Disease, Class and Social Change

Disease, Class and Social Change: Tuberculosis in Folkestone and Sandgate, 1880-1930

By

Marc Arnold

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Dedicated to the memory of Dave Hatton

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PREFACE

The idea underlying this research was to document and analyse accounts and representations of tuberculosis in the late-nineteenth and early twentieth centuries in order to delineate changes in the related spheres of social ideology and medical theory. As tuberculosis was a common chronic condition with a wealth of cultural associations it was felt that references to the social management and experience of the disease - uncovered in medical literature, administrative records, newspapers, health guides, novels, oral histories and any other available public or private sources - could provide what the anthropologist Clifford Geertz referred to as "thick description"; a rich and detailed collection of socially constituted meanings through which the fundamental taxonomic structures and symbolic relationships of a culture are made accessible.[1]

Pulmonary tuberculosis has attracted recent interest amongst historians and literary critics as a disease that derives cultural significance from its complex and contested aetiology.[2] It is associated with various overlapping discourses in late nineteenth and early twentieth century medical and popular culture surrounding infection, degeneration, hygiene, morality and poverty that reveal the diversity of meanings and metaphor that proliferated around it during this period of intense social and cultural

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[1] C. Geertz, *The Interpretation of Cultures: Selected Essays,* New York: Basic Books, 1973, pp.3-30

[2] K. Byrne, *Tuberculosis and the Victorian Literary Imagination,* CUP, 2011; C. Lawlor & A. Suzuki, The Disease of the Self: Representing Consumption, 1700-1830, *Bulletin of the History of Medicine*, 74, 2000, pp.458-494; C. Lawlor, *Consumption and Literature,* Basingstoke: Palgrave MacMillan, 2006; C. T. Moloney, *George Eliot, Henry James and Consumption: A Shadow on the Lung of the Victorian Psyche*, unpublished PhD thesis, Birbeck College, University of London, 1999; C. T. Moloney, *Inflaming Infirmity: Some Medical-Literary Interfaces of 19th Century Tuberculosis,* (unpublished), 2009; G. S. Rousseau, *Nervous Acts:Essays on Literature, Culture and Sensibility*, Palgrave, MacMillan, 2004; C. Herzlich & J. Pierret, *Malades d'Hier et Malades d'Aujourd'hui: Tuberculeux aux XIXe et XXe Siecles,* Paris: Aubier, 1986; D. Dessertine & O. Faure, *Combattre la Tuberculose, 1900-1940,* Presses Universitaires de Lyon, 1988; S. Sontag, *Illness as Metaphor*, London: Allen Lane, 1979

realignment. Sander Gilman's study of the tubercular Franz Kafka, for example, demonstrates how a variety of explanatory models permitted:

> the coexistence of different views about the meaning of the signs, the significance of the treatment, and the interpretation of the aetiology, both in the lay conception of the illness…as well as in medical discourse.[3]

These coexisting explanations for the causes of tuberculosis provide an opportunity not merely to assess the impact of medical interventions but to examine the socio-political perspectives underlying the various theoretical approaches to the control of the disease.

From the perspective of the second half of the twentieth century, however, and particularly in the post-war climate of confidence in scientific progress, the history of tuberculosis generally came to be regarded as a prime example of the triumph of laboratory medicine and scientific method. By 1970 only 1,465 deaths were attributed to tuberculosis in England and Wales annually[4] compared to between 60,000 to 70,000 at the beginning of the twentieth century.[5]

This triumphalist account of the supplanting of pre-existing explanations of disease causation by a bacteriological model of medicine is misleading and inaccurate. Although it became acknowledged by the early twentieth century that the *tubercle bacillus* was a necessary component cause of tuberculosis, it was also generally understood in the medical world that infection alone was insufficient to cause the active form of the disease.[6] Heredity, lifestyle and the housing conditions and diet of the working classes remained important factors in determining how the disease should be managed.

These precipitating causes of tuberculosis, the factors contributing to the disease by somehow compromising or weakening the immune system, eventually became irrelevant to doctors and public health authorities

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[3] S. Gilman, *Franz Kafka, The Jewish Patient*, London: Routledge, 1995, p.170

[4] V. H. Springett, Tuberculosis - Epidemiology in England and Wales, *BMJ*, 1, February 12th, 1972, p. 422

[5] *BMJ*, November 22nd, 1902, p.1542

[6] J. A. Mendelsohn, Medicine and the Making of Bodily Inequality in 20th Century Europe, *Heredity and Infection*, eds. J. Gaudillière & I. Löwy, London: Routledge, 2003, p.28

following mass immunisation in the 1950s.[7] Consequently several accounts of the demise of tuberculosis depict the fall in deaths from the disease during the twentieth century as a direct consequence of a revolution in medical theory and practice brought about by advances in bacteriology.[8] These celebrations of biomedical progress issue from a tradition within the history of medicine, mostly contributed to by doctors, focusing on the lives of great men and their contributions to medicine and scientific advancement.

