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Visual Imagery and Epidemics in the Twentieth Century

Roger Cooter and Claudia Stein

There can be few better places to begin thinking about public health and visual imagery than Oliviero Toscani's wonderfully irreverent poster, "Dying on AIDS".



FIG. 1 'Dying on Aids', by permission of United Colors of Benetton

First released as a press photo in November 1990 and reconceived by Toscani as a part of an advertising campaign for the United Colours of Benetton in 1992,[1] it was greeted with howls of protest and prohibitions. The Germans took it to court, French billstickers refused to post it and, in Britain, *The Guardian* (the first newspaper to run it as a full-page advertisement) was inundated with letters of complaint.[2] Even some of those in the world of advertising worried over its ethics.[3] What had the world come to that an "immoral" victim of "unnatural" sex should be depicted Christ-like and

[1] Reproduced in Jürgen Döring (ed.), *Gefühlsecht: Graphikdesign der 90er Jahre* (Hamburg, Museum Für Kunst und Gewerbe; Edition Braus, 1996), p.128, and in Margaret Timmers (ed.), *The Power of the Poster* (London: V & A publications, 1998), p.228.

[2] The reactions are overviewed in "Benetton – Advertising History" entry for 1992 (/pub_Benetton.html). See also Döring (ed.), *Graphikdesign*, pp.128-29. *The Guardian* was forced to defend itself in an editorial of 24 January 1992; see Lorella Pagnucco Salvemini, *United Colours: The Benetton Campaigns* (London: Scriptum Editions, 2002), pp.92-93.

[3] John Hegarty, "Selling the Product" in Timmers, *Power of the Poster*, p.228.

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comforted by an overweight Mary Magdalene in-drag with a (Pietá-like) Virgin Mary and child looking on, all cross-dressed in modernity?[4]

It is not, however, the poster's multiple transgressions of religious, moral and gender orders that suits it for the concerns of this essay. Rather, it is what seemed at the time its impertinent exploitation of a tragic medical circumstance simply to sell fashion knitwear! Audaciously, "Dying on AIDS" publicly profaned the private space for death, dying, and disease made sacred by the medical profession, and in so doing violated the humanitarian sensibilities and proprieties that had customarily been granted to that profession. Like anatomist Gunther von Hagens's sensationalist public displays of "plastinated" human bodies,[5] Toscani's poster deliberately confused the conventional distinction between commercial marketing and medical humanitarianism by blurring the normative boundaries between public art and private anatomy/medicine. As such, it raises interesting questions about the history and nature of medicine's visual representation, about who owns and controls such images, and about how any complicity with them may have been established.

Toscani's image also remains heuristically useful in confounding the authority of modern medicine in general. Its title, "Dying on AIDS" harkens to a death in post-modern times as great as Christ's in pre-modern times – the death, we submit, of nothing less than the all-embracing, all-powerful secular grand narrative of scientific medicine. In the face of the AIDS epidemic this narrative was stripped of its pretensions, and modern scientific medicine exposed as helpless. Indeed, Toscani's poster might be read to joke that since biomedicine could offer no answers to the new plague, one may as well put one's faith in God.

This essay is not the place to rehearse the history of the impact of AIDS on Western medicine in the late-twentieth century. Suffice it to say that the epidemic seriously compromised what was until then one of medicine's triumphant ruling paradigms, that epidemical disease could be understood in terms of mono-causal agents. Hitherto, for the best part of a century before AIDS, the Henle-Koch postulates – three independent criteria that have to be satisfied before an agent can be causally related to a disease – provided a seemingly objective scientific basis for western medicine.[6] But from the late 1980s, especially around the debate over whether HIV caused AIDS, all this that seemed so solid began to melt into air. Like the hold of the living upon the dying in Toscani's tableau, medicine was losing its grip. Books like Jad Adams' *AIDS: The HIV Myth* (1989), drawing on the research of dissenting retrovirologists, called into question the sufficiency of the notion that a single agent could be responsible for the epidemic, and seeded doubt that the medical profession was capable of effecting anything like a cure. Undermined was medicine's status-enforcing claim that it could eradicate epidemic disease. Moreover, increasingly,

[4] On the image as "worthy of a 17th-century Pieta", see, Salvemini, *United Colours*, p.91, and for Toscani's own explicit reference to this, see his *Die Werbung ist ein läechelndes Aas*, trs Barbara Neeb (Mannheim: Fisher Taschenbuch Verlag, 2000), p.58.

[5] Gunther von Hagens, *Prof. Gunther von Hagens' Body Worlds: the anatomical exhibition of real human bodies: Catalogue on the Exhibition* (Heidelberg: Institut für Plastination, 2002).

[6] Guenter Risse, "History of Western Medicine from Hippocrates to Germ Theory" in Kenneth Kiple (ed.), *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993), 11-19 at p.19.

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public claims and counterclaims over the cause of AIDS steadily eroded the premise that medical research had a microbe-like single objective scientific method. As the sociologists of science Joan Fujimura and Danny Chow were quick to point out in 1994, the debate over whether HIV caused AIDS hastened a relativist understanding of scientific statements, theories, and facts (at the same time as it highlighted the importance of politics and big money in biomedical research). Consequently, scientific truth was increasingly to be seen as "true" only to "a set of self-authenticating techniques based within particular styles of scientific practice."[7] Compromised was the idea that science uttered universal and eternal truths based on disinterested objective research.

Connected to this were changes wrought in the social relations of medicine. As Steven Epstein observed in 1996, AIDS caused the boundaries between scientist "insiders" and lay "outsiders" over research and treatment to criss-cross to an unprecedented degree. Individual patients were encouraged "to seek new ways of relating to their health-care providers and vice versa."[8] A variety of organized challenges to biomedicine were inspired, some of which developed into full-fledged social movements. And AIDS activists began to command a voice in political and scientific circles sufficient to shape government funding for research. Last but not least, AIDS served to undermine pre-existing notions of individual sickness. Once multifactoral explanations for AIDS came to be accepted by the medical establishment, the syndrome developed into and confirmed a more-or-less individualized view of sickness and health. AIDS victims, in not being "diseased" as such, died in uniquely individual ways from non-uniform causes that were governed by the peculiarities of their immune systems.

It would of course be difficult to maintain that medicine (re)turned to a non-standardized early-modern humoral-like understanding of the body as ruled by its very own nature. While there is some evidence that hitherto uniformly applied medical procedures and protocols began to be challenged and destabilized,[9] on the whole, medicine did not noticeably move in the direction of neo-humoralism. Indeed, it could be argued that biomedicine became committed more-than-ever to its new reductive paradigm, DNA sequencing. At any rate, by the new millennium, there was agreement in medicine that HIV *was* the cause of AIDS.

