Neuro Psychiatry 1943: The Role of Documentary Film in the Dissemination of Medical Knowledge and Promotion of the U.K. Psychiatric Profession

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ABSTRACT. In 1943, Basil Wright produced a documentary film about the treatment of servicemen and civilians with psychological disorders at Mill Hill Emergency Medical Service Hospital. Funded by the Ministry of Information, *Neuro Psychiatry* was shot to convince influential clinicians and policy makers in North America that the British had developed expertise in the management of psychiatric casualties. By emphasizing novel and apparently effective interventions and excluding severe or intractable cases from the film, Wright encouraged an optimistic sense of achievement. Filmed at a time when victory was considered an eventual outcome, the picture presented a health service to which all had access without charge. Children and unemployed women, two groups excluded under the 1911 National Insurance Act, had been required to pay for healthcare in the prewar period and were shown receiving free treatment from the Emergency Medical Service. However, the therapeutic optimism presented in the film proved premature. Most U.K. battle casualties arose in the latter half of the conflict and follow-up studies failed to confirm the positive outcome statistics reported in the film. Aubrey Lewis, clinical director of the hospital, criticized research projects conducted at Mill Hill for a lack of rigor. The cinematographic skills of Wright and director Michael Hankinson, together with their reformist agenda, created a clinical presentation that emphasized achievements without acknowledging the limitations not only of the therapies offered by doctors but also the resources available to a nation at war. **KEYWORDS:** medical

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film, neuropsychiatry, psychological disorders, medical education, conversion disorder, psychiatric profession.

IN September 1943, Dr. Walter S. Maclay took a motion picture, *Neuro Psychiatry*, across the Atlantic to show to medical audiences in the United States and Canada.¹ It was designed to convince Britain's allies that effective treatments had been found for servicemen with "war neuroses" and civilians suffering from the psychological effects of air-raids. Sponsored by the Ministries of Information and Health and shot in the documentary style, the picture purported to be a factual account of scientific techniques of assessing mental illness and restoring patients to military duty or productive employment. Basil Wright produced the film, which was directed by Michael Hankinson, who had made a number of public information films, including *Dig for Victory* in 1941 and *ABCD of Health* in 1942.² The film recorded the clinical work of Mill Hill Emergency Medical Service (EMS) Hospital, which had opened on 24 August 1939, just before the outbreak of war.³ The hospital was housed in a converted public school in the north London suburbs. Most of its medical and nursing staff had transferred from the Maudsley Hospital in Camberwell. By mid-September, 21 doctors, 200 nurses, and 60 medical students from St. Bartholomew's were based at the hospital.⁴ The psychiatrists at Mill Hill sought to establish the hospital as a center of treatment excellence, not least to take advantage of plans for postwar health reform. Although the film presented their work as innovative and successful, subsequent research into patient outcomes suggested that the claims of clinical efficacy were overstated and concealed significant differences in how the hospital should be managed.

1. Copies of both the long and short versions of *Neuro Psychiatry 1943* are held in the archives of the British Film Institute. The long version has been digitized and a copy of this is held in the Wellcome Trust Film Archive, Euston Road, London, UK. Aubrey Lewis to Hilda Lewis, 9 March 1943, 17 July 1943, and 19 February 1944, private collection of Dr. Naomi Cream (daughter of Sir Aubrey Lewis), London, UK (hereafter Cream collection).

2. James Chapman, *The British at War: Cinema, State and Propaganda, 1939–1945* (London: I.B. Tauris, 2008), 110, 288.

3. Walter S. Maclay, "The Medical Superintendent's Report on the Organization and Work of Mill Hill Emergency Hospital from September 3 1939 to December 31 1940," 1, Bethlem Royal Hospital Archives and Museum, Beckenham, UK (hereafter BRHA).

4. Aubrey Lewis to Hilda Lewis, 14 September 1939, Cream collection.

Research has focused on the documentary movement of the 1930s, in part because it represented an articulate group of reformers who sought to exploit a novel form of mass communication.⁵ Following the lead of John Grierson, key figures such as Basil Wright, Arthur Elton, Paul Rotha, Harry Watt, and Humphrey Jennings believed that consensual change could be most effectively generated through popular education.⁶ Indeed, Wright defined the “documentary” as a “method of approach to public information . . . a part of the machinery of mass communication.”⁷ He and his colleagues believed that unregulated industrialization had exposed large sections of the working class to the vicissitudes of the business cycle. Democracy could flourish and corrective action be taken only if the people understood the machinery and function of commercial and state institutions.⁸ As a “creative interpretation of reality,” Wright argued that documentary film was “a method of approach to public enlightenment, information and education.”⁹ Documentary filmmakers in the pre-1939 period addressed various topics, which included housing, co-operative enterprise, education, food production, and health. Filmmakers aimed to give ordinary people an informed voice and to highlight the conditions in which they worked. *Children at School* (1937), for example, directed by Wright and produced by Grierson, not only exposed the shortcomings of run-down and poorly staffed schools but also publicized the importance of education in molding future citizens. The film also emphasized the health and learning benefits offered by modern buildings. The historian Paul Swann concluded that the British documentary film movement developed as an information elite, a group that would “collect, collate, and represent those aspects of political and social life that they felt the public ought to know.”¹⁰

While there has been considerable research by historians into the public health films¹¹ and the documentary movement during the

5. Elizabeth Sussex, *The Rise and Fall of British Documentary: The Story of the Film Movement Founded by John Grierson* (Berkeley: The University of California Press, 1976); Paul Swann, *The British Documentary Film Movement, 1926–1946* (Cambridge: Cambridge University Press, 1989).

6. Ian Aitken, *Film and Reform: John Grierson and the Documentary Film Movement* (London: Routledge and Kegan Paul, 1990), 7–9.

7. Basil Wright, *The Long View* (London: Secker & Warburg, 1974), 108.

8. Basil Wright, *The Use of the Film* (London: Bodley Head, 1948), 43.

9. *Ibid.*, 38, 40.

10. Swann, *The British Documentary Film Movement*, 178.

11. John Parascandola, “Syphilis at the Cinema: Medicine and Morales in VD Films of the US Public Health Service in World War II,” in *Medicine’s Moving Pictures: Medicine, Health, and Bodies in American Film and Television*, eds. Leslie J. Reagan, Nancy Tomes, and

1930s,¹² less scholarship has been devoted to the wartime roles of its principle filmmakers. However, a study conducted by Timothy Boon into British scientific films made during World War II led him to conclude that the particular demands of an economy at war drew documentary makers into the machinery of the state and granted them access to funding and privileged information.¹³ Equally, Swann argued that Grierson and his colleagues had identified the need to target decision-makers, rather than the general public, in the late 1930s and saw the war as an opportunity to influence policy in the direction of a more interventionist state informed by science and rationality.¹⁴ The treatment of psychological disorders by what was in effect a national health service met the needs not only of a government seeking to promote a picture of the British as competent and well organized but also the documentary makers with a welfare agenda.

During the early part of the war, when large sections of the U.K. population were exposed to a sustained period of aerial bombardment, the U.S. government was concerned about the psychological resilience of the British people. The historian Stephen Casper argues that British policy makers sought to convince their counterparts in Washington that the morale of the people was robust and that psychiatrists had found new ways to treat those who succumbed to depression and anxiety disorders.¹⁵ This paper explores *Neuro Psychiatry* in the context of a nation at war and aims to uncover the political and cultural undercurrents that framed its production.

NEURO PSYCHIATRY: THE FILM

Neuro Psychiatry was shot in spring 1943 on location at Mill Hill Hospital. Two versions were made: one of sixty-eight minutes and one of twenty-five minutes. Both films had a running commentary

Paula A. Treichler (Rochester: University of Rochester Press, 2007), 71–92; Lisa Cartwright, *Screening the Body, Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota, 1995); David Cantor, "Choosing to Live: Cancer, Education, Movies, and the Conversion Narrative in America," *Lit. Med.*, 2009, 28, 278–332.

12. Aitken, *Film and Reform*.

13. Timothy Boon, *Films of Fact: A History of Science in Documentary Films and Television* (London: Wallflower Press, 2008), 110–50.

