

A Brief History of the Preventorium: Architectural and Other Challenges of Preserving the
Children's Preventorium

By Samantha Brickel

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Thesis Committee:

Dr. Carroll Van West - Thesis Chair

Dr. Lisa Pruitt - Reader

Dedication:

To all the individuals who suffered from tuberculosis whose stories have not been told.

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ABSTRACT

Beginning in the 1970s, with assessments increasing in number in the 1980s and 1990s, historic preservationists have studied sanitoriums, small and large, across the United States. Almost no attention has been given to preventoriums, which were institutions that housed those with latent or bone and joint tuberculosis. These institutions represent a significant period of American medicine and understanding this resource's significance was the primary purpose of the thesis. It combines both architectural survey and primary resources to make the case for the future preservation and interpretation of preventoriums.

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Introduction:

Tuberculosis, also known as TB, is a disease that has generated fear for centuries and still causes great anxiety worldwide today. Yet despite antibiotic treatments for TB, the disease remains a threat—perhaps even more so in the future, given that it is now drug-resistant. Furthermore, TB persists as one of the world’s leading causes of death.¹ This disease is estimated to have killed at least 25 percent of the world’s population, and many more have contracted the disease. Victims deserve to be remembered, and the stigma associated with TB echoes much of what occurs with every disease outbreak.²

Many historians have either directed their TB research primarily toward the scientists and their search for a cure, or they have given a broad survey of TB’s history. Still, other historians have investigated the disease’s social history about the human experience, that is, they have gathered knowledge of the patients and their loved ones, public health crises, and the stigma and isolation associated with the disease. Like the HIV crisis starting in the 1980s, TB is still met with stigma and uncertainty today.

Tuberculosis changed the world both culturally and scientifically, resulting in the enactment of public health measures that are still used. This disease is caused by *Mycobacterium tuberculosis*, which was discovered by the German doctor Robert Koch in 1882.³ It is a zoonotic disease, meaning it is strongly associated with animals, or that it has originated from them. There are multiple TB strains, but bovine TB was the most prevalent. For decades, historians and scientists believed the ancient Egyptians were the first humans in contact with TB. However,

¹ Center for Disease Control. “Division of Tuberculosis Elimination. History|” CDC, 2016. <https://www.cdc.gov/tb/worldtbdays/history.html>.

² Ibid.

³ Ibid.

recent scholarship indicates that it may have been detected far earlier, with new data suggesting neolithic humans may have suffered from TB, a finding that challenged former notions.⁴

Bovine tuberculosis is of special interest given its relation to milk production and because of children drinking tainted milk, thus causing multiple forms of TB. However, a former, and primary, cure for TB was to consume large quantities of milk to fulfill nutritional needs and gain weight. Once government regulations came into play, it became standard practice to inspect and treat cows for TB. Thus, milk production shifted to safer techniques. This strategy eventually lowered the bovine TB rate in children.

In the eighteenth century, people believed the disease “gifted” the afflicted with creative insight. Given the number of poets, fiction writers, actors, and musicians who suffered from it during the Romantic Era (c. 1798–1837), the disease gained the moniker “the romantic disease.”

⁵ At the time, dying from TB was considered a beautiful death. Yet for those afflicted, it was anything but beautiful or romantic; it was lingering and painful.⁶

TB affected many of the most creative and brilliant minds directly, such as Frédéric Chopin, John Keats, Percy Shelly, and Anton Checkov. Indirectly, it afflicted others connected to the disease like Edgar Allan Poe, whose mother and wife, Virginia, both contracted the disease. Eventually, the public realized the truth of this tragic disease, leading to the second epistemological shift—panic, fear, and stigma.

Tuberculosis also affected domesticity and class relationships. It also changed family dynamics and what one could consider a support system. The caretaker role often fell to women,

⁴ I. Buzic, and V. Giuffra. “The Paleopathological Evidence on the Origins of Human Tuberculosis: A Review.” *Journal of Preventive Medicine and Hygiene* 61 (1 Suppl 1): E3–8. <https://doi.org/10.15167/2421-4248/jpmh2020.61.1s1.13>, 79.

⁵ René Dubos, and Jean Dubos, *The White Plague : Tuberculosis, Man and Society* (London: Rutgers University Press, 1996.), 44.

⁶ *Ibid.*, 45.

who were sometimes reluctant, as they gathered to care for the family of the ill person. Mothers, sisters, aunts, and grandmothers were sometimes pulled away from their responsibilities to do so. This shift occurred across all classes.

The cultural perception of TB became more positive only when new population trends emerged. Many blamed the influx of cases on emigration from rural communities to the city and on people immigrating to the United States. During the latter half of the nineteenth century, TB increased markedly. This constituted the second epistemological shift. Subsequent examinations included agricultural links to tuberculosis and the disease's gradual progression from spreading slowly to rapidly causing widespread panic. The ensuing hysteria caused people to look for a scapegoat, which was frequently the "other," or people deemed immoral, such as criminals, alcoholics, or sex workers. Other citizens believed that the afflicted deserved their illness, either because of their occupation, morality, or the perception that such conditions were hereditary. In turn, this led to the spread of eugenic beliefs of the time.⁷

TB highly impacted immigrant communities—not because of a "racial susceptibility" or "lack of morals," but due to the poverty and cramped living conditions they endured.⁸ People of color and immigrants also lacked options or resources to help with their affliction, leaving many of their stories ignored. Moreover, the disease affected white individuals.⁹ Therefore, regardless of race and ethnicity, one of the few weapons that medical professionals and public health officials had to use against TB's spread was public health education. An example of public rhetoric at the time is Jeanne Abrams' "Spitting is Dangerous Indecent, and against the Law!"

⁷ Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: The Johns Hopkins Univ. Press, 1995), 72.

⁸ Dubos, *The White Plague*, 191.

⁹ *Ibid.*, Appendix C.

Legislating Health Behavior during the American Tuberculosis Crusade.”¹⁰ As these anti-expectoration laws were enacted to reduce the sputum-based spread of TB, the vilified “spitting habit” became conflated with people experiencing poverty and the working class, who were more likely to contract TB given their subpar working and living conditions.¹¹ Immigrants of Italian, Irish, and Eastern European Jewish heritage were frequently targeted as a result of these conditions. Like many other TB historians, Abrams highlights the dangers of associating susceptibility to disease with poor moral character, despite general perception resulting in immigrants and blue-collar workers being met with undue prejudice.

As such, TB narratives are a part of a social cycle. Tuberculosis was a disease that caused such extreme dread among families that they were torn apart, and friends shunned those infected with the disease. Occasionally, families would bring their afflicted family member(s) to a sanatorium, only to never see them again.¹² Nevertheless, tuberculosis is not the only illness to induce anxiety in terms of public perception and dynamic adjustments. The Human Immunodeficiency Virus, also known as HIV, was initially observed in primates in Africa before being transmitted to humans.¹³ The HIV crisis reached its height in the 1980s and 1990s, attaining similar levels of spread and establishing an epidemic of its own.¹⁴ HIV is frequently transmitted through unprotected sexual activity and needles, which has led some to believe that it primarily affects undesirables and, as a result, poses a threat to “morally proper” individuals.

¹⁰ Jeanne E. Abrams, . “‘Spitting Is Dangerous, Indecent, and against the Law!’ Legislating Health Behavior during the American Tuberculosis Crusade.” *Journal of the History of Medicine and Allied Sciences* 68 (3): (2003): 416–50. <https://www.jstor.org/stable/24672117>

¹¹ Jeanne E. Abrams, “‘Spitting Is Dangerous, Indecent, and against the Law!’”, 437.

¹² Rothman, *Living in the Shadow of Death*, 23.

¹³ Frank Ryan, *The Forgotten Plague: How the Battle against Tuberculosis Was Won--and Lost* (Boston: Back Bay Books, 1994), 396.

¹⁴ *Ibid.*, 395.

This occasionally encompassed homosexual men, sex workers, and drug addicts.¹⁵ Furthermore, individuals of color comprised a substantial proportion of those afflicted due to similarly disadvantaged living circumstances and healthcare inaccessibility.¹⁶

Interestingly, there is also a comorbidity of the two, with the prevalence of tuberculosis among individuals living with HIV remaining elevated to this day. Moreover, most individuals who are diagnosed with TB also have HIV.¹⁷

Like tuberculosis victims, individuals with HIV were often ostracized because of others not understanding how the disease is transmitted. This attitude resulted in avoiding physical contact with the afflicted, which often included refusing even to enter the same room as an infected person. Unfortunately, many people endured prolonged periods of isolation, as their families and acquaintances occasionally abandoned them. To conceal their condition, others maintained a double life. Numerous oral histories and surveys have been conducted on HIV patients, and their narratives bear an uncanny resemblance to those of tuberculosis patients.

The 2019 Covid pandemic also elicited a comparable sentiment, as individuals were unaware of the virus's transmission mechanism and resorted to scapegoating Asian Americans for their anxieties surrounding the disease. It is only a matter of time before another ailment emerges, and the cycle begins once more.

Regarding tuberculosis and its history, another influential scholarly article for this study is Jeanne Abrams' "On the Road Again: Communities Traveling for Health in the American West 1840–1925," which focuses more on the earlier days of TB and the final days of the disease's expansion—a topic that, while addressed in other sources, is covered more in-depth

¹⁵ Ibid., 395.

¹⁶ Ibid., 396.

¹⁷ CDC. "TB Risk and People with HIV," *Tuberculosis (TB)*, Apr. 22, 2024, www.cdc.gov/tb/risk-factors/hiv.html.

here.¹⁸ The American goal of western expansion is frequently paired with pioneer settlements and miners looking to strike it rich by discovering gold. However, Abrams argues that as many as one-third of those who participated in settling the American West were “health seekers” who made the arduous journey to reclaim their health and heal their tuberculosis.¹⁹ Again, as with many other sources, the role of climate is at the forefront. Colorado, New Mexico, and parts of California were the most popular destinations, with about 20 percent of settlers having gone west for TB reasons.²⁰

Thousands of tuberculosis patients had left large cities in favor of heading to the West on health tourism. Usually, they went to Colorado, with Colorado Springs becoming a mecca of sorts for TB sufferers to live in “lunger colonies,” a derogatory term for those suffering from the illness.²¹ Other destinations included mountainous regions such as Asheville in North Carolina, hilly regions such as Waverley Hills, Kentucky, or, most famously, Lake Saranac, New York. The latter featured a few examples of tuberculosis “tent cities,” “TB huts,” and early sanatorium destinations.²²

The idea behind these institutions for treating tuberculosis was the “open air” approach, which required the patient to be in an open, outdoor environment all day, regardless of the temperature or weather. These tents’ physical attributes unsurprisingly varied greatly depending on the socioeconomic status of the afflicted and their families. Many healthy family members traveled with their afflicted family members, including children who were sometimes infected or could not be left behind. There are too many factors to accurately depict the average hut size, and

¹⁸ Jeanne E. Abrams, “On the Road Again: Consumptives Traveling for Health in the American West, 1840—1925,” *Great Plains Quarterly* 30, no. 4 (2010): 271–85, <https://www.jstor.org/stable/23534371>.

¹⁹ Abrams, “On the Road Again”, 271.

²⁰ *Ibid.*, 274.

²¹ Rothman, *Living in the Shadow of Death*, 34.

²² *Ibid.*, 35.

historians and preservationists only have a few, sometimes singular, huts to survey; this comprises much of the collected data under analysis, given the dearth of photographic evidence or diaries or plans.

“Huts” were the later iteration of TB tents, originally designed after Native American tents. Most famously, Charles Fox Gardiner started using them first, and it was he who observed the Ute tribal members living in tents and experiencing their health benefits²³ Gardiner found that their tents alleviated his symptoms, and he published an article about his findings. Given Colorado’s prominence in tuberculosis health efforts, a hut from Colorado Springs has been chosen to represent these dwellings for this review.²⁴ Trevor Phipps, a health advocate quotes an advertisement from 1902:

The tent is circular or octagonal . . . five feet, roof 2-3 pitch of diameter—namely a tent 12 feet in diameter, has eight-foot pitch, five foot-wall, and an extreme height of 13 feet . . . The top terminates in a ring, 15 inches in diameter, to which the rafters are fastened. The edge all around has an air space of two inches covered with wire netting, thus securing a gradual flow, without draft, of pure air. The 15-inch opening on top forms an exit for heated and impure air. This opening can be covered by a metal cap, which can be raised or lowered by means of ropes.²⁵

Very few examples of this property type remain standing, with a few scattered around Colorado, Arizona, and upstate New York.

In contrast to huts and tents, sanatoriums were permanent institutions. Each sanatorium offered spacious settings for hundreds of tuberculosis patients. Another feature is that the stability of sanatoriums allowed doctors to focus on medical experimentation, both surgically and pharmaceutically, thus enabling research and the identification and preventative measures.

²³ Trevor Phipps, “Tuberculosis Huts Were Specifically Designed to Treat the Disease,” *The Maverick Observer*, October 25, 2021. <https://themaverickobserver.com/tuberculosis-huts-were-specifically-designed-to-treat-the-disease/>.

²⁴ Ibid.

²⁵ Ibid.

Both middle- and upper-class white women who recognized an opportunity to engage in philanthropy and cultivate a sense of purpose were the driving forces behind the progressive era, which lasted from the 1880s to the 1920s.²⁶

These women were subsequently referred to as “child savers” for their efforts in raising funds for lodging, hospitals, medical interventions, and educational opportunities for TB patients²⁷ Alice Bemis Taylor, a leading medical progressive woman of this era who played a major role in preventorium development.

In the late nineteenth century, society gradually started to regard children as children, meaning, in applicable cases, that children were no longer expected to work outside the home. The infant mortality rate was at an all-time high, and public health officials, physicians, and nurses were given greater importance in an effort to mitigate these alarming figures. Regrettably, numerous families with inferior economic status could not prohibit their children from working given the necessity of their income.²⁸ When tuberculosis reached its epidemic peak, public officials pursued all available sources and methods to combat the disease. One obstacle was the prevalence of tuberculosis in children, who frequently contracted the disease from an ailing family member. Additionally, lower-income homes were dark, inhospitable, and overcrowded; the lack of income impacted the intake of proper income.

It was evident that nutrition and clean lodgings should be mandatory if the threat of TB was to effectively address the issue. Moreover, considering the uptick in anti-tuberculosis campaigns and the new emphasis on care towards children, it was obvious to combine the two to successfully tackle the problem.

²⁶ Rothman, *Living in the Shadow of Death*, 183.

²⁷ Stanford T. Shulman, “The History of Pediatric Infectious Diseases.” *Pediatric Research* 55 1 (2004): 163–76. <https://doi.org/10.1203/01.PDR.0000101756.93542.09>, 165.

²⁸ *Ibid.*, 170.

Physicians were especially concerned about children as carriers of disease. Most children suffered from non-pulmonary TB; as such, bone and joint TB usually afflicted them less often. Bone TB is sometimes referred to as “Pott’s disease.” Cynthia Connolly addresses this in her book *Saving Sickly Children*. A considerable number of these children acquired latent TB, a condition characterized by its ability to remain dormant for an extended time. However, they could still transmit the infection to others. At the same time, children infected with active forms of TB—such as skeletal and joint tuberculosis primarily affecting the spine or knees—required specific and intermediate medical treatment.²⁹

Physicians had to identify a solution quickly; thus came the establishment of fresh-air schools, which allowed children to stay near their families. They also enabled them to attend school, but classes often took place on the roof or in classrooms without most of its walls. Children were fed nutritious and copious amounts of milk, eggs, and fatty foods.³⁰ (Although one had to be exceedingly cautious regarding whether the milk came from a reputable source, otherwise bovine tuberculosis could become a risk.) Children also rested and napped throughout the day.

Preventoriums were different: They separated children from families. Activities of preventoriums focused on rest, nutrition, playtime or easy exercise, and light schooling. Preventoriums proved to be highly controversial, as parents were understandably unsure about being separated from their children. The first preventorium was established in 1909 in Farmingdale, New Jersey. The assessment of preventoriums as medical institutions associated with the fight against TB is uncommon in the literature of historic preservation. Preservationists,

²⁹ Cynthia A. Connolly. 2014. *Saving Sickly Children : The Tuberculosis Preventorium in American Life, 1909-1970* (New Brunswick: Rutgers University Press, 2014) 21.

³⁰ *Ibid.*, *Saving Sickly Children*, 43.

and many academics alike, have never heard of preventoriums. Thus, this thesis focuses on preventoriums as a specific type of property in US medical history.

The Problem with Sources:

Preventoriums have been the subject of very few historical works, with only one book and two memoirs written by historians at the time of starting thesis research. Although there is a plethora of books on TB, only three included even a footnote that addressed preventoriums. To bridge the divide between the history of children and the social history of adults, the aforementioned work by Cynthia proved invaluable. I heavily depended on her work, as she is the sole historian to publish a book on preventoriums.

Next came the challenge of locating sources about minors. Medical personnel did not often write about children; instead, their focus was primarily on infant mortality or diseases like smallpox or diphtheria. The primary sources regarding children's experiences comprise caretakers, who are typically mothers, or the relatively recent sources of adults who were institutionalized as preventers during the early to mid-twentieth century. Likewise, people are understandably protective of children's privacy. Consequently, it is nearly impossible to locate work on children's health that was not published in older medical journals, which themselves are frequently inaccessible.

Furthermore, many who suffered from TB in these scenarios were of lower economic status. The middle- and upper-classes are historians' primary focus, as they are more easily analyzed due to extant documents. In an era in which illiteracy was a concern, the affluent and middle-class benefited from additional opportunities for self-expression, and the preservation methods employed by each class differed significantly. People also held values in terms of what could be preserved.

The process of obtaining information about the institutions for my case study was an additional challenge. I had to rely significantly on interviews, websites like newspapers.com, and fieldwork. I was fortunate to locate any sources, particularly those related to architecture.

Mont Alto and the Colorado Springs Day Care are examples of situations in which there was a shortage of easily accessible information. I examined numerous archives, but could not locate anything beyond my interview and tour. The section is regrettably brief because there has been little information published about the institution's benefactor. Nonetheless, I was fortunate to receive assistance while touring the facilities.

The most significant aspect of the Pennsylvania cases is that in 1972, Hurricane Agnes devastated the state's archives, resulting in the loss of thousands of files, including most of Cresson's and Mont Alto's files.³¹ This was alleged by researchers, both past and present, who have attempted to obtain information about their loved ones' records.

³¹ Anthony R. Wood, "Agnes Was a Record-Setting Rainstorm in Pa". *Philadelphia Inquirer*, June 22, 2022. <https://www.inquirer.com/weather/agnes-record-flooding-philadelphia-pa-weather-hurricane-20220622.html>.

The Preventorium:

The massive impact that TB has had on US society demands that we preserve physical sites and buildings associated with the battle against the disease. Constructing sanatoriums was one of many drastic measures taken in the domain of public health to fight TB, both by treating the disease and preventing its spread. These institutions were designed to seclude those suffering from the disease, and sometimes their families, as well. Traveling to the American West provided an escape from the persecution, stigma, and scrutiny that came with contracting the disease, as well as climate conditions rumored to be favorable to the treatment and cure. Demand for higher-quality institutions by the middle- and upper-classes suffering from TB led to the construction of well-built, permanent facilities, replacing the temporary “tent cities” that had sprung up all over the West. Primarily, these are the buildings that still exist today.

