

October 2019

Tuberculosis Patient Number 296 In the Daniel Harris Papers

Margaret Stehura

The University of Akron, mjs345@zips.uakron.edu

Cristopher Shell

University of Akron, ccs52@zips.uakron.edu

Zachary Piette

The University of Akron, zap23@zips.uakron.edu

Please take a moment to share how this work helps you [through this survey](#). Your feedback will be important as we plan further development of our repository.

Follow this and additional works at: <https://ideaexchange.uakron.edu/spa>

 Part of the [Archival Science Commons](#), [Digital Humanities Commons](#), and the [Public History Commons](#)

Recommended Citation

Stehura, Margaret; Shell, Cristopher; and Piette, Zachary (2019) "Tuberculosis Patient Number 296 In the Daniel Harris Papers," *Student Projects from the Archives*: Vol. 2 , Article 6.

Available at: <https://ideaexchange.uakron.edu/spa/vol2/iss1/6>

This Article is brought to you for free and open access by IdeaExchange@UAkron, the institutional repository of The University of Akron in Akron, Ohio, USA. It has been accepted for inclusion in Student Projects from the Archives by an authorized administrator of IdeaExchange@UAkron. For more information, please contact mjon@uakron.edu, uapress@uakron.edu.

Tuberculosis Patient Number 296 In the Daniel Harris Papers

Margaret Stehura, *University of Akron, Department of English,*
Christopher Shell, *University of Akron, Department of English,* and
Zachary Piette, *University of Akron, Department of English*

Historically speaking, tuberculosis has been perceived in a multitude of ways. While existing as a relatively common illness that resulted in many deaths up into the twentieth century, it has also spawned fashion styles, lifestyles, and perhaps most importantly, changes and advancement both in patient care and medical treatment of the disease itself. One particular shift is seen in the prevailing ideas about the best way to treat tuberculosis. In the eighteenth century country air was thought to be good for patients with tuberculosis, and by the early twentieth century most people suffering from this illness were sent to sanitariums to receive tubercular treatment. In this sense, the patient in question, Number 296 in Daniel Harris's studies in the 1950s, is no exception, being admitted to the Saranac Lake Sanitarium for tuberculosis care.

In *Illness as Metaphor* by Susan Sontag we are given a vivid picture of not only how a tubercular person looks, but how they act as well. According to Sontag, “TB is understood to be a disease of extreme contrasts: white pallor and red flush, hyperactivity alternating with languidness” (11). The term “extreme contrasts” can be used to easily sum up Patient 296. Throughout the Daniel Harris patient files it is very evident that this patient tends to have strong views, either for things or against them. Rarely does he see things in grey areas. A perfect example of this was a test called “Study of Values,” which was conducted during his time at Saranac Lake. In this test, the patient was given two choices about things concerning arts, technology, societal advances and other key topics, and he was instructed to assign a value from 0 to 3 in terms of importance to the two choices given. In this test, Patient 296 gave every choice either a 0 or a 3. There was not a single 1 or 2 throughout the whole test. Everything was either very important to him or not important at all. This is just one example of his extremes. There were others throughout the study as well.

Another characteristic of tuberculosis that Sontag mentions is related to the perception of the disease as being one that afflicts the lower class. Despite the fact that Patient 296 has had steady work (even working a paper route at twelve),

money seems to be a concern moving forward in his treatment. At the very end of the file, when filling out a section for future outlook, Patient 296 indicates fear at the prospect of getting a new job, a statement that contrasts significantly to his previous indication that he intended on depending on his savings for some time. Ultimately, while to assume so without direct access to financial records may be erring on the side of presumption, this shift in tone may indicate that money is more of an issue than previously indicated - an aspect that speaks to Sontag's depiction of tuberculosis as a "disease of poverty and deprivation" (15).

Sontag goes on to say, "There was a notion that TB was a wet disease, a disease of humid and dank cities" (15). This depiction resonates with Patient 296, as he was born into a working class family in the city of Binghamton, New York. The patient also moved frequently in his youth (which the patient attributes to employment issues related to his father's alcoholism); this quality is a notable component in that these moves were to other cities, wherein exposure to tuberculosis would be more likely based off of population density alone. However, the likelihood of exposure/exacerbation of symptoms can be seen to increase from here - particularly as time progressed and he entered the workforce as an adult. With this in mind, World War II experiences seemed particularly worthy of consideration during this time: his plane was shot down in 1942 over Germany (and being taken as a prisoner of war as a result), and he spent many years working in a machine factory. The former instance suggests exposure to less than ideal living situations as a prisoner of war (an aspect which could potentially exacerbate symptomology), whereas the latter suggests a vocation which can only be viewed as dank and dingy. While these aspects may seem irrelevant to his diagnosis, one can only wonder if these components may have had a lasting impact on his health prior to diagnosis/treatment.

