“Who Is the Captain of All These Men of Death”: The Social Structure of a Tuberculosis Sanatorium in Postwar Germany

The history and theory of health and illness has traditionally been dominated by a bipolar perception of medical doctors and patients that has led historical research to adopt the well-proven framework of professionalization to describe the evolution of medical doctors as a social group. Although the complementary idea of medicalization as adopted by Foucault, among others, has seen less formalization, it has become a favored tool for the analysis of patients as objectified within the modern medical establishment.¹

Recently, however, both notions have come under scrutiny. Scholarly studies, in both sociology and the history of health and illness, have led to a more comprehensive view of the relations between doctors and patients. The shift toward exploring cultural issues in health and medicine has brought more attention to patients’ subjective experience. This new perspective has also reached the history of medical institutions. Scholars have shown that regimes run by medical personnel have often encountered underground activities at their institutions, sometimes in the form of patients’ overt resistance to medical authority. However, it has become increasingly clear that the staff and the clientele of sanatoriums, asylums, and hospitals are not separate entities; they interact with one another despite their internal differentiation. The initia-

tive and social structure evinced by patients reveal a great deal about medicine’s nature as a “social science,” as Virchow, a nineteenth-century German pathologist, termed it. An interdisciplinary approach to the history of medicine can highlight this new scholarly agenda. This article examines the self-organization of patients at a tuberculosis sanatorium during the late 1950s. It stresses the notion that medicine is as much a social process as it is a scientific one.²

Hermann Brehmer introduced the tuberculosis sanatorium in Germany during the 1850s. He conceived it as a specialist institution for tuberculosis patients, based on the idea that good food, fresh air, and strict medical control—in the absence of any specific medication against the disease—could make it possible to save a large proportion of the sufferers from an otherwise certain death. Originally, these institutions were strictly focused on attracting upper-class patients, while medical experts hoped for an ultimately cheaper bacteriological solution for the tuberculous masses. Robert Koch’s presentation of tuberculin in 1892, although producing a short-lived euphoria, eventually turned out to be a magisterial disaster for bacteriology. Because of his prestige as the discoverer of the mycobacterium tuberculosis, Koch’s remedy was widely applied to patients without proper clinical trials. An expert panel consisting of leading German tuberculosis experts had to acknowledge that the benefits of tuberculin could not be ascertained by unbiased treatment. This collapse of bacteriological treatment led to a strengthening of the sanatorium idea. Subsequently, large-scale popular movements began to advocate sanatoriums for the general population. Funded by the German insurance system, a massive number of sanatoriums were built from the 1890s onward. Although the effects of the treatment were questionable, a coalition of political and social interests promoting social integration enabled the German sanatorium to gain an impressive popularity.³

Strangely, despite heavy criticism of its regimen, the sanatorium system was stubbornly resistant to change. Contrary to pop-

² Rudolf Virchow, “Der Armenarzt,” Die medicinische Reform, XVIII (1848), 125.
ular belief, it proved remarkably resilient, allowing German sanatorium doctors quickly to assimilate the latest medical fashion in treatment. Patients before World War I experienced the famous “Kadaverruhe,” a non-specific treatment consisting of daylong open-air rest and plenty of food; inmates during the interwar period witnessed the advent of chest surgery, usually in the form of artificial pneumothorax. Although the sanatorium began its decline with the introduction of the first effective drugs against tuberculosis after World War II, the end was not swift. The history of medicine tends to highlight medical success stories and ignore everything else.

The assumption that a new way of treating a disease leads to immediate and full-blown change—in this case, to the end of the sanatorium—is an oversimplification that underestimates the continuing strength of well-established medical traditions. Even though effective medication against tuberculosis became available during the 1950s, the German sanatorium system continued to exist into the 1960s, while gradually changing into other forms of medical institutionalization—for example, hospitals for chest and lung diseases or “Reha-Kliniken,” clinics for convalescent patients.4

The popularity of Thomas Mann’s Magic Mountain (New York, 1927; orig. pub. 1924), and of other works of fiction, testifies to a widespread fascination with the middle-class sanatorium experience. Often, medical historians seem more interested in tracing the sanatorium’s contribution to the architecture of the modern hospital than its contribution to medicine per se; they tend to treat the era of the tuberculosis sanatorium as a minor medical episode. Even doctors writing about the history of medicine usually downplay the importance of sanatorium treatment, characterizing it as desperate, and ultimately useless. The most

