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A way of life: Saranac Lake and the 'Fresh Air' cure for tuberculosis

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**“A WAY OF LIFE: SARANAC LAKE AND THE ‘FRESH AIR’ CURE FOR
TUBERCULOSIS”**

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**Submitted in partial fulfillment of the requirements for
the degree of Doctor of Philosophy in Philosophy
in Philosophy, Interpretation, and Culture
in the Graduate School of
Binghamton University
State University of New York
2003**

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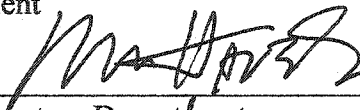
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2003

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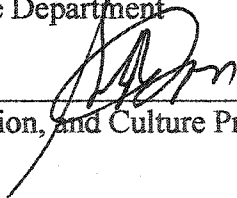
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Abstract

In 1884, Edward Livingston Trudeau officially opened The Adirondack Cottage Sanitarium for the treatment of tuberculosis in Saranac Lake, New York. For the next seventy years, what became known as the Trudeau Sanatorium was the model of American sanatoria, promoting fresh air, rest, and nutritious food in the treatment of pulmonary tuberculosis. The introduction and use of antibiotic drugs in the treatment of disease effectively ended the sanatorium movement as well as demarcates an important juncture in American medical and scientific history. Trudeau's treatment and the Sanatorium are interpreted as social and ideological constructs from the perspectives of verbal expression, material culture, written texts, and social behaviors. Within the context of American history and culture, the treatment was informed and influenced by medical history, feminism, religion, popular philosophy, and self-help movements. The medical, scientific, and cultural history of tuberculosis and its variant cures came to be encapsulated and institutionalized in the sanatorium setting. The subjective experience of disease as it was contained within a specific natural and built environment was so profound that many remember their time curing as the best days of their lives.

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This dissertation is dedicated to my daughter Jenya Halle, for her inspiration and distraction, my mother, the late Naomi Damsky, and my father and stepmother, Sheldon and Dorice Damsky.

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Introduction

Well, Diary, I'll introduce myself. My name is Evelyn. I'm 16 years old. I have Tuberculosis . . .¹

The December 27, 1954 issue of Life Magazine features New York Giants second baseman "Laughin'" Larry Doyle walking, back to the camera, away from the Trudeau Sanatorium in Saranac Lake, New York. As the last patient to leave the "san" ("A Victim of Progress . . ." reads the article's title),² Doyle's highly publicized exit bears witness to the success of antibiotics in the treatment and cure of tuberculosis. Now, less than half a century later, the "White Plague" has once again re-emerged as a global health concern, urging a look back at the history of tuberculosis on the North American landscape.

In 1884, Dr. Edward Livingston Trudeau founded the Adirondack Cottage Sanitarium³ in Saranac Lake New York.

¹The author of this diary, identified as "Evelyn Bellak," recorded her first entry on January 1, 1918. The diary's entries end on Armistice Day.

²"Victim of Progress", Life, 36 no. 37 December 1954, 76-79.

³To clarify textual inconsistencies, i.e., regarding shifts from "sanitarium" to "sanitorium" to "sanatorium" (according to The Trudeau Institute's publication entitled A Century of Science 1884-1984) Dr. Trudeau originally named his institution the Adirondack Cottage Sanitarium from the

The first institution of its kind in America, the sanatorium formalized the beliefs of its founding physician in "fresh air, rest, wholesome food, and peace of mind."⁴ in the treatment of pulmonary tuberculosis. Credited as the father of the American sanatorium movement, Trudeau himself suffered from tuberculosis, and it was his own "miraculous" recovery that inspired him to found the Adirondack Cottage Sanitarium where the working class would have access to affordable sanatorium care. The sanatorium's success is best described as phenomenal; thousands traveled from the furthest reaches of America and from abroad to Saranac Lake, New York, where the fresh mountain air became synonymous with what became known as the "outdoor life."

When Trudeau built the first three of his "cure cottages"—an architectural form whose introduction and evolution on the American landscape bears witness to the inception and formalization of sanatoria nationwide—he followed in the wake of vast and divergent traditions of

Latin *sanitas*, meaning health. However, sanitariums have become more closely linked with mental health, and twentieth century usage of "sanitorium," from the Latin "sanare" (to cure or heal) has prevailed, and is most commonly spelled "sanatorium." The Adirondack Cottage Sanitarium was renamed Trudeau Sanatorium in 1917 (after Trudeau's death), and has become known as simply "Trudeau." In most cases, unless the context dictates otherwise, the term "Trudeau" is used to refer to the sanatorium. The context should also be clear when the use of "Trudeau" refers to Dr. E. L. Trudeau.

⁴Philip L. Gallos, Cure Cottages of Saranac Lake (Saranac Lake: Historic Saranac Lake, 1985), viii.

belief in the causes and cures of disease, among which tuberculosis was (and remains) one of the most virulent and devastating. As Trudeau's sanatorium grew, and outgrew, the expectations of its founder, the sanatorium became a cultural barometer of sorts, an institution whereby the patterned enculturation of disease could be measured. The impact of Trudeau's sanatorium on the history of American sanatoria remains one of construction and reconstruction, presentation and representation, a cultural narrative that often privileges scientific and medical authority over the subjective, human experience in the understanding of health and disease. As Donald Meyer states, "sickness is malfunction, health is normal function. But when it comes to minds and selves and souls and egos, definitions blur."⁵

This work is an attempt to contextualize the rise of the sanatorium movement and the culture of tuberculosis in Saranac Lake in late 19th to early 20th century America. Although tuberculosis is not an "American" disease—evidence of its existence pre-dates its incidence in America and Europe—the ways in which tuberculosis was experienced in North America can be construed U.S. social, religious, and political history. Dr. Trudeau and the sanatorium he

⁵Donald Meyer, The Positive Thinkers: Popular Religious Psychology from Mary Baker Eddy to Norman Vincent Peale and Ronald Reagan (Middletown: Wesleyan University Press, 1988), 17.

founded drew and diverged from social and medical history, influenced by medical, scientific, and cultural forces in the seventy-year span from the sanatorium's inception until the introduction of antibiotic drugs which ended the era of sanatorium care in the treatment of tuberculosis.

My own interest in Trudeau began in the early 1990s, when my father and step-mother moved to Saranac Lake in the Adirondack Mountains, and both became interested in the local history, particularly the tuberculosis "cure cottages" attached to virtually every house in the region built during the era of Dr. Edward Livingston Trudeau's fresh air cure for tuberculosis. While my enthusiasm for the work did not quite match theirs, I loaded my camera, and climbed steep hills to look at and photograph innumerable "cottages."

On my way out of the village, a small banner waving on a signpost caught my eye. I thought the advertisement, "Saranac Lake: Celebrating a Hundred Years of Health" was peculiarly optimistic in a context of epidemic disease. I thought the sign could as easily and perhaps more adequately read, "Saranac Lake: celebrating a hundred years of death," or at least rampant disease and some dying. I was, nevertheless, intrigued by the contradictions.

So I extended my stay, and accompanied by my father and his fishing partner consulted the local library, where we pored over health records and journals, dug out old photographs and pushed the limits of a reluctant

photocopier. Later, as we sat outside and breathed in the famous Adirondack air, my father mentioned that the most interesting aspect of the village was the optimism which seemed part of the air itself. Saranac Lake resembled an idyllic Main Street, U.S.A. with a tuberculosis sanatorium as an unlikely, but undeniably picturesque backdrop. How did the population, most of whom were either tuberculous patients themselves or involved in the "industry" of tuberculosis, create such optimism surrounded by the reality of imminent death? Did Trudeau and the Trudeau Sanatorium play a significant role in the visage of health and optimism?

In the years since my father asked these questions, I myself have asked them to former tuberculosis patients who resided at the Trudeau Sanatorium and the local cottages. As I have come closer to an understanding of the culture that prevailed before tuberculosis was treatable through antibiotics, a singular understanding of the experiential aspect of "curing" becomes more remote. Disease is integral to the human landscape, and as such, is subject to etiological, cultural, and historical permutations. Many formal and informal beliefs, practices, and laws can be traced to tuberculosis; yet it remains firmly encased in the realm of the unspoken, given amorphous shape by the shadowy "consumptive" figures lurking in the background of literary masterpieces and family histories. Unlike other epidemic

diseases (such as the Black Plague), tuberculosis has no narratives of origin, i.e., Typhoid Mary; epidemic outbreaks are not typical of the pattern of tuberculosis. In fact, at the time of the sanatorium movement in North American, tuberculosis was on the decline.

Evidence of the presence of tuberculosis has been discovered in ancient Greece, Egypt, China, Africa, South America, and Siberia. Depictions of tuberculosis are present in Egyptian art, Chinese literature, and the Bible. Like many other diseases, tuberculosis was probably introduced in North America by European explorers. It is perhaps the historical omnipresence of the disease that lends it a certain "normalcy;" it has often been rendered as tragic because of its resilience, high mortality rate, and because its victims were often young.

Late into my research, my father, who now volunteers at the Saranac Lake Free Library, was cataloguing the admittance cards kept by the local health board. He came across a card that bore his own grandfather's name; my father was unaware that my great-grandfather had tuberculosis and had lived at Saranac Lake. That a member of my family was a part of the community that I chose to study is but one illustration of tuberculosis as both familiar and dreaded, discovered, accidentally, through formal research.

A reviewer of one academic publication about the

influence of Dr. Trudeau and the Trudeau Sanatorium refers to both as "arcane." Although Dr. Trudeau had a tremendous impact on the development of the sanatorium culture in the United States, interest has narrowed from the national sanatoria to the regional significance of Trudeau and Saranac Lake. The few researchers, such as Mark Caldwell and Robert Taylor (Caldwell being the most prolific and well-respected as writer, researcher, and lecturer), often have direct ties with the region and tuberculosis. Other recent researchers, such as Thomas Daniel, David McBride, Katherine Ott, Sheila Rothman, and Frank Ryan, typically included brief biographical data and a history of the Trudeau sanatorium in larger historical analyses of tuberculosis. Philip Gallos authored the only published work "cure cottages"—the architectural form specifically designed to house tuberculosis patients formalized by Dr. Trudeau, the Trudeau Sanatorium, and the residents of Saranac Lake. Hospital architecture, like prison architecture, is typically omitted from architectural surveys and studies, although they play an important role in understanding historical, culture, and medical/scientific practices as they are structurally formalized and adapted. Mary Hotaling has contributed to the literature on cure cottage architecture in an unpublished master's thesis, and numerous published and unpublished articles.

Before his death in 1915, Dr. Trudeau published his

autobiography. Albeit an invaluable resource, Trudeau's autobiography has achieved almost biblical reverence and referential status among contemporary researchers, and key passages are replicated in virtually every resource. Unfortunately, little exists in secondary sources about Trudeau the man-important since his belief in the cure reached almost mythic proportions.

Published patient narratives, such as those by Richard Ray, Stephen Chalmers, and Isabel Smith have largely been relegated to rare book rooms because there were few printings of initial publications. However, they provide a valuable resource (particularly Isabel Smith—who was at the sanatorium for twenty-one years) about formal practices and subjective experience. Others, such as Elizabeth's Mooney's book about Saranac Lake (and her own memories of her mother's time as a patient), have relied on familial affiliation of experience for their perspectives and sources.

Outside of the Saranac Free Library, and the Saranac Historic Society, which have the most extensive holdings of sanatorium documents, publications (such as the Journal of Outdoor Life—a sanatorium-based magazine), and more current collection of data and recordings collected during the two weekend reunions of former tuberculosis patients sponsored by the historical society, former patients have "complete" libraries of published works on Saranac Lake and the

sanatorium. As a researcher that relied on oral history as integral to this work, the critical perspectives offered by former patients on these publications, and their presence or absence in this work, is an acknowledgment of the interplay between oral history and written history—or the subjective versus the objective.

In the research of this subject, I conducted interviews, read medical records, diaries, letters, films, archived tape recordings, and publications. As many former tuberculosis patients remain or returned to live in Saranac Lake, I was able to interview many of them as well as residents who were involved in the tuberculosis "industry" in various forms. Many of the patients have been interviewed by the Saranac Lake Free Library; although I reviewed these tapes, I most often chose to re-interview face-to-face on a one-to-one basis. I wrote letters to those living in other parts of the country; most responded with very detailed and descriptive letters that spoke to the impact tuberculosis had on their lives.

Overall, the oral histories/first person narratives proved the most invaluable resource. Much has been written challenging the veracity of oral history; at the time of this writing, it has gained—if somewhat grudgingly—an acceptance of form and content. Although it was the architecture that initially provided the impetus for this study, the intrigue of how former patients remembered their

days curing as powerfully and positively as they did became the driving force. I attempt an explanation of this in the conclusion; the reality remains that given even an endless supply of "data," the sense of community and import of the experience of being a part of that community is elusive in terms of definitive, scholarly explication.

Although a considerable body of scholarship exists concerning tuberculosis and its medical, scientific, and sociocultural and economic impact, there are few, if any, works that place tuberculosis in a specifically American context. While the context of curing from tuberculosis at Saranac Lake can be, and has been, viewed as a historical moment, and from a historical standpoint, at one and the same time a phenomenon and an anomaly. My research led me to look closely at the specifically American context of the sanatorium movement as inseparable from "all" that was, and is, American. Overall, I have come to believe that the impetus and sustenance of the sanatorium movement were deeply evangelical, constructed, contained, and sustained by the myriad systems that define the human experience in place and time.

In 1884, two years after Dr. Robert Koch—a German medical scientist and eminent bacteriologist—isolated and identified the tubercle bacillus as the agent in the spread of tuberculosis, Dr. Trudeau opened the Adirondack Cottage Sanitarium in Saranac Lake, New York. Trudeau's ideology

was based on the curative powers of fresh air, rest, positive attitude, and good nutrition. In his discussion of scientific theories presented by Galileo, Copernicus, and other eminent scientists, Thomas Kuhn states that:

If awareness of anomaly plays a role in the emergence of new sorts of phenomenon, it surprises no one that a similar but more profound awareness is prerequisite to all acceptable changes of theory.⁶

Tuberculosis is a very old disease, and speculation about contagion, infection, and transmission of disease presaged the discipline of modern medicine by centuries. In 1882, the premise that a singular agent was responsible for the spread of disease was, using Kuhn's gentle language, anomalous. Kuhn's assertion that resistance is integral to the introduction of a new paradigm is particularly cogent when virtually countless "paradigms" regarding the cause and cure tuberculosis cast innumerable shadows on Koch's single-bacillus theory. At that point in medical history, looking "into" the physical body bore the taboo of autopsy. Heroic medicine—the practice of purging "humours" (blood, mucus, etc.) from the body by bleeding, blistering, and other methods, was based on the premise that humors were indicative of, and caused, disease. That Koch used a microscope to identify a bacillus was unheard of in medical

⁶Thomas Kuhn, The Structure of Scientific Revolutions, (Chicago: University of Chicago Press, 1962, 1970), 67.

belief and practice in 19th century medicine.

Kuhn's position offers a way to understand the impact that Trudeau the man and Trudeau the institution played in the treatment of tuberculosis. The tenets upon which the Trudeau Sanatorium was built were a radical departure from the medical ideology of the late 19th and early 20th centuries which held to the idea that tuberculosis was inherited and incurable. A positive identification of the tubercle bacillus as the causative agent in the spread of tuberculosis shook the very foundations of clinical and practical medicine, and forever altered diagnosis and treatment. In short, Koch's discovery is a benchmark moment in the veracity of the scientific method. However, Koch, yet to be recognized as a key player in disease etiology, was viciously attacked and his scrupulous and ultimately irrefutable evidence of bacilli as causative in a variety of unrelated diseases met with disbelief and ridicule. Dr. Trudeau was one of a small pool of believers in the veracity of Koch's discovery, and one of the few physicians who actively tested for the presence of tubercle bacilli and conducted regular experiments with tuberculin.⁷

The origins of what has become known as the Trudeau

⁷Tuberculin was the ill-fated "cure" put forth (apparently under undue pressure) by Koch two years after the public presentation of his discovery; presently, tuberculin is used in the ("scratch") skin test that indicates exposure to tuberculosis.

Sanatorium were both humble and primitive. Prior to the official opening of the Adirondack Cottage Sanitarium, the Adirondack Mountains were becoming a popular place for both health seekers and sportsmen. As there were few camps, hotels, etc., available to house these "tourists," camping out in tents became popular. In the evolution of architecture specific to tuberculosis, tents gave way to small, exposed exterior porches, larger verandahs, and finally, glass enclosed porches designed to suit the tuberculosis patients need for domestic and open air spaces. This evolution mirrors the formalization of scientific and medical beliefs and practices in relation to the treatment and what was tentatively referred to as "the cure."

As the "outdoor life" gained momentum, architecture specific to tuberculosis became integral to sanatorium and domestic architecture nationwide. In effect, tuberculosis patients' were housed in environments that were tentative in terms of medical and scientific ideology. Trudeau Sanatorium was not a place for advanced medical treatment for tuberculosis, or a hospital, in the way we think of hospitals today (although the institution kept abreast of, and often used the latest technologies). The cure was largely ideological, its paradigmatic structure a physical space made available to contain disease.

The "official" sanatorium culture began in 1884, when "Little Red," one of three initial cottages built on the

grounds of the Adirondack Cottage Sanitarium, was opened to provide care for sisters Alice and Mary Hunt, factory workers from New York City. Historical distance suggests that Trudeau may have mythologized the sanatorium's auspicious beginnings; in reality, Alice and Mary Hunt were not the first to be treated by Trudeau, and Little Red was only one of three original structures built. Trudeau's first house for tuberculosis patients was a small one-room cottage built for two inhabitants; its exterior porch, a structure that became the hallmark of the fresh air cure, too small to comfortably hold the two sisters that were the sanatorium's first "official" residents.

Eventually, cure cottages on the grounds of the Adirondack Cottage Sanitarium became larger, more formal in design, and more specific in structure and function. As the sanatorium ideology gained momentum, the Adirondack Cottage Sanitarium proved ill-prepared to house the thousands that sought the cure. Within a few years, a burgeoning economy of tuberculosis emerged and newly built homes, businesses, and a service industry created an environment wherein disease was the norm and the diseased were welcome residents. Virtually everyone living in Saranac Lake was a sanatorium and cure cottage patient, or engaged in some way in what became the industry of health. Because the village's population depended on the cure industry for a living, stigmatization of patients was, ostensibly, kept in

check. Patients commonly married other patients, and both doctors and nurses traversed the lines between professional and patient-working when they were in remission; curing during periods of flare-up.

Trudeau's original intent was to offer the fresh air cure to the working-class poor of the inner cities, those excluded from the "wilderness cult" associated with well-to-do Americans in the late 1800s. Trudeau's own exodus into the wilderness was influenced by nativists seeking escape from urban expansion, and the loss of what was perceived to be a pure American character. The wilderness cult is emblematic of a formalization of American ideologies regarding health and leisure. The redefinition of the American character and landscape includes the growing influence of the nation's ministry and physicians.

Although Trudeau considered himself first and foremost a scientist, his belief in optimism or positive thinking as integral to the successful cure can be characterized as religious in its zeal. A fervent belief in the therapeutic (if not curative) power of nature became inextricably bound up in the sentient experience of the cure-so much so that many former patients remember their time at Saranac Lake as the best days of their lives.

Tuberculosis was perceived by many influential scientists and physicians as a social disease, a disease of poverty and lack of sanitation rooted in the "evils" of city

dwellers, and more specifically, immigrants. In this context, Trudeau can be seen as radical in his attempt to democratize disease, by making care available specifically to the poor and by formalizing and announcing the presence of tuberculosis in public and domestic architecture. One of the cure's most salient features was the socialization of disease: the importance of getting along with other patients, the housing of diseased in ways that encouraged patients to interact with one another and with those outside sanatorium and cure cottage walls. The house that Trudeau built represented the hybridization of ideologies; the more firmly entrenched the practices and policies of the sanatorium became, the more solid and stalwart the architecture and cultural landscape of disease became.

Tuberculosis can be periodized as a disease and its treatment and a seemingly arcane disease after the cure. The evolution of the sanatorium culture, similar to the outlook of its founder, was built on circumspection and idealism. The fresh air cure took hold largely because a combination of ideologies was transforming and defining American perspectives on health and illness, ideologies that were simultaneously deeply imbedded in and newly challenging to the American spirit. The census and Frederick Jackson Turner announced the closing of the frontier—there were no “uninhabited” states or cities. Yet, the Adirondack Mountain region remained largely unexplored and uninhabited.

The move into the Adirondack wilderness was not explorative in the traditional American sense. Americans were moving away from the destruction that the westward movement, industrialization, immigration, and disease had ostensibly created, and toward a "healthful" life that offered physical and spiritual salvation as a democratic ideal.

Notwithstanding the possibilities put forth by science, Trudeau filled the void left by the countless doctors, laymen, and cures that had come—and failed—before. It is likewise possible that the American public was ill-prepared for the mysteries of the "new" science, and that the gentleman doctor, who lost both a brother and a daughter to tuberculosis,⁸ filled that void for those destined to spend the last years of their lives "chasing the cure." Within a community of health-seekers, where everyone was engaged in the business of tuberculosis, a communal consciousness

⁸According to Trudeau's autobiography, his brother's death from tuberculosis was the impetus for re-directing his own life toward curing tuberculosis. (See chapter 3). Trudeau's oldest child, a daughter Chatte, apparently contracted tuberculosis while she was away at school in New York City and died at the age of twenty. A second child, Ned, and (by Trudeau's own description, the favored son) died at thirty of acute pneumonia—a loss that was devastating to Trudeau. Perhaps ironically, his 3rd son, Francis, (who Trudeau refers to quite openly in his autobiography as "not overwelcome"), lived to continue work at the sanatorium. His son, Francis Jr., (cartoonist Garry Trudeau's father) established the Trudeau Institute, an internationally-renowned research center for infectious diseases located in Saranac Lake. A statue honoring Dr. E. L. Trudeau (contributed by former patients and staff) by Gutzon Borglum is outside of the Institute.

developed that made those experiences of curing at Saranac a unique community.

Trudeau Sanatorium and the village of Saranac Lake provided a respite from ideological and physical environs which were largely hostile to the disease and the diseased. What the inhabitants of Saranac Lake had in common, why they traveled hundreds (sometimes thousands) of miles, was the common experience of disease. Yet, disease is not a normative cultural measure; those suffering from chronic disease are often ostracized as much from fear of contagion as from the possibility that disease can become enculturated, part of the "normal" human landscape and experience.

Until the introduction of antibiotics in the 1950s, a cure remained elusive. Following Trudeau's death in 1915, the sanatorium's philosophical underpinnings and practices over the remaining thirty-five years altered in response to prevailing medical/scientific beliefs instituted by those (including his son and grandson) that followed him. Trudeau's belief in the healing potential of fresh air and the outdoor life was supplemented and supplanted over the years by the addition of prescriptions for rest, good food, and positive attitude.

Saranac Lake, New York, altitude 1,539 feet, lies between the Mohawk and St. Lawrence Valleys in the Adirondack Mountains of Northeastern New York State. Asserting a power

that has captivated generations of naturalists, novelists, musicians, and artists, the emergence of Saranac Lake as a health resort complicated the region's vast wilderness and simple, solitary beauty. The omnipresent scent of fresh balsam, a clean-edged crispness to the air, and a landscape of far-reaching and unsurpassed natural beauty lends the region an aura that defies its history. Yet, disease Saranac Lake's bottom line, often traveling through the body quickly enough to be termed "galloping consumption," or so insidiously that its victims slowly wasted away. "Almost one in three persons living in Saranac had consumption, as it was then called. The remaining two were engaged in one way or another in taking care of the sick."⁹

Lake Placid, site of the Olympic games, is only eight miles away from Saranac Lake, but Saranac Lake has been unable to maintain the allure associated with the Olympic city. The inhabitants of Saranac Lake ran a race of a different kind, one whose finish line was murky and ill-defined. Tuberculosis sufferers from all corners of the world came to "chase" the cure at Saranac Lake; there was no telling who the winners or losers would be. In the words of one former patient: "Some of us might chase carefully and

⁹Elizabeth C. Mooney, In the Shadow of the White Plague, (New York: Thomas Y. Crowell Publishers, 1979), 26.

die; some who cheated might get better."¹⁰

Trudeau would undoubtedly have agreed with the position taken in a May 30, 1999 article in The New York Times Magazine article that states: "Medicine is supposed to march forward. Drugs, therapies, surgical procedures-they are all expected to become ever simpler and more effective. That, by definition and historical precedent, is scientific progress."¹¹ Today, many would not recognize the architectural features of a cure cottage, or even the term sanatorium. Since the advent of the Adirondack Cottage Sanitarium, we have moved from science to super-science, accompanied by newer strains of more virulent and drug-resistant tuberculosis. The sanatoriums of yesteryear have been torn down or transformed beyond recognition. The spaces we inhabit were once influenced by the presence of a disease that was responsible for more deaths during World War I than armed combat.

Although tuberculosis was effectively treatable by the 1950s, it has never been pronounced completely eradicated, as has, for instance, smallpox. Tuberculosis remains at crisis proportions in developing countries, where access to medical treatment is limited and conditions such as lack or absence

¹⁰Richard H. Ray, Saranac 1937 - 1940 (Palo Alto: Published by the author, 1993), 17.

¹¹Lisa Belkin, "A Brutal Cure," The New York Times Magazine, (30 May, 1999), 34.

of proper sanitation enable the disease's spread. Nationally, TB is most likely to impact communities and individuals where access to medical care and treatment are challenged by economic and social factors. David McBride cites that a quarter of tuberculosis deaths during the depression as occurring within the black community,¹² historically a population excluded from medical prevention, diagnosis, and treatment. Internationally, tuberculosis remains a leading cause of death, and nationally, the virulence of a new strain of tuberculosis-MDR (multi-drug resistant) tuberculosis is of great concern in the medical community.¹³ Tuberculosis is commonplace in prisons, among AIDS patients, and is becoming more common in the inner cities, where tuberculosis is often erroneously perceived as integral to racial and genetic constitution as opposed to the social, economic, and political conditions conducive to the presence and spread of disease.

The possibility of a return to sanatorium cure for tuberculosis is remote nowadays; care, or management, of tuberculosis (and many other diseases) more typically occurs

¹²David McBride, From TB to AIDS: Epidemics among Urban Blacks since 1900 (Albany: State University of New York Press, 1991), 86.

¹³A 1993 entry in The New American Desk Encyclopedia cites 3 million deaths to tuberculosis worldwide, and compares it 1906 1 in 500 death rate to the updated 1 in 30,000 because of "effective drugs and better living conditions."

on an outpatient basis. Tuberculosis is further straining an already strained health care system, and it is often those within the populations where incidences of tuberculosis are highest that access to medical care is limited. That the national and international incidence of tuberculosis among the poor is on the rise speaks as much to the troubling realities of access to medical care as it does the resurgence of a disease that the medical community believed was safely part of modern medical history.

Chapter 1

Into the Wilderness

In the late nineteenth century, the mythology of the frontier was losing its stronghold on the American imagination. Frederick Jackson Turner's pronouncement of the closing of the American frontier ended the era of "Manifest Destiny," where rugged, forward-looking Europeans became Americans as they forged further and further west. Jacksonian democracy, which espoused regional egalitarianism and the rights of the common man was the impetus for social reform nationwide. The overcrowding and industrialization of a newly urbanized America made it increasingly difficult to celebrate a sense of national character. Machines proved

stronger, quicker, and more economic than man, and Victorian strictures failed to withstand the dangers and excitement of modernity. As ideals of individualism resonated in the emergence of a corporate culture, immigration from Southern Europe, Eastern Europe, Asia, and a migrating population of free African Americans reordered notions of one national spirit, forged in a wilderness, pioneer experience.

In the late nineteenth century, when E.L. Trudeau went to the Adirondack mountains, he was preceded by a brief but well-healed tradition of largely white, upper class, "civilized" men venturing into the wilderness for sport, leisure, health, and the ideological construct of "manliness." The "dangerous classes," urban, immigrant, and dark-skinned, existed outside of this rubric as physically and culturally inferior; in the juxtaposition of the wilderness against America's cities they were increasingly associated with all that was corrupt and evil. As notions of civilization became more finely etched and more exclusionary, the wilderness, as place and experience, belonged, simultaneously, to the leisured, civilized classes and strangely enough, the diseased "other" who might, optimistically, be cured in the clean air.

By the late 19th century, the Victorian ideal of manliness was losing ground: "thoroughly enmeshed in a moralistic Victorian culture which had already begun to lose its hold over the middle class by the last decades of the

nineteenth century,"¹⁴ manliness was becoming redefined in American soil as an awkward combination of consumption and leisure.¹⁵ The American male was expected to be robust in his leisure and acquisitive pursuits; treks into the wilderness more than adequately fit the bill. The act of venturing into the wilderness was in and of itself a declaration of the ability to enjoy leisure—as leisure itself was an ideological construct unavailable to the masses. Yet the posturing on which the pursuit of leisure was predicated was an inwardly, reflective, spiritual experience bought and sold under an ideological rubric. In other words, health was a commodity, and while the wilderness was "natural," men had to be taught to be natural. Both men and women had lost the capacity and skill in the rush to progress, industrialization, and civilization. At best, the wilderness experience, particularly life in the mountains, was unfamiliar to the American experience; a trek into the wilderness required drawing on resources modern men had long since shed. "It is

¹⁴Gail Bederman, Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917 (Chicago: University of Chicago Press, 1995), 84.

¹⁵Bederman, Manliness, 84.

not enough to take men out of doors," Ernest Thompson Seton wrote, "we must also teach them to enjoy it."¹⁶

What began as leisure and consumption evolved into what Theodore Roosevelt termed the "strenuous life;" a life that called on the innate superiority of the white American male to reclaim his heritage as the superior and dominant race. In Roosevelt's 1915 essay "Americanism," (originally delivered to the exclusively male organization the Knights of Columbus) he writes: "Our aim must be, not to make life easy and soft, not to soften soul and body, but to fit us in virile fashion to do a great work for all mankind."¹⁷ Bederman states that: "Only by living that 'strenuous life' could American men prove themselves to be what Roosevelt had no doubt they were--the apex of civilization, evolution's most favored race, masterful men fit to command the barbarous races and the world's "vast spaces"--in short, the most virile and manly of men."¹⁸

The diluting of America's ostensibly inherent virility was threatened by the growing danger of mixing bloodlines, as well as a variety of social and political reform movements seeking to re-order American ideals: "[The new

¹⁶Peter J. Schmitt, Back to Nature: The Arcadian Myth in Urban America (New York: Oxford University Press, 1969), 106.

