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► **To cite this version:**

Christian Bonah, Anja Laukötter. Introduction: Screening Diseases. Films on Sex Hygiene in Germany and France in the First Half of the 20th Century. *Gesnerus*, 2015, 72 (1), pp.5-14. hal-04619579

HAL Id: hal-04619579

<https://hal.science/hal-04619579>

Submitted on 26 Jun 2024

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Introduction: Screening Diseases. Films on Sex Hygiene in Germany and France in the First Half of the 20th Century

Christian Bonah, Anja Laukötter

This research received support from the Excellence Initiative of the University of Strasbourg funded by the French government's Future Investments program. It was conducted with the support of Interreg IV Upper Rhine OS A25 Rhinofilm project, co-financed by the European Union – European Regional Development Fund (FEDER) “Transcending borders with every project” and the ANR project MEDFILM. We are grateful for copy-editing by Jean-Yves Bart.

French hygienist André Cavaillon, chief of the Central Service of Prophylactics at the Ministry of Public Hygiene, was among the viewers when the lights went off at a Paris screening of *Il était une fois trois amis* (1929 FR), a VD prevention film. The official was astonished that a Boulevard Cinema would promote this educational film against venereal disease in the same way it would promote an American comic or a “yellow film”.¹ Cavaillon thought that the best way of finding out how many people attended the film and what their reactions were was to go see it himself. After the screening he wrote: “We saw an enormous crowd was entering and shortly afterwards the projection began in a theatre packed with an audience that followed the film religiously for an hour by the clock.”² This introductory scene testifies to the unprecedented development of public health education films after the First World War, a development that has become a rich topic of study for historians over the past two decades.³

1 “Yellow film” refers here to lurid features and sensationalized news. The expression “film jaune” is used by Cavaillon to characterize exploitation film in popular, lower-class movie theatres. Cavaillon 1931, 789–795.

2 Cavaillon 1931, 789–795. For the French version: “Le cinéma et la propagande éducative contre le péril vénérien”, *Revue internationale du cinéma éducateur*, 1931, 146–151.

3 Lefebvre 1996; Pernick 1996; Boon 1999; Lefebvre 2004; Ostherr 2005; Reagan/Tomes/Treichler 2007; Cantor/Bonah/Laukötter (forthcoming).

After World War I, directions pursued by hygiene cinema varied and diverged. It is the goal of the following contributions to investigate similarities and differences of sex hygiene films in continental Europe from their beginnings in World War I to their significant transformation after World War II. Throughout the interwar period, educational films on venereal diseases were often used as resources for sexual education.

According to our present knowledge, the first series of sex hygiene films were released in the United States during World War I. They were conceived of as a progressive way of grappling with the ills of modern urban and industrial society, even if today such films are often considered to be “ethically dubious, industrially marginal and aesthetically bankrupt”.⁴ The films in question deal with topics such as eugenics, birth control, illegitimacy, prostitution and venereal disease. Between 1914 and 1919, sex hygiene films belonged to the thriving genre of health education cinema, considered by officials and the general public to be respectable films with good intentions, yet often tainted with nationalist and eugenic undertones.⁵ Five years later they were subject to widespread censorship, scolded for the unpleasant spectacle they presented along with their awkward relationship to dominant cinematic practices in the United States. The public release of a series of VD prevention films produced by the American Armed Forces’ Commission on Training Camp Activities (CTCA)⁶ also triggered the adoption of a self-regulatory code by a conference of top motion picture directors in 1921.⁷ While Hollywood was upgrading its public image as the world’s leading manufacturer of entertainment, restrictions on exploiting interest in sex in an improper or suggestive manner, white slavery, nudity, illicit love and vice and other “unnatural practices dangerous to social morality” led to the separation of respectable movie entertainment in the US from what has become known as exploitation film, a division that lasted for half a century.⁸

4 Schaefer 1999, 17.

5 Pernick 1996.

6 Created in 1917, the CTCA produced *Fit to Fight* (1918, US), *Fit to Win* (1919, US), and *The End of the Road* (1919, US) in the framework of its program on “educational prophylaxis”. After initial special audience screenings in the army, the three films hit the public screen in rapid succession with five other new sex hygiene films in 1919. These included *The Spreading Evil* (1918, US) by James Keane and *Scarlet Trail* (1919, US). Ironically, it was the state-supported sex hygiene films that triggered censorship initiatives. Schaefer, 1999, 24–27.

