Signs of Life

Cinema and Medicine

Edited by Graeme Harper and Andrew Moor

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Contents

Acknowledgements vii
Notes on contributors ix
Foreword xi
Sir Kenneth Calman

Introduction 01

1 Magic bullets, dark victories and cold comforts: some preliminary observations about stories of sickness in the cinema 07
Brian Glasser

2 Birth traumas: medicine, parturition and horror in *Rosemary's Baby* 19
Lucy Fischer

3 The mainstream AIDS movie prior to the 1990s 33
Kenneth MacKinnon

4 Health education films in Britain, 1919–39: production, genres and audiences 45
Timothy M. Boon

5 Sex, death and stereotypes: disability in *Sick* and *Crash* 58
Tom Shakespeare

6 Past imperfect, future tense: the health services in British cinema of the mid-century 70
Andrew Moor

7 Just a story or a 'just story'? Ethical issues in a film with a medical theme 82
M. Roy Jobson & Donna Knapp van Bogaert

8 'Either he's dead or my watch has stopped': medical notes in 1930s film comedy 92
Graeme Harper

9 Angels, battleaxes and good-time girls: cinema's images of nurses 105
Julia Hallam

10 'To catch a star on your fingertips': diagnosing the medical biopic from *The Story of Louis Pasteur* to *Freud* 120

11 From *Let There Be Light* to *Shades of Grey*: the construction of authoritative knowledge about combat fatigue (1945–48) 132
C. A. Morgan III

12 Imitation of life: the politics of the new genetics in cinema 153
Jackie Stacey

Bibliography 166
Index 176

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04

Timothy M. Boon

Health education films in Britain, 1919–39: production, genres and audiences

Health education films, unlike most of the other cinematic subjects of this book, did not simply represent medicine and health, they were conceived as their instruments: each film was, in one way or another, intended to alter public behaviour to enhance health. The brief compass of this chapter provides space to discuss the first 20 years of the genre in Britain. The films I discuss here have received little serious attention from film historians or members of the film studies community.[1] Scholars usually opt to study better known, or simply better made, examples of the cartoon, melodrama and documentary genres with which they are associated. But the size of the genre is sufficient in itself to demand study and explanation. Between the foundation of the Ministry of Health in 1919 and the outbreak of the Second World War, approximately 350 health films were produced or shown in Britain. For the historian of medicine, this provokes questions: who made these films and why did health education matter so much to them? Why did the films differ so much in style? And who saw them? Fortunately, survival of films is good enough (mainly in the National Film and Television Archive) and just sufficient paper documentation persists in the archives to be able to answer many of these questions.

Most of those responsible conceived of these films as part of a broader health education enterprise. Health education of the public was chosen as a mode of quasi-political activity by groups of activists, very often organised into voluntary health associations. These organisations were an established part of the mixed public/private 'economy' of the interwar public sphere. The CCHE's 1939 *Health Education Year Book* lists 76 such voluntary associations, of which 38 had films in distribution. Most active

– the arrangement in place before 1919 – was the correct way to deliver the service [illegible] that it should continue; for them health propaganda was not the state's business. [illegible] heterogeneous groups of people who made up the associations included aristocrats seek[ing] to retain a type of political role in a period of decline; aspirant middle-class profession[als] – including doctors – making a political place for themselves or asserting a particular vi[ew] of medicine; and women, before 1928 deprived them of the vote, finding a type of politi[cal] stage on which to act. The voluntary health associations differed over what they believe[d] mattered to public health; for some it was particular diseases, whilst others worried abou[t] the moral state of the population, their uptake of medical services, or their genetic declin[e]. Later, questions of public health became entangled in issues of more general social reform and citizenship.

