
Abstract

This article analyses continuities and changes in how disease has been instrumentalised in cinema as a way of conceptualizing race—comparing five films depicting epidemics produced before the Second World War and five after. In the 1930s films, non-white populations often passively accept assistance in dealing with epidemic disease—a paternalistic white savior narrative—but not always with "gratitude", and sometimes direct resistance. Here, epidemics take root in physical sites of economic "underdevelopment", perpetuated further by perceived "premodern" cultural practices demarcated down the lines of race or ethnicity, and intersect with other gendered and socio-economic categories. After the war, while some cinematic tropes such as the “white knight” continue, other narratives emerge including a shift in emphasis away from the Othered environment as the nexus of disease (the disease's “incubation”), and towards greater alarm about the appearance of disease within recipient, frequently white, communities.

Keywords

cinema; epidemics; 1930s; 1950s; race

Over the past forty years, a growing body of research within cultural and media studies has tried to understand how infectious diseases have been popularly represented in novels, newspapers, posters, photographs, paintings, caricatures, and film and television, among others. One of the most prominent theoretical frameworks remains the ‘outbreak narrative’ established by Priscilla Wald in her 2008 book Contagious—which draws largely upon written texts such as scientific journals, literary works, and popular news articles as contributors to the public imagination surrounding epidemics. Wald argues that this narrative, by repeatedly deploying a stock set of characters, familiar images, metaphors, and terms—‘Patient Zero’ or ‘super-spreader’ are two obvious ones—leads to the perception that epidemics
typically are seeded in economically ‘underdeveloped’ environments (see the ‘jungles’ of Zaire, now Congo, presented in the film *Outbreak* (Wolfgang Petersen, 1995)) or within ‘non-mainstream’ sub-cultures down the lines of sexuality or sexual practices, drug use, or economic marginalisation (see the representation of HIV, hedonism, and nihilistic youth in *Kids* (Larry Clark, 1995)). Furthermore, the epidemic is said to move from the sick and compromised Other in one direction away from the physical or social sites of ‘underdevelopment’ to ‘corrupt’ the ‘healthy body’ of society broadly conceived.¹

Principles related to the ‘outbreak narrative’ have been analysed further by zooming in on epidemics and representation down the lines of gender, sexuality, and socio-economic status. Already in Wald’s original work, she showed how American public health specialists in the early twentieth century turned the cook Mary Mallon from a poor victim of typhoid fever into a notorious disease carrier ‘Typhoid Mary’, feeding into other negative public perceptions of unmarried women or Irish immigrants at the time.² Since Wald’s pioneering work, other scholars have elaborated at greater length on further epidemic images of the ‘female spreader’ portrayed in popular culture.³ Furthermore, scholarship has also zoomed in on the representation of HIV and AIDS in popular culture and media to analyse different kinds of stereotyping of the lives of gay men,⁴ or the dehumanising (and diverse array of) images used to depict the economically impoverished—the zombie, for example, said to be the ragged and needy undead as an allusion to the poor immigrant.⁵

The ‘outbreak narrative’ has also been used to understand the racial dynamics of representation in epidemic disease contexts. In some cases, discussions of race are explicitly intersectional, and addressed indirectly or embedded within broader discussions on socio-economic inequalities. Qijun Han and Daniel R. Curtis, for example, explore the concepts of the ‘deserving’ and ‘undeserving’ poor in cinematic images depicting epidemics, and conclude that assistance and sympathy bestowed upon equally materially poor characters often depended on other factors connected to race, ethnicity, or nationality.⁶ Some literature focusing on race and representation of epidemics also appeared prior to the development of Wald’s ‘outbreak narrative’, and hence were formative in her own frameworks. Thus, in the early 1990s, it was observed that Western public health narratives surrounding HIV and AIDS in Africa tended to perpetuate notions of ‘backwardness’ and ‘primitivism’—common forms of Orientalist tropes.⁷ Later in the 1990s, other relevant works drew upon Richard Preston’s 1994 book *The Hot Zone*—using the film *Outbreak* as the archetypal case study—and provided foundational ideas
for Wald’s conception of Africa presented in culture and media as the epidemic ‘threat’ to the ‘developed’ world.\textsuperscript{8}

The explicit incorporation of temporality into the analysis of representation in popular culture and media down racial lines during epidemics started to pick up only after the year 2000. One of the most substantial works—\textit{Cinematic Prophylaxis}, again influencing some of the key concepts employed by Wald—juxtaposes several American public health documentaries before and after the Second World War to examine broader contextual shifts in the visual depiction of infection. Using the example of \textit{The Eternal Fight}, a 1948 United Nations documentary, Kirstin Ostherr argues that the producers gave visibility to the ‘invisible menace’ of the microbe by exploiting race and nationality to divide the world into ‘non-infected’ and ‘infected’ zones—the latter mostly confined to parts of Asia and Africa.\textsuperscript{9} Ostherr—like Wald’s \textit{Contagious}—uses a very restricted pool of specific illuminating sources to analyse evolution thoroughly over time, while Han and Curtis also chronicle temporal change—but instead draw upon a large database of feature films to observe common patterns in representation.\textsuperscript{10} Other scholars have employed a systematically comparative approach over time—such as Nancy Tomes’ analysis of magazines, newspapers, and advertisements in two specifically chosen periods (1900–1940 and 1985–2000), which she argues are representative of societal ‘germ panics’.\textsuperscript{11} Tomes’ work, however, does not explicitly deal with issues of race as a main focus.

This article builds on but also deviates from the previous literature by aiming to be more focused in its comparative historical approach, using (a) one consistent medium (feature films—one of the most popular forms of visual culture in the twentieth century), (b) one consistent geographical region (the United States—one of the most prominent film-making contexts of the twentieth century), (c) a fixation on one specific line of representation (racial—given its importance in the ‘outbreak narrative’ framework), and (d) two clearly demarcated and intuitively selected periods of comparison (the 1930s and the 1950s/early 1960s, separated by the Second World War). Such an approach allows us to pose the question of how films depicting epidemic outbreaks and produced in the United States in the periods shortly before and after the Second World War were able to create different or similar racialised images.

