Title: “Enemy of the World in City and Village. Anti-Venereal Disease Campaigns of Cluj Physicians in Inter-War Provincial Transylvania”

Author: Zsuzsa Bokor

How to cite this article: Bokor, Zsuzsa. 2015. “Enemy of the World in City and Village. Anti-Venereal Disease Campaigns of Cluj Physicians in Inter-War Provincial Transylvania”. Martor 20: 81-91.

Published by: Editura MARTOR (MARTOR Publishing House), Muzeul Țăranului Român (The Museum of the Romanian Peasant)

URL: http://martor.muzeultaranuluiroman.ro/archive/768-2/

Martor (The Museum of the Romanian Peasant Anthropology Review) is a peer-reviewed academic journal established in 1996, with a focus on cultural and visual anthropology, ethnology, museum studies and the dialogue among these disciplines. Martor review is published by the Museum of the Romanian Peasant. Its aim is to provide, as widely as possible, a rich content at the highest academic and editorial standards for scientific, educational and (in)formational goals. Any use aside from these purposes and without mentioning the source of the article(s) is prohibited and will be considered an infringement of copyright.

Martor (Revue d’Anthropologie du Musée du Paysan Roumain) est un journal académique en système peer-review fondé en 1996, qui se concentre sur l’anthropologie visuelle et culturelle, l’ethnologie, la muséologie et sur le dialogue entre ces disciplines. La revue Martor est publiée par le Musée du Paysan Roumain. Son aspiration est de généraliser l’accès vers un riche contenu au plus haut niveau du point de vue académique et éditorial pour des objectifs scientifiques, éducatifs et informationnels. Toute utilisation au-delà de ces buts et sans mentionner la source des articles est interdite et sera considérée une violation des droits de l’auteur.

Martor is indexed by EBSCO and CEEOL.


**Abstract**

The paper investigates how sexuality becomes outstanding and a medical object in inter-war Transylvania. This issue can be discussed via one of the most typical ailments of the age: venereal diseases. This process is presented on the basis of a series of major medical actions of village surveys and rescues, and also by reviewing the film *A világrém / Grozăviile lumii* (Enemy of the World), screened all over Transylvania in the 1920s.

**Keywords**

venereal diseases, medical campaign

---

**Anti-Venereal Institutions in the Interwar Period**

After World War I, a newly formed bio-power provided security over the nation’s health in Greater Romania. During this period, the population and its collective body became the subject of a whole range of reforms. The body and human sexuality were directly attached to fertility in an attempt to control women’s sexuality, to mobilize it for the sake of the eugenic ideal, and “to increase the rate of healthy births” (Bucur 2007, 338).

The change of institutional ownership after 1919 was, on the one hand, an opposition to the old Austro-Hungarian regime; on the other hand, it was a self-legitimizing action of the growing Romanian medical community. Physicians had to legitimate their existence toward the central authority in Bucharest through ambitious health-assessment programmes, e.g. anti-venereal campaigns.

The leader of the institutionalisation of health and the promoter of eugenics in Transylvania after WWI was Iuliu Moldovan (1882–1966), a medical professor in Cluj (on eugenics in interwar Romania, see Turda 2007, Bucur 2005). According to Moldovan, Romanian eugenics was more focused on the genetic factors that descended from parents rather than on qualities influenced by the physical or social environment. In the galtonian eugenics vision, the objective was the protection of the nation from venereal diseases “and other intoxications” (Moldovan 1927, 3-4).

In February 1919, the Department of Social Work of the Governing Council of Transylvania established a clinical outpatient network (*Ambulator polyclinic*) in Transylvania to deal with diseases that threatened the health of the population (sexually transmitted diseases, tuberculosis etc.) and social problems (such as infant mortality and alcoholism).1 Hospitalization became compulsory in order to control patients with venereal diseases (VD); the term used was *tratament forțat* – forced treatment. That’s why the other important institution of the era was the Women’s

---

Hospital of Cluj, established in April 1919, and specializing in the treatment of VD. While the Hospital’s Outpatient Unit offered temporary and transitional treatments, the more serious cases were treated in the Hospital itself (on the history of medical institutionalization, see Bokor 2015).

