

City of Sunshine

Leah Davis Witherow, Curator of History



Colorado Springs
PIONEERS MUSEUM

“The climate of Colorado contains more of the essential elements which effectively promote health than that of any other country. These requisites are found in the chemical composition of the atmosphere; in the dry, pure, clean, soft, yet stimulating breezes which quicken circulation and multiply the corpuscles of the blood; in the tonic effect and exhilarating influence of the ozone; in the flood of its life-giving germ-destroying sunshine...” Colorado Springs Chamber of Commerce 1915

In the nineteenth century, tuberculosis (then known as consumption) was the leading cause of death in both Europe and the United States. The dreaded “white plague” killed thousands each year. Symptoms included high fevers, rapid pulse, night-sweats, a debilitating cough and significant weight loss. The tremendous physical deterioration of a tubercular patient gave the disease two other common names; consumption and phthisis, a Greek word meaning “wasting away.”



Archaeological evidence suggests tuberculosis has plagued humans for thousands of years. TB lesions have been found in the chest cavities of Egyptian mummies and Hippocrates, the Greek “father of medicine” vividly described the disease over 2,400 years ago. With no known cure until the discovery of Streptomycin in 1944 and Isoniazid (INH) in 1952, nineteenth-century physicians prescribed “rest cures” for consumptives in mild, sunny climates. As a result, invalids sought the best care they could afford and “chased the cure” to Colorado Springs.

From its founding in 1871, local boosters advertised Colorado Springs as a premier health destination for the treatment of consumption and “lung troubles,” among other maladies. Our region’s greatest asset-turned-industry was its stunning scenery, abundant sunshine and mild climate. For decades the local Chamber of Commerce published pamphlets extolling the health benefits of the region. Distributed across the country and around the world, the advertisements encouraged invalids to breathe our “100% aseptic air” and enjoy the healing powers of our over 300 days of sunshine a year. For good reason, the city’s official nickname became ***The City of Sunshine.***

And they came! While no exact figures exist, historians and public health officials generally agree that by 1900, approximately 20,000 health-seekers emigrated to the southwest each year in search of health. In his 1907 memoir, *Chasing the Cure in Colorado*, Thomas Crawford Galbreath estimated that at least 1/3 of all Colorado

residents came to the state in search of a cure for themselves or a close family member. Once cured, many stayed on in the region to build their lives, families, and businesses. Their economic, political, artistic, and educational contributions to this community are still visible today.

Climate and Marketing

“No other locality in the known world has a climate equal to that of Colorado Springs. Our air is pure and bracing, and is entirely free from all malarial influences. Persons suffering from chronic consumption are likely to live longer and more comfortably by residing in Colorado.”

The Colorado Health Resorts, 1883

With no known cure for tuberculosis in the late nineteenth and early twentieth centuries – favorable climates alone seemed to alleviate symptoms of the disease. Within a few years of its founding in 1871, Colorado Springs gained a widespread reputation as a health resort for invalids. Promotional pamphlets declared the region “the World’s Greatest Sanatorium” and described the area’s unique climatic conditions and natural attractions.

However, Colorado Springs was in competition with communities across the country, including Dr. Edwin Livingston Trudeau’s famous Adirondack Cottage Sanatorium near Lake Saranac, New York. A consumptive himself, Dr. Trudeau popularized the sanatorium treatment for invalids. Trudeau prescribed healthy food, fresh air, plentiful rest and sunny climates in order to give tuberculars their greatest chance of recovery.

Colorado Springs’ boosters employed an array of physicians, educators, business-leaders and former patients to extoll the virtues of our region as a health resort. The earliest published description featured the area’s numerous economic benefits: a ten-mile-long irrigation canal, sixty buildings, roads, parks, rich soil and proximity to the Colorado mining districts. Additionally, the climate was described as “...*mild as Italy, and the healthiest in the world. Asthmatics recover rapidly. Consumptives in the early stages generally get well. Ague and its kindred diseases are unknown.*”

Hoping to attract potential students to the fledgling Colorado College, school President Edward Tenney published *Colorado Springs and Manitou as a Health Resort* in 1883. The pocket-size promotional brochure described who **should** and **should NOT** chase the cure in Colorado Springs:

1. Persons in advanced stages of quick consumption, with lungs softened, ought not to go to Colorado. The rarity of the atmosphere will only hasten the crisis.
2. Persons suffering from chronic consumption are likely to live longer and more comfortably by residing in Colorado.
3. ***There is absolutely no need of dying of consumption if one will try the climatic prevention.***

Marketing materials for the region have often carried the tagline, “Over 300 days of sunshine a year...” In the 1920s the Colorado Springs Chamber of Commerce hired prolific local photographer Harry L. Standley to

capture daily images throughout the winter months to prove that despite occasional wind, rain and snow, invalids and residents alike could enjoy the numerous natural and built amenities of the region year round.

