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Anonymous Bodies? The Process of Disciplining in Tuberculosis Sanatoriums[1]

***Abstract:** This paper presents a normative analysis of the internal regulations (house rules) of tuberculosis sanatoriums during the first half and the early second half of the 20th century. It analyses regulations for children and adult patients, enabling a direct comparison of the rules applicable to each group and a characterisation of the specific rules applied to children. The second part of the study investigates patients' reactions to the strict and monotonous regime in sanatoriums, which was controlled and enforced by the staff of these institutions. The analysis of social practices draws on a unique set of documents detailing complaints about patients' behaviour written by Dr. Svatopluk Basař, the director of the Na Pleši sanatorium.*

***Key words:** sanatoriums – tuberculosis – internal regulations (house rules) – discipline – normativity – Na Pleši sanatorium*

It took a relatively long time before specialist institutions were set up to provide medical treatment. Historically, most patients remained at home, relying on non-expert forms of treatment passed down from generation to generation. In the best cases, a doctor was summoned to treat the patient, though the effectiveness of this treatment was limited by the current state of knowledge of the human body and diseases, and naturally also by the environment in which the treatment was provided. The precursors of today's hospitals were institutions which provided sanctuary not only to the sick, but to anybody in need of help – including vagrants and travellers.[2] The development of healthcare in Central Europe was decisively influenced by the reforms introduced by Maria Theresa and Joseph II, which established a network of healthcare professionals and central healthcare institutions.[3] However, the key period in this process of development was the 19th century, which saw

1 The study is based on the GAČR research project (GAČR no. 20–17978Y) *The Making of the Doctor and the Patient: the Doctor-Patient Relationship in the History of Bohemian Lands 1769–1992.*

2 On the history of hospitals see Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ, *Pražské špitály a nemocnice*, Praha 1999, pp. 8–23.

3 In 1753, Maria Theresa issued a set of regulations on healthcare in Bohemia, which became the basis for the imperial healthcare regulations introduced in 1770. Of no less importance were the directive

the emergence of new theoretical fields and types of healthcare, scientific discoveries, and the gradual specialisation of therapeutic care – which required specialist institutions to provide it. One such type of specialist institution that emerged in the mid-19th century was the tuberculosis sanatorium. These sanatoriums were special institutions for the long-term isolation of large numbers of infected patients, who were thus kept apart from society as a whole. Because sanatoriums often treated hundreds of patients at the same time, it was essential to organise and monitor the treatments they provided, and to ensure that the institution as a whole operated efficiently. This requirement led to the establishment of internal regulations (house rules), and it is these documents that are analysed in the present case study. The analysis presented here focuses on regulations for children and adult patients issued during the first half and the early second half of the 20th century. These regulations are most frequently found in the archives of tuberculosis sanatoriums, and sometimes they formed part of the promotional materials issued by individual institutions.[4] The main aim of this paper is to identify the normative content of these regulations and to determine how the staff of sanatoriums attempted to impose discipline on their patients. One expectation of this study was that the house rules of children's sanatoriums would reflect the specific needs of child patients; this thesis was verified on the basis of the analysed material. However, merely studying the house rules and disciplining strategies of the selected institutions would not on its own provide a full insight into the issue. It is also important to take into account social practices and the behaviour of the individuals affected by the rules. Therefore, an equally important question relates to how these disciplining techniques were perceived by the patients themselves – did patients resist the rules, did they respect them as part of the therapy, or did they submit to them? – and to what extent the rules became an integral part of patients' bodies. The analysis of normative rules and social practices will thus present a multifaceted view of the issue, as well as revealing whether

rules issued by Joseph II in 1781, which introduced a categorisation of healthcare institutions. *Ibid*., pp. 28, 46–62.

4 The house rules of the Albertinum sanatorium form part of the publication Jan DVOŘÁK, *Vznik a vývoj organisace boje proti tuberkulose v Čechách. Pamětní spis vydaný na počest otevření „Jubilejního sanatoria na oslavu J. V. císaře a krále Františka Josefa I. Na Pleši“ z podnětu, jednomyslného usnesení a nákladem Česk. pomoc. zem. spolku pro nemocné plicními chorobami v král. Českém. I.*, Praha 1916 [?], pp. 29–30; the house rules of the Hamza's children sanatorium in Luže during the first years after its opening are held in SOA Zámrsk, Hamzova dětská léčebna, inv. no. 1833, book no. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži, undated, p. 20; the house rules of the Hamza's sanatorium for preschool children, schoolchildren and adolescents in the 1950s (including examples of the standard rules for adult patients in the mid-20th century) are likewise held in SOA Zámrsk, inv. no. 752, box no. 21, domácí řády na odděleních; the house rules of adult sanatoriums in Görbersdorf (1909), Na Pleši and Prosečnice (first half of the 20th century) are held in SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, ukázky tiskopisů, řádů a instrukcí.

the rules were rigid or whether boundaries could sometimes be overstepped, if staff took into account the individual behaviour of patients whose illness had placed them in the unusual position of being permanently watched and restricted.

