

The Romantic Images of Tuberculosis: A Cultural History of a Disease

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Summary

More than any other disease known to man, tuberculosis (TB) has been endowed with a romanticized, aesthetic image, despite the horrible agonies suffered by those afflicted. It is not known how prevalent it was before the advent of the parish register and the London Bills of Mortality began in the sixteenth century in Britain. As for Japan, the official vital statistics began in 1900.

Although it was known as ‘phthisis’ or ‘consumption’ before the discovery of the tubercle bacillus, just a few countries did actually have useful statistical records of the causes of death. However, after the Industrial Revolution in the 18th century, due to its drastic modernization, industrialization and urbanization, tuberculosis, under its contemporary name consumption, became exceedingly prevalent. In the course of this process, bad working conditions such as long working hours, polluted and unsanitary

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conditions, unnutritious diet and so forth were particularly prevalent. Therefore, high morbidity and mortality rates of tuberculosis resulted.

However, on the other hand, the “look” of tuberculous patients was held to have a special allure for women. It even attained the stature of a category of beauty. The romanticised literary vision of tuberculosis taking the most gifted and beautiful flourished among the Europeans as well as the Japanese people from the end of the 18th century, and romanticization of tuberculosis, or endowing it with aesthetic images continued for over a century.

For tuberculous patients, their only hope for recovery was to take open-air treatment under the strict supervision of the doctors in a sanatorium, though many but useless cures were thought of by many researchers, doctors and laymen as well.

I should like to trace how devastating tuberculosis was and also how its image became romanticized throughout the 19th and early 20th centuries.

1. Is Tuberculosis a Modern Disease?

Tuberculosis (TB) is by no means a disease of the past.

In 1995, tuberculosis was officially declared the world's deadliest disease, killing three million people worldwide in that year alone. In 1993, the World Health Organization declared a state of emergency with regard to it and advised its member countries to step up their efforts in treatment and counter the spread of this contagion.

Some scholars estimate that the number of deaths from tuberculosis will continue to increase by half a million every five years from now on. More than 95% of tuberculosis-related deaths occur in the so-called developing countries, 49% in the South-East Asia and are found among refugees, the poor and the oppressed. Still the number of deaths is gigantic.¹ However, this number is of particular interest because

¹ WHO World Health Reprint 1995: Executive Summary

we feel that many more people died from tuberculosis at the turn of the twentieth century: the reality is that 2.1 million people died of tuberculosis in 1900. Therefore, it is not true that tuberculosis is a disease of the past but rather is still one of the most devastating diseases mankind must confront. In this sense, tuberculosis is not only a modern disease but also a serious contemporary one.

Looking at the statistics by the WHO (World Health Organization), it is surprising to know that in only ten years between 1990-1999, total estimated cumulative tuberculosis cases amounted to 88 million, and total estimated cumulative tuberculosis deaths reached 30 million throughout the world.

Tuberculosis is not restricted to developing countries. It can also be easily spread even in developed countries where effective, inexpensive anti-tuberculosis drugs are readily available.

Tuberculosis, which was the leading cause of death in the developed countries at the beginning of the twentieth century, can now be effectively treated. But recent resurgence and outbreaks of the disease in industrial countries indicate that if symptoms are overlooked and serious situations are ignored, an epidemic could result anywhere.

There are several factors responsible for contributing to the increase in case rate of tuberculosis. Some of them are due to the break-down of public health infrastructure.

(1) Dismantled anti-tuberculosis programme

It was widely assumed that tuberculosis was conquered. Then sanatoriums were closed down, no tuberculosis ward exists. Laxity in containment of patients in hospitals results in spreading of the germ.

(2) Lack of funding

Governmental aid and funds raised by private firms and foundations go to the research of other diseases such as AIDS and cancer. This results in limited surveillance, reporting, control, and tracking programmes.

(3) Lack of manpower

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Many researchers and doctors aim at solving the problems of a number of other diseases because of funding problems.

(4) Lack of basic knowledge

Inadequate knowledge of tuberculosis among doctors and public health officials. Many young doctors cannot "read" the X-ray films correctly due to inadequate education and experience.

(5) Change of health planning

Current health programmes put more emphasis on treating disease rather than preventing it.

(6) Drug-resistant bacillus

The emergence of the multiple drug resistant (MDR) tuberculosis bacillus makes it more difficult to treat patients effectively.

(7) Non-compliance of the patients

As tuberculosis patients tend to think little of the danger of the disease and many acute symptoms abate after two to four weeks, they don't take medicine regularly to be cured. Some unpleasant side effects also contribute to this attitude. Stopping the treatment halfway may cause drug-resistant tubercle bacillus to proliferate.

(8) Long-term carriers

Many of the patients who recently developed symptoms are believed to have been long-term carriers who contracted the bacillus when they were young.

(9) Poverty

Due to poverty, malnourishment, poor living conditions, even in developed countries, inability to pay for medical treatment results.

(10) Immigration or moving of the people

Not having been in contact with the tubercle bacillus, and therefore not having formed immunity to tuberculosis, many young people who come over to Japan to study or work from abroad are susceptible, and mass infection can result easily. Today many

people travel abroad, then the chance of infection increases.

