

Arthur Hurst

Born 1879. Pioneering physician.

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Contents

Part 1

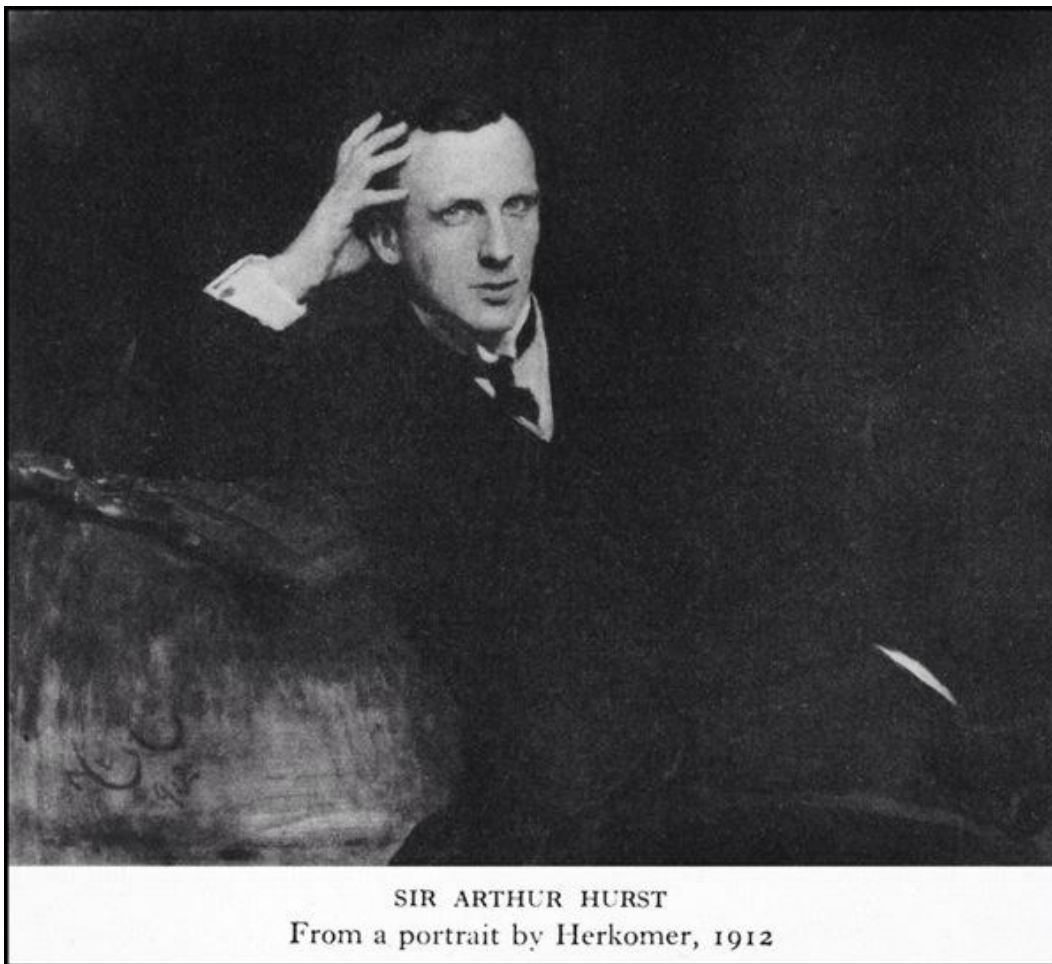
1. Biographical Note
2. Introduction
3. Arthur Hurst: Physician and Filmmaker
4. The Making of 'War Neuroses'
5. Motion Picture Context
6. Treatment
7. Follow-up Study
8. Impact of 'War Neuroses'
9. Conclusion

Part 2

10. Founding the British Society of Gastroenterology
11. A Pioneer in the Use of Suggestion
12. An Appreciation of the Role of the Nervous System
13. Family Background
14. Education
15. Guy's Hospital
16. Marriage, First World War and Change of Name
17. After the First World War

Part 3

18. His brother Sir Gerald Hurst



SIR ARTHUR HURST
From a portrait by Herkomer, 1912

1. Biographical Note

Sir Arthur Frederick Hurst, aka Arthur Frederick Hertz FRCP (23 July 1879 – 17 August 1944) was a British physician, and a cofounder of the British Society of Gastroenterology. The society's annual lecture is named for him

Arthur Frederick Hertz was born in Bradford to Fanny Mary and William Martin Hertz, a merchant of German Jewish descent. Hertz changed the spelling of his surname to Hurst in 1916. He attended Bradford Grammar School and Manchester Grammar School before graduating from Magdalen College, Oxford in 1904. He joined the staff of Guy's Hospital in 1906 and ran his own private practice before serving in World War I as a consulting physician stationed in Salonika.

From 1916 to 1918, Hurst led the neurology department at Netley Hospital. Seale-Hayne College was repurposed as a military hospital that same year. Hurst moved there to help with treatment of shell shock, working at Netley until 1919. After the war, Hurst relocated his private practice to Windsor and retired in 1939. Upon his retirement, Hurst became a consulting physician and served on Guy's Hospital board of governors.

Hurst was knighted in 1937 six years after his older brother Gerald Berkeley Hurst. He died in Birmingham in 1944, aged 65.

Hurst was married to New Zealander Cushla Harriette Riddiford from 2 October 1912 to his death on 17 August 1944. They had three children, a son and two daughters.

Part 1

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'War Neuroses' and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties

2. Introduction

WAR Neuroses (1917) is probably the first motion picture shot in the UK to focus on the treatment of patients by medical staff.¹ The production had been conceived and directed by Major Arthur Hurst, a general physician with an interest in neurology, who had volunteered for wartime service in the Royal Army Medical Corps (RAMC). Early in 1917, Hurst had secured a grant from the Medical Research Committee (MRC) to fund the filming of soldiers invalidated from France with neurological disorders. The Pathé Motion Picture Co., the UK subsidiary of Pathé Frères, was engaged as the production company and shooting took place intermittently over eight months. The edited twenty-seven-minute film was not for general release, but was shown for training and research and to convince military doctors and commanders that shell shock was a treatable disorder.² Shot at two locations, the Royal Victoria Hospital, Netley, and Seale Hayne Military Hospital, near Newton Abbot, the film depicted servicemen who had recovered from a variety of bizarre movement disorders, which lent these cases to being recorded using a visual medium. Hurst recorded individual patients both before and after treatment. Ostensibly designed to show the efficacy of new forms of therapy, the film was also a vehicle to promote the skills of the ambitious and charismatic Hurst. At the time, some doctors questioned the validity of “cures” claimed in the film and associated publications, eliciting a lively debate in the pages of the *Lancet* and *British Medical Journal*.

In the pre-1914 period, two French production companies, Pathé Frères and Gaumont, dominated the European film industry to the extent that they even exported motion pictures to the United States.³ The nation’s technical lead and popular interest was reflected by the French medical profession. In 1898, for example, Eugene L. Doyen, a Parisian surgeon, made what was possibly the first film of an operative procedure.⁴ In the following year,

motion pictures were shown at medical congresses held in Monaco and at the University of Kiel. In the UK, a network of cinemas had opened and a number of companies, like Pathé, Gaumont, and Urban, specialized in the production of weekly newsreels.⁵ While botanical and zoology subjects were shot for a general audience, the medical profession had just begun to appreciate the potential of film for research and teaching. For example, Dr. H. Campbell Thomson, an assistant physician at Middlesex Hospital, illustrated his lectures with films made by the Charles Urban Trading Company, while in May 1911, a lecture given by Professor W. Stirling at the Royal Institution was supplemented with “biological moving pictures” produced by Gaumont.⁶ Cinema was beginning to be appreciated as a medium for spreading information, and in 1915 the medical officer of health for Bermondsey commissioned a film on *The Prevention of Diphtheria*.⁷

Inevitably, the outbreak of war disrupted the European film industry. However, when the value of newsreels, patriotic movies, and training films became apparent, production at Pathé Frères and Gaumont resumed.⁸ The strength of the French film industry allowed its military doctors to use the medium for research and teaching purposes as early as 1915. In Britain, Hurst followed their lead in 1917, the same year that Joseph Best, the educational film expert at Pathé, was released from the British army to make a documentary film for the War Office publicizing the evils of venereal disease.⁹ While there has been scholarship on the depiction of psychiatrists and their patients in the commercial cinema, and research into public health films, less has been written on neuropsychiatry in a clinical setting, with the exception of a recent dissertation.¹⁰ This paper explores the medical and military context of Hurst’s *War Neuroses* and asks how a film originally conceived by the MRC as an aid to teaching and research became caught up in the imperatives of war and rivalries between physicians.