In the 19th and 20th centuries, tuberculosis (TB) was one of the most widespread and feared diseases in society – though post mortems show that people also died of it in the previous centuries. The main reason for the rapid and massive spread of TB was the Industrial Revolution, which affected most countries in the world during the 18th and 19th centuries. The Industrial Revolution brought wide-ranging political, cultural and social changes. It sparked mass migration from rural areas to cities, as people sought new opportunities and a new life; a new social class – factory workers – also emerged. Many of these people soon had to cope with the cruel reality that their search for a better life came at a high cost. Cities were unprepared for the massive influx of new arrivals, who ended up living in unhygienic basement rooms, subsisting on the poverty line – in addition to which public hygiene was practically non-existent. Although people died of TB regardless of sex and social status, the largest number of casualties was recorded among the poorer strata of society, whose living, housing and working conditions made it impossible to effectively prevent and fight the disease. During this period, tuberculosis was at the forefront of attention for many scientific authorities, who developed sophisticated strategies for the protection, prevention and treatment that ultimately helped eradicate the disease. TB became a major problem across the whole of society: it was discussed in periodicals and radio broadcasts, it was the subject of short educational films,[5] and it was even reflected in art and literature.[6]

Already at the beginning of the 19th century, doctors noticed the positive effects of marine and mountain climates on the health of people suffering from what was known as “consumption”. TB sufferers were sent on long curative stays, the main purpose of which was to allow them to rest and spend time outdoors, which helped their treatment.[7]

5 E.g. *Hromadné snímkování se štítu* (1940s/50s); *Na kořen zla* (1948); *Navrácený život* (1940s); *Tuberkulosa* (1924); *Co se dokáže vlastní silou* (1940); *Zdraví vstříc* (1941).

6 Alexandre DUMAS, *La Dame aux Camélias*, France 1848; Victor HUGO, *Les Miserables*, France 1862; Fyodor DOSTOEVSKY, *Crime and Punishment*, Russia 1856; IDEM, *The Idiot*, Russia 1869; Erich Maria REMARQUE, *Three Comrades*, Germany 1936; IDEM, *Heaven Has No Favourites*, Germany 1959; Thomas MANN, *The Magic Mountain*, Germany 1924, etc.

7 Jean DUBOS – René DUBOS, *The White Plague: Tuberculosis, Man and Society*, New Jersey 1952, pp. 12–13, 15–17; Sheila M. ROTHMAN, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*, Baltimore 1995, pp. 131–147 (the chapter *Come West and Live*); *Ibid*., pp. 148–160 (the chapter *The Physician as Living Proof*); journeys south to more favourable climates are also mentioned by Marie Baškircevová in her diary, see Marie BAŠKIRCEVOVÁ, *Denník Marie Baškircevové II. díl*, Praha 1908, p. 272, entry for 5 December 1880; *Ibid*., p. 279, entry for 26 December 1880; *Ibid*., pp. 388–389, entry for 21 November 1881; *Ibid*., pp. 393–394, entry for 9 December 1881; *Ibid*., pp. 490–493, entry for 28 December 1882.

The curative effects of certain climates were also noticed by the German doctor Hermann Brehmer,[8] who himself contracted tuberculosis yet later recovered during a stay in the Himalayas. After his recovery, he decided to devote his life to fighting the disease, and in 1854 at Görbersdorf[9] he established Europe's first specialist tuberculosis treatment institution.[10] At that time, medical professionals still held the opinion that tuberculosis was a hereditary disease, and that it was incurable. A milestone in the battle against TB came on 24 March 1882, when Dr. Robert Koch[11] gave a presentation to the members of the Berlin Physiological Society on the bacillus which caused tuberculosis; Koch declared that TB was an infectious disease.[12] This discovery brought a fundamental shift in approach both among medical experts and the general public, creating an imperative to prevent and treat the disease. In 1890, Koch himself announced that he had developed a cure known as tuberculin, which was applied intracutaneously in several doses. However, the effects on patients were often drastic, and it soon became clear that it was not a viable treatment. Nevertheless, tuberculin continued to be used for purposes of diagnosis, as it enabled doctors to determine the presence of the bacillus in the organism.[13] Providing therapy