From 1923, household servants began to be regularly examined. The aim was to obtain a real indication of the level of infections among this social group – said to be practicing “prostitution in secret” – and to prevent “infectious outbreaks” by compulsory treatment (Stanca 1925, 62). The introduction of this procedure resulted in an increasing number of treatments and examinations of female patients: 4200 in 1920, 9862 in 1921, 12760 in 1922 and 9720 in 1923.

According to the data of the Women’s Hospital from the first post-war years, the spread of venereal disease did not have the same ratio in the Apuseni mountain villages and in the rural area of Cluj (see Stanca 1925); the percentage of people infected with syphilis was higher in mountain villages, like Poiana Ampoiului and Trâmpoiele, than in Aiton, Stolna etc.

Other Romanian data shows that the number of investigations and the number of investigated patients was greater in the largest cities of the country (for instance, in Iaşi, in 1926, the number of investigations was 22 228; in 1928 it increased almost to 40 000) or in towns where Moldovan’s complex outpatient unit system worked (see Voia 1930). The proportions of patients varied; a large number of venereal diseases was found in the mountain villages, in places often visited by strangers (in ports or resort towns) and on war fronts, but the ratio was usually around 1-10%.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Percentage of venereal diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poiana Ampoiului</td>
<td>15%</td>
</tr>
<tr>
<td>Trâmpoiele</td>
<td>14%</td>
</tr>
<tr>
<td>Baica</td>
<td>11.8%</td>
</tr>
<tr>
<td>Apahida</td>
<td>6.8%</td>
</tr>
<tr>
<td>Feleacu</td>
<td>6%</td>
</tr>
<tr>
<td>Lona de Sus</td>
<td>6.7%</td>
</tr>
<tr>
<td>Borsa</td>
<td>6%</td>
</tr>
<tr>
<td>Tăuți</td>
<td>3.5%</td>
</tr>
<tr>
<td>Stolna</td>
<td>3.2%</td>
</tr>
<tr>
<td>Aiton</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Venereal Diseases in Villages. Rural Research and Education

There were various measures to question the legitimacy of peasant healing and replace it with a powerful – evidently more efficient and forceful – medical practice, and a discourse that produced legitimate knowledge in this context. Physicians tried to approach individuals with their health care programmes and individual treatments and interrogations. At the turn of the century, improving the economic, social and, in addition to this, the health conditions of the peasantry was a priority: “Let us announce to the people all the time, in church and at school, that they can only keep and recover their endangered health condition by way of hygiene and this is the only way we can have healthy generations and be satisfied that, to no matter to how little extent, we have contributed to the improvement of the situation...” (Dr. I. Bădianu: Traiul lung. (The long life) Familia nr. 20. 1894, quoted in: Ábrahám 2004, 200–201).

In the second half of the 19th century, as Constantin Bărbarescu argues, the Romanian elite built a double image of the rural world. On the one hand, the peasant was “the foundation of nationality”, incorporating all national and moral virtues, which gave him a primordial national identity role. But, on the other hand, the pressure for modernization was increasing with the birth of the modern national state, thus transforming the peasant into the “other”: he was the savage who, obviously,
needed to be civilized (Bărbulescu 2005, 211).

Among the main topics in this era we find questions on hygiene (hygiene of clothing and personal hygiene); household hygiene; food and alcoholism; epidemic diseases specific to the rural population (Bărbulescu 2015, 77). The negative image, argues Bărbulescu, can be read as the voice of the political elite who want to draw attention to the urgency of social reforms. The *bonnes moeurs* Ionela Băluţă speaks about reflect a huge cultural difference between the peasants’ culture and that of the physicians. Since the 19th century, the desire to control entire aspects of the peasants’ life was the most important factor in the medical hygiene discourse and this discourse became more and more legitimized (Băluţă 2002, 2005).

