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Making of a social disease: tuberculosis and society in the 19th and 20th centuries

Theses of Doctoral Dissertation

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Annotation

This thesis deals with the history of tuberculosis in the 19th and 20th centuries. In this period, the cultural and scientific view of the disease fundamentally changed. The thesis studies how the Czech struggle against tuberculosis was formed, what were its basic pillars and how its strategy changed regarding the political orientation of our country. It focuses on different means of communication through which key information was disseminated and which contributed to the formation of a unified image of tuberculosis – daily press, educational posters and films. The last part is focused on the individual experience of everyday life in the sanatorium, individual experience of tuberculosis and of the changes that the disease brought to the patients' lives.

Key words

Tuberculosis, sanatoriums, dispensaries, educational posters, educational films, daily press, history of medicine, 19th and 20th centuries.

Methodological foundation

For the author, the basic methodological starting point is the social, or more precisely cultural, history of medicine,¹ which is especially typical for the Anglo-Saxon environment. This concept was established in the 1970s, and its most famous representative was undoubtedly Roy Porter.² 1970 saw the formation of an organisation called the Society for the Social History of Medicine, which brings together historians who combine interdisciplinary approaches within the research of the history of medicine, disease, public health, medical practice etc. Several times a year, this organisation published its own magazine called *Social History of Medicine*.

The topics of the social history of medicine are relatively broad, whereby most historians deal with the history of one specific disease: some authors focus on the ideas and representations of these diseases, other devote themselves to institutionalisation and professionalisation. From the perspective of the social and cultural history of medicine, a disease is perceived as a historical artefact which is subject to historical transformations, and which is redefined over time. This approach places emphasis on the multilaterality of the research; it assumes that a disease is understood differently within the scope of medicine, and acquires other forms in lay reception, for example. The aim of the historian is then to show how these perceptions relate to, and affect, each other. This concept tries to place the issue of medicine and individual diseases in a broader sociocultural context, which is why it examines not only the development of medical science, but more importantly the impacts of these findings on society or sick individuals.

The social history of medicine traditionally focuses primarily on the contract between professional and lay discourse, which the author of the submitted dissertation was also interested in. Historians who deal with the social history of medicine emphasise the need to study the history of medicine “from below“, in other words from the perspective of the patient themselves. In the environment of Czech historiography, this concept is better known under the term “Patientengeschichte“. Roy Porter invented this concept in 1985; in his opinion, the

¹ See ALBURY, W. R. Broadening the Vision of the History of Medicine. In *Health and History* 7, 2005, č. 1, s. 2–16; LUDMERER, Keneth M. Methodological Issues in the History of Medicine: Achievements and Challenges. In *Proceedings of the American Philosophical Society* 134, 1990, č. 4, s. 367– 386; PERNICK, Martin S. *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America*. New York, 1985. ISBN 978-0231051866; WARNER, John Harley. *The Therapeutic Perspective: Medical Practise, Knowledge, and Identity on Amerika, 1820–1885*. Princeton, 1997. ISBN 978-0691012094; GARRO, Linda. C – MATTINGLY, Cheryl. *Narrative and the Cultural Construction of Illness and Healing*. University of California Press, 2000. ISBN 978-0520218253; MCGOWEN, Randall. Identifying Themes in the Social History of Medicine. In *The Journal of Modern History* 63, 1991, č. 1, s. 81–90.

² See PORTER, Roy (ed.). *Patients and Practitioners: Lay Perceptions of Medicine in Pre-industrial Society*. Cambridge, 1985. ISBN 0-521-30915-8.

development of medicine was largely shaped on the basis of the dialogue between doctor and patient, which for various reasons, at least until the advent of modern medicine, very often relied on lay or traditional forms of treatment. This approach focuses primarily on studying the world lived in by specific individuals. History from the patient's perspective tries to find out how patients experienced and perceived their sick body, its transformations, pains and suffering, and how they experienced treatment and any changes in the behaviour of those around them. It therefore bridges research which focuses only on discursive norms, and observes how historical actors reacted to them, and to what extent the constructs presented in contemporary professional literature and periodicals penetrated the essence of humans and became their integral part, which influenced the perception and experience of their own body and diseases. However, this concept may encounter a lack of a source base, or the unwillingness of the historical actors themselves to divulge details of their health problems.