4 The adaptability of medical institutions was noted among contemporary observers, such as Hermann von Hayek, Das Tuberkuloseproblem (Berlin, 1920), 42. Chest surgery became popular because it added a modern element to the treatment of tuberculosis. A good starting point for this rarely studied topic is Ulrich Tröhler, “‘To Operate or Not to Operate?’ Scientific and Extraneous Factors in Therapeutic Controversies within the Swiss Society of Surgery 1913–1988,” Clio Medica, XXII (1991), 89–113. For the change in tuberculosis control programs, see Barron H. Lerner, “New York City’s Tuberculosis Control Efforts: The Historical Limitations of the ‘War on Consumption,’” American Journal of Public Health, LXXXIII (1993), 758–766. Slow institutional change is entirely plausible, given the training of doctors and the careers that follow from it. Felix Suter and Hans Meyer (eds.), Hundert Jahre Lungenkurort Davos (Bern, 1966); Hartmut Kru kemeyer, Entwicklung des Krankenhauswesens und seiner Strukturen in der Bundesrepublik Deutschland, Analyse und Bewertung (Bremen, 1988).
positive statement that researchers have been willing to make about the sanatorium is that it may have reduced the risk of infection, but even that is questioned with regards to the dangers of cross-infection.\textsuperscript{5}

Porter’s “The Patient’s View,” an influential critique of the history of medicine, argued that medical histories should treat all groups and individuals equally. Doctors’ experiences should take no preference over patients’. This “history from below,” echoed by other pioneering works about medical institutions, is particularly important for the history of tuberculosis, because tuberculosis necessitates long-term interaction between patients, doctors, and nurses, within an intricate context of medicine (whether successful or not), social policy, and public health. \textsuperscript{6}

On another front, Sontag’s “Illness as Metaphor”—based on a study of fiction—has also had a profound effect on the social history of tuberculosis. Sontag’s observation that the term tuberculosis, along with the discourse surrounding it, carries strong metaphorical connotations has led French historians of medicine to use novels and other literary works—\textit{The Magic Mountain} among them—as sources to grapple with the historical experience of sanatorium treatment. \textsuperscript{7}

Modern contributions to the history of tuberculosis usually underestimate the complex dynamics of the sanatorium. Evidence


\textsuperscript{7} Susan Sontag, \textit{Illness as Metaphor} (New York, 1978). For good overviews covering the history of the modern hospital and the history of the asylum, see also Lindsay Granshaw, “The
concerning the experience of patients, and that of their various social relations, is scarce—if available at all. Research about the social structure of sanatoriums in Germany and England demonstrated that sanatorium inmates comprised a heterogeneous group. Even working-class institutions offered treatment to a wide range of individuals, including “private patients” who could pay for it. Length of stay, rather than any precise medical intervention, was the prime variable influencing the outcome of sanatorium treatment. Medical doctors preferred to keep patients for six to twelve months, but usually the body responsible for running the house, or the insurance covering the cost, thought otherwise. Three months was the compromise—the minimum period of time required by doctors and the maximum period of time reimbursed by insurance companies.

In 1929, the average stay in Greifenstein was 100 days. Still, after World War II; the patients in this article’s data were in treatment for an average of 100 to 120 days, which compares favorably to the interwar years. Yet, even though the sanatorium was obviously intended for long-term care, it also had its share of short sojourns. Roughly one-third of patients left within four to six weeks; the composition of the patients changed almost daily. Instead of being like passengers on an ocean cruiser for the time of the cure—as Kessel, the French novelist, described them—they were like passengers on a large bus, on which only a few remained onboard for a prolonged time. Moreover, between 1938 and 1959, about 25 percent of all patients were female. In 1929, however, only 14 percent were female. Such treatment and social status vari-

ables help to characterize the historical continuum of the German sanatorium from the late nineteenth century well into the 1950s.8

But what was the medical condition of the patients in the sanatoriums during the 1950s? “Tuberculosis” seems to be the easy answer to this question, but matters are complicated by the fact that the meaning of the term had changed by that time. During the first half of the twentieth century, tuberculosis referred to a prominent cause of death for adults. People diagnosed with this disease had a high risk for premature death. Up to World War II, approximately 50 percent of all sanatorium patients died from tuberculosis sooner or later. Analysis of patient experience shows, however, that most patients were not told about their chances of survival. They may have learned that their chances were poor statistically, but not individually. Moreover, unlike those hospitalized in the United States and Britain, few patients in German sanatoriums actually died there. German doctors discharged the vast majority of their patients as “cured.” During the 1950s, sanatorium doctors continued to recommend their own methods, even arguing that their institutions were the ideal places to administer the new drugs. It is interesting to note, however, that the drop in case-specific mortality rates was most pronounced in the immediate postwar years, before effective drug treatment became widely available.9