---

**The Physician as the Nation’s Warrior**

After WWI, unlike at the turn of the century, the insistence on hygiene and health targeted much less the *embourgeoisement* of the peasantry: the image of the healthy peasant, the villager who had to be lifted from his problematic situation caused by the previous system, yet also kept in his peasant (ancestral) nature, was operated as a sort of acceptable pattern contrasted to that of the middle-class and the townspeople; the representatives of medicine themselves undertook a pioneering role in this process.

With the help of their own healers (called “charlatans” in medical discourse) and using healing techniques (called “superstitions” and “beliefs”), peasants dealt in their own way with venereal diseases. The most widespread method in provincial Transylvania of curing venereal diseases was mercury steam bath treatments; it had been part of an earlier, “official” medical praxis in the cure of syphilis that later proved inefficient, and, according to the latest results, was even thought to be seriously harmful to one’s health – a piece of information that failed to make its way to the population. The use of mercury ointment was less dangerous than the inhaled variant, and it even generated some results, but it was “dangerous to leave it to empirical popular healers” (Voina 1930, 33). In other words, any kind of peasant’s healing technique “was an attack to both individual and community health”; therefore, these attempts were proclaimed as “one of the main means of disseminating sexually transmitted diseases” (Voina 1930, 28). Whoever still tried to heal their illness with these practices was, thus, considered to be in violation of the ambitions of legitimate medicine and pharmaceutics. The midwife, the main figure of peasant medicine, was also a subject of mockery. Not accidentally, of course, since the midwife, standing at the crossline of legitimate and illegitimate medicine, stood above the world of women and men; nothing of sexual nature could be kept secret from her, as her field of activity coincided with that of physicians and priests: she cured women, and was well aware of the family’s sexual problems.

Not long after WWI, in 1921, equipped with microscopes, medical equipment and medicines, Dominic Stanca, the head of the Women’s Hospital and Clinical Outpatient’s Unit of Cluj and two employees of the hospital, psychologist Zoltán Bálint and laboratory technician Antal George, started out towards the Apuseni Mountains, around the settlement of Zlatna in Alba County, to survey the health condition of the Romanian peasant population of the area2. As far back as 1808, the Gubernium of Transylvania placed temporary hospitals (barracks) around Zlatna to isolate the infected. After WWI, similar measures seemed justified again, and the territory was increasingly taken into consideration.

In subsequent year, physicians from Cluj repeatedly visited the Romanian villages (Petru Vlad, Virgil Cioban and Dominic

---

Stanca). The following is known about their methods: they created family files which included the health data and medical reports of the examinees. They filled out 123 family files and examined 493 persons, trying to accurately list all their illnesses or predispositions to illnesses. The appendix completing the family files (a questionnaire) was meant to depict a detailed image of the village from its geographical location to the description of the inhabitants’ dances and customs. The questionnaire, consisting of over 50 questions, placed the physician almost in the position of an ethnographer; mere data recording could not have been enough to complete it, so short interviews must have also been taken. Unfortunately, the answers have not been preserved, but the questionnaire in itself stands as clear indication of the intent of the research: to map the rural society in its entirety. The creators of the questionnaire were equally interested in the geographical position of the village, the condition of wells, springs and rivers, the condition of the houses, migration tendencies, the villagers’ intellectual level and sexual habits and the number of people suffering from venereal diseases.

As required by the instructions of the Sanitary Directorate of Cluj County, between 1921 and 1926, Dominic Stanca and the Women’s Hospital had to organize regular informative campaigns regarding “social diseases.” These campaigns were usually connected with various kinds of surveys. Due to the nature of the hospital, these surveys focused mainly on the problem of sexually transmitted diseases, especially syphilis, but they also tried to isolate and cure other kinds of social diseases deemed untreated or uncured. The informative campaigns contained lectures, film screenings (for example, the film Vilagrém / Grozâviile lumii / Enemy of the World was also screened at this time throughout the country), counselling for hygiene and sexual life, regular examinations and other actions like vaccination, haircutting, or deparasitation.