8 Hermann Brehmer (14. 8. 1826 – 28. 12. 1889) was a German doctor who founded Germany's first sanatorium providing fresh air treatment. He studied mathematics, astronomy and natural sciences at Breslau University. After leaving for Berlin, in 1850 he began compiling a herbarium and pursued a medical career. After being diagnosed with tuberculosis he decided that a change of climate would be beneficial for him. He travelled to the Himalayas, where he continued to study, and after a while he found that he had been cured. In 1854 he returned to Germany to study medicine; his dissertation was entitled *Tuberculosis is a Curable Disease*. In the same year he settled in Görbersdorf (now Sokołowsko, Poland), where he opened the first sanatorium for TB patients. His work was continued by his student Peter Dettweiler.

9 Now Sokołowsko; until 1945 it was part of Germany.

10 Cf. Thomas M. DANIEL, *Hermann Brehmer and the Origins of Tuberculosis Sanatoria*, The International Journal of Tuberculosis and Lung Disease 15, 2011, vol. 2, pp. 161–162.

11 Robert Koch (11. 12. 1843 – 27. 5. 1910) was a German doctor and microbiologist who was the founder of bacteriology. In 1905 he received the Nobel Prize for physiology and medicine. He studied medicine at Göttingen University. He introduced numerous methods of fixation, dyeing and photography, and he is considered to have been a pioneer in the field of microphotography. Besides his work on tuberculosis, in 1883 he also discovered the bacillus responsible for cholera. In 1885 he became a professor of hygiene at Berlin University, and from 1891 to 1904 he was the director of the Institute for the Study of Infectious Diseases. Koch travelled widely, mainly to countries that suffered from epidemics of various diseases, such as India or African countries. He died of a heart attack.

12 Roy PORTER, *Největší dobrodiní lidstva: Historie medicíny od starověku po současnost*, Praha 2001, p. 480.

13 *Ibid*., p. 484; Vítězslav JANOVSKÝ, *O Kochově methodě léčení tuberkulosy*, Časopis lékařů českých 29, 1890, vol. 49, pp. 965–967; vol. 50, pp. 989–992; vol. 51, pp. 1017–1019; vol. 52, pp. 1041–1045; on the principles of diagnosing tuberculosis using tuberculin, see e.g. Augustin HOFFMANN, *Protituberkulosní poradna (dispenzář)*, Praha 1940, pp. 31–36.

was a major challenge to doctors, as an effective cure was not developed until the second half of the 20th century;[14] for this reason, prevention was considered a far greater priority.

In order to prevent the further spread of tuberculosis, it was essential to teach society – especially TB patients – how to live with the disease and limit their contacts with other people. As a result, the first half of the 20th century saw the establishment of tuberculosis sanatoriums in many countries; this made it possible to isolate infected individuals for long periods and educate them about the principles of everyday hygiene. The fundamental basis of the therapy provided at these institutions consisted of hygiene-based and diet-based treatments whose principles were laid down by the above-mentioned Hermann Brehmer, working alongside his patient and student Peter Dettweiler.[15] They defined this form of treatment as follows:

> *"Make the patient's home and household hygienic, adjust their lifestyle, feed them properly and appropriately; strengthen and refresh the patient by means of healthy fresh air, sunlight and appropriate water treatment. Protect the patient from everything that harms the body and soul, and devote the same care to both."*[16]

This hygiene and diet based treatment consisted of an appropriate combination of bed-rest, fresh air, nutritious food, and in milder forms of the disease also physical work. This

14 The first antituberculotic was streptomycin, which was isolated on 19 October 1943 at Rutgers University by Albert Schatz; it was first used on human patients in 1947. Another antituberculotic was PAS – a synthetically produced substance that was first trialled in around 1940; in 1946 it was found to be effective against tuberculosis bacilli. The last key antituberculotic was isoniazid; although the drug was first produced at the beginning of the 20th century, it was not until 1952 that isoniazid was found to be effective against TB. For details on the development and use of antituberculotics see Zdeněk ŠIMÁNĚ – Pavel KRAUS – Eva KRAUSOVÁ, *Antituberkulotika*, Praha 1966.

