

Records of Tuberculosis in Calgary

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Along the Bow River in Calgary, just downstream from the old Alberta Ice Company warehouse taken over by the Shriners for storage of various massive articles of antique whimsy, and directly across from Bowness Park with its lagoon and midway, is the former site of the Baker Memorial Sanatorium. Erected in 1920 to house soldier and civilian tuberculars, Baker San consisted of a network of buildings containing wards, offices, clinics, laboratories, residences and ancillary services. The sanatorium was virtually a self-contained community, isolated from the advancing city. It provided for most of its own physical wants and added more space as finances allowed. For four decades it could not keep up with the demand on its services. Many people spent long months on a waiting list and some died before winning a bed. This strain on existing facilities ended almost abruptly. Partly, this was due to the opening of the Aberhart Memorial Sanatorium in Edmonton in late 1951, greatly increasing the accommodation Alberta made available for its tuberculars. Mostly, it was due to improved case-finding techniques and the use of antimicrobial drugs, both introduced at the end of World War II. These two factors allowed the sick to spend much less time actually confined to a strict sanatorium regime; eventually they would allow virtually all treatment to be handled almost entirely on an out-patient basis. By 1960, there were empty beds at the Baker San. The next year a process of conversion was initiated to make some of the infirmaries suitable for the long-term care of severely retarded persons. Year by year the conversion continued until only the old administration building provided room for the treatment of tuberculosis. The rooms and wards set aside on the second floor were soon far too large for the purpose. By August 1979, they were empty. The busy out-patient clinic had already been transferred several months before to Calgary's teaching hospital, the Foothills. It was decided that any cases of tuberculosis serious enough to require hospitalization could easily be handled, for the short period of a few weeks that was now the rule, at a specially isolated ward in the same institution. By the end of October 1979, staff had wound up the affairs of the Baker Memorial Sanatorium and moved on to other jobs or retirement. The institution on the banks of the Bow River was henceforth to be known only as the Baker Centre for the Services of the Handicapped.

* I wish to acknowledge the Canada Council Explorations Programme which has provided me with a grant to research and write the history of tuberculosis in Alberta and Dr. R. P. Boyd who arranged for my access to the records of the Baker Memorial Sanatorium.



Fig. 0. *Hallowe'en party, Central Alberta Sanatorium, Calgary, 1941. Photographer unknown.* (Glenbow Archives NA-2910-32)

I became involved with the Baker San because the medical supervisor, Dr. R. P. Boyd, a specialist in thoracic surgery who had started his own stint at the institution at the end of the Second World War, was determined that the institution should not pass easily from human memory. He wanted some sort of memorial kept. I was commissioned to write a short social history of the Baker Memorial Sanatorium. To do so, I was invited to take full advantage of the institution's records and accumulated memorabilia. The former are copious and very complete, the latter suffer from eccentric and erratic collection techniques. I had, of course, passed significant segments of my professional life in archives but never had I been in a situation like that presented at the San. There were no shelf-lists, no finding aids, no accession numbers. Items were not even in order. The undigested state of all this material gave me new respect for the job done by archivists before researchers are let loose in a collection. But, frustrating though pawing through these files has been, being able to study the documents *in situ* gave me insights into life at the Baker San that no archive collection, no matter how admirably arranged, ever could. I took morning coffee with the doctors in the lounge with its library, adjoining overnight quarters, fireplace and view of yet another housing district beginning to edge towards the rim of Calgary's rather spectacular beige bluffs. Tea-time could be spent with the nurses on the ward in their little sitting-room overlooking the river—the table spread with tea and cookies, laps occupied by needlework or, often, one of the younger inmates from the ward. I also could talk to staff over lunch in the central cafeteria that had been producing all meals for the institution since it opened in 1920. I was allowed to

study cultures under a microscope, examine a patient with a collapsed lung, and learn some of the basics of x-ray reading. Many of the staff had been at the San for years—one had started his career there as a patient right after the close of World War II. In addition to their own personal reminiscences, they could supply me with names of predecessors whose memories went back even farther. In this way I set up interviews with a nurse that had come there directly after the Great War, a doctor's wife who had been associated with the institution since 1929, and a man who had been the chief cook for thirty-five years. Indeed, it began to look early on in the project like the information necessary to fulfill my commission was more likely to come from these sources than from the preserved documents and artifacts.