An unconventional view of the lives of historical actors is offered by the theory of so-called total institutions, presented in 1961 by American sociologist Erving Goffman. To Goffman, a total institution is a place where a large number of individuals, whose lives are formally managed by some kind of superior apparatus, live together, cut off from society, on a long-term basis. These institutions can be prisons, psychiatric hospitals and nursing homes, but also boarding schools, monasteries and of course also tuberculosis sanatoriums. Goffman observes how these institutions change their patients' lives, as well as the impact they have on their former social contacts, and also notes the formation of some kind of collective psychology and specific subculture. He was inspired by his annual field research in the St. Elizabeths Hospital psychiatric facility in Washington. Key in particular is Goffman's thesis that it is the institution that creates the typical mentally ill patient, and not their illness. This aspect is common to all closed medical institutions. Tuberculosis patients represented a significant risk to those around them, which is why they had to follow strict hygienic measures that were instilled in them during their stay in the hospital. The sanatorium was to make them into individuals who, by their self-control, do not endanger the rest of society. The author will use this theory especially for the formulation of the theoretical functioning of tuberculosis sanatoriums, and everyday life therein.

The effort to capture the ways in which a uniform image of tuberculosis was formed and disseminated in society required the use of various types of sources, and therefore also different methodological approaches. In her research, the author decided to include educational posters, which began to be used by almost all anti-tuberculosis organisations in the first half of the 20th century and which, when combined with other health education resources, enabled society to

be addressed more widely. During their analysis, she used an approach that defines an image as the result of ideas about the meaning of the concepts of body, disease and health that are characteristic of the given culture. This approach certainly does not undermine the reality of disease; rather, it emphasises and shows the function that the language of images had. The images are therefore a reflection of the contemporary cultural ideas of disease, health, beauty and ugliness, which affected not only those who produced them, but also those who served as the objects of their representation.³ The educational posters therefore reflect how tuberculosis was perceived at the given time and in the given cultural environment, and what attributes were assigned to it. Given the fact that their basic goal was to convey a key message in the simplest way possible, the posters may reflect the contemporary clichés and stereotypical ideas that circulated in society in connection with tuberculosis.

A similar approach can also be applied to educational films, which had the same goals as the posters, and merely represented another possible means of communication. To a large extent, the methodology depends on the type of film, the studied topic and the specific researcher's aims. Nevertheless, recent years have seen the frequent use of the so-called New Film History, which perceives films as cultural artefacts and the cinema as a place of social and cultural interaction. Representatives of this approach try to bridge the history of films up to now, which focused mainly on the history of production, producers, authorship, means of depiction and the aesthetic value of films. This method is based on various methodological approaches, and on the use of a wide range of sources that are closely related to film production. Attention is focused not only on the film itself, but also the perception of the given films by their viewers.⁴

The use of posters and film production to disseminate information and educate society became widespread in the 20th century. The daily press has a much longer tradition in this regard. Although it might seem that the daily press is primarily a source of information, which brings its readers news regarding political, social and cultural events, it also has a very strong constitutive element. Every periodical classifies its messages with regard to its target groups' religious, interest and political backgrounds. To strengthen rhetoric and arguments, periodicals use means such as photographs, caricatures and references to specific authorities. Therefore, the selection of information, just like the specific form of diction and the creation of statements,

³ Cf. GILMAN, Sander L. *Picturing Health and Illness: Images of Identity of Difference*. Baltimore a London: John Hopkins University Press, 1995, s. 11–18. ISBN 0-8018-5197-1.

⁴ See for example CHAPMAN, James. *Researching Film and History: Sources, Methods, Approaches*. In PAUWELS, Luc – MARGOLIS, Eric. *The Sage Handbook of Visual Research Methods*. London, 2011, s.359–372. ISBN 978-1847875563.

in fact directly shapes readers' opinions and attitudes. The author thus perceives the daily press as one of the observed period's main communication channels, which brought its readers a broad spectrum of information, but at the same time she's aware that, through its statements, specific narrative and diction, this media shaped reality and therefore directly influenced the perception of the given topic by the lay public.

