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Well Built in Albuquerque: The Architecture of the Healthseeker Era, 1900-1940

Kristen Reynolds

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**WELL BUILT IN ALBUQUERQUE: THE ARCHITECTURE
OF THE HEALTHSEEKER ERA, 1900-1940**

BY

KRISTEN REYNOLDS

B.A., English, Boston College, 1993

THESIS

Submitted in Partial Fulfillment of the
Requirements for the Degree of

**Master of Arts
History**

The University of New Mexico
Albuquerque, New Mexico

December, 2010

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ABSTRACT

This thesis examines the architectural and cultural landscape of tuberculosis in Albuquerque during the first decades of the twentieth century. Inspired by a general belief in the healing powers of high-altitude desert air and sunshine, Albuquerque fashioned itself into a popular health resort for consumptives. In “Well Built in Albuquerque: The Architecture of the Healthseeker Era, 1900-1940,” I argue that the disease inspired a new and distinctive health landscape in the city that included sanatoriums, boarding houses, and rustic campsites. The architecture, design, and spatial patterning of this landscape reflected prevailing medical and social ideologies concerning both the disease and its cure. Chief among them were a fanatical confidence in the curative properties of climate, a growing national concern with contagion, health discrimination based on social class and stage of disease, and a later dedication to medical science over nature. This study adds to the small body of existing literature on the architecture and landscape of American sanatoriums, and contributes new insights to the historical record of New Mexico and Albuquerque.

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Introduction

During the early twentieth century, tuberculosis wasn't just an epidemic disease. It was a national obsession. Tuberculosis inspired the writing of countless treatises on the disease's every facet, the passage of TB-related legislation in most U.S. states and territories, and the manufacturing of specialized products from sputum cups to Adirondack chairs. Fresh air and lots of it—as a preventative and a cure—became a national mantra. Sanatorium complexes dotted the American landscape. Sleeping porches appeared on homes across America, from the White House to New York City tenement buildings. For the first half of the twentieth century, tuberculosis was a culture and an industry unto itself.

Albuquerque, New Mexico was especially transformed by this obsession. It became a health resort for sufferers of pulmonary tuberculosis, considered the deadliest disease of its era.¹ Consumptives who migrated to the Southwest and elsewhere in the hopes of recovering from the disease were called healthseekers.² Albuquerque was one of numerous healthseeker meccas in the Southwest, including Santa Fe, Colorado Springs, and Phoenix. The influx of healthseekers to Albuquerque inspired the development of a new and distinctive health landscape in the city. This study examines the architecture of

¹ Tuberculosis has been found in human remains dating back to 8,000 B.C. But until the late nineteenth century, no one understood that it was caused by a bacteria easily transmitted from one person to another. The Greeks called it phthisis, meaning “a dwindling or wasting away,” and thought it to be hereditary. The first use of the English word “consumption” was to denote tuberculosis, which seemed to literally consume its victims. Inhaled as a drop of liquid, the bacteria most commonly took hold in the lungs, causing pulmonary tuberculosis. Approximately 150,000 Americans were dying of tuberculosis every year by the late nineteenth century.

² In addition to the term consumptive, people with tuberculosis were also called lungers and tuberculars.

health accommodations in Albuquerque from roughly 1900 to 1940. My approach combines architectural and cultural landscape analyses with cultural history. I argue that the architecture of the Albuquerque sanatoriums and other dwellings inhabited by healthseekers reflected prevailing medical and social ideologies concerning tuberculosis and its cure in numerous ways. A growing national concern with proper sanitation, the fanatical confidence in the curative properties of fresh air, rising paranoia about contagion, health discrimination based on social class and stage of disease—all of these factors helped to shape the architecture of tuberculosis, and also the spatial distribution of healthseekers in cities like Albuquerque. The example of Albuquerque adds to two separate historical conversations. First, it speaks to the spatial development of the city of Albuquerque specifically. Second it intervenes in broader architectural history discussions about the development of sanatorium architecture in the United States.

Historians have acknowledged the significance of the healthseeker industry to the growth and development of New Mexico. As historian Jake W. Spidle Jr. has written, “By the 1920s sanatorias were big business in New Mexico, and the new state flag might well have had a TB patient’s chaise lounge emblazoned on it instead of the Zia.”³ Prior studies, including Spidle’s, have focused on a variety of aspects of the healthseeker era in New Mexico. These histories include overviews of sanatoriums around the state, social and medical aspects of “chasing the cure,” and the promotional efforts driving the industry. Several studies focus heavily on the people—the healthseekers who lived to make significant contributions to New Mexico history, and the doctors and nurses, many

³ Jake W. Spidle, Jr., “Coughing and Spitting and New Mexico History,” in *Essays in Twentieth-Century New Mexico History*, ed. Judith Boyce DeMark (Albuquerque: University of New Mexico Press, 1994), 173.

of whom had tuberculosis themselves.⁴ The most recent example of this type of scholarship was Nancy Owen Lewis's "Chasing the Cure in New Mexico: The Lungers and Their Legacy" published in a 2008 issue of *El Palacio*. Broader social histories of tuberculosis have focused on the men and women leading the sanatorium movement: the public health crusaders, the medical community, and the patients themselves. Their discussion of the built environment, however, has been limited to very cursory descriptions of the sanatorium facilities.

I offer a new and different approach to examining the healthseeker era in Albuquerque history that explicitly focuses on the cultural landscape, which will add to the existing historical record of New Mexico history and the architectural history of the American TB sanatorium. Included within this study is an examination of the cottage sanatorium format adopted by Albuquerque's large sanatoriums. While Dr. Spidle and other New Mexico historians have briefly mentioned the architecture, my thesis offers a more in-depth look at the exteriors and interiors of the sanatoriums—the functions served by individual buildings and the spaces within them as well as the medical, social, and economic concepts underlying their design and organization.⁵ These facilities—all established within a period of 15 years—were essentially experimental in nature as doctors struggled to combat the disease. They demonstrate a moment of belief in the healing powers of

⁴ See Jake Spidle, *Doctors of Medicine in New Mexico: A History of Health and Medical Practice, 1886-1986* (Albuquerque: University of New Mexico Press, 1986) and articles like "'An Army of Tubercular Invalids': New Mexico and the Birth of a Tuberculosis Industry" *New Mexico Historical Review* (July 1986): 179-201. See also Judith R. Johnson, "Healthseekers to Albuquerque: 1880-1940," M.A. Thesis, University of New Mexico, 1983; and Judith De Mark, "Chasing the Cure: A History of Health Seekers to Albuquerque, 1902-1940," *Journal of the West* 21 (July 1982).

⁵ Historian David Kammer makes very brief mentions of the cottage sanatorium plan in a history of Albuquerque. See Kammer's "National Register of Historic Places Nomination Form for Multi-Unit Dwellings in Albuquerque, New Mexico," 1999, Archive of the New Mexico Historic Preservation Division, Santa Fe, New Mexico.

fresh air and sunlight. By the early 1930s, however, new invasive and surgical treatments for TB moved the focus away from such natural remedies. Additions to and renovations of certain Albuquerque sanatoriums reflected the shifting nature of the curative ideology over time.⁶

The development of Albuquerque's sanatorium landscape also offers insight into questions raised by architectural historians. Within the last decade or so, a few architectural historians and landscape architects have begun writing about tuberculosis sanatoriums. Landscape architects have focused on the role of the surrounding environment in sanatorium design and function.⁷ Architectural historians, primarily in Canada, have begun analyzing the design of public sanatoriums. These studies have traced the evolution of sanatorium design from picturesque cottage architecture to institutional hospital design.⁸ This analysis of Albuquerque builds upon these discussions, and adds to the rather limited body of work on the architecture and landscape of the *American* sanatorium.

⁶ In hindsight, most experts agree that sanatorium care was merely a palliative measure for the majority of tuberculars. The enforced convalescence boosted patients' immune systems allowing for some human bodies to heal themselves. But for many patients, sanatorium treatment was rather futile. Although many consumptives responded well, the disease killed more than 60 percent of discharged patients within a period of six years. See Heinrich Herzog, "History of Tuberculosis," *Respiration* 65(1): 10. The statistics for the invasive and surgical procedures from the 1920s and 1930s are equally dismal. One of the surgical treatments, thoracoplasty, involved the removal of ribs and actually resulted in as many as 40 percent of patients dying post-surgery. See Ken Chowder, "How TB Survived Its Own Death to Confront Us Again," *Smithsonian* 23(1992): 181. The discovery of antibiotic drugs during the 1940s and 1950s finally cured tuberculosis by effectively attacking the bacteria causing the disease.

⁷ See Nazila Merati, "Lost Landscapes of Health: The Evolution of the Western Tuberculosis Sanatorium 1890-1950, M.A Thesis, University of Washington, 1999; and Deborah L. McBride, "American Sanatoriums: Landscaping for Health, 1885-1945," *Landscape Journal* 17(1998): 26-41.

⁸ See Annmarie Adams and Stacie Burke, "'Not a Shack in the Woods': Architecture for Tuberculosis in Muskoka and Toronto," *Canadian Bulletin of Medical History* 23(2006): 429-455; and Leslie Maitland, "Design of the Tuberculosis Sanatorium in Late Nineteenth Century Canada," *Bulletin of the Society for the Study of Architecture in Canada* 14(1989): 5-13.

This study adds to the existing literature on sanatorium design in general because it addresses a different kind of sanatorium. The above-cited studies focus in part on the cottage model of sanatorium, but primarily examine the public institutions—some of which were free. Public sanatoriums served a wide range of social classes, and much of their motivation was to help the poor. By contrast, the private and semi-private sanatoriums of Albuquerque focused on maintaining a middle- to upper-middle-class clientele. While some of Albuquerque’s sanatoriums took on charitable cases, their goal as depicted in promotional material was to offer a comfortable, homelike atmosphere to moneyed patients. This focus was apparent in their architecture and the organization of patients within the sanatoriums. In general, the Albuquerque sanatoriums operated more as health resorts than public service facilities.

This study also looks at the built environment “in the shadow of the sanatoriums”—a phrase used by public health historian Sheila Rothman to describe alternate accommodations located in close proximity to these specialized healthcare facilities.⁹ Rothman’s discussion however, focused not on the architecture but on the memories of consumptives who dwelled in such places. Not everyone wanted to stay in sanatoriums in the various health resorts. A great deal of the healthseeker population couldn’t even afford sanatorium care if they wanted it. Tents, tent-houses, and boarding houses were very popular with healthseekers in Albuquerque. Like sanatoriums, these dwelling types represented innovative architectural solutions to a prodigious public health problem.

⁹ This phrase is borrowed from public health Professor Sheila Rothman’s *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: BasicBooks, 1994).

This study uses data gathered from original publications of the National Association for the Study and Prevention of Tuberculosis, Albuquerque city directories, architectural drawings and blueprints, photographs, maps, promotional pamphlets, Albuquerque newspapers (especially those generated by the healthseeking community), and contemporary National Register of Historic Places nomination forms for various properties and property types in Albuquerque. This thesis uses historic photographs of the architecture to provide additional analysis. In order to provide new information on the exact locations of various dwelling types, I have also culled data of boarding houses and tents/tent-houses from general and healthseeker newspapers of the era. While previous scholars have placed much emphasis on the great numbers of healthseekers living in Albuquerque—in boarding houses, etc.—little in-depth research has been done on *exactly where* these people were living. Using these primary sources in a new way, I focus on tracing the spatial patterning of these dwelling types both inside and outside city limits.

“Well Built in Albuquerque” first offers a broad context of the national and territorial sanatorium movement, before providing a bird’s eye view of Albuquerque’s healthseeker landscape (both the healthseekers’ landscape of the city, and the spatial organization of the sanatoriums) during the study period, and finally zeroing in on the exteriors and interiors of the actual facilities. In Chapter 1, I discuss Albuquerque’s rise as a health resort—the result of two distinct but overlapping movements in the United States. The first was the climate therapy campaign, which posited that exposure alone to certain climates could cure tuberculosis. The second campaign was a massive public health movement promoting the construction of tuberculosis sanatoriums everywhere. Chapter 2

focuses on the emergent landscape of tuberculosis in Albuquerque. It first analyzes the roles played by state and city legislative bodies in controlling—or as my research demonstrates in this case, not controlling—the behavior or location of the growing population of diseased migrants. In the case of Albuquerque, the spatial patterning of healthseekers was determined more by social and medical ideas about tuberculosis than by local public health regulations. Chapter 3 provides an in-depth look at the architecture and interior design of the sanatoriums, followed by a discussion in Chapter 4 of the tents and boarding houses so popular with healthseekers. This method emphasizes the multiple ways in which Albuquerque's landscape was shaped by tuberculosis.

Chapter 1. Historic Context of Tuberculosis and the Sanatorium Movement

Albuquerque's metamorphosis into a health mecca was based on two distinct tenets regarding tuberculosis. The first tenet claimed that climate was the most important factor in recovery from TB. But which climates were best? Debaters increasingly favored a high altitude climate. Meanwhile, as doctors across the United States debated that question, the second tenet began to gain favor. It held true that human behavior, primarily convalescence, was the key to the cure. Albuquerque city boosters, zealous to turn their whistle stop into a metropolis, played both sides of the debate. Their success prompted one American travel writer to note, "If divorce has "made" Reno financially, tuberculosis has "made" both Albuquerque and Santa Fe, I take it, in the same sense."¹⁰

The impetus for both climatic and behavioral treatments of tuberculosis began during the mid nineteenth century. In 1854 physician Hermann Brehmer established a health spa for consumptives in Goerbersdorf, Germany. Brehmer believed that tuberculosis could be cured at high altitudes in places where there were few or no instances of the disease. According to Brehmer, the low atmospheric pressure at high altitudes sped up both heart rate and metabolism—leading to a decrease in incidences of TB. To test his theories the doctor established what he called a "sanatorium," where well-to-do patients were fed a rich diet and allowed moderate exercise.¹¹

¹⁰ See Katharine Fullerton Gerould, *The Aristocratic West* (New York: Harper & Brothers Publishers, 1925), 116.

¹¹ *Living in the Shadow of Death*, 195.

Peter Dettweiler, a pupil and former patient of Brehmer's, established another high-altitude sanatorium in Germany in 1876.¹² Dettweiler built on Brehmer's program by furthering the behavioral aspect of treatment. The doctor instituted a strict regimen of enforced rest, and directed his patients to spend much of their day sitting outside in the fresh air on recliners. Dettweiler called his regimen "permanent or continuous fresh air treatment."¹³ High-altitude sanatoria imitating Dettweiler's methods soon sprang up in Switzerland, France, and Italy.¹⁴

The American medical community dubbed this type of treatment "climate therapy," but with far less emphasis on the behavioral, or convalescent, aspect at first. Climate therapy meant therapeutic exposure to fresh air—the purer the better—and sunshine, preferably at high altitudes with low humidity. Physicians across the country espoused that exposure alone, to the right climate, could save lives. Global attention focused on the Rocky Mountains as an ideal locale for consumptives.¹⁵ For example, in 1892 a North Carolina doctor highlighted New Mexico, Colorado, and Wyoming as "possessing the most beneficial climate...for consumptives generally."

As a result, climate therapy profoundly affected the American Southwest. Following the Civil War and the construction of the railroads, people flocked to Colorado, southern

¹² Robert Taylor, *Saranac: America's Magic Mountain* (Boston: Houghton Mifflin Company, 1986), 63.

¹³ Dettweiler is quoted in Rothman, 195.

¹⁴ Herzog, "History of Tuberculosis," 10.

¹⁵ Physician Hermann Weber was one of the first doctors in England to be convinced that high altitude played a significant role in helping tuberculosis. Weber presented papers and wrote journal articles in support of his theories. Among the beneficial areas noted by Weber were the Rocky Mountains of North America. See A. McGehee Harvey, *The American Clinical and Climatological Association: 1884-1984* (American Clinical and Climatological Association, 1984), 6. See also, Sir Hermann Weber, "Climate as a Factor in the Treatment of Tuberculosis," *British Journal of Tuberculosis* 1 (1907): 46-52.

California, Arizona, and New Mexico for tuberculosis and other respiratory issues. Dubbed “healthseekers,” they filled hotels and boarding houses with “the direful echoes of hollow coughs.”¹⁶ By 1880, Colorado was home to an estimated 65,000 healthseekers—one third of the state’s population.¹⁷

For decades already, New Mexico had been considered a “salubrious El Dorado” based on the recommendations of various explorers, traders, and military figures.¹⁸ Territorial and city boosters quickly seized on New Mexico’s abundant sunshine and high, dry climate as natural resources ripe for commercial exploitation. Just like mineral ores or timber stands, the climate became a marketable commodity to sell to the world.

New Mexico began advertising to healthseekers as soon as the first railroad arrived in the territory. Territorial officials established a special New Mexico Bureau of Immigration in 1880. The bureau immediately began running publicity campaigns to encourage new settlement, and with it, economic growth, in the territory. While the bureau printed “reams of promotional material” on everything from mineral ores to irrigation systems, a great deal of attention was devoted to “emphasizing the state’s special salubrity.”¹⁹

¹⁶ John E. Baur quotes a journalist of the era in “The Health Seeker in the Westward Movement, 1830-1900, *Mississippi Valley Historical Review* 46 (June 1959): 91-110.

¹⁷ For numbers of Colorado healthseekers, see Harvey, *The American Clinical and Climatological Association*, 7.

¹⁸ The quotation is taken from “New Mexico: Salubrious El Dorado,” by Karen D. Shane. Published in the October 1981 issue of the *New Mexico Historical Review*, the article provides an overview of the healthseeker era in New Mexico.

¹⁹ Spidle, *Doctors of Health in New Mexico*, 101.

Booster efforts targeted family doctors and healthseekers the world over. For example, the New Mexico Bureau of Immigration dedicated “Illustrated New Mexico” (1883) to “Those in Search of Health, Wealth and Homes.” In the promotional booklet, the bureau boasted “health for the afflicted everywhere, in the pure air and water, in the equitable temperature and altitude.” In line with Hermann Brehmer’s belief in high altitudes with few cases of tuberculosis, the bureau also claimed the lowest incidence of tuberculosis-related deaths of any state in the union.²⁰ In terms of the best location for a consumptive to settle, the bureau declared all of New Mexico to be “a splendid sanitarium.”²¹ By 1894, the bureau had taken to calling New Mexico the “Land of Sunshine.”²²

The railroad companies also highlighted New Mexico’s salubrity, as a way to boost ticket sales. Railroad executives saw healthseekers as an important contingent in the pool of potential customers. For example, the Atchison, Topeka & Santa Fe Railway (AT&SF) produced an 1898 pamphlet entitled “New Mexico Health Resorts.” Albuquerque, it reported, was an excellent destination for healthseekers. “Here are the three great essentials,” it read, “pure air, pure water and abundant sunshine.”²³ Albuquerque boosters followed suit, claiming the city to be “the land of outdoor life” with “the finest climate

²⁰ See William G. Ritch, *Illustrated New Mexico* (Santa Fe: New Mexico Bureau of Immigration, 1883).

²¹ See Max Frost, *New Mexico: Its Resources, Climate, Geography, Geology, History, Statistics, Present Condition and Future Prospects* (Santa Fe: New Mexico Bureau of Immigration, 1894): 281.

²² See Corinne P. Sze, “Fairview Cemetery,” *New Mexico Office of the State Historian*, Santa Fe, New Mexico; and Frost, “New Mexico: Its Resources, Climate,” 5.

²³ See “New Mexico Health Resorts of the Passenger Department, Santa Fe Route of the AT&SF,” [1901], *Center for Southwest Research, University Libraries, University of New Mexico*.

the year around to be found in the United States.”²⁴ The boosters also claimed to have “the driest and most healthful spot” in all of New Mexico.²⁵

The marketing strategy worked. As one prominent Albuquerque physician noted, “Patients bought climate the way they bought Packards, Pierces and Cadillacs.”²⁶

According to medical historian Jake Spidle, the trickle of nineteenth century healthseekers to New Mexico became a flood following the arrival of the railroads.²⁷

Because health statistics were not a focus of turn-of-the-century records keepers, it is not known exactly how many consumptives flocked to New Mexico. As Spidle humorously noted in a 1986 article, “there were no census-takers stationed at the borders demanding sputum samples of every immigrant to the region.”²⁸ An 1896 *Albuquerque Morning Democrat* article noted, “Visitors and healthseekers continue to pour into Albuquerque and the large number of strangers promenading our principal streets is particularly noticeable at this time.”²⁹

A later U.S. Public Health Service survey provides the best information on the subject. In 1913 the agency sent Dr. Ernest Sweet to New Mexico and Texas to track the “interstate

²⁴ “Albuquerque,” 1906, Albuquerque and New Mexico Pamphlet Collection, Center for Southwest Research, University Libraries, University of New Mexico. See also H.B. Hening and E. Dana Johnson, “Albuquerque, New Mexico: Chief City of a New Empire in the Great Southwest,” (Albuquerque: Press of the Albuquerque Morning Journal, 1908.

²⁵ Hening and Johnson, “Albuquerque, New Mexico.”

²⁶ Dr. LeRoy S. Peters, “Changing Concepts of Tuberculosis During Twenty-five Years,” *Southwestern Medicine* 24 (1940): 46-48.

²⁷ Spidle, “An Army of Tubercular Invalids,” 188.

²⁸ *Ibid*, 189.

²⁹ *Albuquerque Morning Democrat*, “Local Items of Interest,” 29 November 1896, p. 4.

migration of tuberculous persons.”³⁰ Sweet concluded that 20 to 60 percent of households in most New Mexico towns had at least one family member with tuberculosis. Ninety percent of those consumptives were not native. Sweet estimated that perhaps 50 percent of Albuquerque residents were consumptives or family members of consumptives. Two years later, Albuquerque TB specialist Dr. LeRoy Peters guessed that there were more than 2,500 consumptives among Albuquerque’s 11,020 residents. If each of those consumptives had just one family member with them, Peters’ figure coincides closely with Sweet’s.³¹

Where did these early migrants live? For approximately the first quarter century of Albuquerque’s healthseeker era (1880-1905), consumptives had the same choice of accommodations as any other traveler. For example, one American doctor wrote that “almost any kind” of accommodation could be had in Albuquerque in an 1892 *Medical Record* article on the Rocky Mountains for consumptives.³² “Almost any kind” meant hotels, boarding houses, and rooms in private homes. “New Mexico Health Resorts,” the 1898 AT&SF booklet, was more specific. The railroad suggested the San Felipe, Sturgess European, and Highland House hotels. In addition to the hotels, four private boarding houses were delineated by the name of the person in charge: Mrs. Kelleher, Mrs. H.C.

³⁰ Ernest A. Sweet, “Interstate Migration of Tuberculous Persons: Its Bearing on the Public Health, With Special Reference to the States of Texas and New Mexico,” *Public Health Reports* 30 (April 1915), 1059.

³¹ Spidle, “An Army of Tubercular Invalids,” 190. See also David Kammer, “National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque,” 2000, Archive of the New Mexico State Historic Preservation Division, Santa Fe.

³² Eugene M. Littlejohn, M.D. “The Rocky Mountain Region for Consumptives,” *Medical Record* XLII (August 1892): 153.

Mason, Mrs. Helen Hawley, and Mr. M. Kellogg.³³ Healthseekers were also known to rent rooms—without board—in private homes. These were called “rooming houses.”

During this time period, healthseekers were celebrated new arrivals and frequently made the local social columns. For example, an 1892 *Albuquerque Morning Democrat* noted, “Miss Mary Ray Pattison, of Pittsburgh, Pa., a healthseeker is at the San Felipe.”³⁴ A January 1898 issue of the *Albuquerque Citizen* reported that “Rev. B. O. Hill of Smithsburg, Maryland, came in from the north last night, and is at the Sturges’ European. He is a health seeker.”³⁵

By about 1905, however, hotels and general boarding houses no longer welcomed consumptives. *Phthisiophobia* (fear of tuberculosis) was on the rise, and tuberculars sometimes had to bribe hotel and general boarding house proprietors to provide a roof over their heads.³⁶ The owner would then “introduce the new guest to his fellow boarders as a victim of ‘hay fever’ or nervous trouble.”³⁷ Some boarding house proprietors began to cater exclusively to consumptives, as will be discussed in detail in Chapter 4. These specialized boarding houses were a popular option for healthseekers during the 1920s and 1930s.

³³ “New Mexico Health Resorts.”

³⁴ “Personal,” *Albuquerque Morning Democrat*, 7 February 1892, p. 1.

³⁵ “The City in Brief: Personal and General Paragraphs Picked Up Here and There,” *Albuquerque Citizen*, 3 January 1898, p. 4.

³⁶ Spidle, “An Army of Tubercular Invalids,” 197.

³⁷ *Ibid.*

Tents were another accommodation type utilized by consumptives. Among all of the dwelling types inhabited by healthseekers, tents were the most evocative of climate therapy. National and state medical journals advocated the use of tents by tuberculars in the quest for fresh air exposure—especially in the Southwest. This was later referred to as “roughing it.” In a 1903 article entitled “Tent Life for Consumptives” one American doctor noted, “The majority of trials of tent life have been made in the southwest [sic], where there is the maximum amount of sunshine with the lowest degree of humidity, and an equable climate conducive to continuous outdoor life. New Mexico, Arizona, and Colorado are most frequently spoken of in this connection.”³⁸

Early in Albuquerque’s healthseeker era, consumptives pitched tents on vacant lots on the outer fringes of the city.³⁹ This is corroborated by Sanborn maps of this time period. However, the city never had a tent colony the likes of Phoenix where, during the same time period, “there were thousands of persons living in tent camps that stretched for eight miles north of the city.”⁴⁰

A 1914 anecdote concerning tent living illustrates the level of hope that climate therapy inspired. One Kansas family sent their teenage son to Albuquerque alone to stay in a tent city that, unbeknownst to them, didn’t exist. An Albuquerque police officer and AT&SF station agent met seventeen-year-old George Tillman at the railroad station after

³⁸ J. Edward Stubbert, “Tent Life for Consumptives,” *Transactions of the American Clinical and Climatological Association* 19 (1903), 93.

³⁹ See Kenneth C. Balcomb, *A Boy’s Albuquerque, 1898-1912* (University of New Mexico Press, Albuquerque, 1980), 61.

⁴⁰ Sara Grineski, Bob Bolin, and Victor Agadjanian, “Tuberculosis and Urban Growth: Class, Race and Disease in early Phoenix, Arizona” (paper presented at the 2005 Annual Meeting of the American Sociological Association), 11.

receiving telegrams asking them to meet the boy and “see that he reached the ‘Tent City Near Albuquerque.’”⁴¹ Because there was no such tent city, all the men could do was bring the teenager to a local hotel.

Tents disappear from the historic record around 1920. It didn’t take long for doctors to concede that “roughing it” was not conducive to a cure. In 1909, one New Mexico doctor pronounced, “climate surely amounts to nothing unless the necessities of life and the comforts of home may be an adjunct.”⁴²

Tiny, temporary cottages—sometimes called “tent cottages” or “tent-houses” for their framed walls and canvas roofs—were another popular alternative for healthseekers. These were slightly sturdier and more comfortable than simple canvas tents. Enterprising property owners built these temporary dwellings in their back yards and rented them for profit. Advertisements for tent cottage rentals appeared in the *Albuquerque Morning Journal* during the first two decades of the 1900s. Some were even furnished.⁴³ Travel writer Katherine Fullerton Gerould pulled no punches in her early 1920s depiction of Albuquerque. “The endless rows of little shacks that consist chiefly of a screened porch with a bed on it, are depressing,” wrote Gerould. “The object of the shack is pathetically

⁴¹ “Wire Police to See Young Healthseeker Reaches ‘Tent City,’” *Albuquerque Morning Journal*, 7 May 1914.

⁴² C. M. Mayes, “The Indigent Consumptive Proposition,” *Journal of the New Mexico Medical Society* 5(2): 19.

⁴³ See “For Rent: Rooms,” *Albuquerque Morning Journal*, 5 November 1909, p 7. Also “For Rent: Dwellings, Highlands,” 22 June 1914, p. 5.

clear...and seems no more like a home than the automobile you pass, parked for the night in the open desert.”⁴⁴

Albuquerque got its first large healthcare facility in 1902, when the Sisters of Charity of Cincinnati built the St. Joseph Sanitarium at the northeastern outskirts of the city. The facility began as a general hospital. However, during St. Joseph’s first five months, 38 percent of 64 admitted patients had respiratory ailments. Given that the majority of these patients were from out-of-state, they had to have been healthseekers.⁴⁵ Consumptives at first occupied rows of temporary tents and tent cottages behind the hospital; the inside rooms were for general patients. Signifying the rising need for consumptive care, however, the hospital’s second building was devoted exclusively to tuberculars in 1904.⁴⁶ Albuquerque’s sanatorium boom had begun.

The establishment of a sanatorium industry in Albuquerque was in keeping with the national effort. The number of sanatoriums around the country grew dramatically during the early 1900s. In 1899, there were 12 sanatoriums in the United States. This number more than quadrupled to 55 sanatoriums by 1904 and 130 sanatoriums by 1908.

⁴⁴ Gerould, 116.

⁴⁵ Shane, “New Mexico: Salubrious El Dorado,” 387.

⁴⁶ St. Joseph’s accommodated general hospital patients throughout the healthseeker era. But what began as primarily a general hospital became more and more focused on consumptives. By 1909, St. Joseph was advertising that, “Special Attention is Given to All Tubercular Patients.” A circa 1917 promotional pamphlet specified that the facility was “Conducted by the Sisters of Charity, of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.” See “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis,” n.d., Center for Southwest Research, University Libraries, University of New Mexico; and Advertisement for the St. Joseph Sanitarium in the *Journal of the New Mexico Medical Society* 5(11): 32. See also “History of St. Joseph Hospital, 1977,” MHA CN 160, Box 2, St. Joseph Healthcare Corporation/Hospital, Albuquerque, New Mexico Health Historical Collection; Health Sciences Library and Informatics Center, Albuquerque, New Mexico.

Considering its small population and economic base, New Mexico in 1908 surprisingly ranked fifth in the country in the number of beds for consumptives.⁴⁷ This put the state in the same league as New York, Pennsylvania, Colorado, and Massachusetts.⁴⁸

Likewise, Albuquerque's sanatorium boom kept pace with the national industry numbers. At the 1910 census, Albuquerque had just 11,020 residents. And yet, despite its small size,⁴⁹ Albuquerque had three sanatoriums by 1908. By 1916, Albuquerque counted five large sanatoriums and numerous smaller facilities. At the national level, American sanatoria increased at approximately the same rate--from 130 facilities in 1908 to 223 by the year 1916.⁵⁰

These purpose-built facilities symbolized the growing belief in medically supervised convalescence. Edward Livingston Trudeau, considered the father of the American sanatorium, was one of climate therapy's most respected critics.⁵¹ Based on Trudeau's experiences treating patients at his Adirondack Cottage Sanatorium in upstate New York, the doctor came to believe that recovery from tuberculosis had less to do with climate than previously thought. In 1903 Trudeau declared that, "It is not so much *where* the consumptive lives as *how* he lives that is of the most importance, and that the pulmonary

⁴⁷ New Mexico had 1,010 beds for consumptives in 1908. More than half of those – 650 beds – were located at Fort Bayard and Fort Stanton, which served as national tuberculosis hospitals for the Army and the Merchant Marines, respectively. See Philip P. Jacobs, *The Campaign Against Tuberculosis in the United States* (New York: Charities Publications Committee, 1903), 75-81.

⁴⁸ Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988), 82; Spidle, "Coughing and Spitting," 172.

⁴⁹ See "City Population from the U.S. Census Bureau," Electronic document from the University of New Mexico Bureau of Business and Economic Research, <http://bber.unm.edu/demo/cityhist.htm>.

⁵⁰ Teller, *The Tuberculosis Movement*, 82.

⁵¹ Taylor, 75.

invalid cannot be left safely to his own devices as to his mode of life in any climate.”⁵²

This credo encouraged the establishment of sanatoriums in all climates, including those of damp New England.