3. Arthur Hurst: Physician and Filmmaker

A star student at Oxford University and Guy’s Hospital, Hurst qualified in 1904 and secured his membership of the Royal College of Physicians in the following year. Elected to the Guy’s staff in 1907, he rapidly established himself in the London medical hierarchy.¹¹ In an attempt to study neurological disorders in their prodromal and early phases, Hurst set up an out-patient department at Guy’s.¹² In 1915, he volunteered for service as a doctor in the RAMC and was deployed to Lemnos, the base hospital for Gallipoli. Appointed consulting physician to the British Army in Salonika at the beginning of 1916, Hurst investigated and treated infectious diseases, such as trench fever and dysentery.¹³ In June 1916, he requested a transfer to Mesopotamia. However, out of concern for his health (he was asthmatic), Hurst was posted to Oxford where he was given responsibility

for shell shock cases. Major William McDougall, in charge of the equivalent department at the Royal Victoria Hospital in Netley, wished to return to Oxford, so the two doctors agreed to exchange jobs.

The Royal Victoria Hospital was the British Army's principal treatment facility and had been constructed on Southampton Water in the aftermath of the Crimean War. The neurological section occupied several wards, one hundred beds having been made available in the main hospital building.¹⁴ Hurst arranged for a former clinical assistant, Captain J. L. M. Symms to join him. Many cases referred to Hurst had originally been diagnosed with shell shock. The term was in fact a catch-all for presentations characterized by a range of common symptoms including fatigue, aches and pains, tremor, contractures, paresis, headaches, giddiness, nightmares, and anxiety.¹⁵ Soldiers who had not responded to treatment in France were transferred to the UK where they often spent protracted periods in hospital. Some were summarily discharged from the army by doctors frustrated by their lack of progress, while others simply rotated through the medical system. Either they were lost to front-line units or they became a burden on the war pension system. Any doctor who could devise an effective treatment for chronic cases could expect considerable professional acclaim.

Although Hurst claimed increasing success at Netley as his therapeutic techniques were refined, he believed that greater progress could be made at a specialist unit, rather than a general hospital. In addition, any credit that accrued from treatment success would attach directly to Hurst without competing claims. Having heard that Seale Hayne Agricultural College, near Newton Abbot, was occupied by only a dozen female students, he campaigned to have the newly constructed buildings converted into a temporary hospital. Opposition from the Southern Command's Director of Medical Services was circumvented with the help of Sir Warren Crooke-Lawless, the commanding officer of the Royal Victoria Hospital. With Symms as his second in command, Hurst transferred 100 patients from Netley to Seale Hayne in April 1918, expanding to a capacity of 350 beds.¹⁶

Despite working at Netley, Hurst made no attempt to integrate himself within the wider community of shell shock doctors. By the end of 1916, Maghull and the Maudsley had become the main centers for experiment into treatment, run respectively by R. G. Rows and Frederick Mott, but Hurst worked independently of them and their staff. In part, this was because he saw himself as a general physician, rather than a medically qualified psychologist, bringing a knowledge derived from neurology and infectious disease to the question of neurasthenia, hysteria, and shell shock. As a charismatic leader, Hurst was more comfortable running his own hospital than becoming part of a network of shell shock doctors—many of

whom explored hypotheses borrowed from psychoanalysis, anthropology, and psychology.¹⁷ Significantly, no motion pictures were shot at either Maghull or the Maudsley, though both were recorded in still photographs.¹⁸

At Seale Hayne, using personal contacts, Hurst gathered a diverse team of clinicians: J. L. M. Symns, a neurologist; S. H. Wilkinson, John Venables, and Rupert Reynell, who were physicians; three general practitioners, C. H. Ripman, Arthur Robin, and A. Wilson Gill; and G. McGregor, a retired naval surgeon. When he visited Seale Hayne, the absence of a psychiatric specialist was a point not lost on Lieutenant Colonel C. S. Myers, consulting psychologist to the British Expeditionary Force, who had returned to the UK to oversee the training of doctors in military psychiatry. Myers had spent two years in France supervising the treatment of shell shock and believed that the disorder was more complex than Hurst proposed. Myers, together with McDougall, argued that the cure of functional bodily disorders required a process of cognitive and affective reintegration.¹⁹ The shell-shocked soldier, they thought, had attempted to manage a traumatic experience by repressing or splitting off any memory of the event. Symptoms, such as tremor or contracture, were the product of an unconscious process designed to maintain the dissociation. Cure would follow only if the memory were revived and integrated within the patient's consciousness, a process that might require a number of sessions.²⁰ Supporting the traditional division between higher rational control and lower emotional appetites, they viewed discharge of feelings or catharsis as secondary to the relief of dissociation.²¹ Hurst offered a simpler explanation: during a terrifying bombardment, a soldier might experience tremor, inability to move a limb, or loss of speech. For some, the power of suggestion could cause the symptoms to endure once extreme emotion had passed.²² For Hurst, a process of re-education and persuasion was sufficient to resolve these residual symptoms of trauma.

Myers thought that Hurst's team of doctors at Seale Hayne lacked clinical understanding and recommended that Captain R. G. Gordon, a physician who had worked at Maghull, the British Army's cutting-edge centre for war neuroses, be recruited to give weekly lectures on psychological medicine.²³ Hurst remained skeptical about the need for specialist training and doubted that the teaching "had much effect on the practical work of the medical officers" given that they were treating somatoform rather than overt psychiatric disorders.²⁴ Furthermore, Hurst added, "only one of the ten medical officers who worked with me at Seale Hayne had any previous training in psychology, and he proved no more successful than any of the others as a war-time psychotherapist."²⁵ Seale Hayne continued to treat servicemen after the Armistice but closed in June 1919. Hurst returned to Guy's as a consultant physician and in 1921 he set up a small private hospital, New Lodge Clinic, near Windsor.

4. The Making of *War Neuroses*

Unlike a modern medical film or documentary, *War Neuroses* was put together in an experimental fashion without an initial storyboard. It appears that Hurst learnt what was possible by doing, and gradually expanded his aims. At first, he saw film solely as an adjunct to the clinical lecture: a way of showing clinical cases without having patients present. Movement disorders were notoriously difficult to diagnose and even today clinicians often fail to agree whether a presentation results from an organic lesion, an unconscious process (a conversion disorder), or has been deliberately feigned (malingering).²⁶ The value of case material that could be watched repeatedly seemed clear. The movements of patients suffering an epileptic seizure had been filmed in summer 1905 by Walter Greenough Chase, a Boston neurologist. He had induced seizures in twenty-five patients at the Craig Colony near New York in the belief that analysis of movements would help to explain the cause of the disorder.²⁷ In most cases, males were filmed according to scientific pictorial conventions: they were stripped naked and placed against a dark cloth backdrop or plain brick wall. These “epilepsy biographs” were subsequently used to illustrate Chase’s medical lectures. It is not known whether Hurst had seen this motion picture, though a few scenes shot at Netley showed soldiers almost entirely naked demonstrating odd gaits against the background of a plain hospital wall.