14. Swann, *The British Documentary Film Movement*, 150–73.

15. Stephen Casper, "The Origins of the Anglo-American Research Alliance and the Incidence of Civilian Neuroses in Second World War Britain," *Med. Hist.*, 2008, 52, 327–46.

provided by a narrator, the actor Frederick Allen. The long version also included recorded dialogue of staff and patients, together with several instances of direct narration by Walter Maclay, the medical superintendent. The short version, funded by the British Council, did not include the scripted dialogue and was commissioned to show to foreign nationals residing in the United Kingdom.¹⁶ The two pictures followed a similar structure: the admission and assessment of patients, through the various treatments and investigations, to occupational therapy. In the tradition of such medical films, *Neuro Psychiatry* ended by showing recovered patients performing physical exercise, demonstrating new skills, and engaging in social events before being discharged to the armed forces or active civilian life.¹⁷

Mill Hill Hospital was not a military institution under the control of the War Office and remained civilian in operation and outlook. In June 1938, the Ministry of Health had been tasked with setting up an Emergency Medical Service to provide free hospital and outpatient treatment for civilians wounded as a result of air-raids.¹⁸ The prewar, private health service lacked the capacity to cope with the expected rush of casualties, and large buildings were commandeered to serve as hospitals. On the outbreak of hostilities, Mill Hill public school closed and the EMS requisitioned its dormitories, classrooms, and sports facilities as a specialist in-patient unit.¹⁹ Military planners believed that aerial bombardment would devastate London, and Mill Hill was one of a ring of hospitals opened in the capital's suburbs to treat the predicted wave of psychiatric casualties.²⁰ The people of London, however, coped without mass psychological disorder and the empty beds were diverted to treat psychiatric battle casualties from Dunkirk, Norway, and North Africa. As a result, over 80 percent of patients admitted to Mill Hill were members of the British armed forces; civilians, merchant seamen, emergency workers, and children remained in the

16. Memorandum, "Neuro Psychiatry," 8 December 1947, INF6/523, The National Archives, Kew, UK (hereafter NA).

17. Other medical films that ended by showing a return to mental and physical fitness included Arthur Hurst's *War Neuroses* (1918) and John Huston's *Let There Be Light* (1946).

18. Richard M. Titmuss, *Problems of Social Policy* (London: HMSO, 1950), 55–57.

19. Claire Hilton, "Mill Hill Emergency Hospital: 1939–1945," *Psychiatric Bull.*, 2006, 30, 106–08.

20. Edgar Jones, Robin Woolven, Bill Durodié, and Simon Wessely, "Civilian Morale during World War Two: Responses to Air-raids Re-examined," *Soc. Hist. Med.*, 2004, 17, 463–79.

TABLE 1

Classification of Mill Hill Patients, 1940–42

	1940	1941	1942
Army, Navy, and Air Force %	1831 (90)	2154 (82.8)	2798 (86.2)
Civilian sick %	202 (9.8)	288 (11.1)	404 (12.4)
Civilian casualties %	26 (1.3)	160 (0.1)	43 (1.3)
Total %	2059 (100)	2602 (100)	3245 (100)

Source: Report from Britain No. 1, *Neuro Psychiatry* 1943.

minority (Table 1). Although the hospital had been opened as part of an improvised scheme for treating air-raid victims, by 1943, the EMS had evolved into a national hospital service for those injured or sick as a result of the conflict.²¹

Neuro Psychiatry opened with a series of shots designed to place Mill Hill within a medical, rather than psychiatric, context. Both commentary and images referred to EMS units for ophthalmology, orthopedic, and plastic surgery, together with rehabilitation and first aid centers.²² The film presented “neuroses” as yet another consequence of war and one that also required specialist treatment. The documentary then followed service patients from their reception, assessment (physical and psychological), through the various treatment options to “remedial training” and discharge to selected roles and employment. The filmmakers emphasized that the hospital was run along scientific lines within mainstream medicine. For example, a scripted, anxious patient asked, “this isn’t a mental hospital is it?” to which Miss K. Goodyear, the nursing sister of the admission house, replied, “no, of course not; what made you think of that?”²³ Doctors were shown in white coats, conducting physical examinations and experiments involving complex apparatus. Basil Wright sought to distance the hospital and its operation from the county lunatic asylum to avoid stigma and established beliefs about psychiatric disorder. Although some severely ill patients may have been treated against their will under the terms of the 1930 Mental

21. Titmuss, *Problems of Social Policy*, 201.

22. “Neuro Psychiatry Spectator,” typewritten script of the film, no date, INF6/523, NA.

23. *Ibid.*, 3.

Treatment Act, the film presented the patients as being free to come and go.

After history taking and physical examination, newly admitted patients were shown sitting psychological tests of both aptitude and intelligence. Once the examining psychiatrist classified the patients, they were assigned to a ward organized in the main by diagnosis. *Neuro Psychiatry* depicted various forms of experiment. To test suggestibility, for example, Dr. Eric Guttmann asked a soldier to stand motionless while a recorded voice repeatedly told him that he was falling forward. A soldier peddled a bicycle to record blood-lactic acid levels during exercise. The film also presented a range of treatments: group therapy in the effort syndrome unit, abreaction under narcosis, insulin coma, and electroconvulsive therapy (ECT). The school playing fields and facilities lent themselves to occupational therapy, and the film showed soldiers cultivating vegetables, attending art and pottery classes, creating wooden toys for local children, making baskets, binding books, and learning the skills of sign-writing.

As the picture drew to a conclusion, scenes of activity and energy created an optimistic tone: swimming, games of hockey and basketball, and team of patients rehearsing fire-fighting drills and first aid. A common image adopted by documentary filmmakers that aimed to show unity among diverse groups was a dance or concert. Jennings used the device in *Listen to Britain* (1942) and *A Diary for Timothy* (1946), which Wright produced, while Donald Alexander also filmed an employees' dance in *Cotton Come Back* (1946).²⁴ Wright included shots from one of the weekly dances held at Mill Hill. While the hospital band played "Because I Love You," the camera followed Walter Maclay and the matron as his partner to emphasize a spirit of togetherness.²⁵ The final scene of *Neuro Psychiatry* showed two cheerful soldiers saying goodbye to a nurse before they walked briskly out of the hospital gates. The narrator commented "psychiatrists cannot work miracles but with common sense allied to special knowledge and hard work results can be achieved in wartime which benefit not only the individual but also the society in which he lives." The somewhat triumphal ending contrasted with the bleak environment in which the film was conceived.

24. Swann, *The British Documentary Film Movement*, 162; Wright, *The Long View*, 201–02.

25. Memorandum, "Neuro Psychiatry," INF6/523, NA.

THE MOTIVATION FOR *NEURO PSYCHIATRY*

In autumn 1938, the Munich crisis encouraged doctors to review management techniques for the anticipated physical and psychological casualties. Psychiatrists who had treated shell shock during World War I recalled their experiences in letters to medical journals and Sir Arthur Hurst again showed his film *War Neuroses* made in 1917–18.²⁶ On the outbreak of World War II, the Ministry of Information took responsibility for the morale of the nation, seeking advice from a number of mental health professionals including Dr. Edward Glover, a psychoanalyst, Frederic Bartlett, professor of experimental psychology at Cambridge, and Professor J.C. Flugel, a psychoanalytically orientated psychologist at London University.²⁷ As it happened, the Ministry considered their advice too pessimistic and appointed a Maudsley-trained psychiatrist, Stephen Taylor, as the director of its home intelligence division.²⁸ He encountered a general mood of “alarm and despondency,” driven by bleak predictions of defeat and invasion.²⁹ This pessimism had also clouded judgments about the value of films, and officials at the Ministry of Information largely ignored the documentary makers.³⁰ Adopting a pragmatic view, Taylor encouraged population surveys and studies of hospital and general practitioner contacts to provide data on which to base policy. During the Blitz, the predicted epidemic of psychological casualties had failed to materialize, and by October 1941, Taylor observed, “the uncertain fear of the unknown has gone.”³¹ Seeking initiatives that would sustain morale in a context of hardship and growing war weariness, he believed that exhortation was of little value but considered that motion pictures had an important role in the fields of explanation, instruction, and interpretation.³²

26. Ben Shephard, “‘Pitiless Psychology’: The Role of Prevention in British Military Psychiatry in the Second World War,” *Hist. Psychiatry*, 1999, 10, 491–542, 495.

27. Mathew Thomson, *Psychological Subjects: Identity, Culture and Health in Twentieth Century Britain* (Oxford: Oxford University Press, 2006), 228–30.

28. Ian McLaine, *Ministry of Morale: Home Front Morale and the Ministry of Information in World War Two* (London: George Allen and Unwin, 1979), 9.

29. Stephen Taylor, *A Natural History of Everyday Life: A Biographical Guide for Would-be Doctors of Society* (Cambridge: The Memoir Club, 1988), 261.

