Children, tuberculosis and the state in Britain 1898-1960, with particular reference to The Hollies, Weetwood, Leeds

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Abstract

My thesis explores and analyses transactions between children living with tuberculosis, their families, and the emerging welfare state in Britain 1898-1960. I analyse previously unexamined data about children attending The Hollies, which was both a sanatorium school and an open-air school, known as a 'preventorium,' from 1925 to 1960 in Weetwood, Leeds and archives relating to an open-air school for Leeds children at Gateforth between 1913 and 1918.

At the beginning of the twentieth century, many children dying of other causes were found to have asymptomatic tuberculosis. A new skin test provided a way of identifying children who were 'pre-tuberculous.' Children who had been seen as victims of tuberculosis were also perceived as threats, not only to their own health, but to the future well-being of nations. The Hollies, and similar institutions offered fresh air, sunshine and food to rescue these children from tuberculous households.

By the mid-nineteen-thirties, research had shown that latent tuberculosis in children did not necessarily cause later disease, and institutional care for children with tuberculosis was no better than staying at home. Despite this evidence, The Hollies persisted as a hybrid medical, educational and child welfare institution for children at risk of tuberculosis until 1960, a decade after effective anti-tuberculous drugs became available. The emotional and psychological care of resident children, particularly the very young, was inconsistent at best.

Medical models predominated throughout. Local doctors were slow to shift from their established practice of temporarily removing children from tuberculous households, even when clear evidence of its ineffectiveness became available. Teachers provided better continuity than nursing staff during wartime evacuation and relocation. Administrative dislocation as a result of the new welfare state deprived children at The Hollies from the more enlightened approach to child welfare prevalent in Leeds from 1948 onwards.

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Abbreviations

BCG	Bacillus-Calmette-Guérin (immunisation against tuberculosis)
COS	Charity Organisation Society
LSC	Ladies Samaritan Committee of the Leeds Association for the Prevention and Cure of Consumption. Changed its name to the Care Committee in 1919, and then to the Case Committee in 1938.
LTA	Leeds Association for the Prevention and Cure of Tuberculosis, changed to Leeds Association for the Care of Consumptives in 1921.
NAPT	National Association for the Prevention and Cure of Consumption and other forms of Tuberculosis. It changed its name to National Association for the Prevention of Tuberculosis in 1922. In 1959 it became the Chest and Heart Association.
NHS	National Health Service

Note on language used

Some words used in quotations from sources with regard to children with learning or physical disabilities are not used now as they are ableist but were routinely used at the time when the sources were written.

Note on pseudonymisation of interviewees

Initials of interviewees appearing in this thesis, and in the filenames of their recordings, have been changed by using a cipher which is not stored in the same place as their data.

Introduction

A child who stayed at The Hollies for two months in 1952 remembered the effect of his admission: 'Looking back, I question the wisdom […] I couldn't countenance how Social Services would allow that to happen'.[1]

The Hollies was a hybrid institution, with medical, educational and child welfare elements to its functioning and staffing. Medical staff at the Leeds Chest Clinic decided on this child's placement at The Hollies because his mother had active tuberculosis. There were two teachers at the Hollies, a kindergarten teacher who taught children of nursery age, and a headteacher who taught the older pupils. An almoner (social worker) worked alongside the doctors and health visitors at the Chest Clinic, so child welfare factors were taken into consideration, but admission was ultimately a medical decision. Children were only admitted with the consent of parents or guardians, who could visit once a week and withdraw their children at any time, but the children's removal would usually be against medical advice.

In the absence of a temporary home with members of this little boy's extended family, staff of the tuberculosis service wanted to reduce his risk of contracting the disease from his infectious mother. Seventy years later, he did not recall any episodes of maltreatment or neglect at The Hollies: 'it was a perfectly benign but lonely episode, […] I just question the policy at the time, particularly with children so young'. He was three years old when he was admitted.[2]

The Hollies stood at the shifting interfaces between medical, educational and child welfare services. I use a conceptual framework for my thesis in which the evolution of medical, educational and welfare discourses relating to children are in transaction with each other in the context of tuberculosis, an ancient disease with a unique cultural heft. I use the word 'discourse' as described by Foucault and some of his interpreters. In Foucault's 'archaeology' a discourse was conceptualized as being a body of knowledge, its practitioners and its practice. In his later work Foucault linked discourse with power in the search for what he

[1] Interview with MS, who stayed at The Hollies as a child in the 1950s, 2022.
[2] Interview with MS.

described as 'games of truth' in the pursuit of bodies of knowledge within histories.[3]

In my thesis I analyse the way in which medical, educational and child welfare discourses changed over time, had porous external boundaries and frequent internal conflicts. For example, beliefs about tuberculosis might have been turned upside-down by Koch's discovery of the causative bacillus, but a stigmatizing discourse, based on beliefs that there was a familial predisposition to the disease persisted in medicine for decades and in society into the mid-twentieth century.[4]

Within educational discourse, an enthusiasm for open-air education was stimulated by a desire to expose children at risk of tuberculosis to the benefits of fresh air and sunshine, but soon generalised to become a preferred option for all elementary school children. The embrace of open-air schools as a potential solution to the plight of economically deprived children reflected cultural longings for a return to wholesome nature, away from the corrupting influences of the towns.[5]

Child welfare discourse underwent a slow transition from the Poor Law distinction between the deserving and undeserving poor to a more equitable approach. The extent to which the state should interfere with family life was a political battleground throughout the period studied, exemplified by the slow introduction of statutory school meals at the beginning of the twentieth century.[6]

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[3] See, for example, Thomas Flynn, 'Foucault's Mapping of History', in *The Cambridge Companion to Foucault* (Cambridge: Cambridge University Press, 2012), pp. 30-31. <https://doi.org/10.1017/CCOL9780521403320.003>; Gary Gutting, *Foucault: A Very Short Introduction* (Oxford: Oxford University Press). p. 108.

[4] Modern genomics have shown that there are, indeed, genetic factors that affect susceptibility to tuberculosis. Laurent Abel and others, 'Human Genetics of Tuberculosis: A Long and Winding Road', *Philosophical Transactions: Biological Sciences*, 369.1645 (2014), 1–9 <https://www.jstor.org/stable/24499035> [accessed 30 January 2023].

[5] Linda Bryder, '"Wonderlands of Buttercup, Clover and Daisies": Tuberculosis and the Open-Air School Movement in Britain 1907-39', in *In the Name of the Child: Health and Welfare 1880-1940*, Studies in the Social History of Medicine (Oxford: Routledge, 1992).

[6] See, for example, Pat Thane, 'Government and Society in England and Wales, 1750–1914', in *The Cambridge Social History of Britain, 1750–1950: Volume 3: Social Agencies and Institutions*, ed. by F. M. L. Thompson (Cambridge: Cambridge University Press, 1990), III, 1–62 <https://doi.org/10.1017/CHOL9780521257909.002>; Jane Lewis, *The Voluntary Sector, the State, and Social Work in Britain: The Charity Organisation Society/Family Welfare Association since 1869* (Aldershot: Elgar, 1995); Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: The Policy Press, 2003).

By examining a small local institution for children affected by tuberculosis, my thesis will show that The Hollies was at the intersection of medical, educational and child welfare discourses that stretched beyond national boundaries. For example, Dr Norman Tattersall, the Chief Tuberculosis Officer for Leeds from 1926-1942 became a national expert on institutions like The Hollies, drawing on his knowledge and experience of working with Leeds children as well as an official visit to North American tuberculosis institutions. Discourses were sometimes synergistic in improving the lives of children affected by tuberculosis but frequently in conflict, as when Tattersall expressed serious doubts, in a medical journal, about children's admissions to preventoria at the same time as maintaining unequivocal support for the institution in his reports to Leeds city council.[7]

Interactions between discourses often resulted in changes to those discourses. These transactions shaped the care provided to children. For example, the short history of 'pre-tuberculosis' was a transaction between all three discourses. Pre-tuberculosis emerged as a diagnosis within a medical discourse of post-mortem findings and the discovery of a reliable skin test for exposure to tuberculosis. This new diagnosis provided a vehicle for educational and child welfare innovations in the form of open-air schools and fostering-out schemes. The diagnosis was sustained for longer than medical evidence could justify because it gave legitimacy to educational and welfare interventions on behalf of poor children from tuberculous households. [8]

While discourses are more collective by nature, the children of The Hollies were also subject to the perspectives of individuals. A visiting doctor saw little evidence of tuberculosis at The Hollies in the late 1950s and her perspective was that the house resembled a residential home for poor children who were in 'extra need of food and vitamins to generally improve their health'.[9]

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[7] Tattersall's visit to North America was part of a delegation of British physicians. Norman Tattersall, 'The Tuberculosis Preventorium', *British Journal of Tuberculosis*, 26.3 (1932), 121–27. J.Johnstone Jervis, *Report on the Health and Sanitary Administration for the City of Leeds for the Year 1932* (Leeds: City of Leeds Health Committee, 1933) <https://wellcomecollection.org/works/ze7atdbc> [accessed 13 July 2023].

[8] Linda Bryder, "*Wonderlands*", pp. 72-76.

[9] GV, Interview with GV, visiting doctor to The Hollies, 2022.

Innovation in tuberculosis services was driven by local and national charities at the beginning of the twentieth century. Although their influence waned, they were responsible for changing welfare policy, for including specific benefits in the 1911 National Insurance Act and special allowances during the Second World War.[10] The voluntary agencies' focus on one disease meant that their advocacy and services cut across medical, educational and welfare discourses. In modern terms, their work would be described as a 'vertical' tuberculosis programme in contrast to generic 'horizontal' programmes, like family doctors and general hospitals. There are advantages to vertical programmes in terms of a single-minded focus on all aspects of one disease but there are also potential pitfalls. Young children resident at the Hollies in the 1950s missed out on local improvements to quality of care because the institution was being managed as part of a disease-specific programme.[11]

My thesis starts in 1898, a generation before The Hollies opened in 1925. This timeframe enabled me to capture the medical, educational and child welfare discourses that led to the opening of the Hollies as both a children's sanatorium, for children with diagnosed tuberculosis, and a 'preventorium' for children at risk of tuberculosis. My archival research also revealed the existence of a residential open-air school for Leeds children in the grounds of Gateforth sanatorium near Selby from 1911-1918. The school was one of the first residential open-air schools in the country and, as such, was a source of pride for the LTA. It was also one of the main reasons why Leeds authorities decided to use The Hollies as a replacement for the Gateforth school for children at risk of tuberculosis.[12]

Histories of children and childhood

Most primary sources were produced by adults for adults. Even when documents like children's letters were available, as from the Stannington and Toronto

[10] Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain*, Oxford Historical Monographs (Oxford: Clarendon Press, 1988). pp. 36-39, 229-239.

[11] Sandy Cairncross and Herve Peries, 'Vertical Health Programmes', *The Lancet*, 349.supp. III (1997), 20–22.

[12] The Gateforth school was followed with great interest by the local press, for example: 'A Barkston Ash Open-Air School: Experiment at Gateforth', *Skyrack Courier* (Leeds, 4 August 1911), p. 7.

sanatoria or the Farmingdale preventorium, they were filtered by supervising adults.[13] *The Children of Craig-y-Nos* is a good recent example of a social history of a children's tuberculosis institution, in which former patients and staff from a Welsh institution were able to actively engage with social historians.[14]

There is an active debate about histories of children as opposed to histories of childhood, that is 'the lived experience of the young, rather than the conceptualisation of how they were regarded by adults.'[15] As Hendrick observed: 'the problem is not simply one of adultist bias, it is that children are without an authorial voice. Consequently they have little or no opportunity to contest adult accounts'.[16] Academic debates about 'who is a child' continue, not least because the status of 'child' is culturally as well as biologically determined. The children of The Hollies were defined simply by age, only one child over the age of thirteen years was admitted.[17] A child admitted to The Hollies was regarded by the matron and her nursing staff as a 'patient.' A child's voice was even less likely to be heard than other patients as part of 'medical history from below' as advocated by Porter.[18] Children's silences have meaning and value to historians as well as social researchers.[19]

A 'round table' hosted by the American Historical Review in 2020, sparked by an essay by Sarah Maza, delved more deeply into the philosophy and practice

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[13] See M S, Interview with MB, who stayed at The Hollies as a child in the 1950s, 2022. Stacie Burke, *Building Resistance: Children,Tuberculosis and the Toronto Sanatorium* (Montreal: McGill-Queen's University Press, 2018); Connolly, Cynthia A, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909-1970* (New Brunswick, New Jersey and London: Rutgers University Press, 2008).pp. 121-3

[14] Anne Shaw, and Carole A.Reeves, 2009., *The Children of Craig-y-Nos: Life in a Welsh Tuberculosis Sanatorium, 1922-1959 (London: The Wellcome Trust Centre for the History of Medicine, 2009).* Reeves later reflected on some of the considerable ethical challenges associated with the project in Carole Reeves, 'The Children of Craig-y-Nos: Life in a Welsh Tuberculosis Sanatorium, 1922-1959. Reflecting on the Project's Challenging Issues', *Oral History (Colchester)*, 42.1 (2014), 109–19.

[15] Alysa Levene, 'Family Breakdown and the "Welfare Child" in 19th and 20th Century Britain', *The History of the Family*, 11.2 (2006), 67–79 <https://doi.org/10.1016/j.hisfam.2006.06.001>.

[16] Harry Hendrick, 'The Child as Social Actor in Historical Sources: Problems of Identification and Interpretation', in *Research with Children: Perspectives and Practices*, 2nd edn. (New York and London: Routledge, 2008), pp. 40–65.

[17] Leeds City Council, 'The Hollies, Register of Cases', 1934, West Yorkshire Archive Service. The Hollies Register 1934-1960.

[18] Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14.2 (1985), 175–98.

[19] Ann Lewis, 'Silence in the Context of "Child Voice"', *Children & Society*, 24.1 (2010), 14–23 <https://doi.org/10.1111/j.1099-0860.2008.00200.x>.

of the historiography of children and childhood.[20] In her concluding remarks, Maza retreated from her initial proposal that children, by definition, almost always lacked historical agency.[21] Tisdall also wrestled with the issue of agency in her 'state of the field' review in 2022.[22] Children staying at The Hollies did not appear, from the information available, to have had much agency. Doctors at the central tuberculosis dispensary usually made decisions about admission, in consultation with parents or guardians. The Hollies register recorded occasional runaways, but more often it was their parents or guardians who acted on their behalf. This was common during outbreaks of infectious disease, but more often for unspecified reasons.[23]

Maza suggested that historians of children and childhood should study history *through* children.[24] In response, Milanich stated that they were already doing this, and the way forward was to appreciate how 'history about children and through children may reciprocally constitute each other'.[25] My perspective aligns with this interdependent approach. The choice of medical, educational and social discourses in this study about children runs the risk of being too far removed from children themselves, but it is a logical and pragmatic option. As well as reflecting the position of The Hollies in the ecology of institutions for children, the three discourses represent the arms of the state that were most relevant to children's lives at the time.

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[20] Sarah Maza, 'The Kids Aren't All Right: Historians and the Problem of Childhood', *The American Historical Review*, 125.4 (2020), 1261–85 <https://doi.org/10.1093/ahr/rhaa380>; Steven Mintz, 'Children's History Matters', *The American Historical Review*, 125.4 (2020), 1286–92 <https://doi.org/10.1093/ahr/rhaa382>; Nara Milanich, 'Comment on Sarah Maza's "The Kids Aren't All Right"', *The American Historical Review*, 125.4 (2020), 1293–95 <https://doi.org/10.1093/ahr/rhaa381>; Ishita Pande, 'Is the History of Childhood Ready for the World? A Response to "The Kids Aren't All Right"', *The American Historical Review*, 125.4 (2020), 1300–1305 <https://doi.org/10.1093/ahr/rhaa383>; Bengt Sandin, 'History of Children and Childhood—Being and Becoming, Dependent and Independent', *The American Historical Review*, 125.4 (2020), 1306–16 <https://doi.org/10.1093/ahr/rhaa369>; Robin P. Chapdelaine, 'Little Voices: The Importance and Limitations of Children's Histories', *The American Historical Review*, 125.4 (2020), 1296–99 <https://doi.org/10.1093/ahr/rhaa377>.

[21] Sarah Maza, 'Getting Personal with Our Sources: A Response', *The American Historical Review*, 125.4 (2020), 1317–22 <https://doi.org/10.1093/ahr/rhaa479>.

[22] Tisdall. pp. 955-8.

[23] Leeds City Council, 'The Hollies, Register of Cases'. 1934-1960, 'The Hollies Sanatorium School Logbook' (Leeds City Council, 1925), West Yorkshire Archives Service. 1925-1960

[24] Maza, 'The Kids Aren't All Right'.

[25] Milanich. p. 1293. For other recent summaries of the histories of children and childhood see Hugh Cunningham, *Children and Childhood in Western Society since 1500*, Third (London: Routledge, 2021); Colin Heywood, *Childhood in Modern Europe* (Cambridge: Cambridge University Press, 2018).

Children as the future

The description of children as 'the future' is ubiquitous, rooted in biological reality, and readily harnessed for political propaganda. The opening sentence of *The children of the nation*, by Sir John Gorst, published in 1907, stated that the aim of the book was 'to bring home to the people of Great Britain a sense of danger of neglecting the physical condition of the nation's children'. His second sentence summarised the narrative of children as the future: '[children] will form the future British people; and upon their condition and capacity will depend not only the happiness of our own country but also the influence of our empire in the world'.[26] King's study has shown that 'children as the future' remained a powerful policy narrative in the mid-twentieth century and was particularly useful in garnering support for the sweeping welfare reforms that followed the second world war.[27]

As the title of Gorst's book suggests, the first decade of the twentieth century was marked by growing concerns about the deterioration, and possibly degeneration of the British people and the quest for National Efficiency.[28] In a section titled 'survival of the fittest' in a chapter on infant mortality, Gorst criticised those who argued that it was 'bad economy' to try and save the lives of 'weaklings'. His targets here were the neo-Malthusians who were at one extreme of the eugenics movement.[29]

The notion of 'children as the future' carried the implication that unless they had adequate parenting and the state provided the necessary support, their

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[26] John Eldon Gorst, *The Children of the Nation : How Their Health and Vigour Should Be Promoted by the State* (London: Methuen and Co, 1907) <https://wellcomecollection.org/works/u2y7zkv4> [accessed 5 May 2023].

[27] Laura King, 'Future Citizens: Cultural and Political Conceptions of Children in Britain, 1930s-1950s', *Twentieth Century British History*, 27.3,(2016) 389–411.

[28] Geoffrey Searle, *The Quest for National Efficiency: A Study in British Social and Political Thought 1899-1914* (London: Blackwell, 1971). A direct link between tuberculosis and National Efficiency was highlighted by Sir Lauder Brunton in the first issue of the British Journal of Tuberculosis. Lauder Brunton, 'On Tuberculosis and National Efficiency', *British Journal of Tuberculosis*, 1.1 (1907), 41–46 <https://doi.org/10.1016/S0366-0850(07)80005-6>.

[29] See Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birth-Rate in Twentieth Century Britain* (Chapel Hill and London: University of North Carolina Press, 1995); R. J. Overy, *The Morbid Age: Britain between the Wars* (London: Allen Lane, 2009); Adam Rutherford, *Control: The Dark History and Troubling Present of Eugenics* (London: Weidenfeld and Nicolson, 2022).

future as adult citizens would be sub-optimal. It assumed that children were inherently good, it was only external circumstances which damaged their lives; early intervention could save them, and the nation, from blighted lives.

Children as victims and threats

Hendrick has described how nineteenth century British approaches to children were heavily influenced by Christian evangelical understandings of original sin. Children who were deprived of adequate care and instruction were deprived victims but they were also at greater risk of becoming depraved citizens and, therefore, threats to society. The more secular twentieth century was less influenced by theology, but the victim/threat narrative persisted between the two World Wars, for example in the Children and Young Persons Act of 1933, which was predominately concerned with delinquent children.[30] The later work of Bowlby and colleagues on the life-long impact of early attachment experiences gave additional scientific justification to this narrative.[31]

The enthusiasm shown by medical profession for the identification and remediation of the pre-tuberculous children is an example of the victim/threat narrative in the context of a disease with an ominous reputation. Pre-tuberculous children were victims, but also threats due to the latent tuberculosis they carried within them. In his introduction to a 1908 compendium on tuberculosis in infancy and childhood, Kelynack wrote: 'The harvest of tuberculous disease in mature life is oftentimes dependant on a tuberculous seed-sowing in the early days'. Children's perceived threat to society was exemplified by his addition of the word 'civilized' when he added 'It seems clear that tuberculosis and a tendency thereto exists among the infants and children of civilized people to an extent not generally realized'.[32]

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[30] Harry Hendrick, *Child Welfare: England 1872-1989* (London: Routledge, 1994). pp. 7-13

[31] John Bowlby and others, 'The Effects of Mother-Child Separation: A Follow-up Study', *British Journal of Medical Psychology*, 29.3–4 (1956), 211–47 <https://doi.org/10.1111/j.2044-8341.1956.tb00915.x>.

[32] T. N. Kelynack, *Tuberculosis in Infancy and Childhood: Its Pathology, Prevention and Treatment: By Various Authors*. p. 2.

Tuberculosis and pre-tuberculosis

Tuberculosis holds a unique place in the anthropology of disease.[33] My thesis will show that the disease was not only a huge objective burden, in terms of morbidity and mortality, but also weighed heavily on the minds of public health doctors even when it had become a much less common disease. Dormandy, a pathologist turned historian, has explored the cultural significance of tuberculosis in depth. The 'White Death' was named because of pallor due to anaemia but also its association with 'childhood, innocence and even holiness'. Dormandy has dissected in detail the misguided notion that it was a romantic disease associated with the early deaths of literary figures like Keats, the Brontës or Kafka.[34]

Dr Herbert de Carle Woodcock, pioneer of the Leeds tuberculosis services at the beginning of the twentieth century, captured the grim reality of the disease. 'Tubercle is in truth a coarse, common disease, bred in foul breath, in dirt, in squalor.'[35] Tuberculosis was certainly common, although becoming less frequent. In the first decade of the twentieth century, it was responsible for approximately one in eight deaths in Britain. It was the single biggest killer of males and the second most frequent cause of death amongst females. These figures form the backdrop to Bryder's foundational study of the social history of tuberculosis in Britain in the twentieth century.[36]

By the end of the nineteenth century, Britain's mortality rates due to tuberculosis had been in decline for decades. Disease-specific mortality data for the nineteenth and early twentieth century must be interpreted with caution, but Logan estimated that tuberculosis was responsible for 3 deaths per 1000 between 1848-1872, reducing (by 37%) to 1.9 between 1901 and 1910.[37] Locally,

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[33] Merill Singer, *Anthropology of Infectious Disease* (New York: Routledge, 2016) <https://doi.org/10.4324/9781315434735>.

[34] Thomas Dormandy, *The White Death: A History of Tuberculosis* (London: The Hambledon Press, 1999). See also Helen Bynum, *Spitting Blood: The History of Tuberculosis* (Oxford: Oxford University Press, 2012).

[35] Herbert de Carle Woodcock, *The Doctor and the People* (London: Methuen, 1912). p. 184.

[36] Linda Bryder, *Below the Magic Mountain.*

[37] W. P. D. Logan, 'Mortality in England and Wales from 1848 to 1947', *Population Studies*, 4.2 (1950), 132–78 <https://doi.org/10.2307/2172133>.

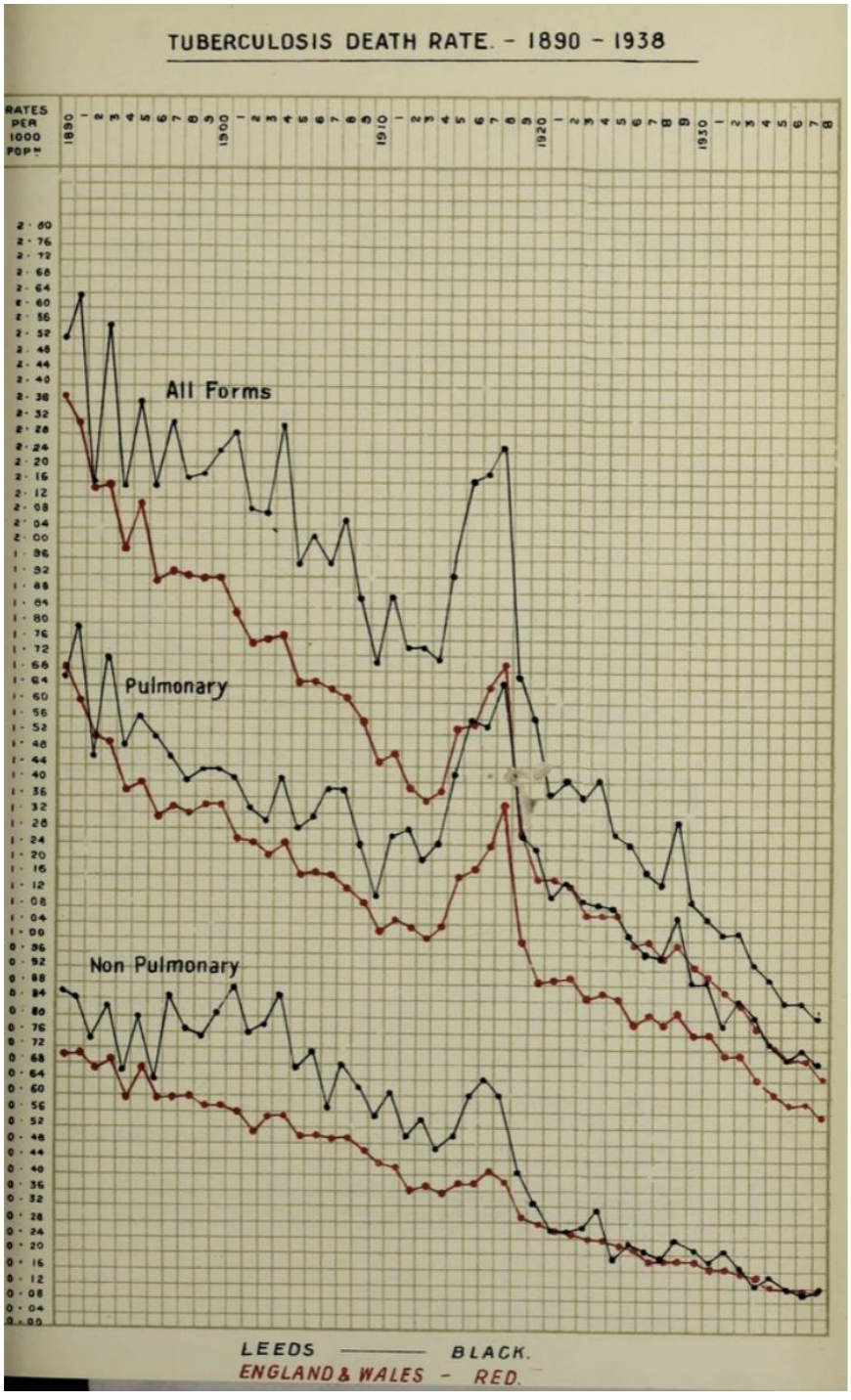
tuberculosis death rates in Leeds declined from 2.43 per 1000 in 1890-92 to 2.15 per 1000 in 1899.[38]

Apart from temporary increases during both world wars, the progressive reduction in mortality from tuberculosis continued in the first half of the twentieth century, well before the introduction of specific anti-tuberculous chemotherapy. Dr J Johnstone Jervis, Medical Officer of Health for Leeds from 1919 to 1946, wrote in a foreword to his final annual report that deaths from tuberculosis had declined by 72.2% and the number of cases by 50% over the previous thirty years. Jervis's extraordinary claim that the reduction in the burden of tuberculosis in Leeds was 'the greatest achievement in Preventive Medicine this century' showed the emotional importance to him, and his generation of doctors, of winning the battle against the disease. He recorded arguably greater achievements in the same foreword, for example reductions in maternal mortality of 72%, infant mortality of between 49 and 62% and mortality of 0-15 year-olds of 76%. Jervis wrote about the uniqueness of tuberculosis which 'devastates family and communal life like no other' and hoped 'that within a reasonable period of time the Great White Scourge will take its place alongside the Black Death among the diseases of the past'.[39]

[38] J. Spottiswoode Cameron, *Annual Report Made to the Urban Sanitary Authority of the City of Leeds for 1899 and Part of 1900* (Leeds, 1900).<https://wellcomecollection.org/works/gtn7v34h>.

