Cancer, Research, and Educational Film at Midcentury

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The Canadians

The agreement to coproduce a film was something of a coup for the Canadians. Until then, Canadian health authorities had been largely dependent on American educational films. Now for the first time the Americans were to be dependent on a Canadian production. It was a remarkable turnaround, but it also came with dangers for the Canadians. Growing support for research in the United States threatened a hemorrhage of Canadian scientific talent to American institutions. There was a risk that Challenge would hasten the departure of Canadians for richer American pastures. How ironic that a Canadian gain in public health education films might turn into a loss for Canadian science. Thus, for the Canadian health authorities the dilemma of Challenge was how to collaborate with a potential competitor for scientific talent.

The dilemma was particularly acute because one of the rationales for producing educational films was to promote Canadian values, needs, and identity. In the years after the acquisition of political sovereignty from Britain in 1931, several organizations had appeared with expressly nationalistic intent. Among these was the Canadian Society for the Control of Cancer (CSCC)—the first national campaign against cancer, founded in 1938, later known as the Canadian Cancer Society (CCS)—which attempted to bring order to the hodgepodge of provincial efforts against the disease. The society came to see movies as a powerful means of indicating the peculiar nature of the threat that cancer posed to Canada, and the distinctive ways Canadians responded or should respond to it. For these reasons, it worried about Canadian dependence on American productions, which it felt were not always suitable for Canadian audiences. A uniquely Canadian campaign was needed, it claimed, that was quite different from that carried out south of the international border. Its cancer movies thus aimed to promote Canadian values and identity as much as to combat cancer. It was unclear, however, how a movie like Challenge was to promote Canadian
values and identity, given the collaboration with the Americans and the threat that the United States posed to Canadian scientific ambitions.2

Yet, as this chapter will show, concerns about the dangers to Canadian cancer research of a film collaboration with the Americans only emerged in 1949 with the prospect of a contract with the NCI and MFI. Before then proposals for the film or films that would later mutate into Challenge imagined a quite different sort of production. Instead of a collaboration with the Americans, these proposals envisaged a film or films that would serve the goals of Canadian science, sometimes as a counter to American influence. Canadian cancer research, like that in the US, was expanding as never before during this period, and the goal of the film or films was to promote this expansion and protect it against the much larger and better funded American cancer effort, which tempted Canadian researchers to leave the country. As such it also marked a transformation in Canadian cancer education filmmaking that paradoxically mirrored changes in the United States in the new emphasis it gave to research.

Previously the few cancer education films produced in Canada—and the many more it imported—focused on control, encouraging Canadians, like their American counterparts, to undergo routine surveillance and to seek medical assistance the moment something that might be cancer was detected. In the 1940s, however, the focus of Canadian cancer campaigns began to change. While early detection and treatment remained important, they increasingly also focused on cancer research, funding for which—as in the US—increased substantially after the war, bolstered by new organizations founded to promote it and a new partnership between private cancer campaigns and the federal government. Such developments prompted a shift in the public education component of cancer campaigns, which now increasingly focused on research as well as cancer control. This, along with a new enthusiasm for film as a tool of public education in the Department of National Health and Welfare (DNHW) and among nongovernment Canadian cancer organizations, eventually led to funding for the film that would become Challenge. It began life as part of an effort to buttress Canadian research and control against American threats, and later—when the Americans came on board—to focus more on international endeavors.

**Americans and Canadians**

Before the mid-1940s, Canadian cancer organizations had taken little interest in producing motion pictures for public educational purposes. A handful of Canadian films were in circulation, generally targeted at provincial rather than
national audiences, but these were dwarfed by American productions spilling across the border. When in 1945 the Canadian Cancer Society (CCS) surveyed the use of films in cancer, it found that very few were available, most of which were American. As F. G. Butterfield, the provincial secretary of the Saskatchewan branch of the CCS, noted in 1947: “So far as motion pictures are concerned, I think we have missed the boat, most definitely, because we have not utilized moving pictures or the moving picture industry in getting our story across to the public. That is one place we have fallen down badly.”