(11) AIDS related disease

People with HIV are more likely to develop tuberculosis than people without infection. Due to HIV, the human immunity decreases drastically.

2. A Short History of Tuberculosis

For much of our history, tuberculosis was the leading cause of death. As there was no effective cure, tuberculosis was as feared as cancer and AIDS are today. It is worth while to trace the history of tuberculosis briefly.

One of the oldest diseases, tuberculosis is known to have affected people in the Neolithic era as well as Egyptians in ancient times. Due to epidemiological shifts, developement in our understanding of the biological basis of disease and the vicissituds of medical practice, it has been given different names in order to adjust to these changes. These nomenclatures are as follows: phthisis, consumption, scrofula and so forth. (see Table No. 1)

Then the modern name ‘tuberculosis’ was coined by the Swiss doctor Schoenlein in 1839 to describe the affected organ's ‘tubercle’. But it was not until the early twentieth century that the term became widely used even among medical doctors.

Table 1

Basic change in names: phthisis, consumption, tuberculosis

Other names: decline, wasting disease, lupus vulgaris, Pott’s disease, white plague, swollen glands, scrofula, king’s evil, hectic fever, debility, pleural abscess, inflammation of lung, complaint in the chest, delicacy of the lungs, lung weakness, graveyard cough

With regard to the change of names for tuberculosis, there is a certain similarity among many languages, such as English, French, German and Italian due to the fact

that they are all European languages.

Table 2

English:	phthisis ---consumption---tuberculosis
French:	phthisie---consomption---tuberculose
German:	Phthisie---Konsumption---Tuberkulose
Italian:	fitisi-----consonption-----tubercolosi

You may also find the same kind of change in Japanese as follows:

[勞咳]-----[肺病]-----[結核]
[rogai]-----[haibyō]-----[kekaku]

Roughly, a certain similarity can be found in these three stages. In the first stage, the cause and the lesion are not clearly identified. Common symptoms are waning, fever, coughing and spitting blood. Phthisis is from the Greek word, whereas the word 'Rogai' consists of two Chinese characters: to consume and to cough. In the second stage, though the word itself is merely the translation from the Greek, more emphasis was put on the paleness of the skin and feebleness. The disease is closely related to the lungs and to wasting away or declining, partly due to the lung disease and partly to love-sickness or some such. But more importantly, it was believed to be the disease of beauty and, surprisingly, to convey talent and creativity upon the patients. Thus the myth of genius and early death. 'Haibyō' (lung and disease). In the third stage, the disease with tubercle in the lesions of the lung and later the name would be given to the patients with whom tubercle bacillus could be identified. 'Kekkaku' (knot and core: meaning tubercle).

There are many more names given to this disease in accordance with its symptoms such as fever (hectic fever), sweating (night sweat), losing weight, paleness, coughing, debility, haemoptysis (spitting blood) and so forth. Special attention was drawn to the

patients' beautiful rosy cheeks, so it was named *spes phthisica* (tuberculous hope) or *spes moribunda* (dying hope) in Latin, because it betrayed doctor's and family's expectation; the patients seemed to be healthy and were thought to live long, but the reality was the reverse.

From the ancient times to even after the discovery of the tubercle bacillus in 1882 by the German bacteriologist Robert Koch (1843-1910), people believed that 'constitution' probably inherited from one's parents determined his susceptibility to phthisis or consumption. It shows how strong the idea of heredity was and how difficult it was to understand and accept the new idea of infection even among the doctors.

Hippocrates, the father of medicine in Greece in 500B.C., described pulmonary tuberculosis as a very common clinical experience. His medical record can be read as a plausible one even nowadays, for his description and that of his disciples' was minute and precise.

According to his description of tuberculosis, its symptoms are as follows; latent fever, coughing, sanious sputa, coarse breathing, long neck, flushed cheeks, emaciation, loss of appetite and so forth.

Little was added by the Romans, for they thought little of medical science and the vocation itself was despised. Many good doctors were Greeks and the centre of medical science moved from Greece to Alexandria where they accumulated an enormous amount of books in the library.

Diagnosis was made through questioning, pulse-taking, sputum inspection and even an ancient version of the modern auscultation technique was practiced. Later two methods of detecting the diseases of the chest, namely percussion and auscultation were invented by Lepold Auenbrugger (1722-1809) in 1761 and R.T.H.Laennec (171-1826) in 1818, respectively. Some other curious methods of diagnosis include uroscopy, also called water-casting, for the basic method was to see, touch, smell, stir and listen, and

taste the urine of the patients. (Happily this method contributed to identifying a disease now called diabetes, because of its sweet taste.)

With regard to the medical treatment or cure, open-air treatment, rest cure or diet therapy were commonly applied from the Greek era, but more importantly they widely used what they called phlebotomy (bloodletting, or venesection) in accordance with the humoral doctrine. The basic theory of this doctrine is that man has four humours, namely blood, phlegm, black bile and yellow bile, in his body and their harmony means health and disharmony illness.(See Table 3) Therefore, basic treatment was to restore the balance among the four humours through blood-letting. This idea lasted until the early nineteenth century, or sometimes until the twentieth when, finally, truly scientific ideas and means came into use in medicine. Bacteriology soon followed.