It remains difficult to assess the factors contributing to the decline of tuberculosis. However, though far fewer people died from tuberculosis after World War II than during the interwar period, more cases became chronic and subject to repetitive medical treat-


ment. The lack of systematic follow-up studies prevents a comparison of the sanatorium treatment during the 1950s with that of earlier periods. Streptomycin did not change the everyday reality of sanatorium treatment as much as one would expect. But, in general, tuberculosis lost its status as a significant cause of death. Recent studies suggest, however, that the newly available drug treatment did not lead to immediate change in the cultural meaning of the disease. Tuberculosis continues to be perceived as extremely dangerous and socially stigmatized. Although the statistical chances of surviving the disease certainly improved throughout the 1950s, treatment and medical success still involved a process of social and cultural construction rather than simply an objective medical diagnosis and cure.\(^10\)

Systematic study of patients’ sanatorium experiences is hindered by the extant sources. Literary and autobiographical accounts have some value, but they are inherently limited in their understanding of the sanatorium as a circumscribed community. They can report on friendships and other social relations developed in the sanatorium, but they cannot grasp the social dynamics interwoven into ordered groups of patients. Another problem with the biographical material is that it relies too much on memory; many of these sources were written after their authors were discharged from the sanatorium. How trustworthy, for example, are reports of the alleged sexual activity among sanatorium patients when most of them are based on rumor rather than on personal experience?\(^11\)

Thankfully, an extensive search of European archives for data about sanatorium patients has turned up a unique resource—the diary of the “Capri Pirates,” a group of patients treated in the same Liegehalle (rest hall) at the Waldhof Hospital for the Diseases of the Chest in Greifenstein (known at its founding in 1901 as Dr. Liebe’s Sanatorium for the Middle Classes). For the first time, the social characteristics of long-term sanatorium patients can be studied to determine whether tuberculosis patients were, in fact, arranged in a hierarchy, with a single authority figure at the top—a “Captain of all These Men of Death.”\(^12\)

---

10 Lerner, Contagion and Confinement, 56–61; Condrau, “Behandlung ohne Heilung.”
11 Bryder, Beyond the Magic Mountain, 206; Rothman, Living in the Shadow of Death, 236–238.
THE CAPRI PIRATES AND THE SOCIAL STRUCTURE OF A TUBERCULOSIS SANATORIUM

It is not self-evident that a medical institution has a social structure beyond its division between patients and doctors. However, the existence of the Capri Pirates, and similar groups in other rest halls of Greifenstein and other German sanatoriums—known by such informal names as the “Indians” or the “Teutons”—shows that the patients organized themselves into structured sub-groups, thereby forming a network of relationships within each institution. Indeed, these organizations fit the very definition of a social structure: a collection of vertically ordered social groups, each of which having its own hierarchy of membership.

In the German sanatoriums, the locus of each group had its own Liegehalle, or rest hall. Not only did these areas divide the patients into manageable groups for their open-air, hygienic treatment and education; they were also a less expensive alternative to the balconies favored by the private institutions. Both of these advantages became more important with the growing realization that open-air rest therapy was a questionable medical treatment, if not an outright ineffective one, and the subsequent change of focus toward hygienic education. The layout of the halls undoubtedly aided doctors and nurses in their attempt to implement institutional order. Significantly, Goffman points out that only with at least the partial cooperation of inmates is it possible for an institution to maintain discipline.

Elgershausen, Greifenstein. The title of J. Arthur Myers, Captain of All These Men of Death: Tuberculosis Historical Highlights (St. Louis, 1977), derived from the seventeenth-century Christian philosopher John Bunyan, The Life and Death of Mr. Badman (Oxford, 1988, 1680), 148: “Yet the captain of all these men of death that came against him to take him away, was the consumption, for it was that that brought him down to the grave.”


14 To understand the rationale behind the rest hall, see the writings of Peter Dettweiler, its inventor, Die Behandlung der Lungenschwindsucht in geschlossenen Heilanstalten mit besonderer Beziehung auf Falkenstein i. T. (Berlin, 1880); idem, “Einige Bemerkungen zur sogenannten Ruhe- und Luftliegekur bei Schwindsüchtigen,” Zeitschrift für Tuberkulose und Heilanstaltwesen, 1 (1900), 96–100, 180–187. For the aspect of identity construction, see also Guillaume, Du Désespoir au Salut, 218. Erving Goffman, Asylums: Essays on the Social Situation
The diary of the Capri Pirates offers, for the first time, an authentic source detailing the activities of the patients during treatment in these halls. Kept from 1958 to 1966 by a series of senior patients—the captains—it consists of several hundred pages of daily notes. It is a superb source with which to address questions about how individuals, as well as groups, handle serious illness, from the point of view of the patients themselves. Unlike a hospital magazine, this diary was kept for the patients and does not represent an official policy statement of the administration. Used in conjunction with the available admission registers, the diary offers a unique look at the social structure, and group dynamics, of life in the sanatorium.¹⁵