Topics and aims of the work

The submitted dissertation tries to map the history of one of the most widespread diseases, in a period which saw many scientific and social changes. It was in the 19th century that medicine began to penetrate patients' bodies, which enabled it to discover the true causes and originators of many diseases. These discoveries became a gateway for the prevention and treatment of diseases which until then had been difficult to treat, with doctors reduced to alleviating their symptomatic manifestations. Gradually, medical disciplines started becoming specialised, which enabled better and more effective care and therapeutic resources. This specialisation was also reflected in the institutional foundation, which was characterised by various social and medical associations, as well as new types of medical institutions. The hygienisation movement, whose symbol became cleanliness, fresh air, proper nutrition and physical activities, began to permeate society as a whole and became a sign of a modern, responsible person.

Fundamental social changes were brought about by the Industrial Revolution, which in the 19th century affected almost all countries around the world. Unavoidably, this development was also accompanied by a number of negative aspects, which significantly contributed to the spread of tuberculosis. In particular, this was the mass relocation of the rural population to cities. The cities' capacities were not sufficient to accommodate the newcomers, who ended up in hygienically inadequate apartments. With the advent of the 20th century, the population suddenly faced the increasing professionalisation of the medical field, and the doctors under whose control it gradually came. However, this process wasn't easy, and in many cases encountered a lack of understanding and defensive behaviour, particularly in social strata which had traditionally relied primarily on alternative treatment methods. In many respects, society was unaware of the seriousness of this disease, so doctors battled prejudices and indifference throughout the entire observed period. It was the very effort to sufficiently inform and educate the public within the scope of hygienic standards that were to prevent the mass spread of the disease which was negatively reflected in the perception of infected individuals, who as a consequence of their disease were pushed to the margins of society.

Medical discourse in the first half of the 20th century construed tuberculosis as a social disease that is especially typical for the lower strata, and the tuberculosis sufferer as a hazard which must be isolated in a specialised treatment centre – a tuberculosis sanatorium. The author presumes that the acceptance of this construance by all social strata required its sharing as a generally acknowledged truth. Mere medical discourse does not have such a strong constitutive effect, as it is primarily intended for a narrow circle of educated and knowledgeable individuals. Therefore, the creation of a stereotypical image of tuberculosis also had to involve other components, which reached and influenced the majority of society.

The main aim of the submitted work is to provide a plastic view of tuberculosis, and demonstrate how other important media such as the daily press, educational posters and films also played a part in the construance of this disease. The afore-mentioned hypotheses require a search for the answer to the question of how the battle against tuberculosis was planned, shaped, reflected and last but not least also implemented in our territory. Whether it was a directive-driven battle, or if it was conducted more through civic education. During the observed period, our country underwent significant changes, from the disintegration of the Austro-Hungarian monarchy, through the creation of the independent Czechoslovak republic, to its control by a totalitarian communist ideology. It can therefore be assumed that the political background, and its typical characteristics, also manifested themselves in statements concerning tuberculosis, just like in the form of strategies for its control and suppression.

However, discursive formations are only one perspective on the studied topic, which neglects the authentic experience of tuberculosis and sanatorium life by a specific historical actor. The fundamental question is to what extent patients experienced their disease under the influence of a socially and culturally constructed form of same, which over the years underwent changes, among others in connection with the afore-mentioned scientific progress and the country's ideological orientation. And to what extent the experience was influenced by their own experiences, ideas about the world and mental attitude, i.e. was more of a subjective matter for every one of them.

In the case of tuberculosis, it is necessary to distinguish between a personal experience of the disease, and the sanatorium as a specific place for the long-term isolation of the infected individual. In this section, the author follows on from Goffman's theory of total institutions, which make their inmates or patients into passive links that are subject to local rules, and thereby acquire a new social role which is defined by this institution. Although tuberculosis sanatoriums completely fulfil the definition of closed institutions, the author presumes that the patients themselves were not mere passive objects who accepted sanatorial disciplinatio

without reservation. She will therefore try to discover what the real social practice, which as she expects may be in conflict with the generally applicable discursive norm, was like.