Table 3 Humoral Doctrine

[Humours]	[Organ]	[Complexion]	[Qualities]
blood	heart	sanguine	hot+moist
phlegm	brain	phlegmatic	cold+moist
black bile	spleen	melancholic	cold +dry
yellow bile	liver	bious	hot+dry

Until the discovery of the germ, little could be done for the patients of tuberculosis, since the etiology of the disease was rarely understood and medical doctors (physicians) often diagnosed the disease only after it had already become fairly advanced.

Phlebotomy, for instance, lasted more than two thousand years. Perhaps the rest cure and diet cure lasted for as many years as well. As medicine advanced and medical care became exceedingly popular, many pharmaceutical substances were used in Europe under the influence of Greco-Roman as well as Arabic medicine. In the Medieval age, alchemy was most prevalent among researchers, which actually gave rise to the application of chemical substances to the patients as remedies, such as caromel and

opium, and even some other cure-all medicine or panacea.

In modern age, many fields of medicine such as physiology, pathology, histology, anatomy and so forth, saw enormous development. Many doctors devoted themselves to the exploration of new methods of examining the chest. For example, Austrian L. Auenburger, a doctor and composer, advocated percussion to diagnose the patients. A French doctor G. L. Bayle (1774-1816) performed a large number of postmortem examinations to confirm his pathological theory. His follower R. T. H. Laennec, traced the evolution of tuberculosis from the little tubercle onwards in order to show the unity of the disease in spite of its variety in symptoms.

Despite its development in diagnosis, medicine could not find any effective cure until the advent of chemotherapy or antibiotics, especially streptomycin (SM) by S. Waksman (1888-1973) in 1944. Many attempts at a cure had been made in vain, and because virtually no cure was proved to be effective, a kind of nihilism prevailed in the medical world. Still they had to find a cure for the patients.

All sorts of remedies were actually tried; milk cure, grape cure, wine cure, horse-riding, rest cure, open-air treatment and so forth. Intake of calcium, iodine and some other chemical substances. With regard to the milk cure, human milk came first, then asses', goat's and cow's in order of value. This kind of order was believed widely before the advent of nutritionist in the nineteenth century.

Next, open-air treatment on the beach was advocated, for there had been a long history of belief that sea-air strengthened man's health. The cult of sea side resorts occurred as well as the taking of the waters in hot springs. The virtues of fresh air and pure milk were highly recommended. The dietary therapy changed from a limitation of food to the excessive intake of nutrition. Patients were stuffed with nutritious food such as beef soup, cheese and a large amount of fresh milk.

One good example might be John Keats (1795-1821), a young English poet, who travelled to Rome by sea to be cured after his mother and brother died of

tuberculosis. (He was on the point of accepting a job as a ship-doctor to and from Australia in order to breathe sea air.) His doctor, James Clark in Rome, who later became the doctor to Queen Victoria, advised him to take little food and to engage in horse-back riding, and whenever he had haemoptysis (spitting blood), he practiced phlebotomy.

In the middle of the nineteenth century, an English doctor, George Bodington (1799-1882), advocated what is now known as ‘open-air treatment’. Soon after that a German doctor Herman Brehmer (1826-89) established the first sanatorium at Goerbersdorf in 1859, where a strict daily schedule was imposed on the patients under the doctor's supervision.

There was a long history of identifying the real cause of the disease. Although the infectious nature of the disease was conceived of by the Greeks, main stream medicine always favoured the heredity explanation till the discovery of the tubercle bacillus. But in the sixteenth century, an Italian doctor Fracastro (1483-1553) declared phthisis to be contagious through small ‘seminaria’. An eighteenth century English doctor Benjamin Marten (1704-82) thought that consumption is caused by ‘animalculae’, caught by sound persons from the ‘breath a consumptive emits from his lungs’. In 1865, seventeen years before Koch, a French army surgeon A. Villemin (1827-1892) described the transmissibility of the disease through inoculating animals with tuberculosis tissues.

However, through long experience, people in southern Europe, especially in Italy and Spain, were aware of the contagious nature of the diseases such as plague and in the Republic of Lucca, a decree regarding consumption was promulgated for the first time in history in 1699. This was a quarantine law which included compulsory notification and burning of the belongings of deceased patients, noncompliance with which was punished severely. In northern Europe, the hereditary nature of the disease was widely believed, and tuberculous patients were left unattended and allowed to do whatever they

wanted.

Even after the discovery of the tubercle bacillus, many doctors believed that the communicability of tuberculosis is of a low order. Instead, it was thought to be a matter of diathesis, later proved to be a 'hereditary' factor in man's susceptibility to tuberculosis.

In 1890, Koch announced the discovery of a new effective medicine for tuberculosis, namely Tuberculin. It was later proved to be not only useless but actually harmful to the active case of tuberculosis. However, this tuberculin was utilized in diagnosis through a cutaneous reaction devised by Von Pirquet (1874-1929) in 1907.

Then the age of antibiotics arrived, one of the forerunners of which was A. Fleming (1881-1955) and his penicillin in 1928. In 1944 Streptomycin was discovered. Soon later Isoniazid followed. The advent of these antibiotics resulted in either the closing down of the sanatoriums or their turning into general hospitals on the ground that tuberculous people preferred to take these medicines at home instead of spending a prolonged stay in sanatoriums where a kind of curious and isolated life was lead.