Nevertheless, even if, ultimately, AIDS was scientifically tamed, and faith was restored in disinterested objective biomedical research and its capacity to produce universal truth, the AIDS epidemic signalled a departure from the "mass medicine" of the "golden age of medicine" in which all bodies were construed as essentially the same in terms of their response to disease agents and would-be countervailing "magic bullets". It is this return of the patient to a pre-modern world of individuated suffering in the face of biomedicine's message of universality that Toscani's image appears to symbolize and celebrate through no less a unique body than that of Christ.

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[7] Joan H. Fujimura and Danny Y. Chou, "Dissent in Science: Styles of Scientific Practice and the controversy over the cause of AIDS", *Sociology of Science and Medicine*, 38 (1994), 1017-36, at p. 1017.

[8] Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996), p. 12.

[9] See, for example, Stefan Timmermans, *Sudden Death and the Myth of CPR* (Philadelphia: Temple University Press, 1999).

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However, we do not draw attention to it here simply as a means to access the historical significance of AIDS for modern medicine. Apart from its epidemical subject matter, our primary reason for focusing on it is precisely because it is a *poster* – a large mass-produced pictorial advertisement printed on paper and displayed on walls or billboards for the purposes of selling something to a general public.[10] As such it does as much for forcing us to think about this particular genre in visual culture as for reflecting on modern (western) medicine as a whole from a post-AIDS perspective and, crucially here, for contemplating the relations between them. For the history of this twentieth-century pictorial genre (and in relation to epidemic-related public health posters, in particular) "Dying on AIDS" operates in the same destabilizing way that it does for medicine's golden age as a whole: through transgressions that render it novel and strange. It lifts to the surface unspoken conventions and implicit assumptions that compel us to ask about the how, when, where and why of this type of visual representation. Moreover, because Toscani's poster is *not* a public health poster but a commercial advertisement, it, as we have suggested, smudges the boundary in contemporary western culture between, on the one hand, what is professional (in medicine) and therefore ostensibly in the public interest, and, on the other, what resides in and serves private enterprise. Furthermore, in focusing on a sexually transmitted disease, it raises to a fine point the permissible boundaries between "the public" and "the private".[11] It therefore prompts questions about how these boundaries were established and authenticated in the first place. Finally, in appearing only five years after the first public health posters for AIDS,[12] "Dying on AIDS" encourages reflection on the fate of public health posters in the time of AIDS. It is this above all – the nature of the public health poster as it enters the twenty-first century – that drives this essay. "Dying on AIDS" expresses succinctly the transformative point we want to come to.

A few caveats are necessary before we begin. The first is that in concentrating on the visual history of public health posters dealing with epidemical subjects, this essay does so in the consciousness that posters are material objects functioning in a discursive world. We do not therefore hold with the belief of some commentators, that the visual must be interpreted only *from* the visual.[13] Admittedly, "looking practices" are not the same as "reading practices", but images, like language we believe, need to be regarded as constitutive of discursive realms (rather than, as historians often deploy

[10] Maurice Rickards, "Posters" in *The Encyclopedia of Ephemera*, ed Michael Twyman (London: British Library, 2000)**,** 250-51; John Barnicoat, "Poster" in *The Dictionary of Art*, vol. 25, ed James Turner, (London: Macmillan, 1996), 345-55; and Harold F. Hutchinson, *The Poster, an illustrated history from 1860* (London: Studio Vista, 1968).

[11] A fuller history of health posters would reveal that this particular boundary has been drawn differently in different locations at different times depending on the sensibilities engendered by different notions of public space, different histories of advertisement, design, education (medical and general) and, crucially, different valuations of the use of the visual in education, public health, and critical theory. This is a part of our larger project: *Medicine and visual culture in the "century of the eye"*.

[12] William Helfand, *To Your Health: An Exhibition Of Posters For Contemporary Public Health Issues* (Bethesda: National Library of Medicine, 1990), p.12.

[13] A view challenged in Suzannah Biernoff, *Sight and Embodiment in the Middle Ages* (London: Palgrave, 2002), p.3.

Publication. Do not quote.

them, mere reflections of a "reality" perceived as something other).[14] In this sense "discourse" refers not to language as separate from a "real" material world, but to organizing sets of signifying practices that cross the boundary between "reality" and language and convey meaning through form as well as content.[15] Ideally, a history of public health posters would be written according to two methodological registers made seamless: one concerned with the conditions of possibility for discursive objects of thought, and one (more conventionally historical) concerned with contingent material and political conditions of possibility for transient visualizations. Practically, however, this seamlessness proves next to impossible, especially for an object by definition ephemeral and assumed to be capable of "speaking for itself". It is also an object that hitherto has received no serious attention either from historians or from students of visual culture.[16] This essay therefore weaves between these two registers in its effort both to *problematize* the public health poster and *historicize* it -- albeit in a provisional exploratory manner, with little contextual specificity, and under the constraint of limited scope for illustration.

Secondly, nowhere in this essay do we concern ourselves with estimating effects. Although public health posters might be said to operate by evoking a controlled form of fear and anxiety for purposes of rational governance of personal and/or national life, it remains an open question how far this or any other emotional response to them can be generalized, either in terms of the intent to instil it by producers of posters, or in terms of viewers' reactions. Compounding this problem is the fact that fear and anxiety, like pain, are not "natural" trans-historical phenomena but reactions culturally shaped and publicly registered, as well as, in the case of diseases, conditioned by real or fantasized epidemiological memory. Add to this the multiple configurations of individual health experiences, micro-belief systems, social, political, and economic circumstances, and locally-learned ways of viewing (among much else), and it is only too apparent why the question of "effects" is difficult to answer, historically or otherwise. Like trying to gauge the "impact" of reading or listening on an audience, the attempt to measure this for the visual (or even define "impact") is among the most obdurate aspect of poster history in general.[17]

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[14] As Francois Delaporte has noted of this practice, historians overlook that the "reality" that they thereby reconstitute is nothing other than a discourse about appearances: "The History of Medicine According to Foucault", in Jan Goldstein (ed.), *Foucault and the Writing of History* (Oxford: Blackwell, 1994), p.140. On the 'documentary fallacy' involved in historians using visual images, see Ludmilla Jordanova, 'Medicine and the Visual Culture', *Social History of Medicine*, 3 (1990) 89-99, p.90 and 93.

[15] On this view for language, see Mary Fissell, "Making Meaning from the Margins: The New Cultural History of Medicine" in Frank Huisman and John Harley Warner (eds) *Locating Medical History: The Stories and Their Meanings* (Baltimore: Johns Hopkins University Press, 2004), 364-89, at p.378ff.

[16] A partial historical exception is Mariel Grant, *Propaganda and the Role of the State in Inter-War Britain* (Oxford: Clarendon Press, 1994), chapter 5 "Health Publicity, 1919-1939".

[17] See Elizabeth Toon, "Managing the Conduct of Individual Life: Public Health Education and American Public Health, 1910-1940," (PhD thesis, University of Pennsylvania, 1998), p.20. Some experts in visual studies claim the recognition of non-universal responses to the visual is precisely that which makes the field of visual studies possible. See Margaret Dikovitskaya, *Visual Culture: the study of the visual after the cultural turn* (Cambridge, MA: MIT Press, 2006), p.14.