Canadian reliance on American cancer education films went back to the 1920s, when the first movies produced by the American Society for the Control of Cancer (ASCC) had been distributed north of the US/Canadian border. American dominance faded slightly in the 1930s, when ASCC production slumped because of the Depression, and two short documentary films—*Rays of Hope* (1937) and *That They May Live* (1942)—were released by the Saskatchewan Cancer Commission. But with the exception of a few film trailers, these were the only Canadian public cancer education movies produced before 1947, though a number of provinces produced technical or semi-technical movies for specialist audiences, some of which also may have been screened for general audiences (table 2.1). Thus, as American cancer movie production picked up in the late 1930s and early 1940s, American-produced movies such as *Choose to Live* (1940) and *Enemy X* (1942) once again came to dominate Canadian public cancer education.

At first sight, Canadian reliance on American movies might not seem much of a problem. All were focused on cancer control, which in Canada, as in the United States, meant early detection and treatment. From this perspective, the key object of control was to identify and treat (mainly by surgery and/or radiation) cancers as earlier in their natural development as possible, before they grew too large to be successfully treated, or metastasized elsewhere in the body. To achieve this meant persuading Canadians to go to their physicians at the first signs of what might be cancer. Yet Canadian health organizations—like those in the United States—worried that people might delay seeking help out of ignorance or a paralyzing fear of the disease or its treatment. In their view, cancer education movies provided a powerful means of educating the public about cancer and of countering the fears that Canadians might have of the disease or interventions against it.

Despite these common interests, the CCS and other Canadian health organizations were concerned about their reliance on US movies. The CCS reported that movies such as *Choose to Live* and *Enemy X* were well received, but...
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Produced by/for</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1937</td>
<td><em>Rays of Hope</em></td>
<td>Saskatchewan Cancer Commission</td>
<td></td>
</tr>
<tr>
<td>c.1941</td>
<td><em>A Nurse Looks at Radiology</em></td>
<td>Produced by Claribel McCorquodale, Supervisor of Nurses in the Department of Radiology of the Toronto General Hospital</td>
<td>Silent picture, but McCorquodale had speaking equipment, attended all screenings, and showed the film on request. Using a series of animations, it illustrated what the radiologist sees by means of X-ray, the various duties of the nurse in this department, and the treatment of cancer by means of radium. The film was aimed at nurses but may also have been used for general audiences.</td>
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<tr>
<td>1942</td>
<td><em>That They May Live</em></td>
<td>Saskatchewan Cancer Commission</td>
<td></td>
</tr>
<tr>
<td>1942–43</td>
<td>Unknown title (Trailer)</td>
<td>Unknown</td>
<td>100 ft. 35-mm trailer shown in 75 rural theatres in Manitoba. (Not stated if this is a Canadian production)</td>
</tr>
<tr>
<td>1946 (April)</td>
<td>Unknown title (Trailer)</td>
<td>CCS</td>
<td>1-minute trailer</td>
</tr>
<tr>
<td>1947</td>
<td>Unknown title (Film)</td>
<td>London unit of the CCS</td>
<td>Stolen after its screening and returned 48 hours later by a man who bought the projector from the thief. This may be a professional rather than a health education film.</td>
</tr>
<tr>
<td>1947</td>
<td><em>The Cancer Crusaders</em></td>
<td>British Columbia branch of the Canadian Cancer Society</td>
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“Their greatest criticism is that they give American Statistics, and information pertinent to their own Facilities.” In addition, in the view of the CCS, American campaigns were overly aggressive about the dangers of cancer, and risked undermining Canadian cancer control efforts by generating excessive fear of the disease or its treatment in audiences. Canadians, the CCS believed, did not respond well to the sorts of emotional appeals that might work for Americans, even though the ASCC/ACS also worried about generating excessive fear of the disease or its treatment and had monitored and modified their films to avoid this. In the view of the CCS, films targeted at such audiences not only had to provide information of direct relevance to Canadians, but also had to be of a different emotional tone than those produced south of the border. Such concerns about tone and emphasis made it difficult to adapt American cancer movies for a Canadian audience—“Canadianized” as the CCS described it—and helped to make a case for homegrown films, or for adopting alternative methods of getting a message across. Much Canadianization involved little more than “cutting off their [ACS] trailers and putting on some of our own, with their permission.”