Once institutionalization began, parents had to make difficult choices about what to do with their families. Some children had accompanied their parents to tent cities and cottages, but the transition to brick-and-mortar institutions did not allow for this; children were left without many options, especially if a relative could not or would not take them in.³² Some sanatoriums allowed children to live in tents on the front lawns, in view of their parents residing within, but as patient occupancy increased, new options had to be explored.³³

The medical profession believed preventorium— institutions where exposed or pre-tubercular children, from infants to approximately age sixteen, could reside— could be a solution. The patients were tested for the disease and treated with rest, fresh air, exercise, and a diet centered on nutrition and weight gain.³⁴ Diet was considered the most important treatment, as

³² Connolly, *Saving Sickly Children*, 41.

³³ *Ibid.*, 47.

³⁴ *Ibid.*, 48.

one of tuberculosis' most notorious symptoms was weight loss, so a high-fat diet including lots of milk and eggs was crucial.³⁵

These institutions' locations often followed the same trends as the sanatoriums, with an emphasis on high elevation, clean air, and temperate weather. Colorado was an especially popular destination for travelers heading West.³⁶ Arizona and California were also western states with a high concentration of these buildings given their warm climate and dry air. These western locales, however, were often in low-population areas.³⁷ Citizens in the eastern United States established their tuberculosis institutions in the Adirondack or Appalachian Mountain regions because the higher elevations were thought to improve lung function given the region's "better" or "more pure" air.

Despite the services they provided to at-risk children, preventoriums were controversial from the start. The public distrusted TB patients as potential spreaders of disease, and patients were often skeptical of their physicians and the administered treatments. Understandably, parents expressed a heightened sense of protectiveness towards their children. The situation escalated when the panic spread to the middle-class and their children became ill. They debated whether they should follow medical advice, especially when information such as the diagnostic procedure—a simple blood test used to diagnose tuberculosis in infants—led parents to believe their children had been subjected to experiments.³⁸ It fell to doctors to use various available measures to garner trust among both their patients and the public. These trust issues complicated doctors' roles, especially since one solution was the preventorium, which separated some

³⁵ Cynthia A. Connolly "Experiments in Children's Healthcare Institutions," <https://www.nursing.upenn.edu/nhbc/nurses-institutions-caring/experiments-in-childrens-healthcare-institutions>.

³⁶ Abrams, "On the Road Again," 271.

³⁷ *Ibid.*, 272.

³⁸ Connolly, *Saving Sickly Children*, 49.

children from their parents. Some wealthy families employed private nurses to care for their children or decided to send their children to designated camps—another form of the preventorium model. Beyond the diagnosis and the occasional removal of their children to a designated care space, parents were frequently unaware of the process.

However, some parents were willing to remain with their children in the sanatorium system or preventorium school system. Preventoriums were a combination of school, hospital, and—for some children—their temporary home. They were often connected to open-air schools that generally placed TB-infected children on rooftops or upper floors, using partly moveable barriers to facilitate the free passage of air. The prevailing belief was that access to fresh air, together with proper nutrition and sufficient rest, could effectively combat TB.

Some children attended school in the morning, received rest care at the school in the afternoon, and returned home in the evening. Other schools entirely separated children from their homes, but they still employed a similar treatment pattern.³⁹

Preserving sanatoriums, and preventorium particularly, presents several unique challenges due to the scant number that survive and the difficulty of finding new uses for the campuses. There have been efforts to preserve sanatoriums but also other TB-related buildings such as cottages and huts, wrap-around porches, charity organization homes that once housed patients, and a few miscellaneous but vital landmarks. It is time for similar preservation efforts to be directed at preventoriums.

In 2022, I methodologically combed through every National Register of Historic Places nomination regarding places associated with TB, including sanitarium and children's day camps. Some locations associated with TB were unrelated to TB care or the concept of sanatoriums.

³⁹ Ibid., 41.

These include the famed Stanley Hotel in Estes Park, and institutions founded for general children's wellness. Since institutions like these were only tangentially related to TB, I excluded them from the initial list. Another property type were religiously affiliated sites or houses of worship where religious societies administered care to consumptives. I omitted these properties as they were not dedicated medical facilities. I then narrowed my search to TB-related locations that treated children, whether they were a dedicated children's facility or simply featured a children's building or wing as part of a larger facility. After scouring through additional nominations, articles from newspapers.com, and the TB directories of 1907, 1911, and 1923, I compiled a list of buildings and institutions. I then created an Excel table detailing these locations. My final tally totaled thirty.

For each location, I identified several defining characteristics to compare and contrast: region of establishment, rural versus urban locale, segregation status, opening and closing dates, bed capacity, and the current location status. The current status of these properties frequently fell into one of three categories: abandonment, adaptive reuse (e.g., repurposed as a geriatric care facility or institution for the mentally and physically disabled), or demolition. Unfortunately, many facilities that were initially repurposed were subsequently abandoned, leading to many abandoned institutions across the United States.

After the data input was completed, I parsed the list to locations that could potentially be visited in person for research. Most abandoned buildings were too dangerous to visit, or doing so could result in heavy fines or trespass charges due to their status. Some locations could be visited with permission; others required supervision from a staff member's relevant authority. From the list of 30 such possible institutions, I cold-called locations, asking for information or permission to visit the location. I also contacted historic preservation offices, local historical societies, and

city or county archives. By making this effort, I identified three extant preventoriums. I visited each of the properties and those in field investigations shaped the thesis.

Chapter One New Jersey: The Farmingdale Preventorium

In Howell, New Jersey, on Preventorium Road, an unassuming dead-end street that branches off Old Tavern Road reminds one of the significant influence TB had on the nation. The facility located here was intended to house and care for New York City's children, aged six to fourteen, who were pre-tubercular or who had otherwise been exposed to the illness via family members but had not yet exhibited active symptoms. This preventorium focused on physical health, nutrition, and continual exposure to fresh air throughout a three- to four-month stay.⁴⁰

The Farmingdale Preventorium was originally established as the Cleveland Cottage at the Lakewood Hotel in July 1909, and it accommodated just forty patients. The Lakewood Hotel, constructed in 1891 at the cost of nearly \$1 million, was the largest of a series of resort hotels constructed around the turn of the century to take advantage of tourism from the city.²⁷ In 1910, Nathan Straus, a part-owner of the Lakewood Hotel, gave his interest in the hotel to the preventorium board of trustees.⁴¹ Straus was a notable philanthropist and benefactor of New York City's poor, having served as the Commissioner of Parks and the Commissioner of the Department of Health, and later established the Nathan Straus Pasteurized Milk Laboratory in 1892. He was a leader in the pasteurization movement that eventually resulted in a national decrease in infant mortality and of milk-borne diseases in the United States.⁴²

Marcus Kars, the institution's first president, faced "considerable opposition" to its founding.⁴³ Opposition came from Lakewood residents who formed a citizens' protest committee

⁴⁰ Thomas Spees Carrington, *Tuberculosis Hospital and Sanatorium Construction*, New York: Tuberculosis Hospital and Sanatorium Construction, Written for the National Association for the Study and Prevention of Tuberculosis, (1911).

⁴¹ "Nathan Straus to Build New Preventorium: Trustees Accept Offer of \$100,000 and Turn Lakewood Institution to Him," *Newark Star Eagle*. January 10, 1910. <https://www.newspapers.com/image/876939615/?match=1>.

⁴² "Nathan Straus Dies: Nation Mourns Loss of Philanthropist," *New York Times*, January 12, 1931.

⁴³ J. Palmer Quimby, "The Tuberculosis Preventorium for Children, Farmingdale, NJ," *Modern Hospital* 8 (3).

against the “tuberculosis invasion.”⁴⁴ Governor Fort and Max Nathan, the proprietors of the remaining portion of the Lakewood Hotel, both supported the community’s stance against the establishment. Nathan, via his attorney Samuel Untermeyer, communicated his position that the Cleveland Cottage was transferred to him for personal use and habitation according to the verbal agreement he had made with Straus. He further asserted that establishing the preventorium was contrary to his goals.⁴⁵

Untermeyer wrote, “Mr. Nathan, understanding your request was for permission to occupy the cottage for yourself and family, cheerfully assented . . . I do not understand that you disclosed any such purpose at the time or that you had any such plan in mind.”⁴⁶ Straus fought fiercely for the preventorium and the well-being of the children residing in the Cleveland Cottage. Straus declined Nathan’s offer to donate his one-half stake in the Lakewood Hotel, which was appraised at \$300,000. Nathan further insisted that the property be removed from the hotel premises.⁴⁷ He maintained that he had legal and rightful use of the Cleveland Cottage; thus, he claimed, he had every reason to take Nathan at his word that he could use the property at his own discretion.⁴⁸ “I am quite satisfied to be characterized as headstrong in my determination to save the lives of children,” Straus told the *New York Tribune*. “I mean to conduct this work peaceably, if that can be, but I’ll put it on a war footing if necessary.”⁴⁹

⁴⁴ “Gov. Fort Aids in Lakewood Fight: New Jersey Opposed to Tuberculosis Invasion Page 4,” *Asbury Park Evening Press*, November 27, 1909.

⁴⁵ “To Give \$300,000 If Preventorium Goes: Nathan Makes Clear His Stand in Lakewood Controversy—Did Not Agree to Misuse of Cleveland Cottage and Threatens a Legal Fight, Page 1,” *Asbury Park Evening News*. 1909b, December 13, 1909.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

⁴⁸ “Nathan Straus to Build New Preventorium: Trustees Accept Offer of \$100,000 and Turn Lakewood Institution to Him,” *Newark Star Eagle*, January 10, 1910.

⁴⁹ “Reply from Straus, His Feelings Bitter: Attacks Enemies of Lakewood Preventorium,” *New York Tribune*, January 11, 1910.

Articles from the *New York Times*, dating from the winter of 1909 through the spring of 1910, document the local Lakewood community's vocal opposition to establishing a facility for consumptives in the town. The reporting indicates a fundamental misunderstanding of the preventorium's purpose, incorrectly assuming that patients with active TB infections would be brought in. A letter from Governor John Franklin Fort of New Jersey to the preventorium's board of trustees echoed this sentiment: "[W]e should not permit persons with contagious or infectious diseases to be brought into this state."⁵⁰ Marks attempted to explain the real purpose of the preventorium in a statement to the *New York Tribune*: "What we propose to do is to bring children, who, in their present surroundings, would be likely to contract the disease, and . . . build them up so that the probability of contracting the disease is eliminated."⁵¹

In November 1909, Dr. Steuben Wheelwright, the physician overseeing the preventorium, was arrested under a 1907 law "making it a misdemeanor to bring into the state dependent children without previous written consent from the commissioner of charities and corrections."⁵² Even the faction opposed to the preventorium criticized the arrest, deeming it sensationalistic and unnecessary, claiming that the law did not account for a facility of this nature.⁵³ Additionally, the preventorium's trustees were successful in gaining public support, as evidenced by numerous letters and editorials arguing that the citizens of Lakewood had no justification for forbidding these children from residing among them and that any concerns expressed regarding their admission were completely unfounded.

⁵⁰ "Gov. Fort Aids in Lakewood Fight: New Jersey Opposed to Tuberculosis Invasion page 4," *Asbury Park Evening Press*, November 27, 1909.

⁵¹ "Gov. Fort Protests: Will Act on Lakewood's Preventorium," *New York Tribune*, November 27, 1909.

⁵² "Gov. Fort Aids in Lakewood Fight: New Jersey Opposed to Tuberculosis Invasion Page 4," *Asbury Park Evening Press*, November 27, 1909.

⁵³ "Arrest in Lakewood Preventorium War," *The Daily Record*, November 26, 1909.

In a *New York Times* editorial, George V. W. Duryee of Saranac Lake lambasted Governor Fort's response to the preventorium as "not only ignorance but hysterical fear and selfish cowardice."⁵⁴ Another editorial highlighted the contradictory attitudes of those who called for the preventorium to be closed: "Not one of them would say a word against saving children now well from falling victims to it. But no part of the noble war must be waged in their own vicinity."⁵⁵

James B. Stokes of Newport expressed a similar sentiment. He emphasized the Lakewood residents' hypocrisy: "Everyone familiar with Lakewood knows that for many years past it has been a resort where wealthy consumptives have gone in large numbers, and that the place has reaped a rich harvest from them."⁵⁶ Clearly, the implication of these discussions is that Lakewood residents were not objecting to having TB patients in their midst, but to bringing in poor children from TB households in the city. This only further highlights how both class divisions and the greater societal perceptions of TB negatively impacted the work that has been done in terms of treatment and prevention.

Straus experienced a nervous breakdown because of the dispute surrounding the preventorium. His compromised health and the stress induced by the ongoing battle over the preventorium rendered him incapable of continuing his professional duties. At this point, Straus initiated an investigation of alternative arrangements, prioritizing the welfare of the children residing at the facility. In this vein, he stated:

If the directors of the institution leave its present quarters, I will help them to establish an additional preventorium by giving them the sum of one hundred thousand dollars, on

⁵⁴ George V. W. Duryee, "Lakewood Preventorium: Denounces Gov. Fort's Attitude as Selfish and Ignorant," *New York Times*, November 20, 1909.

⁵⁵ "Frightened for No Reason," *New York Times*, November 25, 1909.

⁵⁶ "Gov. Fort Won't Help the Preventorium: Writes President Marks He Will Turn Case over to State Charity Commission," *New York Times*, November 27, 1909.

condition that they build an institution to receive children in some place as near Lakewood as it can, without friction with the residents.⁵⁷

He planned to maintain Cleveland Cottage as a small preventorium facility operated and maintained at his own expense.⁵⁸ This decision highlights his dedication to the cause, and the sentiment that children's wellbeing was his first and foremost concern, a sentiment that many could argue was present beneath the tumultuous public perception exhibited in this dispute.

The argument regarding the preventorium's location came to a definitive conclusion in the spring of 1910 when Arthur Brisbane voluntarily donated land. The farm and structures at the newly designated site, situated in Monmouth County, six miles north of the existing location and across the Ocean County line, were presented to the preventorium board of trustees as a donation. Recently enacted legislative changes at the time pertaining to preventorium facilities in particular would facilitate the transition to a new, state-supervised preventorium.

As such, the new preventorium at Farmingdale received its first child patients on April 28, 1910.⁵⁹ Farmingdale Preventorium was the first of its kind in the country; prior to its establishment, there had been "no institution [either] in New York or in the United States specially designed for the care of this large group of afflicted children"⁶⁰ who had been exposed to tuberculosis but did not exhibit signs of active disease.

Stokes, while endorsing the preventorium, maintained that establishing such a facility would elevate Lakewood to the same status as Colorado Springs in terms of innovative medical care. In its entirety, the preventorium's establishment and operation demonstrated a philanthropic

⁵⁷ "Nathan Straus to Build New Preventorium: Trustees Accept Offer of \$100,000 and Turn Lakewood Institution to Him," *Newark Star Eagle*, January 10, 1910.

⁵⁸ *Ibid.*

⁵⁹ Quimby, "The Tuberculosis Preventorium for Children," 3.

⁶⁰ *Ibid.*, 3.

commitment to the thorough welfare of children, coupled with a profound understanding of scientific principles and best approaches in the battle against TB.

When establishing the preventorium, the founding professionals had to allocate their focus and resources to the population with the most perceived need, a challenging task at a time when the population of malnourished, city-dwelling children living in unhygienic environments was “difficult to compile.”⁶¹ Dr. Alfred Hess, the visiting Physician-in-Chief to the Tuberculosis Preventorium for Children, identified the most vulnerable population: “If any group can be chosen as marked to fall by the wayside, it is the children of the tuberculous poor, children not only predisposed to tuberculosis, but actually exposed to tuberculosis.”⁶²

In an overview of Farmingdale Preventorium’s facilities, Dr. Hess itemized the various buildings and properties, but paid special attention to the “170 acres of land in the sandy pine belt, over which the children may roam and play.”⁶³ Like tuberculosis patients receiving the popular open-air treatment for active TB, preventorium children spent almost their entire day exposed to open air.⁶⁴

Some of the most important and impactful attributes of the preventorium were those which extended outside of the institution itself. Through closely collaborating with other New York City TB facilities, the preventorium successfully identified the children who would derive the greatest benefit from its services. By establishing partnerships with clinics and social welfare organizations in New York City and devoting time and attention to patients’ long-term care and welfare, the preventorium staff could ensure that departing patients had a reduced likelihood of

⁶¹ Alfred F.Hess, *The Tuberculosis Preventorium for Children: A New Weapon in the Anti-Tuberculosis Campaign*, (New York: Sons & Danielsson Limited, 1913), 190.

⁶² Ibid. 190.

⁶³ Ibid. 191

⁶⁴ Ibid. 192

relapsing or deteriorating further, and that the facility's treatment and programs remained pertinent and responsive to the community's needs.

A child patient's average stay at the Farmingdale Preventorium was three months,⁶⁵ during which time a nurse investigated housing conditions.⁶⁶ Home visits reoccurred every six months until the child's permanent safety and quality of the child's living conditions were assured.⁶⁷

These efforts spoke to the institution members dedication to ensuring their child patients' long-term health, reflecting Dr. Hess' view that there was "slight value in enthusiastically saving infants if no provision is made to save them from tuberculosis a few years later."⁶⁸

A 1917 inquiry into the living conditions of the families of TB patients "showed that there were 42 infants under 2 years in these [120] homes."⁶⁹ In over half of these cases, namely, those where the mother was the TB family member, it was simply unfeasible to remove her from the household as a treatment method and to prevent the infection from spreading: Hess explained, "The mother cannot be spared from the household, for the very reason that she has the infant to care for, as well as because there are usually other children."⁷⁰ As a direct response to this complication, Farmingdale Preventorium opened its "infantorium," a portion of its facility designed specifically for the care and wellbeing of children under the age of two.

The article in *The Modern Hospital* that reported on the Farmingdale Preventorium included photographs of the infantorium facilities, including young children in cribs and

⁶⁵ Ibid., 191.

⁶⁶ Ibid., 194.

⁶⁷ Ibid., 191.

⁶⁸ Hess, *The Tuberculosis Preventorium for Children*, 190.

⁶⁹ Ibid., 179.

⁷⁰ Ibid., 178.

highchairs. Most notable, however, is the photograph with the caption “improved infantorium beds designed and made at the Preventorium.”⁷¹ The photograph shows an outdoor metal structure similar to a covered veranda swing, where instead of a bench seat, three cradle-sized infant beds are attached. This structure, and the fact that Farmingdale staff designed and constructed, testifies to the staff’s responsiveness to TB community’s needs as well as to their dedication to creating, maintaining, and improving facilities specifically designed for juvenile patients. They strove not just to address the needs of infants and children under two, but also to do so innovatively. In this way, the comfort and needs of both the patients and the care staff were at the forefront.

The architectural firm Scopes & Feustmann and Walter J. Judell designed the Preventorium for Children in Farmingdale, New Jersey. The facility stood on one hundred and fifty acres of land and originally included an administration building, four dormitory buildings, and a power and laundry building. The water and power were both generated onsite. The block plan, which the architects provided, also included stables as well as two areas demarcated for “future workshops.”⁷²

Only the administration and the power buildings stand today. The administration building is of a frame construction, and the original architectural specifications of a shingle roof and cement stucco persist to this day. The administration building’s specifications note that while the floors are yellow pine, the corridors and rooms “having much wear” are covered with linoleum.⁷³ Originally, this building was designed to be multipurpose, with most of the first floor being used as a dining facility for the child patients. The main dining room was directly connected to the

⁷¹ Ibid., 178.