7 The code came to be known as the Hayes Code. Annette Kuhn has described a more heterogeneous and multi-institutional approach to sexual hygiene film censorship in Great Britain. See: Kuhn 1988.

8 Schaefer 1999; Eberwein 1999.

Sketch of an international chronology

During World War I, medical statistics and middle class anxiety seem to have followed similar patterns of development in the United States and Europe, in a period which saw the rise of cinematic prophylaxis against what observers considered to be a conspiracy of silence surrounding public talk of sexual hygiene and VD's. Having crossed the ocean to the New York stage, the play *Damaged Goods* by French playwright Eugène Brieux (1858–1932) went from its initial performance in 1913 to becoming a Universal Film (1914) and Mutual Film (1915) production a year later. The film was screened in 1914, 1915 and re-released in 1917 and 1919. Known for his plays addressing medical and social topics, including subjects like professional nursemaids (*Les Remplaçantes*, 1901) and abortion (*Maternité*, 1903), Brieux's *Damaged Goods* (*Les avariés*, 1901) was initially censored and was only first performed in Paris in 1905.⁹ The play criticizes popular ignorance about syphilis and patients' incompletion with treatment, and addresses contamination risks between spouses as well as generational transmission. The third act includes vivid descriptions of afflicted patients in hospitals and different ways of becoming infected. What VD prevention films like *On doit le dire* (1918, FR) by Jean Comandon added to the play was the naturalist view of the Spirochete bacteria that Comandon filmed as micro-cinematography starting in 1909 at the Saint-Louis Hospital in Paris directed by Paul-Louis Gastou and from March 1909 at the Pathé-Frères corporation at Vincennes, as well as clinical shots of patients with syphilitic chancres. If earlier films included textbook illustrations, films after 1918 added images that were more than just textbook images. Such images were already being used by two types of cinematic production before their use in health education film: scientific research film and clinical teaching film.¹⁰ The caption at the fourth minute of the French film invites the spectator to "Come with me and see for yourself in the hospital", thus echoing a long established social practice and transferring it to the screen.¹¹ In order to give him a lesson in practical matters, a conscientious father takes his adolescent boy as these films take the viewer to the reputed St-Louis dermatology clinic in Paris to show him the grim realities of the "ravages caused by syphilis". Integrated into slide shows at first, then into sex hygiene films, such practices moved from intimate interpersonal education to public exhibition.

9 Dr Cabanès 1901, 45–76.

10 For clinical teaching film see Aubert, 2002, 1612–1618. For scientific research film: De Pastre/Lefebvre 2012. For sexual hygiene films: Gertiser 2009.

11 Koenig 2014, 50–75. Corbin 1978, 245–283. Corbin 1991.

Although the distinction between entertainment and educational film remains difficult to establish for early twentieth century cinema, it was during the World War I that film became a major communication tool, notably for military and propaganda purposes.¹² In February 1915, the French army created the *Section Cinématographique de l'Armée Française* (SCA), which mobilized private French film companies (Pathé, Gaumont, Éclair and Eclipse) to produce stock shots of war scenes. After being authorized by the military command, these scenes were in turn commercialized as realities of war under the name of the *Chambre Syndicale Française de la Cinématographie*, the trade union of French film producers.¹³ Beyond illustrating the military power and moral force of the French army, a significant number of films were devoted to documenting consequences of the war. This includes over 80 films stored today in military archives with medical and sanitary subjects ranging from front line hospitals and the transport of casualties to clinical films on shell shock and its treatment. In 1917, the French scientist and filmmaker Jean Comandon was appointed to the Buffon military hospital in Paris, which serviced the Central Committee of Assistance to Military Veterans.¹⁴ His military assignment led to the production of four anti-tuberculosis films between 1918 and 1919, four anti-alcoholism films and one of the first French-produced sexual hygiene films, the seven-minute animated film *On doit le dire*.