“Surely Canadians have the right to be presented with the Canadian picture as far as our work is concerned,” one cancer society official suggested.

At first, Canadian campaigns tended to focus on other methods of getting their message across. Newspapers, magazines, radio, and countless pamphlets, posters, slides, and lectures were cheaper to use, and more adaptable to local and Canadian circumstances. American campaigns had found that these methods allowed them to target a variety of different audiences, often more effectively and cheaply than movies, which were not always adaptable to the specific concerns of different audiences. Canadians found that in addition they were well tailored to the decentralized, often fragmented, campaigns in different provinces. But Canadian cancer organizations continued to hope that film might yet be turned to their advantage. Like the Americans, many came to see movies as having a power to persuade mass audiences that other communication technologies lacked, and they continued to plan or hope to promote a distinctive Canadian movie that could enhance programs of cancer control. From 1944 such plans to create an “all Canadian film” gained new impetus, though it could be difficult to get them into cinemas, especially the longer ones. “The importance of keeping these films short has been forced in upon us, by the experience we have had in trying to interest theatre managers in accepting films,” noted one public health nurse, “Anything longer than a single reel trailer, which takes about 9 minutes, is frowned upon.”
Producing a distinctively Canadian movie was not only about the practicalities of getting them into the cinemas. It was also about developing a distinctively national campaign, one that united the various provincial cancer campaigns. As Charles Hayter notes, until the creation of the Canadian Society for the Control of Cancer in 1938, Canadian cancer campaigns had been organized at the level of the province. The CSCC hoped to change this, and to bring the disparate provincial efforts together. However, its head office was relatively weak, and the provincial branches of the society retained substantial autonomy. Fund-raising was locally organized, cancer treatment remained a provincial jurisdiction, and cancer education tended to be undertaken by the provincial branches. The growing interest of the CSCC in movies provided it with an opportunity to assert leadership over the provinces. Busy with fund-raising and education, provincial branches would be only too happy, the CSCC central office believed, to take advantage of any films it produced, and so would allow headquarters a means of influencing provincial cancer education efforts—this despite the fact that most Canadian cancer education films to date had been provincial productions.

More broadly, movies also offered an opportunity to project a distinctively Canadian approach to the problem of cancer, and a distinctive image of Canadian physicians and patients. Not only were Canadian statistics and facilities to be included in these movies, but the films were also to portray science and medicine as crucial to the health of postwar Canadians. American anti-cancer campaigns, however, seemed to undermine these goals. To the CSCC, their penchant for emotive appeals to fear or hope threatened to disturb the reserve, as the CSCC saw it, of Canadians, and hence to weaken efforts to get Canadians to their doctors and to trust in science and medicine. For all these reasons the Canadian authorities wanted to produce their own films.

First proposals

The CSCC first considered producing a movie in 1944, but the cost for the small organization with a small budget was prohibitive. Thus, in the fall of that year it attempted to persuade the Department of National Health and Welfare to cover the costs of production. The suggestion was that the department might cooperate with the National Film Board of Canada to produce films for use by the CSCC. The first tentative approaches to the DNHW were followed in July 1945 by a formal letter from the CSCC to propose such an arrangement, primarily to produce films for cancer control.
The timing seemed auspicious to propose a collaboration. First, as in the United States, Canadian enthusiasm for film as a tool of propaganda had blossomed during the war. In both countries, propaganda movies had gained a new mass audience of military men and women, schoolchildren, theatergoers, and community groups. Film budgets had grown, and some propaganda movies began to employ well-known actors, producers, directors, and animators, and to employ film techniques developed in entertainment films over the previous decade or so. In the United States, government agencies tended to import individuals and organizations from commercial cinema to make propaganda movies, and to contract out efforts to assess the impact of film on various audiences. In Canada, by contrast, homegrown production was dominated by the National Film Board, funded by the federal government, which drew largely on its own stock of talent. While the NFB’s wartime propaganda films were increasingly criticized in the postwar years, it had an enviable record as a producer of documentary films and came to be a partner to the DNHW and other Canadian agencies involved in health education.