However, as the effectiveness of this bacteriological model of public health was brought into question from the 1960s other commentators have questioned the impact of scientific medicine on the decline of mortality rates in general, and of tuberculosis in particular.[9] Subsequently the historiography of tuberculosis has, particularly in Britain, been overtaken to a large extent by a debate over the reasons for this decline in mortality figures.

This protracted and unresolved argument derives largely from the political standpoints adopted by academics regarding the relative benefits to the health of populations from targeted biomedical intervention and more general improvements in standards of living. Medical historians and sociologists have often been more concerned with understanding the epidemiology of tuberculosis from a contemporary, biomedical perspective than with reconstructing early twentieth century attitudes and approaches to the disease. Consequently the worldviews and cultural values that impelled and informed this expansion of the state into administering and

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[7] Interestingly, large scale trials in India of BCG, the most commonly used anti-tubercular vaccine, have subsequently reported on the ineffectiveness of the drug, *The Lancet*, editorial, 1980, volume1, pp.73-4, and Holland, the country with the lowest rate of tuberculosis in Europe, has never had a national immunization programme.

[8] S. L. Cummins, *Tuberculosis in History*, London: Bailliere, Tindall, Cox, 1949; R.Y. Keers, *PulmonaryTuberculosis: A Journey Down the Centuries*, London: Baillière-Tindall, 1978; H. Williams, *Requiem for a Great Killer: The Story of Tuberculosis*, London: Health Horizon, 1973; W. Spink, *Infectious Diseases: Prevention and Treatment in the Nineteenth and Twentieth Centuries*, Folkestone: Dawson, 1978; M. Caldwell, *The Last Crusade: The War on Consumption, 1862-1954*, New York: Atheneum, 1988; J. A. Myers, *Captain of All These Men of Death*: *Tuberculosis Historical Highlights*, St. Louis: Warren H. Green, 1977; T. M. Daniel, *Pioneers in Medicine and their Impact on Tuberculosis*, University of Rochester, 2000; F. Ryan, *The Forgotten Plague*, New York: Little, Brown, 1993

[9] T. McKeown, *The Modern Rise of Population*, London: E. Arnold, 1976; *The Role of Medicine: Dream, Mirage, or Nemesis?*, Princeton University Press, 1979; *The Origins of Human Disease*, Oxford: B. Blackwell, 1988

regulating the public health of the nation have been relatively neglected.

This rather narrow focus on the causes of tuberculosis avoids consideration of English *fin de siècle* cultural preoccupations and prejudices, without which historical conceptions of, and responses to, tuberculosis can not be understood. Consequently this study is less concerned with identifying the specific factors that led to the demise of tuberculosis than with understanding the shifting political and ideological currents that continuously shaped and reconfigured medical responses and social attitudes towards tuberculosis between 1880 and 1930.

This analysis of attitudes and reactions to tuberculosis, viewed through the microcosm of a socially polarised health resort, allows us to trace the connections between developments in medical theory, the early twentieth century expansion of public health and changing cultural representations of tuberculosis. It affords a local perspective of conflicting social and political interests operating between borough Councillors and public health officials, religious charities, champions of the poor and rural and urban Boards of Guardians. These conflicts reflect other more centralised struggles for power and control of policy, fought around contested medical and social theory. The concrete effects of these more abstract struggles must be traced in the lives of local doctors, the sick and the destitute in order to approximate any comprehensive historical understanding of the interrelation of ideas and events.

This study of the treatment of tuberculosis, developed initially as a socially exclusive enterprise in Folkestone and later extending to incorporate the poorer classes in Sandgate and, from about 1912, to a state programme intended to eradicate the disease, explores several related areas. It highlights the late Victorian movement towards preventive medicine and the expansion of public health by local, and later, national authorities. It identifies a movement towards arresting the spread of tuberculosis in communities rather than in individuals. It draws attention to broad disparities in health according to social class, and attempts to identify the various scientific and sociological ideas that shaped attitudes to public health and social cohesion. Furthermore it seeks to question how our perceptions and experience of illness are formed and how the medical domain interacts with the cultural.