The submitted dissertation does not claim to cover the issue of tuberculosis completely. The author is aware that individual parts of her research are not completely exhaustive, and could become an inspiration for a deeper and more detailed analysis, and possibly a separate thesis. Nevertheless, this approach was motivated by the effort to capture the given topic in its complexity, and compare the diction of various types of sources. After all, every historical actor was exposed to the effect of various communication channels and information sources, which together contributed to the formation of a culturally specific images of tuberculosis.

Conclusion

Tuberculosis spread considerably mainly in the 19th and first half of the 20th century. Although it was a highly infectious and exhausting disease, with which the infected individual sometimes contended for several years, its cultural construance in the first half of the 19th century looked completely different. During this period, tuberculosis became a sign of social distinction, and acquired a number of positive connotations, which however were gender-differentiated. The “male“ form of tuberculosis mainly attacked talented individual and artists, who thanks to it were able to express their inner drive and passion in their works. In this context, it was therefore the source of their genius and active artistic creation. The “female“ form of the disease was also strongly linked to emotionality and mental fragility, but in their case the source of the disease was passivity and emotional dependence on men.

It was the feminisation of tuberculosis that strongly affected contemporary literature. Tuberculosis became synonymous with female beauty, lending its victims unusual charm and mystery. Young female tuberculosis sufferers, whose cruel fate is characterised by loneliness and a slow death, are typical primarily for French and Russian literature. However, as it turned out, literature was a strong medium which also affected the area of medicine. It was therefore mainly foreign doctors who based their diagnosis on the stereotypical idea of the disease, and described tuberculosis patients as melancholic, mentally exhausted individuals without sufficient enthusiasm and zest for life.

This intertwining of, and mutual influencing by, two completely different worlds was among others due to the persistent ignorance of the true nature of tuberculosis, which moreover tended to appear under the terms consumption and tabes. All of these terms were based on tuberculosis' physical manifestations. A fundamental change in terminology came in 1839,

Johann Lukas Schönlein discovered small corpuscles, so-called tubercles, while performing autopsies, according to which the disease began to be called tuberculosis.

It was the discovery of pathological manifestations directly in the affected organ that prompted the further scientific investigation of tuberculosis. In 1865, Jean Villemin succeeded in his attempt to transmit tuberculosis from a human to rabbits, whereby he proved that it is an infectious disease. Although his attempt was groundbreaking, it did not receive any major response from the wider professional community. Nevertheless, Robert Koch was astonished by Villemin's conclusions, which is why he continued with his work. In 1882, he managed to isolate and dye the tubercle bacillus, thereby confirming that it is a transmittable disease which can be prevented and possibly treated. However, treatment was a pressing problem that was proving impossible to solve. In 1890, Koch himself announced that he had managed to create a curative substance which he called tuberculin. However, the results of the therapy were not successful, and it soon showed that not only could tuberculin not cure the patient, it often actually harmed them. Nevertheless, it became an essential diagnostic aid.

The absence of an effective drug resulted in the need to separate the infected individual from society, and isolate them for a long period. This was the purpose of tuberculosis sanatoriums; the first institute of this type in Europe was founded in Görbersdorf in 1854 by Hermann Brehmer. Brehmer also defined the principles of so-called hygienic-dietetic treatment, which consists of bed rest, stays in the fresh air and a nutritious diet. Nevertheless, the results of this therapy were debatable, and no doctor could rule out the possible resumption of the tuberculosis process, which in practice was a very common phenomenon. That is why an entire range of other therapeutic methods appeared over the years, of which the greatest response was received by surgical procedures which was known as collapse therapy.

Since the beginning of the 20th century, the most endangered group was considered to be newborns in families affected by tuberculosis, who were exposed to permanent massive infection. In order to prevent their high death rate, doctors began to work on developing a vaccine. In 1921, the BCG vaccine, developed by Albert Calmette and Jean-Marie Camille Guérin, was implemented in practice. This vaccination was able to create an immunisation state in the body, and helped save many children who would otherwise have succumbed to tuberculosis within months of being born.