Previous historical research into cinematic depictions of race suggests that the Second World War was a major turning point, significantly affecting how American films depicted non-white populations. For example, the vital service of African Americans during the war itself was one of the main reasons for subsequent changes in Black representation, which can be contrasted with the late
nineteenth- and early twentieth centuries—where the fresh memory of the American Civil War had plagued the cinematic portrayal of African Americans with dehumanising stereotypes. The Second World War and its aftermath also complicated the way the American film industry represented Asian societies, as the United States had to make blurred distinctions between ‘enemies’ and ‘friends’. Many post-World War Two films thus strove to differentiate, for instance, Japanese soldiers from Chinese, Korean, or Filipino allies, instead of reducing all Asians into one static and homogenous group as had been done in most pre-war films. These initial observations justify the selection of epidemic films in the two eras—separated by the significant and tumultuous events of the war. Did the ways in which epidemic films deal with race also change in line with broader trends in cinema, or were there enduring elements of continuity (and hence deviation from cinematic trends), and why or why not? Further, how did insecurity, globalisation, and the resulting Cold War, for example, help shape the kinds of images used when considering the depiction of epidemics—with specific relevance to establishing different categories and conceptions of race?

In this article, ten films depicting epidemics are analysed—five pre-war and five post-war—which have been manually selected from the large epidemic-films database produced in the recent book *Infectious Inequalities*. These films are selected according to several criteria. First, they are all produced in the United States in the above-mentioned periods; second, they explicitly or implicitly discuss issues connected to race; third, they deal with ‘real’ diseases or at least are modelled on reality with regard to origins, transmission, and spread; and fourth, they have had a broad public appeal—as seen through their international box office receipts, budget, the prominence of the cast and directors, or the major awards they have received within the United States. Accordingly, the ten films of analysis are listed in chronological order as follows: *Arrowsmith* (John Ford, 1931), *The Painted Veil* (Richard Boleslawski, 1934), *Jezebel* (William Wyler, 1938), *Pacific Liner* (Lew Landers, 1939), *The Rains Came* (Clarence Brown, 1939), *Panic in the Streets* (Elia Kazan, 1950), *The Killer That Stalked New York* (Earl McEvoy, 1950), *The Whip Hand* (William Cameron Menzies, 1951), *The Barbarian and the Geisha* (John Huston, 1958), and *The Spiral Road* (Robert Mulligan, 1962).

When we use fictional feature films as historical sources, they are not a ‘mirror’ into events of the past, but instead their value lies in being reflections of the norms, attitudes, and values of the societies that have produced and consumed them. Accordingly, this gives us insights into attitudes towards concepts of race and ethnicity, how they were shaped by concerns over epidemic disease outbreaks, and how this changed or showed continuity within specific historical cultural contexts.
This is important from a public health communication angle, since it has been shown that these epidemic images can also further engrain and entrench ideas—sometimes fallacies or prejudices—deeper into our worldviews. In this article, we bring these insights together by focusing on and comparing the film narratives, the types of characters used and their backgrounds, and the landscapes, topography, and environments employed.

The article is structured as follows. First, we identify and analyse the common tropes used by the selected films from the 1930s in dealing with concepts of race, together with some historicised explanations for their prevalence. More specifically, we do this by taking apart and comparing recurring features of the stories, plots, environments, and types of characters used—and the relationships between characters. Second, we elaborate upon some ‘deviant’ cases—films or parts of films that did not seem to follow the popular tropes—and again a historicised explanation for this departure. Thereafter, we introduce the post-Second World War films. Thus, third, we identify any similarities that this era’s depiction of racial Othering in epidemic-related films had with the 1930s—accounting for any continuities involved. Fourth, the major differences and deviations between the representations of race in the films depicting epidemics are considered. Which new tropes have emerged, and what led to their emergence? Fifth, we conclude with a summary of the findings and their implications.

**Before the War: Recurring Patterns**

According to Tomes, the first half of the twentieth century was the first major ‘germ panic’ in the United States. Especially in the 1920s and 1930s, infectious diseases became a prominent topic in popular media, dominating newspapers, magazines, public health documentaries, and advertisement campaigns. The American film industry was no exception to this trend, with the 1930s becoming the ‘golden age of epidemic cinema’—not necessarily on account of their large number (epidemic-related films were still a small proportion of the total films produced in the United States in the 1930s) but according to the proportion that went on to receive positive attention from critics and the wider public culminating in awards.

The growing popular interest in epidemic diseases likely emanated from two broader developments. First, the understanding that—especially in the West—epidemics were localised or regional phenomena, mainly a concern of the materially and culturally impoverished Other, gave way
to a realisation that (in line with the outbreak narrative) diseases could spread over large distances.\textsuperscript{21} 
That is to say, by the beginning of the twentieth century, previous decades of waves of cholera, followed by international reporting on the Manchurian plague of 1911, and then the Great Influenza of 1918–20, gave epidemics a newly globalised dimension. Second, the scientific understanding of the causes, transmission, and spread of diseases had changed—the ‘corrupted vapours’ of miasma theory which still was adhered to by many in the nineteenth century (even after John Snow’s investigation into the water pump implicated in the 1854 Broad Street cholera outbreak in Soho, London) gave way to germ theory and the view that sickness was connected to little microbes invisible to the eye. This is important, especially for the subject of this article, since moralising attention shifted from the ‘enemy within’ to the ‘dangers outside’. Race and culture became more obvious categories linked to perceived spread of disease driven by ‘inherent infectiousness’ of certain identified groups—African Americans in the early twentieth century being simultaneously seen as ‘super resistant’ in certain cases (yellow fever) and yet ‘hyper susceptible’ in others (syphilis and tuberculosis).\textsuperscript{22} Older conflicts between individual behaviour and public health began to take on new forms in the ‘age of the microbe’.\textsuperscript{23}

Many epidemic-related films released in the United States in the 1930s feature a host of characters from different racial or ethnic backgrounds. Often, these figures are assigned a set of specific roles and traits—turning them into ‘stock characters’ in line with Wald’s ‘outbreak narrative’.\textsuperscript{24} This is connected to the representational demands of visualising the invisible—creating concrete embodiments of Otherness for viewers to comprehend their menace.\textsuperscript{25} The physical environment became an important component of this as diseases in these films often are seen as a fact of life in ‘native spaces’ of rural farms and ‘exotic’ jungles—effectively ‘endemic’—but could be classified as ‘epidemic’ once presenting a problem or challenge for the ‘recipient environments’ said to be ‘metropolitan’ and ‘developed’.\textsuperscript{26}