¹⁷Theodore Roosevelt, Fear God and Take Your Own Part (New York: George H. Doran Company, 1916), 376.

¹⁸Bederman, Manliness, 195.

reformers] believed that in a rapidly changing society, the reformation of the individual, rather than the preservation of hierarchical class relationships, was the most direct way to ensure social improvement and social order."¹⁹ The improvement of social order was exclusionary, however; coterminous to the predominately white, middle-class communitarian movement was a health movement that addressed tuberculosis within the African-American community, effectively disenfranchised by race and assumed proclivity to disease.²⁰

By the 1840s, the communitarian movement—comprised of a blend of politically-motivated and evangelically-inspired advocates of social change—was gaining momentum. As many of American's elite were honing (or more likely, nervously unleashing) their wilderness skills, members of the communitarian and feminist movements were organizing themselves into economically self-sufficient communities based on the beliefs that religion and social change acted as a corrective and salvation to an America in decline. At least a decade earlier, the physical body had become the political and social nexus whereby many of the ideological debates of the late nineteenth and early twentieth century

¹⁹Nancy Tomes, The Art of Asylum Keeping (Philadelphia: University of Pennsylvania Press, 1984), 42.

²⁰David McBride, From TB to AIDS: Epidemics among Urban Blacks since 1990 (Albany: State University of New York Press, 1991).

were focused. Newbury suggests that

Exercise and sport served so effectively as a means of middle-class self-definition not only because they fostered the kind of controlled competition necessary to professional success but also because exercise and sport came to serve as the primary cultural means through which the emergent middle class reshaped and appropriated the ideological virtues of manual labor to nonmanual workers. Exercise and sport, in other words, made specifically available the moral and hygienic virtues of manual labor to nonmanual workers.²¹

In the mid nineteenth century, "the study and application of hygienic or natural principles vied successfully with and even surpassed religion as a means of rationalizing human behavior."²² Masculinity was promoted as preternatural, a civil and religious protective liberty against the potential pollution of American masculine purity; the feminist perspective, however, replaced the notion of an ideal woman as once of inherent grace with "physical exuberance [as] the key to eternal growth and development."²³ According to historian Arnaldo Testi,

The Victorian rhetoric of separate spheres held a precise normative value for Roosevelt. Manliness was defined in opposition to femininity, not in opposition to childishness as had been common in early nineteenth century language; it was defined in relation to a radical Other and not in relation

²¹Michael Newbury, "Healthful Employment: Hawthorne, Thoreau, and Middle-Class Fitness," American Quarterly, 47, no. 4 (December 1995): 688.

²²William Leach, True Love and Perfect Union: The Feminist Reform of Sex and Society (New York: Basic Books, Inc., 1980), 19.

²³Ibid., 20.

to a man's life cycle that he could slowly outgrow with the acquisition of maturity. Any breach whatsoever in the wall of sexual difference would bring the end of male identity and national disaster.²⁴

The male-centered, nationalistic perspectives did not exclude women as much as it placed them in a physically (and therefore, morally) inferior domain. However, as Tones suggests, "Women, although disqualified by their sex from the same competition, [proving physical virility] had to be careful of their health in order to be the good wives and mothers the upwardly mobile men of the republic needed."²⁵

The feminist reform movement, whose influences began in the 1830s, sought to re-define women's health against both the inflated rhetoric of male virility and the infantilization of women physically and intellectually. "By the 1830s, especially in the settled urban regions, manhood had come to signify selfish individualism and rational or functional behavior; womanhood had come to mean steel domesticity, nurturant piety, and infantile impulsiveness."²⁶ Nineteenth century feminist reformers such as Caroline Dall, Catherine Stebbins, and Lucy Stone brought forth the need for health reform. Feminist

²⁴Arnaldo Testi, "The Gender of Reform Politics: Theodore Roosevelt and the Culture of Masculinity. The Journal of American History 81, no. 4 (March 1995): 1523.

²⁵Tones, Asylum Keeping, 51.

²⁶Leach, True Love, 100.

reformers were often the proprietors of communities or health resorts where women's physical health was paramount. Not only did the feminist reform movement work toward codifying the egalitarianism that the tenets of communitarianism espoused, it reordered notions of male virility into the necessity for proper hygiene and health care as a civil right.

The communitarian movement worked against laissez faire individualism, promoting instead the importance of community for health, physical strength, and salvation. Communitarianism drew on variant religious traditions, and was essentially non-sectarian; communities were composed of Quaker, Baptist, Congregationalist, and Unitarian members.²⁷ The 1840s was the most fertile period for the growth of American communitarianism, and the Massachusetts-based communities were among the most well-known. Many small, anti-abolitionist, anarchic, farming communities (such as the Brook Farm community near Boston and Bronson Alcott's Fruitlands community located in Harvard) sprang up across the United States, loosely based on the tenets of Charles Fourier, founder of what became known as the Fourierist movement.²⁸

²⁷Christopher Clark, The Communitarian Moment: The Radical Challenge of the Northampton Association (Ithaca: Cornell University Press, 1995), 43.

²⁸Ibid., 3.

One of the more successful communities, the Northampton Association, founded in 1842, "expressed," according to Christopher Clark,

their principles in language similar to that of many utopian communal groups in the 1840s."²⁹ These principles included "equal brotherhood," "[a rejection of] the 'distinction of rights and rewards' made in ordinary life 'between the strong and the weak, the skillful and unskillful, the man and the woman, the rich and the poor' and sought a social equality that would ask 'only of all honest effort according to ability.'"³⁰

Albeit anti-abolitionist, highly politicized, egalitarian communities espousing social reform, the communitarian movement as a whole remained overwhelmingly white and male in their makeup. As Clark states: "the actual process of assembling a membership followed patterns shaped by existing social contacts and conditions."³¹ Although Sojourner Truth, David Ruggles, and Stephen C. Rush resided at Northampton for several years, (and Frederick Douglass was a frequent visitor,) both blacks and women rarely sought out, or were invited to join Northampton and other communities.³² These anomalies further the historical inequities of tuberculosis as a disease of the poor masses—a charge that reached a fever pitch as feminism,

²⁹Ibid., 56.

³⁰Ibid., 56.

³¹Ibid., 71.

³²Ibid, 71.

communitarianism, and Jacksonian democracy were gaining ground. Ultimately, as Clark states, the communitarian movement was but a "moment." The larger impact of civil rights is still often a case of access (or lack thereof) to health care.

Attempts by communities to attract wider membership often failed miserably, particularly since they attempted to re-work the tenets of Christianity that, as one proponent admitted, "created some squirming."³³ As Clark states, "Had the community merely kept to itself it might have provoked no reaction; as it was, it was a persistent thorn in the side of local churches."³⁴ Less than two decades later, another evangelical movement reached America from Great Britain that had wider appeal to upper class Protestant Americans who preferred their evangelical fervor socially and economically staid and non-threatening. Muscular Christianity had a wider appeal in that its ministry--albeit in possession of the power and authority to move congregations--did not necessarily move them to action for social change. Muscular Christianity was largely a performative religion compared with the more interactive and active communitarian movement, its tenets heralded by the ministry rather than expressed by a membership. Health was

³³Ibid., 92.

³⁴Ibid., 92.

the sum the individuals' perfection, achieved vis-a-vis the belief in spiritual, physical, and social good.

Muscular Christianity gained currency in the mid-nineteenth England. The term became aligned with "the divineness of the whole manhood;" "the virtue of physical manliness;" and "healthy animalism" merged into "a spiritual obligation to cultivate the body, and suppose that morality could be measured with a tape and weighed by athletic trophies."³⁵ More simply, as British novelist Kingsley wrote, the vision was of "men who would be courageous, moral, devout, and fit."³⁶ Muscular Christianity realigned Christianity into a faith of virility, a spiritual corrective for the increasingly "overcivilization" of the American male. At the core of the softening of the American male body was the absence of discipline that acted as a barrier to transcendence and invited moral disorder. Muscular Christianity was a movement whose strength was the collective power and imagist authority of American purity, sanctity, and masculinity.

The tenets of Muscular Christianity were both exclusive and exclusionary, America's twentieth century shield against the "other," an ideological marshaling against the potential

³⁵James C. Whorton, Crusaders for Fitness: The History of American Health Reformers (New Jersey: Princeton University Press, 1982), 272.

³⁶Robert F. Martin, "Billy Sunday and Christian Manliness," The Historian 58 (Summer 1996): 812.

dilution of America's assumed providential power. One of president Theodore Roosevelt's greatest concerns was the weakened, seemingly effeminate American male would be unable to protect the country in war or be "manly" enough to further territorial expansionism. Whether or not the American male was strong was largely indeterminate; whether he appeared to be strong was a visage whose ideological base could be measured in terms of forward movement and maintenance of the purity of American spirit vis-a-vis the invincibility of the American body.

As America's ministry became occupied with the newly spiritualized health of the country, both ministers and physicians moved into the ranks of spiritual advisors. Muscular Christianity was overwhelmingly influential in the elevation of doctors to a god-like status. The redemptive power of nature conjoined hospital and playground, where the "authentic" individual would emerge through the deity of "God as great physician."³⁷

Historian Robert Martin attributes the "virility" of evangelism to William Ashley Sunday, (better known as "Billy Sunday") considered to be the most influential revivalist in early twentieth century America. Locating the stirrings of gender-role upheaval and an uncertain future at the core of

³⁷David Strauss, David "Toward a Consumer Culture: 'Adirondack Murray' and the Wilderness Vacation," American Quarterly 39 (Summer, 1987): 274-275.

America's unease, Martin cites E. Anthony Rotundo's triad of nineteenth century American masculinity: the masculine achiever, the Christian gentleman, and the masculine primitive which were synchronically related to emotionalism, collectivism, and autonomy. The early part of the twentieth century saw the rise of male-centered organizations that elevated and collapsed these traits; the boy scouts, the YMCA, the proliferation of various fraternal orders, and the phenomenon of bodybuilding.

The religious fervor of Muscular Christianity was presaged by almost fifty years by a Boston preacher named William Henry Harrison Murray. Adirondack Murray's (as he was popularly known) widely popular book Adventures in the Wilderness is a how-to manual that combined practical advice for wilderness survival (and its attendant adventure) with a spiritually-based doctrine on redemption and salvation. Murray's 1869 book (alternately known as Camp-Life in the Adirondacks) answered the call of America's populace who were seeking new means of sport and respite from unhealthy urban life. Murray was alternately vilified and valorized for "Murray's Rush," the influx--beginning shortly after the book's publication--of tourists into the Adirondacks which resulted, according to many, in the ruination of the Adirondack Mountain region.

Murray presided over the "fashionable and

conservative"³⁸ Park Street Congregational Church of Boston located squarely in what was known as "Brimstone Corner."³⁹ "Lecturer, adventurer and minister of the Park Street of Boston,"⁴⁰ Murray is considered the preeminent force in heralding the beneficence of the Adirondack Mountain region: Adventures in the Wilderness, according to Wendell Phillips, "kindled a thousand campfires and taught a thousand pens how to write of nature."⁴¹

A theologian that relied heavily on medical metaphor, Murray "referred to hell as an 'eternal gout,' while health was described as 'heaven.'"⁴² He often spoke of nature from his Boston pulpit, following the lead of preachers such as Henry Ward Beecher who wrote the introduction for one of Murray's later books. Murray was in a position to extol the virtues of the wilderness and the vices of modern excess that were the American city and promote the reinvigoration of the church as corrective and authoritative body.

Murray's role in promoting the beneficence of the Adirondacks coincided with gaining influence of the nation's ministers in concerns of health and leisure. However,

³⁸William Chapman White, Adirondack Country, (Syracuse: Syracuse University Press, 1985), 112.

³⁹Ibid., 112.

⁴⁰Strauss, Consumer Culture, 270.

⁴¹Ibid., 270.

⁴²Ibid., 274.

leisure was fraught with the potential for overindulgence, yet another threat to a newly enlightened consciousness.

"In 1833 [thirty years before the publication of *Adventures*], Wordsworth told Emerson that America had no culture because it lacked a leisure class."⁴³ Against the backdrop of Jacksonian ideals, leisure was representative of the common moral good of a democratic, classless society. In this paradigm, the privileged American was expected to exhibit, if not fervor, a healthy desire to avail oneself of the sanctity of the wilderness and wilderness sport.

Not surprisingly, Murray's book(s) had wide public appeal. The hero of Murray's 1869 publication *Adventures in the Wilderness*, a mythic creation called John Norton, replicated, according to his creator, the unparalleled goodness of a modern-day noble savage. John Norton's acumen in the wilderness was enviable because it was innate; he did not need to be schooled in the dangers and fruits of the wild, but acted instinctively.

Murray is inexorably linked with the opening up of the northeastern American wilderness—because of "Murray's Rush," roads were paved, railroads and hotels built, and the formerly untouched wilderness region that expanded across New York State became quickly and irrevocably altered by

⁴³David Leverenz, *Manhood and the American Renaissance* (Ithaca: Cornell University Press, 1989), 57.

those seeking recreation and health, and those seeking to turn a profit. Until his death, Murray defended the most serious of charges leveled at him: that Adventures in the Wilderness offered the possibility of a cure for tuberculosis to countless and grievously ill people:

With the sportsmen. . .there mingles this year a larger proportion than ever before of invalids attracted here by the reports of marvelous healing properties of the air, of especial benefit in cases of lung diseases. The great majority of these people derive invaluable benefit from their visit because the great majority are those that come in time, in the first stages of a malady at first capable of a cure. The singular sweetness of the air is apparent to all. . . . But there is another class who come here this summer equally filled with hope of thorough recovery who find nothing but the bitterest disappointment, bringing perhaps accelerated death in its train.⁴⁴

Despite the vilification of Murray by his critics, who viewed the minister as single-handedly responsible for the destruction of the Adirondacks, the attraction of the fresh air cure to the public at large resulted in the development of Saranac Lake as a health resort. The Adirondacks, Saranac Lake, and the proponents of the fresh-air cure, (many of whom were local guides) became the purveyors of good health; Emerson referred to his own guides as "doctors of the universe."⁴⁵ Healing was more than an individualized, physical experience, but one that conjoined

⁴⁴Robert Taylor, Saranac: America's Magic Mountain (Boston: Houghton Mifflin Co., 1986), 128.

⁴⁵Strauss, Consumer Culture, 278.

the ideology of nature as both hospital and playground, that "possessed the innate curative power to overcome diseases of body and soul."⁴⁶

Chapter IV of Paul Jamieson's book The Adirondack Reader, aptly named "The Angle of Vision" opens with two epitaphs: "I am for the woods against the world,/But are the woods for me?" and "Enter these enchanted woods, You who dare."⁴⁷ The chapter begins:

In the two preceding sections the Adirondacks are viewed as friendly and hospitable; a realm of opportunity for the enterprising, a sanctuary for the jaded city man, and a second Garden of Eden for the backwoodsman to realize the American dream of a new life free from the past. But there is a minority report. . . .The spectrum between love and hate is a broad one. Some visitors experience a mixture of attraction and repulsion.⁴⁸

In fact, according to historians (with a nod in the direction of legends as viable historical documentation) the name Adirondack is itself characteristically mixed, born of defeat and strife. According to one account, the Iroquois were engaged in a

long, fierce and ultimately triumphant account against the Algonquins, whom they defeated and almost annihilated in a tremendous battle fought within two miles of Quebec. The spirit of the few remaining Algonquins was broken, and in mortal terror they sought a hiding-place in the deepest solitudes of the New York wilderness, which had

⁴⁶Ibid., 278.

⁴⁷Paul F. Jamieson, ed., The Adirondack Reader (New York: The Macmillan Co., 1964), 181.

⁴⁸Jamieson, Adirondack Reader, 181.

always been their favorite hunting-ground. Here, goaded by deadly famine, and too weak and ambitionless to secure game, they subsisted for weeks upon the bark, buds, and roots of trees, and even the thongs of raw-hide forming the net-work of the snowshoes. When reduced to this dire extremity, the Iroquois styled them, in derision, Ha-de-ron-dack, "bark or Tree eaters," from the Indian words, Ha-des, "they eat," and Ga-ron-dah, "trees." The French afterwards dropped the h and wrote the word, A-di-ron-dack. . . .⁴⁹

The impetus of the wilderness movement was at one and the same time an active and reflective one, one that sought to soothe the spirit through contemplation and test physical fortitude through direct confrontation with the wilderness. There were many that actively engaged in wilderness sport, such as hunting and fishing, but simply venturing into the wild and setting up camp was viewed as constituent to actually participating in wilderness sport. In its heyday, Saranac Lake and the Adirondack Mountains epitomized the wilderness life, where time was virtually suspended in the pursuit of health and sport. Although the influx of tuberculars "civilized" the Adirondacks, it remained (and remains) a region that is experienced and expressed in terms of binaries and contradictions: health and disease; wilderness and civilization; sport and leisure.

⁴⁹Unknown

Chapter 2

Tuberculosis and Medical Worldview 1880-1950

Dr. Francis Trudeau⁵⁰ has called those of us who survived TB in the Thirties and Forties and are still around to tell about it 'medical collectibles.' Looking through a medical encyclopedia published by the Mayo Clinic recently, I found the list of surgical procedures does not include familiar words like Pneumothorax, Thoracoplasty, and Phrenic Crush These procedures are no longer even mentioned in 1990, so this little memorandum of thirty months 'chasing the cure' from 1937 to 1940 may indeed be a valid historical document that supports Dr [sic] Trudeau's claim that we are, medically and historically speaking, 'collectibles.'⁵¹

The roots of belief run deep. Centuries-old beliefs about the causes and transmission of tuberculosis have proven as difficult to eradicate as the disease itself. This was particularly true when the sanatorium movement was gaining momentum, as the scientific and medical communities were deeply suspicious of one another and wary of the blending of ideologies that would force a fit between their markedly antithetical perspectives. The identification of tuberculosis etiology resulted in an implosion in both the scientific and medical communities. Kuhn states that:

The transition from a paradigm in crisis to a new one from which a new tradition of normal science

⁵⁰Francis Trudeau was Dr. E. L. Trudeau's son.

⁵¹Richard Ray, Saranac, inside front cover.

can emerge is far from a cumulative process, one achieved by an articulation or extension of the old paradigm . . . When the transition is complete, the profession will have changed its view of the field, its methods, and its goals.⁵²

During the time in which the sanatorium culture emerged, the theoretical positioning, methods, and applications of science and medicine in relation to disease were in the midst of what were to result in monumental paradigmatic shifts. The seventy year span in which this dissertation focuses was an exciting and protean time in medical and scientific history that was conflicted and often confrontational.

Hippocrates believed tuberculosis to be curable. Socrates believed it was contagious.⁵³ The Roman naturalist Pliny made the following suggestions for cures: boiling the liver of a wolf in thin wine; ingesting the bacon of an herb-fed sow, and the broth and flesh of a female ass. Elephant blood and mother's and asses' milk were considered curative, as was ingesting mice boiled in salt and oil.⁵⁴ In the fifth century, the "ceremony of the touch" was performed by French and English monarchs in which the

⁵²Thomas Kuhn, The Structure of Scientific Revolutions, (Chicago: University of Chicago Press, 1962, 1970), 84-85.

⁵³Esther Gaskins Price, Pennsylvania Pioneers Against Tuberculosis. (New York: National Tuberculosis Association, 1952), 17.

⁵⁴Selman Waksman, The Conquest of Tuberculosis. (Berkeley: University of California Press, 1964), 61.

swollen glands typical of scrofula were "cured" by the god-given healing powers passed on through anointment. Not only did Kings possess the power to heal, the presence or persistence of scrofula came to be known as the "King's Evil."⁵⁵

Medical annals suggest the existence of germ theory as early as the fifteenth century. In 1720, Benjamin Marten surmised that tuberculosis might be caused by "minute living creatures"⁵⁶ and terms tubercle and tuberculosis were coined in the 17th century by Franciscus Sylvius. Oscillation, and the invention of the stethoscope in 1818 by Laennec made it possible to hear sound in the chest suggesting the presence of pulmonary disease. In 1865, J. A. Villemin offered evidence that tuberculosis was caused by a germ that could be transmitted similar to, and thus classified with, diseases such as scarlet fever and small pox. Nineteenth century developments such as Pasteur's germ theory, and Lister's use of antiseptics unalterably changed theory and practice as germs could now be both identified and eradicated through proper diagnosis and hygiene. In the early nineteenth century, causative agents such as heredity and physical constitution were typically characterized by

⁵⁵Rene and Jean Dubos and Dubos, The White Plague: Tuberculosis, Man, and Society, (Camden: Rutgers University Press, 1952 & 1987), 6-7.

⁵⁶Waksman, Conquest, 58.

either lack or excess; treatments likewise involved purging, blistering, bleeding, leeching, application of poultices, isolation of the patient, and inhalation of a variety of organic and inorganic substances. An 1821 edition of the Nantucket Enquirer recommended "two quarts of strong ale, one of white honey, two ounces of leaves of longwort. . .put in an earthen pot covered closely, and boiled down one half."⁵⁷ The journal also recommended "inhaling the smoke of rosin, while burning, or the steam of tar while boiling" as having a "very powerful effect in strengthening weak and decaying lungs."⁵⁸

In eighteenth century eastern Europe, vampires were believed responsible for multiple deaths in families and corpses were burned in order to protect the living. At the time, the "scientific" explication of tuberculosis as hereditary accounted for the occurrence of disease in more than one family member. Yet contagion was thought to be limited to households; thus vampires as causative offered an explanation why entire communities could fall prey to tuberculosis.

⁵⁷Ibid., 53.

⁵⁸Ibid., 58.

According to an 18th century publication entitled A New Theory of Consumption,

The divine Hippocrates and from him several others tell us that persons with a fine contexture, tender, and who have a shrill voice, thin clear skin, a long neck, narrow breast, depressed or strait chest and whose shoulder blades stick out are of all others most subject to consumption; this is in some measure confirmed by experience, but not be taken as a general rule because we so often find robust and strong men fall into this distemper and such weakly tender persons as above.⁵⁹

Although many nineteenth century physicians recognized the viability of germs and their relationship to disease, few accepted the possibility of the role of germs as agents of specific diseases such as tuberculosis. In 1890s, several members of the Philadelphia County Medical Society—a society active in promoting public health measures to control the spread of tuberculosis—had serious doubts about the treatment of tuberculosis under the postulates put forth by Koch: "Dr. James Tyson still leaned toward creosote . . . Solomon Solis-Cohen preferred inhalation of compressed air. He also had confidence in the use of whiskey. Tyson said blisters were very satisfactory treatment."⁶⁰

The 1830 edition of Gunn's Domestic Medicine exemplifies how variable beliefs about tuberculosis were in social, scientific, and medical spheres, and how great the work required in recognizing and adapting to the possibility

⁵⁹Ibid., Waksman, 13.

⁶⁰Price, Pennsylvania Pioneers, 55.

of a new paradigm:

The causes which produce Consumption are, exposure to cold and damp air, using tobacco to excess, either by smoking, chewing, or by using it in snuff to clean the teeth, acting as a powerful stimulant, thereby producing irritation; the use of spirituous liquors to excess; obstructions and inflammations of the lungs; the suppression of natural discharges, particularly the menstrual discharge or courses; scrofula, diseases of the liver and stomach, and unfortunately, receiving a hereditary disposition or taint to this disease from father or mother. The narrow chest and high shoulders, weakness of the voice, whiteness of the teeth, fairness of complexion, and light hair, have all been observed to accompany a predisposition to consumption. Much reliance, however cannot be placed upon these signs, except where a number of them concur in the same person. . . This predisposing debility for Consumption runs in families, and may be traced from generation to generation--moving on the leaden pinions of unshaken time, without a remedy to arrest its course.⁶¹

Exemplary of the 19th century perspective, Gunn's assertion that tuberculosis was both hereditary and incurable reflects a stance that offered an explanation as to why the disease was often fatal on a large scale--wiping out entire families and communities. In the 19th century view of heredity, weaknesses of the human organism were not attributed to physiological or organic causes. Although Gunn suggests physiological weaknesses may make a person vulnerable to disease, his analysis also hints at the idea

⁶¹John C. Gunn, Gunn's Domestic Medicine, Reprint, Originally published: Gunn's Domestic Medicine or Poor Man's Friend, 1830. (Knoxville: University of Tennessee Press, 1986), 163-164.

of bodily humors (i.e. menstruation) as the underlying cause of tuberculosis. In addition, any excesses (i.e., drinking, tobacco use) generally disapproved of in the Victorian era were considered suspect; the human spirit became revealed through the functioning—or in this case, failure—of the human body.

The presentation of pulmonary tuberculosis is perhaps best described by its ability to mimic countless other conditions. As late as the 1950s, when the tubercle bacillus was recognizable microscopically, Wilber wrote that: "It [TB] is a sneak disease creeping upon its victim, striking swiftly, striking softly. The early warning which tuberculosis give [sic] are few, and even as these few symptoms progress they might easily be disregarded unless you know and respect them: 1. Fatigue 2. Loss of energy 3. Indigestion 4. A persistent cough."⁶²

The persistence of a nagging cough and general state of ill-defined malaise can be deceptively benign, suggesting nothing more than a lingering cold. Adding to the complexity of symptoms, tuberculosis occurs in many different forms:

The disease did not attack any one particular organ in the human body, but inflicted its damage upon a variety of organs and tissues. This in itself is sufficient to explain why so many different names

⁶²Harry A. Wilmer, Huber The Tuber: A Story of Tuberculosis, (New York: National Tuberculosis Association, 1942), preface.

have been applied to it. 'Phthisis' and 'scrofula' were among the most common; the 'great white plague' was anotherThe word 'consumption' is employed in the Bible to translate schachepheth, which is also the modern Hebrew word for tuberculosis. . . .Frequently tuberculosis was confused with other afflictions, so that even the Biblical 'consumption' may represent not only true tuberculosis, but also other ailments.⁶³

Before the tubercle bacillus was identified by Koch in 1882, tuberculosis was known by many different names, (e.g. consumption, decline, debility, phthisis, hectic fever)⁶⁴ many of which call forth both the physical presentation of the diseased body and the impact of disease on communities.

Until about a century ago, 'plague' was a generic term referring to the impact on populations rather than to the specific causal agent of disease In England, until recent times, people indiscriminately called any serious epidemic 'the plague,' 'the pestilence,' 'sore sickness,' 'the infection,' or significantly, 'the visitation'—suggesting that they expected the disease to come and, after it had done its worst, to depart.⁶⁵

Contrary to beliefs about widespread disease, tuberculosis is not an epidemic occurrence, and is an infectious disease with contagious properties, as opposed to a categorically contagious disease. Tuberculosis has received less attention than epidemics of shorter duration (i.e., cholera and yellow fever) because it was so familiar

⁶³Waksman, Conquest, 2, 7.

⁶⁴Price, Pennsylvania Pioneers, 270.

⁶⁵E. V. Walter, Placeways: A Theory of the Human Environment, (Chapel Hill: University of North Carolina Press, 1988), 44.

a presence in comparison with the relative novelty of other, more immediately devastating epidemics. As Duffy states, "Strange and unfamiliar diseases have always aroused far more consternation than the more deadly and debilitating familiar ones."⁶⁶

Laennec (inventor of the stethoscope) gave a lecture in 1804 based on the idea that "infiltration, tubercles, and cavities" were all characteristic of one specific disease.⁶⁷ Yet tuberculosis often went untreated because neither science nor medicine were in support of the science of bacteria and germs in the spread of disease. Dr. Robert Koch is generally credited with the discovery, in 1882, of the etiology and progress of tuberculosis as specific to the transmission of a particular organism. Koch's discovery initiated a shift in focus, or a crisis, in that the dominant paradigm maintained that tuberculosis was transmitted by a variety of conduits that were not aided or abetted by the use of a microscope—itsself regarded with suspicion. Although Koch's presentation was painstaking in its methodology and detail, convincing his colleagues was a formidable task. Koch's discovery unsettled the dominant paradigm in that accepting bacilli as identifiable/causative

⁶⁶ John Duffy, From Humors to Medical Science: A History of American Medicine, (Urbana: University of Illinois Press, 1993), 5.

⁶⁷Dubos and Dubos, The White Plague, 84.

necessitated shifts in both theory and practice of science and medicine.

In 1869 (the same year that Murray's Adventures in the Wilderness was published), Massachusetts became the first state to establish a board of health.⁶⁸ The goals of the organization were to reduce by almost half the rate of tuberculosis among fifteen to nineteen-year-olds. Progress was slow, however, and a compilation of conclusive data and dissemination of information to the public was more than two decades in coming.

In July 1871 a circular was distributed throughout New England and other states, seeking data on the causes of the disease and the factors governing its spread. Although factual statistics relative to consumption were published annually by health boards from that time on, it was not until twenty-four years later (1895) that "official" printed matter was distributed to the public on the nature of pulmonary consumption, the conditions which favored its spread, and the best methods of prevention.

Further confusing an already confused public was a proliferation of medicines for self care. So heavy was the patent medicine trade, and so empty and dangerous its claims, that in 1906 the Pure Food and Drug Act was enacted. Legislation did not necessarily derail continued advertising

⁶⁸Price, Pennsylvania Pioneers, 12.

and selling of patent medicines, however. The popularity of the "medicine show," traveling hawkers of patent medicines, exemplifies both the vulnerability of the American public and the confusion over a proliferation of information regarding what was "scientific" and what was not. Hawkers of patent medicines dispensing medical advice and "knowledge" as freely as the potions they delivered:

Curly had such a way with crowds that he could get away with murder. One day in Portland, Oregon, I was passing his store on Burnside Street and stopped to listen. 'Buy this medicine,' Curly was insisting. 'Don't go to the doctors. What do they do when you go to them?' He paused. No one answered. 'I'll tell you what they do,' Curly continued. 'They cut open your umbilicus and take out your tweedium.' This revelation had such an alarming ring that the crowd stampeded up to buy.⁶⁹

Violet McNeil's autobiography as a patent medicine "pitcher" recounts how she borrowed from science in order to make her pitch more enticing and palatable:

While I was cooking in mining camps and even taking in washing I was considering improvements in my medicine routine. I had been reading about Louis Pasteur and decided the scientific approach would be the most effective. I adopted the business name of Madame V. Pasteur. I never mentioned the name of Louis Pasteur, nor pretended I was related to him, but it's possible a few of the yokels had heard of him and drew their own conclusions. Such a noble name required a change in appearance too. From a masquerade store I rented a college cap and gown. The audience reacted so well, listening with increased respect and attention, that I took the rented attire to a tailor and had a duplicate made to order. From then on I wore it whenever I

⁶⁹Violet McNeil, Four White Horses and a Brass Band. (Garden City: Doubleday and Company, Inc., 1947), 161.

pitched.⁷⁰

Greater attention to hygiene, both public and personal, became the order of the day. Ott locates "The Golden Age of Sanitation" as occurring in the latter part of the nineteenth century, "the years in which water supplies became protected and streets regularly cleaned."⁷¹

According to architectural historian Annmarie Adams, concern regarding sanitation was the prime motivator behind the rise in the authority of physicians, as well as the reconfiguration of "healthy" domestic spaces, areas largely controlled by women.

