

Syphilis on the big screen: an audiovisual representation of the health-disease process

Sífilis e cinema: a representação do processo saúde-doença no audiovisual

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ABSTRACT

Introduction: In addition to its entertainment role, cinema has a strong relationship with history and a significant social appeal, as it provides the possibility of discussing the matters of society in a dynamic way. Important historical facts such as wars, technological development and pandemics have become recurrent themes on the screens, since they impact various social groups. By the same token, the theme of sexually transmitted infections has been extensively explored in motion pictures, portraying the origins of diseases, their impact on the social environment, and how the health-disease process unfolds. **Objective:** This study aimed to perform a critical analysis of audiovisual works that bring syphilis in its plot, in order to identify and discuss the evolution of the health-disease process throughout history, as well as its representation in the cinematic perspective. **Methods:** A descriptive analysis of audiovisual works was carried out along with a bibliographic search. **Results:** The *corpus* of the study consisted of four films, the feature films: “La Pelle”, by Liliana Cavani; “Miss Evers’ Boys”, by Joseph Sargent; “Heleno: O Príncipe Maldito”, by José Henrique Fonseca; and “Dr. Ehrlich’s Magic Bullet”, by William Dieterle. In all four works, we have different perspectives of the same health problem, but in different scenarios. **Conclusion:** Reflecting about these scenarios, as well as the real world, helps us to understand and search for what each of the represented groups’ needs in order to face the disease more objectively and effectively.

Keywords: syphilis; motion pictures; health-disease process; sexually transmitted infections.

RESUMO

Introdução: Para além do seu papel no entretenimento, o cinema possui uma forte relação com a história e um apelo social considerável, tendo em vista a possibilidade de discutir, de modo mais dinâmico, aquilo que é assunto na sociedade. Diante disto, fatos históricos importantes, como guerras, desenvolvimento tecnológico e pandemias, passaram a ser temas recorrentes nas telas, uma vez que impactam em cadeia vários grupos sociais. Nessa perspectiva, a temática das IST tem sido bastante explorada no contexto cinematográfico, retratando as origens das doenças, seu impacto no meio social e a forma como decorre todo o processo saúde-doença. **Objetivo:** O presente estudo buscou realizar uma análise crítica de obras cinematográficas que trouxessem a sífilis em seu enredo com o intuito de identificar e discutir a evolução do processo saúde-doença ao longo da história, bem como de sua representação na perspectiva cinematográfica. **Métodos:** Trata-se de uma análise descritiva de obras audiovisuais, aliada a uma pesquisa bibliográfica. **Resultados:** O *corpus* da pesquisa constitui-se em quatro filmes, os longas-metragens: “La Pelle”, de Liliana Cavani; “Miss Evers’ Boys”, de Joseph Sargent; “Heleno: O Príncipe Maldito”, de José Henrique Fonseca, e “Dr. Ehrlich’s Magic Bullet”, de William Dieterle. Considera-se que nas obras existam perspectivas distintas sobre um mesmo problema de saúde, em uma mesma época, porém representado em cenários diferentes. **Conclusão:** Refletir sobre esses cenários, assim como no mundo real, ajuda-nos a entender e buscar o que cada uma dessas sociedades representadas necessita para o enfrentamento da doença de forma mais objetiva e resolutiva.

Palavras-chave: sífilis; filmes cinematográficos; processo saúde-doença; infecções sexualmente transmissíveis.

INTRODUCTION

Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*, which has different clinical manifestations and stages (primary, secondary, latent, and tertiary). In general, a disease is more likely to be transmitted in the primary and secondary stages. The main route of syphilis transmission is sexual intercourse without protection with an infected person, but it also happens during pregnancy or childbirth—the so-called congenital syphilis⁽¹⁾.

There are two theories for the origin of syphilis. The first reveals that the disease arose in the Americas and was taken to Europe by the crew of Christopher Columbus’ expeditions, between late 15th century and early 16th century. The second argues that it has existed for hundreds of years in the Old World, but only in the mid-sixteenth

century it went through mutations that helped to expand its contagion capacity⁽²⁾.