Just what use are the collected papers of such an institution? Unfortunately, not too many archivists or researchers may ever get to ask this question. Usually in the name of more efficient use of space, hospital records are discarded at an alarming rate. The Calgary General Hospital, a much older institution than the San, in the process of turning over some of its papers to the Glenbow Archives, has really very little to give. Furthermore, much of it is of questionable value as it has been culled by persons at the hospital, schooled in medical techniques but unfamiliar with the needs and desires of historical researchers. For example, the only extant patient records from the early years are a very few considered "interesting cases". Otherwise, patient records at the Calgary General extend back only to 1940 and have been drastically cut to facilitate microfilming. Other records in the collection suffer similar lapses in continuity.¹ It does not seem to be the case that sparseness of material is due to a concerted effort to safeguard the privacy of patients—some material displaying names has been kept, other material with no names has been discarded. Perhaps a better term is misplaced—the loss of these types of institutional records seems more due to passive neglect than active destruction.

In contrast, the Baker papers are nothing if not voluminous. More important, gaps in the major record collections are rare. There are various reasons for the continuity of the San's files. One is a medical reason. Although tuberculosis is now popularly regarded as, if not an affliction whose days are past, at least one that attacks only immigrants and native peoples, it was not long ago that it frightened and perplexed the public and the medical profession alike. Once tubercle bacilli have found a host in one's body, one is never free from the infection. It is entirely possible that, unless the body's resistance is lowered by serious illness, trauma or simply very poor living habits, an infected person will never break down with the disease. It is also possible that once one has recovered from such a breakdown—assisted by the old methods of food and rest, the more recent surgical techniques, or modern antimicrobial drugs—one will, with proper personal hygiene, never break down again.

However, the reverse of these two possibilities also holds. In an era when infection with tuberculosis was far from a rare thing—twenty-six per cent of all high school students in Drumheller, Alberta, reacted positively to the tuberculin

1 Information on the records of the Calgary General Hospital comes from Darlene Zdunich who is currently under contract to write a history of that institution.

test in 1935, thereby showing evidence of TB infection²—and reactivation of the condition could not be prevented or ameliorated by the use of specific medications³, one of the basic tenets of prevention was to keep track of all infected who had at one time or another broken down with the disease. The idea was not only to prevent their further breakdown but to prevent them from infecting others should their disease once again enter the infectious phase. Patient files have therefore survived almost intact starting from case number one. It is probable that there are also medical reasons for the fairly complete preservation of staff files from the early 1920s through will the late 1960s. Staff certainly ran the risk of infection and therefore preservation of these records might have been seen in somewhat the same light as preservation of the patient files.

A second reason for their preservation is, no doubt, space. Since the early 1960s, the San always had more room than it could use. It was a simple matter to reserve a corner in a basement room to store records that other institutions might earmark for the incinerator. But the San collection contains not just material that has been, perhaps inadvertently, stored but which has actually been saved. The reason for this has to do with the convictions of advisory personnel, the third reason. Dr. Boyd demonstrated a strong desire for preservation. There are indications—in the form of scrapbooks, photo albums and short memoirs—that the three medical superintendents preceding him were equally interested in posterity. For whichever reason or for whichever combination of reasons, I found myself confronted with a mass of information that I could not possibly employ to the fullest under the mandate of the contract. Time was not the only factor; the history was only to be about thirty pages long.⁴ I decided to proceed on the strength of annual reports, personal interviews, secondary material, supplemented by some of the more accessible information in the files. However, I had no intention of turning my back on this windfall—if for no other reason than that I feared for the future of the collection. All three factors militating for its present state of integrity would soon disappear with the closing of the San: out-patient treatment meant a shift away from and therefore less interest in the old extended records of care; the removal of the clinic to the Foothills Hospital meant drastically reduced space for files; and the retirement of Dr. Boyd left responsibility for the care of medically unimportant papers and artifacts in limbo. If the collection were to be saved, the value of its contents must be assessed and offered to provincial health authorities as convincing evidence. If the collection could not be saved, at least it deserved to have done for it the same sort of thing that salvage archaeology can do for threatened archaeological sites. I applied for and received a grant from the Canada Council Explorations Programme.