The effect of these differing concerns was magnified by the policy of the Ministry of Health, whose ministers and officials confirmed in 1920 that practical health education should not normally be undertaken centrally, but should be delegated to these voluntary health associations and to the Medical Officers of Health employed by all local councils. Ministry officials developed a fundamentally hierarchical model of communication, with educated intermediaries sitting between the State and the public. As George Newman, the first Chief Medical Officer, put it: 'governmental action is the outcome of public opinion, and this in turn is formed by the more educated section of the people and by individual exponents' (Newman 1925: 17–18). The voluntary associations were seen as key members of that 'more educated section'. The Ministry allowed for only one potential exception to this delegation model; that in times of crisis, symbolised for them by the influenza epidemic of 1918, the Ministry might take direct charge of health education (Boon 1999: 90–1).

The organisations that assumed a role in health education used a wide range of media in addition to films, for different audiences: lectures, meetings, conferences, books, journals, editorials, newspapers, posters, leaflets and broadcasting. Films were generally conceived as tools of persuasion of the general public. Going to the cinema was a highly significant aspect of British social life, as Jeffrey Richards (1984) has shown, and health educators hankered after a share of that audience. The *Health Education Year Book* stated in 1939 that 'the value of the Film as an impressive visual medium of education needs no emphasis' (CCHE 1939: 111), betraying a commonly held faith that the power of celluloid could be put to use for propaganda purposes. Allen Daley, Medical Officer of Health for Blackburn, speaking about health education lectures, commented that 'practically everywhere audiences of 1,000 to 3,000 can be obtained: the former for lantern lectures, the latter for those where cinema films are shown' (Daley 1924: 308). As films were expensive to make – according to Daley in 1924, even the cheapest were normally beyond the reach of individual local health authorities – the fact that so many were made confirms the high estimate of their propaganda power.[2]

For all groups commissioning health films, there came to be a choice to be made between types of film and filmmaker. Over half of interwar health education titles were made by professional filmmakers, of many complexions, including then well-known companies such as Bruce Woolfe's Gaumont-British Instructional (British Instructional Films before 1933). But large numbers were also made by tiny companies, for instance the National Progress Film Company, which occupied what Rachael Low describes as 'a hinterland of filmmakers and agents, largely unknown to the rest of the film industry, arranging for the production and dissemination of publicity films ...

[illegible]935, the more familiar names of the documentary film movement – including Paul [illegible] Edgar Anstey and Arthur Elton – were increasingly involved as they began to ply [their tr]ade in the commercial sector.

[T]he films can be seen as products of occasions of agreement between the organisations [com]missioning them and filmmakers. This was so at the general level, for example that [supp]liers of funds made possible the production of films. But it was also so at the level of [detai]led negotiation of the contents of films and how they were cinematically expressed. [Ever]y example where a production archive survives reveals the influence on the final film [of m]any different types of individual: specialist doctors, local government officials, funders [and] experts of one kind or another. A particularly striking example is the way that nutrition [scie]ntist John Boyd Orr rewrote the last third of Paul Rotha's 1943 film *World of Plenty* ([B]oon 1997). In other words, individual films are cultural artefacts contingent on the [ext]ended groups responsible for their production. Similarly, the long-standing generic [si]milarities of the several sub-classes of film were products not only of the adoption of [exi]sting genres, but also of long-term relationships between public health organisations [an]d filmmakers. The director Mary Field (1896–1968) for example, who worked for British Instructional Films, sat on the propaganda committee of the British Social Hygiene Council from 1929 for at least a decade. Orr was associated with the documentarists from 1929 to at least 1947. And the instances of agreement that produced films often extended beyond consensus about the form the film should take to shared political and cultural values (Boon 1999: 149, 245–7, 9–12).

Voluntary health associations and 'moral tales'

The majority of health education films, certainly up to 1939, were 'moral tales': fictional stories presented as entertainment films using moral narratives (often featuring sequences of innocence, transgression, punishment and atonement) intended to convey a health implication. This genre drew on traditions in melodrama, themselves deriving from popular theatrical traditions of the nineteenth century, as Raymond Williams has shown (1983: 15–16). It was the voluntary health associations that particularly favoured this genre, from the time of the venereal disease film *Whatsoever a Man Soweth*, in 1918, onwards. The only association consistently receiving substantial central or local government funding, the National Council for Combating Venereal Disease – renamed the British Social Hygiene Council (BSHC) in 1925 – generated, or handled British distribution of, as many as 45 films between 1919 and 1939. Over 130 films were produced by other, privately funded, voluntary associations. The Health and Cleanliness Council (H&CC), responsible for 19 films including the *Giro the Germ* cartoon series, was dependent on concealed commercial funding, from the electrical industry, and probably also from soap manufacturers (Daley 1959: 34). Of local voluntary associations, it was the housing associations that produced the largest numbers of films. Two examples will give a clear idea of the genre.