The second reason things seemed auspicious was that the DNHW was then reorganizing and film seemed likely to be a key part of its future information efforts. The DHNW’s predecessor agency, the Department of Health, had been created in 1919, with a mandate to develop a broad public health education program. But early public health education efforts had fallen victim to the vagaries of party politics, economic policy, and underfunding. A Division of Publicity and Statistics was discontinued in 1921, only two years after it was created, and for the next fifteen years publicity and education would be distributed among various divisions within the department. Then in 1938 publicity and education were centralized under a new Division of Publicity and Health Education, which was restructured in 1945 when the health functions of the Department of Pensions and National Health were taken over by the creation of the Department of National Health and Welfare. It was in the context of this reorganization that CSCC approached the DNHW.

The third reason things seemed auspicious was the involvement of the DNHW in the social welfare reforms that followed the June 1945 election of the new minority Liberal government under William Lyon Mackenzie King. A month after the election, the government proposed a universal pension program for Canadians sixty-five and older, an extension of federal responsibility for the unemployed to include all those who could be employed, generous federal subsidies for provincial public works, and a universal and nationwide health insurance
program. In the end the government pared down its reforms. However, as part of its efforts to cultivate public support for the government’s ever-changing policies toward health care provision, the DNHW began to increase its promotional and educational activities. The Division of Publicity and Education was reorganized and renamed the Information Services Division (ISD), its staff and budget were increased, and it began to reevaluate its earlier public education materials, including the use of film.\textsuperscript{30}

The moment thus seemed propitious in July 1945 for a formal appeal by CSCC to the DNHW. Not only was the DNHW reviewing the use of film, but there were many others calling for homegrown health education films. Christian Smith (Department of Health, Saskatchewan) claimed that “There is a desperate need of good Canadian films.”\textsuperscript{31} “As much as possible,” he echoed the sentiments of the CSCC,\textsuperscript{32} “the health pictures produced in Canada must reflect the Canadian scene, and Canadian conditions must be met.” The point was repeated by other writers, who like the CSCC argued that Canadians would respond much more readily to films that reflected their own experiences than those produced elsewhere. With this endorsement of the need for Canadian-made educational films and the prospect of a better-funded public education effort by the department, the CSCC was hopeful of securing government funding. But in the short term it was not to be. The department responded to the proposal of cooperation by suggesting that the King George the Fifth Silver Jubilee Cancer Fund for Canada—a philanthropic fund established in 1935\textsuperscript{33}—might fund the project. It estimated the costs at CAN$25,000 for a color movie to be made by the NFB.\textsuperscript{34}

The involvement of the King George the Fifth Silver Jubilee Cancer Fund for Canada highlights the specificities of developing a Canadian national cancer campaign. As the name suggests the fund had been established to celebrate the silver jubilee of George V, and gave a particular imperial twist to efforts to promote Canadian national identity around cancer.\textsuperscript{35} The nation might have acquired political sovereignty from Britain in 1931, but the king remained king of Canada, and voluntary organizations like the fund (established by the governor general, appointed by the monarch) promoted the sovereign as a source of national and imperial unity. The fund had been a major source of funding for the CSCC when it was created in 1938,\textsuperscript{36} and its potential involvement in financing film production for the CSCC in 1945 promised to cement the imperial links at the very time that the NFB was beginning to hire native-born Canadian filmmakers rather than imported British ones, and to focus more on Canadian issues.
It is unknown whether the CSCC took the Department of Health and Welfare’s advice to go to the King George V Fund for a film. It received other monies, but quite insufficient for film production. As one CCS official put it, referring to hopes of including 35- and 16-millimeter films in a broader educational program costing CAN$85,000: “How can we, who received $25,000 last year from the King George V fund to inaugurate a national program, think in terms of visual education costing $85,000?” The only cancer movie made before Challenge was *The Cancer Crusaders* (c.1947), a 16-mm motion picture released by the British Columbia Branch of the Canadian Cancer Society, though as table 2.1 suggests some other shorter films were also available that year, along with some technical films aimed at professional audiences that may also have gained a public viewership. The branch erroneously believed this to be the first Canadian movie devoted to public education and information. The Saskatchewan movies *Rays of Hope* (1937) and *That They May Live* (1942) were apparently forgotten or unknown in British Columbia.