Adams argues that while the realm of medicine was dominated by men, concern for sanitation transferred the authority to women, reflected in overwhelming shifts in the patterns of domestic architecture. Speaking of Victorian England, Adams states that "Houses and bodies were represented in the Victorian popular press in cross section to show the complex networks of overlapping 'systems'. . . . As the physiological systems of respiration, circulation, and digestion were inextricably linked in the human body, so too, implied the doctors, must ventilation, drainage, and

⁷⁰Ibid., 257.

⁷¹ Katherine Ott, Fevered Lives: Tuberculosis in American Culture since 1870 (Cambridge: Harvard University Press, 1996), 141.

the supply of fresh water work together in a house." ⁷²

Implementation and corrective measures whereby waste, air, and water were effectively eliminated, circulated, and re-circulated, were of concern on both sides of the Atlantic. American interest in hygiene was similarly promoted by women, specifically feminists: "Feminists relied heavily, and at times almost entirely, on science and hygiene as ideological tools other than on abstract principles of justice to ply their case for public and private equality for women." ⁷³

However, America lagged behind in improving sanitary measures. States Greenberg: "In America one finds no comparable national effort [in relation to Great Britain] to address such public health problems. According to the Constitution, such efforts are reserved for state and local authorities to address." ⁷⁴ Whorton states that the cholera outbreak of 1832 in America served as the American impetus for sanitation reform, "[driving] both physicians and the public to take an interest in the sanitary reform movement developing in England." ⁷⁵

⁷²Ann-Marie Adams, Architecture in the Family Way: Doctors, Houses, and Women, 1870-1900, (Montreal: McGill-Queen's University Press, 1996), 64-65.

⁷³Leach, True Love, 21.

⁷⁴Gerald S. Greenberg, "Books as Disease Carriers, 1880-1920," Libraries & Culture, 23 (1988): 287.

⁷⁵Whorton, Crusaders, 28.

One explanation for the divergence and sluggish movement of public sanitation reform in America is correlative to the impact of Romantic ideology that, according to Whorton, "the special health reform approach to prevention was only partly a product of medical trends. It was, in fact, a medical expression of that tide of the Romantic reform spirit rising so rapidly in all areas of American society during the first half of the century."⁷⁶ Whorton further states that "it was from contemporary Christianity, more than any other source, that health reform ideology drew its inspiration."⁷⁷ Ministers, as discussed earlier, urged congregations to seek refuge from urban ills in the wilderness.

On the American front, those that could afford to do so were urged to leave the cities, if only for short periods of time, effectively removing individuals (and inevitably groups) that were considered threats to the health of the public. Yet those that were most likely perceived as threatening were also least able to afford treatment, either at home or away. In that tuberculosis was overwhelmingly perceived as a social ill, the juxtaposition of disease and poverty added further stress to the stigma of disease. Thus, the enculturation of the hospital as safe, sanitary,

⁷⁶Whorton, Crusaders, 29.

⁷⁷Ibid., 29.

and socially viable was slow to gain acceptance:

Medical care within the context of home and family remain the norm for most Americans. The very act of seeking hospitalization—going among strangers for care when ill—was often an act of desperation; the application for admission to one of the hundred or so general hospitals in this country in 1870 in effect acknowledged that his social situation was deficient. Through the mid-nineteenth century, general hospital care meant food and shelter for the needy and incidentally ill.⁷⁸

As the treatment of tuberculosis entered the systematized realm of public health, public response to the disease reached new levels of panic. A better-educated public was, unfortunately, more fearful of tuberculosis. The fear did not necessarily prompt action, but worked to further stigmatize both the disease and its victims. According to Rothman, a diagnosis of tuberculosis "had become grounds for a loss of liberty."⁷⁹ Death records often omitted tuberculosis as cause of death as doctors sought to protect surviving family members from loss of benefits. So great was the fear of association with tuberculosis that "phthisiphobia" became an active part of vernacular vocabulary in America by the early 1900's.⁸⁰

⁷⁸Morris J. Vogel, Charles E. Rosenberg, The Therapeutic Revolution: Essays in the Social History of American Medicine, (Philadelphia: University of Pennsylvania Press, 1979), 160-161.

⁷⁹Sheila M. Rothman, Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History, (New York: BasicBooks, 1994), 193.

⁸⁰Rothman, Living in the Shadow, 188.

Publications disseminated to the American public often presented the dangers of tuberculosis in a jocular, cartoonish fashion. An example of this is Huber the Tuber, published in 1942 by the National Tuberculosis Association. Approximately ten years prior to chemotherapy, Wilmer replaced the standard disclaimer of works of fiction with "any resemblance to tubercle bacilli living or dead is purely coincidental; the events portrayed, however, are occurring every day."⁸¹ Wilmer's simplistic narrative is simultaneously light-hearted and ominous: his "list of characters," for instance, includes Huber the Tuber, conservative Villain; Bovy, Huber's Sweetheart, and Nasty von Sputum, the Arch Villain. Huber the Tuber goes through a series of adventures, all vividly illustrated: "At the extreme area of the battlefield Nasty von Sputum was in his bomb-proof, sound-proof dugout directing the war over the T.B.S. (Tubercle Broadcasting System). A draftsman sat planning a spread to the Promised Land o' Lung."⁸²

Tuberculosis was overwhelmingly integral to the emergence of an American identity as both an autonomous nation state and burgeoning immigrant "melting pot." It became culturally necessary to offer portents to vilify and protect the visage of cultural purity. The socially

⁸¹Wilmer, Huber the Tuber, cover.

⁸²Ibid., 56.

marginal are often defined as living outside parameters (whether they be "real" or constructed). They are often (or are perceived to be) of low economic status, lacking in education, are mentally and emotionally impaired, and are often in ill health.⁸³ In short, the "other" is more likely to hold onto inter-group beliefs regarding health and disease and resistant to modern practices and paradigms. However, by the late nineteenth century, American culture overall maintained long-held Greco-Roman perceptions of the body which were increasingly at odds with the growing influence of science and medicine:

Physicians were also caught between the old medical world and the new. . . [they] were. . . trained in medicine during the years when medical therapy had not yet benefitted from medical science, the years in which bacteriology, chemistry, and even physics had provided physicians with excellent new tools for diagnosis but none (or close to none) for cures. [Charlie] Moses, who trained in Brooklyn, refers to the years he was in medical school and just beginning his practice (the mid-1920s to early 1940s) as 'the dim days of medicine; not dark, but dim.' [Max] Hirsch, who trained in Vienna, refers to therapy as 'a happenstance experience: you tried anything that might work, and then crossed your fingers--and perhaps you prayed.'⁸⁴

The sanatorium movement that began in the late 1800s was the formalizing of attempts to halt the spread of

⁸³Bonnie Blair O'Connor, Healing Traditions: Alternative Medicine and the Health Professions, (Philadelphia: University of Pennsylvania Press, 1995), 17.

⁸⁴Neil M. Cowan, and Ruth Swartz Cowan, Our Parents' Lives: The Americanization of Eastern European Jews, (New York: Basic Books, Inc., 1989), 132.

disease through social control. While the National Board of Health believed the most effective approach was public education, physicians such as Rene Dubos viewed tuberculosis as a social disease and directed their campaigns accordingly. During the Progressive era,

public health officials promoted two distinct but interrelated approaches to reduce the perils of the diseases; they looked simultaneously to improve the social conditions that bred tuberculosis and to control the behavior of those with the disease.⁸⁵

Not surprisingly, the poor, largely immigrant population of the cities became the focus of attention. Although the exploitive and health-threatening conditions of many environments were the impetus for important legislative measures (i.e. child labor laws), it remains that the illness was perceived as weeding out those possessing an innate constitutional weakness; "atypical" of native (but exclusive of native American) American-born populace:

Nineteenth-century investigators such as Henry Ingersoll Bowditch concluded that the best way to avoid tuberculosis was to be born to parents who had not contracted the disease; the course of disease as well as its onset were predicted by circumstances of birth, sex, occupation, the national origin of one's parents, and one's current residence were also considered important factors in determining whether one was likely to become tubercular.⁸⁶

Even those suffering under the harsh conditions of poverty were urged to remain at home. Although sanatorium

⁸⁵Rothman, In the Shadow, 183.

⁸⁶Dubos, Health and Disease, xix.

care was considered beneficial, the shift from sanatorium culture back to a "rightful" domestic sphere was viewed as a sure death.

As Europe and Britain were restructuring domestic and public spaces in compliance with improved sanitary measures, the purveyors of American health were appealing to a national ecumenical belief in the "outdoor life." Central to the sanatorium movement was the science of climatology, described by Watson as: "the science of climate, though in order to measure climate, one must necessarily compute the average meteorological elements for a region. Climatology is the broader term of the two."⁸⁷ Watson distinguishes between climate and weather, defining climate as "the aggregate of weather conditions extending over a longer period" as opposed to weather, which occurs over a short period.⁸⁸ The American Climatological Association was founded in 1884, and "its membership consisted of physicians who were interested in medical climatology and especially in the relation of climate to tuberculosis. They were apparently leaders in this branch of science."

For some practitioners, the idea of atmosphere and air

⁸⁷Robert Bruce Watson, An Introduction to the History of Climate and Tuberculosis; A Contribution to the History of Public Health and Medical Climatology, (Dissertation: Massachusetts Institute Of Technology, 1927), 11.

⁸⁸Ibid., 11.

in relation to pulmonary disease was direct and obvious:

The fact that the curves for influenza, tonsillitis, bronchitis and pneumonia are, in general outlines, all practically the same, seem to me strong proof that the control cause is one and the same for all diseases. They are diseases of the air passages, and may be supposed to be influenced or controlled by the air.⁸⁹

Exactly which climate in what region was most beneficial was a point of dissension, however. "When one reads the history of the treatment of tuberculosis, one finds that at one time or other almost any combination of known atmospheric conditions was considered to constitute a climate, which had protective or curative qualities for consumptives."⁹⁰ These conditions include: "warm climates, cold climates, even equable climates, sea voyages, 'immune zones,' high altitudes, deserts."⁹¹

According to Bruen, "The following features of climate all had their supporters:"

1. Cool or cold climate
2. Warm or hot climate
3. Attitude or sea level
4. Dry climate
5. Moist climate
6. Equability
7. Variability
8. Pine Forests
9. Ozone

⁸⁹Henry B. Baker, M. D., "The Climatic Causation of Consumption," Journal of the American Medical Association, XIV.3 (1890): 52.

⁹⁰Watson, Climate and Tuberculosis, 151.

⁹¹Ibid., 151.

10. Ocean Voyages⁹²

As Bruen suggested, virtually every climate and climatic condition were perceived as beneficial at some point in time. For some, climatology was a vagarious system of beliefs that was ultimately detrimental to the health and well-being of tuberculosis sufferers. Gardiner outlines "The abuses of climate:"

1. Invalids sent to resorts in the West where food is difficult to obtain and sanitarium methods impossible to establish. 2. Patients sent in the last stages of the disease. 3. Patients sent in financial stress 4. Comparison of climatic treatment in the West with closed sanatorium treatment in the East is unfair because in the East the invalids are under skilful [sic] care of physicians who 'weed out unfavorable cases and only leave the favorable cases.'⁹³

Dissenters argued that climate did not figure directly into the possibility of a cure; Bowditch spent considerable time "demonstrating. . .that consumption can be successfully treated in [a] supposedly unfavorable climate."⁹⁴ Many believed that interior spaces were the most inhospitable; domestic spaces in particular were considered suspect because of the absence of air, fresh or otherwise: "The history of tuberculosis proves that it is essentially a house disease, that is, it is harbored and spread by

⁹²Qtd. in Watson, Climate and Tuberculosis, 144.

⁹³Qtd. in Watson, Climate and Tuberculosis, 154-155.

⁹⁴Joseph H. Pratt, "The 'Home Sanatorium' Treatment of Consumption," Boston Medical and Surgical Journal CLIV No. 8 (February 22, 1906), 210.

overcrowding, unhygienic conditions, and lack of fresh air and sunlight."⁹⁵

The development and evolution of sanatoria and domestic spaces designed specifically to house tuberculars ultimately demonstrates the overriding authority of orthodox and lay belief in fresh air as curative. Adams states that "doctors gained much of their confidence in architectural matters from what they believed to be their superior qualifications in assessing healthy bodies."⁹⁶ Although perspectives on climate, region, and sanitation varied widely, for the millions of tuberculosis sufferers, the formalization of ideology regarding disease acknowledged that prolonged and unprotected exposure to the elements, i.e., cold, heat, and wind, were not only uncomfortable, but deadly. Thus, the fresh air cure necessitated a different kind of a habitation.

Outside of sanatoriums that incorporated the architectural renditions of the fresh air cure, the ideological construction of the fresh air cure was rendered in diverse and creative ways. According to Hinsdale:

It would be impossible to carry out the fresh air treatment of tuberculosis without some special facilities and accessories. These vary somewhat in accordance with the plan of treatment, whether

⁹⁵Dr. G. R. Pogue, "Fresh Air and Rest in the Treatment of Pulmonary Tuberculosis," Medical Record, December 9, (1905): 931.

⁹⁶Adams, Architecture, 69.

singly or collectively; or in cities, forests, or plains. Among these accessories we include: (1) Tents; pavilion tents, (2) Tent houses; shacks, 'lean-tos,' (3) Disused trolley cars (4) Balconies or leigeterrasse for day use. (5) Day camps. (6) Sleeping porches or balconies. (7) Wooden pavilions. (8) Glass pavilions. (9) Hospital roof wards. (10) Detached Cottages. (11) Sleeping canopies.⁹⁷

As climatology and sanatoria were closely linked, the focus turned to modeling sanatorium care within the domestic environment as many physicians (and their patients) believed that leaving home was psychologically and financially disadvantageous. Instead, a new line of reasoning targeted other ills associated with tuberculosis, most important, the sanatoria:

tubercular germs are entirely eradicated from the lungs, glands, or joints in four to twelve weeks . . . without any radical change in mode of life. The breadwinner need not abandon his employment. The housewife need not leave her cares to others. The student need not abandon his books. The expensive sanatorium treatment during months or years is no longer necessary⁹⁸

The purveyors of omnipresent nostrums refocused their pitches toward the newest threat: sanatoriums. The success of B & M External Remedy, a popular nostrum that cured anything from varicose veins to tuberculosis, (according to its hawkers) undermined the sanatorium-prescribed regime:

⁹⁷Gary Hinsdale, A.M., M.D., "Atmospheric Air in Relation to Tuberculosis," Smithsonian Miscellaneous Collections 63.1 (1914): 120

⁹⁸James Harvey Young, The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America, (Princeton: Princeton University Press, 1967), 90.

"Russell Ricker of Philadelphia, who had laid hardwood floors, had contracted tuberculosis. Life in the country, working in the mornings, resting in the afternoons--and B. & M.--had cured him."⁹⁹ There were those who followed their doctor's orders and sought out sanatorium care, but maintained the belief that nostrums were the only truly effective cure: "John Frank Havens of Morehead, Kentucky, full of despair, had left the sanatorium to die. But B & M. had worked a miracle, and he had resumed his trade of butchering."¹⁰⁰

The recognition of tuberculosis as a public health concern added yet another dimension of dread to the social scenario of disease: the possibility that one would be forced to seek treatment at a sanatorium far away from home. For the sick, a positive diagnosis was doubly fatalistic: to escape death, one must go away to cure in a sanatorium. But sanatoriums only delayed the inevitable:

An essential point in the treatment is that the patient remain at home. If sent away to a sanitarium, he may improve and return home fat and apparently well, only to relapse and finally die of the disease.¹⁰¹

The possibility of being sent away to cure became

⁹⁹Ibid., 106.

¹⁰⁰Young, Medical Messiahs, 106-107.

¹⁰¹J. H. Mudgett, M.D. "Sanitarium Treatment of Tuberculosis in Private Practice," Title unknown, (Philadelphia: JB Lippincott, Co, 1912), 72.

proportionate to the fear of tuberculosis itself:

the uncertainty of treatment also magnified the public's fear of contagion. When a man was found to have tuberculosis he received a notice to quit his job and schoolchildren with the disease were ordered to stay home indefinitely.¹⁰²

In time, the climatology-as-causative position weakened, although it never completely dissipated. While certain climates were still considered better than others, progressive era legislation resulted in the construction of sanatoria in counties across the United States whereby disease containment superseded the beneficence of particular climatic regions. Proponents of the stay-at-home cure foreshadowed this shift as the regulatory atmosphere of the sanatorium cure, as opposed to atmospheric air, was perceived as its most salutary feature. For example, in the Silesian sanatorium model which Trudeau ostensibly researched and followed, sanatoriums were a corrective to "open resorts" which perceived as lacking in supervisory care. The case against open resorts targets activities non-conducive to rest, an important element in the Silesian model:

10. Absence of regular habits
11. Dissipation
12. Drinking
13. Late hours
14. No rest treatment
15. Strenuous exercise

¹⁰²Dubos and Dubos, The White Plague, xiv-xv.

16. Excitement¹⁰³

At the Trudeau Sanatorium, the recognition of the importance of rest exemplified the providential nature of Trudeau's "experiment:" "When the first infirmary opened about 1892, its first patient was Charles Armstrong, who broke his leg bobsledding. This was the first unintentional test of the rest cure. When he got up twenty weeks later, his lungs were healed as well as his leg."¹⁰⁴

Over time, rest became the dominant feature of both sanatorium and domestic care of tuberculosis. Krause elaborates on what exactly rest entails and excludes:

Let us put the matter another way: Instead of saying 'rest' let us say 'relief from strain.' Let us then put the matter thus-that relief from strain is any state of physical or mental activity or inactivity that does not reach the point of conscious fatigue; and by fatigue we would include ennui.¹⁰⁵

By the 1950s, as evidenced by Wilmer's following statement, the seven decades of repose had coalesced into an ideology:

Rest is the treatment. This means rest in the medical sense-not just a change of scene or

¹⁰³Watson, Climate and Tuberculosis, 146.

¹⁰⁴Qtd. in Mary Hotelling, National Register of Historic Places Continuation Sheet. Trudeau Sanatorium; Saranac Lake Vicinity, Essex County, New York. (United States of the Interior National Park Service, 1994), 26.

¹⁰⁵Allen K. Krause, Rest and Other Things: A Little Book of Plain Talks on Tuberculosis Problems, (Baltimore: Williams and Wilkins Company, 1923), 5.

work-but absolute rest flat in bed 24 hours a day. Next in importance, granted of course that you have competent medical care, is a balanced diet including milk, meat, eggs, fruits and vegetables. Although fresh air is necessary, it is not wise to freeze or boil. Climate is not as important as was once thought. Careful study of different sanatoria show that the treatment of tuberculosis is successful in any climate in the United States.¹⁰⁶

Although the fresh Adirondack air served as the inspiration for the Adirondack Cottage Sanitarium, above all, the sanatorium was a carefully regulated experiment. Trudeau's health system flourished as he adopted and discarded a myriad of approaches to the treatment of tuberculosis. The constants throughout the sanatorium's history remained deeply imbedded in what developed into a health system: fresh air, rest, good food, and good attitude. According to Rothman, "Later, in the period 1990-1929, Trudeau would become the most noted advocate for sanatoriums and an institutional method of care and cure. But in this earlier period, he was as enthusiastic about the therapeutic benefits of climate and outdoor life as any of the physician-health seekers."¹⁰⁷

¹⁰⁶Wilmer, Huber the Tuber, preface.

¹⁰⁷Rothman, In the Shadow, 157.

Chapter 3

Dr. Edward Livingston Trudeau and the Adirondack Cottage Sanitarium

Perhaps you saw him at his desk, his chair turned round to greet you: A long, thin man—long, thin feet and legs, a long, thin body, a long, thin face with a long thin nose, and surmounted by a long but massive head, a head that never failed to attract attention The head was particularly high and domed-shaped and very broad just behind the ears, which in consequence projected slightly. His whole attitude was one of interest and eagerness, with no trace of restless activity, and his crisp, incisive, rapid speech was in harmony with the physical man.¹⁰⁸

In 1884, Dr. Edward Livingston Trudeau opened the Adirondack Cottage Sanitarium for the treatment of tuberculosis deep in the Adirondack Mountains of New York

¹⁰⁸Muller, Devoted Servant, 13.

State. The last major health movement before the advent of chemotherapy, the fresh air cure, as it came to be known, was a revolutionary approach to the integration of medicine, science, and disease containment. In an 1899 article, Edward Livingston Trudeau wrote:

The Adirondack Cottage Sanitarium was the first institution in America to attempt the cure of incipient tuberculosis in persons of moderate means. It had its origin fifteen years ago in a desire on the part of the writer to make a practical application of the sanitarium methods of treatment adopted by Brehmer, and to extend the benefits of these methods and of an open-air life spent under good climatic influences to working men and women whose lives are constantly sacrificed on account of their pecuniary inability to avail themselves of these means of restoration.¹⁰⁹

Dr. Trudeau's life story, one that he turned into an autobiography that was published a year before his death, serves as a landmark of the convergence of the lives of many individuals and the emergence of the American sanatorium culture.

Dr. Edward Livingston Trudeau was born on October 5, 1848, in New York City, raised in France by his grandparents, and returned to America when he was a teenager. By his own account, Trudeau was a late bloomer, somewhat of a "ne'er-do-well" until his late twenties, when he met his future wife, Charlotte Beare. Trudeau asserted that his interest in medicine was inherited (forbears on both sides of his family were physicians); his enrollment in

¹⁰⁹Trudeau 1899: 131

medical school was in reality a last-ditch effort to make something of his life. "[I] studied in the School of Mines, worked in a broker's office, and tried various other occupations spasmodically, but soon gave them up, as I was a failure at everything I undertook."¹¹⁰ His final venture before enrolling in the College of Physicians and Surgeons in New York City was to enlist in the United States Navy. Shortly after his enlistment, Trudeau's brother James visited him, obviously in poor health. Three months later, he was dead of tuberculosis.

[My brother's death] nearly broke my heart, and I have never ceased to feel its influence . . . Even now I love to think that my work has been in a measure a tribute from me to the brother that I loved so well.¹¹¹

Trudeau writes of his brother's death as his "first great sorrow," an event so shattering that it instilled in him a life-long dedication to caring for victims of pulmonary tuberculosis.

This was my first introduction to tuberculosis and to death, with which I had never come in contact before. Little I knew then how many hundreds of such death-bed scenes I should attend in years to come, in a life which has been spent in the midst of a perpetual epidemic of tuberculosis.¹¹²

At the time of Trudeau's matriculation in 1868, a career in medicine did not occupy the exalted place in

¹¹⁰Trudeau, Autobiography, 32-33.

¹¹¹Ibid., 31.

¹¹²Ibid., 31.

society that it does today. Medical training at the College of Physicians and Surgeons was primarily theoretical. Laboratory and clinical work were virtually non-existent; students learned the workings of disease and the human body through charts and lectures.¹¹³ Tuberculosis, Trudeau was taught, was a "a non-contagious, generally incurable and inherited disease, due to inherited constitutional peculiarities, perverted humours and various types of inflammation."¹¹⁴

When Trudeau himself was diagnosed with tuberculosis in 1868 (three years after his brother's death), his physician advised him to go South, live out of doors, and ride horseback. In order to improve his appetite, he was urged to exercise daily.¹¹⁵ This approach to treatment differed dramatically from the conditions under which his brother suffered a short time earlier, and which undoubtedly contributed to Trudeau's vulnerability to the disease:

Not only did the doctor never advise any precautions to protect me against infection, but he told me repeatedly never to open the windows, as it would aggravate the cough; and I never did, until toward the end my brother was so short of breath that he asked for fresh air.¹¹⁶

¹¹³Ibid., 40.

¹¹⁴Qtd. in Rene and Jean Dubos. The White Plague: Tuberculosis, Man and Society, (Boston: Little, Brown, and Co., 1952), 178.

¹¹⁵Trudeau, Autobiography, 73.

¹¹⁶Ibid., 30.

Three years after his brother's death, Trudeau was diagnosed as having active tuberculosis in the upper portion of his left lung. The experiences of caring for his brother, his medical training, but most of all a love of the wilderness inherited from the father of whom he "remember[ed] little" (Trudeau did not see his father again after his parents separated) moved Trudeau to journey to the Adirondacks. The irony of this move was not lost on Trudeau, who admitted that the "love of wild nature and of hunting was a real passion with my father—a passion which ruined his professional career in New Orleans, for he was constantly absent on hunting expeditions."¹¹⁷ Trudeau's trek into the Adirondacks was perceived by friends and colleagues as dangerous and fool-hardy:

This same love of wild nature and hunting, which was a passion in my father, was reproduced in his son, for when stricken with tuberculosis in 1872 it drove me, in spite of all the urgent protests of my friends and physicians, to bury myself in the Adirondacks—then an unbroken wilderness, and considered a most dangerous climate for a chest invalid—in order to lead an open-air life in the great forest, alone with Nature and those who were dear to me.¹¹⁸

In 1876, Trudeau left his young wife and infant daughter and journeyed to the Adirondacks to spend what he assumed would be his last days in the wilderness he so

¹¹⁷Ibid., 10.

¹¹⁸Ibid., 10-11.

loved. His destination was Paul Smith's¹¹⁹ hotel in the Adirondack mountains, where he had often enjoyed wilderness sport. When Trudeau arrived in Saranac Lake, all that existed were a few guides homes, a grocery store, a sawmill, a school, and a hotel for lumbermen. For the next seven years, he resided in a rented cottage at Saranac Lake during the winters and spent his summers at Paul Smith's, fourteen miles away. In 1883, he built his own home in Saranac Lake Village.

True to the tradition of narratives of miraculous healing, Dr. Trudeau's narrative of his exodus, and the curative power of the wilderness plays a key role in the "fresh air cure," a health movement that spanned the better part of a century:

I was influenced in my choice of the Adirondacks only by my love for the great forest and the wild life, and not at all because I thought the climate would be beneficial in any way, for the Adirondacks were then visited only by hunters and fishermen and it was looked upon as a rough, inaccessible region and considered a most inclement and trying climate. I had been to Paul Smith's in the summer on two

¹¹⁹Paul Smith is probably the most famous (and infamous) Adirondack Guide and hotelier. His hotel, the first in the region, is credited as a primary force in the popularizing of wilderness sport. Paul Smith's College, located in the village by the same name, was founded by Smith, and remains a respected institution renowned for its forestry and hotel and restaurant management programs.

occasions before on short visits . . . and had been greatly attracted by the beautiful lakes, the great forest, the hunting and fishing, and the novelty of the free and wild life there. If I had but a short time to live, I yearned for surroundings that appealed to me, and it seemed to meet a longing I had for rest and the peace of the great wilderness.¹²⁰

In 1906, another writer reflected on Trudeau's fate more succinctly: "Thirty-two years ago Dr. Trudeau went to the Adirondacks to spend a few months hunting rabbits and then to die as other consumptives died."¹²¹ Trudeau's arrival at Paul Smith's, after a treacherous three day passage through unpaved, uncleared mountainous terrain, has become legendary. The following oft-told narrative of Trudeau's report is as firmly etched in the annals of medicine as it is in the lore of the Adirondacks:

Fred Martin, Mrs. Paul Smith's brother, and one of the most splendid, sturdy specimens of manhood I have ever seen, was about to give my hand a squeeze that would, no doubt, have finished me, when I whispered to him I was sick and wanted to be carried up to my room. He picked me up as if I had been an infant, and went up two flights of stairs, two steps at a time, opened the door of a room I had occupied before, and put me down in the bed with a pained expression and the comforting remark, 'Why Doctor, you don't weigh no more than a dried lamb-skin!'¹²²

Trudeau's philosophical stance and the practice of treating tuberculosis represented a conflation of his love

¹²⁰Ibid., 77-78.

¹²¹The Outlook 976

¹²²Trudeau, Autobiography, 80.

of the wilderness with the belief in its curative power. At the time, however, that Trudeau's health should have dramatically improved was unexpected. He spent considerable time outdoors that first winter, but the extent of his disease impeded his ability to indulge in his love for wilderness sport.

I found, however, I could not walk enough to stand much chance for a shot without feeling sick and feverish the next day, and this was the first intimation I had as to the value of the rest cure, which in after years I applied so thoroughly and rigidly to my patients. I walked very little after this, and my faith in the value of the rest cure became more and more fully established.¹²³

As Muller states about Trudeau:

He lived much out of doors because he liked it; he rested because he had to. When he hunted he lay on a bed of boughs on the bottom of his canoe, which was propelled by his guide, and used his gun—he was a crack shot—without even raising himself. When later he was able to hunt on his feet he discovered that when he walked too much his fever returned, when he rested it left him. Thus by trial and error he hit upon the cure for tuberculosis.¹²⁴

As the climatic treatment gained in popularity, it also became evident that prolonged care, cost, and distance made it prohibitive to many, strengthening Trudeau's position of public need for available and affordable cure where treatment was both regulated and monitored.

The climatic treatment was within the reach of only a very small class of patients; namely, the well-to-do; and they were not generally sent away until

¹²³Ibid., 107-8.

¹²⁴Muller, "Devoted Public Servant," 7.

their physicians or they themselves became alarmed at the activity of their symptoms. The poor, and the large class of men and women who depend on their daily work for their support, were left to their fate. No special stress was laid on the early recognition of the disease, as it was generally believed to be fatal.¹²⁵

The immediate success of the Adirondack Cottage Sanitarium was helped immeasurably by Trudeau's own New York physician, Dr. Loomis, who spurred the exodus of patients to Trudeau by recommending the sanitarium to his own patients. In 1876, Loomis published a paper in the Medical Record which, according to Trudeau, "[drew] attention for the first time to the climatic value of the region for pulmonary invalids,"¹²⁶ and it was Loomis that sent Alice and Mary Hunt, the first "official" patients, to the Adirondack Cottage Sanitarium in 1884.