2 Alberta, *Annual Report of the Department of Public Health, 1935* (Edmonton, 1936). This actually demonstrated a decrease in the amount of infection. Earlier in the century it was asserted that very few people reached adulthood without being infected with TB.

3 For example, one man who was a patient first at Tranquille Sanatorium in Kamloops, B.C. and then at the Baker entered and re-entered sanatoria eight times between 1923 and 1954. After antimicrobial drugs were put to use, he lived his last eleven years without sanatorium treatment. Baker Memorial Sanatorium, Patient file #1038.

4 This is to be published in an early issue of *Alberta History* under the title "The White Plague in Calgary. Sanatorium Care in Southern Alberta".

By the time I arrived at the Baker Memorial Sanatorium to embark upon the writing of its history, the staff had set aside the materials it considered useful to my project. In a large room on the main floor I found waiting for me various items of medical paraphernalia; numerous photos taken over the years in and around the sanatorium buildings; scrapbooks of clippings; blueprints of various phases of the Baker's buildings and of other sanatoria in western Canada; several files of correspondence from the very early 1920s that had long ago been designated as "historical" and had languished for years forgotten in the basement vault; and printed materials in the form of books of advice kept aside from the disbanded patients' library, an incomplete series of annual reports from the Canadian Tuberculosis Association, and a few copies of the patients' own newsletter for both Calgary and Edmonton, the *Cheer-U-Upper*. Although interesting, I found very little in this room that I could actually use. The collection of medical paraphernalia was by no means complete. It was not possible to comprehend from their jumbled state the subtleties of examination and treatment of tuberculosis. Furthermore, some of the pieces were separated by decades from others. Although I did receive some on-the-spot instruction regarding the use and worth of these items, I found it much more educative to turn to Knopf's prize-winning essay on tuberculosis and study his numerous sketches.⁵ The artifacts themselves, if supplemented and properly captioned, could make an effective museum display.



Fig. 1. Patient receiving treatment in the pneumothorax room, Central Alberta Sanatorium, Calgary, late 1920s. Photographer: Reeves and Young, Calgary. (Glenbow Archives NA-2910-19)

5 S. Adolphus Knopf, *Tuberculosis as a disease of the masses and how to combat it* (New York, 1913), 7th edition.

Figure I shows the amount of time and effort staff and patients put into their costumes for the annual Halloween masquerade. There is something about a group of more than fifty adults painstakingly dressed up as characters from comic strips, advertisements, movies and other media that allowed them to experience outside life second-hand that demonstrates with some piquancy their actual isolation from that life and their need to find what camaraderie they could within. There are two other schools of photography over-represented in the Baker collection. One is the staff portrait school that preserves the visages of countless doctors and head nurses staring intently past the photographer's head. Although it is nice to be able to put faces to names, how much more useful it would be to have some of them preserved in the midst of some representative activity as are the nameless pair in Figure 2 involved in performing a pneumothorax operation, a surgical procedure whereby air is injected into the pleural cavity to collapse a lung and immobilize it to allow healing to proceed more quickly. The technique is still in use.

The photographs, of course, preserved information particular to the Baker that was not to be found anywhere else. The problem with these, however, is that they were taken for the same reasons that most amateur photographers take pictures—to show ourselves and our immediate circle involved in some extraordinary activity, sometimes solemn, usually gay. There exist therefore an over-abundance of snaps of garden parties, tea parties, croquet parties, card parties, picnics, and so forth. This is not to say that these pictures are without worth.