The 1947 proposals

After the aborted effort to persuade the DNHW to fund a film, things remained quiet for a couple of years. Then, in 1947, the Canadian Cancer Society (the former CSCC) raised the issue again with the DNHW, taking advantage of new cancer control initiatives within the department—part of broader efforts at health reform by the new Minister of Health, Paul Martin, that eventually became a federal system of health grants, including for cancer control. To set the policy ball rolling, the department organized a conference in January 1947 to coordinate the growing number of cancer organizations in the country and to promote research. Sensing an opportunity, advocates of federal involvement in cancer mobilized anxieties about what they saw as the dearth of federal funding for this disease. For example, they noted that in 1947 cancer ranked as the second highest cause of death in Canadian mortality records, dwarfing the numbers of Canadian casualties in the Second World War. Yet the expenditure on cancer did not reflect this discrepancy. While the war had cost Canada close to CAN$19,000,000,000, the amount spent on cancer control for the same period amounted to not more than CAN$5,000,000. The conference aimed to change all that. “Our Canadian attack on cancer has been in the nature of guerrilla skirmishing,” a report on the meeting noted. What was needed was “total mobilization,” which would involve “not only funds but also educational effort,
research workers, and diagnostic and treatment facilities organized into a superb striking force under a united command.\textsuperscript{42}

In its proposal to this conference, the CCS urged the DNHW to support cancer films, as part of a proposed comprehensive educational campaign with the prevention of cancer as its theme.\textsuperscript{43} The campaign aimed to build on what the CCS proposal described as the rapid public acceptance of past campaigns against smallpox and diphtheria, which, it claimed, had demonstrated the success of medical science in combating disease. It wanted to reach the largest practical percentage of the total Canadian population in twelve months, and movies were to be at the core of the campaign.\textsuperscript{44} Motion pictures, the CCS proposal noted, had a “dramatic, direct, quick impact”\textsuperscript{45} on the public that would help combat the appeal of quacks.\textsuperscript{46}

The CCS therefore recommended a general movie campaign that would involve the production of three different films. The first was to be a theatrical movie, tentatively titled \textit{Power Also for Good}—a black-and-white two-reeler for distribution to commercial outlets that would deal in dramatic terms with the mobilization of science against cancer focusing on radium and atomic energy. The second was to be a technical movie, tentatively titled \textit{Report on Cancer}—a color movie for distribution to every Canadian university and every provincial cancer association, dealing exclusively with the technical aspects of cancer research, especially “that end of it in which Canadian endeavour has shone.”\textsuperscript{47} The use of color, it argued, would particularly appeal to this audience: “By doing it in color we believe that the benefits derived from true-to-live depiction will be tremendous for those personnel whose work it is to study cancer in all its forms.”\textsuperscript{48} Finally, the CCS proposed to produce an educational movie, targeted at schools and clubs, and tentatively titled \textit{Human Document}. The movie would revolve around a central heroic figure. “This person would be someone whose work has been chosen to be the central character but we feel sure there is someone whose great scientific ability can fire the imagination of the audience in much the same manner that Ehrlich—Pasteur—Curie and Banting have.”\textsuperscript{49} Versions in 35 mm and 16 mm would be made for distribution.