However, the first ever recorded epidemic of a disease that has the sexual act as its main form of transmission had syphilis as a protagonist, in the same period mentioned above. There are, however, records by Hippocrates of cases similar to what is now identified as tertiary syphilis, and also throughout Europe in the medieval period⁽³⁾.

The discovery of the etiological agent of syphilis would only happen in mid-1905, more than 500 years after the first records of the disease.

Treponema pallidum, the etiological agent of syphilis, was discovered only in 1905 by zoologist Fritz Schaudin and dermatologist Paul Erich Hoffman. Schaudin examined the fresh preparation of a sample collected by Hoffmann from a papule on the vulva of a woman with secondary syphilis. They both observed under a microscope the thin, spiraling microorganisms that rotated around their longest length and moved back and forth. At first, they called them *Spirochaeta pallida* and, a year later, renamed them as *Treponema pallidum*⁽⁴⁾.

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In the past, the disease has received various names: Gallic mal, mal venereum, coitus disease, venereal lues or simply lues, a term in Latin that means plague. This classification is also based on history: the first major syphilis epidemic emerged at some point in the decades of 1500 and 1510⁽³⁾.

Less than a century earlier, however, Europe experienced the epidemic cycle of bubonic plague, also called the Black Death, which took away about a third of the continent's population at the time, with an estimated 75 to 200 million people dead. The name "syphilis" only appeared in the poem "Syphilis sive morbus gallicus", by Girolamo Fracastoro de Verona, in 1530, and then became the definition of a pathological condition only in the middle of the 18th century⁽⁴⁾.

This historical rescue helps us understand the reasons that made the disease something that, in fact, frightened Europe at that time. The continent was in the Renaissance period, with man becoming an object of interest in the field of sciences. This period was marked by the emergence of Humanism and the appreciation of classical authors, especially the Greeks.

In the Health field, this logic could be observed in the maintenance of Hellenic concepts, with emphasis on the humoral theory, or humoralism, which supported the first efforts towards disease treatment methods adopted by physicians in the Renaissance era.

The search for a culprit for the spread of that disease helps to explain the different names given to syphilis. For the French of the 16th century, it was the illness of Naples, the city where the first medical records of the disease were made. In other parts of Europe, the term Gallic illness suggested the disease came from the region of Gaul, a territory that nowadays comprises France. At the time, there was a need to find a culprit, which helps to reinforce the theory that syphilis originated in the New World.

However, whatever its exact origin was, the syphilis epidemic has frightened the modern world with its aggressiveness. In its early years, the disease's picture was severe skin lesions, with greater speed in clinical picture development and, consequently, in the number of deaths.

Soon, the disease was associated with sexual practice. And in an Old World where the Catholic Church was so strong, it did not take long for syphilis to gain the status of divine punishment. The sick would be removed from social life, and placed in facilities similar to those aimed for the lepers. There was no strategy or palliative treatment in the medical community.

In Brazil, syphilis has acquired local connotations, being linked to the tropical climate, the war in Paraguay (which increased the number of cases) or even the need for a medical intervention program. In 1880, João Pizarro Gabizo and Antônio José Pereira da Silva Araújo brought the teaching of dermatosyphilography to Brazil. Despite medical advances, syphilis continued to be linked to some social stigmas⁽³⁾.

In 1920, the "Inspectorate of Leprosy and Venereal Diseases Prophylaxis" was established, the first national program to combat syphilis, under the direction of Eduardo Rabelo. The actions of the inspectorate and the antiveneal discourse assumed a eugenic character, since the syphilographers endorsed the discourse of Brazilian promiscuity to a large extent. Some of these physicians wanted the serological test (or Wassermann reaction) to be mandatory for the

so-called risk groups, which were composed of immigrants, prostitutes, soldiers, housewives, among others. Syphilographers also fought for mandatory notification in case of contamination and attacked the mystical explanations of healers and charlatans⁽³⁾.

