Visually Narrating Disease?

Syphilis in the German Public Sphere During the Early 20th Century

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In the early 20th century, the venereal disease (VD) syphilis was often perceived as a major concern for German public health (Laukötter 2021, 50). At the time, an increasing amount of social, political, scientific, and economic resources were invested to educate the general public about diseases and hygiene. This led to the development of various new forms of medical communication – among which VDs were a recurrent subject. The foundation and institutionalization of the German Hygiene Museum Dresden (*Deutsches Hygiene-Museum Dresden*, DHMD) between the 1910s and 1930s were deeply intertwined with these tendencies. Combining resources and interests of a variety of actors, it soon became a key player in popularizing scientific knowledge and mediating between public, scientific, and political spheres (Steller 2014, 9–12). The museum tried to circulate various kinds of educational materials among large parts of the population. For example, around 1925, it published a series of slides or diapositives *(Lichtbildreihe)* on the reciprocities between social conditions and the spreading of VDs (Bethke 2007, 89).[1]

This series includes a picture of a woman and a man talking to each other in the streets (Fig. 1). Even though the exact date of the depiction's origin remains unknown, given the broader historical context, the protagonists' clothes and body language indicate that we see a well-dressed bourgeois man as well as a woman with a rather open body language and clothes that probably hinted at a lower, non-bourgeois class (Bethke 2007, 75–76). They do not touch, but their shadows overlap. The caption added in an explanatory text reveals further details: "Syphilis transmission through intercourse with prostitutes."[2] Contemporary viewers potentially

1 The original German title of the series is *Soziale Bedingungen der Geschlechtskrankheiten* (Social conditions of VDs). The diapositives made of glass were presented to larger audiences through projection. All pictures can be looked up on the museum's website (Deutsches-Hygiene Museum Dresden (DHMD), n.d.). I am grateful to the Image Department of the DHMD for kindly making several images available for this chapter.

2 "*Soziale Bedingungen der Geschlechtskrankheiten*." n.d. DHMD 2002/282.

recognized the woman's profession based on their established viewing practices (Bethke 2007, 76). In any case, the caption adds information regarding a VD to the picture that might otherwise remain obscure or might not be part of its viewers' perceptions. The (textual) link between the visually depicted situation and syphilis expresses a moralistic syphilis narrative that framed prostitutes as spreaders of the disease and a potential menace to male citizens – a prominent narrative during the 19th and early 20th century (König 2014, 52–53).

Fig.1: Syphilis transmission through intercourse with prostitutes / Syphilis-Übertragung durch den Verkehr mit Dirnen, Deutsches Hygiene-Museum; DHMD 1999/1641

The depiction was, however, used for the slide series around 1925 – and since around 1900, various actors (at least officially) tried to change the disease's perception from a moralistic towards a more pragmatic approach (Sauerteig 2001, 78).[3] The state, physicians, and other institutions like the DHMD tried to inform more openly about this formerly "shameful" illness. One oftentimes expressed goal was to spread "objective" medical knowledge (Gertiser 2015, 16). VDs were increasingly considered

3 Yet, this did not mean that the connection to prostitution was erased completely. The approaches on combatting STDs differed and some of them were more pragmatic than other ones. On the strands combatting VDs in detail cf. Sauerteig 2001.

a medical as well as a social problem. Thus, many actors also meant to convince of a "healthy" lifestyle following certain (sexual) norms. This included new perspectives on syphilis, but also (partly adjusted) already existing ones as well as moral references (Sauerteig 2001, 79–81).

In this changing context, the choice of this particular image without explicit visual reference to syphilis might still seem confusing: Why was it used to inform about the disease? This question is the starting point for the analysis of two educational slide series on VDs provided in this chapter. The aim is to trace how disease and related ideas were visually rendered into a narrative about syphilis that was designed to reshape and "de-moralize" the public's perception. The analysis tries to not only identify which knowledge(s) and (ideological) views expressed themselves in the images, but further intends to examine the narrative potential of the slides to impact their audience. As illustrated by Fig. 1, this includes social ideas and narratives: did the new campaigns lead to less moral implications in practice? What emotions were addressed?[4] What role did disease and the "infected" body play?[5] In what way were (potentially) infected or infectious people, medical experts, and other groups presented as characters of a story?

In pursuing this aim, my main argument is that, even though the campaigns officially encouraged a less moralistic discourse on syphilis and rather new visual tropes and characters were part of the slide series, a more fitting description for this example would be a moral re-coding of already existing narratives in which one moral narrative was gradually supplanted by another. As shown in the course of this chapter, this process was correlated with essential changes: the increasing importance of the medical expert, changing scientific knowledge, and the opening of the human body to the objectifying medical gaze. The entire *Volkskörper* ("national body") including all classes was now presented as endangered.[6] However, class boundaries remained intact. I will further argue that the shift helps explain changes in public education, as members of the higher classes could not be treated by prohibition and

4 Here I am referring to works on the history of emotions; for an introduction, cf. Matt and Stearns 2014; Plamper 2015. Following Ute Frevert, I assume that emotions can be influenced by media. Also, emotions must be looked at in social contexts and their social patterns must be taken into consideration as well (Frevert 2020, 11, 22).

5 On an underlying level, as Philipp Sarasin's approach to the history of the body implies, this also includes the analysis of the social construction of body images, the body's coding in narrative discourses, related pictures and the role of syphilis depictions for the creation of collective identities (1999, 447): how did the "syphilitic body" differ from "ideal" or "healthy normal" bodies?

6 The term *Volkskörper* comes along with difficult ideological implications as it later became a crucial part of the national socialists' ideology. It referred to biological, racial traits and was included in the concept of "national community" or *Volksgemeinschaft* (Wildt 2014).

police force like prostitutes but required other forms of treatment, e.g., campaigns presenting their desired action framework.

My analysis is based on the theoretical premise that pictures have a generative competence and shape the perception of reality (Paul 2014). Thus, when looking at the construction of narrations about disease, supplementary to text analysis, visual material must be considered. Images do not simply illustrate, but also produce knowledge and meaning. I mainly follow Sturken's and Cartwright's ideas on the "Practices of Looking," arguing that negotiating the meaning of images is a process that includes reading visual signs as conventions. Images can be decoded "by interpreting clues pointing to intended, unintended, and even merely suggested meanings" (2009, 26).[7] Viewers are actively engaged in producing meaning. Pictures can be an additional part of narrations, e.g., as a representation of a series of events and also in terms of ideological narrative. Moreover, especially the impact of (visual) mass media should be considered (Hall 2006).