Funding for *War Neuroses* came from the MRC, which in 1916 had agreed to finance a series of “kinematograph records of selected cases of nervous injury” to serve “the purposes of teaching and study.”²⁸ In April 1916, Henry Head had traveled to Paris to represent the MRC at a conference of neurologists serving in the French Army. Not only did he gather information, but he also outlined the Committee’s proposals for the “organized study of military neurological cases.”²⁹ French army doctors had already made motion pictures of such patients and it is possible that Head viewed these at the conference and then encouraged the MRC to fund a similar project in the UK. Hurst’s film of Netley patients was the first in the MRC series and he was the only doctor named in their 1917 report.³⁰ Although other British medical officers at military hospitals were recorded as having made motion pictures of their patients, these films appear to have been lost. As early as June 1917, Hurst illustrated his lectures with film of patients shot at Netley. The *Guy’s Hospital Gazette* announced that he would give “a kinematographic demonstration of war neuroses” at 107 Wardour Street (then a center for the British film industry and where projection facilities could be guaranteed) in place of a clinical lecture at the hospital.³¹

As an army doctor working in a military hospital, Hurst may have needed the permission of the War Office Cinema Committee to make the film. Set up in 1916 and chaired by Sir Max Aitken (later Lord Beaverbrook), the

committee had only two other members Sir Reginald Brade, a civil servant and its secretary, and William F. Jury, a film expert.³² Once shot, *War Neuroses* was held as “national property by the Medical Research Committee,” and for the duration of the war at least was kept “wholly under official control.”³³

While Hurst directed the film, cameramen from the Pathé Motion Picture Co. were employed to record before and after shots of patients treated at Netley. It is unclear why Pathé was chosen, though their staff regularly traveled to France to film the activities of the British Expeditionary Force for newsreel footage, becoming familiar with military settings and procedures.³⁴ Pathé’s headquarters was in Wardour Street, where Hurst had shown his original film.

At Netley, much of the film was shot at the southeastern corner of the main hospital range, using the pavement and steps to show odd gaits and bodily movements ([Figure 1](#)). Without sound to provide a commentary, Hurst inserted captions to identify patients and diagnose their symptoms.

Having transferred his patients and clinical team to Seale Hayne, Hurst had greater freedom and opportunity to make what, in effect, became a documentary film. He recorded soldiers picking fruit, herding cattle, raking and seeding a field, basket making as well as demonstrating that they could walk and move normally. The final scene, which reflected his theatrical personality, was the “Battle of Seale Hayne” in which recovered soldiers paraded in full military uniform with rifles and bayonets, marched along a country lane and took part in a mock assault on an enemy position. Smoke was used to make the battle appear realistic and in the attack one soldier pretended to be shot, requiring the attention of a medic and stretcher bearers. Thus, what began as a factual record of military patients developed into a fictional scene worthy of the commercial cinema.

Hurst himself made at least one appearance in the film. In the opening scene, he was shown demonstrating that Private P. Meek, seated in a wheelchair, was unable to walk properly because of the rigidity in his ankles.³⁵ Meek, a basket-maker in civilian life, had joined the Special Reserve in 1913 and served in France from the beginning of the war. In February 1916 having survived heavy shelling, he broke down. When admitted to Netley, he was mute and unable to stand or walk without support. Meek failed to respond to treatment. Referred to Hurst’s care in autumn 1916, electric shock restored his speech but not until his transfer to Seale Hayne was Meek able to move his arms and legs normally. Later in the film, Meek was also shown “completely recovered” instructing other patients on how to make baskets from cane. Meek attained the status of a celebrity patient, not only because he featured in Hurst’s film but also

because his case was described in detail by William McDougall, whose earlier attempts to treat him at Netley had failed.³⁶

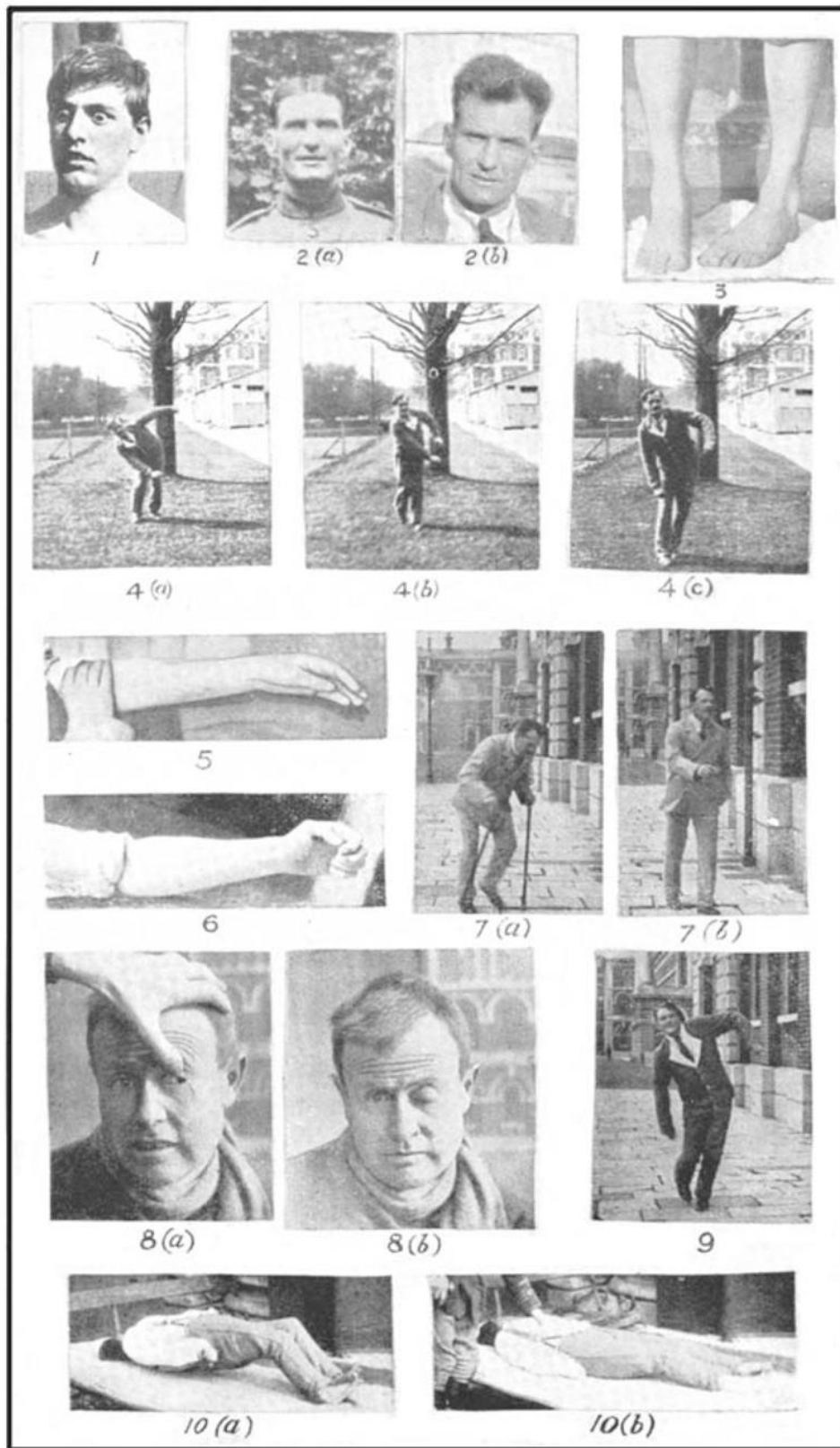


Fig. 1. Illustrations used in the second edition of Arthur Hurst's Medical Diseases of the War, published in 1918 by Edward Arnold, to illustrate

functional disorders. Numbers 1, 4, 7, 9, and 10 were stills taken from his motion picture War Neuroses.

