

ART. XV – *The Westmorland Sanatorium at Meathop*

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THE first decade of the twentieth century saw the establishment and growth of sanatoria for pulmonary tuberculosis in Britain. The newly acquired medical understanding that tuberculosis could be prevented and treated, the concern over social problems of poverty and physical degeneration, and the reliance on institutions as an answer to the problem of social nonconformers, all combined to influence the perceived need for tuberculosis sanatoria. This present paper concentrates on one such sanatorium, the Westmorland Sanatorium at Meathop (map reference SD436801), opened in 1900, and considers the means by which one sanatorium was established successfully in the early, vulnerable days of sanatoria for tuberculosis.

Tuberculosis was a prominent influence on the high mortality rate in the Victorian era.<sup>1</sup> The disease predominated in the lower classes and was believed by many to be related to urban overcrowding, a result of rapid urbanisation in the first part of the nineteenth century. The economic effect on the family was decisive as the slow process of decline would render a breadwinner incapable of work. This had various economic implications for the nation too because, in the short term, the family had to be supported, and in the long term, the labour force was reduced by the disease.<sup>2</sup>

The discovery and isolation of the tubercle bacillus by Dr Robert Koch in 1882 resulted in the knowledge that the disease was infectious, not hereditary, as previously believed. The immediate understanding was that tuberculosis could be prevented and confidence emerged that the disease could be cured. These beliefs came at a time of fierce debates both on the physical deterioration of Britain's population and on the need for social reform. The growth of social research and the enthusiasm for statistical surveys in this period were at the centre of most debates. Tuberculosis was acknowledged by social reformers and politicians to be part of what they saw wrong with their society.<sup>3</sup>

The emphasis on a short-term solution in the form of aid for tuberculosis sufferers, as opposed to a long-term answer to tuberculosis through resources for prevention, fed into the established debate over the various approaches to the systematic prevention and cure of the disease. These included both prevention through disinfection, notification, contact tracing, education and isolation, and cure through sanatorium treatment.<sup>4</sup>

Isolation was acknowledged to be a prominent factor in the prevention of the disease.<sup>5</sup> Dr Koch, speaking at the British Congress on Tuberculosis in 1901, stressed the need for isolation hospitals and warned against overestimating the importance of sanatoria, referring to German figures on the subject.<sup>6</sup> Dr Arthur Newsholme publicised preventive medicine and environmental reform, believing that institutional segregation was more important than sanatorium treatment with its attempt to cure cases.<sup>7</sup>



PLATE I. Westmorland Consumption Sanatorium – Viewed from the South. Published in Second Annual Report, 1902.  
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At a time when mental asylums were being built in the belief that there could be a cure for insanity, many believed tuberculosis could be cured and put that confidence into the sanatoria movement.<sup>8</sup> Sanatoria incorporated the preventative aspect of isolation together with treatment and cure. Open-air treatment was promoted. Fresh air was seen to be the pure atmosphere to which consumptives could escape from the bad air of the crowded towns. Rest and relaxation away from daily responsibilities, plus nourishment and gradual exercise, were believed to build the consumptive up enough to arrest the disease or even secure a cure. This was the rationale behind the establishment of sanatoria. It was not a new idea: in Germany sanatoria practice was already well established and this influenced the English medical fraternity.

Some historians with the benefit of hindsight believe that in the early twentieth century the treatment for consumption was not as effective as the prevention. F. B. Smith believes that individual clinical treatment was not as effective as public health reforms.<sup>9</sup> His description of sanatoria was of places "of hope deferred".<sup>10</sup> Bryder's extensive study on the social history of tuberculosis concludes that the sanatoria grew up as a result of confidence in the science of bacteriology which did not lead to a specific cure. Further, the institutions, by attempting to take in early "curable" cases, were neglecting the large number of advanced and highly infectious cases.<sup>11</sup>

Due to the predominance of tuberculosis among the lower classes in crowded urban areas, the disease was discussed alongside the issues of moral and physical pollution and it is thus worth attempting to answer the question, why a sanatorium was built in Westmorland, a county which had no large industrial city to arouse such social concerns.<sup>12</sup>

The Westmorland Sanatorium at Meathop on the Morecambe Bay coastline was opened in March 1900. The Westmorland Sanatorium saw itself as one of the first to treat the "consumptive poor" and the *Kendal Mercury and Times* newspaper stated that "We are proud to say that Westmorland is the first county to take the matter up in a business-like manner".<sup>13</sup> This statement was in reference to the hope of the newly established National Association for the Prevention of Tuberculosis to influence all counties to build sanatoria by public subscription.