The Liegehalle was an outgrowth of the German public sanatorium movement, which offered cost-effective treatment for insurance patients. Within the process of standardization in treatment, the Liegehalle became the architectural and symbolic center of German tuberculosis therapy. Dettweiler, its inventor, envisioned it as both an auditorium for presenting lectures on hygiene to the community and a ward for supervising the predominantly working-class patients more efficiently than would be possible on an individual basis. Furthermore, Dettweiler and other doctors found out soon enough that the hall also had important social functions. It not only facilitated the integration of new patients but also helped to inculcate the kind of collective behavior oriented around illness that the advocates of unspecific tuberculosis treatment considered appropriate. By 1900, patients in German sanatorium halls had already begun to organize themselves into the kind of informal groups that the Capri Pirates exemplify.¹⁶

The privately owned Waldhof Hospital for the Diseases of the Chest was located in the rural area of Waldhof-Elgershausen, near Greifenstein, in the Riesengebirge. The sanatorium survived World War II without too much change, notwithstanding the inevitable care of sick soldiers during the war. The sanatorium was

---

¹⁵ Sanatorium magazines edited by patients were more popular in North America, perhaps reflecting the more middle-class clientele.

¹⁶ Heinrich Grau, ”Die Anstaltsbehandlung der Lungen tuberculosis,” in Ernst Loewenstein (ed.), Handbuch der gesamten Tuberkulose-Therapie (Berlin, 1923), 287–342; Dettweiler, Einige Bemerkungen; Bromme, Lebensgeschichte eines modernen Fabrikarbeiters, 305.
refurbished during the 1960s and transformed into a rehabilitation facility in a cooperative effort with the university hospital of Giessen. The “Waldhof,” as the local population commonly referred to it, maintained the open-air rest regime in the tradition of Dettweiler well into the 1960s, despite the advent of streptomycin during the 1940s. Evidence suggests that specific and unspecific treatment against tuberculosis coexisted for a prolonged period of time.  

The Capri Pirates referred to their hall as the “Pirate Ship,” and their staff positions as ship’s cook, first mate, etc. The captain even kept the diary in the form of a ship’s log. The log ended when the last patient was discharged on February 25, 1966. Because the abandonment of the Liegehalle was due largely to the success of the drug treatment against tuberculosis, the diary reflects not only the experience of the patients but also the therapeutic transformation and general decline of the orthodox nonspecific treatment for tuberculosis.

The hierarchical organization of the Pirates implies that the captain would have had an interest in promoting and recording his own importance, especially in conflicts with the staff or the medical director. Unfortunately, there is no way of checking whether the diary shows such distortion. The medical personnel of the sanatorium are another possible source of bias in the reporting; they were surely aware of the Pirates and their diary. The organization could hardly have existed without at least their tacit permission—despite the Pirates’ depiction of themselves as independent. These caveats do not impugn the information contained in the diary, but they do enlarge, and enliven, its context.

THE CAPRI PIRATES AS A SOCIAL COMMUNITY

The ship housed nine male patients, or crewmembers. As such, it recreated the strict gender segregation that has been typical for German hospitals and sanatoriums ever since the nineteenth century. A “Woman Pirate of Honor” was selected from another hall to complement the group on special occasions. All members were assigned indi-

17 The term, middle classes, was defined in 1911 by the establishment of the Reichsversicherungsanstalt für Angestellte (employee’s insurance) to underscore the difference between German white-collar and blue-collar workers. It is still used the same way today. For the history of German social policy, see Johannes Frenich and Martin Frey, *Handbuch der Geschichte der Sozialpolitik in Deutschland* (Munich, 1993); Admission Register.
vidual positions and responsibilities under the authority of the captain in accordance with a specific code (Schiffsgesetze). Interestingly, the earliest statutes did not include procedures about how to fill certain positions, such as captain or first officer (Steuermann). Apparently, seniority and implicit acceptance were enough of a recommendation—at least for the first two years, after which an addendum stipulated a vote for the important posts. The main thrust of the rules was to give the captain—and, during his absence, his first officer—direct control over the conduct of the crew. A court of justice, presided over by the captain and consisting of several veteran Pirates, settled all interpersonal conflicts. In general, power over others increased with length of stay in the hall.  

