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Tuberculosis and Political Economy: Industrial Wealth and National Health in the Grand Duchy of Luxembourg, *c.* 1900–1940

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Summary. This article provides an historical assessment of the Luxembourgish anti-tuberculosis movement during the early decades of the twentieth century. It presents and discusses the widespread reflection on the economic burden of the disease deployed by the country's leading medical and social actors, as well as the particularly important role played by local industrialists and associated circles in the fight against consumption and the main strategies and events of the ambitious health education campaigns launched in the interwar period. It is suggested that all these initiatives have to be understood against the background of different economic, social and even national requirements, that is, as a way of preserving and improving the labour force, solving the social conflicts associated with the changing conditions of the modern industrial world, and providing evidence of the small nation's ability to face a major threat to its own legitimate existence among the civilised and progressive peoples of Europe.

Keywords: tuberculosis; public health; industry; nation; Luxembourg

'In regard to such an important factor for our health services, we walk at the tail of civilised nations, while we are not far from walking at the head for the number of persons with tuberculosis'[1]. This dramatic statement was made on 14 October 1900 by Luxembourgish physician Auguste Faber to the general assembly of his country's society for medical sciences, whom he asked to establish a special commission with the goal of

> exploring the ways to obtain accurate statistics of tuberculosis cases in our country, . . . inquiring whether there are among us special circumstances that could promote the development of the disease, seeing if there is a form of instructing the public about the nature and dangers of tuberculosis and studying whether we can establish popular sanatoria in our country.[2]

As in most European countries, the problems posed by tuberculosis came to be perceived in Luxembourg as a huge social issue and national challenge. The small elite of the country's physicians deplored the lack of a fully-fledged sanitary offensive that could face not

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[1]Auguste Faber, *Proposition faite à la Société des sciences médicales de nommer une Commission pour l'étude de la tuberculose dans notre pays et pour rechercher les mesures propres à combattre cette maladie* (Luxembourg, 1900), 1. All translations are the author's.
[2]*Ibid.*, 3.

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only the ravages of consumption, but also the many scourges of the modern world. Speaking in 1905 to the same medical society, Auguste Praum, since 1897 the director of the newly established Bacteriological Laboratory in Luxembourg City, denounced that

> everything has to be done among us: neither public authorities have had at their heart the idea of spreading the benefits of hygiene into the cottages of the poor, nor private charity has taken the noble and generous development that has led it in other countries to create works which are unknown to us. ... It is the duty of the medical world to shake off this lethargy, to denounce this situation in all its sadness, to indicate the means to stop the evil and to provide assistance for their implementation.[3]

Although death rates from the disease were supposed to be already dropping in many places, the late nineteenth century witnessed a growing awareness of the importance of poverty, overcrowding, malnutrition, lack of hygiene and occupational hazards in causing tuberculosis.[4] From being seen as the 'fashionable' disease of the Romantics, which has traditionally been considered as a crucial landmark in the emergence of the modern understanding of the 'sick individual', the public (professional and middle-class) view of consumption became that of a threatening social plague, which was closely related, like alcoholism and venereal disease, to the process of industrialization and the bad habits and living conditions of the (urban) working class.[5] Certainly, many authoritative observers had associated tuberculosis with poverty, physical overexertion and inadequate diet long before this period, but it was in this age of large population movements, acute social conflicts and widespread fears of decadence and degeneration that consumption came to be generally viewed as a dark spot in the landscape of industrialisation and even as a troublesome 'rite of passage to modernity'.[6] As French historian Pierre Guillaume has stressed, persons affected by tuberculosis were seen thereafter, especially after Robert Koch's establishment of the infectious nature of the disease, as dangerous agents

[3]Auguste Praum, *La lutte contre la tuberculose, étude présentée à la Société des sciences médicales du Grand-Duché de Luxembourg* (Luxembourg, 1905), 1.

[4]It seemed to be the case that death rates were falling in England especially, but the figures for other countries with a later onset of industrialisation (like Ireland, Norway or Russia) were less clear. See e.g. Francis B. Smith, *The Retreat of Tuberculosis 1850–1950* (London: Croom Helm, 1988), 5–7. On the growing awareness of social factors, see Thomas Dormandy, *The White Death. A History of Tuberculosis* (London: The Hambledon Press, 1999), 43.

[5]On tuberculosis as 'fashionable', see Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus & Giroux, 1978), 27–37; Claudine Herzlich and Janine Pierret, *Illness and Self in Society* (Baltimore: The Johns Hopkins University Press, 1987), 24–37. More recently, consumption has also been interpreted as the quintessential condition that paved the way for the modern notion of chronic illnesses. See Carsten Timmermann, 'Chronic Illness and Disease History', in Mark Jackson, ed., *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2011), 393–410. On acceptance that tuberculosis also affected the working classes, see Michael Worboys, *Spreading Germs: Diseases, Theories, and Medical Practice in Britain, 1865–1900* (Cambridge: Cambridge University Press, 2000), 195–6. See also Pierre Guillaume, *Du désespoir au salut: les tuberculeux aux 19e et 20e siècles* (Paris: Aubier, 1986), 131–69; or, more extensively, David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley, CA: University of California Press, 1995).

[6]Mark Harrison, *Disease and the Modern World. 1500 to the Present Day* (Cambridge: Polity Press, 2004), 128.

of contamination, thus representing a serious challenge for policy makers and an overt threat for the 'societal organism' as a whole.[7]

In Luxembourg, where the manifold consequences of the country's rapid transformation from a traditional agrarian society into one of the most important sites of the European steel industry were clearly visible at least from the late nineteenth century, these views were going to be widely shared by almost every active member of the national anti-tuberculosis movement.[8] So, for instance, a report written by a special commission appointed by the government in 1920 stated that 'to fight against this scourge is to fight against all damages caused by the transplantation of humanity and the individual from a world of clean air and healthy and balanced activity to an industrial environment with all its overwork and troubles'.[9] And physician Ernest Feltgen, who was the first president of the Luxembourgish League against Tuberculosis (founded in 1908), used to provide the following standard explanation for the rise of the social disease tuberculosis:

> Soil culture is supplanted by industry, which grows at a prodigious pace. This situation results in the formation of overcrowded cities, where there is a marked lack of space, air and sun. It is clear that the victims of these unhealthy living conditions bring forth an offspring prone to physical and moral degeneration, offering a fertile ground to host and germinate the virus of social diseases such as tuberculosis.[10]

Furthermore, it was frequently argued that the small country and its economic development had other singularities that created an even more fertile soil for the propagation of infectious diseases, such as its strategic geographical location at the crossroads between Central and Western Europe and the constant need for foreign workers—coming mainly from Southern Italy and other poorer regions—for the country's booming mining and metallurgical industry.[11]

In any case, there is no doubt that the new 'social' view of tuberculosis was the general justification of a set of attitudes and behaviours. Foremost, it provided the legitimation for the discourses and practices of social hygiene, whose authoritarian intervention strategies violated the sacred principles of liberalism and invaded the private sphere of the labouring classes with the goal of spreading new values, habits and

[7]Pierre Guillaume, 'Histoire d'un mal, histoire globale. Du mythique à l'economique', in Jean-Pierre Bardet, Patrice Bourdelais, Pierre Guillaume, François Lebrun and Claude Quétel, eds, *Peurs et terreurs face à la contagion. Choléra, tuberculose, syphilis XIXe–XXe siècles* (Paris: Fayard, 1988), 159–83.

[8]The most complete historical survey on the development of Luxembourg's steel industry is to be found in Charles Barthel and Josée Kirps, eds, *Terres rouges. Histoire de la sidérurgie luxembourgeoise*, 3 vols (Luxembourg: Archives Nationales de Luxembourg, 2009–2011). Its huge significance to the national economy during the first half of the twentieth century is shown by the fact that Luxembourg became the country with the largest steel production per capita in the world, amounting 5.48 tonnes per inhabitant in 1913 (compared to 0.26 in Germany, 0.17 in England or 0.12 in France). Around 1950, the iron and steel industry contributed to 31% of the national GDP. See Gérard Trausch, *Les mutations economiques et sociales de la société luxembourgeoise depuis la révolution française* (Luxembourg: Statec, 2012), 97, 153.

[9]Commission Spéciale de Lutte contre la Tuberculose, 'La lutte contre la tuberculose par l'hygiène spéciale', 1921, Archives Nationales de Luxembourg (henceforth ANLUX), folder SP-271.