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ABBREVIATIONS

BMA	British Medical Association
BMJ	British Medical Journal
COS	Charity Organisation Society
EKAC	East Kent Archive Centre
KCC	Kent County Council
LBH	Local Board of Health
LGB	Local Government Board
MoH	Ministry of Health
MOH	Medical Officer of Health
NA	National Archives
NAPC	National Association of Prevention of Consumption, after 1919 referred to as
NAPT	National Association for the Prevention of Tuberculosis
RCPL	Royal Commission on the Poor Law
SER	South Eastern Railway
SMOH	Society of Medical Offers of Health
SUDC	Sandgate Urban District Council

The terms *phthisis*, *consumption* and *tuberculosis* are used interchangeably throughout the text and refer to pulmonary tuberculosis

INTRODUCTION

This study examines changes in the understanding and treatment of tuberculosis in Folkestone and Sandgate between 1880 and 1930, seeking to show how innovations in medicine interacted with developments in society. It explores the contention that not only does scientific knowledge impact upon society by affecting cultural perceptions and social policy, but that scientific accounts of natural phenomena are themselves continually reconstructed in accordance with prevailing cultural beliefs.[1]

How a society understands and defines disease tells us something about the ways in which that society shapes experience and assigns meaning to the phenomenal world. Even if apparently restricted to the world of medical science this process is invariably one of negotiation and argument rather than an act of discovery, and, as such, must be seen as a social act. Consequently, changes in the perception and management of disease can be understood as reflecting not only developments in medical science but also fundamental shifts of cultural perspective, and can offer insights into the influence of politics and ideology on our understanding of the world.

This examination of changing perceptions of tuberculosis in England around the late nineteenth and early twentieth century, then, provides not only an opportunity to analyse developments in medical theory and practice but also serves to situate these various theoretical positions and therapies within broader social and political processes. As David Barnes observes regarding perceptions of tuberculosis in France:

> successive truths, or stages of knowledge, about tuberculosis do not just show the developing content of medical science. They also reveal the changing social context within which that knowledge was embedded.[2]

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[1] For a discussion of the social determinants of scientific knowledge and the role of science in society see D. Bloor, 'Anti-Latour', *Studies in History and Philosophy of Science*, 30A,1, 1999, pp. 81–112; B. Latour, For David Bloor … and Beyond: A Reply to David Bloor's 'Anti Latour', *Studies in History and Philosophy of Science*, 30A, 1, 1999, pp. 113–129; D. Bloor, Reply to Bruno Latour, *Studies in History and Philosophy of Science* 30A(1), 1999, pp.131–136

[2] D. Barnes, *The Making of a Social Disease. Tuberculosis in Nineteenth Century France*, Berkeley: University of California, 1995, p.7

Conceptions of the body, of its relation to disease processes, and of *nature* in general are invariably conditioned by broader cultural preconceptions. Thus an analysis of the construction of medical knowledge, particularly in the case of diseases of contentious aetiology, can serve to reveal implicit moral and political values underlying changes in medical science. Attempts by English doctors between 1880 and 1930 to account for the persistence of tuberculosis, for example, variously emphasised infection, heredity, overcrowding, poor diet, alcoholism and a lack of sunlight as being the prime cause of the disease. It was this ongoing process of conflict and negotiation in medicine and politics during a period of intense social change that was responsible for determining the causes of tuberculosis and informing national responses to the disease in the twentieth century.

Due to its chronic nature and the disproportionate effect of the disease on the poorest in society this analysis of the ways in which tuberculosis was understood and responded to during a fifty year period at the end of the nineteenth century and the beginning of the twentieth is particularly useful in assessing changes in attitudes to public health and the working classes in England.

Understandings of, and responses to, disease are shaped in accordance with epistemologically specific cultural values, assumptions and ideologies. Thus, although for the first three quarters of the nineteenth century the poor suffered and died from tuberculosis at a greater rate than towards the end of the century, their experience is now almost invisible to us. The disease, as it afflicted the working classes, was not a public health issue, and consumptive workers and their families generally had little expectation of medical treatment or, indeed, recovery.[3]

What we know of the disease at this time reaches us through medical texts, novels and biographies that detail the protracted and expensive treatment afforded predominantly to the affluent. As outlined in chapters one and two tuberculosis, often seen as a fashionable and Romanticised disease until the mid-nineteenth century, came to be associated more with images of social degeneracy than individual sensibility. Particularly after the London riots of 1886-7 and the publications of social investigators such as Charles Booth, attention was drawn to the poor health and high tuberculosis rates of poor sections of society. This, it will be argued, aroused middle class fears of social contamination, and coloured responses to issues of public health, and particularly the management of the urban