Fig. 2. Sunbathing patients, Central Alberta Sanatorium, Calgary, late 1920s. Photographer: Reeves and Young, Calgary. (Glenbow Archives NA-2910-16)

More illustrations of such everyday little practices would be more welcome than the seemingly endless group shots, portraits and examples of a further school of photography preserved at the Baker—that of architecture. There exist snaps of all of Baker's buildings at various stages of development, in various seasons, during various years. They demonstrate one major thing—that the grounds grew from being very ugly to being very beautiful. Except for giving us some idea of how their surroundings might have affected the patients' morale, these pictures tell us little about the treatment of tuberculosis. How one longs for the sort of mundane pictures one never takes oneself—a tray of food to show how much and what patients ate, the physical debility caused by the life-saving but tissue-destroying surgical technique called thoracoplasty to give a better idea of the effects this would have on one's future prospects of earning a living, patients grown so much healthier that they obviously can no longer fit into the clothes in which they were admitted. In fact, one positively yearns for some before and after pictures, even though Joy Parr's work on the Barnardo children⁶ disabuses one of too firm a belief in such items. Dr. T. J. Barnardo was known sometimes to take both pictures on the same day. Still, desire for such visual demonstrations of the benefits of sanatorium life continues undaunted. There are numerous shots of fairly well-recovered ambulant cases, fully clothed, at the various types of parties and some of the convalescing patients have been photographed covered up to their chins in blankets. What is missing is a straightforward, clinical shot of a case of far advanced pulmonary tuberculosis. Such people are generally described as flabby and wasted. The desire to see just how flabby and wasted is not simply ghoulish. To understand the fear tuberculosis engendered in sufferers and the general public alike, it is helpful to see tuberculosis as their contemporaries, especially their close families, saw them. The closest the Baker collection comes is the scene in Figure 3. Given the era (the late 1920s) and the age of the



Fig. 3. Aerial view, Central Alberta Sanatorium, Calgary, c. 1940s. Photographer unknown. *The Baker was a typical sanatorium of its era — isolated, treed and divided into many separate buildings.* (Glenbow Archives NA-2910-9)

6 Her book on the “home children” will soon be released by Croom Helm.

men, these are probably veterans of the Great War. None of them are exactly strapping. They must have been well on the road to recovery or they would not have been allowed to take heliotherapy. The belief that exposure to the sun's rays had therapeutic effect on pulmonary tuberculosis was abandoned in later years. The Glenbow Archives has reproduced many of the pictures and added them to its own collection, thereby making them available to a wider spectrum of researchers—no doubt with different interests and different complaints than those of a medical historian.

The newspaper clippings regarding the institution in particular and Albertan anti-tuberculosis work in general have been treasured for their historical worth since the day the institution opened. The first medical superintendent, Dr. A. H. Baker, after whom the institution was renamed (from the Central Alberta Sanatorium) in the early 1950s, carefully perused the local papers for items of interest and stored them in shoe boxes. He passed both the collection and the habit on to his successor, Dr. L. M. Mullen. However, although their instincts were sound, their methods were not. Neither ever dated or sorted any of the items; both refused to let anyone else touch them.⁷ Sometime after Mullen's retirement in the early 1960s, this policy changed and the clippings were put into some order and glued into several scrapbooks. However, most are still undated and the relevant newspaper unnamed. Although whoever assembled them seems to have made some shrewd guesses, it is improbable that they are in strictly correct chronological order. The clippings contain useful information in an accessible manner, especially regarding relations between the San and the general community in the early years and regarding the great case-finding drive of the post-Second World War era, but the absence of place and date of origin detracts from their value as an historical resource.

The blueprints that have been saved are possibly of more interest to an historian of architecture than they are to an historian of medicine. There are numerous plans of the original buildings at Baker and of alterations and new buildings added over the years. The original site plan is the most interesting in an historical sense, showing just how isolated and barren the proposed location was. There are also early plans of the Tranquille Sanatorium in Kamloops, the Manitoba Sanatorium at Ninette and the Saskatchewan Sanatorium at Fort Qu'Appelle. Assumedly, these were assembled for study at the time when the Baker was being planned. The other collection of plans are very recent—being those for the Aberhart Memorial Sanatorium in Edmonton. Originally planned in 1944, this san was not completed until the early 1950s. It is possible that certain information about size of wards and types of facilities could be derived from these plans but most of this information is more easily come by in the institution's annual reports, published as part of the annual reports of the Department of Health of the Province of Alberta. The blueprints should be housed with other similar collections where they will be accessible to those interested in the history of architecture and building.