⁷² Carrington, *Tuberculosis Hospital and Sanatorium*, 35.

⁷³ Ibid., 62.

serving room, and had two entrances that allowed patients to enter and exit without traversing other parts of the building. The first floor featured separate dining rooms for both medical and maintenance staff (referred to in the original document as “servants” or “help”).⁷⁴ The first floor also housed the business office, reception room, and doctor’s office.⁷⁵

Staff housing was located on the administration building’s second floor, which accommodated two teachers, a medical superintendent, a head nurse, and a matron. There was also a “sewing & linens room, a clerk’s room, and twelve rooms and a bath for the servants.”⁷⁶

The four dormitory buildings were built to the same specifications: a two-story central structure flanked on both sides by one-story sleeping pavilions. Each pavilion could accommodate twenty-eight beds.⁷⁷ The central building’s first floor consisted of dressing rooms for the children; these included washing stations, benches, lockers and shelves for personal effects, and storage for the blankets used during rest hours. Two rooms for attendants were also located on the first floor, with direct access to the sleeping wards. Bathing facilities were located in the basements.⁷⁸

The second-floor facilities differed between the four buildings, with the two closest to the administration building outfitted with infirmaries, each divided into one for boys and one for girls, and each with a capacity for four patients.⁷⁹ The infirmary facilities had their own baths, nurses’ quarters, kitchen (referred to as a “diet kitchen” in the original sources), and a sleeping porch where the beds could be wheeled.⁸⁰ The two dormitory buildings furthest from the

⁷⁴ Ibid., 62.

⁷⁵ Ibid., 63.

⁷⁶ Ibid., 63.

⁷⁷ Ibid., 146.

⁷⁸ Ibid., 145.

⁷⁹ Ibid., 146.

⁸⁰ Ibid. 146.

administration building featured playrooms on the second floor, which could serve as a school room for up to fifty-six children, and featured walls that could be opened on three sides.

The design specifications and room designations for both the administrative building and the dormitories emphasize accommodating young patients. Housing for staff to live onsite, including teaching staff, also demonstrates a dedication to maintaining a consistent and holistic approach to caring for their young charges. Details like the lockers for toys and personal effects and dedicated play areas were also thoughtful touches necessary for the child patients' comfort and happiness. The ward-style sleeping arrangements in the pavilions were also better suited to children than individual patient rooms, facilitating interaction among patients and fending off the loneliness and isolation of institutionalization.

On August 11, 1970, the township of Howell took possession of the property⁸¹ after purchasing it for \$285,000. The administrative building then became the Howell Municipal Hall, with the city government using its various office spaces. The city then converted the power and laundry buildings into the Howell Fire Bureau. In 2012, the township's municipal offices moved to a new modern facility,⁸² and the remaining two buildings were subsequently abandoned. They are currently utilized for storage but are inaccessible to the public. Important field note - due to technical difficulties, I was not able to preserve the field photographs I took while visiting the location. Therefore, I can only rely on the few pictures I found on the internet.

⁸¹“Howell TWP. Takes Title to Property,”*Asbury Park Press*, August 12, 1970.

⁸² Adam Hochron, “What Should Happen to the Old Town Hall,” *Howell, NJ Patch*, September 27, 2012.

<https://patch.com/new-jersey/howell/what-should-happen-to-the-old-town-hall>



Figure 1. Front of Farmingdale, renamed Township of Howell Municipal Building

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⁸³ Andrew, Hochron,. 2012. “What Should Happen to the Old Town Hall,” *Howell, NJ Patch*, September 27, 2012. <https://patch.com/new-jersey/howell/what-should-happen-to-the-old-town-hall>.



Figure 2. Distant view of Town Hall

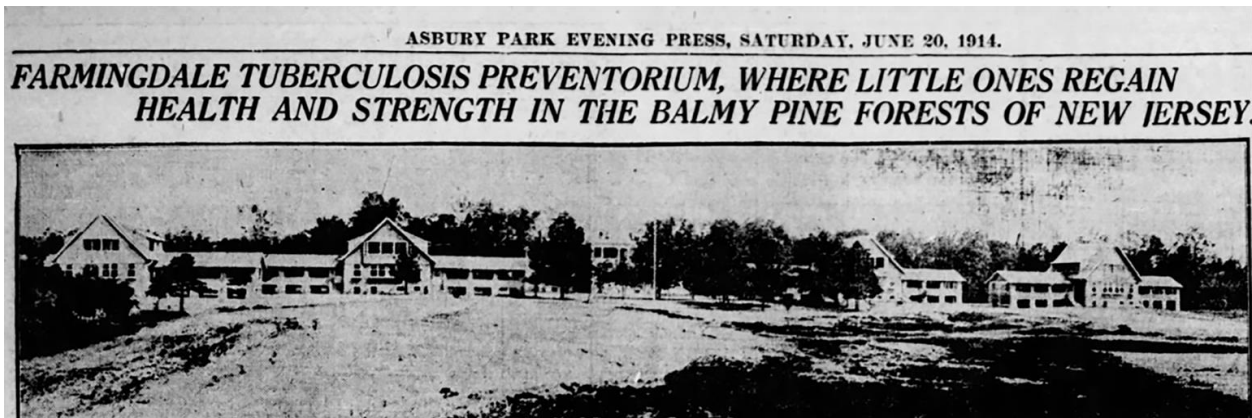


Figure 3. Newspaper photograph of Farmingdale

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⁸⁴ Sue, "An Ounce of Preventorium and Some Yellow Journalism in Howell," *Hidden New Jersey*, April 25, 2013. <http://www.hiddennj.com/2013/04/an-ounce-of-preventorium-and-some.html>.

⁸⁵ "Farmingdale Tuberculosis Preventorium , Where Little Ones Regain Health and Strength in the Balmy Pine Forests of New Jersey ." *Asbury Park Press*, June 20, 1914.



Figure 4. Front of Farmingdale, year unknown.



Figure 5. Open air sleeping room

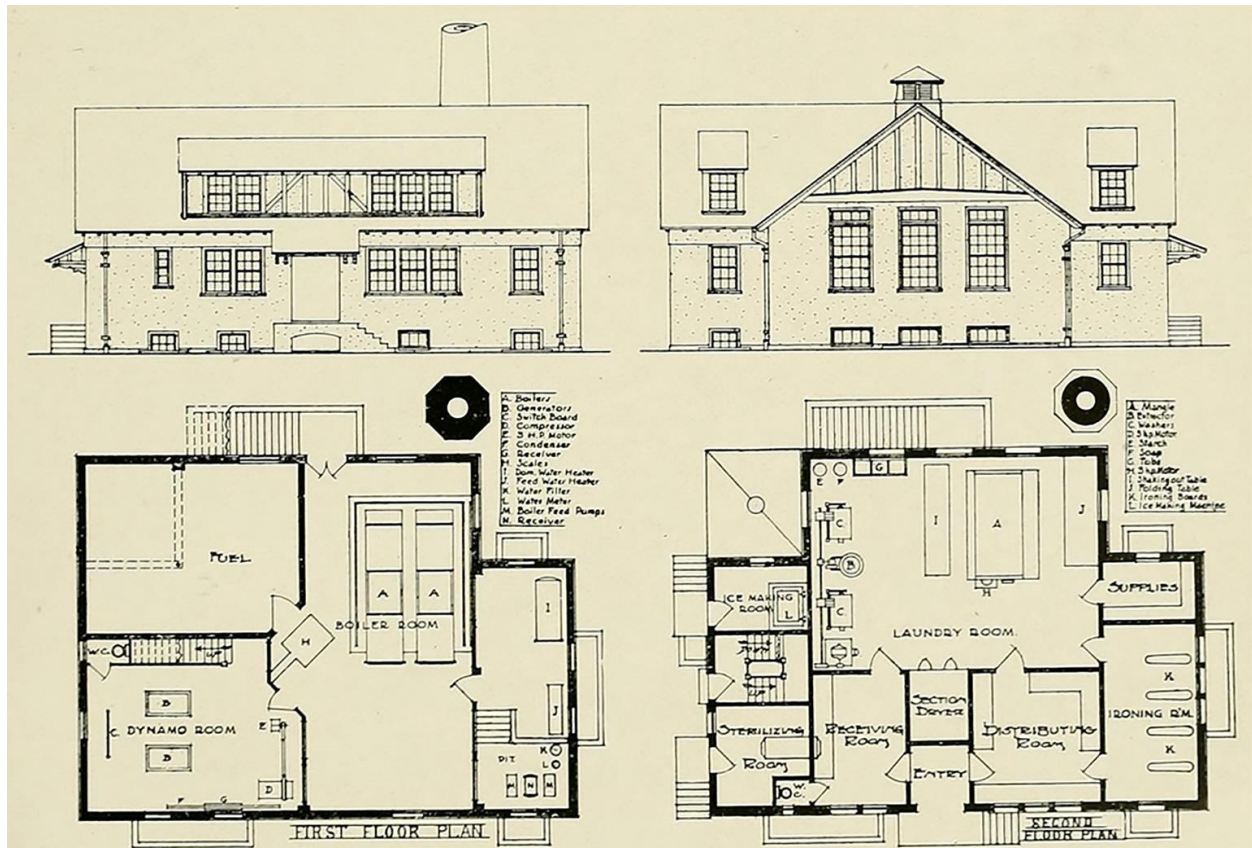


Figure 6. Floor plan of Farmingdale

⁸⁶ Wikicommons. n.d. "Tuberculosis Preventorium for Children," *Wikicommons*, [https://commons.wikimedia.org/wiki/Category:Tuberculosis_Preventorium_for_Children_\(Farmingdale,_New_Jersey\)](https://commons.wikimedia.org/wiki/Category:Tuberculosis_Preventorium_for_Children_(Farmingdale,_New_Jersey)).

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

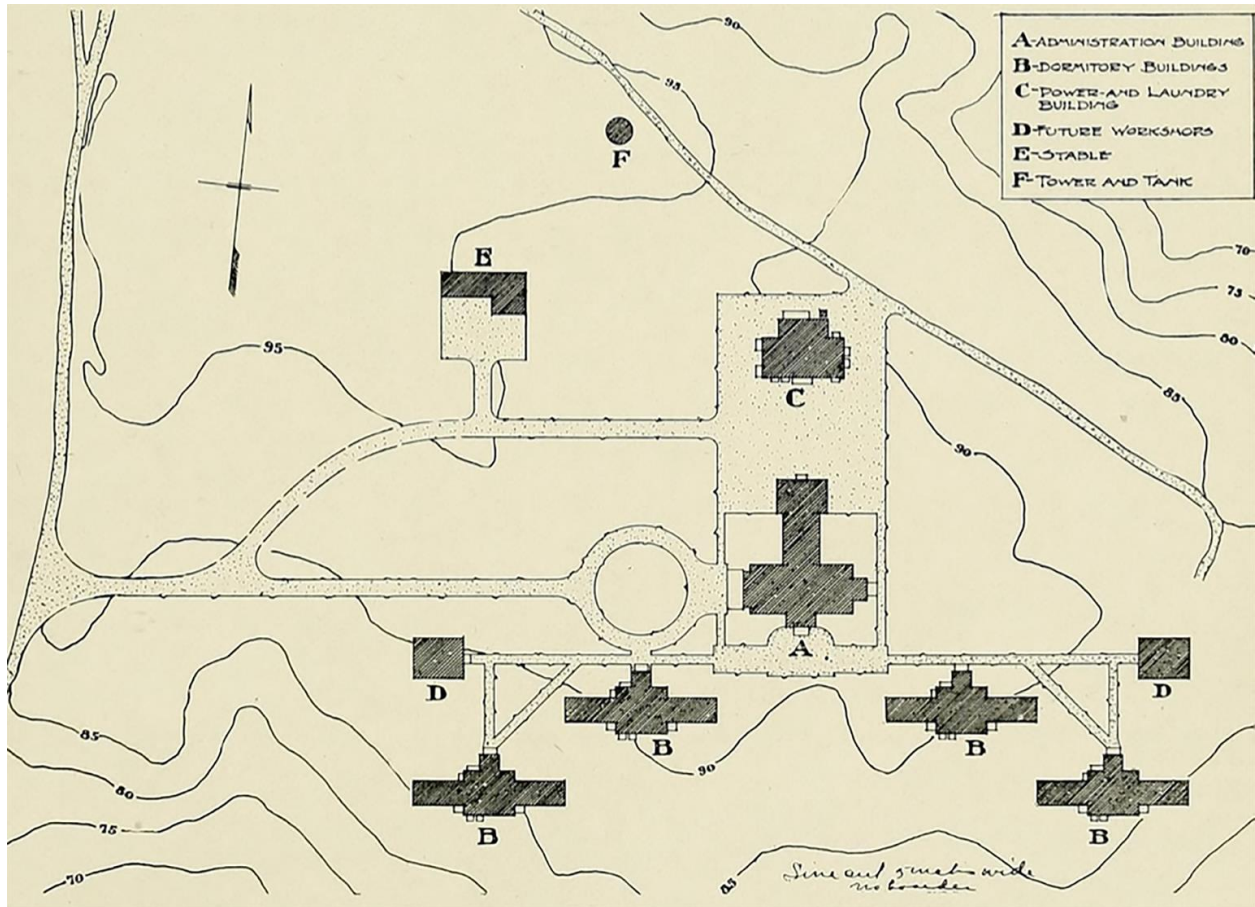


Figure 7. Campus map of Farmingdale

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⁸⁹ Ibid.

Chapter Two: Cresson Sanatorium and Prison

Cresson Sanatorium, situated in Lilly, Cambria County in Pennsylvania, treated approximately 40,000 patients.⁹⁰ Following the era's fresh air therapies, Pennsylvania Health Commissioner Dr. Samuel D. Dixon, an exemplary figure in the anti-tuberculosis campaign, set his sights upon establishing a sanatorium in the Allegheny Mountains in 1909. Andrew Carnegie, a prominent figure in Cambria County, donated four hundred fifty acres to Dixon.⁹¹ To construct a sanctuary for his mother, who was afflicted with tuberculosis, Carnegie acquired the land. Unfortunately, she passed away before any residence was constructed. Carnegie then sold the land for \$1, on the condition that a facility for tuberculosis treatment would be constructed. Dixon readily agreed and signed the agreement in 1911; construction on the sanatorium started soon after. The cottage-plan facility was finished in 1912, with the facility opening in 1913.⁹²

Over the decades, multiple buildings were raised as the campus expanded to accommodate rising demands for tuberculosis treatment. At first, there were only a handful of cottages, a dining hall, an administration building, and a few outbuildings, with Grace Chapel erected in 1914 and a preliminary school building established in 1915.⁹³ Unfortunately, there is not much documentation regarding children's presence on the Cresson campus before the official children's building was built. However, children had been receiving treatment long before the 1932 preventorium, Maple House, was constructed, as there was a second rebuilt schoolhouse and a children's pool put in prior to 1932.⁹⁴

⁹⁰ Tour of Cresson, August 2022.

⁹¹ "Andrew Carnegie Free Land If They Build a TB Sanitarium October 1909." *The Daily Notes*, 21 Oct. 1909, www.newspapers.com/article/the-daily-notes-andrew-carnegie-free-land/133403224/. Accessed 12 Oct. 2024.

⁹² "Cresson Sanatorium Timeline | Cambria Memory Project." *Cambriamemory.org*, 2015, cambriamemory.org/cresson-sanatorium/cresson-sanatorium-timeline/.

⁹³ *Ibid.*

⁹⁴ *Ibid.*

The original administration building was built in the Tudor style. Maple House also featured elements of the Tudor style as well as traditional Scottish motifs, such as gargoyles and concrete crests, as a nod to Andrew Carnegie's Scottish heritage.⁹⁵ Kuhn & Newcomer, an architectural firm, designed the Nurse's Home and the Women's Dorm in the time between 1948 to 1950. Norman B. Kuhn and C. Edgar Newcomer established their firm in Pittsburgh, Pennsylvania in 1945.⁹⁶ Kuhn was educated at Carnegie Institute of Technology, and Newcomer graduated from Pennsylvania State University. Their other completed projects include designs for the Pennsylvania State Police, the Union Railroad Company, and other institutions such as the St. Clair Memorial Hospital and the Dixmont & Torrance State Hospitals.⁹⁷

Both of these new additions included Tudor elements to match the existing buildings. The exterior of the nurse's building in particular includes fascinating details, such as stone reliefs between the windows stamped with medical crosses and decorative brickwork.⁹⁸ Presently, visiting the nurses' cottages proved either difficult to visit or were largely changed. For instance, Cresson's male and female cottages are still standing, but the male dorm is too unsafe to examine the interior due to deterioration. However, it was possible to observe the interior of the women's nurses building, which is nearly identical to the male cottage. A 1932 article reports on the sanatorium campus' children's building. The article clarifies that this was a much-needed development, and that the facility was already being quickly filled.⁹⁹

⁹⁵ Ibid.

⁹⁶ Cambria Memory Project, "Kuhn & Newcomer Architectural Drawings," *Cambria Memory Project*, <https://cambriamemory.org/wp-content/uploads/2017/07/History-25-Kuhn-Newcomer-Architectural-Drawings.pdf>.

⁹⁷ Ibid.

⁹⁸ Cambria Memory Project, "50th Anniversary of the Lawrence F. Flick State Hospital - Uploaded by the Cambria Memory Project," *Cambria Memory Project*, cambriamemory.org/wp-content/uploads/2017/07/History-2.pdf.

⁹⁹ "New Addition Made to Tuberculosis Sanitoria." *Bedford Gazette, Newspapers.com*, May 13, 1932. <https://www.newspapers.com/image/15489357>.

The early campus, before the campus buildings I saw on my tours, likely resembled the White Pine sanatorium—the precursor to Mont Alto—with its cottage system, bathing houses, and pavilions.¹⁰⁰

Cresson followed the trends of the day, focusing on nutritious food, copious amounts of milk, and plenty of rest and play. The children had at least two dedicated playhouses, an indoor swimming pool, and playgrounds. Nor was the children’s education neglected, as there were multiple teachers hired and several grades taught, with classes often held together in one room. Additionally, there was a well-stocked library with books transported by cart for children and adults to use. Children also sometimes participated in occupational training, hobbies like drama and music, and nature courses. Maple House could hold approximately 205 children, who were housed upstairs, with classes taking place downstairs.¹⁰¹ It is unknown how many children lived on the campus prior to Maple House’s construction. Regardless of capacity, Cresson’s children’s program was well respected by the community, with newspaper articles written specifically about the program.

Newspapers and Dr. Dixon’s reports to the state bestowed much acclaim upon Cresson. What is more, Cresson even garnered the attention of Helen Keller, who, on September 20, 1920, spoke before a well-attended audience.¹⁰² Keller acknowledged the sufferers’ bravery and the importance of happiness and endurance during such uncertain times. To have Keller visit Cresson was monumental, as she was considered a medical miracle. She was also one of the leading figures of the disability advocacy movement.

With streptomycin’s development in 1943, and treatment beginning in 1949, TB patients

¹⁰⁰“Cresson Sanitarium to Be Completed Soon, Page 2 - .” *The Tribune*, Newspapers.com, May 29, 1912.

¹⁰¹ Tour of Cresson, August 2022.