[10]Ernest Feltgen, *Nos principales œuvres pour l'enfance* (Luxembourg: Société d'Hygiène Sociale et Scolaire, 1938), 6.

[11]Aline Mayrisch, *Rapport sur l'état actuel de la question de la tuberculose dans le Grand-Duché et sur les meilleures méthodes à suivre pour la résoudre* (Luxembourg: Société de la Croix-Rouge Luxembourgeoise, 1928), 9.

forms of life.[12] In this vein, in 1906 Luxembourgish physician Auguste Flesch defined the anti-tuberculosis crusade as 'the whole hygiene working against the misery of the people'.[13] It is now widely accepted that the big campaigns of the early decades of the twentieth century were not only a major step in the development of contemporary social medicine, but also laid the foundations of many future health policies and institutions.[14]

In some countries, the national associations and private charities that, starting in 1891 in France, carried out the fight against tuberculosis at the turn of the twentieth century were supported or even actively promoted by prominent industrialists. On the one hand, these captains of industry shared the ideology of individual responsibility underlying hygienic discourses, but, on the other, they were obviously concerned with the consequences of a disease that produced a substantial decimation of the working force.[15] In this sense, recent research has suggested that questions of labour and economy were the main prisms through which consumption came to be a problem for government, and through which it was actively problematised as a public health issue.[16] This would certainly explain the eagerness with which many industrialists contributed to the fight against the disease, but also the fact that these campaigns were broadly conceived as truly national endeavours that prompted States to intervene in order to keep and safeguard their wealth and prosperity.

These considerations seem to be particularly pertinent in the case of Luxembourg's anti-tuberculosis movement, which evolved in a period of strong social and national challenges and soon secured a high degree of support from the country's main industrial companies. As I will try to show, this was without doubt one of the most outstanding and distinctive features of the Luxembourgish campaign, as well as the creative combination of models, institutions and patterns of intervention coming (with a relatively short delay) from other countries—France, Germany and, to a lesser extent, Belgium, the United States and the Netherlands—and the important role attributed to the fight

[12]See here Linda Bryder, *Below the Magic Mountain. A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Clarendon Press, 1988), 142–8; Esteban Rodríguez Ocaña and Jorge Molero Mesa, 'La cruzada por la salud. Las campañas sanitarias del primer tercio del siglo veinte en la construcción de la cultura de la salud', in Luis Montiel, coord. *La salud en el Estado del Bienestar. Análisis histórico* (Madrid: Editorial Complutense, 1993), 133–48; Alfons Labisch, 'Sozialhygiene: Gesundheitswissenschaften und öffentliche Gesundheitssicherung in der zweiten Hälfte des 19. Jahrhunderts', in Musée d'Histoire de la Ville de Luxembourg, ed., *Sei sauber .... Eine Geschichte der Hygiene und öffentlichen Gesundheit svorsorge in Europa* (Cologne: Wienand Verlag, 2004), 258–67; and Marjatta Hietala, 'Zum Schularzt gehen, Milch trinken, Sport treiben: Hygiene als Volksaufklärung oder Sozialdisziplinierung', in Musée d'Histoire de la Ville de Luxembourg, ed., *Sei sauber .... Eine Geschichte der Hygiene und öffentlichen Gesundheitsvorsorge in Europa* (Cologne: Wienand Verlag, 2004), 286–301.

[13]Auguste Flesch, *Proposition de loi concernant la création d'un sanatorium dans le Grand-Duché. Avis du Collège médical* (Luxembourg: Chambre des députés, 1906), 8.

[14]See Dorothy Porter, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), 284–5, for a general assessment; and, more specifically for the case of tuberculosis, Michael Teller, *The Tuberculosis Movement. A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988), 121–37.

[15]Marie-Paule Jungblut, 'Öffentliche Gesundheitsvorsorge in Europa: Private Initiative und nationale Reglementierung', in Musée d'Histoire de la Ville de Luxembourg, ed., *Sei sauber .... Eine Geschichte der Hygiene und öffentlichen Gesundheitsvorsorge in Europa* (Cologne: Wienand Verlag, 2004), 278–85.

[16]Alison Bashford, 'Tuberculosis and Economy: Public Health and Labour in the Early Welfare State', *Health & History*, 2002, 4, 19–40.

against the disease in the evolving process of state formation and national legitimisation of this small country among its powerful neighbours.

In order to place the history of this movement in its broader economic, social and political context, this paper will present and discuss the widespread reflection on the economic burden of the disease deployed by the country's leading medical and social actors, as well as the important role played by local industrialists and associated circles in the fight against consumption and the main strategies and events of the ambitious health education campaigns launched in the interwar period. In doing so, we will see how industry-related entrepreneurship in the domain of tuberculosis prevention and treatment was essentially inspired by educational ideals, and more particularly, by the goal of creating new patterns of subjectivity and citizenship for the country's working class.

The Burden of Consumption

In the immediate years before the full constitution of the national association against tuberculosis, the Luxemburgish administration attempted to gather reliable data on the real prevalence of the disease. So, for instance, on 23 October 1903 the government asked the 'Collège Médical' (Medical Council), the corporate association of physicians, to perform a first assessment of the number of tuberculosis patients through the reports of the country's medical inspectors. Some months later, the Medical Council had to recognise that the 'data are too vague and incomplete for the drawing up of general statistics', but it also urged the government to act even without detailed data on the actual extent of the problem:

> We think that we can start the fight against this disease without this statistic, which could not be done without cost or difficulties, and which, as everything suggests, would only confirm that, in this respect, we are neither better nor worse than our neighbouring countries.[17]

At the same time, the State Minister set up a special commission to assess the alleged high rates of consumption in the country's prisons.[18] And apart from proposing some general preventive measures and new guidelines for inmates' nutrition, the members of the commission could confirm that at least 29 out of 77 deaths (37.6%) that occurred in state prisons from 1892 to 1903 had been caused by tuberculosis.[19]

However, despite other similar efforts deployed later by the main actors involved in the national anti-tuberculosis campaign, there was a continuing lack of reliable epidemiological data—at least in the period before the First World War—so the suggested figures were mere estimates obtained from comparisons with neighbouring nations. Taking Germany as a reference, for instance, Luxembourgish nurse May Schoué calculated in 1916 around 819 new cases and 445 deaths every year, making up a yearly mortality

[17]Collège Médical, 'Lettre au Directeur Général des Travaux Publiques', 12 January 1905, ANLUX, folder SP-259.

[18]Due to their usual overcrowding, prisons were ranked in most European and North American countries among the institutions with the highest mortality rates from tuberculosis. Dormandy, *The White Death*, 79.

[19]'Rapport de la commission spéciale', SD, ANLUX, folder J-043-02.

rate of 15/10,000.[20] Ten years later, a press article published on the occasion of the so-called 'Volksgesundheitswoche' (public health week) stated that consumption was the country's main killer, being responsible for more than one seventh of all deaths and almost one half of all deaths in adults between the ages of 25 and 40.[21] And in 1928 physician Nicolas Schaeftgen and the Red Cross estimated that the overall prevalence rate of contagious forms of tuberculosis lay between 4 and 12/1,000, that is, around 1,000 to 3,000 cases in a population of *circa* 285,000.[22]

So, although the real extent of the problem was never thoroughly assessed, there can be no doubt that tuberculosis was Luxembourg's most important public health challenge during the first decades of the twentieth century.[23] And considering the fact that it was a disease that, foremost, killed young adults, that is, people in the prime of their working life, it is not surprising that, apart from its substantial demographic impact in such a small country, most physicians—as well as politicians and industrialists—were especially concerned about its huge economic effects. This was, for instance, one of the main arguments deployed in June 1906 by physician Anton Kayser when he proposed in the country's chamber of representatives the creation of a national sanatorium for consumptive patients: 'Estimating a number of 600 patients and the social value of each inhabitant of the Grand Duchy in 2,500 francs, we get a sum of 1,500,000 francs which consumption costs every year to our national wealth'.[24] An even bigger amount was estimated in a report on this project by Auguste Praum, who added the yearly salaries (800 francs) of around 350 dead workers (280,000 francs) to their treatment costs (another 280,000 francs) and the loss of their 'social value' (yearly salary $\times$ 5, around 1,400,000 francs),

[20]May Schoué, *Eine volkstümliche, gemeinverständige Belehrung über die Tuberkulose als Volkskrankheit und deren Bekämpfung in Luxemburg* (Bonn: Rhenania Drückerei, 1916), 9–10. The comparison with other countries suggests that this calculation was below the real rate. In 1908, for instance, mortality rates from tuberculosis were thought to lie around 15.9/10,000 in England, 17.8 in Germany, 18.5 in Spain, 22.6 in France, 24.4 in Norway and 30.4 in Austria. See Jorge Molero Mesa, *Estudios medico-sociales sobre la tuberculosis en la España de la Restauración* (Madrid: Ministerio de Sanidad y Consumo, 1987). Curiously, similar numbers were reported two decades later by sociologist Jean J. Lentz, who could already rely on the detailed figures of mortality causes furnished by the Luxembourgish government's statistical office. It is interesting to note that an ordinance approved in 1924 made tuberculosis a disease of compulsory declaration in the Grand Duchy, but only in those cases 'followed by death'. See Jean J. Lentz, *La lutte contre la tuberculose dans le Grand-Duché de Luxembourg* (Luxembourg: Imprimerie de la Cour Joseph Beffort, 1934), 53, 57–76.