30. Boon, *Films of Fact*, 111–13.

31. Stephen Taylor, “Home morale and public opinion,” Ministry of Information Weekly Reports, No. 53, 8 October 1941, 7, INF1/292, NA.

32. McLaine, *Ministry of Morale*, 253.

The initiative to make a documentary film about the treatment of psychiatric casualties came from the Ministry of Information rather than the clinical staff at Mill Hill Hospital. The idea probably originated with the documentary makers in the Ministry's Film Division with input from Stephen Taylor, who occasionally dined with Lewis and would have been briefed about the work at Mill Hill Hospital.³³ Arthur Elton, director of production at the Ministry's Films Division, was keen to develop nontheatrical distribution in America as he saw this as an effective way of reaching specialists of high standing and influence.³⁴ In discussion with Basil Wright and Arthur Calder Marshall, he planned a series of films, entitled *Report from Britain*, of which the Mill Hill picture was the first. In August 1942, Elton defined their function: "foreground intention of which is instruction and the background of which is prestige propaganda."³⁵ A film on the selection and training of British Army recruits, "an offshoot" of the Mill Hill picture, was the second in the series.³⁶ As *Personnel Selection* went into production, Elton wrote explicitly about the purpose of the films:

There is a general opinion in America that we are inefficient and that we "muddle through." This is a deep-seated impression, and is being tackled at various film propaganda levels. One very important level is the specialist film for relatively specialist audiences . . . These particular subjects have been chosen because they illustrate very clearly the efficiency of the British war effort.³⁷

Ministerial officials expected the series to find a receptive audience "in military circles and among doctors, psychologists, teachers, educationalists, and all those who are studying how best to fit people into various jobs whether in civil life or in military life."³⁸ As a result, the format for *Neuro Psychiatry* contained more factual information

33. The Film Division file (F256/505) was not preserved when the archives of the Ministry of Information were transferred to the Public Record Office; Aubrey Lewis to Hilda Lewis, 8 August 1943, Cream collection.

34. Swann, *The British Documentary Film Movement*, 171–72.

35. Arthur Elton to Edgar Anstey, 26 August 1942, INF1/219 F256/689, NA.

36. Memorandum, Arthur Calder Marshall to George Campbell, 1 July 1942, INF1/219 F256/689; Brigadier K.G. McLean to Arthur Calder Marshall, 21 August 1942; Memorandum, Arthur Elton to J.D. Davidson, J. Beddington, and W. Ferguson, 7 September 1944, INF1/219 F256/689, all in NA.

37. Memorandum, Arthur Elton to E.L. Mercier, 5 June 1943, INF1/219 F256/689, NA.

38. Memorandum, Arthur Elton to J. Beddington, 5 March 1943, INF1/219 F256/689, NA.

(including statistical tables and flow diagrams of treatment strategies) and invasive medical procedures than would have been included in a film for general release.

MEDICAL CONTEXT

By October 1940, the Medical Research Council (MRC) in the United Kingdom and the National Research Committee (NRC) in the United States had agreed to exchange biomedical research to assist programs of national defense.³⁹ The NRC subcommittee on war neuroses believed that the British were deliberately understating the incidence of psychological disorders among civilians and soldiers for propaganda purposes.⁴⁰ Sir Edward Mellanby, secretary of the MRC, referred the accusation to Edgar Adrian, professor of physiology at Cambridge. "I don't like the suggestion that we are minimizing the problem," Adrian replied, "which means, I suppose, either that we are not treating people who ought to be treated or are treating them for organic ailments when they are really functional, or are concealing numbers."⁴¹ To address the issue in a verifiable manner, Adrian proposed that the MRC commission Aubrey Lewis, clinical director at Mill Hill, to survey psychological disorders in the United Kingdom. In May 1941, Mellanby formally approached Lewis, who agreed to conduct the study.

Having privileged access to data collected by government departments, Aubrey Lewis undertook a wide-ranging investigation.⁴² In particular, he drew on the work of Dr. Joseph Whitby, a suburban London general practitioner, who on the outbreak of war had joined the staff at Mill Hill and qualified as a psychiatrist.⁴³ Whitby analyzed the nature of private consultations at his Kensal Rise practice. He found that psychiatric and psycho-somatic consultations rose only marginally during the period of the Blitz (31 percent from a prewar level of 30 percent in 1937). In a follow-up study completed after Lewis had submitted his report, Whitby found that patients with "nervous symptoms" fell to 26 percent in the fourteen months June 1941 to August 1942, a period when there

39. Casper, "The Origins of the Anglo-American Research Alliance," 327-46.

40. *Ibid.*, 335-36.

41. Edgar Adrian to Edward Mellanby, 3 April 1941, FD1/6580, NA.

42. Aubrey Lewis, "Report on the Incidence of Neurosis in England under War Conditions," 13 August 1941, FD1/6580, NA.

43. Anon., "Joseph Whitby [obituary]," *Br. Med. J.*, 1961, 1, 135.

were no air-raids.⁴⁴ Because the fall in part reflected the ability of wealthier patients to relocate to less dangerous areas, Lewis also gathered evidence from psychiatric outpatient clinics in London, and six general practitioners and three outpatient psychiatrists based in Merseyside, a region that had suffered from heavy raids in 1941.⁴⁵ Lewis concluded that “there is a slight rise in the total amount of neurotic illness” in areas subjected to “intensive raids,” occurring “chiefly in those who have been neurotically ill before.”⁴⁶ For the small number of civilians who broke down for the first time, “actual war stress, including air-raids” accounted for 75 percent of cases.⁴⁷

However, Lewis urged caution in the interpretation of these statistics. “Figures for neurosis,” he conceded, “are difficult.” Lewis continued:

Diagnosis is untrustworthy; a patient may appear at several clinics in turn . . . [and] many neurotic patients, when they come to hospital, are not seen in the psychiatric department, but in the medical or specialist division with which their presenting symptom would appear to be concerned.⁴⁸

Lewis believed that the full effect of war-related strain might be delayed and that “the evil harvest may be reaped afterwards” when the Ministry of Pensions would be flooded by claims for compensation.⁴⁹

Casper argues that the findings reported by Lewis may have failed to convince the Americans that the U.K. civilian population was resilient under aerial bombardment. Although Lewis H. Weed, chairman of the medical sciences division of the NRC, described the document as “authoritative,” he added that, “it will go far towards clearing up the conception or misconception which so many American psychiatrists have had regarding the neuroses problem in England.”⁵⁰ If, indeed, U.S. policymakers continued to believe that the British were minimizing

44. Joseph Whitby, “Neurosis in a London General Practice during the Second and Third Years of War,” *Proc. Royal Soc. Med.*, 1942, 36, 123–8, 127.

45. Aubrey Lewis, “Incidence of Neurosis in England under War Conditions,” *Lancet*, 1942, 2, 175–83.

46. Lewis, “Report on the Incidence of Neurosis,” 15.

47. Lewis, “Neurosis in England under War Conditions,” 176.

48. Aubrey Lewis, “Mental Health in War-time,” *Public Health*, 1943, 57, 27–30, 28.

49. *Ibid.*, 27.

50. Casper, “The Origins of Anglo-American Research Alliance,” 343.

the issue, then a motion picture about effective treatments might go some way toward reassuring them.

Neuro Psychiatry was made at a time when the British government was debating the future of health provision. In November 1942, Sir William Beveridge published his report on the welfare of the nation and set the agenda for a more interventionist state. Designed to address “want, disease, ignorance, squalor and idleness,” proposals for reconstruction and reform in the postwar period included a unified system of compulsory social insurance that would fund unemployment, injury, maternity, and sickness benefit.⁵¹ Sir John Anderson, speaking for the government in the Commons in February 1943, announced the acceptance of a “comprehensive health service to ensure that for every citizen there is available whatever medical treatment he needs in whatever form he needs it” offered without charge or a means test.⁵² By showing the treatment of women not in employment and children, two groups that the 1911 National Insurance Act excluded, *Neuro Psychiatry* presented a working model of a postwar health service. The government had recognized that if casualties of the London Blitz were charged for their hospital care it would undermine civilian morale. The government’s promise of welfare reform offered in part an incentive to maintain the fighting spirit, while the Emergency Medical Service itself provided an inspiration for the National Health Service.⁵³

THE MAKING OF *NEURO PSYCHIATRY*

Having decided to fund a film on the treatment of psychiatric casualties, the Ministry of Information commissioned Arthur Koestler to investigate the topic. Koestler, a Hungarian author who had escaped to Britain, had written the script for the fifteen-minute documentary, *Into Battle: Lift your Head, Comrade*, made by Spectator Short Films in 1942.⁵⁴ Wright then drafted a “treatment” for a fee of £50, while his company, Realist Film Unit, prepared a shooting script.⁵⁵ The

51. William Beveridge, *Social Insurance and Allied Services*, Cmnd. 6404 (London: HMSO, 1942), paragraph 8; Robert Mackay, *Half the Battle: Civilian Morale in Britain during the Second World War* (Manchester: Manchester University Press, 2002), 221, 231.