On a contemporary photograph (see fig. 1), the team of physicians can be seen cutting the hair of a peasant. The photograph shows the physician in a white gown and some townspeople dressed in urban wear, standing near the police too, surrounding the kneeling victim as if he were a trophy.

In 1928, 51 similar reports were drafted on villages in Cluj County but these were much more detailed (for instance, these also contained details such as the quantity of alcohol consumed at the pub and the type of alcoholic beverage), the questions were even more systematic and the questionnaire was clearer. The questionnaires were probably filled out by local or district physicians, and were processed in Cluj. A few years later, another physician from Cluj, Aurel Voina, assessed this movement – of course, as a gynaecologist and venereologist, referring to the syphilis, the social disease he considered most important – as follows: “the surveys had very many interesting results, the detection of syphilis-infected regions resulted in measures to eliminate the sources of syphilis” (Voina 1931, 68).

This process of informing, controlling, and, at the same time, treating medical movement became regular in the 1930s. The propaganda seemed very successful, as “patients walked even tens of kilometres to receive the vaccine, even if they suffered from other illnesses, because they believed in Neosalvarsan as in some supernatural force” (Bălaşiu 1933, 5).

Information on the actions of the medical
propaganda between 1931 and 1935 can be obtained from the protocols of the Anti-Syphilis and Venereal Diseases Council (April 1935)\(^5\). In addition to thoroughly recording all the patients and making these records centrally accessible, the physicians also made regular informative presentations, and, on occasion, they also used the possibilities offered by church services.

Iuliu Moldovan and his colleague, Petre Râmneanțu, wrote about the national health campaign started by the Ministry of Health, which took place between August and September 1938:

“One of the main objectives of the health offensive was the creation of an accurate and comprehensive registration of the population’s health condition. The main tendency was, therefore, the medical examination of the entire population, from the youngest to the oldest” (Moldovan–Râmneanțu 1939, 93).

During these two months, 556,206 individuals were examined, 17,842 sent to laboratory tests, and 688 to X-rays in the territory under the authority of the Public Health Office of Cluj County (in Cluj, Sibiu and Timiș Counties). Thus, 30.6% of the entire population of the abovementioned area was examined\(^6\). The aim of these surveys was not only to examine and improve the health of the individual, but also to map out the complete social network of the community: it was not only the medical image of the individual or the family that needed to be drawn, but, ideally, the entire network of connections.

The Medical and Bio-Political Department of ASTRA (a Romanian right-wing cultural organization from Transylvania) also played an important role in informing the masses and in popularizing the principles of eugenics and national biology. Its physicians lectured in Transylvanian settlements, and kept contact with local intellectuals such as priests and school teachers, to whom they made available the medical brochures of the ASTRA physicians.

Although medical problems had probably been real issues among the Hungarian population as well, Hungarian physicians never paid as much attention to them as the Romanian ones. Despite the fact that this research was considered from its very beginning a national enterprise, interestingly enough, the Hungarian press repeatedly praised the initiative of Moldovan and his colleague:

“We have repeatedly mentioned the major action of the People’s Welfare State Secretariat to stop harmful popular diseases. It is the merit of university professor Moldovan, First Secretary of State of the People’s Welfare Department, that he offered cheap and fast medical assistance by founding clinical outpatients units and hospitals in the almost extinct area in several neglected parts of Transylvania where syphilis and tuberculosis have decimated the poor and unschooled population.” (Ellenzék 1922, 14\(^{th}\) of July, No. 131)

The newspaper article entitled Vérbaj öli meg a mócok falvainak népét [Syphilis Kills the Population of Romanian Villages] published on 30\(^{th}\) of July 1929 in the local newspaper, Kolozsvári friss újság, also translates the official, Romanian point of view to the Hungarian readers: “According to statistical data, these mountain villages are infected all over with the poison of syphilis.”