Pre-war films depicting epidemics reinforced this perception. Non-white characters tend to take on the role of disease origins or carriers, threatening the safety of the wider (mostly white) society. Thus, the bubonic plague depicted in \textit{Arrowsmith}, for example, is repeatedly associated by the Swedish doctor Gustav Sondelius with ‘the jungles of Africa, India, and China’. East-to-West patterns of transmission are established in the doctor’s account of how London was ‘nearly wiped out’ because of rats that carried bubonic plague on ships from China to England.\textsuperscript{27} Ultimately, the film equates plague itself with the (fictional) Caribbean Island of St. Hubert on which the story is set—combining chaotic shots of Black inhabitants running in all directions with rats swarming across the screen.
According to Lisa Lynch, this clearly ‘reinscribes the notion that epidemic disease, like the unruly natives, are constituent of exotic places’.28 Similarly, in *The Painted Veil*, a rural 1920s Chinese village inhabited by peasants is portrayed as the site for the seeding of a cholera epidemic spreading to other parts. In one discussion between Katrin, the female lead, and her fiancé Dr. Walter Fane, the British bacteriologist, Walter’s subject of study is described as an obsession with ‘little Chinese bugs’. The ‘Asiatic’ character to the disease is developed in the same way in *Pacific Liner*, where the epidemic that takes root on the ship S.S. Arcturus is specifically diagnosed as ‘Asiatic cholera’ brought onto the ship by an impoverished Chinese stowaway in Shanghai. Inevitably, this Chinese ‘patient zero’ is the first to perish—before infecting most of the crew with cholera. The perceived threat of a ‘germ panic’ in the 1920s and 1930s is made pervasive by the overlapping period of mass immigration to the United States—revealing an assortment of anxieties surrounding seaborne diseases, racial mixing, and immigrant hygiene practices.29

As well as the literal causes of the outbreaks, non-white characters also tend to be portrayed as responding to the epidemics in a sub-optimal way—passive and helpless victims, often waiting for the mainly white medical officials to come to the rescue. *Arrowsmith* clearly uses this ‘white saviour’ narrative. The main character, Dr. Martin Arrowsmith, together with his Swedish colleague Sondelius, strongly believe it is their ‘duty’ to save the world from communicable diseases. In reference to previous experience of plague outbreaks in China, Sondelius claims to have seen people ‘die with no help of doctor’, and then later, in a debate with doctors who opposed human experimentation, Arrowsmith declares: ‘You see only one epidemic on this island. I have to see the whole continent and generations of children yet unborn. In China, in India, and even it seems in your own West Indies’. Although Arrowsmith’s journey is not a directly imperialist venture, his words echo the ‘white man’s burden’ rhetoric that established a paternalistic relationship between selected parts of the West and ‘the rest’. Here, the duty is made clearer by emphasising the ‘traditional’ or ‘superstitious’ aspects of the prevailing practices on the island—focusing in on a local ‘voodoo ritual’, for example.

Further justifying the ‘noble’ cause, the filmmakers added a plot where a Black doctor, Oliver Marchard, invites Arrowsmith to try out an experimental anti-plague serum on his native neighbourhood. This plot did not exist in the 1925 novel written by Sinclair Lewis on which the film was based. In the film, while the doctors who opposed Arrowsmith’s plan are all white, the film assigns the only supporter as the one Black doctor, who claims it is a ‘privilege’ for the residents of the island to help Arrowsmith ‘serve humanity’. Interestingly, in the 1925 book, these inhabitants are
coerced into the experiment, while in the film it is a voluntary undertaking.\textsuperscript{30} This submissive image helps create a ‘legitimate’ human test on a Black populace,\textsuperscript{31} and ties together neatly with the new forms of ‘scientific racism’ where the unseen microbe now accepted as the cause of diseases also justifies new kinds of medical studies—invasive and experimental—and performed down unequal socio-economic and racial lines (such as the infamous Tuskegee Syphilis Study from 1932, Alabama, later depicted in the 1997 film, \textit{Miss Evers’ Boys}).\textsuperscript{32}

This trope should also be considered within a broader historical context of heightened confidence, perhaps even triumphalism—where certain parts of the industrialising West in the second half of the nineteenth century saw a sharp decrease in the numbers of deaths caused by communicable diseases connected to gains derived from improved productivity and structural public health reforms and sanitary measures.\textsuperscript{33} Especially during the period between the two World Wars, the United States saw itself as playing a vital role in fighting ‘tropical’ diseases—investing heavily in large-scale campaigns in Central and South America through political leverage it had gained during the 1898 Spanish-American War.\textsuperscript{34} Visual culture became an important expression of this triumphalism—documentary films integrated moralising narrative stories to warn of the dangers of malaria, for example.\textsuperscript{35} Accordingly, films such as \textit{Arrowsmith} reflect not only confidence, but also an incentive and ‘moral justification’ to intervene as an act of benevolence towards ‘less civilised’ societies.\textsuperscript{36} Indeed, the film producers removed almost all of the original book’s criticisms of the American medical system (most commercial production companies tended to refrain from this kind of criticism), and turned the crux of the film narrative away from a critique of the ‘Old World’s’ colonial apparatus and institutions and towards a tension between American scientific knowledge and the ‘unruly forces’ of exoticized locales.\textsuperscript{37}

In many of the 1930s films analysed, the racialised Othering is based not solely on the grounds of perceived ‘backwardness’, however, but also becomes a moral issue. Towards the end of \textit{Arrowsmith}, as the female lead Leora is crying for help as she succumbs to plague, the Black servants wait for her to die before fleeing the house—covering their mouths as they pass the corpse—an image given greater emphasis by the fact that Leora is the wife of the ‘saviour’ Dr. Arrowsmith. The moral story in \textit{Pacific Liner} is connected to an even wider moral issue of the time—illegal immigration—as the Chinese stowaway hiding on board the ship is not meant to be there. A common feature of these ‘unethical’ characters is their namelessness and facelessness—allowing a very direct link to be visualised between their race or ethnicity and the potential harm caused to ‘white society’. In \textit{The
*Painted Veil*, the Chinese peasants are effectively represented as a homogenous mass of hostile ingrates—even threatening with violence and injuring the white ‘hero’ bacteriologist that had come to save them. Of course, it is historically accurate that in many regions of China in the first half of the twentieth century, locals reacted against outsider epidemic interventions. During the 1902 cholera outbreak in Chenchou (Hunan), Western missionaries were killed on the accusation they had poisoned the water, while a later cholera uprising in Shanghai, where rioters protested against quarantines, claimed several foreign victims. Yet, depictions of violence such as in *The Painted Veil* tend to distort the rationale behind local resistance—ignoring the dimension of class struggle and bottom-up organisation, as well as the particularised development of nationalist sentiment arising in the aftermath of the First World War treaties in China, and instead creating an image of unthinking barbarity.