Deferred Payment, made by Mary Field in 1929, was the first collaboration between BSHC and British Instructional Films. It was described as 'a dramatic film dealing with the need for ante-natal treatment of an infected mother and emphasising the danger of "quack" treatment' (BSHC 1928–29: 34). The film was described as being made with the co-operation of Dr Marjorie Smith-Wilson, Dr Margaret Rorke (Medical Officer in charge of the female VD department at the Royal Free Hospital) and Dr Morna Rawlins

approved by the chairmen of the BSHC's propaganda and executive committees and by the senior venereologist Colonel L. W. Harrison.[3] This group produced a film typical of the 'moral tale' genre, as the catalogue description, quoted in full, reveals:

> The story of a wireless officer who, transferred to home service and anxious to marry his old sweetheart with a clean bill of health, visits a quack doctor to whom he makes heavy payments for so-called 'treatment'. Thinking that he is cured, he marries. The wife, when the first baby is expected, attends an ante-natal clinic, where she is informed that she is infected with Syphilis, but that with careful treatment the baby will probably be born healthy. The husband then visits a doctor and also undergoes treatment. A healthy girl is born, but when a second child is expected in two years' time, the husband persuades his wife, in spite of the doctor's advice, that it is not necessary for her to take any more treatment as they are all well. A baby boy is born, who grows up a weakling, and eventually it is ascertained that his eyesight has been damaged by Syphilitic infection. Through treatment the little boy's sight is saved, but so weakened that it will affect his choice of profession. The father realises that the child will continue to pay indefinitely for his fault. (Crew 1935: 42)

This film conforms to Annette Kuhn's (1988) analysis of the mode of address of earlier VD films. Aimed at mixed audiences, men and women each have a figure with whom to identify – Leonard and Gladys Dawson – each of whom is given a speech at the end (on caption boards) expressing their own culpability for their son's condition. Cinematically, the film is similar in kind to earlier VD films, with its limited and literal use of editing and of close ups, and the universal use of static shots. This is an unaffected, literal mode of film style in which Leonard's 'fault', illicit and dangerous sex, is vigorously suggested, but not stated. The literalistic style of filmmaking tends to enhance the moralistic and authoritarian strands in the film relating to medical figures. The representation of the quack doctor first visited by Leonard is in sharp contrast to the doctor at the Maternity and Child Welfare Centre who diagnoses Gladys' syphilis. The quack smokes, wears a bow tie and winks and beckons to his female typist to leave the room when the nervous Leonard arrives. The doctor, on the other hand, white-suited, straight-tied, is represented by his gestures as deeply troubled by the tragedy of VD. His authority is signalled literally by his being filmed standing up looking down on Gladys who looks up at him. When Leonard confesses about the quack, the doctor addresses him as disobedient to medical authority: 'It was foolish and you have lost valuable time, which makes it more difficult to cure you.' *Deferred Payment*, in proposing obedience to medical authority, and a moral regime for the prevention of VD, presented a conservative moral universe of stable marriage, clean of the taint of promiscuity with its necessary concomitant VD.

The four-strong *Giro the Germ* series exemplifies some of the characteristics of H&CC films. Rachael Low sums up the style of these black-and-white films: 'the animation was crude, with passages repeated for the sake of economy, and the lesson was contained in a jingle which appeared as titles in the silent version or was sung in the sound version' (Low 1979b: 152). *Giro the Germ (Episode One)* (1927) has germs ('giros') as imp-like creatures mischievously intent on spreading disease. As the year book says; 'while the audience laugh at this amusing little creature they realise how dangerous he is' (CCHE 1939: 124).