Once Hurst had completed filming at Seale Hayne, the final version of *War Neuroses* was edited and a copy sent to the National Committee of Mental Hygiene in New York and the Army Medical Museum in Washington.³⁷ In the UK, Hurst showed his film at the neurology section of the Royal Society of Medicine in March 1918.³⁸ *War Neuroses* was also screened at the Allied Pensions Conference in May 1918. Furthermore, Hurst included stills from the film as illustrations for the second edition of his textbook, *Medical Diseases of the War*, published in 1918.³⁹

The motivation of Hurst in making the film probably evolved during the production process. Colleagues had noticed a theatrical side to his personality and one pupil remembered him as a “great showman.”⁴⁰ Another colleague recalled his charisma and capacity to inspire not least because he assumed the guise of the distinguished physician, wearing a monocle when examining patients and owning a Rolls Royce.⁴¹ At first, it appears that he recorded movement disorders purely for teaching and research purposes. However, by the summer of 1918 Hurst may have taken a long-term view. The film may also have been designed to reinforce his credentials as a doctor skilled in the treatment of functional nervous disorders, which were far from limited to soldiers in combat. Indeed, Hurst was alert to presentational issues, having changed his name from Hertz in 1916, even though his family had lived in England since the 1840s.

5. Motion Picture Context

Context for *War Neuroses* is provided by films of movement disorders made by French military neurologists in 1915 and 1916, and the British documentary film which recorded the opening phase of the Somme offensive. French army doctors had taken a lead over their British counterparts in the use of motion pictures for research and educational purposes. In large part, this reflected the strength of the French film industry.⁴² In the prewar period, the companies run by Charles Pathé and Léon Gaumont dominated home production.⁴³ The war disrupted their staffing and supply of film and their cameramen and studios undertook commissions for the French Army’s Cinema Service.

In an attempt to reach a better understanding of functional nervous disorders and agree on a system of treatment, a group of military neurologists held a congress in January 1916 at Doullens. The town, equidistant between Amiens and Arras, had a large military hospital which had been opened in the sixteenth-century citadel. Many of the leading French neurologists attended, including Gustave Roussy, J. Lhermitte, Georges Guillain, and André Léri.⁴⁴ As a result of discussions, it was

agreed that each French army would open a forward neurological center for specialist diagnosis and treatment.⁴⁵ During the congress, a film, produced by Gaumont, of French soldiers suffering from movement disorders was shown.⁴⁶ Stills from the film were included in a textbook published by Joseph Babinski and Jules Froment.⁴⁷

At the time of the congress, Doullens lay within the zone defended by the British Third Army. However, it appears that neither Lieutenant Colonel Gordon Holmes, consulting neurologist to the British Expeditionary Force or Lieutenant Colonel C. S. Myers, consulting psychologist, attended. Sir Arthur Sloggett, director general of army medical services, did not refer to the meeting in his diary, while Major General Francis H. Treherne, in charge of Third Army medical services, made no mention either.⁴⁸ Hurst himself could not have attended the conference as he was in Salonika at the time, but images from the film were subsequently used to illustrate medical publications. In the prewar years, Hurst had traveled to Paris to attend the clinics of Joseph Babinski, Jules-Joseph Dejerine, and Pierre Marie, so he would have been alert to research material produced by French neurologists.⁴⁹

In 1916 a film was also made of French soldiers receiving electric shock treatment (“torpillage”) for functional movement disorders.⁵⁰ As in the Hurst film, both before and after sequences were recorded. Wearing a white coat over his uniform, a doctor was shown applying electric shocks to the back of a soldier as he attempted to walk. The neurologist was Major Clovis Vincent who from November 1915 had been based in the army neurological center at Tours.⁵¹ After treatment, the soldier appeared to walk normally. Vincent was a powerful advocate of torpillage until it brought him into public conflict with Private Jean-Baptiste Deschamps. Vincent employed electric shocks not only to demonstrate that any given physical disability was without organic basis but also as therapeutic trial by fire in which the soldier could reassert his masculinity and fitness to serve through an agonizing ritual.⁵²

Like Hurst, Vincent claimed to treat difficult cases quickly and the Tours center became established as “a special treatment centre” where neurologists from other regions transferred their resistant patients. Deschamps, who had been wounded in October 1914 but failed to recover, was admitted to the Tours neurological center with chronic camptocormia (functional curvature of the spine). He refused treatment on grounds of its pain and a fight ensued.⁵³ The court martial which followed in August 1916 brought Vincent to popular attention and he resigned his post at Tours to return to front-line duties as a regimental medical officer.

Vincent had qualified in medicine in 1905 and volunteered for military service on the outbreak of war. While his clinical judgment could be

questioned, his bravery was evident. An amateur boxer, he had been decorated in 1915 when serving with the 46th Infantry Regiment in the assault on Vauquois, and the pugnacious Vincent again exposed himself to danger as a regimental medical officer, being awarded the Légion d'Honneur for his conduct on the battlefield.⁵⁴ In the postwar period, like Hurst, Vincent established himself as a high-profile doctor, building a reputation as a neurosurgeon.

With a ban on the importation of films from France, Italy, and the United States, World War I provided a stimulus for the domestic film industry in Germany. Having understood the value of motion pictures for propaganda purposes, the state itself took an increasing interest, encouraging the production of patriotic movies and newsreels.⁵⁵ In 1916, Max Nonne, professor of neurology at Eppendorf Hospital, Hamberg, made a before-and-after film of soldiers with functional disorders. Nonne adopted the scientific pictorial convention of recording his patients semi-naked against a black background.

Although he featured prominently dressed in a long white coat, Nonne did not record treatment but simply demonstrated the movement disorder and the “cured” patient, the two shots separated by a caption “nach der Heilung” (after the cure).⁵⁶ Nonne, like Hurst and Vincent, was a self-publicist and toured Germany and Austria to demonstrate the effectiveness of hypnotic suggestion as a treatment for war neurosis.⁵⁷

In addition, Hurst may have been influenced by the most popular motion picture screened in the UK during the war. *The Battle of the Somme*, first shown in London on 21 August 1916 at thirty-four different cinemas, was watched by twenty million people in the first six weeks of its release, and continued to be shown until late 1917.⁵⁸ The film contained a sequence shot at Minden Post dressing station where medical staff assessed casualties and dressed wounds. A soldier was shown having iodine applied to a bullet wound in his upper arm and a bandage applied. The scene was designed to reassure the public and the caption declared: “Wounded awaiting attention at Minden Post. Showing how quickly the wounded are attended to.”⁵⁹ In making *War Neuroses*, Hurst had an opportunity to demonstrate that not only were the physical casualties of battle treated, but also their psychological counterparts.

That *The Battle of the Somme* may have influenced the content of *War Neuroses* was suggested by the final sequence entitled “The Battle of Seale Hayne.” One of the few faked scenes in the 1916 documentary showed a group of soldiers going over the top into German fire. An infantryman, who appears to have been killed, falls and slips back down the parapet. In the mock battle recorded by Hurst on Dartmoor, a similar scene depicted troops rising from cover to attack an enemy position. A soldier pretended to

be shot and slid back down an incline where he was attended by stretcher bearers. Indeed, the officer shown parading the soldiers before the battle may have been Hurst himself.

6. Treatment

The crucial element missing from the film was treatment. Apart from attempts at physical manipulation to demonstrate rigidity or ease movement, and the use of hypnosis to temporarily resolve a tic, therapeutic sessions were not recorded. In part, this was because Hurst had no means of recording conversation, though in view of criticisms made at the time, it may also have reflected a desire to conceal his methods.

In November 1916, before he had begun filming patients, Hurst wrote a textbook, *Medical Diseases of the War*, based on his clinical experience in the Aegean and Oxford. At this stage, his treatment of functional nervous disorder was orthodox. “Complete physical and mental rest,” he wrote, “are essential in the treatment of neurasthenia and shell shock.”⁶⁰ Bed rest was prescribed until the patient felt recovered. Severe cases were isolated, kept away from noise and when possible, exposed to fresh air, and protected from bright sunshine. References to the war were proscribed and soldiers instructed to banish all memory of recent conflict.