[39] J. Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1946* (Leeds: Leeds City Council, 1947). pp. 1-18.<https://wellcomecollection.org/works/yketr5kz>.

Figure 1: Tuberculosis deaths in Leeds, England and Wales, 1890-1938[40]



[40] J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1938* (Leeds: Leeds City Council Health Committee, 1939) p. 121. <https://wellcomecollection.org/works/np9q7fmr>.

The reasons for the decline in the numbers of tuberculosis cases and deaths were disputed. Pioneers of tuberculosis control like Robert Philip in Edinburgh and Arthur Newsholme in Brighton were convinced that the segregation of infectious adults in specialist sanatoria and hospitals was a significant factor.[41] Their use of data to support this contention was comprehensively rejected by Karl Pearson, a leading statistician and eugenicist.[42] There was, however, general agreement that tuberculosis thrived in overcrowded and poorly ventilated homes and workplaces.

Robert Koch showed that tuberculosis was caused by a slow-growing mycobacterium in 1882. Until Koch's discovery, most doctors assumed that tuberculosis was a hereditable disease. Once the disease was found to be contagious, those who were known to have the condition were more likely to be ostracised as potential sources of infection. Many people, including doctors, continued to believe that, even though the disease was caused by bacteria, there was also a hereditary predisposition – a tuberculous diathesis.[43]

Susceptibility to tuberculosis was often associated in people's minds with other less heritable weaknesses. Woodcock echoed the sentiments of many when he wrote 'Tubercle attacks failures […] the depressed, the alcoholic, the lunatic of all degrees'.[44] The stigma attached to tuberculosis was also shown by the response to requirements to notify cases of the disease. Many doctors colluded with their patients by delaying or avoiding notifying public health authorities. Leeds introduced voluntary notification of tuberculosis cases in 1901, compulsory notification was introduced nationally in 1913. In his annual reports as Medical Officer of Health for Leeds, Jervis noted a slow trend towards a higher proportion of cases being notified. However, in 1923, he complained 'After all that has been said and written […] it is very discouraging to find that the number of

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41 Robert W. Philip, 'The Antituberculosis Program: Coordination of Preventive Measures.', in *Transactions of the Sixth International Congress on Tuberculosis, Washington, September 21 to October 5, 1908 : With an Account and Catalogue of the Tuberculosis Exhibition, Washington, September 21 to October 12, 1908* (Philadelphia: W.F.Fell, 1908). Arthur Newsholme, *The Prevention of Tuberculosis* (London: Methuen, 1908).

42 Karl Pearson, 'Tuberculosis, Heredity and Environment, Being a Lecture Delivered at the Galton Laboratory of National Eugenics' (unpublished Lecture, London, 1912).

43 Karl Pearson. *Tuberculosis, Heredity and Environment.*

44 Herbert de Carle Woodcock. *The Doctor and the People* pp. 202-3.

unnotified cases [21.7%] remains so high […] the general medical practitioners either fail to realise the value of notification or are entirely indifferent'.[45]

Dormandy argued that resistance to notification by some general practitioners was due partly to compassion, but also to self-interest because 'the public, especially the poor, avoided keen notifiers'.[46] The stigma of tuberculosis persisted into subsequent generations. MS reported that his mother's sister refused to accommodate him because he might be infectious, so he had to be admitted to the Hollies. His mother was so upset by her sister's refusal that they did not speak to each other for decades.[47]

Children with tuberculosis are rarely infectious. Adults are the main source of infection, coughing or spitting out live tubercle bacilli, so they have always been the public health focus in controlling the disease. Tuberculosis also kills adults in much greater numbers than children. However, when young children develop tuberculosis, their immature immune systems are less able to contain the disease. Tuberculosis is more likely to spread through the bloodstream causing infection to spread, for example, to bones, joints and meninges (membranes covering the brain).[48] Tuberculous meningitis was particularly feared and, before anti-tuberculous drugs became available, usually fatal.[49] When children approached the age of puberty, their pattern of tuberculosis became more adult in onset and distribution in their bodies. Children were progressively less at risk of tuberculosis in Britain during the period studied as there were fewer infectious adults and the transmission of tuberculosis from cows' milk was gradually eliminated.[50]

However, a new understanding of children as reservoirs of latent tuberculosis, which arose in the first decade of the twentieth century, led to the

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[45] J. Johnstone Jervis, 'City of Leeds, Report on the Health and Sanitary Administration of the City for the Year 1923', 1924, Wellcome Collection. p. 89. <https://wellcomecollection.org/works/q8xn64tc>.

[46] Dormandy. p. 310.

[47] Interview with MS.

[48] Fred Miller, *Tuberculosis in Children* (Oxford: Churchill Livingstone,1982).

[49] For a contemporary understanding of the pathogenesis of tuberculosis in children see T. N. Kelynack, *Tuberculosis in Infancy and Childhood: Its Pathology, Prevention and Treatment: By Various Authors* (London: Bailliere, Tindall and Cox, 1908), University of Leeds, Health Sciences Library.

[50] Linda Bryder. *Below the Magic Mountain*. pp. 245-7.

construct of the 'pre-tuberculous child'.[51] The realisation that most children were infected with tuberculosis during childhood, and that these dormant infections might rekindle to cause disease and death in later life, caused a major revision of health policy related to tuberculosis in children. In 1907, Clemens von Pirquet from Vienna developed a skin test to detect which children had been infected; this discovery was the catalyst for a renewed international focus on detecting and treating pre-tuberculous children as carriers of the disease.[52]

As a direct consequence, there was a proliferation of open-air schools which aimed to boost the immunity of pre-tuberculous children with fresh air, sunshine and food.[53] The first open-air school in Europe opened in Charlottenberg, Germany, in 1904. Three years later an open-air day school in Britain started near Woolwich, the first residential one opened at Bermerside, near Halifax, in 1911. Leeds opened a small boarding school in the grounds of the city's sanatorium at Gateforth near Selby in the same year.[54]

Bryder has analysed the social history of open-air schools, noting that, at their peak in the late 1930s, 16,500 British children were catered for in these institutions. The pupils were categorised as 'delicate' and included those with other chronic conditions like heart disease and arthritis, but it was the perceived needs of pre-tuberculous children for sunlight and fresh air that drove the movement at the start.[55]

At the heart of my thesis is the question that MS, aged three, asked himself as he watched his parents and sister leave him at the Hollies. 'Why am I here?'[56] In constructing a response to his question, I argue that The Hollies was a site of evolving transactions between medical, educational and child welfare discourses.

The Leeds Association for the Prevention and Cure of Tuberculosis (LTA), a pioneering charity with approval and financial backing from the city's health and education committees, managed the school at Gateforth. A nurse employed by LTA did most of the welfare work under the supervision of volunteers from its

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[51] Linda Bryder *"Wonderlands".*

[52] Clemens Von Pirquet, 'The Frequency of Tuberculosis in Childhood', *Sixth International Congress on Tuberculosis*, 2 (1908), 559–68.

[53] Linda Bryder. "*Wonderlands".* p. 76.

[54] 'Barkston Ash Open-Air School: An Experiment at Gateforth', *The Skyrack Courier*, 4 August 1911.

[55] Linda Bryder. "*Wonderlands".* p. 76.

[56] Interview with MS, 2022.

Ladies Samaritan Committee. She ensured that children admitted to the school had adequate clothing and footwear and visited their families at home. After a stuttering start, The Ladies Samaritan Committee, which became the Care Committee of the LTA from 1919 was known nationally as an example of good welfare practice.[57]

The Hollies was staffed by nurses led by a Matron, who kept the hand-written patient Register. She was responsible to the city's Chief Tuberculosis Officer, who visited once a week, who was in turn responsible to the City Council's Health Committee. The Hollies was primarily a health institution from 1925-1960. It was also an educational institution, registered with the local council and the Board of Education in Whitehall as a school. There was a headteacher who maintained the Logbook for The Hollies She had an assistant teacher and two classes. This special school was categorised by its disease, it was listed as 'Leeds Weetwood "The Hollies" Sanatorium Council School' and classified as a 'Tuberculous (Pulmonary) School'. A medical doctor, Dr Muriel Bywaters, was the Chief Inspector of Tuberculosis Schools for the national Board of Education and a regular visitor to the Hollies until the end of the Second World War.

The management of The Hollies became even more medicalised in 1948 because it was managed by a local hospital board for the next six years. On July 5 1948, the 'appointed day' for the introduction of the National Health Service (NHS), the school became a 'Day Hospital Special School'. The school closed in 1957, but the city's education department used empty beds at The Hollies as a residential home for delicate children. As tuberculosis became less common, The Hollies came to resemble a residential children's home ever more closely.

Methodology

The methods used in this social history are predominately archival. The Logbook and Register for the Hollies both contain confidential information. Permission was sought from Leeds City Council with whom a research agreement was signed prior to accessing these records which are held by the West Yorkshire Archives Service. Confidential data (names, addresses) were removed prior to data entry

[57] 'Leeds Tuberculosis Care Committee', *Tubercle*, 4 (1923), 473.

and storage. Between 1948 and 1954, The Hollies was managed by a local hospital board, as part of the new National Health Service.

Numerical data from the Hollies register and from annual reports by the Medical Officers of Health for Leeds, were analysed used SPSS Statistics software licenced to the University of Leeds. Basic descriptive statistics were used throughout. Some children were admitted to The Hollies for long periods which spanned more than one calendar year. I followed the usual convention with health care data and used the discharge date when allocating a case to a year.

A data management plan was included in the research ethics submission for the research. Ethical permission for the research was granted by the Ethics Committee of the Faculty of Arts, Humanities and Cultures, University of Leeds on 29 March 2022 (reference FAHC 21-060).

Oral history methodology was used when interviewing adults who were associated with the Hollies, either as children or staff.[58] An article was written for the local newspaper in 2019 inviting those with personal memories of The Hollies to contact the researcher.[59] Three people made contact after ethical permission was granted, two of whom were interviewed.

Limitations of the research

I was unable to find more witnesses to their time at The Hollies as children. It was unethical to attempt to trace people named in the Register. However, the two people I interviewed gave very valuable insights into life at The Hollies. Oral history interviews have their own limitations, particularly in this study, where participants are looking back from a distance of up to seventy years.

The Register held by the West Yorkshire Archives is incomplete. It starts in 1934, and for the period 1939-1948 was used to record the details of adult patients in The Hollies while the children were evacuated to Eastby and then relocated to Meanwood Park. However, the Register for 1934 to September 1939, and September 1948 to the end of March 1961, and the Logbook from 1925-1957

[58] Robert Perks; Alistair Thomson, *The Oral History Reader:*, 3rd edn (London: Routledge).

[59] '"Children as Young as Two Were Sent to Leeds Hospital to Treat TB" - Do You Remember The Hollies? Yorkshire Evening Post' <https://www.yorkshireeveningpost.co.uk/news/children-young-two-were-sent-leeds-hospital-treat-tb-do-you-remember-hollies-633624> [accessed 10 May 2023].

were rich sources of information which have not, as far as I can ascertain, been previously examined for research purposes.

Finally, I did not realise in sufficient time that most of the management records for the Hollies between 1948 and 1954, held by the West Yorkshire Archives, require NHS permission to access.

Summary of chapters

Chapter One (1898-1918) shows how the consequences of the discovery of the tuberculosis bacillus in 1882 led to sustained campaigns against the disease, both locally and nationally. Anxieties about the deterioration of the race, led to the establishment of the School Medical Service. I analyse local, national and international responses to the emergence of the concept of pre-tuberculosis.

Chapter Two (1919-1939) starts with the end of the First World War and the influenza pandemic which increased anxieties about the welfare of children. The state took over most of the work of pioneer local and national tuberculosis charities. The Leeds economy was not as depressed as some other areas but financial constraints limited the development of open-air schools. The Hollies started as predominately a sanatorium school for children with tuberculosis but became mainly a preventorium for the pre-tuberculous.

Chapter Three (1940-1960) follows the decline of The Hollies as a viable institution. The children were evacuated at the start of the war, then relocated to Leeds a year later, only returning to The Hollies building in 1948. Anti-tuberculous drugs became available, the numbers of children affected by tuberculosis continued to reduce. The Hollies came to resemble a local authority children's home but was managed as a health institution until it closed at Easter 1961, thirty-six years after it opened.

Chapter 1: 1898-1918

This chapter analyses changes affecting children living with tuberculosis in Britain in the two decades up to 1918. For the first decade of the twentieth century, the main stimulus for action came from tuberculosis charities, who directed their efforts at combatting the disease through public education, social support and provision of specialist medical care, usually in the form of sanatoria. The First World War delayed the launch of a national tuberculosis service, which built on the pioneering work of these charities. Their roles would be largely taken over by the state but, from their foundation onwards, they were closely allied with the state, as was typical of many charities at the time.[60]

The medical discourse around tuberculosis underwent a major shift in 1882 when Koch showed that the disease was caused by a slow-growing mycobacterium, although belief in a familial susceptibility to tuberculosis – a diathesis – persisted for at least half a century. In response to Koch's bacteriology, Robert Philip developed an integrated tuberculosis service in Edinburgh, including home-visiting, a central dispensary, sanatorium and specialist hospital. This became a national and international template which Woodcock, who had studied in Edinburgh, was keen to emulate through his involvement with the Leeds Association for the Prevention and Cure of Tuberculosis (LTA). The LTA started in 1899, a year after the National Association for the Prevention and Cure of Consumption and other forms of Tuberculosis (NAPT).

The disease drove the charities' agenda and they were a major influence on public policy at national and local levels, mainly in health and welfare policy. Their educational activities were confined to educating adults about tuberculosis, particularly its prevention, until the advent of pre-tuberculosis marked another shift in medical discourse.

Large numbers of poor and malnourished children became more visible to the British state following the 1870, 1876 and, particularly, the 1880 Education

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[60] See, for example, Frank K Prochaska, *The Voluntary Impulse: Philanthropy in Modern Britain* (London: Faber, 1988); Pat Thane, 'Government and Society in England and Wales, 1750–1914', in *The Cambridge Social History of Britain, 1750–1950: Volume 3: Social Agencies and Institutions*, ed. by F. M. L. Thompson (Cambridge: Cambridge University Press, 1990), 3, 1–62 <https://doi.org/10.1017/CHOL9780521257909.002>; Jane Lewis, *The Voluntary Sector, the State, and Social Work in Britain: The Charity Organisation Society/Family Welfare Association since 1869* (Aldershot: Elgar, 1995). pp. 69-84

Act, when elementary education became compulsory.[61] Some of these children came from 'tuberculous households' where adult family members had active disease. Infected children were seen solely as victims of tuberculosis until the first decade of the twentieth century when they began to be viewed also as 'seedlings', harbouring potential threats to the future health of communities and nations.[62]

The British state became increasingly concerned about the possibility of the deterioration, or even degeneration, of the human capital of the nation. There was a preoccupation with national efficiency and a desire to counteract the perceived weaknesses of the population relative to other international powers.[63] These pervasive anxieties were an important factor in the emergence of a state-run school medical service whose main role was to inspect children and attempt to improve the health of the next generation of people to serve the nation and staff the Empire.[64]

The school medical service was part of a broader trend of state involvement in family life with an expansion of infant and child welfare services, which often started with local, charitable initiatives. A local example was the Leeds Babies Welcome, an initiative of the Yorkshire Ladies Council of Education and Henry Barran, a local philanthropist.[65] Local organisations like this were the forerunners of a national network of infant welfare clinics.[66]

The provision of meals to school children was eventually mandated through an Act of Parliament in 1906 but had started much earlier, for example

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[61] See for example, Nigel Middleton and Sophia Weitzman, *A Place for Everyone* (London: Victor Gollancz, 1976). pp. 71-76; Harry Hendrick, *Child Welfare: England 1872-1989* (London: Routledge, 1994). pp. 29-33.

[62] Linda Bryder. *Below the Magic Mountain*. pp. 31-32.

[63] Geoffrey Searle, *The Quest for National Efficiency: A Study in British Social and Political Thought 1899-1914* (London: Blackwell, 1971).

[64] The 1902 Education Act is used as a case study in Geoffrey Searle. pp. 207-216; for comprehensive accounts of the development of the school medical service see John D Hirst, 'The Origins and Development of the School Medical Service, 1870-1919' (University of Bangor, 1983); Bernard Harris, *The Health of the School Child: A History of the School Medical Service in England and Wales* (Buckingham: Open University Press, 1995).

[65] Leeds Babies Welcome Association, *The Leeds Babies Welcome Association: The First Fifty Years 1909-1959* (Leeds: Leeds Babies Welcome Association), The Leeds Library.

[66] Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: The Policy Press, 2003). pp. 61-66.

the Leeds Children's Dinner Society was active as early as 1885-6 when almost 40,000 halfpenny dinners and 20,000 free dinners were distributed in one year.[67]

The measurement and categorization of children was vigorously pursued, particularly by school doctors.[68] Pre-tuberculous children were a subgroup of those described as 'delicate,' a term which was ill-defined but widely used.[69] Delicate children became an official category which was eventually defined as late as 1945: 'pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school'.[70]

The diagnosis of pre-tuberculosis, which was controversial throughout its short life, emerged from a new understanding of children as 'seedlings' of latent tuberculosis.[71] Open-air schools and preventoria developed as a therapeutic intervention for these children. Children sent to such institutions were portrayed in words, posters and film as having the time of their lives, enjoying the open air and learning from Mother Nature.[72]

The involvement of charitable organisations in driving public policy

Robert Koch's discovery of *Mycobacterium tuberculosis* as the causative organism in 1882 and his incontrovertible evidence that the disease was infectious was a spur to action.[73] Tuberculosis was transmissible and therefore preventable. The two decades from 1898-1918 saw national and local anti-tuberculosis charities at

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[67] Children's Dinner Society, *Children's Dinner Society: Annual Report* (Leeds, 1890), Leeds Central Library.

[68] See for example D.A.Carruthers, *The Medical Examination of the School Child* (London: The Medical Officer,1912).

[69] Percy Lewis, a school medical officer, wrote a complete book on the subject of delicate children without defining who they were. Percy Lewis, *The Care and Management of Delicate Children* (London: Cassell, 1905).

[70] This definition came from the 1945 Health Regulations quoted in Stanley Arnold, 'A History of the Special Services of Education, with Special Reference to Leeds' (unpublished MA, University of Leeds, 1958), University of Leeds, Offsite Western Store.

[71] Robert W Philip, 'The Antituberculosis Program: Coordination of Preventive Measures.', in *Transactions of the Sixth International Congress on Tuberculosis, Washington, September 21 to October 5, 1908 : With an Account and Catalogue of the Tuberculosis Exhibition, Washington, September 21 to October 12, 1908*.(Philadelphia: W.F.Fell, 1908).

[72] Linda Bryder. *Wonderlands.*pp.80-81

[73] Koch's work on the infectious nature of tuberculosis was preceded by Budd in Bristol and Villemin in France, both of whose ideas were mostly dismissed by their medical peers. Koch started out as a rural general practitioner but, after his wife gave him a microscope for his 28th birthday, he studied anthrax before developing his interst in tuberculosis see Thomas Dormandy, *The White Death: A History of Tuberculosis* (London: The Hambledon Press, 1999).pp.51-57 for Budd and Villemin and pp.129-137 for Koch.

their most active and influential. The Prince of Wales opened the first public meeting of the National Association for the Prevention and Cure of Consumption and other forms of Tuberculosis (NAPT) in London in1898 with the challenge: 'If preventable, why not prevented?'.[74]

NAPT was a national charity with affiliated local associations. NAPT's priorities were education, advocacy with central and local government, statutory and voluntary bodies, and the encouragement of local initiatives. They also facilitated the sharing of medical knowledge, by encouraging scientific publications and running biennial conferences. The charity could have focused on campaigning for better housing and working conditions, widely recognized at the time as significant contributors to the spread of the disease. As Bryder described, NAPT members chose to concentrate on public education, demonstrating an attitude to the poor in keeping with most middle-class assumptions at the time.[75] Wilson, in her MA thesis about the first ten years of NAPT, noted that NAPT guides were on hand to help to interpret the more frightening aspects of the exhibitions to members of the public.[76]

The Hunslet and Holbeck Sanitary Association, which served two industrial townships adjacent to Leeds, started a small sanatorium at Askwith in the countryside north of the city in 1898. This housed a handful of patients who were later moved to a larger farmhouse at Farnley.[77] This development was a good example of a local charity taking an initiative without waiting for local or national officialdom to catch up.[78] A posthumous tribute to Dr Herbert de Carle Woodcock stated that it was he who pioneered this first local sanatorium, presumably in association with the local sanitary association.[79]

The Medical Officer of Health's report for the City of Leeds for 1899 stated that 'the results [of the small Farnley sanatorium] have been so gratifying that the

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[74] 'An Account of the Inaugural Meeting of the National Association for the Prevention of Consumption and Other Forms of Tuberculosis', *NAPT Bulletin*, 11.5 (1948), 177–81.

[75] Linda Bryder. *Beyond the Magic Mountain.* pp. 19-22

[76] Catherine Wilson, 'If Preventable, Why Not Prevented?: "The National Association for the Prevention of Consumption and Other Forms of Tuberculosis" between 1898 and 1914' (University College London, 2005), Wellcome Collection.

[77] *First Report of the Committee of the Leeds Association for the Prevention and Cure of Tuberculosis*.

[78] Frank K. Prochaska.1988. p. 27

[79] A Special Correspondent, 'Dr de Carle Woodcock Dies, Aged 89', *Yorkshire Evening Post* (Leeds, 6 September 1950), p. 7, British Newspaper Archive.

Joint Committee who took over the home from the Association feel encouraged to carry out a larger scheme'.[80] This joint committee became the Leeds Association for the Prevention and Cure of Tuberculosis, commonly known as the Leeds Tuberculosis Association (LTA). Founded in 1899, it was one of the first provincial affiliates of NAPT. It mirrored the NAPT in its membership, with local dignitaries in place of national ones. Of twelve honorary positions, seven were doctors and five magistrates, three of whom were aldermen. The committee of thirty were all men.[81] The two honorary secretaries were both doctors: Professor Trevelyan and Dr H de Carle Woodcock, the Chief Tuberculosis Officer.

Woodcock joined the national committee of NAPT in 1912, the same year as he published his book: *The Doctor and the People.* Woodcock's words betrayed a victim-blaming attitude to people living with, and dying of, tuberculosis. 'The beautiful and the rich receive it from the unbeautiful poor.' [82] Anecdotes about his medical work with the urban poor are woven throughout his book with more sympathy for his patients' plight than the above quotation might suggest. However, his short chapter *The Power of Revolt* was a rallying call to protect the medical profession and not a radical proposal to alleviate the grinding poverty of so many of his patients.[83]

LTA moved swiftly. By 1902 they were converting a country house at Gateforth, near Selby, into a sanatorium. Within eight years this institution had expanded to thirty-five beds. LTA also opened a forty-five bed tuberculosis hospital at Armley House, another converted mansion.[84]

A Ladies Samaritan Committee (LSC), consisting mainly of the wives of some of the men who ran LTA, started meeting in December 1901. Their first aim was 'to assist those consumptives who have their names in the books of the [Leeds Tuberculosis] Association'. Their objectives were to obtain employment for those discharged from the sanatorium, provide tickets for convalescent homes

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[80] J Spottiswoode Cameron, *Annual Report Made to the Urban Sanitary Authority of the City of Leeds for the Year 1899 and Partly for 1900* (Jowett and Sowry, 1900). p. 25. Wellcome Collection. <https://wellcomecollection.org/works/gtn7v34h>

[81] *First Report of the Committee of the Leeds Association for the Prevention and Cure of Tuberculosis* (Leeds,1901), Leeds Central Library.

