

Abstracts in English

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INTERNATIONALE**

INFORMATION PERSUASION PROPAGANDE

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DE COMMUNICATION
ENTRE SCIENCE, MÉDECINE,
SPHÈRE PUBLIQUE & SOCIÉTÉ
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NB: the language of the title in the program is the presentation language

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Although Jean-Benoit-Lévy (1888-1959) began to prepare the manuscript of his major publication *The Great Missions of Cinema* (Montréal, Lucien Parizeau et Cie, 1945) during his New York exile, fleeing from Nazi occupation and Vichy France, the work seems to follow Benoit-Lévy's professional activity and personal trajectory over the last three decades. The first part of the book, taking into account of what remains of Benoit-Lévy's personal papers, seems to synthesize notes, conferences and experiences of one of the central "educational" film producers in France of the interwar period. The second part of the work can be interpreted as the commentary and reflection of a delocalized observer confronting immersion in the American world of movies in light of his prior experiences in France. If the first part of the oeuvre is dedicated to film genres (teaching, educational, documentary, advertisement, information) asking "what kind of films should be made", the second part of the book despite its subtitle "Motion pictures in the entertaining arts" is rather oriented to the question how films should be produced and distributed (motion picture drama, interpretation, natural 'actors', the production team and motion pictures as artistic industry).

This contribution is based on a close reading of *Missions* (informed by Benoit-Lévy's personal archives) and the initial destabilization of a medical film scholar with Valerie Vignaux's biography of Benoit-Lévy, where she indicated that medical and sanitary pictures accounted for roughly one third of Benoit-Lévy's film production and should be studied in the context of his entire oeuvre of approximately 400 films produced between 1922 and 1939. Here I look to return to the question of how the production dialogue between film directors and authors of "facts" produced hybrid forms of "utility films" in a permanent tension between "films of facts" (Paul Rotha) and "films of life" ("*film de vie*" Jean Benoit-Lévy), between documentation, information and entertainment and between art and industry.

The first section of the paper, which I've titled "Missions: teaching and educational film as 'film of life'", I will analyze on basis of Benoit-Lévy's medical and sanitary subject films their spectator based conception. Further, the section will analyze Benoit-Lévy's commitment to socially engaged utility film and his principle of immersion. I will follow with a section titled "The boss, the production team and the idea" that analyzes the forms of dialogue established by Benoit-Lévy when producing his commissioned medical and health education films. Lastly, I will reflect on Benoit-Lévy's place within French medical and health education interwar motion pictures. I will gauge Benoit-Lévy central commitment to create films as lessons of life.

Progress, the new mother's guide: Caring of newborns and domestic work in Jean Benoit-Lévy films

Anne Masseran (CREM EA 3476, Université de Lorraine & Université de Strasbourg)

During the interwar period, Jean Benoit-Lévy's educational films for new mothers staged, through their narrative, an "old women's world" and a "new". Here cinema was used to persuade young or future mothers and housewives of the relevance of a full range of modern knowledge and know-how.

Yet, in this period, the informal and secular knowledge that circulated, usually among women, was profuse. This informal circulation of "recipes", "techniques", "know-how" is, in part, linked to the lack of consideration of the realms of maternity and households by science and medicine. Incidentally, at this time, scientific and medical discourse rarely addressed women – notably peasants, labourers, even young bourgeois. Rather neighbours, mothers and grandmothers, without any medical training, relayed knowledge in these realms. At the end of the nineteenth century, and especially after the First World War, children became a real issue. They came to represent the future of the nation; they had to replace the men lost at war and it followed to assure that they were wholesome in body and mind. For that matter, slums were identified as true dangers. Housewives were herein called upon to exercise new duties: to assure good hygiene, to fight against alcoholism, to raise children properly, and even to oversee the economic organisation of the household.

In this context, Benoit-Lévy films represent a "map"¹ indicating points of reference – science, healthy diet, technological progress, etc. – which could/should guide women in order to avoid the pitfalls of popular knowledge. The demarcating lines are materialised, like boundaries, in the conduct to follow – according to science and medicine – and those that are deterred – in line with popular knowledge. The issue was to render knowledge credible that remained foreign to young adults, knowledge that undermined what they had learned and lived in their childhood.

This presentation aims to illustrate how film – especially its narrative and emotional moving potential – was exploited by Benoit-Lévy to give body and materiality to this cartography of scientifically advocated conduct and condemned behaviour.

¹ For the metaphor of a "map" see Thomas Gieryn, who highlighted similar processes in other contexts. Gieryn T., 1999, *Cultural Boundaries of science. Credibility on the line*, Chicago/London, The University of Chicago Press.

Joël Danet (SAGE UMR7363, Université de Strasbourg, France)

Cinematographic production of propaganda film soared in France with the First World War. This was directly related to the developing operations of the French army and to confronting German propaganda that used cinema efficiently to increase impact. The productions by the newly established *Service cinématographique des armées* herein was to "give a strong impression of the material and moral power of the French army and hierarchical control." (Laurent Véray, *Les films d'actualité français de la Grande Guerre*, 1995, p. 42) Their films addressed different publics: the citizens far from the frontlines who would see them in the cinema and the States with which France sustained intense diplomatic relations.

Nonetheless, we observe other types of images that, rather than stage the power of the French military, invoke the destruction caused by the war it was engaged in. Destruction of the national landscape was asserted in scenes of the damages caused by enemy bombing. Landscape views, sometimes accentuated with a slow panning of the panorama, revealed devastated urban areas, building and church facades in ruins. Human destruction is also seen in the images reserved for the State undersecretary of health services. They reveal close-up shots of those facially disfigured; those crippled limping across a courtyard; those traumatized by bombing sitting on a bench taken with irrepressible spasms.