The rules also solidified the “existence” of the Capri Pirates and their ship by enforcing the display of certain symbols—for example, hats and emblems—and by regulating the acceptable language to be used “aboard ship.” For instance, Pirates had berths, not beds, and they lived on a ship, not in a hall. Medical terms were also translated into nautical expressions, further encouraging group loyalty. Every new male patient had to be sworn into the community within three days of his arrival: “I swear to be loyal to Capri Pirates, to follow the orders of the captain and to engage myself on behalf of the well-being of the community.”

On official entry into the community, newcomers received a hat, a shawl, and a badge to wear. They also had to make an immediate contribution to the treasury, as a kind of initiation fee. Membership was not voluntary, and it began at the lowest possible status level.

The ship’s mate was responsible for ensuring the hygienic condition of the ship before it embarked on its “journey,” that is, the extended open-air therapy conducted at the sanatorium. The rules urged the Pirates to obey the medical staff and keep reasonably quiet and disciplined during the cure. Misconduct usually carried fines between DM 0.50 and DM 5, which went directly to the ship’s treasury. The captain and the other members of the court of justice could determine these fines according to the nature of the offense and, presumably, the financial situation and so-

19 “Statutes, 20.11.1958.”
cial status of the offender. Although it is difficult precisely to assess the sums involved, studies of wages and the standard of living in 1950s’ Germany suggests that these fines could be heavy. Interestingly, the statutes give no indication of how this money deposited into the treasury was to be spent.20

Most of the regulations about individual conduct concerned men’s relations with women:

The member of the ship who openly courts a lady and who is seen at least three times with her, shall be given the Order of the Aspiring of the Capri Pirates. This order is to be visibly carried for 24 hours, then to be carried for another two days and to be shown on demand of another board member. . . . Whoever is seen for three weeks or more with the same lady shall be given the Order of Fidelity. On the award of both orders, the carrier has to pay 0.50 DM into the board’s treasury. Members of the ship who within eight weeks fail to get either of the orders shall be given the Order of Solidity. On this occasion, the board’s treasury will pay for a crate of beer for the whole crew.21

The strength of the Capri Pirates’ organization is evident in these “orders.” The men could scarcely avoid them. The dilemma was either to save face by trying to establish a relationship with a woman or to accept the inevitable and cope with the order of solidity. From the Pirates’ point of view, it was essential that these awards be of public note: They not only made gender relations visible but also helped to maintain the hierarchy. Although the Pirates made a show of ridiculing the order of solidity, calling it “the Fool’s Order (Doofen-Orden),” it undoubtedly brought comfort to the loners.

Discourse about the orders was rampant among the Pirates. The logbook was careful to detail the numerous orders awarded. After one long winter, the log revealed, “For the Waldhof and the womanizers, spring has come with full force.” The orders were also a major source of sanatorium gossip. Not even the logbook was immune to a mocking tone: “Today I had to award two orders. The Order of the Aspiring was given to our Moses. He car-

20 “Statistische Berichte des Bayrischen Statistischen Landesamtes,” Bayrisches Statistisches Landesamt MI/St 51, gives incomes for 1951: 200–300 DM per month was a good income for a skilled laborer.
21 “§ 22 of the Statutes, 20.11.1958.”
ries it for the snake Gudrun. The 2. medal went to our radio operator. It was the Order of the Solid (Fools). Today’s walk also showed a new candidate for the Order of the Aspiring."

Keeping on the lookout for gossip and rumors of potential relations between men and women was crucial for the internal life of the Capri Pirates. Many of the log entries stress the importance of everybody playing a part in this surveillance. Those who successfully courted women patients attracted a lot of attention, and those who were less successful could always circulate rumors. To be counted among the candidates for an order could be a nuisance, however; not all of the Pirates were happy about it. One young man, aged eighteen, rejected the Order of the Aspiring at least once before he was sentenced to pay a redemption fee of DM 2.50, which the Pirates were pleased to accept because of a desperate need to fund their activities at the time.

Though it is hardly surprising that the men and women at the sanatorium would be interested in each other, the fact that 70 percent of them were married might be. Not all of the inmates participated in sexual escapades, but many of them did, at least to some extent and for some reason. The men seem to have been subject to peer pressure to do so, thereby escaping the stigma associated with the medal of solidity, in what was predominately a culture of masculinity. The fact that the diary makes no reference to homosexuality may be a further indication that the pursuit of women was admired within the male hierarchy. The diary regularly reports about the men’s desire to interact with the women, yet it does not contain many references to the degree of sexual activity between the sexes. Taking the diary at face value might even lead to the hasty assumption that hardly any sexual conduct took place at the sanatorium. Nonetheless, flirtation observed, admired, and reported by men is one thing; private, undocumented sexual behavior is another.