[82] Herbert de Carle Woodcock. *The Doctor and the People.* p. 184.

[83] Herbert de Carle Woodcock. pp. 98-101.

[84] *Tenth Annual Report of the Leeds Association for the Prevention and Cure of Tuberculosis* (Leeds), Leeds Central Library.

and to collect and distribute funds to assist 'those patients in temporary money difficulties'. Children were not specifically mentioned but LSC's second aim was 'to prevent the spread of consumption by visiting the families of these patients so as to see that the necessary precautions against infection are being carried out'. Home visits were often described by the lady visitors as 'distressing'.[85]

A lack of resources to meet the level of need found on home visits was a major factor in the decision of the LSC to disband after only two years. Mrs Newsom of the Charity Organisation Society (COS) came to the first meeting of a revived LSC in 1907. Part of the role of COS was to make links between charities and reduce overlaps between benevolent organisations. Mrs Newsom made proposals which were considered by LSC members as 'too extensive'.[86] By 1909 LSC, with assistance from the COS, had forged successful links with other, more generic, local benevolent funds for alleviating poverty. LSC committee members each took an interest in one geographical area of the city, but most home visits were done by a nurse employed to work with LSC and report to LTA.[87]

With the employment of a nurse, LTA started to look upstream at the more preventative aspects of their work. Their report for 1909 noted that the good work of the sanatorium was often undermined when patients returned home due to 'sheer want of food'. Their attempts to relieve distress, 'which we know to be genuine', were 'largely through the initiative of the nurse'.[88]

The emphasis on the genuineness of the distress reflected the continuing distinction between the deserving and undeserving poor which underpinned the Poor Law, the COS and middle-class attitudes.[89] The LSC grappled with the question of how much they should be subsidising the care of children from tuberculous families. In 1911, the committee discussed an urgent request from the employed nurse for clothes for children attending the open-air school at Gateforth; the same request was repeated in 1912 with subsequent donations of boots and clothes recorded. However, the nurse's opinion about the eligibility of their families appeared to have changed, because when she requested more boots

[85] 'Ladies Samaritan Committee: Leeds Association for the Prevention and Cure of Tuberculosis':, 1901, West Yorkshire Archives Service.
[86] Ladies Samaritan Committee 1907
[87] Ladies Samarian Committee 1909
[88] *Tenth Annual Report of the Leeds Association for the Prevention and Cure of Tuberculosis*.
[89] Jane Lewis. pp. 69-83.

for the children at the school in 1914, she recommended that their parents ought to provide them.[90]

Services for children were not mentioned in LTA annual reports until 1910 when 'The necessity for some special provision for children (both pre-tuberculous and tuberculous) […] as the result of School Inspection'. A sub-committee formed to explore the possibility of an open-air school at Gateforth sanatorium. [91]

At a national level, NAPT were very active in their health education role, organising touring exhibitions and lectures.[92] They emphasised the value of fresh air and sunshine and campaigned against spitting. Leeds was one of several local authorities to introduce its own anti-spitting bye-law, which was enacted in 1906.[93]

Dr Halliday Sutherland, a disciple of Sir Robert Philip, directed *The life of John M'Neil,* the first ever British health education film on behalf of NAPT in 1911. This silent movie started with a 'tuberculosis nest' in a 'typical slum tenement' where John's wife had advanced tuberculosis which she was treating with 'quack remedies.' John and his three children were all in danger of suffering the same fate. The film portrayed Mrs M'Neil (her first name was never mentioned, unlike those of her husband and children) as the unfortunate villain of the piece. She kept their window closed, coughed indiscriminately and spread her germs via household crockery and utensils. She was sent to a tuberculosis hospital for terminal care, John to a sanatorium and the children to an open-air school. John and his children were eventually restored to health and reunited in a farm cottage after he obtained work as an agricultural labourer. Innovative and well-produced, *The Story of John M'Neil* was a popular NAPT resource for many years. State authority, in the shape of doctors, nurses, fumigators, ambulance men, clerks and teachers took full, albeit temporary, control of John's family. John and his children did regain capacity to make decisions for themselves, but the film's victim-blaming paternalism was in keeping with much of NAPT's work. [94]

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[90] 'Ladies Samaritan Committee'. 4 November 1914.
[91] *Tenth Annual Report of the Leeds Association for the Prevention and Cure of Tuberculosis*. pp. 4-5.
[92] Catherine Wilson. p.28.
[93] 'Leeds City Council Sanitary Committee', 1906, West Yorkshire Archives Service.
[94] *The Story of John M'Neil*, dir. by Halliday Sutherland (NAPT), 1911.

Lloyd George, then Chancellor of the Exchequer, introduced the 1911 National Insurance Act which provided limited financial protection against ill health and unemployment. The Act included a provision for free sanatorium treatment for people with tuberculosis. This initiative, which gave tuberculosis a unique place amongst diseases prevalent at the time must have been, at least in part, due to effective lobbying by NAPT. It would lead to more rapid progress in the establishment of comprehensive, publicly funded tuberculosis schemes in Leeds and other major towns.[95]

The rest of this chapter analyses two complex transactions between medical, educational and child welfare discourses with local, national and international dimensions.

The School Medical Service, Eugenics and the Boer War

The scale of the challenge posed by malnourished and sickly children attending elementary schools eventually led to more state intervention on behalf of children during the first decade of the twentieth century, including legislation about school meals in 1906, the establishment of the School Medical Service in 1907 and a child protection law the following year.[96]

Reversals experienced by the British army during the Boer War fuelled public anxieties about the fitness of the race, which were a major factor in the development of the school medical service. There were also specific concerns about tuberculosis as a debilitating disease which sapped the energy and potential of the population. The eugenics movement played a major role in the analysis of the nation's problems and in developing proposed solutions to them.[97]

Dr JB Haycraft, Professor of Physiology at Cardiff, gave the Milroy lectures at the Royal College of Physicians in 1894 and used his subject of 'Darwinism and

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<https://player.bfi.org.uk/free/film/watch-the-story-of-john-mneil-1911-online> [accessed 5 February 2023].

[95] Linda Bryder. *Below the Magic Mountain*. pp 36-9.

[96] See, for example, John D Hirst; Harry Hendrick, *Child Welfare: England 1872-1989*; Bernard Harris.

[97] See, for example, Richard A. Soloway, 'Counting the Degenerates: The Statistics of Race Deterioration in Edwardian England', *Journal of Contemporary History*, 17.1 (1982), 137–64 <https://doi.org/10.1177/002200948201700107>; Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birth-Rate in Twentieth Century Britain* (Chapel Hill and London: University of North Carolina Press, 1995); Adam Rutherford, *Control: The Dark History and Troubling Present of Eugenics* (London: Weidenfeld and Nicolson, 2022).

Race Progress' to expound his eugenic views. The book based on these lectures subsequently went into three editions, the last being in 1908.[98] The arguments for interference in the fertility of different social classes and types of people were based on widespread concerns that Darwinian natural selection was no longer operating to ensure the survival of the fittest. Not only were the indigent poor being kept alive to have large families with charitable support, but the more privileged and successful were producing fewer children. Haycraft captured this fear by giving one section of his book the title: 'Possible Swamping of the Capables by the Incapables'.[99]

Cases of active tuberculosis would, of course, weaken the health of the general population but many also believed that, despite Koch's discoveries, there was also a tuberculous diathesis, an inherited susceptibility to the disease. Haycraft was in no doubt that 'we may look upon the *type* not the disease' as being hereditary. He described this 'phthisical type' as being recognisable 'by many distinctive characteristics of hair and complexion, and by qualities of temperament, feature and figure'.[100]

Tuberculosis presented a double challenge to eugenicists. Firstly, how to enhance the national stock by improving the upbringing and environment of 'tuberculous seedlings' to prevent them developing established disease, and secondly, for some of those who believed in an inherited susceptibility to the disease, there was the prospect of reducing or even preventing the capacity of tuberculous families to breed.

Sir James Crichton-Browne was a popular and often controversial public speaker whose initial claim to fame was based on his ground-breaking research at the West Riding Asylum near Wakefield which led to his appointment as Lord Chancellor's Visitor in Lunacy from 1875-1922. He had joined the campaign for better treatment of children in schools by writing an inflammatory and one-sided report on the over-pressure controversy in schools in 1884.[101]

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[98] John Berry Haycraft, *Darwinism and Race Progress*, 3rd edn (London: Swan Sonnenschein,1908) <https://wellcomecollection.org/works/gf62mbaa>.

[99] John Berry Haycraft. p. 150.

[100] John Berry Haycraft. p. 55.

[101] James Crichton-Browne, *Report of Dr Crichton-Browne upon the Alleged Overpressure of Work in Public Elementary Schools in London* (London: House of Commons, 1884). See also A. B. Robertson, 'Children, Teachers and Society: The Over-Pressure Controversy, 1880-1886', *British Journal of*

His concerns for school children stemmed from his understanding of 'mental evolutionism' which required a focus on the early life of human beings from the mother's womb until about the age of ten in order to prevent future health problems. The death of a brother and a sister in childhood had given him first-hand experience of the fragility of young lives.[102] In 1902, Crichton-Browne stated that 77% of the population of England and Wales were town dwellers who were 'exposed to degenerative influences'. He shared a commonly held view that there was a 'continuous decrease of the country population from which the towns draw their sound and robust reinforcements'. He did not discount the many debilitating environmental factors in the towns but he was clear that it was lack of food 'that is the principle cause of dwarfing and enfeeblement of our townspeople […] that want is due to poverty'.[103]

An Inter-Departmental Committee on Physical Deterioration was set up in response to widespread concerns about deterioration, and possible degeneration, of the population. The committee agreed with Crichton-Browne that any deterioration in the national stock was due to poor nurture and bad environment and rejected hereditary determinants as part of the problem.[104]

This official conclusion was disputed by more hard-line eugenicists. Karl Pearson, who became Director of the Galton Eugenics Laboratory in 1907, gave a lecture in 1912 exploring the evidence for an inherited predisposition to tuberculosis.[105] Pearson's statistical analysis of the family trees of those affected by tuberculosis adduced compelling evidence that there was a heritable predisposition. Using a well-worn analogy from Koch, he wrote that: 'the *soil* needs to be considered as well as the bacillus'.[106]

Educational Studies, 20.3 (1972), 315–23 <https://doi.org/10.2307/3120776>.,Christopher Bischof, 'A "Rich Crop of Nervousness": Childhood, Expertise, and the State in the Mid-1880s British Over-Pressure Controversy', *The English Historical Review*, 131.553 (2016), 1415–44 <https://doi.org/10.1093/ehr/cex041>.

[102] Michael Neve and Trevor Turner, 'What the Doctor Thought and Did: Sir James Crichton-Browne (1840-1938)', *Medical History*, 39.4 (1995), 404–32.

[103] James Crichton-Browne, 'Physical Efficiency in Children' (presented at the International Congress for the Welfare and Protection of Children, London: P.S.King, 1902). p. 7, p.10.

[104] 'Report of the Inter-Departmental Committee on Physical Deterioration 1904.', *Wellcome Collection* <https://wellcomecollection.org/works/evnfu3vp/items> [accessed 21 February 2023].

[105] Karl Pearson, 'Tuberculosis, Heredity and Environment, Being a Lecture Delivered at the Galton Laboratory of National Eugenics' 1912 London).

[106] Karl Pearson.p. 25. Pearson's conclusion that there was a hereditable susceptibility to tuberculosis is supported by modern genomic research see Laurent Abel and others, 'Human Genetics of

One of Pearson's targets for criticism was Dr Arthur Newsholme, a national authority on tuberculosis, who had been appointed as Principal Medical Officer for the Local Government Board in 1908, having previously served as Brighton's Medical Officer of Health.[107] Newsholme had previously questioned the reliability of Pearson's data sources, though not his mathematics.[108]

Eugenics enjoyed popular support across the political spectrum in Britain, amongst left-wing figures like Beveridge, George Bernard Shaw and Sidney and Beatrice Webb.[109] The Mental Deficiency Act 1913, which aimed to segregate 'idiots', 'imbeciles' and the 'feeble-minded' from the rest of society was the furthest that the British state went with eugenically-inspired laws.[110]

Following the publication of the report of the Inter-Departmental Committee on Physical Deterioration, the government was under increasing pressure to do something about malnourished schoolchildren. Local authorities like Leeds and Bradford had pioneered the feeding of school children with demonstrable success.[111] The government established another national committee, this time on the Medical Inspection and Feeding of Children Attending Public Elementary Schools which led to the Education (Provision of Meals) Act.[112]

Local authorities varied widely in their response to this enabling Act. Leeds school dinners were funded by a Lord Mayor's fund, the successor to the Children's Dinner Society.[113] In two winter months of 1907 it provided 36,901

Tuberculosis: A Long and Winding Road', *Philosophical Transactions: Biological Sciences*, 369.1645 (2014), 1–9.

[107] John M Eyler, *Sir Arthur Newsholme and State Medicine, 1885-1935* (Cambridge: Cambridge University Press, 1997).

[108] Arthur Newsholme, *The Prevention of Tuberculosis* (London: Methuen, 1908) <https://wellcomecollection.org/works/stspaq3x>. pp. 187-8.

[109] Adam Rutherford. p. 91.

[110] Adam Rutherford. p. 90.

[111] Bradford is regarded as a pioneer of the feeding of 'necessitous' school children with the formation of the Bradford Cinderella Club in 1890 as a local response to a movement started by Robert Blatchford, the left-wing editor of *The Clarion*. K. Laybourn, 'The Issue of School Feeding in Bradford, 1904-1907', *Journal of Educational Administration and History*, 14.2 (1982), 30–38 <https://doi.org/10.1080/0022062820140205>; Children's Dinner Society.

[112] 'Report of the Inter-Departmental Committee on Medical Inspection and Feeding of Children Attending Public Elementary Schools.', *Wellcome Collection.* <https://wellcomecollection.org/works/fhddr8b2/items> [accessed 21 February 2023]. 'Education (Provision of Meals) Act 1906' (Queen's Printer of Acts of Parliament) <https://www.legislation.gov.uk/ukpga/1906/57/enacted> [accessed 21 February 2023].

[113] Children's Dinner Society.

dinners from five schools that were also feeding centres.[114] During the academic year 1909/10 a total of 451,542 dinners were provided, an increase of over 70,000 compared to the previous year.[115]

There was, by this time, national cross-party support for medical inspection of schoolchildren, the debate was mainly about practicalities and cost. After many iterations of proposed education bills during 1906, the enabling power to set up medical inspections of schoolchildren at or near the time they started school became a statutory duty in the Education (Administrative Provisions) Act 1907. What treatment might be made available to children detected as having problems was left deliberately vague.[116]

Dr George Newman was appointed as the first Chief Medical Officer of the new Medical Department of the Board of Education when the School Medical Service officially started in 1907. The early years of Newman's department were characterised by a huge workload and insufficient funding.

Financial problems also dominated local developments – the first report from Dr Algernon Wear, the Leeds School Medical Officer in 1909, while detailing an impressive range of activities, started with a strident foreword from James Graham, the Secretary for Education for the Council detailing the expense of the new venture, £7,900 per annum – which was close to adding a penny on the rates if central government did not assist.[117]

The funding of school meals and the emergence of a national school medical service, despite financial constraints, was a good example of transactions between medical, educational and child welfare discourses. Queues of impoverished children in the elementary schools were bad news for the health of the state and its ability to compete with other nations.

Delays in implementing national policy in favour of providing meals for schoolchildren were largely due to concerns that these provisions removed responsibilities from their parents and interfered with family life. The distinction between the deserving and undeserving poor remained a strong tenet of

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[114] Leeds City Council, 'Education Committee', 1907, West Yorkshire Archive Service. p. 147.
[115] Leeds City Council, 'Education Committee', 1910, West Yorkshire Archives Service. p. 14.
[116] John D Hirst; Bernard Harris.
[117] Algernon Wear, *Report of the School Medical Officer* (Leeds: Leeds City Education Committee, 1909).

influential bodies like the Charity Organisation Society. The plight of malnourished children in schools provoked vigorous internal debate. Welfare discourse was changing in relation to children, in whose lives the state played a progressively larger role. In the words of one anonymous head teacher, who knew parents who could provide dinners to starving children but chose not to, 'notwithstanding my principles, I give the child the dinner'.[118]

A medical model of detecting children's problems at an early stage when there was a prospect of effective intervention underpinned the new school medical service. Any resentment amongst teachers of this intrusion of doctors into their domain was eased by their shared mission to improve the lives of children. Teachers' organisations remembered the support they had received from doctors like Crichton-Browne during the over-pressure controversy, which simmered on for decades. Crichton-Browne summarised the alliance of these two discourses when he wrote of teachers and doctors: 'both strive to influence the organism so that it may be brought into conformity with the conditions of its existence, the schoolmaster, while inherent potentialities are becoming actualities [and] the physician, whenever the harmony of function has been disturbed.'[119]

The emergence of the concept of the 'pre-tuberculous child' and the consequent drive to establish open-air schools

The need to provide a school for children with early tuberculosis in Leeds city council records was first mentioned in 1904, when the special schools sub-committee of Leeds Education Committee resolved to support a resolution from the Invalid Children's Aid Association to provide a school for such children, but no further action was taken at the time.[120]

In an article about open-air schools in 1911, Dr Taylor, School Medical Officer for the County Borough of Halifax and visiting medical officer to Bermerside, the first residential open-air school in the country stated: 'The first

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[118] Arthur Clay, 'The Assistance of School Children', *Charity Organisation Review*, 6.31 (1899), 26–32 <https://www.jstor.org/stable/43787197> [accessed 1 January 2023]. p.30.

[119] James Crichton-Browne, 'Education and the Nervous System', in *The Book of Health*, 2nd edition (London: Cassell, 1884), pp. 269–380 <https://wellcomecollection.org/works/zr4rj39m> [accessed 18 September 2023]. p. 264.

[120] Leeds City Council, 'Special Schools Sub-Committee, Leeds Education Committee', 1904, West Yorkshire Archive Service. p. 188.

duty in all tuberculosis work is the care of children'.[121] It was an extraordinary assertion, even from someone whose professional role was primarily with children, given the fact that it was generally accepted that tuberculosis was usually spread by infected adults. However, his view exemplified a seismic upheaval in the understanding of the epidemiology of tuberculosis during the first decade of the twentieth century.

Post-mortem studies from continental Europe a few years earlier had shown high rates of tuberculosis as an incidental finding in children who had died from other causes, indicating that latent disease was much commoner in children than was previously thought. In his introduction to a multi-author book on tuberculosis in infancy and childhood in 1908, Kelynack quoted a number of post-mortem studies of children from various centres in Europe: 'evidences of tuberculous infection are found in about 40 per cent of all children dying under fifteen years of age'.[122] Doctors were well aware of these findings by the end of the decade, Dr Wear quoted three of the studies in his first report as school medical officer for Leeds in 1909. Wear made comparisons with progress in dealing with children at risk of tuberculosis in other Northern cities. 'It would be of the greatest advantage for children with a tendency to phthisis if an open-air school on the outskirts of the City could be provided. Such schools have been established in Sheffield and Bradford.'[123]

Sir Robert Philip, in an invited lecture to the Sixth International Congress on Tuberculosis in 1908, reported that many Edinburgh children harboured tuberculosis. He claimed that about 30% of children that he examined showed 'tuberculosis stigmata' and should be regarded as 'seedlings' of infection. There were, he claimed, subtle clinical signs, for example the number and nature of lymph nodes and changes to breathing sounds in the upper parts of the lungs.[124]

Delegates to the children's section of the same 1908 Congress were eager to hear the latest paper from another distinguished speaker, Clemens Von

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[121] D. M. Taylor, 'The Tuberculous School Child: With Special Reference to Open-Air Schools', *British Journal of Tuberculosis*, 5.3 (1911), 195–203.

[122] T. N. Kelynack, *Tuberculosis in Infancy and Childhood: Its Pathology, Prevention and Treatment: By Various Authors* (London: Bailliere, Tindall and Cox, 1908), University of Leeds, Health Sciences Library. pp. 3-5.

[123] Algernon Wear, *Report of the School Medical Officer*. p. 31.

[124] Robert W.Philip, 1908.

Pirquet, an Austrian paediatrician and immunologist. He had published research a year earlier demonstrating a reliable way of using skin testing with tuberculin to detect children who had some immunity to tuberculosis. Tuberculin, the essential component of von Pirquet's skin test, was a protein derived from tubercle bacilli. He initially studied children admitted to hospital in Vienna but his updated results, presented at the Congress, included children attending as outpatients. This study confirmed that many well children had positive skin tests – with the proportion of those testing positive rising gradually during childhood. Whilst very few children tested positive in infancy, by ten years of age the proportion had risen to 70%.[125]

Von Pirquet cautioned against assuming that the tuberculin test would always pick up those who had been infected, noting that some children who showed a negative reaction on first testing would test positive if retested some weeks later. In a follow-up paper, he reminded readers that the tuberculin test was always negative during measles infection. With these caveats, Von Pirquet advocated that every town, city and country should test all their children to assess the level of tuberculosis infection in their communities.[126]

Many Congress delegates were already intervening in the lives of sickly-looking children from tuberculous households.[127] Skin-testing was an additional piece of evidence that gave apparent validity to the selection of children for intervention. Those children who were in good health but had a positive skin reaction required no intervention. Children who were often family contacts of adults with tuberculosis and tested positive but were not fully well, came to be described as 'pre-tuberculous' and were seen as being at risk of developing disease unless there was some further intervention to improve their immunity.

In his speech to the next International Congress in Rome in 1912, Philip used the concepts of 'tuberculization' and 'detuberculization.' He promoted the urgent necessity of tipping the balance in favour of detuberculization at the level of the individual and society. He advocated boosting children's immunity with

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[125] Clemens Von Pirquet, 'The Frequency of Tuberculosis in Childhood', *Sixth International Congress on Tuberculosis*, 2 (1908), 559–68.

[126] Clemens Von Pirquet, 'Frequency of Tuberculosis in Children', *Journal of the American Medical Association*, 52.9 (1909), 675–78.

[127] Cynthia A. Connolly, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909-1970* (New Brunswick, New Jersey and London: Rutgers University Press, 2008). p. 102.

fresh air, sunlight, good food and the judicious use of tuberculin.[128] Tuberculin had become very popular as an injected treatment to boost the immunity of people with tuberculosis, particularly in continental Europe, after some initial disasters.[129] Tuberculin treatment was less widely accepted in Britain, although Philip found it useful and recorded in his memoirs that he had received a 'small flask of tuberculin' directly from the hands of Koch himself. Philip was no less vocal about detuberculization at the level of societies and imagined new cities where: 'The ideal of the citizen would be light and air [...]Every school would be an open-air school.'[130]

However, Britain lagged behind other countries in its provision for children with tuberculosis and those at risk from tuberculous households. France had established mountain or seaside sanatoria for children with tuberculosis in the 1890s. In 1903 Jacques Joseph Grancher, who devoted most of his medical career to the care of children with tuberculosis in Paris, developed a scheme for children who were thought to be in the early stages of tuberculosis. The children were fostered out with families in the countryside where it was expected that they would benefit from fresh air and sunlight. At the age of thirteen, the children could return home, but many had already been adopted by their foster parents.[131]

By 1900 in Germany there were four seaside sanatoria for children with tuberculosis, but German doctors were also looking to establish better preventive facilities. The first open air school opened in Charlottenburg, a Berlin suburb, in 1904, which allowed sickly children to remain in their own homes while building their resistance to tuberculosis.[132]

There were direct connections between developments in Europe and in the USA. Not only did most of the leading American tuberculosis specialists spend part of their postgraduate training in Europe, there was also much interest in

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[128] Robert W Philip, 'An Address On Tuberculization and Detuberculization', *British Medical Journal*, 1.2677. (1912), 873–77.

[129] Christopher Gradmann, 'Robert Koch and the Pressures of Scientific Research: Tuberculosis and Tuberculin.', *Medical History*, 45 (2001), 1–32.

[130] Robert Philip, 'Musings in the Garden: Fifty Years Association with the Tubercle Bacillus. An Address to the Tuberculosis Society of Scotland on 20 April 1934', in *Collected Papers of Sir Robert Philip* (London: Oxford University Press, 1937), pp. 433–53.,Robert Philip, *An Address on Tuberculization*, p. 875.

[131] Linda Bryder. *Beyond the Magic Mountain.* p. 151-2.