The direct nature of the staging serves two purposes. In being diffused in cinemas during the war, the images of ruin caused by the bombing serves to provoke indignation and herein maintain the investment of the rear in war efforts. In the post-war, they also served as assessment for preparing solicitation for retribution from the enemy. Likewise, the images of maimed combatants, initially intended for medical research, were re-used in preventive films for soldiers. Two films destined to limit the spread of venereal disease within the troops, *La blennorragie, danger social* (1933) and *Une maladie sociale, la syphilis* (1939), exemplify this with persuasive threads axed on the brutality of medical images. In illustrating symptoms and explaining their treatment, they linger on these images and impose a difficult spectacle on the spectator as much as to inform of the treatment techniques as to instill fear with images of the consequences of the disease. It is a case of speaking forthright and frankly to the soldiers. The production of these two films involved medical doctor and lieutenant colonel Lucien Jame, who built his career on the fight against contagious disease. He makes an appearance on the screen, speaking to the camera in order to address soldier-spectators. Here as well, frankness is used, with a straightforward tone, instructions for moral and hygiene conduct are pronounced. Through his presence on the screen and through the scenes of the clinic that accentuate his words, we witness the application, in these two films, of the conception of the preventive message in the military context: "Films for the military audience must be modern, efficient, powerful. Those that concern venereal disease must adopt a documentary format: short, educational, precise." (Lucien Jame, *Cours d'hygiène et de prophylaxie*, 1937)

In the stance taken with the frank tone and the telltale brutality of the images, and in line with tendencies in the history of military film, dwells an outstanding option in contemporary production of preventive films.

Serge Kornmann (Independent scholar, Strasbourg, France)

What role have scientific, and notably medical, films granted animation? From the end of the 1940s, the writings and productions of Pierre Thévenard, a urologist devoted to science film, defended the idea that film was a useful auxiliary to research and its vulgarisation. It was the characteristics of the medium, as much as the rigour and the ingenuity of those that used it, that brought it to even contribute to scientific research and the diffusion of results. In 1948, Thévenard and his collaborator Guy Tassel theorised just this in *Le cinéma scientifique français*, along with Jean Painlevé, whose preface to the book resembled a manifesto of the *Institut de Cinématographie scientifique* that he founded and that Thévenard would join in 1959.

Film enlarges the object filmed and makes it visible to peers or students assembled in an amphitheatre. The recording of an experiment and the possibility of slowing the speed of the sequence make its restitution all the more didactic. It also allows a clear rendering of elements that are difficult to perceive with the naked eye and to herein couple image with explanation. Animated schemas allow a phenomenon to be visualised by enlarging it and by showing only its contour. The addition of legends and arrows highlight and animates the scheme of an explanation. This use of animation is regularly seen in the scientific productions that Pierre Thévenard pursued at the *Institut Pasteur* from 1948.

With *A votre santé*, produced in 1950 for a campaign against alcoholism, his repertoire broadened to include entertaining sequences and symbolic ideograms. He herein responds to expectations for a film that aims to prevent as much as to inform. In line with educational films intended for wide diffusion, whose primary objective is public awareness, *A votre santé* sought to combine the transmission of facts with a play on emotion. The different series of animation articulate sequences of real shots, which are presented as fictional sketches or as chapters of a documentary. A commentator addresses two men leaning on the counter in a bar: What is the effect of alcohol absorption on the digestive system? An animated schema then intercedes, with an anatomical representation to illustrate the commentator's explanations. Later, an animation shows a staggering inebriated figure, clinging to a lamppost. And later still, a drawing of a cemetery frames graphs illustrating the statistics of alcoholism in Europe. In each situation, and at times within the same image, the two virtues of animation are used: its expressive clarity and its evocative power.

This paper proposes herein to revisit the example through a presentation of the animation artists that Thévenard chose to collaborate with and to explore the techniques and methods that they used to fulfill the overall strategy of his film.

Educational film in interwar France viewed through an international lens

Pascal Laborderie (CEREP EA4692, Université de Reims, France)

In interwar France, an astounding network of health and social education film was formed under as secular educational film. This dispositif was principally led by teachers and orchestrated by the *Ligue française de l'enseignement*. Although it is interesting to describe the network at the national level, a history of educational film must extend beyond the Franco-French frame in order to relate these educational efforts to the international perspective.

First, it is not insignificant to note that the network of secular French educational film included the whole of the French territory, that is, not only the mainland, but also the colonies. It is also important to recall the attempt to bring together diverse educational films by the League of Nations with the establishment of the International Institute of Educational Cinematography in 1928. Finally, it must be stressed that, despite the heterogeneity of systems in place in the interwar period, we find the term "education" regularly in a variety of state or state-supported organisms responsible for communication and propaganda, notably in Germany, Italy or Russia.

Whereas the propaganda of authoritarian regimes translated to interventionism in the cinematographic industry, the intervention of the State in favour of propaganda film seems nearly inexistent in democratic countries. In France, however, parliamentary and governmental measures in favour of school and educational films were not negligible. As such, the dispositif of French educational film consisted of joint efforts of militant associations and parliamentarians that belonged to the same community, that of popular secular education. In this perspective, Jean Benoit-Lévy's films constitute, without a doubt, the spearheads of a cinematography, which participated in republican propaganda, while contributing to health education and prefiguring the advent of the *Front populaire*.

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Laurent Garreau (Canopé, Poitiers, France)

In cinema and television, the media are generally very enthusiastic about medical progress and grant it a spotlight when a new vaccine is born or a new surgical operation succeeds. French educational television is no exception to the rule. It is hence in current affairs programs produced by the CNDP and the IPN that medical miracles and recent discoveries of the human body or living things are detailed.