For my analysis, the DHMD's series #40 ("The Social conditions of VDs") on the reciprocities between social conditions and the spreading of VDs and series #10 ("*Die Geschlechtskrankheiten*"/"The VDs") on VDs in general are the main references.[8] Both were published during the 1920s, a crucial time for public health educational campaigns mostly including visually attractive material (Weindling 1989, 409–410). Despite their impact on the contemporary discourses on VDs, visual media have only been insufficiently included in research so far.[9] The museum's slide or diapositive series offer profound insights into educational campaigns on VDs and are suitable examples to analyze narrations of pandemics as they used an upcoming visual medium consumed by many people. The series enable us to trace how slides and variants of visualizations work together in creating stories about disease, but also in trying to influence the public narrative of syphilis more generally. Even though the narrative potential of the slides is limited and one can argue that they often represent a status rather than a developing story just like other pictures (Gossmann

7 Referring to Stuart Hall, they argue that all images are part of encoding and decoding processes in their production respectively their viewing (Sturken and Cartwright 2009, 72). Cf. Hall 2006.

8 Series 10 is also accessible on the museum's website (Deutsches-Hygiene Museum Dresden (DHMD), n.d.).

9 However, the importance of visual material in negotiating VDs around 1900 has been continuously pointed out (cf. Sauerteig 1999; Ellenbrand 1999; König 2014; Pietzrak-Franger 2017). Various publications even focus on visual material like movies on VDs (cf. Laukötter 2021; Gertiser 2015), or the museum's exhibitions and slide lectures more generally also hinting at VDs (cf. Weinert 2017; Steller 2014; Bethke 2007; Brecht/Nikolow 2000). These studies serve as points of reference for this paper providing a basis for the missing analysis of further widespread visual media like slide series. Additionally, the (German) context of public health education and visual media must be considered (cf. Gossmann 2022; Serlin 2010).

2022, 267–269), there are exceptions formed through picture sequences giving them a narrative frame (Bethke 2007, 19). Also, the depictions aimed to encourage viewers' imagination since they are not neutral representations, but subjects of looking practices (Cooter and Stein 2010, 172). Thus, despite these limitations, the series as a whole and its sequences offer insights into examining the presented syphilis narrative, its main characters, and plots.

To analyze the visual narratives, this paper proceeds in three steps: a brief reconstruction of perspectives on syphilis and the related educational campaigns will provide historical context information necessary to assess the ideological changes between the turn of the 20th century and the 1920s. Afterwards, I will briefly introduce the slide series and address the major, often overlapping themes, focusing on syphilis and public health. Finally, the paper concludes by analyzing the two series' narrative potential and the narratives of syphilis they created.

Syphilis and Educational Campaigns

In the early 20th century, VDs were part of the urban world and people were familiar with their visible symptoms (Laukötter 2021, 50). Syphilis, in particular, was increasingly prominent in social and public health debates, partly because several statistics since 1900 had shown increasing rates of infections. The First World War contributed to this trend (Quétel 1990, 176), intensifying the debate. Until the turn of the 20th century, syphilis was commonly associated with sin, guilt, and prostitution (König 2014, 52). Thus, a main strategy to combat the disease was to control prostitutes. Yet, around 1900, syphilis was also increasingly connected to the "moral decline" and "degeneration" of (urban) society in a more general sense potentially leading to national, military, and even "racial" decline.[10] In addition to criticizing prostitution, further arguments became crucial, for example criticism of urban life, moral changes, alcoholism, the delayed marriages of the upper class, and declining birthrates (Sauerteig 2001, 76–78). At the same time, medical knowledge changed. For example, the pathogen that causes syphilis was "discovered" in 1905, a blood test was introduced in 1906, and treatment options for the disease – which may affect almost the entire body if untreated – changed around 1910 (Laukötter 2021, 52–53).

Reacting to these tendencies, some educational measures were already implemented before the war and kept expanding after 1918 (König 2014, 57–59). Hygienic public education (*Hygienische Volksbelehrung*) in general became a new systematic

10 On "eugenic" and "racial" associations, cf. Weindling 1989. Legal debates about the question how to combat VDs were ongoing and the Act for Combating VD (*Reichsgesetz zur Bekämpfung der Geschlechtskrankheiten*) was not passed until 1927 (Sauerteig 2001, 78).

state intervention strategy at the time (Gossmann 2022, 2). When discussing education about syphilis, the idea of "demoralizing" the disease that spread since the 1880s and the introduction of new tropes have to be taken into account (König 2014, 54). The innovative VD campaigns of the early 20th century challenged the old perspectives: Instead of simply controlling prostitutes medically, they aimed at raising awareness among the entire population and addressed all social classes as potentially threatened by the disease (Sauerteig 2001, 80). In this context, Malte König argues that a certain "fear" of syphilis changed around 1914: while its moral dimension diminished, partly due to the introduction of the category of "innocent sufferers," this very development also led parts of the population to fear the disease who formerly felt unthreatened. This fear was used by campaigns to convince infected people to get treated in spite of possibly still existing feelings of shame (2014, 74).[11]

Many campaigns were conducted with the aim of informing the public medically about the dangers of VDs and spread hygienic education, e.g., about prophylaxis. For instance, around the turn of the century, many doctors supported premarital chastity and fidelity within marriage (Sauerteig 1999, 280). Also beyond VD campaigns, the population was frequently asked to follow a (supposedly) medically proven healthy lifestyle with "personal and public health" as a new norm seemingly replacing moral and religious ideas – as Alfons Labisch argues, health became the "neutral" ideal of daily life. From a contemporary perspective, this allowed to proclaim a certain lifestyle as the only correct one (1986, 275–279). In case of syphilis, (sexual) morality remained connected to a healthy lifestyle (Sauerteig 2001, 81–83).

Changing the Narrative? Slide Lectures on VDs

VD campaigns made use of new media to transfer pictures that had oftentimes been created in scientific processes into the public sphere.[12] Among these new educational methods employed by the DHMD were two slide lectures on VDs.[13] For the

11 The interests and discussions of the various groups involved in VD campaigns, the design of the various campaigns, the new tropes that were introduced, and the broader debates about VDs cannot be discussed in detail in this chapter. For more details, see, e.g., König 2014, Sauerteig 2001, Gertiser 2015. As the term "health" and the nature of a venereal disease suggest, discussions about syphilis can also be connected to increasing discussions about the human body in general, e.g., regarding its productive contribution to economy, or as an object of care and scientific interest. On these discussions about the body in general, see Weinert 2017, 3.

12 On this topic of popularization of scientific knowledge in general and with a focus on pictures cf. Daum 1998; Hüppauf and Weingart 2009; Nikolow and Bluma 2015.