3. Romanticism or Just a Myth?

However, I will not be treating here the resurgence of tuberculosis in the United States nor drug resistant tuberculosis among people in the developed countries. Rather, my main concern is with the images associated with this disease. More than any other disease, tuberculosis has been endowed with a romanticized aesthetic image, despite the havoc it has wreaked among many of the ablest and most promising young people.

It is noteworthy that Romanticism is widely believed to be a Western invention and that it is monopolized mostly by Westerners. It seems that writers and painters draw on one disease at a time, developing its connotations. Other prevalent chronic,

life-threatening illnesses, heart disease, diabetes, cancer, never became objects of aesthetic or emotional romanticization.

It is interesting to note that in those days the notion of ‘constitution’ was thought to be a predictor of disease susceptibility relied largely on an evaluation of externals. But beyond their distinctive physical characteristics, the consumptive type of person was believed to be able to;

display enormous intellectual capacity of the creative kind. -----They are in a constant state of nervous irritability, but despite the fact that it hurts their physical condition, they keep on working and produce their best works. (R.Dubos and J.Dubos, *The White Plague*, p.65)

Even doctors in those days could not help describing the patients in a very aesthetic way as ‘a clean fair skin, bright eyes, white teeth, delicate rosy complexion, sanguine temperament, great sensibility, thick lips, and large veins. Persons who are very small around the breast, that is, those of a narrow chest, and prominent shoulders, are also more liable to this disease than others.’ (Whitney’s description quoted in McMurry, *And I? I am in a consumption; The Tuberculous Patient, 1780-1930*, Ann Arbor, p.6, 1985)

How were these kind of aesthetic images associated with tuberculosis? It can be dated as far back as the Middle Ages or even earlier, but no one can identify the persons and times responsible for this aestheticization or maybe we can call it ‘romanticization’.

In the age of Romanticism, some literary critique defined its range between 1795 and 1832, especially in England, consumption reached its peak in terms of mortality rate. Consumption was supposed to be the disease of poets and able people. In 1820, P.B.Shelley (1792-1822), who was himself believed to be consumptive and had lost two children by ‘fevers’, wrote a letter of invitation to Keats from Pisa where he had been staying as part of his ‘change of air’, which was the common name for ‘medical

excursion' in those days. Even the word 'order' could be used as "He was orderd south", which means that he was advised by the doctor to go to the southern areas to be cured. The change of air was one of the most popular and effective medical treatments. His letter reads;

"--You continue to wear a consumptive appearance. This consumption is a disease particularly fond of people who wrote such good verses as you have done." (27 July 1820)

As was seen in the second chapter, Keats was under the supervision of Dr. Clark, then one of the most fashionable doctors of the time stationed in Rome in treating consumptive patients. The letter he wrote to his anonymous friend is also quite helpful in understanding the common attitudes towards tuberculosis.

'The chief part of his disease as far as I can yet see seems to be seated in his stomach. I have some suspicion of disease of the heart and it maybe of the lungs. ----His mental exertions and application have I think been the sources of his complaints. If I can put his mind at ease I think he'll do well.?' (27 November 1820)

It seems to be impossible to trace the long history of the romanticization of the disease. However, it seems that all sorts of ideological tendencies and thought flow into the romanticization of tuberculosis. The first one is the idealization of early or premature death. Even the ancient Greeks thought much of early death. The second one is the evaluation of paleness. In the ancient Roman era, paleness was thought to be a clue of ability or genius.

The devastating effect of plague (the Black Death) in the fouteenth century might have contributed to strengthening the images of death. Until then, people had believed in a happy heaven after death through sincere prayer to God. The image of death was

forcibly altered through the merciless crop of the plague.

The rise of the so-called Graveyard School of poets or Funeral School in English literature explored new themes such as night, mountain, country-side, longing for infinity and the Middle Ages. The lines of E. Young and T. Gray were often quoted and even used as epitaphs.

The suicide of T. Chatterton due to poverty and disappointment, a young poet, gave a great shock to the intellectual society in Europe, not only because of his excessive talent in imitating the medieval prosody, but also his tragic finale.

The morbidity and mortality rates reached their heights around the turn of the nineteenth century, and there came about the cult of death. This means everything related to death was highly praised, for instance, a wreath was laid on the coffin before the burial of the dead, all sorts of pictures were drawn and exhibited. One of the most attractive themes of the day was a widow in mourning, namely in black with her face hidden behind a veil.

In addition to this, the painters of the Pre-Raphaelite Brotherhood drew many pictures with morbid images such as a beautiful woman in the country churchyard (Bowler's *'Can These Dry Bones Live?'* in 1854) or a dying consumptive woman standing still by the lake (W.L Windus' *'Too Late'* in 1858 in the Royal Academy of Arts).

It seems that both writers and painters drew on tuberculosis and its universal understanding at the time. Other prevalent diseases never did become aesthetic and romantic devices. The only exceptional example was syphilis in Renaissance Italy, where patients were conceived as amorous and were highly envied by the others.