Currently, syphilis has a relatively simple treatment with penicillin by health professionals. However, even with low-cost treatment and easy access in health services, a study developed by the World Health Organization (WHO) showed that 6.3 million cases were registered worldwide in 2016, in addition to about 200,000 cases of stillborn babies due to syphilis. In that same year, the disease was also identified as one of the main causes of infant mortality worldwide⁽⁵⁾.

Syphilis is currently a public health problem with large-scale growth in developing and underdeveloped countries. In Brazil, according to data from the Ministry of Health, the numbers jumped from 1,249, in 2010, to 65,878, in 2015, an increase that exceeds 5,000%, putting the country in an epidemic situation⁽⁶⁾.

According to the Epidemiological Bulletin produced by the Ministry of Health, the highest body of Brazilian health management, in 2019 a total of 152,915 cases of acquired syphilis were reported in the Information System for Acquired Syphilis (detection rate of 72.8 cases/100,000 inhabitants); 61,127 cases of syphilis in pregnant women (detection rate of 20.8/1,000 live births); 24,130 cases of congenital syphilis (incidence rate of 8.2/1,000 live births); 173 deaths from congenital syphilis (mortality rate of 5.9/100,000 live births)⁽⁷⁾.

Given this scenario, policies to combat and prevent syphilis transmission are a priority for the Ministry of Health of Brazil and are aligned with both the Pan American Health Organization and the WHO to achieve the goal of congenital syphilis incidence rate less than or equal to 0.5 cases per 1,000 live births⁽⁷⁾.

It all suggests little effectiveness of the prevention policies developed and applied to fight the disease. Some topics on the subject should, therefore, be noted.

Between the 1980s and 1990s, Brazil developed a campaign to combat and prevent the HIV virus that became a model around the world, especially because of its effectiveness. Prevention actions, maximized by campaigns in the radio, television and print media, were essential so that the situation of HIV and AIDS could be controlled in the country.

In parallel with syphilis, it is important to point out that the methods to prevent *Treponema pallidum* infection are basically the same as those adopted for almost two decades against HIV. Why, then, is Brazil experiencing an epidemic of syphilis, but not anymore of HIV?

In outline, some problems with regard to prevention can be pointed out. The most likely is also the one that should be the greatest ally: the low cost of penicillin, which discourages the pharmaceutical market to manufacture it. In 2015, for example, the country registered a lack of medication both in public and private health services.

Another problem identified by the monitoring carried out by the Ministry of Health of Brazil refers to the application of the drug. Until mid-2015, the use of penicillin by nursing professionals was prohibited when the place where the procedure would take place did not have equipment to care for patients who could manifest anaphylactic shock in response to it. In practice, health professionals chose

not to administer the drug, as they could be held responsible if they did and the patient had a condition of shock.

There is still a serious problem when it comes to syphilis in pregnant women. Sometimes a pregnant patient's partner refuses to take the medication to treat the illness. Then, there is reinfection, with all the characteristic cycles of syphilis. According to the Ministry of Health, 62% of partners make up this statistic.

This is an important matter for us to understand how a disease with relatively simple treatment could unleash an epidemic recorded since mid-2010. The data exposed so far allows us to state that the lack of information about syphilis—given that, until the beginning of the “Syphilis, No” project, Brazil had never had a specific campaign aimed at the disease—, the few actions giving importance to it prevention, and the attention to risk behaviors ended up expanding the problem to the current situation.

Thus, we have two infection situations that require specific care: syphilis in pregnant women and congenital syphilis, when the mother who does not undergo the treatment transmits the disease to the newborn.

It is, then, necessary to think about specific prevention solutions for the target audience in question. And this is where the work of communication is needed, especially through a language that is easily understood by the general population, including audiovisual resources. At this point, cinema is a protagonist as it records the fears and anxieties of the society that makes and consumes it.