13 On the history of the DHMD, cf. Steller 2017. So far, only little research on the museum's slide series and diapositives has been published (cf. Bethke 2007). Slide series 40 was published in two versions including 58 and 70 pictures, respectively. In this article, the focus will be one

lectures and other projects, the museum worked together with other key players in combatting VDs, for example the Society to Combat Venereal Disease (*Deutsche Gesellschaft zur Bekämpfung der Geschlechtskrankheiten*, DGBG).[14] In general, the various slide lectures offered by the DHMD reached wide audiences; the museum sold about 700.000 pictures between 1923 and 1930 (Bethke 2007, 47). The two series' pictures on VDs were likely combined from different sources and exhibit a variety of visualization methods (Bethke 2007, 89). Besides that, there is little information about their distribution and impact.

Presentations were supposed to be accompanied by a lecture. As supporting material for presenters, the museum provided a caption and description for each individual picture. As Berit Bethke argues, series 40 on social conditions of VDs is exemplary for the task of public education: in the beginning, it uses statistics to make references to scientific authorities, it then picks up the medical gaze, e.g., through microscopic pictures, moulages, photographs and drawings (2007, 96). The second series on VDs is structured similarly and often includes the same depictions. Within the series, each visual format had to fulfil a certain function: as it is also the case for exhibitions, slides showing statistics represented scientific relevance, bacteria supported belief in germ theory, and moulages showed symptoms in a shocking manner (Brecht and Nikolow 2000, 513).

The images were only projected for a limited amount of time, so they had to be concise, clear, and use well-known patterns to communicate their content (Bethke 2007, 19–20). Similar to other educational measures, as we cannot recreate the processes of inscription and transcription that took place during the presentations, we cannot trace viewers' exact reactions and emotional responses (Cooter and Stein 2010, 173). The material only represents what the creators wanted viewers to see.

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the second, shorter version. The list including all pictures of the longer series suggests many similarities and also hints at a publishing date around 1925 (*Soziale Bedingungen* n.d.; Vereinsnachrichten 1925, 84–85). On the presumed years of publication, cf. Bethke 2007, 89. The exact date of publishing remains unclear for series 10 as well. Traces of this series and series 40 can be found in a catalogue from 1926 (*Der hygienische Lehrbedarf* 1926). Series 10 (*Die Geschlechtskrankheiten* n.d.) includes 70 slides. VDs are also part of a third series of slides, series 41 on the "Sexual Question of the Youth" (*Sexuelle Frage der Jugend*; Bethke 2007, 52).

14 At least for the short version of series 40, it is known that the dermatologist Eugen Galwesky, leading member of the DGBG and a doctor, was also involved. He connected the museum, the DGBG, and medical expertise (Bethke 2007, 89). On Galwesky, cf. Scholz 2009. It is also possible that the Reich Committee for hygienic public education (*Reichsausschuss für hygienische Volksbelehrung*) was financially involved since it often financed the production of such slides (Gossmann 2022, 96–97).

Introducing New Characters, or: Why Everyone Could be Affected by VDs

Statistics were a common method in educational campaigns such as exhibitions and used to visualize the social relevance of health (Nikolow 2006, 266). Thus, it does not seem surprising that both picture series on VDs begin with statistical charts. They range from bar and line charts to tables, allowing viewers to immediately make a connection to the "objective scientific gaze." As an addition, they often include textual elements and sometimes even illustrated drawings of the people referred to, ensuring the reader's "correct" understanding. Content-wise they cover, among others, the spread of venereal diseases in urban environments, numbers of lodgers (*Schlafgänger*) in cities, the rates of VD's spread among men and women, and among different age groups. Series 10 also includes the spread of VDs and the mortality rate of people infected with syphilis.[15] Such statistics communicated tendencies in public health and the "dramatic" numbers they include underline the urgent need to react in order to save the public. At the same time, they confronted viewers from all classes with their individual connections to society, showing everyone could potentially be affected by VDs (Nikolow 2006, 277).[16]

In this process, social and moral issues often played a prominent role putting certain factors and groups into focus: VDs were presented as a rather urban phenomenon, and the problem especially of young people being infected is highlighted which was a contemporary trend as well (Sauerteig 2001, 76). In the slide series, in addition to these topics, decreasing morals and living conditions, alcohol consumption, and unemployment are mentioned as further problems in one of the statistics' descriptions for the oral presentation. This is also the case for the army around the war that was traditionally connected to VDs (*Erläuterungen* n.d., 5).

Moreover, discourses on gender are integrated into the slides' statistics: while the numbers of infections among women are mostly presented as slightly lower than among men, statistical depictions of women are more prevalent and diversified. In

15 Cf. "*Verbreitung der Geschlechtskrankheiten in 30 deutschen Großstädten*." N.d. DHMD 1999/1605; "*Schlafgänger in Großstädten*." N.d. DHMD 1999/1618; "*Verbreitung der Geschlechtskrankheiten (Stockholm 1913 bis 1919)*." N.d. DHMD 1999/1606; "*Verteilung der Geschlechtskrankheiten auf die verschiedenen Lebensalter*." N.d., DHMD 1999/1607; "*Vergiftete Jugend*." N.d. DHMD 1999/1608; "*Verbreitung von venerischen Krankheiten*." N.d. DHMD 1999/982; "*Sterblichkeit der Syphilitiker, nach den verschiedenen Krankheiten geordnet*." N.d. DHMD 1999/1032.

16 This goes along with the contemporary definition of venereal diseases as a *Volkskrankheit*. Around 1900, the term indicated "[…] that everybody, whether woman, man or child, and whether bourgeois, worker or farmer, was threatened by infection according to germ theory. At the same time, […] each individual was supposed to protect themselves from infection and illness and in so doing contribute to the so-called *Volksgesundheit* (health of the people or nation) […]" (Brecht and Nikolow 2000, 518–519).

these gendered depictions, lower class women are more commonly depicted, although bourgeois women are not completely excluded from potentially being infectious in all slides. For example, one slide in series 40 ranks groups of women that were most "dangerous" to men.[17] The question of how these women were infected or which men typically infected women was not a concern; only women are explicitly mentioned as being infectious. The listing includes foremost prostitutes, but also other professional women with a working-class background, who had been frequently added to narratives of infection since the 1880s (Laukötter 2021, 51). Contemporary definitions of prostitutes were still negotiated and could include any economically independent working women or all unmarried women who had sexual relations (Sauerteig 2001, 77). Further statistics cover the numbers of prostitutes being infected with syphilis, the prospects of success in case of "controlling" them, and the "dangers" of secret prostitution practiced by groups like maids or waitresses. Also, the general reasons for prostitution are mentioned, including rather implicit connections between prostitution and syphilis as part of both series.[18]

Even though the slide series' statistics in general introduce characters from all classes, narrate syphilis by looking at both genders, and trace infections of different groups over time, they keep highlighting the role of certain classes and female professions, mainly prostitution. Their presentation was partly adjusted to the changing society and criticism of urban living conditions, merging social problems and ideas about a "loosening" morality with scientific authority and disease.