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Third, and finally, it needs pointing out that in a practical sense public health posters are difficult objects to deal with historically. As disposable, over-paste-able and defaceable pieces of paper intended to make an impression and then disappear, the things themselves often do not survive. Where they do, in museums and archives, they are usually without any additional information on who designed them, the size of print runs, and the negotiations that went on (sometimes involving psychologists, sociologists, and market and media professionals) between the commercial agencies who produced them (also usually unknown) and their clients -- be the latter voluntary health organizations, the state, or international agencies. Nor is there much information on the legal and ethical boundaries surrounding their "public" posting. The fact that health posters (today at least) are as likely to be found on the underground as in a doctor's office means that, unlike the study of other visual technologies in medicine (x-rays for example) they offer no fixed abode (comparable to the x-ray clinic) where their so-called representational practices might be studied.[18]

This leaves us then with the images themselves, and the task of comprehending what may have lent them discursive coherence. Normally, it is only when such images arouse protest that we can place ourselves in the position of the proverbial Martian (or epistemologist)[19] thereby to inquire into the sense-making rules and regulations that govern their viewing at a particular time or place. In what follows, informed by the resistances to Toscani's image and by our reading of that image's dislocations, we explore how the public health poster's image-text form of knowledge-delivery was aesthetically assembled; how this can be regarded as constitutive of the perception of modern medicine and its corporeal object; and how, during the "Age of AIDS", it came to be reconstituted.

Envisioning a History of Public Health Posters

Public health posters were not the first visual means for the popular dissemination of authoritative medical knowledge and instruction. Precautionary information in printed notices and warnings had been available for centuries, especially during outbreaks of epidemics. More recent and very different in purpose were pictorial advertisements for patent medicines, which we will discuss later. Another important vehicle were cartoons in nineteenth-century magazines like *Punch* and *Harper's Weekly*. However, in these, as in advertisements for proprietary products, the imparting of medical knowledge was largely incidental. An example is a turn-of-the-century cartoon from *Puck* in which the new knowledge of bacteriology -- literally spelled out in the image -- is put to the purpose of dress-reform (long dresses being perceived as sweeping microbes into the private sphere of the home).[20] But the image on its own is ambiguous, requiring both a

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[18] As we argue elsewhere ("Thinking in Posters: AIDS and the Power of the Visual", *Medizinhistorisches Journal*, forthcoming) this feature in fact methodologically advantages health posters over the study of other visual objects and technologies in the history of medicine.

[19] See Arnold Davidson, "On Epistemology and Archaeology: From Canguilhem to Foucault" in his *The Emergence of Sexuality: historical epistemology and the formation of concepts* (Harvard University Press: Cambridge MA, 2001) 192-206 at p.193.

[20] Reproduced and discussed in Bert Hansen, "The Image and Advocacy of Public Health in American Caricature and Cartoons from 1860 to 1900", *American Journal of Public Health*, 87 (1997), 1798-1807 at p.1805. The cartoon (cropped) also features on the dust-jacket of

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caption ('The Trailing Skirt: Death Loves a Shining Mark' – itself fairly obscure) and an accompanying editorial. How seriously the viewer was meant to take the ostensible supportive microbial information is unclear. The ambiguity was almost certainly deliberate, for in popular American culture well into the first decade of the twentieth century the idea of microbes was as much a joke and source of scepticism as a wondrous discovery.[21]

Twentieth-century public health posters were very different in form and content, and in the relations between these two. But it was some time before they became so. In early public health posters, such as those on the dangers of alcohol, or combating tuberculosis, the preventive message was rarely invested in a single image, as it would become in many public health posters by the 1920s. Rather, it was told through a series of didactic lessons, somewhat in the manner of Hogarth's famous series of prints illustrating the devilish downward spiral of drink.[22] An abundance of text often accompanied these multiple images spelling out the causes, consequences, and preventive measures. At a time when the verbal and textual were still predominant in popular media, such a presentation was deemed necessary to minimize ambiguity among those whose gaze had yet to be trained or trusted by health educators. Although steps at reducing what came to be regarded as "sensory overload" were pioneered in displays at German hygiene exhibitions from 1911,[23] textually and imagistically crowded public health posters continued to be produced well into the interwar period and beyond.

Commonly, part and parcel of the narrative clutter of early public health posters was their inclusion of more-or-less realistically portrayed human subjects set within social environments of ill health. This is well illustrated in a 1917 public health poster depicting the interior of a nursery being watched over by the figure of death poised in front of an industrial cityscape.[24]

Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA and London: Harvard University Press, 1998).

[21] For instance, "Microbes", a hit song of 1905, sneered at the idea, as illustrated on the dust jacket for the sheet music (reproduced in David L. Cowen and William H. Helfand, *Die Geschichte der Pharmazie in Kunst und Kultur,* Koln: Dumont Buchverlad, 1991, p.195).

[22] *The Rake's Progress* (London, 1733-35)

[23] See Erin H. McLeary and Elizabeth Toon, "'Here Man Learns About Himself!': the American Museum of Health and the New York World's Fair, 1939-1940", paper delivered at the American Association for the History of Medicine, Bethesda, Maryland, 21 May 2000. See also Evart and Mary Routzahn, *The ABC of Exhibit Planning* (New York: Russell Sage Foundation, 1918). The pioneer in uncluttered exhibition display was Karl Lingner, the organizer of the 1911 Dresden International Hygiene Exhibition; see *Offizielle Monatsschrift der Internationalen Hygiene Ausstellung Dresden 1911*, vols. 1 and 2 (1911).

[24] Wellcome Library, photo no. V49892; reproduced in Cyr Voisin, *La Tuberculous, Parcours image: tome 2: Regards Images de la Tuberculose en France de 1900 à nos jours* (Lycee Lavoisier: Auchel, 1995), p.55.

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FIG. 2: 'Save our Babies' by Alice Dick Dumas, c.1925.

Drawn by Alice Dick Dumas for the *Bureau des Enfants, Croix-Rouge Americaine*, which collaborated with the Rockefeller Commission for the Prevention of Tuberculosis in France until the early 1920s,[25] the poster instructs mothers to save their babies: "Death lies in wait. By your intelligence and care you can stave off his hands." Posters such as this did not exclude knowledge of bacteriology, but it was not essential to them, nor was it a part of what they necessarily took for granted or sought to preach. Instead, they drew on the familiar language of environmental public health and hygiene to propagate the emergent ideology of "Preventive Medicine" (invariably capitalized at the time) in which the responsibility for health was laid firmly at the door of individuals.[26] Clearly, in this Dumas poster, the body that is meant to respond to the message is not that of the infants (microbiologically reduced or otherwise), but that of the mothers, whose would-be standardized response – "good parenting" -- is build around the moral aspiration on the part of the ideologues of preventive medicine for mothers to overcome their "defective knowledge" and thereby reduce infant mortality.[27] The environment is medicalized, but it remains pluralistically so inasmuch as it is a source of potentially different diseases and individual disease responses.