Cinema has its history based on documentary records. When Louis and Auguste Lumière made their first films, their objective was not the fictional representation of social portraits, but their cataloging. With the advent of fiction cinema, especially after Georges Méliès, the fantasy of storytelling, once adopted only in books and in oral tradition, began to sparkle in the seventh art.

It was then that cinema gained the characteristic of adapting narratives by telling stories, original or not. And with that, this type of visual resource gained immense possibilities to talk to the public over time. When the narrative became part of the process of disseminating ideas, the cinematographic field was given new possibilities.

By agent of history, the intention was to highlight the dynamic and driving role that the seventh art had in different social segments. From its artistic component, to becoming a form of expression and intervention in the world, through its use in medicine as an instrument of scientific progress; in the military field, as a fundamental element to identify the enemy's weapons and movements; and in the State, as a means of propaganda⁽⁸⁾.

Thus, over time, cinema began to discuss what was notable topics in society. In this way, important historical facts such as wars, technological development and pandemics have become recurrent themes, since they have a chain impact on various social groups.

The theme of STIs has been widely explored in the motion pictures context, telling the story of the origins of diseases, their impact on society and how the whole health-disease process takes place, as in the cases of biopics that portray patients with some type of IST.

Although AIDS is the most common theme—mainly because of what it caused during its emergence period, in the mid-1980s—other STIs, such as syphilis, were also given space in the cinema,

being portrayed for centuries in other domains of art and having its etiology clarified and treatment carried out only a few decades ago.

OBJECTIVE

The aim of this work was to perform a critical analysis of cinematographic works with syphilis in their plot, to identify and discuss the health-disease process throughout history, as well as its representation from the cinematic perspective.

METHODS

This work uses descriptive analysis of audiovisual works. Descriptive research allows the understanding of the studied reality, since a description requires observation, registration and analysis, aiming to deepen a matter, accurately characterizing investigated facts and phenomena⁽⁹⁾.

Analysis of imagery resources was also performed through clipings of the movies mentioned. This alternative allows to present to the reader how the audiovisual resource impacts the viewer via the cinematic representation of the IST within a historical context, even though it is not the central theme of the works.

This paper brings adequate bibliographical research, using concepts presented by authors of the health and audiovisual areas, in a transdisciplinary way. This resource is important, as it allows a theoretical contribution of remarks and interpretations built throughout the analysis process of the films.

The corpus of the study consisted of four films: “La Pelle”, by Liliana Cavani; “Miss Evers’ Boys”, by Joseph Sargent; “Heleno: O Príncipe Maldito”, by José Henrique Fonseca; and “Dr. Ehrlich’s Magic Bullet”, by William Dieterle.

RESULTS

For analysis purposes, each film was approached separately because, although all stories addressed the syphilis panorama in a relatively similar time period (between the 1940s and 1960s), each film was produced in a different decade (“La Pelle” in 1981, “Miss Evers’ Boys” in 1997 and “Heleno: O Príncipe Maldito” in 2011 and “Dr. Ehrlich’s Magic Bullet” in 1940). Therefore, over a period of 30 years, the perception about the importance of the impacts of this IST is relatively different. There is also the cultural matter, as each film brings a spectrum of different cultures.

In “La Pelle”, director Liliana Cavani makes a representation of Italy after World War II, with the challenges of a country recently devastated by historical confrontation. Set in the city of Naples, the most prominent in the southern region of the country (and, historically, also the poorest), the film presents us a context in which services in general—health among them—are scarce, which leads the main characters to social chaos.

In “Miss Evers’ Boys”, we are transported to the United States of the early 1930s, where an initiative of the American government to fight syphilis—which by then was already worrisome because of its epidemic character—leads to a study that disregarded all ethical details of that time. The film navigates through different periods of American history (which the study also dove into), passing through

the period in which the racial segregation movement against African Americans peaked in that country.