When Trudeau proposed the building of the sanitarium, the population of Saranac Lake was approximately three hundred. Because he enjoyed companionable relationships with many of the Adirondack guides, construction of the first buildings of the sanatorium (and opening up the wilderness to consumptives) was not met with opposition—even though it meant the destruction of a fox run popular among the guides. In fact, a group of guides helped Trudeau with

¹²⁵E. L. Trudeau, "The History of Tuberculosis Work at Saranac Lake, New York," The Medical News, 24 October (1903), 1.

¹²⁶Ibid., Autobiography, 99.

his venture: "When in 1883 I made up my mind to attempt to build a sanitarium at Saranac Lake for patients of moderate means, the guides again "chipped in," and having found out . . . the piece of land I wanted, they bought sixteen acres and presented me with the deed."¹²⁷ But neither Trudeau, the guides, nor the three hundred-odd residents of Saranac Lake predicted the flood of health-seekers that later came seeking the cure. The first buildings on the land were three cottages built with funds donated by wealthy patrons. They were distinguished by color; the first became known as Little Red, the two others, as Little Green and Little Blue. Trudeau described Little Red:

This first cottage consisted of one room, fourteen by eighteen, and a little porch so small that only one patient could sit out at a time, and with difficulty. It was furnished with a wood stove, two cot-beds, a washstand, two chairs and a kerosene lamp, and cost, as I remember, about four hundred dollars when completed.¹²⁸

Little Red was moved several times after its original construction; once in 1888 to be line with Little Green cottage, and again a year later "to make place for the larger, and at that time, very pretentious [emphasis hers] "Minturn" Cottage."¹²⁹ Little Red was moved again in 1913, then one more time to its final resting place, where it

¹²⁷Ibid., 131.

¹²⁸Trudeau, Ibid., Autobiography, 170.

¹²⁹Armstrong scrapbooks

still stands.

A primitive structure, Little Red has come to represent the culture of tuberculosis. As Gallos states, Little Red "became a monument to a way of life that became Life itself."¹³⁰ The structure, its inhabitants, and the ultimate success of the Adirondack Cottage Sanitarium relies heavily on the mythos of the novitiates (in this case physician and patients) in the construction of a folk narrative:¹³¹

Here on its tiny roofed piazza, entirely unprotected from sifting snow or driving rain, unsupported by the moral influence of many others doing the same thing, unawed by the history and tradition of 'cures' that had gone before, these first two patients sat out through rain and snow and arctic cold.¹³²

Albeit a novice in the business of institutional design and management, Trudeau predicted quite astutely that he would be more likely to procure funding for individual cottages built one at a time than for larger, more unsure planning:

I had no knowledge whatever of what sort of buildings to plan for such a sanitarium, nor was such information to be found in books then. Although at the time tuberculosis was not looked upon as a transmissible disease, consumptive freely

¹³⁰Gallos, Cure Cottages, 5.

¹³¹According to Andrew Fortune (whose grandfather helped build Little Red) Trudeau lived in Little Red for a short while after its construction. Although this could not be verified by documentation, it may suggest why Trudeau favored Little Red (over the two others constructed at the same time) and why it has come to symbolize the sanatorium's beginnings.

¹³²Dr. Lawrason Brown, "The Adirondack Cottage Sanitarium-What it Has Done For Humanity," (1902), 6.

occupying the medical wards in general hospitals side by side with all other non-contagious cases, I felt that aggregation should be avoided, and that segregation, such as could be avoided by the cottage plan, would be preferable for many reasons. By adopting this plan an abundant supply of air could be secured for the patient, the irritation of constant close contact with many strangers could be avoided, and I knew it would be easier to get some of my patients to give a little cottage which would be their own individual gift, rather than a corresponding sum of money toward the erection of larger buildings.¹³³

Dr. Trudeau's original plan for the cottages was to isolate patients by keeping them in small cottages inhabited by two persons. "His object was to keep the patients apart and give a short walk to and from meals."¹³⁴ The main dining hall was located in the administration building, and later occupants of Little Red whose poor health necessitated proximity to the infirmary. After the fact, Trudeau reflected on the foresight of the ad-hoc sanatorium "design:" "When later the transmission of tuberculosis by the tubercle bacillus became generally accepted, I had reason to be thankful that I had from the first adopted the cottage plan."¹³⁵ According to Lawrason Brown, resident physician in charge of the medical department from 1901-1912, the two primary goals of the sanatorium were to restore tuberculars to a state of health, and to send

¹³³Trudeau, Autobiography, 167-8.

¹³⁴Armstrong scrapbooks.

¹³⁵Trudeau, Autobiography 168.

patients back into the "real world" to "broadcast . . . by precept and example . . . the gospel of the fresh air, rest, and food treatment."¹³⁶

Perhaps then, it is not surprising that one of the few reports of their experience is fictionalized. Katherine Harrod's 1959 biography of Trudeau is liberally sprinkled with first-person narratives, soliloquies, and dialogue, and although they ring true in the larger context of her relatively historically accurate presentation, her continual reference to Trudeau as "Eddie" serves as a reminder that the account is largely invented. Be that as it may, these are perhaps the only extant documents regarding the arrival of the Hunt sisters, and worthy of recording in part here:

In the early summer of 1884 [Loomis] wrote that he was sending two young factory girls as the first patients for the new sanatorium. They were too poor to pay their living costs, but one of the physician's friends had agreed to take over for charges for Alice and Mary Hunt. This would be three dollars a week for each girl--about half of the actual cost--the deficit to be made up through appeals to summer residents at St. Regis . . .

The Trudeaus drove their shaggy horse Kitty over to Saranac Lake to greet the girls. All during the trip he was excited and talkative. 'How wonderful it will be, Lottie! We have at last made a beginning. I want to get these first patients on their feet by winter. I must succeed with them. It will do more than anything else to convince American doctors that proper care, fresh air and rest can arrest tuberculosis' . . . He grew more and more excited as they ascended Mount Pisgah and

¹³⁶Lawrason Brown, M.D., Rules for Recovery from Pulmonary Tuberculosis: A Layman's Handbook of Treatment, 5th ed. (Philadelphia & N.Y.: Lea & Febiger, 1928), 7.

drove onto the pasture. The plain, two-story frame building was beautiful to him, porchless and paintless though it was . . . Then he walked along the bare slope among the jagged boulders and over to the zigzag fence that marked the old fox run. Once again his imagination painted the 'Adirondack Cottage Sanitarium' of the future. He saw a completed administration building with a broad veranda, a dozen small, cozy cottages dotting a broad expanse of green lawn. He could see flower-bordered walks, lovely shade trees, gay, happy young people seated in lounging chairs singing and laughing, reading, pausing to admire the ever-shifting view as the clouds folded and unfolded among the mountaintops. He saw these patients gradually gaining strength, putting on weight, losing their hacking coughs, as the result of his rest treatment

Trudeau was jolted out of his daydream by Lottie's excited voice: 'Here they come!' . . . [there] were two girls huddled close together, with only their bare heads visible above the folds of a gray wool blanket . . . Trudeau stood fixed in his tracks. The new patients were painfully thin-faced and looked as if they were about to cry. One had a humped back. 'Luggage? Why doctor, they ain't got no luggage . . . The girls don't even have coats. I wrapped that blanket around them, but they shivered every foot of the way. Never said a solitary word.' . . . Trudeau was glad to be alone for a moment, to compose himself so that he could talk calmly with his patients, but his practised (sic) eye told him only too well that the Hunt sisters were not what he needed to show the value of his experiment. . . . During the next few hours he learned that the girls lived in a crowded tenement in lower New York. They had lost three sisters to consumption. Mary, the younger one, had tuberculosis of the spine, although the trouble in her lungs was not too extensive. Her sister Alice was very sick, with a heavy, almost constant cough. As he examined them, he kept wondering how Dr. Loomis could have made such a terrible mistake.

'I'm sure he understood that I wanted only those who have a chance to get well,' he said to Lottie as they left for St. Regis.

'But the poor things. Isn't there some hope for them?'

'Very little.'¹³⁷

The Adirondack Cottage Sanitarium officially opened on February 1, 1885, with accommodations available for nine people. During June and July of the same year, 125 applied. Miss Alice Hunt, age 21, of New York, was admitted to the Adirondack Cottage Sanitarium on June 13, 1885. She had been sick for one year, and was predeceased by three brothers and one sister. Their father had reportedly died of pneumonia, and mother is recorded as having "no lung trouble." Alice Hunt's diagnosis was "chronic pulmonary tuberculosis with peribronchitis," and her prognosis was listed as "unfavorable." This entry lists her treatment regimen as cod liver oil. A November 22, 1886 entry states that Alice was examined and an "abundance" of tubercle bacilli was found, although she had been undergoing (an unreadable) treatment for over a year. In December, the entry states that "patient is doing very badly," and by February, she is listed as "loosing (sic) ground." That same month, the entry reads: "patient shows no improvement and is discharged her case being considered hopeless."¹³⁸

Alice's sister Mary was admitted the same day. Surprisingly, there is no evidence in the medical records

¹³⁷Kathryn E Harrod, Man of Courage: The Story of Dr. Edward L. Trudeau, (New York: Julian Messner, Inc., 1959), 124-7).

¹³⁸Medical Casebook, 1885. No further bibliographic data recorded in the casebook.

that she had tuberculosis, although Trudeau states in his autobiography that she suffered from Pott's disease (tuberculosis of the spine) and "now showed slight evidences of pulmonary tuberculosis as well" but this latter point is not elaborated.¹³⁹ The record states only that she "has always been in poor health: lately however has cough. . . and ulcers of cornea from malnutrition." The record continues, stating that "patient came principally for the eyes the opinion having been expressed that unless she could get a change of air she might lose her sight permanently."¹⁴⁰

An interesting note here is that Mary's medical records do not mention either presence or absence of tubercle bacilli, although Trudeau possessed the equipment and knowledge to verify the presence of disease. Similarly, the first recording in the case histories, on May 12, 1885 is of a twenty-eight year-old man whose record, like the Hunt sisters, does not mention bacilli. However, the second entry, recording an admittance on June 8, 1885, mentions "sputa swarming with tubercle bacilli."¹⁴¹

As discussed earlier, it is possible that Dr. Trudeau had a hand in the creation of what was to become the sanatorium's "official" beginnings. Likewise, it is

¹³⁹Trudeau, Autobiography, 169.

¹⁴⁰Medical Casebook.

¹⁴¹Medical Casebook.

reasonable to surmise that a woman curing alone in the wilderness would have acted as an anti-myth; not only was it unlikely that Dr. Trudeau use a single woman as exemplary of a cure that he spent a good deal of his life actively promoting, he was surely aware of the impact of the feminist movement in relation to issues of health. Dr. Trudeau's philosophy was to make private sanatorium care available to the working-class; women comprised a substantial segment of the working poor.

Dr. Trudeau was the first to admit that at the sanatorium's inception, long-range plans and expectations were unclear. He knew little of architecture, and less of the intricacies of running an institution. "I had no more idea about what sort of staff I needed or could procure with the limited means at my command than I had about the architectural requirements of a sanitarium for the open-air treatment of tuberculosis."¹⁴² The First Annual Report of the Adirondack Cottage Sanitarium is a more formalized statement that Trudeau's ideology was ill-formed:

The Adirondack Cottages were opened for the reception of patients on February 1, 1885. As the undertaking was one which in the country at least had no precedent, and as those who had assumed the responsibility were totally inexperienced in such work, the management of the institution has necessarily during its first year been beset with difficulties which experience alone could have anticipated. It has therefore been much the nature of an experiment. The results obtained and the

¹⁴²Trudeau, Autobiography, 168.

hearty support accorded on all sides has led the management to hope that the experiment may fairly be said to have proved a success.¹⁴³

This document lays bare the primitive conditions under which the experiment functioned in terms of finances and basic amenities. It also heralds the beginning of an enterprise whose immediate success warranted a narrative chronicling its origin:

By 1884 the trickle of invalids had become a steady flow, whom the natives appear to have welcomed unthinkingly, as no more exotic than the merchant princes who descended on Paul Smith each summer in search of unsuspecting deer and bear. When the Little Red opened that year, the two working women who came to recuperate in it can scarcely have seemed like the vanguard of an invasion; local farmers and their wives readily took on necessary tasks like cooking, housekeeping, and nursing. The patients simply soaked up the rigors and pleasures of the wilderness, for, despite the example of Brehmer and Dettweiler, Trudeau trusted to serendipity and the mountains, counting on a therapeutic effect. In contrast with the finical timetables later prescribed by Lawrason Brown, Trudeau's early patients simply lived in the wilderness, resting.¹⁴⁴

When he was not in his laboratory, Dr. Trudeau spent an significant amount of time fund raising for the sanatorium. Members of America's monied elite were life-long friends of Trudeau's, (including the irascible railroad tycoon Edward Henry Harriman) and Trudeau turned friends into benefactors. Although the first years' operations were moderately

¹⁴³Statement from (framed and hanging) document in the Saranac Lake Free Library

¹⁴⁴Mark Caldwell, The Last Crusade, (New York: Atheneum, 1988), 133.

successfully in terms of profits, for most of its history the sanatorium operated at a deficit. Even at costs that barely, if that, covered operating expenses, the expense of sanatorium care was prohibitive for many.

At a cost of five dollars per week at the sanatorium's opening, patients were provided with room, board, and medical care. Laundry and medicine were provided at cost. For those that were unable to afford the nominal cost, a free bed fund was available. Trudeau's generosity and his philanthropic acumen were integral to the institution. In the memory of one patient:

You were never charged a penny and if you had no money, you were very quietly given whatever newspaper you wanted everyday, or newspapers, shaving cream, toothpaste, all those amenities, even a little walking around money for the time you got into town. And nobody ever knew it. You were never made to feel ashamed or a charity case.¹⁴⁵

Because stays were often protracted, mounting costs taxed both patients and the institution. Later in the sanatorium's history, it was not uncommon for patients to move back and forth between Trudeau and Ray Brook Sanatorium,¹⁴⁶ the nearby state institution, when funds ran

¹⁴⁵This interview was recorded by the Saranac Free Library staff during a reunion; as there were multiple interviewees, it is impossible to discern who is speaking.

¹⁴⁶It was typical for Trudeau to send patients to state-run Ray Brook for medical services, such as more complex surgical procedures. However, as a state-run facility, Ray Brook's care was focused on the custodial; overall, it was reminiscent of 19th century understaffed, overpopulated hospitals attempting to cope with disease that was

low. For example, former patient Richard Ray left Trudeau for Ray Brook when his employer discontinued his salary and the depression made it difficult for his parents to support him.¹⁴⁷

Ultimately, the beneficence of the often frigid Adirondack climate was at best uncertain, and at worst extremely uncomfortable. Tantamount to despair, however, was too much hope, as even Trudeau (the man and the institution) was reluctant to formally pronounce a patient "cured." As late as 1930, when the sanatorium had been operative for more than fifty years, the word "cured" was not a part of the sanatorium nomenclature, nor did a patient's release suggest that a case was considered cured. "If you continue alright for a couple of years you are arrested, but you are cured of TB only when you die of some other disease."¹⁴⁸ A patient judged fit to be discharged was termed "quiescent;" a liminal state between the active presence of disease and a medically sanctioned cure.

The maintenance of "acquiescence" to the cure required a democratic approach to both disease and the cure—a stance

ultimately incurable. Patient narratives about Ray Brook are significantly less inclined to sing its praises than Trudeau patients.

¹⁴⁷Ray, Saranac, 20.

¹⁴⁸Adirondack Museum. "Wilderness Cure: Tuberculosis and the Adirondacks," Exhibit, (Blue Mountain Lake, New York) 1995-1996.

that Dr. Trudeau maintained throughout his lifetime—perhaps because he, his brother, and his daughter, were unable to survive tuberculosis despite social and economic advantage.

Trudeau's "lesson" was also at odds with the thriving tuberculosis trade, where everything from snake oil to ocean cruises were hawked to a desperate public. An article expounding Dr. Trudeau's virtues highlights the spiritual bankruptcy of the omnipresent charlatan:

There has been a surfeit of late of the kind of achievement which, expressing itself in fortune or position, reveals, when the light of revelations falls on it, a pitiful emptiness of spiritual meaning and turns to shabby tragedy in the light of its own success; it is time to set out the careers of those who have touched the goal and may be ranked with the successful men of their age. Such men are modest and shun the lower kinds of praise, the cheap imitation of reputation which most newspaper notoriety means; but good works ought not to be hidden when evil works intrude themselves at every turn; and, after the pitiful procession of failures who have lately filed across the stage, the country needs the tonic of the successful man.¹⁴⁹

Unlike the omnipresent "snake oil" salesmen, "acquiescence" appealed to the more gentile, aristocratic sensibilities. Although there was a mass exodus into the Adirondack Mountains, and tuberculosis was itself considered a disease of the masses, the reverence for the cure, Dr. Trudeau himself, and the "outdoor life" contrasted markedly from the popular, vulgar pursuit of "health" promoted by the patent medicine trades. As such, Trudeau was successful in

¹⁴⁹Muller, "Devoted Public Servant," 976.

sanitizing the stigma of tuberculosis; perhaps ironically, many of the health measures that became laws during the sanatorium era (i.e, hefty fines for spitting) are now considered polite or proper etiquette.

One of the few criticisms leveled at Trudeau during his lifetime was that he refused to admit patients in advanced or "hopeless" stages of tuberculosis to the sanatorium. Trudeau never concealed the experimental foundations and practices that continued until the sanatorium's close. From the perspective of scientific viability, experiments are more likely to succeed when host organisms are relatively healthy. Therefore, an assessment of Trudeau's success must include the timely diagnosis of disease in its incipient and potentially treatable stage. Yet much of Trudeau's success is irrefutably the result of his opportune place between the time that Koch's theory was lying dormant--the awareness of the anomaly was gaining viability in scientific and medical circles--and the ultimate and inevitable paradigm shift in the acceptance of the belief in the tubercle bacillus as the causative agent of tuberculosis.

At the time of Trudeau's "rise to power" as both the esteemed scientist and a "healer in the woods," the existing traditional scientific authority was, if not strained, certainly resting uneasily. Koch's failure to quickly establish a cure for tuberculosis (his tuberculin vaccine was ultimately deemed ineffective) unalterably tarnished his

reputation and cast further doubt on the new discovery. It was in this awkward climate of scientific unease that Trudeau's charisma usurped the traditional authority of science and medicine—perhaps with such success because he was so keenly aware of the rupture of traditional authority brought about by Koch.

Acquiescence and "positive attitude," were in step with "mind cure," a movement that was popular among those "who could financially, would culturally, and did in fact spend money for reading."¹⁵⁰ The mind cure promoted the ideology that "thoughts were things."¹⁵¹ As things, thoughts could be both material and immaterial; the import was that they were malleable, and thus bore potential for control. The mind cure proponents rose in popularity in the late 19th century, coinciding with the sanatorium movement; less specifically centered on the wilderness, mind cure identified the ills of modern life, modern medicine, and religion. As Meyer states: "medicine had left open the same void which the old religion had left open to medicine. . . .Medicine, in short, could easily seem to be standing athwart moral middle-class logic that the wishes and expectation of good people should come true."¹⁵²

¹⁵⁰Meyer, The Positive Thinkers, 42?

¹⁵¹Ibid., 43.

¹⁵²Ibid., 71.

Americans turned to religious movements (and their founders) for spiritual and corporeal salvation. What is often held to be a twentieth century phenomenon—the self-help movement and its religious underpinnings—can be linked to 19th century emergence of democracy as an elitist, if intangible, pursuit whereby health (or freedom from disease) is of the pure, sanctified, and sanctimonious mind. This is further expressed in the leaders of such movements; where Adirondack Murray (and even Trudeau, on occasion) performed their roles in hunting garb, the science of mind practitioners in their variant forms (including acquiescence) were the models of gentility and generosity. If the powers to heal eluded them, they retained the power, nonetheless, to promote belief—ultimately, the more sustaining.

Trudeau's authority was established in two ways: he attributes the impetus of the sanatorium to the preservation and dedication of his life's work to his brother's memory, but, perhaps more important, the legitimacy of his authority is his own diagnosis of tuberculosis, and as a living model of acquiescence to both the disease and the cure. "[Trudeau] began by defining optimism as a mixture of faith and imagination and that, perhaps, on its most mundane levels, but later on he equated it simply with faith and . . . he meant religious faith and that in its most profound

insights."¹⁵³

According to Rothman, "climate and atmosphere were not enough . . . The consumptive had to follow the proper regimen as set out by physicians."¹⁵⁴ Ultimately, then, "it was not the treatment but the doctor that was heroic."¹⁵⁵ An essential element was the legitimation of Trudeau's authority and beliefs through the construction of a common language of healing. According to Victor Turner: "What is made sensorily perceptible, in the form of a symbol . . . is thereby made accessible to the purposive action of a society, operating through its religious specialists."¹⁵⁶ Trudeau became the symbol of a *communitas*—a spontaneous community—of his own design, whereby "a union of ecology and intellect . . . result[ed] in the materialization of an idea."¹⁵⁷ The "heroism" of Dr. Trudeau was grounded in the total surrender of the mind, body, and spirit to the authority represented by a tradition of belief resolutely determined by a charismatic prophet/priest who reordered individual authority into a system of shared belief. As Trudeau stated:

¹⁵³Muller, Devoted Public Servant. 20.

¹⁵⁴Rothman, In the Shadow, 152.

¹⁵⁵*Ibid.*, 149.

¹⁵⁶Victor Turner, The Forest of Symbols: Aspects of Ndembu Ritual, (Ithaca: Cornell University Press, 1967), 25

¹⁵⁷*Ibid.*, 26.

In no disease is absolute confidence so important as in pulmonary tuberculosis—confidence of the patient in the physician, confidence of the physician in the patient. Each must look upon the other not as a master at a boarding-school, nor as a proctor at a university, nor again as a policeman in a large city, but each should consider the other as his personal friend, a friend to whom all his troubles can be imparted and halved, a friend with whom his joys can be shared and doubled. . . .¹⁵⁸

At one and the same time, Trudeau institutionalized and domesticated disease and disease management on the American landscape. Trudeau ultimately embodied the American conflation of ideals regarding health and illness, although at the sanatorium's conception it bore the influences of both European and British ideologies. In terms of the subsequent development and expansion of the sanatorium and the "invention" of architectural patterns specific to tuberculosis, Adams' discussion regarding the "cult of domesticity" offers an explication of the merging of the domestic and the institutional architecture that can be understood when one looks at architectural patterns that came to define Saranac Lake and tuberculosis. Trudeau conflated the domestic with the institutional; life in and outside of the sanatorium walls was highly regulated, yet the construction of homelike atmospheres in both spaces was integral to the experience and order of curing.

Adams suggests that the architecture of disease is correlative to the gendering of spaces; in the American

¹⁵⁸Trudeau, Autobiography, 134.

context, however, space was ideologically and symbolically constructed against the larger backdrop of the wilderness. Trudeau and his disciples were doctors of the wilderness; his first patients, Alice and Mary Hunt are representative of its taming. The "sharing and doubling" that Trudeau speaks of above exemplifies the import of the experiential and the material in the taming/institutionalizing of the outdoor life.

Chapter 4

The Architecture of Disease - The Cure Cottage

Let me tell you about the troubles of architecture. I knew a person who was an investor in the Eiffel Tower. It was not a great success, financially. However, he had an illness that was diagnosed as whooping cough. He hated to go to the mountains, so he went to the third floor of the Eiffel Tower to live, and recovered his health.¹⁵⁹

The village of Saranac Lake appears to have been an intentional community; at its center, a picturesque Main Street that suggests a stage set for "Our Town." Huge houses still dominate the village, some almost completely swallowed up by glass-enclosed porches, porches whose windows are now covered in plastic, to reduce the cost of heating those houses in the dead of winter. Without knowledge of the history of Saranac Lake, so many oversized houses in such a small village, so much unheated space in a region that is cold much of the year seems dysfunctional. The winding narrow roads reveal more of these houses, one larger than the next, many obviously converted into apartment buildings, some fallen into disrepair, many up for sale. They are everywhere—at the top of steep hills, tucked into crevices, large and seemingly watchful. Even at noon, when the village is active, a reverence for quiet is still

¹⁵⁹The New Yorker, 9 May, 1994, 73.

palpable—as if there is someone close by that should not be disturbed.

And then one learns about the sanatorium, sees the sign marking the spot where Trudeau's laboratory once stood. His house still stands, rightfully occupied by a team of doctors who pay homage to their illustrious forefather. Suddenly "they" begin to appear on the porches—the countless ghosts of patients bundled up in their chairs, reading newspapers, smoking, laying still. One senses the mothers and fathers wringing their hands, feels the heavy presence of the famous and infamous who came and cured, or waited, often in vain, for a loved one to pull through the night.

It has been decades since the last tuberculosis patient arrived in Saranac Lake, seeking "the cure" made famous by Dr. Trudeau. Yet the legacy of that seventy-year span when Saranac Lake and the Trudeau Sanatorium reigned is still evident throughout the village—in an attitude toward health, a reverence for rest and, perhaps most notably, in its architecture. The pursuit of health often forces people into unlikely places and spaces. Cast aside by stigma, the diseased are colonized to protect the innocent from the threat of real or imagined contagion. Relegated to regions far from home, the ill find the vastness of mountain ranges and the beneficence of mountain air offers them more than the promise of a cure, but a safe haven where an altered ideal of health can be sustained.

In the late eighteenth and early nineteenth centuries, where one chose (or was sent) to cure from tuberculosis was as wide and varied as the distance between the Adirondack Mountains and the Rocky Mountains of Colorado; yet the belief that tuberculous patients were best cared for in strictly regulated and confined spaces became a unifying premise. The development and construction of this ideology can be chronicled by the founding and overwhelming success of the Trudeau Sanatorium, and the village of Saranac Lake. By the time the Adirondack Cottage Sanitarium and Saranac Lake became synonymous with the cure culture, structures called "cure cottages" had sprung up, seemingly overnight, all over Saranac Lake.

The first cottage, Little Red, built on the grounds of the Adirondack Cottage Sanitarium, marked the beginning of the sanatorium culture in America. It also introduced a vernacular form of architecture—the cure cottage—that was influenced as much by prevalent house styles of the time as the model of disease containment put forth by Trudeau. The tuberculosis "industry" fostered by Trudeau embodied an ideology that sought to contain and "house" disease in very specific and expressive ways. The structures that emerged in Saranac Lake to house tuberculosis patients, features of which eventually became prevalent throughout the country, can best be understood by this confluence of prevalent architectural styles and Trudeau's ideology.

The most primitive structure for curing that emerged in the sanatorium culture of the Adirondack Cottage Sanitarium was the tent. For those unable to gain entrance into the sanatorium, which itself used tents in the summer months, tents erected nearby often served as temporary housing. Although there are chronicles of those brave enough to winter in tents, most health-seekers relied on tents only during the summer months. Tents became familiar on the urban landscape as well; those who were unable or unwilling to leave home, or who simply sought to bring the cure into the city, constructed and purchased tent-like structures which were set up on fire escapes, or any place that allowed enough room for outside sleeping. Tents attached to windows (which resembled extended awnings) were popular in the cities, and offered the benefits of sleeping out of doors while most of the body enjoyed protection from the elements.

By his own admission, Trudeau was ill-versed about the intricacies of constructing and running a sanatorium. In his original plan, cottages were small, enclosed structures meant to house but a few patients. Little Red, by today's (American) standards, was a compact and primitive space in which to live for an extended period, and ironically, whereas porches later served as the primary curative and social space for cottage inhabitants, Little Red's exterior porch was only large enough for one person. Yet Little Red was almost an exact replica of a building on the grounds of

Brehmer's Silesian sanatorium, with the exception that Little Red was constructed in wood, as opposed to Brehmer's stone building. This alteration, while still paying homage to Brehmer's introduction of the sanatorium culture worldwide, distinguished Saranac Lake and Trudeau as specifically American.

The mythology of the founding of the sanatorium was that it was an act entirely of bricolage, invention, improvisation, but Trudeau had done his reading. He knew what was going on in Europe at the time he was working. The design of the Little Red is a sign that he was consciously trying to Americanize a method for tuberculosis that he had seen working in Europe.¹⁶⁰

One contemporary description of Little Red, for example, clearly defines it as emerging from an existing American architectural style:

'Little Red,' the first of Dr. Edward Livingston Trudeau's tuberculosis buildings and the forerunner of hospitals, boarding houses, and great hotels dedicated to caring for the sick, is in the Carpenter Gothic style that was fast fading in 1884. It was a style whose delicacy perfectly suited small buildings and could enliven symmetrical and asymmetrical structures alike.¹⁶¹

As the demand for space and the funds for new buildings increased, larger, more spacious structures were built on the sanatorium grounds. These included an administration building which housed the main dining room, an infirmary for

¹⁶⁰Mark Caldwell, Public Lecture, 8 August 1988.

¹⁶¹Robert Harold McGowan, Architecture From The Adirondack Foothills. (Malone: Franklin County Historical and Museum Society, 1977), 78.

the very ill, a crafts building, a library, and residential buildings (cottages) that housed the patients. By the time the san closed in 1954, there were eighteen cottages in all. Trudeau maintained his stance of keeping the "industry" spacious and lightly populated. As a result, the capacity of Trudeau's sanatorium fell far short of the demand for accommodations that grew from approximately three hundred in 1876 to four thousand by 1903.¹⁶²

It is not known exactly which of the townspeople first decided that it would be profitable to build a glass enclosed porch into a new structure, or add one and often more to structures that were already standing and offer housing to tuberculosis patients. According to Caldwell:

beginning in about 1900 when the cure evolved, and [which] required sleeping out at night--porches began appearing everywhere. They sprang up outside front doors, back doors, side doors. They elbowed their way out from a second-floor bedroom, perching on the ground-floor porches underneath. They turned up in every corner; they popped up above storefronts on Main Street and Broadway. . . .¹⁶³

According to Philip Gallos--author of the only published book on cure cottages--the cure porch, which ranges in style from large, open verandas to small, glass-enclosed porches, was necessary to the cure cottage. What makes a cottage a cottage, according to Gallos, is the presence of either an open or glass-enclosed porch, or more broadly, any house

¹⁶²Gallos, Cure Cottages, 16.