The major impulse to establish a sanatorium at Meathop came from Dr William Smith Paget-Tomlinson. There were a number of tangible advantages Paget-Tomlinson had in his role as benefactor. Born in Forton, Lancashire in 1848, he had succeeded to the estates of a distant cousin, Elizabeth whose surname "Tomlinson" he had added to his own "Paget", and he then moved to Kirkby Lonsdale. This inheritance gave him the advantages of money, time and connections. In his obituary in February 1937, it is stated that he "reluctantly relinquished his medical work" when he succeeded in 1889 to the family estate, at the age of forty-one years.<sup>14</sup> As a person of substance he had connections with the local gentry. Mrs T. Bagot wife of the South Westmorland M.P., J. Bagot, chaired the initial meetings to discuss the establishment of the sanatorium whilst the opening ceremony of the home was performed by the Earl of Derby who was not only the Chairman of the Organising Council of the British Congress on Tuberculosis in 1901, but had an estate at Witherslack, near to Meathop.

Paget-Tomlinson also had the advantage of a medical background. He attended the Liverpool School of Medicine, studied in Berlin and Vienna, and became a

member of the Royal College of Physicians. After his retirement he continued to follow the advances in medicine closely,

From the time when it became possible to make an examination for bacilli of consumption it was his practice to make slides, and he used to make a mental note to this effect, – if these are numerous the patient will die.<sup>15</sup>

He had visited several sanatoria in England, in Bournemouth, Linford near the New Forest, and one in the Mendip Hills. He followed medical and scientific modern research with keenness and was interested in county public works, being chairman on various boards, member of the County Council, a magistrate and the High Sheriff (1897). His obituary and appreciation describe a man who had both a strong religious faith and a belief in helping his fellow-men. Paget-Tomlinson thus had the advantages, the qualities, and the “mission” to motivate the Kendal townspeople, already inclined to voluntary works, to the establishing of a sanatorium in Westmorland.

It was in Kendal that the initial stimulation to discussion of a sanatorium began. The Mayor, John Somervell, in his introductory address in November 1898, referred to consumption in relation to concern over Kendal’s yards, which consisted of a group of houses with narrow confines built around a yard with one exit which led to the waterside. Somervell feared “. . . there was not very much either of fresh air or light to be found in some of Kendal’s yards”.<sup>16</sup>

This concern was immediately taken up by a *Westmorland Gazette* correspondent, under the name *Aesculapius* (God of Medicine), who wrote extensively and with apparent knowledge on tuberculosis in the newspaper almost weekly from December 1898 to February 1899. This correspondent suggested the need for a sanatorium in Westmorland and went further by indicating suitable places where one might be situated. He decided upon Meathop after considering the top of Kentmere Valley, North Westmorland and the Shap Wells Hotel, north of Kendal. Though the true name of this correspondent is unknown, it is worth venturing that he was Dr William Rushton Parker, who assisted Dr Paget-Tomlinson in the initial stages of establishing the sanatorium, and who became honorary secretary of the institution. This suggestion is concluded from the tribute Paget-Tomlinson made to Dr Parker in 1905 “. . . who stimulated him to take up this question of consumption. But for that he very much doubted whether it would have taken the same course as it had done”.<sup>17</sup>

Dr Parker was a prominent member of the medical fraternity in Kendal at the turn of the century working from his home at 116 Stricklandgate, on the corner of Maude Street and indeed being the predecessor of Dr J. L. Cochrane the founder of Maude Street Surgery. Dr Parker’s name is also listed under the Medical Staff of the Kendal Memorial Hospital from 1888 to 1905. In 1894 he entered Kendal Town Council and “took active measures in the Public Health services, in education, and in the extension and enlargement of the Public Library . . . He was elected an alderman in 1907”.<sup>18</sup>

The town of Kendal hosted the meetings required to discuss and formulate the establishment of the sanatorium and, more importantly, many of the sanatorium’s subscribers were Kendal bodies such as Kendal Corporation, Kendal Guardians, and Kendal Cycling Club. Any evaluation given to the interest and financial support

by the townspeople of Kendal to the Westmorland Sanatorium must take into consideration Kendal's past history of a "philanthropic culture", as Pickstone describes Kendal's public-spiritedness.<sup>19</sup> This was due in part to Kendal's prosperity, stimulated by the woollen industry in the eighteenth century which consolidated Kendal's position as a regional centre and, as Marshall and Dyhouse point out, created certain leader and occupational groups who remained rooted in the town and district and in time asserted their identity.<sup>20</sup> In 1869 the Memorial Hospital was given to Kendal as a family memorial and "was supported by subscription from about fifty local worthies".<sup>21</sup>

The motivation in Kendal to support the establishment of the sanatorium could be seen as a response to the fashions and innovations set by other urban centres, one of two responses put forward by R. J. Morris when analysing the urban elites involvement with voluntary societies up to 1850.<sup>22</sup> But rather than just responding to fashion, Kendal, it could be argued, could be seen to have been an innovator in supporting Westmorland as the first county to build a sanatorium by public subscription. This innovative spirit had been established over a century earlier when Kendal had been one of the first towns in the north-west, along with Lancaster, to found a Dispensary in 1783. To understand further the importance of concern for public welfare from a small country town, it is necessary to compare it to the County Council's lack of financial involvement in the sanatorium, even after two or three years of pressing by the sanatorium authority for the Council to erect a home for advanced cases, from 1902 to 1905.