Figure 1: *The Road to Health* (Brian Salt, Gaumont-British Instructional, 1938). One of the British Social Hygiene Council's moral tales about venereal disease. BFI Stills, Posters and Designs. Crown copyright – HMSO

passing flies. Landing on a windowsill they reject one house as unsuitable: 'No good! This is a clean house. About turn!' A caption reads: 'If your house is dirty and the house-fly comes and sees, they will bring the Giros – they will bring disease.' They select the house of a character named 'Grimy': 'Said Grimy to the Giro "If this were Friday night, I'd up and go and wash myself and give you all a fright".' Grimy smokes a pipe carrying a 'giro' and his wife drinks from a similarly infected teacup and they both become (instantly) sick. They call the doctor:

> Here comes the wise old Doctor man
> To try to save them if he can.
> And if he does, he's sure to say:
> 'It's Giro's made you ill today!
> Here's the soap and water.
> See the Giros run!
> Now in soapy slaughter
> Giro's day is done!

Here, as in the VD films, it is the doctor, with his authoritative pronouncements, who restores order, and a clear deference to medical authority is implied for the viewer identifying with Mr or Mrs Grimy. The doctor instructs Grimy to cover the bin and his wife to scrub the house. Order is thereby restored. The structure of the film is a fable in which dirtiness is associated with punishment in disease. But it is also redemptive in that it is implied that

Other film producers

Although the Ministry of Health placed a responsibility on local authorities to undertake health education, they did not provide funds for filmmaking. The Medical Officers, who were the main players in health education in the public sector, could usually not afford to make films, and, if they did, it was on an amateur basis. The result was that many Medical Officers showed health films, but few made them. There were two main exceptions to this rule. Bermondsey Borough Council made about 18 films as part of their experiment in municipal socialism, often using special projector vans to show efforts such as *Where There's Life There's Soap* in the borough's streets (see Lebas 1995). This film featured the verse, designed for children to chant, 'I'd wash if I'd been born a fish/Or e'en a humble frog./Alas! Alas! my habits are,/the habits of a hog.' The other interesting cluster of local authority films is the five or so made by Medical Officers to promote diphtheria immunisation, at that stage permitted by the Ministry of Health, but not promoted by them. *The Empty Bed*, made in Camberwell in 1935, is an interesting surviving example (Boon 1999: 187–90).

Social problems, health and documentary

From the mid-1930s, the gas industry pioneered a subtle commercial use of documentary film, as they employed it in their public relations strategy. They had the problem that the electricity industry, their main competitor for domestic fuel supply, was promoting itself as an avatar of modernity (Rotha 1973: 155; Luckin 1990: 9–22). Gas fought back, representing itself as a socially-conscious modern industry, using films such as *Housing Problems* (1935) and *Enough to Eat?* (1936) (see Boon 1993). These were not strictly health education films, but documentary films presented as discussions of public health issues *qua* social problems. They were not made by the commercial trade, but by documentarists, ranged on the political left and more or less strongly influenced by the rigours of Russian montage theory. The gas industry's 1939 film catalogue, 'Modern Films on Matters of Moment', asserted that their films were 'dramatic accounts of some of the problems of modern Citizenship in which the general public and the Gas Industry have a common concern … Nutrition, Housing Reform and Public Health'. They stated that the films 'will serve not only to make known the activities of the Gas Industry and the responsibilities which the Industry has taken upon itself in matters of Public Health and general welfare, but also help to articulate the public knowledge in the major social problems' (BCGA 1939: 3). The fact that 'the problems of modern *Citizenship*' were presented as the grounds for discussion by the Gas Industry and the public confirms for us the importance of citizenship as a common ideology when documentary filmmakers were involved.

Enough to Eat? (also known as *The Nutrition Film*) falls into three main sections – on laboratory and social survey research in nutrition; on the activities of local, national and international organisations; and proposed policy for England – with an introduction and a conclusion. The film's soundtrack is dominated by the narration spoken by the biologist and public figure, Julian Huxley, with no music or other sounds. Its visuals have been edited to fit the soundtrack, and are of several kinds: literal, whether synchronised as in the case of Huxley's appearances, or tied to the soundtrack, as when Huxley states, 'here you see the boys of the school being weighed and measured', or literal and specific, as in

the montage of newspaper stories and nutrition publications that starts the film, and the use of suggestive shots to accompany abstract statements on the soundtrack, as for example where the pitch forking of hay is used to accompany a speech from Lord Astor on world trade.