[21]'Aus Anlass der Volksgesundheitswoche. Die Tuberkulose', *Luxemburger Wort*, 11 August 1926. These data are also very similar to those reported from France, where by 1925 tuberculosis was causing at least 13% of all deaths. See Jean-Pierre Bardet, 'Conclusion', in Jean-Pierre Bardet, Patrice Bourdelais, Pierre Guillaume, François Lebrun and Claude Quétel, eds, *Peurs et terreurs face à la contagion. Choléra, tuberculose, syphilis XIXe–XXe siècles* (Paris: Fayard, 1988), 375–90, 378.

[22]Nicolas Schaeftgen, 'Bekämpfung der Tuberkulose', *Luxemburger Wort*, 9 August 1928; Mayrisch, *Rapport sur l'état actuel*, 1; Lentz, *La lutte contre la tuberculose*, 17. On behalf of the 'Ärztesyndikat' (Doctors Syndicate), a small group of socially committed doctors, Schaeftgen had claimed several times for adopting a specific law against the disease such as the Danish one from 1912. See, for instance, Luxemburger Ärztesyndikat, *Zur Frage der Tuberkulosebekämpfung in Luxemburg* (Esch-sur-Alzette: Imprimerie P. Schroell, 1919).

[23]In fact, the big difficulties of diagnosing and acknowledging the disease were an issue everywhere. In this sense, Linda Bryder has convincingly argued that the assessment of tuberculosis morbidity represented a major force in boosting epidemiological research in the interwar period. See Bryder, *Below the Magic Mountain*, 97–102.

[24]Anton Kayser, *Proposition de loi tendant à la création d'un sanatorium populaire antituberculeux* (Luxembourg: Imprimerie de la Cour Victor Bück, 1907), 1.

making up a total cost of 1,960,000 francs to the national wealth every year.[25] In addition, the report of the Medical Council emphasised the economic load of consumption as the main reason for proceeding with the construction of a sanatorium, arguing that tuberculosis was behind 33 per cent of all deaths and 50 per cent of all invalidity episodes.[26] Two decades later, Nicolas Schaeftgen suggested that the national health insurance system was dedicating around a fifth of its entire expenditure (i.e. over 4 million francs) to the treatment of tuberculous patients, and summarised as follows the central relevance of the anti-tuberculosis campaign for the national wealth:

> Everywhere we look, we encounter the immense damages caused by tuberculosis, the white plague, to our national wealth. After careful calculation, it is easy to demonstrate that these damages cost millions to our national wealth, millions that could be saved if we would be able to eradicate tuberculosis.[27]

As we have already seen, it was the norm to attribute the emergence of this 'white plague' to the process of industrialisation and the living conditions of the working class, and many observers blamed in particular the bad habits of the growing number of foreign workers for spreading the disease on Luxembourgish soil.[28] This was, for example, the point of view of the medical council, which in 1906 stressed the high rates of alcoholism among infected workers and described them in the following terms:

> This poor patient corresponds to the type of the Italian miner, who is often predisposed to tuberculosis due to his physical inferiority. From a constitutional point of view, this type provides a breeding ground for the outbreak of infectious diseases, and most especially tuberculosis, whose germ he often brings from his country of origin.[29]

[25]Auguste Praum, *Proposition de loi concernant la création d'un sanatorium dans le Grand-Duché. Avis de M. le Directeur du laboratoire de bactériologie* (Luxembourg: Imprimerie de la Cour Victor Bück, 1907), 1. To provide some kind of comparison, the global yearly expenditures of the Luxembourgish State amounted to around 21 million francs in 1913. See Trausch, *Les mutations economiques et sociales*, 146–7.

[26]Collège Médical, *Proposition de loi concernant la création d'un sanatorium dans le Grand-Duché. Avis du Collège Médical* (Luxembourg: Imprimerie de la Cour Victor Bück, 1906), 1.

[27]Schaeftgen, 'Bekämpfung der Tuberkulose'. Of course, the economic burden of the disease was pointed out in almost every country. In fact, this kind of evaluation was quite popular and expressed a general concern over 'national efficiency' both in the productive and the military fields through the reproduction of a healthy population. See Jorge Molero-Mesa, '"The Right not to Suffer Consumption": Health, Welfare Charity, and the Working Class in Spain during the Restoration Period', in Flurin Condrau and Michael Worboys, eds, *Tuberculosis Then and Now. Perspectives on the History of an Infectious Disease* (Montreal: McGill University Press, 2010), 171–88. With the available data, it is not possible to confirm whether this economic impact was bigger in Luxembourg than in other countries, but it is plausible to think that the fast development of the country's industry at the turn of the twentieth century led to a particularly keen awareness of the threat posed by tuberculosis for the recruitment and maintenance of an operative industrial working force.

[28]As Michael Worboys has shown, the 'metaphor of seed and soil' remained one key element in the medical understanding of tuberculosis even after the discovery of the infectious nature of the disease, as it allowed constitutional notions to be refashioned in terms of individual and collective vulnerability linked to certain habits and values. See Worboys, *Spreading Germs*, 193.

[29]Collège Médical, *Proposition de loi*, 2. Interestingly, these arguments would appear again in the public discourses on tuberculosis prevention during the economic crisis of the 1930s. So, for instance, the medical director of the dispensary in the mining and metallurgical city of Esch-sur-Alzette stated in 1934 that in order to protect Luxembourgian people all foreign workers with contagious forms of the disease should be banned from the country. See 'Tuberkulose und Ausländer', *Luxemburger Wort*, 5 March 1934.

From the perspective of the workers' movement, things were, of course, somewhat different. Although it was recognised that alcoholism was frequently present, it was argued that the labouring classes were prone to get infected instead through their helpless exposure to the unhealthy working and living conditions of the modern industrial world. As the social democratic newspaper *Der arme Teufel* ('The poor devil') once stated:

> As time goes by, the notion according to which the massive spread of tuberculosis is caused by our social conditions is gaining more and more support, so that it cannot be effectively fought as long as poverty and malnutrition, airless houses and alcoholism reduce as they did in the past the bodily resistance of millions of workers.[30]

Consequently, it was argued that the fight against consumption should proceed not only with substantial improvement of this unhealthy environment, but also with a significant contribution by industrialists and the upper classes to the treatment of those workers who had already been struck by the disease.[31] Echoing these views, some authoritative voices from the country's health professions expressed the idea that financial involvement in the anti-tuberculosis movement was a duty of 'our powerful steel industry, for which a good part of our workers sacrifice their health and sometimes their lives'.[32] As nurse May Schoué pointed out, it was not only a matter of compensation or moral obligation, since 'those who have the greatest interest in controlling this disease as a national epidemic are, first of all, our employers, who need to secure skilled and efficient labour force and don't want to lose their best and most valuable people due to tuberculosis'.[33] In fact, most of the country's main steel producers as well as some outstanding industrialists took a very active role in this domain and became heavily involved in the funding and leadership of the national anti-tuberculosis movement. As demonstrated in the next section, in some cases this dedication went way beyond formal participation in private charities or the occasional monetary donation.