Thus the townspeople of Kendal had a voluntary tradition on their side together with an innovative, even competitive spirit, but they also had to believe that a sanatorium, rather than some other form of social philanthropy, was necessary to the community and particularly the poor in the community. Dr Paget-Tomlinson and Dr Parker inspired that belief in the townspeople of Kendal together with the motivation and in Paget-Tomlinson's case, the resources which were required before the sanatorium project could get underway.

The establishment of the sanatorium together with maintenance and administration costs and ongoing improvements and extensions, proved, in the period we are considering, to be economically successful. The need for economic success to secure continued support was equally important to the need for medical success. This was clearly pointed out by the Earl of Derby in the opening ceremony:

On the principle that nothing was more successful than success, people would come forward and help that which was not so much in need of help.<sup>23</sup>

It was decided to convert a suitable building into a sanatorium, in preference to the initial idea of acquiring a site and erecting a new building, which would have cost from £4000-£5000. The sanatorium was equipped and converted at a cost of £1200, and both this amount and the annual rent of £70 was paid by Paget-Tomlinson. The building chosen at Meathop belonged to the North-Eastern Counties Friendly Societies who had built a larger convalescent home closer to Grange-over-Sands. The building was secured for a number of years, "to allow them ample time for experiments", and was situated in grounds suitable and large enough for patients to exercise. Discussion concerning the climate of the area, an important element in open-air treatment, concluded that Meathop sanatorium was situated on dry limestone soil, sheltered by woods and "favoured with abundant sunshine".

Subscriptions were the main source of income for the sanatorium. These were contributions from general subscribers who had no claim to a bed, a few private patients, and public bodies who for a required amount had access to one or more free beds, depending on their contribution. The local Boards of Guardians, those of Kendal Union, together with the combined East and West Wards agreed to support the sanatorium. Through these bodies the sanatorium had direct access to the very poor, those whom they felt the necessity to treat.

South Westmorland Rural District Council and Westmorland County Council also supported the scheme, though the County Council held reservations about the likelihood of cures, but saw as more important the aspect of isolation. In the first year the total contribution from each of these bodies was £50-£52 and this included a free bed together with the right to send a further two cases for £1 extra per bed per week so long as there was room in the sanatorium. Published subscription lists in "pecking order", were a means of maximising contributions, as Meg Whittle points out, and the Westmorland Sanatorium published the subscription list in the Annual Reports.<sup>24</sup> The admission of private patients, at two guineas per bed per week, begs the question that maybe not all the patients were poor, the class which the sanatorium initially aimed to help.

Financial teething problems were noticeable in the first three years and led to increased vigour in balancing the books.<sup>25</sup> Annual contributions were increased to £60, the need to secure additional general subscribers was realised and piecemeal projects were pursued which took the form of aid from Co-operative societies, Friendly societies, church collections, rummage sales, children's contributions and benefit collections. The Committee noted in the 5th Annual Report that it was important that the class for whose benefit the sanatorium had been established, that is the working class, should support the sanatorium.<sup>26</sup> A collection box was installed at the sanatorium for visitors, a Ping-Pong tournament was held at St. Georges Hall in Kendal, and a successful torchlight procession by Kendal Cycling Club raised money for the sanatorium in March 1901. A Sanatorium Saturday was held in most parts of the county in the autumn of 1902 and raised over £200.

In the third year a Ladies Committee was appointed to look after the domestic arrangements of the sanatorium, which it was hoped would lead to increased efficiency in the running of the home. A further more radical initiative which probably secured the future of the sanatorium was the decision to admit private patients from outside the county at two guineas a week, "provided they in no way interfere with the use of the sanatorium by Westmorland patients".<sup>27</sup>

This came about because it was realised that there were not enough cases of consumption in Westmorland. Medical Officers from both the Patterdale and Morland Districts had advised the West Ward Board of Guardians that there were no suitable patients in their areas for the sanatorium.<sup>28</sup> The above actions, from increased fundraising to new initiatives, brought about the beginning of economic security for the sanatorium and led to sustained increases in the number of patients from 17 in 1901 to 54 in 1909, which in turn led to a decrease in the weekly cost of a bed, from 40s. a week in 1901 to 25s. per week in 1909.