In “Heleno: O Príncipe Maldito”, we have Rio de Janeiro’s football in the mid-1940s as the background, when this sport was still in transition between amateurism and professionalism, in a mixed scenario with the golden era of radio in Brazil and the influence of both on the society of the Brazilian federal capital. The main character is a figure that symbolizes social success: an athlete considered a national idol, immersed in one of the main sporting entities of that time, but who succumbs to the medium and long-term effects of a neglected disease which, in the period covered, already had possibilities of treatment and cure.

In “Dr. Ehrlich’s Magic Bullet”, a very different time frame is presented, with the representation of the 1940s; in other words, there are about four decades between this period and that of the other cinematographic works. The film takes an approach that contemplates the beginning of the era of drug treatments for syphilis. The feature film had its script built on the basis of letters and notes from the German doctor Paul Ehrlich. The film is not quite a biography, but it is a historical cut that covers a crucial period, when the first medical discoveries for the treatment of syphilis began to emerge. This is important because at that time, syphilis was an almost completely neglected disease; that is, it did not stir the interest of the medical community.

It should be noted that the feature films take place in equivalent periods, but in different geographic spaces (Italy, United States and Brazil). Thus, one can see how the illness was dealt with in the first years of penicillin use, the main antibiotic for the treatment of this type of disease.

Throughout the discussion, we will be making some remarks about the main points of each feature film and how their themes converge to the approach to STIs and their impacts on society.

DISCUSSION

“La Pelle”

The film “La Pelle”⁽¹⁰⁾ (1981) is an Italy/France co-production directed by Italian filmmaker Liliana Cavani. The film is inspired by the homonymous book, authored by Curzio Malaparte, who also signs the script in partnership with the director herself, as well as Catherine Breillat and Robert Katz.

The production is by Manolo Bolognini (executive producer), Alain Poiré and Renzo Rossellini, with soundtrack by Lalo Schiffrin. The cast features Marcello Mastroianni in the lead role, playing the captain Curzio Malaparte, and also names such as Ken Marshall, Burt Lancaster, Claudia Cardinale, Alexandra King, Carlo Giuffrè, Jeanne Valérie, among others.

The film portrays the city of Naples, in southern Italy, in the period corresponding to the departure of troops from Nazi Germany and fascist Italy itself from the region, in the final stretch of World War II. The city is taken over by Americans and Moroccans, who at that time were experiencing a period of retaking of territories in the war. Therefore, from the point of view of locals, the presence of

foreigners corresponds to the barbarian invasions per the perspective presented by the director in the narrative.

This is where the story introduces the matter of syphilis: in a society bordering on barbarism, sexual practices emerge as an escape valve not from the point of view of freedom, but of migration between prisons. To escape hunger, the solution is the commercialization of the body. Soon, prostitution becomes a way of life for many families in the city.

Director Liliana Cavani does not refuse to use the grotesque resource. “La Pelle” draws attention precisely for its dirty aesthetic, which reinforces some historical stereotypes of the people of Naples, both by the Italian people and by different regions of Europe and the world. The region, which is historically poorer than the North of the country, since the formation of Italy as a republic, is characterized as socially, culturally and economically poorly evolved, which helps to justify the attitudes on the places portrayed in the film.

The main character, played by legendary Italian actor Marcello Mastroianni, Captain Curzio Malaparte, represents an entrepot between the people of Naples and the Americans: a redeemed fascist, the ex-military of Benito Mussolini’s army acts as a promoter of the chaos that enables the spread of infections transmitted by the sexual act.

This is where it is interesting to draw a parallel: as previously presented in this work, at the time of its emergence, in the mid-fifteenth century, one of the nicknames for syphilis was Naples disease, since foreign peoples believed that it had arisen in that kingdom, located south of the Italian Peninsula.

In the feature film, the disease’s progress is represented since its beginning, with the radio playing a fundamental role in communication. The scene where the radio broadcasts news about the discovery of penicillin as a cure for syphilis, a disease that had been decimating armies during the war, is highlighted.