Establishing an Expert Focus and a New Enemy

The emergence of rather new characters, while retaining old ones, raises the question of how this was connected to further arguments and behavioral rules going beyond controlling prostitutes presented in further depictions. Following the statistics, before the slide series turn to syphilis, depictions of other diseases like gonorrhea are included. Afterwards, the sections on syphilis in both series are introduced by microscopic pictures, similar to Fig. 2.[19] It presents the effect of the anti-syphilis

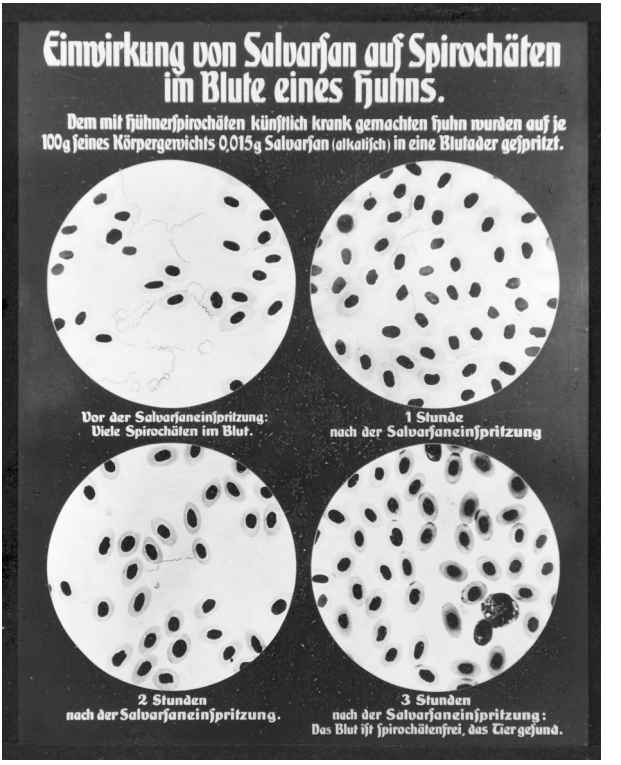
17 "*Wo holen sich die Männer die geschlechtliche Ansteckung?*" N.d.. DHMD 1999/1609. Interestingly, the widespread allegation of a connection between Jewishness and syphilis (Pietzrak-Franger 2017, 136) is not mentioned in any statistic depiction.

18 "*Die meisten Prostituierten werden syphilitisch.*" N.d. DHMD 1999/1611; "*Die Gefahr der geheimen Prostitution. (Nach Erhebungen von Dr. Gans, Karlsruhe.*" N.d. DHMD 1999/1613; "*Äußere Ursachen der Prostitution*." N.d. DHDM 1999/1615. In picture series 10, the statistics on prostitution are included at a later stage of the presentation.

19 "*Spirochaeta pallida. (Mitr. Bild eines frischen Präparates bei Dunkelbeleuchtung).*" N.d. DHMD 1999/1628; "*Spirochaeta pallida in einem syphilitischen Anfangsgeschwür (Primäraffekt). Mikroskopisches Bild eines Schnittpräparates. Färbung nach Levaditi*." N.d. DHMD 1999/1011.

drug *Salvarsan* on the pathogens in the blood of an infected chicken. Salvarsan was a treatment option introduced in 1910 but did not always work and often came with side-effects (Sauerteig 2001, 81).[20] The figure provides a rudimentary before-and-after story depicting syphilis' curability. It shows the blood before being treated with the drug and several steps of pathogen reduction, ending with a healthy chicken.

Fig. 2: The effect of Salvarsan on the spirochetes of a chicken / Die Einwirkung von Salvarsan auf die Spirochäten eines Huhns, Deutsches Hygiene-Museum; DHMD 1999/1037



The differences in the four depictions seem obvious, but understanding them was problematic for lay people as this form of representation was not part of their everyday visual consumption (Bethke 2007, 79). However, oral presentations guided audiences through the presented scientific data and ensured "correct" conclusion: a

20 This is the only depiction of the drug, whereas no pictures of the drug itself or the packaging are included.

quick visit to the doctor in case of a possible infection increased healing chances (*Erläuterungen* n.d., 18). This underlined the importance of scientific authority and experts as characters in this campaign against syphilis. Only they were able to properly evaluate the "other" syphilitic blood results which made them a necessary condition for diagnosis, healing and ultimately protecting society from the disease.

At the same time, Fig. 2 gives insights into formerly invisible body parts on a microscopic level. The human body became subsumed under the medical gaze. These changes also impacted the character of the disease enabling a moral-recoding as the discovery of the syphilis pathogen provided a new identifiable enemy, adding an antagonist to the narrative (Gertiser 2015, 59). Alfons Labisch argues that such research results of bacteriology were liberating, as they allowed to present health as a less moral and political goal (1992, 144). The research allowed for a new, non-human actor – the pathogen which could affect the entire society, not merely a subset deemed morally deviant. At the same time, this enemy was presented as curable, thereby largely changing the syphilis narrative. This also created space for new connections between disease and this enemy: For example, series 40's oral presentation guide uses metaphorical language presenting the pathogen as a living creature that would "invade" the body, multiply quickly, and "infiltrate" all parts of it (Galewsky n.d., 10). Simultaneously, the centuries old public idea about syphilis impacting "healthy" blood remained intact. This as well as the idea of the "disease of lust" were two major reasons why research on the disease was intensified and infused with a special moral urgency (Fleck 2021, 102–103). Thus, once again, old moral ideas remained in use and were adapted to a "new enemy." As the statistics and the following sections show, it did not completely replace the role of human antagonists and moral ideas related to them.