Overall, then, three prevalent tropes are often used to deploy and shape racialised imagery in epidemic-related films produced in the 1930s. First, non-white characters—referring both to the individuals portrayed and the societies where they came from—tend to play the role of disease origins and/or vectors of transmission. Epidemics only become distinct from enduring endemic forms of disease once becoming an issue for the ‘recipient’ societies. Second, non-white characters tend to be represented as passive victims, waiting for the white knight to save them. Their ‘backwardness’ is not only the literal source of the outbreak but also renders them less capable to react effectively. Third, each epidemic unfolds within the temporal arc of a moral story, where unethical, distasteful, or outright hostile behaviour ends up betraying the white saviours working for the perceived betterment of humanity.

While these tropes are clearly seen with *Arrowsmith*, *The Painted Veil*, and *Pacific Liner*, two of the films—*Jezebel* (1958) and *The Rains Came* (1939)—only partially conform to some of these recurring patterns. *Jezebel* is set in nineteenth-century New Orleans, taking inspiration from a real outbreak of yellow fever in 1853. Unlike the three films analysed above, white characters are not explicitly demarcated as the ‘heroes’ of the story, but instead the devastating epidemic is seen as a product of the decisions of the white elites of the city, with the poor Black residents as the unfortunate victims of their mistakes. Accordingly, Blacks are not depicted as the origin or carriers of disease in the classic Waldian ‘outbreak narrative’, and neither are they cured by any white saviours. On the contrary, if poor Blacks try to escape quarantined areas, white police officers shoot them to death. The main theme of *Jezebel* is to use the epidemic of yellow fever as a source of critique.
against New Orleans—and the South as a whole—for their reliance on slave labour. The moralising aspect of the narrative is that the southern states had brought this misfortune upon themselves as an inevitable product of their tendency towards ‘anti-industrialising’ development paths. This narrative of blame was most pronounced in the mid-nineteenth century, but spiked again in the 1930s in the context of the Great Depression and the perceived dilemma of a persistent ‘backward Problem South’. Indeed, in the very same year as the release of Jezebel, President Roosevelt had argued in his New Deal program that southern agriculture had become a ‘burden’ to the nation.

Nevertheless, the film can only be seen as a partial deviation. Proximity to ‘Blackness’ still is largely at the root of the twin features of immorality and vulnerability that makes New Orleans ‘ripe’ for an outbreak. The employment of the red dress of Julie Marsden, the female lead played by Bette Davis, is at the centre of this. Getting back at her fiancé, Julie wears a gaudy red dress (standing for sexual promiscuity) instead of traditional white (symbolising chastity) to an important ball in defiance of tradition (although as a black and white film, the red dress appears black on screen). This sin is further reinforced by receipt of the red satin from a sex worker, while the only person who finds the dress beautiful is her Black maid Zette, and furthermore, Julie is prepared to hand the red dress down to Zette but not her white one. Accordingly, while white elites are ‘to blame’ for the misfortunes befalling New Orleans in the shape of yellow fever, their real failures, the film suggests, is that they had failed to keep adequate physical and social separation from the moral sources of vulnerability that lead to disease—the Black population. Like the three previously mentioned films, the ‘corrupted’ environment is still seen as an important driver of the ‘seeds of disease’ in Jezebel.

The Rains Came also partially deviates from the other epidemic-related films of the 1930s in some respects. The story, adapted from a Louis Bromfield novel, is set in 1930s India, where the fictional city of Ranchipur is hit by a series of environmental disasters, and then subsequently a plague outbreak. Rather than helpless Indians rescued by a host of white characters, Indians play the main roles in saving Ranchipur. One protagonist—Major Rama Safti—emerges as an intelligent and righteous doctor, treating patients when the epidemic breaks out, while the Indian royalty—the Maharajah and Maharani—are depicted as wise, strong-willed, and benevolent rulers. The Maharani is decisive—immediately pushing Major Safti to contain the disease by ‘burning down the whole quarter’. Further, there is no popular resistance from below to these measures, unlike the Chinese villagers depicted in The Painted Veil.
Nevertheless, while elites are positively represented, Indian culture and society on a broader level did not escape critique in the film. Indeed, the overarching theme of *The Rains Came* is the ‘renewal’ of a different India, emerging from a grim history. At the heart of this movement is (Western trained) Major Safti—who explains at the very beginning of the film that his commitment to building a better India derived from the people’s ‘cry for help after centuries of diseases, poverty and superstition’. This discourse of escaping the ‘old India’ reappears later in a conversation between Safti and his British friend Tom Ransome, as white aristocrat Lady Edwina Esketh is succumbing to plague. ‘We’re different…’, Safti explains, ‘…I’m an Indian! I can’t be calm and unemotional. I want to tear my clothes and wail like Bannerjee’. To this, Ransome replies: ‘You’re not Bannerjee…You’re a symbol. Something clean and courageous that’s been born in the darkness and filth that was India. You are India, the new India’. Earlier in the film, Bannerjee is an Indian official aping the ways of the British, and yet when faced with the epidemic, shaves his head, and refuses to do anything except mourn and pray—the idea being that he had returned to his ‘traditional Indian’ self, and hence useless.51

Like *Jezebel*, *The Rains Came* is the product of a specific socio-political background. Rather than an outright expression of support for Indian independence, the imminence of war in Europe in 1939 cautioned the filmmakers against any overt encouragement to new Indian nationalist movements, and therefore presents a rosy British-Indian cooperation, which celebrates Britain’s ‘progressive’ influence on India, and by association, its recovery from the outbreak.52 Thus, unlike the first three films mentioned, Indians in *The Rains Came* are not depicted as hostile or ignorant or in need of direct white salvation. Instead, the epidemic in Ranchipur is used a symbol for the delicate tipping point on which Indian society rested—a progressive movement still vulnerable to the depredation of the diseased environment characterised by reactionary, conservative, and superstitious beliefs. And in that way, *Jezebel* and *The Rains Came* still share the same environmentally specific prejudices ingrained in the narratives of the other 1930s films, *Arrowsmith*, *The Painted Veil*, and *Pacific Liner*.

**Postwar: Continuity and Change**

The ‘germ panics’ identified by Tomes did not include the initial period after the Second World War, but the 1950s and early 1960s did witness new heightened kinds of public concerns about epidemic diseases and contagion in the United States. As observed by Ostherr, although the focus of American
public health policy in this era had shifted towards chronic illnesses—part of the broader confidence of an ‘escape’ from the old epidemic scourges in the ‘developed world’—American cinema still remained concerned with infectious diseases and their contribution to national and global vulnerabilities. Race and ethnicity were still relevant categories through which many of these concerns were expressed, although as seen in this section of the article, some of the ways in which this was visualised persisted from the pre-war period, while new components were added.