A good deal of the responsibility for the proliferation of sanatoriums lay with the National Association for the Study and Prevention of Tuberculosis (NASPT), a nonprofit professional agency established in 1904. This was the Progressive Era in America. The NASPT and its campaign were part of a national effort to professionalize public health. This effort was just one facet of the Progressive Era, when all levels of government took a greater role in overseeing the economy and the lives of its people. Called the golden era of public health, the decades from 1900 to 1930 saw the development of public health services, new regulations, and a new dedication to collecting information all across the country.⁵³

The NASPT pushed hard for the building of sanatoria to treat consumptives. The agency also dedicated itself to educating the American public about the infectiousness and prevention of tuberculosis, and legislation to be enacted at the state level.⁵⁴ The anti-tuberculosis movement was “the first massive public-health movement.”⁵⁵

⁵² Rothman, 201.

⁵³ Linda Lorraine Nash, *Inescapable Ecologies: A History of Environment, Disease and Knowledge* (Berkeley and Los Angeles: University of California Press, 2006), 83.

⁵⁴ Livingston Farrand, “The National Association for the Prevention and Study of Tuberculosis,” *Journal of the American Health Association* 1 (May 1911), 334. Farrand wrote, “We were concerned not so much with the cure with or with pathological investigation as we were with a broad educational campaign.”

⁵⁵ Chowder, “How TB Survived Its Own Death to Confront Us Again,” 188.

It's not surprising that Albuquerque kept up with the national effort in the number of its private sanatoriums. Over the entire study period, territorial/state and city boosters continually viewed healthseekers as a vehicle for economic development. New Mexico was so interested in growing the healthseeker industry, that in 1903 the territorial legislature offered a six-year tax exemption to "any company willing to invest one hundred thousand dollars in construction of a sanatorium."⁵⁶ The City of Albuquerque offered fundraising assistance to the Presbyterians to build their sanatorium, and encouraged other facilities by granting tax exemptions and waiving fees for water and sewer hookups.⁵⁷

Between 1902 and the late 1930s, there were numerous sanatoriums in operation in Albuquerque. The six largest facilities were St. Joseph Sanatorium (1902), Southwestern Presbyterian Sanatorium (1908), the Albuquerque Sanatorium (1908), Methodist Deaconess Sanatorium (1912), Murphey Sanatorium (1916), and the Albuquerque Indian Hospital (1934). Large, in this context, is defined as accommodating forty or more patients. Various acquisitions and mergers over time resulted in name changes for several of the above. Other large facilities of note include the AT&SF Hospital (1926) and the Veterans Administration Hospital (1932), both of which had stand-alone facilities dedicated to tuberculosis cases, but were not strictly sanatoriums.

⁵⁶ Spidle, "An Army of Tubercular Invalids," 193.

⁵⁷ See Marion Woodham, *A History of Presbyterian Hospital 1908-1976* (Albuquerque: Presbyterian Hospital Center 1980), 3; Nasario Garcia and Richard McCord, *Albuquerque Feliz Cumpleanos: Three Centuries to Remember* (Santa Fe, N.Mex.: Gran Via Incorporated, 2005), 143. See also Shane, "New Mexico: Salubrious El Dorado," 394.

While numerous other facilities denoted as sanatoria are listed in city directories for the nineteen teens and twenties, information on them is very scant. These include the Civic Betterment League Sanatorium (1915-1916), Jameson Sanatorium (1917-1938), E.S. Marshall Sanatorium (1921-1925), Miramontes on the Mesa (1929-1930), Monkbridge Sanatorium (1925-1926), the Sunshine Sanatorium (1927), and the Villa Marie Rest Sanatorium (1930). These facilities generally accommodated 25 patients or less.⁵⁸

This study focuses on the large sanatoria, with the exception of the Albuquerque Indian Hospital which represented a later institutional format of sanatorium.⁵⁹ The St. Joseph, Southwestern Presbyterian, Albuquerque, Methodist Deaconess, and Murphey sanatoriums all dated to the formative years of Albuquerque's healthseeking era. All five were purpose-built or renovated expressly for consumptive care—reflecting the focus of the administrators on both climate therapy and behavioral control. All were designed in the same format, labeled in early literature as the cottage sanatorium plan. Lastly, these were the only Albuquerque sanatoriums listed in national directories of U.S. sanatoria published by the NASPT.⁶⁰

Albuquerque's sanatoria were private and semi-private institutions. Private institutions relied solely on the patient fees. Those run by religious, charitable organizations were

⁵⁸ The dates of operation for these facilities reflect the years in which advertisements ran in the local newspapers and/or the city directories. Spidle lists capacity numbers for several of these facilities in *Doctors of Medicine in New Mexico*, 147-149.

⁵⁹ The Albuquerque Indian Hospital is not included in this study because it was constructed during the 1930s, which is the latest decade included in this study. Due to its later construction, the Albuquerque Indian Hospital was designed in a completely different manner than the cottage sanatoria.

⁶⁰ The National Association for the Study and Prevention of Tuberculosis (later the National Tuberculosis Association) produced directories of sanatoria across the nation in the years 1908, 1911, 1916, 1919, 1923, and 1934. The Murphey Sanatorium changed ownership more than once. It appears in the 1923 directory as St. John's Sanatorium and in 1934 as Hillcrest Sanatorium.

classified as semi-private. Semi-private sanatoria relied not only on patient fees, but also on private contributions or endowments.⁶¹ Of the five evaluated in this study, the St. Joseph, Southwestern Presbyterian, and Methodist Deaconess sanatoriums were operated by religious organizations. All three facilities accepted patients of all denominations. Individual physicians established the Murphey and Albuquerque sanatoriums. These facilities, however, were eventually taken over by the Episcopal and Lutheran churches respectively. Like their competitors, these sanatoria were always non-sectarian in nature, accepting patients of all denominations.

The Albuquerque sanatorium administrators and philanthropists represented general trends in the national sanatorium movement. Religious groups and women's clubs—like the Women's Home Missionary Society that ran the Methodist Deaconess facility—were among certain groups of Americans that the NASPT targeted for assistance in carrying out their mission. Fraternal organizations, corporations, labor unions, immigrant and black organizations were other targeted groups.⁶² Several fraternal organizations expressed interest in building sanatoriums in Albuquerque, though this never came to pass. One local nonprofit group tried but failed to establish the Booker T. Washington Memorial Sanatorium, a facility for black, Hispanic, and Indian consumptives in 1918.⁶³

⁶¹ National Tuberculosis Association, *A Directory of Sanatoria, Hospitals, Day Camps and Preventoria for the Treatment of Tuberculosis in the United States* (New York: National Tuberculosis Association, 1923), 4.

⁶² Teller, 48-49.

⁶³ "Plans to Erect Washington San Nearly Complete," *Albuquerque Morning Journal*, 26 August 1918, p. 8. See also "Booker T. Washington Memorial Sanatorium To Open Up April 15," 22 December 1918, p. 3; and "Interchurch Will Help Colored San For Tuberculosis," 24 June 1920, p. 8.

Corporations like the Victor Talking Machine Company were among the major benefactors of Albuquerque's sanatoriums.⁶⁴

Sanatorium life—with its focus on patient behavior—was extremely regimented with strict timetables for resting, eating, and limited activity. The strict control that sanatorium administrators exerted over patients was the most striking facet of the sanatorium method. Upon entering a sanatorium, each patient received a rule book regarding the daily schedule and regulations to read and sign.⁶⁵ Each hour of the day was accounted for. Patients were told when to rise, eat, rest, snack, socialize, and sleep.⁶⁶ Before the 1920s, nurses were in charge of most sanatorium operations in Albuquerque. Advanced medical and surgical techniques by the late 1920s and 1930s then required more involvement by physicians. As sanatorium care evolved, so too did its architecture, as Chapter 3 will address.

The proliferation of sanatoria everywhere, however, did not kill the idea of climate therapy. As historian Michael Teller writes, “The debate over the value of climate was long and occasionally acrimonious, for it involved the reputation and financial success of the physicians concerned.”⁶⁷ In the Southwest, the purveyors of private and semi-private sanatoriums continued to emphasize their particular climates as beneficial in order to satisfy both the climatic and behavioral treatment ideologies. In contrast to eastern sanatoriums established to help their own populations, Albuquerque and other

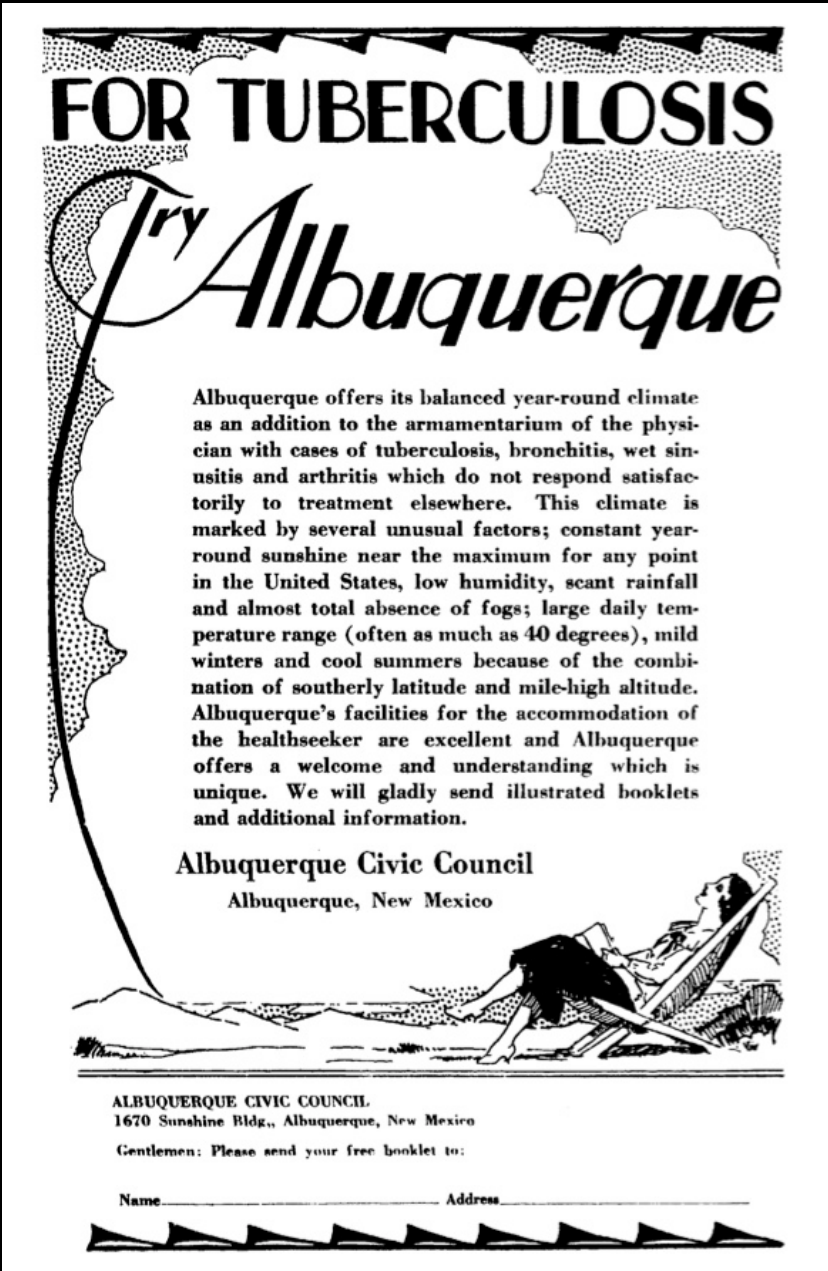
⁶⁴ Woodham, 7.

⁶⁵ Rothman, 231; Mark Caldwell, *The Last Crusade: The War on Consumption 1862-1954* (New York: Atheneum, 1988), 96.

⁶⁶ For expanded discussions of sanatorium regimentation, see Teller, 67-97; and Rothman, 226-245.

⁶⁷ Teller, 27.

Southwestern sanatoriums needed to maintain a steady influx of migrant consumptives in order to survive. As such, they continued to tout Albuquerque's climate as beneficial.



FOR TUBERCULOSIS

Try Albuquerque

Albuquerque offers its balanced year-round climate as an addition to the armamentarium of the physician with cases of tuberculosis, bronchitis, wet sinusitis and arthritis which do not respond satisfactorily to treatment elsewhere. This climate is marked by several unusual factors; constant year-round sunshine near the maximum for any point in the United States, low humidity, scant rainfall and almost total absence of fogs; large daily temperature range (often as much as 40 degrees), mild winters and cool summers because of the combination of southerly latitude and mile-high altitude. Albuquerque's facilities for the accommodation of the healthseeker are excellent and Albuquerque offers a welcome and understanding which is unique. We will gladly send illustrated booklets and additional information.

Albuquerque Civic Council
Albuquerque, New Mexico

ALBUQUERQUE CIVIC COUNCIL.
1670 Sunshine Bldg., Albuquerque, New Mexico
Gentlemen: Please send your free booklet to:
Name _____ Address _____

Figure 1. Advertisement for Albuquerque from the August 1935 issue of the journal *Diseases of the Chest*.

Albuquerque TB specialist Dr. LeRoy Peters later remembered this particular time period writing:

Men east fought with men west, and when the argument was over each side left with opinions still unshattered. The western physician did not tend to clarify the situation. Each man after he established his private sanatorium issued a booklet [sic]. The march up this mountain and down that valley as opposed to some other mountain or some other valley, the minute examination of the soil and turf of one mesa as contrasted with another a few miles away, made the wanderings of the Jews pale into insignificance. After all this painstaking investigation, this careful phthisiotherapist decided upon his particular desert as the best of all possible climates in which to restore the bloom of health to the consumptive's cheek.⁶⁸

The local emphasis on both climate and convalescence is evident in all of the sanatorium promotional booklets researched for this study. While emphasizing the benefits of sanatorium treatment, the Methodist Deaconess Sanatorium continued to assert that “the climate of Albuquerque is considered the best in the United States, if not in the world, for those afflicted with tuberculosis.”⁶⁹ According to the Sisters of Charity of St. Joseph's Sanatorium, “the results secured in sanatoria located in regions devoid of all climatic advantages are good, yet, on the other hand, the statistics of high altitudes without dryness, as well as low altitudes in arid countries, show markedly better results...It is

⁶⁸ Peters, “Changing Concepts of Tuberculosis,” 46-47.

⁶⁹ “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico,” [1925?], Center for Southwest Research, University Libraries, University of New Mexico.

readily seen, therefore, not only why this section of the Southwest...is popularly called 'Well Country,' and that the sanatorium statistics of the same are unrivaled."⁷⁰

By the 1920s, the national fervor over the climatic cure had died down. While rest and fresh air were still advocated, medical treatments like lung-collapse therapy were becoming more prevalent. But climate was what had made Albuquerque attractive to healthseekers from the beginning, and so Albuquerque continued to stress its climate's beneficial qualities while conceding that climate alone did not constitute a cure. "Climate is not a specific cure for tuberculosis; that much can be granted," reads a 1924 promotional booklet. "But when fresh air, good food, rest and good morale are to be had, the extra impetus from good climate is the push needed to start many a person to health." The proof was in the "thousands of people who have come here and found robust health after failing to find it in less favored climates."⁷¹

⁷⁰ "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

⁷¹ Albuquerque Civic Council, 1925, "Putting 4-Wheel Brakes on Tuberculosis," electronic resource at the University of Arizona Special Collections Library [www.library.arizona.edu/exhibits/pams/health.html].

Chapter 2. The Emergent Healthseeker Landscape

In 1914, the *Albuquerque Morning Journal* profiled rising concerns about sanatoriums.

One angry Albuquerque resident asked:

Have not the permanent residents of Albuquerque...a right to have a little spot of earth where they can rear their children without having them constantly depressed by the sound of consumptives coughing, hawking and spitting, where they may play in the back yard without having to be called into the house to get away from the bedding on which a tubercular patient has just died and that has been flung over the intervening fence by the person in charge of the sanitarium next door?⁷²

Controversy—over the legality of an ordinance prohibiting sanatoriums within the city limits—inspired the newspaper editorial. Considerable public, private, and political resistance to—and support of—the ordinance caused a citywide debate. In the end, the answer to the question was—no, the permanent residents didn't have such rights. To the powers that be, the economic assets of healthseekers trumped any nuisances experienced by the general public.

In their zeal to create a successful health resort, Albuquerque's legislators and captains of industry were resistant to passing and/or enforcing regulations concerning healthseekers. Overall they were more concerned with keeping healthseekers happy, rather than placing

⁷² "Protests Against Sanitaria in City," *Albuquerque Morning Journal*, 22 June 1914.

restrictions on their geographic location and behavior. This section looks at the roles played by state and local legislative bodies and booster organizations in relation to Albuquerque's emerging health landscape, and the cultural belief systems underlying particular dwelling patterns. The spatial patterning of the early twentieth century healthseeker landscape was determined more by cultural factors like phthisiophobia—than by public health law.

Public health discussions were taking place across the country as the NASPT began its exhaustive campaign to combat the tuberculosis epidemic. Heavily populated eastern cities like Boston, New York, and Chicago were dealing with their own, native populations of consumptives. By contrast, the small city of Albuquerque—which claimed to have little incidence of tuberculosis among its native residents—was actively *encouraging* the sick to come and live among its people. This created an additional layer of irony to Albuquerque's involvement in the national anti-tuberculosis movement.

The national anti-tuberculosis movement helped to boost Albuquerque's healthseeker campaign by encouraging the establishment of sanatoriums everywhere. Simultaneously, the NASPT was educating the general public on the dangers of transmission and poor hygiene. The huge influx of tuberculars created a new industry for Albuquerque, but it also raised the level of disease awareness in the local community and necessitated a greater need for public health regulation and disease prevention. This resulted in a longtime tension in Albuquerque between welcoming the healthseekers, and for a time shunning their diseased presence.

The city's economic growth plan—emphasizing health, or conversely, *disease*—created pro- and anti-healthseeker factions. With the rising awareness of all things tuberculosis-related, healthseekers inspired considerable fear and resentment in the local population. Public concerns focused on the influx of destitute consumptives, the proximity of the sick to the healthy, and sanitary measures for disease containment and prevention. The Albuquerque Commercial Club, the de facto chamber of commerce and social club of the city's elite, expressed concern for these issues but not enough to support restrictive anti-tuberculosis legislation. The same held true for the Albuquerque City Council and even the *Albuquerque Morning Journal* newspaper.

The Early Healthseeker Campaign: Fear and Loathing to Take Action

The alarming influx of destitute and dying consumptives was an early and very negative consequence of the healthseeker campaign. Between the years 1900 and 1910, it tempered the initial enthusiastic welcome extended by New Mexicans. So many healthseekers arrived only to die; most naturally from tuberculosis but more than a few in despair by their own hand.⁷³ Albuquerque was financially burdened with burying the destitute dead, and in some cases caring for them in their last days.⁷⁴ St. Joseph's

⁷³ The *Albuquerque Morning Journal* during this era occasionally ran articles on TB suicides. For example, "Stranger in City Slashes Throat with Razor: Fred Lewis Driven to Act by Sickness" (19 January 1912).

⁷⁴ By 1905, Albuquerque had established the Potter's Field, a special cemetery for dead paupers. Included in the city ordinances was a law providing a "decent burial" for all paupers, including a simple pine coffin and grave with marker. See Sections 653 and 654 in the *Revised Ordinances of Albuquerque, New Mexico Together with Special Ordinances of the City of Albuquerque, Rules of Procedure of the City Council and*

Sanatorium was taking charity cases, and locals offered financial assistance when they could—but means were limited.⁷⁵ These people were not economically advantageous to the city.

The southwestern states and territories wanted healthseekers, but what the boosters didn't realize between 1880 and 1900 was that the region would only benefit from consumptives with a fighting chance at survival and the money to sustain themselves during the effort. But instead of acknowledging their own lack of foresight in offering a blanket welcome to all healthseekers, southwestern boosters and their communities placed blame on eastern doctors for sending their lost causes west. For example, the *Albuquerque Morning Journal* reported in September of 1907:

The annual wail of protest from the long-suffering authorities of counties, cities and towns in New Mexico and Arizona is being heard again. It is the banal protest against the thoughtless or criminal course of eastern physicians in sending to this country the impoverished, helpless, and dying victims of tuberculosis, who are too ill to make a living, too poor to buy the necessities of life, and, with no hope of recovery from the white plague.⁷⁶

Roster of City Officers (Albuquerque: Morning Journal Press, 1910), 294. See also, Mayes, "The Indigent Consumptive Proposition," 18-21.

⁷⁵ "Annual Wail from the Suffering Authorities, Influx of Helpless Consumptives Begins," *Albuquerque Morning Journal*, 29 September 1907. It is important to note that St. Joseph was the only sanatorium in the city for most of the decade, until the 1908 establishment of two others.

⁷⁶ *Ibid.*

Western TB doctors like Albuquerque's LeRoy S. Peters spilt much ink on the subject in national and regional medical journals.⁷⁷ But still, those without means and with one foot in the grave kept coming. One New Mexico doctor noted, "They live on from day to day, possibly hoping but too often without even a hope, waiting for the inevitable. A menace to the exposed, and a burden both to themselves and our citizenship."⁷⁸ In addition to draining public funds, the local population also complained that such healthseekers drove down the local wage rates.⁷⁹

Dr. Peters and other interested parties suggested that the territorial legislature pass laws to prevent "poor foreigners afflicted with the disease" from migrating to New Mexico.⁸⁰ But neither New Mexico nor Albuquerque politicians would utilize legislation to restrict the arrival of destitute migrants. Neither did they make any concerted effort to cure them. By 1916, thirty-four U.S. states operated state and/or county sanatoriums for the treatment of their poor consumptives. These facilities were either free or charged low rates like \$5 a week.⁸¹ By contrast, New Mexico did not establish a state sanatorium until 1936.⁸² Because the vast majority of poor consumptives in the territory were migrants, New Mexico didn't feel it was responsible for building a state sanatorium to care for them.

⁷⁷ For example, see LeRoy S. Peters, "Climate," *Journal of the New Mexico Medical Society* 5(3): 87.

⁷⁸ Mayes, "The Indigent Consumptive Proposition," 19.

⁷⁹ Spidle, "'An Army of Tubercular Invalids.'" 198.

⁸⁰ LeRoy S. Peters, "Editorial," *New Mexico Medical Journal* VII (December 1911). See also "Organization to Fight White Plague: Preventing Immigration of Indigent Consumptives to Southwest," *Albuquerque Morning Journal*, 24 May 1910.

⁸¹ NASPT, *A Tuberculosis Directory Containing a List of Institutions, Associations and Other Agencies Dealing with Tuberculosis in the United States and Canada* (New York: NASPT, 1916).

⁸² Spidle, "'An Army of Tubercular Invalids,'" 200.

Exacerbating the disgust with the destitute and dying was the growing public awareness of all aspects of the dreaded disease. Of most concern was the knowledge that tuberculosis was contagious. The actions of coughing, sneezing, spitting, laughing, and even speaking released tiny droplets of sputum (spit) carrying the bacteria into the air. Generally, tuberculosis was transmitted from person to person through repeated close contact. Tuberculosis's high level of contagion led to a national obsession with proper hygiene practices.

The NASPT invested most of its resources into educating the public about disease prevention.⁸³ "Education" became a national mantra concerning tuberculosis, and germs the enemy of humanity. Midway through the first decade of the twentieth century, the *Albuquerque Morning Journal* began publishing articles like "A Clear Statement of What Tuberculosis Really Means" (it's contagious!) and "Indifference the Cause of Much Consumption: Great Spread of Disease Could be Prevented by Campaign of Education."⁸⁴ One U.S. Public Health Service doctor noted, "The public now rightfully considers tuberculosis a communicable disease and every case is regarded as at least a potential source of contamination."⁸⁵

One Albuquerque woman recounted the general atmosphere in her neighborhood:

⁸³ Teller, 122-123.

⁸⁴ "A Clear Statement of What Tuberculosis Really Means," *Albuquerque Morning Journal*, 4 January 1906, p. 2; and "Indifference the Cause of Much Consumption: Great Spread of Disease Could be Prevented by Campaign of Education," 9 April 1907, p. 4.

⁸⁵ Sweet, "Interstate Migration of Tuberculous Persons," 1059.

Everybody was scared to death of the people who came out here with tuberculosis. I was warned absolutely not to play with children who came from TB families. At school we were given instructions to never, ever drink out of anybody's glass. I remember taking home a slip of paper from school with directions on how to sterilize and how to fumigate.⁸⁶

One of the other primary goals of the anti-tuberculosis movement in general, and the NASPT specifically, was to pass public health legislation pertinent to tuberculosis prevention. States and cities across the country began passing such laws as early as the late 1890s. One of the first public health problems necessitating legislation was the prevalence of public spitting. The anti-tuberculosis sanitary campaign highlighted spitting or expectorating as a menace to public health. During this era, it was common not only for people to spit in the streets but also on the floors of public, commercial, and private spaces. Fancy establishments like the Alvarado Hotel in Albuquerque included cuspidors—metal receptacles for spit—for use by their patrons.⁸⁷ NASPT literature railed against consumptives spitting anywhere in public, and encouraged them to use individual pocket cuspidors.

Cities like Boston (1896), New York (1896), and Chicago (1901) were the first to pass anti-spitting legislation.⁸⁸ In many cases, the large cities passed such legislation before the states in which they were located. For example, Boston's anti-spitting ordinance

⁸⁶ Kathryn Sargeant and Mary Davis, *Shining River Precious Land: An Oral History of Albuquerque's North Valley* (Albuquerque: The Albuquerque Museum, 1986), 147.

⁸⁷ Charles Given, "The Careless Consumptive the Dangerous Consumptive," *Albuquerque Morning Journal*, 10 April 1913, 6.

⁸⁸ NASPT, *A Tuberculosis Directory* (1916), 310, 319, 320, 334.

preceded a similar Massachusetts state law by nine years. Indeed, Albuquerque had an anti-spitting ordinance on the books in 1905—two years before the New Mexico Territory followed suit.⁸⁹

It was, however, widely acknowledged that enforcing such laws was difficult at best. In 1910, a doctor from St. Louis addressed the issue before the sixth annual meeting of the NASPT. Asked to speak about the enforcement of anti-spitting laws, he said, “From a study of the subject I am convinced that a better title for this paper would be “The Lack of Enforcement of Anti-spitting Laws.”⁹⁰ The same was true of Albuquerque. In frustration, one Albuquerque doctor suggested posting plainclothes policemen in parks in order to stop consumptives from spitting in the grass.⁹¹ In their defense Albuquerque healthseekers pointed out the social stigma attached to using a pocket cuspidor; it immediately revealed to others that you were a lunger.⁹²

Both New Mexico and Albuquerque were wont to pass restrictive laws concerning tuberculosis and then soften or erase them. Their actions in doing so illustrate the ambivalence felt by legislators toward the regulation of healthseekers. For example, the New Mexico Territory passed an act in 1901 making it illegal for consumptives to teach in public schools. Two years later, however, the act was amended—making it possible for

⁸⁹ See *Ordinances, City of Albuquerque, New Mexico (Albuquerque: Albuquerque Daily Citizen Print, 1905)*, 122. See also NASPT, *A Tuberculosis Directory* (1916), 332.

⁹⁰ NASPT, *Transactions of the Sixth Annual Meeting, Washington, D.C., May 2-3, 1910* (Philadelphia: Wm. F. Fell Company, 1910), 109.

⁹¹ See “Board of Health Drafts New Set of Ordinances,” *Albuquerque Morning Journal*, 10 April 1913.

⁹² Given, “The Careless Consumptive the Dangerous Consumptive,” 6.

schoolteachers fired from their positions to appeal to the territorial board of health or the school.⁹³

In 1905 Albuquerque had a city ordinance specifically mandating the disinfection by the city physician of rooms or apartments in lodgings vacated by the *death of a consumptive*.

⁹⁴ By 1910, however, the ordinance had vanished off the books. Instead, a new public health ordinance required the fumigation of buildings, tents, vehicles, and other structures exposed to *contagious, infectious, or otherwise communicable* diseases. But the city physician was only required to fumigate in cases of scarlet fever, smallpox, and diphtheria. Tuberculosis was *not* specified. The incidence of all other diseases was to be handled “at the option of” the owner. Any licensed physician could conduct the fumigation effort.⁹⁵

Tuberculosis was also conspicuously absent from a 1905 Albuquerque ordinance requiring doctors to report disease. The law specified cases of smallpox, diphtheria, scarlet fever, and “any other infectious or contagious disease.” Two years later, the Albuquerque Board of Health asked that tuberculosis be listed with the other specified diseases in the ordinance requiring doctors to report disease.⁹⁶ This, however, did not come to pass.⁹⁷

⁹³ By contrast, the territory went out of its way to legislatively encourage the healthseeker campaign. The 1903 “Act to Encourage the Establishment of Sanatoria in the Territory of New Mexico” promised tax exemption for six years to any sanatorium that would spend \$100,000 in a building campaign. See Philip P. Jacobs, *The Campaign Against Tuberculosis in the United States Including A Directory of Institutions Dealing with Tuberculosis in the United States and Canada* (New York: National Association for the Study and Prevention of Tuberculosis, 1908), 397-98.

⁹⁴ See Section 340 in *Ordinances, City of Albuquerque, New Mexico* (1905), 161.

⁹⁵ See Section 413 in the *Revised Ordinances of Albuquerque, New Mexico* (1910), 217.

⁹⁶ “Council Desires Understanding with Mitchell,” *Albuquerque Morning Journal*, 22 October 1907.

⁹⁷ Large eastern cities like New York (1897) and Boston (1900) mandated the reporting of tuberculosis cases by physicians prior to and at the turn of the century. Cities like Chicago, Indianapolis, New Orleans, and Lexington passed similar legislation between the years 1907 and 1908. See Jacobs, *The Campaign Against Tuberculosis in the United States Including A Directory of Institutions Dealing with Tuberculosis*

The 1905 Albuquerque city ordinance targeting hotels, etc. was similarly vague. Hotels, taverns, and public houses were required to immediately report the presence of an individual with an “infectious disease” within their buildings and arrange for fumigation of the property.⁹⁸ Again, tuberculosis was not specified. Both of the above ordinances remained unchanged in the 1910 book.⁹⁹

This was the status of public health regulation up to 1913. The city purposely avoided highlighting tuberculosis in three separate city ordinances concerning the reporting of dangerous diseases and the required fumigation in the wake of exposure to such. In that year, the mayor of Albuquerque managed to pass the above-noted sanatorium ordinance. In the wake of the ordinance, the tension between pro- and anti-healthseeker factions came to a head. What happened then set the course for the remainder of Albuquerque healthseeker era.

Snapshot: Albuquerque Health Landscape To 1913

By the mid nineteen teens, distinct spatial patterns of healthseeker accommodations had formed in and around Albuquerque. To reiterate, there were no Albuquerque city ordinances restricted the locations of sanatoriums, boarding houses, rooming houses, tents, or tent-houses inhabited by the tubercular community. This snapshot of

in the United States and Canada (New York: National Association for the Study and Prevention of Tuberculosis, 1908).

⁹⁸ See Sections 338 and 339 in *Ordinances, City of Albuquerque, New Mexico* (1905), 122, 160-161.

⁹⁹ See Sections 412 and 423 in the *Revised Ordinances of Albuquerque* (1910), 217, 220.

Albuquerque to 1913 briefly outlines the emerging spatial patterns, and examines the factors that helped to create them.

The Huning Highlands—the city’s first fashionable railroad era neighborhood—was home to the vast majority of healthseekers choosing boarding or rooming houses. Tent and tent house dwellers congregated in the southeast corner of the city—both within and just outside the city limits. By 1913, four of the five sanatoriums analyzed in this study were already constructed and fully operating. Three of the four facilities, located in very close proximity to each other, formed a small enclave on the arid mesa just above and to the east of Huning Highlands and the city limits.