In terms of energy and desire, Sontag says, "TB was—still is—thought to produce spells of euphoria, increased appetite, [and] exacerbated sexual desire" (13). Patient 296 goes against these metrics completely. The file lacks mentions regarding differences of food consumption throughout his life, but the area of euphoria does come up frequently. In the "Sentence Completion" section of the patient file four key sentences appear that give us our best view of Patient 296's lack of euphoria: "**9. There are times** that I would like to be out of here. **25. Before my illness** was an ordinary guy. **41. The happiest time** was two years ago. **74. When I finish my cure** to live a half way normal life," (E-1 - E-4). These four sentences have a common element, in that each shows that the patient is not happy during the treatment itself. Based on sentences 9, 25, and 74, our patient fears for

his ability to leave the sanitarium he has found himself in, as well as his return to being a “normal” person. Patient 296 appears to feel alienated from the rest of normal society by his illness. This feeling goes against the notion that those with tuberculosis are euphoric. Lastly, the point that he claims not to have felt happy since entering the sanatorium suggests that facing the disease has caused him to become depressed and pessimistic, two qualities not associated with being euphoric. Sontag notes, “TB was thought to come from too much passion” (21), but it is evident that passion is not a characteristic of Patient 296.

Aside from the abovementioned feelings of isolation from society, our patient's family dynamic plays a key factor in his cure/treatment. When you consider that the patient feels very distant from his father, suffers from the loss of his mother (whom he was close to), has virtually no relationship with his step-mother, and is an only child with no spouse or children, it becomes immediately apparent that our patient has limited support to help him re-enter society (aside from a few friends/acquaintances) post-cure. Unsurprisingly, support from both family and friends plays a huge factor in recovery from tuberculosis, but sadly, those are two aspects our patient was not afforded.

In *Illness as Metaphor*, Sontag mentions the importance of sexual desire and how it is closely tied to any given person with tuberculosis stating that, “Having TB was imagined to be an aphrodisiac, and to confer extraordinary powers of ' seduction” (13). If the average tubercular person is imagined to be over-sexualized in this sense, then our patient would appear not to have tuberculosis at all. When asked about sexual activity, Patient 296 admits having masturbated first at age fourteen but hasn't done it since. Additionally, when asked about “Heterosexual Activity,” our patient claims to have been engaging in said activity twice a month since the age of 17. However, he claims to have a very average sex drive with little difference due to the illness; being away from work gives him time to think about sex.

Ultimately, this contrast between Sontag's research on the perceptions of tuberculosis versus the actual account of Patient 296 paints an interesting portrait of what it was actually like to live with a diagnosis of tuberculosis in the 1940-50's. While many of Sontag's points can be observed in the presentation of Patient 296, some of Sontag's assertions did not seem to apply in the same manner. While some of Patient 296's back story did resonate with the prevailing perceptions of tuberculosis at the time (i.e., it being a disease associated with poverty/the working class, a disease found in cities, a disease characterized by extremes, etc.), other aspects of Patient 296's medical profile couldn't have been more stark in contrast

- i.e., oversexualization of the TB patient versus his relative solitude, the notion of TB as having “euphoric,” elements, and so forth.

While both Sontag’s perceptions and Patient 296’s tubercular reality may not be 100% aligned with one another (i.e., lived experience of someone with tuberculosis versus historical perceptions of the disease itself), by combining both aspects we are able to develop a fairly crystalline image of what it was like to actually have tuberculosis at this point in time. In doing so, it becomes clear that while some perceptions of tuberculosis may have been fairly misguided to say the least (read: unrelated, insignificant to diagnosis, etc.), it was nonetheless a disease marked by certain particulars. In analyzing Patient 296’s profile, it becomes abundantly clear that the perception of tuberculosis/tuberculosis patients versus their reality are not one in the same. Furthermore, in comparing these aspects it becomes clear what it was like to not only be diagnosed with a life-threatening disease, but being hospitalized in general, in that it is more likely to experience feelings of isolation/alienation, fear (in regards to not only the disease and treatment generally speaking, but ultimately to the prospect of life post-cure), and general discontent - a far cry from the somewhat idealized perceptions displayed in the work of Sontag.

Works Cited

Harris, Daniel. "Patient 296." 1951, Archives of the Center for the History of Psychology, Akron, OH, M3638 Folder 6. Pdf file. Accessed October 12, 2018.

Sontag, Susan. *Illness as Metaphor* . New York: Picador, 1977. Print.