A large proportion of the diary is dedicated to the tricks and practical jokes that the Pirates played on one another—collapsing deckchairs, hiding clothes, filling sleeping bags with sand, and the like. These misdemeanors were instrumental in establishing group identity and dissipating internal conflicts. Most, if not all, of them,
however, drew fines from the court of justice, regardless of their value as entertainment. The logbook clearly reveals that the younger Pirates tended to be more sportive than the older patients; those elevated in the hierarchy were less interested in catching the attention of others in this way.

The fines and the captain’s disfavor were usually enough to dissuade overindulgence, but every now and again, a Pirate would opt to leave the group rather than pay the penalty: “Again, there was trouble. Guenther D. renounced his position as Pirate of Honor because of ‘private’ annoyance. As to be expected, our Woman Pirate of Honor Maria who is his girl did the same... Guenther D. and Konrad B. now lie in a corner of our ship forming their own community, the so called GAS CHAMBER.” The diary does not offer an explanation for the defectors’ disturbing choice of name. It was probably not a conscious attempt to connect with Germany’s recently troubled past but rather a way to announce oppressed status. During the brief but tense conflict between the two factions, the members of the Gas Chamber refused even to attend the semi-official farewell parties of departing Pirates. But Guenther D., a twenty-eight-year-old divorced merchant, and Konrad B., an eighteen-year-old merchant trainee, may have underestimated the strength of the group. After several days, the captain succeeded in reuniting the patients by making a plea to newcomers:

I told them [newcomers] about our problems, and I mentioned also that time passed much faster in a hall with a true communal sense, hearings and fines without constantly thinking about one’s illness... Then we would have eight pirates again who would oppose the two men of the Gas Chamber. I hope that all goes well this time and that our ship can again set sail and I am looking forward to the day when all berths are taken by true pirates.25

In addition to their internal struggles, the Capri Pirates also faced conflicts with competing groups in the other halls, particularly at wintertime. Many reports in the logbook cover snowball fights with the “Teutons,” their most documented rivals. Interestingly, the Capri Pirates clashed with the Teutons only on hospital grounds; they fraternized without incident in the village. As a

25 Logbook, April 29, 1959; Admission Register, March 10, 1959, October 23, 1958; Logbook, May 15/16, 1959.
matter of fact, whenever the Pirates—together with their Woman Pirate of Honor—usually considered part of the core group—visited the local inn for drinks and pork chops (a popular German dish at the time), they often invited Teutons to join them. Not all the Pirates, however, were keen on joining these excursions. The logbook makes several references to a sub-group known as the "Kotelett-Brigade" (Pork Chop Brigade), consisting of several Pirates and Teutons, who engaged in their own activity outside of the hospital. Eventually, the Pirates and the Teutons were to form an official partnership to organize interaction on the sanatorium level again.

Although the sanatorium halls had no impermeable physical boundaries, outsiders were heavily restricted. The diary of the Capri Pirates suggests that the isolation of sanatorium patients was as much self-imposed as it was ordered by the medical staff. Even though only 25 percent of the patients treated at the Waldhof between 1958 and 1966 were either single or divorced, wives and husbands rarely visited the sanatorium. Given that the patients had time to roam around in nearby villages, the idea that the sanatorium did not allow them to have visitors must be ruled out. An entry in the diary may well offer the reason for the patients’ seclusion: “Today we had our board festivity at Simon’s in Greifenstein. . . . So we also had visitors. The wife of our machinist arrived to celebrate the board festivity with us. I had invited her last Saturday to which the whole crew including the Woman Pirate of Honor took offence. The mood suffered so much due to this visit that I can’t refer to it as a successful evening.”

Apparently, the Capri Pirates were wary of outsiders because they disrupted group coherence. Wives and husbands, after all, could not be expected to share the members’ sense of community or appreciate their puerile behavior. Such ingroup–outgroup feelings are characteristic of most small social groups.

THE SEMI-OFFICIAL FUNCTIONS OF THE CAPRI PIRATES

One might justifiably expect the main interaction between the medical

26 The issue of isolation is significant. Contrary to the argument herein that patients had considerable control over their sojourn in the sanatorium, other studies maintain that the imperative to remain in care led to the complete isolation of the patients, thus highlighting the effects of the Total Institution: See Rothman, Living in the Shadow of Death, 231; Bryder, Beyond the Magic Mountain, 200; Goffman, Asylums, 25. Logbook, February 3, 1959.