To cure specific symptoms, Hurst recommended persuasion, assisted by hypnotism, though he also used electric shock treatment in more severe cases.⁶¹ By March 1917, he had devised a classificatory system with specific treatments: neurasthenia and disordered action of the heart were to be addressed by “rest followed by graduated exercise,” while hysteria and shell shock were followed by “persuasion and re-education, rarely hypnotic suggestion.”⁶² With the removal of functional symptoms, he regarded the soldier as “cured and fit again for active service.”⁶³ Hurst approached the problem of neurasthenia from the standpoint of a physician rather than a psychiatrist or a doctor steeped in psychological or psychoanalytical theory.

However, with his transfer to neurological section at Netley, Hurst had an opportunity to study war neuroses in detail and to refine his treatment methods. Faradism (electric shocks applied to specific parts of the body) and hypnotism were gradually discarded and “their employment was never recommended to the medical officers sent to us for courses of instruction” at Seale Hayne.⁶⁴ By this time, Hurst had become more confident of his ability to treat hysterical symptoms even in severe or chronic cases, arguing that they “should rarely persist for more than twenty-four or forty-eight hours after admission to a hospital in England.”⁶⁵

Like many French neurologists, Hurst argued that treatment centers should be isolated from general hospitals. This was designed to prevent contagion,

i.e., to discourage hysterical patients from copying symptoms from soldiers with organic illnesses and to limit the spread of functional disorders among servicemen whose wounds and diseases were in remission but who faced a return to active duty. Furthermore, leading French neurologist Gustave Roussy believed that once cured, soldiers could positively influence their comrades still in treatment.⁶⁶ Recovered soldiers served as a concrete demonstration of the effectiveness of therapy. The shot of Corporal Anderson walking normally at Netley showed that the demonstration was being watched by a group of patients. To encourage this form of benign contagion, Hurst instructed soldiers who had been cured of their symptoms to speak to newly admitted patients.⁶⁷ To reinforce the message, others such as Private Meek taught skills as part of the program of occupational therapy. The isolation of Seale Hayne also served to demonstrate that it was Hurst and his team alone who were responsible for any clinical achievements.

Indeed, great claims were made for the treatment regime of Seale Hayne. Lieutenant J. B. Hall, an RAMC doctor, recalled of his visit there in September 1918: “men unable to use their legs walked about the lawn in two hours, speechless men shouted in five minutes, stammerers who couldn’t get a word out in five minutes, read a column aloud in the same time, after one to three hours treatment.”⁶⁸ Nothing, however, was reported in the article about the nature of the treatment apart from the fact that “all cases are kept at it (1 – 8 h) until successful.” A visit made by William London for the *War Pensions Gazette* in 1919 was no more illuminating. Apart from reporting the rapid cure of soldiers who were mute or paralyzed, nothing was written about the nature of the treatment.⁶⁹

Hurst himself was vague about treatments practiced at Seale Hayne, though over time he revealed more about his methods. In the 1944 edition of *Medical Diseases of the War*, Hurst conceded that by the end of 1917, he and his team had abandoned hypnosis because of poor results. An important feature, he wrote, “is the creation of a proper atmosphere of cure.” The description of the therapeutic process revealed the use of theatrical techniques:

*Directly the patient is admitted, the sister encourages him to believe that he will be cured as soon as the doctor has time to see him. ... The medical officer ... tells him as a matter of course that he will be cured the next day. The patient is made to understand that any treatment he has already received has prepared the way, so that nothing now remains but a properly directed effort on his part for a complete recovery to take place.*⁷⁰

In a presentation to the Royal Society of Medicine in March 1918, Hurst declared that they had only used “such aids to suggestion as electricity and etherization in exceptional cases, being convinced that it is greatly to the

advantage of the patient that he should co-operate intelligently in his own cure. ... Our method can be shortly described as vigorous persuasion with the aid of manipulation.”⁷¹ By his own admission, Hurst practiced deliberate deception as an aid to treatment. Three soldiers with functional deafness were told that an “operation” would restore their hearing and they were anesthetized, with small superficial cuts made behind the ear, and a loud noise made during the course of the fake procedure, to demonstrate its success.⁷²

Filming itself was sometimes used by Hurst to reinforce the power of suggestion. Hurst would persuade patients that their disability was not permanent and that he could help them return to normal function. A record on film provided a tangible record of change. Hurst wrote that a soldier who made good progress was rewarded: “improvement was so rapid that by 12 o’clock another cinematograph record was taken, showing that the abnormal gaits, swaying movements, and tic had disappeared.”⁷³ In another case, a “cinematograph record was taken and he [a shell-shock patient] was promised an immediate cure.”⁷⁴ The soldier, who could walk only a few steps with the aid of sticks, was filmed a second time immediately after treatment.

Indeed, the film itself contained a certain amount of trickery. Take, for example, the case of Sergeant Bissett. He was shown, according to the caption in September 1917, bent over, only able to hobble with the aid of two sticks. In the next scene he is shown walking almost normally when filmed in November 1917. However, the background to both shots showed an identical group of nurses and column of smoke coming out of the chimneys of the distant huts. This demonstrates that both episodes were filmed at the same time and that Bissett had been asked to re-enact his movement disorder for the camera. The faked scene was probably considered justified by Hurst because it was a representation of an earlier clinical reality. Subterfuge, or the illusion of reality, was an integral element of motion picture production from the outset and Hurst may simply have been following an accepted cinematographic convention.⁷⁵

Hurst was far from being the only doctor who deliberately incorporated deception into treatment methods, and indeed, on the basis that the ends justified the means this was not considered an unethical procedure. At the Maudsley, for example, Lieutenant Colonel Frederick Mott was not averse to theatrical tricks and treated servicemen with electric shock. In 1919, he recalled, “many physicians do not care to use faradism to reinforce persuasion; but this method of physio-psycho-therapy or other physical means of reinforcing suggestion and re-education I have employed with great success.”⁷⁶ He also invented false medical explanations: “I have cured functionally paralyzed hands ... by telling patients that their hands are cold and benumbed and that the blood supply to the part is insufficient to excite

the nerves ... but after it has been warmed by radiant heat they will be conscious of it and be able to move the fingers.”⁷⁷ The best tonic, he conceded, could be offered from late 1917 and was the assurance on admission that “under the new system of medical categories they cannot be found fit for service for six months, and probably that they will not be sent on general service again.”⁷⁸ The reassurance that the invalided soldier would not return to front-line service was crucial in addressing functional symptoms.

As a physician with a special interest in neurasthenia, Captain T. A. Ross had volunteered for wartime military service. After a posting to Maghull, he was transferred to Springfield War Hospital in south London to treat resistant cases of shell shock. A number of regular soldiers had been admitted in the harsh winter of 1914–15 with severe functional symptoms but appeared to recover completely in summer 1918. Ross was more forthcoming than Hurst about why this sudden change should have come about. He recalled that when he assured them that “it was certain that they would not get out of the army till they were well ... my arguments were grasped with ease and these patients soon got well.”⁷⁹ Military doctors could genuinely make this offer only in 1918 when orders had been issued not to return chronic cases to duty because of high relapse rates and the pressing need to increase the production of food and munitions. Ross recalled that toward the end of the war he had been visited by a medical general who told him to discharge from the army as many functional nervous cases as they could “though we must not say he said so.”⁸⁰ When military patients saw their colleagues leaving hospital and the armed forces, Ross was able to explain to them that their symptoms “depended on fears connected with the illness itself.”⁸¹ That Hurst benefited from these regulatory changes was confirmed by the fact that his so-called cures took place in late 1917 and 1918, after a period of muted success.