The long-hoarded deposit of "historical" correspondence left for me was unfortunately not complete. Fortunately, it did pertain to the one aspect of

7 Personal interview with Margaret I. Mullen, May 1979.

sanatorium history I have been unable to investigate in any other way. The Baker was really a successor to a military sanatorium at Frank in the Crow'snest Pass, hastily established to care for some of the many tuberculous soldiers discovered in Canada's armies of the Great War. Most of the material involves correspondence between Baker, who even at Frank was medical superintendent, and his supervisors at the Department of Soldiers' Civil Re-Establishment in Calgary. Dealing with everything from menus to disciplinary problems to supplies to entertainment by the California Movie Girl Company, the correspondence carries the researcher into the early days of occupancy of the new Calgary sanatorium and then stops abruptly at the end of 1921. Where this type of material went after that is hard to say. It is possible that the correspondence pertaining to patients was thenceforward attached to the individual patient files, that memorandae regarding stores were put in the business records, that those for staff went to the staff cabinets, and so on, but it is, unfortunately, most likely that a bulk of interesting material has disappeared, either through neglect or destruction. It is also possible that Baker might have removed some of the letters as his private papers when he retired. If so, their state of being and location are unknown. The persons who hoarded these documents for nearly sixty years were right—they are of historical worth. One can only wish that more had been saved.

The last type of material put aside for me in what became known as the "artifacts room" was that of printed material used for the information of patients and medical staff. The patients' library had been disbanded by the time I arrived on the scene. The collection, which had numbered nearly four thousand volumes even before 1930, now occupied a few boxes and shelves in a corner of the first basement. Some of the books had been purchased by second-hand dealers, others had simply been given away. However, some attempt had been made to move all books on tuberculosis to the artifacts room. These were mostly self-help books instructing the patient on how best to look after his or her health and describing in simple terms the course and treatment of the disease. Although there is no reason to believe that all patients read these books, it is valuable to know what type of information was made available to them. There is an obvious shift over time from stress on a life of rest to one of careful attention to proper use of medication. The collection has interest for more than just the medical historian. For example, Wilmer's 1942 classic, *Huber the Tuber*,⁸ a comic book for adults explaining the course and treatment of TB, names its villains after Tojo, Hitler and Huey Long and likens the war against tuberculosis to the war against fascism. Wartime jingoism crept even into the staid field of medicine. Another item of interest among the preserved printed documents were the very few copies of the *Cheer-U-Upper*, started in 1936 as a gossip sheet to keep patients up with what was happening in the various wards and among those tuberculars confined to special general hospital wards in Edmonton. That so few of these newsletters still exist is not a significant loss. Like high school newspapers, the contents are of little interest to those not actually involved. Still it is good that some of these sheets survived—they demonstrate the extent of institutional camaraderie, give confirmation of the types of social activities

8 Harry A. Wilmer, *Huber the Tuber. A Story of Tuberculosis* (New York, 1949). Wilmer also produced a similar book on syphilis called *Corky the Killer*.

engaged in and show the need patients had for communication with others in their predicament.

The material meant for medical staff that had found its way to the artifacts room really belonged upstairs with the library in the doctors' lounge. This collection consists of medical texts and journals specific or related to tuberculosis. Their time-span predates the establishment of the Baker Sanatorium and extends up to the most recent studies. In a city where there existed a good, old medical school, this collection would not be very significant. However, the Faculty of Medicine at the University of Calgary has existed for little over a decade. Its library is very poor in any materials published before the mid-1960s. So, aside from the obvious benefit of demonstrating to me that the San's medical staff had up-to-date information at their elbows, this collection allowed me to educate myself in the characteristics and treatment of the disease without resorting to inter-library loans or research trips to the good medical libraries at the Universities of Alberta and British Columbia. From use of the above materials, supplemented by Alberta government documents housed in the library at the University of Calgary, I put together the short social history I had contracted to do. Waiting for me in the basement were three more large rooms of filing cabinets and shelves that would have to wait until I had time to figure out how I could put them to use.