Educational television for schools was the initiative of a few inventive educators motivated to modernise traditional education by investing in new technological media. And what was more innovating in the 1950s than television. Promising a wondrous future, television, like cinema in its dawn, could not remain outside the educational realm. The fascination with television naturally leads to its addressing medical engineering. Heir to the form and the themes of educational film, educational television can be tied to a longer history with figures like Jean Brérault or Jean Benoit-Lévy who had already experimented with motion picture in teaching.

From historical documents, the mediation of health in catalogues produced or put together by the minister of education or by film libraries specialising in educational film, we realise that the use of audio-visual media was primarily for medical research. In this pre-history of educational television, documentary film and its diffusion in the classroom broached an extreme psyche state, that of invisible spectator; that is, showing physiological perturbations mentally provoked in order to exorcise and transcend them, like in Professor Camillo Negro de Turin's 1908 *La nevropathologica*.

Through educational television archives, we can delineate time *t* of medical knowledge clout – the discovery of the polio vaccine² – and of resounding silence – as for cancer. We also witness professional, social and even cultural dimensions of medical issues: school medical check-ups, X-rays, social security, etc.

The health programs of the dawn of French television for school are quite close to the general health programs and the specificities of school campaigns are not initially evident in the programs. Educational television only gradually established original and distinguishing forms of expression. A program like Nestor Almendros's *La journée d'un médecin* (1967) testimonies the development from demonstrative discourse to "pedagogical spectacle", from scholarly speech to a meaningful staging of the subject of the "body".

The use of educational television for social and cultural awareness or for scientific popularisation was only secondary. The human body, filmed in all its states, in a diversity of environments and at different ages, is silenced and under the gaze of the camera, the doctor looks to make it speak. The camera and the director look to overcome the dissimulation of the invisible and the voiceless to reveal a patient's pain. He invests heavily in medical machinery³ and notably that of the hospital⁴, as well as representation of the body. In

² Cf. film *La Poliomyélite* d'Antonia Calvin dans la série Hygiène (1960)

³ Cf. film *Les organes artificiels* de Serge Grave (1960)

⁴ Cf. film *Les hôpitaux* de Colette Thiriet (1964)

light of these factors, these programs are not the only lieu of expounding on health issues. And the healthy bodies that we see in the productions are equally revealing of the body as an object of French culture and knowledge. Many of these educational shows are based on a particular state of knowledge of the human body. Thus, school sports are presented in the programs.⁵ Conversely, the ORTF did not dominate smoking television platforms. The trial and error approach of post-1968 to sexual education in French school television programs is also revealing of the state of morals at the time. The question of boy-girl equality is equally broached as a moment of rough sociological truth, which carries significant societal and historical value today.⁶

Television series

Savoir et découvrir

http://gallica.bnf.fr/ark:/12148/bpt6k5814173p/f13.image.r=bulletin%20de%20la%20radio%20télévision%20scolaire*.langFR (intentions de la série)

« Localisation cérébrale » (1964), « Nerfs et cellules nerveuses » (1964)... More than 20 programs.

Connaître son corps

« Les mouvements de notre corps » (1960) *This program provides a view of the skeleton and the muscles. The ideas presented are very simple, the scientific vocabulary limited. The observations are herein very easy to reproduced or expand in the classroom.*

« Respiration circulation » (1962)

A la découverte du corps

« En direct de l'hôpital Claude Bernard : le système digestif » (1964)

« En direct de l'hôpital Claude Bernard : La charpente du corps » (1962)

Emissions/Programs

Le médecin, recherches des aptitudes (1965) *An exploration of the diversity of the medical profession through four examples: rural, school, hospital and social centre medical practices. The doctors detail the experience on the TV platform. After each sequence, students are asked questions on the show's content.*

La toilette, Regardons (1967) *Produced in 1967 by Danielle Michon for educational television and directed by Pierre Buquet, La Toilette is an appealing health education film, intelligibly conceived for elementary school children, while proving "profitable" for preschool children. Pedagogical and esthetic qualities are closely mixed.*

L'hôpital, Le monde ou vous vivez (1964) *A documentary in a CHU on the modern machinery and the reception of patients, followed by discussion on hospital coverage in France with Mr. Faucon, Secrétaire général de la Fédération hospitalière de France and Vice-président de la Fédération internationale, and Dr. Prettignot (?), professor at the Faculté de médecine de Paris.*

Pedagogical details

<http://gallica.bnf.fr/ark:/12148/bpt6k58141654/f18.image.r=les+hopitaux.langFR>

⁵ Cf. film *Un esprit sain dans un corps sain* d'Antonia Calvin, 1961

⁶ Cf. film *L'information sexuelle* de Guy Prébois, 1970

Jean Benoit-Lévy and public health propaganda in international context (1935-1949)

Suzanne Langlois (Department of History, Glendon College, York University, Toronto, Canada)

During his long career as film director and producer, Jean Benoit-Lévy (1888-1959) always demonstrated a deep interest in public health issues. This presentation hopes to shed light on his commitment towards medical knowledge and public health concerns and practices through his exchanges with American colleagues and institutions, as well as through his involvement with international organizations. This research focuses on his work in New York where he came for a short visit in 1935, returning for a longer stay from 1941 until he retired from the United Nations' Division of Films and Visual Information in 1949. He did not direct films while in the United States but, through his work at the United Nations Organization, he commissioned several works between 1947 and 1949, including some specifically concerned with public health, with the advantage of bringing in non-European perspectives and a larger distribution capacity. Jean Benoit-Lévy's contributions can then be examined from a different angle and, although holding to the familiar themes of his prewar cinematography, the internationalist films that he commissioned as head of the UN Film Board confirm a widening definition of health as social, collective, and crucial public issue of global significance.