52. Taylor, *A Natural History of Everyday Life*, 277–78.

53. Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 1998), 6.

54. James Chapman, *The British at War: Cinema, State and Propaganda, 1939–1945* (London: I. B. Tauris, 2008), 110, 288.

55. Memorandum, “Neuro Psychiatry,” INF6/523, NA.

Ministry decided to hire Spectator Films to make the picture, and Wright worked as the producer at a fee of £200. Wright in turn recruited Stephen Ackroyd, a newly qualified doctor, to draft the script, a fact that suggests that the idea to film at Mill Hill came from the Ministry rather than the hospital.⁵⁶ Ackroyd had no specialist knowledge of psychiatry, so clinicians at Mill Hill likely provided input for revising the narration and dialogue. As medical superintendent with a prominent part in the film, Maclay plausibly contributed to the script. The son of Baron Maclay, a ship owner and minister of shipping (1916–21), he had been recruited to Maudsley in 1932 partly to add a social cachet to the hospital. Although he later observed, “I’m no fighter like my father was,” he added, “I’m a compromiser . . . so long as I get my way.”⁵⁷ Pieces to camera and even conversations were carefully scripted; staff and patients either memorized their words or read them from scripts hidden from sight. Official policy was to provide “uncomplicated soundtracks and clear commentary throughout.”⁵⁸ Indeed, Wright and others argued that “the utmost simplicity of effect” was a core goal, largely because viewers usually only watched documentary films once and could not easily refer to them again like they could a book.⁵⁹

Basil Wright, an experienced documentary producer and director, played a key role in the production of *Neuro Psychiatry*. He had been the first recruit to join John Grierson at the Empire Marketing Board’s film unit in 1930, shortly after he graduated in classics and economics from Cambridge University.⁶⁰ Wright remained loyal to Grierson’s idea that documentary films, as an instrument of mass communication, should explain the complex workings of industrial societies.⁶¹ Having followed Grierson to the General Post Office (GPO) Film Unit, Wright achieved critical acclaim for his 1934 film, *Song of Ceylon*, while acting as producer and scriptwriter for *Night Mail* (1936) for which he received a joint directorial credit with Harry Watt. He subsequently left the GPO Film Unit to set up the Realist Film Unit, which, with support from the

56. “Neuro Psychiatry Script,” INF6/523, NA.

57. Anon., “Profiles Walter Maclay,” *Bethlem Maudsley Hosp. Gaz.* 1960, 4, 30–34, 32.

58. Ian Aitken, *The Documentary Film Movement: An Anthology* (Edinburgh: Edinburgh University Press, 1998), 25.

59. Wright, *The Use of the Film*, 19.

60. Kevin Jackson, *Humphrey Jennings* (London: Picador, 2004), 138.

61. Aitken, *The Documentary Film Movement*, 237.

gas industry, made films on social issues such as education, pollution, housing policy, nutrition, and unemployment.⁶²

During the 1930s, Grierson realized that the nontheater audience was the natural home for the documentary film, not least because of the large number of seats in schools, colleges, institutes, and professional and trade associations. Furthermore, the reluctance of cinema exhibitors and renters to take such pictures encouraged government departments and industrial organizations not only to sponsor documentaries but also to set up circulating libraries and mobile display units.⁶³ The existence of this established distribution network on the outbreak of war was of considerable value to the Ministry of Information, which could adapt it to supply targeted propaganda to particular sections of the population. Indeed, the Ministry recruited Thomas Baird, the leading authority on nontheatrical distribution within the documentary movement, to organize a free loan scheme administered by a central film library.⁶⁴

After the outbreak of war, Wright along with Grierson, Edgar Anstey, and Paul Rotha met mistrust from the Ministry of Information and were not invited to participate directly in its newly formed Films Division.⁶⁵ As Rotha recalled, government officials kept left-wing filmmakers away from pictures intended for a mass audience and confined them to specialist, nontheatrical productions.⁶⁶ Their prewar links with the Communist Party may have led government officials to doubt their commitment to the war effort.⁶⁷ Wright, in particular, challenged the Ministry of Information to adopt a progressive approach but was rebuffed.⁶⁸ The belief that he was not free to express his reformist ideas may have led him in April 1943 to refuse the post of producer to the Crown Film Unit when Ian Dalrymple resigned.⁶⁹ Working on

62. Ibid., 4; Aitken, *Film and Reform*, 138.

63. Wright, *The Long View*, 111–12.

64. Swann, *The British Documentary Film Movement*, 155.

65. Nicholas Pronay, "John Grierson and the Documentary—60 Years On," *Hist. J. Film, Radio Television* 1989, 9, 227–46, 237; Jo Fox, "John Grierson, His 'Documentary Boys' and the British Ministry of Information, 1939–1942," *Hist. J. Film, Radio Television*, 2005, 25, 345–69; Swann, *The British Documentary Film Movement*, 156.

66. Paul Rotha, *Rotha on the Film: A Selection of Writings about the Cinema* (Fair Lawn, N.J.: Essential Books, 1958), 229.

67. Aitken, *Film and Reform*, 181.

68. Anthony Aldgate and Jeffrey Richards, *Britain Can Take It: British Cinema in the Second World War* (London: I.B. Tauris, 2007), 8.

69. Crown Film Unit, Board of Management, Minutes, 29 April 1943, 4; 27 May 1943, 3, INF2/58, NA.

nontheater films for the government may have given Wright the latitude he desired. In *Neuro Psychiatry*, for example, Wright depicted an interventionist state: a social worker advising a patient about his wife's impending delivery recommended a hospital admission rather than a home birth, while an official from the Ministry of Labour encouraged a discharged serviceman to join a government retraining scheme for factory work.

Wright argued that a film used for educational purposes should have the highest production values, "comparable in degree to that of a Hollywood film."⁷⁰ Requiring expert input and yet presented in the clearest possible way, documentary films were expensive to produce. Apart from the band playing at the Mill Hill Hospital dance, Wright and Hankinson did not add a music sound track to *Neuro Psychiatry*, perhaps because they sought to create an impression of scientific objectivity unclouded by mood. Prewar documentaries were characterized by the juxtaposition of apparently incongruous images designed to upset traditional ways of looking at things and to instill a spirit of reappraisal.⁷¹ Although this technique was less obvious in *Neuro Psychiatry* than in Humphrey Jennings's wartime films, the producer and director employed two striking contrasts. At the outset, to gain the audience's attention, there was a dramatic cut from an outside shot of children and nurses playing with a pet goat, to a group of surgeons at work in the hospital's operating theater. This was probably the work of Wright, who Grierson later described as one of best editors of film in the documentary movement.⁷² Later in the film to create a contrast, Wright cut from a close-up of a patient drawing a threatening face to a wide view of the hospital dance. To what extent, therefore, did the compelling vision created by the filmmakers reflect the clinical realities of Mill Hill Hospital?

MILL HILL EMERGENCY MEDICAL SERVICE HOSPITAL

When the Maudsley Hospital closed on 2 September 1939, its clinical staff divided between two outer London hospitals: Mill Hill in the north and Belmont, Sutton, in the south. Although both institutions

70. Wright, *The Use of the Film*, 37.

71. Aldgate and Richards, *Britain Can Take It*, 220.

72. "John Grierson at the National Film Theatre, August 1959," in *Land of Promise: The British Documentary Movement 1930–1950*, directed by Arthur Elton and Basil Wright (London: BFI, 2010), DVD.

had identical roles, they developed different psychiatric styles based on the personalities and beliefs of their leading clinicians. At Belmont, Eliot Slater, as clinical director with William Sargant as his deputy, argued that the progressive nature of major mental illness required radical and often invasive treatments: insulin-coma, ECT, and even leucotomy.⁷³ Lewis considered such practices unjustified in view of uncertain outcomes and the risks entailed.⁷⁴ Although clinicians employed physical methods at Mill Hill, they exercised greater caution and placed emphasis on social psychiatry, psychological assessment, and occupational therapy.