However, the American soldier is indifferent to the information and turns off the radio. This attitude reflects the false perception of not being vulnerable and the lack of knowledge about the ongoing epidemic, factors that contribute to the increase in syphilis cases to date and make it difficult to fight the disease.

From a different perspective, another scene highlights the simplest strategy for coping with STIs portrayed in the film: sexual abstinence, as illustrated when an American soldier chooses to satisfy himself sexually through masturbation aided by magazines instead of having sexual relations with women of Naples, because he considers them a risk to his health.

The health-disease process can be understood as the result of a set of social, economic, cultural, historical and biological determinants that condition the health and disease status of a population in a given period. Thus, it is directly related to how individuals, throughout life, appropriate nature to transform it, aiming to meet their needs at different times in the history and development of the humanity⁽¹¹⁾.

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not just the absence of illnesses and infirmities”. A social right, inherent to the condition of citizenship, which must be ensured without distinction of race, religion, political ideology or socio-economic condition, health is thus presented as a collective value, a good for all⁽⁶⁾.

Considering the time when the movie “La Pelle” takes place and analyzing the socioeconomic and health conditions to which the population of Naples was subjected, we see how the concept of health is represented in a limited way and the lack of understanding about the health-disease process. In the period portrayed in the film, the concept of health-disease applied to the problem of syphilis was limited to having or not having the infection, which is completely different from the expanded concept that we currently adopt, considering the individual in all its complexity, aiming at a satisfactory management through early diagnosis, adequate treatment and notification of cases to enable the proper planning and implementation of public health policies.

“Heleno: O Príncipe Maldito”

Photographed in beautiful black and white, the film “Heleno: O Príncipe Maldito”⁽¹²⁾ (2011), directed by Brazilian filmmaker José Henrique Fonseca, is inspired by the book “*Nunca houve um homem como heleno*” (There Was Never a Man Like Heleno), by Marcos Eduardo Neves, in turn inspired by the life and career of footballer Heleno de Freitas, Botafogo’s idol in the 1940s.

The film’s script was written by Felipe Bragança, Fernando Castets and José Henrique Fonseca. Producers were Eduardo Pop, Rodrigo Teixeira and Rodrigo Santoro, Brazilian star who also acts as the protagonist, as well as Alinne Moraes, Angie Cepeda, Duda Ribeiro, Herson Capri, Erom Cordeiro, Othon Bastos and Jean Pierre Noher, to name a few.

Heleno de Freitas, played in the film by Rodrigo Santoro, made Brazilian football history with his talent on the football field, but also with his excesses off it. The player had an aggressive behavior with his teammates, with the press, with leaders of the associations he attended and even with the women with whom he was involved.

The film shows a panorama of the unruly life of the athlete from “Botafogo de Futebol e Regatas”, considered to this day the first problem-player in the history of Brazilian football. If on the field he was a player far above the average, whose main characteristic was trying to solve matches, outside the matches he was known for being a frequent visitor to the main concert halls in the federal capital.

In “Heleno” we watch the beginning of the player’s downfall, with the first diagnosis while he was still working at Botafogo, and his refusal to receive any kind of treatment. The act of denying the obvious — the need to recognize oneself as someone who needs help—can be explained by the environment in which the protagonist finds himself. Historically, football builds in the popular imagination the figures of unreachable beings, great stars. The trajectory of the protagonist is essential for us to understand the consequences of the disease in his story, which culminates with his melancholic ending.

Heleno’s first hospitalization because of syphilis occurred in 1952, in a clinic in the Barra da Tijuca neighborhood, Rio de Janeiro (RJ). The disease continued to advance and degrade his physical and mental health since the time he played professionally. The film portrays well this phase of exacerbation of his explosive temper, with increasingly frequent nervous attacks for no apparent reason, whether in the locker room or in life outside the fields: “Heleno de Freitas had the look of a gypsy, the face of Rodolfo Valentino and the mood of a rabid dog. In the fields, he glowed. One night, he lost

all his money at a casino. Another night, he lost all the will to live. And on his last night he died, delirious, in an asylum”⁽¹³⁾.