[3] S. Webb, *Public Health*, 23, 1909-10, p.65, quoted in J. M. Eyler, *Sir Arthur Newsholme and State Medicine 1885-1935*, Cambridge University Press, 1997; Mrs. F. J. Pedlar, *The Maitland Story*, Maitland Trust, ca. 1968, p.4

poor, on a number of levels.[4]

During the latter half of the nineteenth century tuberculosis came to be equated with urban expansion, industrialisation and immigration as accounts of the squalor of inner city life became known to the public. A social history of tuberculosis, then, allows us to trace the emergence of middle class concerns over the health and control of the urban working classes, and particularly over what was described as the "social residuum", amongst whom the disease was considered most prevalent by the early twentieth century.[5]

Whilst shifting perceptions of tuberculosis can be understood as reflecting particular cultural concerns, tuberculosis can also serve as a focus for seminal changes in the medical understanding of nature and disease. Medical histories celebrating the triumph of germ theory have tended to represent Koch's identification of the *tubercle bacillus* as signalling the birth of scientific medicine and the demise of less objective medical models.[6] Such accounts of the unproblematic acceptance of the contagiousness of tuberculosis are, however, questionable, and a more contextualised approach to medical theory and practice at this time is required in order to better understand the character and motivations of the early public health movement. During the period under study, just as much as today, the infectiousness of tuberculosis was very rarely perceived by the medical establishment as being as virulent as smallpox, measles or scarlet fever, and thus other factors were constantly being sought and

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[4] G. Sims, *How the Poor Live*, London: Chatto & Windus, 1883; Reverend A. Mearns, *The Bitter Cry of Outcast London: An Inquiry into the Condition of the Abject Poor,* 1883, www.attackingthedevil.co.uk/related/outcast.php; General Booth, *Darkest England and the Way Out*, London, Charles Knight & Co. Ltd, 1890; C. Booth, *The Life and Labour of the People of London*, 9 volumes, London: Macmillan & Co, 1892-97; J. London, *People of the Abyss*, [1903] London: Pluto, 1998

[5] H. de Carle Woodcock, *The Doctor and the People*, London: Methuen, 2nd ed., 1912, p.186

[6] S. L. Cummins, *Tuberculosis in History*, London: Baillière-Tindall, Cox, 1949; R.Y. Keers, *Pulmonary Tuberculosis: A Journey Down the Centuries*, London: Baillière-Tindall, 1978; H. Williams, *Requiem for a Great Killer: The Story of Tuberculosis*, London: Health Horizon, 1973; W. Spink, *Infectious Diseases: Prevention and Treatment in the Nineteenth and Twentieth Centuries*, Folkestone: Dawson, 1978; K. C. Carter, The Development of Pasteur's Concept of Disease Causation and the Emergence of Specific Causes in Nineteenth Century Medicine, *Bulletin of the History of Medicine*, 65, 1991, pp.528-548; F. Ryan, *The Forgotten Plague*, New York: Little, Brown, 1993

identified in order to account for the spread of the disease.[7]

Middle class anxieties regarding the health, habits and living conditions of urban working families at this time were prompted to a great extent by notions of inheritable physical and moral degeneracy. These concerns were further heightened by an awareness of the potential for social unrest and challenges to the *status quo.* Social researches conducted by Seebohm Rowntree, Charles Booth, William Beveridge and Beatrice and Sidney Webb[8] were imbued with a eugenic consciousness and advocated various methods of social engineering.[9] The impact of social Darwinist thought – that is ideas concerned with the biological advancement of the nation – on attitudes to health and illness in Britain has long been underestimated.

Whilst commentators on public health and eugenic thought in England have not previously focused on tuberculosis as a potential object of social engineering there exist many literary, journalistic and medical references to the disease as an inheritable predisposition, even after Koch's isolation of the *bacillus.* Many Fabians and other social reformers were influenced by evolutionary ideas. It was at least the opinion of H.G. Wells, writing at Sandgate in 1900, that the slum, together with the asylum and the prison, would remain a necessary part of society due to their function of reducing the breeding capacity and life expectancy of the "unfit".[10] Whilst these ideas may have rarely been expressed so overtly, it will be demonstrated that they continued to be held by powerful and influential figures and that the influence of social evolutionism in one form or another was pervasive throughout this period.