Boosters declared the cool refreshing breezes sweeping down the flanks of Pikes Peak to be 100% aseptic, the lack of humidity essential to healthy living, and the soil composition so pure that the streets of Colorado Springs were never dusty or muddy. Eventually, Colorado Springs earned a new moniker that was pure marketing genius – the *City of Sunshine*.

Exercise is the Best Medicine

The notion that good health and exercise go hand in hand dates back to the ancient world. Greek Physicians Hippocrates (460-370 BCE) and later Galen of Pergamon (129-210 CE) emphasized that food and exercise work together to produce good health. In ancient Greece gymnasiums were state sponsored and every notable city had at least one. Throughout modern history, exercise (in or out of gymnasiums) has been prescribed both as a preventative treatment and a cure for a wide range of medical conditions.

The Industrial Revolution brought about tremendous changes in the workplace. In addition to creating a new class of permanent wage laborers, the rise of *white collar* professions grew. Known for their starched detachable collars, white collar workers performed office duties. Serving as clerks, secretaries, typists, accountants, etc..., these professions were also known as “brainworkers” due to their lack of physical activity. Stationary at a desk for 10-12 hours a day, office workers were encouraged to engage in physical activity to remain healthy.

As a result, gymnasiums flourished and both men and women used medicine balls, medicine pins, weight-lifting equipment and even exercise chairs to remain active. An American publication, Thomas Webster's *An Encyclopaedia of Domestic Economy* (1845), recommended an iron rocking chair for exercise while sitting. Swedish physician Gustav Zander is credited with popularizing the precursor to modern exercise equipment. His complex machines were believed to cure a wide variety of inherited and work-induced ailments through “progressive exertion.” He described his methods and machines as, “a preventative against the evils engendered by a sedentary life and the seclusion of the office.”

Theodore Roosevelt, the twenty-sixth president of the United States provides a useful example of physical improvement through rigorous exercise. Roosevelt was born on October 27, 1858, and grew up in a loving home with parents Theodore Sr., and Martha “Mittie” Roosevelt in New York City. However, Theodore was a sickly child who struggled with life-threatening asthma. As a teenager, he decided to improve his physical health and mental strength, determined to “make his body” healthy. He undertook a challenging program of gymnastics and weight-lifting which resulted in a muscular physique and his asthma much improved. For the rest of his life, Roosevelt advocated exercise and the “strenuous life.” He regularly enjoyed heavy physical exertion including hiking, horseback riding, boxing and wrestling.

The belief that individuals could improve their health through rigorous physical activity or travel took powerful hold in the nineteenth century. A common prescription for long-term invalids involved arduous travels to improve their health. Sailing to Europe, Africa, Asia or the Caribbean via long ocean voyages, or heading to the Colorado Springs Pioneers Museum, Leah Davis Witherow, Curator of History

American West to regain health in challenging, rugged conditions were two popular options. As early as the 1840s, published accounts of the Pikes Peak Region extolled its health-giving climate. Soon after Colorado Springs was founded in 1871, local boosters likened the climate to that of Italy in both its healing and scenic qualities.

Invalids suffering from a variety of ailments including asthma, consumption, rheumatism, ague, dyspepsia and “throat troubles” travelled west in search of better health. Both health seekers and vacationers stayed at local hotels or boarding houses, drank the waters in Manitou Springs, and went on carriage rides through north and south Cheyenne Canons, the Garden of the Gods and up Ute Pass. Their search for better health was self-directed and largely involved picturesque travel experiences. If the climate of Colorado Springs was not to their liking, they might try a journey to New Mexico, Arizona, California or a coastal climate in America or abroad.

Two factors changed the course of TB treatment in the late nineteenth century. German physician and scientist Robert Koch discovered the *Mycobacterium tuberculosis* as the cause of TB in 1882. At the time, TB or consumption was thought to be either the result of hereditary predisposition, nervous temperament or strenuous mental work typified by those engaged in great artistic and literary work. The discovery of a bacteriological origin of the disease shifted the focus from invalids as sympathetic figures to invalids as potentially contagious burdens on society. Secondly, by the late 1880s, TB treatment methods pioneered in Europe were implemented in America. As a result, the nature of the doctor-patient relationship changed dramatically, and a more formalized, institutional model of care and confinement of invalids was established. For Colorado Springs, the sanatorium-era had begun.