A no less important milestone was the development of anti-tuberculosis antibiotics, which started to be used at the beginning of the second half of the 20th century. Medicament treatment was able to cure almost all patients, and in severe cases at least achieved a reduction

in difficulties. With the introduction of antibiotics, the need to isolate patients in sanatoriums also disappeared. Tuberculosis thus became a “mere“ respiratory system disease.

The submitted dissertation focuses primarily in the issue of tuberculosis and its specific formation in the Czech social and cultural context. Just like in other areas, tuberculosis was not the centre of the professional community’s attention in the Czech lands in the 19th century. At that time, people mostly had to make do with traditional healing and the advice of family doctors. Wealthier patients were treated in foreign sanatoriums. Nevertheless, at the end of the 19th century, Czech doctors began to strive for the institutional enshrining of the battle against tuberculosis which, with regard to demonstrating the disease’s infectiousness, became a basic programme in almost all countries around the world. 1899 saw the foundation of the Spolek ke zřizování a vydržování léčeben pro nemoce plicní v království Českém, markrabství Moravském a vévodství Slezském, [Association for the Establishment and Maintenance of Lung Disease Sanatoriums in the Kingdom of Bohemia, Margraviate of Moravia and Duchy of Silesia, whose aim was to establish a network of tuberculosis sanatoriums and make expert care available to infected individuals. Hamza’s Children’s Sanatorium was established in 1901; afterwards, in 1905, Emerich Maixner founded the first Czech dispensary, and another children’s sanatorium, Albertinum in Žamberk was opened the same year.

After World War I, when the number of infected individuals rose again, the Masaryk League Against Tuberculosis, which was established in 1919, became the central organisation for the battle against tuberculosis. Through its departments, the Masaryk League fulfilled the basic points of the newly-defined battle against tuberculosis: prevention, active search for new tuberculosis cases, care for the sick and arrangement of their treatment in sanatoriums, and education.

The basic pillars of institutional care became dispensaries or tuberculosis advice centres, and sanatoriums. The basic aim of dispensaries was not to treat the patient, but to provide their sociomedical diagnosis, on whose basis the doctor then determined the treatment method, and possible material or financial support. If the patient opted for home treatment, they received regular visits from a nurse, during which she checked the progress of the treatment, the family’s hygiene habits and adherence to the advice given.

Sanatoriums, on the contrary, fulfilled a purely therapeutic function. During the First Republic, tuberculosis sanatoriums, which became an integral symbol of tuberculosis therapy, became widespread in our territory. Nevertheless, the bed capacity was not sufficient to accommodate the number of infected individuals. For this reason, the foundation of the battle against tuberculosis became health education, which informed society about the seriousness of

tuberculosis, methods of its transmission, initial symptoms, treatment, and most importantly the preventive measures which were to become the basis of a considerate society. Guidance towards considerateness, and the collective battle against the enemy of tuberculosis, are typical characteristics of First Republic diction. In their lectures and publications, doctors referred to President Masaryk and the free Czechoslovak nation, which was to join forces to defeat the disease.

A specific problem was childhood tuberculosis, which vaccination was to help resolve. The vaccine arrived in Czechoslovakia in 1926, and was very quickly implemented in practice. However, the initial phase only involved the vaccination of high-risk groups, which included children in families affected by tuberculosis and areas highly contaminated by this disease. Nevertheless, this form of prevention was disrupted by World War II, when vaccination was temporarily abandoned.

A fundamental change was brought about by the coup of February 1948, when the Communist Party seized power and radically changed the form of healthcare. Communist propaganda used tuberculosis for its own ideological goals, and to criticise the situation in the First Republic. According to its diction, tuberculosis the cause of the capitalist mindset, and the related exploitation of the working class. Therefore, the elimination of this inequality should also lead to the suppression of tuberculosis in society.