Similar is the framework and *modus operandi* of one of the most common Anglo-American types of public health poster produced in the 1910s and '20s –the

[25] See Lion Murard and Patrick Zylberman, "Seeds for French Health Care: Did the Rockefeller Foundation Plant the Seeds between the Two World Wars?" *Studies in the History, Philosophy, Biology and Biomedical Sciences*, 31 (2000), 463-75. On the *Bureau des Enfants*, see Fisher Ames, Jr., *American Red Cross Work Among the French People* (New York: Macmillan, 1921). Alice Dick Dumas was born in Paris in 1878 and first exhibited in the Salon des Artistes Francais in 1903. Her posters for the American Red Cross were internationally distributed and were also widely reproduced as postcards.

[26] George Newman, *An Outline of the Practice of Preventive Medicine (a memorandum addressed to the Minister of Health)* (London: HMSO, 1919), and idem, *Public Education in Health* (London: HMSO, 1925).

[27] See H.R. Kenwood, "Public Health Propaganda and Social Work", *Journal of the Royal Sanitary Institute*, 39 (1918-19), p.158.

Pre-publication Do not quote.

danger of flies.[28] In these, often remarkably uncluttered posters, the flies might seem to us to function more or less as microbes writ large (and indeed, in some cases, these posters were used to teach bacteriology). But this is an anachronistic reading on at least two counts. First, although these images are mono-causally explicit in terms of presenting a single-vector source of illness, their reduction is not to a single disease, but (as in the Dumas poster) to a variety of *potential* illnesses, the specificities of the causation of which are left undefined. These posters inculcate not corporeal uniformity through microbiological reductionism, but the "scientific" logic behind it of single cause and effect. And secondly, far from eclipsing the role of environment, they celebrate it: the fly is the exemplar of the "dangerous" environments that it inhabits. The primary logic here is sanitarian – now personalized in the mode of preventive medicine. For what the fly poster literally embodies is the transference and transport of the environmental causes of disease to the individual body. The standardization that the poster promotes is killing flies in order to obtain a morally idealized healthy environment for an individualized body.

Such representations, historians have claimed, made it relatively easy for the public to comprehend and accept germ theory.[29] More important to note here, however, is that in early public health posters it was possible for the two stories or two logics (the bacteriological and the environmental) to exist in complimentary fashion[30] in the service of standardizing preventive (but not necessarily biologized) responses. A revealing example of this cohabitation is Roméro Dumoulin's poster of *c.*1910 for the Bacteriological Institute of Namur in Belgium.[31]

[28] For visual examples, see *The Medical Officer*, 31 July 1920, p.x. Posters for "The Campaign Against Flies" were advertised in (and purchasable from) *The Medical Officer* as early as 21 April 1917, p.viii. For a Dutch example of 1915 see Stephen Prokopoff (ed), *The Modern Dutch Poster: the first fifty year, 1890-1940* (Urbana, Ill: Krannert Art Museum, University of Illinois at Urbana-Champaign, c.1987), p.74 plate 39; and for an American example of 1917 see, Naomi Rogers, *Dirt and Disease: Polio Before DFR* (New Brunswick, NJ: Rutgers University Press, 1990), p.51.

[29] Which is the point of Naomi Rogers, "Germs with legs," *Bulletin of the History of Medicine*, 63 (1989), 599-617; and Tomes, *Gospel of Germs*.

[30] See Sabine Marx, "Rethinking the Rise of Scientific Medicine: Trier, Germany, 1880-1914" (PhD thesis, Carnegie Mellon University, 2002).

[31] Reproduced in Marine Robert-Sterkendries, *Posters of Health* (Brussels: Therabel Pharma, c1996), p.352. The poster was one of a series of five that Dumoulin (1883-1944) produced for the *Institut Bacteriologique de la Province de Namur Service d'hygiene sociale.*

Pre-publication. Do not quote.



FIG. 3: One of a series of posters by Roméro Dumoulin for the Bacteriological Institute of Namur in Belgium, c.1910.

Like other public health posters of its time, it is heavily narrativized and subjectivized, although unlike ones on venereal disease and alcoholism, it is not filled with personalized messages of blame and shame. Familial relations under realist conditions of dire poverty are presented in graphic detail, and the message, "TB enters where there is no air or sun" speaks first and foremost the language of environmental public health. Unusual for its time, however, is its visual display of invisible bacteriological evidence. The image-insert affirms the authority of the laboratory and the new scientific medicine in general, but the knowledge is literally disembodied in that it has no organic place in the picture as a whole. The viewer receives at least two fields of connotation, the emergent bacteriological one being, literally, the less domesticated.

Well into the interwar period public health posters continued to exploit these two fields with their very different conceptions of disease causation. Indeed, the bacteriological one was increasingly made "self-evident" by being built upon the earlier moralized environmental one. Thus two ways of viewing melted into one dominant one. Often it was impossible to tell which discourse was being drawn upon, as in a 1935 poster by the British pioneering minimalist graphic designer, Abram Games -- "Where There's Dirt There's Danger/ Cleanliness is the First Law of Health" -- commissioned by the United Kingdom's Health and Cleanliness Council.[32] Here the image, as an entirely verbal address, assumes the public's familiarity with germ theory and enables the identity of the infective agents themselves to be dispensed with. The scientific worldview is so embedded and effaced that, so far as the message goes, it almost stands as a simulacrum of pre-bacteriological images of the epidemiological dangers of dirt. It might as easily be read as referring to the overtly moralized hygienic

[32] Wellcome Library, photo no. L23774; reproduced in Naomi Games, C. Moriarty and J. Rose, *Abram Games Graphic Designer: Minimum Meaning, Minimum Means* (Aldershot: Lund Humphries, 2003), p.16, fig.9.

Pre-publication. Do not quote.

discourse on the dangers of dirty environments as to the visually emergent bacteriological one. In contrast to the Dumas and Dumoulin posters, however, it effaces the environments of, and relationships between, "dirt" and poverty, and suffering and disease by stripping out the human subject. Literally and metaphorically, the field of vision is restricted and disembodied, at the same time as the visual (text-)message is democratized – the whole of society, not just the poor (or poor mothers) pathologized. In this way, rather than through variable environments inducing potentially different kinds of moral and illness-response, bodies were increasingly standardized in their perceived reaction to specific agents of disease.