Chasing the Cure

By 1917, the rest-cure was firmly established as the best treatment for tuberculosis. For invalids, chasing the cure through rest was a full time job. They were required to follow a strict schedule, eat copious amounts of food, monitor their temperature and pulse repeatedly throughout the day and even document the color and consistency of their sputum. Prohibited from engaging in even mild exercise until their temperature and night sweats abated, tuberculars were encouraged to do absolutely nothing and do it well. Ironically, achieving absolute rest required a lot of work and patients were urged to take it very seriously.

Pamphlets published by the Chamber of Commerce as well as local sanatoria encouraged only incipient tuberculosis patients to come to Colorado Springs. More advanced cases were urged to stay home where they could be cared for (and buried) by their family members or friends. Officials routinely recommended invalids have at least one year’s salary set aside, but two was preferred. To successfully chase the cure, one could not work, as fighting tuberculosis was the most important thing a patient could do for himself, his family and his community.

Without a known cure, sanatoriums provided rigid rules and consistency thought necessary to survive the disease that at the time killed one out of every 7 people. A 1905 Nordrach Ranch publication declared, “*The Cure of tuberculosis is not a question of medicine. We have no medicine that will cure the disease...The only*

cure there is as present, consists of regulating the daily life of the consumptive making him live according to strict rules of diet, hygiene, rest, etc..., utilizing to the fullest extent, fresh air, nourishment, rest and supervision, all of which can be best found in a well-regulated sanatorium, especially if it be located in a suitable climate."

Sanatoria publications informed potential patients of their mandatory submission to medical expertise. According to popular opinion at the time, invalids were at least partly responsible for contracting the disease due to unhealthy habits, unsavory associations or lax hygiene. As a result, tuberculars would need to learn healthy habits of living for themselves, and to prevent transmission of the contagious disease. A 1909 Modern Woodmen of America publication warned invalid members of the direct supervision necessary for successful treatment, *"While this is in no sense a penal institution, rules have been adopted to govern and control the patients while here in order that they may get the maximum benefits from treatment...All patients, after admission to the Sanatorium, are subject in everything to the order of the Medical Director. Down to the last detail, their lives will be regulated by strict rule, and unless they obey the rules they will not be permitted to remain at the Sanatorium. Only by faithful obedience to these rules may patients hope to secure full benefit of the care and treatment given them. No rule is promulgated or enforced without excellent reasons."*

Tubercular patients almost always suffered from wasting as the disease "consumed" them. In an effort to boost their immune system's capacity to fight the disease, patients were fed copious amounts of rare meat, raw eggs, milk and rye bread – all of which was thought the most healthful for invalids. Glockner patient Emeline L.J. Hilton's daily schedule is illustrative of the "stuffing" or force-feeding methodology. Her days were filled with what she jokingly referred to as "Rare, Raw and Rye, and a gallon of milk each day."

- Six a.m.: Sister brought a glass of milk
- Seven a.m.: Took temperature and pulse before rising; cold sponge bath
- Breakfast: Rare beef, two raw eggs, "heels" of rye bread and one pint of milk
- 8:30-12: Out-door inactivity in the sun; temperature and pulse; glass of milk at eleven; rest in room till dinner
- Dinner: Rare beef, one raw egg, rye bread and a pint of milk
- 1-5:30 p.m.: Porch, with 4 o'clock interruption of record (charting of temperature and pulse) and milk and room till supper
- Supper: Rare beef, one raw egg, rye bread and pint of milk
- 7:30: Bed and lights out
- 9 p.m.: Record (charting of temperature and pulse) and milk, if awake

The sanatorium diet proved successful for Emeline Hilton. Her weight prior to entering Glockner was a mere 108 pounds. By the time she returned home a year later she happily boasted of weighing 147 ½ pounds.

A particularly popular treatment in Colorado was heliotherapy or sun therapy. Taken from the Greek root word *Helios* or sun, the method encouraged tuberculars to take their daily rest cure in direct sunlight to kill the tuberculosis "bugs." This method was obviously most useful in dry, sunny climates in the southwest. As

local sanatoria competed for patients with institutions across the country and in Europe, the over 300 days of sunshine a year in Colorado Springs was a useful treatment method as well as marketing tool.