The main body of records of the Baker Memorial Sanatorium divide into two classes—administrative and medical. The first class I intend to spend very little time on. Stock records and stores books, transmittal sheets and computer paper all no doubt carry a lot of information but anything relevant to my own purposes would simply take too much digging for too little return. For example, it would probably be possible to reconstruct sanatorium diet by going through the transmittal sheets but it is easier to track down and interview old kitchen staff. Besides, these files are not complete—most extend back no earlier than the 1960s. The material here that is most intriguing is the staff files. These are complete from 1923 to 1969 and it is likely that the newer ones are to be found in another part of the complex. These contain not only the original application forms but considerable information on family history, past and present health and diseases, and, if the applicant served in the army, information as to that career. These again I intend to leave untouched. I am not interested in writing a comprehensive history of the institution, therefore I am not particularly interested in the history of the people who worked there, just what they did at this particular job and this, again, can be arrived at in easier ways. It is, however, possible that historians with different interests could derive something of interest from these files. For instance, immediately after World War II, the San's domestic staff was made up of a consignment of young Polish women from refugee camps in Europe. In order to gain entry to Canada, they had to agree to one year's domestic service. Their personnel files might have something of interest for the historians of ethnic groups, women or war.

It is to the last collection of documents that I have now turned my attention. The medical records of the Baker Memorial Sanatorium contain numerous collections of reports via which medical staff tried to maintain order in the treatment of patients. These are really just a special type of administrative record. Medical care must continue twenty-four hours a day and therefore responsibility

is continually handed from one individual to another. Medical care also deals with human beings, a notoriously changeable lot, meaning that individual differences must be recorded and interpreted. There exists then a great bulk of reports meant to rationalize the ongoing treatment of patients. There are doctors' order books, nurses' report books and books recording weight, mailing to clinics, histology, aerosol treatments, operating room hours, staff treatments, codeine use, appointments and special schedules, accidents, sick leave, canteen supplies and conferences. Most of these ledgers contain some information of value but by far the most useful are the first two. Both types of accounts were started in 1935. The former seems to have been replaced by some other form of communication in 1964 but the nurses' books continue at least till 1975 and possibly beyond, assuming that the more recent tomes have been kept with other records still considered current. Combined, the 115 doctors' order books and 595 nurses' report books give a pretty complete description of medical life in the San. In addition to recording the precise treatment of various patients, they also chronicle how well those patients adapted to that treatment and to the general exigencies of life spent on a strict sanatorium regime. It is possible not only to trace the improvement or decline of individual cases but also the evolution of the method of treatment itself. For example, the nurses' report books indicate that in 1935, there was little that could be done for a patient other than making him or her comfortable. About the only medications regularly dispensed were sodium bicarbonate, aspirin and Cherry Mist throat spray to ease coughing.⁹ Forty years later, nurses were supervising the use of various specific preparations—in one case, making sure a woman took and kept down eleven different TB drugs per day.¹⁰ But, while these particular records draw a good picture of patients' experiences while actually resident in the San, they tell little about persons' real lives. For this material one must turn to the most useful and impressive collection of Baker's records, the patient files.

Baker's patient files number nearly ten thousand and are virtually complete. Supposedly no case has been removed from the collection but just recently, some of the cases have been culled, for reasons of medical efficiency, of some of their correspondence. This only affected a few hundred cases and has now stopped. The files are divided into two precise categories, referred to colloquially as the "Dead Files" and the "Live Files". The "Dead Files" comprise all cases whose subject died while under treatment or about whose later death there is confirmation, usually in the form of an obituary notice. The "Live Files" comprise all cases whose subject is, because of lack of evidence to the contrary, assumed to be alive. It is obvious from a quick perusal of the second category that many of these people must either be dead or excessively long-lived. The only reason it is necessary to differentiate between the two types of files is that the first are locked away, forgotten, in the basement of the Baker while the second, by far the larger collection, has been moved to the new TB clinic at the Foothills Hospital. Most of them are useless to the ongoing work of the clinic and for this reason they are threatened. A tentative agreement was reached only recently to have unwanted files boxed and sent back for temporary storage at the San rather

9 Baker Memorial Sanatorium. Nurses' Report Book, 23 Aug. 1935-23 Jan. 1936, entries for 10, 19 and 22 Sept. 1935.

10 *Ibid.*, 24 Sept.-9 Dec. 1975, entry for 3 Nov. 1935.