Beds were also taken up by local bodies from Scotland and Lancashire. Bolton Guardians, in view of their concern at the spread of consumption together with the lack of adequate resources in their area, sent patients to the Westmorland

Sanatorium. Agreement on terms was reached in September 1906 and the first two Bolton patients were admitted in November 1906.<sup>29</sup>

After an unsteady beginning a secure income enabled the sanatorium committee to pursue a forward and pioneering policy, exemplified by the change in name from the Improvement Fund to the Extension Fund in 1906. The lease was renewed on the building for 15 years, and a new wing, extensions and further new buildings were erected. New machinery was installed to aid disinfection: a disinfector which sterilised clothing and bedding, a machine called the "Meathop" which sterilised and cleansed sputum flasks, and the "Vortex" in which crockery, cutlery and glassware could be cleansed and sterilised.

On the principle that "nothing was more successful than success", new investors were forthcoming, the most prominent being the Sladen Brothers from Windermere who committed considerable investment into the Westmorland sanatorium, in time and money, bearing the cost of electric lighting and supervising the work in progress at the Sanatorium. The "Meathop" machine was devised by them and so too in 1911 was a new shelter, named the "Pagoda", the design of which was taken up by NAPTA who had models made to send throughout the world.

A secure income and new investors led to economic security which gave the Sanatorium Committee the confidence to undertake the building of a home for advanced patients of tuberculosis, after many years of pressing local authorities to establish such a home in vain, with the maxim "If you want a thing doing, do it yourself".<sup>30</sup>

Economic success was established, but this was for the most part due to Meathop attracting patients from outside the local area.<sup>31</sup> It could thus be argued that to be able to do this meant that the sanatorium was proving to be successful on the medical front. Medical success was continually thwarted by the continued problem of the lack of a successful treatment for patients with advanced tuberculosis. The initial policy of the sanatorium was to treat patients at the earlier stages of tuberculosis: ". . . the admission of advanced cases can only lead to disappointment, and bring discredit upon the system".<sup>32</sup>

To this end regulations were set up to attempt to admit only patients in the early stages. Applicants had to produce a certificate from a qualified medical man, and the final decision as to the suitability of the cases for admission rested with the Resident Medical Officer at the sanatorium. Bolton Guardians noted that one of the conditions imposed by Westmorland Sanatorium was "That the cases sent be not advanced and hopeless and if such are sent we reserve the right to discharge them".<sup>33</sup>

Despite regulations a great number of advanced cases were admitted. This was a problem for all sanatoria and was pointed out in the Report of the Medical Officer for 1905-06 on Sanatoria

A very large proportion of the patients finding their way into sanatoria are not well suited for sanatoria treatments . . . (indications that the quality of the cases sent into that sanatorium is deteriorating) . . .<sup>34</sup>

Paget-Tomlinson acknowledged that they must answer in the negative the question whether they were doing all they could in Westmorland to exterminate the disease from a public health stand-point.<sup>35</sup> Discussions led to a sustained effort to establish a home for patients with advanced disease. Despite lobbying the County



PLATE II. Westmorland Consumption Sanatorium – Men's Quarters. Group of "Pagoda" shelters. Published in Twelfth Annual Report, 1912.  
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Council, which did constitute Westmorland County into a Hospital District under the Isolation Hospitals Act 1893, with the specific purpose of providing hospital accommodation for consumptives, nothing more was forthcoming and the Westmorland Sanatorium Committee in its Eighth Annual Report stated that it was devoted to establishing a Home for advanced patients.<sup>36</sup> Through donations and subscriptions a second home was built at Meathop, one-quarter of a mile from the sanatorium, and able to accommodate 25 patients. It was opened in 1910.<sup>37</sup>

Before the new home was built, to show medical success despite the problem of advanced cases, the Westmorland sanatorium committee divided the patients into three categories "consumption slight", "consumption severe" and "consumption advanced". Cases were followed up after being discharged and only patients from Westmorland, North Lonsdale and Sedbergh were used, not being too far distant from the sanatorium. The follow up procedure began in 1902. The results showed that the vast majority in the early stages of consumption returned to some years of useful work after a three month stay. A smaller number of severe consumptives returned to work after a four and a half month stay, with some relapses, and all of the advanced patients died within a year of being discharged after a six month stay.<sup>38</sup> It can be argued that the figures are optimistic. Several geographical areas were omitted, together with those patients with some serious non-tubercular ailment and those who were too advanced to be successfully treated. Paget-Tomlinson did acknowledge that "they had been a little too sanguine" in three directions: the general applicability of the treatment, the rapidity of arrest or cure, and the permanence of the cure. The treatment had not proved to be so generally applicable to patients as originally hoped, cases took longer to arrest and there were tendencies to relapse.<sup>39</sup>

Although the economic success of the institution depended on the policy, initiated in April 1902 to attract more patients from further afield, the results from follow up cases were not recorded until January 1903, a year after that decision. So medical success cannot have been an important factor to those authorities who supported the sanatorium in its early days by sending patients there. Both economic and medical propaganda from the promoters of Meathop and national propaganda, under Royal patronage, were more effective influences.<sup>40</sup> Propaganda and economic success appeared to be more potent influences than medical success.