Such a comprehensive outlook was not new for the Benoit-Lévy family, nor was their interest in the United States. Starting in 1913, Georges Benoit-Lévy, the general secretary of the association of garden cities in France, was collecting information on American city planning, on industrial social policies, and short films through the Department of Public Instruction in Washington. Jean Benoit-Lévy had begun exchanges with American film professionals already in 1928. This laid the ground work for his mission to New York in October 1935, the opening of a dialogue that is best contextualized using four intersecting circles: the first one is Jean Benoit-Lévy as film director and producer, and his involvement with professional and international organizations; the second circle is the proactive policies of the French government in favor of documentary and educational films at a time when sound technology was opening doors to French films on international markets, specifically in the United States; the third circle is the interest of select American institutions in foreign expertise about modern media as they conceptualized their projects in mass education; the fourth and last circle, subsuming the others, is film as a mass medium entering an exceptional phase of development and experimentation. It can be argued that Jean Benoit-Lévy was considered an expert and a highly valuable European contact, someone totally committed to using modern media for educational objectives, while being a political moderate and respectful of traditional social institutions.

In October 1935, Jean Benoit-Lévy came to New York with a dual mission: to show French educational films to his American counterparts, and to study what was being done in the U.S. During this first visit, he spoke and showed films at New York University and at Columbia University; he met John E. Abbott the director of the new Film library at the Museum of Modern Art, and became known to the Rockefeller Foundation which was financing the museum as well as being actively involved in international health projects. Jean Benoit-Lévy also met William Hays, the powerful director of the Motion Picture Producers & Distributors of America. Finally, he brought with him a selection of medical films for a special screening at the New York Academy of Medicine. The latter activity was particularly supported by the French government which seized the opportunity to present French medical expertise to foreign markets. This visit is the key to an expanding American network that became

instrumental to his return to New York in 1941, this time as a refugee.

The final section of this presentation will examine the international film programme that Jean Benoit-Lévy developed at the United Nations. He had spent the war years teaching Educational Cinematography at the New School for Social Research in New York, a position financed by grants from the Rockefeller Foundation (1941-1945). In 1946, he began working at the United Nations where his professional contribution brought together his lifelong commitments to international cooperation and educational films. He founded the United Nations Film Board in January 1947, a coordinating body he deemed essential to deal with interconnected complex issues, using the limited resources at his disposition while serving the mission of the UN and its newly founded specialized agencies (UNESCO, FAO, WHO) that were literally in the process of inventing themselves in a difficult postwar environment. Jean Benoit-Lévy thought that the 19 short films commissioned by the UN Film Board between 1947 and 1949 were prototypes. The film board was trying to answer the postwar challenges and stimulate problem-solving through international cooperation. In other words, there was an attempt to problematize universalism and internationalism, to identify problems or struggles needing international cooperation to get solved adequately, or circulating ideas of how issues can be resolved by studying significant examples. Of that first set of films, five were directly concerned with health matters in view of wide and free international circulation: a short film on rehabilitation, a trilogy on maternal health, and a short film on the World Health Organization; there was also a filmstrip on the Universal Declaration of Human Rights, whose article 25 affirms the right to health, with special provisions for maternal health and the wellbeing of children. The themes were universal – a healthier life, better health care, a fight against diseases; the agenda was internationalist, world-wide cooperation standing as the central principle while pressing calls for a more just redistribution of wealth promised a better future; finally, real life experiences in different settings across the world provided the connections between a comprehensive definition of public health, and social and economic problems. This limited series of films presented an original contribution hoping to facilitate the transition to peacetime.

Alexandre Sumpf (ARCHE EA3400, Université de Strasbourg, France)

Soviet "utilitary" films constitute what might be called a largely unexplored continent. This is especially the case when we choose to not only pay heed to the admirable classics, like *Mechanics of the Brain*, *Turksib*, Esfir Choub or Roman Karmen's documentaries, long projected in the cinephile context that detach the productions from their primary objective of documenting and promoting the success of the socialist system in all its facets. Health and medical films (medfilms) represent a vast region of this unknown continent, which suffers from a real lack of sources, audio-visual or otherwise. This lack of visibility explains, in part, the ignorance surrounding these productions despite comprising of hundreds of films. After four years of research, a historical outline and a methodological approach have been drafted.

This presentation will begin by retracing the stakes of organising the production of both native and independent medfilms – with the codification of the two medical and health genres, in relation to foreign model(s) – according to the types of documents available to researchers today. Then, we will see that this production had to follow successive political challenges: in the 1920s, vouching for the health revolution (and the re-education of the population) and scientific excellence (in medical training); in the 1930s, preparing for the war to come and concentrating on surgical specialisation, such as reparative operations and blood transfusions. Lastly, I will conclude with a case study of a particularly relevant film, *Military Medicine on the Western Front of the Great Patriotic War*. Produced between the Red Army entering the war in September 1939 (invasion of Poland) and Operation Barbarossa in June 1941, this seven-part film has many points in common with military education films made by the State studios in charge of medfilms, Mostekhfilm, Lentekhfilm and Sibtekhfilm. After fifteen years of experimentation, medfilms came to link propaganda of the health system and medical science training, as well as targeting different types of publics with efficient re-editing, in a balanced and convincing manner.

Philipp Osten (Institut für Geschichte und Ethik der Medizin, Universität Heidelberg, Germany)

The paper describes the history of medical films in Germany. It focuses on the structures that were established to coordinate governmental interests with film content, distribution and production.