In terms of the images associated with consumption, Keats' *'A Ode to a Nightingale'* is a good example. In this poem he described the fever and agonies of the dying patients as;

I

My hear aches, and a drowsy numness pains
My sense, as though of hemlock I had drunk,
Or emptied some dull opiate to the drains
One minute past, and Lethe-ward had sunk.

III

Fade far away, dissolve, and quite forget
What thou among the leaves hast never known,
The weariness, the fever, and the fret
Here, where men sit and hear each other groan;
Where palsy shakes a few, sad, last gray hairs,
Where youth grows pale, and spectre-thin, and dies;
Where but to think is to be full of sorrow
And leaden-eyed despairs;
Where Beauty cannot keep her lustrous eyes,
Or new Love pine at them beyond tomorrow. (May 1819)

Another example is the words by Lord Byron when he was asked by one of friends why he wanted to die of consumption. His answer was; because so many women will say how beautifully he is dying. Therefore, the images of death associated with tuberculosis were, without question, aesthetic and romantic.

La Dame aux Camélias written by A. Dumas fils in 1847 gave a new behavioural stereotype to 'consumption'. This tendency lasted until at least 1924, when publication of Thomas Mann's *Der Zauberberg* (The Magic Mountain) revised the stereotype again.

Doctors wanted to explain about the passion and creativity shown by tubercular

patients. Some of them attributed it to the heightened temperature and others to mysterious biochemistry of the disease, especially to the toxic substances generated by the tubercle bacillus itself which affected the brain and consequently altered the behaviour of the patients.

In contrast to these aesthetic and romantic images of tuberculosis, it was the main cause of deaths among the workers and the poor. In the countryside it was considered infectious and in many cases sufferers were isolated and made to live and sleep in the barn alone.

Whereas the mortality and morbidity rates of tuberculosis was on the rise since the advent of the Industrial Revolution in the urban areas where modernization had been accelerated by urbanization and industrialization.

Owing to general poverty and bad working conditions, overcrowding, foul air, disfigurement of the body and malnutrition resulted. Proximity of people and lack of mass immunity to tuberculosis also contributed to spreading the disease among the urban dwellers. Bad working conditions, such as long working hours, ill ventilation within closed, dark and insanitary quarters, sedentary nature of the work and short meal time, were also responsible for their ill-health. When they became ill, they were usually left unattended and rarely went to see the doctor. If they did, all they could expect from the doctors was an improper diagnosis and questionable prescription such as laudanum (a medicine that included an opiate pain killer) and ‘change of air’.

4. Early Romanticized Images in Japan

In F.B. Smith’s very well documented book “The Retreat of Tuberculosis in 1850-1950” published in 1988, he argues that in Asia, such romanticized images of tuberculosis and suffering genius rarely occurred.

“My colleagues tell me that the tuberculosis topos is absent from the literature of

tuberculosis -ravaged East and South Asia, Africa and South America. Their writers and painters introduce the sickness as malnutrition or ‘ fever’ ”. ²

However, I must say that he is mistaken in this respect. We Japanese, Koreans and Chinese, in fact, have an ample number of examples of romanticized images of this disease.

It is often supposed that the romanticized image of tuberculous patients originated in Europe and that Japan was heavily influenced by this traditional image. However, the reality was different. Even long before the introduction of Western culture, Japan had already been nurturing a certain idea or atmosphere regarding tuberculosis. In the Edo period (1603-1868), rogai (phthisis) patients were often figured in the form of short poetry, made up of 5-7-5 syllables, senryu. In these they were usually described as the members of some wealthy family, carefully protected ladies, or highly talented young male students.

Wealthy daughters with *_furisode_* (long sleeve kimono) were often referred to in *_senryu_*(traditional poetry style), and their illness was almost always 'rogai' or consumption characterized as due to their frustration and despair. Diligent men were also supposed to be susceptible to consumption.

In those days typical tuberculosis patients were the love- starved daughters from wealthy families or diligent young devotees of Chinese classical studies. Their remedies are also of interest, because they actually reflect the idea that love-sickness can be cured only through love or love-making. For daughters, young boy friends were effective; for young men, prostitutes were strongly recommended. This kind of idea heavily reflects the notion that tuberculosis has something to do with love or its frustration.³ And the sufferers were also different from ordinary people. They were, in

² F. B. Smith, *The Retreat of Tuberculosis 1850-1950*, p.225

³ Flick, F. L., *A Development of Our Knowledge of Tuberculosis* For example, Sylvius wrote in his *Omnia Opera* that disturbance of the mind, especially great sorrow, gives rise to many diseases including phthisis. p.79.

a sense, different in many ways: of superior class, wealth, life-style, looks, and even intelligence. These characteristics were all attributed to tuberculosis and the beginning of the romanticization of tuberculosis in Japan can be literally found here.

In those days, medical books also strengthened this kind of romantic idea concerning tuberculosis. In one very popular medical book, *_Zatsubyo-kibun_* (The Record of Various Diseases, 1805) by MIYAGAWA Shunki, it is put like this:

“This disease can rarely be found among the old, the foolish and the indecent but is especially seen among the young, the rich and the talented.”