The battle against tuberculosis in the second half of the 20th century was characterised mainly by mass events such as X-ray screening and administration of the BCG vaccination, whose main aim was to examine and protect the highest number of citizens possible. Undoubtedly the most significant change was the introduction of the vaccination obligation on the basis of Act no. 61/1948 Coll., on Certain Protective Measures against Tuberculosis, which ordered the vaccination of children and adolescents between 0 and 20 years of age. Subsequently, in 1953, all newborns and persons up to 30 years of age with a negative tuberculin test were vaccinated in a blanket manner. The revaccination of selected age groups was also introduced.

It is the legislative enshrining of preventive measures that is the most typical characteristic of the socialist solution for the issue of tuberculosis. These steps were to make expert care available to all individuals, regardless of their social standing and financial capabilities. It must be mentioned that the outline of the anti-tuberculosis law had already been prepared during the First Republic; nevertheless, it was ultimately prevented by concerns about excessive interference in individuals' privacy, as well as doubts about the real need to pass the law.

The last crucial link that helped significantly reduce the number of the sick and dying was antituberculous. Soon after its development, medicament treatment was also made available to Czechoslovak patients, to whom it was provided completely free of charge. Given the fact that the drugs could be used at home, sanatoriums were no longer compatible with the modern treatment method, which tried to leave the patient in their home and work environment. As a result, a large number of sanatoriums ceased their activities definitively during the 1960s and 1970s, while others began to focus on different lung diseases.

An important contemporary medium was the daily press, which had a significant influence on its readers, and thus played a part in the formation of a uniform image of tuberculosis and the manner of its perception. Five important Czech periodicals were chosen for the analysis, being *Lidové noviny* [People's Newspaper], *Národní listy* [National Sheets], *Venkov* [Countryside], *Právo lidu* [People's Law] and *Rudé právo* [Red Law]. The author was interested in finding out what information was presented to readers in connection with tuberculosis, and how individual newspapers' political backgrounds manifested themselves in its presentation. In doing so, she focused on three basic thematic units, being reflection of medical discourse, construal of tuberculosis, and construal of a typical tuberculosis patient.

The vast majority were contributions that we can classify in the health section, which was always administered by a doctor. The aim of these articles was to inform the reader about the nature of tuberculosis, the manner in which it spreads, symptomatic manifestations, prevention and treatment. As indicated above, the authors of these articles were mostly doctors, who thus used the press as another platform for raising awareness and health education. Nevertheless, the editors themselves evidently drew on medical publications, because the diction of their articles is comparable to professional discourse.

The public regularly received reports about tested medicaments, whose success was highly debatable; however, surgical procedures, which the press also presented as the most modern way of treating tuberculosis, found their place in therapy. The BCG vaccine and the related Lübeck tragedy, which clearly became a news sensation for editors, were not left out of the spotlight either. Every day, the newspapers therefore reported the growing number of newly ill and deceased children. Given the frequency of these reports, it's not surprising that a significant decline in interest in vaccination was recorded in our territory as well. Although the entire matter was clarified after a judicial investigation, the newspapers did not devote as much attention to this explanation as to the affair itself.

During the 1930s, reports appeared of success in the battle against tuberculosis, which manifested itself primarily as a reduction in the number of deaths, and so the number of articles relating to tuberculosis gradually began to decrease. During World War II, the issue of tuberculosis was sidelined, as the press paid attention to other topics, in particular the Czech and foreign political situations. An exception was *Venkov*, which strove to create the impression that the protectorate government is successfully continuing in the battle against tuberculosis. *Venkov's* collaborative and pro-fascist tendencies were certainly behind this diction.

The individual periodicals' political backgrounds had a stronger influence on the construance of tuberculosis, which was presented as a working class disease and earned the synonym of a housing and occupational illness. *Právo lidu* and *Rudé právo*, in particular, used the connection between tuberculosis and poor housing and work conditions for their political goals. *Právo lidu* saw the solution as the introduction of social reforms whose aim would be reduced working hours, a prohibition on children and adolescents working, a restriction of night work, and the construction of cheap, hygienically adequate apartments. A much more radical rhetoric was used by *Rudé právo*, which construed tuberculosis as a "capitalist disease" primarily caused by the permanent exploitation of the working class by the capital. The solution was therefore a political revolution, and the subsequent elimination of class inequality.