As we can see, many social strata were taken under medical supervision in the interwar period. In the 1920s, all prostitutes were forced to attend medical examinations, and, in case of illness, they spent weeks in hospital. Physicians examined servants once a week, they introduced the regular medical examination of factory workers, school children and students, peasants living in the countryside; the new cases of illness were communicated to the authorities by village physicians and midwives; in one word, everything and everybody was mobilized.

The medicalization of village peasants


6) In Cluj County 36 such rescue teams were at work in this period (Moldovan–Râmneanțu 1939, 93).
was just as intense as that of townspeople – of course, with the use of other methods and means. The controlled body, the attempt to keep away venereal diseases and the discourse around it defined the nature of sexuality and placed the control of marital relations on a different level, that of medical knowledge, which also explained extramarital relations. The knowledge produced by this discourse created new shapes of social inequities: the superior individual was clean, healthy, Romanian by nationality, and last, but not least: a man.

---

**Enemy of the World – a Film on Family, Sexuality, Syphilis**

**Circumstances of Creation**

At the initiative of the Outpatients Unit and the Women’s Hospital, the film *Enemy of the World* was screened all over Transylvania between November 1921 and May 1922. This silent film was commissioned by the Sanitary Chief Inspectorate with the purpose of educating the population on certain health issues. The film was shot in November-December 1920 and was directed by Jenő Janovics, a pioneer of Transylvanian cinema, in his own film studio, called “Transylvania.” The cast included professional actors (Baróti Erzsi, Poór Lili, Fekete Mihály, Szakács Andor), but general practitioners, peasants, and even patients of the hospital played in it. The scientific advisor was the world-renowned medical professor Constantin Levaditi, who had gained fame in Paris as well, was one of the most important Romanian physicians of his age as one of the founders of virology, but, even more importantly, he introduced bismuth in the treatment of syphilis, which made Wassermann tests easier. It may not have been accidental that the commissioner of the film entrusted such people to write the script.

Projections of the film took place in every county and settlement of Transylvania, in a temporal sequence established by the authorities. It was the local physicians’ task to rent the cinemas and locations. Marketing was considered very important for the projections: the middle-class of the settlements was invited to the first projection; they had to pay an entrance fee, but they could sit in the first rows. The masses – soldiers, peasants, school children – could watch the film for free. The reaction of the press also had to be arranged in order to ensure widespread publicity. The audience could listen to a short medical presentation on the transmission of sexual diseases before the projections (in the language of the community, but usually in Romanian and Hungarian). Depending on the ethnic composition of the audience, the films were subtitled in Romanian, Hungarian and German.

Not much is known about the response of the audience to the film; there was probably no survey made on it, but, according to the contemporary press and medical literature, there were full house projections and the physicians claimed that this method of popular education seemed to be the most efficient of all. The reaction of the press to the film came soon. According to the weekly newspaper *Tükör (Mirror)*, the opening lecture at the Cluj projection was held by Levaditi himself. In his speech – among other things – he cautioned the audience for temperance. The article and the narrations indicate that the discourse emphasized the dire consequences of prostitution, while medical information on venereal diseases was pushed to the background. The objective
was thus “to stop, as fast and as radically as possible, prostitution and the syphilis which, as a frightening ‘Enemy of the world’, wants to penetrate the flesh and blood of mankind with its murderous tentacles”, said Levaditi at the premiere. The newspaper (probably rendering the thoughts of the scriptwriter himself) expands on the metaphor in the title, illustrating how the dimensions of venereal diseases and prostitution are joined together in the discourse of the age.