27 The classic study of such insular male peer groups is William Foote Whyte, Street Corner Society: The Social Structure of an Italian Slum (Chicago 1981; orig. pub. 1943).
staff and the patients to have centered on treatment. Medical procedures and diagnoses, however, are largely absent from the diary—and not necessarily because the Pirates were in relatively good health (at least for tuberculosis patients) or because the sanatorium had lost some of its medical luster, as evident by its imminent conversion into a rehabilitation clinic. Rather, in German and British sanatoriums, the recourse to medical measures usually implied the immediate withdrawal of a patient from the social life of the institution. With this fact in mind, numerous references in the Pirates’ diary indicate the presence of medical measures without discussing them in any depth. Usually, patients placed on medication disappeared from the Liegehalle, confined to bed rest. One captain had to resign his post for this very reason. Given the nature of the sources at hand, both the exact medical conditions of the patients involved, and the exact motives of the doctors, remain unclear. However, doctors were known regularly to combine social and medical strategies; they were well aware of the social implications of their medical actions.  

As eager as the Pirates were to make their presence felt, they also wanted to keep their secret activities well hidden from the staff.

Today is the memorable day of the May Day festival of the Capri Pirates. . . . Immediately after dinner, eight pirates, the pirate of honor and six women went to Pfeiffer’s in Holzhausen. Not only the costs for the trip, but also DM 10, were given to each pirate. On top of that, a couple of marks were left which provided for uninterrupted hot rhythms by the jukebox. . . . I don’t recall many details of this evening as I was very drunk. The rest of the pirates were also more or less drunk, and even the women were a bit tipsy. . . . On return, we got out at the laundry. On the way back to our house we met the assistant medical director. We had to pull ourselves together and I may write here that he didn’t say a thing on the doctor’s round the next day. We were all very scared (especially the women).  

Nor was this the only occasion when the staff caught the Pirates at some clandestine activity. The recounting of other, similar

28 Condrau, Lungenheilanstalt und Patientenschicksal; Logbook, July 1, 1959; Erich Stern, Die Psyche des Lungenkranken. Der Einfluss der Lungenuberkulose und des Sanatoriumslebens (Halle, 1925).
incidents in the diary weigh heavily against the theory that the patients had an underground life entirely unknown to the medical staff. The doctors and nurses may not have been privy to all the details, but they were sufficiently well informed to intercept patients returning from a night on the town from time to time. Moreover, if they deemed certain activities to be detrimental to the group but did not want to interfere directly, they always had the option to encourage the patients to police themselves. Thus, what at first glance seems like an arbitrary collection of rules, if attributed solely to the Pirates, can be seen in an entirely different light if the influence, and cooperation, of the medical staff is factored into it. By permitting the patients to govern themselves, the institution saved itself the time and money of trying to do the job effectively itself. What the patients received in the bargain were good relations with the staff—at least for the most part—and a little freedom.\footnote{Rothman, \textit{Living in the Shadow of Death}, 236–238.}

The doctors were usually content to wag their fingers at minor infractions once in a while to keep the patients from going too far, but the nurses seemed to report every instance of misbehavior that they encountered. One entry in the diary read, “The radio operator, like a true Pirate, drank almost all the rum. At 5 o’clock he had his canal already so full [he was so drunk] that we feared worse things coming. We had to carry him back to the Waldhof. However, a nurse saw us and immediately went to the doctor to report us.” Staff members who were low in the official hierarchy (nurses, assistant doctors, and so on) were the most likely to report patients to the medical director, who showed no mercy. This reported patient was discharged on the next day for disciplinary reasons.\footnote{Logbook, January 24, 1959, January 25/26, 1959.}

The diary records other dismissals of patients, or threats thereof, from the medical director at the instigation of a nurse. It is interesting to note that whenever nurses reported the misbehavior of a patient, the medical director’s punitive measures tended to be harsh, as if to convey the message that the staff was not to be taken lightly. This point has important implications for the study of discipline in medical institutions: In the case of the Waldhof, the lower staff positions and the informal hierarchy of the Capri Pirates competed with each other for the medical director’s atten-
tion, to whom the captain, like these lower staff members, had direct access. The struggle to keep the two hierarchies in balance was constant. As one departing captain wrote, “I saw many nice battles in the waters of the Waldhof and in the auxiliary port of Greifenstein. The remaining crew I wish all the best. May the ship always sail in a good breeze while escaping lightning and thunder!” In the Pirate’s jargon, “lightning” and “thunder” meant interference from the medical staff. It was the prime duty of the captain to keep it at a minimum. The new captain thus wrote, “I will try to find a course for our ship that avoids lightning (treatment) and thunder!”