[132] Anne-Marie Châtelet, 'A Breath of Fresh Air: Open-Air Schools in Europe', in *Designing Modern Childhoods: History, Space, and the Material Culture of Children* (Rutgers University Press). 2008.

open-air treatment for children. John Seely Ward, a board member of New York City's Association for the Improvement of the Conditions of the Poor, visited facilities in France and Germany in 1904.[133] Soon after his return, Ward secured funds to open the Sea Breeze hospital for children with tuberculosis on Coney Island. There was an open-air school attached to the hospital, which the children attended if they were well enough. It was not until the Congress of 1908, according to Connolly, that Von Pirquet's observations enabled American paediatricians to have confidence to use his skin test to help identify children who needed an open-air school.[134]

Just as the famous sanatorium at Nordrach-in-Baden in 1888 in Germany was the template for many British sanatoria, so the open-air school at Charlottenburg inspired the first open-air schools in Britain, starting with Bostall Wood, a day school in Plumstead, Woolwich in 1907.[135] However, in the concluding chapter of *Tuberculosis in Infancy and Childhood*, published in 1908, Kelynack confronted the limitations of open-air day schools: 'To care for a consumptive or tuberculously pre-disposed child in an open-air school during the day, and then send him home […]to an overcrowded, dirty, airless bedroom […] in close association with tuberculous parents or others, is folly exemplified'. He advocated for the care of such children in 'residential open-air school colonies' as soon as possible.[136]

Writing as the medical officer for Bermerside, the first of those residential schools in Britain in 1911, Dr Taylor of Halifax stated: 'In pre-tuberculous cases, family history (not from any hereditary point of view) and home conditions are the most important factors. All children in contact, under working-class home conditions, with adult phthisis, or of tuberculous stock, should be treated as suspects, and for such we are using our open-air school as a sorting-house or observation centre.' Taylor's reference to 'working-class home conditions' was a generalisation that reflected his middle-class professional perception. His description of the school as a 'sorting-house' characterizes the medical mind-set of classification of children by diagnosis. The inclusion of 'tuberculous stock' as a

[133] Cynthia A. Connolly. p. 83.
[134] Cynthia A. Connolly. p. 102.
[135] Linda Bryder. *Wonderlands.* p. 76.
[136] T. N. Kelynack, pp. 333-4.

factor appears to directly contradict the exclusion 'not from any hereditary point of view' in his previous sentence.[137]

Two years later, Taylor focused more on clinical symptoms and signs but prefaced his long list by questioning the label. '"Pre-tuberculous" is not quite a suitable word, as we mean something more than merely predisposing conditions. Pre-pulmonary would express our class more accurately'.[138]

Dr James Kerr, who had been the head of the pioneering school medical service in Bradford, before transferring to lead the service in London, described pre-tuberculous children in 1919. 'Children with easy fatigue and exhaustion, poor colour, earthy-greenish complexions and various catarrhal conditions, ill-nourished with poor appetite, losing weight and so on.' Kerr was a radical public health doctor who recognised that poverty was the main problem. He added that his description applied to 'nearly all town children, [who]require to have their immunity to tubercle raised as much as possible'.[139]

Clinical publications at the time cast doubt on the utility and veracity of the pre-tuberculous diagnosis and there were many attempts to reformulate or discard the concept.[140] The pre-tuberculous child should be viewed from the twin perspectives of the clinician treating the individual child and the public health physician concerned with the levels and spread of tuberculosis in a population. This was an artificial divide, in that all public health physicians trained initially as clinicians. Doctors working in the school medical service in Britain were a hybrid group, employed as clinicians but viewing their school populations through a public health lens.[141]

Sir George Newman, Chief Medical Officer to the Board of Education from 1907, wrote in his annual report in 1916 that there were about 600,000 children

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[137] D. M. Taylor, 'The Tuberculous School Child: With Special Reference to Open-Air Schools', *British Journal of Tuberculosis*, 5.3 (1911), 195–203.

[138] D. M. Taylor, 'The Symptomatology and Treatment of Pre-Tuberculous and Early Tuberculous Pulmonary Conditions in Elementary School Children', *British Journal of Tuberculosis*, 7.3 (1913), 189–94.

[139] James Kerr, 'Tuberculosis and Schools', *Child*, 10 (1919), p. 149.

[140] I have explored this medical literature in greater detail in a paper for the European Association for the History of Medicine and Health, 'The Pre-Tuberculous Child 1908-1938: An Unreliable Medical Diagnosis Born of Social Crises', 2023.

[141] J. David Hirst, 'A Medical "Dead End" Job? The Recruitment and Career Progression of the Edwardian School Medical Officer', 2000, 443.

in the pre-tuberculous category in England.[142] He admitted the following year that there was no clear dividing line between those children with incipient tuberculosis and the delicate, anaemic, 'pre-tubercular' children.[143] However, the term was in common usage and he continued to promote it when he became Chief Medical Officer at the Ministry of Health in 1919 while also staying in his role with the Education Board.

Sir George Newman visited Leeds in November 1909, early in his tenure as the first Chief Medical Officer for the Board of Education. He was critical of the organisation of the school medical services in the city, there was a lack of consistency of medical inspections of school children due the relatively large number of doctors who worked very part-time in the schools. His recommendations were quickly followed the next year.[144]

LTA followed the example of Halifax and Bradford in setting up their own residential open-air school in the grounds of the Gateforth sanatorium. This ran from 1911–1918. A request from LTA for funding the school was recommended for approval at a meeting of the Elementary Education sub-committee of Leeds City Council on 29th June 1910 but there was little further mention of the school in the Education or Sanitary and Health committees of the council.[145] The school appeared once, in 1916, in a national list of open-air schools registered with NAPT, but not in the list for 1913.[146] The school does not appear to have been inspected by the national Board of Education or the Leeds Education Committee. The proposal for a school at Gateforth was highlighted in a press report of the LTA annual meeting, headed 'For the Sake of the Children'. Councillor Lawson, LTA committee chair, stated that the proposed school would not be allowed to open 'without providing proper educational means'.[147]

An account of the process for admission to the open-air school at Gateforth appeared in the *Skyrack Courier* in 1911. 'Weak-chested children are noted by the

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[142] Quoted in Linda Bryder. 1992. p. 87

[143] George Newman, *Report of the Chief Medical Officer of Board of Education* (London, 1917).

[144] Leeds City Council, 'Education Committee.1910. p.499.

[145] Leeds City Council, 'Minutes of the Elementary Education Sub-Committee' (Leeds City Council, 1910), p. 265, West Yorkshire Archives Service.

[146] National Association for the Prevention and Cure of Consumption and other forms of Tuberculosis, 'NAPT Letter Book.', 1913, Wellcome Collection. NAPT Letter Book', 1914, Wellcome Collection.

[147] Leeds Association for the Prevention and Cure of Tuberculosis, 'Minute Book' (Leeds Association for the Prevention and Cure of Tuberculosis, 1910), West Yorkshire Archives Service.

medical inspectors in Leeds elementary schools and are sent for examination to the offices of the [Leeds Tuberculosis] Association. Here those most suitable are selected and despatched to Gateforth.' The school ran during the warmer months, with most children staying for a standard term of about three months.[148] The route from local elementary school to tuberculosis clinic to open-air school for the delicate was typical.[149] However, some children would have been first identified as being at risk when they attended the tuberculosis dispensary as contacts of other family members, although this contact-tracing system was not well developed.[150]

Open-air schools in Britain were less isolated from their communities compared to sanatoria. Most of the elements of a comprehensive tuberculosis service, following the template established by Philip in Edinburgh, were in place in Leeds by 1913. If children were admitted to a health facility, the tuberculosis nurse would continue to visit the family and provide support and guidance where possible.[151]

Dr Wear, appointed as the full-time School Medical Officer for Leeds in 1910, worked with the city's Education Committee to try and establish more open-air facilities but without much success. The issue was rarely off their agenda for the next fifteen years. Leeds Poor Children's Holiday Camp Association had established hostel accommodation at Arnside on the Lancashire coast in 1904.[152] In 1910 the education committee proposed that the camp be used as a temporary residential school for forty delicate children for six months but it is not clear whether this was ever implemented.[153]

The Education Committee discussed building a new open-air school, this time on the edge of Roundhay Park which, after various options were considered,

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[148] 'A Barkston Ash Open-Air School: An Experiment at Gateforth'.

[149] David M. Taylor, 'Residential Open-Air Schools', *The Journal of State Medicine (1912-1937)*, 22.4 (1914), 241–47.

[150] William Angus, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1915* (Leeds: Leeds City Council Health Committee, 1916). p. 40.

[151] Bradford had pioneered female sanitary inspectors who were the forerunners of the health visiting service and included families with tuberculosis in their role, see Pamela Dale, 'Health Visiting and Disability Issues in England before 1948', in *Disabled Children: Contested Caring, 1850-1979* (London: Routledge, 2012), pp. 117–29.

[152] Leeds Poor Children's Holiday Camp Association, *First Annual Report* (Leeds: Leeds Poor Children's Holiday Camp Association, 1905), Leeds Central Library.

[153] Leeds City Council, 'Education Committee'. p. 381.

culminated in a definite decision in October 1914, to build a school for one hundred pupils on council land.[154] The war did not immediately extinguish this plan, but the Town Clerk instructed the committee to look elsewhere. Dr Wear joined the army, so his deputy reported: 'As the provision for open-air schools is postponed until after the War, it is suggested that in the crowded districts of the city Head Teachers should be encouraged to hold classes in the playground, the public parks, and in open spaces.'[155]

The First World War resulted in a big increase in tuberculosis mortality and a dramatic scaling back of the school medical service, associated with a loss of staff to the war. The school at Gateforth closed in 1918, as it was considered to be too far from Leeds, but the need for a similar institution remained a high priority and was included in proposals for a new sanatorium for women and children within the city limits.[156]

The open-air schools, particularly the residential schools, were seen as opportunities to educate children not only about hygiene, but also manners and middle-class values. Pre-tuberculous children were seen as potential agents of change who were expected to educate other members of their families to adopt better lifestyles. Another local press report about the Gateforth School stated 'members of [LTA] hold that one of the most important methods of waging war against tuberculosis is […] to pursue the methods of treatment in their own homes. It is difficult to do this, but […] it is considered by no means impossible to do the same with children.'[157] The use of children as health ambassadors when they returned home from preventoria was also described from an open-air school in Worcestershire and was a feature of North American programmes.[158]

This newspaper report saw children as emissaries of good hygiene and healthy habits acquired in an institution, but it appeared the children were still

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[154] 'Barkston Ash Open-Air School: An Experiment at Gateforth'. p. 401.

[155] Lee Bolton, *Annual Report of School Medical Officer, Leeds City* (Leeds: Leeds City Council, 1917), West Yorkshire Archives Service. p.17

[156] 'Tuberculosis in Leeds: New and Comprehensive Remedial Scheme', *The Yorkshire Post and Leeds Intelligencer* (Leeds, 2 March 1918), British Newspaper Archive. <https://www.britishnewspaperarchive.co.uk/viewer/bl/0000687/19180302/252/0012> [accessed 9 March 2023].

[157] 'Barkston Ash Open-Air School: An Experiment at Gateforth'.

[158] See R.C. Minton, 'Open-Air Day-Schools: The Story of a Successful Experiment in Lincoln.', *The Child*, 5.8 (1915), 433–65.and Cynthia A.Connolly, pp. 159-60. for North America.

relatively passive proponents of their nurses' and teachers' agendas. However, children were being portrayed by others, particularly Margaret McMillan, as having an almost redemptive capacity. McMillan, who pioneered work with socio-economically deprived children in Bradford and Deptford, was a brilliant propagandist. She used fictionalised accounts of children's lives to enable her readers to grasp new understandings of child development. She set up a 'Camp School' in Deptford between 1910 and 1914, a more informal version of an open-air school. From here she wrote of many children from the slums who were not only to be rescued, but once saved, would reform their parents as well.[159]

This chapter has shown the role of local and national tuberculosis charities in establishing comprehensive services to combat the disease at the beginning of the twentieth century. The open-air school at Gateforth was an early example of an institution established to rescue pre-tuberculous children from a disease which might otherwise enable them to carry latent tuberculosis as a hidden threat to their own lives and the rest of society.

The horrific loss of young lives during the First World War, the debilitating effects of physical and mental trauma on many surviving service personnel and the death tolls from the influenza pandemic all served to heighten concerns for the preservation and enhancement of children's lives.

The medical construct of pre-tuberculosis survived the war intact and continued to drive the expansion of open-air schools. Pre-tuberculosis was a good example of what Rasmussen and colleagues have described as a 'diagnosing by anticipation.' That is to 'consider diagnoses as cultural objects imbued with meaning, to anticipate how others will respond to their meaning in situ and to adapt the choice of diagnosis to secure a desired outcome.'[160] In other words, pre-tuberculosis was a 'means to an end.' The 'end' at the level of the individual child was to rescue them from their 'tuberculous households;' at the level of the nation it was to prevent further deterioration of the race.

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[159] Carolyn Steedman, 'Bodies, Figures and Physiology: Margaret McMillan and the Late Nineteenth-Century Remaking of Working-Class Childhood', in *In the Name of the Child: Health and Welfare, 1880-1940*, Studies in the Social History of Medicine (Abingdon: Routledge).

[160] Erik Børve Rasmussen, Lars E. F. Johannessen, and Gethin Rees, 'Diagnosing by Anticipation: Coordinating Patient Trajectories within and across Social Systems', *Sociology of Health & Illness*, 2023, <https://doi.org/10.1111/1467-9566.13610>.[accessed 23.08.23]

Bryder has observed that school doctors acquired greater legitimacy and status for their work by using this diagnosis. This was undoubtedly true, but their prime motivation was to help at least some of the malnourished listless children who queued up to see them in the elementary schools.[161]

The word 'pre-tuberculous' carried within it the threat of deterioration and death from a much-feared disease. The open-air school was seen as a window of opportunity through which children could escape. The rehabilitation of their bodies might be only temporary, as most would return after a few months to the economic privations of their family homes. However, as in Leeds, coordination of home-visiting by home visitors, and the sharing of messages of good hygiene and nutrition by the children themselves, was expected to result in sustainable improvements in the health of families.

[161] Bryder. *Wonderlands.* p.76.

Chapter 2: 1919-1939

This chapter explores the development of The Hollies, and, briefly, two other local institutions during the inter-war period. The Hollies was a setting for transactions between medical, educational and child welfare discourses. I begin with examples of the realities of growing up in poverty in Leeds between the wars when infectious diseases, including tuberculosis, were common.

The bequest of The Hollies to the city by a family bereaved by the First World War presented an opportunity for Leeds to provide a better environment for at least some of the children affected by tuberculosis. Arguments over how the premises should be used illustrated competing demands for resources between the education and health committees of the council and the LTA, whose role was diminished following the takeover of much of its work by the council.

Once the voluntary association had recovered from their marginalisation, they focused on raising funds and supporting after care for patients discharged from tuberculosis institutions, including children. Their welfare work was quickly re-integrated into the professional work of the central tuberculosis dispensary which was the base for nurses who did home visits. The nurse visitors, who were described as health visitors from 1930, maintained contact with the patients known to the tuberculosis service, including families of children admitted to The Hollies.[162]

Educational policy and practice relating to children at risk of tuberculosis remained heavily influenced by medical diagnoses. There were doctors working for education departments, at both local and national level. Sir George Newman retained his role as Chief Medical Officer for the School Medical Service when he was appointed to the Ministry of Health in 1919 and sustained his enthusiasm for open-air education. Doctors were expected to categorise individual children with learning or psychological difficulties, as well as physical problems, that might require special educational provision.

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[162] There were nine nurse/health visitors employed by the Leeds tuberculosis service throughout most of the inter-war period, conducting thousands of home visits every year. See for example Norman Tattersall in J.Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1930* (Leeds: City of Leeds Health Committee, 1931) p.126. <https://wellcomecollection.org/works/ae4kf7tp>.

Pre-tuberculosis remained a controversial concept but even the diagnosis of tuberculosis in children could be contested, as shown by the clinical practice of Dr Fernandez, who was Acting Chief Tuberculosis Office for Leeds at the time the Hollies opened. His predicament was testimony to conflicting views of the diagnosis within the medical profession but also showed the influence of child welfare needs on diagnostic behaviour.[163]

The penultimate two sections of the chapter contain detailed analyses of primary sources about the work of The Hollies and follow children's journeys through admission, residence and discharge.

Leeds children growing up in poverty between the wars

The two decades that started with the end of the First World War have been described as a 'morbid age' in Britain, with economic depression following on from the twin disasters of war and influenza. [164]

The Leeds economy was diverse enough not to suffer as badly as some other northern towns and cities. The city completed major road schemes and continued with ambitious slum-clearance and housing developments. Leeds introduced a socially-progessive scheme to enable people to pay rent for council housing that was adjusted according to their income, thereby subsidizing tenants rather than houses. Unemployment was bad in the late 1920s, with up to 34,000 men engaged in work relief schemes in 1928. Employment rates were at their worst in 1931 and only recovered a little before the Second World War.[165]

Richard Hoggart, born in 1918, described his life on the edge of destitution and tuberculosis in the city. He lived with his two siblings in a cottage in Potternewton, North Leeds until the death of their mother, a war widow, when he was eight years old. 'She [his mother] had been racked by a coughing attack until she fell exhausted […] I think they called hers "consumption", which was regarded

[163] Michael Meadowcroft, 'The Years of Political Transition', in *A History of Modern Leeds* (Manchester: Manchester University Press, 1980). p. 426
[164] Richard J Overy, *The Morbid Age: Britain between the Wars* (London: Allen Lane, 2009).
[165] Michael Meadowcroft, pp. 410-436

as usually following a bad chest and was expected to take the patient off quite soon.'[166]

After his mother's death, probably from tuberculosis, Hoggart moved to live in respectable poverty with his paternal grandmother in Hunslet, on the south side of the city. Hoggart's account of the 'public assistance' from the Hunslet Board of Guardians showed a benign system working to support him. After he moved to live with his grandmother, she was supported financially with payments of 7s 6d per week from the Board of Guardians. Hoggart remembered visits by Miss Jubb, from the Board, who asked specific and direct questions concerning his physical welfare such as 'What is the boy having for breakfast these mornings?' and 'Has he had a cold this last month?'. The Hunslet Board were also committed to supporting the development of this orphan's mind, as well as his body. When Hoggart achieved academic success, their payments doubled to enable him to continue in the sixth form of grammar school.[167]

Keith Waterhouse, another well-known graduate of the streets of Leeds and eleven years younger than Hoggart, started life in Hunslet. After his family's home was demolished for a road-widening scheme, they were rehoused to Middleton, one of the ambitious inter-war housing schemes for which Leeds was well-known. Tuberculosis affected his near neighbours. 'Upstairs from us was an enormous family of tuberculosis sufferers who, one by one, were carried off to the sanatorium with the regularity of the Brontës. "Galloping consumption" as it was known was common in the neighbourhood, as was rickets.'[168]

Elizabeth Naylor grew up in poverty in Stanningley to the west of Leeds in the nineteen-thirties. Most health concerns were tackled within the family, by trusted neighbours, or the local chemist. If things got serious, the family doctor would be asked to visit. On a night when she was critically ill, after four days of high fever, Dr Anderson, the family doctor, 'told mam he was sorry but there was nothing he could do'. There had been a catalogue of serious family illnesses in the

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[166] Richard Hoggart, *A Local Habitation: Life and Times 1918-1940*, 1st edn. (London: Chatto and Windus, 1988), Hoggart was a pioneer of cultural studies John Ezard, 'Richard Hoggart Obituary', *The Guardian*, 10 April 2014, section Books <https://www.theguardian.com/books/2014/apr/10/richard-hoggart>. His book, *The Uses of Literacy,* became a classic. 'The Uses of Literacy | Richard Hoggart | Taylor & Francis EBooks, Refe' <https://www.taylorfrancis.com/pdfviewer/>.

[167] Richard Hoggart, *A Local Habitation,* p. 84.

[168] Keith Waterhouse, *City Lights: Street Life* (London: Hodder and Stoughton, 1994).

previous months and Elizabeth's mother 'just broke down'. The doctor maintained an all-night vigil next to Elizabeth's bed. After fruitless attempts to get them rehoused from their cramped and damp home, Dr Anderson gave Elizabeth's mother three matches and said: 'Burn the bloody place down, Alice!'.

A medical recommendation that a child at risk from tuberculosis should spend a few months in the airy spacious environment of The Hollies might well have been welcomed by parents like Elizabeth's mother who would have had one less mouth to feed. Many of the children admitted to The Hollies came from similar home circumstances, where deaths from epidemic disease were not uncommon. After she only just survived measles, Elizabeth wrote that 'the school had recently lost a lot of children, mostly from Meningitis, two of my friends [named] had died […] my mother was a physical and nervous wreck'.[169]

The Hollies: a family bequest

The Hoggart, Naylor and Waterhouse autobiographies gave insights into children's experiences from neighbourhoods which featured frequently in The Hollies Register.[170] The Hollies and its spacious wooded grounds contrasted sharply with Hunslet, Middleton and Stanningley, enjoying plentiful fresh air as the prevailing westerly winds carried pollution from the city's industries eastwards. This section describes how and why the house and grounds were given to the city. Disagreements about the use of the house showed competing interests within the local authority.

The Hollies was the family home of George William Brown who suffered two bereavements during the First World War. One of his sons, Major Harold Brown, was killed in action on 23rd March 1918.[171] His other son had such severe post-traumatic stress disorder that he was thought unfit to inherit. After this double loss, Brown decided to donate the house and grounds to the people of the city. He bought an additional nine acres of adjacent land and gave these to the city as well, so that the public could have unfettered access to the parkland. His only

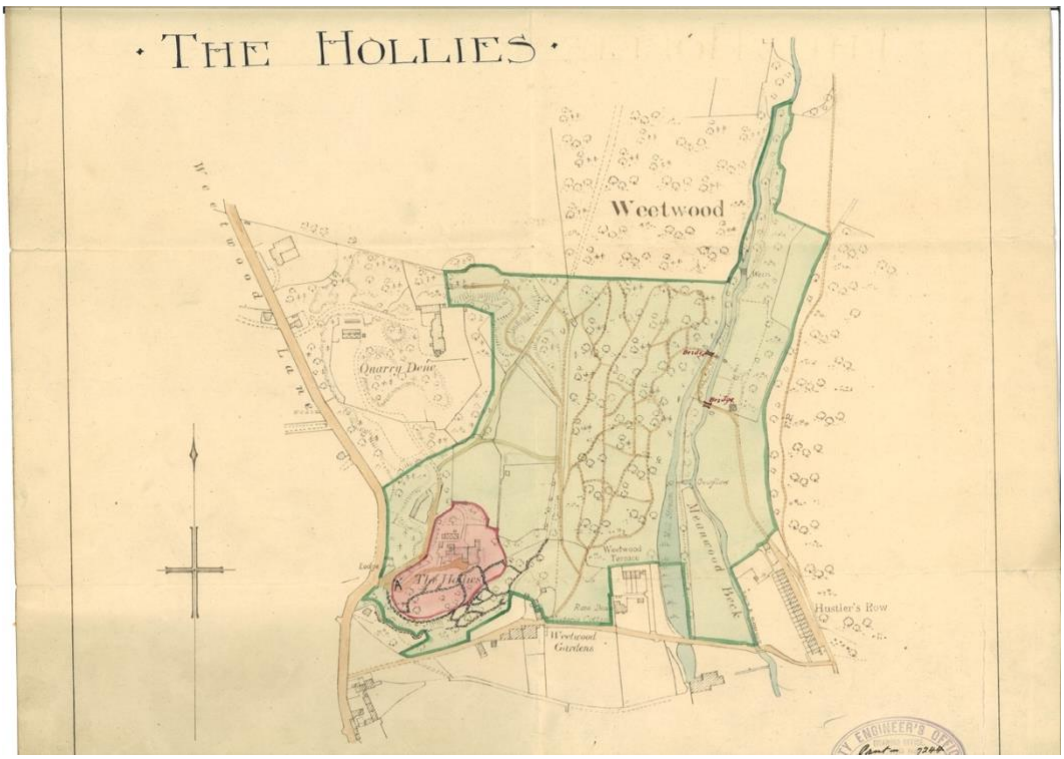
[169] Elizabeth Naylor, *Shitten Street: Growing up in Stanningley in the 1930s* (Pudsey: Pudsey Civic Society, 2008), The Leeds Library.

[170] Leeds City Council, 'The Hollies, Register of Cases'.

[171] 'Harold Brown, Major, Yorkshire Regiment, Territorial Force' <https://www.jesus.cam.ac.uk/harold-brown-major-yorkshire-regiment-territorial-force> [accessed 10 March 2023].

stipulation about the use of the grounds was to ban the consumption of alcohol. The grounds of The Hollies opened to the public in June 1921 when the Lord Mayor paid tribute to the donor's generosity. Brown made no stipulations about the use of the house, for which competing proposals emerged within the City Council.[172]

Figure 2: Map of The Hollies estate, 18 June 1921.[173]



City councillors originally decided to use the house as a hostel for students attending the teacher-training college, but this proposal was not approved by the Board of Education in Whitehall. The next suggestion was a convalescent home for post-natal mothers which was in keeping with the local and national priority to improve infant and maternal health.[174]

[172] 'Brown Family of Bradford and Elsewhere, Family Papers', 1802-1971, West Yorkshire Archives Service, Bradford.

[173] Reproduced with permission of West Yorkshire Archives, Bradford. 53D91/1/25/a 'Brown Family of Bradford and Elsewhere, Family Papers'. The Brown bequest included nine additional acres to the East side of Meanwood Beck. The mauve area delineated the house and its own gardens, the green area showed the grounds which were open to the public.

[174] Leeds City Council, 'LLC 58/1/1 Health Committee', 1918, West Yorkshire Archives Service. p. 329.

Council records were not explicit about the reasons for the final decision, in 1923, to use The Hollies for children at risk of tuberculosis but three main factors were relevant. Enthusiasm for open-air schools increased following the end of the First World War. The right for all children to have access to fresh air and sunshine was listed fourth out of twenty-eight rights in the Declaration of Geneva in 1923.[175] Sir George Newman, a powerful advocate for open-air education, expanded his sphere of influence in 1919 when he became Chief Medical Officer to the new Ministry of Health as well as leading the School Medical Service. James Graham, who became Director of Education for Leeds in 1918, who had grown up in poverty as an orphan, was also an open-air school enthusiast.[176]

The LTA, including the influential voice of Dr Woodcock, lobbied the city council to be able to have an active role in the tuberculosis services, not just in the aftercare of patients.[177] On 21 July 1919 the Town Clerk wrote on behalf of the health committee of the city council proposing to take over LTA's assets, and most of its work, leaving only aftercare as the responsibility of the voluntary association.[178] The LTA claimed in their response that 'they alone understand child life as affected by tuberculosis.'[179] In the end, the LTA had to accept the council's ultimatum, which was part of a national tuberculosis plan, but they continued to campaign for a replacement for the Gateforth open-air school.[180]

An offer by LTA to contribute financially to the running of The Hollies in exchange for a role in its management was made at the end of 1922, but withdrawn in September 1923, in protest at the closure of Armley House hospital by the City Council without consultation with the LTA.[181] When The Hollies finally opened in 1925, LTA's only role there was the provision of clothing for resident

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[175] Victoria de Bunsen, 'A Children's Charter', *The Child*, 13.11 (1923), 321–26.

[176] 'James Graham 1869 - 1931', *Friends of Lawnswood Cemetery*, 2020 <https://friendsoflawnswoodcemetery.org.uk/james-graham-1869-1931/>.