15 Peter Dettweiler (4. 8. 1837 – 12. 1. 1904) was a German doctor specialising in pneumology. He began his medical studies in 1856, attending the universities in Gießen, Würzburg and Berlin. From his childhood Dettweiler suffered from pulmonary problems, so he entered Dr. Brehmer's sanatorium for treatment. After his recovery he stayed on at the sanatorium, working as Brehmer's assistant. Dettweiler's treatment is known mainly for its emphasis on nutrition; the patient's food had to have a high fat content. The number and size of meals was precisely calculated for particular times of day, and this prescription had to be followed strictly. Initially, Dettweiler included alcohol (cognac, wine, champagne) in his treatment, but eventually he began to reduce his patients' alcohol intake. His treatment included plenty of rest. Fresh air treatment took place in all weathers and at all times of year; patients lay on special loungers (designed by Dettweiler himself to provide maximum comfort) on open-air terraces. Each patient had to spend between six and ten hours a day outdoors. Dettweiler educated his patients on the principles of hygiene and the rapid spread of tuberculosis; he even invented a special bottle (known as the *Blue Heinrich*) into which patients could discharge their sputum. Peter Dettweiler died of cardiac complications. His method for TB treatment spread worldwide and became highly successful.

16 „*Uprav hygienicky domov a domácnost nemocného, uprav jeho životosprávu, vyživuj ho řádně a přiměřeně; utužuj a osvěž nemocného zdravým volným ovzduším, proudem slunečním a přiměřenou vodoléčbou. Chraň nemocného přede vším, co škodí tělu a duchu a věnuj stejnou péči oběma.*“ František HAMZA, *Boj naší doby proti tuberkulose*, Luže 1908, pp. 200–201.

specific regime required great discipline and care. In certain circumstances, it was possible to follow the regime at home: patients had to have their own room (so that their presence would not harm other members of their family), and it was necessary for a family member to look after the patient. However, doctors tried to persuade patients to undergo treatment in specialised institutions, where the entire process was monitored by experts and trained staff. It should be mentioned that severe and incurable cases were isolated in special hospital wards, while patients with a chance of recovery were housed in sanatoriums. The sanatoriums had internal regulations (house rules) which served to organise life for the large number of patients under their roofs; patients were informed of the rules upon their arrival at the sanatorium, and they had to follow the rules strictly or disciplinary sanctions were imposed. The rules were displayed in prominent locations, such as in corridors or communal areas, in order to ensure that the appeal to obedience was omnipresent. The patients were subject to the house rules not only when in the sanatorium itself, but also during their permitted walks, which offered the chance to leave the zone of the patients' limited everyday movement.[17]

A turning point in the development of Czech sanatoriums came in 1948, when Act no. 185/1948 was approved; this legislation nationalised medical treatment and care institutions, and outlined new rules for the organisation of state-provided medical care.[18] One of the aims of the act was to standardise the organisation of medical care; for this purpose, the Ministry of Health issued a standard set of house rules in two versions – one for children and one for adult patients. Previously there had been no standardised house rules, as these had been a matter for the private individual or association that owned the sanatorium. However, an analysis of the house rules prior to and after 1948 reveals that in many ways they were identical. Of equal importance was Act no. 103/1951 on the standardised prevention and medical care, which made it compulsory to undergo treatment for certain diseases, including tuberculosis.[19] Before this legislation came into effect, patients had the option to undergo treatment, but it was not compulsory. The introduction of compulsory treatment may have had an effect on patients' acceptance of the regime at the sanatorium, on their behaviour while at the institution, and also on doctors' perception of these patients.

Upon an analysis of individual sets of house rules, it is clear that many of their stipulations were related to the daily routines at the sanatoriums – primarily the daily regime

17 The fact that the house rules also applied beyond the confines of the sanatorium is explicitly stated in the rules for adult patients. See e.g. SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních.

18 Petr SVOBODNÝ – Ludmila HLAVÁČKOVÁ, *Dějiny lékařství v českých zemích*, Praha 2004, p. 219.

19 *Ibid*., p. 220.

for patients, which was organised in considerable detail on an hour-by-hour (or sometimes minute-by-minute) basis. After undergoing an initial medical examination, patients were allocated to different rehabilitation groups depending on the extent and gravity of their condition.[20] The regime of daily activities depended on which group the patient was allocated to. Patients with milder forms were allowed more free movement and were involved in work activities – gardening, basket-weaving, hand crafts etc. All members of a group had to perform all their tasks together at a precisely stipulated time; this was monitored by nurses, and in some sanatoriums a gong or a bell was used to signal the beginning and end of different phases of activity. The patients thus got up and went to bed at the same time, and the same applied to washing and bathing, meals, resting, and leisure time. Other aspects of sanatorium life were also subject to a weekly or monthly routine – including some therapeutic procedures, weighing of patients, or detailed medical examinations.