¹⁰² “Speech given by Helen Keller to the Tubercular Sanatorium, Cresson, PA...” 1920. *Www.afb.org. Helen Keller Archive*. September 20, 1920.

could finally be cured; as a result, Cresson, as a long-term TB treatment facility, came to a close.¹⁰³ (Notably, even developing a tuberculosis cure, Cresson continued to add buildings to the campus despite the reduced need for long-term treatment.) However, the facility continued to be used for respiratory ailments. In 1956, the Cresson was renamed the Lawrence F. Flick State Hospital, and became a mental health institution. (Lawrence F. Flick was another key pioneer in the anti-TB campaign. Flick established his own sanatorium, Sunnyrest, in Pennsylvania. The campus was named in honor of him.)¹⁰⁴ The mental health institution changed to an organization focused on children in 1964 called Cresson State School and Hospital, and used the simplified name of Cresson Center once more.¹⁰⁵

Cresson changed hands a final time in 1983, when the facility was passed to Pennsylvania's Department of Corrections. It was subsequently renamed CSI Cresson, also known as State Correctional Institution—Cresson.¹⁰⁶ However, most of the facility closed in 2013 due to alleged human rights abuses. Everyone was finally removed from the facility in 2016, and it was sold for \$600,000 to a private individual the same year, who then leased it to Big House Produce in 2017.¹⁰⁷

Unfortunately, many of the buildings' original features were removed to accommodate the prison population. Some original elements were extracted from the nurse's area, but some rooms were fitted to cells; no women inmates were in the facility. Men's employee quarters were not accessible, and female nurse's areas were available on the first floor only. As for the daycare,

¹⁰³ "Cresson Sanatorium Timeline | Cambria Memory Project." *Cambriamemory.org*, 2015, cambriamemory.org/cresson-sanatorium/cresson-sanatorium-timeline/.

¹⁰⁴ *Ibid.*

¹⁰⁵ *Ibid.*

¹⁰⁶ *Ibid.*

¹⁰⁷ "Sale of Former SCI Cresson Property Finalized," *Altoona Mirror*, *Altoonamirror.com*, May 11, 2017, www.altoonamirror.com/news/local-news/2017/05/sale-of-former-sci-cresson-property-finalized/.

some staff lived on the same floor as the children. Unsurprisingly, both locations that I visited had infrastructure reminiscent of the demolished agricultural areas, dairies, and other buildings, but a few remained in Cresson. Cresson had a pool and a multipurpose room where activities like exercise could be more openly practiced by healthy patients. The daycare held more of these features, save for the playground.

Today, Big House Produce offers tours of both the prison and the TB sanitorium.¹⁰⁸ I could thus conduct my fieldwork thanks to the tour. Currently, Big House Produce hopes to be listed in the National Register of Historic Places to receive assistance with preserving the location.

¹⁰⁸ Ers, Joshua, "Explorers from near and Far Flock to Former Prison," *AP News*, Aug. 14, 2021, apnews.com/article/lifestyle-business-travel-14eb610d73c36056daf02c3cdba98212.

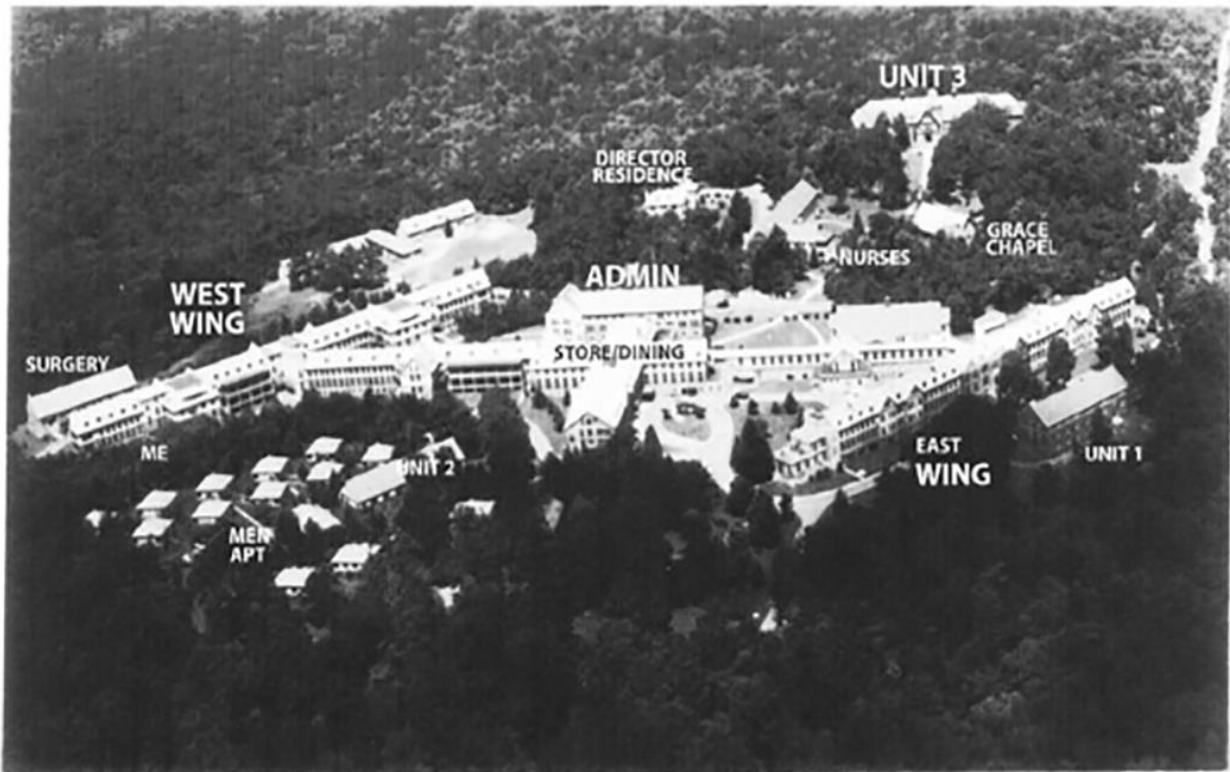


Figure 8. Postcard of Unit No. 3 - the Maple House

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¹⁰⁹ Patterson, C. A., and Cambria Memory. Open Air Schools. 1927. Online Image. History 6 Buildings 2. <https://cambriamemory.org/wp-content/uploads/2017/07/History-6-Buildings-2.pdf>.

AIR VIEW, CRESSON STATE SANATORIUM, CRESSON PA



Photograph by Soderholm

Figure 9. Aerial photograph of Cresson Campus. Year unknown.

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¹¹⁰ Patterson, C. A., and Cambria Memory. Air View, Cresson State Sanatorium, 1927. Online Image. History 6 Buildings 1. <https://cambriamemory.org/wp-content/uploads/2017/07/History-6-Buildings-1.pdf>



Figure 10. Front of Maple House



Figure 11. Close up of Maple House front



Figure 12. Back of part of Maple House



Figure 13. Close up of Maple House behind



Figure 14. Hallway of Preventorium



Figure 15. Hallway of adult lodgings



Figure 16. Example of patient bedroom



Figure 17. Bay window of patient room



Figure 18. Interior of former patient room - changed to storage space for prison



Figure 19. Dining Room



Figure 20. Chapel - stage view



Figure 21. Balcony in rear of chapel



Figure 22. Chapel “stage”



Figure 23. Former hair salon used by adults and children



Figure 24. Former gymnasium



Figure 25. Example of prison renovations to original administration building



Figure 26. Detail of prison renovation of historic building



Figure 27. Ceiling damage of Maple House



Figure 28. Cresson White paint peeling revealing children's mural underneath



Figure 29. Maple House foyer

Chapter Three : Mont Alto South Mountain Restoration Center

The Allegheny Mountains' Mont Alto Sanatorium has been known by numerous names and served many purposes throughout its operation. While conducting a land survey in approximately 1900, Dr. Joseph Rothrook, a physician and forester, established White Camp.¹¹¹ The compound comprises a small number of shacks that, while resembling Edward Livingston Trudeau's cottages, were significantly shabbier. Nevertheless, Rothrook was among the first Pennsylvanians in the region to address the tuberculosis issue. Initially, Franklin County's response to Pennsylvania's tuberculosis was to establish a tent colony camp around 1900.

White Pine Camp, a modest yet functional facility replaced the former camp and operated from 1901 to 1907. When the Pennsylvania Department of Health assumed control in 1907, it renamed the camp as Mont Alto Sanatorium.¹¹² However, the number of tuberculosis cases rose in an unprecedented way, necessitating the small campus' closure to accommodate the population in a more contemporary, larger facility. Furthermore, this expansion and reestablishment was less susceptible to fire.¹¹³ Although this campus was constructed in 1907, none are extant. Around 1918, officials renamed it once more to the South Mountain Sanitorium; however, present day residents of the town continued to refer to it as Mont Alto.

The sanitarium's location was chosen for the same reason that places like Asheville, North Carolina: it experienced tuberculosis tourism. Twenty years later during the New Deal, a

¹¹¹ "At Mont Alto, Bids Received for Improvements at White Pine Sanitorium -Ten Consumptives in Camp page 2 -," *Franklin Repository (Daily)*, *Newspapers.com*, June 18, 1903. <https://www.newspapers.com/image/854057157>.

¹¹² Ksathryn Elizabeth, Yelinek,. *The History of South Mountain Restoration Center, 1901-2001* (Pennsylvania Historical and Museum Commission,) 4.

¹¹³ *Ibid.*, 4.

large brick building was completed in 1939 with funds from the state of Pennsylvania, and the Public Works Administration.¹¹⁴

In 1911, a published paper examined Pennsylvania's approach to anti-tuberculosis efforts and the extent of success that Dr. Dixon had observed. Dixon helped establish Cresson Sanitarium, and served as Pennsylvania's health commissioner. The most recent report by Dixon and the Pennsylvania Health Department praised the latest sanitation efforts—nurses' work, the construction of Mont Alto and Cresson, and other sanitariums, and the work of TB disciplinaries.¹¹⁵ However, experts like Dixon also complimented Mont Alto, the attending nurses, and the education provided for children. His assessment offered invaluable professional insight into the early days of the sanatorium era. A further glowing evaluation of Mont Alto is provided in the appended footnote.¹¹⁶

The 1929 stock market collapse in the United States triggered the Great Depression. Herbert Hoover's administration strove to alleviate the labor crisis by implementing the Emergency Relief and Construction Act and similarly important construction initiatives.¹¹⁷ However, the Work Progress Administration (WPA) was not established until 1935 as part of Franklin D. Roosevelt's administration. From hospitals and sanatoriums to dams, bridges, and Rosenwald schools, the WPA initiated a thorough construction program. Moreover, the WPA implemented many of these initiatives between the early 1930s during the New Deal program

¹¹⁴ Ibid., 4.

¹¹⁵ Samuel G. Dixon, "Protecting Public Health in Pennsylvania," *The Annals of the American Academy of Political and Social Science*, vol. 37, no. 2, (1911), pp. 95–102, www.jstor.org/stable/1011070.

¹¹⁶ F.W.B, "Philadelphia-Pennsylvania Plan Received Official State Endorsement in Pennsylvania," *Diseases of the Chest*, 4 (8): 6 (1938). <https://doi.org/10.1378/chest.4.8.6>.

¹¹⁷ University of Washington, "Federal Emergency Relief Administration (FERA) Collection." *University of Washington's Archives*, 2019, content.lib.washington.edu/feraweb/essay.html.

and the moment the United States entered the Second World War.¹¹⁸ This era's buildings are present at both Cresson and Mont Alto.

Contractor John McShain constructed the building. Shain was well known as a prominent builder in Philadelphia, and by the end of the 1930s, he had also established himself in Washington DC by working on illustrious projects such as the Library of Congress annex and the Jefferson Memorial. McShain's company would later construct the Pentagon and the John F. Kennedy Center for Performing Arts.¹¹⁹ The preventorium was constructed in 1940 and, like the main building, was designed in the Classical style. Major repairs were done to the western wing after a kitchen fire caused between \$25,000 and \$100,000 worth of damage. Mont Alto had several buildings, but when officials modernized the campus in the 1970s for the mental health care facilities, they demolished multiple buildings.¹²⁰ South Mountain's campus was even smaller in 1997, as the land was divided up and converted for a new use—in this case for youth corrections, though the military often trains monthly on the campus. One notable aspect of Mont Alto that has been preserved is the framed, screened in homes with the porches attached through the forest, up the road, and along the driveway. Everyone in the area who could do so, built a screened-in porch on the properties. Upon driving past the buildings, they appear to still be used as housing today. However, they are no longer in the same location, nor are they the same wooden huts they once were, but they are still preserved near the campus.

Interestingly, Mont Alto also had a body of water named the Lily Pond. It was, like many campus features, actually moved from its original location. The Lily Pond now resides down the

¹¹⁸ Ron Elving, "In the 1930s, Works Program Spelled HOPE for Millions of Jobless Americans," *NPR.org*, 4 Apr. 2020, www.npr.org/2020/04/04/826909516/in-the-1930s-works-program-spelled-hope-for-millions-of-jobless-americans.

¹¹⁹ "John McShain Papers," (Hagley Museum and Library), hagley-aspace-pdf.s3.amazonaws.com/2000.pdf.

¹²⁰ Yelenik, *The History of South Mountain*, 35.

pathway, similarly to the screen-porch houses. According to our guide, people used to ice skate on the pond during the winter. Today, the area is mostly blocked off, but one can view it as one drives up the lane.

Mont Alto and Cresson have similar legacies. Mont Alto was also intended as a TB treatment center, had a tent colony, and a wooden sanatorium that was converted to a modern brick and concrete facility. What is more, Mont Alto was also made of brick and occasional wood features, especially in the Tudor-esque revival style seen in the daycare building. However, Mont Alto's main building and the preventorium had prominent columns, reminiscent of colonial revival. The sanatorium was massive, with a peak population of 1,200 patients, while the preventorium's peak population is not identified. The campus was split up and sold for other uses due to its huge size, which resulted in several remaining buildings being unused, and the continual costs of upkeep and security.

TB patients began to wane thanks to using streptomycin as a treatment intervention in 1946.¹²¹ This treatment allowed some respiratory patients to be placed in the sanatorium before it closed; the patients were then transferred to general hospitals or other repository specialists to continue their care. Afterwards, like Cresson, Mont Alto was repurposed as a mental health facility. Today, it still uses the name South Mountain Restoration Center. Abraxos, a youth corrections company, bought a section of the land to use for its own facility, which is still used today.¹²² Overall, the new campus does not appear to have the historical integrity of most of the other buildings due to the numerous renovations. Realistically, it would be difficult to use every building through adaptive reuse due to the campus's sheer size and the costs that would result

¹²¹ Ryan, *The Forgotten Plague: How the Battle against Tuberculosis Was Won--and Lost*, 214.

¹²² Yelinek, *The History of South Mountain*, 33.

from restoration, upkeep, and security. This is often the case with many preventoriums and sanatoriums, historic buildings are demolished or left to waste away.

In order to visit the property, I needed to gain permission and could only take photographs under supervision since this is a government facility with strict protocols and a responsibility for protecting and respecting the privacy of people currently receiving treatment. Urban exploring and ghost hunting, neither of which the organization authorized, has such visitors damaging the historic properties, as well as scrying and creating security risks for staff and patients whilst disrespecting the privacy of those within the facility.

At Mont Alto, I was able to study the properties' porches installed for TB patients. Currently, on the administration and first living quarters, the sun porch requires constant upkeep as multiple aspects, like the concrete and roof, must be stabilized often. There is some debate about whether the porches should be removed. However, that would be expensive, and done more for aesthetic reasons rather than for cost concerns. Even though the porches do require upkeep, at this time, they do not pose any danger. Destroying them would eradicate a crucial aspect and reminder of the location's original historical features. Additionally, I could only analyze the exterior while conducting fieldwork, as the building was condemned and is a serious health and safety hazard. The building is in such a deteriorated state that signs warn people of falling rocks and debris. Despite this, the exterior offers many clues to what it once was at its prime, with decorative motifs like decorated columns, Corinthian-inspired brickwork arches with concrete keystones over the windows, and concrete medallions adorning the walls. We were told that much effort had been exerted on the building's design, with pink marble floors in the bathroom, green walls, and decorative tiles. The main building is massive, with six full stories

and a total volume of 3,260,000 cubic feet.¹²³ As for the preventorium, its floors are unsteady and, unfortunately, individuals and urban explorers have vandalized the property, thus further altering the building's status. As such, I could rely only upon Mont Alto's "adult" building for evaluation, which has only a few similarities to the preventorium; I also relied on photographs, blueprints, Sanborn maps, and other archival sources. Because of this, I could not find many narratives of patients institutionalized at Mont Alto; this dearth of information contrasts notably with the plethora of stories found relating to Cresson patients. Additionally, I was only allowed to take partial photographs in order to protect the privacy of the full modern buildings.

¹²³ United States Public Works Administration, et al, *Public Buildings: A Survey of Architecture of Projects Constructed by Federal and Other Governmental Bodies between the Years 1933 and 1939 with the Assistance of the Public Works Administration*. Internet Archive, [Washington, U.S. Govt. Print. Off.], 1939, archive.org/details/publicbuildingss00unitrich/page/356/mode/2up.

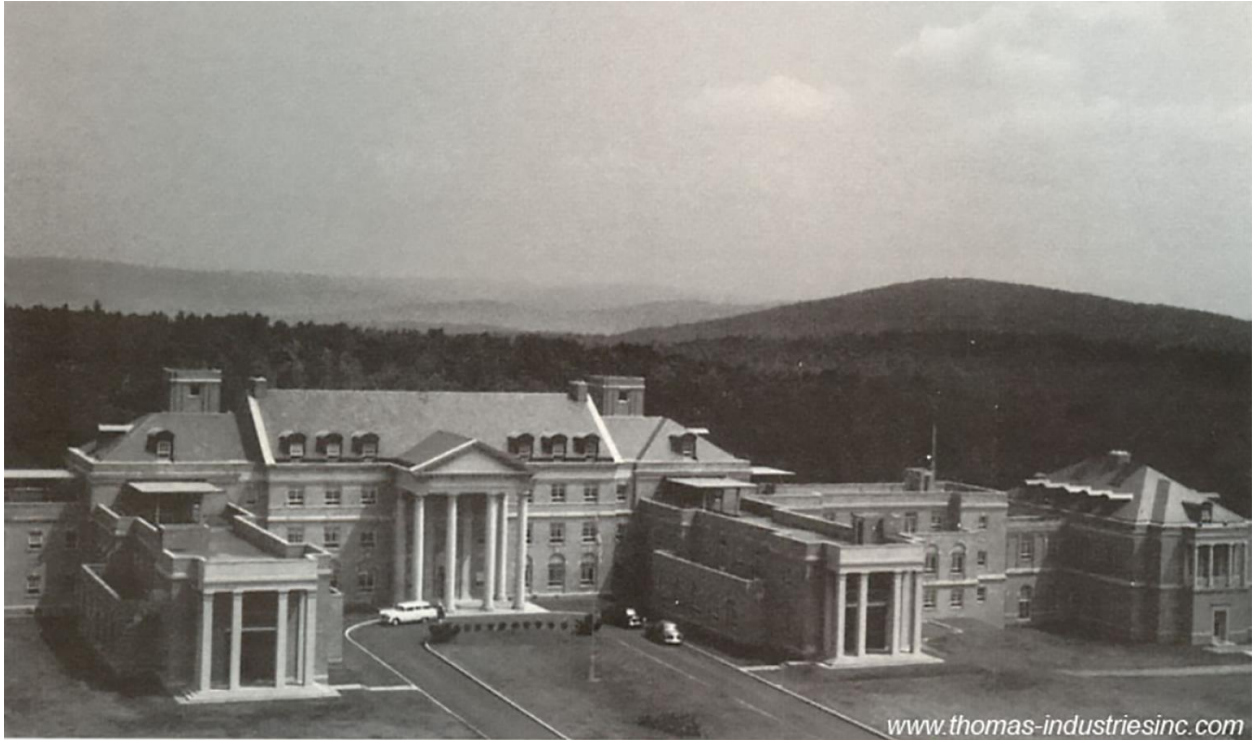


Figure 30. Aerial photo of Preventorium

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¹²⁴ Thomas Industries, South Mountain Rest 01. December 29, 2009, Online Image. *Asylum Projects: Reserve Preteritus*, https://asylumprojects.org/index.php/File:SouthMountainRest_01.jpg.