According to MITAMURA Engyo (1870-1952), a cultural historian, the ideal of beauty changed from the thin face to the healthy round face due to the heavy prevalence of consumption in a certain period in the Edo Era. In those days, the duty of feudal lords was to sire a male successor. Therefore, a healthy woman was chosen as either a legitimate wife or mistress to bear a healthy son.

Interestingly enough, this cult of healthy wives or mistresses was the opposite of fashionable Western women. The Western vogue was for thin, tall women with the long necks, large bright eyes and rosy cheeks typically observed among tuberculosis patients.

The image was most desirable when they were dispirited and were filled with ennui. They were certainly the sufferers of tuberculosis and were the projection of their ideal of beauty as can be seen, for example, among the models of the Pre-Raphaelite Brotherhood in Victorian Britain. Such were the cases of Elizabeth Siddal⁴ (later Mrs. Dante Gabriel Rossetti) and Jane Burden (later Mrs. William

⁴ She was found among the Londoners by the members of the PRB whose ideal woman was Simonetta Vespucci who was supposed to be the most frequently painted woman in history even after death. Her image was perpetuated by Botticelli. By some coincidence Siddal died of tuberculosis after a long suffering. Henry James wrote about her as “strange, pale, livid, gaunt, silent, and yet in a manner graceful and picturesque.” (Dubos, R., *The White*

Morris), both of whom actually had tuberculosis.

During the Edo Era, except for the trickle of Western medical knowledge from Nagasaki, the restricted port open only for the Dutch under the National Seclusion Policy, Chinese medicine was mostly predominant. With regard to rogai (consumption), doctors would advise the taking of some blood of a carp or the application of moxibustion to the patients' back. Some Zen priests, such as Hakuin Zenji (1686-1769), highly recommended deep breathing not only as a prophylaxis but also as preventive measures.⁵

5. Meiji Restoration and the Industrialization

Under the policy of Shokusan-kogyo (Increase in Production and Promotion in Industry), which was first seen in the opening of the National Tomioka Filature in 1872, Japan introduced western scientific ideas and technology in order to catch up with the industrialized countries. In the course of this process, bad working conditions such as polluted air, unsanitary conditions, long working hours, unnutritious diet, congested dormitories and so forth were prevalent, resulting in serious diseases such as respiratory and digestive diseases. Among these, tuberculosis was particularly significant. According to the statistics with regard to the mill hands, female factory workers were especially afflicted with tuberculosis, some 54% of the workers being fired on account of some ailment, and the death rate among the workers who returned home was over 70%. They were easily expelled from the factory without sufficient medical care or financial support.

Plague, p.57.)

⁵ Hakuin Zenji wrote a very popular book on self-cure for tuberculosis: *Yasen-kanna* (Night Ship Leisurely Talk). He died of tuberculosis and many of his disciples died of the same disease probably due to the infection from their master through mass infection. In the Meiji Era, KITASATO Shibasaburo (1852-1931), who studied in Germany under Robert Koch (1843-1910), wrote a very interesting book on tuberculosis: *Kyohai Shinkokyu-ho* (The Method of Deep Breathing to Strengthen Your Lung) in 1911. In this book he put much emphasis on breathing in treating tuberculosis instead of Tuberculin invented by his teacher Koch in 1890.

Many mill hands came from famer class backgrounds and were not only poor but also ignorant of hygiene and nutrition. Furthermore, they were from uncontaminated areas (the so-called ‘virgin soil’ of tuberculosis). Therefore, once some of the infected people returned home from the cities, tuberculosis began to spread drastically among unaffected people without immunity. They would experience drastic symptoms, such as military tuberculosis and galloping tuberculosis. Since farmers in those days were not only poor but also quite afraid of being ostracized by their neighbours, they or their family tried hard to conceal the true nature of their disease in order to evade any kind of discrimination with regard to marriage and community work. They even did this when hunting jobs in the town. The rest of the diseased became dwellers of the urban slums, also hotbeds for tuberculosis.

Tuberculosis was viewed by the government chiefly in terms of maintaining and augmenting a population that could be economically productive and provide stout soldiers. Since 1878 the government began to take statistics. In the course of the Meiji Era, the number of deaths from respiratory diseases continued to increase. It was also observed among the recruits that year after year the number of new cases of pleurisy was on the rise.

In spite of the introduction of the Western medicine, there still remained the very firm influence of traditional Chinese medicine. Through the strong guidance of the government, Western medicine became legitimate, and thereafter quickly gained status. Many doctors with Western medical knowledge were trained up and many hospitals were established accordingly. However, as many ordinary people could neither believe in Western medicine nor go to expensive doctors, they resorted to traditional herbal medicines or popular cures such as the application of herbs, taking blood of the carp or bear’s liver or taking the brain of monkey. They even went so far as to take human livers which they got from the bodies of executed prisoners or in some cases by way of murder.

We have to bear in mind that up until the end of World War II use of this kind of popular medicine continued. To a certain extent, it still does. We cannot laugh at those people just because they used such a foolish medicine as leek, bear's liver and so forth. Another typical example is that many drank petroleum on the advice of a doctor appearing in a popular women's magazine, *Fujin no Tomo*, in 1923. As there were no effective cures for tuberculosis and it was so prevalent among people, they would grasp a piece of straw in order to be cured. More interestingly, we have been using various kinds of so-called medicine under the disguise of chemical names or scientific data. One very distinct example is the reproduction of Tuberculin, which was proved to be not only useless but also harmful to some tubercular patients, and the same kind of medicines were discovered and produced under different names till the advent of genuinely effective antibiotics, including Streptomycin, in 1944.