In the German context similar developments occurred at the Universal Film Aktiengesellschaft (UFA). Founded in Berlin in 1917, the UFA established an “Educational Department” that produced health education films with funds provided by the German government. At the same time, the war had cut off the supply of French educational films, which up to then had enjoyed a virtual monopoly on the German market. One of the first major German sex hygiene productions was Richard Oswald’s fiction film *Es werde Licht* (1916/17 GER), which received considerable critical attention in Germany and abroad. A subsequent debate about the delicate matter of publicly speaking about sex hygiene, weighing acceptability against efficacy, led to UFA’s cinematographic answer: Nicholas Kaufmann’s *Die Geschlechtskrankheiten und ihre Folgen* (1919/20). Instructional and at the same time shocking, the presentation of medical facts in cinematic format met with the criticism of exhausted and bored spectators. These discussions prompted UFA to change the way it produced new films on sexual hygiene,

12 Bonah/Laukötter 2009, 121–146; see also Nichtenhauser 1950.

13 Véray 1995.

14 Comité Central d’assistance aux anciens militaires tuberculeux. De Pastre 1996.

leading to films like *Falsche Scham* (1925/26 GER). Such aesthetically intriguing, fictionalized films paved the way for further experimentation with the education film genre, exemplified by films like *Frauennot-Frauenglück* and *Feind im Blut* (1930 CH) (1931 GER), which enjoyed great success.¹⁵

Many of these films were produced for the international market. As Cavaillon acknowledged, they crossed national borders: “We have seen excellent films projected with success, such as *Feind im Blut*, a film which has been shown in nearly every cinema in France and has made the danger of venereal diseases, the need of combating them and the possibility of protection known to hundreds of thousands of spectators.”¹⁶

Alongside pictures for the “general public”, films for special audiences and exhibition contexts were also released. *Le Conte de la mille et deuxième nuit* (1929 FR), conceived by Jean Benoit-Lévy and carried out in animated cartoon form by Albert Mourlan for natives of North Africa, exposed a series of mishaps experienced by Mohammed, revealed in the end as being caused by a neglected case of syphilis.¹⁷ A decade later, the National Tuberculosis Association (NTA) in the United States hired Edgar Ulmer to produce a series of six films addressed to minority audiences on the dangers of tuberculosis and the treatments of the disease.¹⁸ These audiences were social groups defined for moral reasons by sex, age, profession, culture or language. Beginning with the World War II era, films could also be produced for specific at-risk groups, as in the case of the NTA films directed at populations with epidemiologically defined high morbidity and mortality figures.

In addition to diverse influences in terms of cinematic production, censorship became an influential force in the negotiation on the format and content of these films. In most European countries and in the United States, institutions for the supervision of educational films were established.¹⁹

Rethinking film censorship as a set of institutional practices rather than institutions and legal prescriptions, Annette Kuhn has highlighted the fact that in Britain a series of institutions such as local cinema licensing authorities, the Home Office, the film industry, social purity and social reform

15 Laukötter (in press); Laukötter 2011, 24–38.

16 Cavaillon 1931, 793.

17 For the use of animation and its function in health education films see: Laukötter 2013, 79–96.

18 *Let My People Live* (1938) was conceived for the African-American community, *Cloud In The Sky* (1939) for the Hispanic community, *They Do Come Back* (1940) for young couples (the only film in the series of which two versions exist), *Diagnostic Procedures In Tuberculosis* (1940) for the medical community, *Goodbye, Mr. Germ* (1940) for children, and *Another To Conquer* (1941) for Native Americans living on reservations. Orgeron 2011, 295–315; Bonah/Lowy 2013, 46–56.

19 Bonah/Laukötter 2009.

movements as well as the British Board of Film Censors were involved in different ways and under varying conditions when films dealing with subjects touching on sexual hygiene were released and their screening debated. One example for this is *Where are my Children* (1916, US), a film on birth control and abortion by the female Hollywood director Lois Weber. Authorized in the US and prohibited for screening in the UK, the film shows how censorship practices negotiated the ways in which sexuality and cinema were presented in different public spheres. Similar developments can be identified in other countries. Depending on the topic of the film and its social context, different groups exerted pressure in order to influence which, when, how and if educational films were screened or not.

Film tropes, discourses and educational strategies

During the interwar period, progressive European and North American hygienists repeatedly made the claim that ad hoc films were undoubtedly the most efficient means for educating minds. The following contributions address the question of how various historical actors of the time thought films should be made in order to adequately present the dangers of venereal disease and issues regarding sexual hygiene in general. One clear conviction was that motion pictures needed to be suited to their audience. Films for general audiences evolved from initial moralizing tropes advocating sexual abstinence to more pragmatic approaches, offering evidence for the possible risk of a simple kiss, the serious danger of making suspicious acquaintances, the harm that a neglected attack of syphilis may cause and the terrible consequences which afflict the descendants of a subject suffering from neglected syphilis. The films also displayed the resources of modern therapeutics and affirmed the certainty that a perfect cure would result from immediate, certified treatment and the proper care of a good doctor. Early diagnosis, patient compliance, the fight against quack healers and the promotion of modern medicine were part and parcel of these modern tales of hygiene.