In addition to the work done in the sanatorium two preventative initiatives were put into operation. Firstly, it was seen that the homes of patients removed to the sanatorium needed to be disinfected and by early 1901, after Dr Parker had contacted the Rural District Council in December 1900, all authorities with an interest in Meathop, had consented to offer free disinfection to rooms vacated by consumptives in their areas.<sup>41</sup>

The second preventative method, voluntary notification of tuberculosis, was initiated by Dr Parker who requested the Rural District Council to adopt a system of voluntary notification of consumption and to pay for such notifications. The Local Governing Board saw no objection to the Council arranging this procedure as an experiment, the fees to be arranged as with other diseases.<sup>42</sup> Apart from Kirkby Lonsdale and Bowness, all authorities with interests in the sanatorium adopted the system of voluntary notification. National compulsory notification was not introduced generally in England until 1913.<sup>43</sup>

It is necessary to turn to the treatment organised for patients in the sanatorium and understand how it was promoted to lead to the hoped for medical success. By referring to Erving Goffman's definition of sanatoria as a form of "total institution", a place where a number of like-situated individuals resided and worked, cut off from the rest of society for a period of time, it is possible to consider how far this is true for patients at the Westmorland Sanatorium.<sup>44</sup>

In the main the patients were at Meathop on a short-term basis, relative to other institutions, such as prisons and mental asylums. Though organised on institutional lines, the emphasis was on treating the patients in a relatively short time and teaching them the principles of healthy living so there would be little chance of a relapse and a return to the sanatorium. Thus the process of institutionalisation, seen in many other institutions, had to be avoided.

The patients' average length of stay, of 20-22 weeks, with only a very few remaining for over 12 months, varied very little from 1900 to 1910.<sup>45</sup> The sanatoria patients were seen as realistic economic and social members of society, and the visible success of the Meathop sanatorium depended on both men and women being absorbed back into society as soon as possible to sustain themselves and their families –

. . . a study of the occupation of those 909 patients (from 1900-1909) indicates that the great majority of these are skilled workers, whose illness means an economic loss to the community, represented not only by the loss in wage-earning power to the individual, but also by the cost of maintenance of dependents in the case of breadwinners. Of 349 females admitted, 153 or 43.8% are wage-earners.<sup>46</sup>

Strict rules and discipline, both components of contemporary institutions, were used to promote both treatment and education at the Westmorland Sanatorium. Emphasis was put more on building up the patient's strength than in the use of clinical bacteriology.<sup>47</sup> Fresh air was high on the agenda. Three wooden sleeping shelters were erected at the opening of the sanatorium and the increase in shelters appeared to keep pace with the increase in patients. As early as 1903, all wards were fitted with windows that could be kept widely open in all weathers "with the least possible discomfort."

To promote prevention of tuberculosis, patients were forbidden to spit into handkerchiefs or onto the ground and to promote exercise walks were regulated by the medical doctor.<sup>48</sup> Patients were told when to rest and when to help the nurses and maids in their work. Though not as restrictive as controls found in a mental asylum, control was still in the hands of the sanatorium medical staff who required the home to run smoothly and efficiently.

Work was another feature of life at Meathop sanatorium, to combat the idleness which some believed the working classes would acquire when treated in a sanatorium and to make them more resistant to the disease by improving their physical condition. Through a Scheme of Physical Treatment, under medical supervision, the aim was for "the attainment of an economic as well as a clinical cure." The initial "absolute rest in bed", after admission, was followed by "graduated exercise", which included walking and respiratory exercise. This in turn was followed by "graduated work" and finally "work done by patients" which included building a rockery, planting several hundred bulbs in the grounds, making

a woodstack of two years' supply and constructing a roadway to the new home for advanced consumptives, which in itself constituted heavy manual labour. There was thus an economic asset to the sanatorium from such labour and the Medical Superintendent acknowledged this ". . . its (Scheme of Physical Treatment) more general adoption should vastly increase the value of Sanatoria not only as philanthropic but also as economic assets".<sup>49</sup>

Education not institutionalisation appeared to be the requirement of the Westmorland Sanatorium as Dr Paget-Tomlinson pointed out,

. . . one of the chief advantages of this treatment was that it was not only curative while the patient resided in the sanatorium, but was a splendid lesson how to live a model life afterwards.<sup>50</sup>

The teaching of principles of healthy living was informal and supported by the sanatorium's publication of a booklet on food and notices titled "The Danger of Common Flies" and "Fresh Air and Ventilation". It was hoped that the benefits of a hygienic lifestyle would be learned by patients, passed on to their families, and so in time improve health standards. To survive, it was argued the patient must follow the strict sanatorium regime at home and adhere to the new values he/she had learned in the institution; as Paget-Tomlinson stated ". . . the patient if he had two grains of sense when he left he would recognise the benefit he had reaped there, and would try to live on the lines that had been laid down for him".<sup>51</sup>

If patients were not totally institutionalised by their stay in a sanatorium, they could still feel isolated physically and socially from the outside world. Geographically, sanatoria were situated in isolated places to take advantage of the fresh air and open grounds for exercise. As Paget-Tomlinson found out when searching for a suitable site for the new home, many communities did not want a sanatorium too close, and thus access to some sanatoria proved difficult. The Westmorland Sanatorium was a good example of isolation, being a mile walk from a bus route and only allowing visitors by special permission.