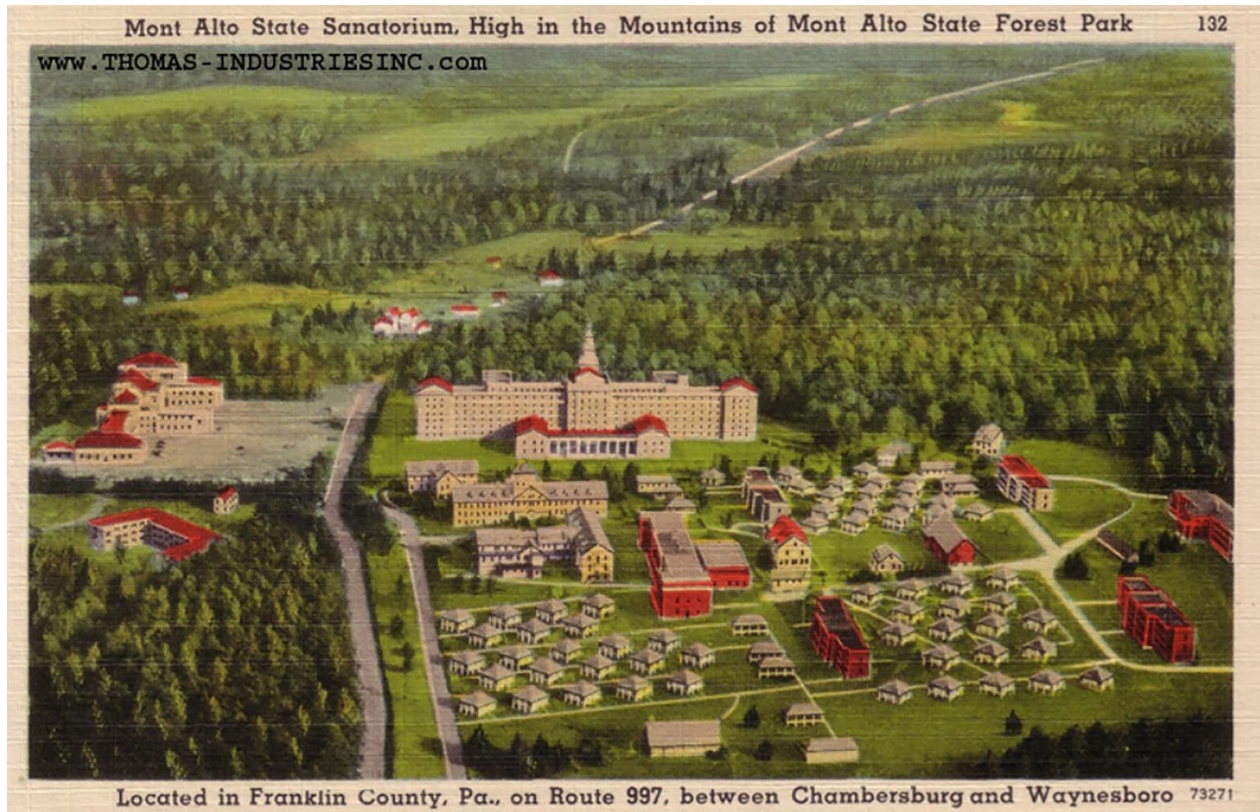


Figure 31. Postcard of Mont Alto Campus

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¹²⁵ Thomas Industries, South Mountain Rest. December 29, 2009, *Asylum Projects: Reserve Preteritus*, https://asylumprojects.org/index.php/File:SouthMountainRest_14.jpg.

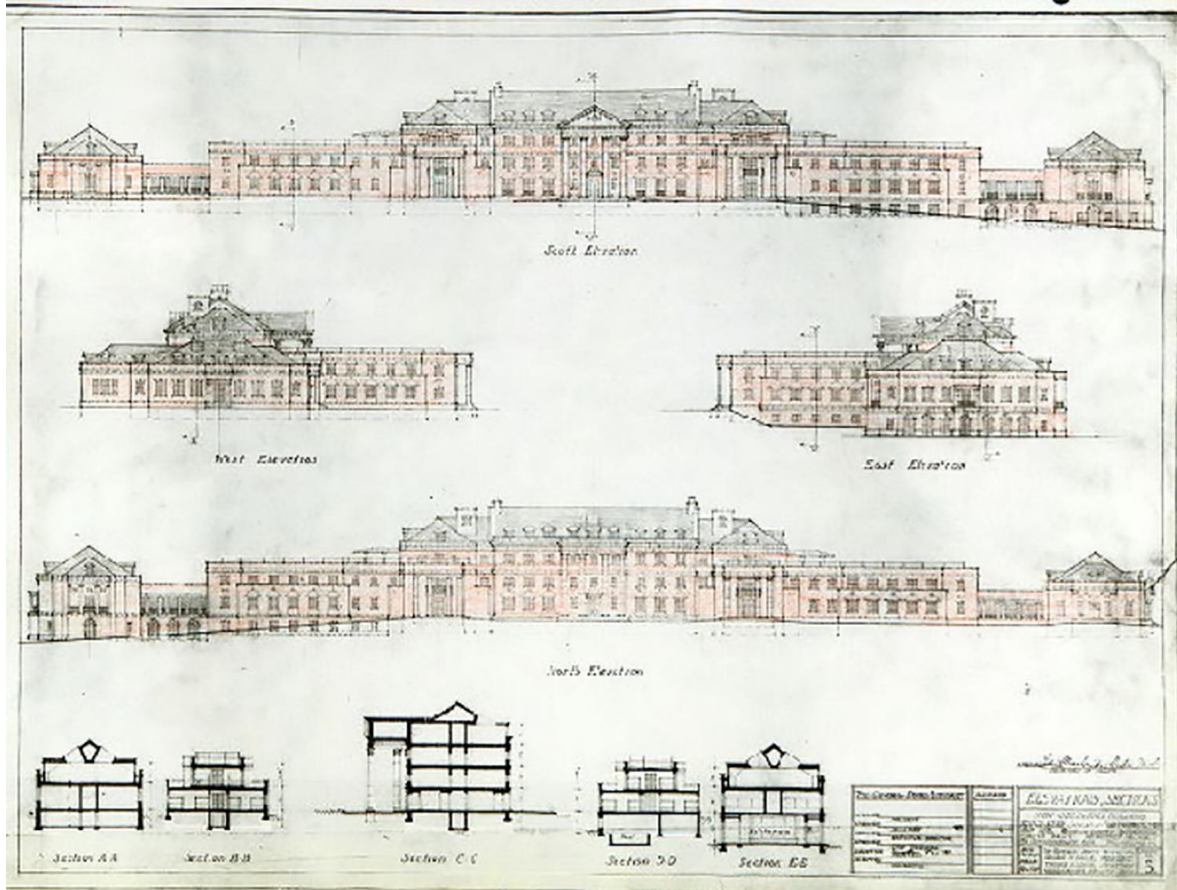


Figure 32. Architectural plans of preventorium

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¹²⁶ Athenaeum of Philadelphia. Street Elevations, Children's Hospital, *Philadelphia Architects and Buildings*, Accessed October 8, 2024. https://www.philadelphiabuildings.org/pab/app/im_display.cfm/488846?ProjectId=4BC1DE1D-033D-4F6A-A1F8A5D91EB8DE35.

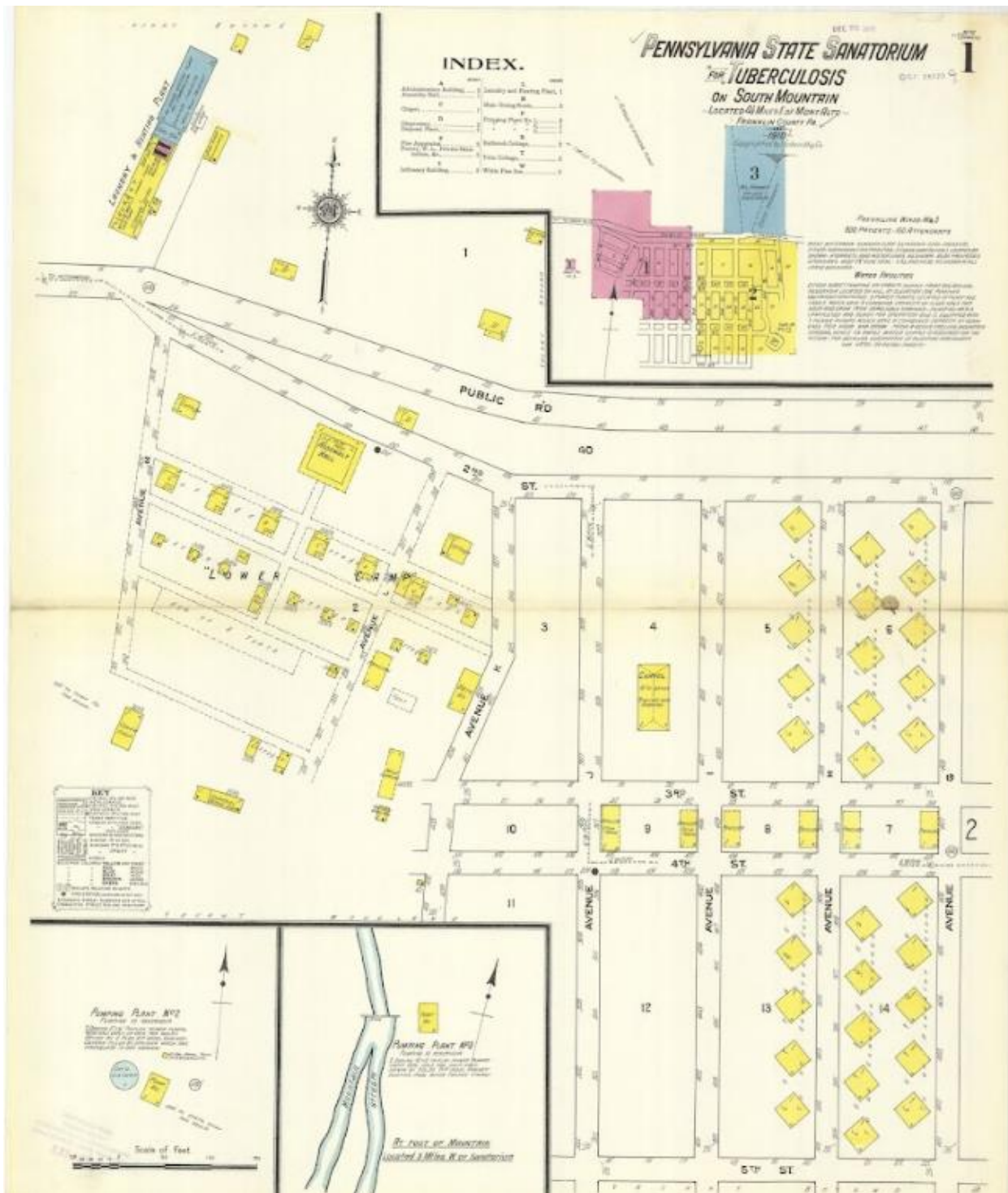


Figure 33. Sanborn Map of Mont Alto Campus

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127 Sanborn Map Company, and Pennsylvania State University. Libraries, Pennsylvania State Sanatorium for Tuberculosis on South Mountain : Located 4 1/2 Miles E. Of Mont Alto, Franklin County, Pa. 1910, Pennsylvania State University. Libraries: Digital Collection. <https://digital.libraries.psu.edu/digital/collection/maps1/id/23642>.



Figure 34. Preventorium side view



Figure 35. Preventorium sleep porch in distance



Figure 36. Close up of Preventorium details



Figure 37. Rear of Preventorium



Figure 38. Rear of preventorium - close up of columns



Figure 39. Adult sleeping porch



Figure 40. Damage of sleeping porch ceiling



Figure 41. Figure representing bone-joint tubercular child patient's treatment



Figure 42. Main Building auditorium



Figure 43. Original sleeping house

Chapter Four: Colorado Springs Day Nursery Early Connections Learning Center

The Colorado Springs Day Nursery, currently known as The Early Connections Learning Center in Colorado Springs, has a rich and notable past—one that has enabled the daycare to maintain its status as a pioneering institution. Alice Bemis Cogswell, her daughter Alice Bemis Taylor, and fourteen other women established the “Day Nursery” initiative in 1897 as part of a pledge among philanthropists to provide childcare for those in Colorado Springs.¹²⁸ Cogswell, a progressive, believed in social justice and charity, especially towards women and children. This location’s history is barely recorded, and there is even less information available about Bemis Taylor or her mother. Even still, we do know that Bemis Taylor continued her mother’s life’s work by establishing the Colorado Spring Day Nursery after her mother’s death in 1917.¹²⁹

Bemis Taylor had offered childcare before the permanent structure’s construction, as evidenced by photographs from before 1920. The daycare’s location was determined by the availability of suitable locations.¹³⁰ The permanent building we see today was constructed in 1922 and completed in 1923 in the Tudor style of the era. Between its rich aesthetic and community history, the facility is a source of local pride. Historic tours are offered to parents who are considering enrolling their children as students.

Historic preservation efforts, while expensive, have been very successful, as the 125-year-old building keeps every detail visible. Such elements include stained-glass windows that

¹²⁸ Colorado Springs Pioneer Museum, “Colorado Springs Day Nursery,” *CSPM*, Feb.26. 2021. www.cspm.org/cos-150-story/colorado-springs-day-nursery/. Accessed 13 Oct. 2024.

¹²⁹ “Alice Cogswell Bemis (1845-1917).” *Findagrave.com*, 2018, www.findagrave.com/memorial/113427046/alice-bemis.

¹³⁰ Marion Ritchey Vance, “An Unsung Legacy: The Quiet Beneficence of the Bemis Family,” *Colorado College*, 2002, www.coloradocollege.edu/basics/campus/tour/historic/docs/2002Bemis.pdf.

narrate fairy tales or showcase religious iconography; there are also carvings of carnival animals on the stairs, motifs on the ceiling corners, and iconic Tudor style architectural features.

At the time of its construction, the Colorado Springs Day Nursery's location was originally on the outskirts of town. However, urban expansion means it is now more in the center of Colorado Springs, surrounded by busied streets and various other buildings. Bemis Taylor and her colleagues administered the building for over forty years, with later administrators taking the helm and continuing to operate it under similar perspectives and agendas. Alice was known for her appreciation and love of the arts, which explains why she added intricate motifs to the building's design, including the stained window glass and the colorful, Italian mosaic tiles on the stair steps.

Allen True was a prominent early 20th century artist in Colorado during this time. He was also hired to draw murals for Brown Palace in Denver, a luxury hotel and one of the first and best-known luxury hotels in the West. True also painted other murals for institutions such as the Colorado National Bank, the Colorado State Capitol, and the Children's Hospital Nurses Library in Denver.¹³¹ Commissioning work from True demonstrates Alice's dedication to having the best artists, sculptors, and glass-makers involved with developing the day nursery. Even the children's bathrooms were given luxurious details, for instance, constructing the stalls out of real Italian marble. In pulling inspiration for the designs, Alice visited Europe to locate the finest furniture, paintings, decor, draperies, and more for a very distinctive appearance for the interior. Some of the furniture was similarly built for the children, such as the chairs and tables, which are still used today alongside the original cubby holes for children to stash their belongings. Even the stairs possess a beautiful solid railing made of walnut and intricate metalwork underneath the

¹³¹ "Allen Tupper True American Artist | Mural Gallery | Allen Tupper True an American Artist Official Site", Sept. 3, 2008, allentuppertrueanamericanartist.com/, accessed October 1, 2024.

steps themselves. When one kneels to the height of a small child, one sees even more details demonstrating that Bemis Taylor added details despite knowing that adults would likely be able to view them. Adding these details demonstrated her thoroughness and dedication to creativity and quality.

Privacy and confidentiality are important at CSDN since some children housed there when the institution was a tuberculosis center are still alive. (With some individuals even returning to visit the facility as an adult and recounting the fond memories they have.) As such, there are archival policies that protect several sources of information, especially patient information..

The daycare did have floors that were designated infirmaries, which held beds and rooms with equipment that are considered as advanced as possible for its time due to generous benefactors. Seemingly, benefactors appeared to have been far more generous with children and even with establishing these places, data further cement the idea that while public perceptions of TB often varied intensely among individuals, the wider goal of aiding children remained at the forefront. These benefactors' generosity helped establish operating rooms, where anything from small treatments, surgeries (e.g., tonsillectomies, or tonsil removal surgeries), and treatments for more chronic illnesses—such as joint and bone matters—were offered. As time passed and TB infections waned, the infirmary shifted its focus toward less serious ailments, but still offered more choices in treatment than others had done before. The day nursery was eventually renamed the Child Nursery Centers, which provided limited overnight accommodations for many vulnerable children from the 1930s to the 1950s. It later discontinued overnight care from 1973 to the early 2000s. The Early Connections Learning Center took over the facility in 2010. The facility is still occasionally used today for certain illness cases, and it even opened to provide

crucial aid during the Covid-19 pandemic. The location was added to the National Register of Historic Places in 1990.¹³²



Figure 45. Children's Day Nursery - date unknown

¹³²Barbara Sudler, "Colorado SP Colorado Springs Day Nursery," National Archives NextGen Catalog, Jan. 19, 1990, catalog.archives.gov/id/84130231.