With 600 beds, Mill Hill occupied a key place in the provision of psychiatric treatment in the United Kingdom.⁷⁵ Although initially designed to treat civilian patients, the hospital mainly cared for British Army servicemen who had been referred from other hospitals or by military psychiatrists. By the end of 1940, the hospital had refined its role and officials at the Ministry of Health considered it suitable for “those who, with a good previous history and personality, have broken down as a result of specific military conditions” (such as campaigning overseas) and those likely to be retained in the armed forces after treatment albeit in “a lower category.”⁷⁶ The British Army had opened an in-patient unit, Hollymoor Military Hospital at Northfield, Birmingham, in April 1942.⁷⁷ Although it had eight hundred beds, Northfield could not cope with the constant flow of psychiatric patients invalided from overseas campaigns or those men who had broken down during training and home service. As a result, Mill Hill primarily treated severe or chronic cases referred by Army doctors.

Effort syndrome (or “disordered action of the heart” as it was called until Thomas Lewis renamed it in 1917) had been a significant cause of invalidity from the British Army during World War I and the Ministry of Labour and National Service expressed concern that

73. Eliot Slater and William Sargant, *An Introduction to Physical Methods of Treatment in Psychiatry* (Edinburgh: E.&S. Livingstone, 1944).

74. Edgar Jones and Shahina Rahman, “Framing Mental Illness (1923–1939): The Maudsley Hospital and Its Patients,” *Soc. Hist. Med.*, 2008, 21, 107–25, 123.

75. Medical Superintendent’s Report on the Organization and Work of Mill Hill Emergency Hospital from 3 September 1939 to 31 December 1940, 1–2, 8–10, RF 1.1, 401A, Box 20, File 263, Rockefeller Archives, Tarrytown, N.Y. (hereafter RFA).

76. *Ibid.*, 8.

77. Robert H. Ahrenfeldt, *Psychiatry in the British Army in the Second World War* (London: Routledge and Kegan Paul, 1958), 18.

the pattern would be repeated.⁷⁸ As a result, the effort syndrome unit of 150 beds was set up at Mill Hill under the joint directorship of Paul Wood, a cardiologist, and Maxwell Jones, a psychiatrist, to identify the disorder's cause and devise effective treatments.⁷⁹ In a controlled trial, Wood established that cases had no underlying physical pathology but "more closely resemble those of emotion, especially fear, than those of effort in the normal subject."⁸⁰ By the time that the film crew came to Mill Hill, Wood had enlisted in the British Army and was practicing in North Africa. With the issue of etiology apparently resolved, Jones began to explore new management techniques. He soon appreciated the value of educating patients with functional somatic disorders and then moved toward the creation of what he later termed a "therapeutic community."⁸¹ The reality presented in the film was somewhat different. Although the inter-title referred to "group therapy," Jones adopted a lecture approach. His audience of soldier patients sat arranged in rows with uniformed nurses seated at the front. Jones sat on a desk using anatomical models and diagrams to illustrate his points. After the presentation, he answered the patients' questions. The words he used to close the session ("that's all I want to say today. You can go now") emphasized his authority. Jones subsequently claimed that he modified this formal hierarchy, adopting "a discussion procedure." From January 1944, he allowed patients to address their problems through drama therapy.⁸²

Psychiatrists were prominently featured in the motion picture. Apart from Walter Maclay speaking directly to the camera, his deputy, Aldwyn B. Stokes, was filmed in an extended shot reviewing discharged patients with an army liaison officer. Dr. Eric Guttman, an émigré German psychiatrist responsible for male service patients, was filmed conducting research with an anxious soldier. Dr. Lynford Rees, then a junior psychiatrist, appeared in the film treating a soldier with a tremor

78. Editorial, "Effort syndrome," *Br. Med. J.*, 1940, 1, 201.

79. Medical Superintendent's Report on the Organization and Work of Mill Hill Emergency Hospital from 3 September 1939 to 31 December 1940, 1-2, 8-10, RF 1.1, 401A, Box 20, File 263, 2, RFA.

80. Paul Wood, "Aetiology of Da Costa's Syndrome," *Br. Med. J.*, 1941, 1, 845-51, 850.

81. D.W. Millard, "Maxwell Jones and the Therapeutic Community," in *150 Years of British Psychiatry, Volume II, The Aftermath*, eds. Hugh Freeman and German Berrios (London: Athlone, 1996), 581-604.

82. Maxwell Jones, *Social Psychiatry: A Study of Therapeutic Communities* (London, Tavistock Publications, 1952), 3, 12-13.

of his left leg. Wearing a white coat, Rees administered a sedative and as the drug took effect, he encouraged the patient to relax. The tremor gradually subsided and the limb became still. Once recovered from the medication, Rees asked the soldier to walk around the room to demonstrate the effectiveness of the injection and re-education. The notable omission from the film was Aubrey Lewis who as clinical director might have expected to feature prominently. In a letter to his wife in Canada, Lewis implied that his nonappearance had been driven by a desire not to upset Maclay: "I efface myself in all the ways that I can think of e.g. not appearing in the film."⁸³

Two female psychiatrists were filmed interviewing patients but research has failed to reveal their identities, not least because Mill Hill employed many women doctors. They included Mildred Creak (a child psychiatrist who joined the army at the end of 1942 and served in India), Enid Davies (who had worked at the Maudsley before the war), Florence Griffiths (a psychiatrist from Canada), Doris Howard (an experienced child physician), Phyllis Epps (responsible in part for female civilian patients and who later specialized in forensic psychiatry), Majorie Franklin (a psychiatrist and psychoanalyst), Barbara Daniell (who recently qualified from the London School of Medicine for Women), Barbara Shorting (who had worked in the child guidance department of the Maudsley in the immediate prewar period), Dorothea Norman-Jones (a Cambridge graduate who had worked with children), and Elizabeth Rosenberg (a psychoanalyst and graduate of the Royal Free Hospital who married Guttmann).⁸⁴ In the pre-1939 period, most doctors at the Maudsley were male but the wartime demands of the armed forces saw a significant number enlist, the vacant posts being filled by women. Yet female doctors sat on the hospital management committee, in part because many of them were recent graduates. However, Epps, Howard, and Creak, before she left for India, were more experienced and might reasonably have expected a senior appointment.⁸⁵ *Neuro Psychiatry* reflected that bias, as the only two female doctors appearing in the film did not speak, being silenced in favor of the narrator.

83. Aubrey Lewis to Hilda Lewis, 22 May 1943, Cream collection.

84. Ibid., 25 January 1943.

85. Only Mildred Creak of the female doctors listed was granted an obituary in the *Lancet* or the *British Medical Journal*, whereas most of their male counterparts were recognized in this way.

Prominent in the picture was J.C. Raven, a psychologist, shown administering aptitude and intelligence tests to a classroom of servicemen, while nurses offered encouragement. Wright included footage of Raven because his methods demonstrated the application of novel assessment techniques to psychological disorder. In 1936, Raven had designed a nonverbal, multiple choice test to assess cognitive reasoning.⁸⁶ Recruited from the Royal Eastern Institution at Colchester, Raven had been a recipient of MRC grants in the late 1930s.⁸⁷ His intelligence tests, called “progressive matrices,” were used to identify “neurotic factors” that might interfere with performance and later to assign service personnel to re-training schemes.⁸⁸ As a trial, matrices were given to servicemen diagnosed with effort syndrome undergoing treatment in the special treatment unit at Mill Hill Hospital.⁸⁹ The results purported to show that “neurotic men have less consistent test scores [over time] than normal people” and that the scores of the former improved with treatment.⁹⁰ Not long after the film had been shot, Raven’s funding from the Medical Research Council ran out and he moved to the Crichton Royal Hospital at Dumfries.⁹¹

Psychiatric social workers were also represented in the film. Miss Evans spoke directly to the camera about the range of tasks they undertook, reading from a script placed out of sight on her knees. The film also showed her interviewing a patient who expressed concerns about his wife’s pregnancy. Evans wore a white coat, normally a sign of a doctor, designed to convey a sense of status. Female social workers were commonly graduates from middle-class families and would have expected to have a voice in the after-care of psychiatric patients.

Nurses in uniform were featured throughout the motion picture, taking part in occupational therapy, helping patients with pottery and form filling, watching games, and administering medicines. The film did not identify any of the nurses by name. Their role, as subsidiary to

86. Maarten Derksen, “Science in the Clinic: Clinical Psychology at the Maudsley,” in *Psychology in Britain: Historical Essays and Personal Reflections*, eds. G.C. Bunn, A.D. Lovie, and G.D. Richards (Leicester: BPS Books, 2001), 267–89, 271.