7. Follow-Up Study

In August 1918, Hurst and Symns reported their work in the *Lancet* under the title “The Rapid Cure of Hysterical Symptoms in Soldiers.”⁸² When at Netley, they recalled, a range of methods had been employed: “simple persuasion and re-education, suggestion with the aid of electricity ... and suggestion under hypnosis or light anaesthesia” but had found improvement was “slow or incomplete.”⁸³ At Seale Hayne, they declared, “we are now disappointed if complete recovery does not occur within 24 h of commencing treatment, even in cases which have been in other hospitals for over a year.”⁸⁴ Not surprisingly these powerful claims attracted the attention of other doctors with experience of treating war neuroses. Dr. Thomas Lumsden suggested that a follow-up study undertaken at six months and a year would establish whether the cures really were permanent.⁸⁵ Hurst and Symns reacted strongly to his suggestion: “Every

man when he leaves us has already made arrangements for returning to work; he requires no further treatment, and we do not know of a single man invalided from our neurological centre who has relapsed.”⁸⁶

In June 1919, when Hurst addressed the American Neurological Association at a meeting in Atlantic City, he repeated his dramatic claims: of 100 consecutive cases of paralysis and contracture treated at Seale Hayne, “96 were cured in a single sitting of an average duration of 54 min.”⁸⁷ The remainder took no longer than four weeks to treat despite the fact that these were all chronic cases. However, Lumsden remained unconvinced and, in 1920, cited the thirty thousand ex-servicemen attending war pension boards in London with functional nervous disorders. This evidence, he argued, undermined Hurst’s assertion that his treatments were permanent.⁸⁸ Without robust follow-up data, Hurst could do little more than repeat his mantra: “mono-symptomatic hysterical manifestations, such as mutism, aphonia, blindness, deafness, paralysis and contractures can generally be completely and permanently cured at a single sitting by explanation, persuasion and re-education. Such cases hardly ever relapse.”⁸⁹

While re-enacting illness for the camera and practicing deception on patients were both considered acceptable practices at the time, making premature claims for treatment was a serious charge. In 1918, the MRC had supplied Hurst with “skilled clerical assistance in tracing and recording the after-histories of functional neurological cases” treated at Seale Hayne.⁹⁰ What Hurst did with this evidence remains unclear; certainly, it was never published. Military psychiatrists encountered serious problems when trying to follow-up patients during World War II and often abandoned the attempt.⁹¹ In the aftermath of the conflict, Dudley Carmalt Jones acknowledged the pressure placed on army doctors to effect a rapid cure of shell-shocked soldiers and how this led them to overstate their results.⁹² Nevertheless, the criticism of Lumsden and others evidently hit home and in 1940 the absence of follow-up data was mentioned in an anonymous *British Medical Journal* review of Hurst’s 1940 edition of *Medical Diseases of War*. The reviewer sought to defend the permanence of Hurst’s treatment by reference to evidence gathered from specialist psychiatric units set up in France during World War I. It had been claimed that only 10 percent of cases relapsed.⁹³ However, these statistics referred to a survey conducted by Gordon Holmes of three forward psychiatric centers in France during 1917.⁹⁴ In fact, the study was of dubious value as relapsed cases of shell shock found their way from the battlefield in a wide variety of routes not least because the specialist centers had limited capacity.⁹⁵

To test whether Hurst’s cases were “cures” or temporary responses, former patients were followed up in war pension files. From a random sample of

567 war pension files granted for shell shock, neurasthenia and other psychological disorders, one case was found that had been treated by Hurst at Seale Hayne.⁹⁶ After eighteen months service with the British Expeditionary Force, Sapper George Chamberlain had been invalided from France in November 1918 with a range of functional symptoms. Treatment at Beaufort War Hospital proved unsuccessful and he was transferred to Seale Hayne in December. After seven weeks of treatment, Hurst wrote at Chamberlain's medical board in February 1919 that "he is now very much better," while the medical notes recorded "sleeps well, has no pains and is fit for civil employment."⁹⁷ However, this cure was not sustained. Three months later, having left the army, Chamberlain reported "constant pain in limbs, tremor of hands, poor sleep." This pattern of symptoms was found at three further medical boards, the last held in October 1922 when Chamberlain's pension was stabilized for life at 15–19%. While this case does not provide general evidence, it does suggest that relapse may not have been as rare as Hurst had claimed.

8. Impact of War Neuroses

Despite questions about the permanence of cures, Hurst's lectures and publications caught the imagination of young doctors and a number of influential neurologists adopted his techniques. Charles Symonds, head of neuropsychiatry for the Royal Air Force during World War II, acknowledged a debt to Hurst's teaching. In cases where symptoms were judged functional, Symonds too believed in the importance of "cure at a single session." Hurst had taught him to use hypnosis or electrical treatment as a form of theatre to satisfy the patient's need for a credible explanation for their recovery.⁹⁸

During World War II, doctors treating psychological casualties again resorted to film to demonstrate the effectiveness of their methods. Indeed, an anonymous reviewer of the 1940 edition of *Medical Diseases of War* argued that Hurst's film should again be screened to medical officers as "a highly impressive record of dramatic cures of many long-standing cases of crippling neuroses."⁹⁹ Mill Hill EMS Hospital, set up to treat soldiers and civilians traumatized by war, was the subject of a government-sponsored film entitled *Neuro-psychiatry*, produced by Basil Wright and directed by Michael Hankinson. Made by Spectator Films, it was shot under the auspices of the Ministry of Information.¹⁰⁰ Although not shown to the general public, at the end of 1943, it was taken to Canada and the United States by Dr. Walter Maclay, the hospital's medical superintendent, to demonstrate the effectiveness of treatments. In addition, Dr. William Sargant made a film at Sutton Emergency Hospital, Belmont, called *The Treatment of War Neurosis*, designed to show the effectiveness of physical treatments. Unlike the Mill Hill film, it had no soundtrack and relied like the Hurst film on captions. It too was restricted to training purposes.

In May 1944, a British Army film crew recorded the operation of a forward psychiatric team, the “battle exhaustion” unit attached to thirteen Corps.¹⁰¹ Based at Piccilli and attached to 132 Field Ambulance, it treated casualties from 78 Infantry Division referred from the battle for Monte Casino. Under the command of an army psychiatrist, Major James Hood Patterson, soldiers were housed in tents, rather than buildings to provide “the essentials for material comfort and psychiatric treatment” while maintaining “a more military than ‘hospital’ atmosphere.”¹⁰² As in Hurst’s film before and after shots of patients were filmed to demonstrate the effectiveness of treatment (a sedative to provide sleep and an opportunity to read, play games, write letters, and take exercise). However, in his secret report, Patterson revealed that only 221 (23 percent) of those admitted were returned to active duty, most patients being evacuated from theatre. Although the format was similar to *War Neuroses*, the film crew were not assigned directly to Patterson but had a roving role to record the passage of the campaign in Italy. The sensitive nature of the material, at a time when the war was far from over, and the stigma attached to psychological disorder, saw the film archived, not being shown even for training purposes.

9. Conclusion

It has been suggested that *War Neuroses* was too disturbing to be shown to the general public.¹⁰³ However, there is no evidence that Hurst ever intended it for newsreel circulation. Soldier patients were filmed in 1917 as part of an MRC program to aid teaching and research. At this stage, Hurst used film as an adjunct to his lectures to illustrate movement disorders when the patient was not present. As his treatment techniques were refined and he became more familiar with the medium, his ambitions changed, and the mock battle staged in summer 1918 was a theatrical device that passed beyond the factual record of symptoms.

Motion pictures remained a novel medium during World War I and the ethics of their use for medical research and training had yet to be codified. From the outset, commercial film makers had sought to convey an illusion of reality, using a growing array of devices and special effects to engage audiences.¹⁰⁴ While today a medical documentary would be required to state that a disorder had been re-enacted for the camera, no such protocol existed in 1917. The scene in which Sergeant Bissett pretends to be unable to walk normally was presented as reality by Hurst in much the same way that a professional film director might have shot actors playing the parts of office workers. Indeed, Hurst’s enthusiasm for the medium was reflected in the mini-story at the end where it appears he even plays the part of the officer briefing his men on the trench attack.