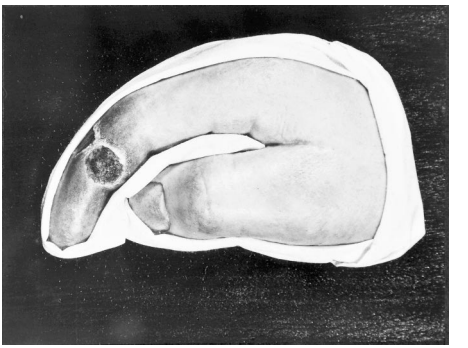
Framing Symptoms and Directing the (Emotional) Gaze

Other motives with a prominent role in the series are visible physical symptoms covering almost the entire body. They are communicated through photographs of wax moulages that were created based on human body parts (Fig. 3), photographs of infected people or their body parts, and anatomic drawings of organs.[21]

21 Cf. "*Hirngewichte (Männer) – Gesamthirn und Großhirn, normale und bei Syphilis-Paralyse*." N.d. DHMD 1999/1052; "*Syphilis der Leber. (Frische und alte – verkäste – Gummiknoten, Lappung infolge Narbenbildung)*." N.d. DHMD 1999/1027. For an introduction to moulages, cf. Schnalke 1995; Eßler 2022; and on the moulages in Dresden Walther, Hahn and Scholz 1993. Only a photograph of a moulage showing a hand that does not allow for the identification of the subject is reprinted here, as photographs of humans and moulages are sensible. Due to lack of documentation, it is unclear whether they were produced voluntarily and authorized for the slide series by the depicted persons. Additionally, they often depict exposed sensible body parts,

Especially moulages like Fig. 3 even enabled the display of male and female genitalia – body parts, that conventionally remained invisible (Laukötter 2021, 156), integrating them into the public depiction of the medical gaze. This gaze was, however, not free from contemporary discourses. For example, visible diseases served as a metaphor for social stigma (Nussbaum 2004, 174). Especially the skin's history is often told as a story of dirt, cleanliness, and disgust (Sarasin 2016, 264). Syphilis's symptoms contradicted a "normal" and "healthy" skin, even though contemporary viewers were likely more used to seeing skin changes than we are today.

Fig. 3: Initial ulcer on the finger / Anfangsgeschwür am Finger, Deutsches Hygiene-Museum; DHMD 1999/1638



The cultural relevance of skin and the stigmatizations hint at a further function of the depictions: arousing emotions. An additional goal of moulages was to shock viewers and deter them from certain kinds of behavior using confrontation (Sauerteig 1999, 211). Moreover, similar to movies, depictions showing wounds and infected sexual organs were presumably meant to arouse disgust, reminding viewers of the possibility of infection (Laukötter 2015, 311), and triggering the fear of being infected or identified as infected. Emotions could also go in another direction: the description of Fig. 3 adds another layer of information to stimulate the viewers' imagination or even cause empathy with certain groups that were connected to the hand. The explanatory text mentions that the syphilitic "poison" would often have consequences for doctors, nurses, and midwives when they became infected while working (Galewsky n.d., 11). Though images of this kind may induce sympathy, this is only the case under certain narrative conditions – such that allow for a minimum

e.g., genitalia, naked newborns, and faces – potentially allowing to identify the subjects (cf. Schnalke 2020).

of identification with the suffering other.[22] Here, pictures of "innocent" babies or children also have a special role as they were depicted in a terrible situation, but yet remained innocent (Frevert 2020, 111).

An example going beyond the skin is the photograph of a naked male patient who is unable to stand without the help of another man, who, in turn, can be identified as a doctor by his clothes.[23] Here, the naked, dependent patient represents a low masculine status since his inability to participate in society independently and productively contradicted contemporary hegemonic concepts of masculinity.[24] Additionally, several photographs depict naked newborns.[25] The nakedness reflects the contrast of healthy and diseased bodies, as it retraces the search for symptoms and de-individualizes people into bearers of a disease – independent from their age (Bethke 2007, 107–108). Thus, the photographs framed syphilis as an outstanding "abnormality," whereas uninfected "healthy" body parts are often omitted. At the same time, the sufferers are related to society and excluded from it through their disease and nakedness marking them as "unhealthy" and "unable" to fulfil their social duties which was strongly related to social shame. Using the "persuasiveness" of shame also seems to have made sense to the creators of the slide lectures as it is one way groups can establish and enforce their identity (Stearns 2017, 1).

Thus, framing symptoms and directing the audience's gaze went beyond informing on a scientific level. Presenting symptoms through male and female characters of all ages underlined that everyone could be affected by syphilis, turning it into a danger for the entire society, not just for prostitutes. This process was part of moral re-coding which is visually narrated through connections to discourses like masculinity or a healthy youth to ensure a healthy, productive public. These connections are strengthened by various emotions supporting their persuasiveness.

Establishing Infection Routes: Prostitution, Alcohol, and Further "Immoral" Behavior

Another topic widely covered in the series on VDs is various routes of infection. These slides' content is presented in a less scientific manner and offers a larger narrative potential: for example, drawings were often used to illustrate certain "typical" behaviors which usually also implied a moral judgement (Bethke 2007, 75). This

22 Cf. Fritz Breithaupt's ideas on empathy for the development of this emotion through narration (Breithaupt 2020). On the role of media and distant suffering, cf. Boltanski 1999.

23 "*Geh- und Stehunfähigkeit bei einem Mann mit Taboparalyse.*" N.d. DHMD 1999/1648.

24 On this concept, cf. Connell and Messerschmidt 2005.

25 Cf. "*Angeborene Syphilis. (Ausschlag bei einem Säugling im Gesicht).*" N.d. DHMD 1999/1034.

judgement created space to refer to old, but also new or re-coded moral positions within the lecture series that were impossible in other kinds of depictions.

The "immoral" behavior as a way of infection mentioned most frequently is prostitution, leading back to Fig.1 showing a man talking to a woman connoted as a prostitute. At the time, prostitution still reflected moral fears of certain groups. For example, conservative and religious groups connected the medical idea of "degeneration" and (changing) sexual behavior (Usborne 1992, 69). Fig. 1 connects prostitution with long-existing discourses related to nightlife, gender questions and social origin outside of public health. These connections are supported by several statistics indicating the high numbers of infections among prostitutes, marking them as a major reason for infections among men. Thus, the moral judgement and connection between prostitution and syphilis remained of use and was "updated" in terms of the current living situation within cities.

In addition, the notes accompanying one statistic for the oral presentation add several layers: each non-marital sexual contact would be dangerous and contact with prostitutes would almost certainly lead to infection. This must be avoided since even a cured disease led to social disadvantages, such as postponed marriage, or a lack of time or ability to work, thus potentially impacting male social status (*Erläuterungen* n.d., 19–20). Here, the responsibility for infection is partly divided: whereas female prostitutes are still claimed as a central source of infection, men are asked to actively participate in not getting infected. By referring to "each non-marital sexual contact," all men are addressed and, even further, also all women. The changing perspective to avoid infection also impacted the perception of prostitutes as antagonists. As not only they, but everyone disregarding preventive behavior could be blamed and ideas about "degeneration" potentially affecting the entire society spread, new antagonists were added, including male guilt into discussions. This had also been the case beyond the lecture series and the German-speaking area since the late 19th century (Spongberg 1997, 162). The possibly underlying idea of "hereditary" syphilis became popular from the 19th century onwards. Even though it was scientifically questioned quickly, the idea was part of public discourses and created room for moral hygienists' ideas and their judgement on certain behaviors to spread (Quétel 1990, 166–168).

