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Below the Magic Mountain: A Social History of Tuberculosis in 20th Century Britain

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was anachronistically still the first-rank embassy in Madrid, for which office he was first sworn in as privy councillor.

Just what did Howard accomplish in his final post in Washington? According to McKercher, the skillful Foreign Office man (following on two questionable political appointments) "sought to prevent the emotive issues like war debts, blockade claims, and liquor smuggling from inflaming the latent anglophobia prevalent in the United States" (p. 304). Beyond this, and here McKercher builds on the thesis put forth in his previous book on *The Second Baldwin Government and the United States, 1924–1929* (1984), Howard was one of those who succeeded in persuading the British government to adopt a more conciliatory naval policy toward the United States. MacDonald's visit to Washington in October 1929, urged on the prime minister by Howard, precipitated the process of Anglo-American reconciliation. This book contains material on the naval conferences of 1927 and 1930.

These last Washington years were darkened by the death of Howard's eldest son from leukemia at the age of twenty-one. This did not prevent Howard from having an active retirement until his death in 1939, just a month before the beginning of the war that was to transform his England out of recognition and to initiate the process of imperial dissolution. McKercher's study is a worthy memorial and a contribution to the record of British diplomacy.

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PAUL GUINN

Linda Bryder. *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain*. New York: Oxford University Press. 1988. Pp. xiv, 298. \$59.00.

Linda Bryder's book is one of at least half a dozen on the history of tuberculosis to be published since the mid-1980s (or republished in the case of *The White Plague* by René and Jean Dubos, which first came out in 1952). There is a lot of interest in this disease right now, because of the intriguing comparisons that can be made between the social and scientific problems associated with what was for long one of society's most intractable scourges and AIDS. Apart from that, the infectious nature of the disease and the connection with poverty and malnutrition make TB an ideal case study for scholars interested in the complex interplay between health, economic trends, social change, and government policy.

Bryder begins her analysis of the British experience in 1898, when TB was first acknowledged to be a national problem. The formation of a National Association for the Prevention of Consumption and other forms of Tuberculosis brought Britain into the international movement that had arisen since Robert Koch had isolated the tubercle bacillus in 1882. However, it was not the now-known cause of the disease that gave the main impetus to the British campaign, Bryder argues, but growing concern for "national efficiency." The poor physical state of the working classes was thought to be undermining Britain's ability to remain competitive as a world power. In the first decade of the twentieth century, TB was the leading cause of death for males in England and Wales and the illness disabled thousands in the most productive age groups. Nevertheless, deaths from TB had been declining steadily for many years and the death toll in 1900 was only half what it had been fifty years earlier. It is disconcerting to read that until the advent of streptomycin in the 1940s the rate of this decline was not quickened by the health measures Bryder describes.

State intervention in the anti-tuberculosis campaign began in 1911. The National Insurance Act of that year provided for free institutional treatment for insured TB sufferers and gave funding to local authorities to open sanatoria and dispensaries similar to the “voluntary” institutions of the era. Bryder has drawn extensively on state records and those of sanatoria to give an excellent analysis of the way in which programs were developed over the next thirty years, giving heavy emphasis to the workings of the National Tuberculosis Service.

Some of the most interesting sections of the book deal with the therapeutic systems tried out in the sanatoria, notably “work therapy.” This was particularly popular among British physicians, who considered it the most important feature of treatment until the 1930s when thoracic surgery and artificial pneumothorax came into prominence. The approach originated with a German physician, Hermann Brehmer, who prescribed walking at his mountaintop sanatorium in the belief that fresh air and exercise had a curative effect on the heart and lungs. Middle-class campaigners in Britain felt that work was a more appropriate form of exercise considering who was most likely to have the disease. Victorian beliefs in the work ethic and in responsibility for one’s own condition died hard, Bryder points out. Education through labor was essential for the eradication of a disease “maintained through ignorance and folly” in the slums (p. 19, quoting a 1912 article in the medical press). Moreover, working-class patients could not be allowed to acquire lazy habits while under treatment. Patients at the unheated, all-too-airy Frimley Sanatorium were required to tend lawns, excavate earth, mix concrete, and fell trees—free of charge to the institution. Not surprisingly, patients with means often discharged themselves before their “cures” were effected. In one chapter, which could have been expanded, Bryder quotes from patients’ own descriptions of these experiences. The most poignant passages refer not to the discomfort of the early sanatoria, however, but to the pain caused by social ostracism for contracting a disease that was both incurable and “shameful.”

All in all, this is a fine book—thoroughly documented, thoughtful, and objective. It is not a full history of twentieth-century developments, however. The last fifty years are rushed through in only forty pages, allowing only superficial discussion of the important changes in treatment and public attitudes in this period. The last chapter just touches on health trends during World War Two, the discovery of effective drugs (not all are mentioned), the creation of the National Health Service, and the development of policies toward a new tuberculous social group—immigrants from the Commonwealth. One would expect a fuller analysis of the role of the Medical Research Council in developing antimicrobial treatment after World War Two, given the extensive use Bryder makes of MRC records. One is left to wonder, too, if improvements in nutritional standards since 1945 have any relevance. Opportunities here for a follow-up volume, perhaps?

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Alistair Horne. *Harold Macmillan. Vol. I: 1894–1956*. New York: Viking Penguin. 1988. Pp. xix, 537. \$24.95.

Alistair Horne. *Harold Macmillan. Vol. II: 1957–1986*. New York: Viking Penguin. 1988. Pp. xvii, 741. \$24.95.

No excessive sensitivity is needed to feel that this biography has been arranged by its subject in an unusually large number of ways. In the past a great man—and there is no need to doubt