At different moments, we watch an illustration of the three stages of the disease (primary, secondary and tertiary), with emphasis on the tertiary stage, characterized by the development of skin lesions (skin and mucous membranes) and what is classified as neurological syphilis (neurosyphilis), when the disease directly affects the central nervous system. This occurs when *T. pallidum* invades the central nervous system, causing neurological abnormalities, mental confusion, dementia, psychosis with visual or auditory hallucinations, and death.

In practice, the disease leads Heleno to psychotic episodes and to a decrease in his communication capacity. In this stage of the disease, the simple treatment with antibiotics (which in the period when the film was being filmed began to be produced on an industrial scale, although they are never mentioned as an option) is not so effective.

Heleno’s story makes us reflect on the determinants of the health-disease process, considering that, despite his good financial condition, his level of education (unlike most footballers, he had a higher degree in Law), his access to health services and a family as a support network, he refuses treatment for STIs and chooses to lead a life steeped in alcohol, drugs and promiscuity.

These episodes resulted in another hospitalization in 1954 at Casa de Saúde São Sebastião, in Barbacena (MG), due to severely aggravated syphilis. The scenes during hospitalization portray his final stage of life, when he was withered, mentally tormented and physically weakened due to the advance of neurosyphilis, a disease that before the discovery and use of penicillin in the 1940s was the main cause of hospitalization for psychiatric conditions.

After 4 years, 10 months and 25 days of his hospitalization, Heleno was found dead in his room due to complications from neurosyphilis, or, as it was known at the time, general paralysis.

“Miss Evers’ Boys”

The feature film “Miss Evers’ Boys”⁽¹⁴⁾ (1997), directed by Joseph Sargent, was produced by Robert Benedetti, Laurence Fishburne (both executive producers), Derek Kavanagh and Kip Konwiser. The script is signed by David Feldshuh and Walter Bernstein, with soundtrack by Charles Bernstein. The cast includes Alfre Woodard, Laurence Fishburne, Craig Sheffer, Joe Morton, Obba Babatundé, among others.

Based on the “Tuskegee Study of Untreated Syphilis in Black Men”, “Miss Evers’ Boys” is narrated by its main character, nurse Eunice Evers, played by actress Alfre Woodard, who reports a study developed with human beings from mid-1932 in Macon County, United States, with the aim of studying syphilis, a disease that had already become epidemic among African-American communities.

Faced with the fast increase in syphilis cases and spread throughout the region, the American government decided to create a treatment program at the hospital for blacks in the Macon region. With the help of nurse Eunice, the population has a good acceptance of the program. However, despite the initiative having positive results, the program ends up losing its financial support and is cancelled.

In the midst of this situation, a new proposal from the American government emerges: to fund a study in the region to monitor the

progression of the disease among black men, in order to later prove whether they would be biologically the same as or different from white men.

At first, it was agreed that the study would last from six months to one year and, after this period, patients would have priority to receive the appropriate treatment for syphilis. However, it was only after 40 years that the study was interrupted, due to a press complaint, which brought all parties involved to trial.

It is important to highlight the setting in which the story takes place. As already mentioned in this work, the film takes place during the period of racial segregation against African Americans. Speaking briefly on the subject, we can exemplify the existence of health services designed for the whites (which were the majority) and for the blacks by law (the hospital shown in the film). The story unfolds from this perspective.

Racial segregation laws—The term “Jim Crow”, born of popular music, referred to any law (there were dozens) that followed the principle “separate but equal”, establishing a distance between blacks and whites on trains, railway stations, piers, hotels, barbershops, restaurants, theaters, among other places. In 1885, most southern schools were also divided into white and black institutions. There were “Jim Crow laws” all over the south. Only in the 1950s and 1960s would the Supreme Court overturn the idea of “separate but equal”⁽¹⁵⁾.

As time passes in the narrative, we watch a representation of syphilis, especially in its tertiary stage, with several manifestations of complications arising from the disease in patients accompanied by the nurse played by Alfre Woodard.