This study is situated in the period between the discovery of the *tubercle bacillus* in 1882 and the middle of the inter-war years, by which

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[7] A. Hillier, Tuberculosis and Public Action, *Fortnightly Review*, 71, 424, April, 1902, p.706

[8] C. Booth, *The Life and Labour of the People in London*, 9 volumes, London: Macmillan & Co, 1892-97; B. Seebohm Rowntree, *A Study of Town Life*, London: Macmillan & Co, 1901; W. H. Beveridge, *Unemployment: A Problem of Industry*, London: Longmans, Green & Co, 1909; S. & B. Webb, eds., *The Break-Up of the Poor Law: Being Parts 1 & 2 of the Minority Report of the Poor Law Commission*, London: Longmans, Green & Co, 1909

[9] J. Brown, Charles Booth and Labour Colonies 1889-1905, *Economic History Review*, volume 21, no.2, 1968, pp.349-360; D. Dorling & J. Pritchard, The Geography of Poverty, Inequality and Wealth in the UK and Abroad: Because Enough is Never Enough, *Applied Spatial Analysis and Policy*, 3:81, 106, 2010, pp. 81-105

[10] H.G. Wells, *Anticipations of the Reaction of Mechanical and Scientific Progress upon Human Life and Thought*, London, Chapman & Hall, 1901, pp.80-81

time an elaborate state system for the monitoring, control and treatment of the disease amongst the working classes had become established. This time scale, however, is not rigidly circumscribed, and includes considerations that both precede and follow these date markers in order to look at earlier ways in which the disease was culturally configured, and at the implications of an exclusively biomedical approach to the problem in contemporary society.

In order to examine the widely disparate circumstances of the well-off and the working class consumptive the fashionable late Victorian and Edwardian health resort of Folkestone, together with the adjacent town of Sandgate, have been chosen as the focus of this research. The political wards of Folkestone afford a nice comparison of environmental conditions and cultural backgrounds, as illustrated in chapters six and seven. The congested and impoverished east ward's narrow alleys rising precipitously from the harbour present a stark contrast to the broad, landscaped leas and boulevards of the cliff-top west ward. And, equally, Sandgate's community of residents and visitors from the social elite and officer class are in contrast to the chronically sick and destitute sent there to recuperate by reformist London boroughs.

Folkestone's reputation as a socially exclusive resort for affluent urbanites seeking to escape the unhealthy atmosphere of the city was largely established by the de Bouverie family in the mid-nineteenth century. The natural topography of the town permitted a division between rich and poor that was formalised through strict planning and building regulations. An analysis of the political economy of the town, in chapters six and seven, demonstrates the power of local patronage and provides an opportunity to consider the effectiveness of public health officials and reformist health legislation on this aristocratically managed and conservative coastal town.

In chapter nine the moralising and disciplinarian approach to the sick poor of the predominantly high Anglican Folkestone charitable organisations is contrasted with the work of the evangelical London Samaritan Society and their manager John James Jones and his family, who treated pauper consumptives in the less regulated environment of Sandgate between 1884 and 1915. These exemplify two fundamentally different responses to the problem of tuberculosis. One approach subjected the sick poor to the moral discrimination inherent in the 1834 Poor Law Amendment Act. The other more reformist approach, adopted by some London Boards of Guardians, attempted to provide the destitute with open-air therapy as enjoyed by the leisured classes, rather than merely granting, or refusing, them the means of subsistence. This local study

permits an analysis of variations in the experience and treatment of tuberculosis along lines of social class in addition to a consideration of changes in middle class attitudes to poverty and sickness.

The examination of the treatment of destitute consumptives in Sandgate also assesses the extent to which society and the medical profession saw tuberculosis as posing a threat of infection. Parliamentary Select Committee debates initiated by a local Bill that was intended to remedy the purported dangers of infection posed by Jones' enterprise provide a range of contemporary medical opinion concerning the nature of the threat posed to public health by the tubercular. The Parliamentary records of these proceedings, together with reports and analysis of the dispute in contemporary medical journals and records of Local Government Board correspondence, also draw attention to the particularly acute cycle of destitution and tuberculosis existing in urban environments, notably the east end of London, at this time (1904-05).

Research into the public health administration of Folkestone and the provision available for local people suffering from tuberculosis is divided into two sections. Chapter six assesses provision for the tubercular poor prior to the National Insurance Act of 1911. Following the compulsory notification of the tubercular under the Public Health Act of 1912 treatment in a sanatorium was intended to be supplied by the County Council. The operation of this open-air treatment in Kentish sanatoria, discussed in chapter eleven, is contrasted with earlier philanthropic and Poor Law provision for the working classes in order to assess the impact of scientific and medical advances on social health as well as on the increasing medicalisation of working class lives.