**Continuities**

None of the three popular tropes identified in the pre-war films depicting epidemics disappeared entirely in the years thereafter. Two of the post-war films that particularly conform to the continuity of these tropes are *The Barbarian and the Geisha* (1958) and *The Spiral Road* (1962). The former, set in 1850s and 1860s Japan, is based on the true story of the United States Consul, General Townsend Harris, who is sent by President Franklin Pierce to the East to encourage the Tokugawa Shogunate out of their isolationist policies. The latter recounts the journey of a Dutch doctor, Anton Drager, who attempts to make a career out of fighting epidemic disease outbreaks in 1930s and 1940s Java.

Like the pre-war films, *The Spiral Road* portrayed environments inhabited predominantly by non-whites as cradles of diseases. The Dutch East Indies are seen as ravaged by ‘old scourges’ of leprosy, plague, and cholera, with the representation of primitive villages surrounded by tropical jungles as the habitat of fleas, mosquitoes, and rats. As Dr. Drager and his colleague Dr. Jansen burn down a village in Java, swarms of rats fall from the rooftops—highlighting rodents as the ‘natural’ co-habitants to the locals. Later, in a conversation between the same doctors, Jansen laughingly refer to a Javanese man, Hassan, as ‘stegomyia’—after a subgenus of mosquito species associated with diseases such as yellow fever. For Dr. Jansen, this is not only a crude reference to Hassan’s dark skin and small posture—apparently resembling the mosquito—but also because of his stink and fleas. Native Javanese, then, are reverse anthropomorphised by taking on dehumanising characteristics of potential animal vectors.

*The Barbarian and the Geisha* is a slight variation on the established trope. Here, cholera does not originate in Shimoda, but is brought to the Japanese town by crew members of an American ship. General Harris is partially responsible—as he welcomed his compatriots to the town—and is too late when realising the cholera infection, as the sailors took advantage of his hospitality and swim to land. Thus, Americans become the ‘villains’ of this piece, apparently reversing the typical ‘outbreak
narrative’ of east to west transmission—and yet, such a reversal is only partial and on the surface. It is still mentioned within the film that the ship had passed through Hong Kong in its itinerary, thus implying it is here that the sailors had been originally infected.

In fact, *The Barbarian and the Geisha* maintained pre-war continuities in its use of the ‘white knight’ narrative—becoming both partial cause and saviour at the same time. Harris is clearly the outsider saving the Japanese from cholera, and in the face of local resistance. Like *Arrowsmith* and *The Painted Veil*, the 1958 film contrasted methodical Western medical practices—quarantines, rapid burials, and burning of infected houses—against ‘superstitious’ local customs and rituals. As narrated by the female lead Okichi, ‘[Harris] fought the sickness in his way, my people fought with their old way: prayers, chants, and paper images of the red demon of sickness’. Harris’s attempts to deal with the disease are made prominent in contrast to the reality that it is his mistakes that led to the outbreak, and he is afforded agency in being able to rectify those errors.

In *The Spiral Road*, the ‘white knight’ trope interacted with the diminishment of the characteristics of the Javanese people. Like the St. Hubert islanders in *Arrowsmith*, the Javanese villagers in the 1962 film were passively distracted by a ‘magic trick’ to be inoculated. This view was not limited down socio-economic lines, as the Javanese Sultan also becomes the epitome of perceived ‘backwardness’. He was portrayed as an incapable leader, caring more about billiards and his palace than his subjects, and moreover, an immoral cheat. These child-like depictions of the Javanese people served as a rationale for the ‘white man’s burden’ rhetoric and fitted neatly into the post-1945 context as superpowers attempted to intervene in global decolonisation movements and using concepts of ‘public health’ as legitimation for this process.\(^{55}\)

The moral story in *The Barbarian and the Geisha* resembles that of *The Painted Veil*. The residents of Shimoda are presented as overwhelmingly hostile to all ‘barbarian’ foreigners, who are encouraged by the local authorities such as Japanese governor Tamura, who orders villagers not to sell food to Harris and imprisons him after he burns cholera-ridden houses. The roots of distrust are framed, once again, as a component of reactionary superstition. Indeed, Tamura notes during the film that earthquakes and typhoons in the aftermath of Matthew Perry’s previous visit in 1853 were providential signs warning Japan from changing its ‘traditional’ path.\(^ {56}\) Just like *The Painted Veil* in 1930s rural China, this representation of resistance was partially grounded in historical accuracy. Two collections of popular essays from 1858—*Chimata no yume* by Hata Ginkei and *Ansei korori ryūkō ki* by Kanagaki Robun—showed that ordinary people afflicted by cholera understood this to be the work of
unhappy spirits and local deities. Drawing upon the fact that the 1858 outbreak came from the American ship U.S.S. Mississippi, the disease was labelled ‘American fox’ (a mischievous spirit in Japanese folklore).^{57}

Harris’s heroic role in fighting the cholera epidemic, however, is a completely fictional component of the film plot. In Harris’s actual journals kept during his Japan years, he only mentioned the disease once (in 1857) when he himself had suffered from a ‘violent attack of cholera morbus’, and where he had reflected on the lack of (Western) medical aid available to him.^{58} Nowhere was there mention of the United States Consul saving Japanese cholera patients or burning any infected villages. Instead, these details are inserted into the film to juxtapose Western medical knowledge against existing Japanese practices—reinforcing the view that abandoning isolation and cooperating with America would be in the best interests of all. This narrative especially stood out in the post-war years—just as the United States government wanted to negotiate trade relations with Japan in the 1850s, for the position of Japan within global capitalistic economies in the 1950s was seen as crucial in the ideological fight against the gains of communism.^{59} It was this ideological struggle, however, that gave impetus to new elements of epidemic representation and the visualisation of race, which are discussed below.

**Change**

Post-war films depicting epidemics featured several aspects of racial imagery that were less present in the 1930s and can be seen most clearly in the three films, *Panic in the Streets* (1950), *The Killer That Stalked New York* (1950), and *The Whip Hand* (1951), as a direct product of denazification, the rise of communism, and superpower rivalries (United States and the Soviet Union, in particular). Three new elements are identified: (a) the association of the (racial) Other with criminal activity; (b) the fear of direct ‘outsider’ invasion; and (c) political tensions (Cold War) creating a corrupted image of the ‘diseased enemy’.