Another relevant point in the film is that, in mid-1942, penicillin was already a reality in the American pharmaceutical industry, already being considered for the effective treatment of syphilis. However, the option of the American government was to continue the study, keeping patients with a high potential for cure from receiving adequate treatment. This is the literal representation of public services disregard of the population, neglecting the care of patients when the disease could be fought.

In this case, we can draw a parallel with the present moment. For years, the world has been facing a shortage of medicines in general, including penicillin⁽¹⁶⁾, which is essential for the treatment of syphilis. In practice, the increase in cases in recent years can also be an indication that this shortage of supply has had an impact on combating the disease on a global scale.

“Dr. Ehrlich’s Magic Bullet”

The feature film “Dr. Ehrlich’s Magic Bullet” was one of the main biographies produced in the 1940s. It deals with a historical period in which syphilis was deliberately neglected by the scientific community.

Directed by William Dieterle and scripted by John Huston, Heinz Herald and Norman Burnstine, the feature film, starring Edward G. Robinson, brings to the big screen certain issues considered taboo in the 1940s’ Hollywood, including the discussion around a so-called venereal disease (a term used at the time to refer to ISTs), as well as

a German protagonist in a period that coincides with the escalation of the Axis countries in World War II — especially Germany — and the imminent entry of the United States in the conflict.

Overall, the historical perspective addressed in the film deals with the development of the first synthetic drug to fight syphilis, Salvarsan, around 1908, by German-born doctor Paul Ehrlich. The wide investigation regarding the 38 deaths registered among patients who received the drug in question is also portrayed.

Here, we have the contemplation of a different time period compared to the other three films presented, when treatments for syphilis practically did not exist. Thus, the film brings the experimental practice to public debate through the seventh art, with a conflict around the prescription and administration of Salvarsan (the main medicine for syphilis before penicillin) as a method for control of a disease that, although considered taboo, had a great impact on society at the time.

Strengths

The completion of this study brings a new possibility to clarify the history and behavior of syphilis historically and socially. We expected that it can also support a better understanding of the health-disease process for those interested in the subject, and stimulate new studies that can expand knowledge and add to the relevant literature.

Limitations

One limitation of this study is the number of works analyzed, as a larger number will allow a longitudinal analysis to strengthen the results. Therefore, it is recommended that further studies be carried out in this methodological perspective.

CONCLUSION

The approach to the representation of syphilis in four films was satisfactory, although each one presents the audience with a different perspective. In all films, a questioning about the existence of adequate treatment is addressed, although only in one of them (“Miss Evers’ Boys”) penicillin is presented as a possibility of treatment.

As history shows, the concept of health reflects the social, economic, political and cultural situation, that is: health does not represent the same thing for all people. It will depend on the time, place, social class. It depends on individual, scientific, religious and philosophical values. The same happens with illnesses. Hence the concept of the health-disease process, as it is firmly related to and conditioned by the same determinants.

The first three films show different perspectives on the same health problem in the same time period, but in different scenarios. The fourth film complements these perspectives, but brings a distinct historical reality. Reflecting on these scenarios as opposed to the real world helps us to understand and seek what each of these represented groups needs in order to face the disease more objectively and effectively.

Such analyses also enable a clearer understanding of health problems with a broader scope, favoring the construction of solutions that are not limited to a specific field of knowledge, that is, that require an articulation between the various sciences for an effective resolution and improvement of morbidity and mortality indicators.

PARTICIPATION OF EACH AUTHOR

Laísi Braz worked on the conception, methodology, technical analysis of the films and writing; Arthur Braz worked on the conception, methodology, technical analysis of the films and writing; Aline de Pinho Dias and Aliete Cunha-Oliveira worked on the technical review, conception of research problem, and concepts adopted as tools for designing the text; Tatiana Elias and Pedro Urbano worked on the critical review of the manuscript and final editing of the article.

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CONFLICT OF INTEREST

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