[177] Leeds City Council, 'Health Committee Minutes', 1922, West Yorkshire Archive Service.

[178] Robert E Fox, 'Letter from Leeds Town Clerk to Capt Sedgwick, Chair of the Leeds Association for the Prevention and Cure of Tuberculosis', 21 July 1919, West Yorkshire Archives Service.

[179] Leeds Association for the Prevention and Cure of Tuberculosis, 'Letter to Town Clerk from Leeds Association for the Prevention and Cure of Tuberculosis', 8 September 1919, West Yorkshire Archives Service.

[180] Proposal to write to Medical Officer of Health about open-air schools. 11th November 1919. Leeds Association for the Prevention and Cure of Tuberculosis, 'Minute Book' (Leeds Association for the Prevention and Cure of Tuberculosis, 1919), West Yorkshire Archives Service.

[181] Leeds Tuberculosis Association, 'Leeds Tuberculosis Association Minute Book', 1917, West Yorkshire Archives Service.

children, when needed, by the Care Committee, previously known as the Ladies Samaritan Committee.[182]

Dr J Johnstone Jervis became Medical Officer of Health for Leeds in 1919 and was keen to implement his own Tuberculosis Scheme as soon as possible. Amongst Jervis's recommendations was a new unit for residential treatment of children with early and pre-tuberculous conditions.[183] Leeds remained relatively short of tuberculosis inpatient beds compared to neighbouring cities, with less than half the provision in Bradford and two-thirds of that in Sheffield in 1929. Although The Hollies only had forty beds, it was a lot better than nothing.[184]

The combined weight of opinion from Jervis as the Medical Officer of Health, Graham as Director of Education and the LTA, as the influential local voluntary agency, led to the house being adapted for children affected by tuberculosis. It opened on 1 April 1925 as both a sanatorium school, for children with milder forms of tuberculosis, and a preventorium or open-air school for pre-tuberculous children.

Medicalised educational discourse, The Hollies and two other local schools for children affected by tuberculosis

Economic depression in Britain, frequent changes of government and recurring arguments with vested interests, particularly the churches, meant that important and progressive developments in the funding and organisation of elementary education, and the provision of secondary education for all, were repeatedly delayed in the inter-war period.[185]

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[182] Leeds Tuberculosis Association, 'Ladies Samaritan Committee Minute Book', 1919, West Yorkshire Archives Service.

[183] J Johnstone Jervis, *Draft Scheme for the Treatment of Persons Suffering from Tuberculosis* (Leeds: Leeds City Council Sanitary Committee, 1918), West Yorkshire Archive Service.

[184] 'Treatment of Tuberculosis Memo 131 C/T Analysis of the Work Done during the Year 1929 under the Scheme of Local Authorities for the Treatment of Tuberculosis as Shown in the Returns Furnished in Accordance with Memorandum 37/T', 1930, West Yorkshire Archives Service, LLD 3/1/3490 Treatment of Tuberculosis Circulars etc.

[185] See Nigel Middleton and Sophia Weitzman, *A Place for Everyone* (London: Victor Gollancz, 1976). pp.141-201. and Derek Gillard, 'Education in England, a History', 2018. Also Wendy Robinson and Marie Bryce, '"Willing Enthusiasts" or "Lame Ducks"? Issues in Teacher Professional Development Policy in England and Wales 1910–1975', *Paedagogica Historica*, 49.3 (2013), 345–60 <https://doi.org/10.1080/00309230.2012.744061>.

The educational archives for the Hollies are dominated by reports from doctors, which is consistent with the medical categorisation that characterised the educational experiences of children with special needs. Large numbers of school children were examined in Leeds schools, almost 46,000 children were examined by the school medical service in 1920 alone.[186]

Dr Algernon Wear, School Medical Officer stated that 'many of the cases of Pulmonary Tuberculosis in school children are of a mild type and are non-infective. For these children an Open-Air School is required.' He did not specifically mention 'pre-tuberculous' children but he did note that many of the children known to have mild tuberculosis were 'out of school for indefinite periods' due to the lack of a suitable open-air school.[187]

Detection rates for new cases of tuberculosis as a result of school medical inspections were very low. Only four children were first diagnosed with tuberculosis by this route in 1924, a small fraction of the two hundred and two schoolchildren known to have tuberculosis in the city that year. Most children with tuberculosis in the city were diagnosed at the central tuberculosis dispensary where they were assessed as contacts of adults with the disease.[188]

Dr Wear expected The Hollies to open in 1924, so he included an account of the admission criteria in his report for that year. 'Lung cases with definite phthisis' would go to the sanatorium at Killingbeck, those with 'active tubercular glands or active tuberculosis in other parts of the body' were eligible for admission to the Hollies and 'pre-tubercular cases' would be sent to the open-air school.[189] There was no immediate prospect of an open-air school and it would be another eight years before one opened for 'delicate' Leeds children in Farnley, on the west side of the city. This was a different village to the Farnley north of Leeds which had been home to the Hunslet and Holbeck sanatorium.

Even a municipality the size of Leeds was not able to provide suitable facilities for some children with 'surgical' tuberculosis, those who had more severe bone or joint disease. These children were sent outside the city at the

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[186] Algernon Wear, *Report of the School Medical Officer for the City of Leeds for the Year Ending 31st December 1920* (Leeds: Education Committee, Leeds City Council, 1921), Wellcome Collection. p. 4.
[187] Algernon Wear, 1921. p. 19.
[188] Algernon Wear, *Report of the School Medical Officer* (Leeds: Leeds City Education Committee, 1924), Wellcome Collection <https://archive.org/details/b29723085>. pp. 16,36.
[189] Algernon Wear,1924. p. 22.

council's expense. In 1924, Twenty-six Leeds children were accommodated at the Marguerite Hepton Home in Thorp Arch and thirteen at the Lord Mayor Treloar's Hospital in Alton, Hampshire.[190]

The educational leadership at The Hollies showed remarkable continuity. Mrs Hodgkinson was the headteacher for almost fourteen years from 1925 to 1938, when she retired due to ill-health. Her deputy, who was in charge of the infants' section was appointed in 1932 and temporarily succeeded Mrs Hodgkinson before Miss Morgan took up the substantive post as the new headteacher in May 1938. Miss Morgan stayed in post throughout the Second World War including the planned evacuation to Eastby at the beginning of September 1939 and the children's return to a ward at Meanwood Park Hospital, less than a mile away from the Hollies, a year later.

This stability of professional education staff was in marked contrast to the rapid turnover of poorly-paid nursing assistants, kitchen and house maids, all of whom were recorded by name in Leeds health committee records. For the ten years from 1925-1934, there was an average of 5.8 changes of ancillary staff per year, with nine being replaced in 1930 and ten in 1933. There was therefore an unfortunate lack of continuity in staff, particularly nursing assistants, who could have been a source of emotional support because of their close proximity to children.[191]

Representatives of the Education Committee of the City Council visited at least annually. Their inspections were informed by annual returns completed by the headteacher and forwarded to the Board of Education in Whitehall. This form listed the numbers of attendances per half day, the numbers of pupils, categorized by age and sex, but not by diagnosis. The Board of Education's registration page for The Hollies in 1925 classified the school as 'Boarding' 'Tuberculous (Pulmonary)' and noted that it was also registered with the Ministry of Health and had forty beds.[192]

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[190] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City of Leeds for the Year 1924* (Leeds: Leeds City Council Health Committee, 1925) <https://wellcomecollection.org/works/vs8ywkj7>.p.109. The Marguerite Home was run by the Leeds Invalid Children's Society and was linked to an orthopaedic hospital for adults.

[191] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City of Leeds for the Year 1931* (Leeds: Leeds City Council Health Committee, 1932).

[192] Board of Education, 'Leeds: Weetwood: The Hollies Sanatorium Council (Tuberculous) School',

There was an impressive long-term consistency in the person responsible for external inspections from the Board of Education in Whitehall. The Hollies Logbook showed a total of ten visits by Dr Muriel Bywaters, Chief Inspector of Tuberculosis Schools between 1925 and 1945. Half of her visits to the Hollies may have been informal because the Board of Education file held by the National Archives listed only five of these occasions. Two full records of Bywaters' inspections for the inter-war period are in the National Archives.[193]

Dr Bywaters was well-trained for her role. She graduated as a doctor in 1908 and by 1911 she was resident medical officer at the East Anglian children's sanatorium in Nayland, Suffolk, pioneered by Dr Jane Walker.[194] Bywaters gained her Diploma in Public Health in 1914 and joined the medical team of the Board of Education where she later became Chief Inspector of Tuberculosis Schools. Board records from 1917 show Bywaters' early work for the Board being supervised by Dr (later Dame) Janet Campbell. Bywaters asked Campbell about a draft report on a visit to Eldwick sanatorium school in February 1917. In her reply to Campbell's comments, Bywaters showed her combination of thoroughness, pragmatism and encouragement. She wrote that a new schoolroom was 'badly needed,' and requested that a letter be sent to the school managers as soon as possible to implement the necessary works. She advocated for a specific commendation to be given to a new teacher who had 'organised the work well and obtained good results,' and 'to make some reference to the originality displayed in her work'.[195]

A brief quote from her 1930 inspections of the Hollies was included within the report of the Leeds tuberculosis service for that year. 'The children are

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1934, The National Archives, Kew.

[193] Board of Education. The Hollies, 1934, 1938.

[194] Jane Walker, 'The Open-Air Life for Tuberculous Children: An Account of the Work of the East Anglian Children's Sanatorium', *The Child*, 8.3 (1917), 121–27. Dr Walker, originally from Yorkshire, had a distinguished career, including the award of an honorary LL.D. from the University of Leeds. S Vere Pearson, 'Obituary: Jane Harriett Walker', *Tubercle*, 20 (1938), 137.

[195] Muriel Bywaters, 'Memo to Dr Janet Campbell', 1917, The National Archives, ED 32/211. Bywaters' reports about Embsay with Easthey Board of Education, Medical Department, 'Embsay with Eastby Sanatorium School' (Board of Education, 1929), The National Archives, Kew., Grassington 'ED 32/213 Bradford: Grassington Sanatorium Open Air School 1913-1921', 1913, The National Archives <https://discovery.nationalarchives.gov.uk/results/r?_q=ED%2F32%2F213>., Killingbeck, 'ED 32/872 Leeds: Killingbeck Sanatorium School', 1934, The National Archives <https://discovery.nationalarchives.gov.uk/results/r?_q=ED%2F32%2F872>.Raywell all show her attention to detail, firmness when things are not up to standard, and encouragement to staff.

responsive and interested in their work and satisfactory progress is maintained.'[196]

The first full record of an inspection by Dr Bywaters that survives in the National Archives was from June 1934. The Hollies was well-staffed with a Matron who was a trained 'sister' and had three nursing assistants, one of whom was on night duty; there were four 'domestics' and a 'charwoman' came three times a week. There was a certified teacher and an assistant teacher. Bywater's assessment of the children's educational attainments was brief and had little to say about academic progress. After commenting on the children's singing and dancing, which were 'particularly well done' she noted that her inspection also included 'writing composition, arithmetic and handwork' which she described as 'careful neat and well finished'. Expectations of academic progress appear to have been low, partly because many of the children had been out of school for long periods due to illness prior to their admission and also because the school day was shortened so that the children had enough rest.[197]

Expectations for academic progress were lower in institutions whose main aim was to prevent death and to promote the recovery of physical health. Bywaters reported on her inspection of the Killingbeck sanatorium school in 1935. 'Many of the children have come from very poor homes and have been neglected and are retarded but they are responsive and very good progress is shown in their work.'[198] Low public expectations of educational attainment at the Hollies were hinted at in a photograph in the Leeds Mercury in 1930, when examination results were being published for the city's schools, which was headlined: 'No cares about matriculation: three happy little sunbathers on the lawn at The Hollies'.[199]

The Hollies had two classes, one for older and one for younger children, so it was unlikely that teachers like Mrs Hodgkinson would have been able to

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[196] J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1930* (Leeds: City of Leeds Health Committee, 1931) p.131 <https://wellcomecollection.org/works/ae4kf7tp>.

[197] Muriel Bywaters, *Visit to The Hollies Sanatorium School* (London: Board of Education, 21 June 1934), The National Archives, Kew.

[198] Board of Education, Medical Department, 'Leeds, Killingbeck Sanatorium School' (Board of Education, 1924), The National Archives, Kew.

[199] A Mercury photographer, 'No Cares about Matriculation: Three Happy Little Sunbathers on the Lawn at The Hollies Leeds', *Leeds Mercury* (Leeds, 30 August 1930).

differentiate their teaching to meet the need of every child in a class with such a wide range of ages and an even wider spread of abilities. However, Dr Tattersall, who took charge of the Leeds tuberculosis services in 1926, had a rosier view of their education. 'This is in no doubt largely due to the small classes, giving facilities for more individual attention, as well as the stimulus of ideal surroundings, good food and regular hours.'[200]

Dr Jane Walker described the challenges of responding to the diversity of educational needs at the East Anglia sanatorium: 'one of the extreme difficulties is the variability in scholastic attainments of the children.' Walker's paper also revealed that she believed that a tuberculous diathesis affected children as well as adults when she implied that the resident children were unusually creative: 'As is to be expected, their artistic side is highly developed and their musical talent is very marked'. Her phrase 'as is to be expected' suggests that a belief in a tuberculous diathesis was still common among her medical readership.[201]

Examples of dramatic progress in learning, as well as physical well-being, were good publicity for institutions like The Hollies. In an account of an open-air school in Lincolnshire, Minton commented on how the increased vitality of the resident children improved their 'general alertness and ability' and an improved tolerance of 'increased mental strain for a greater length of time'.[202] Bryder quoted extensively from an account of an open-air school near Malvern about a particular child who, after eight weeks in a 'wonderland of buttercup, clover and daisies,' was able to 'do sums in her head for the practical everyday needs of life'.[203]

Although fresh air and sunshine were promoted as key components of open-air schools, many children were malnourished when they were admitted and their return to vitality and ability to learn was more likely to be due to

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[200] Norman Tattersall in J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1927.* (Leeds: Leeds City Council Health Committee, 1928). p. 147.

[201] Jane Walker, 'The Open-Air Life for Tuberculous Children: An Account of the Work of the East Anglian Children's Sanatorium', *The Child*, 8.3 (1917), 121–27.

[202] R C Minton, 'Open-Air Day-Schools: The Story of a Successful Experiment in Lincoln.', *The Child*, 5.8 (1915), 433–65.

[203] Bryder, Linda, "*Wonderlands*", p. 80 quoting from Burrow, CF Stevens, 'An Experiment in Open-Air Education of School Education: the Worcestershire Residential Open-Air School', *The Child,* 5.12 (1915), p.682.

adequate food than to improvements in their micro-climate. Bryder captured the probable economic reasons for the emphasis on the benefits of fresh air when she noted that it was 'far cheaper than food.'[204]

In 1934, Bywaters noted that 'proper attention is given to rest and feeding.' The children rested before and after their midday meal and tea. She included a full weekly menu in her report, a typical day is shown in Table 1.

8am Breakfast	12 Dinner	4pm Tea	6.30pm Supper
Porridge, Bacon Bread and Butter Tea	Roast Beef Two Vegetables Suet Pudding	Bread and Butter Tea Scones	Bread and Butter or Dripping Milk
Each child also had a half-pint of milk at 10am			

Table 1: Tuesday's diet for children at The Hollies [205]

Dr Bywaters returned to The Hollies four years later in September 1938. Miss Morgan, who had taken over as headteacher earlier that year 'seemed a capable teacher, interested and anxious to carry on the school on good lines'. The main focus of Bywaters' attention was a lowering in the ages of children being admitted. The emotional and educational needs of nursery children were different to older children and required changes, not simply in the size of the furniture, but in the curriculum and culture of the Hollies. Miss Robinson, the assistant teacher, had twenty-two children in her class aged two to six years. Bywaters observed that the class had become 'almost entirely a Nursery Class with just two or three children a little more advanced'. She made recommendations for changes in furniture to suit the size of younger children and for 'Kindergarten apparatus' to be provided.[206]

Her advice was followed quickly by both the Education and Health Committees of Leeds City Council and a letter confirming their actions was sent to the Board of Education by Dr Jervis, Medical Officer of Health, before the end of the year.[207] The primacy of the Leeds Health Committee over the Education

[204] Linda Bryder, *Wonderlands*. p. 90.
[205] Muriel Bywaters. *1934 Visit Report.*
[206] Muriel Bywaters, *The Hollies Sanatorium School* (London: Board of Education, 15 September 1938), The National Archives, Kew.
[207] J Johnstone Jervis, 'Letter to the Secretary, Board of Education Re Leeds Weetwood the Hollies Sanatorium Council (T) School No. 29788', 22 December 1938, The National Archives, Kew.

Committee in managing The Hollies was confirmed by the fact that it was the Medical Officer of Health who replied about this educational matter to the Board of Education.

Sir James Graham Open-Air School. Comparisons with the Hollies and Killingbeck

Educational discourse around open-air education was at its peak in England in the early 1930s. Thyssen's recent international perspective on open-air education, examined its context in different national cultures, noting how the *Wald* (as in *waldschules*) in Germany was a vital element of a (relatively new) nation's self-construction and 'the term "open-air" from the Edwardian era onwards was to symbolise all that was "honest and good"' in Britain'.[208] As well as national nostalgia for imagined rural idylls, there were sound economic reasons to prefer open-air classrooms as they were relatively cheap to construct in times of national hardship. Some local authorities even made creative use of bandstands in public parks for open-air classes, as Leeds had done during the war.[209]

Leeds was slow to open any large open-air schools, having made do with the small school at Gateforth from 1911-1918, followed by the Hollies in 1925. This was despite the efforts of Sir James Graham, the city's Director of Education, so it was appropriate that the open-air school at Farnley in West Leeds, was named after him when it finally opened in 1932. Comparisons between this new school, The Hollies and the school at Killingbeck sanatorium provide valuable insights into transactions between medical and educational discourses.

The Farnley school was much larger than the Hollies with space for two hundred and fifty children, mostly day pupils but about twenty percent were boarders. Like The Hollies, the central building at Farnley was a mansion but there were purpose-built open-air classrooms built nearby. Twelve of the forty-six acres of the Lawns House estate were allocated to the school. It was registered on 30 August 1932 as a school for physically defective (delicate) children. Four

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[208] Thyssen, Geert, 'Boundlessly Entangled: Non-/Human Performances of Education for Health through Open-Air Schools', *Paedagogica Historica*, 54.5 (2018), 659–76.

[209] In her 1977 study, Cruickshank made extensive use of Sir George Newman's annual reports as Chief Medical Officer for the Board of Education. Marjorie Cruickshank, 'The Open-Air School Movement in English Education', *Paedagogica Historica*, 17.1 (1977), 62–74 <https://doi.org/10.1080/0030923770170105>.

categories of children were admitted when the school opened: thirteen with 'rheumatic complaints,' thirty-two with 'quiescent or arrested tuberculosis or pre-tuberculosis,' forty-eight cases with 'subnormal nutrition and debility' and twenty-five with other lung conditions 'bronchitis, pulmonary fibrosis, bronchiectasis'.[210]

Children were usually admitted for a standard period of two academic terms although there was some flexibility in length of stay. Dr Ralph Williams of the Board of Education showed much greater interest in the educational progress of the Farnley children during his first inspection than Dr Bywaters did at The Hollies. Williams was critical of the headteacher at Farnley for not encouraging her staff to embrace open-air education and being too pre-occupied with the children's progress in reading, writing and arithmetic.[211]

The Farnley school was more integrated with the city's education system than The Hollies. In an internal memo, Williams suggested that the Farnley headmistress was 'unduly afraid of the criticisms of the Head Teachers of the schools from which the children come'.[212] After his third inspection in 1935, Williams complemented the headteacher and her staff on successfully implementing a revised curriculum based on open-air principles and practice.[213]

The culture of the Farnley school was less medical than at The Hollies which was, in turn, less medical than the school at Killingbeck sanatorium. The Killingbeck children were the most ill and required round-the-clock nursing. Their attendance at the sanatorium school was an option when they were well enough. The majority of children attending the Farnley school were day pupils, the educational expectations were higher.

The Hollies was therefore in the middle of an educational spectrum, being registered as a sanatorium school for children with tuberculosis, like Killingbeck, but also admitting pre-tuberculous children for observation, like the open-air

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[210] These figures were taken from Arnold's thesis. He was able to access school records in 1958. Stanley Arnold, 'A History of the Special Services of Education, with Special Reference to Leeds' (unpublished MA, University of Leeds, 1958), University of Leeds, Offsite Western Store.p.230.

[211] Ralph Williams, Report of visit November 1932. Board of Education, Medical Department, 'Leeds, Farnley, The James Graham Open-Air Council School', 1932, The National Archives, Kew.

[212] Ralph Williams, 'Information Not for Communication to the L.E.A.', 1935, The National Archives, Kew.

[213] 'Farnley James Graham'. Dr Williams third visit 1935

school at Farnley. The three institutions show contrasting degrees of medical influence on educational practice, both in terms of the nature of inspections and the expectations of pupils' academic progress. Both Killingbeck and The Hollies were entirely residential facilities, so resident children would only see their parents at visiting times. Most of the Farnley children were day pupils, and the boarding pupils were admitted for a maximum of two terms and were therefore less at risk of adverse effects of separation from families and neighbourhoods.

Child Welfare discourse between the wars

This section outlines the changes in child welfare discourse in relation to the experience of children at The Hollies. The house was less geographically isolated from Leeds than the school at Gateforth had been, but it was not very easy for parents or staff to access, being a long walk from the nearest tramway on Meanwood Road. Nurse visitors (later known as health visitors) were key members of the team at the Central Tuberculosis Dispensary and their many home visits included visiting the families of children admitted to the Hollies. They had taken over the home-visiting role of the LTA from 1919 onwards.

LTA had to accept their lack of input to the Hollies but they remained active in their pursuit of help for children from tuberculous families. They built alliances with other charities, for example the Leeds Poor Children's Holiday Camp Association and the Children's Convalescent Summer Holiday Fund.[214] There were also strong links with 'Boots for the Bairns' a charity set up by Sir James Graham and the editor of the Yorkshire Evening Post. This charity distributed footwear for needy children via the Education offices, another example of close links between a voluntary organisation and statutory services.[215]

The LTA regarded The Hollies as serving a similar purpose to a children's convalescent home. In 1925, the Care Committee, (previously known as the Ladies Samaritan Committee) reported that one hundred and thirty-four children

[214] LTA made regular financial contributions to the Children's Convalescent Summer Holiday Fund and the Leeds Poor Children's Holiday Camp Association which expanded its work after the First World War, see Leeds Poor Children's Holiday Camp Association, *Fifteenth Annual Report* (Leeds, 1919), Leeds Central Library, and Leeds Poor Children's Holiday Camp Association, *Twenty-First Annual Report* (Leeds, 1925), Leeds Central Library.

[215] W.R. Meyer, 'Boots for the Bairns', *Journal of Educational Administration and History*, 19.1 (1987), 27–35 <https://doi.org/10.1080/0022062870190103>.

had benefitted from being sent away for convalescent treatment but this number was fewer than previous years 'chiefly due to the fact that the Children's Sanatorium at The Hollies was opened during the year'.[216]

Dr Tattersall, Chief Tuberculosis Officer for Leeds from 1926, regularly heaped praise on the Care Committee for all they achieved in their work with poor and needy tuberculous families. In 1928, he wrote of their work with a widow who needed admission to a sanatorium but had an elderly mother and young children living with her. The Care Committee arranged 'within half an hour' for the elderly lady to stay with the Little Sisters of the Poor and for the children to be go to the 'Scattered Homes of the Guardian where they would be in the personal care of a good foster mother'. [217]

In this instance Tattersall recognised the importance of smaller 'cottage' homes which enabled young children to be cared for by a mother figure. There was a growing realisation nationally, well before the ground-breaking work on attachment by Bowlby and his colleagues, that young children needed a consistent parent figure in order to develop secure relationships.[218] The case for enlightened institutions for children, when institutions were necessary at all, was made in *Oliver Untwisted* a popular fictionalised booklet that was first published in 1929 and was into its fifth reprint by 1937. Matron was the hero of the tale as she confronted the old ways of the Poor Law institutions and fought for the rights of every child, however disruptive and wayward, to be listened to, understood and loved.[219]

Leeds had been one of the first municipalities to reform its children's homes, in line with increasing evidence of the psychological and emotional damage done to children by very large 'District Schools' run by Boards of Guardians in the late nineteenth century. In a detailed study of the Leeds Scattered Homes, Susan Cottam charted the very deliberate steps taken by the Boards of Guardians to close down large children's homes and open small family

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[216] Report of the LTA Care Committee within J Johnstone Jervis, *Annual Report for 1925,* 1926 p. 134 .

[217] Tattersall, Norman in Jervis, J Johnstone, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1928* (Leeds: Leeds City Council Health Committee, 1929). p. 117.

[218] John Bowlby and others, 'The Effects of Mother-Child Separation: A Follow-up Study', *British Journal of Medical Psychology*, 29.3–4 (1956), 211–47 <https://doi.org/10.1111/j.2044 8341.1956.tb00915.x>.

[219] Muriel A. Payne, *Oliver Untwisted* (London: Edward Arnold & Co, 1929).

group homes. Most of the homes were for eight to ten children, with a foster mother in each house. Leeds also opened a larger, central, home which acted as a hub for the other homes.

