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### Resistance to care – sanatorium treatment

Linda Bryder, *Below the Magic Mountain. A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford, Clarendon Press, 1988), pp. 205–11.

Bryder's book is one of a number of works on tuberculosis published in the 1980s. Tuberculosis was one of the greatest killers in the nineteenth and twentieth centuries, and the factors behind its

decline are complex. *Below the Magic Mountain* explores the campaign against tuberculosis in Britain, the treatment for the disease, the experience of TB sufferers, and public attitudes towards the disease. In the early twentieth century, a regime of care in sanatoria – including a rich diet, fresh air (patients even slept outside) and exercise – was the standard form of treatment. In this extract, Bryder records patients' sometimes rebellious attitudes towards the strict sanatorium regime.

Evidence suggests that the majority of patients, whether working-class or not, were not totally submissive. . . . The two greatest disciplinary problems faced by medical superintendents were familiarity with members of the opposite sex and consumption of alcohol.

Rules on socializing were generally strict. For example, at Eversfield Hospital the regulations specified that 'conversation between men and women patients is not allowed'. Similarly at the Cheshire Joint Sanatorium, female and male patients were gathered together only for Christmas dinner. Wingfield was said to be proud of the fact that not a single patient in his institution had become pregnant, suggesting that other superintendents could not make the same boast, although even at Frimley, Bignall considered it doubtful that no children were conceived in the forbidden pine-forests. In 1922, analysing instances of patients discharged irregularly, McDougall noted that in one institution for 200 patients (male and female), there occurred only 6 cases of undue familiarity between the sexes leading to dismissal over a period of 15 months—which he thought was very low. There was a large number of young people in sanatoria, not only because tuberculosis was a disease which struck the young, but also because institutions were more receptive to young cases who were more likely to recover than to older patients whose disease was often more chronic. Most sanatoria admitted both sexes although generally men outnumbered women 60 to 40. It was reputed to be not uncommon for nurses to marry patients suggesting that despite the prohibition, some socializing occurred there as well. Two nurses who still live at Papworth married patients there. One pointed out that, with the isolation of the sanatorium, there were few other social diversions. . . .

Patients were strictly forbidden to enter public houses during the Saturday or Sunday afternoon leave from the institutions which was often granted to those who were well enough. Entering a public house, or returning to the sanatorium intoxicated, often led to instant dismissal. McDougall reported in July 1929 that three men were discharged that month for returning to the sanatorium in a disorderly condition. Possession of alcohol by patients was also strictly forbidden, although W.E.

Snell, medical superintendent of Colindale Hospital appeared amused by the extreme lengths to which some patients went to acquire alcohol, suggesting that at least some medical superintendents turned a blind eye . . .

Complaints by patients in sanatoria, particularly regarding the food, were not uncommon but were generally futile, dismissed as a manifestation or symptom of the disease. Tuberculous patients were reputed to be particularly finicky about their food and therefore complaints in that direction were not taken seriously. Norman Langdon at Papworth claimed that there was no point complaining about the food; he recalled one patient who was 'sent on the bus' in 1926 for doing so. . . .

A patient at the West Wales Sanatorium in 1923 said that all the patients were objecting to the food. When asked why they did not repeat their complaints to the medical superintendent, who had received none, the witness said they were afraid. The 1923 inquiry into the administration of the West Wales Sanatorium following complaints by Maud Morris revealed once again the futility of registering discontent. Llewellyn Williams explained concerning the evidence of Maud, 'The advanced stage of the disease at the time she gave her evidence would naturally have affected her memory and perspective.' A local doctor maintained, 'It is true that here as well as in other Institutions of different kinds, carried out at very best [*sic*], there are a certain few whose pathetically hopeless physical condition reacts upon their imagination and distorts their judgement—nothing satisfies them—though deserving every pity and consideration the truth is seldom got at by listening to [them] . . .

Another frequent cause of discontent was the total absence of heating. The *South Wales Argus* reported in 1937 that all the patients in the South Wales Sanatorium were complaining of the cold and that a visitor who was wearing an overcoat also felt cold. Conditions in sanatoria were often spartan, particularly in some of the converted smallpox and isolation hospitals. Cymla Hospital in Wales was such an institution, with 20 beds in 1914 and 60 by 1924. In 1927 its two main buildings were described as very damp; the roof in one leaked. . . . At least one patient discharged herself from Harefield Sanatorium, Middlesex, in 1929 because she found it too damp. In 1922, McDougall discovered that 'the severe climatic conditions during the winter months were the immediate cause of 26 premature discharges in the West Riding County Council sanatoria, chiefly on account of rheumatism'. In 1923, a visitor to Cowley Road Sanatorium, Oxford, found that all the male patients on the verandah, with two exceptions, were soaked with the rain which had fallen during the night, and that without any exception the top blankets on the beds were wet. The water had reached the patients partly through the roof and partly by being driven in by the wind.

[...]

While complaints were often futile, patients did ultimately have the power to leave, although Marcus Paterson's famous remark to a patient taking his own discharge, 'Tell your widow to send us a postcard', was used more than once in the following decades by medical officers of tuberculosis institutions. . . . Peter Edwards of the Cheshire Joint Sanatorium was said to despise those who were unable to tolerate the rigorous life and left the sanatorium, 'only to come or be carried back when the disease became more progressive; of those poor unfortunates, he [was] quoted as saying "they come crawling back on their knees, after death comes knocking at the door" ' . . .

Few figures are available on self-discharges, but in 7 sanatoria in Lancashire, 127 out of a total of 305 patients leaving altogether in 1921–2, took premature discharges, that is almost half, which did not strike the Ministry of Health observers as extraordinary. In 1922, a survey of West Riding CC sanatoria showed that out of a total of 3,205 discharges from sanatoria (2,396 men and 809 women), 44 per cent of the male and 32 per cent of the female discharges were 'irregular'. This included those who discharged themselves and those who were discharged for disciplinary reasons (24 per cent came into the latter category). Similarly at Peel Hall, Lancashire, 44 out of 113 patients left for reasons other than medical, of which 39 took their own discharge and 5 were dismissed.

The high proportion of self-discharges suggests that working-class patients did not submit to the discipline and the conditions of the sanatorium regime as easily as the medical superintendents . . . hoped. Self-discharging patients were also probably primarily responsible for modifying the rigorous conditions of the institutions. Powell said in 1937 that since installing heating in some of their institutions, they had been able to keep patients longer. The number of patients in tuberculosis institutions was also higher in summer months suggesting a reluctance to remain during the cold winter months. . . .

However, 'pull factors' from home were possibly most important in causing self-discharges. At least one female patient at Eversfield Hospital discharged herself prematurely without consulting the medical superintendent because her home was 'in a dreadful pickle'. She explained that her husband was unable to cope alone with the children and a dependent father. H. Old of the Welsh Board of Health referred to the constant difficulty they had in persuading women (for whom there was little outside assistance available) to leave their domestic responsibilities and undertake institutional treatment.