Edgar Anstey, director of *Enough to Eat?*, later described the film as 'a scientific argument deployed by scientists'.[5] According to contemporary categories, it was a descriptive or *reportage* film, as opposed to the more poetic and formalistic impressionistic documentary style (Rotha 1936: 225). It is clear that the adoption of the *reportage* style was a deliberate choice to represent a social and scientific subject in the supposedly more neutral and 'scientific' style of a film lecture. This choice may have been compounded by the controversy surrounding the nutrition question in 1936; those involved had made a deliberate choice to intervene in a politically disputed area, and the adoption of an 'objective' form was a sophisticated move.[6]

Government

The Ministry of Health, because they had delegated health education to the periphery, were directly responsible for the production of very few films in the interwar period. But officials at the Ministry were discussing the possibility of a publicity film *about* its responsibilities from shortly after the reintroduction of an intelligence and public relations infrastructure from 1935, after 15 years in which financial stringency had prevented any such activity. With effect from March 1935, a combined Intelligence and PR Division serving the Ministry of Health and the Board of Education was established, with the civil servant S. H. Wood as its Director. New emphasis on public relations was typical of government in this period. The film historian Paul Swann explains: 'as a consequence of the arrival of universal suffrage and the growing extent to which government departments intervened in the lives of the general public, politicians … were compelled to pay much greater attention to public opinion in Britain than they had previously' (Swann 1989: 2).

Wood was quick to clarify the three different roles of the new division as he saw them: intelligence was ensuring that 'information relating to subjects with which the Department deals is readily available when and where it is wanted'; public relations was the giving of intelligence information on request; whereas publicity was 'the provision of information on the initiative of the Ministry rather than at the request of the public'. It was this last rediscovered role which was performed with new energy in the second half of the 1930s. 'The object of publicity at its best,' he argued, 'is to try to make the work of the Ministry a matter of legitimate interest to ordinary men and women' (Wood 1935).

From 1936 the Ministry had a fortnightly meeting to 'determine from above' what subjects should be publicised. The suggested shortlist of items for discussion at the regular meetings included both films and responsibility for direct health propaganda. Both pre-war Health Ministers, Kingsley Wood and Walter Elliot, viewed the public relations committee as significant enough to chair its fortnightly meetings. It was only with the rise of public relations that the conditions were right for a new mode of health film to come into being. The documentarists, who had been nurtured within government at the Empire Marketing Board and GPO, were creatures of government publicity. And it was their model of film-making that appealed to the officials at the Ministry of Health; Ministry civil servants saw themselves as experts in administration, and they looked to the