The images focusing on prostitution also point out another central characteristic of the discourse on syphilis: it is related to two bodies touching each other in a kiss, whereby the "syphilitic body" deviating from "the norm" possibly communicated the disease through this touch (Pietzrak-Franger 2017, 37). Kissing, in particular, was a typical symbol of infection and immoral behavior that pathologized the behavior of people (Gertiser 2015, 131–132). The slide depicting the kiss is followed by

a photograph showing a woman's mouth with symptoms.[26] These depictions build a short sequence about the communication of disease and moral ideas, which once again aimed to evoke an emotional reaction: the disgust at the physical deformation. As Martha Nussbaum describes it: "disgust concerns the borders of the body: it focuses on the prospect that a problematic substance may be incorporated into the self" (2004, 88). The generality of the kiss as dangerous behavior again strengthens the argument that everyone could potentially be infected and infections in case they did not follow the scientifically supported moral guidelines presented in these depictions.

Male characters shown in situations of close physical contact cover various classes, from soldiers and sailors to a man in a suit walking towards his misfortune – represented by a mermaid.[27] Fig. 1 is only included in series 40, but series 10 contains similar depictions referring to prostitution and consumption of alcohol. It is indicated that the consumption of alcohol could lead to losing control which was related to sexual contacts and disease – adding another moral discourse of the time to the syphilis narrative.[28] Again, the manuscript for the oral presentation asks all men to avoid non-marital sexual relations in the same way as it was also expected of women (*Erläuterungen* n.d., 21).

Consequently, syphilis as a disease and the scientific knowledge about it were actively used to support this argumentation, highlighting questions of guilt and potentially judging everyone who did not follow moral norms preventing the spread of a disease presented as avoidable. Men and women from all classes disregarding certain sexual behavioral rules were judged in the drawings. This also impacted the role of prostitutes as infectious antagonists, but it changed only partly as they were still presented more negatively than others.

Establishing Infection Routes: Risks for the Working Class

Not only prostitutes, but also other working-class women were depicted as both, endangered and dangerous. Fig. 4 picks up a common story: the role of the infected mother infecting others (Laukötter 2021, 51). It presents a chain of infections including several female characters, whereas the only male character is among the chil-

26 "*Syphilisübertragung durch Kuß*." N.d. DHMD 2002/2330; "*Syphilitischer Schanker an der Unterlippe*." N.d. DHMD 1999/1634. Like other social situations, this is only included in series 40 on the social conditions of VDs.

27 "*Alkohol – Prostitution – Geschlechtskrankheiten. Nach Untersuchungen von Lomholt aus Kopenhagen*." N.d. DHMD 1999/1653; "*Blind ins Unglück. Nach Untersuchungen von Lomholt aus Kopenhagen*." N.d. DHMD 1999/1654.

28 "*Alkohol und Prostitution*." N.d. DHMD 1999/1046; "*Alkohol und Geschlechtskrankheiten*." N.d. DHMD 1999/1047.

dren. The individual images do not directly refer to disease and only give hints at the women's professions via clothes and symbols, but the caption adds a short narrative including several characters. It starts with a 21-year-old maid who becomes pregnant and infected with syphilis, implying immoral behavior. During childbirth, her midwife is infected through a wound on her finger. At the same time, the child seems healthy, but turns out to be sick two years later. Thus, it has the role of an innocently infected victim, but also turns infectious: its foster mother, a wife with children of her own, is infected. Additionally, three of her children also have the disease, leading to at least seven infected people in total. A supporting visual motif that is included in both series before or after this slide is the drawing of a naked woman's upper body marked by what are supposed to be "abnormalities" on her mouth and breast.[29] A comparable male depiction is not provided. These depictions connect a variety of topics focused on women: moral misbehavior, sexual reproduction, motherhood, social origin, family life, and childcare, and the ever-present potential guilt. All of these offer points of connection to a great number of viewers.

The focus on working class children also seems striking, since during the first decades of the 20th century, their bodies were for instance often perceived as sick and anomalous due to their home and living conditions (Cunningham 2021, 144). Slide presentation 40 visualizes such conditions reinforcing chains of infections: photographs and drawings showing small, crowded apartments, e.g., a room where a woman is nursing a baby, while the father is watching her, one child is taking a bath, and further children spread in the room.[30] The picture's caption points out the housing situation as well as negative moral development.[31] In contrast to such "dangerous" situations, series 10 hints at an option for "saving" the children: fostering sick children in special places (*Erläuterungen* n.d., 13).

In sum, the examples highlight further dimensions of the role of working-class women in the syphilis narrative that were related to motherhood and children. The latter, too, are introduced as potentially infectious or endangered. They are closely linked to the consequences of urbanization and its social discourses through the potential spread of disease. But the extension of "dangerous" characters through such images went even further than just individual groups of characters: public health and ideas of healthy living of this class were at focus as this could potentially impact the entire society. Individuals were not only morally responsible for their own, but also their family's and society's health (Labisch 1992, 169). Here, the narrative of an avoidable disease was crucial.

29 "*An welchen Körperteilen erfolgt die Ansteckung mit Syphilis?*" N.d. DHMD 1999/1643.

30 *Wohnungselend und Sittlichkeit (nach einer Radierung von Heinrich Zille)*. N.d. DHMD 1999/1655.

31 Series 10 only contains a statistic on this topic but mentions a similar situation in the text (*Erläuterungen* n.d., 22), cf. *Wohnungselend und sittliche Verwahrlosung*. N.d. DHMD 1999/1048.

Fig.4: Example of a chain of infections with syphilis (according to Professor Werther, Dresden) / Beispiel einer Kette von Ansteckungen mit Syphilis (Nach Professor Werther, Dresden), Deutsches Hygiene-Museum; DHMD 1999/1013

Establishing Infection Routes: How to Protect Your (Bourgeois) Family?

Whereas the visual vocabularies described in the previous section mostly refer to working-class families, series 40 also presents bourgeois settings. Judging from context and clothing, Fig. 5 is a case in point. Here, the experts who created the series actively engage with members of their own class. In the right picture, a father is turned into the protagonist guilty of infecting his family. In the left picture, a "healthy alternative" is given. The depiction probably encouraged this class's imagination, as the model of the nuclear family was considered crucial for bourgeois existence, with children demonstrating the health and capabilities of their parents

by mere existence (Winkler 2017, 80–83). It is therefore not surprising that the idea of family was used for the syphilis narrative regarding this and other classes in educational material since the early 20th century (Gertiser 2015, 187).