The Anti-tuberculosis Movement and the Industrialists

Not long after the Luxembourgish chamber of representatives had discussed—without any remarkable outcome—the proposal to build a national sanatorium for consumptives, a small group of personalities headed by Ernest Feltgen, medical director of the reputed thermal facilities at Mondorf-les-Bains, and the deputy and industrialist Nicolas Ludovicy, gathered together in order to create an association against tuberculosis. By the end of

[30]'Die soziale Bedeutung der Tuberkulose', *Der arme Teufel*, 14 April 1923. A detailed examination of the specific attitudes and reactions of the different branches of the Luxembourgish workers' movement to the official anti-tuberculosis campaign is beyond the scope and possibilities of this paper, but, although I haven't found evidence of active resistance to specific measures, this kind of statement suggests a substantial divergence from hegemonic social hygienic discourses. It is important to remember that, coincident with the peak of 'national' efforts against consumption, during the 1910s and 1920s the Grand Duchy witnessed several outbreaks of social unrest among the working class. See Gilbert Trausch, 'Contribution à l'histoire sociale de la question du Luxembourg, 1914–1922', *Hémecht*, 1974, 1, 5–118.

[31]In 1916 the leftist newspaper *Escher Tageblatt* directly urged the Grand Duchess and the country's millionaires to fund the national anti-tuberculosis campaign with their 'surpluses'. See 'Tuberkulose und Krankenhaus', *Escher Tageblatt*, 23 June 1916.

[32]Collège Médical, *Proposition de loi*, 8.

[33]Schoué, *Eine volkstümliche, gemeinverständige Belehrung*, 38.

1907, this 'provisional committee' issued a 'circulaire' in French and German depicting the dramatic challenge posed by the disease and asking all Luxembourgish citizens to join the crusade and become members of the 'ligue antituberculeuse'.[34] Some months later, the new association celebrated its first general assembly in Luxembourg's City Hall, where it elected its first executive board under Feltgen's presidency, appointed a number of special delegates for each one of the country's 12 cantons and approved its statutes, which were validated in January 1911 by the Grand Duchy's government. According to this first public statement, the 'Ligue Luxembourgeoise contre la Tuberculose' (Luxembourgish League against Tuberculosis) was constituted as a private entity with the goal of 'fighting this scourge with therapeutic means and, most especially, with preventive measures', mainly through the establishment of a small network of specific dispensaries across the country, the organisation of different resources for 'children at risk' and a ceaseless activity in the domains of propaganda and health education.[35]

The League quickly obtained the official recognition of legal personality—this enabled it to raise funds and receive donations and inheritances that were exempt from tax—and joined the International Association against Tuberculosis.[36] It soon incorporated a significant part of the country's physicians, politicians, civil servants, industrialists and the Royal Family.[37] In fact, up to the 1920s, when it became a popular movement after a series of strong recruitment campaigns, it remained a charity whose membership came mostly from the elites and the professional and upper-middle classes. By 1922 the association counted just 680 'paying affiliates', although these numbers rose to 3,000 in 1928 and to 5,400 in 1935, that is, more than 2 per cent of the Grand Duchy's entire population.[38]

As has been already pointed out, from the very beginning many companies and leading figures of the local mining and steel industry were involved and gave personal and financial support to the activities of the League. Executive board members of several outstanding Luxembourgish industrial businesses such as Léon Kauffman, Norbert Metz and, particularly, Émile Mayrisch's wife Aline (born de Saint-Hubert) who was appointed

[34]'Ligue antituberculeuse. Liga gegen die Schwindsucht', SD, ANLUX, folder SP-272.

[35]Ligue Luxembourgeoise contre la Tuberculose, *Assemblée Générale du 5 Avril 1908. Statuts* (Luxembourg: Imprimerie Joseph Beffort, 1908).

[36]On the League's raising of funds and donations, see Chambre des Députés, *Projet de loi avant pour objet de conférer la personnification civile à la Ligue Luxembourgeoise contre la Tuberculose* (Luxembourg: Imprimerie de la Cour Victor Bück, 1910).

[37]In 1911 and 1927, respectively, Grand-Duchess Marie-Anne and Grand-Duchess Charlotte accepted the 'high patronage' of the League. See Ligue Luxembourgeoise contre la Tuberculose, *1908–1933. 25 années de lutte antituberculeuse dans le Grand-Duché de Luxembourg* (Luxembourg: St. Paul, 1934), 10.

[38]For the 680 paying affiliates, see Ligue Nationale Luxembourgeoise contre la Tuberculose, *Son organisation, son fonctionnement, ses dispensaires, ses donateurs, sa situation financière* (Paris / Dornach: Braun & Cie, 1922), 16 ; for the rise in numbers, see Ligue Luxembourgeoise contre la Tuberculose, *Rapport sur le fonctionnement de la Ligue en 1928*, 1929, ANLUX, folder SP-272; Ligue Luxembourgeoise contre la Tuberculose, *Rapport du Conseil d'Administration à l'Assemblée Générale du 17 Mars 1935*, 1935, ANLUX, folder SP-272. This was of course quite a large proportion. Although I could not find detailed information on the rates of membership in other nations, there can be no doubt that the tuberculosis movement involved almost everywhere an important segment of the population. In the United States, for instance, there were in 1916 over 1,324 voluntary tuberculosis associations. See Teller, *The Tuberculosis Movement*, 33.

in 1921 vice president of the League, became key personalities of the movement.[39] This involvement is best appreciated by looking at the association's sources of funding; income was mainly via donations from the steel industry, at least until the early 1920s. Between 1908 and 1921, for example, these donations—coming mostly from ARBED, Gelsenkirchener Bergwerks-AG, Deutsch-Luxemburgische Bergwerks- und Hütten-AG (later renamed HADIR) and the Metz and Mayrisch families—amounted to over 1 million francs in total; in comparison, government subsidies only reached around 110,000 francs in total during the same period.[40] Gradually, these sums decreased and were surpassed by public funds and other means such as the lucrative annual lottery that the League was authorised to sell from 1922 on.[41] Nevertheless, industrial sources remained the most important single contributor to the treatment costs of tuberculosis through participation in the newly created 'Établissement d'Assurances Sociales' (Social Insurance Institute)—which took an increasing role in this domain in the interwar period—and the development of its own care resources for tuberculous workers and their families.[42]

Following the celebrated examples of Edinburgh (1887), Liège (1900) and especially Lille (1901), the League's most relevant institutional creations and the cornerstones of its activity were undoubtedly the dispensaries.[43] According to its first yearly report, they had 'an exclusively educative character refraining from every kind of therapy', and they were responsible for the screening of infected persons and their families, the supervision of their housing conditions, the provision of material relief for poor consumptives, the delivery of spittoons, the performance of disinfections and the referral of 'appropriate' cases to sanatorium treatment.[44] The first one opened in Luxembourg City in August 1908, but others followed in the country's main population centres, including Esch-sur-Alzette (1910), Ettelbruck (1910), Dudelange (1913), Differdange (1921), Grevenmacher (1921), Rédange (1921), Wiltz (1921) and Echternach (1936).

As Auguste Delahaye, medical director of the dispensary in Luxembourg City, explicitly stated, it was clear from the outset that the target population of these institutions were

[39]As president of ARBED (Aciéries Réunies de Burbach-Eich-Dudelange), a merger of the three largest Luxembourgish steelworks brought about in 1911, Émile Mayrisch (1862–1928) was without question the most powerful, charismatic and influential industrialist of his time, and, together with wife Aline (1874–1947), he was very active in social and cultural philanthropy. So, for instance, he introduced several social benefits for his workers, was for many years the president of Luxembourg's Red Cross and used to gather a 'circle' of relevant artists, writers, intellectuals and politicians at his countryside residence in Colpach. See e.g. Nadine Schmitz, 'Le paternalisme d'Émile Mayrisch', in Charles Barthel and Josée Kirps, eds, *Terres rouges*, vol. 3, 104–53; and Germaine Goetzinger, *Colpach: ein Ort deutsch-französischer Begegnung zur Zeit der Weimarer Republik* (Oldenburg: Universität Oldenburg, 2004).

[40]Ligue Nationale Luxembourgeoise contre la Tuberculose, *Son organisation*, 37–9.

[41]Ligue Luxembourgeoise contre la Tuberculose, *1908–1933*, 8–9. Other (less important) funds came from the annual membership fees, the sale of flowers and the periodic celebration of social events, parties and benefit concerts.

[42]On the interwar period, see Denis Scuto, 'La naissance de la protection sociale au Luxembourg', *Bulletin Luxembourgeoise de Questions Sociales*, 2001, 10, 39–59.

[43]María José Báguena Cervellera, *La tuberculosis y su historia* (Barcelona: Fundación Uriach 1838, 1992), 67–8. In this sense, Luxembourg proved to be more influenced by French and British practices. On French dispensaries, see Guillaume, *Du désespoir au salut*, 205–15; on British experiences, Bryder, *Below the Magic Mountain*, 33–36 and 72–75.