Patients' freedom of movement was highly restricted; walks outside the confines of the institution had to be approved on an individual basis by doctors. The regulation of free movement clearly reflected an attempt to prevent the spread of the disease – as well as preventing disciplinary offences such as smoking, drinking alcohol, or visiting restaurants and pubs. An equally important factor was the reaction of the inhabitants in nearby towns and villages, who were afraid of contagion and did not want the patients to cross the demarcation line between the institution and the outside world.[21] Similar considerations applied to visits from family members, which the house rules described as disrupting the operation of the sanatorium.[22] Visits to both children and adult patients

20 Sanatoriums for adults classified patients into four rehabilitation regimes. Regime no. 1: strict rest; regime no. 2: mainly rest; regime no. 3: tonic regime; regime no. 4: training regime. SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních; child patients were allocated to one of the following groups: 0: strict bed-rest and no movement; 1: permission to go to the dining hall; 2: one session lying down per day; 3: two sessions lying down per day; 4: four sessions lying down per day; 5: one short walk; 6: one walk or games, sports, dance etc. *Ibid*.

21 J. DVOŘÁK, *Vznik a vývoj organisace*, p. 19; this is also evident from complaints from people living near the Na Pleši sanatorium (29 May 1935 and 8 June 1950). SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, vyhlášky ředitele sanatoria.

22 See e.g. SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, ukázky tiskopisů, řádů a instrukcí. Domácí řád sanatoria v Prosečnici, p. 8; SOA Zámrsk, Hamzova dětská léčebna, inv. no. 1833, book no. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži, undated, p. 20; a similar situation was faced by Zdena Wolkerová, the mother of the writer Jiří Wolker, who was treated in a private sanatorium at Tatranská Polianka. Mrs. Wolkerová stayed with her son for the first few days of his treatment, but the head physician soon asked her to leave and entrust her son's care entirely to the experts. He stated that the presence of family members had a negative effect on patients' psychological state, and noted that family members often tended to interfere with the treatments. Cf. Zdena WOLKEROVÁ, *Jiří Wolker ve vzpomínkách své matky*, Praha 1951, p. 205.

were only permitted once a month, at clearly stipulated times and in premises reserved for that purpose. Child patients had to write to their parents once every two weeks, and their letters were monitored by the institution's staff.[23] If this correspondence included negative comments about the staff or the sanatorium itself, the patient had to rewrite the letter. If children's letters were censored in this manner, the question arises as to what value they have for researchers today, and to what extent they genuinely reflect the child's personal experience. On the other hand, these letters – alongside promotional materials and annual reports – were used by the institutions to influence their perception by the general public, primarily by the parents of their child patients.

The second main aspect on which the house rules focused was personal and public hygiene. Patients were to conduct themselves with the awareness that they suffered from an infectious disease, behaving in such a manner that they would not endanger other patients or staff at the sanatorium. Hygiene regulations involved complying with and monitoring basic principles of personal hygiene – principles which many of the patients lacked. Particular emphasis was placed on the safe handling and disposal of patients' sputum. There were spittoons in communal areas, but each patient had their own pocket spittoon which they were required to use; if they failed to do so, they would be expelled from the sanatorium. The spittoons had to be disinfected regularly, and it was strictly forbidden to empty them into toilets or washbasins. The purpose of these rules was not only to maintain hygiene in the sanatorium itself, but also to teach patients how to behave in a safe manner and instil in them the principles of personal hygiene in both public and private spaces. This educational aspect was of great importance, because a patient's life after recovering and leaving the sanatorium was never the same as it had been previously. Doctors were aware that there was a high risk of recurrence in previously infected individuals,[24] so each patient had to learn how to behave with consideration towards their family and others around them – as well as to themselves – in order to reduce the risk of recurrence.

A direct comparison of the house rules for children and those for adult patients clearly indicates that the disciplining of small children was viewed as a gradual process that was under the control of the institution's staff. Parents were acquainted with the house rules

23 Compulsory correspondence applied to school-age children and those under age 18. In the case of bedridden children and those of preschool age, the institution sent a detailed progress report to the parents once a month. SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních.

24 The patients themselves also witnessed cases of recurrence, which greatly affected them, causing anxiety, feelings of hopelessness, and fear for their own health. The writer Jiří Wolker, writing to his parents, noted that recurrence happened very frequently, and that he himself feared it, as he felt he lacked the strength to undergo the treatment all over again from the very beginning. Cf. Jan KÜHNDEL – Zdena WOLKEROVÁ, *Korespondence s rodiči*, Praha 1952, p. 171. Letter dated 10 September 1923.

when their child was inducted into the institution; the rules were often displayed in the induction room. After 1948, the house rules for non-adults were divided into three age groups: preschool children, school-age children, and under-18s. The older the children, the more the rules focused on hygiene, free movement and moral disciplinary offences – in other words, they became increasingly similar to the adult rules. With regard to behaviour, children were expected to respect the institution's staff – the doctors and nurses – as bearers of natural authority. If a child broke a rule, they could have their toys confiscated, be separated from their peers for a period, or in cases of repeated rule-breaking they could be reprimanded by the head physician. Physical punishments were not specified in the house rules of any sanatorium, though it is not known whether they were used in practice. Because separation from their families was more difficult for children than for adults, and because children were still undergoing a process of socialisation, they needed much more attention as well as special educational methods. However, this was not explicitly stated in the house rules, which focused strictly on the organisation of everyday life at the sanatorium.