Later health posters, while similarly denuding images of environmental and social relations of disease as well as narrative clutter, embedded the bacteriological-grounded mono-causal epistemology of laboratory medicine at the same time as they removed it from view by burying it in the body itself. As literally spelled out in a 1946 poster on venereal disease (also designed by Games), "Disease is Disguised [in the body]".[33]

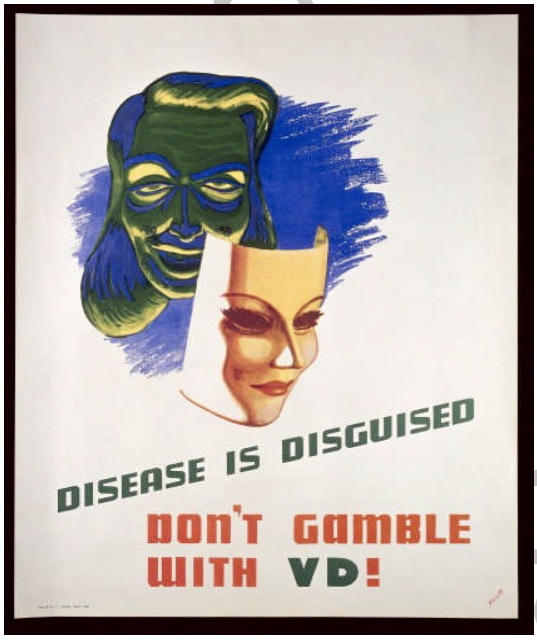

FIG. 4: Designed by Abram Games, 1946

By this time the public health poster was structured by what was doubly invisible and fantastical: the substantive epistemology of modern scientific medicine that informed the surface message, *and* the invisible microbe that informed the science.[34] Without the viewer's complicity in the logic and the knowledge of bacteriology, the association between the image and the behavioural message would

[33] Wellcome Library, photo no. L34083. Games may well have been influenced by contemporary psychology with its commitment to revealing the hidden or repressed in the human psyche.

[34] On making bacteria visible, see Christine Brecht and Sybilla Nikolow, "Displaying the Invisible: *Volkskrankheiten* on Exhibition in Imperial Germany", *Studies in the History, Philosophy, Biology and Biomedical Sciences,* 31 (2000), 511-30, at p.523.

Preprint. Do not quote.

make no sense. (The viewer also requires *blind* faith in the capacity of white-coated experts to see the invisible agents of disease upon which the scientific medicine rests.) Although the nature of what is not to be "gambled with" remains unseen its logic is perfectly understood. Thus, reductively, as the worldview of laboratory medicine became more socially invested, the aesthetics of the public health poster came more fully to mediate and naturalize that worldview.

To be sure, not all 'modernist' public health posters submitted to the extreme minimalism and abstraction of the Bauhaus School – a school deeply influenced by the themes of modern physics and scientific medicine.[35] As in advertising, a wide variety of graphic designs were always evident, especially if considered internationally. Some, photograph-like, bore explicit statements about "germs" as well as remaining overtly didactic.[36] But, on balance, the trend was towards seeing less and imagining more of the mono-causal epistemology of modern medicine, thus consigning all bodies to the same rules where ever those bodies might be physically located.

Moral messages did not disappear, for the public health poster by its very nature moralizes behaviour, guiding the viewer to a clear notion of what is or is not socially acceptable. Unattainable at any time is the ideal of Susan Sontag that modern medicine, if stripped of its moral metaphors, would be value free.[37] Such a view only supports the myth of modern medicine itself, that it is neutral in and of itself and therefore culturally transcendent. Public health posters, whatever their surface messages and metaphors, embedded the myth of modern medicine. Only by escape from it could they act other than as agents for its epistemology. But if they did that, they would not be public health posters as we know them.

All of which serves to refute those commentators on visual culture who insist that vision has been denigrated in the twentieth century by its becoming an empty "surface show". This anti-ocular notion (itself sometimes cast in medical metaphor as the "cancerous growth" of visual culture)[38] holds that you only see what you get, and what you get are "simulacrums of nothing".[39] This is sometimes compared to the early-modern period where what was seen was not only what was seen (or what we moderns would only see), but also was what was not seen -- that which lays outside the frame yet suffuses the whole.[40] In modern secular images, however, with this excision, you only see what you get – or so the argument goes.

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[35] See Peter Galison, "Aufbau/Bauhaus: Logical Positivism and Architectural Modernism", *Critical Inquiry*, 16 (1990), 709-52.

[36] See, for example, "Don't Be Your Own Doctor. If you're sick report sick" with the picture caption: "Never give a germ a break", issued by the US War Department in 1944 (copy in National Library of Medicine).

[37] Sontag, *Illness as Metaphor* (New York: Farrar, Straus & Giroux, 1978).

[38] Michel de Certeau, *The Practice of Everyday Life* (Berkeley: University of California Press, 1984), p.xi. On anti-ocularism, see Martin Jay, *Downcast Eyes: The Denigration Of Vision In Twentieth-Century French Thought* (Berkeley: University of California Press, 1993).

[39] Jean Baudrillard, "Simulacra and Simulation" in *Selected Writings*, ed. Mark Poster (Stanford University Press, 1988).

[40] Biernoff, *Sight and Embodiment*, p.2.

Pre-publication. Do not quote.

On the face of it, cheap and disposable public health posters would seem likely candidates for this line of argument. But, in fact, as we have suggested, the viewer requires an enormous amount of knowledge and understanding to decode them, even if that action is performed almost instantaneously. Thus, while it is true that the public health poster became more "surface" over time through the shedding of its narrative clutter, and eventually in some cases through adopting the shared cultural symbols of scientific medicine (white coats, stethoscopes, microscopes and so on), it only became so in relation to its ever-increasing reliance on its own invisible God to inform and define the whole –standardizing and reductive laboratory medicine. By the Second World War the apparent, or more frequently *un*apparent biomedical God had become the basis of the epidemical public health poster. Like the surface message that "disease is disguised", the substantive work of the public health poster was also disguised through the mediations and mystifications of its imagery. In short, just as the Almighty is to the religious painting, the epistemology of modern medicine is to the epidemical public health poster, informing, regulating and rationalizing its view.

That the public health poster has not been comprehended in this way only testifies to the invisible cultural codes and conventions that govern its viewing. By necessity, health posters must go with the cultural flow, visual and medical. Their complicity with the rules of viewing only becomes apparent when suddenly we see them as ceasing to do so – more or less as Toscani's "Dying on AIDS" functioned in the world of commercial advertising through its blatant medico-corporeal transgressions. The questioned begged is how those rules got formulated, or what the political circumstances were under which the public health poster and its viewing was naturalized? The conditions for its possibility may not have *constituted* the epidemical public health poster in any deep sense, but they certainly conditioned the possibilities for its being seen.