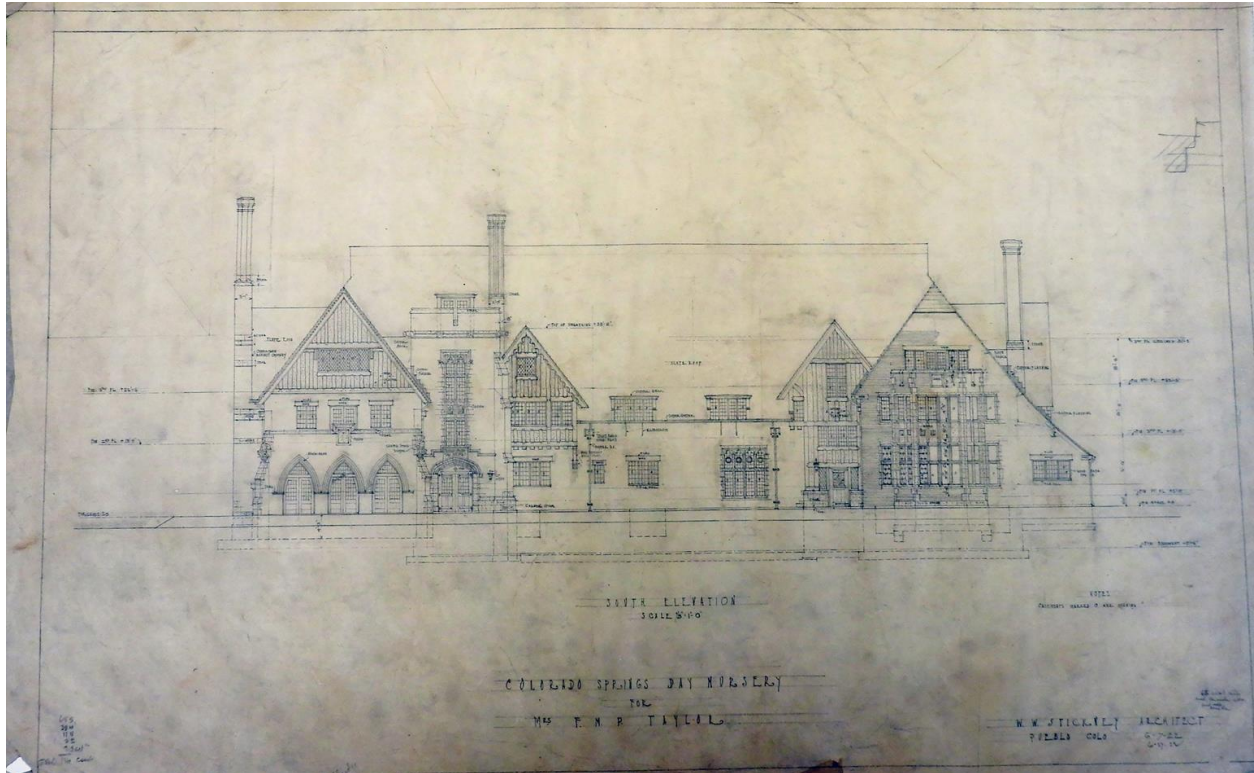


Figure 46. Preventorium designs

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¹³³ Stickney, W. W., and Colorado Springs Pioneers Museum, South Elevation of the Colorado Springs Day Nursery. 2024, *Colorado Springs Pioneers Museum*. <https://www.cspm.org/cos-150-story/colorado-springs-day-nursery/>.



Figure 47. Detail of murals - date unknown

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¹³⁴ Gilpin, Laura, and Amon Carter Museum of American Art . Three Children in Colorado Springs Day Nursery Playroom with Allen Tupper True Murals. October 20, 1924. Online Image. Amon Carter Museum of American Art. <https://www.cartermuseum.org/collection/three-children-colorado-springs-day-nursery-playroom-allen-tupper-true-murals-p197910839>.



Figure 48. Front entrance of daycare



Figure 49. Sign of Day Nursery



Figure 50. Rear of Daycare



Figure 51. Original classroom with windows that could transform to open-air classroom



Figure 52. Original classroom floor



Figure 53. Original classroom door



Figure 54. Original children's sinks



Figure 55. Commemorative plaque

Chapter 5: Common Features of the Preventorium

Both Cresson and Mont Alto's preventorium were isolated, whereas the day camp in Colorado was not as the facility was on the outskirts of Colorado Springs.

Facilities like Cresson and Mont Alto were either somewhat self-sufficient or, at times, entirely self-sufficient with some ill patients helping by crafting goods, often including a milkery, a pen for pigs and other livestock, chicken coops, water sewages, treatment places, and more.¹³⁵

Sometimes, children were also expected to contribute, a practice that was integrated into providing moral education.

Likewise, many locations had sleeping porches. The Colorado Day care center did not usually house children overnight, and its roof was sloped. Children played outside on the playground rather than around the sleeping porches. Their classes were also held inside—something unusual when treating TB children. Nurses were the only ones who lived onsite.

However, the average location had either sun porches, separate pavilions, or roofs, where classes were held. Children and adults alike used sunroofs and pavilions to spend hours, sometimes days on end, in beds with blankets to rest—regardless of weather. This practice held true for the coldest and snowiest days, clearly a reminder that many of these institutions were in the mountains. Children wrapped in blankets and coats attended class outside as well, and pavilions were widely used while urban centers had to make do with roofs.¹³⁶ Even children in impoverished districts suffering from malnutrition and joint TB—these patients or those with

¹³⁵ T. W. Burger, "South Mountain's Sickened City," *Public Opinion*, Dec. 11, 2015, www.publicopiniononline.com/story/news/2015/12/11/south-mountains-sickened-city/77143218/. Accessed 9 Dec. 2022.

¹³⁶ Richard A. Meckel, "Combating Tuberculosis in Schoolchildren: Providence's Open-Air Schools." *Rhode Island History* 53 (no. 3) (1995): 90–100., 92.

more dangerous strains of TB were separated—had separate school buildings or schools located on dedicated floors.¹³⁷

However, as admin saw that the malnourished children improved with good air and a healthy diet, some school systems began experimenting with what was known as an open-air school for healthy children. These were constituted of classrooms either without windows or with windows that could be removed using various mechanisms. Many no longer exist; the school itself was either demolished or revamped, causing important remnants of the past to disappear. However, the sleeping porches of Cresson and Mont Alto are still intact, though it wasn't safe to visit the locations as some of the buildings were either unapproachable, unstable, or had mold or other potential pathogens, placing them into a condemned status.

Considering that the goal of preventoriums was to create a safe, enriching place for vulnerable children, unsurprisingly, many had play facilities and areas dedicated to children. Cresson featured a children's playhouse and swimming pool in one building, which would later be converted into a mortuary. Touchingly, some of the original playground equipment that dates to the preventorium's opening is still present, likely circa 1920, according to our guide.¹³⁸ At Mont Alto, one can still visit the metal swing set behind the preventorium building. Early Connections Learning Center also features playground equipment from the beginning of the facility's operations that is still used by children who attend there today. Such playgrounds were present at both Mont Alto and the Early Connections Learning Center. Additionally, some of these locations held theaters, with some later showing movies on screens. The stages were used for playtime by the children because putting on plays, pageants, holiday events, and dances was

¹³⁷ Ibid., 96.

¹³⁸ Ibid., 96.

not allowed. Such social events were monitored, or outright banned, to ensure sanitary and safety protocols were still maintained. Similarly, architects and professionals dedicated themselves to enhancing these qualities, as well as combining beauty and, later, modernization, in their efforts. Most locations had libraries, some of which were tended to by the community, as these rooms were especially important for children as accessing continual education curricula was vital to prevent learning gaps. One exception to this norm, however, was that the daycare did not have its own library. Most sanatoriums and similar treatment centers had chapels on campus, as religion offers a great form of comfort for many.

Interestingly, all religions were represented onsite. Furthermore, accommodating cultural differences was encouraged throughout these facilities' operations, although this was especially true at Cresson and South Mountain. For example, Cresson's architecture included various religions in its motifs. The altar in the chapel on the hospital grounds, for example, was designed on a large rotating wheel, which allowed the building to be used for services of many different faiths. These chapels did not usually have burial sites, but that does not mean that there were no graves on campus, as well as a few on the chapel grounds. The locations of these, understandably, are not disclosed. With that in mind, death did occur in most of the locations, and was rarer among children. Multiple locales across the United States have children's graves on the property or somewhere nearby, as some children were orphans and did not have homes or burial plots to which their bodies could be returned or sent. Some of these graves are, understandably, also lost to time, leaving many unaware of how many deaths occurred or how death was handled until further information came to light and the locations were studied. However, as mentioned before, information is exceedingly difficult to find. Many of these cemeteries and burial sites have since received acknowledgment or have been contextualized

meaningfully with a plaque. Likewise, and as noted earlier, ghost shows and urban explorers have exploited and sensationalized these deaths and nearby locations, such as the tunnels.

As for the tunnels themselves, many facilities, and even cities, have tunnels underneath. They were often used for transferring supplies more quickly and efficiently among locations. This could have included items such as linens from laundry sites; edible goods like produce, dairy products, and cooked food; maintenance equipment; and numerous other things. Furthermore, it was simply quicker for nurses, doctors, and even patients to use these tunnels to travel quickly.¹³⁹ Many had pulley systems, which some believe were used by the mortuary; but again, the pulleys were almost always used for transporting supplies. However, in sensationalizing these locations, people often prefer to talk about deaths and the bodies that needed moving, which was, I theorize, likely the less infrequent use for these tunnels.

Some campuses had separate buildings for staff, some dependent on gender, usually split between male and female, and some on roles, like teachers or nurses.¹⁴⁰ Many nurses performed multiple roles, however, as they were also teachers who were housed with students.¹⁴¹ Some lived on a separate floor, while others resided in entirely separate departments. These locations' architecture reflects this in multiple ways. Regarding Mont Alto, we have only a single example of nurses residing in the building, though numbers were few. Nevertheless, their rooms were larger and more utilitarian, with designs being much less ornate and creating a sense of abandonment for those who likely felt it, either prolonged or short-term, just like those at the daycare center. Architectural suggestions aside, many rooms had private bathrooms, or at least

¹³⁹ Tour of Cresson

¹⁴⁰ Ibid.,

¹⁴¹ Ibid.,

designated areas that allowed teachers and nurses to reside away from the children. Interestingly, neither Cresson nor Mont Alto were segregated facilities, but Colorado Springs Day Care was.

Conclusion

With this history in mind, one question remains: Why did these facilities close? As indicated by Cresson and Mont Alto, the invention of certain antibiotics like streptomycin and isoniazid greatly decreased stays in sanatoriums, where patients could now stay for months rather than years. Soon after, patients could decide whether they wished to remain in the sanatorium or receive treatment in general hospitals. While there were still sanatoriums by the mid-1950s, most had begun to close due to the declining patient population and the overarching introduction of widespread preventative public health measures. The last preventorium, according to reports, closed in the 1970s.¹⁴²

Many of these massive institutions were at risk of sitting unoccupied, but health officials across the board had a new plan for the buildings: housing the mentally ill or mentally challenged. The era of “insane asylums” had truly ended long before the 1950s, but many mental health institutions were worse for wear because of their own legislative advancements, and thus struggled with overcrowding. Given the need for more space and newer buildings, these former sanatoriums were a perfect home for these patients, as they often provided both a larger capacity and more advanced architecture and security potential. Eventually, many mental wellness institutions also closed as the deinstitutionalization movement began to take prominence within the public health sector. This resulted in mental health treatment becoming more outpatient- and community-focused. However, there are still places like Mont Alto that cater to the mentally ill and provide more permanent institutions for residence and treatment. After this secondary shift in functionality, many locations became homes for geriatric people. Yet the cycle of repurposing continued as the needs of the population shifted. Thus, many of these facilities also eventually

¹⁴² Connolly, *Saving Sickly Children*, 123.

closed. I could not find a specific, concrete reason for most of these closings, but I theorized that cost was a major factor. Now, as a result, many of these institutions lie empty and now face active demolition or demolition by neglect.

Additionally, most families wanted to reunite with their children as soon as possible. Because the children had been away from home for a length of time, there were detrimental emotional and developmental risks for both parents and their children. However, much research into this phenomenon emphasizes the children, as these formative years when they were ill were vital to their development later in life.

Undoubtedly, the lack of preventorium preservation is influenced by the fact that, until the 1970s, social history was a nonexistent field. Nor did the medical history focus much on pediatrics. In addition, historic preservation is a relatively new discipline. It started as a female-dominated initiative in which women preserved historic homes, cemeteries, and small businesses before historic preservation was a discipline.¹⁴³ The National Trust for Historic Preservation was established in 1949, and the National Historic Register followed in 1966. The register designates which places and institutions are eligible for preservation.¹⁴⁴ Early on, it exclusively included presidential homes, military forts, battle sites, grand churches, government institutions, businesses, and other locations associated with powerful, white individuals. Eventually, there was a paradigm shift from traditionalist history, and historians began slowly branching out to include places associated with the civil rights movement, Native American affairs, and domestic vernacular architecture. Nonetheless, medical history and institutions are still underrepresented.

¹⁴³Peter B. Dedek, *Historic Preservation for Designers* (New York: Fairchild Books, 2014), 6.

¹⁴⁴*Ibid.*, 15.

It is improbable that historians have intentionally neglected medical buildings, especially those that have been added to the National Register. Limitations include that nearly all the sanatorium listings on the national register date after World War I, with many closer to the 1930s, the decade in which the second TB wave spread in the United States. Many preventoriums and similar institutions were established between 1909 and 1929, but they are not represented in the Historic Register. Another limitation is the fact that the last preventorium closed circa 1970, thereby not meeting the “50-year rule” requirement for National Register eligibility, at least until recently. This rule disqualified prominent institutions such as the Battle Creek Sanitarium, one of the country’s most lauded TB treatment centers.¹⁴⁵ However, some historians have proposed a solution. Historian Margaret Grose is one of the few Australian-based international historians, giving her a distinctive viewpoint on the matter. She is also unique in that she argues there are methods to preserve these places, whether as a place of learning, heritage, or through adaptive reuse, which she calls recycling.¹⁴⁶ She contends that natives’ role of healing in the past and present provides “therapeutic landscapes” for the afflicted and their families to recover more holistically. She employs a robust historiographical methodology and has an equally robust recollection of major players; she combines these assets in a short but powerful article. She recounts other places used for therapeutic purposes, like Central Park, a refuge in a concrete jungle. Moreover, in the aforementioned article, she lauds the mental health benefits of such locales.¹⁴⁷ Additionally, she discusses the benefits of open-air institutions and the need to reintroduce them into modern healthcare. She argues that these structures could

¹⁴⁵ Richard C. Frank, “Battle Creek Sanitarium.” *National Register of Historic Places Inventory/Nomination Form*. US Department of the Interior, April 18, 1973. <https://catalog.archives.gov/id/25339072>.

¹⁴⁶ Margaret J. Grose, “Landscape and Children’s Health: Old Natures and New Challenges for the Preventorium.” *Health & Place* 17 (1) (2011): 94–102. <https://doi.org/10.1016/j.healthplace.2010.08.018>.

94.

¹⁴⁷ *Ibid.* 95.

benefit the public, particularly in underdeveloped and remote areas. As with American scholarly articles consulted in my research, this was an exhibition of assimilation tactics.

Thus far, she is the only historian to discuss the value of historic preservation as a tool for creating nature refuges. Grose's stance is that through contemporary adaptive reuse, or by preserving these locations as learning or heritage sites, the public can learn and understand the impacts of these past eras and practices. In addition, she argues that the benefits that exposure to nature has to offer children and the educational environment should be reinstated. She is therefore one of the few historians who can connect the preventorium's value to the contemporary era.

The relative newness of these now-obsolete buildings as historical locations demands that attention be paid to them while there is still public interest. The locations in this thesis, operational and otherwise, are pertinent examples of what occurs when the histories are not preserved. One solution to this is admission to the National Register of Historic Places. A listing on the National Register of Historic Places is one of the few viable options for preservation. The Colorado Springs Day Care has been nominated to the register, and Mont Alto has been recognized as a location of historical significance despite not being on the register. Although Cresson was recently recognized as another historically significant location, it was not nominated for the National Register because of the significant loss of a building's integrity during its conversion to a prison complex. Each preventorium shared common characteristics, as demonstrated in the previous chapter. These standard features, when analyzed, serve as a comprehensive overview of the similarities and differences. The following are features of significance that, if present, could assist other locations in obtaining a place on the National Register.

Sleeping porches are the most notable feature at facilities associated with tuberculosis. To redefine, these porches were outdoor terraces where tuberculosis patients spent most of their time recuperating and sleeping whilst having the benefits of fresh air exposure during treatment. In some capacity, each location surveyed featured an overnight veranda. Regrettably, Cresson's sleeping porches are no longer in existence. They were eliminated during the remodeling of the property for the prison's use. Losing the sleeping veranda is disheartening, as it would be advantageous to incorporate this distinctive characteristic to justify the property's inclusion in the National Register. Conversely, Mont Alto boasts the most intact example of a sleeping porch, as it contains several sleeping porches on its campus, some of which are still accessible to personnel. Although the sleeping porch is still within the current administration building, it is no longer used. The children's sleeping porch is still visible from a distance, however it is inaccessible due to the hazard posed by the disintegrating structure. The Colorado Springs Day Care maintains its outdoor porches; this structure is distinct from that of Mont Alto and Cresson. The porches at the daycare are significantly smaller, and the facility prioritizes the open classroom model to facilitate fresh air intake rather than requiring children to remain in their beds throughout the day. Although children were expected to take naps at the facility, they were not provided with actual beds, as was the case in the preventoriums located on the sanitarium premises.

Mont Alto Sleeping Porches:



Figure 56. Rear of Preventorium - sleeping porch in distance



Figure 57. Close up of preventorium sleeping porch



Figure 58. Close up of preventorium sleeping porch

Colorado Springs Day Care:



Figure 59. Doors leading to sleeping porch - blocked off



Figure 60. Partial side view of sleeping porch through window



Figure 61. Sleeping porch through window

The preventorium was inextricably linked with education and health. It was one of the primary objectives of the preventorium to ensure that children could continue to meet educational standards in a manner conducive to their illnesses, thereby preventing them from falling behind the educational standards of healthy children. The open-air classroom was the primary method of educating children, with most facilities featuring windows that opened outward to facilitate the entry of fresh air and sunlight. The most intact example of a classroom of this nature was located at Colorado Springs Day Care. It was impossible to investigate the existence of intact open-air classrooms in Mont Alto and Cresson, either due to potential hazard or simply because they did not possess an intact example. Nevertheless, remaining architecture

suggests that it is plausible the windows in Cresson's facility would be secured shut when the facility was converted into a prison, even if they were present. In place of these dedicated classrooms, Cresson uniquely has a small extant pavilion that children used for educational purposes. No outdoor recreation structures survived in Mont Alto.

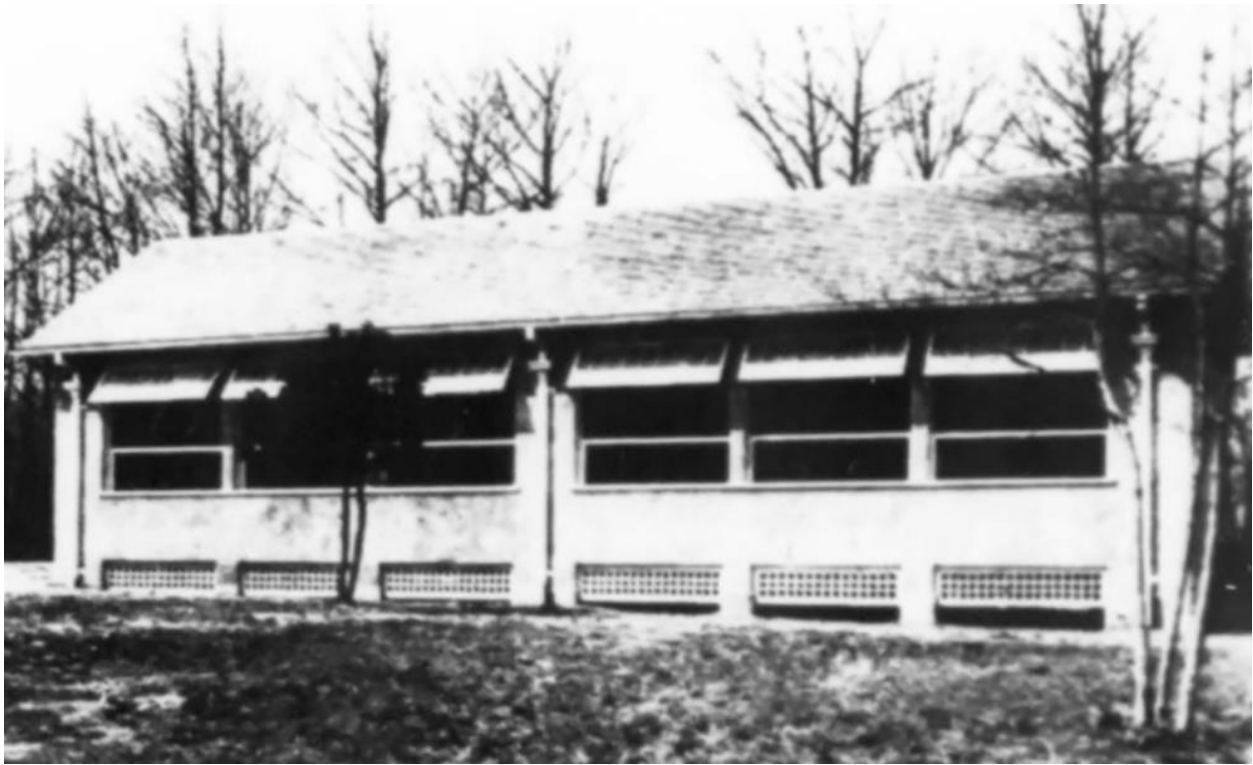


Figure 62. Farmingdale open air classroom

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¹⁴⁸ Wikicommons. n.d. "Tuberculosis Preventorium for Children," *Wikicommons*, [https://commons.wikimedia.org/wiki/Category:Tuberculosis_Preventorium_for_Children_\(Farmingdale,_New_Jersey\)](https://commons.wikimedia.org/wiki/Category:Tuberculosis_Preventorium_for_Children_(Farmingdale,_New_Jersey)).