Although measures taken to treat or control the disease were, particularly before the provision of sanatorium benefit in 1912, initiated at a local level, other works cited in this study invariably adopt a national overview. No detailed local studies of tuberculosis and its treatment have yet been undertaken.[11]

A significant consequence of the emphasis on national trends and quantitative analysis is the relative absence from the literature of the role of the Poor Law in managing the disease. Although impressions of life in sanatoria have been reconstructed,[12] these institutions probably treated no

[11] A. Hardy, *The Epidemic Streets*, 1993, p.212

[12] L. Bryder, *Below the Magic Mountain, A Social History of Tuberculosis in Twentieth Century Britain*, Oxford University Press, 1988; L. Bryder, Papworth Village Settlement: A Unique Experiment in the Treatment and Care of the Tuberculous? *Medical History*, 28, 1984; F. B. Smith, *The Retreat of Tuberculosis 1850-1950*, Beckenham, Kent: Croom Helm, 1988

more than 2% of cases in England until the 1930s,[13] and reference to the extent of treatment in other institutions and in the homes of the tubercular are rare.

The growing middle class demands for state intervention in public health from the end of the nineteenth century, and particularly for the mass treatment and isolation of the tubercular have not yet been fully contextualised by historians. Moreover, these seminal events in the history of medicine and the expansion of the state provide an opportunity to explore the rapidly changing social, scientific and ideological landscape that was unfolding around the birth of the twentieth century.

The overall approach of this research is to examine the ways in which tuberculosis has been understood and treated in order to throw light on the relative influence and interrelation of scientific developments and wider social and ideological forces on attitudes and responses to the disease. Rather than being a purely biological phenomenon, it has long been argued, the continued spread of tuberculosis in developing countries today owes more to the existence of widespread poverty and the political and economic agendas of the affluent and powerful.[14]

Since the Second World War medical theory and practice have been propelled by the myth of a triumphant bacteriological revolution into a vain contest against the natural world. Mutating strains of increasingly deadly bacteria and viruses are becoming multi-drug resistant in the treatment of HIV, tuberculosis, influenza and other diseases.[15] From the mid-1980s there has been a resurgence of tuberculosis in the developed world due to the evolution of strains of bacteria resistant to anti-tubercular drugs, and experts have warned of potential calamity as western overdependence on pharmaceuticals erodes the power of immune systems to resist disease.[16]

In 2002 tuberculosis, described as the most easily preventable infectious cause of death, was declared to be more prevalent than at any time in history due, it was claimed, to increasing social inequalities.[17] In

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[13] F. B. Smith, *The Retreat of Tuberculosis*, 1988, p.47

[14] P. D. van Helden, The Economic Divide and Tuberculosis, *EMBO Reports*, volume 4 (supplement), June, 2003, S24-28

[15] J. M. Diamond, 'AIDS: Infectious, Genetic, or both?', *Nature*, 328, July 1987, pp.199-200

[16] J. D. Porter & K. P. McAdam (eds) *Tuberculosis: Back to the Future*, Chichester: J. Wiley & Sons Ltd, 1994

[17] M. Gandy & A. Zumla, The Resurgence of Disease: Social and Historical Perspectives on the 'New' Tuberculosis, *Social Science and Medicine*, volume 55, issue 3, August, 2002, p.385

the mid-1990s it was estimated that 3.5 million people a year died of tuberculosis and that one third of the world's population was infected with the *tubercle bacillus*.[18] And yet the question remains; why, when so many are infected, are there not more deaths due to tuberculosis? Perhaps the problem is not how to prevent infection but how to ensure that poverty, conflict and social dislocation do not, yet again, undermine resistance to this chronic infectious disease.

Even during the 1890s tuberculosis was considered by the English medical profession to be a preventable disease. As Albert, Prince of Wales, famously declared at the opening conference of the National Association for the Prevention of Consumption in 1898, "If preventable, why not prevented?"[19] Such persistent high mortality due to tuberculosis, despite over a century of insistence by the medical profession that such deaths were largely avoidable, suggests that a failure to appreciate the social and economic determinants of the disease are as common today as during the period under study, and that purely bacteriological approaches to its control are ultimately ineffective.