The Politics of Becoming Seen

To assume that medicine itself was responsible for creating the public health poster would be a half-truth at best. Medical science was fundamental to shaping the message, but the medical profession had little influence on or control over the production of such posters, nor over the material and visual culture through which these objects were called into existence in the early twentieth century. What evidence there is suggests that before World War II none of the several sectors of the medical profession had much corporate interest in health posters. Indeed, to a much greater extent than opponents of political posters before the World War I,[41] the medical fraternity had intellectual and practical reasons to be resistant to the idea of them. Even if the legacy of whole-person medicine (the pre- "clinical gaze") was threadbare by the turn of the century, there was still a great deal of self-interested market wisdom in flattering the individualism of private patients, long after the universalising notions of Koch and Pasteur had reduced illness to germs. Doctors, as educated rationalists, probably also shared the thinking of some nineteenth-century educationalists and social reformers that the visual stimulated the passions and thereby clouded scientific objectivity and rational thought.[42] In Paris in the 1880s, Sigmund Freud recoiled in

[41] See James Thompson, "'Pictorial lies'? - Posters and politics in Britain, c.1880-1914", *Past and Present* (forthcoming).

[42] See Anne Secord, "Botany on a Plate: Pleasure and the Power of Pictures in Promoting Early Nineteenth-century Scientific Knowledge", *Isis*, 93 (2002), 28-57.

Pre-publication. Do not circulate.

horror at the "ghastly posters and the serialized novels they announced," and therewith framed his first thoughts on "psychic epidemics" and mass psychology.[43] As the increasing use of the poster in early twentieth century politics confirmed, its appeal was directly to the emotions of the masses.[44] To a profession aspiring to be "rational" and be seen as above politics that association alone might have been enough to ward them off.

Above all else, though, was the predominant place of the poster in the world of advertising patented medicines. If the pictorial poster belongs to a revolutionary shift away from verbal language, then it was in this realm (and not at Parisian stage-doors or around political hustlings) that its import was greatest. Commercial posters and signs were regarded by many doctors and other members of the middle and upper classes as "an unsightly and undignified method of sales promotion used only by manufacturers of patent medicines" to reach the illiterate.[45] But the matter was about more than merely "bad taste," it was fundamentally economic, hinging on the advantages that patent medicine advertisements conferred on "quack" competitors for the patient-consumer's body. For this reason, from as early as the 1840s in the USA, doctors had attacked "nostrum posters" for, among other things, despoiling the urban landscape.[46] As if to add insult to the pocketbook injury threatened by the nostrum mongers, qualified practitioners by the late-nineteenth century witnessed colourful patent medicine posters appropriating their own (dress-coded) image in bids to lend authority to the products advertised.[47] This was but one of the many ways in which the patent medicine vendors of the late-Victorian "golden age of advertising" extended what Thomas Richards has identified as the "spur to the medicalization of life" that had always been a part of the oral and printed promotion of patent medicines. As Richards points out, commercial vendors were in many ways more alike than different from medical regulars; they believed in specific cures for specific illnesses through the use of therapeutic restorative commodities, believed that experts know best, and believed that the symptoms of disease are manifestations of individuality.[48] Ironically, among the wares displayed in their poster-advertisements was that which ultimately played to the victory of the medical regulars and corporeal standardization: bacteriology. Posters

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[43] Freud to Minna Bernays, 3 Dec. 1885, quoted in J. Andrew Mendelsohn, "The Microscopist of Modern Life", *Osiris*, 18 (2003), p.156.

[44] Thompson, "Posters and politics in Britain, c.1880-1914".

[45] Ralph M. Hower, *The History of an Advertising Agency: N. W. Ayer & Son at Work, 1869-1939* (Cambridge: Harvard University Press, 1939), p.99, quoted in William H. Helfand, "Advertising Health to the People: The Early Illustrated Posters" in Charles Rosenberg (ed.), *Right Living: an Anglo-American Tradition of Self-Help Medicine and Hygiene* (Baltimore: Johns Hopkins University Press, 2003), p.171.

[46] William Euen, *A Short Expose on Quackery* (Philadelphia, 1840), p.6, quoted in Helfand, "Advertising Health", pp.180-81.

[47] See, for example, "Dr. Pierce's Golden Medical Discovery is a Doctor in your home: Stomach-Liver-Blood", Lithograph, New York, c.1910. Wellcome Library, photo no. L30550.

[48] Thomas Richards, *The Commodity Culture of Victorian England: Advertising And Spectacle, 1851-1914* (Stanford, 1990), chapter 4; "The Patent Medicine System".

Pre-publication. Do not quote.

on commercial hoardings, such as "William Radams Microbe Killer" (1890), probably did far more for the popularization of bacteriology than anything issued elsewhere, including cartoons in magazines.[49] Although, like the cartoon from *Puck*, mentioned earlier, bacteriology was incidental to the disinfectant products being sold, the promoters clearly had some reason to believe that there was commercial kick in Koch, as it were. And it might also be said of the viewers of these advertisements (never mind the consumers) that they were "sold" something of which the real disinfectant contents were unknown. In presenting microbes as the agents of disease, older, multifactoral and environmental understandings of disease causation, already bending under the weight of the new public health, were further strained. But general practitioners, so far as can be told, were as unaware of this dimension of the advertisements as the public were. They did not strive to (re)appropriate the microbe to their own professional interests; they merely ranted and raved at the marketing strategies of their competitors, and negatively associated pictorial posters with them.

Somewhat more surprising, perhaps, is the lack of enthusiasm for posters among professionals in public health, which was the case at least in Britain. Although there is evidence from British medical journals from as early as 1905 that many of these professionals believed that commercial "posters do have a great effect in influencing the public mind,"[50] acting upon that faith with regard to public health was long delayed. Significantly, in 1910, it was not public health officials but the Association of British Advertisers and Bill Stickers who, looking for a worthy cause to improve their image, ran an anti-tuberculosis campaign that granted free space for thirty thousand large posters that could "[draw] attention to the ravages of this disease."[51] The limited scale of and funding for public health among local authorities in Britain before the 1929 Public Health Act doubtless did little to encourage the production of health posters. Whether by "nature" or because of lack of resources, British Medical Officers of Health saw themselves at this time as "sedate and undemonstrative" in their methods of health propaganda when compared to their American counterparts.[52] Even *The Times* was moved to observe in 1925 that in Britain "poster art has not yet been utilized to any great extent in health work".[53] Telling, too, perhaps, is that some of the earliest posters advertised in the journal, *The Medical Officer* were referred to as "Pictorial Methods of Health Teaching", and "Cartoons" rather than "public health propaganda" or "public health education" as such

[49] Reproduced in Helfand, *Quack, Quack, Quack: The Sellers Of Nostrums In Prints, Posters, Ephemera & Books* (New York: The Grolier Club, 2002), p.109, plate 55. On the vogue for disinfectants by the early 1880s, see "Disinfectants at the Health Exhibition", *Lancet*, 6 Sept. 1884, p.430: "A few bear fancy titles such as 'sanitas,' 'Jeyes' 'perfect purifier,' 'affinitan,' and 'antimicrobe'."

[50] E.H. Snell, "Instruction by Poster", *Lancet*, 23 Dec. 1905, p.1864.

[51] *The [British] Poster Advertising Year Book and Directory, 1930* (London: BPAA, 1930), p.4.

[52] "Health Propaganda", *The Medical Officer*, 25 Feb. 1922, p.79

[53] "Health Posters", *The Times*, 21 April 1925, p.20, col.c.