In addition to the three movies, the CCS report also recommended continuing Canadianizing foreign cancer movies and incorporating the latest scientific developments into them. It also proposed to create theatrical trailers (1½ minutes) for use in commercial outlets across Canada. And finally, it also considered the venues in which movies might be released. Of these the most important were (movie) theaters, which—with an average weekly audience of four million Canadians—ranked with radio and the press in importance for mass educational
campaigns targeted at what the proposal called the “unorganized public.” Next were the organized 16-mm circuits, especially the industrial and rural circuits, and special 16-mm showings in schools, to organizations and special audiences (perhaps the organized public?). Finally, it proposed to develop filmstrips for schools and industrial and special groups that would use them in addition to motion pictures or alone, because they were not equipped to show motion pictures.50

Against fear and boredom

In its efforts to devise a movie campaign the CCS was careful to distance its approach from that of the American Cancer Society (ACS, the successor to the ASCC). In the 1940s, the ACS had begun to organize aggressive public education campaigns that drew criticism for exacerbating public fear of the disease.51 Without mentioning the ACS by name, the authors of the 1947 CCS report set out an alternative vision of public education. They argued that all films would use a positive approach: the idea of cancer as a scourge would not be used “to club the audience over the head with resulting fear and repugnance.”52 Rather movies would show that headway was being made in the fight and that treatment was not altogether quite as hopeless as they believed some people thought. “It cannot be stressed too much that the success of any such campaign depends entirely on making your audience feel free to discuss cancer and not in making them shudder and want to shy away from talk about it. They must be left with a definite feeling of HOPE.”53

If the CCS sought to distance itself from the aggressive approach associated with the ACS, it also sought to distance itself from the sorts of propaganda movies that the NFB had put out during the war, commonly criticized for their hectoring tone.54 The CCS proposals warned that audience reactions in film theaters showed a “public weariness”55 of documentary film, and in particular the sort of film produced during the war: “The type of film shown in recent seasons has obviously worn out its welcome.”56 The authors of the report argued, however, that the public was not bored by films based on fact or dealing in fact, provided they were of good quality, which many documentaries were not. Therefore, films for the theater audience “required guaranteed entertainment merit as their most important characteristic!”57

Worried about both fear and boredom, the CCS wanted to entertain their audiences—a move that ironically took them closer to the Americans than they may have wished to acknowledge. American cancer education movies had long sought to entertain as much as to educate, and indeed this tendency to entertain
had been strengthened in the 1940s due to the influx of Hollywood talent into propaganda movie production, the difficulty of getting educational movies into cinemas, and because the American promoters of cancer education programs also wanted to counteract the fear and anxiety that postwar campaigns generated about cancer. The ACS wanted people to fear cancer, but not to fear it so much as to create a fatalistic paralysis about the disease that undermined the message of early detection and treatment. Paradoxically, for all their concerns about American movies, this is also what the CCS wanted; they just differed over what constituted a good balanced between hope and fear. The CCS tended to regard most American films as leaning too much toward fear, even when the ACS felt that a balance had been achieved. The irony is that the Americans sometimes felt much the same about the Canadian films. Thus, when That They May Live was screened in the US, one commentator noted that “its approach was so clinical that audiences became quite frightened and could not stand it.”

If the Canadians saw American films as inducing paralytic fear, Americans could see Canadians films as doing much the same.

Lieutenant Colonel Gilchrist

The cost for a Canadian film was substantial—estimated at between CAN$75,000 and CAN$95,000—and while the department was unable to provide this level of funding, the CCS found a much more receptive audience about the idea of a film than it had received in 1944/45. Much of this was because of the new director of the DNHW’s Information Services Division, Lt. Col. C. Whitney Gilchrist (appointed 1946), an enthusiast for film as an educational tool, who would play a key role in transforming the proposals by the CCS into the film that would become Challenge. He was to be the Canadian counterpart to Dallas Johnson at the NCI.