There was a social stigma attached to tuberculosis, and the knowledge that the disease was infectious caused added concern, though many people still believed the disease was hereditary and whole families could be victimised. The disease could prejudice both potential job and marriage opportunities. In some cases there may have been a moral dilemma; the choice being to enter the sanatorium and hopefully have the opportunity to re-enter the workforce, but at the same time advertise that there was tuberculosis in the family. The other choice was to protect the family from the perceived prejudice against the disease but in the long-term deprive the family of the breadwinner.

The ultimate proof of success for the sanatorium was the return of patients into society and their survival in society without succumbing to a relapse. A pragmatic approach was needed to secure the continued growth and success of the sanatorium which, without producing a specific cure, promoted the arrest and cure of tuberculosis.

Propaganda, the fact that Meathop was for a while one of very few sanatoria open, economic success and the emphasis on treating "early stage" patients, all contributed to the perceived medical success of the sanatorium. Propaganda was promoted through the annual medical reports, and the published follow-up cases, and both this and the advertised fact that Westmorland was one of the first counties

to establish such an institution gained support from local subscribers. Out-of-county authorities, like Bolton who believed in sanatoria treatment, had to use Meathop prior to their own sanatoria being established. The sanatorium committee pursued a systematic approach which ensured the economic viability of the sanatorium and attempted to admit only those cases which could produce a medical success. When this proved to be impractical a separate home was built for the advanced cases.

The above strategies put into use for the survival of the Westmorland Sanatorium do not diminish the fact that its supporters believed in the sanatoria movement and the benefits that could result for sufferers of phthisis. Though arrest and cure were the goals to be aimed for, these were more likely to be achieved through educating the patient to pursue a healthier lifestyle after discharge. This was seen to be for the benefit of the sanatorium, the patient and society. I cannot say that this study of one sanatorium reflects the policies or organisation of other sanatoria but it has been educational to understand how one institution, though established in a climate favourable to the social and medical value of institutions and in an area supportive of philanthropic endeavours, needed to pursue its own agenda and strategies for legitimisation, survival and success.

## Notes and References

- <sup>1</sup> It is impossible to state the number of deaths due to tuberculosis but most historians consider they reached their peak in the mid-nineteenth century. C. Fraser Brockington, *The Short History of Public Health* (Churchill, 1956), 168, states that "When Charlotte Brontë died in 1855 the death rate (of consumption) was between three to four thousand per million."
- <sup>2</sup> Historians have studied phthisis from various viewpoints. Some like R. and J. Dubos, *The White Plague* (Victor Gollancz Ltd., 1953) have concentrated on the nineteenth-century literature which romanticised the experience of suffering from tuberculosis. J. Harley Williams, *Requiem for a Great Killer* (London, 1973) with the emphasis on Thomas Mann's novel *The Magic Mountain* (1927 reprinted London, 1979) set in a sanatorium in Switzerland perpetuates the myth of the disease. Other historians have considered tuberculosis in a broader social arena, like G. Cronje, who studied the reasons for the tuberculosis mortality decline in England and Wales between 1851 and 1910 in "Tuberculosis and Mortality Decline in England and Wales, 1851-1910" in R. Woods and J. Woodward (eds.), *Urban Disease and Mortality in Nineteenth-Century England* (New York, 1984). C. Fraser Brockington, *op. cit.*, and J. V. Pickstone, *Medicine and Industrial Society* (Manchester, 1985) have used tuberculosis as part of the agenda when studying public health in Britain. Few historians have concentrated their work solely on tuberculosis and those that have in the most part have focused on the history of the disease through the twentieth century, with emphasis on its decline. Both F. B. Smith, *The Retreat of Tuberculosis 1850-1950* (London, 1988) and L. Bryder, *Below the Magic Mountain* (Oxford, 1988) come into this category; Smith discussing the reasons for the decline while Bryder examines the very full social history of the disease.
- <sup>3</sup> Developments in the late nineteenth century built on the statistical movement which gained momentum in the 1830s and gave impetus to those who believed in the need for social reform to improve public health and welfare. Ideologically, the private statistical societies used statistics to discover social laws which would support their liberal views in the defence of modernity. Practically, through the official census the government attempted to discover the "state of the nation". By the 1880s the statistical movement had provided evidence for social reform, which directly resulted in improvements in the environment and indirectly in the reduction of the mortality rate of tuberculosis. Statistics were available, as evidence for their cause, to those who set out to combat tuberculosis. In an era dominated by the concept of imperialism, statistics also fuelled the serious doubts that arose as to whether the majority of the British population were deteriorating physically and mentally, by highlighting the number of working class recruits who had been assessed physically unsuitable for military service in the Boer War and by showing a decrease in weight and size of these recruits.