Pre-publication. Do not quote.

posters would be denominated between the mid-1920s and 1930s.[54] Their intended audience, it might be added, was not adults on streets, buses and underground trains, but children in schoolrooms, a group little coveted by general practitioners. This also seems to have been the case in the United States where leading physicians strongly opposed all other forms of action by health propagandists as threatening their livelihoods and authority.[55]

A further constraint on the take up of posters by public health officials was the dominant role of voluntary bodies in health and welfare education. It was these organizations who in fact pioneered the health poster, notably in campaigns against tuberculosis (from as early as 1909) and in travelling welfare exhibitions.[56] Indeed, as public health posters became increasingly common in the interwar period, by far the largest proportion of them (in Britain and USA at least) continued to be produced by these non-statutory agencies. What their attitude may have been to commercial advertising (especially of medical products and services) is difficult to establish; however, towards biomedical authority it is clear that they maintained an ambiguous relationship at best. Despite the single focus of their campaigns, they were not predisposed to mono-causalism. Even the anti-tuberculosis lobby, which had Koch's illustrious bacillus to point to, retained a broad constitutional and environmental understanding of disease aetiology, largely because it afforded more scope for social and moral interventions. Thus anti-tuberculosis health posters produced long after the achievements of Koch had become familiar continued to be filled with holy images of whiteness, and of innocent children frolicking in radiant non-urban, non-degenerative landscapes suffused with fresh air and wholesome breezes. [57] Koch, of course, had arrived at no effective cure for TB, which might partly account for the continuance of this therapy-reflecting and environmentally attached imagery. But that doesn't account for it wholly, for even where specific pharmaceutical cures were known, as for syphilis after 1917, the campaigns run by voluntary bodies remained visually structured around "the wages of sin". As in a 1926 poster for an anti-syphilis movie, death hovers over the heads of those who would fall for fashionable flappers, just as it had previously hovered over the heads of soldiers and sailors (and would again).[58] And why not? The voluntary bodies campaigning against VD and TB had as much at moral stake in the surrender to reductive scientific medicine as they had in the ideological surrender of health education to the state and/or the medical profession. For this reason, too,

[54] See, for example, "Health Teaching by Pictures", *The Medical Officer*, 28 Nov. 1914, p. 249, and 4 Jan 1919, p.vii, which illustrates the posters for "Pictorial Methods of Health Teaching".

[55] Toon, "Public Health Education and American Public Health", p.276.

[56] For a description of a 150 posters used by the Durham Travelling Welfare Exhibition (established in 1917) see H.S. Cooper Hodgson, "Public Health Propaganda Work", *Journal of the Royal Sanitary Institute*, 43 (1922-3), pp.315-16.

[57] See, for example, "*Achetez le Timbre Antituberculeux*" reproduced in Robert-Sterkendries, *Posters of Health*, p.359, dated late 1920s.

[58] Reproduced in Robert-Sterkendries, *Posters of Health*, p.325. In being issued jointly by the *Legue Nationale Francaise contre le peril Venerian* and endorsed by the *Ministere du Travail de Hygene de l'Assistence et de Prevenance Sociales*, this Theo Doro poster was relatively unusual, at least outside of France and during peace-time.

Pre-publication. Do not quote.

relatively few health posters (as opposed to advertisements for proprietary products) deployed the familiar symbols of modern medicine. Far more common were religious icons, especially the nurse/nun figure who appears in a wide variety of public health posters.

As a genre, public health posters did not come into their own until during (and mostly after) World War I,[59] and then mainly in France, Belgium, The Netherlands and the new Soviet Union. Although the war was hardly the cause of the epidemical pubic health poster, the authoritarian conditions of wartime and the extensive use of posters for recruiting were favourable to it. It is no coincidence that during the war the military largely embraced scientific medicine as a cheap means to deal with the unproductive sick. For once all bodies could be understood as essentially the same in disease, they could be managed in standardized ways, like the product in the factory or the soldier in the platoon. What was good for one soldier was good for all, never mind that there were few cures before the 1940s. Inoculations against smallpox and typhoid, and the anti-toxin for diphtheria had proven this worth of "scientific" medicine to the military, and the further discovery (made during the war) of the causal connection between the body louse and typhus was added confirmation. A poster produced in Moscow in 1919 is illustrative of this visual translation of the militarization-cum-scientization of the diseased body.[60]



FIG. 5: Colour lithograph by O. Grin, Moscow, 1919. The caption reads: 'Louse and Death are friends and comrades. Kill all lice carrying infection.'

[59] Helfand, *To Your Health*, 1990, p.5.

[60] Wellcome Library, photo no. L32923. Colour lithograph by O. Grin, 1919. The caption reads: "Louse and Death are friends and comrades. Kill all lice carrying infection."

Pre-publication. Do not quote.

Strikingly reductive in its attribution of death from the rickettsial typhus louse, the poster neatly effaces the underlying social, political and material circumstances (mainly from war and famine) behind the decimation of several million Russians from this disease.[61] The poster is also interesting for its assumption that viewers will understand the casual link it makes between the bug and the disease, a connection only recently established. Although we don't know where it was displayed, it is worth noting that during both world wars governments were able to legislate the physical space for the public posting of such posters. In effect, the wars turned the world into army camps, as did the Civil War in Russia where the health of the new society itself was deemed dependent on health agitprop. "Either socialism will defeat the louse, or the louse will defeat socialism," Lenin told the Seventh Congress of Soviets in 1919.[62] Public health posters also experienced more opportune viewing during wartime as a result of the reigning-in of commercial billboard advertising.

The Muscovite typhus poster is typical of the image-effect of wartime, and of state health-welfare regimes in general on public health posters. During and after World War II these objects became firmly embedded in state-sponsored preventive medicine which was premised on the implicit bacteriological assumption that everyone is epidemiologically the same. In effect, the collusion of the state with biomedical mono-causalism appropriated the moral space made visible in the earlier public health posters by the voluntary organizations, although in most western countries this appropriation was slow to condense and was never complete due to the continued strength of health poster-producing voluntary bodies. Eventually, though, even in the latter's posters, the overt moral space was leeched away by the invisible laws of science and by the biomedical authority built upon it and harnessed by the medical profession.

Interpreted this way, the "golden age" of the epidemical public health poster was not during the interwar period when many of them were produced, but during the Cold War when the universal mono-causal truth of the bacteriological paradigm was everywhere reinforced (not least by analogy with the medical profession's new found "truth" that "Smoking Causes Cancer" and the poster campaigns that went with that). Although the West experienced few major epidemics during this time (polio in the 1950s being the exception) and public health and health education were duly marginalized, the epistemology of Cold War medicine was widely reproduced through the dissemination of public health posters to the "Third World" via the World Health Organization and other international agencies.[63]

And Then There Was AIDS

It would be incorrect to say that AIDS changed everything. AIDS shook the conceptual and social foundations of the "Cold War body" (especially through the controversy over whether HIV caused AIDS), but that didn't mean either that health posters could no longer paint their messages mono-causally or that AIDS posters

[61] Hans Zinsser, *Rats, Lice and History* (1934; New York: Black Dog, 1963), p.299.