Huning Highlands was the first addition to be platted next to the original townsite following the arrival of the railroad. According to historian Marc Simmons, it became the city’s “prestige suburb.”¹⁰⁰ Huning Highlands was situated along the east side of the railroad tracks both north and south of Central Avenue (then known as Railroad Avenue).¹⁰¹ As such, it was within convenient walking distance of both the railroad and the downtown area offering a plethora of commercial, retail, and recreational opportunities to the west of the railroad tracks. The geography of the neighborhood provided it excellent drainage due to the slope upward toward the sandhills of the East Mesa.¹⁰²

¹⁰⁰ Marc Simmons, *Albuquerque: A Narrative History* (Albuquerque: University of New Mexico Press, 1982), 225.

¹⁰¹ Kammer, “National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque,” 4.

¹⁰² Simmons, 225.

On the west side of the railroad tracks, the area south of the downtown was home to many AT&SF workers. In addition to small, modest worker's houses, this area had boarding and lodging houses catering to the working-class. According to architectural historian David Kammer, the neighborhoods in this part of town were the most ethnically mixed owing to the presence of Hispanos, Irish immigrants, and others working for the railroad.¹⁰³ West of the railroad and north of Central Avenue, settlement was restricted early on to the grid of streets closest to the downtown. This area was much slower to develop than Huning Highlands.¹⁰⁴

In Huning Highlands, the first residents built large Victorian houses in imitation of eastern cities. These houses were architecturally suited for use as both nuclear family homes or as boarding houses—a fact that numerous residents chose to take advantage of. The early residents of Huning Highlands were Anglo and “almost exclusively middle-class professionals.”¹⁰⁵ For the healthseekers coming from the East or Midwest, Huning Highlands would have most closely resembled home with its architectural, social, and ethnic makeup.

Primary source research for this study found no boarding houses advertising to healthseekers—and therefore no specific locational data—before 1913. If boarding or rooming house proprietors made any reference to healthseekers in the local classifieds, it was to specify that they *didn't* take them. Beginning around 1905, the stipulations “no

¹⁰³ Kammer, “National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque,” 4.

¹⁰⁴ Ibid.

¹⁰⁵ Simmons, 338.

sick,” “no consumptives,” and “no healthseekers” are found in many classified advertisements for rooms—with and without board.

Boarding houses within Huning Highlands may have stopped *openly* accepting consumptives in the early years of the twentieth century. But it is generally known that many healthseekers were to be found there in boarding and rooming houses.¹⁰⁶ These dwellings were more private—out of the public eye—than hotels. In 1914, an *Albuquerque Morning Journal* reader proclaimed, “There are tuberculars probably in every block, living in private homes without supervision or regulation of any kind.”¹⁰⁷

Research on the specific locations of tents and tent-houses for healthseekers was more successful. The *Albuquerque Morning Journal* classifieds and Sanborn Fire Insurance maps both provide evidence. Between 1906 and 1914, the *Albuquerque Morning Journal* printed advertisements for tent-house rentals. In addition, tents and tent-houses appear on the 1908 and 1913 Sanborn maps of Albuquerque. The vast majority of these structures were located in the southeast corner of the city along Edith Boulevard and Walter Street. Both streets ran parallel to each other north-south through Huning Highlands and continuing south to the city limits. A marked aggregation of tents and tent-houses occurred within a four-by-three-block area during these years. Located south of Huning Highlands and very close to the city limits, this area was accessible by trolley by 1908. Albuquerque’s electric streetcar had a spur running south of Central Avenue for 12

¹⁰⁶ Kammer, “National Register of Historic Places Nomination for the Multi-Unit Dwellings in Albuquerque, New Mexico,” 10, 13.

¹⁰⁷ “Repeal the Ordinance,” *Albuquerque Morning Journal*, 21 June 1914.

blocks down Edith Boulevard.¹⁰⁸ In addition to its accessibility, this land was also sparsely settled—allowing tent life to be lived in the open causing less tension with neighbors than might be experienced in the densely settled Huning Highlands. Because they were less desirable, marginal properties, these lots were likely very cheap to buy or rent. Some tent and tent-house dwellers obviously leased the structures and/or the land from local landowners. Based on the tent-house rental classifieds, the leasing of these temporary structures on the margins of town was a cottage industry for at least a few people.

By 1913, four of the five sanatoriums examined in this study were already established. The St. Joseph Sanatorium was located at the northern edge of Huning Highlands. St. Joseph differed from the other three facilities in that it was built as a general hospital for city residents. As such, it wasn't subject to the same considerations as the siting for the other three. The three other facilities were all located on the mesa east of Albuquerque – outside the city limits.

Both the Southwestern Presbyterian Sanatorium and the Albuquerque Sanatorium began operating in 1908. They were both situated on the south side of Central Avenue between Oak and Sycamore Streets, and were separated by one city block. The Methodist Deaconess Sanatorium property (originally the [Dr. Joseph] Cipes Sanatorium) was built

¹⁰⁸ Kammer, “National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque,” 8.

in 1912 two blocks east of the Albuquerque Sanatorium on the north side of Central Avenue.¹⁰⁹

The sanatoriums were constructed on a prominent terrace rising above the Rio Grande valley. This location provided much better air quality than the downtown area and the lower, western portion of Huning Highlands. In railroad towns during this time period, the smoke emanating from steam trains, factories, and domestic heating sources was a prevalent health and safety risk. Smoke and air pollution were not considered to be causes of tuberculosis, but their effects were well known to lessen recovery.¹¹⁰

The view, as it still is today, was beautiful. Patients could observe the Sandia Mountains from the grounds of all three sanatoriums. At that time, tuberculosis experts considered beautiful vistas to be essential to patients' wellbeing and recovery.¹¹¹ Advice concerning sanatorium design placed great emphasis on the importance of the landscape views when

¹⁰⁹ Dr. Joseph Cipes built the sanatorium in late 1912. In addition to eight double cottages, it had a one-story administration building. In a historic postcard, this building appears to have been brick. It had a hipped roof, and gabled front entry porch. By 1916, the original administration building had been replaced by two new buildings constructed in the California Mission Revival style. Joseph Cipes sold his sanatorium in that year to the Women's Home Missionary Society of the Methodist Church, which renamed it the Methodist Deaconess Sanatorium. Cipes had plans to build a new hospital and sanatorium facility in 1918, but this never came to pass. The Cipes Sanatorium appears on one of the 1913 Sanborn Fire Insurance maps of Albuquerque (Sheet 38). For dates and details, see "Mrs. D. A. Porterfield Recalls Early Days in Founding Institution," *Health City Sun*, 27 August 1937, p. 4. See also "Cipes Sanatorium Opens Today for Patients," *Albuquerque Morning Journal*, 11 November 1912, p. 6; and "Corporation Will Build a Hospital Costing \$120,000," 30 December 1918, p. 4.

¹¹⁰ Clarence A. Mills, "Urban Air Pollution and Respiratory Diseases," *American Journal of Epidemiology* 1943 (37): 131-141.

¹¹¹ Deborah L. McBride, "31-32. "American Sanatoriums: Landscaping for Health, 1885-1945," *Landscape Journal* 17(1): 31-32.

choosing a site to build on.¹¹² The Methodist Deaconess Sanatorium highlighted the administration building's front porch "with a fine view of the mountains."¹¹³

This area was also completely undeveloped except for the small campus of the University of New Mexico, situated to the east of the sanatoriums. Undeveloped and outside the city, the land was most likely much cheaper than lots in town. It also precluded sanatorium operators from having to pay city property taxes—at least until the city limits expanded in 1925.

The sanatoriums also needed plenty of room for future expansion. NASPT experts were then encouraging the establishment of sanatoriums approximating mini idealized, self-supporting communities. For example, the Southwestern Presbyterian Sanatorium anticipated growing to accommodate 1,000 patients within five years. The planners wanted at least 160 acres, enough land to accommodate "tent cottages, amusement areas, gardens, stables for patients' horses, grazing land for cows and swine."¹¹⁴

By 1908, this area was also accessible to downtown Albuquerque by electric streetcar. The electric streetcar referred to above ran an eastern spur from the downtown area out to the university and Yale Boulevard in 1908.¹¹⁵ Given the accessibility, the increased air quality, and abundance of undeveloped land, the East Mesa proved to be an excellent

¹¹² "Notes on Tuberculosis Sanatorium Planning," *Public Health Reports* 36(24): 1372.

¹¹³ "Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico."

¹¹⁴ Woodham, 2.

¹¹⁵ Kammer, "National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque," 8.

locale for the construction of the sanatoriums. It was also far enough away from the city to avoid controversy with local residents.

A Case Study in Reactions: The 1913 Sanatorium Ordinance

In 1913, Albuquerque's mayor passed the city's first ordinance restricting the location of sanatoriums. A year later, a group of residents tried to use the ordinance to shut down a boarding house occupied by consumptives. The dispute unleashed a citywide uproar in which pro- and anti-healthseeker factions expressed their opinions. What happened in the wake of the controversy is a further indication of city leaders' self-consciously lax attitude toward tuberculosis regulation.

D. K. B. Sellers took over as the mayor of Albuquerque in the spring of 1912. The mayor immediately threw himself into upgrading the city's sanitary laws. When Sellers suggested placing placards in front of the homes of consumptives—he faced “ridicule.”¹¹⁶ Critics derided Sellers's placard suggestion by pointing out the prevalence of consumptives throughout the community. Sellers quoted them collectively as saying, “It would probably be much cheaper to placard the houses in which no tuberculosis exists than to placard those in which there is tuberculosis.”¹¹⁷

When the mayor publicized his desire to pass the sanatorium legislation, the local medical community protested. The Bernalillo County Medical Society adopted a

¹¹⁶ “Sellers Presents Facts in Reply to Ridicule,” *Albuquerque Morning Journal*, 6 April 1913.

¹¹⁷ *Ibid.*

resolution stating, “We see no danger to public health from properly conducted tuberculosis sanitaria.”¹¹⁸ Dr. Abraham Shortle of the Albuquerque Sanatorium declared the unsupervised healthseeker “shacks” around the city to be more dangerous than sanatoriums.¹¹⁹

It took three meetings before the Albuquerque City Council passed Sellers’ ordinance. According to the legislation, no further sanatoria, hospitals or other institutions for the treating of tuberculosis could be established within the city or even *within one mile* of the city limits. This included the use of existing buildings as well as the construction of new facilities. Anyone disobeying the new ordinance would have to pay one penalty for the construction of the facility, and additional penalties for each day a new sanatorium operated within city limits.¹²⁰

Within the ordinance, the City Council defined the term *sanatorium* as any house holding *two* or more sick people—far less than an originally suggested *six* people—needing a doctor’s supervision.¹²¹ The problem with this definition was that it failed to differentiate between sanatoriums and boarding houses. The four, sizeable sanatoriums in existence by 1913 were purpose-built healthcare facilities with professional doctor and/or nursing care

¹¹⁸ “Sanitaria Are Not Menace to Public Say Physicians,” *Albuquerque Morning Journal*, 19 December 1912.

¹¹⁹ *Ibid.*

¹²⁰ See “Sanitarium Ordinance Is Passed By Council,” *Albuquerque Morning Journal*, 18 February 1913; and “Sanitaria Likely to Stay Outside in Future,” 7 January 1913. Unfortunately, none of the newspaper articles researched for this study identified the number or section number of the sanatorium ordinance. The only Albuquerque ordinance books available for that era were published in 1905 and 1910. A query was undertaken at the Albuquerque Planning Department. Planner Maggie Gould could find no historic record listing the ordinance. According to Gould, the city had no official zoning ordinance until 1959.

¹²¹ “The Sanatoriums,” *Albuquerque Morning Journal*, 1 July 1914.

on site. But complicating the definition was the fact that other, smaller places called themselves sanatoriums but did not meet the same standards as the former.¹²²

In the summer of 1914, angry neighbors of the house at 1120 North Second Street claimed that the owner was illegally operating it as a sanatorium in defiance of Sellers's 1913 ordinance. Dirty bedding thrown from 1120 North Second Street into a neighboring yard inspired the uproar. This was a big sanitary faux pas considering the rampant phthisiophobia about germ exposure.¹²³ In addition to the tenants' egregious lack of sanitary consideration, the neighbors considered the place a menace to public health because it housed numerous consumptives. Because of their close proximity, the consumptives increased the odds of their neighbors catching the disease.

Essentially, the neighbors were protesting a boarding house (there was no nursing and/or medical care on site). But given the legal definition of a sanatorium from the ordinance—a building housing *two or more people needing a doctor's supervision*—the neighbors used the law to take a stand. To their advantage was the fact that the building owner was a local doctor specializing in treating tuberculosis.

Owner Dr. Walter Murphey claimed that he was not affiliated with its operation as he was then leasing the house to a Mrs. Della Dooley. According to both Murphey and Dooley, the property was a boarding house—not a sanatorium.¹²⁴ According to Murphey,

¹²² Classified advertisement for the Lockhart Ranch health resort, *Albuquerque Morning Journal*, 22 June 1914 and 23 June 1915.

¹²³ "Protests Against Sanitaria in City," *Albuquerque Morning Journal*, 22 June 1914, p. 4.

¹²⁴ "No Action Taken Against Murphey Place by Board," *Albuquerque Morning Journal*, 20 June 1914.

only one tenant was a patient of his and therefore answering the description of a person “needing a doctor’s supervision.”¹²⁵

Several young men living at the house testified in front of the board of health. One of the tenants, a painter, practiced a nice bit of subterfuge by asserting he was unsure whether or not he actually had tuberculosis.¹²⁶ Both the doctor and the painter were trying to avoid having the house classified as a sanatorium. But Mrs. E. S. Spindler, one of the neighbors, testified that there were more than just three occupants of the house. And, “judging from the coughing she heard it seemed to her that nearly everyone in the house was sick.”¹²⁷

In reaction to the highly publicized case, local healthseekers declared that poor hygiene – *not proximity* – was the biggest threat to public health. While some placed blame on badly behaved healthseekers (public spitting, etc.),¹²⁸ others blamed the city for not educating consumptives and enforcing what health regulations there were.¹²⁹ For example one healthseeker stated, “Let anybody harbor as many as they please under one roof, the more the better for the safety of others, and let the board of health see that these houses are properly conducted. If they are not, put them out of business.”¹³⁰ Some healthseekers

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ “Thinks Agitation of ‘Lunger Problem’ Will Bring Good Results,” *Albuquerque Morning Journal*, 29 June 1914, p. 4.

¹²⁹ “Thinks Tubercular Patients Should Be Taught How to Live,” *Albuquerque Morning Journal*, 25 June 1914, p. 6.

¹³⁰ “Favors Concentration of Tubercular Cases,” *Albuquerque Morning Journal*, 23 June 1914, p. 4.

expressed interest in helping to educate ignorant consumptives about proper sanitary behaviors.

Other healthseekers expressed righteous indignation at the “constant rain of criticism” falling on them. According to one individual, an estimated 3,000 healthseekers were spending at least two million dollars per year in Albuquerque. “Should that 3,000 vacate, would the property owners be able to find well tenants and give them employment in the city?” the protester asked. “Are the sanatoriums here a paying industry? If so, the healthseekers must be. Let well people leave us alone... We only wish peace and contentment and the privilege given to a law-abiding citizen.”¹³¹

For its part, the *Albuquerque Morning Journal* was not shy about being pro-healthseeker. In response to the Murphey controversy, the newspaper printed an article titled, “Repeal the Ordinance.” “Perhaps the least dangerous place in the world, for those who fear tubercular infection, is in a well-regulated sanatorium... We would be in an anomalous condition if we should refuse to allow consumptives in the city after inviting them here.”¹³² The *Killgloom Gazette*, a local publication produced by and for healthseekers, endorsed the *Morning Journal*'s stand.¹³³

The loudest voice of all in the sanatorium debate was that of the Albuquerque Commercial Club. The private civic association of enterprising local businessmen and

¹³¹ “Healthseeker Pleads for Justice from City,” *Albuquerque Morning Journal*, 26 June 1914, p. 6.

¹³² “Repeal the Ordinance,” *Albuquerque Morning Journal*, 21 June 1914.

¹³³ “More Sans, Please,” *Killgloom Gazette*, July 1914, p. 5.

other professionals dated back to 1892. According to historian Marc Simmons, “the initial membership roster of thirty names listed practically everyone of power and means and was accepted as Albuquerque’s unofficial social register.”¹³⁴

The club had helped financially with the 1908 establishment of the Southwestern Presbyterian Sanatorium.¹³⁵ And before the sanatorium controversy involving Dr. Murphey, the Commercial Club had been in the process of landing two new sanatoriums for Albuquerque. Both the Knights of Pythias and the Moose fraternal organizations were evaluating Albuquerque as a location for their national sanatoriums.¹³⁶ In February of that year, the club had spent considerable time and energy entertaining members of the Moose organization.¹³⁷

The Commercial Club threw itself into protesting the sanatorium ordinance. A special committee was organized to confer with the Albuquerque City Council on modifying the sanatorium ordinance. Committee member D. A. Macpherson declared that it was “almost a misdemeanor for a person to have tuberculosis in Albuquerque.”¹³⁸

The Commercial Club also established a new Health Department to handle upcoming promotion of the city as a health resort. The supporting “boosting committee” of five included three local doctors. The Albuquerque Sanatorium’s A.G. Shortle and LeRoy

¹³⁴ Simmons, 275.

¹³⁵ Woodham, 2-3.

¹³⁶ “500 Members is Commercial Club’s Object,” *Albuquerque Morning Journal*, 24 June 1914.

¹³⁷ “City Will Make a Powerful Bid for Sanatorium,” *Albuquerque Morning Journal*, 21 February 1914.

¹³⁸ “500 Members is Commercial Club’s Object,” *Albuquerque Morning Journal*, 24 June 1914.

Peters—were among them.¹³⁹ A club employee hired especially to direct the new Health Department began writing articles for the *Albuquerque Morning Journal*. Headlines included “Logical Conclusion is that Sanatoria are a Direct Benefit to the Community”¹⁴⁰ and “Insurance Experts Declare Existence of Sanatoriums Does Not Increase Risk.”¹⁴¹

After all the ballyhoo, a local judge in 1915 declared Sellers’s hard-won sanatorium ordinance invalid on a technicality. If he didn’t protest the sanatorium himself, the judge likely crumbled under pressure from city leaders to take such action. The city ordinance had specified a minimum penalty of \$30 and/or imprisonment for not less than 30 days. But because no maximum penalty was presented, the judge reasoned, it was inoperative.¹⁴² Dr. Murphey made it through the strife without even a slap on the wrist.

The Albuquerque City Council immediately passed a new ordinance—No. 548—prohibiting the establishment of a sanatorium within one mile of city limits. However, this law included a caveat. The City Council could issue *special permits* to sanatoriums wishing to locate within city limits. Per the suggestion of new Mayor David Boatright, a sanatorium *could* receive permission to set up shop within city limits if it agreed to lease an entire block for at least 10 years.¹⁴³

¹³⁹ Ibid. See also “Dr. Le Roy Peters, a LDM Specialist,” *New York Times*, 18 December 1941.

¹⁴⁰ “Logical Conclusion is that Sanatoria are a Direct Benefit to Community,” *Albuquerque Morning Journal*, 1 August 1914, p. 2.

¹⁴¹ “Insurance Experts Declare Existence of Sanatoriums Does Not Increase Risk,” *Albuquerque Morning Journal*, 27 July 1914, p. 4.

¹⁴² “Sanatorium Case Decision Will Be Announced Today,” *Albuquerque Morning Journal*, 12 March 1915. Also “Sanatorium Ordinance No Good, Holds Judge,” 13 March 1915.

¹⁴³ *Albuquerque Morning Journal*, “New Sanatorium Ordinance Taken Up by Aldermen,” 16 March 1915, p. 8; and “Council Passes Four Ordinances, Another is Read,” 23 March 1915, p. 8.

This spatial requirement was an attempt to mitigate the proximity issue within the city. Sanatoriums could not be located on the same block as private houses or other buildings. The restriction of sanatoriums to an entire city block provided at least a modicum of physical space between the healthy and the sick.¹⁴⁴ The caveat also functioned as a way to vet sanatorium groups by economic status. A ten-year lease would certainly have required a substantial amount of financial backing for construction and operation of a sanatorium.

Dr. Walter Murphey wasted no time in seizing the opportunity. Murphey requested permission to build a sanatorium at the eastern edge of Huning Highlands. This location was outside, but within a mile of, the city limits. Angry surrounding property owners petitioned the council to deny the permit. On the opposing side were union men—local painters, plumbers, and carpenters—who submitted a petition in favor of Murphey’s proposed \$9,000 sanatorium building. Dr. Murphey, the Commercial Club, the medical community, the healthseekers, and their supporters had successfully overridden public objection. The city council granted Murphey’s request.¹⁴⁵

The Evolution of the Healthseeker Landscape through 1940

In the wake of the sanatorium ordinance controversy, the Albuquerque Commercial Club devoted itself to the city’s healthseeker campaign. Its elite members strategized how best

¹⁴⁴ “New Sanatorium Ordinance Taken Up by Aldermen,” *Albuquerque Morning Journal*, 16 March 1915, p. 8; and “Council Passes Four Ordinances, Another is Read,” 23 March 1915, p. 8.

¹⁴⁵ “Murphey Given Permit to Build in Face of Kicks,” *Albuquerque Morning Journal*, 6 April 1915, p. 8.

to promote, grow, and still control their health resort—while simultaneously mollifying local phthisiophobia. The Commercial Club refused to regulate the emerging health landscape, but it could *and did* influence the kind of people moving within that landscape.

The Commercial Club began the first of many national advertising campaigns in 1914.¹⁴⁶ The club made very clear that it would “make every effort to discourage from coming to the southwest [sic] those who are without the resources to ‘chase the cure’ in the proper manner.”¹⁴⁷ Quarter-page advertisements targeting middle- to upper-middle-class readers ran in general interest, slick paper magazines like *Literary Digest*, *Scribner’s*, *McClure’s*, *Collier’s*, and the *Saturday Evening Post*. According to the Commercial Club, the readers of such publications were “the sort of people we are trying to reach.”¹⁴⁸ At that time, the working class did not have the disposable income to pay the five or ten cents an issue that such magazines cost.¹⁴⁹

The group urged also local real estate companies to step up and start building houses for rent or purchase. According to the *Albuquerque Morning Journal*, there was already movement in that direction. In the summer of 1914, there were “more cottages being built

¹⁴⁶ “It is to Advertise,” *Killgloom Gazette*, July 1914 1(6), 5.

¹⁴⁷ “Indigents Will Be Advised Not to Leave Home,” *Albuquerque Morning Journal*, 19 July 1914, p. 8.

¹⁴⁸ R. W. Wiley, “Making the World Take Notice,” *Albuquerque Morning Journal*, 15 November 1914; “More Advertising,” *Herald of the Well Country*, December 1914 1(4), 11.

¹⁴⁹ Mary Ellen Waller-Zuckerman, “‘Old Homes, in a City of Perpetual Change’: Women’s Magazines, 1890-1916,” *The Business History Review* 63(Winter 1989): 720-721. See also, Erin A. Smith, “How the Other Half Read: Advertising, Working-Class Readers, and Pulp Magazines,” *Book History* 3(2000): 204-230.

in the Highlands...than ever before in the city's history."¹⁵⁰ The Commercial Club pointed out that its advertising campaign was inciting inquiries from "the better class of people who demand first class accommodations. Such healthseekers were looking for "three or four rooms, clean, well furnished and with a sleeping porch."¹⁵¹

What was currently available, the Commercial Club complained, were dirty, poorly ventilated places with uncomfortable beds.¹⁵² If Albuquerque wanted to draw and keep this social class of healthseeker, it needed to "offer him something in the way of living accommodations equal to what he has been accustomed to."¹⁵³ "Suitable" accommodations meant clean (sanitary), airy (for the lungs), and comfortable.

The sanatoriums supported the Commercial Club's new strategy by expanding their facilities. The Albuquerque Sanatorium immediately proposed using \$15,000 to build either an apartment house for patients accompanied by family members or twelve new cottages.¹⁵⁴ Likewise, Cipes Sanatorium—later bought by the Methodists and renamed Methodist Deaconess Sanatorium—began construction of eight additional double cottages. Full to capacity, the facility hurried to complete the new additions.¹⁵⁵

Presbyterian Sanatorium also publicized plans to build more cottages and renovate older ones in an effort to increase patient capacity.¹⁵⁶

¹⁵⁰ "Few Vacancies in Albuquerque Sanatoriums," *Albuquerque Morning Journal*, 2 August 1914, p. 4.

¹⁵¹ "Houses Suitable for Healthseekers One Great Need of Albuquerque Now," *Albuquerque Morning Journal*, 27 August 1914.

¹⁵² *Ibid.*

¹⁵³ "City Unable to House Moneyed Healthseekers," *Albuquerque Morning Journal*, 3 March 1915, p. 4.

¹⁵⁴ "At the Albuquerque San," *Killgloom Gazette*, August 1914, 9.

¹⁵⁵ "Improvements at Cipes Sanatorium," *Herald of the Well Country*, September 1914, 8.

¹⁵⁶ "Few Vacancies in Albuquerque Sanatoriums," *Albuquerque Morning Journal*, 2 August 1914, p. 4.

The sanatoriums' fees were also prohibitive to all but patients of middle- to upper-middle-class social stature. Albuquerque's private and semi-private sanatoriums were not cheap. For example, in 1916 the Albuquerque Sanatorium charged from \$90 to \$135 a month. The Southwestern Presbyterian Sanatorium was slightly cheaper, charging between \$45 and \$75 a month. The Methodist Deaconess Sanatorium charged a flat rate of \$45 per month.¹⁵⁷ In 1920, the median annual household income for manual laborers was \$1200.¹⁵⁸ The 1916 sum of \$45 a month—the cheapest sanatorium rate in Albuquerque—would equal approximately \$645 today.¹⁵⁹ One healthseeker in Albuquerque noted that the city contained “any number of fine sanitariums, the patients of which are the well-bred, well-dressed, well-looking people one sees.”¹⁶⁰

The city's new acceptance of the possibility of sanatoriums within city limits did not, however, lead to any huge changes in the spatial distribution of Albuquerque's healthseeker landscape. The Murphey Sanatorium, opened in 1916, was the last of the cottage sanatoriums to be built in the city.¹⁶¹ Later healthcare facilities for tuberculosis treatment included portions of the AT&SF's Memorial Hospital (1926) and the U.S.

Veterans Administration Hospital (1932), and the Albuquerque Indian Sanatorium

¹⁵⁷ NASPT, *A Tuberculosis Directory* (1916), 45-46.

¹⁵⁸ [http://wiki.answers.com/Q/What was the median household income in the US in 1920](http://wiki.answers.com/Q/What_was_the_median_household_income_in_the_US_in_1920)

¹⁵⁹ This calculation was arrived at using the GDP deflator. The GDP deflator is a wage or average earnings index number. The GDP deflator represents the average price of all goods and services produced in the economy. It is a weighted computation—taking inflation into account—based on what is paid for everything from a gallon of milk to a helicopter. It is the best used when asking how affordable a particular commodity would have been to the average person [www.measuringworth.com/uscompare/]. In this case, the purchase of sanatorium care is the commodity considered.

¹⁶⁰ Anne Ellis, *Sunshine Preferred* (Boston: Houghton Mifflin Company, 1934), 66.

¹⁶¹ See Virginia Kauffman, AIA, Site Evaluation and Master Plan for the Shelter for Victims of Domestic Violence, c. 1987, p 15. Archive of the Huning Highland Historic District Neighborhood Association, Albuquerque, New Mexico.

(1934).¹⁶² Significantly, the locations of the latter two continued the tradition of locating such facilities at the arid eastern edge of the city. But, as mentioned previously, the architectural design and medical philosophies of these later facilities was very different from the cottage plan sanatoriums that defined the healthseeker era.

New parties interested in operating sanatoriums arrived in Albuquerque, but they did not build new sanatoriums. Instead, they took over existing facilities. For example, the Protestant Episcopal church took over the Murphey Sanatorium in 1921, and renamed it Saint John's Sanatorium.¹⁶³ In the late 1920s and 1930s, the facility changed hands numerous times. The Lutherans bought the Albuquerque Sanatorium, and ran it as the National Lutheran Sanatorium from 1931-1933.¹⁶⁴ Four years later, the American Hellenic Educational Progressive Association bought the property, and renamed it the AHEPA Silver District Sanatorium.¹⁶⁵

The frequent turnover in ownership of the above properties suggests at least one reason for the lack of new sanatorium construction. Running a sanatorium was an expensive proposition, and healthseeker numbers continually declined during the latter 1920s and

¹⁶² See A. J. Wheeler, "The Albuquerque Indian Sanatorium," *Diseases of the Chest* 1(6), 32. C. H. Smith, "Veterans Administration Facility," *Diseases of the Chest* 1(6), 33. See also Veterans Administration Hospital, "Progress 1932-1962: Veterans Administration Hospital, Albuquerque, New Mexico" (Albuquerque: Veterans Administration Hospital, 1962).

¹⁶³ Kauffman, p 24.

¹⁶⁴ "Albuquerque Sanatorium Founded in 1908 by Dr. Shortle Has Interested History," *Health City Sun*, 19 March 1937, p. 1.

¹⁶⁵ "AHEPA San to Open," *Health City Sun*, 8 January 1937, p. 1.

early 1930s.¹⁶⁶ By the late 1920s, new medical therapies and tuberculosis ideology were greatly reducing the belief in the climate cure.

Huning Highlands continued to be the neighborhood most densely populated by boarding houses and rooming houses. This did not change between the years 1900 to 1940 (see Figure 2 on following page).¹⁶⁷ These accommodations were located within three blocks of Central Avenue to the north and south. Tents and tent houses, however, disappear from Sanborn maps and newspaper classified advertisements during the mid nineteen teens. This was the result of the medical community's dismissal of "roughing it" as a method of chasing the cure. It was also no doubt influenced by the city's new commitment to welcoming only those with deep pockets.

¹⁶⁶ "Civil Council Report Shows Fine Results," *Health City Sun*, 14 October 1932, p. 1.

¹⁶⁷ Using addresses of these property types culled from the *Albuquerque Morning Journal*, *Health City Sun*, *Killgloom Gazette*, Sanborn maps, and other sources, this map illustrates the spatial patterning of healthseeker accommodations in Albuquerque through all four decades examined in this study.

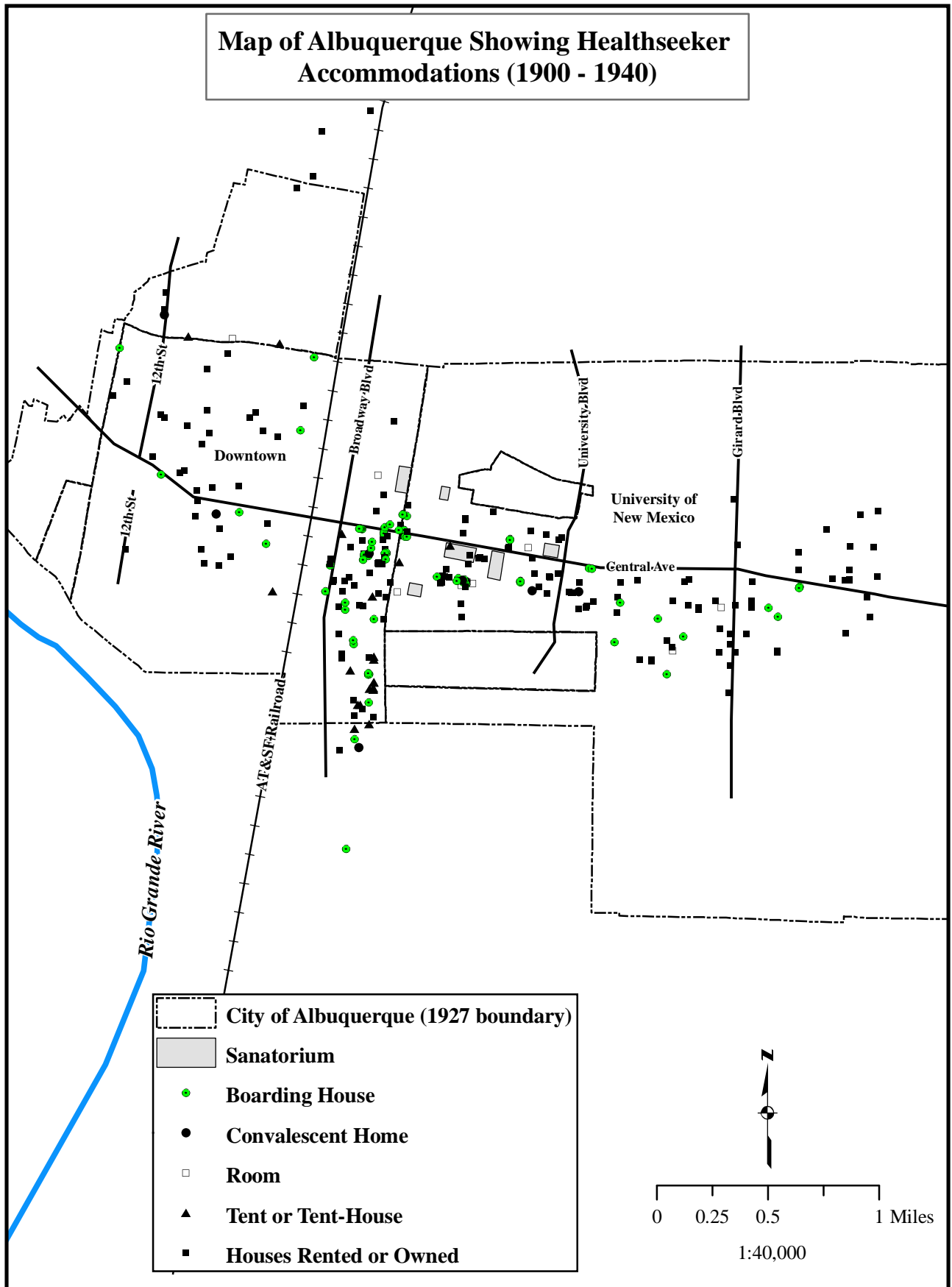


Figure 2.