than have them culled or disposed of. And it would be a great pity to lose the information available in these files. My own delay in getting around to utilizing them was never due to ambivalence over their worth but rather due to feelings of my own inadequacy in dealing with so much information. I have no training as a quantitative historian. But after several months of strategic avoidance spent doing all the traditional types of research for the project, a friend and colleague forced me to face up to the obvious fact that the information was not likely to change character no matter how long I waited and that if I wanted to use it, I was simply going to have to acquire some quantitative skills. I am now involved in taking notes on the records. Although the files for soldiers differ from those for civilians and although the latter undergo a change in format in 1929, it is possible to obtain almost all the same kinds of information off each one. For the purposes of the history of tuberculosis in Alberta, I have decided that the following data are relevant:

1. Name
2. Address on admittance
3. Birthplace
4. Date admitted
5. Date discharged
6. Time in Alberta
7. Time in Canada
8. Name of doctor making the referral
9. Address of above doctor
10. Religion
11. Closest friend or relative
12. Relationship to above
13. Address of above
14. Birthday
15. Age
16. Sex
17. Marital status
18. Occupation
19. Citizenship
20. Race
21. Father's name
22. Father's birthplace
23. Mother's maiden name
24. Mother's birthplace
25. Spouse's (maiden) name
26. Family health history
 1. parents
 2. siblings
 3. spouse
 4. children
 5. grandchildren
27. Past social and industrial history and habits
 1. type of work
 2. lifestyle
28. Past health and diseases
 1. disease
 2. surgery

29. When last in good health
30. History of intimate exposure to infection
31. Date on which stopped work
32. Present illness
 1. Where diagnosed
 2. When diagnosed
 3. Earlier treatment, if any
33. Present symptoms

1. cough	10. palpitation
2. expectoration	11. dyspnoea
3. fever	12. nervousness
4. night sweats	13. insomnia
5. loss of weight	14. appetite
6. loss of strength	15. indigestion
7. haemoptysis	16. hoarseness
8. pain in chest	17. menstruation
9. flushing	18. micturition
	19. defecation
34. Character of onset

1. catarrhal	4. haemorrhagic
2. insidious	5. febrile
3. pleuritic	
35. Normal weight
36. Present weight
37. Height
38. Condition of the heart
39. Dental hygiene
40. Diagnosis on admission
41. Prognosis on admission
42. Work Tolerance Prognosis on admission
43. Diagnosis on discharge
44. Prognosis on discharge
45. Work Tolerance Prognosis on discharge
46. Disposal (treatment, etc. after discharge)
47. Date of death
48. Cause of death
49. Experience in the sanatorium
 1. treatment
 2. extent of illness
 3. evidence of maladjustment
50. Evidence of successful follow-up
 1. out-patient treatment
 2. regular check-ups

I have ten thousand cases. At fifty items of information apiece that makes a half million pieces of data. I have decided to select every tenth case, bringing the amount down to a more manageable fifty thousand. Still, analysis will require the use of a computer.

Before one launches into such a vast consumption of human and mechanical time, it is necessary to have faith that information will be turned up in a manner that is accessible in no other way. One thing that will emerge is a "biography" of the typical sanatorium inmate. As an historian schooled in the traditional literate methods I have a certain prejudice to overcome. If I found a case record of some important person, detailing all information relative to their breakdown from and treatment for tuberculosis, I would fall on such data with some satisfaction and use it without qualm as a demonstration of "typical" experience. On the other hand, I find that the windfall of ten thousand records of perfectly ordinary people seems to me a less satisfactory historical find. While I am willing to accept and expand on one case as typical I am loath to accept, as typical, statistically recurrent factors in a large group of what must surely be cases more typical than that of some important person careful about the records of his or her experiences. I now recognize these qualms on my part as being based largely in simple prejudice. I strive to overcome this.