Gilchrist had come to the Information Services Division—like Dallas Johnson at the NCI—with a background in journalism. Before the war, he had worked as a newspaperman in St. John, New Brunswick, and held an appointment as a staff member of the Canadian Broadcasting Corporation; in 1942 he began an Army career in public affairs. (He was promoted to lieutenant colonel in 1944, a rank that he retained in civilian life, sometimes abbreviated to colonel.) On his appointment to the DNHW, he set about expanding the role of the division, facilitated in part by the appointment of Paul Martin as minister a few months later. According to his biographer, Martin valued good publicity as a means of achieving his political goals, and with his appointment as minister
he now had the necessary administrative machinery to realize his ambitions. Gilchrist and Martin do not seem to have had the easiest of relations. Nevertheless, it was under Martin that the staff and activities of Gilchrist’s division expanded, Gilchrist balancing promoting health with promoting Martin.

Film was to be a central part of this expansion. In 1947 Gilchrist noted that during the last year or two his department had devoted a sizable slice of its education and information budget to film. Not only had it produced seventeen films and filmstrips, but it had a further thirteen in production or in the scripting stage. The division had also collaborated with the National Film Board to create four film libraries: a Public Health Library with 150 titles, a Biological and Medical Library for professional use with a like number of prints, a Physical Fitness and Recreation Film Library, and a Welfare Library, the last newly organized. The department also evaluated numerous films from Canada, the United States, Britain, and many other countries, and made prints available to government departments, organizations, or individuals on a low-cost rental basis. It was under
Gilchrist that the department commissioned one of its most famous series: *Mental Mechanisms* (1947–50), the widely acclaimed series of three dramatized films about mental health made by the NFB, and which Canadians would suggest later helped to entice the Americans into coproducing *Challenge.*

Over the next decade, the NFB would produce about 140 French and English films for the DNHW, most of which incorporated identifying symbols of Canadian nationalism—snowy landscapes and winter sports, children singing French and Maritime folk songs, federal and provincial flags, the scarlet coated RCMP officer, the parliament buildings, Niagara Falls, the Rocky Mountains, the Canadian Pacific Railway, French habitants, and Atlantic fishing villages. There were concerns that NFB’s vision of the national identity did not reflect regional diversity or the specificity of local health problems, but the focus on Canadian national identity provided a means by which the government could project a vision of Canada recognizable to Canadians in its health education films. As we shall see later in this book this was to be something that the NFB would incorporate into early versions of the script that would become *Challenge*—though not the Canada of snowy landscapes and scarlet RCMP uniforms. Instead, it sought to make an appeal for Canadians to support Canadian cancer research, and to stop the drain of talent from Canada to the richer waters of American cancer research.

**Canadian cancer research**

The idea that the film should focus on research went back to the CCS’s proposals at the January 1947 meeting organized by the DNHW. In the early 1940s American commentators had worried that an emphasis on cancer research in public education movies could work against cancer control by suggesting that scientists and physicians did not know as much as they claimed about cancer. Canadian discussions make no mention of such concerns, and the emphasis on Canadian scientific endeavors allowed them to appeal to nationalist sentiment, in two different ways. One was an appeal to an explicitly Canadian identity, distinct from that of the United States and Britain. The other was an appeal to an identity that transcended Canadian provincial politics and concerns. Unlike cancer control and treatment, research tended to be more a national than a provincial jurisdiction.

The growing interest in supporting research was signaled after the January 1947 conference, when a National Cancer Institute of Canada (NCIC)—a joint initiative of the CCS and the DNHW—was established and began plans for a
national campaign against cancer. Early reports suggested that the NCIC would “co-ordinate all Canadian cancer control work into a concerted, well-financed attack on the disease from every aspect.” However, in time the CCS and the NCIC came to divide their activities; the CCS was to promote cancer education and lay activities in the cancer field, and to be the fund-raising body for the NCIC; the NCIC’s main function was to be research. Treatment remained a provincial jurisdiction, with the society giving leadership and financial support through local branches.

The CCS’s 1947 film proposal must be seen in this context. Although it began life as the CCS’s contribution to the January 1947 conference, in time it became part of the society’s efforts to promote cancer education and lay activities, and also to raise funds for the NCIC. Having been broadly endorsed by the conference, the proposal landed on Gilchrist’s desk as part of planning for a national campaign against cancer. There followed a few months of negotiations, but with the DNHW now committed to the campaign, Martin pressing for health care reform, and Gilchrist an enthusiast for film, the department finally agreed to finance an educational motion picture about cancer: one film, not the three proposed at the meeting, and the estimates of CAN$75,000 and CAN$95,000 had also been whittled away. On November 19, 1947, the DNHW was authorized by Order in Council No. 4194 to spend CAN$20,000 on the project.