Map by David H Reynolds

During the late nineteenth century and 1920s, developers cultivated other new housing additions on the East Mesa to meet demands for permanent housing. These included what became known as the Silver Hill district—located south of Central Avenue and in close proximity to the sanatoriums. The neighborhood centered on Silver Avenue, which prior to the building of I-25 in the mid 1960s, connected with Huning Highlands.¹⁶⁸ It had been platted as early as 1886, but development only began around 1915. This area became home to healthseekers, recovered healthseekers and their families, or families who remained after a loved one died.¹⁶⁹ According to architectural historian Chris Wilson, these people were “uniformly middle class, Anglo-American and newcomers to the city.”¹⁷⁰ Other Albuquerque residents like Dr. LeRoy S. Peters established their homes in this neighborhood.¹⁷¹

The University Heights (platted 1906 and 1916) addition began at Yale Boulevard and ran east to Girard Boulevard.¹⁷² Located outside city limits until 1925, University Heights had its own rules regarding health-related construction. Developer D.K.B. Sellers instituted a covenant forbidding the building of sanatoriums and tent houses within the boundaries.¹⁷³ But he didn’t mean to restrict lungers. The moneyed healthseekers whom Albuquerque worked so hard to attract made up a significant portion of Sellers’ target

¹⁶⁸ Chris Wilson, “National Register of Historic Places Nomination Form for the Silver Hill Historic District,” 1986, Archive of the New Mexico Historic Preservation Division, Santa Fe. Section 7, p. 1.

¹⁶⁹ *Ibid.*, Section 8, p. 28.

¹⁷⁰ *Ibid.*

¹⁷¹ *Ibid.*, Section 7, p. 9.

¹⁷² *Ibid.*, Section 8, 26.

¹⁷³ Advertisement for University Heights, *Albuquerque Morning Journal*, 19 February 1916. Other East Mesa neighborhoods instituted similar restrictive covenants. These included the Monte Vista and Granada Heights additions. See Mary Rose Szoka, “Nob Hill Study for the New Mexico Economic Development Department,” 1985.

market. Advertisements for the new addition highlighted its location above the smoke and dust of the city. The “good, pure, fresh air” and “delightful sunshine” were highlighted as selling points.¹⁷⁴ The advertisements also carried social and ethnic implications about the kind of buyers the developer was hoping for. University Heights was touted as a “village of refinement,” suggesting a middle- to upper-middle-class social standing. By 1930, the advertising slogan had evolved into “a refined Anglo community where the well people dwell above the smoke and noise.”¹⁷⁵ The use of the term “well” was meant quite literally. The well people were largely recovered healthseekers.



Figure 3. University Heights Advertisement from the *Albuquerque Morning Journal*, 7 March 1916.

Architectural historian David Kammer has noted that recovered healthseekers and their families bought houses in these and later East Mesa additions. Kammer writes, “For many of these stricken newcomers the early East Mesa neighborhoods offered the perfect place to buy and build.”¹⁷⁶ In addition to the benefits of living above the pollution of the

¹⁷⁴ Advertisement for University Heights, *Albuquerque Morning Journal*, 19 February 1916. Advertisement to Live, Shop, and Play in the Shadow of the Rockies,” 30 June 1930.

¹⁷⁶ Kammer, “National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque,” 13.

city, lots in neighborhoods like University Heights were also reasonably priced. For this study, Kammer's assertion is backed up by locational data culled from issues of the *Health City Sun*, a 1930s Albuquerque newspaper produced by and for healthseekers. One popular feature of the newspaper was a listing of all new arrivals and their locations. These and other healthseeker addresses listed in the newspaper, represented geographically in a map format, confirm the proliferation of healthseekers east to the new neighborhoods surrounding the sanatoriums and the university.

Chapter 3: The Architecture of the Sanatoriums

Sanatoriums were a very specialized type of healthcare facility. The great numbers of the afflicted and the communicability of the disease were powerful reasons for creating facilities just for the consumptive population. Whereas general hospitals addressed the whole gamut of health problems, sanatoriums were designed and operated for just one purpose—to treat patients with tuberculosis.

All five of Albuquerque's large sanatoriums employed the cottage plan. The cottage plan consisted of a large administration and hospital building for directing facility operations, medical treatment, and housing patients. Sharing the grounds were the namesake cottages—private and semi-private accommodations designed for ambulant patients. “Like a mother hen with chicks,” one observer noted of the cottage sanatorium plan.¹⁷⁷

Albuquerque's cottage sanatorium typology was not unique to New Mexico, but reflected general national trends in sanatorium construction. From the Southwestern desert to the rainy Pacific Northwest to the craggy New England coastline, cottage sanatoriums were built all across the United States.¹⁷⁸ During the first two decades of the twentieth century, many such facilities even chose to advertise their use of this sanatorium plan by incorporating “cottage sanatorium” into their name. These included the River Pines Cottage Sanatorium in Wisconsin, the Needles Cottage Sanatorium in California, the

¹⁷⁷ Herbert J. Irwin, cited in Adams and Burke, “Not a Shack in the Woods,” 432.

¹⁷⁸ Thomas Spees Carrington, *Tuberculosis Hospital and Sanatorium Construction* (New York: The National Association for the Study and Prevention of Tuberculosis 1911), 148-164.

New Mexico Cottage Sanatorium in Silver City, and the Dermady Cottage Sanatorium in Delaware.¹⁷⁹ Cottage sanatoriums were also heavily utilized in Canada and Britain.

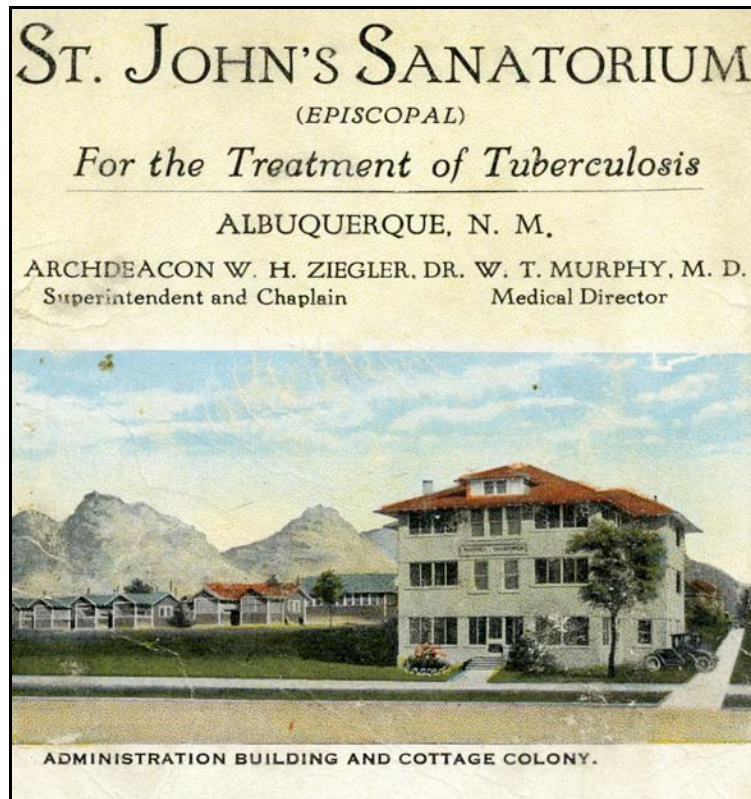


Figure 4. Postcard of Murphey (by then St. John's) Sanatorium, circa early 1920s, depicting the hen/chicks dynamic. Albuquerque Museum, Image No. PA-1996-76-6.

This discussion of Albuquerque's sanatoriums is divided into three parts. First it is necessary to understand the historic design influences on the cottage sanatorium. Then I turn to the therapeutic principles that helped shape cottage sanatoriums. Third, using Albuquerque's built environment as an example, I examine the classist principles underlying the architecture and function of the cottage sanatoriums.

¹⁷⁹ Jacobs, *The Campaign Against Tuberculosis* (1908); and Jacobs, *A Tuberculosis Directory Containing a List of Institutions, Associations and Other Agencies Dealing with Tuberculosis in the United States and Canada* (New York: National Association for the Study and Prevention of Tuberculosis 1911).

The cottage sanatorium design derived from a variety of architectural antecedents—from tiny, rural hospitals in the English countryside to large American asylums for the mentally insane. From these earlier facility types, the cottage sanatorium borrowed ideas about the funding and timeliness of construction, proper ventilation, separation of patient populations by stage of illness, and the importance of the general atmosphere or ambiance to patients' wellbeing.

Looking at the sanatoriums built in Albuquerque reveals the medical community's belief in the healing powers of fresh air and sunshine. These natural therapies, combined with rest and a plentiful diet strictly supervised by medical professionals, were the backbone of sanatorium treatment from the late nineteenth century through the late 1920s. As one Albuquerque doctor remembered, "All we did for T.B.'s was put them to bed, give them fresh air, and forced feedings."¹⁸⁰

Like other cottage sanatoria, those in Albuquerque were recommended for patients in specific stages of the disease. Cottage sanatoriums were primarily designed for the care of patients in early ("incipient") or slightly advanced stages of tuberculosis. The individual cottages (the chicks) surrounding the main building were intended for patients who were able to walk. Consumptives in the incipient stage of tuberculosis had a better chance of recovery, and required much less nursing care.¹⁸¹ In an attempt to ensure the

¹⁸⁰ "Doctor M. K. Wylder's Reminiscences of St. Joseph Sanatorium & Hospital 1903-1950," Mount Saint Joseph Archives, Sisters of Charity of Cincinnati, Mount St. Joseph, Ohio.

¹⁸¹ Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938* (Philadelphia: University of Pennsylvania Press, 1992), 138.

preferred clientele, the sanatoriums insisted on having documentation from the family doctors. For example, St. Joseph Sanatorium's requirement for admission was a letter from the home doctor stating that person had "a reasonable chance for arrest or cure."¹⁸² The Southwestern Presbyterian Sanatorium stated that it was "not *intended for* hopeless cases" needlessly sent away from home. The facility advised patients to bring a letter from their physician, because "those in the third stage of the disease are not admitted."¹⁸³

Sanatorium experts also asserted that cottage sanatoriums were suited to the care of the middle to wealthy classes who desired, and were used to, the privacy provided by cottages."¹⁸⁴ Albuquerque's cottage sanatoriums made this contingency very clear in their structural designs, their interior decorating, and in their advertising and promotional materials. One pervasive theme of all advertising efforts was that the Albuquerque sanatoriums offered all the comforts of home. But these healthcare facilities based the experience they were selling on a very particular vision of home—a simplified version of a middle- to upper class one incorporating spaces for personal privacy, as well as familial and social gatherings. The majority of Americans did not achieve middle-class housing standards until after World War II.¹⁸⁵

¹⁸² "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

¹⁸³ "The Southwestern Presbyterian Sanatorium 'In the Heart of the Well Country,'" n.d., Center for Southwest Research, University Libraries, University of New Mexico.

¹⁸⁴ Thomas Spees Carrington, *Tuberculosis Hospital and Sanatorium Construction* (New York: The National Association for the Study and Prevention of Tuberculosis 1909), 61.

¹⁸⁵ Thomas C. Hubka and Judith T. Kenny, "Examining the American Dream: Housing Standards and the Emergence of a National Housing Culture, 1900-1930," *Perspectives in Vernacular Architecture* 13(1), 49.

The middle-class people of the late nineteenth and early twentieth centuries ranged from skilled laborers to the “middle-managerial ranks of clerks, shopkeepers, and professionals such as engineers and accountants.”¹⁸⁶ They earned steady incomes that they generally used to pay paid for nuclear houses.¹⁸⁷ This characteristic especially influenced the design of the institutions. This study uses a variety of sources concerning average middle- and working-class homes in order to interpret the sanatoriums of Albuquerque.

Architectural historians like Clifford Clark Jr. and Gwendolyn Wright have demonstrated that cultural beliefs about what constituted the ideal middle-class home underwent dramatic changes around the turn of the twentieth century.¹⁸⁸ The changes pertinent to this study include the new Progressive Era focus on cleanliness, simplicity and efficiency of design, and the absolute repudiation of the elaborate spatial and decorative excesses of the Victorian era.

These two aspects of the cottage sanatorium plan—emphasizing particular stages of disease and social classes—made these facilities remarkably suitable to Albuquerque’s healthseeker campaign. Consumptives who arrived in desperate condition needing last-stage care and/or a burial had become a significant financial burden to the community by 1910. In an attempt to mitigate the problem—as outlined in Chapter 2—Albuquerque boosters had narrowed their target market to healthseekers in early stages of tuberculosis. City boosters had also become adamant about encouraging only middle- to upper-middle-

¹⁸⁶ Clifford Edward Clark, *The American Family Home 1800-1960* (Chapel Hill: University of North Carolina Press, 1986), xiii.

¹⁸⁷ Gwendolyn Wright, *Moralism and the Model Home: Domestic Architecture and Cultural Conflict in Chicago 1873-1913* (Chicago and London: University of Chicago Press, 1980): 83.

¹⁸⁸ For extensive discussion of the evolution of the middle-class home, see Clark, *The American Family Home 1800-1960*; and Wright, *Moralism and the Model Home*.

class healthseekers with large enough bank accounts to pay for the sometimes lengthy sanatorium stays. They also wanted healthseekers to have money to spend on products and services in town, thereby boosting the local economy in addition to the sanatorium industry.

This chapter concludes with a brief discussion of the incorporation, by some of these cottage sanatoriums, of increasingly sterile, scientifically based spaces based on germ theory rather than climate. Those cottage sanatoriums that incorporated new spaces for cutting-edge surgical and research facilities—moving beyond the original principles of sanatorium care—continued on in the healthcare business. Those that did not change with the times did not outlast Albuquerque’s healthseeker era.

A Brief History of the Cottage Plan

Architectural historian Leslie Maitland has posited that the cottage sanatorium plan was influenced by both mid-nineteenth-century British cottage hospitals and by a pavilion hospital plan used by the British military during the Crimean War (1853-1856). Both of these facility types focused on small, well-ventilated buildings that were cheap to construct and operate. British cottage hospitals, located in rural areas to serve the poor, were “small and locally-funded and run, and had an uninstitutional, homelike atmosphere.”¹⁸⁹ During the Crimean War, the military designed “small, transportable,

¹⁸⁹ Leslie Maitland, “The Design of Tuberculosis Sanatoria in Late Nineteenth Century Canada,” *Bulletin of the Society for the Study of Architecture in Canada* 14(1): 7-8.

self-contained wards” for soldiers. These temporary dwellings provided “fresh air, isolation, and greater sanitation.”¹⁹⁰

They also inspired a new a pavilion style of patient quarters, which formed the basis of another popular sanatorium type. Pavilions for consumptives were linear buildings consisting of multiple, adjacent sleeping porches each fronting one or more heated dressing rooms. In this type of sanatorium, linear pavilions surrounded a central administration building, either separately or as wing additions. Architectural historians have pointed out that the cottage plan was simply the pavilion plan broken into individual pieces.¹⁹¹

The late nineteenth and early twentieth century cottage plan may also been influenced by the design of asylums for the mentally insane. During the mid nineteenth century Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane, proposed a V-shaped “hospital on the linear plan...consisting of a central building with flanking three-story pavilions set back *en echelon*, like a row of birds in flight.”¹⁹² The patients were arranged by degree of illness, with the most violent located at the ends of the pavilions.¹⁹³ After the Civil War, a new insane asylum design called the cottage plan, broke the monolithic

¹⁹⁰ See Maitland, “The Design of Tuberculosis Sanatoria,” 5-13.

¹⁹¹ Adams and Burke, ““Not A Shack in the Woods,”” 432, 440-441.

¹⁹² Carla Yanni, “The Linear Plan for Insane Asylums in the United States before 1866,” *Journal of the Society of Architectural Historians* 62(1): 31.

¹⁹³ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 60, 64, 73.

hospitals into smaller, more domestic-size units meant to create “a freer and more sociable atmosphere.”¹⁹⁴

Dr. Livingston Trudeau built the first American cottage sanatorium in upstate New York in 1885. By 1900, Trudeau’s Adirondack Cottage Sanatorium consisted of 22 buildings including one large administration building, an infirmary, and clusters of cottages.¹⁹⁵

Trudeau focused much of his work on the lower classes. His design was quite different from the general hospital system of the late nineteenth century. Most public hospitals in the U.S. at that time cared for the poor in large wards of twenty to forty beds. There was absolutely no privacy and no separation of patients by category of illness. By contrast, the wealthy paid for private rooms with “bureaus and chairs; amenities intended to make them feel at home.”¹⁹⁶

The Adirondack Cottage Sanatorium had begun with “Little Red,” a small cottage built in 1884.¹⁹⁷ Little Red was one room with a small covered porch where Trudeau encouraged his first two patients—“two ill-clad factory girls”—to sit and rest.¹⁹⁸ Trudeau chose the cottage for numerous reasons. He wanted primarily to segregate these infectious patients into smaller groups. Cottages also provided the patients instant access to fresh outdoor air. Additionally, these small spaces afforded their inhabitants a measure of privacy.

¹⁹⁴ Ibid., 79.

¹⁹⁵ Rothman, *Living in the Shadow of Death*, 203.

¹⁹⁶ David Charles Sloane, “Scientific Paragon to Hospital Mall: The Evolving Design of the Hospital, 1885-1994,” *Journal of Architectural Education* 48(2): 85.

¹⁹⁷ The Trudeau Institute, “Little Red,” Electronic resource [www.trudeauintitute.org/info/history/history.htm].

¹⁹⁸ Taylor, *Saranac: America’s Magic Mountain*, 76.

Trudeau contended that this format saved the patient from “the irritation of constant close contact with many strangers.”¹⁹⁹

The cottage very quickly came to embody the ideals of the fresh air cure and Trudeau’s successful work with tuberculosis patients. For example, an attendee at a 1900 gathering of the American Clinical and Climatological Association lauded the cottage format in a presentation entitled, “The Construction and Management of Small Cottage Sanatoria for Consumptives”²⁰⁰ Over time, Little Red became such a symbol of the American war on tuberculosis that it was featured on the 1934 Christmas Seal.²⁰¹ Little Red was also featured prominently on the frontispiece of the highly influential NASPT’s *Some Plans and Suggestions for Housing Consumptives* (1909). The booklet was expanded and reissued several times as *Tuberculosis Hospital and Sanatorium Construction*.²⁰²

In an early version of *Tuberculosis Hospital and Sanatorium Construction*, the author explained that the modern sanatorium consisted of two parts—patient quarters and

¹⁹⁹ William H. Scopes and Maurice M. Feustmann, “Evolution of Sanatorium Construction,” *Journal of the Outdoor Life* 32(5): 169.

²⁰⁰ Klebs, Arnold C., M.D., “The Construction and Management of Small Cottage Sanatoriums for Consumptives,” *Transactions of the American Clinical and Climatological Association* 16 (1900): 105-125. This association was one of three national groups in which doctors discussed tuberculosis. The other two forums were the American Medical Association and the American Public Health Association. See Teller, *The Tuberculosis Movement*, 29.

²⁰¹ Teller, *The Tuberculosis Movement*, 75, 40, 41. See also *Health for Victory: Facts the Public Wants to Know About Tuberculosis*, New Mexico Tuberculosis Association c. 1943, CN 116, Folder 26, New Mexico Health Historical Collection, New Mexico Health Sciences Library & Informatics Center. Christmas Seals were first used in this country to raise money for tuberculosis work in Delaware. In 1908, the Red Cross launched a national stamp campaign, which made \$135,000, and gave the proceeds to the NASPT. According to Teller, the Christmas Seal transformed the anti-tuberculosis movement “into a cause that millions joined.”

²⁰² Richard Harrison Shryock, *A History of the National Tuberculosis Association* (New York: Ayer Publishing, 1977), 140, 153; The National Association for the Study and Prevention of Tuberculosis, *Some Plans and Suggestions for Housing Consumptives* (New York: National Association for the Study and Prevention of Tuberculosis 1909); Carrington, *Tuberculosis Hospital and Sanatorium Construction* (1911), 14.

administration.²⁰³ Administration consisted of a laboratory, observation ward, kitchen, dining room, laundry facilities, and staff quarters.²⁰⁴ Conspicuously absent in the description were facilities like operating rooms—a reflection of the lack of surgical treatments for TB at that time.

Tuberculosis Hospital and Sanatorium Construction presented three sanatorium prototypes. The first prototype featured a single, very large building for both administration needs and patient quarters. The second prototype featured a central administration building with patient lean-tos or cottages grouped around it. The third prototype consisted of a central administration building and two or more other sizeable buildings for patient accommodations. According to the author, the second prototype was the most popular. He dubbed it the “cottage type” of sanatorium.²⁰⁵

Cottages were economically suited to the fledgling sanatorium movement. They could be built quickly and cheaply without large sums of money up front. In most cases, sanatorium construction around the country was accretionary, i.e. very much determined by available funding. The private individuals, religious groups, and charitable organizations leading the movement all relied greatly on donations of money and, in

²⁰³ Carrington, *Tuberculosis Hospital and Sanatorium Construction* (1911), 38.

²⁰⁴ Carrington details the separation of purposes in the introduction to *Some Plans and Suggestions for Housing Consumptives*.

²⁰⁵ The second “method” consisting of a central administration building with cottages grouped around it was “usually adopted at the present time.” See Carrington, *Tuberculosis Hospital and Sanatorium Construction* (1911), 38; and NASPT, *Some Plans and Suggestions for Housing Consumptives*.

some cases, land. In 1907, Trudeau described the growth of his facility as “piecemeal and gradually developed.”²⁰⁶ This was most certainly the case in Albuquerque.

The five large Albuquerque sanatoriums were all examples of accretional development. St. Joseph Sanatorium, the Methodist Deaconess Sanatorium, Albuquerque Sanatorium, and Southwestern Presbyterian Sanatorium each began with at least one bricks-and-mortar building.²⁰⁷ All of the facilities also had numerous cheaply constructed tent cottages and regular cottages during the study period. Over time, gradual additions and improvements were made to each facility as more money flowed into administration coffers. For example, the St. Joseph Sanatorium began with one large hospital/administration building in 1902. By 1913, the sanatorium also had an annex, an impressive physical plant, 15 small cottages, a stable, and three other outbuildings of unknown purpose.²⁰⁸

Cottages also proved to be enticing to benefactors as units of individual donation. According to public health scholar Sheila Rothman, Trudeau’s choice of cottages “gave his project a powerful philanthropic appeal.”²⁰⁹ In *Living in the Shadow of Death*, Rothman quotes Trudeau as saying, “I knew it would be easier to get some of my patients to give a little cottage which would be their own individual gift, rather than a

²⁰⁶ Edward L. Trudeau, “A Sanatorium Village for Consumptives,” *The British Journal of Tuberculosis* 1 (1907): 307-308.

²⁰⁷ Dr. Walter Murphey first built 10 frame cottages for the Murphey Sanatorium. A three-story building for patient quarters and treatment followed. See Kauffman, “Site Evaluation and Master Plan.”

²⁰⁸ 1913 Sanborn Fire Insurance Company Map of Albuquerque, N. Mex., Sheet 17; Woodham, 2.

²⁰⁹ Sheila Rothman, *Living in the Shadow of Death*, 202-203.

corresponding sum of money towards the erection of larger buildings.”²¹⁰ In 1909, a nurse at the Adirondack Cottage Sanitarium noted that, “the cottages, as a rule, have been given as memorials, and improvements are kept up in a number of them by their generous donors.”²¹¹ What had worked well philanthropically for Trudeau also suited other cottage sanatorium ventures. In an architectural study of Canadian sanatoriums, AnnMarie Adams and Stacie Burke reported that philanthropists, including a wealthy biscuit manufacturer, donated money to the Muskoka Cottage Sanatorium in Ontario. The sponsored cottages were then named for their individual benefactors.²¹²

Similar evidence is available both in written and photographic documentation of Albuquerque’s sanatoriums. For example, a 1920 photograph of a sanatorium cottage depicts a plaque reading “Donated by a Citizen of Albuquerque” over the door. This building is identified as the Agnes Decker Cottage (Figure 5).²¹³ It was located at St. Joseph’s Sanatorium. The Southwestern Presbyterian Sanatorium had, from the beginning, made pleas for donors to build and endow cottages. In 1908, administrator Hugh Cooper wrote an *Albuquerque Morning Journal* article asking for financial help. “By building and endowing a cottage you would make possible for us to care for a sufferer continuously,” wrote Cooper. “The work of the institution will be limited only by the number of cottages so built and endowed.”²¹⁴ Donors could build and equip a tent

²¹⁰ Ibid., 202.

²¹¹ Madeline Smith, “The Adirondack Cottage Sanitarium at Trudeau, N.Y.,” *The American Journal of Nursing* 9(6), 409.

²¹² Adams and Burke, “Not a Shack in the Woods,” 434.

²¹³ Photograph of Agnes Decker Cottage at Unidentified Sanatorium, Albuquerque Museum, Image No. 1992-5-562.

²¹⁴ Hugh A. Cooper, “Presbyterians Choose Central Avenue Site for Big Sanitarium,” *Albuquerque Morning Journal*, 19 May 1908.

cottage for \$250, or endow one in perpetuity for \$6,000.”²¹⁵ By the mid 1920s, many of Presbyterian’s buildings were named for the benefactors who had made their construction possible.²¹⁶

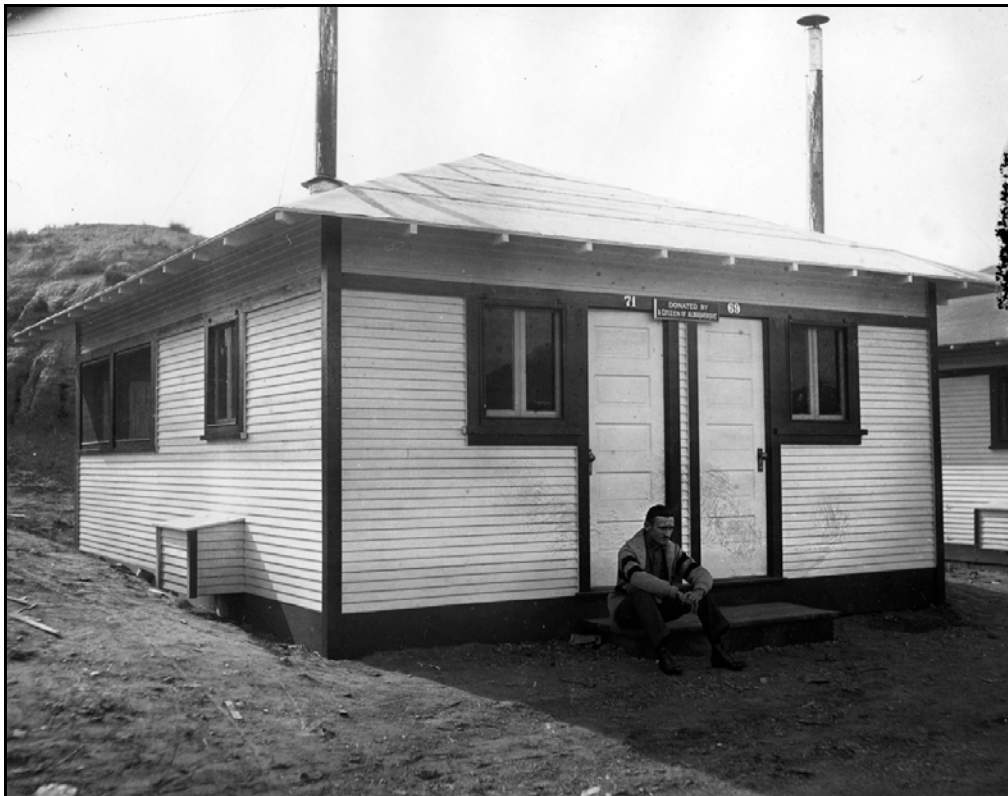


Figure 5. The Agnes Decker Cottage at the St Joseph Sanatorium, 1920, Albuquerque Museum, Image No. PA 1992-5-562.

²¹⁵ Woodham, 5.

²¹⁶ Hugh A. Cooper, “History of the Southwestern Presbyterian Sanatorium and Hospital,” *Diseases of the Chest* 1 (August 1935): 35.

Principles of Sanatorium Treatment 1890-c.1925

Understanding the sanatorium architecture also requires an understanding of the disease the sanatorium regimen was designed to treat. Tuberculosis was a terrible affliction. As bacteria destroyed healthy lung tissue, cavities or holes formed in the lungs. These caused difficulty breathing, coughing, the spitting up of bloody matter, and sometimes hemorrhaging. Other clinical effects of pulmonary tuberculosis included fever, weight loss, fatigue, and a weakened immune system that made sufferers vulnerable to secondary infections. In the final stage of the disease, delirium and suffocation preceded death.²¹⁷

Between the late nineteenth century and the mid 1920s, sanatorium therapy relied on what doctors termed “*medical supervision*” rather than medical *treatment*.²¹⁸ Medical supervision included the initial diagnosis of TB and the determination of the stage of disease. Because fever and weight loss were indicators of disease advancement, sanatorium staff kept daily track of patients’ temperatures and recorded their weights weekly.²¹⁹ Nurses and doctors in sanatoriums also offered palliative measures to lower fevers, reduce pain, and counteract complications such as the hemorrhaging of the lungs.

But the backbone of sanatorium care was the strict enforcement of rest, fresh air, and a healthy diet. The hope was that the triple power combination of these therapies would

²¹⁷ Maitland, “The Design of Tuberculosis Sanatoria, 5-6. See also Chowder, “How TB Survived Its Own Death,” 183.

²¹⁸ A. G. Shortle, “Home Treatment Vs. Sanitarium Treatment of Tuberculosis,” *Journal of the New Mexico Medical Society* 5(9), 221.