¹⁶³Caldwell, Pioneer, 12.

where a patient lived or which exhibits a cure porch.¹⁶⁴

What these structures have in common is an exterior porch whose function shifted from space as interactive and social to the promotion of the structural sanctity of health. This is perhaps best represented by enclosed porches, unheated rooms where a patient could take rest in the fresh air while remaining within the shelter provided by the house, and whose design incorporated the need for mobility of beds and chairs (instead of the comparatively lesser breadth of people) in and out of doors.

Hotaling states that, "Later, the meaning of the cottage plan expanded to describe any arrangement, even in large multi-storied buildings, which effected the separation of patients into small units, organized around shared porches."¹⁶⁵ The term "cure cottage" initially referred to privately owned, not-for-profit sanatoriums like Trudeau's; many structures in Saranac Lake that fit the above description came to be known as cure cottages as well.¹⁶⁶ A fundamental definition employed by Philip Gallos to describe

¹⁶⁴Gallos, Cure Cottages, 7.

¹⁶⁵Hotaling, National Register, 8:7.

¹⁶⁶Gallos, Cure Cottages, 6.

a cure cottage is "any building in which at least one person stayed for a period of time while engaged in the tuberculosis cure or which exhibits the structural features typically made necessary by the cure process."¹⁶⁷ Gallos adds that "an overwhelming majority of the cure cottages of Saranac Lake were built during a span of forty years, from 1890 to 1930. This was a period that saw the construction of most of the village's total stock of 2,200 or so buildings."¹⁶⁸

The cure cottage architecture, ubiquitous in Saranac Lake, has become a familiar American form, so familiar, that its presence goes largely unquestioned, even though the pattern of use (in the northeast, anyway) has shifted away from people to things—in the post-Trudeau era, enclosed porches are commonly used for storage. The Americanization of the cure and the architecture that has come to define it, was, according to Lawrason Brown, inevitable: "It remained for America to introduce verandas or porches upon which the patient's bed, provided with large castors, could be rolled when for any reason he should not leave it."¹⁶⁹ Brown outlined the ideal structural and environmental guidelines for cure porch structures: porches should be well-

¹⁶⁷Ibid., 21.

¹⁶⁸Ibid., 30.

¹⁶⁹Brown, Rules, 64.

ventilated but not drafty, and face south by southwest in winter and north in the summer, unless shaded by a large deciduous tree or protected from the sun by mobile canvas and wooden panels.¹⁷⁰

In Rules for Recovery, Brown further advocates the porch's primacy, asserting that whatever architectural form holds the porch, the porch remains the most important structural feature:

Persons living in a health resort are often struck with the inconsistencies of the new arrivals. Every attention is paid to the selection of a room. It must be comfortable, well heated, and furnished with several easy chairs. For patients, however, who have to sit out, the porch is the most important part of the house, and too often the porch-space and its provisions for comfort receive scant, if any attention. The foolishness of neglecting to select a comfortable porch where one is to spend eight to ten hours every day needs only to be mentioned to be recognized. The patient will use his room to dress and probably to sleep in, but the greatest part of his waking hours will be spent on the porch out of doors, and it is here that he needs the most comfort.¹⁷¹

The construction of Little Red, although much simpler in design than later cottages, represented a move away from institutional sanatorium settings that housed many patients in singular, oversized rooms. Little Red, and subsequent cottages, were constructed with the intent of preserving personal intimacy and a home-like atmosphere. As Gerald Pocius states:

¹⁷⁰Ibid., 77.

¹⁷¹Ibid., 75.

We socially construct our spatial world with simple categories: the domestic interior is the scene for the private acts of the individual, exterior domains are essentially public. Exterior space is landscape, interior space the house. The division between the outside and the inside world at first glance is clearly drawn, and the passage from one space to another requires certain rules of social access.¹⁷²

Yet, in the constructed blueprint of Saranac Lake, with the proliferation of cure porches on so many of its dwellings, interior and exterior space are enmeshed; houses extend outward, incorporating exterior space and blurring the division between the outside and inside world. The rules of social access determined by space are, in this context, predetermined; social spaces are not delineated by interior walls or thresholds, typical of the use of interior spaces, but defined by the overall experience of curing in structures tailor-made for that purpose:

Nor is it simply in its town plan that Saranac inherited from tuberculosis a unique appearance; over the decades of its growth, it engendered a new style of domestic architecture, adapted to the requirements of the cure, and in time this transformed the appearance of the residential streets. When growth commenced in the 1880s the town began to build houses much like those in any contemporary village of comparable size: Queen Anne cottages of balloon construction, informal and pleasingly irregular in floor plan, often canopied by jutting asymmetrical gables and festooned with verandas. . . . If the owners attracted the tubercular and made a success of their enterprise, new porches would sprout above or beside old ones;

¹⁷²Gerald L. Pocius, A Place to Belong: Community Order and Everyday Space in Calvert, Newfoundland, (Athens and London: The University of Georgia Press, 1991), 227.

houses sprawled outward, acquiring facades of glass Ubiquitous porches blurred or even hid the building lines, and houses became in consequence rather shapeless but buxom, even maternal, and pleasantly informal. As they expanded, they also grew toward each other and toward the street, overcoming the isolation and inwardness implicit in the wide lawns and dense shrubbery common in American towns. . . .¹⁷³

Pocius further states that: "We all need to live in some kind of shelter, some kind of practical shell that protects us from the extremes of the climate, as well as from the scrutinizing eyes of the outside world. The house provides us with both this physical comfort and a degree of privacy."¹⁷⁴ In Trudeau's model, the immediacy of physical comfort was surrendered for the longer-range benefits of curing in the fresh air.

Prior to the experience of curing in Saranac, the boundaries between privacy and social ostracism were blurred; in Saranac Lake, no one had to hide from others or the disease. Thus, at the same time that interior and exterior spaces are enmeshed in cure cottages, physical comfort and privacy are marked by exposure. Patients spent most of their time outside on cure porches; the outdoor life was communal and shared.

According to Richard Ray, the social aspect of the porches also exposed its inhabitants to what Pocius referred

¹⁷³Caldwell, Last Crusade, 137.

¹⁷⁴Pocius, Place to Belong, 227.

to as the scrutinizing eyes of the outside world:

Being porched less than twenty feet from the road, we were under observation by visitors who cruised slowly though the grounds from time to time. On at least one occasion when we saw some someone holding a handkerchief to her face, we obliged with a barrage of coughs, and chuckled as the car accelerated and sped by. Another time we heard a childish voice cry out 'Look momma, there's one of them eating a sandwich!' We concluded that we should have eaten bananas to preserve the zoo-like atmosphere.¹⁷⁵

Following Trudeau's own exodus of salvation, Saranac's curative power drew, among others, many architects who played an essential role in the sanatorium design and construction of cottages. Not surprisingly, many of the individuals who contributed to the construction and renovation of homes in Saranac Lake were themselves patients that came to cure at Saranac and stayed on. According to Hotaling, "The principal development in the technology of the cure that occurred at the Adirondack cottage Sanitarium was its advocacy of the medical idea of sleeping out and the architectural adaptations for sleeping out that were developed by resident patient-architects working closely with doctor-scientists."¹⁷⁶ Resident carpenters and craftsmen were also involved in the design and development of vernacular architectural forms.

Architectural patterns in Saranac Lake were

¹⁷⁵Ray, Saranac, 27.

¹⁷⁶Hotaling, National Register, 8:9-10.

approximately a decade behind those of larger urbanized areas, a characteristic typical of both vernacular and regional architecture. More important than the original intent and architectural forms that define Saranac Lake, however, are the porches whose numbers speak to the undeniable presence of disease. The Whitman Cottage in Saranac Lake is typical of patterns of building which resulted from the unique milieu of a tuberculosis cure center. Mrs. Whitman bought the house and either built the gable-front unit or added porches to it if it already existed. She and her family lived in the wing and operated the gable-front as a boarding cottage (the two units have separate entrances). At a later date, she added the porches to the wing to accommodate more patients and either reduced her own space requirements or moved out altogether. This scenario was repeated in countless variations by the operators of cure cottages during the seventy-year history of the fresh-air cure in Saranac Lake.¹⁷⁷

Carole Rifkind suggests that: "Generally, major alterations are most likely during prosperous times—the years preceding and following the Civil War, the Centennial years, the mid 1880s, the turn of the century, and the late 1920s. . . Taste as well as practicality generates renovation. Particularly beloved modification include. .

¹⁷⁷Gallos, Cure Cottages, 39.

.wide verandas in the 1890s, [and] enclosed porches in the 1910s."¹⁷⁸ The veranda, an important architectural development regionally and nationally, is defined as "an open gallery or balcony with a roof supported by light, usually metal, supports."¹⁷⁹ According to Ott:

At midcentury the architect Andrew Jackson Downing recommended the veranda, or piazza, as a way to bring one closer to nature for aesthetic and spiritual reasons. . . But when the Queen Anne Fashion faded, the veranda did not. The front porch was a popular feature for socializing as well as for insulating one from the street or house, depending on one's business there. The ideal antituberculosis veranda extended around three sides of the house, with at least one side facing south. It needed to be wide enough for a chair or and entire bed to be wheeled along it, to follow the sun or breezes.¹⁸⁰

In Saranac Lake, the boom years were distinguished by the typical largeness of domestic structures that allowed for the veranda to be further domesticated. As Saranac Lake and its cure cottages grew, the more social its domestic spaces became. Success, as measured in the holistic approach to curing, was represented by an expansiveness that defied stigma and mortality. Like the people that inhabited them, the structures that came to define Saranac Lake were a celebration of the social, mocking the looming mountains and

¹⁷⁸Carole Rifkind, A Field Guide to American Architecture, (Ontario: Penguin Books Canada Limited, 1980), ix.

¹⁷⁹John Fleming, et al, . Dictionary of Architecture, 4th edition, (New York and London: Penguin Books, 1991), 465.

¹⁸⁰Ott, Fevered Lives, 90.

a potentially overwhelming sense of doom.

By 1907, the demand for space in Saranac Lake was so great that Dr. Lawrason Brown and others founded the Saranac Lake Society for the Control of Tuberculosis, to regulate the care of patients outside of the Trudeau Sanatorium. The T.B. Society, as it has become known, acted as a "clearing house" for TB patients who were, for a variety of reasons, refused admittance into Trudeau.¹⁸¹ The T.B. Society began officially registering cottages in attempt to regulate both the people and the structures. By this time, the cure cottage industry was well underway, and the landscape of Saranac Lake clearly defined.

Some cottages, like the Baker Cottage,¹⁸² re-named the Robert Louis Stevenson Cottage in honor of its illustrious inhabitant, were small-scale private operations working before the T.B. Society began registering. Although many small operations remained unregistered—operating outside of the legal strictures put forth by the T.B. Society even after this system was in place—most were larger in scale and operated more consistently.¹⁸³ Gallos estimates that almost

¹⁸¹Gallos, Cure Cottages, 17.

¹⁸²In the naming tradition of Saranac Lake cure cottages, cottages were named after builders (usually not architects) or cottage proprietors. Cottages located on the sanatorium grounds, however, were normally named after benefactors, or names were chosen by benefactors, i.e., in memoriam.

¹⁸³Gallos, Cure Cottages, 39.

98% of cure cottage proprietors were women and suggests that the majority were not necessarily home owners but most often rented the structures that became places of business.¹⁸⁴ (19)

The primary goals of the T.B. Society were: education; enforcement of protective sanitary measures (i.e. proper disposal of sputum); inspection and registration of cottages; regulation of the immigration of "hopeless" cases into the region; and maintenance of a Free Bureau of Information, which disseminated information ranging from availability of housing and help for the needy, to registration of nursing care. Gallos breaks down the typology of cottages as follows: unregistered commercial private sanatoria; registered commercial private sanatoria; rooming cottages; rented rooms with or without porch (which often provided basic services); boarding cottages (larger than rooming cottages) that offered high quality accommodations, food, and care; nursing cottages (which provided the most intensive care available outside of the san or hospital); "down" cottages for patients on strict bedrest and "trays"; "up" cottages, or boarding cottages with care, generally a mix of ambulatory patients and those confined to bed; paired cottages; special interest group cottages (i.e World War I Vets, religious groups); apartments for the tuberculous; cottages rented to health

¹⁸⁴Ibid., 19.

seekers; and cottages built for or owned by health seekers.¹⁸⁵

Caldwell describes the Blauvelt Cottage on Helen Hill, known in the local vernacular as "hemorrhage hill," as the ultimate in domesticity:

In the earliest surviving pictures, the Blauvelt Cottage is a conventional Queen Anne house, with the typical irregular floor plan, jutting wings, large windows, dormers, and a sweeping veranda, partly glassed in and appropriate for sitting out. In later photographs, the house balloons outward, acquiring more dormers and new porches (eventually six of the latter), and the house, though it has lost most of its Queen Anne character, has gained a homely and genial comfort. . . In growing upward and outward, the house and its neighbors have engaged themselves more intimately with each other and the street; houses that otherwise would have turned inward on themselves, concealed by trees and spacious lots, form a continuous streetscape, communicating with each other and the thoroughfare through their porches.¹⁸⁶

And the porches did talk. It was on the porches that casual and not-so casual liaisons were formed. Since people spent most of their time out-of-doors, relationships with porchmates came to define the curing experience. Mrs. Foidelli, who lived in the Childs (the infirmary) for three years, shared a porch with sixteen to twenty other patients:

The room had a wide door and the bottom opened up. The top was glass that opened. They would roll our beds right out onto the porch. The porch went all the way around the front of it . . . If the wind was blowing, snow would be on the bed. We loved it. We'd go in, in the morning, to have our baths

¹⁸⁵Ibid., 18-19.

¹⁸⁶Caldwell, Last Crusade, 139.

and our breakfast and [they] took your temp and everything, and then we'd be shoved out again.¹⁸⁷

Dr. Wolinsky described the cottages as such: "They had very comfortable rooms with easy access doors to the open porch and a community-type room where people could get together. And that's the way it was. It was very comfortable, nothing elaborate."¹⁸⁸

Despite the attempts made to house people according to personal interests and health status, tuberculosis often made for unlikely pairings-off: Richard Ray shared his porch with a baseball pitcher, a Philadelphia lawyer, and a self-proclaimed "mob" chauffeur.¹⁸⁹ Even Lawrason Brown concedes that the social aspect of curing may have outweighed the benefits of the "magnificent landscape:" "An attractive view is of considerable value, but many patients are willing to exchange it for one which presents the activities of life as shown by the passing crowd."¹⁹⁰

However, Richard Ray confessed, in a letter to his family, that the social imperative of curing could sometimes be trying:

And my porchmate, Mr. O'Hare, is getting a bit

¹⁸⁷Gladys Foidelli, interview by Ellen Damsky, 25 April, 1997.

¹⁸⁸Emanuel Wolinsky, interview by Ellen Damsky, 24 May, 1995.

¹⁸⁹Ray, Saranac, 9.

¹⁹⁰Brown, Rules, 76.

under my skin. He has intestinal tuberculosis and has been off his feed [sic] for 6 weeks. Every visitor who comes to see him is regaled by spirited recitals regarding the deadness of this place, the stupidity of the doctors, etcetera etcetera. Dunno as I blame him, though. He is 53 years old, now in his twenty-fifth month at Trudeau. and [sic] in bed a majority of the time. His pulmonary trouble finally cleared up not long ago and they now find out that he has intestinal trouble. Tough to take--but even if he has a good excuse for his belly-aching, I'll be glad to get to an 'up' cottage soon--'up and away.'¹⁹¹

Emulating Trudeau's concern with the "constant contact of strangers," the domestic and social aspects of the cure cottage were often the defining features. Perhaps the most impressive feature about both the sanatorium and the cure cottage industry was the emphasis on the individual and socialization of the individual into "cure culture." According to a pamphlet put out by the Trudeau Institute, "Care for patients of the Adirondack Cottage Sanitarium addressed much more than their physical needs. In fact, because of the lack of specific treatments for tuberculosis, these ancillary approaches were crucial to recovery. Three such approaches that Trudeau's sanatorium were, in today's terminology, psychological support, health education, and occupational therapy."¹⁹²

The cure culture was aggressively promoted by cottage proprietors in newspapers and magazines the world over. One

¹⁹¹Ray, Saranac, 24.

¹⁹²Trudeau Institute, A Century of Science 1884-1994, (Saranac Lake: Trudeau Institute)

advertisement reads: "A real home for the health seeker. Situated on the side of Pisgah Mountain-picturesque scenery. Easy access to town. Room with or without private porches. Home cooked food." Rothman refers to Saranac as a "sanatorium without walls,"¹⁹³ a sentiment echoed in an advertisement for the Hotel St. Regis in Saranac Lake which reads: "For Well People."

According to Rothman, there was a clear sociocultural division in the tuberculosis era demography of Saranac Lake:

Sanatorium patients were generally of a lower social class than those residing in the town. Not only were there the rich who set themselves off from others, but ordinary townspeople marked themselves off from the patients. As eager as they were to provide services and make their living from those taking the cure, they did not want to be mistaken for them. Thus, in the town's own terms, there were 'the pioneers,' as the original settlers were called, and there were those who came for a cure. The pioneers cultivated a manner of dress and social mores that bespoke prowess and robustness. They boasted of their hunting and fishing skills and hired themselves out as guides. It was not difficult to know who was who in the town: the rich taking a cure wore their coonskins, the locals, their pontiacs, and the rest, an assortment of sweaters and coats.¹⁹⁴

Within the context of Saranac Lake, the divisiveness among a populace fighting the same battle appears counter to the cure's fundamental tenets. Within the context of tuberculosis, however, the divisiveness was indicative of increasing stratification in the American city that was

¹⁹³Rothman, Living in the Shadow, 218.

¹⁹⁴Ibid., 222.

played out in a microcosm in Saranac Lake. Caldwell states that "All sanatoriums in the United States in the 1920s and 1930s were examples of miniature city planning."¹⁹⁵

Idealized simulacra, these cities were markedly different from the teeming, overpopulated metropolis that was coming to define urban America. Sanatoriums, albeit environs inhabited primarily by the very ill, harkened back to times that were not necessarily healthier, but certainly less crowded, less noisy, and more robust in terms of a visage of prosperity and expansiveness.

As Trudeau Sanatorium and Saranac Lake became synonymous with the American way of life, it followed that promoting guidelines about where and how one should live in order to maintain good health proliferated. In addition to strict laws such as prohibiting public spitting, disinfection, and more informal practices such as the wearing of white gloves, came the material accouterments that defined Saranac as a city dedicated to the ideal of good health. The idea of containment of disease within an open air environment required that tuberculars be housed, that the disease be contained within structures that allowed maximum exposure to fresh air even if patients were restricted, or virtually immobilized.

Tenements, on the other hand, were not only visually

¹⁹⁵Caldwell, Public Lecture, 1988.

unappealing, but the overcrowding and lack or absence of amenities such as running water made them hotbeds for the transmission of disease. As increased knowledge and understanding of the workings of infectious and contagious disease became an issue of public health and housing, the overcrowded urban tenements became the target of public health officials who sought to drive out and eradicate the "scourge," even if it meant, as it often did, the planned destruction of "unworthy" buildings.

In 1910 an article in the Philadelphia North American reported this interview from the Pennsylvania Society:

That unsanitary tenement houses are responsible to a great degree for the prevalence of tuberculosis in Shenandoah in the report from the State Tuberculosis Dispensary, established there about a year ago.

The following letter has been sent to the local health authorities by the Commissioner of Health:

'Your tenement houses in Shenandoah have been in such an unsanitary condition that they are a menace to public health, and are placing city high up in the list of tuberculosis centers. Therefore, I beg of you, to exert yourself in every way to see that the houses are better lighted and ventilated, and if you should fail to succeed with any stubborn cases, I would be pleased to have you report the names of the owners of the houses.'

¹⁹⁶

Whereas Caldwell suggests that photographs often hid more than they revealed about unsavory tenement housing, Wright suggests that photographs of "the deplorable conditions and human despair" provided the "impetus for slum

¹⁹⁶Price, Pennsylvania Pioneers, 235.

clearance. . .which destroyed existing, already overcrowded housing, [and] also put great pressure on every poor neighborhood."¹⁹⁷ Slum clearance had particularly dire consequences for areas that were perceived as fertile for disease:

Clearance had been authorized on health grounds in most American cities since the early nineteenth century and was carried out by the hundreds of units after the 1890s. Tenements with high rates of tuberculosis or other supposedly contagious diseases could be leveled, and the owners would be compensated. Officials saw the problem only in terms of dangerous environments, not as the lack of decent, affordable housing. According to a leading advocate, the New York architect I.N. Phelps Stokes, slum clearance supplied 'lungs for the poor' by replacing bad housing with parks.¹⁹⁸

However, this "solution" resulted in the temporary displacement of an already desperate populace: "Large numbers of poor families and individuals had to find new homes wherever they could, at whatever price and condition, while the owners of the razed tenements recouped their losses."¹⁹⁹ Reconstructed housing was required to meet the criteria of "sanitation, ventilation, privacy and order." The concurrence of the sanatorium movement with mass slum clearances places the advent of public housing within the rubric of social control.

¹⁹⁷Gwendolyn Wright, Building the Dream: A Social History of Housing in America, (New York: Pantheon Books, 1981), 131.

¹⁹⁸Ibid., 131.

¹⁹⁹Ibid., 131.

The architects, social workers, and housing-authority staffs earnestly wanted to improve the domestic life of the tenants by reinforcing certain habits, but they had little real sympathy or respect for those families whose economic situation brought them into these architectural experiments.²⁰⁰

Or, as Wright states emphatically, "The people who had no voice were those who lost their homes."²⁰¹

If the prescription was to travel and spend what might ultimately amount to years in places far from home, "home" was often tenuous. Many forced to moved from tenements and slums had nowhere else to go. The diagnosis of tuberculosis, and admission to Trudeau sanctioned by a physician, could mean the guarantee of a roof over one's head (albeit a cold one), and three square meals a day.

There were thousands, tens of thousands of tubercular people in New York who had to stay in the city. For them, Saranac Lake was an ideal, a place that through a great stroke of luck or whatever they might be able to go to . . . So what they tried to do in the cities was re-construct the outdoor life, reconstruct as far as they could . . . the way that they would live if they had to come up here to cure.²⁰²

In fact, as previously noted, many urban dwellers did attempt to recreate the outdoor life in their backyards, or in spaces that were large enough to put up a home-made or fabricated tent. Purveyors were quick to see the need, and collapsible tents became a popular commercial item for the

²⁰⁰Ibid., 232.

²⁰¹Ibid., 232.

²⁰²Caldwell, Public Lecture, 1988.

tenement-dweller. Thus, those unable to travel to the mountains to cure often vicariously experienced the sanatorium culture by leaning and/or sleeping "outside" with their heads protected by tents, while the lower half of their bodies remained inside.

For a city that was small in size, geographically remote, and whose "beneficent" atmosphere is more accurately described as severe, the impact of Saranac Lake and Trudeau Sanatorium was astounding. Mark Caldwell suggests, "the people who were living at the sanatorium were ill, but on the other hand, the sanatorium itself was like a model of all life, well or ill."²⁰³ That model transformed Saranac Lake from a sleepy wilderness village into an area whose entire culture was focused around the care of the tuberculous patient.

Out of Saranac Lake from about 1910 there poured an uninterrupted stream of literature to the nation at large. . . . Not only about the way to cure tuberculosis, but about the way a city should be run.²⁰⁴

Wright states that: "Sleeping porches and screened in 'sun-parlors' fit the specifications put forth for the 'sanitary house' of the progressive-era public health movement."²⁰⁵ Thus, the formalization of the "fresh air"

²⁰³Ibid.

²⁰⁴Caldwell, Public Lecture, 1988.

²⁰⁵Wright, Building the Dream, 141.

cure takes on a duality of form and function: the cottages provided a specific physical environs for curing and act as repositories for a philosophy that was played out vis-a-vis building materials and "rules for recovery."

Yi-Fu Tuan states that "the farther removed we are from home, the more our engagement with the environment tends to be conscious and visual rather than subconscious and multi-sensorial."²⁰⁶ The Village of Saranac Lake is characterized by large, rambling structures that can be viewed symbolically as an attempt to achieve a visual equilibrium between the vast and looming landscape with the individual experience of disease. The architect-designed houses, and houses built by carpenters and laymen were constructed to the specifications of disease and shelter. These structures offered protection of the private and public lives of their inhabitants, and did so openly and unabashedly. The cure cottages of Saranac Lake (many of which are now national historic landmarks), emerge as victors in an often lost battle against quotidian human experience and typical architectural patterns:

Great issues simplified themselves into bright colors; plain people felt at home there, resolutely shaking off the terrors and determined that the exile should not be an escape from the normal, but,

²⁰⁶Yi Fu Tuan, Space and Place: The Perspective of Experience, (Minneapolis: University of Minnesota Press, 1977), 113.

as far as possible, a reassertion of it.²⁰⁷

As is often the case with architecture, the cure cottages that are left standing today have been further renovated to fit the needs of their occupants. For a number of years, Historic Saranac Lake, the local historical society, has been engaged in cataloging houses that are believed to be cure cottages. Examples of architectural features that suggest that a structure may have functioned as a cure cottage are: dumb waiters, or other mechanical implements for moving food and supplies up and down stairs; width of doorways to allow for the movement of beds and chairs in and outside; presence of large windows, and floors that were slanted so that the placement of beds and chairs would be directed outdoors.

Ott states that: "Around the turn of the century the presence of a sleeping porch indicated respiratory problems in a family as clearly as if a marching band had been hired to announce it."²⁰⁸ These outdoor rooms, without discernable aesthetic or structural relation to the house, can still be found on houses in every town and city across the country:

The widespread addition of sleeping porches to houses points to a relationship to home architecture different from our own. Home owners tacked on these rooms without regard to aesthetics or the effect on resale value, and in the absence of zoning laws or building codes to prevent them.

²⁰⁷Caldwell, Last Crusade, 103.

²⁰⁸Ott, Fevered Lives, 91.

For these families, the situation was serious enough to alter not only their habits and hygiene but also the physical structures of their lives.²⁰⁹

Gallos suggests that the presence of cure cottages connotes more than bygone days of disease and uncertainty: "Were it not for those buildings and the concept that made them necessary, the village of Saranac Lake as we know it today would not exist, and historically, a community that was unlike any in the world would never have been."²¹⁰

Hotaling states that "In its constant evolutionary growth and change, the built environment at the Trudeau Sanatorium was a tangible expression of its experimental nature. Here architecture was inextricably linked with medicine as part of the treatment."²¹¹

The fresh air cure was a resounding success in terms of the magnitude of its followers, yet it was a cultural anomaly in that Saranac Lake flourished because of tuberculosis, instead of in spite of it. Fear and ignorance of tuberculosis often brought forth more destruction, i.e., the burning or tearing down of structures inhabited by those with the disease. Trudeau's sanatorium, and the innumerable village core cottages, on the other hand, represents a building-up. Homes, buildings, and institutions were

²⁰⁹Ibid., 91.

²¹⁰Ibid., 23.

²¹¹Hotaling, National Register, 8:8.

constructed as a means of containing and managing tuberculosis, and the attendant treatments, rest, fresh air, and good food unequivocally asserting the presence of disease on the landscape.

For many who inhabit former cure cottages today, tuberculosis is distant in both reality and memory. The large structures are expensive to heat and maintain, and many are up for sale. Historic Saranac Lake and the community have rallied together to document and preserve the buildings, many of which are now registered as national historic sites. Many more, however, have been lost to fire, neglect, and the decline of the "industry" that brought them into being. Thus, the rambling, oversized "cottages" that still stand in Saranac Lake bear testament to a treatment, that like its last inhabitant, was ultimately a victim of progress.

Chapter 5

"Chatting Hectically Against Time" The Sanatorium Culture

The culture of Saranac Lake, as it was defined by tuberculosis, would appear to be one of desperation, populated by those viewing mortality from an uncomfortable proximity. As a culture that coalesced from a strict adherence to order, it is not surprising that both a sense of order and the abandonment of applied convention were integral to the curing experience. The strict regulation of rules begged for those rules to be broken; it was often the rule-makers themselves that recognized the need to look the other way and sanctioned the formalization of communal distraction. The rules governing the sanatorium were maintained across the institution; but in independently run cure cottages, although patients remained in the care of sanatorium physicians, regulations varied. This does not suggest that cure cottages were looser in their adherence to the cure; in fact, several informants stated that cure cottage proprietors kept a closer watch on their boarders than sanatorium personnel.

Under the jurisprudence of Lawrason Brown, resident physician beginning in 1900, the sanatorium regime became firmly established. Although Dr. Trudeau was keenly interested in a cure regimen that would make assessment of

procedures and progress possible, Brown elevated the sanatorium regulations to a science. His booklet Rules for Recovery from Tuberculosis was distributed to patients upon their admission to the sanatorium. In 1919, Brown wrote:

The appearance of the third edition of this little book is perhaps an indication that it has proved itself useful now and again to some patient. If it has helped the conscientious patient to avoid blunders, so easily made at first through ignorance, but so apparent that any patient who knows the game, it has served its purpose. It was written primarily for the author's patients, for the mild and pleasurable excitement of human intercourse deflects at a thousand angles the train of thought, and many important details may not be sufficiently emphasized or may be overlooked entirely. It is not the author's intention that the book should be hastily read and laid aside, like the modern novel, but he believes that it should be read slowly, chapter by chapter, day by day. When it has been carefully read in this manner, he hopes it will be used as a book of reference, a hand-book so to speak, of the fundamental principles of the cure.²¹²

By 1919, those principles were firmly entrenched in the sanatorium culture of Trudeau. The booklet—close to two hundred pages long—covers all aspects of the cure, from diet, climate, and practice of sitting and sleeping outdoors to the transmission and containment of tuberculosis. In a chapter entitled "On a Patient's Day," Brown acts as the apologist for the regimentation of "training" put forth by the institution:

It may seem unnecessary to many to enter into such specific details as are mentioned in this chapter, but odd things occur. Some years ago a patient was

²¹²Brown, 1919, iii.

told he could walk ten minutes a day. He was very conscientious and strove to obey orders, but wishing to go to a certain place which required a walk of sixty minutes there and back, he saved up his exercise for a week and went! As the path to cure is steep and is paved with the stones of small details, it must be closely watched, as he who walks carelessly soon finds himself astray. The daily routine below is not to be blindly followed, but must service as a basis for a talk with the patient's physician who alone is in a position to order most successfully his time. This program has been found to be the best for the great majority of patients:

7.30	Awake. Take temperature Milk (hot if desired) if necessary Warm water for washing. Cold sponge.
8.00	Breakfast
8.30	Out of door in chair or on bed
10.30	Lunch when ordered
11-1	Exercise or rest as ordered
1-2	Dinner. Indoor not over one hour, rest if possible
2-4	Rest in reclining position. Reading, but no talking allowed Take temperature
3.30	Lunch when ordered
4.00	Exercise in prescribed amount
6.00	Supper
7.00	Out on good nights
8.00	Take temperature
9.00	Lunch and bed Once or twice a week a hot bath, followed by cold sponge. ²¹³

Richard Ray offers a more condensed version of daily life: "Dress for breakfast at 7:30, rest from 9:30 to 12:00. Up for dinner 12 to 1:30; Rest hours 2 to 4:30; Up for dinner at 6, Evenings listen to radio, write letters, play cards or talk until 10 pm.²¹⁴

²¹³Brown 1919 66-67.

