Socio-economic Status in the Sanatorium: Tuberculosis in B.C. during the Interwar Period, a case study of Tranquille Sanatorium

Background

Tuberculosis (TB)
TB is a disease caused by *mycobacterium tuberculosis*. In roughly 5-10% of cases, the bacteria causes active disease (usually in the lungs). Although mainly associated with the Victorian era, it has been infecting humans for thousands of years and remains a leading cause of death worldwide in the 21st century.

Sanatoriums
In the mid 1800s, understandings and explanations of TB connected the disease to physical environment. Sanatoriums were built as a mix between a hospital and vacation home, usually in dry climates. Their treatment was founded on rest, fresh air, nutritious food, and light exercise. The sanatorium movement spread from Western Europe to North America, and the first Canadian sanatorium opened in 1897.

Tranquille Sanatorium
Tranquille Sanatorium opened in 1907, founded by the BC Anti-Tuberculosis Society. Located roughly 15 km outside Kamloops, this location was chosen because of the dry environment and easier transportation via railways. The sanatorium received a boost in funding from tuberculous soldiers in WW1, and the site was taken over by the province in 1921. Before this period, it was underfunded and struggled to meet demand.

How did socio-economic status effect ability to get treatment?
Between 1915-1918, the sanatorium released a promotional pamphlet stating, “No patient who has been a resident of British Columbia for six months or over is refused admission on account of inability to pay.” The goal of this research was to fact check that claim and explore how poor patients experienced TB and life at the sanatorium.

Through research in secondary sources on the social history of TB and sanatoria and primary sources from BC Archives on Tranquille, I was able to establish that rather than being reserved for rich patients, Tranquille saw far more poor patients. Wealthier patients were able to seek private or at-home treatment at earlier stages of the disease, which was more effective. However, poor patients had to work until they were physically incapable, leading to many of them arriving at Tranquille with “hopeless” prognoses. While undergoing treatment, poor patients had more work requirements, like doing their own housekeeping, but they received the same high-quality care as rich patients when at Tranquille.

Selected Bibliography

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