²¹⁹ Caldwell, *The Last Crusade*, 83.

increase the patient's resistance to the spread of the disease.²²⁰ A "healthy" diet meant lots of food with special emphasis on milk and eggs.²²¹ Medical experts believed that TB patients even in the early stages of the disease should be sitting or laying down almost the entire day with a few hours carved out for light recreation. The fresh air part of the cure demanded that patients spend at least eight to ten hours a day outside.²²² The days were divided into half-hour to two-hour segments for eating, resting, personal hygiene, limited recreation, and temperature taking.²²³

According to scholar Sheila Rothman, the standard practice of sanatoria was to hand the patient a "rule book" to read and sign upon admittance. The "signing ceremony" was a difficult moment for new patients confronting the realities of their new lifestyles. For example, Marshall McClintock of the Adirondack Cottage Sanatorium was upset upon being handed his book with a patient number on it. "And the book was full of rules, lots of rules," he remembered "...Everyone was expected to go to bed in the afternoon...Everyone must be in his cottage at nine o'clock and light must be out at ten...The rules seemed endless and my heart sank."²²⁴

Southwestern Presbyterian Sanatorium made sure to emphasize the beneficial aspects of the regimen. "There are strict rules which all are expected to follow," a facility booklet read. "If you would select a place where there is no danger of contracting tuberculosis, go

²²⁰ Rothman, *Living in the Shadow of Death*, 203.

²²¹ Teller, 25.

²²² Philip L. Gallos, *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort* (Saranac Lake: Historic Saranac Lake, 1985), 7.

²²³ Caldwell, *The Last Crusade*, 79.

²²⁴ Rothman, *Living in the Shadow of Death*, 231.

to a well-ordered sanatorium for tubercular patients.’’²²⁵ In addition to the strict regimentation of activities, some sanatoria discouraged family and friends from visiting. As such, isolation from the familiar was also a major adjustment for the new patient.²²⁶ Sanatorium administrators were well aware that young people suffering from the deadly disease, far away from home, faced uphill battles to stay positive. In addition to stressing the homelike atmospheres they worked very hard to create, sanatorium administrators made sure to mention their recreation facilities, the occasional entertainments, and Sunday religious services.²²⁷

In addition to their treatment of patients, sanatoriums were also perceived as valuable educational tools in the anti-tuberculosis movement. Anti-tuberculosis crusaders continually highlighted the educational benefits of sanatorium care. In this effort, the nursing staff took on the mantle of teachers. Under their instruction, patients learned how to use sputum cups and how to cover their mouths with gauze or napkins when coughing or sneezing. The sanatorium ideology insisted on proper control and disposal of bodily germs.²²⁸

In Albuquerque, the five large sanatoriums were directed by laypeople or by physicians. All of the sanatoriums featured extensive nursing staffs. Doctors established and ran the Albuquerque Sanatorium and the Murphey Sanatorium. In addition to their roles as the

²²⁵ “The Southwestern Presbyterian Sanatorium ‘In the Heart of the Well Country’”; “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²²⁶ Rothman, *Living in the Shadow of Death*, 235.

²²⁷ “The Southwestern Presbyterian Sanatorium ‘In the Heart of the Well Country’”; “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²²⁸ M. A. Cunningham, “Requirements for the Care of the Tuberculous Patient,” *Diseases of the Chest* (August 1935): 10, 12.

supervising physicians, Drs. Abraham Shortle and Walter Murphey, respectively, also superintended all administration considerations. These men also commonly treated patients outside their own sanatoriums.²²⁹ At sanatoriums, doctors generally saw patients once in the morning and once at night. The nursing staff took charge of running and enforcing the daily regimen of rest, diet, and fresh air.²³⁰

By contrast, the Methodist Deaconess and Southwestern Presbyterian were directed by laypeople—superintendents chosen by a board of directors. At these facilities, the medical staff consisted entirely of nurses. Patients chose their own local doctors from lists of approved local professionals. Southwestern Presbyterian asserted, “Nurses such as the Sanatorium [sic] provides and who are skilled as to the needs of the tubercular patient render a resident physician unnecessary.”²³¹ The sanatorium fees at these two facilities made it very clear that they did not include physician oversight because they were significantly less than those charged by the Albuquerque and Murphey sanatoriums?²³² Patients made separate financial agreements with the local doctor they chose.²³³ In summary, nurses shouldered the majority of the requirements of sanatorium care—whether the sanatoriums were administered by doctors or by lay people.

²²⁹ Shortle, “Home Treatment Vs. Sanitarium Treatment of Tuberculosis,” 222.

²³⁰ Bates, *Bargaining for Life*, 185-186. See also Shortle, “Home Treatment Vs. Sanitarium Treatment of Tuberculosis,” 221.

²³¹ “The Southwestern Presbyterian Sanatorium ‘In the Heart of the Well Country.’”

²³² For pricing, see National Tuberculosis Association, *A Directory of Sanatoria, Hospitals and Day Camps for the Treatment of Tuberculosis in the United States* (New York: National Tuberculosis Association, 1919), 56. Promotional pamphlets for the Southwestern Presbyterian Sanatorium and the Methodist Deaconess Sanatorium specify that medical fees are not included in the monthly costs of staying at the facility. Each specifies the use of outside physicians by patients. See “The Southwestern Presbyterian Sanatorium ‘In the Heart of the Well Country’” and “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²³³ See Synod of New Mexico, Presbyterian Church, United States of America, “In the Heart of the Health Country,” 1935, New Mexico Health Historical Collection, Health Sciences Library and Informatics Center, University of New Mexico.

While nuns superintended the administration end of the business at St. Joseph's, the nurses (both nuns and laypeople) administered most of the medical care between 1902 and 1914. Indeed, St. Joseph's ran a nursing school in conjunction with the sanatorium in Albuquerque for decades.²³⁴ As one Albuquerque doctor remembered, St. Joseph Sanatorium was at first "more, you might say, a boardinghouse with nurses."²³⁵ In 1914, however, the nuns at St. Joseph's hired the Dr. Oliver Hyde to be their medical director.²³⁶ The Albuquerque Sanatorium's Leroy S. Peters joined their staff in 1917.²³⁷ The fees then included room, board, and "all services rendered by the medical staff."²³⁸

For more or less thirty years, the American sanatorium regimen remained unchanged. Until new surgical techniques for TB became common practice, the cottage sanatorium format—with its emphasis on medical supervision—maintained its utility in the field.

Form and Function of the Albuquerque Sanatoriums

In Albuquerque and elsewhere, the administration building was the heart of the cottage sanatorium. Oriented toward the street, the administration buildings were the largest on

²³⁴ "Founding and Growth of St. Joseph Sanatorium and Hospital, Albuquerque, Conducted by Sisters of Charity, Mount Saint Joseph, Ohio, 1902-1950," Mount St. Joseph Archives, Sisters of Charity of Cincinnati, Mount St. Joseph, Ohio.

²³⁵ "Doctor M. K. Wylder's Reminiscences of St. Joseph Sanatorium & Hospital 1903-1950."

²³⁶ "Dr. Hyde Will Head Staff of St. Joseph's," *Albuquerque Morning Journal*, 13 October 1914, p. 8.

²³⁷ "Dr. Le Roy Peters, A Lung Specialist," *New York Times*, 18 December 1941, p. 27. See also National Tuberculosis Association, *A Directory of Sanatoria, Hospitals and Day Camps* (1919), 56.

²³⁸ "St. Joseph Hospital, Wall of History: 144 Years of Service St. Joseph Hospital 1858-2002," Mount St. Joseph Archives, Sisters of Charity of Cincinnati, Mount St. Joseph, Ohio.

sanatorium grounds, rising above the cottages and other supporting structures. The center of operations for the sanatorium complexes, these buildings functioned as the entrance points into the sanatoriums. Designed and constructed to be as impressive as money allowed, the administration buildings of Albuquerque's sanatoriums were also the focal point of promotional materials --such as the postcards that patients sent home so their families could see where they were staying.

The administration buildings in Albuquerque were designed in a variety of architectural styles. St. Joseph's massive three-story monolith (1902) evoked the neoclassical with a semicircular, two-story porch punctuated by Corinthian columns. This architectural style, popular for early twentieth century urban hospitals, was in keeping with the building's original function as a general hospital for the community.²³⁹ This and the other administration buildings were, and were meant to be, impressive to patients and the surrounding community.

²³⁹ Adams and Burke, "Not a Shack in the Woods," 444.



Figure 6. St. Joseph Sanatorium Administration Building, New Mexico Health Historical Collection, Health Sciences Library & Informatics Center.

For their administrative edifices three of Albuquerque's sanatoriums chose the California Mission style, which also incorporated elements of Prairie architecture. The Mission style had been popularized by structures like Albuquerque's 1902 Alvarado Hotel, known as the jewel in the crown of the Atchison, Topeka, and Santa Fe Railroad.²⁴⁰ The two-story Southwestern Presbyterian (1911-1913) administration building exhibited Prairie-influenced horizontal massing and window banding in combination with the prominent curvilinear parapet of the California Mission style. The Albuquerque Sanatorium administration building (1908, rebuilt 1920) was quite similar. The later Methodist Deaconess (1916) facility fully embraced the California Mission style with its graceful archways, bell towers, and undulating parapets.

²⁴⁰ Mo Palmer, *Albuquerque Then and Now* (London: Salamander Books, 2006), 70.



Figure 7. Postcard illustration of the Albuquerque Sanatorium Annex.

The Murphey Sanatorium administration building (circa 1916) was more an example of the Prairie style with its emphasis on low horizontality and simple, clean lines. Smaller and less ostentatious than the other four, the sanatorium building incorporated elements of the Prairie architectural style including horizontal bands of windows and a restrained hipped roof with widely overhanging eaves. It was called the “Big House.”²⁴¹

In some cases, subsidiary buildings located in close proximity shared the administration needs. These buildings were consistently referred to in promotional materials and on Sanborn Fire Insurance maps as “annexes,” and mirrored the architectural style chosen for the administration building. For example, Methodist Deaconess Sanatorium featured

²⁴¹ SMPC Architects, “Scope of Work for Renovation for the WCA, Alta Vista Apartments,” 1999, Archive of the Huning Highland Historic District Neighborhood Association, Albuquerque, New Mexico.

two large buildings side by side facing Central Avenue. The “annex” was constructed right next to the administration building. Comparable in size, it was identical in exterior design, though the full-width porch along the front facade was partitioned into 10 individual screened-in sleeping porches, indicating its use for additional patient quarters.²⁴² Three blocks west, the annex (1910) at the Albuquerque Sanatorium was even more evocative of the California Mission style than the administration building.²⁴³ The annex featured arched porch openings and an archetypical bell tower.



Figure 8. Methodist Deaconess Sanatorium Postcard.

²⁴² Photograph of Methodist Deaconess Sanatorium, 1916, Albuquerque Museum, Image No. PA-1992-5-326.

²⁴³ “New Building at Sanatorium is Progressing: Shortle Institution to be Greatly Enlarged” *Albuquerque Morning Journal*, 5 November 1910, p. 8.



Figure 9. The Methodist Deaconess Sanatorium Photograph, 1916, from the Albuquerque Museum, Image No. PA 1992-5-326.

As in sanatoria across the country, Albuquerque's administration buildings were extremely multi-purpose—especially in their earliest incarnations when in some cases the only other structures were small cottages or tents. Administration buildings generally housed a reception area, superintendent's office, medical facilities, dining room and kitchen, patient rooms, and sometimes nursing quarters. At four of the five sanatoriums, tiny cottages were constructed simultaneously with administration buildings as additional patient accommodations.

St. Joseph's was the exception because of its original mission. Following the first massive building (1902) constructed as a general hospital, St. Joseph's devoted its second

bricks and mortar annex (1903) to wards for TB patients. Additional accommodations for TB patients consisted of tents lined up on the grounds. The nuns gradually replaced these with seventeen framed cottages in 1912, and twelve more in 1919.²⁴⁴

As sanatorium owners could afford it, they bought more land, remodeled or added onto existing buildings, and constructed new ones. In doing so, the sanatoriums continually worked to improve the efficiency of their spaces. Tiny cottages replaced flimsier wood and canvas tent-houses. Separate nursing quarters and kitchen-dining facilities were popular choices for new building construction. Additional structures when money allowed included buildings devoted exclusively to recreation and small satellite kitchens located near the cottages.

All of the Albuquerque sanatoriums studied here shared similar spatial patterning. The administration buildings, as the facility entrances, were situated closest to the street—some closer than others. For example, while the Southwestern Presbyterian Sanatorium administrative building was located quite close to Central Avenue, the Albuquerque Sanatorium sat much farther back from the thoroughfare on a steep hill. Annexes were located either to the side of or just slightly farther back than the administrative buildings,

²⁴⁴ Catherine Hollander, 1981, “National Register of Historic Places Nomination Form for Saint Joseph 1930 Hospital,” Archive of the New Mexico Historic Preservation Division Archive, Santa Fe, New Mexico. “How It All Began: St. Joseph Hospital Sisters of Charity,” n.d., MHA CN 160, Box 2: St. Joseph Healthcare Corporation/Hospital, Albuquerque, New Mexico Health Historical Collection, New Mexico Health Sciences Library and Informatics Center, Albuquerque, New Mexico. This is also corroborated by the 1913 Sanborn map of the facility, which detailed the structures as “cottages,” rather than the “tent cottages” drawn on the 1908 map. Eleven were aligned in an almost identical fashion to the original tent cottages, with four more lined up north to south facing N. Walter Street, and two connected cottages facing south onto E. Grand, just west of the main administration building. 1913 Sanborn Fire Insurance Company Maps of Albuquerque, Sheet 2, Map and Geographic Information Center, University Libraries, University of New Mexico.

signifying their secondary support function. Situated in rows behind the administration buildings of Albuquerque's sanatoriums were the rustic cottages or tent-houses. Those that were just one-room varied in orientation. At the Albuquerque Sanatorium they faced west toward town, while Presbyterian's faced mainly north or east. The canvas walls of these could be manipulated to let in the sun, for light and warmth, from different directions depending on the time of day. In contrast, those sanatoriums that featured cottages with protruding sleeping porches tended to orient their porches to face south or east for maximum warmth. The physical plants, heating and lighting the sanatoriums, were generally located to the rear of the property and close to a side or rear street for service deliveries. Separate buildings for dining or social recreation were usually located close to the cottages from which patients would walk to them.

Because the administration and other supporting buildings tended to be multipurpose, the following architectural analysis is organized by function – rather than by building type. These functional spaces include sitting-out porches, patient reception areas, medical treatment facilities, private and semi-private cottage and interior accommodations with sleeping porches, dining rooms and kitchens, and the utility and service areas.

The Sitting Out Porch

The first threshold newcomers crossed was that of the porch. The porch was the most ubiquitous architectural element of administration buildings, annexes, and cottages—any sanatorium building incorporating spaces for patients to convalesce. At sanatoriums, porches were divided into two types—the “sitting-out” porch and the “sleeping porch.”²⁴⁵ Sitting-out porches were public spaces where patients gathered to chase the morning or afternoon hours in each other’s company. As a healthseeker remembered, “Reading, writing, knitting—the last even for the men too—and above all, the jolly talk with others along the porch, made the morning hours fly.”²⁴⁶

As one NASPT expert wrote, “as many hours of the day and night as possible should be spent in the open air, and in order to carry out this treatment some place must be provided which is not only protected from wind, but also from rain and snow, as nothing except the most severe cold weather should prevent the patient from living and sleeping there.”²⁴⁷ At sanatoriums, the porch was the architectural solution to this single, most important therapeutic requirement.

²⁴⁵ Gallos, *Cure Cottages of Saranac Lake*, 8.

²⁴⁶ Leonard T. Davidson, “The Winter Cure at Trudeau,” *The American Journal of Nursing* 18 (1), 15.

²⁴⁷ Carrington, *Directions for Living and Sleeping in the Open Air*, 5.



Figure 10. View of a sitting-out porch from “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis,” n.d., Center for Southwest Research.

The promotional materials for the Methodist Deaconess and St. Joseph sanatoriums highlighted their sitting-out porches. Both of these administration buildings had wide porches located prominently on the first story of their front edifices. At the Methodist Deaconess, the “veranda” was screened-in to protect convalescents from wind and dust. Comfortable hard wood rocking chairs were spaced evenly along the long, narrow space for relaxing in the fresh air.²⁴⁸ Rocking supposedly stimulated circulation and therefore helped the lung healing process.²⁴⁹ The sitting-out porch depicted in the St. Joseph booklet was more elaborate. Also screened-in, it was deep enough to accommodate circular groupings of rocking chairs and more comfortable wicker recliners with fabric

²⁴⁸ “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²⁴⁹ Margaret Campbell, “From Cure Chair to ‘Chaise Longue’: Medical Treatment and the Form of the Modern Recliner.” *Journal of Design History* 12 (1999): 334.

cushions. Huge woven straw rugs covered the porch floor.²⁵⁰ Though not pictured on the porch, Adirondack Recliners especially for cure chasing were available to all patients at St. Joseph's.²⁵¹

Reception and Superintendent's Office

New and prospective patients, crossing the front porch, were ushered through the front doors of the administration building to the reception area. The room for welcoming new clientele was naturally located in the finest building in order to make the best first impression. Sanatorium administrators wanted incoming patients to feel like welcomed guests to a homelike resort—as opposed to new inmates of an institutional hospital. The reception room had all the accoutrements of the new Progressive Era, middle-class living room.

The new middle-class living room, which held the best furniture and a few decorative objects, had replaced and subsumed the collective functions of the stuffy Victorian parlor, sitting room, and library.²⁵² The most public of all a house's rooms, the living room was for entertaining guests and for private family recreation including music, games, and conversation. With the rising awareness of the benefits of proper sanitation, this gathering space—and the middle-class house in general—needed to be airy and easy to clean. In

²⁵⁰ “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²⁵¹ “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.” For a detailed history of the cure chair, see Campbell, “From Cure Chair to Chaise Lounge.”

²⁵² Clark, *The American Family Home*, 144.

the new Progressive living room, the germ-harboring wallpaper, upholstered furniture, heavy draperies, and ornate bric-a-brac of the Victorian era were out.²⁵³

The St. Joseph Sanatorium reception room was designed to make middle-class patients feel at home right away. The décor was perfectly in keeping with the new focus on simplicity and cleanliness. In addition to a simple leather couch and two wooden sitting chairs, the room featured a large bookshelf, a central table with lamp and flowers, and a handsome Chickering piano. Simple curtains with sheers covered the windows. The painted walls were a light color. Relatively unadorned, they featured just a few framed pictures. A large decorative Navajo rug covered part of the floor.²⁵⁴ The smooth surfaces, simple lines, and washable fabrics of the room prevented dust and germs from hiding and festering in hard-to-clean places.

Like the reception area, the nearby superintendent's office was a comfortable space decorated with signs of middle-class prestige including a beautiful carpet and fine furniture. Rather than looking like a living room, however, the office featured simply a couch and leather armchair. A large desk with wooden office chair on the far wall signified the official business tended to in this space.²⁵⁵ The smaller size and overall layout of the superintendent's office contributed a feeling of intimacy to this room where patient and supervisor became acquainted.

²⁵³ Wright, *Moralism and the Model Home*, 119.

²⁵⁴ "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis." See also Wright, *Moralism and the Model Home*, 241.

²⁵⁵ "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

The process of introduction and admittance to the facility involved a number of activities. At this time, the superintendent would have explained the types of accommodation available and the services rendered for the monthly fees. As mentioned previously, three of the five sanatoriums had no on-site physician early in, or throughout, the study period. As such, the superintendents of these facilities would have explained the general nursing operations of the facility and the services covered, and provided suggestions for local physicians to supervise the patient's medical care.

Medical Treatment Rooms and Offices

An initial assessment of the patient's condition was the next logical step in the sanatorium process. This was most certainly the procedure that would have been followed in the physician-run sanatoriums. The sanatoriums operating with just nursing staff may have conducted less intensive examinations for immediate room assignments with more scientific, doctor-conducted analyses taking place later. This is unclear in the historic record examined for this study. However, both types of sanatoriums included varieties of facilities for diagnoses, examinations, and treatments—some in their administration buildings. Prior to the 1920s introduction of surgical treatments, the medical facilities in sanatoriums were fairly simple.

Until the widespread use of surgical techniques in the 1920s and 1930s, microscopes and X-ray machines were the primary medical technologies used in sanatorium treatment. Discovered during the 1890s, X-rays allowed doctors to see the patient's lungs and track

the arrest or advancement of the disease.²⁵⁶ Doctors used microscopes to examine the bacteria in the patient's sputum.²⁵⁷ The doctor-established, Albuquerque and Murphey sanatorium administration buildings each featured a medical laboratory, an X-ray room, and one or more treatment rooms.²⁵⁸ After the Episcopalians bought the Murphey Sanatorium, with Dr. Murphey departing, they offered these facilities to any local doctor treating one of their patients.²⁵⁹



Figure 11. St. Joseph Laboratory, 1920, New Mexico Digital Collections.

²⁵⁶ Herzog, "History of Tuberculosis, 9.

²⁵⁷ Chowder, "How TB Survived Its Own Death," 190.

²⁵⁸ "Fire Destroys Main Building of Sanitarium," *Albuquerque Morning Journal*, 18 May 1920, p. 5. See also "St. John's Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country."

²⁵⁹ "St. John's Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country."

Administration buildings also housed offices for all the necessary paperwork. Copious patient charts tracked patient progress, including temperatures and weights. The incidence of hemorrhages and other complications required documentation. Medical offices also needed drug dispensaries and storage for medical equipment—from thermometers and hypodermic needles to bedpans.

Patient Quarters: Inside and Out

Patient quarters were located beyond the public spaces of the administration buildings. Each of Albuquerque's five sanatoriums offered a range of accommodations differentiated by location, amenities, privacy, and price tag. These varied from private rooms for one or two inside the administration buildings or annexes to tiny, one- and two-room cottages located on the grounds. For purposes of clarity, the former category of accommodations will be referred to as "interior rooms" in contrast to "cottages." Like the interior rooms, two people at the most shared the small cottages. Whether occupied by one or two, all of these accommodations provided far more privacy than that found in pavilion or ward plans of other kinds of sanatoriums.

By the late nineteenth and early twentieth centuries, individual privacy was a middle-class ideal. In a 1905 issue of *New England* magazine, one writer asserted, "We are rapidly learning to value our own personality and privacy. We need space around our homes so that we may live free from observation, away from the turmoil of the world,

with time to think, to loaf and invite our souls.”²⁶⁰ Denizens of the sanatoriums knew they wouldn’t “live free from observation,” but the private and semi-private accommodations of these institutions certainly provided the personal space for all of the latter recommended pastimes.

The private bedroom was also something the middle-class generally took for granted. Bourgeois American households of the late nineteenth and early twentieth centuries featured at least two bedrooms “if not many more.”²⁶¹ Young children often shared bedrooms, but had separate beds. Even servants of middle-class houses had their own bedrooms, shared but with separate beds when lucky.²⁶² Such privacy did not begin to be attained by the working classes until the early twentieth century.²⁶³

The choice of accommodations was likely influenced by an initial examination of the patient’s physical condition. For example, it was much easier for the staff to attend to bedridden patients inside administration buildings or nearby annexes, because these accommodations were closer to the central supply and treatment areas. The bedridden necessitated more frequent visits and more intensive oversight by medical and other staff members. Because most of the early administration buildings also housed the kitchen, nurses or “tray boys” (young men whose jobs included delivering food) had much less distance to travel to get the food to the patient. In summary, keeping this classification of patient closer to central operations significantly decreased the legwork involved. The

²⁶⁰ Katherine C. Budd, cited in Clark, *The American Family Home*, 153.

²⁶¹ Elizabeth Collins Cromley, “A History of American Beds and Bedrooms,” *Perspectives in Vernacular Architecture* 4(1991): 181.

²⁶² Ibid.

²⁶³ Hubka and Kenny, “Examining the American Dream,” 57.

cottages were for ambulant (walking) and semi-ambulant patients. Southwestern Presbyterian Sanatorium clarified, “We do not recommend patients who are confined to bed to go into cottages.”²⁶⁴

According to architectural historian Leslie Maitland, the assignment of private and semi-private rooms in Canada’s larger sanatoria buildings was determined by patients’ stage of disease—“and not as a distinction of ability to pay.”²⁶⁵ It is *unclear* if this also held true for Albuquerque. There were sizeable price differences between interior rooms and cottages at the Albuquerque sanatoriums. For example, in the early 1920s an interior room with a private bath and sleeping porch at the Methodist Deaconess Sanatorium cost \$85 a month—equal to about \$725 today. In contrast, the lowest-priced cottages—those without even a sleeping porch—were \$50 a month.²⁶⁶ The then price difference of \$35 equals about \$300 today.²⁶⁷ At St. Joseph’s, private rooms inside ranged from \$100 to \$125. Simple cottages (called “bungalows”) without bathrooms or sleeping porches cost \$85.²⁶⁸

²⁶⁴ “The Southwestern Presbyterian Sanatorium ‘In the Heart of the Well Country.’”

²⁶⁵ Maitland, “Design of the Tuberculosis Sanatorium,” 11.

²⁶⁶ “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²⁶⁷ These calculations were arrived at using the GDP deflator. The GDP deflator is a wage or average earnings index number. The GDP deflator represents the average price of all goods and services produced in the economy. It is a weighted computation—taking inflation into account—based on what is paid for everything from a gallon of milk to a helicopter. It is the best used when asking how affordable a particular commodity would have been to the average person [www.measuringworth.com/uscompare/]. In this case, the purchase of sanatorium care is the commodity considered.

²⁶⁸ “St. Joseph Hospital, Wall of History: 144 Years of Service St. Joseph Hospital 1858-2002,” Mount St. Joseph Archives, Sisters of Charity of Cincinnati, Mount St. Joseph, Ohio. See also “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.”

Price may have played a greater role than physical condition in accommodation assignments in Albuquerque. For example, some of the sanatoriums simply chose to charge more for bedridden patients, such as the \$5 extra per week that the Albuquerque Sanatorium charged.²⁶⁹ Other facilities charged extra for food tray delivery.²⁷⁰

Interior Rooms

If assigned to an interior room, sanatorium staff would have shown a new patient to their quarters in the administration building or a proximate annex. Patient rooms occupied some of the first floor and all of the second in St. Joseph's administration building. At the Albuquerque Sanatorium, patient rooms were located in both the administration and annex buildings, while the Methodist Sanatorium located its interior patient rooms only in the annex. In 1913, Southwestern Presbyterian added two wings--specifically for patient quarters--to its administration building.²⁷¹

A private room with its own sleeping porch and bathroom was the most deluxe accommodation to be had. At the Murphey Sanatorium, the original administration building featured four patient rooms per floor on the second and third stories. These were said to be the "preferred accommodation of the well-to-do patients from the east," who brought record players onto their sleeping porches so everyone—inside and out—could

²⁶⁹ National Tuberculosis Association, *A Directory of Sanatoria, Hospitals and Day Camps* (1919), 56.

²⁷⁰ "Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico."

²⁷¹ Woodham, *A History of Presbyterian Hospital*, 7.

enjoy the music.²⁷² These rooms opened off a central hallway, with nurse's stations located at the end of each hallway. These rooms were primarily for bathing and dressing. The adjacent sleeping porch—allowing the patient to breathe in the fresh air so essential to the sanatorium therapy—was for daytime convalescing and nighttime sleep.

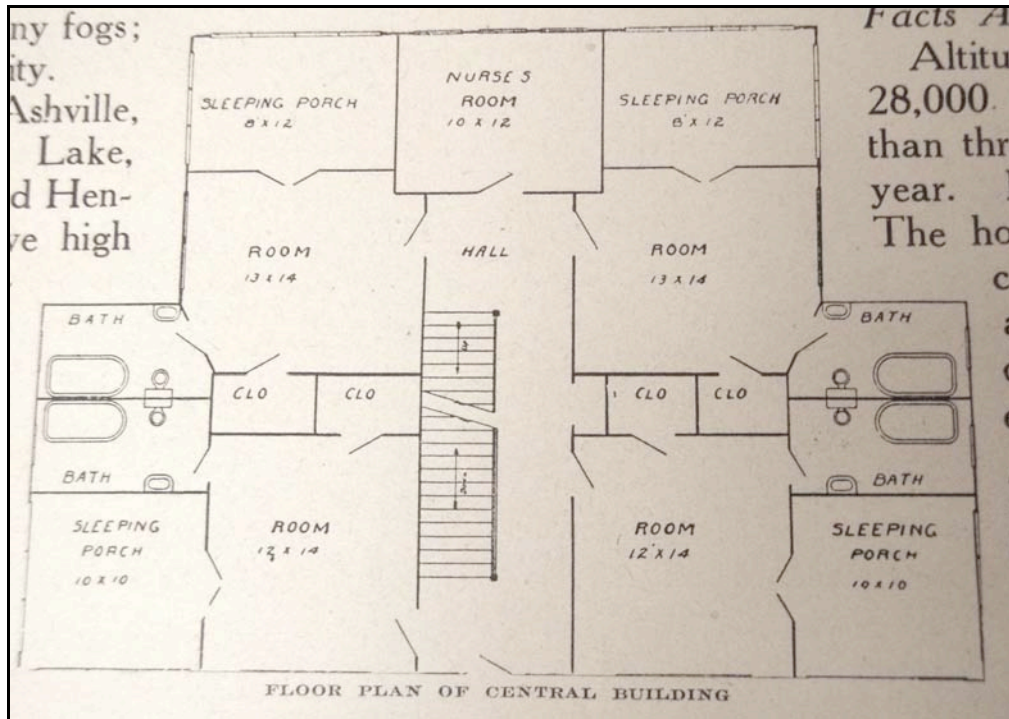


Figure 12. Floor plan of administration building from “St. John’s Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country,” c. 1923, Center for Southwest Research.

The entrance to the sleeping porch had to be wide enough to wheel a bed inside or out. At the Murphey Sanatorium, double doors opened from the dressing room onto the sleeping porch. The size of the porch—a perfect 10-foot-by-10-foot square—was only slightly

²⁷² SMPC Architects, “Scope of Work for Renovation for the WCA.”

smaller than the 12-foot-by-14-foot room.²⁷³ The small difference in size was indicative of the important role the sleeping porch played in the sanatorium therapy. Each of the other sanatoriums featured almost identical room-sleeping porch-bath arrangements.

Sleeping porches generally had low walls and large window openings to maximize accessibility to fresh, outdoor air. Always open on one side, sleeping porches located on the corners of buildings—as at the Murphey Sanatorium administration building—featured two open sides and excellent cross-ventilation. The window openings were screened-in at all of the sanatoriums. While allowing fresh air in, the screens conversely served as partial wind and dust breaks and kept insects out. Solid canvas shades—generally in striped patterns—hung above the openings. These shades rolled up or down to control the desired level of ventilation and sun exposure.²⁷⁴ Some of the patient rooms at St. Joseph’s had more deluxe glassed-in sleeping porches with windows that disappeared into the wall when lowered.²⁷⁵

The private bathrooms in the Murphey and other sanatoriums featured all three fixtures—sink, toilet, and bathtub—amenities that are taken for granted today but again at that time were common only to the middle and upper classes. By the turn of the century, bathrooms had become a “standard fixture in middle-class homes.”²⁷⁶ The national

²⁷³ “St. John’s Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country.”

²⁷⁴ The striped canvas shades are clearly visible in a photograph of the Murphey Sanatorium administration building. See Murphey Sanatorium, 1916, Albuquerque Museum, Image No. PA-1992-5-348.

²⁷⁵ “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.”

²⁷⁶ Wright, *Moralism and the Model Home*, 119.

obsession with cleanliness and eradicating germs was the primary factor in the doubling of production of plumbing fixtures in the United States between approximately 1900 and 1903. By contrast, the three-fixture bath was something the working classes were just beginning to aspire to. And the assemblage of all three—and not necessarily in the same room—was an incremental process for them.²⁷⁷

Lastly, these quarters included a closet for personal belongings--another amenity not known to the working classes before 1900.²⁷⁸ Sanatoria using wards or pavilions supplied patients with only a locker for their belongings.²⁷⁹ A closet to oneself was another distinctly middle- and upper-class domestic ideal.

While allowing patients perfect privacy in which to sleep, dress, and use the bathroom—the interior room-bath-sleeping accommodation provided another important amenity. While some outdoor cottages had similar utilities, all of the interior patient quarters at Albuquerque sanatoriums offered plumbing, hot and cold running water, electricity, and steam heat. The separate room/sleeping porch dynamic described above allowed patients to make the most of the steam heat. While patients slept in the fresh air on the sleeping porches, the furnaces kept the interior spaces warm. Upon awakening, patients could quickly warm up by moving inside off the sleeping porch.