Two narratives can be told to explain the close link between film and medicine in Germany in the 1910s and 20ies. The first is connected with the name Oskar Messter. For the German public, the Lumières might have invented motion pictures, but Messter had invented cinema, as he had constructed a projector that was capable of an intermittent film transport due to a maltese cross, that grabbed the filmstrip at the perforation, released it for a 16th part of a second and then grabbed the next frame. In 1896, Messter had been Berlin's most successful optometrist. His business provided instruments for the university institutes and for the Charité Hospital. He was the first address for microscopes, x-ray tubes and laboratory glass. Up to the end of WWI Messter was also Germany's biggest film producer. His business relations and research cooperation with the medical faculty resulted in a broad variety of medical films. Messter's film productions formed the basis for the medical film archive of the Charité Hospital.

The second narrative has to focus on government organizations, on the German Hygiene Museum and on the fact, that both successive presidents of the documentary film department (Kulturfilmabteilung) of Germany's most potential film production firm Ufa had once been medical doctors (in charge of educational film archives) who turned themselves into film directors (and later on producers) within the short one and a half year era of the military Bild- and Film-Amt.

During the first 20 years of experimental cinema, government officials showed an increasing interest in hygiene campaigns. They started to cooperate with medical experts as well as with professional advertisers. The German Hygiene Museum in Dresden coordinated official public health propaganda two decades before the opening of its permanent collection in Dresden in 1930. Distributing Films had been a genuine part of the Museum's activities since the 1911 International Hygiene Exhibition. It gave advice to charity organizations and to health authorities. During World War I the Statistical Office of the former 1911 International Hygiene Exhibition curated the official war exhibitions. They displayed wax images of injured soldiers and war hospital dioramas to the general public at the home front. When the German film industry was nationalized at the end of World War I, these informal connections were strengthened.

In his book *The Photoplay*, dating from 1916, the psychologist Hugo Münsterberg had described film as a most powerful tool for propaganda purposes. This led to the nationalization of the German film-industry under the aegis of the Oberste Heeresleitung (Military Government/Ludendorff) and it profoundly changed the expectations towards medical films. Now their content had to be bedded into the dramatized form of a photoplay. The much heralded propaganda machinery ended up with only very few films that were produced between 1917 (when the national Bild und Filmamt (BuFa) was founded), and the re-privatisation of the Film industry in the early years of the Weimar Republic. The best known work of this period was a production that had been compiled from short sequences taken from the medical film archive of the Berlin based Charité Hospital. The title of this film was *Die Folgen der alliierten Hungerblockade/Hunger Blockade Germany*, and it had been financed by the Foreign Office. The film's American version was provided with the legend that it had been shot privately by an American physician.

After 1918, in anticipation of the re-privatization of the German film industry, and with a liberal censorship legislation, government officials of the Weimar Republic developed complex measures to obtain and keep control over a new genre of documentary film which was now called "Deutscher Kulturfilm". A Kulturfilm-board was founded. It decided, whether a film met educational standards or not. Production firms were encouraged to attune their scripts with the board in advance. Cinemas, which screened a Kulturfilm with an official Kulturfilm-certificate, were tax exempt for the whole evening. This secured a continuous demand for Kulturfilms. The procedure guaranteed the influence of the Kulturfilm-board on the movie theater's everyday programs.

Some of the political expectations linked to the Kulturfilm can be exemplified in the first documentary of feature length released by the Berlin based Universal Film Corporation in 1920: As well as *Hunger Blocade Germany* the film *Krüppelnot und Krüppelhilfe* contained elements of medical films that had been shot during the last decade of the German Empire, and it was newly composed in 1919 to meet the presumable needs of a broader public in an uncertain democratic future.

The propaganda model *Kulturfilm* was maintained during the period of the Weimar Republic. In 1926, under the aegis of the museum in Dresden, a committee was formed to advise the national government in all questions of public hygiene campaigns. Educational films played a key role in the twenties. Kulturfilms tended to be boring, didactic, sometimes annoying and as Kurt Tucholsky has put it in 1926: they had been designed by pedagogues. But Kulturfilms lost their significance as an instrument of education only after 1933, when the whole evening programmes in German cinemas were turned into propaganda.

The paper concludes with an outlook on Medical education films in the GDR, where one hoped to overcome the "bourgeois Kulturfilm" and wanted to adopt "soviet documentary art" for health education purposes.

From *Mental Mechanisms* to *Mental Symptoms*: The Continuum of Mental Health in Post-war NFB films

Zoë Druick (School of Communication, Simon Fraser University, Canada)

In this paper, I explore the films of two notable mental health series made by the National Film Board of Canada (NFB) in collaboration with the Ministry of Health and Welfare, *Mental Mechanisms* (1947-57) and *Mental Symptoms* (1951) in relation to theories of post-war psychology and governmentality (McCarthy 2010; Ostherr 2013; Rose 1988; Rose 2001). The first series, with titles such as *The Feeling of Rejection* and *The Feeling of Hostility*, was made expressly for public education. It features short and emotionally compelling dramatizations of common mental health issues, such as depression and anger. Focusing on flashbacks to the childhood etiology of common adult mental health concerns, these films were made to be shown to non-theatrical film groups (and later on television) in order to introduce and naturalize a therapeutic logic for everyday suffering. The emphasis on feelings rather than mental illness serves to normalize these conditions.

The second series, with titles such as *Manic State* and *Paranoid Conditions*, was made expressly for the education of health care professionals in Canada and elsewhere and features clinical documentation of hospitalized patients diagnosed with a range of illnesses, such as severe depression and schizophrenia. Framed by a psychiatrist, as was typical of the scientific/educational film of the time, the films permit the exposure of “sick” individuals by rendering them representative of certain sorts of diseases. Implicitly both sets of films participate in the contemporaneous debates about the place of mental health institutions in Canadian society and the continuum of mental disease and health. In the first series, narratives are presented about fictional individuals, while in the second, the identities of real people are withheld even while they are being recorded and exposed, in order to make their case into data suitable to scientific communication. Nevertheless both series contain compelling documentary and performative elements.