If there was disappointment at the diminished funds and films, it is not recorded. However, the authorization came at a good time for the NCIC, which was then working to stimulate and accelerate research and the “mobilization of talent” to “interest men in the field of cancer research.” To this end it wanted—much like the Americans—to improve compensation for scientists, offer grants-in-aid of research, provide training fellowships, and build well-designed and fully equipped research centers. But all this would take money. The NCIC hoped the film would help attract private donations through the CCS, now responsible for fund-raising, and cultivate public support for greater federal government funding, which until then had been quite anemic. Reports suggested that from 1935-45 the federal government had spent less than CAN$5,000 through the National Research Council on efforts to find the cause and cure of cancer. The NCIC wanted to turn this situation around. The film would, the NCIC hoped, form part of a coordinated appeal by the government and the CCS.

At first the department seemed torn between producing a campaign (money-raising) film or an educational/recruitment film about cancer research and treatment. In 1948, a recommendation by the NCIC to the Department
of National Health and Welfare resulted in Martin authorizing a special film depicting the problem of cancer research and control. The board of directors of the NCIC agreed to have the film screened for scientific accuracy and held that the finished product should be ready in time for the Federated Cancer Campaign in April 1949.75 (In February 1948, the CCS had proposed to conduct a United National Campaign in 1949, which would also generate support and funding for the institute.76) According to Norman Chamberlin of the National Film Board, the new script that was then being prepared would be a first-class presentation, designed to educate the public in the matter of research, and to be ready for public distribution in April 1949.77

Two months later, in July 1948, Dallas Johnson heard about the Canadian preparations. By this stage, the CCS had given up its earlier doubts about the NFB. The positive reception of the first films in the Mental Mechanisms series seemed to dim its concerns about the tone of NFB wartime propaganda movies, as did the growing enthusiasm of the Department of National Health and Welfare for NFB films. The NFB had produced a film script for the cancer film, and Johnson was enthusiastic. For the first time the Americans were interested in using a Canadian rather than an American production company. And how quickly things had changed. If in 1947 Butterfield had argued that the Canadians had missed the educational film boat as regards cancer, by 1948 things were quite different. This new film promised to turn around years of domination by the Americans in the cancer education film field.

There were, however, dangers for the Canadians in this collaboration. Cancer research was dominated by the Americans, and the US seemed to be tempting some of the best Canadian scientists to leave the country. Collaborating with them risked the danger that Canadian scientists would flee the relatively impoverished research opportunities in Canada to staff the expanding research facilities in the United States, and so undermine the NCIC’s efforts to grow research in Canada. Indeed, the NFB script included an oblique appeal to keep Canadian scientists from migrating to better paid positions, or to places with more and better equipment or better conditions of work.78

Such concerns, however, did little to weaken NCIC support for a joint film venture with the Americans. Canadian scientists were beginning to obtain grants from the NCI to undertake research in Canada, and if the film helped to promote cancer research more generally, there was the prospect of more money.79 Moreover, American scientists were also coming north to learn techniques such as tissue culture (a course at the Connaught Laboratories in Toronto, where some of the scenes of Challenge would eventually be shot).80 Given that the film
was to be produced by a Canadian film production company, there was also the chance that Canadian scientists and facilities would figure prominently in the film. And besides, the Canadians faced the same problem as the Americans in that young scientists were choosing careers in industry and physics rather than cancer research. A well-financed film with American and Canadian money might stem the trend to the benefit of both.

It was against this backdrop of concerns that in February or March 1949 the Canadian Department of National Health and Welfare signed the memorandum of agreement with the NCI, the Medical Film Institute, and the National Film Board to finance the movie. There are suggestions that by then the department was thinking of producing two films (though offering no more money), and the first was to be the research film. The next step would be to begin production.