[44]Ligue Nationale Luxembourgeoise contre la Tuberculose, *Compte rendu de la Ligue Nationale Luxembourgeoise contre la Tuberculose*, 1908–1909, 1909, ANLUX, folder SP-272, 2–4.

not the upper classes, and that their main goal was to lead a thorough educative offensive among the working class in order to control the spread of the disease:

> Our dispensaries are institutions whose primary purpose is to protect from tuberculosis the poor and the working class. It is in these popular circles where we have to seek out workers and indigents affected by the disease; and it is through an active and continuous propaganda that we need to attract them to the dispensary and instil into their minds the absolutely essential notions of their illness and the hygienic measures they have to follow for their own interest and that of their environment.[45]

In fact, from 87 new cases of tuberculosis—out of 239 consultations—which were diagnosed in his dispensary in its first eight months of activity, he could confirm that around 20 per cent were to metallurgical workers, 21 per cent had a familial history of the disease and more than 33 per cent were housed in inadequate conditions.[46] Apart from bad housing, and according to the conventional medical opinion, Delahaye pointed out to the central role of overwork (*surmenage*) and insufficient feeding in order to account for this high proportion of industrial workers.[47] For other authors, there was also a more specific factor related to mining and metallurgical activity, which tended to facilitate contagion through the inhalation of dust and other respiratory-damaging substances.[48] Not surprisingly, the country's steel industry gave specific support to the League's network of dispensaries, which included the respective funding by ARBED and HADIR of those established in Dudelange and Differdange.

In this sense, it is interesting to quote Aline Mayrisch, who personally organised and supervised the League's dispensaries from 1921 and described their main role in the following terms: 'a society for the fight against tuberculosis without dispensaries would be like an army without intelligence and scout services'.[49] In order to improve this particular kind of service, one of her first initiatives was therefore to hire two visiting nurses who had received special training in Paris and Brussels and were attached to the dispensaries of Luxembourg City and Dudelange. Within a short time, these nurses became key figures of the anti-tuberculosis movement and took charge of the majority of their daily activities, forming a veritable phalanx of surveillance and health education practices. Considering their experience and expertise, the League proposed to expand their tasks and duties in the 1920s to the fight against poverty and all social diseases as 'hygiene

[45]Ligue Nationale Luxembourgeoise contre la Tuberculose, *Compte rendu*, 2.

[46]According to its yearly reports, from 1908 to the outbreak of World War I over 1,100 persons out of around 4,300 consultations were diagnosed with tuberculosis at the League's dispensaries. See Ligue Nationale Luxembourgeoise contre la Tuberculose, *Rapport moral, médical et financier sur l'exercice 1914 présenté à l'assemblée générale des sociétaires du 28 mars 1915. Statuts* (Luxembourg: Imprimerie de la Cour Victor Bück, 1915).

[47]Ligue Nationale Luxembourgeoise contre la Tuberculose, *Compte rendu*, 3.

[48]Schoué, *Eine volkstümliche, gemeinverständige Belehrung,* 28. In England, for instance, this association received special attention due to the high rates of pulmonary tuberculosis in industries with pneumoconiosis risk, such as tin and copper mining, metal-grinding and the extraction and processing of slate. See Bryder, *Below the Magic Mountain*, 126. See also Smith, *The Retreat of Tuberculosis*, 212–16.

[49]Ligue Nationale Luxembourgeoise contre la Tuberculose, *Son organisation*, 23.

instructors for mothers and housewives, and for all sectors of the population which are not sufficiently trained in this regard', and this led some years later to the emergence of related professions as so-called polyvalent nurses, social hygiene assistants and social workers.[50]

Although it was not among its original goals, the League also played an important role in the creation and maintenance of the small network of sanatoria for consumptives established in Luxembourg in the first third of the twentieth century. As we have seen, the project of creating a national sanatorium for the treatment of tuberculosis had already been presented to the chamber of representatives as early as 1906, and it was discussed again in 1918.[51] In this context, the League received a donation of 312,500 francs in 1911 from Léopold Richard, one of the richest steel patrons of the country, with the explicit condition of building a sanatorium in the northern city of Wiltz.[52] Shortly afterwards, the League's executive board acquired a plot and launched an architectural contest for the building, but the outbreak of the First World War forced a delay and, eventually, construction work had to be stopped in 1920 due to the rising post-war inflation and manpower costs.[53]

However, and after the Social Insurance Institute had opened two provisional sanatoria for male patients at the commune of Feulen in 1915 and the forest of Baumbusch in 1919, ARBED installed a small 'sanatorium annex for the rational treatment of tuberculous workers' at the factory hospital in Dudelange.[54] Similarly, the League arranged a spacious property in the same city as a sanatorium for around 50 women. This house, inaugurated in 1923 and served by Franciscan Sisters, was the only treatment site directly managed by the League, which also paid the cost of stays in Belgian, French, Swiss and German institutions if needed. Luxembourg's sanatoria movement was finally completed in 1931, when the Social Insurance Institute closed the premises in Feulen and

[50]See Ligue Nationale Luxembourgeoise contre la Tuberculose, *Question des dispensaires*, SD (1928), ANLUX, folder SP-287, 2 for the wider fight against poverty and all social diseases. According to Marco Hoffmann, 'unlike other countries, where poverty was at the origin of professional social work, Luxembourg did not know this process. The causes and social impact of tuberculosis paved here the way for social professions'. Marco Hoffmann, *Le développement du travail social au Luxembourg à travers l'activité centenaire de la Ligue Médico-Social* (Luxembourg: Ligue Luxembourgeoise de Prévention et d'Action Médico-Sociales, 2008), 8. See also Ligue Luxembourgeoise contre la Tuberculose, *1908–1933*, 18–20; and Fernande Gretsch, 'L'assistante d'hygiène sociale. Évolution d'une profession', in *Ligue Luxembourgeoise contre la Tuberculose 1908–1968* (Luxembourg: Imprimerie de la Cour Joseph Beffort, 1968), 47–52.

[51]'Proposition de loi betreffend Bau eines Sanatoriums zur Aufnahme an Tuberkulose erkrankter Frauen und Kinder', 6 December 1918, ANLUX, folder CdD-2723.

[52]Léopold Richard to Dr. Feltgen, 13 September 1910, ANLUX, folder SP-271. See also Ligue Nationale Luxembourgeoise contre la Tuberculose, *Rapport moral, médical et financier sur l'exercice 1911 présenté à l'assemblée générale des sociétaires du 31 mars 1912* (Luxembourg: Imprimerie P. Worré-Mertens, 1912), 11.

[53]Construction d'un sanatorium populaire à Wiltz. Programme du concours, 21 May 1913, ANLUX, SP-268. See also Ligue Luxembourgeoise contre la Tuberculose, *1908–1933*, 21. After the League was condemned to compensate the local architect who had originally won the contest due to breach of contract, the project was definitely abandoned and the premises in Wiltz were sold to the State in 1929.

[54]On the Feulen and Baumbusch sanatoria, see 'Le sanatorium de l'établissement d'assurance contre la vieillesse et l'invalidité à Feulen', *Luxemburger Illustrierte*, 1925, 45, 340 ; and Henri Kugener, 'Das Sanatorium im Baumbusch', *Ons Stad*, 2012, 100, 66–70. On the Dudelange factory hospital, see Ligue Nationale Luxembourgeoise contre la Tuberculose, *Rapport sur l'exercice 1917*, 1918, ANLUX, folder SP-209.

Baumbusch and opened a sanatorium for 150 (male) patients in an idyllic mountain resort near the historic village of Vianden.[55]

According to contemporary beliefs about the virtues of institutional treatment, all these sanatoria were designed to isolate patients in the early stages of the disease and—following the pioneering notions which originated in Germany in the second half of the nineteenth century—provide them with the conventional regimen of rest, fresh air and good food.[56] But, in most cases, the main goal of sanatorium treatment was related to labour, and, more specifically, to make patients regain their ability to work through a strict regimen of graded exercise and activity.[57] This explains the fact that the majority of bed space in Luxembourg's sanatoria was reserved for male workers, as well as the significant involvement and support given to these institutions by the country's industries. The house rules at the League's sanatorium in Dudelange, for instance, stated explicitly that 'a precondition for admission is that full recovery or a significant improvement can be expected after institutional treatment, so that long-term earning capacity can be restored'.[58]

To be sure, sanatoria were not only clinical sites for the implementation of medical knowledge, but also pedagogical enterprises with vast educational objectives.[59] As physician Anton Kayser declared in 1906 in his parliamentary proposal, the creation of a popular sanatorium in Luxembourg was 'a work of the utmost urgency and public utility', insofar as it would constitute 'a school that will carry out a large part of the people's hygienic education'.[60] The crucial role of health education was repeated later in almost every publication dealing with the nature of sanatorium treatment, which was supposed to act as a sort of 'educative cure, [where] the doctor has the whole life of the patient in his hands'.[61] According to Prosper Schumacher, medical director of the sanatorium in Vianden, the stay at the institution should thus enable patients to become 'their best doctors', so that they could keep themselves healthy (and productive) as long as possible after discharge.[62]

Following the broad international trend towards refocusing efforts away from treating tuberculosis in adults to preventing the development of clinically active disease in so-called 'pretubercular' or 'tuberculosis-threatened' children, the League and related circles also put a strong emphasis on paediatric activities.[63] In fact, in Luxembourg as elsewhere in the Western world, the fight against tuberculosis played a key role in the development

[55]Ligue Luxembourgeoise contre la Tuberculose, *1908–1933*, 22–4.