However, if I thought this were all that I could get out of this mountain of data I would not consider it worth the effort. After all, I have a pretty good idea, from reading the medical literature, of what the average sanatorium inmate is going to look like. I am prepared for a few surprises but not many. In addition, there are already some statistics available in the annual reports of the Province of Alberta and of the Canadian Tuberculosis Association. These give some indication as to which age groups and nationalities have higher TB rates. This is a type of information unavailable to many cliometricians who must really generate all their own statistics, working as they do in eras not as well-documented in numbers as is the twentieth century. I must therefore be careful, again, that I am not taking pains to look for information I could find in an easier way. I am reasonably sanguine that this is not the case. For one thing, Canadian health statistics in the early twentieth century are neither as accurate nor as informative as they purport to be. For another, they simply do not ask the kinds of questions I hope to answer through proper processing of the San records. I want to examine the validity of such beliefs as: tuberculosis was generally brought into the west of Canada by actively diseased European immigrants, that in-door occupations were more conducive to bringing on a break-down from TB than out-door occupations, that people were aware of and afraid of the disease in their midst, that patients generally settled rapidly and thankfully into sanatorium routine, and so forth. I also want to find out, if I can, why women, for centuries more prone to TB than men, suddenly lose their precedence in this century and why the disease progressively attacked older people after World War II. I also hope to confirm certain suspicions—for example, that the post-war campaign of case-finding and use of antimicrobial drugs led to shorter stays in the San, to people being less sick when they entered and to a decrease in mortality unaccompanied by a similar decrease in the morbidity rate and that the post-war shift away from manual labor allowed more people to find less strenuous jobs after recovery and therefore lessened the chance of relapse.

F. B. Smith starts his recent and useful book on the history of health in Britain with a succinct comment on the historiography of this field: "Patients loom small in medical history."¹¹ I could write a history of tuberculosis in Alberta using only

11 F. B. Smith, *The People's Health, 1830-1910* (London, 1979), p. 9.

the traditional types of research material. I have found relevant documents in the Glenbow Alberta Archives, in the Provincial Archives of Alberta and in the Public Archives of Canada. I have read printed government reports and conducted interviews with officials. I have perused medical journals and newspaper clippings. Without the Baker Memorial Sanatorium records I could write a competent account but one that, nevertheless, could not help but be institutional in stress. I hope by proper use of the records, which, through some miracle have been made available to me, to make patients loom a little larger. I am sure that Smith and I are not the only ones with this ambition. He calls for greater attempts to track down and save medical records.¹² I can only echo his sentiments once again.



Fig. 4. Patient ward, Central Alberta Sanatorium, Calgary, 1926. Photographer: W.J. Oliver, Calgary. *Patients spent most of their time quietly in this type of ward. Note the radio earphones visible on two of the beds and the amount of window space.* (Glenbow Archives NA-2910-18)

12 *Ibid*



Fig. 5. Mobile chest X-ray unit, Central Alberta Sanatorium, Calgary, c. 1960s. *This unit was typical of the mobile facilities used to X-ray Canadians during the case-finding drive following World War II. Better diagnosis along with new drugs helped lessen the seriousness of tuberculosis.* (Glenbow Archives NA-2910-36)

The records of the Baker Memorial Sanatorium so far survive remarkably intact. However, no written assurances exist as to their future. The bulk of them are now housed in a building the fate of which is itself in some question. Even if the old administration building of the Baker San is, as is hoped, declared an historical resource of the province of Alberta, that only means that it cannot be demolished. It does not necessarily follow that its contents will be safeguarded. In order to make the records readily available to those who may wish to use them now and to save them for those who may wish to in the future, a trained archivist must take charge. The Provincial Archives of Alberta is expressing some interest in making a commitment to the future of these files. It will be good if at least this one set of hospital records will be saved for posterity. However, they might just as easily have found their way to the incinerator, as have the records of many other institutions. Institutions do not destroy their history in this manner through any sort of perversity. They simply do not think that anyone would be interested. Until recently they were, unfortunately, only too right in this conviction. Now that historians and archivists have at last recognized the value of such materials it is their duty—it should be their pleasure—to educate the officials who now have the power to save or destroy the past, present and future medical documents of this country.

Résumé

La tuberculose est pratiquement enrayée aujourd'hui mais tout récemment encore, elle faisait de sérieux ravages au Canada comme en témoignent les nombreux sanatoriums à travers le pays. L'auteur, qui rédige actuellement une histoire de la tuberculose en Alberta, a passé de nombreuses heures à interviewer le personnel et à faire des recherches dans les archives administratives du Baker Memorial Sanatorium de Calgary. Elle décrit ses trouvailles, sa méthodologie et ses impressions; elle souligne aussi l'importance à accorder à la conservation de pareils registres ou archives.

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