This eventually produced, on the eve of war, a film called *Health for the Nation*, directed by John Monck, sometime associate of Robert Flaherty. From the start there was agreement that the film should be a film about England, its history, its consequent health problems and the work of the Ministry in alleviating them. Not tied to a particular campaign or health issue, it was designed to create in the public mind a picture of the concerns of the Ministry of Health; in Wood's terms it was 'publicity'. *Health for the Nation*, in contrast to *Enough to Eat?* is an impressionistic documentary covering its material at a stately pace, constructed following the principles of dialectical montage – structuring via thesis, antithesis and synthesis – enunciated by Sergei Eisenstein and Vsevelod Pudovkin (see Boon 2004). It features lyrical orchestral music, dissolving scenes of English countryside, industrial scenes, people at work and in their everyday lives and sporadic, poetic, commentary spoken by Ralph Richardson. The thesis of the film is the industrial development of the country, an impressionistic cinematic 'English Journey' accompanied by industrial location sound, introducing the coal, iron, steel districts of England, the textile industry, transport. The closing stanzas of this reel introduce the antithesis, that 'out of iron and coal and steel we built … slag heaps and smoke, soot upon the fields, forests of chimneys. In a hundred and fifty years we have changed the face of Britain. We have changed it forever.' The antithesis is amplified by a section on 'The people', and the impact of industrialisation on their health. The catastrophic interpretation of industrialisation is then given a forceful expression in an impressionistic sequence of panning shots of industrial areas, accompanied by the score at its most sombre: 'Overcrowded, poor, under the shadow of disease. Into filthy hovels, into ill-ventilated factories and mines was crowded the manpower, the driving force of industry, men, women and children.' The synthesis is introduced by a sequence of the dates and titles of Public Health Acts, culminating in the foundation of the Ministry of Health. The film builds on this with a series of cases, many of them compared with the state of things in the nineteenth century, presented in impressionistic manner with sparse commentary: water supply and drainage, house building, refuse disposal, medical services, infant welfare, school meals and milk, the school medical service, National Health Insurance, pensions. The concluding sections give an upbeat account of progress in responding to the health problems of the previous century. In sum, the film is a portrait of the English nation. Its visual language presents established characteristics of the English Nation, the underlying rurality, a people defined by industrial work. England here is an essentially prosperous modern nation; the achievement of this modernity has had a serious cost in terms of health problems, but these are presented either as already solved or as in process of solution (Boon 1999: 286–300; Boon 2004).

Audiences

The archives, periodicals, histories and biographies can yield a rich picture of the types of health film made during the interwar period, as the first sections of this chapter have sketched. More problematic is the question of who saw the films. For us, who inhabit a world saturated with surveys, focus groups and audience evaluation, the interwar period is a foreign country. It seems that those responsible for these films simply assumed that health education worked. All they asked was that significant numbers saw the films. Data on mainstream cinema-going reveal that 18 million per week went to 'the flicks' (Rowson 1936). For health education films specifically, some specialised archives hold

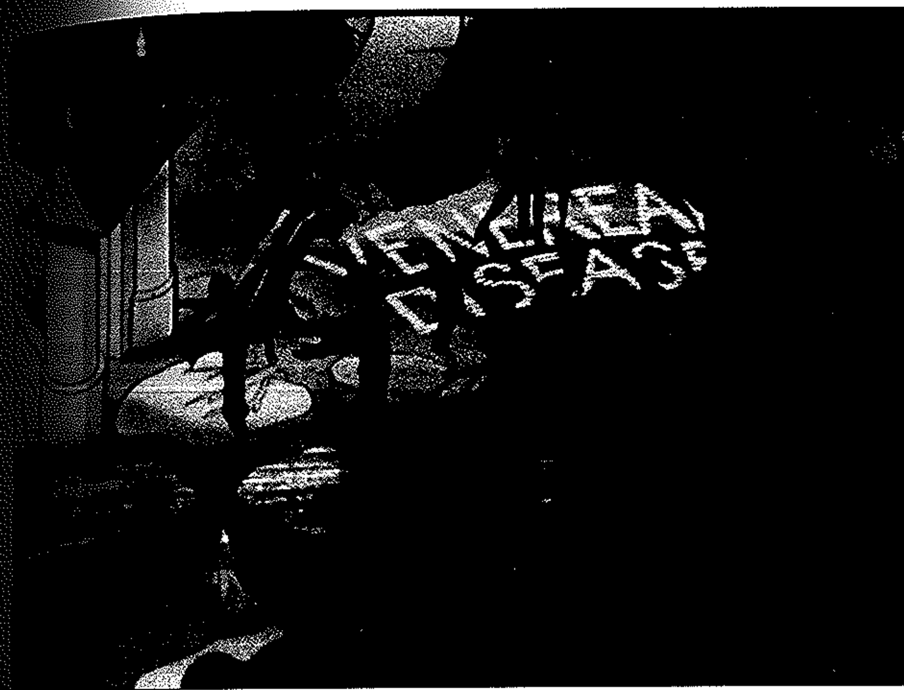

Figure 2: The world industrialisation has wrought, from *Health for the Nation* (John Monck, GPO Film Unit, 1939). BFI Stills, Posters and Designs, courtesy The Royal Mail Film Archive.