Illness of one or both parents was a common reason for admission so it is probable that some children with tuberculous parents were admitted to the scattered homes. Children from the homes were able to benefit from holidays at Silverdale, near Morecambe on the west coast, in association with the Leeds Poor Children's Holiday Fund and, with a separate scheme, on the east coast at Filey. The central home even developed a 'Sun-Ray' room in 1929, with two ultraviolet lamps as a domestic substitute for therapeutic sunshine.[220]

LTA's Care Committee remained concerned that not enough was being done for children from tuberculous families. In 1928, a meeting of the LTA voted unanimously to explore the implementation of the Grancher system for Leeds children. This approach, popular in parts of continental Europe and especially in France, arranged for poor children in contact with tuberculous adults to be fostered out to homes in the countryside. Jervis wrote in support of this approach in his annual report. The records of the Care Committee indicate that they advertised for potential placements for 'boarded out children' and went as far as visiting prospective placements. There was no further mention of this scheme and it is not clear why it was abandoned.[221]

The Care Committee received grants from the council but did a lot of fund-raising themselves. Clothing and footwear for children were constantly needed. In October 1933, the committee considered samples of cardigans and gym slips for children at the Hollies and Killingbeck. It was decided to purchase gym slips but also to ask that clothing for necessitous schoolchildren should become the responsibility of Leeds Corporation as, from the perspective of the Care Committee treasurer, it was becoming 'an undue burden on voluntary funds'.[222]

The Care Committee's minutes into the later 1930s were mainly concerned with fund-raising events. They had a regular flag day and were delighted to

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[220] Susan Cottam, 'Small and Scattered: Poor Law Children's Homes in Leeds, 1900–1950', *Family & Community History*, 20.3 (2017), 175–92 <https://doi.org/10.1080/14631180.2018.1438141>.

[221] J Johnstone Jervis, *Annual Report for 1928,* 1929. pp. 87-88.;'Minute Book: Care Committee of the Leeds Association for the Care of Consumptives', 1927, West Yorkshire Archives Service.

[222] Care Committee: Leeds Association for the Care of Consumptives, 'Minute Book', 1933, West Yorkshire Archives Service. p. 40.

receive a donation from the Princess Royal of an item for sale at their annual garden party. However, they were not only a gathering of middle-class philanthropists, they continued to have delegated responsibility for the administration of grants for food, clothing and other essentials to poor households affected by tuberculosis. They continued to do home and hospital visits as well as providing clothing and other essential to poor families.[223]

In her review of the history of the 'welfare child', Levene remarked on the professionalisation of social services for 'liminal' children in Britain between the wars. She noted that women who had roles in voluntary organisations 'gained access to training, professional journals and salaries.'[224] This overshadowing of voluntary work by paid professionals played out in the history of the LTA. A resolution of the Care Committee, carried unanimously in January 1938, stated 'this committee shall be termed the *Case* Committee of the Leeds Association for the Care of Consumptives as this title more accurately describes the work undertaken'.[225] 'Casework' had become the more respectable, professional description but the role of the committee was about to be subsumed by the appointment of a professional. The Medical Officer of Health's report for 1938 continued to praise the LTA but stated: 'full details of their most valuable work are available on application to the Almoner'.[226]

The arrival of an almoner might have been resented initially by the renamed Case Committee but all the evidence suggests that the Leeds tuberculosis service in the late nineteen-thirties continued to run as an effective multi-disciplinary team, their co-working greatly helped by having the tuberculosis dispensary as a shared clinical and office space. However, the word 'tuberculosis' still carried negative connotations. In 1936, Tattersall reported that the Tuberculosis Dispensary had been renamed the City of Leeds Health Clinic because: 'it was thought that some patients would be more ready to avail

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[223] 'Minute Book: Care Committee of the Leeds Association for the Care of Consumptives', 14 Jun 1937 and 17 July 1939, West Yorkshire Archives Service.

[224] Alysa Levene, 'Family Breakdown and the "Welfare Child" in 19th and 20th Century Britain', *The History of the Family*, 11.2 (2006), 67–79 <https://doi.org/10.1016/j.hisfam.2006.06.001>.

[225] Care Committee: Leeds Association for the Care of Consumptives, "Minute Book', 1937, West Yorkshire Archives Service. p. 31.

[226] J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1938* (Leeds: Leeds City Council Health Committee, 1939). p. 131. <https://wellcomecollection.org/works/np9q7fmr>.

themselves of the diagnostic facilities of this centre if the word Tuberculosis were kept in the background'.[227]

The Fernandez Affair: contesting the diagnosis of tuberculosis in children

Dr Wear's proposed diagnostic triage (see page 54) of tuberculous or pre-tuberculous children into Killingbeck, The Hollies and the open-air school was admirably clear.[228] It was widely acknowledged that 'pre-tuberculosis' was a slippery concept as Sir George Newman had officially accepted in 1917.[229] Tuberculosis itself was also difficult to diagnose reliably in children, as shown by the controversy surrounding Dr Fernandez which came to a head only a few months before The Hollies opened in 1925.

Leeds Health Committee refused to appoint Dr Fernandez, a popular local doctor and Leeds graduate of ten years standing to the post of Chief Clinical Tuberculosis Officer. Fernandez was already acting in the role, pending a substantive appointment. When he was not appointed, after two separate rounds of interviews, there were allegations of 'racialism' because Fernandez was Indian.[230]

The controversy dragged on until 1927 when Leeds City Council asked the Ministry of Health to investigate. The Ministry's conclusions remained confidential, but Fernandez resigned from his post because the investigation confirmed concerns about his diagnostic practice.[231]

Analysis of the Medical Officer of Health's report for 1925, when Fernandez was Acting Chief Clinical Tuberculosis Officer, reveals that over-diagnosis of tuberculosis in children attending the Tuberculosis Dispensary must have been a major issue of concern. The total number of Leeds children notified with tuberculosis in 1925 was 1308, more than three times that of 1924 (348) or

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[227] Tattersall, Norman in Jervis, J Johnstone, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1928* (Leeds: Leeds City Council Health Committee, 1929). p. 117.

[228] See page 66. Algernon Wear,1924. p. 22.

[229] George Newman, *Report of the Chief Medical Officer of Board of Education* (London, 1917). p. 96

[230] 'Leeds Committee's Vote of Rejection', *Yorkshire Evening Post* (Leeds, 18 July 1924), p. 11, British Newspaper Archive.

[231] 'Dr Fernandez. Leeds Health Committee's Proposal Carried.', *Yorkshire Evening Post* (Leeds, 16 July 1927), p. 10, British Newspaper Archive. See also Michael Meadowcroft, 'The Years of Political Transition', in *A History of Modern Leeds* (Manchester: Manchester University Press, 1980). p. 426.

1926 (341) and an extraordinary outlier in the data which otherwise show a gradual reduction in cases from 1919 (318) through to 1939 (116).[232]

Fernandez's own report for 1925 described his introduction of radical changes to the assessment of cases referred to the Tuberculosis Dispensary. He was very active and hard-working: 'the clinical sessions were doubled and all the primary cases were seen, or visited by the Acting Chief Clinical Tuberculosis Officer [Dr Fernandez] during the week they were referred'. He was not acting completely in isolation. 'Cases of a difficult nature were re-examined by the team of medical officers available, and a majority finding ascertained.' Fernandez justified his liberal approach to diagnosis in children: 'from the examination of contacts and school children there is evidence that tuberculous infection of the lung is not uncommon in quite young children'.[233]

He was almost certainly relying too heavily on his interpretation of X-ray films because he referred to using the enlargement of the 'root gland', which is only detectable radiographically, as being a key feature of the diagnosis. He was also working with poorer quality radiographic images; the dispensary did not acquire a new X-ray machine until 1927.[234]

Tattersall, who became Chief Tuberculosis Officer for Leeds in 1926, wrote in his report for 1928, with a nod to Fernandez's difficulties, that 'accuracy of diagnosis is the chief aim of Dispensary work'. In 1932, Tattersall wrote 'it is a matter of greatest difficulty to decide whether the X-ray findings […] indicate active disease or infection that has already been soundly healed'.[235]

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[232] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1925* (Leeds: Leeds City Council, 1926). The other reports quoted, for 1919,1924,1926 and 1939, are, like the 1925 Report, all accessible online from the Wellcome Collection.

[233] Z P Fernandez in J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1925*. p. 136. <https://wellcomecollection.org/works/szr37mzm>[accessed 13 July 2023]
Fernandez later criticized the practices of his successor which led to a comprehensive rebuttal by Tattersall. Norman Tattersall, *Comments on an Article* (Leeds: Central Tuberculosis Dispensary, February 1933), Leeds Central Library.

[234] J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1927.* (Leeds: Leeds City Council Health Committee, 1928) pp. 137-8. <https://wellcomecollection.org/works/gu9udt89>

[235] Norman Tattersall in J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1932* (Leeds: City of Leeds Health Committee, 1933) p. 112. <https://wellcomecollection.org/works/ze7atdbc> [accessed 13 July 2023].

It is not possible to be sure of Dr Fernandez's motivation to diagnose so many more children with tuberculosis, but it was almost certainly benign. Esther Carling, Chief Medical Officer at Peppard Common Sanatorium, referred to 'the common practice of notifying children as tuberculous in order to secure the treatment that will help them.' She wrote this in 1928 when government circulars had stated that children admitted for observation to tuberculosis institutions as 'suspects' should only remain for a few weeks if they had not been shown to have definite tuberculosis.

Dr Fernandez was probably one of the tuberculosis officers who notified doubtful cases so they and their families could benefit materially. Carling disapproved of this generous approach and listed some of the longer-term disadvantages. She argued that children might be 'handicapped by an unduly serious label'. Once labelled as 'tuberculous,' children might face restrictions to employment, emigration and insurance in later life.[236]

In this example of a transaction between medical and child welfare discourses, Fernandez's clinical practice was influenced by the immediate welfare needs of children at risk of tuberculosis. His liberal approach to diagnosis may have had some later adverse consequences in terms of the children's ability to obtain certain jobs, or to emigrate as adults. Fernandez's individual approach to diagnosis had a more immediate impact on his own career. He was judged locally and nationally to have stepped outside the acceptable limits of professional judgement. It appears unlikely that his ethnicity had no impact on the response of the medical establishment to his clinical practice.

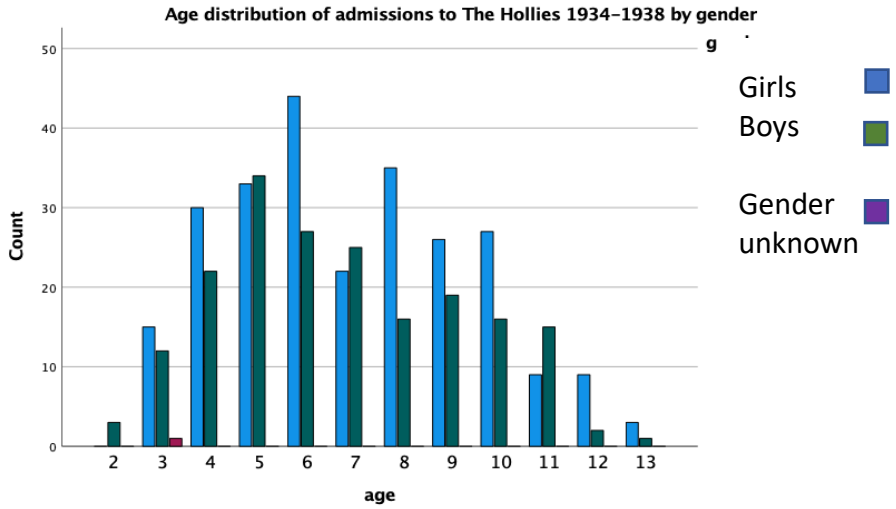
A child's journey: admissions to The Hollies

This section will follow children's journeys through The Hollies by examining data relating to admissions from The Hollies Register and in annual reports from Jervis, the Medical Officer of Health. More girls than boys, progressively more young children and proportionately more children with pre-tuberculosis were admitted from 1925 to 1938.

[236] Esther Carling, 'The Potentially Tuberculous Child', *Tubercle*, 9.10 (1928), 471–73.

Of the four hundred and forty-six children admitted between 1934 and 1938, two hundred and fifty-three (57%) were girls. More girls than boys were admitted because there were only eighteen beds for boys compared to twenty-two for girls. When The Hollies opened in 1925 the boys admitted were supposed to be under ten, and the girls up to fourteen years of age.[237] However, as Figure 3 shows, the age range between girls and boys was similar in the 1930s although there were a few more girls than boys aged twelve and thirteen. One child's gender is shown as 'unknown' because that child's first name was indecipherable in the Register.

Figure 3: Age distribution of admissions to the Hollies 1934-1938 by gender[238]



It is probable that the number of available beds was a sufficient explanation for the preponderance of girls at The Hollies because admissions to Killingbeck sanatorium with tuberculosis during the same five years showed a majority of boys with a mean number of admissions of 191 compared to 161 girls. Admissions to Killingbeck for observation showed a larger difference with a mean of eleven boys and five girls, which suggests that beds at Killingbeck were used for boys for whom there was no bed available at The Hollies. Killingbeck sanatorium admitted sicker children who needed round-the-clock nursing. No

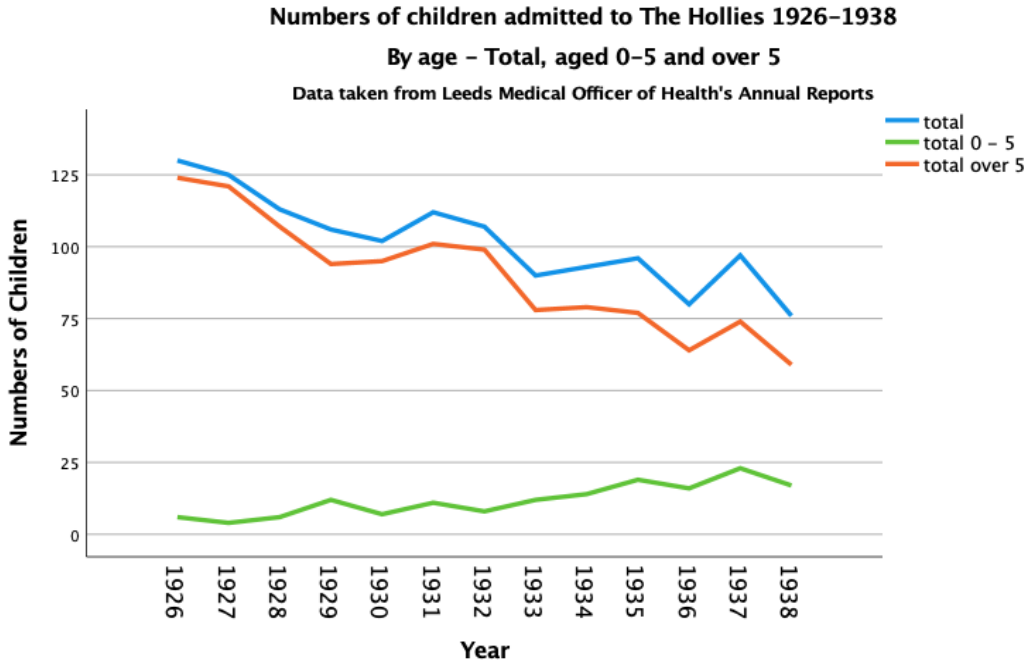
[237] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1925*. p. 130.

[238] *The Hollies Register*. Statistical analysis of admissions was done by year of discharge. This follows the usual convention for patients admitted for periods spanning more than one calendar year.

children died at The Hollies between 1925 and 1939, but tuberculosis caused between ten and twenty deaths in the city annually. On average, eighteen boys and twelve girls died each year of the disease in Leeds between 1934 and 1938.[239]

It is important to consider the reasons for admitting younger children to the Hollies because of the potential adverse effects of admission to a residential institution on their emotional and psychological welfare. Dr Bywaters' 1938 report for the Board of Education that more young children were being admitted to the Hollies was confirmed by the annual reports of the Medical Officer of Health which recorded the numbers of children admitted, grouped by those under or over five years of age. As the total number of admissions fell, so did the number of children over five years old, whereas the under-fives increased in number from six in 1926 to twenty-three in 1937.[240]

Figure 4: Numbers of children admitted to the Hollies 1926-38 by age-group[241]



[239] J Johnstone Jervis, *Medical Officer of Health Reports for Leeds* 1934-38.

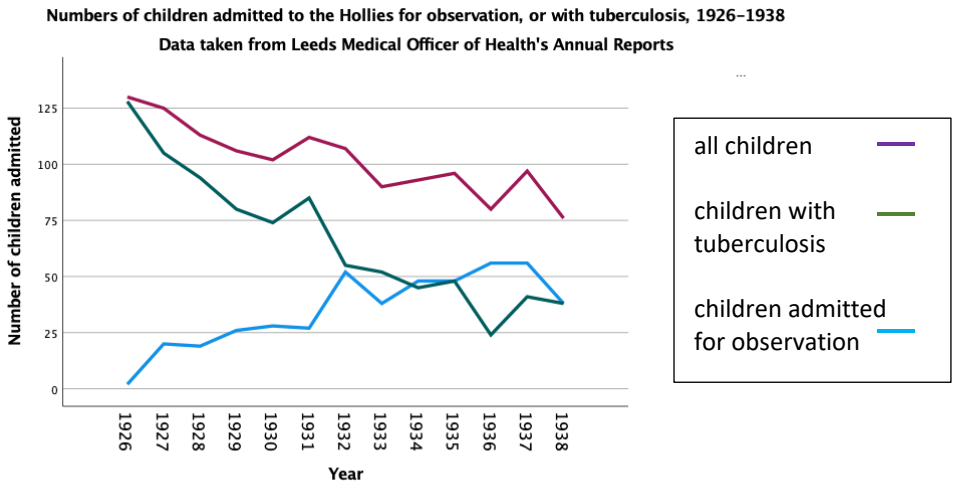
[240] Muriel Bywaters, 1938., J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1926* (Leeds: Leeds City Council, 1927).and subsequent reports through to 1938.

[241] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1926* (Leeds: Leeds City Council, 1927).and subsequent reports through to 1938.

A decrease in numbers of children with pulmonary tuberculosis was another factor in the changing age profile. The numbers of children (aged 0-15 years) with pulmonary tuberculosis fell from two hundred and fifty-nine per year in 1926 to fifty-five in 1938, a 79% reduction in twelve years. By contrast, the numbers of children notified with non-pulmonary tuberculosis were basically unchanged, with one hundred and nine in 1926 and ninety-six in 1938.[242] Dr Tattersall attributed the decline in pulmonary cases to better control of infectious adults, and the non-pulmonary rates to inadequate protection of the milk supply.[243]

If the main reason to admit younger children was due to a desire to intervene earlier, the proportion of children who were admitted for observation would be expected to increase as the numbers of children with tuberculosis decreased. There was a clear trend in that direction. Figure 5 shows that almost all the admissions to the Hollies at the beginning were children with tuberculosis, only two were admitted for observation. The proportion of pre-tuberculous children admitted for observation increased over time and started to exceed those with a confirmed diagnosis of tuberculosis in 1934.[244]

Figure 5: Numbers of children admitted to the Hollies for observation, or with tuberculosis, 1926-1938 [245]



[242] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1925*. <https:/wellcomecollection.org/works/szr37mzm> Subsequent years' reports for 1926 – 1938 are not separately referenced here but are all available online from the Wellcome Collection

[243] Norman Tattersall in J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1932* (Leeds: City of Leeds Health Committee) p. 109. <https://wellcomecollection.org/works/ze7atdbc>

[244] Leeds City Council, 'The Hollies, Register of Cases', 1934, West Yorkshire Archives Service.

[245] J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1926* (Leeds: Leeds City Council, 1927).and subsequent reports through to 1938.

It is also likely that the availability of places for school-aged pre-tuberculous children at Farnley from 1932 reduced the pressure on admissions to The Hollies and enabled younger children to be admitted.

By 1933, Tattersall was beginning to sound more defensive about admissions to The Hollies in general. He acknowledged that 'several' [of the previously resident children] have developed the acute disease of adolescence'. Tattersall admitted that: 'no proof can be brought to show that those who remain well do so by virtue of their previous treatment.'[246]

Tattersall had become a national expert on preventoria by the time he published a thoughtful review of the concept and practicalities of 'The Tuberculosis Preventorium' in 1932. He reflected on whether the children who were contacts of adults with tuberculosis and were perceived as 'delicate' and more likely to be admitted to places like the Hollies were at any greater risk than those children from the same households who remained well until they developed tuberculosis as adolescents or young adults.[247] Tattersall quoted a Welsh study which followed children who were tuberculosis contacts who either had positive or negative skin test reactions to tuberculin. None of the positive reactors went on to develop disease whereas 'no fewer than seven' of the negative reactors did.[248] He questioned whether doctors might be admitting the wrong children to institutions like The Hollies. Those children who had a positive skin test and/or clinical signs, who were the ones usually admitted, were also those with better immunity. Those children who were tuberculosis contacts and had negative tests and an absence of signs were less immune and more at risk.[249]

By 1933, Tattersall was fully aware of a key study from North America which showed no benefit of preventoria. Myers, who had been a great enthusiast for preventoria and led the medical research team at Lymanhurst, Minneapolis, reflected on ten years' worth of careful clinical and radiological observations. He concluded that 'the sharp line which was previously set up to separate between

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[246] Norman Tattersall in J.Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1933* (Leeds: City of Leeds Health Committee, 1934) p.118. <https://wellcomecollection.org/works/sxg3zrbj>.

[247] Norman Tattersall, 'The Tuberculosis Preventorium', *British Journal of Tuberculosis*, 26.3 (1932), 121–27.

[248] Matthews RJ, 'Tuberculisation and Tuberculosis in Children under Urban Conditions: With Special Reference to "Contacts"', *Tubercle*, 12.5 (1931), 193–203.

[249] Tattersall. 'The Tuberculosis Preventorium'. p. 122.

tuberculous infection and tuberculous disease should be entirely disregarded'. Myers found that it was almost impossible to predict the outcome of tuberculosis infection in any child. With this evidence of the ineffectiveness of the institution, Myers closed Lymanhurst in 1935, a rapid response in contrast to many other North American institutions who fought to stay open for many years.[250]

Questions from British studies about which children should be admitted, and from America about the value of such institutions, were therefore part of Tattersall's thinking in the early nineteen-thirties. However, Tattersall chose not to question the usefulness of The Hollies in public, despite his private doubts. His annual report for 1933, for the benefit of the city council and public, stated that there was no doubt 'as to the wisdom of separating young children from contact with gross infection at home and, as this is the case for almost every child admitted, there can be no doubt as to the utility of the institution.'[251]

A child's journey: residence and discharge

This section examines how children's progress at the Hollies was measured and the factors likely to have influenced decisions about their discharge home. As the numbers of children admitted each year reduced, so the length of stay increased. Outcome was measured objectively by weight gain and subjectively by other criteria for improvement which were not stated in the primary sources.

Recorded health outcomes for children with tuberculosis at The Hollies were generally positive. A higher proportion of children with non-pulmonary tuberculosis (48%) were judged to have improved rather than 'arrested' compared to children with pulmonary tuberculosis (26%). This may have been because changes in non-pulmonary disease were easier to assess.

Of the two hundred and fifty-one children admitted for observation during the five years 1934-1938, sixty-three were found to have definite pulmonary tuberculosis and three were diagnosed as having abdominal tuberculosis.

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[250] Arthur J.Myers, 'The Experience of the Lymanhurst School (Minneapolis) with Tuberculosis in Children', *Tubercle*, 14.5,(1933) p. 221., Cynthia Connolly, *Saving Sickly Children,* pp.189-194.

[251] Norman Tattersall in J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1933* (Leeds: City of Leeds Health Committee, 1934) p. 118. <https://wellcomecollection.org/works/sxg3zrbj>.

Therefore, a total of sixty-six, or 26% of the children admitted for observation were diagnosed with tuberculosis during their stay at The Hollies.[252]

Outcomes for children admitted with a diagnosis of tuberculosis	
Pulmonary tuberculosis improved	32
Pulmonary tuberculosis arrested	90
Non-pulmonary improved	22
Non-pulmonary arrested	23
Non-pulmonary not improved	4
Outcomes for children admitted for observation	
Negative	122
Improved	12
Definite pulmonary tuberculosis	63
Not improved	4
Definite abdominal glands	3
Still being observed	3
Children taken home or transferred out (all diagnoses)	
Taken home at parents' or guardians' request	19
Transferred to another hospital	35
Discharged home for lack of discipline	2
Total number for whom an outcome was recorded	434

Table 2: Outcomes for children at The Hollies 1934-1938, by diagnosis.[253]

From a medical viewpoint, 26% was a respectable 'yield' of tuberculosis diagnoses. Of the remaining children admitted for observation, only twelve were described as 'improved,' four 'not improved' and three were 'still being observed.' The large majority (one hundred and twenty-two) were described as 'negative,' that is they did not have confirmed tuberculosis. No further information was recorded about their outcome, but as nearly all of them gained weight it seems likely that the naming of the category 'negative' gives the reader of the register an unduly unfavourable impression of their progress.

[252] The Hollies Register. 1934-38.
[253] *The Hollies Register*

In a time of limited diagnostic facilities, some of the children admitted to the Hollies who did not improve will have had diagnoses unrelated to tuberculosis, even though they were contacts of someone with the disease.[254]

From the perspectives of Matron and the visiting doctors, if a child admitted for observation was diagnosed with tuberculosis during their admission, they were regarded differently, their names would be re-entered in the Register under their new diagnostic category and notified as confirmed cases to the local authority. However, from a child's perspective, this change in diagnosis had limited impact on their experience. Children with fluctuating temperatures, who could have been either admitted for observation or with a diagnosis of tuberculosis, were expected to spend more time resting until their fevers settled.

Nineteen (4%) of all the children admitted between 1934 and 1938 were removed early by their parents, seventeen against medical advice and two after discussion with Dr Tattersall. Many of the nineteen early discharges took place when there were outbreaks of infectious diseases within the Hollies. Parents had justifiable concerns about the danger of their children catching potentially fatal diseases in what was supposed to be a therapeutic setting. The Register recorded outbreaks of diphtheria in 1934 (eleven children) and 1937(sixteen children), other more sporadic episodes made up a total of thirty-nine during the five years. Scarlet fever was the next most common infectious disease (seven children).[255]

Tattersall described the children's days as being 'devoted to nature study and, in addition, much of the hand-work, as well as physical exercises, games and practical arithmetic, are done out of doors when the weather permits'. He also wrote about the children's delight in gardening and acknowledged the importance of good food as a contributor to their progress.[256]

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[254] For example, in the social history of a Welsh children's sanatorium, the first child whose story appears in the *Children of Craig-y-Nos* turned out to have asthma, the second, coeliac disease. Ann Shaw and Carole E Reeves*, The Children of Craig-y-Nos: Life in a Welsh Tuberculosis Sanatorium,1922-1959* (London: The Wellcome Trust Centre for the History of Medicine at University College London, 2009). p. 15.