[56]On the foundations of the sanatoria movement in the United States and Europe see Mark Caldwell, *The Last Crusade: The War on Consumption 1862–1954* (New York: Atheneum, 1988); and Flurin Condrau, *Lungenheilanstalt und Patientenschicksal. Sozial geschichte der Tuberkulose in Deutschland und England während des späten 19. und frühen 20. Jahrhunderts* (Göttingen: Vandenhoeck & Ruprecht, 2000).

[57]See Bryder, *Below the Magic Mountain*, 54–67 and 157–73; and Bashford, 'Tuberculosis and Economy', 25–7.

[58]Liga gegen die Tuberkulose, 'Aufnahmebedingungen des Sanatoriums für weibliche Lungenkranke in Düdelingen', *Der arme Teufel*, 10 February 1923.

[59]See Bryder, *Below the Magic Mountain*, 54–67; and Rodríguez Ocaña and Molero Mesa, 'La cruzada por la salud', 143–4.

[60]Kayser, *Proposition de loi*, 3.

[61]Schoué, *Eine volkstümliche, gemeinverständige Belehrung*, 38.

[62]Prosper Schumacher, *Was muss jeder von der Tuberkulose wissen?* (Luxembourg: Luxemburger Verlagsanstalt, 1927), 15.

[63]On the categories of 'pretubercular' or 'tuberculosis-threatened' children and related practices, see Cynthia Connolly, 'Pale, Poor and "Pretubercular" Children: A History of Pediatric Antituberculosis Efforts in France, Germany, and the United States, 1899–1929', *Nursing Inquiry*, 2004, 11, 138–47; and Teemu Ryymin, '"Tuberculosis-threatened Children": The Rise and Fall of a Medical Concept in Norway, c. 1900–1960', *Medical History*, 2008, 52, 347–64.

of many child welfare provisions, from school medical services to different initiatives set up to treat or protect children due to their poor health, sick parents or insufficient hygiene and feeding at home.[64] Each of these interventions brought together the social and the medical. The hygienic mood was fed by a child-saving ethos that focused upon the poor and made working-class children the objects of surveillance, classification and treatment.[65] So, for instance, from 1911 to 1913 the Mayrisch family sent a small group of these children to the German clinic of Bad Kreuznach, and from 1928 to 1938 the League, ARBED and the city of Luxembourg booked a fixed number of places for three-monthly stays at the Belgian 'preventoria' of Clemskerke and Breedene.[66] But, together with the organisation of holiday colonies in the spa resort of Mondorf-les-Bains and other locations across the country, these efforts mainly crystallised in the introduction of three intervention strategies whose origins came respectively from Germany, the United States and France.

The first of these institutions were the 'forest' or 'open-air' schools opened by ARBED in Dudelange (1913) and Esch-sur-Alzette (1928) after the report of a visiting commission on the German pioneering centres of Charlottenburg, Elberfeld and Münchengladbach. These schools were designed both to promote health and re-educate 'weak' or 'sickly' children through a loose programme combining regular lessons with respiratory exercises, sunbaths, (over)feeding and rest, and were commonly attended by children of poor families associated to the local steel industry.[67] The second set of institutions were the preventoria opened in the early 1920s in the cities of Bettendorf and Remich by Franciscan and Saint Elizabeth Sisters and, more particularly, the so-called 'Maison des Enfants' installed by ARBED at the old family house of the Mayrisch in Dudelange. Following the therapeutic regimen developed by Belgian physician Émile Spehl, this resort comprised a preventorium with 56 places and a sanatorium with 18 beds, and it provided a safe and strictly supervised environment where employees' children—especially those exposed to the possibility of contagion within their families—were instructed in the manifold benefits of a hygienic mode of life.[68] Finally, the last strategy consisted in the placement of these 'children at risk' with peasant families in the countryside, a practice popularised by the French 'Œuvre de Préservation de l'Enfance contre la Tuberculose' (Childhood Preservation Work against Tuberculosis) founded by paediatrician Jacques-Joseph Grancher in 1903.[69] In Luxembourg, this approach was introduced in 1928 by the Red Cross in the Western commune of Redange, operating as a 'breeding centre'

[64]Nelleke Bakker, 'Fresh Air and Good Food: Children and the Anti-tuberculosis Campaign in the Netherlands c. 1900–1940', *History of Education*, 2010, 39, 343–61.

[65]See here the essays included in Roger Cooter, ed., *In the Name of the Child: Health and Welfare 1880–1940* (London: Routledge, 1992).

[66]Feltgen, *Nos principales œuvres pour l'enfance*, 10. For its part, the local division of the Socialist Party in Esch-sur-Alzette used to send every year a group of 50 selected children to a beach resort at the Belgian village of Lombartzyde.

[67]Geert Thyssen, 'The Open-air Schools of Dudelange and Esch-sur-Alzette', *Forum für Politik, Gesellschaft und Kultur*, 2010, 301, 40–2.

[68]ARBED (Aciéries Réunies de Burbach-Eich-Dudelange), *Œuvres sociales* (Luxembourg: Victor Buck, 1922), 23–37. On the origins of preventoria see Cynthia Connolly, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909–1970* (New Brunswick, NJ: Rutgers University Press, 2008).

[69]On Grancher see Michèle Becquemin, *Protection de l'enfance et placement familial: La Fondation Grancher. De l'hygiénisme à la suppléance parentale* (Paris: Petra, 2005).

which distributed up to 50 small children 'who should be separated from their families due to risk of tuberculosis infection'.[70]

As Cynthia Connolly has shown for other countries, each of these institutions—supported by the industry, the League, the State and other relevant actors—was a joint public–private venture and 'did not just expose children to fresh air, provide good food and teach them hygiene; they also emphasised the importance of making children productive citizens of a nation-state'.[71] In this sense, and as with many other initiatives in the health care sector, they were not only 'cheap' alternatives to structural solutions for the workers' poor health and living conditions, but also an expression of the increasing modern tendency to 'educationalise' social problems through institutions held accountable for solving them.[72] 'The patients'—the League's president Ernest Feltgen once put it—'are victims of abnormal social states and, in return, they undermine the foundations of society'; in his view, there was only one way of reverting this state of affairs resulting from 'the conditions of modern life', that is, shaping healthy citizens through ambitious educative actions focused on working-class children:

> A big effort must be made to pull delicate plants out of the unhealthy environment where they pale lacking air and light, to transplant them into an oxygen-rich medium . . . , and to open to new horizons young minds which were hitherto confined to slum walls, narrow roads without sun and the black chimneys of the factories. . . . Social progress cannot be achieved without men in a complete state of bodily and mental health.[73]

Certainly, ARBED and other companies also took some 'structural' initiatives for their employees with the improvement in working conditions prescribed (among others) by the 'Law concerning security and health in industrial and commercial companies' passed in 1903 and the introduction of social benefits such as pensions for widows and orphans, free attendance at professional schools and kindergartens, food at reduced prices, and, more specifically, the construction of 'cités ouvrières' (housing colonies).[74] In doing so, industrialists met an old claim of social activists which had first been voiced in 1907 in the influential report on the 'housing conditions of poor workers in Luxembourg' drawn by the 'Verein für die Interessen der Frau' (Association for the Interests of Women).[75] They were enthusiastically praised by prominent professionals involved in the anti-tuberculosis

[70]Croix-Rouge Luxembougeoise, 'Statuts du premier centre de placement familial', SD, ANLUX, folder SP-003; see also Feltgen, *Nos principales œuvres pour l'enfance*, 11–12.