The American films that represented epidemic disease outbreaks in the 1930s did not tend to deal with the concept of criminality, and certainly did not equate non-white characters as more likely to commit crimes. Mostly Black and Asian characters tended to be seen as helpless victims, and although in some cases descended into violent uproar and protest, this was clearly not ‘criminality’. Their unrest was portrayed as something intrinsic to their (relative) economic underdevelopment and distancing from ‘modern’ medical knowledge, instead of malicious intentions to cause harm. Thus,
even in the case of *Pacific Liner*, the illegal immigration of the Chinese stowaway as the initial cholera victim is not connected to an explicit criminal scheme, but a consequence of poverty and an emphasis on the search for a better life. Othering down racial lines in the 1930s epidemic-related films, then, raised not only fear or contempt but also, at times, sympathy, and thus served to justify the patronising images presented.\(^{60}\)

By contrast, in many post-war films depicting epidemics, ‘outsiders’—sometimes demarcated down the lines of race or ethnicity—are often explicitly connected with criminal activities, and which sometimes explicitly trigger or exacerbate the effects of disease outbreaks. In *The Killer That Stalked New York*, smallpox is brought into New York by a white American woman named Sheila (corresponding with the ‘female carrier’ image discussed recently),\(^{61}\) who schemes with her white American husband to smuggle diamonds into the United States from the Caribbean Island of Cuba. These two characters are not the ‘outsiders’—instead the focus is on the corrupting outside environment of Cuba as the origin of both the disease and the jewels, attributing to the country the image of a lawless area of contagion from which illegal commodities could infiltrate American borders like ‘sinister’ unseen pathogens covertly contaminating a human body. Especially Cubans of color had long experienced negative stereotyping—the American ‘yellow journalism’ of the late nineteenth- and early twentieth centuries tended to play on crude notions of barbarism and primitivism.\(^{62}\)

In *Panic in the Streets*, the pneumonic plague that threatens New Orleans originates from a group of lawbreakers of white eastern European background—Kochak, Poldi, Fitch, and Blackie—who are not only presented as illegal immigrants but also smugglers, gamblers, gangsters, and murderers. The film is not explicit about the precise origins or ethnicity of these characters, although both Kochak and Poldi speak some Armenian, and the initial police investigation starts by interviewing ‘Eastern European immigrants’. The fact that the immigrants are white links with the point above in *The Killer That Stalked New York*, where the problem arises from moral and social corruptions ‘from outside’—corruptions that cannot be easily picked up and observed. Kochak brings plague to the United States after smuggling expensive goods by secretly boarding a ship from Oran, Algeria. In a rage against Kochak’s successive wins at a card game, the other ‘criminals’ shoot him dead and then go into hiding without knowing their infected status. Later, suspecting Poldi is hiding Kochak’s smuggled perfumes, Blackie and Fitch hunt for him around the city, causing a chain of events that leads to the spread of plague around the city. Moving from the pre-war image of certain racial and
ethnic groups as passive or helpless victims, these characters are now duplicitous and malevolent spreaders—as well as being undocumented migrants (with ‘suits made in Haifa, shoes in Buenos Aires’)—irredeemable and deserving of neither sympathy nor salvation. This is perhaps where epidemic-related films appeared to deviate from other types of film employing racially distinctive representations, as already the 1920s and 1930s saw the inweaving of racial and ethnic stereotypes and criminal activity in cinema.

Another factor that distinguished post-war films depicting epidemics from those before the Second World War was the extent to which certain racial groups posed a direct threat to America. Films from the 1930s repeatedly claimed that ‘exotic’ diseases created vulnerabilities for the ‘developed world’ but there were barely any real scenes of microbial penetration into parts of Europe or North America. Most of the time, the outbreaks took place in locales far away from the borders of the United States, and threatened only those white people that arrived at those locales. The Chinese stowaway in *Pacific Liner* might have come closest to representing this border crossing-disease carrier scenario, but eventually the cholera outbreak brought onto the S.S. Arcturus had been eradicated and dealt with before the ship reached American shores. Indeed, much of the film’s focus at the end was on the oblivious nature of those American citizens, unaware of the tragedy that had just unfolded onboard the vessel. In that sense, we might even say that Wald’s ‘outbreak narrative’—with its emphasis on disease spread from ‘underdeveloped’ to ‘modern’ and ‘metropolitan’—was only very partially applicable to the period of epidemic cinema before the Second World War, and only gained complete relevance in the period thereafter.

In *Panic in the Streets* and *The Killer That Stalked New York*, the threat of pathogenic invasions is much more explicit than seen before the Second World War, and accordingly, the depiction of a racial or ethnic Other becomes more menacing. As already argued by Ostherr, the invisibility of microbes within the body necessitated highlighting specific ethnicities and nationalities as potential carriers who became ‘markers’ to trace the routes of contagion. In *Panic in the Streets*, it is suggested very early in the film that the identified ‘Patient Zero’ (Kochak) ‘may be of Armenian, Czech, or mixed blood’, which prompts the United States Public Health Service to target Eastern European immigrants in their investigation. Moreover, these groups were given specific cultural characteristics—for example, ‘non-cooperative’ and with disdain for authority, and thus complicating the attempts to manage the outbreak. Fears of microbial penetration also surrounded an ‘ethnic dish’ which the
police officer had never even heard of—shish kebab—which becomes a lead for locating contagious individuals, and where the consumption of ‘exotic food’ represents the risk of literal border crossing from outside to inside the body.66

In *The Killer That Stalked New York*, the fear of ‘invasion’ is expressed through the film’s concern about the lack of medical control at the American-Cuban border. Upon identifying Sheila as both diamond smuggler and smallpox spreader, a United States officer anxiously reflects on the troubling fact that there are ‘no quarantine restrictions between Cuba and the continent of the United States’ and that ‘she could have passed through an area of contagion and brought the disease into the country’. Such concerns echo the trends Ostherr finds in post-war American public health documentaries, which placed more emphasis ‘on the importance of the national border as the site of surveillance and bodily regulation’ compared to pre-war.67 This shift could be pinned to new post-war developments such as heightened international air travel, greater long-distance flows of people and products, and the rise of ‘world health’ as a concept—perhaps also underpinned by the decolonisation movements, where old hierarchies were collapsing, and creating new anxieties over the emergence of a new diaspora that was difficult to control.68 We see these fears emerge in the stigmatisation of non-white bodies that migrated from former colonies—different groups of South Asian migrants to Britain in the 1950s and 1960s, for example, seen as simultaneously pathological and vulnerable to host of afflictions and hence ‘unsuited’ for the ‘British environment’.69 Indeed, communal health was one yardstick through which attempts at ‘cultural assimilation’ came to be justified.70