Hurst was by no means unusual in resorting to deception to treat patients (even faking a surgical procedure) in order to take advantage of a placebo effect. This was not considered unethical and doctors, such as Hurst, acknowledged the use of such methods in medical publications. It is less clear whether Hurst sought to deceive colleagues about the efficacy of his treatments. He was challenged about the permanence of his “cures” and his assertion that cases “hardly ever relapse” remains problematic. Follow-up studies were notoriously difficult to conduct, but it is inconceivable that he did not find relapses. In later editions of *Medical Diseases of War*, Hurst continued to assert that servicemen treated at Seale Hayne remained well. Arthur Douthwaite, a consultant physician at Guy’s and long-time colleague of Hurst, observed one flaw in his personality: “his brilliant and versatile mind did not, however, include the power of critical appraisal of his sometimes hastily conceived theories.”¹⁰⁵ It was possible that Hurst had assumed success for his treatments before it was warranted by clinical evidence. By the 1920s, having become a high-profile physician with a considerable clinical reputation, it was too late to revise the findings of his wartime work. As an ambitious researcher, Hurst was drawn towards controversial or high profile areas of medicine, such as shell shock, and during the interwar period his attention turned to the growing epidemic of peptic ulcer, becoming the founding president of the British Society of Gastroenterology in 1937.¹⁰⁶

Despite the postwar controversy about the claims made in *War Neuroses*, it demonstrated the advantages of film as a medium for medical education. Unusual cases could be recorded and groups of patients with similar disorders collected to illustrate symptom patterns. In 1919, for example, films made by Major E. Distin Maddick were shown to illustrate abdominal reflexes and human anatomy leading the *Lancet* to conclude that “the cinema is gradually finding its place as an educational agent.”¹⁰⁷ In the mid-1920s, Samuel Kinnier Wilson filmed patients with movement disorders in the park outside the National Hospital in Queen Square.¹⁰⁸ While most of those recorded had an organic basis, one “hysterical” case was included, a young man who may have been a veteran with shell shock. Working at the National during World War I, and appointed professor of neurology at King’s in 1920, Kinnier Wilson may have attended a section of neurology meeting of the Royal Society of Medicine in March 1918 when Hurst showed *War Neuroses*.

Although the content of medical motion pictures was not accepted uncritically (as Lumsden’s letters demonstrated), it was not until World War II that doctors established institutional structures to evaluate their use and content. A survey conducted in 1938 by the British Film Institute of UK medical schools revealed that medical films were not widely used in the training of students and doctors.¹⁰⁹ Although, the Scientific Film

Association was set up in November 1943 to promote their use: it was argued that greater understanding of their educational benefits was needed together with a body to coordinate production and distribution. An editorial in the *Lancet* argued that the medical profession needed to get “past the penny-gaff state of mind ... going to meetings merely to see medical films, and begin to wrestle seriously with the problem of the value of methods of illustrating the medical lecture with the new techniques of the cinema film.”¹¹⁰ To evaluate standards and the appropriate use of film, it was suggested that the Royal Society of Medicine set up a Section of Medical Cinematography. In World War II, professional directors, such as John Huston, were invited to make documentaries not only to record information, train health professionals, but also to influence popular opinion.¹¹¹ Made in 1946, *Let There Be Light* was designed to reassure the American public that psychiatric casualties could be treated and returned to civilian life without lasting harm.¹¹² Shot at Mason General Hospital on Long Island, it also depicted before and after cases, but was judged too sensitive a subject for general release by the War Department.¹¹³ Although Hurst’s film was never shown to the public, it did find official support and this suggests that an understanding of the psychological effects of war did not develop in a smooth chronological progression.

[Go to:](#)

Acknowledgements

The author wishes to thank Paul Sargent, head curator film archive at the Imperial War Museum, and Dr. Tina Kendall of Anglia Ruskin University, for their help with the research of this paper.

[Go to:](#)

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Part 2

The following article by Thomas Hunt was archived in 2021, with acknowledgement and thanks, from the www.gut.bmj.com website.



Sir Arthur Hurst (left).

10. Founding of the British Society of Gastroenterology.

Sir Arthur Hurst (Born 23 July 1879, died 17 August 1944) This year the British Society of Gastroenterology celebrates the Centenary of the birth of Sir Arthur Hurst, the Society's founder. In 1935 he wrote to Dr Georges Brohee of Brussels, who was making plans to form a Societe Internationale de Gastro-Enterologie, saying 'A private Gastro-Enterological Club has been formed in Great Britain which will meet once a year in various cities the day before the Association of Physicians'. From this arose (in 1937) the British Society, which now has nearly 1000 members, and Hurst was its first President.

Few physicians have stimulated more young doctors to think for themselves and to argue about causes than did Sir Arthur (Figure). His approach to bedside medicine was basically physiological, and that great change which came over internal medicine in the early years of the 20th century from the pathology of structure to that of function owes much to his example.

11. A Pioneer in the use of Suggestion

He was in turn a pioneer in the use of x-rays, test meal analysis, sigmoidoscopy, and the gastroscope. From the beginning he had trained himself to look for causes and, as neurologist at Guy's Hospital, he had particular opportunities for studying the nervous pathways of sensation and the mechanism of behaviour. Much later this training made him a pioneer in the diagnosis and treatment of the psychoneuroses. During the 1914-18 war he became a leader in the use of suggestion in treating nervous disorders, and was one of the first to show why such physical labels as soldier's heart, 'shell-shock', and 'DAH', should be discarded and recognised as psychological. In this work he was helped and guided by Sir Charles Sherrington from whom he had already learnt much; though not itself new, it undoubtedly gives Hurst an important place in the development of clinical medicine.

In spite of-or perhaps because of-his knowledge of medical history, Hurst had a deep distrust of tradition, and was determined to clear away fixed ideas based on false theory or pure superstition. He removed from gastroenterology a mass of false conceptions, and was often able to substitute factual data from evidence which could be confirmed, for traditional and, as we now know, erroneous beliefs. This was evident in his early book, on constipation¹, in which he showed, partly by the use of the bismuth meal and radiographs, which he was the first to employ in man, how wrong were many of the current views on purgation and the mode of action of laxatives, and was able to define the way in which nervous factors influenced the behaviour of the bowel.

He introduced the new word 'dyschezia' (suggested by Cooper Perry) to describe how habit and mode of life could lead to 'false' constipation. He was one of the first great clinical scientists and a supreme clinical observer. He made clear fundamental facts which had either been obscured by traditional theories or not recognised at all. One example of this was his demonstration that muscular tension (stretching) was the only cause of true visceral pain, and another his recognition that variations in gastric secretion were not diseases but physiological variations.

12. An Appreciation of the Role of the Nervous System

An additional and far-reaching attribute was his clear appreciation of the role of the nervous system in the causation of digestive disorders. He had long been interested in Mesmer's life and the place of suggestion in treatment, and his training with Charcot and others had taught him much about 'hysteria' and the distinctions between physical and 'neurotic' illness. Through his understanding of these aspects of illness he was instrumental in the ultimate abandonment of such diagnoses as 'acid dyspepsia' or

'hypochlorhydria'; he showed that 'flatulent dyspepsia' was nearly always a misnomer for nervous air-swallowing or 'aerophagy'.

He was one of the first to recognise that pernicious vomiting of pregnancy was not a 'toxic' disease but a nervous disturbance leading to starvation and dehydration. Among that brilliant group of clinicians of the first decades of this century Hurst ranks very high, not only as a diagnostician, but even more so as a teacher. His sociability, wonderful memory, sense of humour, and his interest in young physicians made him a popular and inspiring teacher, and he exercised without doubt a powerful influence on clinical education.