6. Romanticization of the image of the tuberculous

Even in Japan, the look of tubercular patients was held to have a special allure in women and even attained the stature of a category of beauty.

It has been widely believed that TOKUTOMI Roka's (1863-1957) *Hototogisu* (Nightingale) was the first instance in Japan to describe tuberculosis as a central theme in the novel. However, there was a forerunner to this. In 1889 HIROTSU Ryuro (1861-1928) wrote *Zangiku* (Chrysanthemum Remained) in which the young wife of an elite civil servant is dying from consumption. However, when her beloved husband comes back from studying abroad, her disease, a malignant tuberculosis, is miraculously cured. It was widely read and welcomed by the society.

Roka's novel came out after this in 1898, achieving enormous approval and popularity (more than 100 impressions being made within ten years). It has been made into at least four films, various dramas, readings in various poetry styles, and above of

all, a popular song made and sung in 1910, becoming a great hit. Even as late as 1960s, more than sixty years after its first appearance, many retold stories were shown to children in the form of story board shows and some moving scenes were again and again performed at certain parties.

There are several reasons for this gigantic success and popularity. First, the real-life models for the novel were members of the elite society of the Meiji Era (1868-1912) The heroine was the daughter of a well-known field marshal, and the hero, the son of a notorious governor, who later became the Chief Director of the Bank of Japan. Doctors were also part of the Meiji Era elite.⁶

The success of TOKUTOMI's *Hototogisu* brought fame to such sea resort areas as Zushi, Chigasakai and Kamakura in Shonan Seashore. Many rich people had their villas or seaside bungalows in these areas, partly because it was a very fashionable area but also because they should like to, in reality, hide family members who were suffering from tuberculosis.

Romanticization of tuberculosis or the endowing of it with aesthetic images continued for decades. Alexandre Dumas fils' novel *La Dame aux Camélias* (1847) had something to do with this, for it was first introduced to Japan in 1884, two years after the discovery of the tubercle bacillus and one year after the first national tuberculosis census in Japan, and continued to be printed in some way or other. As is widely known, its heroine is tuberculous and dies of the disease. Its model, an actress in Paris, was tuberculous in real life. The heroine is cheerful, sensuous, pale and amorous, but is also devoted and self-conscious, which was later vividly described by the successful opera *La Traviata*.

Even MORI Ogai (1862-1922), a major novelist and also the Army Medical

⁶ The heroine's doctor, HASHIMOTO Tsunatsune (1844-1909) was the Medical General of the Imperial Army, and the hero's was TAKAKI Kanehiro (1849-1920), the Medical General of the Imperial Navy, who in the past found the cause of beriberi (due to deficiency of Vitamin B) by carrying out field work on the battleship *Tsukuba*.

Genral who once studied abroad in Germany under the supervision of Max von Pettenkofer and later Robert Koch, had a close connection with tuberculosis. Despite his rather uncomfortable experience as a tubercular, he could not but fall within the romanticization of the disease when he wrote *Kamen* (The Mask) in 1909. In this novel Ogai, in the guise of a practicing doctor, confesses how he secreted his disease just like a hero in the middle of the crowds. Another bow to romanticization was Ogai's translating of Arthur Schnitzler's *Der Sterben* (The Death in 1894) as *Miren* (Attachment) in 1912, which was widely read and had, for instance, a great influence on HORI Tatsuo. At the same time, he continued to hide the fact that he was tuberculous toward the end of his life, knowing how dangerously infectious it is if unattended. He apparently hid his secrets in order to protect his family's honour. If it were known that someone was tuberculous, members of the whole family would be discriminated against so severely as to be unable to get a job or even get married.

In *Onna-keizu* (Female Family Tree in 1907), IZUMI Kyoka (1873-1939) did not hesitate to describe the beauty of the disease-stricken chest. Some other novelists and poets continued to celebrate the images associated with tuberculosis, such as NAGAI Kafu, HORI Tatsuo, TACHIHARA Michizo, FUKUNAGA Takehiko and so forth. Yet another figure in confirming this aesthetic image of tubercular women was TAKEHISA Yumeji (1884-1934), the poet, writer, painter and woodblock artist whose influence pervaded the Meiji, Taisho and Showa eras.

During this period many talented people died of tuberculosis: a female writer, HIGUCHI Ichiyo (1872-1896); a poet, ISHIKAWA Takuboku (1886-1912); a composer who got sick in Germany, TAKI Rentaro (18-1914); a poet who contemplated on universe, MIYAZAWA Kenji (18-1934) and so forth. Tuberculosis gained another characteristic image: that of the disease of the genius.

Many artists, painters and sculptors, died of tuberculosis, and it was openly stated that tuberculosis gave them what we call genius. Sometimes exactly the reverse was

discussed even among the doctors: their talent actually triggered the disease.