²¹⁴Ray, Saranac, 16.

As weight loss was of serious concern, patients were weighed three times per diem and encourage to consume at least 2500 calories a day. Body temperatures were closely monitored, as elevation in temperature, like weight loss, was symptomatic of the active state of disease. Patients were forbidden to expel sputum—which contains high levels of transmittable tubercle bacilli—outside of personal sputum cups. Frequent hand-washing, close-cropping of facial hair (which potentially harbored sputum), and separation of eating utensils were familiar routines. Patients were encouraged to sponge-bath daily with hot water followed with cold sponging, and bathe completely twice a week. Close attention to oral hygiene, (including false teeth) was another preventative measure as infected teeth reduced the body's overall resistance to disease.

Adaptation to severe temperatures was another area in which patients were methodically instructed. According to Brown, "If he be properly clad and sheltered from wind, rain and snow a person may be quite comfortable sitting outdoors even when the temperature is twenty to thirty below zero."²¹⁵ Contextually similar to the institutionalized distinction between resting and curing, Brown clarifies the most effective method of availing oneself of the beneficent outdoors:

²¹⁵Brown 1919:68.

While the patient must be outdoors in all kinds of weather for at least eight hours daily, it should be borne in mind that open air does not mean exposure, and that to subject one's self to unnecessary hardships is not only foolish, but dangerous. A person should gradually accustom himself to the outdoor life, and should not stay out when chilled. 'Chilled,' however, does not mean that he merely prefers sitting indoors beside a fire. In being 'unfaithful to the cure'—that is, in staying in when he should be out—he is retarding his recovery and inviting more serious illness.

One should be so 'faithful to the cure' that his conscience will trouble him when he remains inside; in other words, he should develop an 'outdoor conscience.'²¹⁶

An "outdoor conscience," then, was more than curative, but preventative. Yet, patients were warned against the warmth and comfort of sunlight. Although tubercle bacilli quickly die when exposed to light and air (or outside of the human body), direct sunlight was considered harmful to the febrile patient.

Careful attention was given to protecting the skin and body from sudden changes in temperature. Because patients were encouraged to sit and sleep outside as much as possible, clothing that provided warmth but did not conduct heat was recommended.²¹⁷ Patients were discouraged from wearing heavy undergarments, but instead advised to don layers of clothing that could easily be removed to prevent overheating and its attendant chilling. Brown dedicates a chapter to the finer points of dressing for curing outdoors;

²¹⁶Brown 1919:68-79.

²¹⁷Brown, Rules, 70.

again, Richard Ray's condensed version relates modernization of materials as well as an altered economy of time and resources:

We all prepared in much the same way to sleep outside in cold weather. Under our mattresses we spread about a half inch thickness of a Sunday New York Times and on top of that a layer of heavy brown Kraft paper. Atop the mattresses were cotton flannel sheets, an electric blanket and two or three thick wool Army blankets under a white cotton spread. The entire sandwich was held together with horse-blanket pins and we crawled into it, clad in long underwear, wool socks, cotton parka and gloves.²¹⁸

Before Brown's tenure, "'curing' on the porches entailed considerable discomfort."²¹⁹ The rigor of Brown's rules may seem unusually harsh, but in theory, anyway, Brown "was particularly interested in helping patients to enjoy living on their porches in all kinds of weather."²²⁰ Brown is credited as the designer of the chair for sitting out and "curing," called the "Adirondack Recliner,"—currently enjoying renewed popularity in its incarnation as the Adirondack Chair—"characterized by proper body positioning, sturdiness and comfort."²²¹

Those that were confined to bed were rolled in and out of porches; the "Klondike Bed" helped ease the discomfort of

²¹⁸Ray, Saranac, 11.

²¹⁹Hotaling, National Register, 8:9.

²²⁰Ibid., 8:9.

²²¹Ibid., 8:9

cold temperatures and long hours:

We had, I'll never forget, we used to call them Klondike beds. And what a Klondike bed was that you put loads of newspapers under the mattresses so that the air couldn't get out. And then you'd put two or three blankets under that. And then you made the bed in a certain way, as if a sleeping bag. But you had blankets, and they [the patients] would get in between the blankets. Only way they really kept warm. When I went to New York to try my state boards we had both written exams and a whole day of examinations where you had to show them how to do certain procedures. One of the things they asked me was how to make a Klondike bed. I went blank. Because we didn't call it a Klondike bed. The fellow that was there giving the exam came over to me and he said 'you look very unhappy.' [I replied] 'Yes, there's a question here that I don't know what it means. If only I knew what you meant I would attempt to do it. But I have no idea what you're talking about.' He said 'Where were you a student?' I said at Trudeau. He said, 'you're the one we made the question for!' Well, then I knew what he was talking about. . . . Then I showed him how to make a Klondike bed, right from the beginning.²²²

The twice-daily allotted time for exercise in Brown's "Rules" suggests that patients were well enough to get out of bed. However, this schedule implies that the model sanatorium dweller was not severely debilitated. Lest one forget, however, that disease was always in close proximity, the thrice daily taking of temperatures surely reinforced that the sanatorium was a hospital and that one was indeed, ill. This was reaffirmed by the reality that patients "on exercise" could quickly be ordered back to bed if symptoms reoccurred or rules disobeyed, and the rules for exercise

²²²Reunion Tape, 1987.

(including walking) were prohibitive:

None if feverish
None if blood in sputum
None if loss of weight
None if fast pulse
Never get out of breath
Never get tired
Never run
Never lift heavy weights
No mountain climbing
Go slow
Exercise regularly and systemically
whether rain or shine
Walk uphill at start so as to come
downhill on return
Remember always that you will have to
return
Rest one-half hour before and after
meals.²²³

When well enough, patients were encouraged to partake in activities such as craft and jewelry making offered by the sanatorium workshop; many patients became proficient enough to sell their wares to the village shops and some found a life-long vocation. However, lines were drawn between activities that wiled away long hours but were viewed as too exciting and ultimately detrimental. Only the most progressive cases were allowed to partake in these activities; for most, simply reading in bed was considered too strenuous.

The sanatorium or "fresh air" treatment was considered to be most effective by those who "acquiesced" to the cure—learned to live with the constraints and dictates of the disease:

²²³Brown 1919, 101.

[Trudeau's] sanitarium shows the unconscious application of a fifth principal [in addition to fresh air, rest, good food and a well-regulated life]. It is, that each patient should be so environed and employed that he shall be contented at least, happy if possible, and drawn out of himself as much as possible.²²⁴

However, acquiescence challenged the limits of the physical body, ranging from horrifically disfiguring surgeries to drugs whose effectiveness was questionable. As well, the long-standing omnipresence of patent medicines, nostrums, as well as the prevalence of self-diagnosis and treatment challenged allegiances to the cure. Acquiescence, then, necessitated shift in authoritative stance; lay practitioner and professional could no longer occupy the same authoritative realm. At Trudeau, medical proficiency required a total surrender of the mind, body, and spirit to this authority:

In no disease is absolute confidence so important as in pulmonary tuberculosis—confidence of the patient in the physician, confidence of the physician in the patient. Each must look upon the other not as a master at a boarding-school, nor as a proctor at a university, nor again as a policeman in a large city, but each should consider the other as his personal friend, a friend to whom all his troubles can be imparted and halved, a friend with whom his joys can be shared and doubled. . . .²²⁵

²²⁴Brown 1907, 6.

²²⁵Brown 1919, 134.

Brown explicitly warns against the dangers of crossing over these boundaries:

I often ask patients if when they form a partnership in business they go about asking their friends who are ignorant of the business what they should do. Then why, I ask again, do they often seek and at times follow medical advice from laymen who may be and usually are totally ignorant of the condition of their various organs? Does such blind advice help either him who proffers or him who follow?²²⁶

Lawrason Brown's regimen lived on long after his death. In 1937, when Richard Ray was admitted to Trudeau, Dr. John Steidl presided over what patients rather fondly referred to as "Sunday School," formally known as the "Indoctrination course in tuberculosis."

[Dr. John H. Steidl] described the tubercle bacillus, how it was transmitted, how it was treated, what the statistics were on our chances for recovery (good), how many of us would break down a second time (quite a few), the mortality tables (sobering), the alternative to the rest cure (grim) It was sobering and certainly laid to rest any lingering thoughts that I might yet get to party in the snow that winter.²²⁷

At the 1988 reunion of the Trudeau Sanatorium, patients recalled Steidl's "Sunday School:"

Okay, he said, this is why you are here. This is what we know about tuberculosis. This is what we can do for you. Most of it you've got to do for yourself. And boy, when you hear the statistics. How many of the group of eight are going to be dead in five years.

I think his numbers were 30% would be dead,

²²⁶Brown 1919, 132.

²²⁷Ray, Saranac, 17.

one-third would stay well, and the remaining third is up to you. You could be one of those. That was the most basic education I've ever seen. I worked for the National Tuberculosis Association and all we were doing was patient education and public education, but Dr. Steidl's lecture was very effective.

I think everybody remembers John Steidl's Sunday School. When you were fresh and new and hungry for information he spelled it out. But he did it in a kindly way. But it was so clear. It wasn't something you had to wonder about. The course of action had to be very simple and very straight.²²⁸

"Rules for Recovery" extended to the town as well. The mid-afternoon quiet hour was honored throughout Saranac Lake--radio went off air, and although businesses such as local pharmacies remained open, no deliveries were made during rest hours. As Dr. Bernstein remembers:

One of the most interesting memories I have is of the two to four [o'clock] rest hour in Saranac Lake. Every child knew you couldn't yell, you couldn't play, you couldn't scream. You had to whisper on the streets. We'd go out on our bicycles, but we couldn't yell to each other. Somebody would say "Hey, this is rest hour!" It was like it was sacred. The police would be listening to see if everything was quiet. Everything had to be absolutely quiet. No horn blowing. The rescue squad and the fire department wouldn't even ring the sirens, as I recall. The quiet was so important. As a child, having my father in the house, I was always kept quiet. It was always, "shh." I think it had an effect. I never learned to yell very well.²²⁹

In the 1920s, Saranac Lake roared with the rest of America. Because of its proximity to the Canadian border,

²²⁸Reunion tape.

²²⁹Emmanuel Bernstein, interview by Ellen Damsky, 3 June 1998.

the village was a hotbed of illegal border activity during prohibition, developing an underground, speakeasy culture that was characteristic of urban centers across the country. Although Saranac Lake was home to a healthy number of local taverns, the "roaring twenties" gave rise to a culture that perhaps matched the indomitable spirit of many of Saranac's residents. The residents of the "magic mountain" aggressively sought alternative means of producing and procuring alcohol during the era of prohibition. Taylor states that "Saranac's shift from work to play accompanied two historical circumstances: the proximity of the Canadian border, which made the village a haven for bootleggers once prohibition arrived, and the abrupt upturn in tuberculosis cases accompanying the First World War. . . .The decade's hectic changes had three sources: the health industry, outdoor recreation, and booze."²³⁰

The unlikely blend of this triad was—to even the most zealous adherence to the cure—a salubrious salvation. It does not take a terrific stretch of the imagination to understand why patients would want to escape from the sanatorium, however briefly, and enjoy an evening "off." The tuberculous residents of Saranac Lake vastly contributed to the country's thriving underground culture and economy. As Mooney describes, "Saranac in the twenties was a hard-

²³⁰Taylor, America's Magic Mountain, 147.

drinking, two-fisted town with a to-hell-with tomorrow psyche."²³¹ During rest hours, for example, everything in the village closed down except for the pharmacies--and the bars--popular meeting places for people "on exercise." There were also, of course, the nights:

One young man arrived and promptly won the reputation of being the best-behaved patient ever to come to town. He not only seemed to sleep all night but slept soundly all day, from early morning until dinner. A doctor, returning from a meeting in Montreal after midnight, stopped in a bar in Plattsburg to find the 'good' patient raising Cain in the barroom. The young man admitted that he could not stay in bed at night. He waited until dark, then took off every night, to return about 6 a.m. and get in some sound sleeping.²³²

The most visible means of celebration at Saranac Lake is the Winter Carnival, instituted and implemented by the tuberculosis industry in 1898. Similar to the culture from which it was born, the Saranac Lake Winter Carnival (the site of the first American winter carnival) was a ritualized and regulated time of transformation--a ritual of inversion. Although barriers between what was often referred to as "the town and the gown" (the residents and doctors) were somewhat abandoned during this time, the carnival was not a masking and transformation of a stigmatized identity, but a celebration of that identity on public display as a unique and substantive culture.

²³¹Mooney, In the Shadow, 30.

²³²White, Adirondack Country, 174-5.

The idea for the Winter Carnival evolved when a Mr. E. R. Young publically advocated outdoor sporting facilities for a rapidly growing village.

Therefore in November, 1896, a number of gentlemen assembled at the Rectory and organized the Pontiac Club, the purpose of which is shown in the following passage from the constitution: 'the object of the club shall be the promotion of outdoor sports and games, and the encouragement of social intercourse.' "²³³

Initially, club membership was limited to fifty, the breakdown of whom, Young (the club's secretary) was "gratified to note," was about "equally divided between the permanent residents of the village and those who are here but temporarily." "²³⁴

The original plan of the Pontiac Club, counter to the sacrosanct, contemplative leisure in the mountains, was to replicate the benefits of sports as they had been promoted in urban centers. Perhaps more important, while the wilderness was the prescribed antidote for a variety of modern ills, apparently nature's raw beneficence and beauty had its limitations.

Until its conception, Saranac Lake had no special permanent feature other than its natural resources to appeal to those in search of pleasure, and when we remember that many of our guests have come from large cities where amusements and recreations are many and of every variety, the responsibility is

²³³Adirondack Enterprise. Souvenir Edition. Pontiac Club Carnival (Saranac Lake 1898), 2.

²³⁴Ibid.

upon us to do all in our power to make their temporary home with us a pleasant one.²³⁵

Dr. Trudeau was on the board of the carnival, and it was often from the porch of his house that the carnival's parade floats were launched. The carnival, still held every year, typically takes place in February, and although the dates have never been fixed, it always occurs in the winter. Thus, many of the activities then and now have revolved around winter sport, i.e., ice skating. Competitions such as a "fancy skating contest," a mile-long cross country snow shoe race, and backward high jumping on skates are examples of the types of sport one could look for year after year. The carnival's first day was marked by a parade, featuring floats entered by the sanatorium and doctors from the many village cottages. The parade was a strictly grown-up affair, not meant to entertain the local and visiting children, but to celebrate outdoor sportsmanship. The parade engaged everyone, from cottage proprietors, sanatorium physicians and nurses, to local business people, and, of course, the patients.

At ten-thirty on the morning of January 27, [1920] the grand parade began forming on Broadway, just south of the firehouse. To a casual eye it might have looked like any small town's festive gathering; the Marshall, Miss Kathy Lavallee, led it, followed by the newly crowned Carnival Queen and the Saranac Lake Businessman's Band. The Fire Department contributed a float portraying Peace and Liberty, the W. C. Leonard Company sponsored a

²³⁵Ibid.

Russian Sleigh, the Knights of Columbus marched as Dixie Minstrels. There were a Horsemobile, a Chariot of Jupiter, an Old Time Adirondack Hunting Camp; A. Fortune and Company, the leading embalmer, displayed, perhaps inopportunately, 'The Result of a Day's Hunt in the Adirondacks.'²³⁶

Caldwell gives the following description of the path the 1920 parade took and the events that followed:

The parade wound down Broadway to the shore of Lake Flower to the Riverside Inn, where most newly arriving patients stayed, and where they were met by the welcoming committee of the Anti-Tuberculosis Society. Then it turned up Church Street, passing the house where Edward Livingston Trudeau had died five years before (and where, half a century later, his grandson Frank was still practicing medicine), finally dispersing at Berkeley Square. In the festivities that followed, consumption branded no one; visitors and residents, doctors and patients, the healthy and the tubercular--all mixed indiscriminately. There was a fancy-dress skating carnival for adults that evening beneath the floodlit Ice Palace, and an indoor ball afterward. On Saturday there were sports competitions, more skating, another ball. Sunday the celebrations culminated with a grand finale, 'The Storming and Defense of the Ice Palace,' and a fireworks display. In between there were hayrides, trips on sleighs decorated with fresh flowers, costumes, flirtations, romances. Invalids, children, burghers, and visiting sports competitors trudged companionably through the hard-packed snow in the streets (plowing them had been given up as futile), their costumes sometimes fantastic but their footwear always sensible--three or four pairs of home-knit wool socks, shoes, and overshoes.²³⁷

According to long-time Saranac Lake resident Mrs. De Sormo, "everybody" in Saranac Lake decorated their houses:

²³⁶Caldwell, The Last Crusade, 127-128.

²³⁷Ibid., 128-9.

"If a house had a coat of paint, they decorated."²³⁸ Many decorated with branches of balsam from the sweet-smelling tree believed to possess healing powers.

Richard Ray's depiction of the Winter Carnival of 1939 suggests the aggrandizing of a tenuous reality. Ray's photographs and notations feature "The Dictators"—Stalin, Mussolini, and Hitler—a parody on the authoritative influence of sanatorium officials.²³⁹ Caldwell gives the following example of a play performed at Trudeau: "One vaudeville evening at the Trudeau Sanatorium, 'Microbial Merriment, Or the Bassillies of the 1925,' was praised by the Adirondack Enterprise, Saranac's leading newspaper, as a 'riot of fun.'"²⁴⁰ The overt parodying of the sanatorium culture gave the patients a formalized forum in which to publically exceed boundaries. For those that were able to maintain a level of acquiescence for much of the year, Winter Carnival provided an outlet to rebel against those on the "outside" of the Saranac Lake culture who colonized them in the "City of the Damned."

One of the most compelling aspects of the carnival was the "storming of the palace," the destruction of a palace made of ice. A description of the fortress (designed by a

²³⁸Charlotte De Sormo, interview by Ellen Damsky, 25 July, 1995.

²³⁹Ray, Saranac, 80.

²⁴⁰Caldwell, Last Crusade, 131.

prominent local architect and superintendent of construction) has the fortress standing at 50 feet high and 100 feet wide: "When illuminated, [the ice palace] presented a very beautiful and imposing appearance."²⁴¹ The storming of the palace is essentially an assault; an event that has tempered over time, it remains war-like in its origins. However, the fortress is never really captured, nor does it always fall: "Several years the wall did not finally fall until late in the month of May. And the carnival is not over while the fortress stands."²⁴²

The storming of the palace, at its inception, was reliant on local enterprises who seemingly teamed up against more independent "locals," such as guides. "The sanitarium, the fire companies, and the high school against the Adirondack guides, or 'sure shots,' 'armed with Winchester rifles, sky rockets, roman candles, and other deadly weapons:'

Attacking parties approached with Roman candles, defenders replied with rockets and bombs and for a short time there was a brilliant display of fireworks.

Then the trumpet sounded the charge, the long line dashed forward through the snow banks to the door of the palace, and the last of the fireworks were discharged. The battle was over and both sides seemed to have won, a result unique in

²⁴¹Centennial Committee, Saranac Lake: A Centennial 1892-1992, (Saranac Lake: Centennial Committee, 1992), 2.

²⁴²The Northern New Yorker, Carnival Edition,: II (Saranac Lake Carnival, 1907), 2.

warfare and due no doubt to the unusual military talent displayed by all concerned.

Our carnival, how proudly we speak it, well it was ours, and was by far the best and prettiest carnival ever held; for are we not assembled here from all states in the union; and who among us ever saw a prettier?²⁴³

As Mrs. De Sormo describes:

All the winter carnivals were outstandingly wonderful. Wonderful, wonderful. The floats that they had. Tons and tons and tons of them. It would be a whole day of parade and never the same float twice. And magnificent cups given as awards so that you had something to work for. . . Oh god it was glorious.²⁴⁴

The Carnival was the most prominent feature of the ritualization of illness as celebratory, but by no means the only example that residents of Saranac Lake found avenues through which they asserted control over their constituent identities. From the vantage point of health, the idea of an outdoor parade, sponsored by and featuring people suffering from an incurable disease, is an awkward context in which to think about celebration. However, if communal celebration on a large scale was reserved for the annual winter carnival, the formalization of an entertainment with tuberculosis at its center was familiar and sanctioned by the community:

The temptation to gloom provoked in Saranac, as it had in the sanatorium movement, a countervailing

²⁴³Adirondack Enterprise, Souvenir Edition, Pontiac Club Carnival (Saranac Lake), 1898.

²⁴⁴Charlotte DeSormo interview by Ellen Damsky, 25 July 1995.

determination to preserve good cheer at all costs. But here it became not merely a therapeutic fiction but a matter of civic pride, finding its way into the publicity issued by the Chamber of Commerce, and eventually becoming part of folk memories of the tuberculosis era. Nostalgia and affection are the dominant themes in the recollections of ex-patients and citizens who lived there before the Depression, and even afterward. It was lively, they insist, its optimism not merely brave pretense but the natural high spirits of a boom town. The sanatoriums were not merely hospitals or even sources of steady employment; they were thought of as cultural resources, and their frequent entertainment for [patients and guests] were regarded as public theatrical events, worthy of attention by the local newspaper critics.²⁴⁵

Saranac Lake's entertainment industry was a profitable and thriving one; the wealthier "clientele" brought with them a desire for both health and appetite for city amenities. Similar to patients from other walks of life that cured either at Trudeau or one of the village cottages, and then stayed on, many entertainers spent time curing at Saranac. Theatrical agent William Morris, who went to the Adirondacks for his failing health, maintained a camp nearby and was instrumental in bringing many performers to participate in sanatorium benefits. The National Vaudeville Artists Association maintained, as part of their mission, several cottages in Saranac Lake for its members. A Main Street theater boasted both "talkies" and live acts. In 1929, Ed Casey founded a summer stock company called the "tent theater" or Adirondack Summer Theater, whose site was

²⁴⁵Caldwell, Last Crusade, 130-131.

also used by other organizations such as the Barnum and Bailey Circus. Typical of many that came to cure at Saranac, Casey met and married a local woman. Between 1913 and 1917, during the boom times of gold rush films, a studio set up in town enjoyed a fair amount of success.²⁴⁶

According to Taylor:

The village streets were paved and lit by electricity; taxi stands conducted a brisk side trade in bootleg liquor; and the Fox Pontiac and the Colonial theatres book vaudeville acts as well as motion pictures. . . .The movies often included local landmarks. Directors of early adventure films found Saranac an ideal location for stories with arctic backgrounds like The Call of the Wild, or for cliffhangers like The Perils of Pauline. . .

²⁴⁷

Because most patients spent their days confined to bed, organized activities were elevated to the status of important social and cultural events. Rothman describes how the anticipation of movie night took on larger-than-life proportions:

The weekly movies became the occasion not only to watch a fantasy but also to play it out. The event was naturally the highlight of the week--'looked forward to eagerly,' remembered one patient, for it helps 'to make the time pass more pleasantly.' Women reported primping for hours before the movies, putting on makeup and curling their hair; the men shaved for the occasion. If the sanatorium allowed it, street clothes were worn, and if not, then clean pajamas and robes. 'The most amusing situation was the first movies,' one patient reported. 'Being one of this strange, intimate

²⁴⁶Lynn Woods, "When the Night Was Young," Adirondack Life, XXV 5 (1994), 42.

²⁴⁷Taylor, America's Magic Mountain, 34.

audience—garbed in robes and slippers. . .and chatting hectically against time—created more of an impression than the picture itself.' Indeed, the only rival to the movies was the occasional dance for patients almost fully recuperated. The event was so good for morale that bed patients were sometimes allowed in as well.²⁴⁸

Although the duration of confinement varied from patient to patient (two years was "average"), for Isabel Smith, the twenty-one years she spent curing at Trudeau took a toll on more than her physical body, but her image of herself as a social being. For many who became so accustomed to the highly regulated life of the sanatorium, a social event was such a dramatic reversal that it became an occasion for self-doubt and even panic:

Trudeau's Green Book covers just about every rule for sanatorium behavior—but it says not one word about parties. I was so accustomed to being told what to do, and how and when to do it, that I felt unsure of myself when I was on my own. And so it was that, as I approached the crowd of visitors and patients, all tricked out in high heeled mules and trailing a satin negligee, every breath I drew seemed to roar in my ears and my hands were clenched damply together. I noticed many other faces flushed and tight with strain. . . .²⁴⁹

Smith's trepidation, more pointed because she spent an unusually extended period of time confined to bed, nonetheless brings forth the reality that the "typical" social event most often occurred within close proximity to the patients. In other words, the social life of patients

²⁴⁸Rothman, Living in the Shadow, 238-239.

²⁴⁹Smith, Wish I Might, 128.

often did not involve patients leaving their beds; instead, birthday parties, courting, and visits by other patients or "outsiders" often occurred bedside:

My thirty-first birthday came along—even more festive than usual. That evening, as I sat alone enjoying the many presents I had received, (I was never showered with so many gifts as during those years in bed), my door opened suddenly, disclosing Dr. Trudeau and his 'bride' [wife] as he used to call herNot only did they set a big birthday cake before me, twinkling bright with candles, but also a little bottle of champagne.

I bit down into my slice of birthday cake and my teeth came down hard on a metal object. A wedding ring! For me! I did not know whether to laugh or cry. But there was really no choice, for Dr. Trudeau was at his best that night, full of jokes and rollicking tunes on his harmonica. There was hardly enough champagne to tickle our noses, but we didn't need much outside help. By the time my visitors finally tiptoed down the quiet hall we were exhausted with laughter.²⁵⁰

Smith, who eventually married (at the sanatorium), illustrates the extremity not only of daily social interaction, but the rites of passage delineating the boundaries between the healthy and the ill. Speaking of her wedding day, Smith notes:

Right on the dot, Dr. Trudeau's familiar voice boomed along the corridor. In another moment my room became a babble of greetings and happy exclamations. Charlotte and Ed Streeter and Helen Anderson had been popping in to see me from time to time for the last twenty years. They had laughed with me, sympathized with my woes, shared my hopes and worried over my problems. But this—my wedding day—was the first time they had ever seen me out of bed!²⁵¹

²⁵⁰Ibid., 129.

²⁵¹Ibid., 209.

Not surprisingly, "close contact with strangers" often translated into the blossoming of romance—yet the very possibility of romantic coupling was frowned upon institutionally and viewed as in dangerously opposition to maintenance of good health. Smith's autobiography (that depicts her life-long collaboration with tuberculosis), is one of romance blooming and, like tuberculosis, being "chased" away. She, like many others suffering from tuberculosis, realized that the illness precluded any realistic ambitions toward marriage and children. When confronted with the possibility of a "normal" married life, she "reminded" her future husband that "neither my heart nor lungs were much good. That I might never be able to get on my feet."²⁵² The two did eventually marry, after receiving "Dr. Trudeau's unwilling consent."²⁵³

During the years of Smith's confinement, she and Trudeau had established a close friendship, and although she was sure that he would have reservations about her impending marriage, his reaction came as a surprise:

It was April 18, 1947, when we became engaged. I wanted to tell everyone immediately, but Dr. Trudeau came first. I phoned him. 'Come up,' I pleaded. 'Come up in a hurry. Please!'

When he appeared at my door, he only needed to take one look at my radiant face to know that this time I had been dealt a winning hand.

²⁵²Ibid., 183.

²⁵³Ibid., 189.

'I'm going to be married!' I cried, catching his hand in mine.

There was silence. I looked up with a sinking heart. Why wasn't he whooping with delight? Instead he looked pale and there was alarm written in his face—as if I had pneumonia instead of a fiancé.

'When?' he barked.²⁵⁴

Like Smith's other friends, her fiancée, Court, "of course, had never seen me out of bed—a somewhat paradoxical situation:"

He was engaged to marry a woman without knowing if she was short or tall, bow-legged or knock-kneed or indeed if she had any legs at all. It seemed to me that the least I could do was to supply him with a few overall dimensions.

Five feet five and a half inches tall; on the way up from 100 pounds; feet size eight and a half and narrow, long legs and a short waist. So far I added up to much the same total as any other woman. But there was something else I felt he should know and I could not bring myself to mention it—those long incisions and the deep hollow in my back left by the loss of eleven ribs. I dreaded the day when he would see how much of me was missing.²⁵⁵

Smith's narrative brings forth the terror of forming alliances traditionally sanctioned beyond the sanatorium walls. Here, the possibility of marriage strained the normative structure of rules, rules, rules. Where even a relatively uncomplicated social event, such as seeing a movie, had staggering implications, the magnitude of adapting to a social environment where intimate social relations were strictly monitored and forbidden was the

²⁵⁴Ibid., 187.

²⁵⁵Ibid., 188.

omnipresent paradox. Out of this masking of human emotion emerged a practice that became known as "cousining"—a romantic relationship between two patients.

Oh! Yes, I've got a cousin
(it's the proper thing to do)
We've all got one relation
And some I know have two;
If you haven't, after supper,
Just you linger round the door,
You may find a long lost cousin
You have never met before²⁵⁶

For many who left healthy husbands and wives behind, the severity of the strain translated into cousining. A code word for extramarital relationships formed while curing, cousining was incited by the combined influence of the shared experience of disease and the all-too-often attendant rejection of the diseased spouse by the healthy one at home. Many marriages collapsed under the strain of tuberculosis. As Elizabeth Mooney, whose mother spent several years curing at Saranac, relates, "I remember my father only occasionally eating with us children. He was married, but he was not married."²⁵⁷ For those that were bound by matrimonial vows, the train station at Utica, New York (a major upstate intersection), was the place where those vows were unofficially, but ritually, abandoned.

The incidence of cousining at Saranac Lake, was, in the early 1900s, considered almost a predilection of the

²⁵⁶Journal of Outdoor Life, 1 no. VII August (1904): 68.