[255] The Hollies Register. 1934-38

[256] Norman Tattersall in J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1927.* (Leeds: Leeds City Council Health Committee, 1928) p. 147. <https://wellcomecollection.org/works/gu9udt89>.

Every Medical Officer of Health's annual report for Leeds from 1925 to 1939 had something positive to say about the dedication and quality of The Hollies staff and most also contained a paragraph or two about the benefits to the resident children from fresh air, good food and education. Sunshine was more variable and its relative presence or absence was often mentioned. 'Artificial sunlight,' in the form of special lamps used for treatment of various types of non-pulmonary tuberculosis started at the central dispensary in October 1927. It was found to be particularly useful when the disease affected skin, lymph nodes or abdomen, but was not recorded as being used at The Hollies.[257]

Positive changes in activity levels, demeanour and a return of colour to pale cheeks were all remarked upon as signs of improvement in reports and publicity but weight gain was the main objective measure at The Hollies and similar institutions. Commenting at the end of an unusually sunny summer in September 1928, the *Yorkshire Evening Post* featured a picture of sun-tanned children in the garden at The Hollies and reported on the weight gain of two residents – Edith, aged nine, had put on nine pounds in ten weeks, Kathleen, aged four, had gained seven pounds in six weeks.[258]

Children at The Hollies were weighed twice a week. Weights were recorded to the nearest quarter of a pound; children's ages were only recorded by the year so it was not possible to plot their weights for age accurately on centile charts or allocate Z scores for the purposes of this study.[259] Although weight gain was an important outcome measure, ninety-five (20%) of children did not have either an admission weight or discharge weight recorded. Data were more likely to be missing for children who were discharged early at parental request or transferred to another hospital.

Out of three hundred and fifty-five children for whom both an admission and discharge weight were available, six lost weight and fourteen had a static weight, which is equivalent to a weight loss in children who should be growing.

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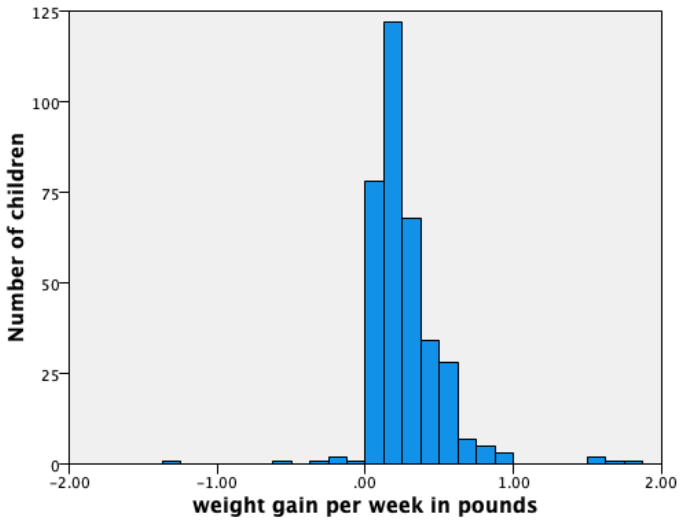
[257] J Johnstone Jervis, *City of Leeds: Report on the Health and Sanitary Administration of the City for the Year 1927.* (Leeds: Leeds City Council Health Committee, 1928) p. 138. <https://wellcomecollection.org/works/gu9udt89>.

[258] 'Leeds Sunburn Beat the Lido', *Yorkshire Evening Post* (Leeds, 3 September 1928), Leeds Central Library.

[259] For modern methods of recording and interpreting weight for age see: 'Weight-for-Age' <https://www.who.int/tools/child-growth-standards/standards/weight-for-age>.

There were five children who surpassed Edith and Kathleen and made spectacular weight gains of 1.5 pounds per week or more. Most children showed more modest improvements in the range of up to three-quarters of a pound per week as shown in Figure 6.

Figure 6: Distribution of children's weight gain per week, in pounds.[260]



The mean weight gain for girls was 0.31 and for boys 0.2 pounds per week. As can be seen in Figure 6, weight gain was not normally distributed. The difference in weight gain between girls and boys was statistically significant.[261]

The girls were not an older group, their mean age was 7.0 years compared to 6.8 years in boys, an insignificant difference. Girls go into puberty earlier than boys, therefore some girls at The Hollies will have experienced a pubertal growth spurt during their stay, which could explain the larger weight gain for girls. However, Table 3 shows that there was no difference in the proportion of girls to boys in three age-groups. Girls gained more weight than boys in all three groups, the highest ratio being in middle childhood. Therefore, although the onset of puberty may have been a factor in some girls in the oldest age-group, it does not account for the difference in weight gain between the sexes.

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[260] *The Hollies Register*

[261] Weight gain per week was not normally distributed in this population so the non-parametric Mann-Whitney U test was used to test the null hypothesis that weight gain per week did not differ between girls and boys. Mann-Whitney U = 10634 which confirmed that the difference in weight gain per week was statistically significant p = <.001.

	Numbers of children			Mean weight gain per week		Ratio of weight gain per week, girls vs boys
Age group	Girls	Boys	Total	Girls	Boys	
0-4 years	47(56%)	37	84	0.24	0.21	1.14
5-9 years	158(57%)	121	279	0.28	0.16	1.75
10-14 years	48(58%)	34	82	0.49	0.30	1.63

Table 3: Weight gain per week by age-group and gender.[262]

There are two other probable explanations for the difference in weight gain between girls and boys. Although there was an emphasis on rest at The Hollies, boys may well have used more energy in the playground and garden in line with cultural expectations of their play compared to girls.

Girls may also have been more malnourished when they were admitted, if they were more deprived of food at home than boys. Gazeley et al. have recently reviewed the extent of malnutrition in poor households in Britain in the nineteen-thirties. They concluded that school-aged children benefitted from free school milk and meals, but these supplements were unlikely to have brought them up to adequate levels. However, they did not comment on differences between girls and boys.[263]

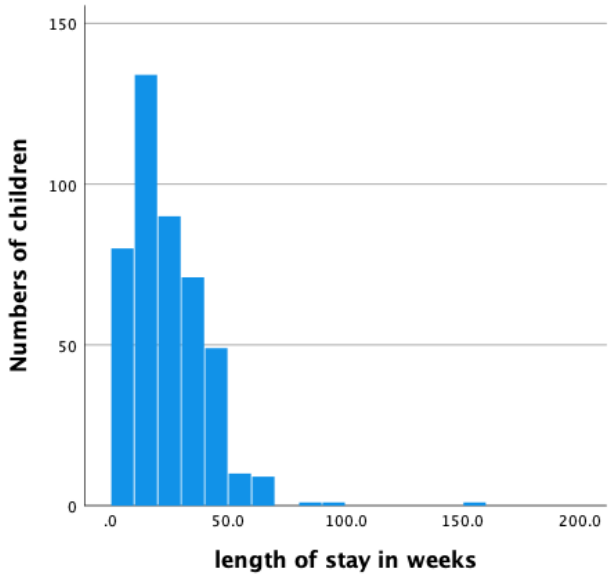
There was a general trend for the number of admissions per year to reduce from 1926 to 1938 (see Figure 4 on page 70). As the number of beds remained constant, the length of stay must have increased from the average of three months in 1926 and 1927. Unfortunately, Medical Officer of Health reports stopped recording length of stay after 1927. The Hollies Register data showed a mean length of stay of five months between 1934 and 1938. There was a wide range of lengths of stay at The Hollies, most children stayed for less than six months some for more than a year.

[262] *The Hollies Register*

[263] Ian Gazeley and others, 'How Hungry Were the Poor in Late 1930s Britain', *The Economic History Review*, 75.1 (2022), 80–110.

As expected, those admitted for observation stayed, on average, for a significantly shorter period (twenty-one weeks) compared to those who were admitted with a diagnosis of tuberculosis (twenty-eight weeks).[264]

Figure 7: Length of stay in weeks 1934-1938 [265]



The length of admission could be tailored to the medical needs of the individual child. The children were under close medical supervision, Dr Tattersall visited once a week as did his assistant. The doctors decided who to discharge on the basis of resolution of clinical signs, an improvement in the general condition of the child, and on weight gain. This was in contrast to the routine at the earlier open-air school at Gateforth, where children were admitted for a standard period similar to the length of one school term, and the open-air school at Farnley where two school terms was the normal stay.[266]

A stay of more than one year was likely to indicate that there were problems at home. Fourteen children stayed between one year and eighteen months, two between nineteen months and two years and one child for a few

[264] The Hollies Register, 1934-38.
[265] The Hollies Register. 1934-38
[266] See 'Barkston Ash Open-Air School: An Experiment at Gateforth', *The Skyrack Courier*, 1911. for Gateforth and 'ED 32/868 Leeds: Farnley, The James Graham Open Air Council School', 1933, The National Archives <https://discovery.nationalarchives.gov.uk/results/r?_q=ED%2F32%2F868>.for Farnley.

days short of three years. Only one of these children was recorded as moving to a different address when discharged.[267]

Whether for therapeutic or institutional purposes, a doubling of the length of stay was unlikely to be welcomed by children who were missing their families and homes. Some parents may have welcomed not having a mouth to feed for a few months. It is not clear from my sources how frequently children living at The Hollies were able to see their parents or other family members. At the Gateforth school it was once a month. Parental visits would be offered once a week at The Hollies after the Second World War.

In the absence of individual case notes, or letters from parents or children, the emotional worlds of The Hollies children between the two world wars are almost impossible to explore directly. The children's behaviour was hardly ever commented upon in the Register or Logbook. In 1937 two sisters aged seven and ten were discharged 'for lack of discipline'. One child ran away just before Christmas 1934. Parental emotions were rarely recorded in the Register, one four-year-old girl was withdrawn after a stay of thirteen days in 1935 because, according to Matron, her mother 'could not work for thinking of her child'.[268]

Children who were admitted with their siblings were likely to feel more secure and less abandoned by their families. There was no evidence that younger children were more likely to be admitted with a sibling, the mean age of the ninety-seven children with siblings at The Hollies was the same (6.9 years) as the three hundred and forty-nine without siblings. Girls were slightly more likely (23%) to be admitted with a sibling than boys (20%) but this is not a significant difference.[269]

The doubling of the average length of stay at The Hollies may well have reflected good medical practice at the time – if admission was good, then twice as long an admission would be considered twice as beneficial. However, it is also possible that admissions were prolonged to ensure that The Hollies remained full as the number of admissions per year reduced. There was some evidence that, by

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[267] Ten of these children were admitted with tuberculosis, two were initially admitted for observation and were diagnosed with tuberculosis at The Hollies and two were admitted for observation and not re-diagnosed during their stays. Leeds City Council, 'The Hollies, Register 1934.

[268] The Hollies Register. 1934-38

[269] The Hollies Register. 1934-38

the mid-nineteen-thirties, some institutions for children with tuberculosis in Yorkshire were having difficulty filling their beds. The doctor in charge of the private sanatorium at Eastby was in correspondence with the Board of Education about changing its use, initially to be a school for 'mentally-defective' children (1933) and later to become a residential open-air school for a wider range of delicate children (1938).[270] The education authorities for the West Riding re-purposed the Mitchell Memorial Home at Rawdon to take delicate rather than only tuberculous children.[271]

This chapter has shown how the impact of the First World War and the influenza pandemic led to a renewed desire, locally and nationally, to ensure that children's lives were not blighted by tuberculosis. The appointment of Sir Charles Newman as the first Chief Medical Officer to the newly-created Ministry of Health, as well as his continuing role with the Board of Education, meant that the national drive to encourage open-air schools continued despite economic constraints.

The authorities in Leeds were slow to open a replacement for the pioneering pre-war residential open-air school at Gateforth. The city's health committee took over all the clinical treatment of tuberculosis patients from the LTA in 1919, leaving the voluntary organisation to focus on the social care of people with tuberculosis and their families. Pressure from the LTA, as well as from the Medical Officer of Health and the Director of Education, helped to ensure that The Hollies, bequeathed to the city by a bereft family, would be used for children affected by tuberculosis.

Dr Fernandez's generous approach to the diagnosis of tuberculosis in children was soon corrected by Dr Tattersall, his successor, but served to demonstrate the flexible boundaries of the diagnosis in children. As the numbers of children affected by tuberculosis continued to decline, The Hollies evolved from being predominately a sanatorium school, for children with mild

[270] Correspondence between Dr Arnott and Board of Education 1933-1938 Board of Education, Medical Department, 'Embsay with Eastby Sanatorium School' (Board of Education, 1929), The National Archives, Kew.

[271] Board of Education, Medical Department, 'West Riding, Rawdon, Mitchell Memorial Home Residential Open-Air Council School' (Board of Education, 1936), The National Archives, Kew.

tuberculosis not requiring continuous nursing, to become predominately a preventorium for pre-tuberculous children.

The city council opened an open-air school for delicate children at Farnley in 1932. The contrast in official attitudes to the prioritisation of health care versus education of children at Killingbeck, the Hollies and the open-air school revealed that expectations of children's educational progress at The Hollies was somewhere between that of the other two institutions.

As the total number of children admitted to the Hollies each year declined, more young children were admitted to the Hollies and the average length of stay doubled. National and international evidence emerged by 1933 to show that preventoria were not effective. Dr Tattersall cast doubt, in a medical journal, as to whether the right children were being admitted. However, his public statements to Leeds city council continued to affirm the value of the Hollies in temporarily removing children from the dangers of infection in tuberculous households.

There was growing understanding and public discussion of the potential for psychological harm to children living in institutions if they did not have individualised care. I could find little evidence that a better general understanding of children's emotional needs affected the care of children at The Hollies. The admission of more young children suggests that medical views about the need to intervene early to prevent tuberculosis outweighed considerations of the children's psychological welfare. There was some evidence, towards the end of the nineteen-thirties, that an institutional need to keep The Hollies beds full may have been a factor in prolonging the children's time there.

Chapter 3: 1940-1960

On Friday 25 August 1939, Miss Morgan, headteacher of The Hollies recorded in the Logbook that she had returned to work early from her summer holidays due to 'the crisis in European affairs.' A week later, on September 1, she accompanied twenty-six children from The Hollies to Eastby sanatorium near Skipton. Those children whose parents did not consent to their evacuation to Eastby had been sent home.[272]

This carefully planned evacuation marked the beginning of a nine-year exile of the institution from the house at The Hollies. The children remained at Eastby for one year and then moved to a villa at Meanwood Park Hospital, an institution for people with learning disabilities less than a mile from The Hollies.

The children had to wait almost three years after the end of the Second World War before they could return to The Hollies, due to delays in relocating adult tuberculosis patients from the house. The re-homing of the institution to the Hollies coincided with the start of the National Health Service in 1948.

For its final twelve years, The Hollies' life as a tuberculosis institution came to resemble the disrupted lives of some of its child residents. Much to the consternation of Leeds City Council, its long-term governing 'parent', The Hollies was listed as a hospital and transferred to the control of the newly established Leeds B Group Hospital Management Committee which reported to the Regional Hospital Board. Simultaneously, the school element of the Hollies came under the auspices of the Local Education Authority which meant that it was no longer inspected by the Medical Department of the Ministry of Education. The 'health' management of The Hollies was eventually returned to the custody of the local authority in 1954.[273]

By then, the city council was not sure what to do with their reclaimed 'child'. Tuberculosis rates continued to fall although there were still some children, like MS, for whom the city's tuberculosis service sought safe accommodation away from a tuberculous parent.[274]

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[272] 'The Hollies Logbook' (Leeds City Council, 1925), West Yorkshire Archives Service.
[273] 'Leeds B Group Hospital Management Committee', 1949, West Yorkshire Archives Service.
[274] Interview with 'R'.

The Medical Officer of Health reported in 1957 that the local health service could not fill the beds at The Hollies and the Health Committee invited the Education Department to use any spare places.[275] The Logbook recorded that the school closed at Easter 1957, the Register showed that children continued to be admitted to the Hollies for another four years. Arnold, writing at the time, explained that: 'as a temporary measure, the Hollies which is used to house tubercular children, is now being used as a boarding hostel for Delicate children who attend ordinary schools in the locality.'[276] The Hollies continued to be used for some children from tuberculous households. The last five resident children in the Register were discharged in March 1961 – three of them were siblings registered as 'TB contacts'.[277]

Complex and evolving transactions between medical, educational and child welfare discourses characterised two decades of unstable decline for The Hollies. One crisis overlapped with the next but 1948 marked a watershed in this history. This chapter is therefore divided into two chronological sections: 1940-1948, when geographical dislocation caused most of the problems; and 1948-1960 when a medical revolution in the treatment of tuberculosis coincided with organisational disruption associated with the new welfare state.

Nine years of exile: September 1939 to September 1948

The Hollies children's migration to Eastby was part of the mass evacuation of children from the cities that occurred at the beginning of the war which showed a prioritisation of children's lives over adults who were left behind in towns that were potential targets for enemy bombs. The Hollies children travelled with familiar teachers and fellow pupils so their relocation was less disruptive to their lives compared to the evacuation of other children from industrial areas.[278]

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[275] Ian G. Davies, *Report on the Health of the City for the Year 1957* (Leeds: Leeds City Council, 1958), Wellcome Collection. pp. 51-2 <<https://wellcomecollection.org/works/nkwvmc6e>>.

[276] Stanley Arnold, 'A History of the Special Services of Education, with Special Reference to Leeds' (unpublished MA, University of Leeds, 1958), University of Leeds, Offsite Western Store. p.234.

[277] The Hollies Logbook; The Hollies Register of Cases.

[278] Jonathan Taylor, '"[Her] Hostess … Is Anxious to Have Her Back When She Is Cured": The Impact of the Evacuation of Children on Wartime Local Services, England, 1939–1945', *Medical Humanities*, 46.2 (2020), 144–53 <https://doi.org/10.1136/medhum-2019-011784>; 'The Evacuated Children of The Second World War', *Imperial War Museums* <https://www.iwm.org.uk/history/the-evacuated-children-of-the-second-world-war> [accessed 26 August 2023].

However, their relocation was not without difficulty. The twenty-six Hollies children were joined at Eastby by twenty-eight who had been evacuated from Killingbeck sanatorium. Three Leeds teachers moved with the children to Eastby. They divided the combined group of children into three classes – the headteacher from Killingbeck taught the seniors, Miss Morgan took the juniors and the assistant teacher from Killingbeck looked after the kindergarten. By the end of September, the number of Hollies children had reduced by four, Miss Morgan reported that this was 'chiefly because parents are lonely'. However, at least one child tried to 'run home' on November 28 but was brought back from Skipton.[279]

When Miss Morgan recorded in the Logbook that she accompanied The Hollies children to Eastby, there was no mention of any nursing staff travelling with them. The Register for the house at The Hollies showed an almost immediate influx of sick adults with tuberculosis. Matron stayed behind to look after her new patients whose details she recorded in the same Register. It is reasonable to assume that the junior nursing staff stayed with her and there were nurses at Eastby willing to look after the influx of city children.[280]

Dr Arnott, the Medical Superintendent at Eastby, a privately-run sanatorium school, had been trying to re-purpose the institution since the mid-1930s as there were not enough local authorities willing to send children there. The evacuation of Leeds children helped the nursing staff at Eastby to stay employed for a little longer, but it closed in July 1941.[281]

Although only the teaching staff evacuated with the Leeds children to Eastby, it was the Leeds Health Committee who oversaw the children's lives in their new home. Members of the committee led by its chairman, Alderman Sir George Martin, visited Eastby during the first term. The following July, Miss Morgan asked for support from Dr Jervis in overturning the perverse advice of a

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[279] 'The Hollies Logbook' November 1939. This was the only instance when a child's name was recorded in the Logbook.

[280] The Hollies Register. In this section, I continue to refer to The Hollies children, even when their physical location was elsewhere.

[281] Board of Education, Medical Department, 'Embsay with Eastby Sanatorium School' (Board of Education, 1929), The National Archives, Kew.

local air-raid warden that children should shelter in the house at Eastby during an attack. Dr Jervis agreed that it was safer for them to disperse in the woods.[282]

The Hollies children and staff returned to Leeds soon after the start of the autumn term in 1940, to Villa 8 at Meanwood Park Colony. It was clearly a greater risk to children's lives to bring them back to the city but their parents, like those of most other children who had been evacuated at the beginning of the war, were anxious to have their offspring closer to home. The children's emotional needs were important, the teaching staff had also been separated from their families, and it was administratively more convenient to have the children back in Leeds.

Meanwood Park Colony was less than a mile from The Hollies, but with a very different culture. This colony was for people with severe learning difficulties, including some children. The nursing staff were not accustomed to caring for more intellectually able children. However, each villa was, to a large extent, self-contained so there was an opportunity for the teachers to create a more stimulating environment.[283] Once again, it was Dr Jervis who accompanied education staff to visit their new premises so that, as Miss Morgan recorded 'we might make suggestions re adapting of the building to meet our needs.'[284]

There was some inevitable prioritisation amongst children with differing special educational needs during wartime. The provision of education for 'delicate' Leeds children at the Sir James Graham School in Farnley was suspended at the start of the war to make space for partially-sighted and deaf children evacuated from a city centre school. The Farnley school did not revert to its previous role at the end of the war.

During the war, the national government and civil service prepared the ground for sweeping reforms across education, health and welfare services. Proposals for education reorganization were produced in a consultative document *Education after the War* which became known as the 'Green Book.' This built on recommendations of the Hadow (1926) and Spens (1938) reports and formed the

[282] 'The Hollies Logbook' 1939-1940

[283] The hospital had expanded in 1934 when Dr Fernandez, by then a senior city councillor, was chair of the mental health committee. The hospital's history has been outlined by its last medical superintendent. Douglas A. Spencer, 'Meanwood Park Hospital, Leeds: Seventy Years, 1919–1989: A Chronicle', *Psychiatric Bulletin*, 13.11 (1989), 629–31 <https://doi.org/10.1192/pb.13.11.629>.

[284] 'The Hollies Logbook' 1940.

basis of the 1944 Education Act. These were major reforms, particularly in secondary education and the raising of the school leaving age, but the widespread inequities in provision for children with special needs were also addressed.

Education after the War did not go into details of provision for different categories of 'handicapped' children but did advocate for more residential accommodation for the 'delicate and debilitated'. The provision of education for delicate and physically handicapped pupils became a statutory duty for the first time under the 1944 Education Act.[285]

The numbers of children recognised as delicate in Leeds declined following the end of the war, with seven hundred and ninety by 1946. Dr Willcock, acting School Medical Officer for Leeds, listed all the categories of children requiring special education under the new Education Act but reminded his readers that special educational provision did not necessarily mean within a special school. This was particularly relevant to delicate children, who required fewer adjustments to curriculum and environment, although he did state that 'when provision is made for Delicate children […] as much accommodation as possible should be residential'.[286]

The introduction of specific financial allowances was the most significant government intervention affecting the lives of people affected by tuberculosis during the war. Within months of the start of hostilities, a Standing Advisory Committee on Tuberculosis was convened to assist the Ministry of Health. NAPT's advocacy played a significant role in shaping wartime tuberculosis policy and showed the enduring influence of their disease-specific 'vertical' programme.

The war-time government was proactive in its approach to the prevention and management of tuberculosis, wishing to avoid, if possible, a repeat of the rise in morbidity and mortality from the disease that occurred during the First World War. Leeds did experience a spike in tuberculosis mortality in 1940 but by 1942,

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[285] Middleton and Weitzman include the full text of the *Education after the War* as an appendix to their book. Nigel Middleton and Sophia Weitzman, *A Place for Everyone* (London: Victor Gollancz, 1976). See pp. 202-311 for the period 1940-45 and pp. 421-5 for sections 72-76 of *Education after the War*.

[286] Maurice Willcock, *Annual Report on the School Health Service for the Year Ended December 31st 1946* (Leeds: City of Leeds Education Committee, 1947). p. 15.

Dr Tattersall was happy to report that deaths from tuberculosis were at an all-time low.[287]

NAPT were part of a 1942 joint committee which enquired into income and food expenditure in tuberculous households. One third of over a thousand households surveyed were found to be too poor to buy sufficient food to meet minimum nutritional standards.[288] NAPT's manifesto, published the same year, marked a shift in their approach of encouraging individual responsibility, assisted by the voluntary sector when necessary, to an acceptance that the state should intervene to ensure basic living standards. The government agreed to pay maintenance allowances, which started in September 1943.

Leeds tuberculosis services appointed a second almoner to administer these allowances. These tuberculosis-specific grants were hailed as a 'landmark in the fight against the disease' but it soon became apparent that allocations were insufficient to meet the needs of the beneficiaries and some groups, like those with non-pulmonary tuberculosis, were excluded. [289] LTA made use of council funding to 'top-up' the allowances when necessary, thus demonstrating the effective integration of LTA's charitable giving with generic relief funds from the local authority.[290]

From the point of view of children at risk of tuberculosis, the main emphasis in national health policy in the early nineteen-forties was to ensure the safety of the milk supply, as highlighted by the Medical Research Council report on Tuberculosis in War-Time.[291] Every Medical Officer of Health's report for Leeds had a section devoted to milk inspection. The city took its milk supply seriously. In his valedictory report, Jervis was pleased to note that in 1946 only 6% of 1,812

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[287] Norman Tattersall in J Johnstone Jervis, *Report on the Health and Sanitary Administration of the City for the Year 1942* (Leeds: Leeds City Council Health Committee, 1943), Wellcome Collection. p.36 <https://wellcomecollection.org/works/a7psh3cy>.

[288] Linda Bryder, *Below the Magic Mountain.* pp. 227-239.

[289] See Richard M Titmuss, *Problems of Social Policy: History of the Second World War*, United Kingdom Civil Series (London: HMSO). pp. 193-4 and Bryder, *Below the Magic Mountain* pp. 229-239.