[71]Connolly, 'Pale, Poor and "Pretubercular" Children', 144.

[72]Marc Depaepe and Paul Smeyers, 'Educationalization as an Ongoing Modernization Process', *Educational Theory*, 2008, 58, 379–89.

[73]Feltgen, *Nos principales œuvres pour l'enfance*, 6–7.

[74]For the 'Law concerning security and health in industrial and commercial companies', see Lentz, *La lutte contre la tuberculose*, 21–6. On the construction of 'cités ouvrières', see here Antoinette Lorang, *L'image sociale de l'ARBED à travers les collections du Fonds du Logement* (Luxembourg: Le Fonds du Logement, 2009), 69–85. The important role of housing policies in the development of preventive medicine during the first third of the twentieth century has been emphasized in Porter, *Health, Civilization and the State*, 142.

[75]According to this report, housing shortage was 'the root of all material and moral evil', and it was easy to see how 'every day this reform is postponed, it takes a particularly hard revenge on women and children, that is, on the whole future generation of our workers and small artisans'. Verein für die Interessen der Frau, *Einiges über Wohnungsverhältnisse der ärmeren Arbeiterbevölkerung in Luxemburg* (Luxembourg: Druck von M. Huss, 1907), 5.

campaign.[76] But these initiatives only reached a small number of workers and—as an ARBED internal document explicitly recognised—they were 'not objectives related to labour policy, but just irrefutable communitarian considerations in their general orientation'.[77] For the most part, then, industry-related entrepreneurship in the domain of tuberculosis prevention and treatment was primarily aimed at the rehabilitation of the labour force, and it was based—as we have seen—on pervasive health education practices through different strategies and institutions whose targets were mainly the members and the offspring of the (urban) working class.

A New Worker for a New State

'Tuberculosis', Dr Prosper Schumacher stated in 1927, 'is a disease of ignorance'.[78] Without question, this notion was from the outset one of the main axes of anti-tuberculosis action in Luxembourg, and even before the League's foundation, the fight against consumption generated a broad range of initiatives in the domain of health propaganda. As early as 1903, the country's government printed and spread a German booklet which contained strict guidelines for the prevention and treatment of the disease—including 'safe disposal of sputum', 'absolute cleanliness', 'avoidance of debauchery' and, most especially, the 'right combination of information and self-control'—and argued that, insofar as 'everybody [was] able to host the germ of the enemy, everybody [had] to be prepared for the fight against it'.[79]

According to Ernest Feltgen, the improvement of national health should thus start with a thorough and continuous 'hygienic education' of the masses, and these actions had, of course, to focus on the key institution of the school:

> It would be unfair to say that anything has been done among us in terms of hygiene, but it is true that we need to do much more, especially in the field of the hygienic education of the people, with which it is highly important to start at school.[80]

Consequently, one of the main impetuses for the deployment of sustained and systematic efforts in health propaganda was the creation of the Luxembourgish 'Verein für Volks- und Schulhygiene' (Society for Social and School Hygiene). Considering that 'each human being represents a certain capital from a physical and moral point of view' and that 'this capital has to be improved', a group of teachers, physicians and other professionals headed by Feltgen and school inspector Theodor Witry founded this association in

[76]'Luxembourg's industry has masterfully cooperated in the realisation of these principles by providing beautiful homes for their workers and employees. Nice apartment colonies where families can live healthily and happily have thus developed around our industrial centres'. Schumacher, *Was muss jeder von der Tuberkulose wissen?*, 10.

[77]'Die Sozialeinrichtungen der Vereinigte Hüttenwerke Burbach-Eich-Düdelingen AG ARBED in Luxemburg', 1942, ANLUX, folder AES-U1-310.

[78]Schumacher, *Was muss jeder von der Tuberkulose wissen?*, 7. Some years later, Schumacher outlined the 'ten commandments of tuberculosis care'. See Prosper Schumacher, *Wissenswertes über die Tuberkulose: Allgemeine Belehrungen* (Vianden: Petingen, Meyer & Hueber, 1939), 24.

[79]*Tuberkulose-Merkblatt bearbeitet im deutschen kaiserlichen Gesundheitsamte* (Diekirch: Imprimerie J. Schroell, SD), 1–2. The content of this booklet was also reproduced in the leading newspaper *Luxemburger Wort* from 29 September to 1 October 1903.

[80]Ernest Feltgen, *Schulhygienische Mitteilungen vom Internationalen Tuberkulose-Kongress (Paris, 2–7. Oktober, 1905)*, (Luxembourg, 1905), 27.

1904 with the goal of 'spreading the lessons of health care, especially in the country's schools'.[81] In the following decades, the Society was very active in demanding the recruitment of school doctors, the installation of nurseries or the construction of affordable houses, and it published a series of booklets and posters and organised several events—such as study tours, public lectures, conferences, courses and film projections—devoted to the fight against tuberculosis and other 'social maladies'. To a great extent, the foundation of the national League against Tuberculosis arose in fact from the Society for Social and School Hygiene, and both organisations shared members and cooperated closely in the realisation of popularisation activities.[82]

Beyond the placement of informative posters in railway stations and public buildings and the establishment in 1914 of a national day against tuberculosis on 14 June, these activities were intensified after 1920 due to the recommendations of the already mentioned special commission appointed by the government and, more particularly, to the presence in Luxembourg of the American Delegation for the Preservation of Tuberculosis in France funded by the Rockefeller Foundation.[83] From 10 to 17 May 1920, a small group of this delegation—whose original goal was 'to encourage the establishment of dispensaries, to develop centers for the training of visiting nurses and physicians', and, most especially, 'to conduct an energetic educational campaign on a national scale'—visited the Grand Duchy at the League's request and offered a series of public lectures and film sessions for the general public.[84] More acquainted with the methods and instruments of modern health propaganda thanks to this and other actions resulting from its international relations, in 1922 the League acquired its own 'tuberculosis museum' and

[81]For the first two quotes, see Nicolas Wampach, 'La Société Luxembourgeoise d'Hygiène Sociale et Scolaire depuis sa fondation jusqu'à nos jours', *Revue d'Hygiène Sociale de Strasbourg*, 1923, 5, 73–7, 73. As Marjatta Hietala has put it, 'the foundation of educational work in this domain was the belief that the most important resource of a nation was its people'. Hietala, 'Zum Schularzt gehen', 292. On the deep concerns of the period regarding the quality and quantity of the population and their role in fostering public health campaigns see Porter, *Health, Civilization and the State*, 174–7; and, more specifically, William H. Schneider, *Quality and Quantity. The Quest for Biological Regeneration in 20th Century France* (Cambridge: Cambridge University Press, 2002); and Virginia De Luca Barrusse, *Population en danger! La lutte contre les fléaux sociaux sous la Troisième République* (Bern: Peter Lang, 2013). The third quote is from Verein für Volks-und Schulhygiene, *Statuten des Vereins* (Luxembourg: Druck von M. Huss, 1904), 3.

[82]Wampach, 'La Société Luxembourgeoise d'Hygiène Sociale et Scolaire', 75. In this sense, it is interesting to note that one of the first activities of the League was the installation in Luxembourg's City Hall of an exhibition on tuberculosis which had originally been assembled by German physician August Dietz in Darmstadt. According to the first yearly report of the League, the exhibition was a huge success and was attended by up to 10,000 persons. Ligue Nationale Luxembourgeoise contre la Tuberculose, *Compte rendu*, 2.

[83]On the national day against tuberculosis, see Ligue Nationale Luxembourgeoise contre la Tuberculose, *Son organisation*, 11–13. This 'national day' was introduced in most Western countries, although concrete dates varied. In Spain, for instance, it was celebrated every 3 May from 1913 onwards. See Molero-Mesa, '"The Right not to Suffer Consumption"', 178. Apparently, Luxembourg did not focus on massive sales of postal stamps unlike France and many other countries. See Dominique Dessertine and Olivier Fauré, *Combattre la tuberculose, 1900–1940* (Lyon: Presses Universitaires de Lyon, 1988), 128–38. On the history of this American Delegation and its significant impact in the French campaign, see Lion Murard and Patrick Zilbermann, 'La mission Rockefeller en France et la création du Comité national de défense contre la tuberculose (1917–1923)', *Revue d'Histoire Moderne et Contemporaine*, 1987, 34, 257–81.