Figure 63. Farmingdale students at pavilion

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¹⁴⁹ Ibid.

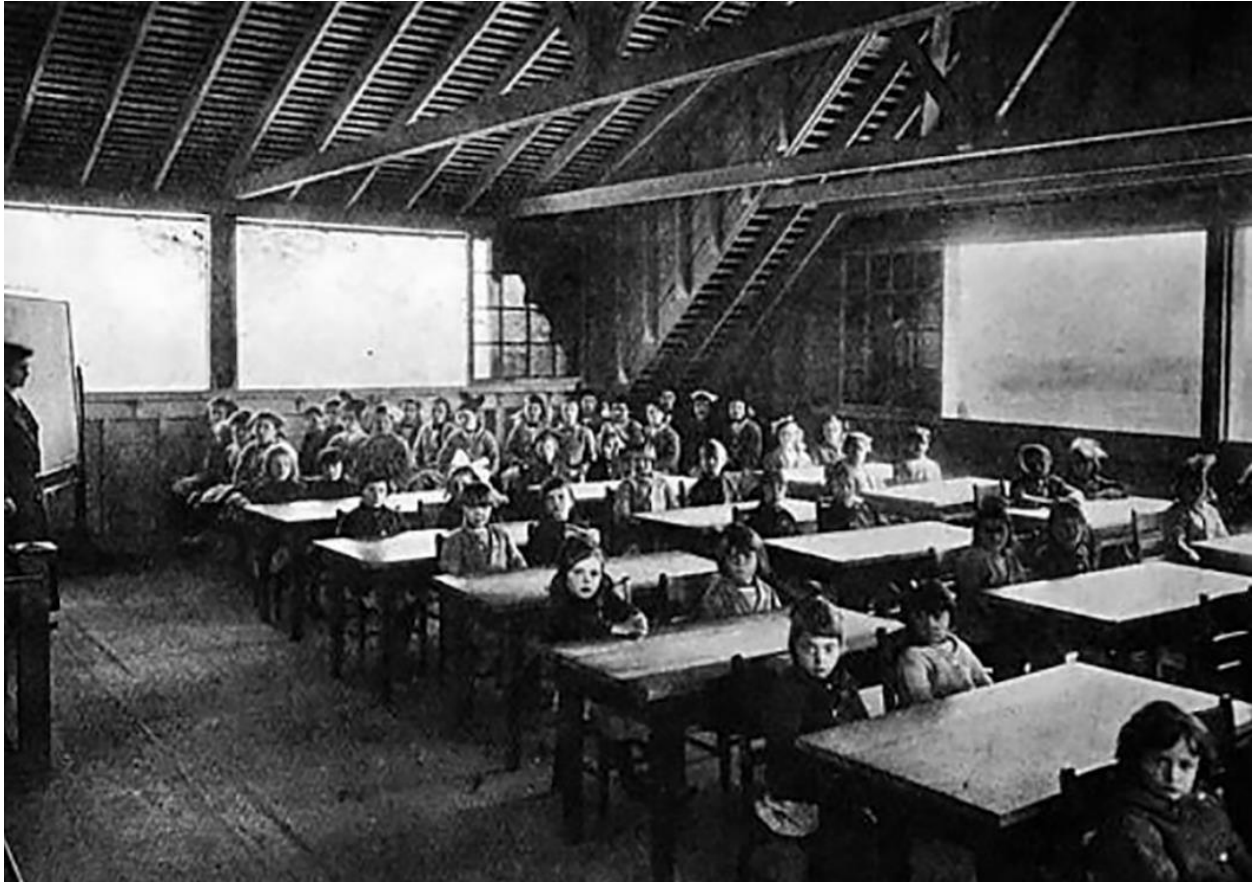


Figure 64. Farmingdale students in open-air classroom

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150 Ibid.

Cresson:



Figure 65. Cresson open-air school

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¹⁵¹ Patterson, C. A., and Cambria Memory. Open Air Schools. 1927. Online Image. History 6 Buildings 2. <https://cambriamemory.org/wp-content/uploads/2017/07/History-6-Buildings-2.pdf>.



Figure 66. Cresson postcard of school buildings and athletic field

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¹⁵² Ibid.



Figure 67. Cresson open-air class pavilion

The concept of exercise and recreation as a means of fortifying patients was also one of the cornerstones of the preventorium movement. A property with these characteristics would be eligible for inclusion in the National Register due to its significance and importance in the overarching preventorium movement. The playground and recreational facilities at the Colorado Springs Day Care were the most intact, with nearly hundred-year-old playground equipment still in use today. Examples include a small wading pool for dipping one's feet and a climbing apparatus akin to a jungle gym. The campus has been updated to comply with contemporary safety standards in all other areas; the presence of original equipment is highly unusual for unregistered locations and is a remarkable feat. The playground and recreational areas of Mont

Alto are no longer extant—Mont Alto's campus underwent an exponential transformation as it was transformed to accommodate the Abraxas grounds and facility. As previously mentioned, the preventorium would have been the location of some of the recreational space. However, it was inaccessible. Historical photographs depict children engaging in play on recreational equipment; though now, none of the equipment exists. Nevertheless, the groundskeeper claimed that the swing set was originally from the preventorium era, which would have existed before 1960; no concrete evidence supports this claim. Cresson's playgrounds and recreational areas also no longer exist. One structure contained a gymnasium and a swimming pool. Regrettably, most structures were also converted when the campus was converted to a prison, resulting in losing their integrity. Cresson would have stood a greater chance of being included in the National Register if these buildings had remained unaltered.

Cresson:



Figure 68. Cresson Children's playground postcard

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¹⁵³ Patterson, C. A., and Cambria Memory. School Bldgs. and Athletic Field. 1927. Online Image. History 6 Buildings 2. <https://cambriamemory.org/wp-content/uploads/2017/07/History-6-Buildings-2.pdf>.



Figure 69. Cresson Children's playground, date unknown.

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¹⁵⁴ Chuck Felton, "Harvey Docchio - 1941-1945 - People's Photos," *Powerlibrary.org*. 2017.
https://digitalarchives.powerlibrary.org/papd/islandora/object/papd%3Acacc-cs_112.



Figure 70. Cresson Children's playground, date unknown.

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¹⁵⁵ Chuck Felton, "Cresson TB Sanatorium Remembered Pa. Archives 1," n.d. Feltondesignanddata.com. Accessed November 25, 2024. <http://www.feltondesignanddata.com/cressontbsanatoriumremembered/id23.html>.

CHILDREN'S GYMNASIUM AND SWIMMING POOL, PENNA. STATE SANATORIUM, CRESSON, PA.

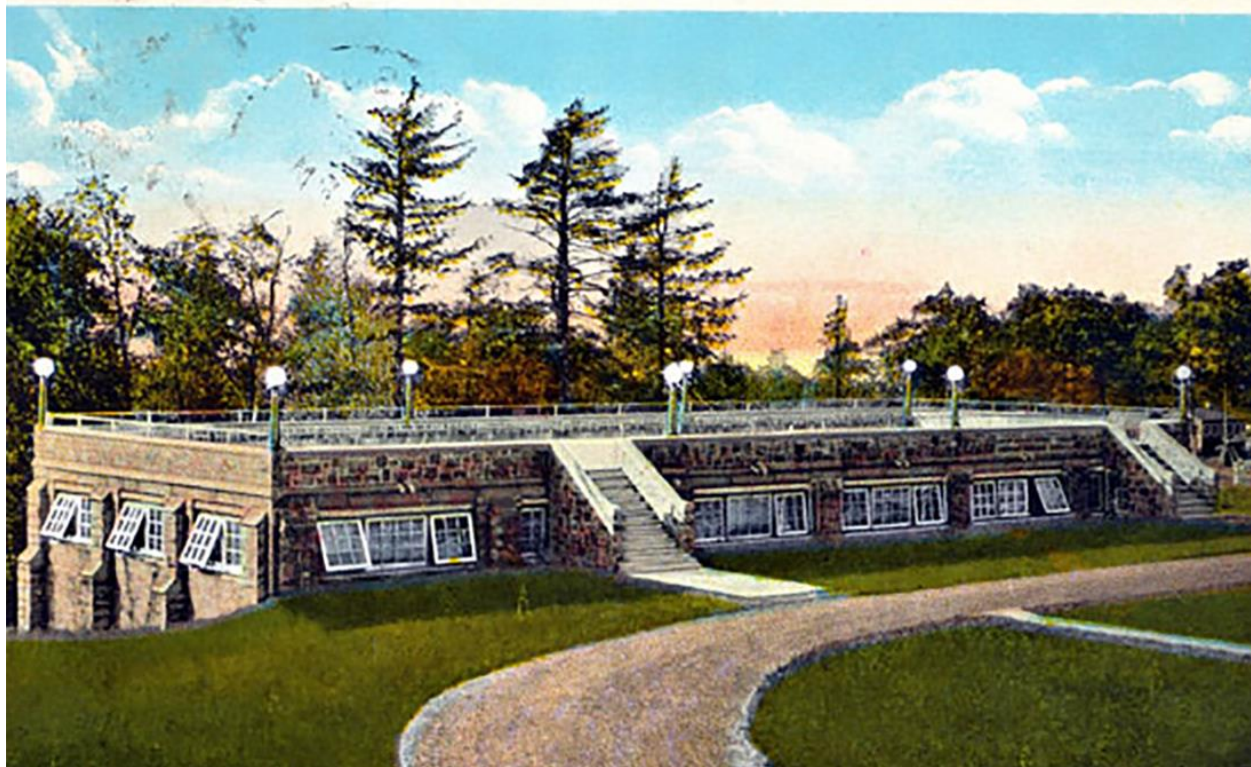


Figure 71. Cresson gymnasium and swimming pool postcard

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¹⁵⁶ Patterson, C. A., and Cambria Memory, Open Air Schools, 1927 History 6 Buildings 2. <https://cambriamemory.org/wp-content/uploads/2017/07/History-6-Buildings-2.pdf>.



Figure 72. Modern view of gymnasium and swimming pool with prison fencing in background

Mont Alto:



Figure 73. Original swings

Colorado Springs:



Figure 74. Colorado Springs Daycare original playground picture - date unknown

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¹⁵⁷ Mike Emett, Circa 1930s. 2017. Children at play in Nursery's playground, *Clio: Your Guide to History*, Accessed October 8, 2024. <https://theclio.com/entry/29818>.



Figure 75. Daycare and playground



Figure 76. Original playground equipment



Figure 77. Original wading pool



Figure 78. Close up of wading pool

Architectural details and artwork are two of the most critical elements of any historic property, as they contribute to its uniqueness and may facilitate its inclusion in the state or national register. The Colorado Springs Day Nursery was adorned with the most intricate details distributed throughout the structure, including murals painted by Allen Tupper True, as previously mentioned. However, Bemis Taylor employed numerous other master artisans to incorporate sophisticated details, including the scalloped edges of the children's benches, the molded ceiling carvings in the corners, and the unique doorknobs. Mont Alto and Cresson, although less intricate, also contained numerous pertinent architectural details. It can be challenging to locate these details in Mont Alto and Cresson due to the numerous modifications that have been implemented throughout their histories. If the buildings were more intact, they would undoubtedly contain more visible details. Despite this relatively small presence and dwindling historical integrity, there are still absolute details present throughout the properties. Allegedly, the preventorium at Mont Alto was adorned with numerous internal and external architectural details. However, the preventorium was too hazardous to visit, as the possibility of collapsing brickwork necessitated taking photographs from a distance. The administration building at Mont Alto, though, boasts unique architectural features, evidenced by the lobby's intricate crown moldings, interior columns, and ceiling medallions. Similarly, the administration building is adorned with decorative sculptures. Regrettably, the interior of the lobby was prohibited for photography, as was the case with the absence of full-length exterior photographs of the buildings. However, the photographs of the copulas, decorative urns, and gabled windows visible in both Mont Alto and Cresson are included to substitute. Additionally, Cresson permitted expansive photography opportunities and access to the facility grounds. Meticulous wood wainscoting with thematic Art Deco elements were prominently featured in the Maple House,

the name of the preventorium at Cresson. This level of detail was particularly evident in the carved doors, wooden cornices, and friezes. Furthermore, Cresson depicts the Carnegie Crest, reaffirming Carnegie's significant involvement with the property and facility. The existence of these architectural details is beneficial to their preservation status, as the greater the number of details in a historic property, the more likely it is to be included in the register.

Cresson:



Figure 79. Detail of Maple House door

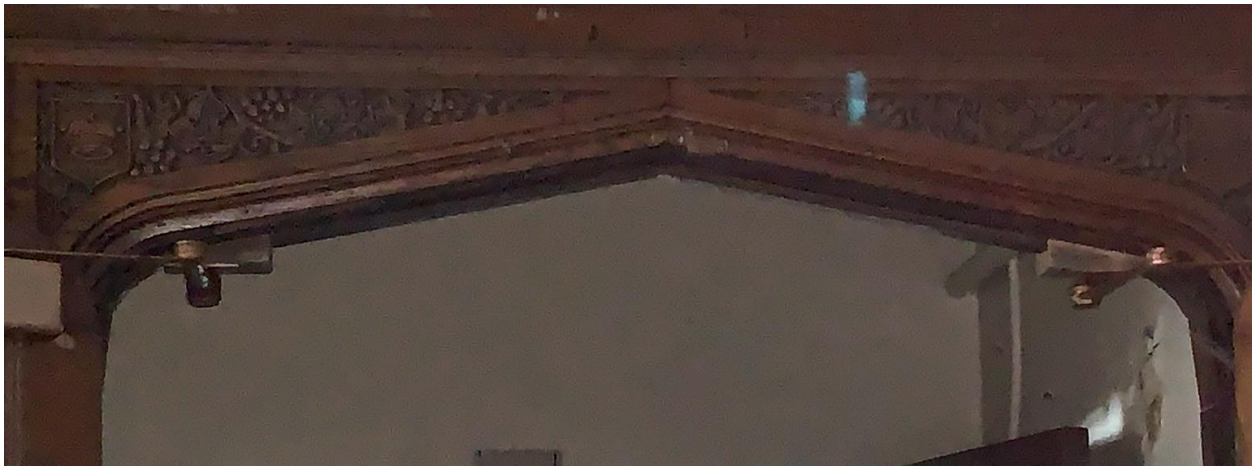


Figure 80. Detail of Maple House door trim



Figure 81. Small copula on Maple House roof



Figure 83. Decorative molding around lower windows of Maple House



Figure 84. Carnegie Crest



Figure 85. Window from chapel



Figure 86. Scalloped molding of window in patient room



Figure 87. Decorative ceiling molding in corner of room



Figure 88. Decorative skylights



Figure 89. Built in shelves for closet

Mont Alto:



Figure 90. Gabled roofed windows of preventorium



Figure 91. More gable-roofed windows of preventorium



Figure 92. Decorative urn and trimming administration building



Figure 93. Decorative trim of window



Figure 94. Design of railings and columns of preventorium



Figure 95. Decorative star and trim



Figure 96. Column frieze and brick trimming



Figure 97. Copula on administration building



Figure 98. Administration copula and sculptural detail



Figure 99. Ceiling of Sleeping Porch



Figure 100. Painted tiled stairs



Figure 101. Detailed doorknob



Figure 102. View of decorative heart detail



Figure 103. Scalloped trim



Figure 104. Decorative trim of door and view of stained glass



Figure 105. Close up of heart detail in iron “fence”