Fig.5: VDs and marriage / Geschlechtskrankheiten und Ehe, Deutsches Hygiene-Museum; DHMD 1999/1665

Whereas the slide's pictures only implicitly refer to immoral behavior and its consequences, the text directly mentions it, revealing the underlying moralistic views on nonmarital sexual behavior and not consulting a doctor. Another slide further underlines this by showing a couple with bandaged eyes standing in front of an abyss – metaphorically representing the danger of VDs.[32] These slides' ideas again possibly also hint at eugenic ideas that became crucial during the 1930s.[33] Monika Pietzrak-Franger points out the "syphilitic child" became an icon of future anxieties in Victorian fiction (2017, 261). In the German context, male guilt of infecting children was raised since the 19th century (Sauerteig 2001, 78–79). Fostering future anxieties was presumably also intended by the series' creators, as series 40's additional text for the oral presentation mentions the "danger" of syphilis being

32 "'*Geh' nicht blind in die Ehe!' (nach einem amerikanischen Flugblatt)*." N.d..DHMD 1999/1669.

33 Discussions whether people infected with VD should be regulated regarding marriage were frequently discussed since the late 19th century, cf. Weindling 1989. On the public development of ideas on "hereditary syphilis," cf. Quétel 1990. On related eugenic ideas, cf. Kaufmann 1998.

"transmitted" to future generations. Notably, this part also talks about a man infecting a woman (Galewsky n.d., 14). Thus, infected people were considered guilty of infecting their children in the series, a belief that was common at the time (König 2016a, 118–119, 137–138). Underlying this was also a dimension of fear for the nation due to the consequences of the spread of VDs. As the previous sections show, this argument of parents being responsible for infection was also crucial for the working class.

The idea of "rescuing" the youth is also present in other slides referring to good parental care, including an example showing parents with their baby and pointing out the universal right of being born healthy, a statistic giving advice to parents about educating their children due to high infection rates among students, two drawings comparing the "wrong" education in the streets to the "right" education at home, and another drawing showing parents educating their children while standing in front of a group of chickens and their offspring.[34] Here, the depictions hint at ideas like the connection between streets and moral danger for children as especially urban childhood was considered a threat around 1900 (Winkler 2017, 103).

Therefore, the bourgeois characters were presented as endangered, but also as being able to change and protect their children which differed from the working class's depictions. The mere addition of the bourgeois family and their connection to nonmarital sexual behavior was part of the process of re-coding the syphilis narrative, spreading it across the entire society. Yet, class boundaries were kept up visually. Syphilis remained strongly connected to lower classes as it was still associated with prostitution, uncleanliness, and the working class's urban living conditions. Even though the bourgeois non-marital contact could include prostitution, the other aspects are mostly visually excluded from their lives in the slide series. Instead, their ability to protect their families and inform their children is highlighted.

Offering Ways of Treatment and Methods of Avoiding Infection

In the series, medical examinations are not only listed as a necessity before marriage to avoid the spread of syphilis,[35] but also visualized. Pictures showing doctors' practices and counselling offices were a common motif (Bethke 2007, 61). For example,

34 *"'Jedes Kind hat das Recht wohlgeboren zu sein. Wollt Ihr Euren Kindern einen gesunden Leib mitgeben und einen guten Eintritt ins Leben sichern?' (nach amerikanischem Flugblatt)."* N.d.. DHMD 1999/1667; *Eltern, sorgt für die Aufklärung eurer Kinder!* N.d.DHMD 1999/1670; *"Wie erhält Dein Kind geschlechtliche Aufklärung?" (nach einem amerikanischen Flugblatt).* N.d. DHMD 1999/1671; *"'Eltern, laßt es Euch nicht entgehen, Euren Kindern das Wunder der Fortpflanzung rein und unbefangen nahe zu bringen!' (Nach einem amerikanischen Flugblattt)."* N.d. DHMD 1999/1672.

35 Their legal requirement was frequently discussed by various groups at the time, cf. Sauerteig 1999.

pictures of an advice center (*Beratungsstelle*) in Dresden depict the institution, not the disease, frequently hinting at the possibility of healing in case of early treatment.[36] As syphilis was long known as not or barely curable before, this marked a change in its narrative.

Fig. 6: Boys, girls! Keep yourselves pure! / Jünglinge, Mädchen! Haltet Euch rein! Deutsches Hygiene-Museum; DHMD 1999/1673

However, it is also mentioned that chastity outside of marriage would be the safest way to avoid VDs. A concrete suggestion to avoid sexual contacts was movement. The 1920s and 1930s were a time when athletic performance was linked to ideas of cleanliness, rationalization of work, and discipline among other things by some groups (Eichberg 1998, 474). Fig. 6 links such ideas of keeping an abstinent and healthy life by representing various activities as positive examples of alternative behavior to prevent VDs referring to both men and women (Bethke 2007, 76).[37] Similar to the encouragement of medical examinations, this once again linked ways to avoid syphilis or to treat the "curable" disease to moral discourses. By offering alternatives

36 "*Bilder aus der Beratungsstelle Dresden der Sächsischen Landesversicherung*." N.d. DHMD 1999/1051.

37 When thinking about the VD prevention from today's perspective, condoms seem to be an obvious part of it. Even though this contraceptive already existed around 1900, the marketing of condoms was legally restricted and condoms or contraception in general were highly controversial topics at the time (König 2016b, 11, 40).

and informing about their impact, individual moral responsibility to protect oneself and others was strengthened.

Slide Series Building a Narrative Frame

Regarding the general order of slides, it is crucial that both series begin with statistics highlighting the general relevance of VDs for everyone and introducing rather new characters, but also retaining groups that had already previously been considered as endangered and dangerous in the picture. Both series then start the syphilis section with a microscopic depiction of the syphilis pathogen establishing medical authority and the idea of syphilis as being curable by experts, but also introduce a non-human antagonistic character. Still, human antagonists remained crucial.

Series 10 goes on to briefly mention chains of infection and the risks of taking care of children. This is followed by a large, rather scientific part showing symptoms. It ends with another part concerned with social topics such as statistics and pictures on prostitution, alcohol, education of the youth, and exercise as an alternative of mode behavior. In contrast, series 40 contains more depictions, mostly painted ones, on social aspects, like various care institutions for infected people, situations that can lead to infection, and a larger part on family, marriage, and children's education that often seems repetitive – to ensure that viewers will not forget their message. As the title "VDs" for series 10 suggests, it contains fewer images addressing the social conditions of VDs than series 40. However, especially these drawings seem to leave more room for encouraging the viewers' imagination than more scientific depictions such as microscopic pictures. Also, in series 40 especially these drawings are used to engage with classes other than the lower ones.