The largely uncritical over-reliance on the "magic bullet" of recent decades can be seen as a consequence of the neglect of a tradition of environmental[20] public health in favour of the construction of a chiefly biomedical history of medicine. To better understand the political and cultural determinants that led to this approach to eradicating the disease, an analysis of early twentieth century medical discourse assessing the potential and limitations of laboratory medicine for the treatment of tuberculosis forms part of this study. This analysis questions the still widely accepted understanding of the establishment, at the end of the nineteenth century, of a radically different medical paradigm based on a bacteriological revolution.

Throughout the period 1880-1930 there exists substantial evidence of resistance to a purely bacteriological model of public health, together with

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[18] P. J. Dolin, M. C. Raviglione & A. Kochi, Global Tuberculosis Incidence and Mortality during 1990-2000, *Bulletin of the World Health Organisation*, 72, 2, 1994, p.217

[19] HRH Albert, Prince of Wales, First NAPT Conference, quoted in Sir Robert Philip, The Outlook on Tuberculosis, *BMJ*, 10th January, 1931, p.43

[20] The term '*environmental*' here, as it was employed in the early twentieth century, refers to diet, exercise and constitution as well as broader public health issues such as sanitation, water, housing and town planning.

the survival of a tradition of holistic, environmentally based therapeutics.[21] This suggests that a focus on the health and natural resistance to disease of the individual was, arguably, as important in English medicine at this time as were approaches aimed at the disinfection and isolation of germs. This reappraisal of the impact of germ theory in England seeks not only to identify the social and scientific forces that impelled state intervention in the treatment of tuberculosis, it also seeks to account for the nearly thirty year delay in England between the discovery of the *tubercle bacillus* and the advent of such intervention.

In summary, the aim of this research is to evaluate how cultural and political factors influenced medical responses to tuberculosis in the late nineteenth and early twentieth centuries, and what effect these innovations in public health had on society. This approach to the understanding of scientific and social change recognises their essential interconnectedness. The past is not viewed as a succession of discrete events – scientific innovations or government legislation – with causal connections occurring on a time-line, but as an ongoing and dynamic process. A constant interaction of actors and ideas – some institutionalised and some challenging the more established offices and axioms – that can best be apprehended in the less abstract and compartmentalised arena of a local study.

[21] S. Sturdy, Hippocrates and State Medicine: George Newman Outlines the Founding Policy of the Ministry of Health, *Greater Than the Parts: Holism in Biomedicine 1920-1950*, eds. C. Lawrence & G. Weisz, Oxford University Press, 1998, pp.112-134

PART I:

REPRESENTATIONS OF TUBERCULOSIS

CHAPTER ONE

HEAVEN'S ELECT: THE ROMANTIC IDEALISATION OF TUBERCULOSIS

This section, which investigates shifting social constructions of this devastating disease, points to the way in which particular cultural ideologies have been responsible for framing the epidemiology of tuberculosis – stressing particular symptoms and patterns of causation and neglecting others – and determining its treatment. In England, it will be argued, broad distinctions in the aetiology and treatment of the disease have been established along lines of social class. That is, different aspects and symptoms of the disease have been emphasised in relation to certain social groups. Consequently, tuberculosis signified a different set of meanings for particular classes at different periods in time.

To suggest that a disease is in this way culturally constructed is not to imply that it is in any way unreal. Rather the process of identifying and defining a specific disease is determined according to implicit cultural significations and values that are embedded in linguistic and taxonomical structures that change over time.

During the second half of the eighteenth and the early nineteenth centuries an aestheticised image of the consumptive life and the consumptive death emerged that influenced many sufferers to integrate the disease into their identity as a "disease of the self".[1] From the 1880s into the inter-war period tuberculosis, it will be argued, came to be more commonly viewed as a disease of the "other". The tubercular, together with the inebriate, the "feeble-minded", the indigent, the unemployable and the prostitute came to be perceived as "different manifestations of a degenerate constitution".[2] Consequently, due to its association with what

[1] C. Lawlor & A. Suzuki, The Disease of the Self: Representing Consumption, 1700-1830, *Bulletin of the History of Medicine*, 74:3, 2000, pp. 458-494

[2] N. Rose, Medicine, History and the Present, *Reassessing Foucault: Power, Medicine and the Body*, London: Routledge, eds., C. Jones & R. Porter, 1994, p.57

were perceived as inferior sections of humanity, tuberculosis came to symbolise a threat to the health and moral integrity of the nation.