87. Medical Research Council Minutes 1936–39, 11 February 1937, FD6/4, NA.

88. Report on the Rockefeller Research Grant for the year ending 30 June 1941, 2–3, RFl.1, 401A 19/258, RFA.

89. Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists 1914–1994* (London: Jonathan Cape, 2000), 188.

90. John C. Raven, “Testing the Mental Ability of Adults,” *Lancet*, 1942, 1, 115–17.

91. Aubrey Lewis to Hilda Lewis, 15 January 1944, Cream collection.

the psychiatrist, was revealed in a discussion group led by Maxwell Jones. Surrounded by a group of six nurses, he answered their questions about patient behavior; he was cast in the role of teacher and expert and they as observers and students. However, the reality was more nuanced. Annie Altschul, a recently qualified nurse who joined the Mill Hill staff in 1944, recalled a high level of “general co-operation” between all health professionals.⁹² Doctors allowed nurses to approach them directly rather than through the ward sister; they also encouraged the nurses to communicate freely with patients and take an active role.⁹³ In part, this relaxation of protocol was a function of wartime circumstances. Jones recalled that “educated mature women from the professions” often chose nursing as their war work and “such people expected and deserved an active role in the treatment program.”⁹⁴ The “collegiate approach,” Altschul believed, derived from “the fact that one was expected to think,”⁹⁵ and because psychiatrists adopted a more egalitarian and approachable manner, which “made it possible to work with them, in fact more than possible.”⁹⁶ Lewis included Miss K. Goodyear, the hospital’s administrative sister, as co-author of a paper published in the *Lancet*, then a rare example of academic co-operation.⁹⁷ Yet, such teamwork and “general feeling that one was in this together” largely disappeared when Mill Hill closed. When the staff returned to the Maudsley Hospital in September 1945, clinical practice “took its pre-war practice immediately.”⁹⁸

Although senior nurses exercised managerial authority, they had little influence on policy. Aubrey Lewis wrote to his wife in January 1944 that he had invited Miss Olive Griffiths, the assistant matron, to speak to the Mill Hill doctors about psychiatric nursing: “she puts her points clearly and firmly . . . but is more concerned, at bottom, with improving the status of mental hospitals than with giving nurses a better training.”⁹⁹ This suggested that senior nurses trained within

92. Interview of Professor Annie Altschul by Anne Marie Rafferty, 1995, 19, T8 Altschul, Royal College of Nursing Archives, London, UK.

93. Jones, *Social Psychiatry*, 2.

94. *Ibid.*

95. Interview of Annie Altschul, 15, 19,

96. *Ibid.*, 18–19.

97. Aubrey Lewis and K. Goodyear, “Vocational Aspects of Neurosis in Soldiers,” *Lancet*, 1944, 2, 105–08.

98. Interview of Annie Altschul, 19.

99. Aubrey Lewis to Hilda Lewis, 15 January 1944, Cream collection.

a rigid hierarchy may have been denied the skills to question their roles, while newcomers, such as Altschul, felt less constrained by traditions of deference and self-control.

TREATMENT AND OUTCOMES

Although *Neuro Psychiatry* showed a range of treatments, including ECT, insulin-coma, and the use of intravenous anxiolytics, the film underemphasized intrusive medical methods in favor of psychological, social, and occupational initiatives. All the patients shown in the film are private soldiers and noncommissioned officers. It appears that Mill Hill admitted no officer patients, who received treatment in hospitals run directly by the three armed services. Segregation of officers and other ranks had been the rule during World War I and though army psychiatric hospitals, such as Holmwood Military Hospital, admitted both officers and men, they were allocated to separate wards.¹⁰⁰ Initially, when the British Army had a limited number of psychiatric beds, the hospital admitted psychiatric casualties invalided from France, Iceland, and North Africa. In July 1942, after the opening of the 800-bed Army unit at Northfield, the policy was to refer cases where discharge from the forces was considered likely.¹⁰¹

The filmmakers introduced a bias by excluding severely disturbed patients. An internal report for 1942 revealed that although anxiety state was the most common disorder among military patients (883 cases representing 32 percent), fourteen soldiers diagnosed with schizophrenia were treated that year, together with 502 cases of depression, some of which were severe or psychotic.¹⁰² For civilian admissions, depression was the most common diagnosis (28 percent), followed by hysteria (22 percent), while thirty-one cases (6 percent) of schizophrenia were also seen.¹⁰³ Altschul, who nursed both at Mill Hill and the Maudsley after the war, recalled that some female patients were “as disturbed as I’ve ever seen.”¹⁰⁴ Although they had the option of transferring severely psychotic patients to the military asylum at Netley, she believed that this

100. Tom Harrison, *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front* (London: Jessica Kingsley Publishers, 2000), 156.

101. “Report on Mill Hill Hospital” (typescript, c. 1943), 2, BRHA.

102. “Report on Mill Hill Hospital to 31 December 1942” (typescript, 1 January 1943), Table V; Mill Hill EMS Hospital Admission and Discharge Books 15 March 1943 to 22 June 1944 and 22 June 1944 to 26 January 1945, all in BRHA.

103. *Ibid.*, Table VI.

104. Interview of Annie Altschul, 15, 19.

rarely happened because well-developed nursing skills allowed them to contain challenging patients.¹⁰⁵

To provide the audience with statistics in an accessible format, Maclay was filmed unrolling two charts. The first table recorded the total number of military and civilian patients admitted (Table 1), while the second table, shown at the end of the film in the form of a conclusion, remains contentious (Table 2). This information explored what happened to patients on discharge, together with an attempt to discover how they were coping six months later. No patient numbers were included and the use of rounded-up percentages suggested that the figures were estimates. The phrase “adjusted at work” reflected contemporary thinking that most “war neuroses” were a failure to cope with environmental change rather than a form of severe mental illness.

Because of administrative shortcomings, doctors at Mill Hill encountered problems collecting accurate data for patients in treatment and still greater difficulties undertaking follow-up studies. In July 1943, for example, Aubrey Lewis expressed dissatisfaction “with the energy and pertinacity shown in respect to getting follow-up returns, particularly those after one year.”¹⁰⁶ As late as February 1944, he also raised the question of the inadequate filing and retrieval systems for patient records, which limited the ability to undertake representative research.¹⁰⁷

Furthermore, data from papers published in medical journals confirmed that the percentages given in the film were optimistic estimates. In October 1942, for example, Maclay and Whitby analyzed the first hundred civilian air-raid casualties treated at Mill Hill.¹⁰⁸ Although 76 percent on discharge returned to work of some kind, a six-month follow-up proved problematic. Only thirty-six patients from the sample could be traced and of these, five (14 percent) had relapsed. They concluded that the most severe cases in terms of symptoms were not those individuals who had experienced the greatest trauma but those in whom “some other factor such as pensions considerations or early senility played a part”; in other words

105. *Ibid.*, 16.

106. Mill Hill EMS Hospital, Medical Committee Minutes, 8 July 1943, 28, BRHA.

107. *Ibid.*, 10 February 1944, 66–67.

108. Walter S. Maclay and Joseph Whitby, “In-patient Treatment of Civilian Neurotic Casualties. Report on 100 Cases Treated at an E.M.S. Neurosis Centre,” *Br. Med. J.*, 1942, 2, 449–51.

TABLE 2

Outcomes and Follow-up for Patients Discharged from Mill Hill EMS
Hospital

<i>Patients</i>	<i>Disposal</i>	<i>Follow-up</i>
Army	Retained in army: 60%	Still serving in the army: 75%
	• 20% returned to same unit	
	• 40% returned to a different type of unit	
	Discharged from army: 40%	At work in civilian life: 80%
Civilian	Returned to work: 76%	Adjusted at work: 90%

Source: Report from Britain No. 1, *Neuro Psychiatry* 1943.

those emphasizing disability or illness to gain financial compensation, or a subgroup with organic brain disease. Psychiatrists expected people without pre-existing psychopathology to recover quickly with no lasting effects once removed from the traumatic situation.¹⁰⁹

Despite the difficulties Lewis had encountered with the hospital record system, he also conducted a detailed follow-up study. Between March 1941 and June 1942, in an attempt to discover the lasting effects of treatment at Mill Hill, he led a team of psychiatric social workers who visited 120 servicemen living in London who the British Army had recently discharged. Lewis described the results as “disturbing” as the men had gone downhill as a group: “they were less usefully employed than before, earning less, less contented, less tolerable to live with, less healthy.”¹¹⁰ He discovered that fifteen were unemployed and forty-four “were doing light or desultory work only.” Only 50 percent could be classed as “socially satisfactory in respect of work and otherwise.” These findings led Lewis to the pessimistic conclusion that “some neurotic soldiers, discharged from the army when they are no longer of any use to it, are not in civilian life as useful or as healthy

109. *Ibid.*, 450.