The salient fear of ‘outsider’ intrusion was directed by the political atmosphere of the Cold War, with an invasion narrative manifested more broadly in the emerging science-fiction genre.71 *Panic in the Streets and The Killer That Stalked New York* both appeared in 1950 when antagonism between the United States-led capitalist bloc and the Soviet Union-led communist bloc was on the rise. The ‘sinister and wily’ image of contagious microbes that invaded human cells and took control of human bodies was easily compared to the contagious threats provided through communist ideology, which could corrupt and manipulate the (American) body politic.72 *Panic in the Streets*, in particular, has been read as a cinematic depiction of McCarthyism in America, where pneumonic plague embodies the anxiety about ‘ideological infection’, and the chase in the streets thereafter represents the ‘witch hunts’ against communist agents.73 Similarly in *The Whip Hand*, political ideology comes to the fore.74 The threat to the United States is no longer a disease originating from Othered socio-cultural
practices within an afflicted distant environment—but a deliberate malicious creation of active enemies. In this film, the villains of the original script are Nazis from Germany scheming to conceal a still-alive Hitler, but in the late 1950s revision, the filmmaker changed the plot towards communists carrying out the deeds of the Kremlin. Thus, the post-war period saw the first movements towards epidemics being represented in American cinema as not always seeded within sites of ‘underdevelopment’—inhabited by well-meaning but ignorant (non-white) populations—but explicit products of (rival) developing societies such as the Soviet Union.

**Conclusion**

In several American-made films of the 1950s that depicted outbreaks of epidemic disease, the origins and spread of these afflictions were racialised, and in the process creating environmental distinctions that blurred the lines between endemic and epidemic. Epidemic diseases were ‘epidemic’ when they became problems for ‘developed’ and ‘metropolitan’ societies—i.e., predominantly a problem for white populations. Similarly, non-white populations in these ‘diseased environments’ either passively accepted assistance in dealing with epidemic afflictions—a paternalistic kind of white saviour narrative—but not always with ‘gratitude’, and sometimes direct resistance. The salience of these tropes can be found in not only the representational demands of visualising the invisible microbe in an age of accepting the principles of ‘germ theory’, but a number of contextual historical developments of the early twentieth century—greater immigration, the expansion of American public health policy in scale and scope, and an overriding confidence in the capacity of the ‘developed world’ to escape from or conquer ‘old afflictions’ linked to the past. Many of the same racialised tropes persisted after the Second World War—perhaps even given new vigour considering anxieties over decolonisation ‘uncontrolled’.

As argued in the later phases of the article, however, one of the overriding differences in pre- and post-war representations linking race and epidemics was intent. In the 1930s, epidemics took their root in physical sites of ‘underdevelopment’ and were perpetuated further by perceived ‘premodern’ social and cultural practices of certain peoples—demarcated down the lines of race or ethnicity, but at times intersecting with other gendered and socio-economic categories. After the war, while some of the tropes continued (in particular, the ‘white knight’ stock character), other narratives
emerged that emphasised how epidemic outbreaks were not only a more urgent threat to ‘developed’ (i.e., white) societies than ever before, but also moving from merely a ‘fact of life’ in perpetually diseased environments to a malicious and explicitly designed product of rival ‘developed’ or ‘developing’ societies. Accordingly, in the pre-war period of cinema, we see much more emphasis on the ‘underdeveloped’ origins of epidemic outbreaks in, effectively, non-white environments—but less of the actual spread to ‘metropolitan’ societies. In the post-war period, we no longer see as much consistent emphasis on the Othered environment as the nexus of disease, but instead greater alarm about the actual appearance of disease within ‘developed’ (white) societies. In that sense, in American cinema depicting epidemics, at least, we see temporal changes of emphasis in components making up the ‘outbreak narrative’—with different parts (either the ‘incubator’ of disease or the recipient of disease) having greater or lesser prominence according to historical context. Accordingly, Wald’s ‘outbreak narrative’ remains important—but it is not a static concept. Further work should look to test how far its principles extend back in time.

Notes


15. For an insight into the specific chronology of films that mainly centred around real or “quasi-real” epidemic diseases (most films up to 1960), and those thereafter that were based around fantastical notions connected to apocalyptic destruction or near destruction of the whole of humanity, rising concerns over bioterrorism, and the rise of an undead or form of zombie existence: Han and Curtis, *Infectious Inequalities*, 12–19; Qijun Han and Daniel R. Curtis, “Social Responses to Epidemics Depicted by Cinema,” *Emerging Infectious Diseases* 26, no. 2 (2020): 389–94, specifically 389.

16. Background information on the popularity and cultural significance of these ten films can be found in the Appendix.


27. This narrative tended to recur. In *The Giant Rat of Sumatra*, an episode of the radio series *The New Adventures of Sherlock Holmes* aired in 1942, Professor Moriarty is found preparing to import plague into Britain through the infected rodent mentioned in the title: Han and Curtis, *Infectious Inequalities*, 34.


36. Lynch, “‘Arrowsmith’ Goes Native,” 204.


47. Bibler, “Always the Tragic Jezebel,” 14–16. However, it has also been argued that the passive images of the Black servants portrayed in *Jezebel* soothed “white anxieties” connected to negatively perceived social changes occurring in the 1930s: Bernadi and Green, eds., *Race in American Film*, 4.


50. Likely by accident, this deviated from historical accuracy as late nineteenth- and early twentieth-century plagues in India did in fact induce significant societal discord directed at “elite” administrators: Cohn, *Epidemics*, 311–317.


55. Wald, *Contagious*, 46, 205, 236.

56. It was convenient to attribute this regressive image to Japanese society at this time, as the story is set in the Bakumatsu (end of the bakufu) period of 1853–1867, which preceded the Meiji Restoration that would see Japan follow the West into industrialisation. See: Bob Tadashi Wakabayashi, *Anti-Foreignism and Western Learning in Early-Modern Japan: The New Theses of 1825* (Cambridge, MA: Harvard University Press, 1986), 58–59.


60. Han and Curtis, Infectious Inequalities, 111.

61. Han and Curtis, ”The Female Burden Visualized”.


63. For example, the pre-war years had seen cinematic portrayals of Italian and Irish immigrants as bloodthirsty gangsters (The Public Enemy [1931], Scarface [1932]), Latinos as violent bandits (The Greaser’s Revenge [1914], The Martyrs of the Alamo [1915]), African Americans and Arabs as loathsome thieves or sexual predators (The Birth of A Nation [1915], The Sheik [1921], Beyond the Rocks [1922]), and East Asians as duplicitous opium addicts (Mr. Wu [1927], Welcome Danger [1929], The Mask of Fu Manchu [1932]): Bernadi and Green, eds., Race in American Film, 257–266, 337–339, 529–531; Naomi Green, From Fu Manchu to Kungfu Panda: Images of China in American Film (Honolulu, HI: University of Hawai’i Press, 2014), 45.