The depictions' orders differ in both series. Nevertheless, they repeatedly form short narrative sequences. For example, pictures related to oral infection in certain professions, while drinking or kissing, are followed by a photograph showing symptoms on the lips in series 40 – zooming into the possible consequences of this behavior. Another example are several slides forming short narrations concerning chains of infections similar to Fig. 4. In series 40, this is embedded in several other depictions regarding female childcare, infection, and symptoms: the warning of the dangers of taking care of children other than one's own is followed by the moulage of a finger. The infection risk through wet nurses is followed by a moulage showing a female breast. All in all, series 40 uses the narrative technique of visual sequences more intensively, integrating symptom-related visuals into narrative sequences. The same images often stand alone in series 10, even though the manuscript for the oral presentation adds further narrative layers and moralistic arguments.

Depictions often rely on the lectures or additional textual elements within the depictions to be understood "correctly" and contextualized within narratives, in-

dicating a limitation of their narrative potential when they stand for themselves. Here, we must differentiate between performed and written text. Whereas the written text in the captions was limited by space, oral presentations certainly had more space to unfold narratives. Relying on the written proof we have, the possibilities become clear. This is, for example, the case with the depictions of the pathogen. As mentioned, these seemingly neutral representations of science were semantically shaped by metaphors turning the pathogen shown in the depictions into an actively invading enemy.

Conclusion

The two series on VDs by the DHMD are examples of attempts to reshape the public perception of syphilis. Similar to other educational measures like movies, especially series 40 shows a common didactic pattern: syphilis and its consequences are presented along with measures to combat them, often repeating the same contents and messages several times (Laukötter 2021, 146–7). The main measures in the combat against syphilis that everyone was asked to follow, were a celibate life outside of marriage, education on sexual matters, and physical examinations before marriage or in case of infection. Despite moral links such measures indicated, one declared goal of campaigns like the slide series was also to overcome moral implications regarding VDs. However, the previous analysis shows that a de-moralization of syphilis is not applicable to the slide series. Instead, a moral re-coding of existing narratives took place, with one moral stance gradually being supplanted by another or even standing next to each other. This re-coding did not mean that all stereotypes regarding syphilis as a "disease of lust" and prostitutes were suddenly overcome. They were changed slowly and sometimes even utilized to support new or changed moral arguments. This process can be broken down into several factors:

Firstly, a crucial basis for the re-coding in the slides was the depiction of syphilis in a more scientific way including its pathogen as an antagonist. This had two effects: On one hand, it was the base for re-framing syphilis as a (newly) curable disease. On the other hand, the pathogen re-shaped the relationship between humans and the disease by enabling a less moralistic perspective. This made it possible to include all classes and genders. The entire society was added to the visual narrative of syphilis, strengthening a new variant of a "national body" (*Volkskörper*). These arguments were supported by the increasing medical expertise and the subsumption of the human body under the objectifying medical gaze. In parallel, medical experts were presented as heroic and ascribed authority. Microscopic depictions and statistics are two ways of putting this into visual practice.

Secondly, many depictions in the slide series merge scientific appearance with moral implications. Here, the general function of these slide series – which I con-

sider similar to that of educational films – must also be taken into account: they had to educate about medical knowledge and at the same time convince of viewers to adopt behavioral changes, which might have encouraged certain modes of presentation (Gertiser 2015, 32). Through "syphilitic" symptoms on human bodies, oftentimes linked to specific behaviors, people were marked as "sick" and "abnormal." This implied consequences that partly differed from older ones and were intertwined with the changing characters: in the slides, each male or female body is presented as potentially syphilitic and as a metaphor for decline. However, certain bodies, for example those of the urban working class, were presented as more endangered than others. In contrast to them, the potentially endangered bourgeois couple was assigned more capability for self-protection. Here, the suggestion to get medically tested before marriage played a central role. If the couple did not follow such instructions, the consequences would negatively affect their duty towards their family and in the long term potentially the entire nation. Especially the increasing extent by which men were asked to avoid guilt of infecting women and children was an addition to the narrative. To create a more convincing re-shaped syphilis narrative and allow viewers to connect to the characters, various emotional layers were added, for example: fear of being infected or infectious, shame, guilt of endangering future generations, responsibility, disgust, but potentially also empathy.[38]

Thirdly, the fact that the former focus on prostitutes and urban lower classes was kept alive shows that supplementing one moral stance by another was a gradual process leading to coexisting moral stances. Especially the role of the prostitute remained clearly distinct from that of the caring and educating (bourgeois) mother. In general, female groups with a low social status were depicted more frequently and in more negative positions than other women, keeping gender and class boundaries at least partly intact. We also find changes in the depiction of lower-class characters as they were adjusted to changing knowledge; living conditions and professions like the wet nurse were added to the narratives. In general, depictions often combine various discourses (e.g., urban or sexual morals) with VDs, with syphilis being only implicitly shown in the depictions or added via textual components.

To convince viewers of all classes and gain their trust, creators had to bear in mind common viewing practices and regimes of what could be shown. This might explain why especially series 40 contains many non-scientific drawings and moulages, broadening the range of what could be depicted. On top of this, the

38 As other recent studies have shown, such emotions often played a central role in educating about VDs at the time, for example in movies or exhibitions, cf. Laukötter 2021; Gertiser 2015; König 2014; Nikolow and Brecht 2000. These works also show that the series' depictions reproduce the topics and ideas of other educational measures in many ways and make use of the same or similar depictions, even though their materiality differs due to the nature of the slides.

slides' space and narrative potential were limited which might explain why the depiction of different social groups often followed established stereotypes for easier readability – despite of the existing stigmatizations associated with them.

In sum, the range of people potentially affected by syphilis was "officially" opened in comparison to previous centuries. However, the experience of the disease remained a story related to morality and emotions with conflicting ideas coexisting at the same time and impacting each other. As all parts of society now had to be convincingly included in the syphilis narrative, social and class-specific adjustments to former methods of combatting VDs were required. This led to the necessity of new information campaigns and didactic methods – one of these were the slide lectures. Their syphilis narrative was supported by bacteriological changes in knowledge and treatment options turning syphilis into a curable disease with a combatable pathogen. However, widespread moral ideas were visually kept, added, and adjusted to the changing knowledge about syphilis and its characters.

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