For adolescent and above all for adult patients, the house rules attempted to govern physical behaviour through moral imperatives. These patients too were required to obey the instructions of the medical staff without exception, but they were also expected to be aware of the gravity of their condition, and to a large degree they were expected to take personal responsibility for the course and successful outcome of their treatment. Irresponsible and ill-disciplined patients were designated as cases that were difficult to cure:

> *"For your treatment to be successful, for you to be able to return home as soon as possible, you must submit to a certain order which is summarised in these rules, as approved by the Ministry of Health."*[25]

The question remains as to whether the doctors genuinely believed that the daily regime would have such strong therapeutic effects, or whether when responding to patients' complaints they were in fact merely deflecting the blame for unsuccessful treatment onto the patient's failure to comply with this regime in its entirety. Because adults were much more keenly aware of their own identity and often attempted to reassert a degree of personal freedom, the house rules contained stipulations on the moral regulation of their behaviour. As mentioned above, patients were forbidden from smoking, drinking alcohol, visiting restaurants and pubs, or engaging in any personal contact whatsoever with patients or staff of the opposite sex. Many sanatoriums were for men or women only, though there were mixed sanatoriums where sexual contact could potentially occur. Violations of rules

25 *„Aby Vaše léčení bylo úspěšné, abyste se co nejdříve mohly vrátit domů, musíte se podrobit jistému pořádku, který je shrnut v tomto řádu, schváleném Ministerstvem zdravotnictví.“* SOA Zámrsk, Hamzova dětská léčebna, inv. no. 752, box no. 21, domácí řády na odděleních.

by adolescents and adults naturally incurred different penalties than violations by small children: adolescents and adults were forbidden from receiving visitors or going on walks, they were publicly reprimanded, and in extreme cases they could be expelled from the institution. Once expelled, a patient was never readmitted to the institution, and they may also have encountered problems being admitted to other sanatoriums.[26] Besides the several differences outlined above, the basic stipulations and principles of the house rules were identical for children and adult patients. On the theoretical level, then, the goal of these house rules was to construct a typical (or ideal) tuberculosis patient, whose disciplined behaviour would ensure the smooth and efficient operation of the entire institution.

But how did the patients themselves respond to these rules? Did they accept them, aware that they were an essential part of the therapeutic process, or did they resist them? It is very difficult to reconstruct historical social practices, though some information is available from the personal memoirs or correspondence of former patients.[27] A unique source of insight here is provided by complaints about patients' behaviour written by Dr. Svatopluk Basař,[28] who was the director of the Na Pleši sanatorium for adults between 1926 and 1951.[29] Basař's complaints cover his entire time at the sanatorium, and they are

26 SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, ukázky tiskopisů, řádů a instrukcí. Domácí řád sanatoria v Prosečnici, p. 11; similarly a letter from the Central Social Insurance Company in Prague dated 28 June 1935, stating that patients expelled from the Na Pleši sanatorium for disciplinary offences would not be admitted to other sanatoriums. *Ibid*., vyhlášky ředitele sanatoria.

27 Works from other countries include e.g. C. Gale PERKINS, *The Baby's Cross: A Tuberculosis Survivor's Memoir*, Canada 2011; Shirley MORGAN, *Well Diary... I Have Tuberculosis: Researching a Teenager's 1918 Sanatorium Experience*, Published by the author 2014; Gloria PARIS, *A Child of Sanitariums: A Memoir of Tuberculosis Survival and Lifelong Disability*, North Carolina 2010; Czech works include e.g. SOkA Kutná Hora, Josef Braun, osobní fond; *Ibid*., Jiří Ostaš, osobní fond; SOkA Náchod, Otto Berger, osobní fond; J. KÜHNDEL – Z. WOLKEROVÁ, *Korespondence*; Zina TROCHOVÁ, *Jiří Wolker dopisy*, Praha 1984; Z. WOLKEROVÁ, *Jiří Wolker ve vzpomínkách*; Jiří WOLKER, *Do boje, lásko, leť*, Praha 1975; František SMETANA, *Jak jsem se uzdravil*, Praha 1947; Max BROD – Franz KAFKA, *Přátelství*, Praha 1998; Franz KAFKA, *Deníky 1913–1923*, Praha 1998; IDEM, *Život ve stínu smrti. Dopisy Robertovi*, Praha 2012; IDEM, *Dopisy rodičům z let 1922 a 1924*, Praha 1990; IDEM, *Dopisy rodině*, Praha 2005; Adina MANDLOVÁ, *Dneska už se tomu směju*, Praha 2015.