²⁷⁷ Wright, *Moralism and the Model Home*, 119; Hubka and Kenny, “Examining the American Dream,” 55-56.

²⁷⁸ Hubka and Kenny, “Examining the American Dream,” 56.

²⁷⁹ Adams and Burke, “Not a Shack in the Woods,” 440.

The Murphey Sanatorium advertised the above-described accommodations as “fine apartments” or “suites” – words that appropriately connoted more functions than just sleeping.²⁸⁰ Indeed, this very typical room-sleeping porch-bath accommodation was designed for many more functions than the traditional bedroom. These quarters served as spaces for traditional bedroom activities like dressing, bathing, and sleeping. But they were also for indoor and outdoor convalescing, socializing, and eating--in the case of the bedridden. In addition these “suites” were also the domain of the nurses and doctors and as such accommodated medical treatments and consultations. Electric call bells, or buttons located on the wall near the bed, were an amenity found in all the almost all of the accommodations at the Albuquerque sanatoriums. The call bells allowed patients to ring for a nurse at any time. Patients rang three times in a row if they were hemorrhaging.²⁸¹

An early 1920s promotional brochure for the Methodist Deaconess Sanatorium depicts the interior decor of one of these suites. The interior room is attractively but simply furnished with a nice bureau and mirror for storing personal belongings and clothing. Two chairs, and a small woven rug are the only other pieces of furniture visible in the photograph. One of the seats is a simple hard wood side chair. The other is a larger wicker armchair. Double doors open to the sleeping porch, on which an iron bed is situated facing out. The ubiquitous striped canvas shade is pulled down low. A tray table, suitable for eating or resting book or medication on, sits next to the bed. A simple

²⁸⁰ “St. John’s Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country.”

²⁸¹ Woodham, *A History of Presbyterian Hospital*, 12.

wooden side chair, and small rug are the only other furnishings visible.²⁸² The walls are painted a light color—likely white, which had become “the sign of visible sanitary awareness.”²⁸³

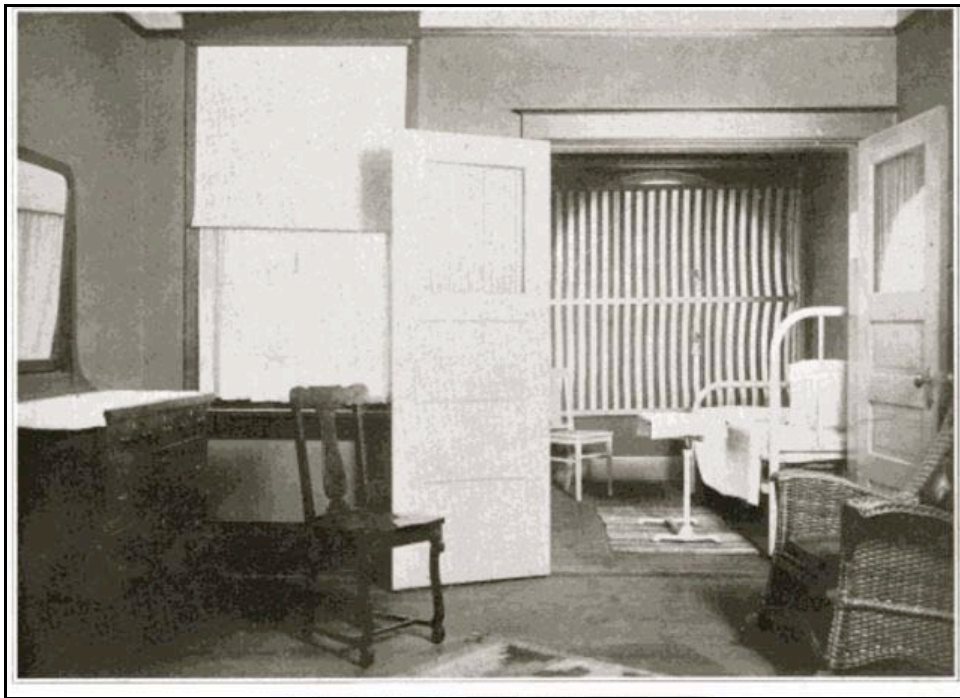


Figure 13. Interior of patient room from “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico” c. 1925, Center for Southwest Research.

The décor of the depicted room and sleeping porch was in line with advice being doled out by sanatorium experts at the national level. Everything revolved around efficiency and cleanliness. Sanatorium furniture needed to be constantly disinfected due to the bacteria found in human sputum and other germs. It therefore also needed to be easily cleaned—the simpler design the better. The simple iron bed—easily wiped of dust and

²⁸² “Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico.”

²⁸³ Wright, *Moralism and the Model Home*, 120.

germs—was ubiquitous in the NASPT’s prescriptions for patient accommodations. The NASPT also okayed “small domestic or oriental rugs which can be easily washed.” Fabric-upholstered furniture was frowned upon in patient rooms, unless it had removable and washable covers. Rattan and wicker were considered preferable chair materials, because they could be easily cleaned.²⁸⁴

Reinforcing the concept that these sanatoriums were designed for middle-class clientele is the fact that this exact advice was appearing in national magazines like *Ladies Home Journal*, which has been called “the single most effective agent in disseminating ideas regarding improvement in home planning and decoration” to the middle class.²⁸⁵ In articles like the 1905 “How I Keep My House Sweet and Clean,” the writer suggested “comfortable and elegant chairs, davenports, etc.” in rattan or wood.²⁸⁶ Plush velvet chairs were “veritable dust-catchers and retain a great many dangerous germs.”²⁸⁷ Other national magazine articles aimed at middle-class women included titles like “How Any Woman Can Become a Sanitarian” and “The Microbe Sleeping Room Which May Serve as a Home Hospital.”²⁸⁸

²⁸⁴ Carrington, *Fresh Air and How to Use It*, 223, 237, 238.

²⁸⁵ Leland M. Roth, “Getting the Houses to the People: Edward Bok, The Ladies’ Home Journal, and the Ideal House,” *Perspectives in Vernacular Architecture* 4(1991): 187.

²⁸⁶ Maria Parloa, “How I Keep My House Sweet and Clean,” *Ladies Home Journal* 22(3): 40.

²⁸⁷ *Ladies’ Home Journal*, “Good Taste and Bad Taste in Chairs,” 22(11): 34.

²⁸⁸ Clark, *The American Family Home*, 156.

Cottages and Tent-Houses

Following the initial admissions process, sanatorium staff would have led cottage or tent-house dwellers out the back of the administration buildings and through the grounds to the rear or the side. In the early years of Albuquerque's sanatorium era, this walk would not have been picturesque or inviting. Early sanatorium grounds were simply sand without vegetation as at St. Joseph's. However, by the early 1920s, St. Joseph, like other sanatoriums, had lush grass, trees, and shrubbery.

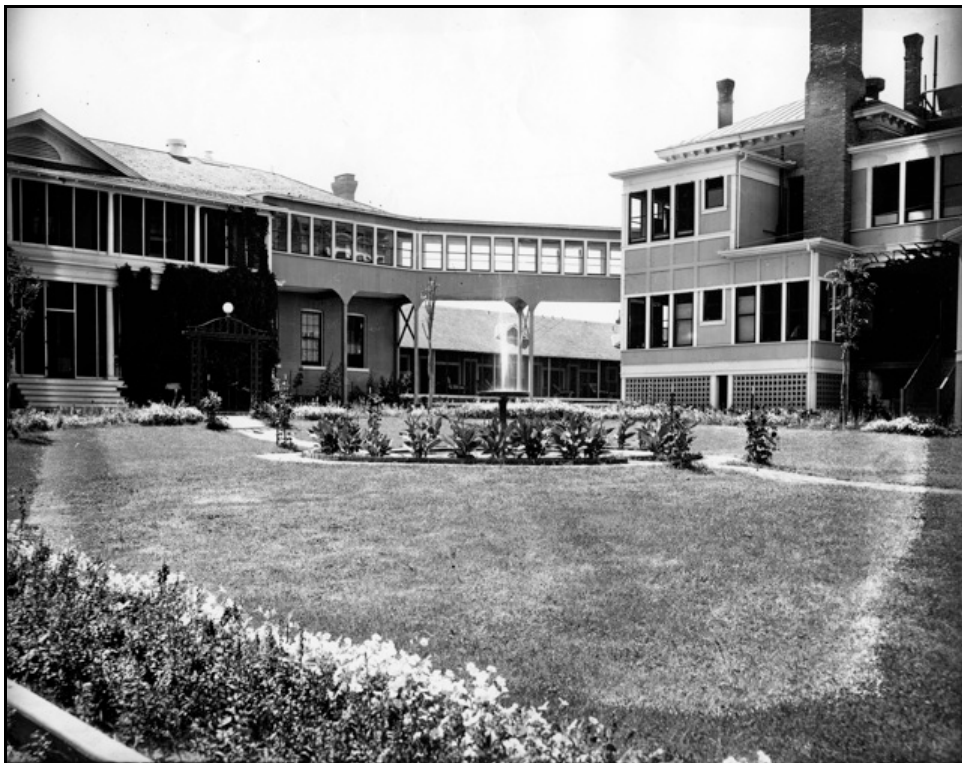


Figure 14. St. Joseph Sanatorium grounds showing cultivation of the landscape, 1920, Albuquerque Museum, Image No. PA 1992-5-461.

At the Albuquerque sanatoriums, the term “cottage” denoted accommodations ranging from simple, one- and two-room structures to two-story buildings with floor plans similar to the Murphey suites described above. Take, for example, Southwestern Presbyterian’

McCormick Cottage built in 1911. The two-story Prairie style “cottage” featured 12 patient rooms—ten of which had private sleeping porches. Each floor had one or more private bathrooms that were shared between rooms. In reality, very little distinguished these accommodations from the Murphey suites described above—except a bit less privacy and the moniker “cottage.” It was quite common for American sanatoriums to build cottages accommodating four, six, and more patients.

This discussion is concerned with the tiny one- and two-room cottages that proliferated on the grounds of all five Albuquerque sanatoriums. These ranged from framed tent-houses with canvas roofs and sides to small framed buildings with four wood-sided walls and pitched, shingled roofs. It can be argued that the latter were simple, very modest evocations of bungalows. For example, most of the sanatorium cottages in Albuquerque featured simple wooden framing, low- to moderately pitched roofs, moderate roof overhangs, and exposed rafters—all elements common to the Craftsman bungalow style. The architectural emphasis on the sleeping porches of some cottages was also evocative of the American bungalow with its prominent front porch. The Albuquerque structures were quite rustic, however, in comparison with cottages found at some other sanatoriums. For example, the Muskoka Cottage Sanatorium in Ontario housed patients in picturesque Shingle Style cottages facing the rocky Canadian shoreline.²⁸⁹

These simple structures were very much in keeping with the Progressive Era’s focus on simple, functional architecture with clean lines. As one writer noted in *Good*

²⁸⁹ Adams and Burke, “Not a Shack in the Woods,” 432-433.

Housekeeping magazine, “Simplicity is three-fourths of beauty.”²⁹⁰ The spike in cottage sanatorium construction around the country also coincided with a new national “romantic interest in rustic living, rugged materials, sleeping porches, and camplike architecture.” Historian Gwendolyn Wright asserts that collapsible camping equipment became suddenly fashionable for middle-class living rooms.²⁹¹

The *Journal of the Outdoor Life*, the magazine of the NASPT, carried advertisements for manufactured cure cottages. Businesses like the Miller Cottage Company of Pennsylvania produced portable cottages “for sanitariums, health or pleasure, or home cure.”²⁹² Local builders were likely responsible for constructing the small cottages at the Albuquerque sanatoriums. Each facility had a slightly different style and design of cottage. Some were one-room rectangles with gable roofs as at St. Joseph’s; others were square in plan with pyramidal roofs like at the Albuquerque Sanatorium.

In establishing his sanatorium, Dr. Walter Murphey immediately ordered numerous cottages built.²⁹³ Some were small, U-shaped cottages for double occupancy. The buildings were wood-framed with horizontal wood siding and intersecting gable roofs with rolled asphalt roofing. The rectangular side-gabled portion of the cottage (aligned north to south) was evenly divided into two interior dressing rooms with a bathroom in the middle. Small, front-gabled sleeping porches jutted west off of each room, creating the “U” shape. The porches were screened-in with half walls, large window openings,

²⁹⁰ Clark, *The American Family Home*, 146.

²⁹¹ Wright, *Moralism and the Model Home*, 243.

²⁹² Advertisement for the Miller Cottage Co., *Journal of the Outdoor Life* 7(1), 402.

²⁹³ Kauffman, “Site Evaluation and Master Plan.”

and overhanging gable roofs. Judging from a 1918 photograph, each dressing/sitting room had two casement windows on the exterior wall of the enclosed room. The door entrances were located on the east.



Figure 15. Murphey Sanatorium cottages and administration building, 1918, Albuquerque Museum, Image No. 1992-5-348.

The Methodist Deaconess Sanatorium and St. Joseph's featured similar double cottage plans—heated dressing room, screened-in sleeping porch, and connecting bath—and single cottage variations on the plan. All three sanatoriums offered these cottage accommodations with steam heat, electricity, indoor plumbing with hot and cold running water, screened window openings, and call bells. These kinds of utility amenities were unknown to all but the middle and upper classes. Prior to approximately 1920, working

class Americans did not have utility amenities like electricity.²⁹⁴ Even with the amenities, however, cottage life was still less comfortable than interior quarters. These small buildings were more exposed to the elements—the sun, wind, and rain—not to mention the interminable dust of the desert.



Figure 16. Double cottages at Methodist Deaconess Sanatorium, 1935, Albuquerque Museum, Image No. 1978-152-14.

²⁹⁴ Hubka and Kenny, “Examining the American Dream,” 51.

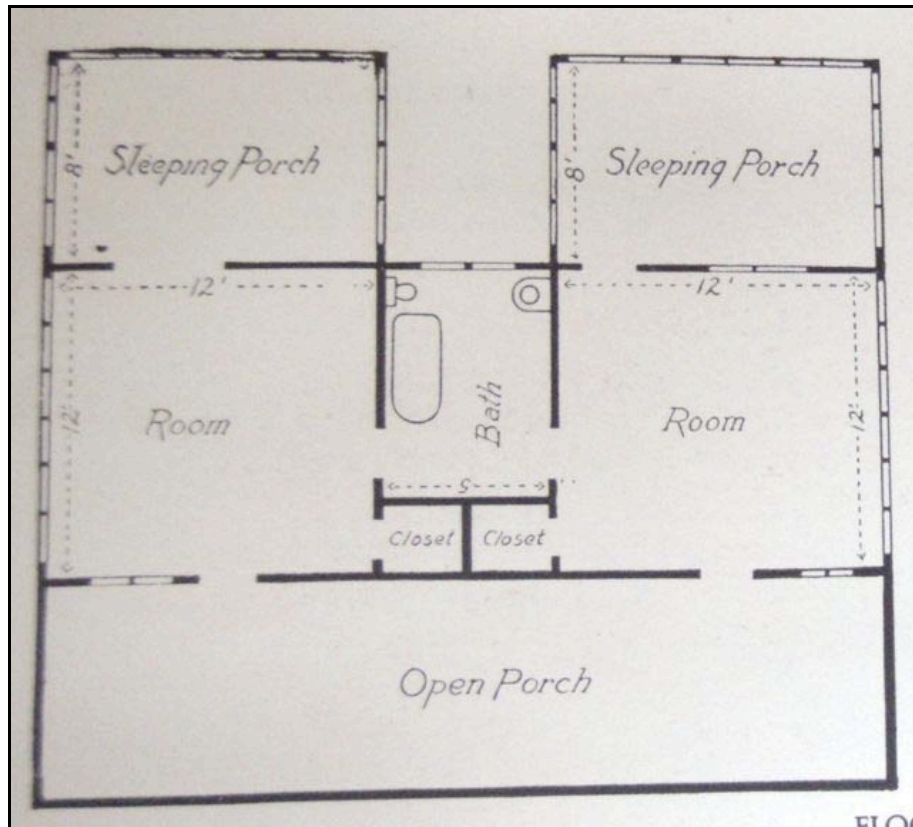


Figure 17. St. Joseph double cottage floor plan from “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis,” n.d., Center for Southwest Research.

Nonetheless, they still provided privacy and a sense of community to sanatorium patients. An interior photograph of a one-room cottage for two at St. Joseph’s depicts that sanatorium’s efforts to make this accommodation comfortable yet sanitary and also pleasing to the eye. Like the interior accommodations at the Methodist Sanatorium, this St. Joseph cottage had two simple iron beds with adjacent tray tables. A highboy dresser, leather and hardwood chairs were all simply designed for cleaning purposes. Two Indian throw rugs—small enough to easily remove, clean, and return-- kept the floor warm while beautifying the space and evoking the region. A small round table situated between

the beds, set up for a chess game, evoked a communal and convivial atmosphere for this promotional photograph.



Figure 18. Interior of St. Joseph Sanatorium cottage, 1925, Albuquerque Museum, Image No. 1992-5-697.

The most rustic and flimsy of sanatorium accommodations were tent-houses. Southwestern Presbyterian housed many patients in tent-houses through the nineteen teens. These one-room structures had framed roofs and canvas walls. The architecture of tent-houses is described in detail in Section 5, and therefore not elaborated on here. There was no indoor plumbing or steam heat. Each morning, Southwestern Presbyterian staff delivered pitchers of water and emptied the “sanitary facilities,” or chamber pots. Patients

sometimes had to build their own fires in the small wood-burning stoves that heated these dwellings.²⁹⁵

St. Joseph's had similar structures that it called bungalows. These were one room "open on four sides, but may be readily closed for dressing." From a historic photograph, it appears that they had half walls below screened openings, canvas blinds, and pyramidal canvas roofs. The St. Joseph bungalows had screens, steam heat, and electricity – but no bathrooms.²⁹⁶ The Albuquerque Sanatorium also featured one-room structures that it called bungalows. These also had half walls and pyramidal roofs—most likely canvas. Wood-burning stoves heated the interiors, but it would have taken quite a while for the patients to be comfortable on brisk mornings after the canvas blinds had been up all night.²⁹⁷ Based on advertisements from the late nineteen teens, these Albuquerque Sanatorium bungalows didn't have indoor plumbing, heat, or electricity.²⁹⁸

Despite the rudimentary conditions, these tent-houses were still prized by some patients for the privacy they provided. Regardless of the wind and sand that canvas walls couldn't always keep out, one patient at the Southwestern Presbyterian Sanatorium remembered her tent cottage fondly. Asked if she had been uncomfortable in her quarters, Reba Gauss said, "Oh no, I loved my little cottage. It was wonderful to have a place of my own."²⁹⁹

²⁹⁵ Woodham, *A History of Presbyterian Hospital*, 12, 13.

²⁹⁶ "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

²⁹⁷ See Ty Bannerman, *Forgotten Albuquerque* (Charleston, S.C.: Arcadia Publishing, 2008): 90.

²⁹⁸ Advertisement for the Albuquerque Sanatorium in *The Rotarian* 11(5), 467.

²⁹⁹ "The Southwestern Presbyterian Sanatorium 'In the Heart of the Well Country.'" See also Woodham, *A History of Presbyterian Hospital*, 12.

As depicted on Sanborn maps and in historic photographs, the sanatorium cottages and tent-houses were lined up in orderly rows. The orderly, linear siting of the Albuquerque cottages was quite different from facilities like the Adirondack Cottage Sanatorium. One observer wrote of the latter, “Terraced out of the side of the mountain, the buildings and cottages are grouped in a most artistic and picturesque manner, the whole giving one the impression of a small mountain hamlet.”³⁰⁰ Unlike the hilly and mountainous terrain of upstate New York, Albuquerque’s east mesa didn’t have much of anything to landscape around when the sanatoriums were first established. This may have been one reason for the difference. The Albuquerque sanatoriums may have been more influenced by the national military sanatoriums at New Mexico’s Forts Bayard and Stanton. Historic photographs of the outdoor facilities at both forts show multiple, orderly rows of patient tents.

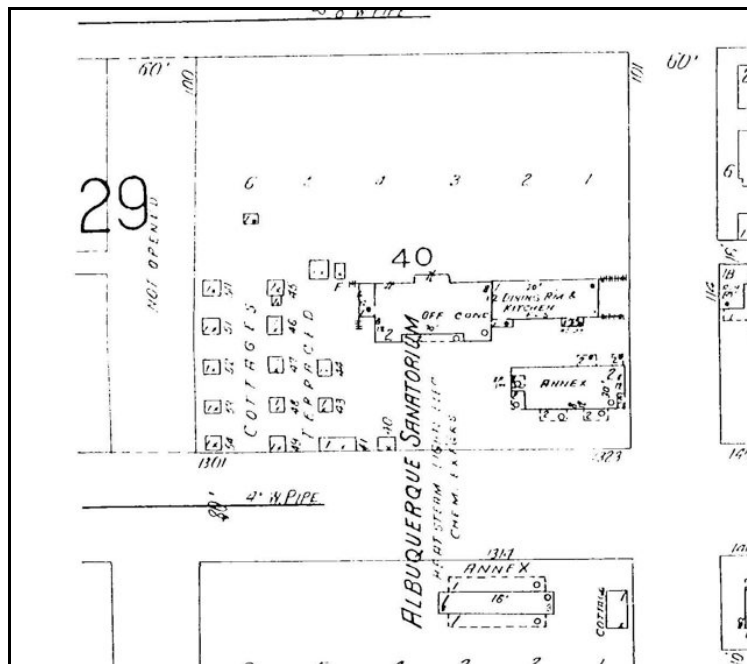
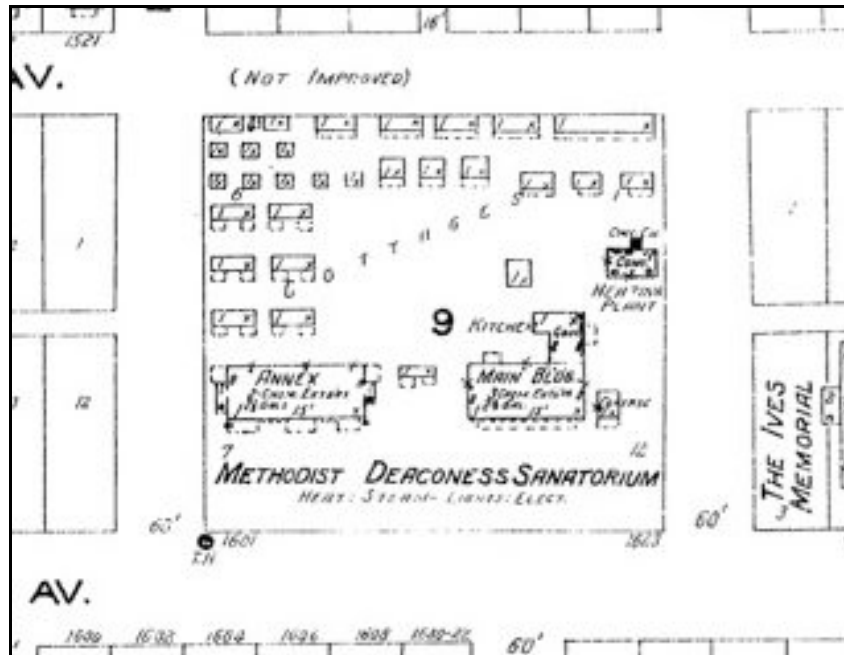


Figure 19. 1931 Sanborn map showing the Albuquerque Sanatorium layout.

³⁰⁰ Davidson, “The Winter Cure at Trudeau,” 12.



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Figure 20. 1924 Sanborn map showing the Methodist Deaconess Sanatorium layout.

Dining/Kitchen Facilities

Dining at the sanatoriums was a chance for the patients to gather and socialize. Because the Albuquerque facilities did not freely admit the very ill, it was expected that most people would be well enough to walk from their rooms to the dining room to eat breakfast, lunch, and dinner. For this reason, the dining rooms were centrally located, generally in the administration building. The dining room was located on the first floors of the early administration buildings at the St. Joseph, Methodist Deaconess, Southwestern Presbyterian, and Albuquerque sanatoriums.

The kitchen was always placed in very close proximity to the dining room in order to simplify the delivery of food to the tables. Kitchens included spaces for the preparation

and cooking of the food, as well as storage--a refrigeration plant for cold storage and pantries for dry goods. Because sterilization was of utmost importance in tuberculosis sanatoriums, some facilities had high-pressure steam systems to sterilize all the cooking utensils, dishes, silverware, and glassware after use.

At St. Joseph's the kitchen was located underneath the dining room in the basement, and therefore out of the sight and also hearing of the patients. With rest a priority, especially for those in pain or discomfort in interior rooms, the noise of banging pots and pans would have been extremely bothersome. Cooking odors were another concern for sanatoriums treating consumptives. Their weak appetites, a complication of tuberculosis, disrupted regular eating patterns. Just like traditional hospital environments, kitchen noises and unpleasant smells would have been "particularly unacceptable to middle-class patients, who were will to pay for private (and thus quieter) rooms."³⁰¹ St. Joseph's was highlighted its special odor-eliminating ventilation system in the sanatorium's promotional material. The kitchen staff sent the food up electric dumbwaiters to the upstairs dining room.³⁰²

³⁰¹ Annmarie Adams, "Modernism and Medicine: The Hospitals of Stevens and Lee, 1916-1932," *Journal of the Society of Architectural Historians* 58(1): 46-47. See also "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

³⁰² "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."



Figure 21. Basement kitchen of the St. Joseph Sanatorium, c. 1920, New Mexico's Digital Collections online.

Four of the Albuquerque sanatoriums separated the kitchen and dining rooms from the other functions of the administration buildings. Southwestern Presbyterian moved the dining room and kitchen completely out of the administration building in 1913. The McCormick Service Building, situated behind the administration building on the grounds, was centered between two groups of tent cottages.³⁰³ It housed the kitchen, a serving room, patient and employee dining rooms on the first floor. The new dining room for patients was quite large, seating 110 people, with double doors to the outside for quick access. Sanatorium administrator Hugh Cooper converted the old dining space into a

³⁰³ 1919 Sanborn Map of Albuquerque, Sheet 33.

chapel for patients.³⁰⁴ The Murphey Sanatorium featured a separate, centrally located dining room serving 50 patients. The facility declared that in sanitation and equipment, its kitchen “can be compared with this department of the country’s most modern hotels.”³⁰⁵

The Methodist Deaconess Sanatorium and the Albuquerque Sanatoriums constructed special additions—for the dining and kitchen facilities—off the administration building. When the first Albuquerque Sanatorium administration burned down in 1920, the kitchen addition went with it. The second building incorporated a large addition jutting off the southwest corner of the administration building. This held the kitchen and dining room.³⁰⁶ In a similar effort to isolate food preparation and service, Methodist Deaconess Sanatorium hired a local architect to design a service addition to the rear of its administration building. In 1920, the plans called for the addition to house a dining room, kitchen, and dishwashing room on the first floor. Below, a laundry room and storeroom were to be located in the basement.³⁰⁷ The addition was definitely constructed, as it appears on the 1924 Sanborn map of the sanatorium.³⁰⁸

The dining rooms at both St. Joseph Sanatorium and Southwestern Presbyterian Sanatorium were white tablecloth affairs. Both had rooms seating 50 or more people. The

³⁰⁴ Woodham, *A History of Presbyterian Hospital*, 6, 8, 10; “Service Building at Presbyterian “San” Dedicated,” *Albuquerque Morning Journal*, 3 December 1917: p. 8.

³⁰⁵ “St. John’s Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country.”

³⁰⁶ 1913, 1919, and 1924 Sanborn Fire Insurance Company Maps of Albuquerque.

³⁰⁷ See “Addition and Alteration for the Methodist Sanatorium,” 1920, Job No. 412, Folder 14, Elson H. Norris Architectural Drawings and Plans, 1913-1927, Center for Southwest Research, University Libraries, University of New Mexico.

³⁰⁸ 1924 Sanborn Map of Albuquerque, Sheet 34.

tables were sized for small groups of four or six people only—identical to what would have been found in the dining rooms of most middle-class houses.³⁰⁹ By keeping the numbers small at each table, these spaces encouraged conversation and intimacy. The white tablecloths, framed pictures on the walls, and window drapes at St. Joseph’s furthered the effort to create a homey middle-class atmosphere while maintaining the necessary Progressive era principles of simplicity and cleanliness. St. Joseph Sanatorium highlighted its dining room as a “cheerful” place to be.³¹⁰



Figure 22. Dining room at the St. Joseph Sanatorium, c. 1920, New Mexico’s Digital Collections online.

³⁰⁹ “The Southwestern Presbyterian Sanatorium ‘In the Heart of the Well Country’”; “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.”

³¹⁰ “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.”

Medical experts considered the social interaction provided by community dining to be very beneficial to the patients' wellbeing.³¹¹ Social columns written for publications like the 1930s *Health City Sun*--the Albuquerque newspaper by and for healthseekers-- emphasized the importance of being well enough to eat in the dining room. For example, a Methodist Deaconess column celebrated one patient's improvement. The column read, "Roy Ruffner has a promotion already. One meal in the dining room. Others anticipate coming soon for the more satisfactory service, hotter meals, and pleasant chitchat found at table."³¹²

For those who weren't well enough to walk to the dining room, the sanatoriums provided "tray service"—or delivery from main kitchen to patients' rooms. With the exception of the Murphey Sanatorium, all of the institutions charged the bedridden an extra rate of \$9 to \$10 a month for tray service. This was highlighted as an amenity, just like electric call buttons and hot and cold running water. The Methodist Deaconess promotional booklet from the 1920s includes a photograph of three "tray boys" in white serving coats.³¹³ At the Southwestern Presbyterian Sanatorium, patients could also order tray service here and there at a per-tray rate of 25 cents.³¹⁴

Diet kitchens were another standard feature of cottage sanatoriums. In Albuquerque, however, it appears that only the St. Joseph Sanatorium featured diet kitchens in the

³¹¹ See "Notes on Tuberculosis Sanatorium Planning, *Public Health Reports* 36(24): 1378.

³¹² "Methodist," *Health City Sun*, November 1937.

³¹³ "Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico."

³¹⁴ "The Southwestern Presbyterian Sanatorium 'In the Heart of the Well Country'"; "Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico."

administration building and annex on the grounds.³¹⁵ The administrators intended these small, extra kitchens to improve the speed and efficiency of tray deliveries to the rooms and cottages. Typical diet kitchens included an ice box, a small gas or electric range, a sink and drain for washing dishes, shelves for dishes, and a small sterilizing dishwasher.³¹⁶

Physical Plants

Four of the five Albuquerque sanatoriums had impressive looking physical plants. These monuments to modern technology were hard to miss with their massive chimneys jutting into the city skyline. Located to the side or rear of the property, they needed to be easily accessed by service delivery trucks of coal and other products.

Because four of the five sanatoriums were located far outside of city limits in their earliest incarnations, they were also off the grid of city services for water, sewer access, and electricity. As such, it is likely steam power may have been used to supply electricity in addition to heat and hot water. At the height of the sanatorium operations, some of these plants were responsible for anywhere from one to two-plus city blocks of sanatorium facilities. These buildings were constructed several years after the individual sanatoriums were first established.

³¹⁵ “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis.”

³¹⁶ See “Notes on Tuberculosis Sanatorium Planning, *Public Health Reports* 36 (24): 1378.

These facilities contained the boilers that sent hot water through pipes to heat and supply water to--for example--all 52 buildings on the Methodist Deaconess property. The complex piping system originating from the physical plant is visible on early 1920s architectural blueprints for the new building.³¹⁷ Likewise, a promotional booklet for the Murphey Sanatorium included a schematic showing the piping system leading from its physical plant to all of the buildings. The coal rooms at the Methodist Deaconess plant were located underneath the driveway, and featured chutes down which the coal was dropped.³¹⁸ Methodist Deaconess Sanatorium's physical plant mirrored the style chosen for the administration building. It was a restrained rendition of California Mission Revival style with its curvilinear parapets and signature red roof tiles.