[84]The quotes in this sentence are from the Rockefeller Foundation, *Annual Report* (New York, 1920), 97. On the public lectures and films, see 'Die Mission Rockefeller gegen die Tuberkulose in Luxemburg', *Luxemburger Wort*, 11 May 1920.

started organising temporary exhibitions—often scheduled in the frame of so-called 'tuberculosis weeks'—and similar activities across the country, sometimes alone and sometimes in collaboration with other private charities or public institutions.[85] So, for example, it provided broad support to the 'Volksgesundheitswoche' celebrated in August 1926 in Luxembourg City, and it also contributed actively to the promotion of the big exhibitions of the German Hygiene Museum 'Der Mensch' (The Human Being) and 'Das Leben' (Life) which were respectively shown in the capital's city hall in 1928 and 1938.[86]

Conclusion

The pervasiveness of health education and propaganda is very illuminating with regard to the nature, reasons and objectives of the thorough tuberculosis-centred sanitary offensive deployed in Luxembourg in the decades before the Second World War. On the one hand, the attainment of a new hygienic culture on the part of the population was seen—in the Grand Duchy as elsewhere—as the shortest way to reach social peace and individual harmony, and it was often depicted as a veritable utopia. According to the conclusions of sociologist Jean J. Lentz in his detailed study of the anti-tuberculosis movement in Luxembourg,

> The day man has learned to observe, to judge and to constrain himself according to his needs, not only the fight against the many scourges that afflict humanity will have completed a big step forward, but the Golden Age awaiting men for ages will break forth on the horizon.[87]

But, on the other hand, it is obvious that this culture was a project of the country's economic and professional elites, who imposed their health-related values, habits and forms of life on the poor and working classes. Consequently, apart from preserving and improving the labour force, anti-tuberculosis action was—as was the fight against other social 'scourges' of the period such as alcoholism or venereal disease—a way of facing the manifold social problems associated with the new conditions of modern industrial life (poverty, inequality, cultural uprooting, urbanisation, etc.) through the (neutral) concept

[85] The League's international connections include, for instance, the visit to Luxembourg in May 1925 and June 1926 of Lucien Viborel, Propaganda Director of the French 'Comité National de Défense contre la Tuberculose'. Other prominent foreign speakers invited by the League included the president of the International Union against Tuberculosis Léon Bernard (1921), Dr. Camille Guerin (1929), Professor Fernand Besançon (1930) and Dr. Karl Hansen (1931). See Ligue Luxembourgeoise contre la Tuberculose, *1908–1933*, 12–13.

[86] 'Zur Volksgesundheitswoche', *Luxemburger Wort*, 14 August 1926. It has been calculated that the first of these big exhibitions was attended by over 25,000 visitors, almost 10% of the Grand Duchy's entire population. See Henri Kugener, '"In Spiritus gesetzte Naturseltenheiten, geburtshülfliche Präparate, Fötusse in allen Formen". Zu den Wanderausstellungen des Deutschen Hygiene-Museums in Luxemburg 1928 und 1938', in Musée d'Histoire de la Ville de Luxembourg, ed., *Sei sauber .... Eine Geschichte der Hygiene und öffentlichen Gesundheitsvorsorge in Europa* (Cologne: Wienand Verlag, 2004), 306–315.

[87] Lentz, *La lutte contre la tuberculose*, 130. As we have already seen, this emphasis on self-control was common in almost every publication dealing with the fight against tuberculosis. In the words of nurse May Schoué, 'on the threshold of the new era [of social hygiene], self-control is one of the main characteristics of the human being'. May Schoué, *An der Schwelle einer neuen Zeit* (Luxembourg: St Paulus Druckerei, 1920), 2.

of health.[88] And, as Alfons Labisch has pointed out, although 'popular hygiene' and health education practices were based 'on altering behaviour through rational understanding, not on altering social conditions', this 'offer of value-free "health" as a scientifically-based mode of life' was ultimately very difficult to reject for the humble and subordinate classes.[89]

Yet, in the case of Luxembourg, the intense campaign against consumption of the early twentieth century had some particular features that need to be highlighted. First, it is important to emphasise the strong involvement of the country's (steel) industry, which became a key actor in the national anti-tuberculosis movement through the funding of several preventive and therapeutic initiatives, the presence of outstanding industrialists and their family members at the forefront of the League and other associations, and even the creation of some specific care devices for employees and their children. Of course, the participation of relevant industries in the anti-tuberculosis campaigns was also common in other countries, but the comparatively stronger involvement of Luxembourg's steel sector was mainly due to its overwhelming presence and leadership in the country's social and economic life.[90] Secondly, it is also very interesting to note the eclectic nature of the Luxembourgish campaign, which creatively combined elements from neighbouring and other countries—France, Germany and, to a lesser extent, Belgium, the United States and the Netherlands—and adapted them to local needs.[91] Again, this was the case for most countries since the crusade against consumption took place in a period when international connections and exchange in the fields of medicine and public health grew rapidly through the celebration of large conferences, the increasing circulation of scientific literature and study trips to foreign nations.[92] However, there can be no doubt that the Grand Duchy's size and general subordination to the social, cultural and political developments of their powerful neighbours made this dependence

[88]On the close relationship between the three 'crusades' (tuberculosis, venereal disease and alcohol) see Christopher Lawrence, 'Continuity in Crisis: Medicine, 1914–1945, in W. F. Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence and E. M. Tansey, *The Western Medical Tradition, 1800 to 2000* (Cambridge: Cambridge University Press, 2006), 340–3. In Luxembourg, for instance, the three movements shared discourses, strategies and protagonists, mainly though the activity of the Society for Social and School Hygiene. See here Wampach, 'La Société Luxembourgeoise d'Hygiène Sociale et Scolaire'.

[89]Alfons Labisch, 'Doctors, Workers and the Scientific Cosmology of the Industrial World: The Social Construction of "Health" and the "Homo Hygienicus"', *Journal of Contemporary History*, 1985, 20, 599–615, 605 and 608.

[90]Participation in other countries was the case, for instance, of the textile industries in the city of Lyon (France). See Dessertine and Fauré, *Combattre la tuberculose*, 101. In Luxembourg the 'Steel industry is by far the most important factor in our national economy, to the point that we can say today that the fate of the entire country is intimately linked to that of this industry'. Lentz, *La lutte contre la tuberculose*, 13.

[91]In general terms, German influence was predominant during the early years of the campaign, but—as the emphasis on dispensaries, the relatively late instalment of sanatoria and the presence of the Rockefeller Delegation suggest—the Luxembourgish movement had stronger ties with France and became more influenced by French developments in the interwar years.

[92]See here Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (London: Harper Collins, 1997), 526. In Luxembourg, for instance, one of the first initiatives of Ernest Feltgen as president of the League was to complete an exhaustive study tour across Switzerland before attending the international conference on tuberculosis celebrated in Rome in 1912. See Ernest Feltgen, *Bericht über die Tuberkulose-Informationsreise durch die Schweiz, die Tuberkulose-Konferenz und den Internationalen Kongress in Rom* (Luxembourg: Buchdruckere P. Worré-Mertens, 1912).

much greater. In this sense, the fight against tuberculosis in Luxembourg was seen by many of its main players as a kind of 'proof for the small nation', which could only ensure its own legitimate existence as an independent and viable political entity among the civilised and progressive peoples of Europe if it was able to succeed in facing such an important threat to its wealth and prosperity. As the leftist *Escher Tageblatt* once put it, 'nothing could more forcibly prove our right to exist than a big state-run campaign against consumption that would allow us to see a tuberculosis-free Luxembourg within few years'.[93]

To sum up, anti-tuberculosis action in the Grand Duchy shaped a comprehensive set of discourses and practices that encouraged the spread of health-conscious behaviour and aimed at creating a 'new worker' and a 'new citizen' according to the model of the so-called 'homo hygienicus', that is, an individual who commits to keep himself healthy for his own interest but also for his nation's sake.[94] And, if hygiene and health education practices are thus essential components of modern citizenship and nationhood, the history of tuberculosis, in Luxembourg as elsewhere, perhaps represents one of the best ways of understanding the making of this constitutive relationship.[95]

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[93]'Tuberkulose und Krankenhaus', *Escher Tageblatt*, 23 June 1916.

[94]Labisch, 'Doctors, Workers', 610–12. 'It was no longer enough for individuals to heed their own health, as had been urged by the Enlightenment ideology of individual hygiene; they must be made conscious of the social impact of individual behaviour upon the health of the community' (Porter, *Health, Civilization and the State*, 143).

[95]On the idea that hygiene and health education practices are essential components of modern citizenship and nationhood, see Porter, *Health, Civilization and the State*, 7.