28 Svatopluk Basař (31. 12. 1895 – 15. 4. 1982) was a Czech doctor who specialised in tuberculosis and pulmonary diseases. He studied medicine at the Prague Medical Faculty, graduating in 1920. In his early career he focused mainly on diabetes, but he soon began to specialise in tuberculosis and other respiratory ailments. During his career he undertook study visits to various institutions in foreign countries, including Canada, the USA, Britain, France, Italy, Germany and Sweden. In 1927 he became a specialist in internal and nervous disorders, and in 1932 he became an associate professor of pathology and therapy of internal diseases. From 1951 to his retirement in 1978 he worked at the tuberculosis and respiratory diseases department of the clinic in Roudnice nad Labem, and between 1952 and 1956 he was the district's head physician for tuberculosis.

29 The Na Pleši sanatorium was the first institution on the territory of the Bohemian Lands to specialise solely in the treatment of adult tuberculosis patients. It was established by the Bohemian Provincial

very diverse in nature. Nevertheless, it is possible to identify the most common breaches of the rules. Patients showed a lack of respect for each other – making noise during the night, shouting and insulting each other. The director frequently reminded them of the principles of good table manners, as some patients threw food or crockery at each other in the dining hall, poured tea on each other, or took food to their rooms (which was strictly forbidden).[30] The patients frequently failed to respect the daily regime, arriving late for their rest sessions or treatment procedures. They failed to keep the sanatorium clean and tidy – both in communal areas and in their own rooms. Among the most frequent and most serious infractions was spitting on the floor. Basař's complaints reveal that many patients were completely unaware of the importance of using and correctly disinfecting spittoons. They emptied their spittoons into washbasins or toilets even though the sanatorium had a special disinfecting device. Sputum was found not only on the floors, but even on the walls, chairs and other items in communal areas:

> *"… And yet on ward II we have a miscreant who is proficient at spitting on the floor around the wall at regular intervals. Wonderful! I would like to see the animal with a cloth in his hand, trying to clean up after himself and make the place right for decent people – I don't think he'd have the stomach for that…"*[31]

After breaches of hygiene, the second most common type of infringement was moral in nature. Patients left the sanatorium without the director's permission, visited pubs and attended dances, returned drunk, and smoked in the sanatorium grounds. In the woods they caught songbirds that they could sell for money to buy alcohol and cigarettes, which they purchased themselves or from young orphans in nearby villages. They also breached the rules forbidding contact with members of the opposite sex, whom they met in their

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Association for Assistance to Patients with Pulmonary Diseases, and the land for the sanatorium was donated to the association by Prince Colloredo-Mansfeld and his wife. The foundation stone was laid on 6 December 1908, and the main building work began in 1912. The sanatorium was opened on 2 February 1916; the first patients were soldiers returning from the front. When antituberculotics were discovered, the sanatorium became a specialist pneumological institution with its own laboratories and a bronchology department. In the 1980s the institution began to focus on oncological treatments – and this remains its primary focus today.

30 SOA Praha, Odborný léčebný ústav tuberkulózy a respiračních nemocí, Nová Ves pod Pleší, nezpracovaný fond, vyhlášky ředitele, e.g. complaints dated 2 June 1927, 10 June 1927, 26 June 1929, 8 March 1933, 20 September 1934, etc.

31 *„… A přece máme mezi sebou na II. odd. výtečníka, který na záchodě mistrně sází chrchle podle stěny na zem v určitých vzdálenostech. Krasochuť! Rád bych viděl toto zvíře, kdyby měl s hadrem v ruce takto znečištěnou místnost učinit zase přístupnou slušným lidem – na to by měl asi slabý žaludek…" Ibid.*, complaint from March 1944, similarly complaints from 5 December 1926, 16 February 1929, 30 August 1937.

rooms or in the woods.[32] Although the director had a certain degree of understanding for some breaches of hygiene, he was far more militant when it came to dealing with moral infringements. In his eyes, such behaviour meant that a patient was consciously harming their own health, and evidently had no interest in being cured. Such cases resulted in expulsion from the sanatorium. Other penalties included a complete ban on walks or visits to the sanatorium cinema, or an increase in the number of sessions in which patients had to lie entirely still without moving or speaking.[33]