²⁵⁷Mooney, In the Shadow, 54.

symptoms of tuberculosis:

The consumptive is rather more prone to sexual excitement than the average normal individual, wrote John Bessner Huber in Tuberculosis, published in 1902, and enumerated the contributory factors: many hours of enforced idleness, nervous tension, the erethism of high temperatures, and occasional superabundant sense of well-being, the philosophy of carpe diem, and the erotic consequences of warm baths. Huber neglected to cite the caressable proximity of the opposite sex. Languid hours spent together (Dr. Hugh 'Keep Them in Bed for a Year' Kinghorn placed absolute confidence in rest) doubtless accounted for Saranac's unusually high ratio of marriages and divorces.²⁵⁸

Richard Ray's cousining experience more explicitly illustrates the complicated conditions. "I thought of it as a goal to reach as soon I could get well enough to get down the hill to meals and back up again without exhausting myself."²⁵⁹ Intact, of course, were the rules: Under the title "The Sexes and How They Lived," Ray writes: "In a word, they lived APART most of the time. East was girls and West was boys and the twain met only at mealtimes, at the movies and once a week on Saturday evening when permitted to visit the other sex's solarium for a couple of hours. This was know as going "Over the Top."²⁶⁰ Ray, nonetheless, managed to at least attempt to secure a cousin:

I was delighted by this tradition of cousining and spent almost the entire nine months trying to establish a relationship with a New York girl of

²⁵⁸Taylor, America's Magic Mountain, 155.

²⁵⁹Ray, Saranac, 15.

²⁶⁰Ibid., 25.

some sophistication and gusto who seemed as interested as I but through a series of unfortunate coincidences we never seemed to be able to achieve 'up' status at the same time. I would be sick, she was doing well. I recovered just as she took to bed with fluid.²⁶¹

Ray's timing eventually improved, but any hopes for consummation met with constant interference from the ever-present cha peron: tuberculosis.

My cousin-to-be and I met within a couple of weeks after my arrival and soon both got passes [official permission to leave the sanatorium grounds] to go out for a movie and dinner with a stop at Downing and Kane's for something alcoholic to speed the process of mutual discovery. After which we came back to the sanatorium in a cab through the snowy night—and since she was on a more vigorous exercise program than I, she took me home. I invited her in and insisted that she was welcome to share our Asiel accommodations for the night, but she insisted right back that it would be wiser if she kept her overshoes on and took them off in her own cottage and let our temperatures return to normal.²⁶²

Certainly a tryst in a hospital bed surrounded by others in hospital beds acts as a moderator for even the most ambitious ardor. For many sanatorium residents, cousining was something of a spectator sport that others engaged in. For those residing in the village, depending on the strictness of the proprietor, cousining appears to have been easier because of the proximity of places they could go. "The people in town of course, they just had to go out the front door and walk around. And a lot of them spent

²⁶¹Ibid., 15.

²⁶²Ibid., 15.

time at the bars, obviously, there was a fair number of bars around at that time that catered to people that wanted to drink."²⁶³ Since the sanatorium was set away from the center of the village, many "illicit" social activities—which could mean simply staying in town longer than was allotted—occurred during the daytime, when passes were given out for a variety of reasons. This type of excursion did not always involve a cousin, and sneaking out of the sanatorium was not only widespread, but a ritual that marked those as member of a group.

Mrs. Foidelli describes her experience with being allowed to go into town with a group for x-rays:

When we went for an x-ray, it was usually a group of us that went. Four or five of us. They would want to go downtown too, to get things from the drugstore, maybe some things from the five and dime. And then we'd take the cab out, and for the dime you'd go all the way to town. They told me the first time I did it, 'you can't go back because they'll know we're through. You have to go to town with us.' And I was feeling sick from the PAS yet. So I said, 'well, you'd better leave a window down.' This was in the winter. I was sick from the PAS. I did get dressed. They told me to stuff my pajamas into my boots and I had a muskrat coat that I put on over my pajamas. So I had to go to town with them. And then I went into the dime store, and I went into the drug store, and I kept my coat closed. And then they wanted to stop and have a hamburger at one of the taverns. So we stopped, I went in. I had a hamburger too, and french fries. Heart attack on a bun I guess they'd call it today. And then we went back to Trudeau. They thought we just got done. We all came back together. That was a trip we took any

²⁶³Emanuel Wolinsky, interview by Ellen Damsky, 24 May, 1995.

time we had x-rays.²⁶⁴

Key players in these excursions were cab drivers or delivery boys, who not only escorted patrons to places they shouldn't have been going for nominal fees, but could often be counted on to deliver forbidden goods into the sanatorium.

There were lots of times you did errands for them. They'd call up, they'd want maybe a bottle of booze down the street. I never got any static.²⁶⁵

We used to send out for pizza if we didn't like what we were having for supper. We'd find out ahead and we'd send out for pizza. And we'd get a quart of beer, wine. They didn't know. We used to stick it in the back of the toilet, keep it cold, flush the toilet a few times, you know. The water would be ice cold. We used to know the man that ran the taxi.²⁶⁶

As Mrs. Baybutt, a former patient, recalls:

In my rounds of the Sanatorium I noticed that the quart bottles of mouthwash issued by the staff stood in every patients' room, but instead of mouthwash each bottle was filled with whisky. I became annoyed at the sleazy way everyone was forced to have their little fun cocktail, so I decided to show how a PROPER COCKTAIL PARTY should be handled.

I hired a bartender, bought several bottles of alcoholic beverages, made finger sandwiches, dip and vegetables, fruit, and all the makings of a nice cocktail party and set it up in the living room of Blumenthal Cottage. I sent out proper invitations--right through the Trudeau post office and invited EVERYONE.

EVERYONE came and we had a nice fun time

²⁶⁴Gladys Foidelli, interview by Ellen Damsky, 25 April, 1997.

²⁶⁵Madden, interview by Ellen Damsky.

²⁶⁶Gladys Foidelli, interview by Ellen Damsky, 25 April, 1997.

party—just as I would have done in my own home. After the party ended Dr. Roger Mitchell came knocking on our door and announced that I was violating the rules and would have to leave Trudeau. But they arranged for me to move just off campus to a rest home near the Trudeau gate and I would continue to be under the care of the Trudeau staff and participate in all activities but I just couldn't LIVE on the grounds.²⁶⁷

What is telling are the lengths Mrs. Baybutt went to unmask ritualized masking; masking here becoming the means—instead of the ends—of celebration. It seems that a good deal of the fun of a night on the town was the process of covering-up; those who were successful in their escape were then able to leave the mask behind. For instance, the employment of the cabbies and the "getaway car" figures prominently in many recollections, often more so than the events themselves. As Dr. Wolinsky, remembers:

The people downtown, of course, moved around town very easily because they didn't have to have any transportation. There was actually a little station wagon-type bus that wended its way between the sanatorium and the town—maybe a mile and a half—it went back and forth so you could take that. There were two or three taxi companies in town. One especially that I'll never forget is Andy ----- . We got to be very friendly with him and his wife, who helped my wife learn how to cook. Andy ----- was a great big man; friendliest bear of a man. He only had one eye. I forget how he lost the eye, but he drove an old huge Packard that creaked its way up and down. Very comfortable. We would call Andy when we needed a ride into town. And sometimes in the evening, after hours, he would help us sneak in. Take us in the back way. Andy was absolutely one of

²⁶⁷Arlene Evans Baybutt, 3 December, 1998, Personal Correspondence.

the family.²⁶⁸

Mrs. Foidelli describes a common practice among patients:

You know what they used to do. I never did it because I always got a pass if I asked and they knew I wasn't eating. You got weighed once a week. They used to put a roll of quarters in their pockets to make it look like they gained a couple ounces. So then they'd ask for a pass. If their weight was okay they'd get a pass.²⁶⁹

However, Mrs. Foidelli noted that passes were given out "even if you stayed the same,"²⁷⁰ an example that the fun was often in the deceiving. Evelyn's (a Ray Brook patient) diary exemplifies the conflict of temporarily freeing oneself of tuberculosis by deception: "I broke a temp-stick to-night. Miss Martin tried to blame it on _____ but I told her it was my fault. I hope I acted as a Camp Fire Girl should."²⁷¹ Thermometers, the tell-tale measure of the febrile state of the tuberculosis, were the focus of a good deal of tampering, such as shaking them down when the nurse's back was turned, to give a false reading.

Evelyn's diary offers an insight into the frustration of abiding by the rules:

²⁶⁸Emanuel Wolinsky, interview by Ellen Damsky, 24 May, 1995.

²⁶⁹Gladys Foidelli, interview by Ellen Damsky, 25 April, 1997.

²⁷⁰Ibid.

²⁷¹Evelyn Bellak, Diary, 147.

Gee, for the way I stay on the cure and don't run around, I certainly ought to get well. Instead of that, I'm coughing all the time. I'm sure I can't imagine what's wrong with me.²⁷²

So even the "Camp Fire Girls" were not guaranteed that good behavior paid off.

Alice Ridenour Wareham states "these people came to regain their health and were always referred to as tuberculosis 'patients,' never ever [emphasis hers] as 'victims.'"²⁷³ At Saranac Lake, the perception of the patients, and tuberculosis, confounded notions of disease containment and stigma. Patients were well-versed regarding their own care, and although they often ventured outside the confines of imposed rules, or simply ventured outside, they were all too aware of the possible consequences. To be referred to, or perceive themselves as victims was not akin to the cure's ideology. Partaking in activities outside of the strictures of the cure undoubtedly enabled patients to feel less like victims.

To further complicate an already paradoxical situation, many patients that were allowed exercise were depicted as supranormal, particularly those that engaged in what appeared to be rigorous outdoor sport. Many images associated with curing display a robustness uncharacteristic

²⁷²Ibid.

²⁷³Alice Ridenour Wareham, Personal Correspondence, 6 June 1998.

of the ill: "[magazines show] pictures of tubercular patients bird-watching, picnicking, sleigh riding, even sledding."²⁷⁴ The image of health was so resplendent that Mooney states, "It was a popular saying that you couldn't tell the ambulatory patients from their visiting relatives except that the ones who looked most healthy were likely to be the consumptive."²⁷⁵ Barbara Myerhoff stated that "Cultures are, after all, collective, untidy assemblages, authenticated by belief and agreement, focused only in crisis, systematized after the fact."²⁷⁶ The formalization of the tuberculosis culture in Saranac Lake suggested that health and illness were largely a result of cultural patterning. From the very beginning, the separation of Trudeau's patients from the outside world clearly established separations in ways of envisioning health and sickness.

Trudeau's sanatorium was more than just a place to get well: it was a place where under the scrutiny of ever-watchful eyes, close co-habitation with strangers became the norm, a place where one reordered former life patterns and world views in relation to health and disease. Trudeau was

²⁷⁴Mooney, Living in the Shadow, 12.

²⁷⁵Ibid., 43.

²⁷⁶Barbara Myerhoff, Number Our Days, (New York: E.P. Dutton, 1978), 10.

a place where cooperation was paramount—cooperation with fellow patients, cooperation with the medical staff, and most important, cooperation with disease. The rigor of the rules belies the rigorous assault tuberculosis makes on the human body. Trudeau's philosophy of acquiescence and Brown's "Rules for Recovery" provided a commonality of disease and experience. Recalling that many nurses, physicians, and staff were patients as well suggests that the cultural value system of tuberculosis was shared, mediated by the potential for relapse and re-infection. Certainly a hierarchal structure existed in both the sanatorium and the village. However, essential to "acquiescence" was the belief in the curative powers of Trudeau and his magic mountain.

Chapter 6

The Best Years

In November of 1945 I was admitted to Trudeau Sanatorium just before Thanksgiving and spent the day all alone on a open porch dusting the snow off my Thanksgiving dinner.²⁷⁷

The documented, objective, discourse of disease is often mediated by a host of factors that privatize, constrict, or altogether exclude the sentient experience of disease. How we "feel" is assessed by physical symptoms (or lack thereof); how we feel about ill health is not necessarily integral to this discourse. This is particularly cogent when one attempts to understand the degree to which lives were altered, shared, and reordered because of tuberculosis. There are many for whom curing remains a painful memory best left unspoken. For others, the memories are happy ones, so much so that curing at Saranac Lake is often spoken of by former patients as "the best days" of their lives. As cultural norms delineate paradigmatic boundaries between health and illness, that the best days of someone's life refers to the self as diseased is curious, perhaps even problematic, in the culturally imposed paradigms of illness and health.

In the ideology of Trudeau Sanatorium and Saranac Lake,

²⁷⁷Arlene Baybutt, letter to author, 3 December, 1998.

acquiescence referred to living successfully with disease, a paradigm that reordered the diseased state as not only "normal," but transcendent. However, for many, the experience of curing was dictated by the physical domain of the cure: private sanatoria like Trudeau were less in number than larger, state and county-run sanatoria.

The sanatorium narratives generally describe conditions in the 1920s and 1930s, by which time the facilities had become larger and the routine more rigid. . . .The doctors emerge as aloof and uncaring figures, very different than the images of Trudeau; [the doctor] apparently in the process of curing their lungs they had lost their hearts. . . .the predominant tone of the narratives of illness that emerge from the sanatorium is one of unrelenting hostility.²⁷⁸

As Rothman points out, both the images and the narratives of Trudeau patients were anomalous in that a positive, personal doctor-patient relationship was as integral to the cure's success as the careful creation of a home-like atmosphere. The sheer size of state-run sanatoria, and the attendant problems of under staffing and loss of sense of self is the more typical historical narrative. The complexities of the Trudeau Sanatorium were more local, more immediate, and speak to curing from tuberculosis in Saranac Lake as opposed to curing from tuberculosis in the more corporate, institutionalized realm of disease management in the late 19th and early 20th century America.

One of the more precarious contradictions in the

²⁷⁸Rothman, Living In the Shadow, 227-228.

Saranac Lake experience was that while patients were afforded the grandeur of a beautiful and therapeutic landscape, many were forbidden to leave their rooms or their beds. Not surprisingly, then, the experience of space as inhabited was, like space itself, both vast and narrow. "For some. . .the main streets of Saranac were as remote as the steppes of Siberia. Their world was bounded by the walls of their rooms."²⁷⁹ Pamphlets such as "Regain Your Health in Air Conditioned by Nature," published by the Saranac Village Trustees, exemplify the impetus to bring the expanse of landscape into the interior life of the invalid: "We welcome the health seeker. . .you will feel at home. Your selection of a place to live will not be restricted to one section, which makes Saranac Lake unique as a health resort."²⁸⁰ However, in nearby Lake Placid, hotel owner Thomas Dewey (of the Dewey Decimal System fame) posted a sign outside the Lake Placid Club in 1904 that read:

No one will be received as member or guest against whom there is physical, moral, social, or race objection, or who would be unwelcome to even a small minority. This excludes absolutely all consumptives, or other invalids, whose presence might injure health or modify others' freedom or enjoyment.²⁸¹

Geographer Yi Fu Tuan states that "all really inhabited

²⁷⁹Mooney, In the Shadow, 28.

²⁸⁰Quoted in Caldwell Last Crusade, 13.

²⁸¹White, Adirondack Country, 137. It bears mentioning that this dictum also excluded Jews.

space bears the essence and notion of home."²⁸² Curing at Saranac Lake offered an awkward and ad-hoc sense of home within a climate that was at best, intemperate. Saranac Lake was what sociologist E.V. Walter refers to as a "sick place," a place where illness co-habituates with humanity, and as such, is expressed in relation to the experience of being human:

In popular writing about architecture, 'sense of place' has degenerated into a cliché, often suggesting little more than superficial impressions. Nevertheless, a place with integrity does make sense—it conveys meaning. The real 'sense' of a place, therefore, is twofold. On the one hand, people feel it; on the other hand, they grasp its meaning.²⁸³

Contextually, Saranac Lake was the "sick place" where one went to get well, a place where disease, the individual, and contemporaneous ideology defining disease and the individual as a singular entity was confiscated, so to speak, in a protective fashion, similar to the removal of personal effects when one enters prison that may prove dangerous to the convicted, other inmates, and as well, obscure a sense of identity.

Traversing the thin divide between sickness and health was thus inescapable, as sense of place as a conceptual

²⁸²Yi Fu Tuan, Space and Place: The Perspective of Experience (Minneapolis: University of Minnesota Press, 1977), 5.

²⁸³E.V. Walter, Placeways, 1-2.

framework in which one must literally live, to find a way of being in the world. Perceptions relative to the past and present are likewise complicated in narratives of illness, as the idealized measure of homeostasis is suddenly and often irrevocably altered. The immediate past is defined by the diagnosis of disease and an unsure prognosis; the present and future at best, uncertain.

Anthropologist Renato Rosaldo writes extensively about the assumed premise that upward mobility was perceived to be accompanied by a loss of "culture:" "at odds with a distinctive cultural identity. One achieves full citizenship in a nation-state by becoming a culturally blank slate."²⁸⁴ The more entrenched a patient became in the culture of curing, a similar "stripping away" of former cultural patterns became the norm. However, attaining citizenship in this nation state precluded a return to a prior way of life, and eventually, as the sanatorium movement itself came to a close, the assumed stability offered by this form of "nation state" disappeared as well. As former patients related, when they were sent to Saranac Lake (and sent away from home) the ontological sense of culture was complete reordering of familiar patterns:

It was very difficult for some people. For most people though, that were able to accept it, it wasn't so bad. Of course the first few weeks were

²⁸⁴Renato Rosaldo, Culture and Truth: The Re-Making of Social Analysis, Boston: Beacon Press, 1989.

pretty grim. Not knowing what to expect, feeling cold, miserable, alone, of course it was tough the first few weeks but as I said, people were very friendly there. Everybody understood your problem. It wasn't long before you saw how you fit into this. And you sort of had to give into it, be willing to lie in bed and think and dream and listen to your radio and read. And for a while, that was your life.²⁸⁵

My first year at Trudeau was difficult because I was completely bedridden and my beautiful legs became sticks with a flab of skin hanging from them and the lack of exercise caused me to lose the firm tissues I had had. But I did read a lot of books and I listened to a lot of music on the radio. It was so lonely. My husband could visit only one day each month. He had to take the train to Saranac from Baltimore, which was a twelve hour ride each way.²⁸⁶

For many, the removal to another place marked the first stage in the transcendence of disease. Suddenly, the very idea that one could leave it all behind became a reality, and it somehow included tuberculosis. Yet this potential to shed off a sense of one's self in the former, without knowledge of the self as determined by the expanse of time that may allow the totality of life experiences to emerge. Tim O'Brien, in his novel The Things They Carried, attempts an explanation of the divide between a self lacking perception of its own totality as he contemplates leaving his home country to escape duty in the Vietnam war: "It was a kind of schizophrenia. A moral split. I couldn't make up

²⁸⁵Emanuel Wolinsky, interview by author, 24 May, 1995.

²⁸⁶Arlene Baybutt, Personal Correspondance, 3 December, 1998.

my mind. I feared the war, yes, but I also feared exile. I was afraid of walking away from my own life, my friends and my family, my whole history, everything that mattered to me."²⁸⁷

For TB patients, the schizophrenia was inescapable, the war was within; bounded by the diseased body. Yet the promise afforded by exile was elusive, a cold war of sorts: the possibility of arrested disease and the reality of an arrested life, or at least a life very different from which one might never return. Contrary to O'Brien's experience, and the experience of war overall, was the decision to choose exile, in the context of acquiescence, was a decision that embraced inaction as the individual's moral responsibility. Former TB patients, like war veterans, would forever bear the mark of that particular war. The transfiguration from debilitating disease to freedom to do nothing, be nothing, was all-encompassing:

When I discovered I was coming to Saranac Lake, it seemed a great relief. Because I was tired all the time, which is a symptom of TB, it just seemed wonderful to get away from everything and not have any responsibilities, and not have to get up at seven o'clock in the morning and go to work, and do all these things. It was just wonderful to be able to do nothing. . . . If someone had told me when I came to Saranac Lake that I would be in bed for five years, I don't know what I would have done. But as the weeks, and the months, and the years went on, you became so accustomed to it. It was a

²⁸⁷Tim, O'Brien, The Things They Carried. (New York: Penguin Books, 1990), 48.

way of life.²⁸⁸

Upon arriving at Saranac Lake, and just by virtue of inhabiting that particular geographic location, patients were entering into what Rosaldo calls "empty spaces" or "zones of invisibility" where they were neither fully members in former cultures, but had yet to be incorporated into the new. What marks these places are definitively apart from liminal spaces is that they are marked by imminent change; as Rosaldo states, characterized by "flux" and "improvisation," "movements between such fixed entities. . .are relegated to the analytical dustbin of cultural invisibility."²⁸⁹ Invisibility was further reinforced in the cure culture as the absence of physical activity and movement was imperative; patients were unable to sustain an ontological sense of self in relation to physical presence and/or participation in a former culture.

Doing nothing was the primary activity shared with others similarly confined to bed. One's "porchmates" or "cottagemates," as they were often called, became touchstones of the past, present, and future. The curing experience cut through boundaries of cultural and societal patterns, and patients often found themselves becoming life-long friends with those whom they might not have otherwise

²⁸⁸Elise Chapin, interview by author, 1 June, 1998.

²⁸⁹Rosaldo, Culture and Truth, 208-209.

come into contact:

It was stimulating and intensely interesting to have the opportunity to know people from such faraway lands. The common bond of illness made us friends more quickly than would otherwise have been possible.²⁹⁰

I learned to live with people of all persuasions, backgrounds, degrees of education. . . .At Trudeau, my first cottagemates were an accountant, a Brooklyn cab driver, a chauffeur for the Mafia, a college age baseball pitcher who showed promise of making it in professional ball, and an Episcopal minister.²⁹¹

The strength of the friendships forged during the tuberculosis years became as or more binding than consanguineal and marital relationships:

I had a friend that I lost two years ago, and we really stayed close. You know, you have a sister, you can be close to a sister, but when you're somebody in the same boat like we were, there's more of a closeness. It's closer than family, really. They know what you're going through. People on the outside don't know. If you were on the outside, you would be doing it alone. You would be isolated. But when you're in the san, you're with all these people that are going through the same thing and they understand. You understand how they feel. If they feel that they can't eat, you understand that they can't eat, because you've been through the same thing. The daily living things.²⁹²

You just have to have support, and the support is other people.²⁹³

I made a lot of friends, very good friends. My

²⁹⁰Isabel Smith, Wish I Might, 161.

²⁹¹Ray, Saranac, 5.

²⁹²Gladys Foidelli, interview by author, 25 April, 1997.

²⁹³Elise Chapin, interview by author, 1 June, 1998.

friend, the one that died, said one time, 'I can't explain the relationship between you and Bill. It's almost like a brother and sister, yet it's not.' He was such a nice man. When I had my thoracoplasty, he sent me yellow roses. They were so pretty. After I came home, we used to correspond. He had a wife and children. They used to come out to see him quite often. And when I went home I had a letter from him, and he invited my husband and I to sail up the coast of Maine with them to their summer home in Bar Harbor.²⁹⁴

The strength of these alliances was undoubtedly underwritten by fatalism:

You got to know your porchmates very well. People came and went. And not everybody recovered, by the way. Not everybody recovered.²⁹⁵

Because the average tuberculosis patient was young (19-35), the expectation of death from tuberculosis or anything else was not a prescient one. Mrs. Chapin describes her lack of fear as "typical": "That wasn't just me. Young people don't anticipate that they're going to die."

Dr. Bernstein mused:

I don't think it was a time when people's philosophy of life immediately changed. They thought 'maybe I'm going to die.' They many times were not allowed to work, or worry, or do anything and wow, as an adult, to not have to worry about anything. You have a roof over your head, you don't have anything to worry about. You can read, you can do what you want. Some people did. But most people, well, life is pretty short, this thing could kill me, and so they do what they want. Pretty soon they're partying in, and they're out, and they're making good friends. You're thrown in with people, you see them everyday, friendship is nice and warm. You're feeling safe, you're taken care of, nothing can go wrong with the world.

²⁹⁴Gladys Foidelli, interview by author, 25 April, 1997.

²⁹⁵Emanuel Wolinsky, interview by author, 24 May, 1995.

You're in a place where it's safe. Unless you're in a cottage where people are dying now and then, or you have a really bad case. TB doesn't hurt, so you're not in pain, and that's a big one. Like a lot of diseases, you're in terrible pain, you can't do anything, enjoy anything. But when you're not in pain, you enjoy it, everything. Socialization, listening to the radio. It was fun.²⁹⁶

According to long-time Saranac Lake resident Robert

McKillip:

I don't think people thought of it [dying]. If they were so ill with tuberculosis, they may have come here in their mind, to die, that's possible. But I think a lot of people came here fully believing they were going to recover. I don't think people came here solely to die, because they would have stayed home to be near families to do that. But I think they came to say, 'I can go and get better.'²⁹⁷

For some, the possibility of death was tempered by the curing experience itself:

Once I came here I wasn't [afraid]. I was sure I was going to die from it once I found out. But once I got to Trudeau I knew I'd get better. I just knew that. I was never afraid any more. Maybe it was something about the atmosphere. You see so many young people. There was one young girl I remember who died while I was there. I just didn't think I would. I just wanted to get out and get married. I was just that age.²⁹⁸

²⁹⁶Emmanuel Bernstein, interview by author, 3 June, 1998.

²⁹⁷McKillip, interview by author, 3 June, 1998.

²⁹⁸Lilo Levine, interview by author, 30 May, 1998.

Like many, Lilo and Melvin Levine met and married while at the sanatorium. Also like many, they attribute their cure to their fortuitous meeting:

I wasn't certain that I was going to [die] but I didn't think my chances were very good. Eventually I realized that I wasn't going to die. I think it started when we met. That was it.²⁹⁹

Conversely, the idea of "normal" and a return to former life in the "real world" became unthinkable. Patients so feared a return to their former lives that many relapsed upon notification of imminent release. Speaking of "Laughin'" Larry Doyle, Gladys Foidelli relates:

He could go home but he wouldn't go. He used to walk around the grounds and he'd come into our building and he'd visit us, he'd go from room to room and visit and then he'd go on. He wouldn't leave. So they let him stay.³⁰⁰

Dr. Bernstein remembers:

A friend. . . used to take walks with me in the woods, and she'd make moss gardens. She loved walking leisurely in the woods. She loved it so much that after she was all better, really all better, she asked to stay another year, just for fun, because she loved it. She stayed another year without needing to before she went back to New York.³⁰¹

²⁹⁹Melvin Levine, interview by author, 30 May, 1998.

³⁰⁰Gladys Foidelli, interview by author, 25 April, 1997.

³⁰¹Emmanuel Bernstein, interview by author, 3 June, 1998.

Mr. McKillip offers another perspective:

Now there were many who came, who cured, and went back to their lifestyle. They were in business, or they were in the theatre, or something like that—they went back but many came and didn't have a lifestyle to go back to because they had—whatever they were doing was closed off after they developed tuberculosis, so they had no other recourse but to develop a new calling, a new following, a new endeavor, and they stayed in Saranac Lake.³⁰²

Tuberculosis is a disease given to relapses, and patients realistically feared that a return home was ultimately a tradeoff for the arrest of disease. For many, a return home meant re-assuming responsibilities and an unwilling surrender of the attention paid to rest, nutrition, and fresh air integral to the structure of sanatorium and cottage care. Critics of sanatorium culture stressed the high rate of relapse as indicative of the ultimate failure of sanatorium care. Relapses were avoidable, critics contended, if patients "took it slow" and did not attempt to return to former patterns of employment, an option not available to many.

As it was difficult to replicate the sanatorium life at home, patients that were eager to return home were often perceived as inviting relapse. A poem entitled "A Winter

³⁰²Robert McKillip, interview by author, 3 June, 1998.

Soliloquy (With Apologies to Hamlet)," penned by Charles B. Engle of Trudeau Sanatorium exemplifies the desire to be released from tuberculosis and the attendant fear:

To flee or not to flee: that is the question.
Whether 'tis noble in the mind to suffer
The sting that harrows in an Arctic climate,
Or to take trains again to scenes of trouble,
And by returning, end them: To go, to cure
No more: and lie a heap, and say we end
The chest-ache and the thousand natural shocks
That lungs are heir to, 'tis a consumption
Devoutly to be wished. To go-and slip
And have a doctor say, "Ah, there's a rub!"
For if we slip, our breath may seem to come
As deeply muffled: the thought makes us recoil-
And gives us pause. There's the prospect
That makes for certainty in a long cure.
For who would bear the pangs of quiet hour,
The skin test's pain; fixation's bloody jabs;
The nuisance of a symptom chart; your check's
delay;
Lights out as ten o'clock and all the spurns
That lungers get in many other ways-
If one his exodus might make
With just a book of mileage? Who would
Bear To grunt and fret under this simple life
But for the dread of flare-ups afterward.
The outside world, from which, on stretchers
borne, Are many who return, puzzles the will
And makes us rather bear those ills we have,
Than fly too soon to those we know not of.³⁰³

A clean bill of health did not necessarily ensure a welcome home. Safely ensconced in the Adirondack Mountains, patients were removed from the pervasive and ever-present fear of tuberculosis; a fear in which they, as the diseased,

³⁰³"Journal of Outdoor Life," 1916

were the focus. Outside the sanatorium culture, even as visitors, those with tuberculosis often felt that they, and of course, their germs, did not belong:

Mrs. ----- rented a house from my aunt, before I came here. She had TB. She had a sister, ----- . I was about fifteen at the time, living here in town. Once a year, ----- would come to see her sister. She would come over to -----'s house and she'd dash to a faucet and she would scrub her hands. She had touched something over in the house. I used to hate that woman. How could anybody be so crude, so cruel, so miserable?³⁰⁴

Even when I went to visit -----, when I had it, the minute I'd leave, everything got Lysoled all over it.³⁰⁵

A trip home, or a visit from family and friends, was often the occasion when it became clear that the difference between life at the sanatorium and life in the "real world" had become two very different dimensions. Tuberculosis patients experienced difficulty reintegrating themselves into their former lives, and often rituals as ordinary as having dinner exemplified the schism between the world of the sick and the world of the well. Gladys Foidelli relates a poignant example of how a much anticipated visit from her

³⁰⁴Katherine Slatterly, interview by author, 1 June, 1998.