HORI Tatsuo (1904-1953) gave a final touch to the romanticization of tuberculosis by writing of his experience in an alpine sanatorium with his girl friend who shortly later died of tuberculosis. His novel *Utsukushii Mura* (A Beautiful Village) in 1934 describes the monotonous but still beautiful days of the patients. However, his diary or letters written during the same period revealed the fact that he was actually tired of his disease and that he would like to go back to Tokyo immediately. Thus he made himself famous while through his creative writing, he made a major contribution to the romanticization of tuberculosis.

Despite this kind tendency toward tuberculosis, there were also many people who frowned at this and criticized the situation. NATSUME Soseki (1867-1916), a major novelist, whose mother and two brothers died of tuberculosis and who, himself, once showed signs of early pleurisy, wrote several letters with a strict criticism against the romanticized ideas concerning tuberculosis. He made much of his tuberculous friend, MASAOKA Shiki (1867-1902), a poet and diarist, who suffered from tuberculosis over fourteen years and died of it.

Interestingly enough, the Meiji medical texts also referred to consumption as a disease commonly seen among the rich, the highly talented and the young. For example, in Dr. Shirane's book on consumption, *Tsuzoku kyu-Haibyō* (The Popular Cure for Consumption) published in 1906 tells us that it is especially the disease of the privileged classes and can be rarely seen among the lower classes. Therefore we may say that these popular ideas concerning tuberculosis and medical thoughts might differ in degree but not in kind.

7. A New Trend in the Battle against Tuberculosis

It was in 1944 that Streptomycin, a entirely new and effective medicine for

tuberculosis, was isolated by the Russian immigrant doctor Selman A. Waksman (1888-1973) in United States. It did not reach Japan until after World War II in 1945, and at first was so expensive that even some of the richest and most desperate patients used up their fortunes just in order to buy the medicine. When HORI Tatsuo, the distinguished novelist and poet, heard of the advent of this new medicine, he simply replied that he didn't know what to do without his tubercle bacillus. He had lost his lover to tuberculosis after living happily with her for a short time at the Fujimi Alpine Sanatorium. His letters to his friends indicated how horrible and monotonous his life had been in the sanatorium. However, his novels and poems don't really reflect his agony and fear. Instead their settings are rather remote from ordinary life and have a special atmosphere which has fascinated many readers with their sweetness and romantic flavour. His leitmotif was indeed life in the sanatorium. However, he rarely actually refers to the reality of its life: monotonous life with its daily routines, nutritious diet and doctor's consultation.

There are even some literary critics who would like to attribute the inactivity of today's literary circles to the disappearance of such attractive themes as war and tuberculosis. They hold that adversity and agony tends to nurture literary creativity and productivity. It seems that the age of suffering and agony from tuberculosis in Japan is over and that the fruitful age for literature is also coming to an end after such a long period of wars and deaths from tuberculosis.

However, as is clearly shown in the World Health Report 1995 of the WHO, the number of new cases and deaths from tuberculosis is growing, especially in the developing countries. Tuberculosis killed three million people in 1995, responsible for more than 5% of the global total of deaths. It is also estimated that there were 8.8 million new cases in the same year. According to the doctors, drug treatment, in most cases costing as little as US\$13-30 per person for a six-month course, can cure people. But providing the drugs to those who need them and ensuring that patients

take them for the required period is a major public health challenge.

Furthermore, there will be no knowing what will happen to those developing countries when they become developed ones. They also might develop romantic images towards tuberculosis as once displayed by the Japanese, Koreans, Chinese and many Europeans. We have to fight against not only the disease itself, but also the images associated with it which either hinder the development of public prophylaxis measures or create a discriminative attitudes towards the patients.

Select Bibliography

1. Cummins, S. I., Tuberculosis in History, Bailliere, Tindall and Cox, 1949.
2. Dubos, Rene and Jean Dubos, The White Plague, Little Brown & Co., 1952.
3. Flick, L. F., Development of Our Knowledge of Tuberculosis, Wickersham Printing Co., 1925.
4. Fukuda, Mahito, Kekkaku no bunkashi (A Cultural History of Tuberculosis in Modern Japan), Nagoya University Press, 1995.
5. Meachen, L. F., A Short History of Tuberculosis, AMS Press, 1978.
6. Piery, M. and J. Roshem, Histoire de la Tuberculose, G. Doin & Cie, 1931.
7. Burke, Richard M., An Historical Chronology of Tuberculosis, Charles C. Thomas Pub., 1955.
8. Keers, R. Y., Pulmonary Tuberculosis: A Journey down the Centuries, Kroom Holm, 1978.
9. Kosei-sho (Ministry of Health & Welfare), A History of National Infirmary (Tuberculosis Section), Zaidan-hojin Kosei-mondai Kenkyukai, 1976.
10. Okanishi, Junjiro, Kekkaku Zetumetsu heno Michi (Toward the Eradication of Tuberculosis), Yakugyo-jih-sha, 1973.
11. Okanishi, J., Kekkaku to tatakatta Hitobito (People who fought with Tuberculosis), Kekkaku Yobou-kai (Japan Tuberculosis Association) 1983.
12. Okanishi, J., Jinrui to Kekkaku (Mankind and Tuberculosis), Ishiyaku Shuppan, 1983.