



## Tuberculosis: A biosocial study of admissions to a children's sanatorium (1936–1954) in Stannington, Northumberland, England



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### S U M M A R Y

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This study considers the biosocial profile of children admitted to the Philipson Children's Sanatorium at Stannington, Morpeth, Northumberland, England (1936–1954). The objective was to understand the differential impact of TB on male and female admissions at Stannington, according to a number of variables. A total of 1987 medical files were analysed. More females than males were admitted, peaks of admission at age six and 13 were documented, and the majority of children derived from poor urban areas. Over 60% (1199, 63.5%) of children had pulmonary TB, and 12% (230) had bone or joint involvement. The implementation of chemotherapy (streptomycin) at Stannington (1946), the end of the 2nd World War (1945), and the founding of the National Health Service (1948) did not have any great effect on the biosocial profile of children admitted to the sanatorium and treated (age, sex, origin, type of TB suffered, and socioeconomic status). Reasons for these findings are discussed.

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### 1. Introduction

The impact of tuberculosis (TB) on our human population has had a very long history, and remains with us today in both developed and developing countries, including England [1,2]. Although today treatment is very much more advanced and effective for many, in the more distant past care and treatment of people who were victims of this infectious disease were generally poorly developed [3]. They consisted of regimes based on disease concepts at the time. For example, an illness believed to occur because of an imbalance of the four humours in the Graeco-Roman and later periods, meaning that draining away one of those humours, blood, would likely help. These treatments were used mainly because, firstly, there was a lack of understanding of the nature of the infection and how it was transmitted and, secondly, effective treatment with chemotherapy had to wait until the 1940s and 1950s.

However, one aspect of care that was initiated was placing people with TB in sanatoria. There may have been sanatoria founded earlier than the majority, but the real concept originated in

1840 in England (George Bodington, Sutton Coldfield). Edward Livingston Trudeau was his counterpart in the United States, and founded the sanatorium movement there [4]. Early sanatoria, initially in the 19th century AD, were for admitting people with TB (meaning “to heal”, as opposed to “sanatorium” meaning “concerned with health”). Britain, along with other countries across the world opened many sanatoria, usually in rural environments, at high altitude, or next to the sea where the air quality was good. They were institutions where people with TB were admitted for rest, a good diet, fresh air, graduated exercise and treatment, although they were not universally accepted in the battle against TB. Indeed, Evans suggested that ‘there is no scientifically acceptable evidence that it reduced the toll of the disease’ [5]. However, a more healthy environment, and segregation of patients, must have had some impact on the decline of the infection, and they were certainly the key focus for “treatment” in the late 19th century [5]. Nevertheless, personal experiences suggest that life in a sanatorium was challenging, and because patients were estranged from their families and friends, life could be miserable [6–9]. By the 1950s sanatoria as places for the care of people with TB declined in use because of the development of a vaccine and antibiotics for treatment.

By 1919 there were 97 sanatoria in England plus isolation hospitals and voluntary institutions for TB treatment [10], and by 1935 the Ministry of Health records in England and Wales 550 sanatoria

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and other institutions for segregating and treating people with TB documented in England and Wales by the Ministry of Health; 174 were opened specifically for children [10]. In Northumberland, north-east England, two of the four sanatoria operating in the early 20th century were for children with TB: the Philipson Children's Sanatorium at Stannington, and the Sanderson Home for Crippled Children, Gosforth [10]. The focus of this study is on Stannington, lying 12 miles north of Newcastle-upon-Tyne (Figure 1), not far from the coast and in a rural environment. It functioned between 1907 and 1953. It was the first sanatorium opened for children in England [10]. At its maximum development it had 312 beds and catered for children with all types of TB from pulmonary to skeletal. When it closed its doors as a sanatorium in 1953, it continued as a convalescent home for children.

Using archival records of the children admitted, the aims of this study were to consider the biosocial profile of the children

admitted to Stannington, and to explore how the following were reflected in those admitted and how they were treated:

- the origin of the children (rural or urban),
- their socio-economic status (rich or poor)
- the pre- and post-antibiotic eras (1937–1943 and 1944–1953)
- the pre- and post-World War II periods
- the implementation of the National Health Service (NHS) in 1948
- the presence of bone and joint TB

The urban or rural nature and socioeconomic status of people admitted were explored because it was hypothesised that poorer urban children would have been more predisposed to TB. It was further hypothesised that the introduction of antibiotics as a treatment at Stannington in 1946 affected the types of TB from which



Figure 1. Location map showing Stannington.

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