64. See the examples of the 1930s films in Han and Curtis, Infectious Inequalities, 110–113.


67. Ostherr, Cinematic Prophylaxis, 10–11.

68. On this issue in the context of the United Kingdom and post-colonial migration: Roberta E. Bivins, Contagious Communities: Medicine, Migration, and the NHS in Post-war Britain (Oxford: Oxford University Press, 2015).


### Biographies

Phạm Thùy Dung is currently an MA student in History at the Vrije Universiteit Amsterdam. Dr. Daniel R. Curtis and Dr. Qijun Han are both attached to the Erasmus School of History, Culture and Communication at Erasmus Universiteit Rotterdam, and have recently published an open access book entitled *Infectious Inequalities: Epidemics, Trust, and Social Vulnerabilities in Cinema* (London: Routledge, 2023).

<table>
<thead>
<tr>
<th>Film</th>
<th>Year</th>
<th>Director</th>
<th>Notable cast members</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Arrowsmith</td>
<td>1931</td>
<td>John Ford</td>
<td>Helen Hayes (EGOT winner, nicknamed “The First Lady of American Theatre”)</td>
<td>The film was an adaptation of Sinclair Lewis' Pulitzer-winning novel, <em>Arrowsmith</em> (1925). The film received four Oscar nominations. With a box office of $1,250,000, <em>Arrowsmith</em> was listed as one of the all-time bestselling motion pictures by 1938. The film was an adaptation of Sinclair Lewis' Pulitzer-winning novel, <em>Arrowsmith</em> (1925). With a box office of $1,250,000, <em>Arrowsmith</em> was listed as one of the all-time bestselling motion pictures by 1938.</td>
</tr>
<tr>
<td>Arrowsmith</td>
<td>1931</td>
<td>John Ford</td>
<td>Ronald Colman (famous actor of the 1930s–50s, who received one Oscar win and three Oscar nominations)</td>
<td>With a box office of $1,250,000, <em>Arrowsmith</em> was listed as one of the all-time bestselling motion pictures by 1938. The film received four Oscar nominations.</td>
</tr>
<tr>
<td>The Painted Veil</td>
<td>1934</td>
<td>Richard Boleslawski</td>
<td>Greta Garbo (international star of the 1920s–30s, who received three Oscar nominations)</td>
<td>The film was adapted from W. Somerset Maugham's 1925 novel <em>The Painted Veil</em>—which received three cinema adaptations (in 1934, 1957, and 2006), proving its enduring appeal. Produced with a budget of $947,000, <em>The Painted Veil</em> earned a total of $1,658,000 (1934 values) in domestic and foreign markets.</td>
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<tr>
<td>Jezebel</td>
<td>1938</td>
<td>William Wyler</td>
<td>Bette Davis (a famous actress with two Oscar wins and ten Oscar nominations)</td>
<td>In 2009, <em>Jezebel</em> was selected by the Library of Congress as one of the films that would be &quot;preserved as cultural, artistic and/or historical treasures.&quot; The film received two Oscar wins and three Oscar nominations.</td>
</tr>
<tr>
<td>Pacific Liner</td>
<td>1939</td>
<td>Lew Landers</td>
<td>Victor McLaglen (famous boxer-turned-actor with one Oscar win and one Oscar nomination)</td>
<td>Despite its low budget as a B film, <em>Pacific Liner</em> was screened like an A production for the first six weeks of its release. The film received one Oscar nomination.</td>
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<tr>
<td>The Rains Came</td>
<td>1939</td>
<td>Clarence Brown (renowned filmmaker with six Oscar nominations for Best Director)</td>
<td>Myrna Loy (famous actress, who was regarded by the LA Times as &quot;Queen of the Movies&quot;)</td>
<td>The film was adapted from the 1937 novel <em>The Rains Came</em> by Louis Bromfield, a Pulitzer-winning and bestselling author of the 1920s.</td>
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<td></td>
<td></td>
<td></td>
<td>Tyrone Power (one of the most well-known actors of the 1930s–40s)</td>
<td>The film received one Oscar win and four Oscar nominations.</td>
</tr>
<tr>
<td>Panic in the Streets</td>
<td>1950</td>
<td>Elia Kazan (renowned filmmaker with two Oscar wins for Best Director)</td>
<td>Richard Widmark (Hollywood star of the post-war era, who received one Golden Globe win and one Oscar nomination)</td>
<td>The film received one Oscar win and the International Award at the 1950 Venice International Film Festival.</td>
</tr>
<tr>
<td>The Killer that Stalked New York</td>
<td>1950</td>
<td>Earl McEvoy</td>
<td>Evelyn Keyes (well-known actress of the 1940s, who co-starred in the classic film <em>Gone with the Wind</em>)</td>
<td><em>The Killer that Stalked New York</em> was regarded only as a B film but has nevertheless often been included in the all-time list of film noirs as well as epidemic films.</td>
</tr>
<tr>
<td>The Whip Hand</td>
<td>1951</td>
<td>William Cameron Menzies (renowned filmmaker with two Oscar wins, two Oscar nominations, and one nomination at the Venice Film Festival)</td>
<td>Raymond Burr (television star of the 1950s, who received two Primetime Emmy awards)</td>
<td>The film sparked conflicting reactions from contemporary film critics. It was a box office failure, losing approximately $225,000. According to Mark Miller, this was largely due to the sudden script change that caused a surge in the production expense.</td>
</tr>
<tr>
<td>The Barbarian and the Geisha</td>
<td>1958</td>
<td>John Huston (renowned filmmaker with two Oscar wins and twelve Oscar nominations)</td>
<td>John Wayne (Hollywood icon and an international star of the 1950s, who received one Oscar win and two Oscar nominations)</td>
<td>The film attracted much attention thanks to the popularity of John Wayne and the reputation of John Huston. However, it performed poorly at the box office, unable to cover the production budget of $4 million.</td>
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<td>The Spiral Road</td>
<td>1962</td>
<td>Robert Mulligan (renowned filmmaker who received one Oscar nomination and an award at the Cannes Film Festival for his most well-known film, To Kill A Mockingbird)</td>
<td>Rock Hudson (movie and television star of the 1950s–60s, who received one Oscar nomination) Gena Rowlands (famous actress with two Oscar nominations, four Emmy wins and two Golden Globe wins)</td>
<td>The movie drew attention thanks to the popularity of Rock Hudson and Gena Rowlands but received mixed reviews from contemporary film critics.</td>
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Notes of Appendix