The Story

The structure of the almost 45 minute-long film is made up of a frame narrative and a dream story inserted therein. The frame narrative presents the family of Pierre Sylvain, the protagonist. His wife, Doria, the world famous singer of the theatre, is a modern woman, who is an exemplary mother of two, and also has a brilliant career. She is practically the supporter of the family, because her husband is unemployed. She is the perfect image of a respectable, modern, money-earning woman. Because of her artistic talent, she is greatly admired in the city. However, the second scene of the film already reveals that the husband has an affair with Shiva, the actress, who also works in the theatre. In this same scene we are also introduced to Georges Pradel, the physician, a friend of the family, and also Shiva’s doctor, because she has been infected with syphilis. The physician’s reproving speech informs the audience that Shiva has been leading a promiscuous sexual life. That Shiva is a prostitute is only apparent from the context, and the elements that are traditionally attached to a prostitute: her strong makeup and deep cleavage suggest that she is not a “respectable woman.” The doctor asks the woman to stop her affair with Sylvain and get treatment: “I have told you, syphilis is no shame... and it can be cured.”

Shiva represents the secret prostitute, the “Enemy” of the authorities, who was treated also in secret in case she was willing to cooperate with the doctor (this is what Pradel’s sentence referred to, when he threatened Shiva to reveal her secret unless she accepted medical treatment and broke up with the man).

The doctor’s office is a key location in the film. This is where the doctor shows Shiva the result of the Wassermann test and the difference between her blood and pure, non-infected blood: hers is lighter in colour than that of a healthy person (see fig 2).

This image – as the doctor points to the infected blood and the difference between the infected and healthy blood – could be the metaphor of the film, but also an emblematic message of the entire anti-venereal action. This image is accompanied by another, also emblematic message: “Syphilis never cures itself, even if you feel very well... There is only one effective medication: regular and accurate medical treatment... Come tomorrow to continue the injections”, the doctor tells Shiva.

Also here, in the doctor’s office, on the table covered with medical instruments, rests the microscope which, in the next scene, displays the physician’s new role: the investigation, the exploration of unflinching, revealed facts. Sylvain shows the doctor the lesions in his mouth. The symptom itself (the lesion) raises the doctor’s suspicion, the sign of shock shows on his face as he turns towards the camera: he predicted this was going to happen – this is the core message he wants to give the audience. Then he draws blood from the man and places it under the microscope (see fig. 3).
The test confirms Pradel’s suspicion. The documentary-like, real image of the *spirochaeta pallida* is shown not only to Sylvain, but to the viewer as well, in a “thousandfold magnification” and even twice: once through the doctor’s eyes and once through the patient’s. The image always shows the same thing: the presence of small animals moving in the blood (see fig. 4). The diagnosis is, therefore, not a supposition, but a fact through representation: the reality of the body, invisible for the open eye or everyday methods, but visible solely by medical means. However, the cause of reality, of the illness can not only be displayed, but also cured. Sylvain mustn’t maintain contact with his family unless he has a wish for fatalism, and he must consult with his doctor on a regular basis.

“You must do it!... Look what awaits you if you do not. Come ... Let me introduce you to the syphilis.” This sentence is not only meant for Sylvain, but for all viewers, as the tension is further increased by the documentary-like images. Sequences of real images were cut into the film to make the damage caused by syphilis even more illustrative. Patients appear in front of the camera (interestingly, members of a different social class: peasants, as if it would suggest a secondary, hidden meaning that syphilis stems from the city, but it can also infect unfortunate, uneducated village people as well). We are shown an old man with lesions on his face, a little boy without a nose, a child with a certain disability. We return to the story, but another digression appears, a story within the story: a blind soldier remembers how he got infected and how he wanted to be cured without medical help. The story is important on various levels because the man was infected by a prostitute in a brothel. The film shows an episode of this story: we see a scantily dressed woman drinking alcohol, smoking cigarettes and laughing uproariously, who throws herself on the new victim (at the time, popular and often used stereotypes to represent the prostitute). This is a new figure of the syphilis-infected woman. The ill man turns for help to a “female healer”, which also proves fatal as the medicine received from the woman blinds the man. “I should have gone to the hospital”, he says. The message for the viewer is that nothing can compete with medical knowledge and, what is more, that is the only legitimate kind of knowledge about the body.