I will situate the films in relation to both post-war realism and discourses of the health of the social body, or what Rose and Novas (2005) call “biological citizenship” (Moran & Wright 2006). In particular, I will use the existence of the two series with their very different approaches to discuss the aesthetic range of the mental health film in this period (Cross 2010; Low 2006). The introduction of psychology and psychiatry, something that had not appeared in earlier NFB productions, marks a notable emergence of new representational forms appropriate to mental health as a new governmental problematic. In this way, the films document the movement of the preoccupation with mental health from the military into everyday civilian life (cf. *Neuro Psychiatry* [UK, 1943] and *Let There Be Light* [US, 1946]) (Grob 1987; Jones 2012; Long 2013). By consulting archival documents from the production files, I establish the network of governmental and aesthetic considerations taken by the production teams for both series and consider their international influences and distribution.

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Adolf Nichtenhauser and the History of the Public Health Film in the United States, 1900–1950

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The National Library of Medicine holds two collections by Adolf Nichtenhauser that have become important sources for historians of medical and health films in the United States. One is an unpublished book manuscript in which he surveys the history of medical and health films to around 1950, primarily in Europe and North America; the other is the valuable collection of documents he amassed partly in the course of his research for this book manuscript. Such is the richness of these collections that it is difficult to imagine a history of medical and health film in the United States that is not in some way indebted to Nichtenhauser. This paper seeks to explain why Nichtenhauser sought to research and write this history, and how his project has shaped the writings of historians who have subsequently built upon his work. In short it uses Nichtenhauser as a starting point for a history of the history of medical and health films in the United States.

My focus will be Nichtenhauser's account of the development of the public health film -- films aimed at the general public, rather than those aimed at physicians or (bio)medical scientists. Nichtenhauser's manuscript tells the story of both, and to some extent they are intertwined: a distinction between the two categories of film only emerged from about the 1910s, but even after then the boundary between the two could be fluid. Films intended for medical audiences were sometimes shown to the general public; at other times, sequences originally shot for medical films were later extracted and recycled in public health education films (and vice versa).

Nichtenhauser's account of the public health film tells some of this story of the complex relations between medical and health films, but it does much more. He provides an account of how US public health film production began in the 1910s, of the role of war in its development, and of how the history of the public health film in the US differed from other national contexts. In addition, his calls for of an understanding of the visual language of film, and for the importance not only of studying the conditions of film production, but also of screening, collecting, distributing, and viewing – all still have historiographical resonance today.

Nichtenhauser was the first to bring all these subjects together into a wide-ranging book-length narrative of the development of medical and health films, and his manuscript and supporting documentation have been a foundation – not always adequately acknowledged – for subsequent historical accounts of the US public health education film.

Nichtenhauser's historical account of film was intended not only to trace the history of medical and health films, but also to contribute to an understanding of how films worked within medicine and health in the 1940s and 1950s, when he was writing. Nichtenhauser did not see history as a purely academic pursuit, divorced from the then contemporary practice of making, distributing and screening public health films. In his view, it was crucial to efforts to understand why some educational films succeeded, and why some did not.

For Nichtenhauser such instrumental purposes did not mean that a historian should be only guided by current concerns. They might be there in the background, but it was essential, according to him, to undertake such research with an open mind if one was to fully understand the roots of current problems and approaches. And this might mean wandering far from current problems in order to fully understand the past and how it shaped the present. A historian had to follow his nose, and immerse himself in his subject, so that he could return to the present with new insights. In Nichtenhauser's view, historical research was a constant source of amazement and unexpected findings, which opened new understandings of present day practice. It

revealed some practices to be older, or more (or less) widespread than hitherto realized. It led to the discovery of hitherto unknown developments, or paths taken and subsequently abandoned. It was a bit like *basic* scientific research. It might in the long-term provide results of practical value to contemporary filmmakers and sponsors, but there was no guarantee that it would. Without plunging into the messy unpredictable past, without abandoning preconceptions of how things were, and without taking the risk of following historical paths that might turn out to go nowhere – without all of this, one would never fully know how the past shaped the present.

Nichtenhauser was not trained as a historian, and it can't be said that he is the greatest of stylists in his writing: he loves the empirical details of his stories, and at times, he can overwhelm the reader with a surfeit of information, fact after mind-numbing fact. He tends to regard films and filmmaking in the 1950s as better than in earlier times, but he does not regard this as true for all films or filmmakers, nor does he dismiss older approaches to film or those who promoted them. He generally seeks to understand historical developments in their own terms, and to do this he found himself constantly grubbing around for more information to fill out his story. He wanted to ensure that the past fully informed the present, but he also came to love the past for its own sake. He writes of being a prisoner of his subject, and of the pleasures of rooting out unknown stories buried within the professional published literature, in archives, and interviews. He tells of the surprise of uncovering “long-forgotten facts” and how this leads to more research. And he mentions the frustrations of obtaining copies of films, the problems of illustrating these films in his book, and of making copies available for the reader to view. Put another way, while Nichtenhauser turned to history in part for instrumental reasons – to help to understand why some films worked and others didn't – in practice his historical research was not constrained by such instrumental concerns. He was grabbed by the excitement of research and his subject. He found a pleasure to be had in following a story in directions that had little to do with contemporary concerns, and in overcoming the frustrations of lost or partial sources. One suspects that Nichtenhauser not only found himself imprisoned by his subject, but also liberated by it, free to follow which ever byway his research took him, and often to places that had little bearing on then current concerns

