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Feature: Historical Geographies of Moral Regulation

The material consumptive: domesticating the tuberculosis patient in Edwardian England

Graham Mooney

Institute of the History of Medicine, Johns Hopkins University, 1900 East Monument Street, Baltimore, MD 21205, USA

Abstract

The proliferation of general and specialist hospitals, lunatic asylums, and workhouse infirmaries in the nineteenth century challenged the popular perception of the home as a suitable site of health care. Amidst the emergence of yet another type of institution, the tuberculosis sanatorium, tuberculosis control in the Edwardian period was re-sited and re-scaled to accommodate what might be termed a 'preventive therapy' of domestic space. Three interlinked perspectives demonstrate why and how this happened. First, I explore the role of the national and local state in legitimating domestic space as a scale and a site for the regulation of tuberculosis patients and prevention of the disease. Second, I investigate how tuberculosis self-help manuals promoted a technology of the self that was founded largely on the principles of sanatorium therapy but was necessarily reconfigured to reflect the social relations of domestic space. Third, I assess the marketing of consumer goods to the domiciled tuberculosis sufferer through the pages of the *British Journal of Tuberculosis*. It is suggested that a common tubercular 'language' of material consumption was fashioned in order to normalise the accumulation of possessions for use in the home. These arguments are situated in relation to recent historical research on material culture and identity at the turn of the twentieth century, which has stressed the cultivation of individuality and that the right sort of possessions appropriately arranged in domestic space signified well-regulated morality.

Keywords: Tuberculosis; Consumption; Home; Domestic space; Disinfection; Sanatorium; Self-help; Preventive therapy; Sheffield

The nineteenth century witnessed an unprecedented transformation in the locus of care for the sick in Britain. General and specialist hospitals, insane asylums and workhouse infirmaries warehoused ever greater numbers of ill people. The perception that the home was the natural space in which to tend to the unwell was destabilised by this shift towards the institutionalisation of health care. Another type of institution was the tuberculosis sanatorium. Sanatoria emerged in Europe and the United States towards the end of the nineteenth century as part of an approach to controlling the disease that also included the dissemination of behavioural advice through health education and the regulation of meat and dairy products. These latter interventions were amongst the first public health policies to address the problem of tuberculosis directly and were related to the idea of tuberculosis as a 'social disease' that dominated policies in Britain and its colonies.[1]

Whilst we know a great deal about the cultural and social significance of sanatoria in the Edwardian period, it nevertheless remained the case that the vast majority of tuberculosis patients were not institutionalised. The dawning realisation that it was unrealistic to hospitalise the mass of tuberculosis sufferers prompted a reformulation of regulation that focused efforts on the home as a viable site of intervention. The domestication of tuberculosis was achieved by moulding elements of existing public health policy with components of the sanatorium regimen into

E-mail address: gmooney3@jhmi.edu

[1] General sanitary measures implemented to combat environmental degradation and overcrowding in housing earlier in the nineteenth century probably had some effect on tuberculosis morbidity and mortality. The removal of many advanced cases to the workhouse may also have had an impact, however unintentional. For public health activity in Britain, see A. Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856–1900*, Oxford, 1993. The colonial imprint of tuberculosis is broached in M. Harrison and M. Worboys, A disease of civilisation, tuberculosis in Britain, Africa and India, 1900–1939, in: L. Marks, M. Worboys (Eds), *Migrants, Minorities, and Health: Historical and Contemporary Studies*, London, 1997, 93–124; M. Jones, Tuberculosis, housing, and the colonial state: Hong Kong, 1900–1950, *Modern Asian Studies* 37 (2003) 653–682. 'Consumption' as a term for respiratory tuberculosis had fallen away somewhat in British medical circles by the early twentieth century, though it was still in popular use. On 'consumption' as a wasting disease and its metaphorical association with eighteenth-century consumer society, see R. Porter, Consumption: disease of the consumer society?, in: J. Brewer, R. Porter (Eds), *Consumption and the World of Goods*, London, 1993, 58–81.

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a kind of domesticated 'preventive therapy' for tuberculosis.[2] This meant deployment of tuberculosis surveillance and disinfection, but without the threat of mandatory hospitalisation. The sanatorium formula of rest, exercise, and diet was adapted to the domestic environment and promoted a 'technology of the self' through the social relations of domestic space.[3] Equally significant was the fashioning of a tubercular 'language' of material consumption that promoted the accumulation of possessions for use in the home. The *British Journal of Tuberculosis* (*BJTB*) in particular endorsed and promoted a vast array of everyday objects and appliances—baths, reclining chairs, bed rests, reading stands and many, many more—that bridged the therapeutic divide between institutional and domestic space.[4] By encouraging a culture of possession, tubercular patients were drawn into the realm of mass consumerism that normalised their identity.

As a result of these multiple strategies, tuberculosis control was re-scaled and re-sited from the sanatorium to the home. The national and local state came to share the regulatory site of the home with alternate, but complementary, bureaucracies of power. Some experts outside formal government were armed with medical knowledge and hygienic ideas; others deployed marketing strategies, advertising skills and the language of selling.[5] The specifics of this sort of re-scaling and re-siting have largely been overlooked by historians, though the form and idea of 'home' and 'domesticity' have been much debated, particularly for the Victorian period. It is important, then to resist naturalising scale as a pre-existing component of spatiality that historical actors operate within or pass between and through. For the purposes of this paper, sensitivity to the production of scale (for example, national, local, urban, rural, domestic) and site (such as sanatorium, home) helps disclose the underlying scope of moral regulation inherent in the tactics of tuberculosis control at the end of the nineteenth century and the beginning of the twentieth. For example, the cultivation of individuality and the right sort of possessions appropriately arranged in domestic space signified a well-regulated morality.[6] In the case of tuberculosis, a multitude of consumer goods were marketed to the domiciled sufferer as the material expression of a morality that conditioned the behaviour of patients. They nurtured domesticity, homely pastimes and healthy pursuits that were as much an antidote to morally corrupt activities as they were crucial to therapeutic success. Moral regulation here concerns how 'morality'—that is, normative judgements about what is wrong or bad conduct across a broad range of behaviours[7]—was channelled through disease and health, at a time when wider notions of subjectivity were undergoing change.