The Romanticised image of tuberculosis as a disease that particularly affected the creative and overly sensitive, or indeed inspired the imagination, pre-dates the eighteenth century. There is evidence that tuberculosis had been associated with female purity and emotional sensitivity since the Renaissance when the disease had been depicted as a consequence of unrequited love.[3] Popular seventeenth and eighteenth century accounts of the disease as a gentle, almost symptom-free, release from a harsh world, such as Thomas Fuller's seventeenth century aphorism, presented consumption as an ideal death:

> of all the bailiffs sent to arrest us to the debt of nature, none useth his prisoners with more civility and courtesie.[4]

Throughout the eighteenth century and for most of the nineteenth tuberculosis continued to be represented positively in literature[5] and medicine. Reflecting the distinctive sensibilities of the social elite the disease was characterised by a collection of fashionable symptoms - slenderness, pallid skin, intensely bright eyes, flushed cheeks and red lips. This positive symptomatology was identified with the upper and artistic classes into the twentieth century.[6] This representation of the disease, characterised by a growing popular usage of the euphemistic term "decline" from the end of the eighteenth century,[7] disregarded contemporary medical accounts of slow putrefaction and decay.[8]

These positive attributes, which probably benefited both doctor and patient in negotiating the course of the disease, also contributed to what

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[3] C. Lawlor, *Consumption and Literature*, Basingstoke: Palgrave MacMillan, 2006, p.154

[4] Thomas Fuller, 1656, quoted in C. Lawlor, *Consuming Time*, Narrative and Disease in Tristram Shandy, *Yearbook of English Studies*, volume 30, 2000 p.56

[5] For example Smike's death in Dickens' *Nicholas Nickleby*,[1838-39], Harmondsworth: Penguin, 1994, p.628, and Mordecai in George Eliot's *Daniel Deronda*, [1876], London: Cox & Wyman, 1970

[6] C. Lawlor, *Consumption and Literature*, Basingstoke: Palgrave MacMillan, 2006, p.478

[7] Oxford English Dictionary, second edition, 1989, online version, http://www.oed.com/

[8] R. Porter, The Case of Consumption, J. Bourrau, ed., *Understanding Catastrophe*, Cambridge University Press, 1992, p.195

Roy Porter has referred to as the "commodification" of consumption.[9] From the late eighteenth century aristocratic health resorts became available to the middle classes through the publication of travel guides that included climatological advice for consumptives, and established themselves not only as resorts for the tubercular but also as destinations for the culturally select.[10]

Religious belief also exerted a major influence on the perception and experience of tuberculosis. From the 1830s the rise of a more demonstrative and impassioned evangelical Christianity, which was particularly associated with the urban working classes,[11] contributed to an image of the impoverished consumptive as being somehow *spiritualised,* drawn gradually closer to God. Consumption came to be associated with heightened spirituality and godliness in middle class literary accounts of the urban poor. The disease was often depicted as transformative and redemptive as more emphasis came to be placed on the consolations of the afterlife. Charlotte Bronte's Helen Burns, the consumptive schoolfriend of Jane Eyre, articulated this longing to escape a burdensome life and ascend to a state of purity:

> debasement and sin shall fall from us with this cumbrous frame of flesh and only the spark of the spirit will remain.[12]

Although this *motif* of transformation and redemption, of spiritual advancement and exemplary suffering, was associated with evangelicism, and sometimes parodied by popular writers such as Dickens, the Brontes and Thackeray,[13] it became an increasingly common popular literary theme that pervaded Victorian middle class culture. It gave meaning to chronic disease and signified the sanctity and self-renunciation of the sufferer. This perception of consumption tending to afflict the serious and

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[9] R. Porter, Consumption: Disease of the Consumer Society? *Consumption and the World of Goods*, London: Routledge, eds., J. Brewer & R. Porter, 1993

[10] T. Smollett, *Travels Through France and Italy,* [1766], Oxford University Press, ed. Frank Felsenstein, 1979; L. Sterne, *Sentimental Journey*[1768] Oxford University Press, 2008*;* J. Clark, *Medical Notes on Climates, Diseases, Hospitals and Medical Schools in France, Italy and Switzerland,* London: T&G Underwood et al., 1820

[11] H. McLeod, *European Religion in the Age of the Great Cities 1830-1930,* London: Routledge, 1995, p.8

[12] C. Bronte, *Jane Eyre,* Harmondsworth: Penguin, 1966, p.91

[13] C. T. Moloney, *George Eliot, Henry James and Consumption: A shadow on the lung of the Victorian Psyche,* unpublished PhD thesis, Birbeck College, University of London, 1999, p.220