

Building Resistance: Children, Tuberculosis, and the Toronto Sanatorium by Stacie Burke

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*B*ook Reviews

Spring 2023

Building Resistance *Children, Tuberculosis, and the Toronto Sanatorium*

by Stacie Burke

Montreal and Kingston: McGill-Queen's University Press, 2018. 576 pages. \$45.95 softcover. ISBN 978-0-7735-5330-9. (www.mqup.ca)

The Toronto Sanatorium was established in 1904 and rapidly expanded in response to demands for tuberculosis (TB) treatment during the 'endemic period' of TB before antibiotics were available. By 1910 the hospital boasted three newly-built buildings, one of which housed the Queen Mary Hospital for Consumptive Children. The Queen Mary Hospital was, at the time, the first TB hospital in the world dedicated to child TB patients (80). The Toronto Sanatorium was established primarily to treat Toronto residents, but drew patients from all over the province. At its height, it had beds for 667 patients and a waiting list for admission. Burke's focus is on this 'sanatorium era,' when TB was endemic in Canadian society and before effective drug therapies for it were introduced in the 1940s and early 1950s.

Burke, an anthropologist, describes the book as a 'case study' of child patients at the Toronto Sanatorium. The modern iteration of the hospital, the West Park

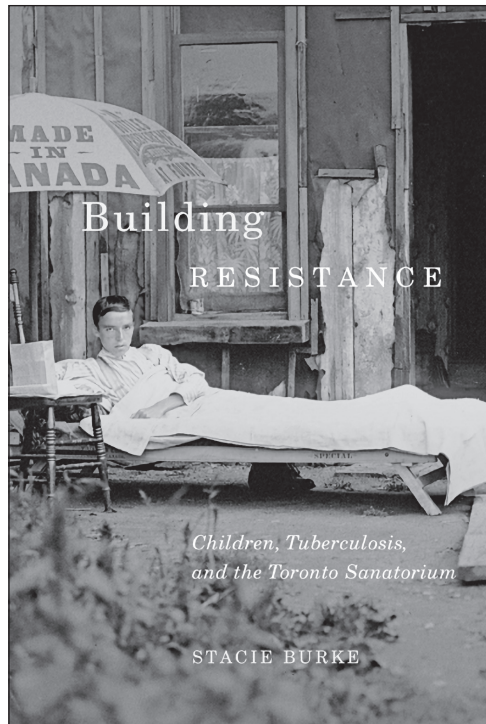
Healthcare Centre, granted Burke access to a whopping 822 patient case files of children treated between the opening of the hospital and approximately the 1950s. The case files include everything from records of medical treatments to letters written to sanatorium medical staff by patients, their families, and their family doctors, as well as notes that the children wrote and passed to each other. Such a large set of historical patient records is enough to make any health historian envious. Burke unfortunately has little to say about the files as historical sources, and, while she draws on the case histories in the text, she provides no citations for the case files—a methodological choice that she does not address.

The book covers a wide range of topics including the medical treatment and lived experiences of child patients, the evolving medical science that dictated medical interventions for TB, and TB-related philanthropy. Burke has two key arguments throughout the book. The first is that the

sanatorium offered patients and their families hope in a period of endemic TB when the illness was incurable. The advent of surgical treatments for TB in the 1930s, in particular, and a shift from bed rest and diet as the main treatment to active intervention engaged the general public's hope for sanatorium treatment as a 'cure.' The public, according to Burke, "invested in [the sanatorium] as a place of hope and healing," and it was this hope that motivated par-

ents and caregivers to send their children away to the Toronto Sanatorium for years at a time (190). The second central theme is that TB patients impacted themselves, their medical staff, their families, and Canadian society who were all engaged in the project of 'building resistance' to TB. Building such resistance influenced everything from public health campaigns, to education, housing, philanthropy, and social welfare.

Building Resistance makes two key contributions to the historical literature on children and illness in Canada. The first is that Burke positions TB as a multi-generational disease. Many of the children with case files from the Toronto hospital were orphans whose parents died of TB or had infected siblings. Some child patients were admitted in part to protect younger children in the home from infections. Burke does not delve deeply into the intergenerational impacts of death and illness in these



families, but the case studies point to the importance of this perspective in assessing TB history. The second key contribution of the book is Burke's focus on the different types of TB and the evolving treatments engaged by doctors. Burke argues that variability in the experiences of children as patients can only be fully understood by comprehending the biological roots of the illness in their bodies and the medical treatments provided to them (262).

Sometimes the level of detail about the science detracts from the key narrative about child patients, but Burke makes her point that the details of treatment in particular influenced how child patients experienced sanatorium care.

The book could have been strengthened by engaging meaningfully with specific bodies of historical literature. The growing historical work on children and emotion would have helped to better explore the children's experiences as patients, the trauma associated with being separated from families for years at a time, and the brutal medical procedures and practices child patients often endured. Burke's analysis of class and race as it impacted child patients' experiences is also underdeveloped. Issues of class arise throughout the book. The hospital housed both paying and non-paying patients, and some children worked to earn income during their stay. One case

study relates that a patient was taunted by other children on the ward for being a “charity brat” (377), but Burke offers little assessment of these class issues. Burke also wholly ignores race in her analysis. She relates the case studies of several Indigenous children, for example, but provides no analysis of how race may have influenced their admission or their experience in the sanatorium. The Final Report of the Truth and Reconciliation Commission, which addresses tuberculosis extensively, is not

listed in her bibliography, nor does she engage meaningfully with historical scholarship on histories of health and marginalized communities. Given the population of Toronto, there were likely also Black patients admitted to the hospital, but there is no discussion of this in the book or of the racism that racialized patients would have faced in such an institution.

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Public Historian

The Life and Death of Norman McLeod Rogers

by Barry Cahill

Newcastle upon Tyne, England: Cambridge Scholars Press, 2022. 144 pages. £62.99 softcover. ISBN 978-1-5275-8919-3 (www.cambridgescholars.com)

Working at the Royal Military College of Canada and living in Kingston just a stone’s throw from the airport named in his honour, Barry Cahill’s biography of Norman Rogers intrigued me. According to Cahill, although Rogers’s public career lasted a mere five years, his rise from reluctant academic to cabinet minister was nothing short of meteoric. Indeed, Cahill claims that had Rogers not died in a tragic plane accident in June 1940 he likely would have succeeded Mackenzie King as Liberal leader.

Born in Amherst, Nova Scotia into a prominent Conservative family, many believed Rogers would follow his family into law and politics. While the latter was true the former was not. Rather than going into the law Rogers became a professor of history at Acadia and later political science at Queen’s University. Although Cahill notes that Rogers was a successful and well-liked professor, his real calling was politics. In 1927 he left academia to become secretary

for cabinet relations with the King Liberal government. It was here Cahill claims that King took a shine to Rogers and became his political mentor.

However, King’s defeat in 1930, forced Rogers to return to academia, taking up a position in the Political Science department at Queen’s University. Queen’s at that time was the centre of the “new liberalism” that provided the intellectual groundwork for the activist state that would characterize postwar Canada. Although Cahill claims that Rogers was a progressive liberal, he does not really flesh out his thinking or his relationship with his fellow Queen’s new liberals. With his eyes still set on a political career, Rogers immersed himself in the Kingston riding association where he became the party’s candidate in the 1935 elections. In those elections he astonishingly defeated the long-standing Conservative candidate by more than 1,000 votes.

Even though he had no previous political experience, King selected him as his