If there is a tension between an instrumental and (self?) indulgent approach to history in Nichtenhauser's book and collection there is also a tension between empirical and interpretative approaches. Nichtenhauser's book can be read, on the one hand, as a form of historical positivism, an exercise in value-free objectivity that the author hoped would establish a scientific history of medical and health films. From this perspective, Nichtenhauser's book advocates the objectivity of historical understanding, emphasizes the priority of facts over concepts, and stresses the unpredictable development of the medical and public health film as revealed during the course of his research. The book can be read in these ways, but it is also an interpretative account of the history of medical and public health films that goes beyond the accumulation of historical facts. Thus, Nichtenhauser sometimes appears to advocate an empathetic understanding of the motives of those involved in the development of the medical and public health film; he argues for the equivalent uniqueness of all historical films (medical and public health films might seem to be similar in a given historical time, Nichtenhauser suggests, but in fact every film was produced disseminated, screened and viewed in its unique way); and he believes in the interconnectedness of film (its production, distribution and screening) and the broader social and cultural contexts which shaped its development. The historian, according to Nichtenhauser, not only could not predict the history of medical and health films without accumulating an archive of information of the sort now held by the NLM, but he (sic) also came to see this history as contingent upon broader social, cultural and technical developments.

That both empirical and interpretative approaches can be discovered in reading Nichtenhauser's book, might suggest a basic 'ambivalence in Nichtenhauser towards his project. In this view, Nichtenhauser would emerge as a figure torn between a "scientific approach" towards history based on the rigorous collection of fact after fact, and an "interpretative approach" that told a story of the development of film practices contingent upon broader social, cultural and technical changes. But, I think this this would be misleading. Instead, I think that these different approaches are there in part because Nichtenhauser was learning his craft as he researched and wrote. Recall that he was not trained as a historian; he was figuring out how to do his history as he went along. He instinctively wanted to base his story on the solid ground of empirical fact, but he also found himself drawn to explanations that linked the development of the public health film to broader social, cultural and technical developments. Rather than a historian in conflict with himself, I suggest that Nichtenhauser's apparent vacillation between accumulating facts and situating them in a broader framework reveals someone learning to write and research as he went along, bringing the perspective of a physician and scientist to history, but also someone becoming immersed in his subject and beginning to make connections that went beyond a simple listing of facts.

This is the introduction to my talk. The remainder will explore some of the themes in Nichtenhauser's book and collection – the origins of the public health film; the role of war; the importance of a national perspective on film; the role of visual culture; amongst others.

Bregt Lameris (University of St Andrews, UK) with Lorenzo Lorusso (Chiari – Brescia, Italy)

This presentation is part of a larger project that aims to provide a better understanding of why and how neurologists and psychiatrists used photographic technologies in the examination and explanation of mental disorders in the period 1830-1940. The project introduces media-analytical tools into the study of the history of science to develop an adequate method to analyse medical discourse as both text and image. During my presentation I will focus on one of the case studies of this larger project, describing and analysing the role of cinematography in the examination and explanation of shell-shock. For this I will focus on three different collections containing shell-shock material from France, the United Kingdom and Italy.

The first films to be analysed are those made by the French 'Sections Photographiques et Cinématographiques des Armées' that are kept in the archive of ECPAD in Ivry (Paris). These films generally show a large variety of shell-shock symptoms, therapies such as electric shocks to cure patients, and the state of patients before and after treatment, illustrating the improvement of patients after psycho- or electric shock therapy. The images show us various doctors working with shell-shock patients in different hospitals in France. As such, the collection functions as an archive of both shell-shock symptoms and hospitals and doctors treating and curing shell-shock patients in France.

The second film of interest is *War Neurosis: Netley, 1917 – Seale Hayne Military Hospital 1918*⁷. This film is kept at the Wellcome Institute and accessible on the Moving Image and Sound Archive.⁸ It was made by doctor Arthur Hurst, and shows a similar variety of symptoms, therapies such as physio- and occupational therapy, and patients before and after treatment. In addition, the British material often emphasises what physical damage caused the patient's shell-shock. As a consequence, shell-shock is presented more as a physical than a psychological problem. However, it is especially the way the film ends with a sequence called 'Battle of Seale-Hayne' that interests me.⁹ We see a re-enactment of a battle played by (cured) shell-shock patients. It remains unclear if this re-enactment was part of Hurst's treatment called occupational therapy. However, it is an interesting phenomenon to have shell-shock patients re-enact the actions of war they had been part of. The fact that one knows these men very probably lived similar experiences enhances the indexical strength of the re-enactment.

This play on memory and indexicality, brings me to the last film I will discuss during this presentation, which is part of a newly restored film collection containing medical films made by the Italian neuroscientist Camillo Negro.¹⁰ One of his films is

⁷ See: <https://archive.org/details/WarNeurosesNetleyHospital1917-wellcome>

⁸ <https://archive.org/details/WarNeurosesNetleyHospital1917-wellcome>.

⁹ In his article "War Neuroses and Arthur Hurst", Edgar Jones argues that this sequence shows striking similarities to the documentary film *Battle of the Somme* (1916) that was very successful at the time. (Jones, Edgar. 2011. "War Neuroses and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties." *Journal of the History of Medicine and Allied Sciences*, (Oxford University Press, 2011))

¹⁰ The films are stored at the Museo Nazionale del Cinema in Turin. Over the past two decades early films made by neuroscientists have surfaced in several European countries, including Belgium (Van Gehuchten), Italy (Negro and Neri) and The Netherlands (Magnus and Rademaker). These collections include material that depicts and analyses mental disorders. For more information see: *Tijdschrift voor Mediageschiedenis*, special issue

particularly striking. It shows a man who unconsciously repeats his actions in the trenches, such as shooting, smoking and taking shelter. It is as if his movements in the trenches have been written into his nervous system, as if war took over this man's body and turned it into a living archive. At the same time, all this was registered on film, which allows us to re-watch the man repeating his actions at war. This way a double reference to the past - or a barthesian 'ça-a-été' - is being produced, first by the moving body repeating what happened in the trenches, secondly by showing us a man who is seriously ill due to the war. As such this film opens up a discussion of concepts such as the body and film as archival instruments and memory machines.