- Although there were counter-arguments, including the fact that higher standards had been imposed, the pessimists were not impressed. Soloway, "Counting the Degenerates: the Statistics of Race Deterioration in Edwardian England" in *Journal of Contemporary History*, January 1982, vol. 17 no. 1.
- <sup>4</sup> Robert Philip, a prominent Edinburgh physician pioneered the social approach to prevention. He established the first dispensary, the Victoria Dispensary for Consumption, in Edinburgh in 1887. Philip's aim was to locate tuberculosis not only in the affected individual, but in other members of the family and acquaintances. Thus contact tracing commenced. C. Fraser Brockington, *The Short History of Public Health* (1956), 169. In 1899 Dr James Niven, medical officer of health for Manchester believed emphasis on preventive work, such as comprehensive plans combining education, disinfection of homes and hospital treatment, was ultimately more useful than emphasis on treatment alone. J. V. Pickstone, *Medicine and Industrial Society* (Manchester, 1985), 230.
- <sup>5</sup> As very few voluntary hospitals accepted incurable patients, a few specialised hospitals had been established in the nineteenth century to treat tuberculosis and, with the knowledge that the disease was infectious, other buildings, including smallpox hospitals, were converted into these isolation institutions.
- <sup>6</sup> *The Times*, 24 July 1901, 8.
- <sup>7</sup> A. Newsholme, *The Last Thirty Years in Public Health* (London, 1936), 127.
- <sup>8</sup> Andrew T. Scull, *Museums of Madness* (London, 1979).
- <sup>9</sup> F. B. Smith, *The People's Health* (London, 1979), 417.
- <sup>10</sup> F. B. Smith, *The Retreat of Tuberculosis 1850-1950* (London, 1988), 97.
- <sup>11</sup> L. Bryder, *op. cit.*, 258-260.
- <sup>12</sup> A. S. Wohl, *Endangered Lives* (Methuen and Co., 1984).
- <sup>13</sup> *The Kendal Mercury and Times*, 9 March 1900, 8.
- <sup>14</sup> *The Westmorland Gazette*, 13 February 1937, 4. For further obituary see CW2, xxxvii, 233.
- <sup>15</sup> *The Westmorland Gazette*, 26 May 1899.
- <sup>16</sup> *The Westmorland Gazette*, 12 November 1898, 6.
- <sup>17</sup> *The Westmorland Gazette*, 4 February 1905.
- <sup>18</sup> Taken from his obituary which went under the title "Kendal Loses a Great Benefactor" in *The Westmorland Gazette*, 27 November 1943.
- <sup>19</sup> J. V. Pickstone, *op. cit.*, 65.
- <sup>20</sup> J. D. Marshall and C. A. Dyhouse, "Social Transition in Kendal and Westmorland, c.1760-1860" in *Northern History* (1976) Pt 2.
- <sup>21</sup> J. V. Pickstone, *op. cit.*, 153, note 8.
- <sup>22</sup> R. J. Morris, "Voluntary Societies and British Urban Elites, 1780-1850: An Analysis" in *The Historical Journal*, 26, 1 (1983), 98.
- <sup>23</sup> *The Westmorland Gazette*, 9 March 1900, 8.
- <sup>24</sup> At the end of each annual subscription list, in bold type, were details of the date due for annual contributions and the address to which to send the payment. By 1902, there was an addition to this note, advising all subscribers that District representatives would call to collect those contributions not already paid. Nothing at this stage was being left to chance.
- <sup>25</sup> At the end of the first nine months, the accounts showed a deficiency, due to the fact that the annual amount of £50 from each of the public bodies did not cover the actual cost per patient per annum which amounted to £78.
- <sup>26</sup> Cumbria Record Office (Kendal) [hereafter C.R.O.(K)] WT/HOS/2 *The Westmorland Sanatorium Annual Reports - 5th Annual Report*, 4.
- <sup>27</sup> C.R.O.(K) WT/HOS/2 *The Westmorland Sanatorium General and Executive Committee Minute Book 1900-1940*; 24 January 1903.
- <sup>28</sup> C.R.O.(K) WS/PU/WW West Ward Union Board of Guardians Minute Book August 1898-October 1902, 20 June 1900.
- <sup>29</sup> Bolton Record Office GBO/1/33/34 Bolton Guardians of the Poor - Minute Book (no. 34) 2 May 1906-30 October 1907.
- <sup>30</sup> *The Westmorland Gazette*, 6 August 1910.
- <sup>31</sup> By 1910 the Sanatorium Committee was in a strong financial position and confidently issued an ultimatum to the Westmorland districts who were in arrears. The Committee threatened to lease out their beds to out of county *private* patients, those who paid two guineas per week and were not connected with any public body. Their payment per week amounted to more than the Westmorland