Similar tendencies were also reflected in the construance of a typical tuberculosis sufferer, who became a poor worker. Although the right-wing press strove to omit the social aspect of tuberculosis, and pointed out that the disease also affects high-ranking individuals, it too admitted that it was most widespread among the lower classes. Infected individuals were depicted as victims of dismal living and work conditions, which they were unable to change themselves, and so the state was to give them a helping hand in this regard. *Právo lidu* and *Rudé právo* reflected the sickness rate among the upper classes as a result of their depraved lifestyle, for which they themselves were responsible, unlike the workers whose disease was the result of exploitation and disinterest by the wider state apparatus. Once again, it was *Rudé právo* in particular that used the issue of infected workers as agitation for joining the Communist Party, and to emphasise the need to change the political establishment.

Another means of communication for the spread of education became awareness-raising posters. The posters were divided into several segments that depicted a wide variety of model situations, such as the initial manifestations of the disease, negative effects predisposing individuals to tuberculosis, prevention, and a healthy lifestyle. All of the posters were of a purely educational nature, which is why the depicted situations were based on real life, and the manner in which they were portrayed was subject to an effort to convey the basic ideas in the

simplest form possible. The pictorial narration transferred responsibility for the health situation to the individuals themselves, who were to prevent the spread of tuberculosis by being considerate to one another.

With the creation of the Protectorate of Bohemia and Moravia, bilingual posters began to appear, and their motivation was different from the previous period: they were no longer about educating the public, but about promoting the League, whose symbol (the Cross of Lorraine) became an integral part of all illustrations. At the same time, children's characters began to appear, whose use was to produce an emotional reaction and thus strengthen identification with the illustrated situation. After World War II, posters of a purely Czech production spread, which promoted preventive campaigns such as mass X-ray screening and administration of the BCG vaccine.

Authors of posters of foreign origin depicted tuberculosis using substitute symbols such as a spider, snake or dragon. The second most frequent motif was children, who took the form of endangered individuals on the posters whose health should be taken care of by their mother or a dispensary nurse, who became a symbol of a peaceful and happy childhood. The foreign authors' primary aim was certainly not education. On the contrary, the visual communication strove to encourage the viewer to visit an a tuberculosis advice centre, or to purchase an educational stamp. A comparison of Czech and foreign posters demonstrates that the visual communication and its aims were directly linked to the cultural environment in which they were produced.

In addition to visual materials, films were also used whose narrative was based on contrasting situations, such as pathological behaviour and a healthy lifestyle, or an unhygienic and hygienic private and public environment. Their main goal was not only the promotion of preventive measures and a healthy lifestyle, but also sanatorial treatment and scientific progress. The viewer familiarised themselves with the story of a specific individual, who found themselves in an oppressive life situation and was unable to take care of themselves. During the course of the story, however, they underwent a kind of transformation; in other words, they learned about a hygienic lifestyle, and treatment in a specialised institution restored their lost health. Just like educational posters, anti-tuberculosis films also transferred responsibility for one's own health to the individual themselves, whose mutual considerateness and cautiousness were to help eradicate tuberculosis in society, or at least reduce the risk of infection.

All of the afore-mentioned parts limited themselves only to the theoretical aspect, and on discursive formations which however say nothing about the real experience of the disease. Therefore, in the last part of the dissertation, the author focused on a specific patient's personal

experience of the disease and sanatorial life. Everyday sanatorium life was organised with the help of so-called house rules, whose wording every patient was familiarised with upon entering the sanatorium, and had to abide by under threat of punishment. The normative of these rules focused primarily on the daily schedule, which was organised in great detail and whose individual points all patients had to perform together at a precisely stipulated time. The second main aspect on which the rules focused was personal hygiene and common area hygiene, which not only were to protect other patients and sanatorium staff, but also represented a foundation for reducing the spread of the disease after the given individual was released. Although some of the patients complied with these conditions, there were also those who rebelled against the rules and knowingly breached them, thereby endangering both their own and other patients' health.