During my presentation I will present various visual examples to illustrate the three different cases.

Scientific film production and the Medico-cinematographic Institute at Berlin University in the 1920s

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Between 1923 and 1931, the so-called *Medizinisch-kinematographische Universitäts-Institut Berlin* – a highly specialized film studio located inside the Charité-Berlin – produced numerous medical and scientific films, which were intended to be seen exclusively by a professional audience. In contrast to other producers of “utility” films, for example the *Ufa-Kulturfilmabteilung*, which targeted a broader public, its proximity to one of the centers of German clinical science in this era provided the institute with extraordinary access to trained clinical staff, patients, and other ‘material’ for use in films. The institute was the first of its kind for scientific film production in Germany, connected to a university; it remained unique in this aspect until its closure.

Recent research on medical or scientific film concentrates mainly on the visual techniques and practices that were established to stage scientific knowledge (e.g. about medical diagnoses or therapeutic procedures), as well as on the use of films in the context of public health movements or for propaganda purposes. In contrast, at least for the films which originate from German-speaking countries, little is known about the circumstances of their production. This relates, in particular, to the institutional conditions behind production.

In my paper I wish to explore the short history of the *Medizinisch-kinematographische Universitäts-Institut Berlin*. I will investigate the reasons for its existence at this specific time and place, going on to show how it functioned and why it finally closed in 1931. It will be demonstrated that the institute’s foundation was the result of ambitious efforts to professionalize and centralize scientific film production, a process which had long since begun and was supported predominantly by physicians. These physicians attached hopes, concerning medical education, research, and public healthcare to the success of their project. But even in the years before 1920, medical film production was primarily not the work of lone scientists, but depended on a widespread network, including the film and chemical industries, as well as technicians. Not merely scientific interests played a major role for this network - economic interests are also to be considered. In the end, scientific film production appears not to be as “non-commercial” as often presented by its main protagonists. For example, a publishing company was founded by the institute’s director at the same time of the institute’s creation, a man who merchandised his inventions across Europe.

Some information concerning the institute is scattered in the secondary literature on German scientific film. My main sources are contemporary publications on scientific film, as well as publications about the institute and on (or by) its protagonists in scientific and film journals. Important information can be found in university and regional archives. Some patients of the psychiatric ward of the Charité-Berlin had been filmed, as well. Their files are conserved in the The Historical Psychiatry Archive of the Charité (*Historisches Psychiatriearchiv der Charité*). These files will be consulted, if considered relevant for the particular analysis of the institute’s practice.

Gudrun Löhner (Historisches Institut, University of Cologne, Germany)

The prevention of disease and the extension of the lifespan of the population are at the core of the public health apparatus. One of the most important aspects of public health is to achieve the cooperation of populations at risk. The aim is to modify and encourage healthy behaviour through education, policies and interventions. Public health films were responses to urgent public health problems but were also an effect of real or imagined resistances of certain target populations. This paper centers around the question how the US military dealt with the urgent question of malaria education. From the First World War onwards motion pictures have been used extensively in the Armed Services. During the Second World War, films were produced for practically every aspect of training and instruction. Films were used as visual manuals - topics including repairing trucks, to flying planes, suturing wounds, and setting broken bones. United States Army Signal Corps and the Navy Aeronautics Division produced films, very often in cooperation with Hollywood studios. In the military, and at all stages of the war, motion pictures were not only needed for training purposes and education, but wartime Army and Navy also had the task of building up the morale of millions of inductees by touching both their emotions and their understandings. This was purposefully done by cinematic entertainment; particularly feature films that were not related to the war were regarded as vital part of recreational activities for the troops. General George C. Marshall declared motion pictures, next to aeroplanes, to be the most important weapon that defined the Second World War.¹¹ Military malaria prevention and control was exercised in an effective way because of the military's strong hierarchical chain of command, its access to extensive financial and scientific resources, and its power of disposal over a captive population of soldiers that was bound and used to discipline. Public health or preventive medicine, however, cannot be reduced to coercion in the sense of a medical police, but has to take into account efforts to educate and integrate the targeted populations. Military malaria discipline was therefore not exclusively communicated as disciplinary technologies through the military command but had to rely on the cooperation, compliance, and agency of the individual soldier.

Using malaria prevention films produced by (and for) the United States Armed Forces, the paper analyzes the cinematic and discursive technologies put to work in public health films. Soldiers in the barracks and training camps were educated in malaria discipline and controlled by medical officers but as soon as they were in the field the unit had to rely on the soldiers' own initiative and mindfulness. Malaria education films produced by the military employed humour as a technology that worked through transgression. Addressing an audience under military command, governed by clear images of friends and foes, the extremely popular Private Snafu cartoons, for example, featured insects as the carriers of the disease and metaphorically portrayed them as loose women, gangsters and Nazis.

Methodologically, I am using an analytic framework of *cinematic governmentality*, arguing that the films as part of a public health *dispositif* employ both disciplinary and governmental technologies. Educational films in general appeal to the self-governing individual through narrative techniques and reason as well as through the affective qualities of the audio-visual medium. Public health films directed at soldier populations at risk used the visceral and affective qualities of film in ways that cannot be understood through the established paradigms of propaganda. By

¹¹ Mayer (1944), 206.

providing an analytical framework for public health films as a cinematic form of the government of the population, the paper discusses film not as propaganda but as a specific kind of governmental intervention. Explaining, using and expanding the Foucauldian concept of governmentality, this paper analyzes the communicative negotiation processes of medical public health films as an important instrument of prevention.