- district public authorities each paid per week. (C.R.O.(K) WT/HOS/2 *Annual Medical Report of the Westmorland Sanatorium* 1910, 3.) The fact this threat was made shows the Sanatorium Committee's adherence more to business awareness than to the original policy of accommodating Westmorland patients and poor patients before all others. The importance of out of county patients was shown by reducing terms for those authorities outside the county who provided a £250 donation towards capital expenses. (*Ibid.* p. 2).
- <sup>32</sup> C.R.O.(K) WT/HOS/2 *First Medical Report of the Westmorland Sanatorium* 1901, 3.
- <sup>33</sup> Bolton Record Office B352.4B0L *Annual Report of the Medical Officer of Health in Bolton* 1906, 39.
- <sup>34</sup> *The Report of the Medical Officer for 1905-06 on Sanatoria* (1907) xxvii, 170.
- <sup>35</sup> Annual Meeting at Kendal of Westmorland Consumption Sanatorium, *The Westmorland Gazette*, 4 February 1905.
- <sup>36</sup> C.R.O.(K) WT/HOS/2 *The Eighth Annual Report of the Westmorland Sanatorium*, 2.
- <sup>37</sup> Paget-Tomlinson stated that the County Council had not supported the scheme to build a home for patients with advanced tuberculosis because they did not believe "humbler people" would allow their sufferers to go to a home where they were about to die, though it was also noted that the Council were concerned with the question of economics. *The Westmorland Gazette*, 4 February 1905. The problem of how to promote the home to the public was obviously a difficulty. Dr Parker believed through personal enquiries that people would go into a home, and it was called a home to distinguish it from the adjoining sanatorium. He continued that it had been built as a sanatorium for curing consumptives and "not as a place of rest for the hopeless". The "less robust" cases would have ample diet and open-air treatment, in fact "there would be little to choose between the two institutions." *The Westmorland Gazette*, 6 August 1910. Through careful use of language, the positive side of the home was promoted to ensure its use by advanced patients. The more expansive need to isolate these patients from their close families and prevent further suffering was also shown to be of prime importance.
- <sup>38</sup> C.R.O.(K) WT/HOS/2, *The Third Annual Report of Westmorland Sanatorium* 1903, 5.
- <sup>39</sup> *The Westmorland Gazette*, 4 February 1905.
- <sup>40</sup> *The Westmorland Gazette*, 26 May 1899.
- <sup>41</sup> The disinfecting apparatus was purchased by the Medical Officer of Health, Dr Craven. C.R.O.(K) WS/RD/SW Rural District Council Minute Book, 8 December 1900.
- <sup>42</sup> *Ibid.*, 8 December 1900 and 5 January 1901.
- <sup>43</sup> Voluntary notification had first been introduced in Brighton in 1899 by Arthur Newsholme, followed by Manchester and Sheffield in the same year. Some cities and boroughs adopted it earlier than 1913 including Bolton who introduced it in 1905. Bryder L. *op. cit.*, 41-42.
- <sup>44</sup> Indeed Goffman put sanatoria in the same grouping as mental hospitals and leprosaria ". . . places established to care for persons felt to be both incapable of looking after themselves and a threat to the community, albeit an unintended one." Ervin Goffman, *Asylums* (Chicago, 1961), 16.
- <sup>45</sup> C.R.O.(K) WT/HOS/2 *The Westmorland Sanatorium Medical Report* 1910, 6-11.
- <sup>46</sup> *Ibid.*
- <sup>47</sup> Tuberculin, a bacterial product, stated by Koch to be a cure for tuberculosis, attracted little interest in Britain and was used by the Westmorland Sanatorium only "in a few suitable cases" C.R.O.(K) WT/HOS/2 *The Medical Superintendent's Report* 1907.
- <sup>48</sup> The patients were required to walk certain distances, and the distance, direction and speed (no more than 2 m.p.h.), were regulated.
- <sup>49</sup> C.R.O.(K) WT/HOS/2, *The Medical Superintendent's Report* 1910, 6. Andrew Scull discovered from the Lunacy Commissioners' reports in the middle of the nineteenth century that jobs provided for inmates were those that enabled the mental asylums "to run more smoothly and more cheaply". Andrew T. Scull, *Museums of Madness* (London, 1979), 210. Thus therapeutic treatment, established for the right reasons was also accommodated to support the institution which promoted it.
- <sup>50</sup> *The Westmorland Gazette*, 26 May 1899.
- <sup>51</sup> *The Westmorland Gazette*, 26 May 1899.