110. Aubrey Lewis, “Social Effects of Neurosis,” *Lancet*, 1943, 1, 167–70, 168–69.

as they were before they joined the army.”¹¹¹ This evidence also suggested that the psychological problems experienced by servicemen were not as amenable to therapy as many contemporaries had claimed.

As a result of this research, Lewis had persuaded the War Office to introduce the so-called “annexure scheme.”¹¹² This involved making an assessment of soldiers’ abilities and skills so that they could be assigned to a suitable job, thereby preventing further breakdown or discharge from the armed forces. As part of their occupational therapy, service personnel assigned to the annexure system were sent to Hendon Technical College for instruction in four-week courses. These were either clerical (typewriting, book-keeping, records management) or in mechanical and electrical engineering. A follow-up investigation conducted in 1943 by Lewis found that the additional training not only raised the percentage of treated servicemen who returned to military service (58 percent compared with 36 percent before its introduction) but also improved outcomes at follow-up (46 percent performing satisfactorily after twelve months compared with 23 percent before the annexure system).¹¹³ Around ten thousand servicemen were retained in the armed forces under the scheme, which ended in August 1945.

Although *Neuro Psychiatry* painted a picture of innovation and clinical achievement, Lewis believed that the hospital had failed to establish a culture of academic rigor: “the general atmosphere here is not the kind to favor hard work; I am sure it is so, Guttman agrees with me.”¹¹⁴ In July 1940, Lewis had expressed his concerns in a letter to his wife:

I am afraid that if Maclay and Stokes had their way, we would rapidly and inevitably sink back into a respectable, unimportant civilian centre, while all the activity and reputation went to the military hospitals which [J.R.] Rees is peopling with his Tavistock men.¹¹⁵

Lewis brought his concerns to the hospital management committee, arguing that doctors did not “take enough interest” and that institutional

111. Aubrey Lewis, “An Enquiry into Some Social Effects of Neurosis” (typescript, 16 January 1943), 3, AIR2/5998, NA.

112. Ahrenfeldt, *Psychiatry in the British Army*, 155–59.

113. Lewis and Goodyear, “Vocational Aspects of Neurosis in Soldiers,” 105.

114. Aubrey Lewis to Hilda Lewis, 13 June 1943, Cream collection.

115. *Ibid.*, 24 August 1940.

prejudice obstructed serious research.¹¹⁶ Maclay, supported by Stokes, was reluctant to alter routines and was generally mistrustful of anything that involved the military. When Dr. Raven left due to lack of funding, Lewis urged the appointment of a “research-minded psychologist.” Dr. William H. Gillespie, who “thought we needed a routine person who was not above producing test results,” expressed opposition.¹¹⁷ Although Maxwell Jones occasionally supported Lewis in committee debates, he too made little attempt to employ statistical methods. A paper that he coauthored with Lewis, published in the *Lancet* in June 1941, compared the symptoms and behavior of thirty-five patients returned to full duty with thirty-five discharged from the forces. As they themselves noted, “comparison of small groups in respect of individual symptoms and features is not the most satisfactory way of discovering what chiefly decides the outcome of an illness such as this.”¹¹⁸ Considerable difficulties existed in gathering large samples for representative studies, but Mill Hill psychiatrists showed little enthusiasm for this work, largely because they were primarily clinicians rather than researchers.

As army psychiatrists in the field increasingly treated service cases, the number of referrals fell toward the end of the war. By September 1944, the hospital had 200 empty beds.¹¹⁹ Mill Hill found itself looking for a new role. Although the War Office and Ministry of Health judged that expertise developed by the hospital staff was appropriate for British prisoners-of-war who were slowly being liberated as the Allies advanced through Northwest Europe and Italy, the authorities took the view that such servicemen suffered from an “adjustment disorder” rather than mental illness.¹²⁰ In May 1945, prisoner-of-war patients began to be transferred from Mill Hill to a dedicated rehabilitation center opened at Dartford Hospital.¹²¹ Under Maxwell Jones, it operated for a year and admitted 1400 servicemen. By July 1945, most of Mill Hill had closed and plans were well advanced for the reopening of the Maudsley Hospital on September 1.

116. Mill Hill EMS Hospital, Medical Committee Minutes, 13 January 1944, 15, BRHA.

117. *Ibid.*, 60.

118. Maxwell Jones and Aubrey Lewis, “Effort Syndrome,” *Lancet*, 1941, 1, 813–18, 818.

119. Mill Hill EMS Hospital, Medical Committee Minutes, 9 September 1944, 100, BRHA.

120. Edgar Jones and Simon Wessely, “Prisoners-of-War: From Resilience to Psychological Vulnerability, Reality or Perception,” *Twentieth Cent. Brit. Hist.*, 2010, 21, 163–83; Mill Hill EMS Hospital, Medical Committee Minutes, 17 May 1945, 142, BRHA.

121. *Ibid.*, 3 May 1945, 136–37; 17 May 1945, 142.

IMPACT OF NEURO PSYCHIATRY

On the outbreak of war, Maudsley doctors had been divided between two hospitals, Mill Hill in north London and Sutton Emergency Hospital, Belmont. Considerable rivalry existed between the two groups, not least because the Maudsley had attracted ambitious doctors with differing views about therapeutic strategies.¹²² While Lewis and his colleagues focused on social psychiatry and occupational therapy, the team at Sutton took a more radical line with an emphasis on physical treatments. Led by Eliot Slater as clinical director with William Sargant as his deputy, they were critical of the cautious approach taken by Lewis at Mill Hill suggesting that such “therapeutic nihilism” had led “orthodox psychiatrists . . . to lose sight of the individual life and the happiness or misery of the single patient and his family.”¹²³ Characterizing mental illness as a degenerative process, they believed that treatment should be radical and applied at the earliest possible opportunity:

Organic conditions, such as vitamin deficiencies and general paralysis, if allowed to persist for any length of time, produce some scarring from which there can never be complete recovery. The same is true of schizophrenia, and of all psychiatric states it can be said that unfavorable psychological adaptations are the more probable and the more severe the longer the condition is allowed to last.¹²⁴

This analysis encouraged Sargant to adopt aggressive treatment regimes at the earliest possible opportunity to halt what he believed was a progressive process.

The making of *Neuro Psychiatry* stung Sargant into a competitive response. In 1944, he made a fifteen-minute documentary film of treatment at Sutton. The full title, *The Treatment of War Neurosis, A Film Compiled by Dr. William Sargant, Maudsley Hospital*, suggested that he was responsible for almost everything apart from the camera work. In this respect, the film had similarities to Hurst’s *War Neuroses* and indeed there were also parallels in form and content.¹²⁵ Sargant presented a series of patients before and after treatment, together with footage of

122. Anon., “Charles Rycroft in Conversation with Jeremy Holmes,” *Psych. Bull.*, 1996, 20, 726–32, 729.

123. Slater and Sargant, *Introduction to Physical Methods*, 12.

124. *Ibid.*, 12.

125. Edgar Jones, “War Neuroses and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties,” *J. Hist. Med. Allied Sci.*, 2012, 67, 345–73.

occupational therapy including “farm work” reminiscent of Hurst’s agricultural shots at Seale Hayne. Having no soundtrack, Sargant relied on inter-titles for explanation. The production quality was variable with unsteady shots of the hospital buildings, while some scenes appear out of focus. Sargant himself made a fleeting appearance in the picture when injecting a patient with intravenous barbiturate to restore a traumatic memory and cure facial tics. The release of strong emotion attached to resurrected memory, he believed, removed imprinted psychological and behavioral responses. It appears that Sargant’s film was shown to invited audiences for educational purposes, a visual counterpart to his textbook, but unlike *Neuro Psychiatry* it never became part of a government propaganda program.