[62] Quoted in Frances L. Berstein, "Envisioning health in revolutionary Russia: the politics of gender in sexual-enlightenment posters of the 1920s", *Russian Review*, 57 (1998), 191-217, p.191.

[63] See, for example, "Avoid Smallpox – Be Vaccinated", issued by the Nigerian Federal Ministry of Health, around 1950.Wellcome Library, photo no. L30552, artist G.A. Okiki.

Pre-publication. Do not quote.

couldn't deploy biomedical imagery. Initially, in fact, many AIDS posters relied on images of viruses, for example.[64] As for mono-causalism, the basic message of all AIDS posters is that unprotected sex can result in AIDS.

AIDS did not change anything. Rather, between the Cold War and the early 1980s everything around the health poster changed and, consequently, the health poster too. New digitized means of production, and the fact that poster art in general underwent a revival in the 1960s and '70s as well as a revolution in design, all bore upon the object's production and consumption.[65] The most crucial change, however, was in the socio-economic context for this manufacture and viewing in the 1980s and '90s. Especially in health campaigns undertaken by the state, but increasingly among the voluntary sector, too, their production came to be orchestrated by highly professional international advertising corporations. (The AIDS campaign begun in Sweden in 1987, for instance – amounting to the country's biggest poster campaign in over thirty years -- was launched by the pioneer American TV advertising firm, Ted Bates Worldwide Inc. -- a branch of the self-proclaimed world's largest advertising firm, Saatchi & Saatchi Plc.)[66] Although dictated by the clients' different and changing pedagogical strategies,[67] the advertising agencies were conscious above all of operating in an intensely competitive visual marketplace – much of it of their own making. Thus striking images and metaphors competed against each other -- from shark's fins, icebergs, life-saving rings (for condom advertisements) to highly eroticised and idealized male bodies.[68] What matters most here are not the images themselves, but the fact that they became as never before indistinguishable from the advertisements for other commodities.[69] Hitherto, as we have suggested, public health posters had occupied a somewhat ambiguous moral space between the "vulgar" (and often supposed "deceitful" and "manipulative") world of commercial advertising, on

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[64] See, for example, "*Combattre Lutter pour, ca la vie*" reproduced in Döring, *Graphikdesign*, p.142, and the website of Therese Frare (the photographer of the image that Toscani turned into "Dying on AIDS"). See also the AIDS posters reproduced in Paula Treichler, 'AIDS, Homophobia, and Biomedical Discourse: an epidemic of signification', Cultural Studies, 1 (1987), 263-305.

[65] Jeremy Myerson and Graham Vickers, *Rewind: Forty Years of Design and Advertising* (London and New York: Phaidon Press, 2002), pp._____.

[66] We are grateful to David Thorsén for this information.

[67] See Charles R. Garoian, "Art Education and the Aesthetics of Health in the Age of AIDS", *Studies in Art Education*, 39 (1997), 6-23.

[68] Many of the latter are reproduced in Sander Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: Johns Hopkins University Press, 1995); for the others, see *Poster Collection: Visual Strategies Against AIDS. International AIDS prevention posters* (Zurich: Museum fur Gestaltung Zurich and Lars Muller Publishers, 2002); and Hugh Rigby and Susan Leibtag, *HardWare: The Art Of Prevention* (Edmonton, Canada: Quon Editions, 1994).

[69] This is well exemplified in the latest, most visually slick – and allegedly most successful – poster campaign against AIDS and other STDs staged by the leading British voluntary organisation in this area, the Terrance Higgins Trust. In it, in imitation of advertisements for Calvin Klein underwear, "body beautiful" males strut their stuff with the Klein logo replaced by warnings of sexually transmitted disease and computer engendered sores on the skins of the models.

Pre-publication. Do not quote.

the one hand, and the would-be exemplary "humanitarian" world of medicine and public health, on the other. Now, however, that tension, or ambiguity, or in-between-ness -- assigned by medical professionals as much as by art historians subsequently -- was dissolved.

In turn – or, rather, hand in hand -- *the viewing* of health posters, and AIDS posters in particular, came to be regarded differently than in the past. No longer were these objects bracketed from the rest of commodity culture; they now became fully a part of it. In overt ways they took up the same visual sales pitch as other commercially spun desires and life-style identities. And they did so at a time when, simultaneously and inextricably, medical welfare was falling under the thickening blanket of privatization,[70] while the individual physical body was increasingly appropriated by the visual marketing skills of giant Madison Avenue advertising agencies. Born was the age of global corporations unshackled through the ideological promotions of the "open market" -- the age, that is, of Tommy Hilfiger, Nike, Calvin Klein, and, not least, Benetton.

Toscani's poster "Dying on AIDS" – produced as part of Benetton's *Shock of Reality* campaign[71] -- signifies all this and more. At one level we can regard it as speaking to a world in which, in some quarters at least, the hitherto reigning medical discourse came to be seen as but another religious myth; a world in which the reductive certainties and epistemological specificities of laboratory medicine were destabilized; and a world in which the would-be standardized and universalized body of preventive medicine was localised and subjectivized (so that, for AIDS at least, public health posters often came to be produced by intimate neo-voluntary groups and pasted up in specific localities targeted at specific audiences, rather than corporeally undifferentiated masses of all bodies *any*where *any*time). In other words we can regard Toscani's image as integral to a world in which the structure for visualizing the epidemical found itself "Dying on Aids".

But for the broader history of public health posters the "Dying on AIDS" poster-advertisement is less important as an illustration of its medico-epistemological moment, than as a marker on the road to the dissolution of the old ambiguity between the world of advertising and the world of medicine and the body. Insofar as the outrage against it in 1992 was based on a sense of the violation of medical humanism by commercial interests, that outrage was the last significant gasp in the former's defence. Thereafter, the boundary that had come to separate the health poster from the commercial advertisement, and which over time was consolidated through its imagery, ceased to exist. The medicalization of life was now as fully commercialised in the visual assemblage of the health poster as in the promotion of proprietary medico-life style products. Indeed, increasingly little distinction is to be made between medically approved TV commercials for health life-style products (direct-to-consumer) and the promotion of health. Thus reconstituted, the public health poster was to live on, though within a more fractionated and commercialized "public". But far from continuing to sell the epistemology of modern medicine through its imagery as something separate from the world of commodity culture, it was to live on – imagistically and otherwise – as constitutive of that culture.

[70] Mike Davis. *City of Quartz: Excavating the Future of Los Angeles* (London: Verso, 1990), p?304.

[71] See Joan Gibbons, *Art and Advertising* (London: I.B. Tauris, 2005), chapter 4: "Reality Bites".

Please do not quote.

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