. The Administration believed that it could continue to demand proof of a single specific traumatic event that triggered the syndrome, and thus ignore the expert opinions that had, with the decree, been elevated to the status of satisfactory evidence. This meant that, up until 2000, the application of the decree was imperfect. For example, since the administration continued to maintain that this document could only apply to psychological damage caused by war, there was an uphill battle to have it recognised as also being applicable to firefighters or soldiers who are psychologically scarred from an accident in the line of duty.

Therefore, the conditions for applying this decree were distorted and inflexible until 18 July 2000, when a new circular was issued to rectify the way of thinking that had resulted in PTSD becoming a «cut-price injury», because it was mishandled (most applications were rejected) and poorly compensated (the percentages recommended by the decree were either ignored or reduced).

We can cite:

- *the event that triggered the injury: «With regards to post-traumatic stress disorder, the causal factor could be a single event, during which the subject's life was in danger, or the participation in the death or injury of another human being, or having performed or witnessed acts that were psychologically shocking or horrifying. It could also be the result of an accumulation of psychologically stressful events...»*

- *the clarifications made around establishing the proof: «...However, the evidence may be reported by any means, as the decree takes the specific nature of post-traumatic stress into account ... and allows for 'expert medical opinion to be used as occasionally decisive evidence'...»*

Despite these developments, obtaining a PMI for PTSD remains a delicate affair. In fact:

1) When the subject is injured both physically and psychologically, it is still difficult to gain recognition for the percentages attributed to the physical damage (subjective syndrome after traumatic brain injury) and pure psychological damage (PTSD) respectively; the Administration systematically argues that some symptoms which are compensated for as a result of head trauma cannot also be compensated for with PTSD.

2) When PTSD manifests a long time after the trigger event has occurred, it is always more difficult to prove the event, as it was so long in the past.

3) Because the Administration is often tempted to view the cause of PTSD as being linked to events in the patient's personal life.

4) Because the person suffering from PTSD tends to wait until they are overwhelmed by serious symptoms before opening up to the reality and accepting medical help.

In short, the complexity of PTSD is the root cause of many of the difficulties faced by military pension lawyers. There is still a long way to go before PTSD is recognised and compensated for what it is, i.e. one of the most difficult conditions to cope with, because it is invisible, does not evoke compassion, and can end up completely «colonising» the sufferer.

Member of the Symposium's Scientific Committee, Professor Maurice Bazot is the moderator of session 3 «Suffering and psychology of soldiers and veterans» and session 4 «Expertise and compensation»

Pr. **Maurice Bazot**

Born in 1933 in Bourges and graduated with a degree in medicine from Paris, Maurice Bazot has worked as a GP (unit medic during the Algerian war), neurologist, and then psychiatrist, before becoming a professor of psychiatry at the École du Val-de-Grâce. Promoted to the position of Inspector General, he managed the school from 1989 to 1995, after a stint as the head of psychiatry at the Percy Military Teaching Hospital.

With regard to psychiatric loss in war, he was member of the Land Staff's «Psychological factors in combat» working group, co-author of the military health advisory committees' technical report on the «medicalisation of the front line» (1987), and member of the international «Euromed» working group on the prevention and treatment of psychological disorders in catastrophes and conflict from 1985 to 1990.

Expert at the French Ministry of Defence under the Superannuation Directorate, he is also very active with associations, with a particular interest in history. He is president of the Friends of the Musée du Service de Santé des Armées in Val-de-Grâce.

He is commander of the National Order of Merit, officer of the Legion of Honour, Academic Palms, and Order of Arts and Letters.

Gueules Cassées, un nouveau visage

Professor **Jacques Philippon** - *President of the Foundation for "Gueules Cassées" Scientific Committee*

Pr. **Jacques Philippon**

After his secondary education at the Lycée Henri IV, Jacques Philippon went on to study Medicine at the University of Paris, gaining his PhD in 1965 and simultaneously securing an internship at the Hôpitaux de Paris. Before starting his true career in neurosurgery, as Clinical Director at Hôpital de La Pitié, he spent two years as a lieutenant medical officer in the French air force, first in Algeria and then in France. He then carried out a year of clinical research at the American National Institutes of Health, near Washington.

Back to Paris in 1966, he was assistant in neurosurgery, in charge particularly of traumatic emergencies, but also neurovascular. He became Associate Professor, and was head of the department of Neurosurgery at la Salpêtrière, a position he held for 23 years. Under his leadership, the development of conventional neurosurgical operations (trauma, cerebrovascular accident) was continued along with new techniques were developed, such as stereotactic.
This led to the realization of many scientific work (more than 180 articles were published in both French and English). Member of the National Academy of Medicine since 2005, he is also a Member of the National Academy of Surgery and Chairman of the Scientific Committee of the "Gueules Cassées" Foundation.

If we take the title of this symposium, the Foundation for Gueules Cassées is definitely part of this fresh look.
Throughout these past few days, we have heard presentations on multiple aspects of the craniofacial injuries linked to the First World War. Out of profound gratitude for the sacrifices these men made, a support association called the UBFT was set up in 1921, better known as «Gueules Cassées». The association expanded to cover those who are injured in the line of duty and victims of attacks, whilst maintaining its shared vision of helping those in physical or psychological pain.
To ensure its work could continue after the inexorable decline of its target demographic, in 2001 the association established a Foundation that would defy the passing of time, by donating the revenue from its investments towards sponsoring research into medical and surgical techniques to repair craniofacial trauma. The scope of its work widened further still in 2012, when it amended its statutes to encompass not only the treatment of trauma but also that of malformative or tumorous diseases; certain degenerative diseases that affect brain function may also benefit from this research.

This support takes on three different forms:
- Scholarships for pre-doctoral students
- Laboratory grants for the purchase of scientific equipment
- Support at conventions or for scientific publications

There has thus been a constant progression every year in the number of projects the association has funded, from 10 in 2003 to 48 in 2014. In total, the Foundation has supported 300 projects in the past ten years. In parallel to this, the sums granted have regularly increased, and today total over €8,5 million.
Alongside this regular activity, it is worth highlighting the importance of one-off actions:
- The creation in 2001, in partnership with the St-Joseph Hospital Group, of the Institute for Diseases of the Face and Head
- The opening of a dental implant department at the Institution Nationale des Invalides
- Contribution to the creation of a neurovascular unit at St Joseph Hospital for the improved treatment of strokes
- Significant support for the Centre for Memory and Alzheimer's Disease at Pitié-Salpétrière, which is dedicated to the prevention, early diagnosis, pathophysiological research, and treatment of this disease.

And finally, 2011 saw the introduction of a Foundation Prize in reward of a researcher or research team that has worked for several years on a subject that has led to a clinical application. In 2011, Dr Lescot was awarded the prize for his work on cranial trauma, and the following year was the turn of Dr Gogly for his research into gingival fibroblasts, the ideal cell for repairing other tissues, including the jawbone, post transplant.
Having travelled through the past, it is now with complete confidence that we can envisage a bright future for the Foundation.

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This symposium is organised by

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