The tension increases with the – this time not so detailed – presentation of the dissection room and the cells of the insane. As Sylvain sees all this, he becomes desperate and feels remorse. Having arrived home and being tormented by fatigue and what he had seen, he falls asleep. Then we see his dream, but it is only revealed at the very end that it is a dream. The story continues without any apparent disruption: Sylvain disobeys the doctor and, thus, a whole series of tragedies starts. Doria, the wife, goes blind, then crazy, and dies; the family grows very poor, Sylvain starts drinking, and, when the viewers have experienced even the tragedy of his own death, the doctor appears and wakes Sylvain up to inform him: Shiva is dead, she has committed suicide. The viewer is relieved...

---

11) Similar images of the *spirochaeta pallida*, the bacterium of the syphilis, were projected in France as well in 1909 with the title *Spirochaeta pallida* (a film of Dr. Jean Comandon, see Lefebvre 1995) and this is also the subject of the Brazilian director Paulino Botelho’s film as well, entitled *606 contra o Espirocheta Pallida* (1910).
as this awakening suggests that there is still hope for a different ending to the story. Nobody is scandalized by Shiva’s death since the daily press often wrote about prostitutes’ suicide attempts. But there is more to it: the death of the woman represents the symbolic victory over prostitution – or over a deviant woman –, the victory of the family, work and health. The frame story follows the medical script: the ill protagonist confesses to his wife and goes to work in America. “To become a better person”, he says. His wife says goodbye with forgiveness and affection. The story ends, however, in an interesting manner: it presents Sylvain as a worker and the viewers can understand that he found himself, he found what he was looking for: a good job.

**A Medical Film**

The scientific film was already an important means of medical knowledge in the 19th century and this passion for research, especially on the movement and the functions of the human body, was one of the primary roles of the film and the beginning of film production. In Romania, Gheorghe Marinescu, who studied under Charcot in the Salpêtrière, produced medical research films since 1898, in which he filmed patients with coordination and limb problems (his first and most famous film is *Tulburările mersului în hemiplegiile organice* / Walking Disorders in Organic Hemiplegia, made in 1898).

The filmic representation of illnesses and the problem of venereal diseases within it was not a new idea in the medical sphere, although the film was not a means of medical knowledge in the first place, but an instrument of influence, a more or less realistic representation. Medical organizations were aware of the influential effect of the film ever since the beginning of the 20th century; therefore, this means was often applied for various reasons (educational, fundraising etc.). In the first two decades of the 20th century, in America, over 1300 films were produced about physicians, health and medicine in general (Reagan et alii 2007, 5). There were such initiatives in Europe as well. In France – where Levaditi had returned from not long before and had probably brought along medical popularizing practices – the anti-venereal-diseases propaganda film entitled *On doit le dire* [It must be said] was created in 1918, in the Pathé studios (Lefebvre 1995). It was a short animation film, which grasped the subject in motifs similar to those applied by Janovics and his colleagues.

The repetition of images, the insertion of documentary into melodrama or the melodramatic element into the documentary was characteristic of medical instruction films (cf. Aubert et alii 2004, 32). The aim was to raise awareness by repeated and astounding formulas. They referred to propagandistic intentions and economic and political implications, while maintaining a logical, explicit and clear discourse (Aubert et alii 2004, 35).

Except for the few European and American films produced during the war, the *Enemy of the World* had few preliminaries in similar feature films in film history. This can probably be accounted for by the fact that Janovics’s ambition and professionalism as a director and his realistic conception of film met at this very point with the physicians’ well-organized propaganda.

This film represents an icon in this context, as it shows the process by which the physician became the principal and, apparently, the most legitimate public speaker of the age. This was a complex legitimating process – after the war – when physicians, now in the position of decision-makers, appeared as guards, saviours, healers of the nation and began a major process of institutionalization, complex research, and information and treatment of huge masses.
BIBLIOGRAPHY