³⁰⁵Elizabeth Cassavaug, interview by author, 1 June, 1998.

family revealed the depths of their misconceptions about the effects of her illness:

I remember one time my husband came up and I had a pass for the weekend. My husband, my mother, my little boy Rusty, and my father. And we went out to dinner. And he [her husband] ordered me a big steak. Well, I took a look at the steak and started to cry. I had to leave the table. My mother came in the girl's room after me. 'Why don't you just go eat a few pieces?' [she asked]. You feel you can't even eat just a few pieces . . . When you're in the san, you're with all these people that are going through the same thing and they understand. You understand how they feel. If they feel that they can't eat, you understand that they can't eat, because you've been through the same thing. The daily living things. You've got to eat, but there's a time when you just can't eat. It don't go down, you know. If you could you would, whether it tasted good or not. You just can't.³⁰⁶

Strangers in the places formerly known as home, patients had a difficult time explaining, even to family, how tuberculosis had changed their worldview:

Delicately, as if they were touching a boil, they spoke of my illness. 'Aren't the days dreadfully long?'

'Isn't it hard to be alone so much?'

'How do you manage to fill your time?'

'Nothing but illness to hear about or to see—it must be horribly depressing.'

No wonder they one and all avowed, often with tears and sympathy in their kindly eyes that they could not have endured such a life for so many years.

Candidly the life they envisioned would have been

³⁰⁶Gladys Foidelli, interview by author, 25 April, 1997.

too much for me, too!³⁰⁷

Ironically, it was often the stringent rules and institutionalized order that came to define the best years.

Goffman states that:

every total institution seems to develop a set of institutionalized practices—whether spontaneously or by imitation—through which staff and inmates come close enough together to get a somewhat favorable image of the other and to identify sympathetically with the other's situation. These practices express unity, solidarity, and joint commitment to the institution rather than differences between the two levels.³⁰⁸

At Saranac Lake, the two levels were conjoined institutionally because doctors and nurses were often former patients and some still undergoing the cure themselves. Many narratives speak to the empathy of medical personnel as fundamental to a positive curing experience. Dr. Wolinsky was a medical student when he was sent to Trudeau:

The Trudeau Sanatorium was the place where medical students, doctors, and nurses in the east, especially around New York were sent. It was the place: 25% of the patients were medical or nursing people. . .it was very easy to fit in.³⁰⁹

Others remember the feeling of "fitting in" as

³⁰⁷Isabel Smith, Wish I Might, 146-7.

³⁰⁸Goffman, Asylum, 94.

³⁰⁹Emanuel Wolinsky, interview by author, 24 May, 1995.

essential to a sense of well-being:

No matter what worry you had, it seems it went off your shoulders to them [the nurses]. They took care of everything. They were so good. You know, I miss that place. I think the reason that they were so good to the patients is because they were patients themselves. Most of them were curing, and some of them were still curing and working part-time. They were on the drugs and they were able to put in a few hours a day.³¹⁰

I think it was my experience at Ray Brook that led to my lifetime love affair with the nursing profession. I was at 29 Pine for just a couple of weeks, at Trudeau a few months in different cottages, but West Wing at Ray Brook was home for nearly two years, so perhaps I just got to know the Ray Brook nurses much better. . . .Nurses were my friends, my authority figures, and I remember them with warmth. . . .Their faces are as fresh in my memory as if they had been caring for me last week. They wakened me, listened to me [sic] complaints, rubbed my back, delivered relief from my pains, brought me mail and mailed my letters, saw that I was fed, laughed at my jokes, soothed my worried brow when I felt low, smiled at me from wake-up until they got me ready for bed. They were family, my parents, my friends.³¹¹

Linda Singer wrote that "hospitalization, with or without walls, constructs a temporal zone and social imaginary in which regimentary repetitions produce the effect of normalization."³¹² As Mrs. Chapin suggests, the

³¹⁰Gladys Foidelli, interview by author, 25 April, 1997.

³¹¹Ray, Saranac, 42.

³¹²Linda Singer, Erotic Welfare: Sexual Theory and Politics in the Age of Epidemic (New York: Routeledge,

regimented structure of the cure resulted in a sense of community, one that ceased to exist outside of Saranac Lake. Thus, for many patients, "outside" became synonymous with a lack of structure that made a return home even for a brief visit seem foreign and dangerously unstructured:

You would be surprised how quickly the day goes when it's regimented, as days were. You'd go to your basin to wash your face and brush your teeth at a certain time, and get your breakfast at a certain time, and the nurse would come to bathe you and fix your bed, and this would happen at the same time every day. It's amazing how time just goes. Then in the afternoon, you would just get going with the day when it was time to rest again. And then, I know it sounds strange to you, when you're in bed all the time, but you take a rest in the afternoon, because during that time you don't read, you just do nothing. No reading, no nothing. Then when that's over there's a glass of milk to drink. You had umpteen glasses of milk a day. A glass of milk to drink, and they take your temperature, and then in another hour or hour and a half, your supper is there. The days just went the same. But strangely enough, if you were put on a regime like that in your own home, it would be the most dastardly thing in the world. But you're on a regime like that, and there are fifteen other people in the same house on the same regime, you don't feel that you're that different from other people. It's a comfort to be living like that, with other people doing the same thing.³¹³

Chapin's description follows Goffman's description of

1993), 103.

³¹³Elise Chapin, interview by Ellen Damsky, 1 June, 1998.

the "breakdown in barriers. . . separating the three spheres of life," sleep, play, and work:

First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials.³¹⁴

In Goffman's paradigm, patient experience is further mediated by the reality that patients/inmates and staff live in markedly different realms: "Inmates typically live in the institution and have restricted contact with the world outside the walls; staff often operate on an eight-hour day and are socially integrated into the outside world."³¹⁵ Because of their place in the outside world, staff often had access to goods and services out of the reach of their patients:

When you first arrived at Trudeau, you had to meet with certain people, the director, the doctor, the head nurse, and also you met with Tommy Rooney. Now Tommy Rooney, god bless him, I can see him now, had been a patient there himself, and he worked as

³¹⁴Goffman, Asylum, 6.

³¹⁵Ibid., 7.

an x-ray technician. His wife was a nurse. They were from Vermont, originally. Tommy Rooney had two concessions there that were absolute necessities if you wanted to live. One was a radio. You had to have a radio. The other was an electric blanket. You had to have an electric blanket. You got these things from Tommy Rooney.³¹⁶

Trudeau's philosophy of acquiescence urged an abandoning of former life patterns; memory, in this context, presented a potential conflict between health and illness. As Lowenthal suggests, memory is both an obstacle and a necessity: "We need the past, in any case, to cope with present landscapes. . . We see things simultaneously as they are and as we viewed them before. . . ." ³¹⁷

Former patients, such as Richard Ray, who penned and published his memoir independently almost fifty years after his sanatorium stay, has, like many others, traveled great distances (he currently resides in California) to attend reunions sponsored by Historic Saranac Lake. But, as Ray warns, "Reading a fifty-five year old letter that contradicts something I remember, I wonder which is right. . . Memories don't have to be things that really happened

³¹⁶Emanuel Wolinsky, interview by Ellen Damsky, 5 May, 1995.

³¹⁷David Lowenthal, "Past Time and Present Place: Landscape and Memory," (The Geographical Review, LXV 1975), 5.

exactly the way you remember."³¹⁸ The narratives of curing from tuberculosis speak to the conflict of memory and remembering. For many, the memory of ordinary life was elusive; acquiescence became both the memory and the means of remembering. Acquiescence, for Trudeau, did not imply that one romanticize, or even rationalize tuberculosis, but draw on one's innermost resources as a way to cope with the disease. Robert Louis Stevenson was one of Dr. Trudeau's more illustrious patients, and Trudeau's assessment of Stevenson, who could not bear the Adirondack weather and ultimately relocated to the south seas, (where he died) exemplifies the foundations on which acquiescence was built:

To a temperament like Stevenson's, who shrank from the cruel and inexorable facts of life-disease, suffering and death-which were part of my daily existence, and who lived in an ideal world painted and people by his own vivid imagination, I represented, I am afraid, a not very cheerful or inspiring companion. He could not, as I could, look over and beyond these painful associations with which I lived in daily contact at the Sanitarium and the Laboratory, as see, as I did in my ideals, the glorious hope of future relief to humanity from sickness, suffering and death which lay in the study of disease at the bedside, and of infection and germs and sick animals in the Laboratory.³¹⁹

³¹⁸Ray, Saranac, inside cover.

³¹⁹Trudeau, Autobiography, 228-229.

Adherence to "acquiescence" remained an integral part of the curing experience until the sanatorium's close. Many of those that cured at the sanatorium or in the village cottages never left the immediate area. Patients met and married other patients, and settled permanently. Former patients that reside away from Saranac Lake return and spend summers there. Similar to the communitarian movement that presaged the sanatorium movement, there was a reverential awe for the body; however, at Saranac, the piety was, by necessity, redirected. Whereas the communitarianism imagined an ideal and an active pursuit of health, tuberculosis patients return to the essential self was accompanied by a physical self that was not whole, and might never be whole. In this sense, both commonality and communion with others offered the possibility of the reverence of experience-experience transcended the corporeal body.

Interestingly, for patients, becoming a "real" or active part of the wilderness opened up another path by which their faith and understanding was solidified. In essence, they became a part of something of which they already were—they did not, could not actively pursue the

outdoors or outdoor activity, but became of it because of the experience of disease.

Looking back through a lens widened by the "modernization" of disease management, Trudeau functioned as institutionalized self-help. Akin to what we know now as the twelve-step program, Trudeau and his sanatorium promoted the ideal of "ownership" and sharing of both the disease and the experience. Certainly organizations like Alcoholics Anonymous and its innumerable offshoots offer an alternative to the social aspect of addiction. The Trudeau Sanatorium and the village of Saranac Lake effectively socialized disease; enabling its victims to surrender the disease within a "safe" and hospitable environment.

As "recovering" tuberculosis patients, normative group behavior usurped etiology. Patients entered the community as strangers, and through their shared narrative of disease and faith became disciples of the cure. Integral to this sense of belonging is the institutional setting in which patients learned to live with disease, and more importantly, where they had faith in the cure, and faith in the community in which they came to belong. For others, a return to health did not necessarily result in a return to former landscapes and environs, but a desire to maintain or

recapture a sense of health and belonging that they experienced as a direct result of the experience of illness. Overall, patient narratives reveal a deeply-rooted faith in the cure.

Conclusion

I tried vainly to put together in my mind these lives, of which I was glimpsing bits and pieces. What was it these people were after? Did they find it? I was appalled at how little I could remember of the details or ordinary life. All I could think of was: when do they rest? Do they ever have time to stop and think?³²⁰

Recalling that from its inception, the Trudeau Sanatorium was built on speculative and insurgent ideals of health, the space Trudeau built was ultimately a space in which to experience health both physically and ideologically. As such, the ideological construct of health became a dominant factor in the Trudeau's cure, one that is inextricably bound up with physical and spatial constructs of health and disease.

The nexus of ideologies in the seventy-year span discussed in this thesis reveal that the individual and collective experience of "chasing the cure" suggests that the ideological framework of tuberculosis reorders the conception of lived experience. Many patients, including Dr. Trudeau, did not survive the curative potential of medicine and science. Yet many did survive; inexplicably,

³²⁰Smith, Wish I Might, 145.

perhaps, from the vantage point of the technocratic twenty-first century.

As the architectural form, the cure cottage developed, its expansiveness became irresolutely established as integral to the experience of tuberculosis. This was not an architectural form that was retiring or hidden away, but one that planted itself firmly in beauteous places and grew in ways that defied disease, death, and the very impetus of its ideological construction: the containment of disease. It is not uncommon for tuberculosis sanatoriums to be built on elevated places—while this is reminiscent of the belief in the beneficence of mountain air, it is often the case that these structures exist outside the boundaries of "normal" life. In her description of Albert Camus, Linda Singer stated:

plagues are never just medico-bureaucratic problematics. They are also world-transforming moments of ontological crisis which permeate the entire logic and fabric of a community's existence by calling it into question in a fundamental way, i.e., within the currency of life and death.³²¹

The architecture of tuberculosis realized that currency in material and aesthetic form. That cure cottages are both an architectural form as a feature or stylistic addition to an extant structure (sometimes gracefully incorporated, often awkwardly attached), suggests that the disease entered

³²¹Singer, Erotic Welfare, 119.

the realm of domestic architecture in a way that acknowledged disease as integral to common or normative experience.

As twentieth century scientific and medical perspectives of tuberculosis came to replace Victorian era romanticization, physical structures opened up and burgeoned. This is interesting in light of Adams' suggestion that the "lying in" rooms of Victorian architecture represented one of the first domestic spaces to be reordered by women; the closed in, separate room for birthing was similar to the Victorian belief in closed and airless rooms. As the sanatorium movement progressed, architecture "opened up"-became expansive in order to house the overwhelming number of patients, but also allowed for a shift in the symbolic interpretation of lived spaces.

My introduction to the culture of Saranac Lake and the Trudeau Sanatorium was made possible by the existence of architectural evidence. In most instances, these architectural forms have been adapted to accommodate healthy lives, lives for whom tuberculosis is a distant and foreign entity. The lives themselves, however, while changed and altered in the passage of time, actively retain the structures and patterns of the tuberculosis era. Spatial organization allows us to envision what forms cultural composites might take, but at the same time, requires that we look at structures and space as dynamic

entities that change in format, form, and function, over space and time.

The largess of cure cottage architecture seems in defiance of both the landscape and disease, presenting a visage that man-made structures can, indeed, overcome invisible forces. The reality emerges that these were lived-in spaces, built to heal and integrate disease, as well as separate and contain. Visiting the space after the fact stresses the privacy of the experience to those on the outside—the healthy—and dozens of "cure cottages," the carpenter-built, the Victorians, and the Queen Annes, where glass-enclosed porches were added on to accommodate the overflow of patients who were too sick or wait-listed for admission to Trudeau. This "peculiar" architectural form remains indigenous to American culture, long after its original meaning and intent have been lost.

Also largely lost are the thousands that cured of tuberculosis; but there are those that remain to speak of their stay at what was alternately known as "The City of Hope" and the "City of the Damned." There were many sanatoriums that were horrific, understaffed, overpopulated, and, desolate and desperate places. Tuberculosis is not a romantic or enlightening disease; the consuming and wasting away of the human body was perhaps even more tragic because so many of its victims were young. Literature often celebrates the alleged heightened passions of its sufferers.

Medical journals exclude those of us who are not conversant in medical jargon of past and present.

In most cases, the people interviewed in this work had direct experience with tuberculosis; most were survivors of the "scourge." The histories collected more than forty years after the sanatorium's close were related and informed by life events occurring before, during, and after their treatments and "cures." Most were young when they fell ill--and many have since become widows and widowers, outlived children, and survived, yet again, life-threatening illness.

Many perceive their time curing as a pivotal and life-altering event through which they came to construct a world view. This is particularly cogent in that many patients were young when they were sent to Saranac Lake. Life events and rites of passage (i.e. marriage, beginning a family) were put on hold or altogether transformed in this culture; getting "on exercise" was as significant (perhaps more) than celebrating a birthday or an engagement. The focus and impetus of rites of passage in traditional contexts celebrates both the individual and community. In the context of curing at Saranac Lake, rites of passage were defined by the parameters of community dictated by disease. These rites, significant in their context, did not transfer back into lives back home, and in many cases, were an uncomfortable reminder for those on the "outside" that disease was in their midst.

Living at Saranac Lake required simplifying one's life. Patients were encouraged to seek solace outside of their former ideals of self and community; they learned to forget what life was like at home, and perhaps in some cases, what life was like at all. The sole occupation of the social order of Saranac Lake was to get well. Monumental shifts in American culture were occurring as those suffering from TB lay in their beds day after day, year after year, some for so long that they came to view Saranac Lake as home and stayed on after their disease was deemed arrested. Victor Turner stated that "a society is a process that is punctuated by situations, but with intervals between them."³²² In Saranac Lake, situations and intervals were temporally altered to the degree that temporality itself became an inadequate form of measurement.

Alver states that "In all cultures, people's perceptions and belief systems regarding health are closely tied to fundamental values, such as those concerned with the maintenance of life and the loss of life and to certain conceptions of 'the good life.'" ³²³ Narratives of tuberculosis patients relate that the experience of

³²²Victor Turner, On the Edge of the Bush: Anthropology as Experience, (Tucson: The University of Arizona Press, 1985), 45.

³²³Bente Gullveig Alver, "The Bearing of Folk Belief on Cure and Healing," Journal of Folklore Research 32.1 1995, 22.

tuberculosis, formalized by institutionalized care, became the structure from which they were often unwilling to emerge. The disease was "dangerous" in that it was infectious. The experience of disease was dangerously elusive in that it defied the understanding of those that were, according to social norms, healthy. Alver further suggests that "Narrative provides one important source of information about people's interpretation of reality."³²⁴ One reality of tuberculosis was a radically altered set of circumstances as former patterns of living became foreign and out of reach. Life as the "other"—outside a curing environment—was the new taboo. One could not travel back over immovable mountains.

Similar to the tradition at Trudeau of declaring disease to be arrested, but never cured, life with tuberculosis was arrested. Disease marked patients as unfit for the world of the healthy, and they were often forced into the liminal state of curing. Yet "acquiescence," considered the mark of the successfully incorporated patient into a reordered culture, and also made it difficult for many to return to former lives or reincorporate into society. Even with an "official" clean bill of health, the stigma remained.

However, at the individual and community level, the

³²⁴Ibid., 23.

narratives seemingly shape-shift into a radicalized sense of being. Patients were anything but passive. At the same time that they adhered to the strictures of curing, they routinely broke the rules, rules that in many instances were endemic to life's "normal" experiences, such as falling in love and getting married. For many, breaking the rules was a way of maintaining continuity and normalcy in their lives; stolen moments replaced the hours, days, and sometimes years that were denied them. In a sense, tuberculosis patients were given a future, but denied time—time as defined by the rest of us, by the structures and ideologies constructed in the "real" world.

As a result, they constructed a way of life, lives that bore the markings of the sanatorium founder, Edward Livingston Trudeau. As the sanatorium culture evolved from the ideals of a burgeoning American culture, inspired by its ministers, led into the mountainous wilderness by doctors and sportsmen, health seekers came to embody all that was American, including the presence of tuberculosis. Dr. Edward Livingston Trudeau is often written of as a charismatic personality; the ideal of good attitude was intrinsic to the cure throughout all of the sanatorium years. As climatology, rest, surgeries, domestic and sanatorium spaces became regulated, were discarded, and/or were formalized and "perfected," the idea of good attitude prevailed.

Thus, acquiescence required more than the surrendering of the individual will, but required a fluidity of human experience that survived the shifts in medical and scientific practices, overlooked the arguments raging regarding the proper cure, and perhaps most important, rose above stigma and ostracism implicit to being sent away to cure, and sent back home again. The realm of authority is implicit here; in effect, acquiescence can be understood as a giving-over to liminality. As Victor Turner stated,

In the liminal period. . . distinctions and gradations tend to be eliminated. Nevertheless, it must be understood that the authority of the elders over the neophytes is not based on legal sanctions; it is in a sense the personification of the self-evident authority of tradition. The authority of the elders is absolute, because it represents the absolute, the axiomatic values of society in which are expressed the 'common good' and the common interest.³²⁵

Under the sanctioned "guidance" of authority, tuberculosis patients experienced a form of secularized conversion to a the "way of life" curing at Saranac Lake. As disciples of Trudeau's doctrine, patients exhibited what Clements refers to as the "formalized behavior" of the

³²⁵Turner, Forest of Symbols, 100.

"reformed sinner."³²⁶ Clements' discussion focuses on recognizable conversion experiences such as vocalization (i.e. glossolalia) within the ritualized context of a church environment. His discussion in this context is cogent in that Clements brings forth the idea of the "crisis conversion": one that is "characterized by patterned behavior with symbolic dimensions relevant to the ritual's social functions."³²⁷ The transition from the secular "sinner" to the sacred "Christian," in Clement's view, is a rite of passage that "divides the population of the world into two categories."³²⁸

In the context of Saranac Lake, secular and sacred can be similarly divided into the experience, or rite of passage, of acquiescence, as patients experience what Clements defines as a "crisis conversion" essential to the separation of patients from the secular world outside of Saranac Lake to the sacred world of "the cure." The roots and impetus of the sanatorium movement are deeply evangelical in that dominant belief systems regarding the

³²⁶William H. Clements, "Conversion and Communitas" Western Folklore 25 1976, 35.

³²⁷Ibid., 36.

³²⁸Ibid., 35.

wilderness landscape, the role and presence of the wilderness as a defining and healing force collided, conflated, and were reordered as the systemic ideologies of science and medicine were similarly undergoing fundamental and paradigmatically substantive shifts in belief.

For the residents of Saranac Lake, there was no singular miraculous encounter, but an extended and highly ritualized stay whereby the healer was inextricably bound up with the variant aspects of the cure; i.e., fresh air, rest, and good attitude. The patients of Trudeau became an integral part of the faith and their own cures; they were more than "proof" of the power of healers, but were transformed became themselves an integral part of the tradition of healing. Clements states that nonsocial (emphasis mine) behavior is characteristic of the crisis conversion. Clements surmises that:

it might be argued that these rituals which obviously integrate individuals into the sacred community of Christianity also function in a compensatory manner. Individuals who may not be receiving complete satisfaction through their existence in social structure receive the opportunity in ritual to discover a replacement for structure where their lack of social commodities is irrelevant.³²⁹

³²⁹Ibid., 45.

Clement's position bears similarities to William James's position that the conversion experience is a moving away and a moving toward: "a process of struggling away from sin rather than striving toward righteousness."³³⁰

To "enlist" in the sanatorium cure, even with a physician's recommendation, was a recognition of the absence of a social commodity—health—and at the same time, a conscious violation of social decorum that joining the ranks of a stigmatized community signified. To leave Saranac Lake was to abandon the structured society that has replaced a structured society. How these patients "escaped" the purgatory of liminality was undoubtedly influenced by the crisis of conversion that was maintained by incorporating the rituals of the cure into the societies into which they returned.

At Trudeau Sanatorium and Saranac Lake, the freedom from care and importance of care were dually instrumental. Trudeau replicated the best of both worlds: the regulatory strictures of sanatorium care with the "acquiescence" of a comforting and comfortable domestic environs. Yet the interpolation of sanatorium and domestic space during the

³³⁰William James, The Varieties of Religious Experience (New York: Mentor, 1902), 186.

sanatorium era reveals that narratives about disease and the integration of life and disease often remain untold. It is in this spirit that I would like to relate the following event that occurred during the course of my fieldwork in Saranac Lake.

As I was interviewing Dr. Bernstein, I mentioned that I would be interviewing Mrs. Slatterly later in the day. Typically, I do not divulge information about other interviews, or the identity of informants with one another. For whatever reason, I walked outside my code of ethics that afternoon with unexpected and insightful results. Dr. Bernstein told me that he was a great friend of Mrs. Slatterly's in his sanatorium days, and mentioned that he had made her a ceramic platter in shop--something to keep her paper clips, etc. in. He urged me to be remembered to her when I saw her later that day. When I visited Mrs. Slatterly, I gave her Dr. Bernstein's message. She is now in her late eighties, nearly blind, and had moved from a house to a much smaller apartment in a building where most of the residents are elderly. As soon as I mentioned the doctor's name, Mrs. Slatterly got up from her chair, walked into her bedroom, and returned with the ceramic dish that Dr. Bernstein had made for her fifty years earlier.

An amazing moment—one that encapsulated the strength of bonds that my informants had been relating. Renato Rosaldo suggests that "narrative can provide a particularly rich source of knowledge about the significance people find in their workaday lives. Such narratives often reveal more about what can make life worth living than about how it is routinely lived."³³¹ As Tim O'Brien states with disarming casualness: "The war wasn't all terror and violence. Sometimes things could almost get sweet."³³²

The particularities of narratives of disease understandably often cause discomfort, widening the gap between narrator and audience. It was Rosaldo that pointed out the absence of what he called "emotional force" in ethnographic work. Unable to understand the grief and rage that would move the people he was studying to avenge death through head-hunting, Rosaldo grappled with answers until the tragic death of his wife forced upon him the grief and rage he came to understand through direct experience. The emotional force of the experience of tuberculosis is

³³¹Renato Rosaldo, "Ilongot Hunting in Story and Experience," qtd. in Turner, Victor and Bruner, Edward, eds. The Anthropology of Experience, (Urbana and Chicago: University of Illinois Press, 1986), 98.

³³²O'Brien, The Things They Carried, 35.

essential to the understanding of how the tuberculosis culture emerged in Saranac Lake. While the experience of disease may not be foreign to the experience of many, the wide scale enculturation of disease as the basis for community remains remote.

Yet it is the emotional force of the shared experience of residing in Saranac Lake, as both sanatorium and cure cottage patients, townspeople, and local proprietors that transcends and transforms architectural patterning into life histories. Although it is beneficial to researchers from many different disciplines to be able to look at buildings, and assess cultural phenomenon because of their existence, I have come to recognize that the ideological impact of "chasing the cure" at Saranac Lake ultimately bears witness to the impact and success of the cure. Surely, both will not last forever. But in the larger scheme of things, the emotional force is the viable, if not tangible evidence of life experience as both transcendent and materialist.

A sense of emotional force is not inherent in ideological or paradigmatic structures, however, and falls short in explaining how communities come to be experienced within the context of overriding structures. Many of us will not directly experience that which brought Rosaldo to

recognition of the emotional force. The force itself, while recognized as present and viable, nonetheless begs understanding and explication. Tuberculosis patients were afforded the opportunity to "go public" with their disease, but maintain a semblance of anonymity because they were safely ensconced in an institution or a system that complied with institutional standards. The sanatorium and village cottages functioned as places that were simultaneously highly public and private; the rest cure necessitated a certain distance, while the importance of community and faith in the cure required membership in a group of like-minded, or similarly stigmatized community.

Most former residents believe that their continued good health and overall attitude toward life as attributable to their time spent curing from tuberculosis. Although none that I interviewed reside in former cure cottages (still the dominant architectural form in Saranac Lake) most sleep with the windows open, detest hotel rooms because the windows don't open, and consider Saranac Lake home because the "way of life" they came to learn there was integral to the experience of tuberculosis.

Western culture, particularly American culture, has grown increasingly suspicious of solitude and contemplation.

Evangelical movements, like Muscular Christianity, although based on contemplation and a return to the spiritual self, were reliant on the spirit of community. Dr. Trudeau and the sanatorium movement were successful because the individual was successfully incorporated into a total system; essentially, "good attitude" became an institutionalized doctrine. Fresh air and good food were extra-corporeal, provided by the beneficence of nature and fellow community members. Rest, however, was a state of mind, of being, that drew on the innermost resources of the individual. Rest was at the core of the *communitas* of Saranac Lake. Yet at the most silent and sacred of moments, patients were not alone, but a part of a deeply reverent culture.

As Smith relates:

I wanted desperately to speak the same language as my friends, to show them I was just the same Isabel. But I had lost the knack. We did not, for the most part, even think the same thoughts. I talked of mountains, stars and storms, and the things which went on inside me. Cocktail parties? I had yet to be invited to one. Supermarkets? I had never seen one. Babies? Only in dreams did I cuddle a child. Perhaps, after all, I was not the same Isabel?"³³³

Saranac Lake still bears witness to the culture of

³³³Smith, Wish I Might, 146.

tuberculosis, albeit a changed culture, since the sanatorium has been closed for more than fifty years. Today, the former Trudeau Sanatorium is owned by the American Management Association, which has torn down at least thirty original sanatorium buildings. The Trudeau Institute is now a world-renowned institute for the study of infectious disease, and both Borglum's statue of Trudeau and Little Red have come to rest there. Historic Saranac Lake and Saranac Lake Free Library (particularly the Adirondack Room) work assiduously to maintain and keep alive the local history, and continue to amass and catalogue data relevant to the tuberculosis era. Garry Trudeau designs the buttons for the Winter Carnival, which is still going strong. Former cure cottages, although altered to accommodate the apartment dweller, remain stalwart.

Tuberculosis remains integral to life here in that many current residents have direct ties with the disease. Saranac Lake is proud of its relationship to tuberculosis, paternalistic to the memory of three (late) Dr. Trudeaus, and protective of the privacy of great-grandson cartoonist Garry Trudeau. The memory of tuberculosis is often celebrated here, unlike other areas where former sanatoriums and private buildings have been torn down, or converted into

"appropriate" post-tuberculosis era structures—such as jails. Buildings themselves were often thought to hold the memory of disease and were thus disposed of, similar to those unfortunate tuberculars that were cast off by family and society at large. But here, buildings are carefully catalogued, and many are now officially registered as historical landmarks.

The virulence of tuberculosis is forever etched in the memories of former patients, the "collectibles" that made "chasing the cure" a way of life. As Mrs. Chapin states:

I feel if I were to live my life over, and I were given a choice of how I'd like to live it, I think I might choose exactly. . . . I feel that I'm a very fortunate person to have come to Saranac Lake. If it was TB that brought me, okay . . . I think that is the reason why Saranac Lake has been acclaimed the best small town in New York is really left over from the days of curing. I think that set the stage. I think it set a certain pattern, a certain something within people that makes them be the kind of citizens they are here and enjoy the ways things are here.³³⁴

We know now that improved sanitation, access to medical care and medication prolongs life even in advanced stages of disease. Medicine and science in North America are becoming less hostile to the idea that state of mind may influence

³³⁴Elise Chapin, interview by Ellen Damsky, 1 June, 1998.

bodily function or dysfunction—a debate that was absent or lost in the vitriol surrounding germ theory. Can we “prove” that positive attitude saved lives before streptomycin? Probably not. The ideological import of “good attitude” was so prevalent in the era of Trudeau’s sanatorium that the import of the ideology be recognized as significant and measurable, like the drugs that finally proved effective during that time.

When Trudeau Sanatorium closed in 1954, the sanatorium era official ended. However, there are many former patients, living not only in Saranac Lake, but in many corners of the world, that attest to the life-altering experience of curing. Certainly many of these people were saved by drugs, but the reality remains that drug therapy was coterminous to, and did not supercede forming alliances, following the rules, and as important, breaking those same rules. Living within the confines of the cure cottages and the sanatorium provided many with a framework of how one was to live, how they were to inhabit their bodies, and how they were to interact with a society that would forever perceive them as less than-less than healthy, less than human, and less than remarkable. But healthy, human, and remarkable they are; many were young, alone, and very ill, and they

ventured into the Adirondack Mountains because there was a place for them. As patient Marshall McClintock said: "Everyone should go there [Saranac Lake] to learn how to live."³³⁵

³³⁵Marshall McClintock, We Take to Bed. (New York: Jonathan Cape and Harrison Smith, 1931), 7.

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