The paper addresses these issues in four main sections. The first two parts outline the ways in which public health administrations re-scaled and re-sited tuberculosis strategies as 'domestic' and how these strategies can be understood in terms of subjectivity. In this respect, the discourses and practices around what was one of the most pressing health issues of the early Edwardian period are used to build on the recent work in historical geography by Sallie Marston, Alison Blunt and others on the political context of everyday and mundane activities. It is stressed that the production of 'domestic' as a geographical scale and the management of 'home' as a site of risk and opportunity reveals much about the structure and exercise of power.[8] The third and fourth sections examine the shifting terrain of subjectivity in the early twentieth century (from 'character' to 'personality') through tuberculosis self-help manuals that were written for domiciled patients, and the materialisation of domestic preventive therapy via analysis of a section in the *BJTB* which promoted products for tuberculosis patients. One of the key points to emerge is the extent to which the market for consumer goods operated as a crucial arena for moral regulation through health.

Subjectivity, site and scale in British public health

The Edwardian period witnessed a shift in subjectivity from one that was rooted in 'character' shifted to one based on 'personality'. The former pointed to conformity with a set of public virtues that 'comprised a citizen's moral constitution', while the latter was based around the formation of the unique self, associated with the tantalising quest for individuality.[9] Although this sort of narrative about subjectivity is undoubtedly over-generalised, its broad contours can be meshed with an account of the politics of public health in the nineteenth century in order to understand the process of how and why the 'domestic' came to be reconstituted as a necessary scale of tuberculosis therapy.[10]

Scalar issues were significant in public health in the early Victorian period, when much activity centred on ambitious infrastructural projects that sought to remediate the detrimental environmental aspects of urban industrial growth.[11] Victorians struggled with the conceptual and geometric scale of these sanitary schemes.[12] The political tussle over sanitary measures was essentially a contest made through hierarchical scale—the national

[2] Today the term 'preventive therapy' is used in multiple medical contexts, though it is most commonly associated with tuberculosis. It comprises a combination of measures including isoniazid drug treatment to thwart the development of active disease, infection control, and intensified case finding.

[3] L.H. Martin, H. Gutman and P.H. Hutton (Eds), *Technologies of the Self: A Seminar with Michel Foucault*, Amherst, 1988.

[4] Much has been written about the artificiality of the private/public and home/work dichotomies and this paper is attuned to that. Contemporaries who wrote about and worked in tuberculosis therapy and prevention (and indeed, in other forms of infectious disease control) referred to the home as a discrete space and wondered how to gain access to it, configure it and manage the behaviours that went on inside it. For more on the inversion of privacy in the nineteenth century, see K. Chase and M.H. Levenson, *The Spectacle of Intimacy: A Public Life for the Victorian Family*, Princeton, N.J., 2000.

[5] N. Rose, *Powers of Freedom: Reframing Political Thought*, Cambridge, 1999; A. Hunt, *Governing Morals: A Social History of Moral Regulation*, Cambridge, UK and New York, 1999, 198–199.

[6] D. Cohen, *Household Gods: The British and their Possessions*, New Haven, 2006.

[7] Hunt, *Governing Morals* (note 5), 7.

[8] E. Swyngedouw, Scaled geographies: nature, place and the politics of scale, in: E.S. Sheppard, R.B. McMaster (Eds), *Scale and Geographic Inquiry: Nature, Society, and Method*, Malden, MA, 2004, 129–153, 132–133, 141.

[9] M. White and A. Hunt, Citizenship: care of the self, character and personality, *Citizenship Studies* 4 (2000) 93–116.

[10] For justification of the historical significance of the domestic scale, see S. Marston, The social construction of scale, *Progress in Human Geography* 24 (2000) 219–242; S. Marston, A long way from home: domesticating the social production of scale, in: E.S. Sheppard, R.B. McMaster (Eds), *Scale and Geographic Inquiry: Nature, Society, and Method*, Malden, MA, 2004, 170–191; A. Blunt and R. Dowling, *Home*, Abingdon, 2006, 26–29. For a recent overview of historical and contemporary work on 'home', see K. Brickell, 'Mapping' and 'doing' critical geographies of home, *Progress in Human Geography* 36 (2012) 225–244.

[11] C. Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800–1854*, Cambridge, 1998; R.J. Morris, Governance: two centuries of urban growth, in: R.J. Morris, R.H. Trainor (Eds), *Urban Governance: Britain and Beyond Since 1750*, Aldershot, 2000, 1–14; S.R.S. Szreter, Economic growth, disruption, deprivation, disease, and death: on the importance of the politics of public health for development, *Population and Development Review* 23 (1997) 693–728; F. Driver, Moral geographies: social science and the urban environment in mid-nineteenth century England, *Transactions of the Institute of British Geographers* 13 (1988) 275–287.

[12] C. Hamlin, Muddling in Bumbledom: on the enormity of large sanitary improvements in four British towns, 1855–85, *Victorian Studies* 32 (1988) 55–83.