Hurst did not suffer fools gladly, and at meetings he would sometimes ostentatiously throw down his bulky hearing-aid in obvious disapproval. But, though he could be intolerant, he was not afraid of being proved wrong and was receptive of the ideas of others. He had flexibility of mind and what Dr Johnson called 'the itch of disputation'. Of the qualities essential to genius he certainly had three of the most important: curiosity, imagination, and enthusiasm, combined with an immense capacity for hard work.

13. Family Background

He was born Arthur Hertz on 23 July 1879, in Bradford, where his family had lived since 1841, being exporters of woollen and worsted from the West Riding of Yorkshire. His great-grandfather came from an old Jewish family in Hamburg before coming to Leeds; and his grandfather moved to Bradford, where his father was born in 1846. The family was much involved in the artistic and musical life of the Midlands.

14. Education

As a boy he went first to the Bradford and later to the Manchester Grammar School (1896), where he won many prizes and was an enthusiastic rugby football and cricket player. In 1897 he went to Magdalen College, Oxford, having won a Science Demy-ship, and in 1901 he took a First Class Honours degree in physiology. In 1901 he became a student at Guy's Hospital, where he won Gold Medals in both clinical medicine and clinical surgery, and took his Oxford BM, BCh in 1904.

His election in 1905 to a Radcliffe travelling fellowship had a notable influence on his future. Being required to study abroad for not less than 18 months out of three years, Hurst chose to visit France and Germany, and he was able to work under the great neurologists, Charcot, Dejerine, Babinski, and Raymond, as well as the gastroenterologist, Mathieu. He went first to Professor Friedrich Muller in Munich, where he worked hard at learning German and interested himself in people, books, pictures, and local customs, though he could not bring himself to enjoy the Munich beer.

After Munich he went to Strasbourg and then in 1906 to Boston, where he met J. B. Cannon at Harvard, who was using the new roentgen rays in his physiological studies on cats. This was the beginning of Hurst's lasting interest in x-rays; and he became the first man to use bismuth for the examination of the alimentary tract in man.

15. Guy's Hospital

From being demonstrator of physiology at Guy's, Hurst was elected in 1907 to the staff at the age of 27 years, without having been a registrar. His first appointment was as physician in charge of the Electrical Department, but within a few months he had started the first neurological outpatient department in an English general hospital, and was soon appointed neurologist. In 1908 he settled into his work at Guy's and began to see a few private patients: he records that during that year he made the sum of 163 guineas in private practice.

16. Marriage, First World War and Change of Name



Arthur Hurst in 1917.

In 1912 he married Miss Cushla Reddiford, of New Zealand. In 1915 he volunteered for service with the RAMC and was posted at once to Lemnos, the main base for the Gallipoli campaign, being moved soon after to Salonika, where he served until returning to England in July 1916.

He wrote in 1917 when he was Temp. Major RAMC, Consulting Physician to the Salonica Army. ' . . . I have made the change of name from Hertz to Hurst because under present conditions it is natural for one of English birth and English descent for several generations to be unwilling to retain a German name'.

Thanks largely to the wise advice of Sir William Osler and Sir Maurice Craig, Hurst was then appointed to the neurological wards at Oxford. His enthusiasm and energy soon led to his persuading the War Office to take over the buildings of Seale Hayne Agricultural College at Newton Abbot for conversion into a special hospital for the treatment of war neuroses. The years which followed, until the hospital closed in 1919, provide a remarkable example of Hurst's astonishing ability not only to stimulate others, but to provide the driving force which produces outstanding results. He collected a team of colleagues at the hospital and fired them with his own fierce enthusiasm and determination.

17. After the First World War

Much present-day psychological treatment by general practitioners or gastroenterologists owes its standing to the teaching of A. F. Hurst. A great part of the effectiveness of his methods of 'persuasion and re-education' was due to his own personal skill, enthusiasm, and force of character, which created in the hospital a 'curative atmosphere', producing by itself a powerful therapeutic effect.

His drive and energy were all the more remarkable, because, as he wrote in 1921, 'I suffer from Asthma so I have the advantage which few writers on the subject possess of 30 years' observation on a single case', and he fought a gallant battle with this disability for another 23 years. He was rarely free, though at first he found complete relief during his visits to Switzerland- where he was an enthusiastic bobsleighter. On many afternoons he would slip away from his wards to give himself an injection of adrenaline, with often two or three more during the day to keep himself going. He made light of his asthma, wrote very well about it, and fully recognised the part which nervous factors played in its causation.

In spite of an almost equally distressing degree of deafness, Hurst's indomitable courage kept him at full work with an optimism and sense of humour that rarely left him. As was said of Sydenham (about his gout), 'he never betrayed any indecent impatience or unmanly dejection under his distress'. He was able to accept-and almost ignore-such restrictions as his

health imposed, though he gave up seeing heart cases early in his career when he could no longer hear clearly through the stethoscope. No degree of tiredness seemed to stop him working.

His days were always full, and he gave the same zest to his hobbies as he did to his writing, teaching, research, and clinical practice. He was the first physician at Guy's Hospital to own a motor car (1907); he loved country walks and was a skilful modeller in clay, which he learnt at the occupational therapy sessions that he instituted at Seale Hayne. His paintings and caricatures were well above average.

At the Royal College of Physicians he became in turn Goulstonian (1911), Croonian (1920), and Harveian (1939) Lecturer, but he took little part in College affairs or medical administration. He held many appointments and was awarded many prizes and medical honours. His fame and professional friendships were international. After his retirement from the staff of Guy's in 1939, he returned to Oxford and continued teaching both there and at Guy's until his death in 1944 at the age of 65 years.

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Part 3

The following article about Arthur Hurst's older brother Gerald was archived in 2021, with acknowledgement and thanks, from the www.kemnal-road.org.uk website.

18. His brother Sir Gerald Hurst

Sir Gerald Hurst lived at Hoblands between 1937 and 1944. He moved there after being appointed as County Court Judge for Croydon and West Kent in 1937. After he retired he continued living in Chislehurst, first at 15 Church Row, and then at Heatherbank, a private hotel. He was born in Bradford in December 1877, the second of three sons and one daughter. He attended Bradford Grammar School, and went up to Oxford to read History, where he obtained a first.

He moved to Manchester to study law, and was called to the Bar in 1902. He continued to practice law in Manchester until he was called up to fight in the 1914/18 war. During this time he married Margaret Hopkinson in 1905. They had six children, five girls, and one son, Quentin, who died in 1941 fighting in North Africa. Quentin's name is on the Chislehurst War memorial.

Gerald was a member of the Territorial Army, and was called up in 1914 to fight. He fought with the 7th Manchester Battalion, part of the 42nd Territorial Division. He had three tours of duty; to Africa where he was in Port Sudan, to Gallipoli, where as second in command of his Brigade he was involved in heavy fighting, and was invalided out to Alexandria, and finally to Belgium, where once again he involved in the fighting in 1917 at Bethune, where many of his colleagues were killed. He was promoted to Lieutenant-Colonel during this action.

He had been involved in politics before the war, and was released in 1918 to stand for Parliament after the war. He was returned as Conservative MP for Moss Side, which he held between 1918 and 1923, and again between 1924 and 1935.

During this time he continued to practice law, and in 1937, at the age of 60, was offered the opportunity to become a County Court Judge. After a short time in Bristol, he was appointed to the Croydon and West Kent Circuit, where he remained until he retired in November 1952, when he was almost 75.

He and Margaret celebrated their Golden Wedding in 1955. He died shortly after in October 1957, shortly before his 80th birthday. He had always been concerned about his wife's health, but she lived on until 1969. They are buried together in St Nicholas churchyard.

Most of the information we have on him is taken from his book of memoirs, “Closed Chapters”, published by Manchester University Press in 1942, and written at Hoblands. He followed this up in 1955 with a typed supplement, “O’er Moor and Fen”, which goes into much greater detail about his family background and history.