Logically, some patients found it difficult to accept their loss of control over their own lives, and attempted to regain at least some elements of "normal life". However, as the director's complaints reveal, these patients evidently failed to appreciate the gravity of their condition and the need to behave with great consideration for those around them – either that, or they were simply uninterested. This is reflected in letters written by some former patients who left the sanatorium due to the poor behaviour of the other patients and felt the need to inform the director of the problem:

> *"I was admitted on 8 June of this year to the above-mentioned sanatorium, and yesterday afternoon, on 6 July 1931 at 10 a.m., I left the premises because I had lost my appetite – despite the fact that the food was hygienically prepared and initially tasted good to me – because in the dining hall with 60 or 70 patients there is so much noise and such a racket that I could not eat properly, and in the end I ate only half of what I had previously eaten. There were only a few German-speakers among the patients. The Czech patients mocked us and shouted 'German cows' at us. I also found it disgusting that the patients used their own spoons to take food from shared pots, which ruined my appetite. Etc."*[34]

Conclusion

The house rules of tuberculosis sanatoriums were focused mainly on issues related to everyday operations. The second major element of the rules concerned personal and public hygiene. Until effective medicines were developed, doctors could never rule out the possibility that the tuberculosis would recur even after a patient's recovery, so recovered

32 Cf. *Ibid.*, complaints from 20 April 1929, 13 November 1929, 29 September 1932, 13 March 1935, 20 June 1936, 30 July 1937, etc.

33 For examples of the most frequent penalties imposed see *Ibid.*, 4 June 1931, 19 March 1932, 17 October 1930, 30 April 1934, 31 August 1937, 29 January 1939 or 25 January 1940.

34 *„Byl jsem přijat 8. června t. r. do zmíněného sanatoria a včera dopoledne t. j. 6. července 1931, v 10 hodin jsem je opustil, poněvadž přestalo mi chutnati jíst, ač jídlo bylo dobře a čistě připraveno a zprvu mi chutnalo, poněvadž na jídelně se 60ti či 70ti nemocnými je tolik hluku a kravalu [sic!], že nemohl jsem se ani pořádně najíst a nakonec jedl jsem jen polovinu toho, co dříve jsem snědl. Mezi nemocnými bylo nás jenom několik Němců. Pacienti české národnosti vysmívali se nám a pokřikovali na nás ‚německé krávy'. Mimo to se mi hnusilo, když nemocní ze společných nádob nabírali vlastními lžícemi jídla a tím mně jídlo ošklivili, atd."* *Ibid.* Letter from Antonín Knauschner dated 7 July 1931.

patients still had to take measures to protect themselves and others, and even after returning home from the sanatorium they still carried with them the stigma of potential risk. The hypothesis of a different approach to child patients was not confirmed; on the contrary, the house rules approached patients as anonymous bodies which were subjected to control and monitoring. However, these conclusions were only drawn from the analysis of normative sources, which offer researchers an insight into the theoretical (or ideal) functioning of an institution. As mentioned in the introduction, the study of social practice is an equally important source of insights, as it indicates how these normative regulations were applied and the extent to which they were respected. Although the written texts of the house rules do not explicitly mention a different approach to child patients, other sources clearly indicate that children's sanatoriums attempted to function as hygienic homes in which the staff would at least partly act as a substitute for the children's missing families and help alleviate their homesickness.[35] Further evidence is provided by the establishment of sanatorium schools, which (despite obvious differences) functioned as substitutes for normal schools and ensured that children would not lag behind in their studies. A certain degree of flexibility in the house rules is revealed by the behaviour of adult patients. Confining patients in institutions – where they were subject to strict discipline and constant observation and monitoring – had a negative impact on their mental state. The collective psyche responded by violating the social norms governing polite, responsible behaviour; this was particularly manifested in resistance to disciplinary strategies, regardless of the original intentions that motivated these strategies. The fact that the rules were repeatedly violated without patients incurring the associated disciplinary sanctions indicates that the rules were in fact adapted to suit the momentary conditions, and that there existed a form of "negotiation" between the patient and the doctor who represented the rules. This case study thus shows that the historical reality was a product not only of discursive norms, but equally also of the individual actors, who were unwilling to become mere anonymous bodies controlled by regulations, and who instead used various tactics to manifest their individuality and assert their specific needs and opinions.

35 SOA Zámrsk, Hamzova dětská léčebna, inv. no. 1833, book no. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži, undated, p. 10; *Ibid*., inv. no. 949. box no. 43, Paměti učitele a správce ústavní školy – Václava Svatka 1910–1950.