The Sisters of Charity at the St. Joseph Sanatorium built a separate physical plant in 1904.³¹⁹ Stone on the first floor, with brick above, the two-and-a-half story building had an enormous brick chimney and a water tower raised up on a high brick platform. Two high pressure boilers furnished steam and hot water to all of the buildings.³²⁰ In the basement of the physical plant was a large commercial laundry operation for disinfecting all the bedding and other fabrics.³²¹ The laundry was connected by tunnel to the main building, allowing staff to attend to their tasks unseen by the patient community.

³¹⁷ See "Heating Layout, Methodist Sanatorium, Albuquerque, N.M."

³¹⁸ "Methodist Deaconess Sanatorium for Tuberculosis, Albuquerque, New Mexico."

³¹⁹ See Urith Lucas, "From Tent to 10-Story Building: St. Joseph Hospital is now 70," *Albuquerque Tribune*, 13 November 1972.

³²⁰ "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

³²¹ St. Joseph Hospital, Wall of History: 144 Years of Service St. Joseph Hospital 1858-2002."

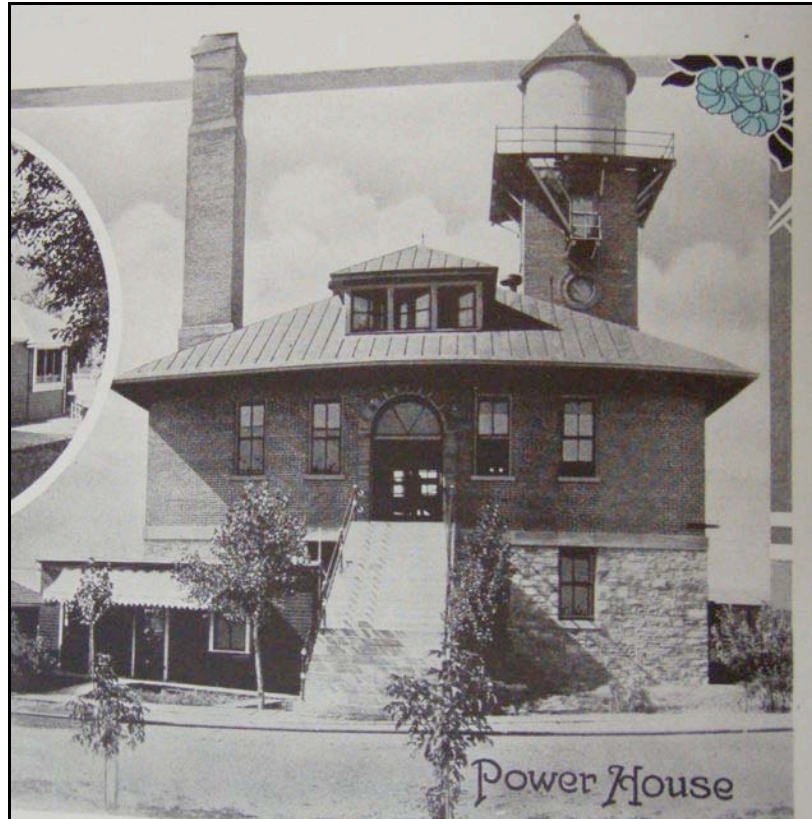


Figure 23. St. Joseph Physical Plant from “St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis,” n.d., Center for Southwest Research.

A Clearer Focus on Medical Science: New Architectural Spaces

By the late nineteen teens, tuberculosis experts around the country were experimenting with new invasive and surgical techniques for tuberculosis.³²² New procedures included artificial pneumothorax and thoracoplasty—forms of what was dubbed collapse therapy. A collapsed or at-rest lung, reasoned doctors, had a greater chance to heal.³²³

Artificial pneumothorax involved the injection of air or gas into the pleural cavity between the lung and the chest wall—thereby causing the lung to collapse and fully rest. Artificial pneumothorax was accepted as a creditable treatment after 1910 in England and the United States and after 1912 in Canada.³²⁴ It was carried out in tuberculosis sanatoria until the 1950s.³²⁵ Thoracoplasty involved the surgical removal of ribs to decrease the thoracic cavity. This very painful procedure also served to collapse the lung. First undertaken in Germany in 1890, thoracoplasty became widely accepted in the United States during the 1920s and 1930s.³²⁶

Tuberculosis specialists in Albuquerque were definitely incorporating these new techniques into their work by the early 1920s. The Murphey Sanatorium offered an operating room and equipment for the artificial pneumothorax therapy to local

³²² Surgical treatments for tuberculosis, involving collapsed lung therapy, were not common until the 1920s and 1930s. See Bates, *Bargaining for Life*, 285-287; and Herzog, “History of Tuberculosis,” 5-15.

³²³ Katherine McCuaig, *The Weariness, the Fever, and the Fret: The Campaign Against Tuberculosis in Canada 1900-1950* (Montreal: McGill-Queen’s University Press, 1999), 71.

³²⁴ McCuaig, *The Weariness, the Fever, and the Fret*, 43. See also Herzog, “History of Tuberculosis,” 11.

³²⁵ Chowder, “How TB Survived Its Own Death,” 186; Herzog, “History of Tuberculosis,” 11.

³²⁶ Caldwell, 251.

tuberculosis doctors.³²⁷ Dr. Shortle of the Albuquerque Sanatorium also did extensive work with artificial pneumothorax.³²⁸ Rather than building new structures to accommodate the new therapy, however, it appears that both of these sanatoriums simply updated existing spaces.

Both St. Joseph's and the Southwestern Presbyterian sanatoriums also had operating rooms by this period. St. Joseph's had had one in its annex since around 1905.

Southwestern Presbyterian had a small operating room in a wing of the administration building by 1913. By the late nineteen teens, St. Joseph's was advertising artificial pneumothorax to tubercular patients.³²⁹ Both of these rooms, however, were largely devoted to non-tubercular patients needing surgery done by local doctors.³³⁰

In 1926, the Southwestern Presbyterian built the three-story Hazeltine Infirmary. The infirmary, designed to care for the very ill, illustrated a major change from the earlier restriction of third stage TB patients. Southwestern Presbyterian next raised the money for a facility devoted entirely to tuberculosis research. The Maytag Research Laboratory for Tuberculosis opened in 1931.³³¹ One of its programs involved testing grade school children for tuberculosis.³³²

³²⁷ St. John's Sanatorium for the Treatment of Tuberculosis, Albuquerque, New Mexico: The Heart of the Health Country, c. 1924, University of New Mexico Center for Southwest Research, p. 10, 12, 13.

³²⁸ "The Albuquerque Sanatorium," *Southwestern Medicine* 7(1): 35.

³²⁹ "St. Joseph Sanatorium, Albuquerque, New Mexico Conducted by the Sisters of Charity of Cincinnati, Ohio for the Scientific Treatment of Tuberculosis."

³³⁰ Woodham, *A History of Presbyterian Hospital*, 8.

³³¹ *Ibid.*, 25.

³³² *Ibid.*, 30.

By the early 1930s, however, both St. Joseph’s and Southwestern Presbyterian were shifting their focus away from healthseekers and toward providing the community with additional general hospital care. Albuquerque’s population had reached more than 26,500, and far fewer people were coming for the climate cure.³³³ A new \$100,000 addition to the Maytag Research Laboratory in 1933 was devoted to general patients and included a maternity section for delivering babies. Two modern surgeries had all the “latest equipment for ventilating and sterilizing.”³³⁴



Figure 24. The St. Joseph Hospital, 1930, New Mexico Health Historical Collection, University of New Mexico Health Sciences Library & Informatics Center.

The St. Joseph Sanatorium became the “St. Joseph Sanatorium and Hospital” after sanatorium administrators commissioned a four-story general hospital in 1930. The Y-

³³³ John Gregory, “Albuquerque’s Environmental Story: Population Growth,” online resource [www.cabq.gov/aes/s5pop.html].

³³⁴ Ibid., 25.

shaped neo-Romanesque Revival style building had 150 beds. It was deemed the most modern hospital in the Southwest because of its operating rooms and baby incubator.³³⁵

Photographs of both new facilities illustrate a radical shift in both medical focus and architecture. The new hospitals were far more institutional in appearance, with sterile operating rooms of much greater scale and starkness. The days of conviviality and highly domestic environments were over.

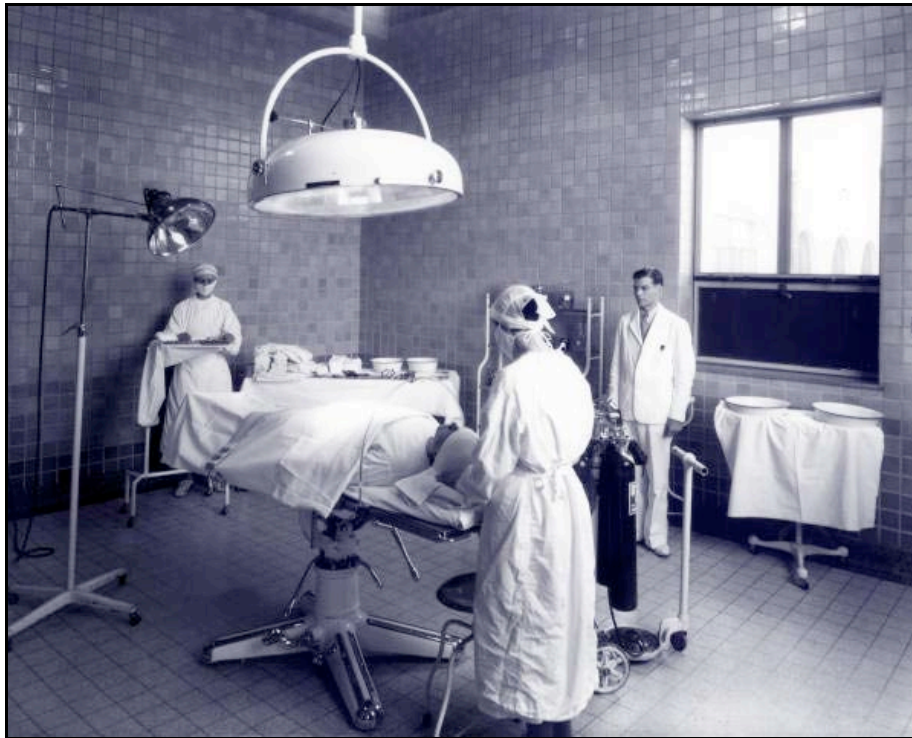


Figure 25. Southwestern Presbyterian Operating Room, 1935, New Mexico's Digital Collections online.

³³⁵ Hollander, "National Register of Historic Places Nomination Form for the Saint Joseph 1930 Hospital."

Chapter 4. In the Shadow of the Sanatoriums

This section examines two other dwelling choices popular with healthseekers in Albuquerque—the rustic tent/tent-house and the boarding house. The usage of tents and tent houses by healthseekers throughout the Southwest and other parts of the country was a direct result of well-meaning advice from doctors and other tuberculosis experts at the national level. These simple, scanty structures were a temporary, but very popular fad for tuberculosis sufferers. The more stolid boarding houses, by contrast, were prevalent throughout the study period. Boarding houses in general were already a fixture of American life. It is estimated that between one third and one half of all urban residents “either took in boarders or were boarders themselves” during the nineteenth century.”³³⁶ Both dwelling types, however, also represent significant factors in the evolution of medical, social, and economic ideologies about tuberculosis, cure chasing, and healthseekers.

The popularity of tents and tent-houses was based on particular medical, economic, and social concepts. First, these structures represented the early—and overly zealous to the point of dangerous—belief in the curative powers of climate alone. Second, they were the cheapest and most independent mode of chasing available to healthseekers. Third, they allowed more freedom from discrimination than boarding houses, rooming houses, or rental houses. Of the cure accommodations examined in this study—all of them

³³⁶ Wendy Gamber, *The Boardinghouse in Nineteenth-Century America* (Baltimore: Johns Hopkins University Press, 2007), 3.

temporary—the tent/tent-house structure was the most fleeting. In Albuquerque, both national and local influences led to their disappearance from the landscape by about 1920.

The analysis of boarding houses focuses more on popular social and medical credos about healthseekers and chasing the cure. Changing notions of tuberculosis at the national and local level affected the architecture, locations, advertising strategies, and services of boarding houses in Albuquerque. Boarding houses may have remained popular with healthseekers throughout the study period, but their continued success depended in part on their ability to change over time.

Camp Life for Consumptives: Tents and Tent-Houses

Tents began to appear during the 1890s on the grounds of hospitals across the United States. At places like the Spring Grove Hospital in Maryland and the Herman Kiefer Hospital in Detroit, the staff used tents first to separate those with infectious diseases from the rest of the hospital population.³³⁷ Such diseases included tuberculosis. By about 1903, the need for beds for tuberculosis patients in hospitals and sanatoriums far exceeded the capacity of the existing public and private institutions. State and municipal funds for consumptive healthcare were virtually nonexistent.³³⁸ The medical community

³³⁷ Spring Grove Hospital Center, “Tent on the Grounds c. 1899,” Electronic resource [www.springgrove.com/MainTour/tent1.html]; Larry W. Stephenson, “Two Stormy Petrels: Edward J. O’Brien and Norman Bethune,” *Journal of Cardiac Surgery* 18 (1), 59–77.

³³⁸ S. A. Knopf, “The Tuberculosis Problem in the United States,” *The North American Review* 168 (February 1899): 221.

began focusing on tents as alternative shelter for consumptives—quick, economical solutions to the desperate shortage of facility spaces.³³⁹

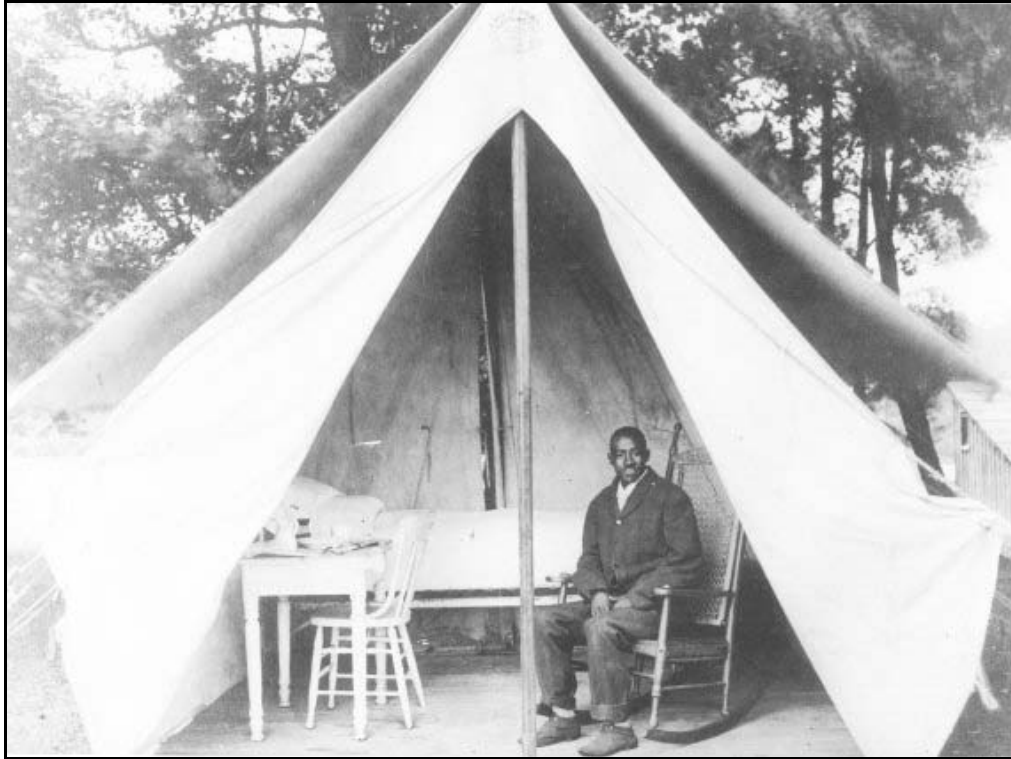


Figure 26. Tent at Spring Grove Hospital, circa 1899, Spring Grove Hospital Center, Catonsville, Maryland.

In New Mexico, two notable proponents of TB tents were doctors Paul Carrington and George Bushnell, who headed up the national military hospitals for tuberculosis in New Mexico. Carrington directed the Navy, Coast Guard, and Merchant Marines TB hospital at Fort Stanton. Bushnell was at Fort Bayard, headquarters for the Army’s TB hospital. Both established in 1899, these facilities served as research centers for tuberculosis treatment, and their results were highly publicized. At the Sixth International Congress on

³³⁹ Scopes and Feustmann, “Evolution of Sanatorium Construction,” 173.

Tuberculosis (1908), Bushnell presented models of Fort Bayard tents, tent-houses, and toilet rooms for tent colonies.³⁴⁰

The American medical and lay communities were soon encouraging consumptives to pitch their own tents to chase the cure independently—in locations ranging from city rooftops in the East to the western deserts. Tuberculosis experts recommended the Southwest as especially applicable for the pursuit due to its warm, dry climate. In a 1903 article entitled “Tent Life for Consumptives” one New York doctor stated, “The lives of many persons in the incipient or moderately advanced stages of the disease can be saved by a continuous open-air life the year round. It is true, as has been stated, that such a life is more desirable in a climate like that of Arizona, New Mexico, Colorado, or Southwestern California.”³⁴¹

Chasing the cure in tents certainly had its critics from the beginning. As one doctor pointed out, “The hardships and the inconvenience of tent life where one is obliged to do all the work and to care for himself is often distasteful and irksome to a perfectly well and strong individual, but to the invalid with little strength, with no appetite and with fever, such a life is positively most injurious.”³⁴² Another physician commented, “Every one before me to-day can, I doubt not, recall cases where people with hectic in their cheeks and every evidence of advanced trouble, have been sent off for their health with no better instruction than to live out of doors, eat heartily, and take plenty of exercise,

³⁴⁰ International Congress on Tuberculosis, *General Catalogue of the European and American Exhibits, Sixth International Congress on Tuberculosis, Held at the National Museum, Washington, D.C., 1908.*

³⁴¹ Stubbert, “Tent Life for Consumptives,” 95.

³⁴² Dr. F. E. Waxham, “The Outdoor Treatment of Tuberculosis,” *Journal of the American Medical Association* 39 (1902):1392-1393.

and who, in a faithful attempt to carry out these nebulous and often dangerous instructions, were losing what little chance of recovery they ever had.”³⁴³ This kind of advice, however, was overshadowed by all the enthusiastic hype. Of all the architectural structures inspired by the anti-tuberculosis campaign, the tent was the most illustrative of the belief in the climate cure. Experts believed in the climate cure so much that they actually thought an ill consumptive could get better by living uncomfortably in the flimsiest of all shelters—sheets of canvas attached to wooden poles—exposed to the elements and cooking all their own meals. In reality, it was a prescription for death in some cases—as the “experts” would come to acknowledge.

One of the tent’s biggest selling points was its affordability. In the 1906 *Consumption: Its Relation to Man and His Civilization, Its Prevention and Cure*, another doctor asserted that “because of its comparative cheapness, [tent life] is more available for the vast majority of consumptives than permanent and more solid structures.”³⁴⁴ Many other tent advocates echoed this sentiment during the first decade of the twentieth century.

The most common form of chasing tent was an A-frame type with a center pole, ropes, a wood floor, and canvas walls. The floors needed to be raised off the ground at least four to six inches for dryness. An outer layer of canvas, called a “fly,” was stretched out several inches above the main canvas roof. The fly provided extra protection from the sun

³⁴³ Charles L. Minor, M.D., “On the Feasibility and Managements of a Hygienic Cure of Pulmonary Tuberculosis Outside of Closed Sanatoria,” *New York Medical Journal*, 11 January 1902, p. 278.

³⁴⁴ John Bessner Huber, *Consumption: Its Relation to Man and His Civilization, Its Prevention and Cure* (Philadelphia and London: J.B. Lippincott Company, 1906): 218.

and from rain or snow. A smaller fly was sometimes affixed over the tent entry, as a kind of porch for shade.³⁴⁵

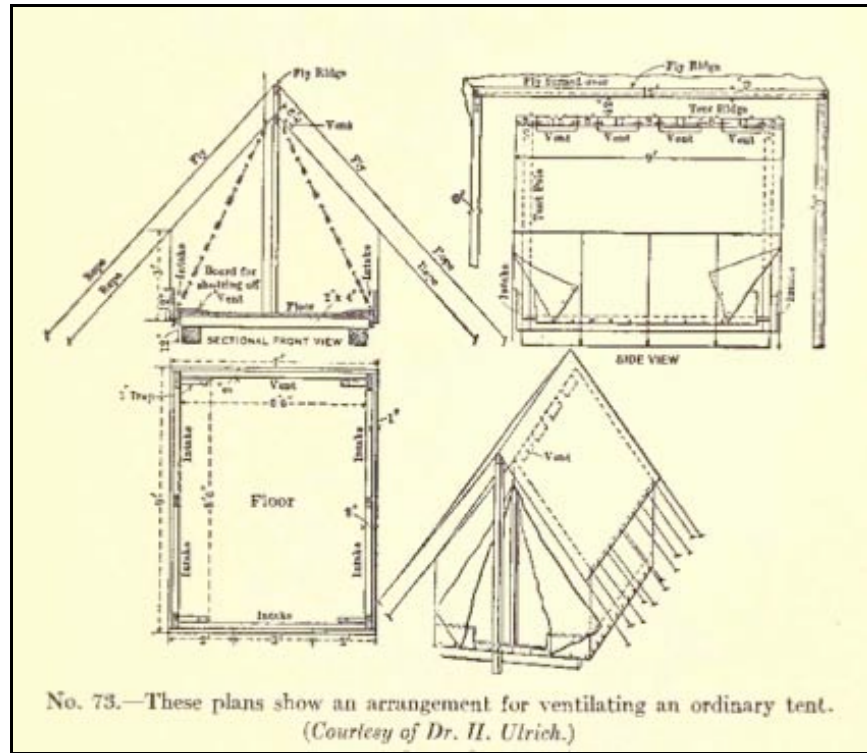


Figure 27. Illustrations of a chasing tent from *Fresh Air and How to Use It*, 1912.

The author of the 1907 *Gaining Health in the West (Colorado, New Mexico, Arizona)* explained that such a tent would set a healthseeker back about 10 dollars. Additional costs included a platform floor ranging in price from two and ten dollars, depending on whether you built it yourself or hired a carpenter. Recommended tent necessities included a canvas cot and bedding, a small wood-burning stove, and a camp chair. The cost for

³⁴⁵ George B. Price, *Gaining Health in the West (Colorado, New Mexico, Arizona): Being Impressions of a Layman, Based on Seven Years' Personal Experience with "Climate"* (New York: B. W. Huebsch, 1907), 57-59.

these combined items was estimated to be about 13 dollars.³⁴⁶ So for a total investment of about \$33, according to the author, a consumptive was ready to set up for the cure chase.

Companies manufacturing tents for tuberculars proliferated around the United States between 1900 and 1910. Popular, patented tent designs included the Gardiner Sanitary Tent—a six-sided wooden frame lacking the pole and ropes.³⁴⁷ Dr. C. F. Gardiner of Colorado Springs had drawn on the expertise of the military when he modified the Sibley Army Tent for use by tuberculars. The canvas walls were attached several inches below and one inch away from the floor for good airflow. The NASPT referred to the tent as a “modification of the Indian Tepee.”³⁴⁸

NASPT publications like *Fresh Air and How to Use It* (1912) devoted whole chapters to tents and tent-houses.³⁴⁹ Tent-houses were simply more structural expansions on the tent idea. These were wood-framed structures with wood floors, doors, canvas sides and roofs, and sometimes even glass windows. The Denver Y.M.C.A.’s Association of Health Farms invented the Tucker Tent.³⁵⁰ A typical tent-house, it featured canvas blinds and a canvas roof above wood-sided half-walls; the canvas could be raised or lowered for increased or decreased ventilation.³⁵¹ The fly extended ten inches above the canvas roof

³⁴⁶ Price, *Gaining Health in the West*, 59.

³⁴⁷ Huber, *Consumption: Its Relation to Man and His Civilization*, 474-475.

³⁴⁸ Carrington, *Fresh Air and How to Use It*, 129.

³⁴⁹ *Ibid.*, 119-144.

³⁵⁰ Scopes and Feustmann, “Evolution of Sanatorium Construction,” 173.

³⁵¹ Robert H. Babcock, M.D., *Diseases of the Lungs: Designed to be a Practical Presentation of the Subject for the Use of Students and Practitioners of Medicine* (New York and London: D. Appleton and Company, 1907), 579-580. Though called a tent, the patented Tucker Tent was more of a tent-house.

and one foot over each edge “allowing a free circulation of air between the two layers.”³⁵²

During the first decade of the 1900s, Tucker Tents cost from \$75 to \$100—significantly more than the \$20 generic-tent price described above in *Gaining Health in the West*.³⁵³

Other manufacturers of tent-houses included the Close-to-Nature Company in Iowa and Hartford, Connecticut’s Strong Bungalow Company.³⁵⁴

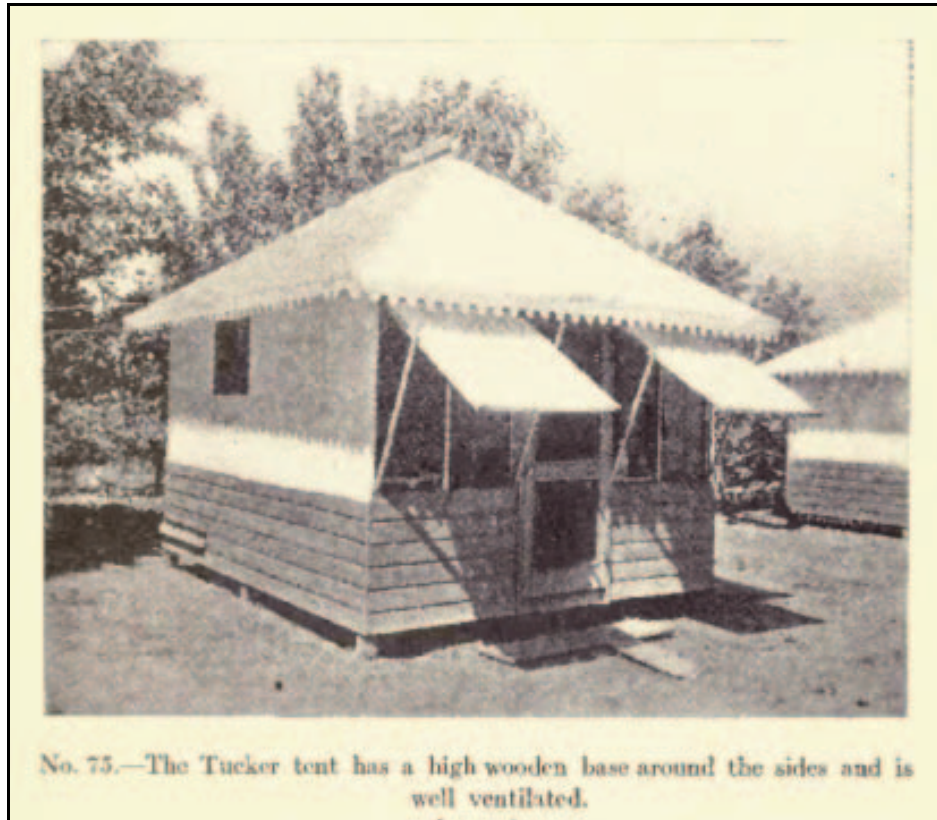


Figure 28: Tucker Tent from *Fresh Air and How to Use It*, 1912.

For the healthseeker who didn’t want to go to all the trouble, it was possible to rent a tent or tent-house and the accompanying furnishings. For example, one Albuquerque real estate company offered furnished two- and three-room tent-house rentals for \$12 to \$16 a

³⁵² Carrington, *Fresh Air and How to Use It*, 134.

³⁵³ Huber, *Consumption: Its Relation to Man and His Civilization*, 476.

³⁵⁴ Cited in *Sleeping and Sitting In the Open Air, Pamphlet No. 101* (National Association for the Study and Prevention of Tuberculosis 1917), p 28.

month in 1909.³⁵⁵ For the healthseeker willing to cook his own meals, the *Land of Sunshine: A Handbook of the Resources, Products, Industries and Climate of New Mexico* (1903) had asserted that, “living need not cost him \$4 a week.”³⁵⁶ Even with the added cost of food, the price for renting a tent was less than what the sanatoriums were charging.

The St. Joseph Sanatorium in Albuquerque was charging \$15 to \$20 a week for its tent accommodations. Per month, that would have cost between \$60 and \$80. The Southwestern Presbyterian Sanatorium cost patients \$40 per month, cheaper than St. Joseph’s, but more expensive than independent tent life.³⁵⁷ According to the various sources above, tent living in Albuquerque would have ranged from about \$16 a month for food (after the initial tent expenditure) to \$32 a month for a tent or tent-house rental and groceries.

These suggestions seemed to have influenced some healthseekers. As detailed in Chapter 2, tents appeared on the fringes of the city in early Sanborn Fire Insurance maps of Albuquerque. In 1903, territorial boosters encouraged prospective healthseekers to “live in a tent on a vacant lot, or out on the mesa.”³⁵⁸ The suggestion appears to have been an invitation by New Mexico to squat for free on unused land, but this could not be confirmed by research.

³⁵⁵ Classified advertisements, *Albuquerque Morning Journal*, 31 May 1909.

³⁵⁶ Max Frost and Paul A.F. Walter eds., *The Land of Sunshine: A Handbook of the Resources, Products, Industries and Climate of New Mexico* (Santa Fe, N.Mex.: New Mexico Printing Company, 1906), 120.

³⁵⁷ Jacobs, *The Campaign Against Tuberculosis* (1908), 75-76.

³⁵⁸ Frost and Walter, *The Land of Sunshine*, 120.

As detailed in Chapter 3, the historical sources used for this study indicate a fair usage of tents and tent-houses in Albuquerque, but likely under-represent the real numbers.

Chester French, who later established the still-operating French Mortuary, camped with his tubercular brother on a vacant lot at the corner of Tenth Street and Mountain Road in 1904.³⁵⁹ This area, called the North End, was sparsely settled during the first years of the twentieth century.³⁶⁰ Like the Frenches, other tent and tent-house dwellers generally located on the fringes of town in sparsely settled areas. It is unclear if they were simply squatting or paying someone—the city or a landowner—a fee. Either way, these healthseekers would have been freer from the discrimination experienced in the denser Huning Highlands. As one doctor wrote, “There is a feeling against the consumptive, and he is not considered a desirable guest. How much better then, for one to adopt the tent life and receive all of its benefits than to seek hotel hospitality under unfavourable [sic] conditions?”³⁶¹

³⁵⁹ See Howard Bryan, *Albuquerque Remembered* (Albuquerque: University of New Mexico Press, 2006), 190; and Spidle, *Doctors of Medicine in New Mexico*, 151.

³⁶⁰ Kammer, “National Register of Historic Places Nomination for the 20th Century Suburban Growth of Albuquerque,” E 8.

³⁶¹ Stubbert, “Tent Life for Consumptives,” 95.



Figure 29. Tent-house located at 912 S. Edith, n.d., Albuquerque Museum.³⁶²



Figure 30. Tent-houses at an unknown Albuquerque location, 1920, Albuquerque Museum, Image No. PA-1992-5-574.

³⁶² This photograph was found in a *New Mexico Historical Review* article by Jake Spidle Jr. The Albuquerque Museum's photo archivist was unable to locate the image in their database. Consequently, the image number and date are unknown.