The patients saw medical treatment and disciplinary action as closely related. Often, the medical director and his assistants openly asked the captain of the Capri Pirates to put his ship in order or to organize a semi-official party on behalf of the sanatorium. Whenever the medical director wanted to send a strong message to the patients, he addressed the captain, who was supposed to get the other Pirates in line:

Today, Kunibert [the medical director] told us off because we had skipped the rest cure on Wednesday... I had to go and see Kunibert at 10.30 am. Big sermon. It turned out that we have been betrayed. Not only Wednesday but also our traditional chop-feast and other sins have been carried to the doctors. We found out that our “blind passenger” Franz probably squealed. Another blind passenger, our ex-stoker confirmed this assumption. This led to an immense row with Franz, whom we baptized as Judas. Thereupon he went to squeal once more. That didn’t do him well though as half of the people of the Waldhof stood in front of our hall cursing and swearing about the traitor. He packed his bags and left. We cannot tolerate traitors. On this a loud “Ship Ahoi!”

This story adds a whole new wrinkle to the relations between doctors and patients in the sanatorium. Whatever Franz’s opinion of the group and its activities happened to be, the Capri Pirates were obviously not too fond of him. In fact, on the previous day,

32 When a nurse informed the medical director of a captain’s attempt to set up an information network among the various halls, the medical director warned that any such further activity would warrant immediate expulsion (Logbook, January 27, 1959). Logbook, December 15, 1958, January 7, 1959.
33 Logbook, December 19, 1958.
the captain himself had asked that the medical director to have Franz and another patient removed from the hall. The fact that Franz went to the doctors looking for help cost him the esteem of the whole hospital. Not even the medical director was willing to support him, as he had the nurses; he agreed with the captain instead. Evidently, the informal community of patients could wield considerable power in how patients were allocated to the various halls, thanks to the tolerance and reinforcement of the medical staff.34

Current research in the social history of medicine in general, and contributions to the social history of tuberculosis in particular, operate under an apparent paradox. Whereas the medical profession is regularly treated as a social group sharing the same interests, the patients of medical institutions are usually seen as individuals completely independent of each other, as well as of the medical establishment. Only recently have historians started to realize the extent to which individual motives have shaped the behavior of doctors. This article suggests that a similar shift is required in the study of patients. Not only do patients interact with doctors, nurses, and the rest of an institution’s staff; they also interact among themselves in complex ways. It is revelatory to find patients at a tuberculosis sanatorium spending so little time worrying about their health and so much time dealing with matters completely unrelated to disease per se. Moreover, even though the received wisdom is that medical treatment for tuberculosis and the regime of disciplinary and hygienic education were not coterminous, the experience of the Capri Pirates gives ample evidence that these two approaches were not mutually exclusive, even in modern medical treatment.

The sense of exclusion from normal life is one explanation for the extensive degree of self-organization that the Pirates exercised. The patients were obviously keen to recreate a society of their own, with its own values and its own pressures. Their regulation of conduct and formal hierarchy, however, are by no means without precedent in the numerous private associations that were

34 Many other events in the diary demonstrate the level of cooperation between the captain and the medical director. The log entry of July 30, 1959, notes that the captain was delegated by all of the hall communities to sort out fundamental problems with the medical director.
common throughout Germany since the nineteenth century. In some ways, the patients brought their past participation in such groups to bear on their sojourn in the sanatorium. The Pirate concept was not merely a pleasant way to pass the time; it was clearly functional in what Goffman calls “secondary adaptation.” By taking part in the activities of the Capri Pirates, patients gained a well-structured identity, which helped them to maintain a certain stability while under treatment. Since strict authoritarian discipline was no longer an option at a facility like Waldhof, cooperation between patients and staff was crucially important, if the goals of the institution were to be met. This cooperation was cost-efficient; it kept the number of staff members, as well as the number of major conflicts within the sanatorium, low.

The Pirates’ diary also shows how mechanisms of male bonding can be associated with the experience of sickness. Tuberculosis did not fundamentally change the way in which the men at Waldhof interacted with each other. Nor did it decrease the interest that these men had (or professed) for women. That peer pressure was clearly at work in many aspects of the patients’ conduct is not difficult to understand from a theoretical point of view. Empirical social studies convincingly show the importance of such pressure in creating a stable masculine environment. From the point of view of social history, however, how nonmilitary male groups, or nonfunctionally defined male groups, create and react to peer pressure is largely an open question, due to the lack of source material.

The “Captain of all These Men of Death”—Bunyan’s epithet for consumption—may have lost some of its mystique for Western societies, since the disease is no longer the insidious threat to life that it used to be. But given the cultural meaning of tuberculosis, which lags behind its current medical status, the Capri Pirates, as viewed through their diary, are not a mere passing fancy of medical history, but a timeless example of how men behave in groups, and how they experience illness within an institutional framework.