in September 1922, where a total of 1,700 people saw films at three venues: 'At each meeting the halls were full, many having to be turned away. In many cases it was necessary to admit the public an hour before the beginning of the showing' (BSHC 1922: 29).[7] And, because of the BSHC's policy of targeting some propaganda films separately at men and women, there are disaggregated data about gender split in audiences. So there is some potential to draw up a picture by mapping these geographically-specific reports; for example, at Stoke on Trent in February 1923, 3,834 men and 4,274 women watched VD films in a period of a fortnight.[8] There is sufficient information to make comparisons, but, at best, we can only say how many men and women saw particular films in particular places at particular times. And the records are remarkably short on references to any impact on behaviour.

For a more intimate sense of the impact of these films, we would have to turn to more sociological sources. The first organisation in Britain to apply sociological technique to the cinema audience was Mass Observation, the home-brew social anthropology organisation. A research programme outlined in 1937 directed observers to record details of the size, composition, appearance and behaviour of cinema audiences, reaction to films and overheard conversations. A questionnaire was also circulated to cinema audiences in spring 1938 (Richards and Sheridan 1987: 4). None of this study was directed to health education films, rather it traced responses to the ordinary diet of cinema-goers, which from at least 1925 was 95 per cent Hollywood product (Corrigan 1983: 26). One can be too pedantic of course, and the generality of the responses does give a sense of the context within which

the questionnaire responses show that drama and tragedy, into which category we might place the majority of the VD dramas, was the second most popular genre, with 21 per cent of women and 17 per cent of men placing it as their favourite. So we may conclude that the VD film producers had selected a popular genre, but we cannot say that the audience believed them to be particularly fine examples.

In the absence of detailed contemporary analysis of what films meant to individuals we are obliged to fall back on what can be said about spectators in general and their relationship to the films. We may say that the different genres of health film we have already encountered, by using different modes of address to their viewers, *asserted* particular relationships to exist between the authority they represented and their audiences. In the case of health education films produced by voluntary associations, the address drew on long traditions of the class authority associated with aristocratic power and nineteenth-century charitable activity. This carried political implications of an older deferential politics. In the case of documentary, the address drew upon a newer professionalised view of how society should be run, and it carried a citizenship discourse in which the films' audiences were invoked as active and responsible members of the state.

The documentary-maker and theorist Paul Rotha touched on the different modes of action of different genres in his landmark text *Documentary Film* (1936). He argued that documentary demands 'from an audience an attention quite different from that of a fictional story. In the latter, the reaction of the spectator lies in the projection of his or her character and personality into those of the actors playing in the story and the ultimate result of a series of fictional complications … [whereas] in watching documentary, the audience is continually noting distinctions and analysing situations and probing the "why" and the "wherefore"' (Rotha 1936: 141–3). Rotha is here outlining in a partisan way what Bill Nichols' essay 'Documentary theory and practice' later called 'mode of address' (Nichols 1976/77). This mode of analysis has the value of directing our attention to the choices of cinematic technique made by directors and other participants in the production of health films, and to the way that has led to the construction of a cinematic 'voice of public health'. The mode of address of individual health education films embodies the voice of medical authority in public health to potential patients. As such, it is a vehicle of the power relations of medicine. Briefly, in Nichols' formulation, mode of address may be 'indirect', as is found in fiction films such as *Deferred Payment*, where the viewer follows the action of the film through identification with the characters on the screen; footage is generally literal, showing the fictional world the characters inhabit. Alternatively, the mode of address may be 'direct', as is found in most documentary films, *Enough to Eat* for example, where an individual – sometimes seen on the screen – speaks directly to viewers; visual images are either the literal footage of the speaker or illustrative footage backing up the argument. Each of these modes of address implies a position for the viewer in relation to the film and its authors; passive in the case of indirect address of the fiction film and active in the case of direct address of the documentary. In the context of public health films, filmmakers and their production allies may be seen to be making assumptions about the degree of active engagement in health issues by their choice of film genre; whilst the address of the 'moral tale' fiction-based health education film implies taking the opportunity of the viewer's passive state to convey health 'messages', documentary implies the active engaged citizen.[9]