Local businesses also benefited from the tent fad. Advertisements for tents and accompanying equipment appeared during the nineteen teens in the *Albuquerque Morning Journal* and the *Herald of the Well Country* newspapers. “We sell a lot of building material for tent houses and small cottages,” the J.C. Baldrige Lumber Company advertised. “And we know how to meet the healthseeker’s requirements.”³⁶³ The Albuquerque Tent & Awning Company specialized in camp supplies in addition to tents, awnings, and “anything in canvas.”³⁶⁴ Healthseekers could buy “handy appliances” for the “tent house that has an electric light socket” from the Albuquerque Gas, Electric Light and Power Company. The advertised grills, chafing dishes, and heating pads for food preparation were guaranteed to produce “the most dainty dishes and tempt the most delicate digestion of any lunger.”³⁶⁵

Tent life, however, amid the sand hills of Albuquerque would not have approximated anything close to dainty. For one thing, tent and tent-house dwellers were far more vulnerable to bad weather. In 1906, a record blizzard blew through town causing damage. The *Albuquerque Morning Journal* reported that the “people living in light tents in the Highlands were the worst sufferers. The wind tore several of those tents from their fastenings, while others were soaked and flooded.”³⁶⁶

³⁶³ J.C. Baldrige Lumber Company Advertisement, *Herald of the Well Country*, September 1914.

³⁶⁴ *Herald of the Well Country* 1(8), April 1915, p. 2; *Albuquerque Morning Journal*, 1 January 1922. The company was originally called Charles L. Keppeler & Son.

³⁶⁵ Albuquerque Gas, Electric Light and Power Company Advertisement, *Herald of the Well Country*, October 1914.

³⁶⁶ “Storm Sweeps New Mexico from Raton to Texas,” *Albuquerque Morning Journal*, 22 October 1906.

In reality, the hard nature of tent living – the flimsy structure itself, the discomfort of exposure, and the difficulty of cooking and taking proper care of oneself—was not conducive to getting better. One daughter of healthseekers who lived in a tent-house on the outskirts of Huning Highlands remembered later, “My mother so hated the canvas walls that she painted murals on them.”³⁶⁷

By the 1920s, tent living was out of fashion. In addition to the hardships of such a life on a person in ill health, the notion that climate alone would cure tuberculosis had been debunked by the 1920s. One Roswell doctor expressed his strict disapproval of tent life for consumptives. “The only recommendation for the tent is its cost,” wrote Dr. C. M. Hayes, “and as ordinarily constructed, heated and ventilated must of necessity cause the death of many that might otherwise live.”³⁶⁸

Also by that era, the people most apt to subject themselves to tent life--those with little money--were being publicly discouraged from migrating to health resorts like Albuquerque if they didn't have the means to pay for proper care. As discussed in Chapter 3, Albuquerque and New Mexico boosters had changed their advertising strategies dramatically by the 1920s and 1930s. For example, a 1930s *Health City Sun* declared, “It is very unwise for a man to load up his family in a cheap car with barely enough money to buy gas and oil and food for a one-way trip and start West in search of health... If you can go to a high, dry, sun-shine [sic] country without having to worry

³⁶⁷ Simmons, *Albuquerque*, 346.

³⁶⁸ Mayes, “The Indigent Consumptive Proposition,” 19.

about food, clothing and shelter, by all means, do so, you are fortunate. If you can't, DON'T. Don't come West, Young man. Unless."³⁶⁹

A Room of One's Own: Boarding Houses During the Healthseeker Era

According to a 1902 *New York Medical Journal*, consumptives looking for a cure outside of a sanatorium should "either have their own home, or be placed in some properly run house, where a good landlady keeps things in proper shape, where there is amusement without over-excitement, where the table and other conditions can be controlled." Given outside medical supervision, then, the journal declared that boarding houses had the ability to offer "for all practical purposes, the condition which sanatorium doctors demand."³⁷⁰

At the other end of the spectrum of opinion, however, was the completely opposite, contemporaneous opinion of a well-recognized tuberculosis expert. Lawrence Flick of the NASPT warned potential boarders: "Boarding-house life is more fraught with danger of getting tuberculosis than is hotel life. The conditions for producing environment and getting implantations [of tuberculosis] are better."³⁷¹

Boarding house proprietors in turn-of-the-century Albuquerque did not publicly acknowledge healthseekers as a target market. Research conducted for this study found

³⁶⁹ Frank Blanchard, "Don't Go West Young Man Unless," *Health City Sun*, 6 January 1933, p. 1.

³⁷⁰ Minor, "On the Feasibility and Managements of a Hygienic Cure," 286.

³⁷¹ Lawrence Flick, *The Crusade Against Tuberculosis* (Philadelphia: David McKay, 1903): 143, 146.

no classified advertisements—between 1900 and 1910—submitted by boarding houses looking for healthseekers. This is not surprising given the schizophrenic nature of expert opinion during this time period and the generally under-the-table nature of boarding house ventures.

The boarding house was an American institution by the turn of the century. But according to historian Wendy Gamber, few nineteenth century landladies openly advertised the fact that they took in boarders.³⁷² Boarding houses got a bad rap in the press and elsewhere because the primarily female proprietresses practiced traditional domestic tasks—cleaning, cooking, and laundry—to make a living. Moralists of the era derided boarding houses as the antithesis of the nuclear family home, where “love, not money, reigned supreme.”³⁷³

For early twentieth century boarding house owners in an aspiring health mecca like Albuquerque, the prevalence of diseased healthseekers looking for rooms created an additional need for subterfuge. As covered in Chapters 2 and 3, fears of infection caused a public backlash against healthseekers during this period. Any lodgings exposed to contagious diseases required fumigation by law. Despite the fact that the laws didn’t specify TB and were barely enforced, boarding house proprietors would still have had to make of pretense of following them. Artful charades included accepting boarders with

³⁷² Gamber, *The Boardinghouse*, 3.

³⁷³ Gamber, *The Boardinghouse*, 4.

hacking TB coughs if they simply claimed to have nonthreatening maladies like dyspepsia or rheumatism.³⁷⁴

In the research conducted for this study, the first evidence of numerous boarding houses targeting healthseekers dates to the second decade of the twentieth century. The 1916 addition of the NASPT's national Tuberculosis Directory included the category "Boarding Houses for Consumptives in Health Resorts in the United States."³⁷⁵ The association confirmed that large numbers of boarding houses in Colorado, New Mexico, Arizona, Texas, and Southern California accepted patients, but that the public fear of contagion had made it impossible for the NASPT to create a complete list. The agency stated, "Very few boarding houses [in the Southwest] will admit that they take tuberculous patients, although most of them do so under some subterfuge or other."³⁷⁶

As detailed in Chapter 3, it is generally acknowledged that the middle-class, Anglo neighborhood of Huning Highlands contained the majority of boarding houses patronized by healthseekers.³⁷⁷ The NASPT list of Albuquerque boarding houses backs up this assertion for the mid nineteen teens. The list detailed nineteen Albuquerque boarding houses "considered reliable" for tuberculosis care. Of these establishments fifteen—or more than 75 percent—were located in or in close proximity to Huning Highlands.³⁷⁸

³⁷⁴ Rothman, *Living in the Shadow of Death*, 215.

³⁷⁵ National Association for the Study and Prevention of Tuberculosis, *A Tuberculosis Directory* (1916), 3.

³⁷⁶ *Ibid.*, 79-80.

³⁷⁷ See Kammer, "National Register of Historic Places Nomination for the Multi-Unit Dwellings in Albuquerque, New Mexico," and Susan Dewitt, *Historic Albuquerque Today: An Overview Survey of Historic Buildings and Districts* (Albuquerque: Historic Landmarks Survey of Albuquerque, 1978).

³⁷⁸ National Association for the Study and Prevention of Tuberculosis, *A Tuberculosis Directory* (1916): 82-83.

In order to be included in the NASPT's directory, boarding houses had to satisfy seven categories of criteria. First of all, the association recommended that all healthseekers be under a doctor's supervision. Secondly, acceptable boarding houses had to provide spaces for outdoor sleeping "either on sleeping porches or otherwise." In order to be properly clean and sanitary, boarding house owners needed to regularly disinfect bedrooms and bedding, most particularly before use by a new patient. High quality food, including fresh milk and eggs, was essential. Nursing care, especially of the bedridden, was also a necessity. Lastly, approved boarding houses had to be inspected monthly by a doctor.³⁷⁹ The NASPT, however, added one very revealing caveat. According to the agency, no communities except for Asheville, North Carolina "even approximated" the outlined standards.

Catering to consumptives became a cottage industry for many female proprietors of boarding houses in Albuquerque. For example, women ran fourteen of the nineteen facilities listed in the 1916 NASPT TB directory. These establishments included Mrs. Rummell's House, Miss Britsch's House, Mrs. Chess's House, etc.³⁸⁰ For these women, the economic benefits of taking in the sick obviously outweighed the associated risk of contagion.

Many of them were single—widowed or otherwise. Mrs. Lucy Jane Rummell, or "Mother Rummell" as she was popularly known, ran a boarding house on Silver Avenue

³⁷⁹ Ibid., 79.

³⁸⁰ Ibid., 82-83.

downtown for 35 years. Rummell's husband had abandoned her during the 1890s, when he took off for a gold rush and never came back.³⁸¹ "Miss" Britsch was actually Mrs. Virginia Britsch, a widow located in the heart of Huning Highlands at 210 Walter SE.³⁸²

The lack of landladies' willingness to openly advertise for healthseekers is illustrated by the case of Mrs. Britsch. In 1915, she was advertising her business in both the *Herald of the Well Country* and the *Albuquerque Morning Journal*. There was no question that Britsch was catering to healthseekers in the *Herald of the Well Country*, because that publication was produced by and for tuberculars.³⁸³ But Britsch's advertisement for room and board in the *Albuquerque Morning Journal*, a general newspaper, made no mention of healthseekers.³⁸⁴

During the nineteen teens, many classified advertisements for rooms with board list sleeping porches as extra amenities. David Kammer has posited that the specification of sleeping porches in the Albuquerque ads signified a willingness to accommodate healthseekers.³⁸⁵ And according to architectural historian Gwendolyn Wright, sleeping porches were necessary in the specifications for ideal sanitary houses during this era.³⁸⁶

Sleeping porches are still present today on houses all over the Huning Highlands

³⁸¹ "Mother Rummell Has Been Catering to Health Seekers More than Forty Years," *Health City Sun*, 9 April 1937.

³⁸² Huning's Highland Historic District, Summary of Albuquerque City Directories for 210 Walter SE., n.d., Archive of the Huning Highland Historic District Neighborhood Association, Albuquerque, New Mexico.

³⁸³ *Herald of the Well Country* 1(8), April 1915, 2.

³⁸⁴ Classifieds—Rooms with Board, *Albuquerque Morning Journal*, 23 June 1915.

³⁸⁵ Kammer, "National Register of Historic Places Nomination for the Multi-Unit Dwellings in Albuquerque, New Mexico," E 13.

³⁸⁶ Gwendolyn Wright, *Building the Dream: A Social History of Housing in America* (Cambridge: The MIT Press, 1981), 161.

neighborhood. For anyone running a boarding house in Albuquerque, sleeping porch additions, providing daylong access to fresh air and sunshine, would have been necessary selling points.

Dr. Lawrason Brown, founder of the NASPT's *Journal of the Outdoor Life*, decreed that the ideal sleeping porch should be built out from the second story of a house with two open sides for greatest ventilation. Mrs. Britsch's Boarding House provided just such an accommodation. A two-and-a-half-story, beautiful Queen Anne style house, it featured the requisite screened sleeping porch on the second story of the front façade above the front porch. This was added sometime after 1900; Mrs. Britsch herself may have had it constructed although she was not the first boarding house proprietress there. By 1917, the Misses Robinson had taken over running 210 Water SE, and were advertising the sleeping porch accommodations in the *Herald of the Well Country*.³⁸⁷ According to the files of the Huning's Highland Historic District, a variety of different women operated the premises as a boarding house between the years 1910 and 1936.³⁸⁸

³⁸⁷ Advertisement for The Misses Robinson, 210 S. Walter, High Class Accommodations for Health Seekers, *Herald of the Well Country* 2(2): p. 20.

³⁸⁸ Huning Highland Historic District, "Dickens of a Dinner," 1993, Archive of the Huning Highland Historic District Neighborhood Association, Albuquerque, New Mexico.

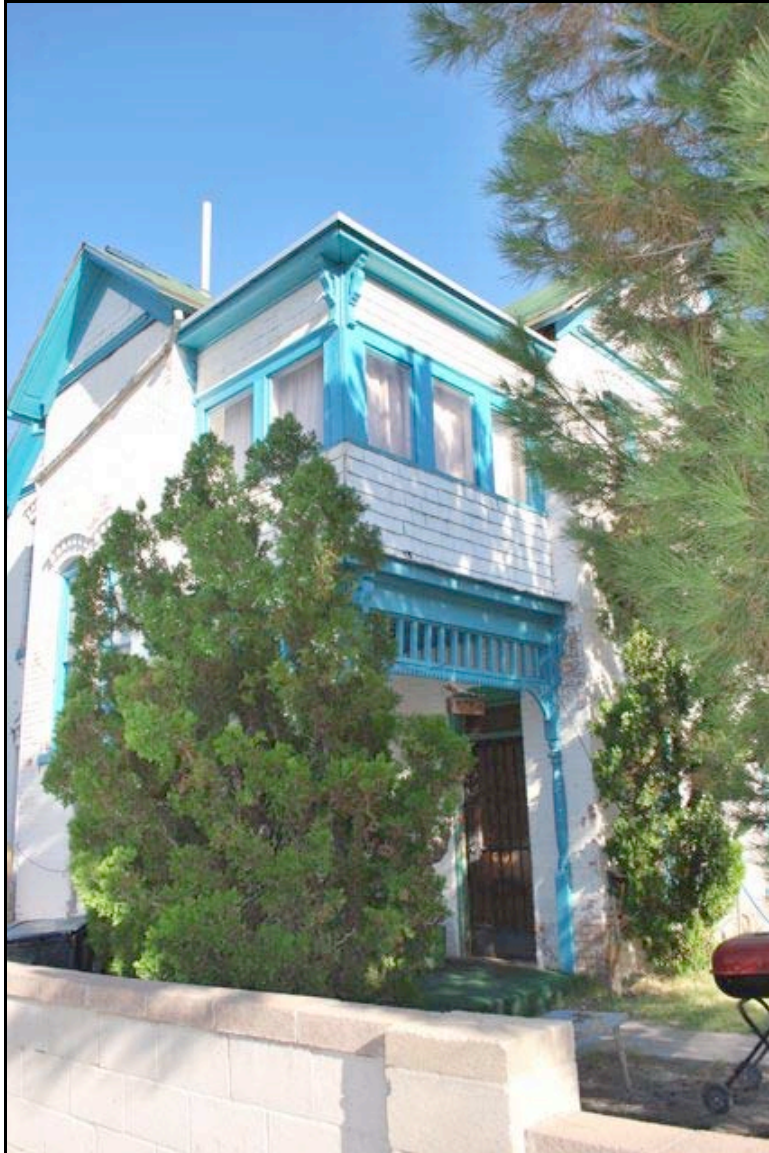


Figure 31. 210 Walter SE in Huning Highlands, 2010, photograph by author.

A large brick house at 202 High Street NE, north of Central Avenue in Huning Highlands, provides more examples of sleeping porches rented by healthseekers. This was the home of Dr. Evelyn Frisbie from 1920 to 1945. Frisbie, the first woman doctor in Albuquerque, used the large brick house as her home and office where she practiced

pediatrics and gynecology.³⁸⁹ Frisbie advertised room and board to healthseekers during the early 1930s.³⁹⁰ While the sleeping porch above the front entrance was added to the house between 1908 and 1913,³⁹¹ Frisbie likely built the second-story sleeping porch on the rear façade. When the current owner renovated the building, he found the original canvas shades on pulleys that had been obscured by the construction of exterior walls.³⁹²



Figure 32. 202 High Street NE front sleeping porch in Huning Highlands, 2010, photograph taken by author.

³⁸⁹ Monica Soto, “Huning Highland,” *Albuquerque Tribune* n.d. See also, Huning Highland Historic District, “202 High NE—The Frisbie/Emeny House,” 1996, Archive of the Huning Highland Historic District Neighborhood Association, Albuquerque, New Mexico.

³⁹⁰ Advertisement for 202 N. High, *Health City Sun*, 14 October 1932, p. 2.

³⁹¹ Huning Highland Historic District, “202 High NE—The Frisbie/Emeny House.”

³⁹² Author interview with 202 High NE homeowner Richard Bryant, May 2010.



Figure 33. 202 High Street NE rear sleeping porch in Huning Highlands, 2010, photograph taken by author.

The additions of outdoor sleeping spaces to boarding houses, however, did not preclude them from criticism by tuberculosis experts. By the nineteen teens, medical experts outside of the Southwest had stopped talking about climate in tuberculosis therapy, and begun focusing far more on sanitary conditions, copious rest, and good food—all of the behavioral aspects of tuberculosis care. Doctors derided boarding house accommodations for lacking medical oversight and other failings including the provision of food substandard to that of sanatoriums. In the *Journal of the Outdoor Life* one doctor wrote, “Consumptives are prone to try first one locality, then another, ever in search of the

wished-for climate which will miraculously restore health, often living in boarding-houses, having unsatisfactory food and poor medical supervision, lonely and sick.”³⁹³

In Albuquerque, this kind of popular criticism was compounded by the fact that the city had recently renewed its dedication to the healthseeker campaign, and focused on encouraging a higher social class of migrant consumptives. With the greater emphasis on the behavioral aspects of cure chasing and the local push for more moneyed healthseekers, the language of room and board advertisements revealed a new focus in strategy. Room and board ads geared to healthseekers began to emphasize certain amenities that sanatoriums offered—a distinctly middle-class home environment featuring rooms and cottages, high quality food, and sanitary conditions. For example in the *Herald of the Well Country*, the Pfaff Ranch Home for Tuberculars north of the city advertised “homelike surroundings...meals excellent and well-served, sanitary conditions maintained.”³⁹⁴ Mrs. Britsch emphasized that her boarding house was “high-class” with the “finest table board in the city.”³⁹⁵

By the early 1920s, the *Albuquerque Morning Journal* general newspaper was running numerous room and board classifieds openly seeking healthseekers. Descriptions like “a lovely vacancy for two convalescents,” “private home for tubercular patients,” and “for

³⁹³ John W. Trask, “Climate and Tuberculosis: The Relation of Climate to Recovery,” *Journal of the Outdoor Life* 14(6) (June 1917), 163.

³⁹⁴ Advertisement for the Pfaff Ranch Home for Tuberculars, *Herald of the Well Country* 1(4), p. 2.

³⁹⁵ Advertisement for Mrs. Virginia Butsch [sic] High Class Room and Board, *Herald of the Well Country*, 1(8), p. 2.

healthseekers” became common in conjunction with Huning Highlands addresses.³⁹⁶

Clearly, the earlier controversy over sheltering healthseekers within city limits had been resolved in their favor. The city’s successful efforts to draw a higher class of healthseeker likely contributed to the new frankness in boarding house advertisements.

The city’s dependence on the healthseekers for economic growth was also especially pertinent during this time period. During the early 1920s, following World War I, New Mexico experienced a serious economic downturn. Between 1920 and 1925, a total of 57 banks closed due in part to a drought and a decline in prices for agriculture and livestock products following the war.³⁹⁷ Albuquerque Chamber of Commerce members renewed their efforts to boost the local healthseeker industry, believing to be the city’s best hope of economic recovery.³⁹⁸

Boarding house proprietors also began offering additional services in keeping with the sanatorium regimen. These included general nursing care and tray service for the bedridden. Early 1920s boarding advertisements offered “special diet” foods, “general nursing,” “special attention to bed patients,” and “nurse care, tray service, good meals.”³⁹⁹ This led some boarding houses to call themselves sanatoriums or convalescent homes, either informally or as part of their official name.


³⁹⁶ Classifieds—Rooms with Board, *Albuquerque Morning Journal*, 29 September 1922 and 24 January 1925.

³⁹⁷ Simmons, *Albuquerque*, 355.

³⁹⁸ Ruth W. Armstrong, *The Albuquerque Chamber of Commerce, 1917-1984* (Public Service Company of New Mexico, 1984), 7. “Albuquerque to Tell the Nation Health’s Story,” *Albuquerque Morning Journal*, 1 August 1922.

³⁹⁹ Classifieds—Rooms with Board, *Albuquerque Morning Journal*, 20 August 1922; 29 September 1922; and 25 January 1925.

Sanatoriums



THE E. S. MARSHALL SANATORIUM
ALBUQUERQUE, N. M.

This place is managed by Mrs. Daisy D. Marshall who gives personal attention to every guest and patient. This means much to people away from home and discouraged; special attention is given to young people sent out here unaccompanied by relatives; the rates, \$65.00 per month, are moderate, including as they do, board, room and care.

There are accommodations for twelve guests, just enough to make a pleasant and congenial household. Mrs. Marshall's wide experience gives her the knowledge requisite to adapt the special diets useful in tuberculosis treatment to the individual patients. Patients may have the physician of their choice.

Owing to limited capacity write for reservations. Address all correspondence to Daisy D. Marshall, No. 1107 N. Twelfth Street.

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Figure 34. Advertisement for the E.S. Marshall Sanatorium (essentially a boarding house with a registered nurse on site) from an Albuquerque City Directory.⁴⁰⁰

Convalescent homes appear for the first time as a category in the Albuquerque City Directory classified listings in 1933. These included the Jameson Ranch, “the quiet homelike place for healthseekers” on Indian School Road. Mrs. Corinne Jameson had been running the business since 1917, but primarily as a boarding house, not a

⁴⁰⁰ A newspaper classified advertisement read “Mrs. Marshall’s private home for tubercular patients.” “Classified—Rooms with Board,” *Albuquerque Morning Journal*, 24 January 1925.

convalescent home.⁴⁰¹ The businesses identifying themselves as convalescent homes, however, were very few in the city directories for the 1930s. Mrs. C. M. White was the only other listing with the Jameson Ranch for the years 1933 and 1934.⁴⁰²

By the early 1930s, the healthseeker phenomenon had pushed considerable settlement onto the mesa east of Huning Highlands. For example East Silver Avenue, running south of and parallel to all the sanatoriums along Central Avenue, became a very popular location for convalescent homes. In addition to general nursing care and tray service, these facilities could also emphasize their close proximity to the doctors at the sanatoriums. Mrs. C. M. White operated “The White House” at 1122 E. Silver Avenue in 1927. During the early 1930s, she expanded her facility to include two adjacent houses, and a two-room cottage behind her original boarding house. By September of 1932, the White House had space for fifteen.⁴⁰³ Like the large sanatoriums, the White House had its own social column in the *Health City Sun*.

But the Great Depression proved to be a rough time for boarding house and convalescent home proprietors. The healthseeker market was gradually waning, as Albuquerque boosters found it more and more difficult to convince healthseekers to spend their extra dimes on the combined sanatorium/climate cure. Research of the Silver Avenue boarding house advertisements in the 1930s *Health City Sun* reveals a rapid turnover in ownership.

⁴⁰¹ Classified Advertisement, *Albuquerque Morning Journal*, 16 December 1917, p. 8.

The first advertisements for the facility listed it as Jameson Sanatorium with Dr. C. H. Jameson as the owner. However, more than 20 years later the *Health City Sun* reported that it was Mrs. Jameson who had run the facility on Indian School Road for “many years.”

⁴⁰² Hudspeth Directory Company, *Hudspeth’s Directory Company’s Albuquerque City Directory* (El Paso: Hudspeth Directory Co., 1933 and 1934).

⁴⁰³ “The White House Adds More Rooms,” *Health City Sun*, 30 September 1932.

For example, “Ma and Pa Brown” operated a house at 1600 East Silver Avenue during the early 1930s as a convalescent home for healthseekers. In late 1931, the Browns sold the house to Mrs. Florence Makemson to try their luck running a tourist camp on Route 66. Makemson immediately leased it to Mrs. Lillian “Granny” Wilson, who ran it as a convalescent home, by the end of that same October.⁴⁰⁴ But Granny Wilson quickly relocated to another, nearby East Silver house in 1932.⁴⁰⁵ By late summer of 1932, 1600 East Silver was up and running again under new management. Proprietor Cora Kahr was advertising two vacancies.⁴⁰⁶ Likewise, two of the Albuquerque sanatoriums had begun similar turnover scenarios.

By 1940, Albuquerque’s healthseeker industry was dying. Given the economic severity of the Great Depression and the failing belief in climate, consumptives who might have made the journey to the Southwest stayed home instead. World War II merely compounded what the economic depression had wrought. Following the war, the new military and scientific personnel at Kirtland Air Force Base and Sandia National Laboratories placed new and different demands on the city’s housing industries.

⁴⁰⁴ “Change at 1600,” 2 October 1931, *Health City Sun*; 23 October 1931, *Health City Sun*.

⁴⁰⁵ “Four Horsemen Move,” 4 March 1932, *Health City Sun*; “1901 East Silver,” 4 March 1932, *Health City Sun*.

⁴⁰⁶ “1600 E. Silver Under New Management,” *Health City Sun* 19 August 1932.

Conclusion

Albuquerque's cottage sanatoriums vanished from the landscape almost as quickly as they arrived. Today there are simply vestiges of the tuberculosis phenomenon in Albuquerque. Remodeled sleeping porches proliferate throughout Huning Highlands. The Murphey Sanatorium, the only remaining facility of its kind, still commands a great view of the city from the hill it sits on. But like many buildings, the original purposes for which are no longer relevant, it has been adaptively reused as a shelter for women and children. Local history buffs can find old postcards of the Albuquerque sanatoriums on the city's web page and on Ebay.

By the brink of World War II, the city was already looking back nostalgically to the heydays of the healthseeker era when many later-successful citizens had first arrived on stretchers. As celebrated local writer Erna Fergusson put it, "Push any family history back a generation or two and somebody is apt to show up with weak lungs. This background of disease does not slow down the town as one might expect; it gives instead a sophisticated and cosmopolitan aspect quite out of keeping with its size." The last healthseeker newspaper, the *Health City Sun*, was running such articles as "Albuquerque Sanatorium, Founded in 1908 by Dr. Shortle, Has Interesting History" and "Healthseekers Have Had Prominent Part in the Building of Albuquerque."⁴⁰⁷

⁴⁰⁷ *Health City Sun*, "Albuquerque Sanatorium, Founded in 1908 by Dr. Shortle, Has Interesting History," 19 March 1937; "Healthseekers Have Had Prominent Part in the Building of Albuquerque," 28 June 1935.

At the same time, local doctors were lamenting the demise of the private sanatorium in Albuquerque and elsewhere. By the 1930s, there were many public sanatoriums for TB patients in the United States. Cheaper and with a greater capacity than ever before, these institutions kept their local populations at home. In addition, general hospitals—confident that strict isolation was unnecessary—had begun admitting consumptives.⁴⁰⁸ The focus had switched from climate therapy to collapse therapy—negating the need for travel to the Southwest. And the Great Depression had hit potential healthseekers' pocketbooks hard.

Dr. Le Roy S. Peters wrote:

I realize that the day of the tuberculosis specialist in the southwest [sic] is over. At least, the cream has separated from the milk. We in the desert get the skimmed variety. Up to the crash of 1929, money was plentiful...Private sanatoria were filled and were happy with a long waiting list. People believed in climate and were willing to pay for the luxury...Today we see a different picture.⁴⁰⁹

During the late 1920s, the numbers of arriving healthseekers had begun a steady decline that continued through the next decade.⁴¹⁰ Though the Albuquerque Civic Council, directing the healthseeker campaign, was still spending money boosting Albuquerque's health benefits in magazines like *Better Homes and Gardens*, private sanatoriums were

⁴⁰⁸ E. M. Bluestone, "Hospital Care for the Tuberculous," *Hygeia* (June 1930): 547-550.

⁴⁰⁹ Peters, "Changing Concepts of Tuberculosis," 46-48.

⁴¹⁰ "Civic Council Report Shows Fine Results," *Health City Sun*, 14 October 1932.

being sold or reorganized in a way that more than hinted at the economic hardships of the Depression. They were caring for only 10 percent of new healthseekers, while more than 70 percent chose to rent their own homes.⁴¹¹ The *Health City Sun*, the voice of the healthseekers, stopped publishing in 1939.

In addition, the cottage sanatorium plan was being criticized as an inefficient, too expensive model of healthcare facility. New sanatorium design focused on keeping patients all in one building in order to cut down on the foot traffic necessitated by visiting all those cottages spread out on facility grounds.⁴¹² It was also cheaper to run and maintain one large building rather than many small ones. While this had been acknowledged from the beginning, the cottage plan had proven so suitable for fundraising purposes that it had flourished during the early grassroots years.

However, the cottage sanatoriums had drawn a sizeable community of doctors and nurses to the city to assist with the consumptive population, and thus laid the groundwork for a general healthcare industry to develop and flourish. In Albuquerque, the religious groups running the St. Joseph, Southwestern Presbyterian, and Methodist sanatoriums adapted to advancements in medical technology and kept on in the healthcare business. Though they were interested in new construction rather than renovation of the cottage sanatoriums. St. Joseph's new Romanesque Revival hospital (1930) housed 150 beds within one four-story Y-shaped building. Built as a general hospital, it was reported to be the most

⁴¹¹ "Civic Council Makes Report on Arrivals," *Health City Sun*, 27 January 1933.

⁴¹² Maitland, "Design of the Tuberculosis Sanatorium," 10.

modern in the Southwest.⁴¹³ The sanatorium demolished its old bungalows between 1937 and 1939.⁴¹⁴ Likewise, Southwestern Presbyterian Sanatorium's 1933 addition to the Maytag Research Laboratory was intended for general hospital patients.⁴¹⁵ The Methodists sold their cottage sanatorium in the 1940s and built the Bataan Memorial Methodist general hospital in 1950.⁴¹⁶

New facilities constructed for care of the tuberculous in Albuquerque were radically different in design and function. For example, the 1934 Bureau of Indian Affairs' Albuquerque Indian Hospital was one monumental building that had much more in common with the contemporary design of general hospitals than the picturesque architecture of the cottage sanatoriums.⁴¹⁷ Likewise, the 1932 Veterans Administration Hospital clustered its tuberculosis patients into one building, which was just a small part of an extensive hospital campus.⁴¹⁸

Following the Great Depression, Albuquerque's tuberculosis industry never revived. Selman Waksman, a microbiologist working for the New Jersey State Agricultural Experiment Station, discovered the first antibiotic (streptomycin) in 1945.⁴¹⁹

Streptomycin and other medicines developed during the 1940s and early 1950s

⁴¹³ Hollander, "National Register of Historic Places Nomination Form for the Saint Joseph 1930 Hospital."

⁴¹⁴ See "Saint Joseph's Hospital, 601 Martin Luther King Jr Blvd.," Archive of the Huning Highland Historic District Neighborhood Association, Albuquerque, New Mexico.

⁴¹⁵ Woodham, *A History of Presbyterian Hospital*, 25-26.

⁴¹⁶ Woodham, *A History of Presbyterian Hospital*, 36-37.

⁴¹⁷ Federal Security Agency, *Index of Hospitals with Tuberculosis Beds in the United States and Territories as of January 1, 1946* (Washington, D.C.: United States Public Health Service, Tuberculosis Control Division, 1946).

⁴¹⁸ Veterans Administration Hospital, "Progress 1932-1962: Veterans Administration Hospital, Albuquerque, New Mexico."

⁴¹⁹ McBride, "American Sanatoriums: Landscaping for Health," 27.

effectively ended the tuberculosis epidemic in the U.S. As one American doctor writes, “Not only did sanatoriums close, but also therapeutic mainstays like pneumothorax and pneumoperitoneum became obsolete, and surgical procedures such as thoracoplasty and the surgeons who did them disappeared.”⁴²⁰

Today the sites of the original St. Joseph, Southwestern Presbyterian, and Albuquerque sanatoriums are parts of large medical complexes catering to the general population. Healthcare remains a very important industry to Albuquerque’s economic health. Indeed, medical buildings and campuses are among the biggest, most visually conspicuous, and most expensive projects on our city’s landscape. These hospitals indeed owe their existence to the early twentieth century sanatorium pioneers who first stood on the sites examining the scenery, contemplating the winds, and praising the abundant sunshine.

⁴²⁰ John F. Murray, “A Century of Tuberculosis,” *American Journal of Respiratory and Critical Care Medicine* 169 (2004): 1183.

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