Figure 106. Door details

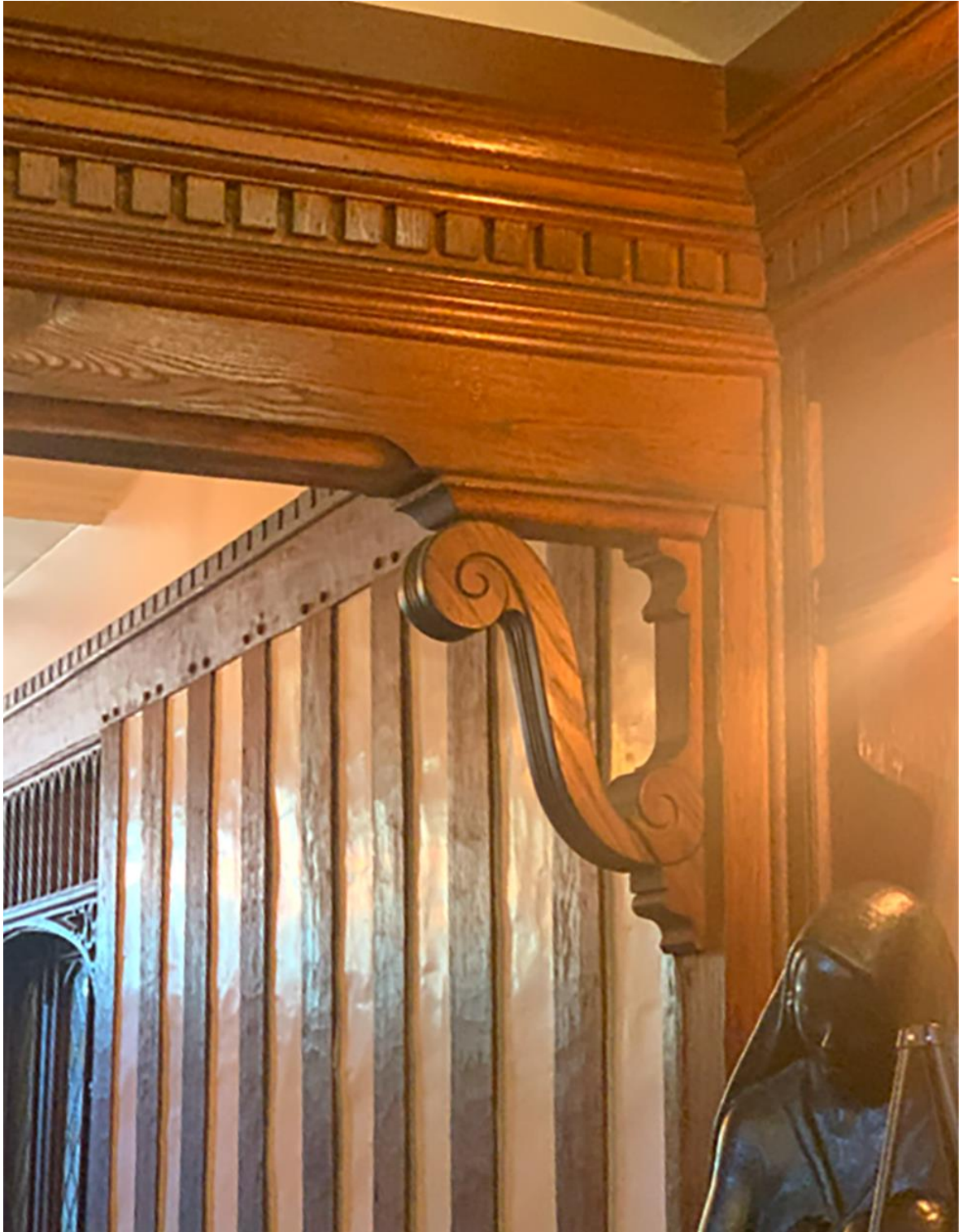


Figure 107. Carved wooden trim



Figure 108. Lattice detail of door trim



Figure 109. Heart shaped carvings on ceiling trim



Figure 110. “Stage” in daycare with lattice detail and bottom of mural



Figure 111. Detail of Allen Tupper True's mural



Figure 112. Detail of Allen Tupper True's Mural



Figure 113. Lattice Balcony detail with stained glass in background



Figure 114. Original lamp and detailed decorative molding in background



Figure 115. Randomized carving



Figure 116. Floral carving above door trimming



Figure 117. Corner ceiling carving of owl



Figure 118. Scalloped detailing of original children's benches



Figure 119. Details of original desk



Figure 120. Intricately carved original water fountain



Figure 121. Medieval-esque stained glass window

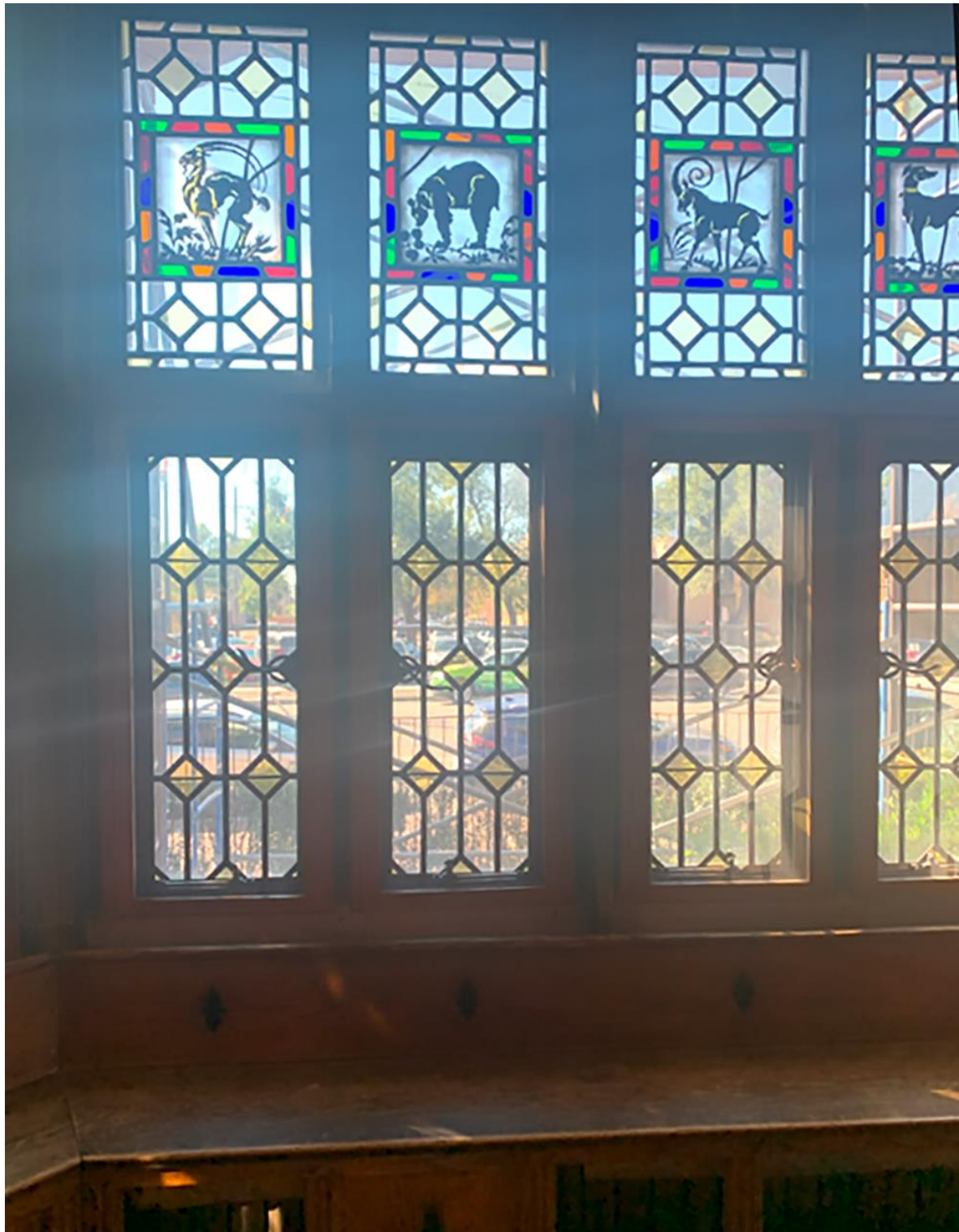


Figure 122. Stained glass animals and original children's benches



Figure 123. “Historical” stained glass window scenes



Figure 124. Another view of stained-glass windows and original children's benches

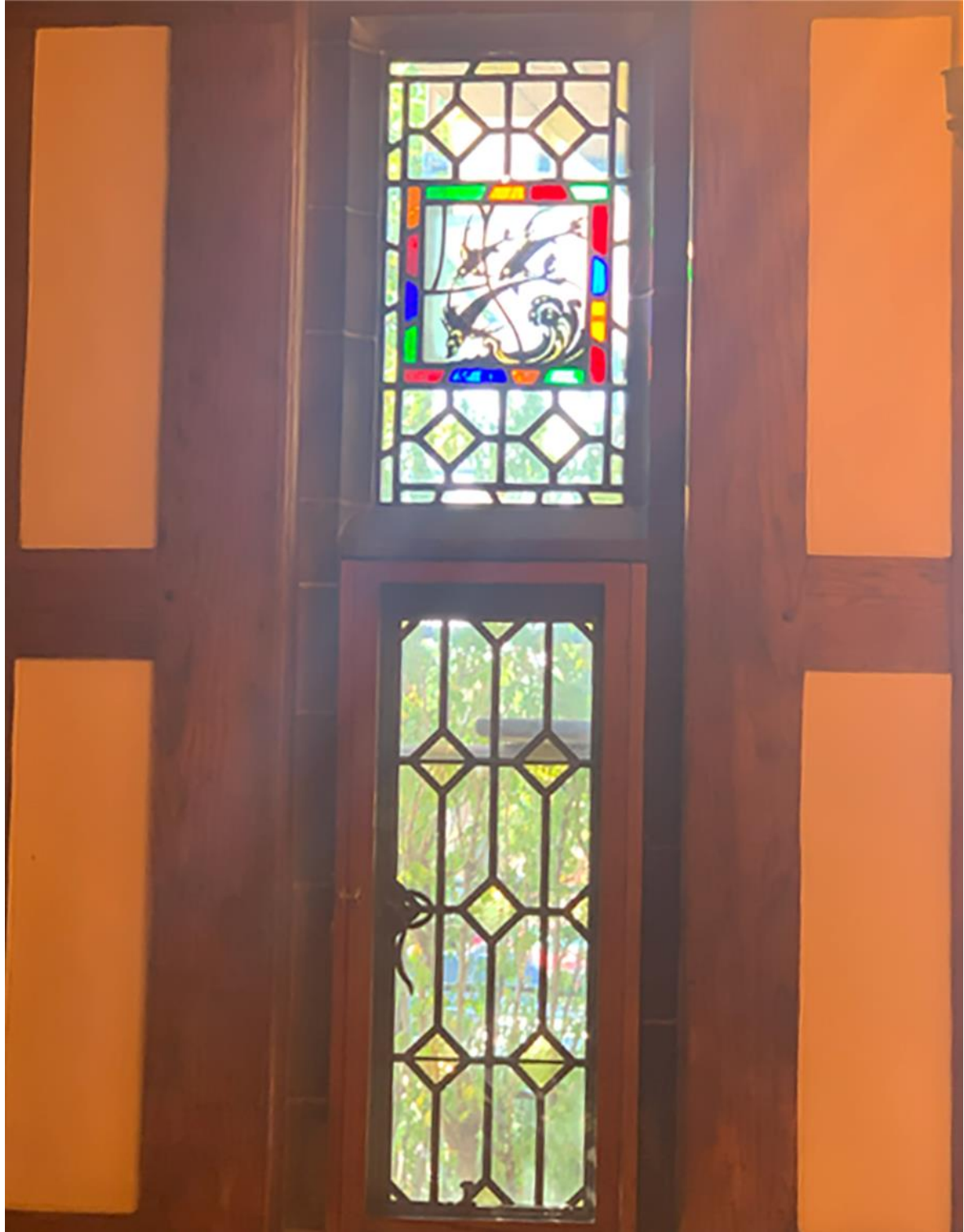


Figure 125. Stained Glass fish image



Figure 126. Decorative stained window crest

Ultimately, it is unsurprising that the majority of properties associated with tuberculosis contained cemeteries. Mont Alto and Cresson both have cemeteries associated with the property, whilst the Colorado Springs Daycare does not, as the primary medical care provided included extra food, milk, and recuperating in the infirmary; simply put, care was not as intensive. Colorado Springs was not utilized as a legitimate TB treatment facility. According to the government worker who provided me with a tour of Mont Alto, it is believed that there are bodies interred on the properties of sanitariums but in unmarked graves. The groundskeeper demonstrated depressions in the earth that he suspected were potential burials. He verified the burial of men, women, and children on the property. However, there is also a nearby cemetery that serves as a burial site for numerous sanitarium patients, and a plaque is present to commemorate their lives. The proprietors of Cresson Sanitarium expressed the same sentiment, stating that they were aware that individuals were interred on the premises. Similarly to Mont Alto, Cresson has a plaque that honors the memory of those who have passed away due to tuberculosis. However, staff at both Cresson and Mont Alto were unaware of the approximate number of individuals who were buried, as the aforementioned Hurricane Agnes obliterated their records. On their own, historic cemeteries are ineligible for inclusion in the national register. The cemetery must be linked to significant historical figures or—on rare occasions—cultural figures, or be associated with a unique or pivotal historical event, or possess some other form of significance. Therefore, although the inclusion of the associated property in the National Register may be enhanced by the presence of a genuine historic cemetery, the historic cemeteries themselves are insufficient to justify their inclusion.

As such, it often falls to the individuals with direct experience within these locations to maintain their histories. Places like Cayuga Camp, the most recent register nomination (and has

therefore not yet been published), are proud of their history and dedicate much of their website to the park's history.¹⁵⁸ Some individuals remember attending these places and have extensively discussed their stories and experiences with newspapers such as *The Tribune*, in which one such individual, JoAnn Eck, explains her experience as a young girl staying at Cresson Sanitorium.¹⁵⁹ Similarly, Chuck Felton has been an invaluable source of firsthand experience staying in one of these facilities. Felton was an alumnus of Cresson; as a young man of only seventeen years, he was institutionalized in 1955 while still a high school student. Felton created a website documenting his story and the history of Cresson Sanitorium and Preventorium. On his website, he begins by discussing his reasons for creating the page, then delves into the stigma he faced as a child. Felton then addresses how he wished to develop a site where he could tell his story, preserve Cresson's history, and provide a space for others to share their histories. One can tell by reading Felton's work that, despite this experience being decades earlier, he was still affected by the stigma he faced.¹⁶⁰ Finally, Felton's website became a resounding success as stories poured in—some anonymous, but many not—from former asylum patients. Many thanked him for his work preserving the institution's history and sharing his story. His bravery in telling his story at a time when TB is still stigmatized by those who remember the disease has inspired many more to come forward with theirs. His work with former patients and Cresson staff has led to a plethora of interviews and a wealth of photographs dating from as early as the 1910s to the 1950s. The pictures have captured everything from the buildings to the children to the treatment facilities, as

¹⁵⁸ "History." n.d. Cayuga Nature Center. <https://www.cayuganaturecenter.org/about/history>.

¹⁵⁹ Kathy Mellott, "Remembering the 'Children of the Sun,'" *The Tribune-Democrat*. September 6, 2009. https://www.tribdem.com/news/local_news/remembering-the-children-of-the-sun/article_2d2d8715-a693-5688-9f62-d316ce821568.html.

¹⁶⁰ "Personal Stories - Chuck Felton - 1955-1956 - War Analogy," Powerlibrary.org, August 7, 2017. https://digitalarchives.powerlibrary.org/papd/islandora/object/papd%3Acacacc-cs_34.

well as patients' daily lives and even the staff. Historical societies also create websites for public access, like the one in Dorchester, Massachusetts, commemorating Prendergast Preventorium. On this site, commenters share their stories of being treated at the Preventorium or their loved ones connected to the location.

Despite the amount of time that has passed since many of these people were patients, many have seen these experiences publicized and have felt the need to further highlight and, in some cases, celebrate these experiences. In one such case, surviving TB patients and the families of these residents have held reunions. What is more, the reunion was a wonderful success.¹⁶¹ There are videos of the reunion on YouTube as well.¹⁶²

Another notable individual who has shared his story is Mickey Rosen. He remembered staying at "Camp Fee Fee" as a child, including the difficulties and little moments of joy. He represents the Jewish community, which was vastly influential in treating TB.¹⁶³ Lake Forest–Lake Bluff Historical Society held a commemoration ceremony at the Ridge Farm Preventorium's former location.¹⁶⁴ There are also individuals who hold reunions at some of these locations as well; for instance, Marion Alderman revisited the place that once cared for her.¹⁶⁵ None of the places above, however, have either been preserved or placed on the register. Casual conversations with individuals on social media have revealed that the heartbreak these people

¹⁶¹David Wenner, "Former Patient of Cresson Tuberculosis Sanitorium in Cambria County Plans Reunion, Pennlive, June 20, 2011. https://www.pennlive.com/midstate/2011/06/former_patients_of_tb_sanatori.html.

¹⁶²WQED Pittsburgh, "Cresson: Remembering Life at the San," YouTube. November 21, 2011. https://www.youtube.com/watch?v=LQ8nw1sHloc&ab_channel=WQEDPittsburgh.

¹⁶³ Robert A. Cohn, "Remembering Camp for Jewish Kids Exposed to Tuberculosis," St. Louis Jewish Light. November 28, 2012, <https://stljewishlight.org/opinion/remembering-camp-for-jewish-kids-exposed-to-tuberculosis/>.

¹⁶⁴ Adrienne Fawcett, "Historical Society Celebrates Centennial of Ridge Farm and Local Families, DailyNorthShore, May 2, 2014. <https://jwcdaily.com/2014/05/02/historical-society-celebrates-centennial-of-ridge-farm-and-local-families/>.

¹⁶⁵ Upstate Medical University, "The Onondaga State Tuberculosis Sanatorium' Syracuse Area Hospitals, a History," March 19, 2022. <https://guides.upstate.edu/c.php?g=1024740&p=8384403>.

experience is still very raw, making this an incredibly unique and sensitive topic that demands the utmost respect. As such, these locations should be honored, especially given their recent and vital history. Other locales became essential to the community even after their abandonment. The Neponsit Sanatorium and Preventorium in Queens, New York, for one, has become a safe haven for many in the LGBTQ+ community.¹⁶⁶

Recently, there was a change.org petition to save the Neponsit location from planned demolition. However, these efforts were unsuccessful.¹⁶⁷ Preventorium patients' stories are still a living history, whether it is of the child treated there or their parents, grandparents, or other relatives or connections of the child patients. There are still even more numerous examples of adaptive reuse to preserve these buildings. One is the former Lake View Sanatorium in Madison, Wisconsin, which has now become the Dane County Department of Human Services. Many locations, additionally, have been adapted as part of modern medical campuses, with several located on university medical training campuses or incorporated into administration buildings. Other common reuse strategies for these buildings include homes for disabled children, mentally and physically disabled adults, or geriatric care homes. Such repurposing is sensible because the buildings' many rooms and remaining infrastructure make it easy to transform them from a medical standpoint. Unfortunately, many have been demolished long before any consideration of historic preservation was even possible. Most counties had a sanatorium or related hospital for TB patients that, once the number of cases decreased, were no longer needed as separate

¹⁶⁶ Annie Iezzi, "Hospital Demolition Plans Worry Queer and Nude Beachgoers," *Pavement Pieces*, September 15, 2021, <https://pavementpieces.com/hospital-demolition-plans-worry-queer-and-nude-beachgoers/>.

¹⁶⁷ Veronica Kirschner, "Stop Demolition of Neponsit Medical Center, Need Help to Make a Scenic Landmark in NYC," *Change.org*, September 2021, <https://www.change.org/p/lgbt-community-human-rights-nudist-organizations-mental-health-stop-demolition-of-neponsit-medical-center-need-help-to-make-a-scenic-landmark-in-nyc>.

facilities. As a result, these counties began to knock them down. Furthermore, some buildings are beyond repair and are hazardous, both to the environment and to people.

However, a question persists: If this is the case, why is demolition by neglect an option? Considering the evident care and connection the public has with these institutions, one can only postulate why so many have been excluded from the register and are otherwise not being preserved or reused. Some hypothesized reasons could be a lack of interest or funding, or an absence of historic integrity. These are just a few possibilities.

While research regarding the preventoriums and sanatoriums proved disappointing in some matters, such as the loss of progress and opportunity, there is still hope for the preventorium. Finding a location is one challenge; next, nominating and preserving the location are two separate and more perplexing endeavors. Nevertheless, it is a worthy cause, as demonstrated by the people who still remember these locations or want to use genealogy to connect with past loved ones. Likewise, through preservation efforts, historians and individuals alike can find ways to educate people today, and the next generation, about how vital a well-rounded and well-connected public health infrastructure is. While many may view this as idealistic or overly optimistic, historic preservationists owe it to the discipline of history, themselves, and the people to do so anyway.

Given that multiple preventoriums closed as late as the 1970s, it is no surprise that there are former patients still alive. However, if one considers the length these institutions were opened to their final closure, then there are many patients who have passed on or are now at an advanced age. Stories of institutionalization and recovery, especially from a stigmatized disease, vary greatly. Some may wish never to tell their accounts, while others may desire to share their experiences but remain anonymous. Still, a third category of people comprises those who believe

their histories should be told openly. Respect should be given to all of those involved, living or deceased, and their stories should be upheld as the pillars that they are—and they can be if preservation efforts are increased or more inclusive in terms of their development.

Exactly what overarching outcome of such efforts will be is hard to tell, but one can hope to encounter someone who reflects on such histories or to have a conversation with a survivor, even if it is a brief one.

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