This approach can take us one stage further with the question of the cinematic voice

seen, of voluntary associations, members of the private sphere of medical practice and their filmmaking allies, private sector companies. These groups tended to have conservative views about society, as about medicine. In many respects they conform to the organicist model of conservative thought proposed by Karl Mannheim and discussed by David Bloor. Under this view, 'organic images of family unity' dominate, and it is believed that

> rights, duties, obligations and authority ought not to be spread uniformly. They should be unequally distributed according to generation, rank and role. Furthermore, justice … naturally adopts an autocratic but flexible and benevolent form, being gradually adjusted to the changing ages, responsibilities and conditions of its members. (Bloor 1991: 63)

The views of the mass audience held by these groups tended therefore to be hierarchical and perhaps almost literally of 'the great unwashed'. But, for them, the appropriate address to the mass audience was via appeal to them not in the mode of oratory to the group, but intimately, to an audience of individual subjects, each separately identifying with one or more of the film's characters. At the level of simile, we may see this as being like a series of doctor/patient encounters with docile, respectful, social subordinates.[10]

The address of documentaries, on the other hand, is also to the audience as individuals, but in a different mode. The wide groups responsible for the production of these films tended to have liberal or left political affiliations, and assumed that the audience would be as discerning in cinematic technique as it was expected to be in political matters. In their attitudes to the mass audience, they can be seen as exhibiting characteristics of the Enlightenment or 'natural law' style of thought opposing conservative thought style in Mannheim's account:

> [This is] individualistic and atomistic. This means that it conceives of wholes and collectivities as being unproblematically equivalent to sets of individual units … individual persons are made up of their reasoning or calculating facility and a set of needs and desires, plus, of course, their kit of natural rights. (Bloor 1991: 63)

The oratorical metaphor applies more directly to documentaries; the audience is conceived as a collective of individuals' 'reasoning faculties'. The action proposed for them is collective, it is that which 'we' ought to do as members of society. This mode of address resonates with public health as mass intervention via the state.

Conclusion

In the 'Age of the Dream Palace', millions of people every year also went to see health education films in town halls, mechanics institutes and other public venues. Their precise experience of this genre is lost to the historical record, or at least dissipated throughout it at a very low concentration. But, by studying the surviving films, the written records and contextual evidence that persist in libraries and archives, it is possible to recognise the importance of a genre that, if only in the sheer numbers of films and spectators, formed a significant part of how health and medicine were cinematically represented for our

Notes

1 My PhD thesis (Boon 1999), of which this chapter is a brief statement, is the first ... of the whole range of interwar health education films. Readers seeking more de... the matters discussed here should refer to this. Rachael Low's two works on 1930s ... fiction films are invaluable catalogues (Low 1979a; 1979b). Annette Kuhn's wo... VD films is a useful analysis of part of this territory (Kuhn 1988).
2 Daley 1924: 311, 313. For discussion of costs of production see Boon 1999: 177–8.
3 BSHC propaganda committee, 9 July 1929, CMAC SA/BSH/C, London: Well... Library.
4 The role of flies in public health campaigns is discussed in Rogers 1989.
5 Anstey interviewed in *On the March*, series on the history of the *March of* ... Newsreel, Flashbacks production, 1985.
6 For the nutrition debate, see Smith 1986.
7 BSHC Propaganda Committee meeting, 16 Oct 1922, CMAC SA/BSH/C, p.29...
8 BSHC Propaganda Committee meeting, 19 Mar 1923, CMAC SA/BSH/C, p.11...
9 Several authors have explored the implications of Nichols' distinction for various ... of documentary film; see Pearson 1982, Kuhn 1988.
10 In H. B. Brackenbury's book, *Patient and Doctor* (1935), 'The patient is constru... a passive object, expecting from the doctor certain qualities – knowledge, skill, ... fulness, judgement, sympathy, understanding, moral character and ethical cond... (Armstrong 1982: 113).

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