Nevertheless, long-term isolation in a tuberculosis sanatorium, intimate cohabitation with strange individuals and the monotony of local everyday life resulted in a kind of standardised behaviour which manifested itself in most patients. There were national and religious clashes between the sick; individuals found it difficult to cope with the loss of privacy and noisy environment, considered the daily charges in private sanatoriums excessive, and called the doctors health merchants. Therefore, a personal experience of sanatorial life showed certain similarities which were the collective psychology's answer to a new, directive-driven way of life, and were also a typical characteristic of the local subculture.

On the contrary, the experience of the disease itself and its progress was more of an individual affair, which in some respects was influenced by the contemporary construance of the disease and its reflection by the specific individual. In the Czech environment, patients were most affected by the view of tuberculosis as a disease that was dangerous and difficult to cure. For this reason, most patients looked for justification and causes for their disease, which included, in particular, excessive study and work zeal, and the associated weakening of the organism. To infected individuals' lives, the disease brought primarily loneliness and fear, which related not only to the immediate development of their illness, but also life after release from the sanatorium. Until the introduction of antibiotics, patients had to continue to adhere to a strict regimen, and many activities were forbidden to them. So their lives were never again the same as before the outbreak of the disease; on the contrary, they bore the stigma of a tuberculosis sufferer for the rest of their lives.

Over time, and in the context of different political, cultural and social environments, one disease could take completely different forms. This changeable construct was the collective work of society as a whole, which reflected its ideas about the world, ways of thinking, fears,

values and last but not least also scientific progress and approach to the body. Every patient therefore experienced not only the physical aspect of their illness, but also its social or cultural dimension, which significantly affected their standing in society, as well as their view of their own sick body. Tuberculosis, against which Czechoslovakia purposefully battled from the end of the 19th century, also underwent a similar transformation in history. A romantic illness typical of brilliant artists and beautiful young women became a “mere“ respiratory system disease, which can be successfully cured and which no longer makes its victims into socially isolated, stigmatised individuals.

Overview of the Sources and Literature

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inv. č. 2422, sign. III/7/1, Informace o úpravě preventivní péče o tuberkulózní, 1930, kart. 512;

inv. č. 2423, sign. III/7/2, Zprávy o protituberkulózní výstroji ČSR, 1929–1932, kart. 512;

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inv. č. 2435, sign. III/7/54, Návrh osnovy zákona o některých ochranných opatřeních proti TBC, 1932, kart. 516;

inv. č. 5108, sign. 1407/60, Dohoda mezi Mezinárodním dětským fondem, Dánským Červeným křížem a československou vládou o hromadné akci ochranného očkování proti tuberkulóze, 1948, kart. 1119.

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inv. č. 2, Provolání akčního výboru všem odborům Masarykovy ligy proti tuberkulóze, Praha 1948, kart. 1;

inv. č. 13, Spolupráce Masarykovy ligy proti tuberkulóze se složkami České sociální pomoci 1947–1948, kart. 2;

inv. č. 17, Žádost Masarykovy ligy proti tuberkulóze Maxu Švabinskému o vytvoření návrhu protituberkulózní nálepky pro období 1948–1949, 1948, kart. 2.

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inv. č. 2207, sign. 257/1, Plicní sanatorium v Prosečnici nad Sázavou 1945–1946, kart. 147.

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SOA Zámorsk

Hamzova dětská léčebna:

inv. č. 752, Domácí řády na odděleních, kart. 21;

inv. č. 949, Paměti učitele a správce ústavní školy – Václava Svatka 1910–1950, kart. č. 43;

inv. č. 1833, kniha č. 875, MUDra Františka Hamzy Sanatorium pro skrofulosní. Léčebný ústav chorob dětských v Luži s. d.;

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SOkA Náchod

Otto Berger.

SOkA Kutná Hora

Josef Braun.

Jiří Ostaš, nezpracovaný fond.

SOA Třeboň

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sign. A-I-11, Cesta Karla IV. ze Schwarzenbergu do jižní Francie 1886/1887, kart. 254;

sign. N-a-14, Dopisy Karla IV. ze Schwarzenbergu otci, kart. 216.

SOkA Karviná

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inv. č. O VII/C – 111, Infekce v profesi, konec 19. století, školní obraz.

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