In conjunction with the American Psychiatric Association, the Ministry of Information arranged for Maclay to tour North America so that influential doctors and administrators could hear *Neuro Psychiatry*’s message.¹²⁶ In September 1943, R.A. Lambert, a senior official at the Rockefeller Foundation, recorded that Dr. C. Charles Burlingame, who had seen the film, was “enthusiastic, and thinks it should be widely shown in the US.”¹²⁷ Burlingame, chairman of the Salmon Committee, and Dr. Winfred Overholser, secretary of the American Psychiatric Association, then organized a three-month tour of American hospitals and medical schools. Dr. Hilda Lewis, the wife of Aubrey Lewis, who viewed the film at Ontario Hospital where she worked, reported that *Neuro Psychiatry* had been well received: “it made a very good impression here and Maclay tells me everyone had been enthusiastic in the States and Toronto.”¹²⁸ Indeed, the positive reception given to the showing of *Neuro Psychiatry* may have played a part in prompting the U.S. Army to commission John Huston’s *Let There Be Light*.

With the United States having entered the war in December 1941, manpower shortages caused a two-year delay in setting up a program of training pictures in neuropsychiatry and, with the British further advanced, active co-operation followed.¹²⁹ Two British films were

126. Barbara Hayes, British Information Services to Allan Gregg, 11 August 1943, RF 1.1, 401A, Box 19, File 259, RFA.

127. R.A. Lambert’s Interviews, 15 September 1943, RF 1.1, 401A, Box 19, File 259, RFA.

128. Dr. Hilda Lewis to Aubrey Lewis, 22 January 1944, Cream collection.

129. William C. Menninger, “Education and Training,” in *Medical Department, US Army, Neuropsychiatry in World War II, Volume 1, Zone of Interior*, eds. Robert S. Anderson, Albert

“adopted” by the U.S. Army Pictorial Service: *Field Psychiatry for the General Medical Officer* (1944) and *The New Lot* (1943), directed by Carol Reed. In May 1945, the U.S. War Department decided to commission a film on the “nervously wounded (or psychoneurotic)” to address the problem of stigma and to demonstrate that most individuals “could be a real success in civilian life.”¹³⁰ In June, the U.S. War Department commissioned Major John Huston to direct the motion picture. Originally entitled *The Returning Psychoneurotics*, it was shot at Mason General Hospital on Long Island in the summer and fall. Taken over by the U.S. Army, the hospital with 3032 beds functioned as a specialist psychiatric center from July 1943 and from October was also the home of the School of Military Neuropsychiatry.¹³¹ Maclay almost certainly visited Mason General on his tour, so military psychiatrists there would have watched *Neuro Psychiatry*.

Although originally designed for public showing, the release order of March 1946 restricted *Let There Be Light* to a limited military audience. The film followed a similar structure to *Neuro Psychiatry* (reception, assessment, treatment and recovery, with a focus on before and after cases). The principal criticism of the picture was the impression that most patients were cured after a relatively short period of inpatient treatment.¹³² Lt. Colonel Benjamin Simon, who worked at Mason General and advised Huston on psychiatric matters, impressed him. “Seemingly miraculous” things happened, Huston later wrote, “men who couldn’t walk were given back the use of their legs and men who couldn’t talk were given back their voices.”¹³³ He later described his three months making the film as “the most hopeful and optimistic and even joyous thing I ever had a hand in.”¹³⁴ Wright, like Huston, had failed to evaluate critically claims of clinical efficacy, presenting an overwhelmingly positive view of outcomes.

J. Glass, and Robert J. Bernucci (Washington, D.C.: Office of the Surgeon General, 1966), 66.

130. Gary Edgerton, “Revisiting the Recordings of Wars Past, Remembering the Documentary Trilogy of John Huston,” *J. Pop. Film Television*, 15, 27–41, 33.

131. Menninger, “Education and Training,” 56, 317.

132. Edgerton, “Trilogy of John Huston,” 35; Lesley Brill, *John Huston’s Filmmaking* (Cambridge: Cambridge University Press, 1997), 113–14.

133. John Huston, *An Open Book* (London: Virgin Publishing, 1994), 123.

134. Brill, *Huston’s Filmmaking*, 112.

In part because of the cinematographic success of *Neuro Psychiatry*, medical films of fact continued to be made in postwar Britain. *The Undeclared*, a public information film made in 1950 by Paul Dickson, addressed the physical and psychological wounds of war.¹³⁵ Sponsored by the Ministry of Pensions, it told the story of a glider pilot who had lost both legs above the knee. The film followed his rehabilitation at Queen Mary's Hospital, Roehampton, a specialist limb center.¹³⁶ Although the main character, Joe Anderson (played by Gerald Pearson, an amputee), gradually mastered the use of his artificial legs, his psychological problems remained intractable. From the time of his traumatic accident, he had been unable to speak but no organic cause could be found to account for his mutism. The war-pensions doctor in the film attributed this symptom to Joe's belief that he had been responsible for the death of his co-pilot. In fact his comrade had survived the glider crash, and when the war-pensions doctor reunited them in a planned experiment, Joe's speech was dramatically restored. *The Undeclared*, awarded Best Documentary Film of the Year, was popular with cinema audiences who felt that it encapsulated both the physical and mental trauma of war. The subliminal message promoted by the Ministry of Pensions was that rapid specialist treatment would not only cure symptoms but also enable veterans to make the transition to active citizens without need of costly social support.

CONCLUSION

The documentary film makers considered that their motion pictures made for specialist audiences in the United States were among their best work for the Ministry.¹³⁷ The conflict gave them unprecedented budgets and the opportunity to film subjects that government restrictions would have prohibited in peacetime. Wright believed that documentaries, which explored "progress and experiments made . . . in relation to problems common to all," succeeded because "under war pressure we had made great strides in matters such as rationing, nutrition, child-welfare, psychiatry, plastic surgery and labor-management relations."¹³⁸ *Neuro Psychiatry* and the two *Personnel Selection* films

135. Katy McGahan, "The Undeclared," booklet in *Land of Promise*, 69.

136. "The Undeclared" (typescript, 12 October 1950), INF6/553, NA.

137. Swann, *The British Documentary Film Movement*, 172.

138. Wright, *The Use of the Film*, 58–59.

demonstrated that films of fact could serve the purposes of propaganda if targeted at a defined population. For an informed audience, Wright and Elton believed that the documentary style was more persuasive than overt promotional films because it presented apparently unbiased evidence and left individuals to judge for themselves.

Without a production process that engaged critical debate from clinicians, the aims of Wright and the Ministry of Information dominated the content of *Neuro Psychiatry*; their desire to present a positive image of British psychiatry determined the selection of patients and the emphasis given to particular treatments. For example, the film implied that the two cases treated by “narco-analysis,” or intravenous sedative, were cured, while the female patient given ECT experienced a mild fit without the injury that patients sometimes endured. The documentary never mentioned the risks associated with insulin-coma therapy, and the cases appearing in the film seem to have had successful outcomes. Researchers at Mill Hill were still evaluating the clinical effectiveness of treatments in spring 1943 and by the following year it was increasingly clear from Lewis’s follow-up studies that some psychiatric disorders were more persistent than the motion picture suggested. He recognized that the motion picture offered a partial view of the Mill Hill therapeutic regime. When Dr. Bailey, a former asylum superintendent, came to the U.K. on a fact-finding mission with a plan to set up a similar institution in Canada, Lewis commented, “I shouldn’t be surprised if on his return he urged they should modify the picture of Mill Hill they had got from the film.”¹³⁹ Lewis was not explicit about the way in which the film was misleading. However, he had consistently argued that Maclay and Stokes lacked the determination and energy needed to implement high-quality research projects. The selection of patients with mild disorders and an emphasis on successful clinical outcomes implies *Neuro Psychiatry* overstated the effectiveness of treatments. Wright was perhaps naive in accepting information provided by Maclay and Stokes. Yet, the picture of therapeutic optimism suited his purpose, as it appeared to demonstrate that a state-funded health service could effectively address the psychological problems of both civilians and service personnel alike.

139. Aubrey Lewis to Hilda Lewis, 17 March 1944, Cream collection.

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Commentary

The Cost of War—Then and Now: Commentary on “Neuro Psychiatry 1943”

In his essay “*Neuro Psychiatry 1943: The Role of Documentary Film in the Dissemination of Medical Knowledge and Promotion of the U.K. Psychiatric Profession*” Edgar Jones provides a detailed case study of a single movie that was made under unusual wartime conditions. From this case, he builds a general analysis of the interpretation and portrayal of scientific expertise that shaped the production, distribution, and reception of this genre of documentary. The paper provides a fresh perspective for the historical analysis of film documentaries, while remaining highly topical and germane to present-day issues in medicine and health care.

The film that Jones studied was produced in a British hospital where war victims (mostly soldiers) were treated for war neuroses. The filmmakers documented the therapies employed and the apparently successful posttreatment reintroduction of patients into military service and civilian work. They hoped to convince informed audiences, especially those outside Britain in the United States and