[290] Leeds Association for the Care of Consumptives, 'Minute Book', 1942, West Yorkshire Archives Service.

[291] The findings of this report were summarised in a Nature editorial. Editorial, 'Tuberculosis in War-Time', *Nature*, 150.3815, 694–95.

milk samples were found to have been adulterated, usually by the addition of water, and 85-90% of the city's milk supply was pasteurised.[292]

Dr Muriel Bywaters continued in her role as Chief Inspector of Tuberculosis Schools for the Board of Education throughout the war. She was consulted about the transfer of the Killingbeck and Hollies schools to Meanwood Park Colony in 1940 and 'could see no objection' to approving the move as 'these are primarily M/H [Ministry of Health] places'. She visited on February 25 1941 and was accompanied by Dr Wilson, the Medical Superintendent for the Colony and Dr Tattersall. The villa allocated to the children from Killingbeck and The Hollies was almost new, having been built in 1939. Half an acre of surrounding land was fenced off as a playground. Dr Bywaters was satisfied with the children's nutrition; her note that they were following the 'colony diet' was an example of how the culture of the receiving institution influenced the experience of The Hollies children. Dr Bywaters was satisfied with the education and progress of the children and concluded that no additional action was necessary.

It may not be fair to make assumptions about the quality of the emotional care available to The Hollies children during their stay at Meanwood Park on the basis of the category of children usually looked after there. A detailed sociological study of children's institutions a few years later showed conclusively that the type of children cared for had almost no influence on the quality of care provided by an institution. Appropriate care of individual children was due to the ethos and leadership of senior staff, not the physical or learning needs of the children.[293]

However, Dr Bywaters' description of the premises, with sleeping rooms described as 'wards', rather than bedrooms or dormitories, and bathrooms as 'ablution rooms' portrayed a more clinical and less homely environment than The Hollies. Villa 8 only had space for thirty-six children. Thirty-four children, aged three to eleven years, were resident when Dr Bywaters visited. The children were 'mostly contacts but some were said to have early signs of T.B.'. Lengths of stay averaged six months.[294]

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[292] J Johnstone Jervis, *Annual Report 1946.* pp. 11-12.

[293] Roy David King, Norma V Raynes, and Jack Tizard, *Patterns of Residential Care; Sociological Studies in Institutions for Handicapped Children* (London: Routledge and Kegan Paul, 1971).

[294] Internal Correspondence with Dr Bywaters September 1940, and visit by Dr Bywaters February 25 1941. Board of Education, 'Leeds: Weetwood: The Hollies Sanatorium Council (Tuberculous) School,

The Logbook records a visit by Dr Bywaters on March 7 1943 but there is no record of this in the Board of Education file. Her visit on May 11 1945 is documented in the national records. There were twenty-nine resident children of whom sixteen were admitted for observation, twelve had early lung disease and one had tuberculous glands. The children were aged between three and fourteen years and the usual length of stay was three months. Dr Bywaters was positive about the children's education 'when the wide age-range and the short length of stay are taken into consideration'.[295]

The teaching staff who travelled with The Hollies children to Eastby and back to Leeds were able to stay with them for the duration of the war. Miss Morgan, the head teacher, had married in 1942 but was able to stay in post 'as War Service' until she tendered her resignation on 1 September 1945. There was further continuity amongst the education staff because she was succeeded by Miss Edwards, the kindergarten teacher. Miss Edwards married in the summer of 1947 and, in contrast to her predecessor, recorded her firm intention to stay in post despite her change in marital status.[296]

It was over two years from the end of the war before the children could return from the more spartan environment of Villa 8 to The Hollies. Their return coincided with huge changes to health, education and child welfare policy brought in by the reforming post-war Labour government.

The years of exile were marked by less amenable institutional cultures at Eastby, which was on the brink of closing down before the Leeds children arrived, and of Meanwood Park with its different 'colony' ethos. The number of children in Villa 8 had been as low as ten in 1944 (during a rubella outbreak); there were twenty-two children on the school roll when they returned to The Hollies on November 24 1947.[297]

The needs of the dwindling number of children with mild tuberculosis, or who were TB contacts, were easily overlooked during the exigencies of war and in a welter of post-war reconstruction and reforms. Children affected by

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The National Archives, Kew.

[295] Muriel Bywaters, *Visit to The Hollies Sanatorium School* (London: Board of Education, May 11 1945), The National Archives, Kew.

[296] *The Hollies Logbook*, 1942-47.

[297] *The Hollies Logbook*, 1947.

tuberculosis in Leeds lost two powerful medical advocates during this period. Tattersall moved during the war to head the tuberculosis services in Wales. His special interest in preventoria was based largely on his weekly visits to the Hollies for whom he became a father figure. Jervis retired in 1946, The Hollies had been an integral part of his 1918 tuberculosis scheme for the city.

Misplaced and misunderstood: the decline of The Hollies 1948-1960

This section will analyse the relative neglect of The Hollies as the new welfare state came into being. At the same time, new ways of preventing and treating tuberculosis transformed the medical discourse associated with the disease.

A dramatic revolution in the tuberculosis treatment had started in 1944 with the discovery of streptomycin. Para-amino-salicylic acid was also found to be effective and was quickly followed, in 1952, by isoniazid. Within a handful of years, and with the backing of results from controlled clinical trials, all three drugs became widely available. Dormandy was completely justified in naming his chapter describing these developments with the single word 'Dawn'. By the end of the 1950s sanatoria were defunct, a controlled trial in Madras having confirmed that, in the presence of effective drug treatment, they were useless.[298] Drug treatment also became available for children with tuberculosis. Isoniazid would prove to be particularly effective, in higher doses by weight than in adults, in treating tuberculous meningitis, the most dreaded form of the disease.[299]

The transformation in the outcome of tuberculosis was celebrated in Medical Officer of Health reports by Jervis and Tattersall's successors in Leeds. By 1960, Gordon Edwards, senior consultant at the Chest Clinic, was able to write that long-term anti-tuberculous drug chemotherapy was 'changing very fundamentally the prognosis of tuberculous disease'.[300]

Numbers of new notifications of tuberculosis in Leeds children showed a decline from ninety-three in 1948 to fifty-one in 1960. These totals masked a dramatic decline in non-pulmonary tuberculosis from sixty-six in 1948 to only

[298] Thomas Dormandy. pp. 361-375.

[299] W P Sweetnam and E F Murphy, 'Isonicotinic Acid Hydrazide in the Treatment of Tuberculous Meningitis in Children', *The Lancet*, 263, 160–61.

[300] Gordon Edwards in D B Bradshaw, *Report on the Health of the City for the Year 1960* (Leeds: Leeds City Council). p. 36.

eight in 1960. Notifications of pulmonary disease actually rose in children from twenty-seven in 1948 to forty-three in 1960.[301]

The rise in notifications of pulmonary disease was partly because doctors were using a trial of treatment as an aid to diagnosis. Children with signs, symptoms and X-ray appearances suggestive of tuberculosis, but insufficient to make a definite diagnosis, could be given a trial of anti-tuberculous drugs. If the children improved clinically and radiologically their treatment continued and they were registered as cases of tuberculosis. Dr Edwards stated that 'this therapeutic test of the diagnosis is likely to become more frequent in the future'.[302]

The introduction of BCG (Bacillus-Calmette-Guérin) vaccine was the other major change in national tuberculous policy affecting children in the nineteen-fifties. Britain was slow to introduce BCG compared to most other Western European countries. There were good reasons to complete a proper national trial because the efficacy of the vaccination varied considerably between nations, depending on the amount of natural immunity acquired during childhood. The introduction of BCG in the 1950s had the same purpose as the concept of pre-tuberculosis earlier in the century, to prevent adolescents and young adults from developing the disease.

Frank Ridehalgh, who took over from Tattersall and ran the Leeds tuberculosis services between 1945 and 1951 had been involved in a long-term study of tuberculosis in young adults. He therefore had a particular interest in protecting this age-group. Leeds was one of the centres for a trial of BCG vaccine in the early nineteen-fifties which led to the introduction of the national scheme to vaccinate all tuberculin-negative thirteen-year-olds.[303]

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[301] Ian G Davies, *Report on the Health and Sanitary Administration of the City for the Year 1948* (Leeds: City of Leeds Health Committee, 1949) pp. 29-20. <https://wellcomecollection.org/works/rvrypk5z>,
D B Bradshaw, *Report on the Health of the City for the Year 1960* (Leeds: Leeds City Council). pp.32-49. <https://wellcomecollection.org/works/td5jchqc>

[302] Gordon Edwards in Ian G Davies, *Report on the Health of the City for the Year 1957* (Leeds: Leeds City Council, 1958), Wellcome Collection p. 44. <<https://wellcomecollection.org/works/nkwvmc6e>>. As other diagnostic methods for adults Improved, and antibiotic resistance became more widespread, the 'trial of treatment' became less acceptable to those in charge of tuberculosis control.

[303] Marc Daniels and others, *Tuberculosis in Young Adults: Report on the Prophit Tuberculosis Survey, 1935-1948* (London: H.K.Lewis, 1948), Wellcome Collection; T.M. Pollock, 'BCG Vaccination in Man',

The dislocation of the management of the Hollies on the 'appointed day' of the start of the National Health Service on July 5 1948, with the school being controlled by the local education authority and the 'hospital' by an NHS management board was an obstacle to an integrated approach to meeting the needs of resident children. The Education Board in Whitehall was not notified of the change in the status of the Hollies until October 1948, when a small flurry of correspondence between the Board and the city council confirmed the transfer. The Board of Education noted that The Hollies school was registered as a 'Day Hospital Special School.' They closed their file on the Hollies in July 1949.[304]

July 5 1948 also saw the discontinuation of the tuberculosis allowances, which had been paid to up to two hundred and fifty families per week in Leeds. Under the new system, allowances were paid by the National Assistance Board. The almoners of the LTA had an exceptionally busy year navigating the new system on behalf of tuberculous families. LTA were no longer allowed to give cash grants but they continued to give grocery orders worth up to ten shillings per week per family. The local authority provided LTA with a grant to fund 'beds, bedding, clothing and boots.' These funds were supplemented by voluntary donations which were also used for items like kitchen utensils, furniture and help with removals to new homes. The provision of home helps was another huge benefit of the 1948 reforms. Previously families had to find, and pay for, help with domestic tasks, although in Leeds there were some additional payments to the most needy families from the LTA.[305]

The publication of the Curtis Report in 1946 was the most significant national policy development for children in residential care. Lynch has examined the pathways to the publication of this transformational report which formed the basis for the 1948 Children Act. Although experts on child psychology like Bowlby, Isaacs and Winnicott all gave evidence to the Curtis Committee, its

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Tubercle, 40.6 (1959), 399–412.
GV and her colleagues in the Leeds immunization teams were heavily involved in the BCG campaign, but urgent priority was given to polio vaccination when it became available. She administered the first polio immunization in Leeds. GV, Interview.

[304] 'Correspondence between D Neylan, Board of Education, Whitehall and George Guest, Director of Education for Leeds', October 1948, The National Archives, Kew.

[305] J.W. Armitage, *Senior Tuberculosis Almoner* in I.G. Davies, *Report on the Health and Sanitary Administration of the City for the Year 1948* (Leeds: City of Leeds Health Committee, 1949 pp.70-72

conclusions were shaped more by popular understandings of the emotional needs of children and by committee members' personal experiences of visiting children in residential homes.[306]

Leeds promptly set up a Children's Committee in line with the new Act and started a wholesale review and reform of its residential homes for children. The situation in 1949 in one group of existing homes was described as 'one of over-crowding, under-staffing and bleak institutionalism'. There was a transformation over the next twelve years with close attention paid to the emotional as well as physical needs of children. Many of the old homes were closed and replaced by much smaller 'family group homes' in the newer housing estates. Social care staff overseen by Leeds Children's Committee tried to avoid admitting children into the care of the local authority, but illness or debility of a parent was the commonest reason for this outcome. In 1955-6, eight children were admitted into care because a parent had tuberculosis.[307]

The Hollies Register recorded three children discharged to children's homes between 1948 and 1960. Twenty-eight children were discharged to addresses which differed from their admission addresses. They may have simply moved with their families, or to their extended families, or to foster care. One child moved to Manchester, another to Somerset, another as far as Ohio.[308]

The Hollies was not part of the review and reform of Leeds children's homes which took place throughout its last decade because it was still being managed as a 'preventorium' by the public health department in the late nineteen-fifties. There were links between the city's Care of Children staff and the tuberculosis services because the city's social workers regularly helped to find placements for children whose tuberculous mothers were unable to look after them at home. In 1957, six children were accommodated in Leeds children's

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[306] Gordon Lynch, 'Pathways to the 1946 Curtis Report and the Post-War Reconstruction of Children's out-of-Home Care', *Contemporary British History*, 34.1 (2020), 22–43 <https://doi.org/10.1080/13619462.2019.1609947>.

[307] City of Leeds Care of Children Committee, *The First Hurdle: Report on the Work of the Care of Children Department from 1948 to 1956* (Leeds: Leeds City Council, 1957), Leeds Central Library. p. 14.

[308] *The Hollies Register*

homes for this reason and one child, who had been admitted to the Hollies but was found to be 'unsuitable.' was moved to a children's home.[309]

Staff in the tuberculosis services were aware of the changes in child welfare discourse but appeared unable to find more appropriate accommodation for the younger children at least. In his report for 1948, Dr Ridehalgh, who was the medical officer responsible for The Hollies, commended the care and education available at The Hollies but stated that it was unsuitable for children under five years of age.[310] However, his opinion did not have any discernible effect on admissions. Twenty percent of admissions between 1948 and 1960 were children under five.[311]

The Logbook rarely records the number or ages of children from 1948-1960. More complete information comes from the Register, but this source has more missing data than for the period 1934-1938. Age was recorded for all but forty of the eight hundred and forty-one children admitted during this time. It is to be hoped that this was usually recorded reliably, although MS was registered as being two years old when he was, in fact, three. His recollections were limited by his young age at the time of his stay in The Hollies. His memory of observing another child rocking backwards and forwards, and deciding to do the same, because 'perhaps that was what you were meant to do' suggests there was a lack of stimulation for pre-school children.[312]

Four children, all girls, were recorded as being only one year old when they were admitted. Three of them were admitted with siblings and only stayed for a short time, from between fifteen and thirty-five days. The remaining infant stayed at the Hollies for one hundred and seventy-four days. Her address was recorded as a sanatorium near Knaresborough. Although no diagnosis was recorded for this little girl, it is reasonable to assume that her mother was an in-patient with tuberculosis. The Hollies teachers, who both had extensive

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[309] Barbara Northrop, Senior Tuberculosis Almoner report in Ian G Davies 1958. pp. 53-4.

[310] Frank Ridehalgh in I.G. Davies, *Report on the Health and Sanitary Administration of the City for the Year 1948* (Leeds: City of Leeds Health Committee, 1949) pp. 90-91 <https://wellcomecollection.org/works/rvrypk5z>.

[311] *The Hollies Register*.

[312] *The Hollies Register* 1948-61

kindergarten experience, would have agreed with Dr Ridehalgh in his assessment that there was 'an urgent need for accommodation for tuberculous infants'.[313]

The Hollies Register was not as well-kept between 1948 and 1960 as it had been before the war. This does not appear to have been due to a rapid turnover of senior nursing staff. The same handwriting persisted in the Register from 1939 through to 1945, to be replaced by another until 1958. In its last four years, when The Hollies functioned more like a children's home, the number of employees (twenty in 1957, fourteen in 1960) were still listed in Medical Officer of Health's reports under 'The Hollies Preventorium' as 'Public Health Staff'.[314]

The pattern of good continuity was maintained by the teaching staff. Mrs McBain (née Edwards), the head teacher, took six months leave from her role as headteacher 'for personal reasons', in summer 1949, stating her intention to return to post, presumably after maternity leave. Her handwriting did not recur in the Logbook, and Miss Philips, who had been the kindergarten teacher, took over the educational leadership of the school until it closed in 1957.[315]

There was a dramatic change in the role of The Hollies after the Second World War compared to its first twenty years. Tuberculosis was much less common and became treatable with medication. Only 11.6% of children admitted to the Hollies had a diagnosis of tuberculosis, half of all the children were admitted for observation and a quarter were simply described as 'Education.' Some of these children will have been categorised as 'delicate,' as described by Arnold, but some were admitted for social rather than medical reasons. Three were classified as 'Ed (NSPCC)' meaning the National Society for the Prevention of Cruelty to Children.

Only eight were officially classified as 'Welfare,' this small group included one group of three siblings aged two, four and six who were 'left in the hall with a note', which suggests that the adult who left them perceived The Hollies as a

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[313] Frank Ridehalgh in I G Davies, 1949. p. 90.

[314] Ian G. Davies, *Report on the Health of the City for the Year 1957* (Leeds: Leeds City Council, 1958), Wellcome Collection p. viii. <<https://wellcomecollection.org/works/nkwvmc6e>>.
D B Bradshaw, *Report on the Health of the City for the Year 1960* (Leeds: Leeds City Council). p. viii

[315] *The Hollies Logbook*, 1949-57

children's home. These three children were transferred to a local authority home the following day.[316]

Reason for admission	Number of Children	Percentage
Pulmonary tuberculosis	83	9.7
All non-pulmonary tuberculosis	17	1.9
Observation (changed to 'TB contact' from 1955)	425	49.8
'Education' (from 1956 onwards)	218	25.5
'Welfare' (from 1957 onwards)	8	1.0
Missing data	103	12.1
Total	854	100

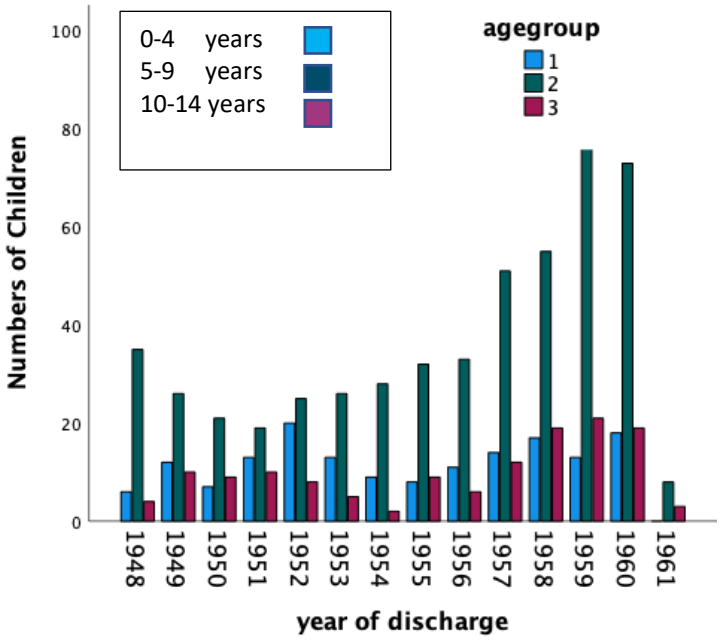
Table 4: Reasons for admission to The Hollies 1948-1960

In contrast to data from the pre-war register, slightly more boys (440) than girls (409) were admitted. Weight gain and other outcome data were either absent or of poor quality, so no attempt has been made to analyse them. There was one tragedy. A two-year-old boy was admitted for observation in January 1950 and died the following morning at 7.30am. No cause of death was noted. He was the only child recorded to have died at The Hollies, in the sources available to me, throughout its history as a tuberculosis institution.[317]

Figure 8 shows a marked increase in the numbers of children admitted to the Hollies from 1957 onwards, confirming its change of use to a 'residential hostel' for delicate children as described by Arnold.[318] Four hundred and seven children were discharged from 1957 onwards, exactly as many in four years (1957- early 1961) as had been discharged in the previous nine (1948-1956).

[316] Leeds City Council, 'The Hollies, Register of Cases', 1934, West Yorkshire Archive Service.
[317] The Hollies Register
[318] Stanley Arnold, p. 234.

Figure 8: Age distribution of children discharged from the Hollies 1948-1961[319]



The duration of admission in the last five years was far less dependent on clinical criteria and much more likely to be a standard academic term, reverting to a pattern similar to that seen at the Gateforth school before the First World War.[320]

The visiting doctors, and the almoner from the Chest Clinic, may have been enlightened by the post-war understanding of children's emotional needs but the archival material available does not record this overtly. Ridehalgh's opinion about the unsuitability of The Hollies for under-fives, and the urgent need for provision for tuberculous infants was very likely to have been based on his understanding of their emotional and psychological needs.[321] It is probable that the welfare of the resident children depended largely on the insights and capabilities of the Matron and her remaining staff. MS did not recall any episodes of harsh treatment, as far as he could tell it was a 'perfectly benign institution'. He remembered feeling lonely and the nurses being impersonal figures. 'They were just there, they were people who lifted me in and out of my cot […] they were

[319] *The Hollies Register* 1948-61.

[320] The Hollies Register

[321] Frank Ridehalgh in I G Davies, *Report on the Health and Sanitary Administration of the City for the Year 1948* (Leeds: City of Leeds Health Committee, 1949). pp. 90-91. <https://wellcomecollection.org/works/rvrypk5z>

almost faceless, like grey blobs.' He recalled another occasion when a nurse removed a chocolate, wrapped in silver paper with an image of a clock face, which was melting in his hand as he watched television. The nurse wiped his hand clean. The sweet was a gift from his parents.[322]

The last twenty-one years of The Hollies as a preventorium was marked by wartime migration of the children and staff to Eastby, Meanwood Park and back to the Hollies. The physical environment in Villa 8 was much more like a ward, and it is probable that the ethos of the nursing staff, who were used to looking after people with severe learning disabilities, was less appropriate to the needs of more able children. The designation of The Hollies as a hospital in 1948 was an administrative error that led to a dislocation of its management, to the detriment of the resident children.

The teachers provided continuity of staffing but, once The Hollies was registered as a day school in 1948, they were less involved with the institution. The Hollies ceased to become a school from 1957. It was managed primarily as a health institution but was, in practice, more like a children's residential home. The resident children missed out on the more enlightened approach of the Leeds Care of Children committee that was established following the 1948 Children Act. Very young children continued to be admitted, even though Dr Ridehalgh had acknowledged that The Hollies was unsuitable for children under the age of five years as early as 1948.

The overall impression of the management of the Hollies from 1945 onwards was one of relative neglect. Huge post-war changes to the management and delivery of education, health and social services overlooked the welfare of the children in this small institution. Leeds maintained a 'vertical' tuberculosis service within the NHS but segmentation of the new welfare state meant that the emotional needs of young children staying at The Hollies was overlooked.

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[322] Interview with MS.
Contemporary research into care within children's residential establishments showed that it was the ethos of senior staff, rather than the children's needs or administrative structures, that was the main determinant of quality of care. Roy D King and others, *Patterns of Residential Care,* 1971.

Conclusion

My research has shown that children affected by tuberculosis, and their families, were at the centre of transactions between medical, educational and child welfare discourses which were complex, multi-layered and sometimes contradictory. The pre-tuberculous child was seen as a potential victim of an insidious and deadly disease but also as a threat to the future of the nation. The Hollies, and the open-air school at Gateforth that preceded it, were seen by adults in charge of tuberculosis services as places of safety, offering children temporary respite and recuperation from the dangers of tuberculous households.

Accurate diagnosis was central to medical endeavour because it provides a guide to prevention, treatment and prognosis. Koch's discovery of the bacterial cause of tuberculosis transformed the medical discourse concerning the disease and led to concerted efforts, initially by local and national charities, to combat tuberculosis. The diagnosis of pre-tuberculosis, which emerged from clinical observations and post-mortem examinations, had indistinct boundaries and was often contested. It gained traction because of synergies between medical, educational and child welfare discourses at a time of anxieties about national efficiency, compounded by fears for young lives following the traumas of the First World War and influenza pandemic.

The diagnosis of pre-tuberculosis gave school doctors a means to rescue at least some of the impoverished children that queued up to see them in the elementary schools, as well as validating the doctors' status as diagnosticians. Doctors saw children as patients with problems to be fixed. Teachers understood their pupils as having strengths to be found, developed and nurtured. Educational discourse around healthy children was based more on abilities than disabilities. Faced with so many children who were too hungry or sick to make good use of education, teachers and education authorities were happy to ally themselves with the medical construct of pre-tuberculosis because open-air education was expected to improve the capabilities of at least some of their impoverished students. Child welfare discourse was gradually shifting from the Poor Law, with its distinction between deserving and undeserving beneficiaries. Disease-specific charities, like LTA and NAPT embraced the new diagnosis because it brought material benefit to some of the children and families on their books.

International evidence emerged, as early as 1932, that pre-tuberculosis could not be sustained as a medical concept. Careful longitudinal studies in Britain and North America showed that children identified as pre-tuberculous were no more likely to develop tuberculosis as adolescents or young adults than other children were. Preventoria like The Hollies could not be justified on medical grounds. Enthusiasm for open-air schools within educational discourse began to wane in the late 1930s, partly because they were seen as a way for authorities to avoid investing in better quality school buildings. Child welfare discourse had turned against institutional care for children, particularly very young children, because there was increasing evidence about the adverse impact on children's emotional and psychological welfare.

This disintegration of support for the notion of pre-tuberculosis across medical, educational and child welfare discourses might have led to a critical assessment of the role of The Hollies sooner, if the Second World War had not intervened. Paradoxically, the post-war launch of the new welfare state, and in particular the NHS, further delayed the closure of The Hollies as a tuberculosis institution despite the advent of effective anti-tuberculous drugs at the beginning of the 1950s. The Hollies was misplaced in the wholesale reorganisation of 1948 and did not return to the custody of Leeds city council until 1954, by which time it was too late for the Hollies to be considered in the radical reforms of Leeds children's homes.

Medical discourse held sway throughout this history. The doctors who influenced policy were themselves burdened by the unique cultural heft of tuberculosis. Physical separation of young children like MS from their parents was an attempt to protect the children from an insidious and potentially fatal disease. In the transaction between medical and child welfare discourses, the diminishing risk from tuberculosis took precedence over children's emotional welfare for far too long.

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