From the mid-1920s onwards, the storyline of these films was often similar: faced with venereal disease, individuals or members of a family overcome their initial fear of exposing their stigma, declining shady non-traditional medicine by following the wise guidance of an advisor or friend. Then orthodox medicine takes center stage, with an approach based on screening and early diagnosis, prophylaxis and the available forms of syphilis treatment.²⁰

20 Huentelmann 2011.

Many films tried to convince the public that the disease was not fatal, and that it could be cured if diagnosed early enough. The dramatization of educational messages experimented with the ways in which a strong emotional response could be elicited with minimal plot or intrigue and without weakening the preventative medical message. Films staging a conversion narrative sought to make the public adhere to new behavioural norms, ultimately intending to transform spectators into compliant observers.²¹ Nevertheless, the question of how these goals could be achieved with film was widely discussed and found various applications in motion pictures. The fact that not only physicians were involved in the production of educational films, but also film directors ranging from avant-garde to Hollywood cinema, underscores this fact: Sergei Eisenstein and Ysevolod Pudovkin in Russia, Walter Ruttmann in Germany, and Edgar G. Ulmer, John Ford and John Huston in the US all directed educational films, thus shaping the way diseased bodies could be shown on screen.

Sex-hygiene films became increasingly audience-specific at an early stage. The earliest at-risk target group were soldiers who fought in the World War I. The films produced for this group were less cheerful and entertaining, often including direct shots of sexual organs and lesions. Military hygiene films became straightforward and shocking, working with the mechanics of horror and outright fear. At the same time, these films promoted a more egalitarian view of hygiene issues among various social strata, avoiding moral panic about lower-class individuals infecting middle-class characters. They also raised the issue of mandatory screenings, as new army recruits were forced to watch the films as captive audiences in a bid to enhance the effectiveness of information campaigns based on films. Moving away from preoccupations of morality and “race suicide”, military hygiene pictures deliberately adopted a pragmatic approach, promoting early diagnosis, prophylaxis and thorough treatment as a practical solution. As a result, blunt representations of the ravages of disease were combined with depictions of prophylactic stations and dispensaries practicing disease prevention, which served the purpose of raising awareness about available treatments. This combination in turn influenced the way sex education films were produced for the general public, establishing a line of film production that stretched from the public post-war release of the CTCA films in the US and Britain in 1919 to films like Walter Ruttmann’s *Feind im Blut* in 1931.

Even though many observers considered that VD prevention films had become a publicly acceptable topic by the mid-1920s, serious apprehensions

21 Cantor 2009, 278–332; Cantor 2007, 39–69.

remained as to the problem that associating them with potentially more controversial sexual education issues might have counterproductive effects for antivenereal education films. How were sexual education films addressing young people of both sexes on topics ranging from puberty to sexual problems connected to venereal disease prevention films? How did they interfere with the latter and when and how did they become genuinely accepted in the public cinematic sphere? The following contributions are an attempt to address how public education by means of cinema was carried over into the branch of sexual hygiene during the first half of the twentieth century in continental Europe. Sex hygiene film includes not only films on sexually transmitted diseases, but also on subjects such as pregnancy, reproduction, birth control and abortion. Independently of the fact whether these films were characterized as education or exploitation, what showed these films that people paid to see, whereas health educators would have been willing “to pay them to come provided they were in sufficient number and attentive”?²² The four papers presented here will analyse the production of sex hygiene films in France and Germany from this comparative institutional and international perspective, providing insights into the status of health education films within a specific time period. Special attention will be paid to continuities, discontinuities and transfer of cinematographic techniques and knowledge between the two countries. Furthermore, the papers will address the question of the dramatization of health education films as a technique of communication and will analyse influences between health education and entertainment films. They highlight and analyse different aspects of the films, such as their reception, their specific target groups, settings and the filmic dispositive. In doing so, the papers yield insights on how these films can be approached in a way that is conducive to further historical analysis. Thus, even though each of the articles stands for its own, together they provide new perspectives on how developments in educational film are not only shaped by national influences of documentary film movements and educational contexts but also by international or even transnational factors.

22 Cavaillon, 1931, p. 792.

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