Perhaps even more significantly, chasing the cure in the bright Colorado sunshine provided a positive psychological effect for many invalids. Prohibited from exercising, tuberculars found the mild climate and sunny days pleasing compared to life indoors. Some took detailed notes on bird sightings, while others sketched the local scenery, read or kept elaborate scrapbooks. For the most seriously ill patients, even these minor distractions were prohibited. Physicians like Webb, Gardner, Solly, Moore, and many others excelled at instilling in their patients a sense of hope, patience and sometimes acceptance. Building friendships and mentor-like relationships with invalids over the course of weeks, months and years, they consistently encouraged their patients to “fight” as hard as they could for themselves and their families.

While most eagerly awaited mail from home, writing letters to their loved ones proved difficult and tiresome. How to describe anything new or unique when every day repeated the same pattern? Emeline Hilton described how she sometimes resorted to pure fiction or detailed description when writing to her anxious mother, *“And so my letters were a pleasant recital of the events of the day that didn’t happen; conversations that rivaled Landor’s with people I never met; subjects of importance gleaned from my home paper and the landscape. I fairly described every inch of the Heavens above, the earth beneath and the mountains between.”*

The Campaign for a Cure

“There are 450 patients for every bed in the t.b. sanitariums in the United States. Seventy percent of the sufferers from this disease are improperly cared for. Think of millions of heartaches and the thousands of destitute homes which those figures mean! The work of this campaign and of the war to follow is to teach the consumptive to protect others.”

Colorado Springs Gazette, November 3, 1909

Amid growing alarm over the serious health threat tuberculosis posed in America’s most crowded urban environments, the *National Tuberculosis Association* sponsored a traveling educational exhibit seen by millions across the country. Hundreds of people visited the display when it arrived in Colorado Springs in the fall of 1909. The exhibit and related lectures, sermons and programs sparked increased interest in public health issues related to sanitation, urban planning, disease monitoring and the isolation of tuberculars.

The tuberculosis exhibit was part of a larger national ***“Crusade against Tuberculosis”*** that epitomized Progressive-Era reform movements. Using rhetorical language to frame the battle against the deadly disease in martial terms, local physicians and ministers encouraged citizens to, *“...go to war against tuberculosis!”* One prominent local speaker framed the challenge as *“...the greatest humanitarian battle of the century, which we as soldiers must win!”* Visitors to the exhibit examined diseased lungs, viewed graphic photographs, perused “ideal or model” homes with state-of-the-art sanitary amenities, and sat through numerous lantern slide presentations.

An unexpected outcome of the new public health campaign was pthisiophobia, or fear of tuberculosis. Residents keenly aware of Colorado Springs' longstanding marketing campaign to lure "chasers" to the area grew alarmed by the ever increasing number of consumptives among them. Also worrisome was the growing number of tuberculosis cases contracted in the *City of Sunshine*. The percentage of tuberculosis related deaths among Colorado residents rose from 11.26% in 1893 to 19.77% in 1898. Responding to concerned citizens, Colorado Springs officials drafted a series of new laws in 1909.

As described in the *Colorado Springs Gazette*, changes in public health policy and practice included reorganization of the Colorado Springs Health Department, a ban on communal drinking cups, the prohibition of spitting in streets, parks, or other public places, a ban on teachers with tuberculosis, mandatory fumigation of boarding houses and residences where "lungers" died, free sputum cups furnished to those who could not afford them, an ordinance requiring all new sanatoriums be located outside city limits, and the creation of the non-profit Sunnyrest Sanatorium for indigent consumptives.

On a national level, Christmas Seals were introduced by Emily Bissell in 1907 to raise money for a small sanatorium in Delaware. Soon thereafter, the *National Tuberculosis Association* (later renamed the *American Lung Association*) adopted Christmas Seals as a powerful educational and fundraising tool. Interestingly, the organization designed its emblem, a modified *Cross of Lorraine* from the medieval Crusades to signify its own "***Crusade against Tuberculosis!***"

The Disease of Civilization

Tuberculosis is one of the oldest human diseases. Known throughout history as *phthisis*, the *White Plague*, *consumption* and finally *tuberculosis*, TB has been referred to as *the disease of civilization* due to its prevalence in settled communities of several hundred individuals or more. The rise of the city led to a subsequent rise in tuberculosis and other infectious diseases as people increasingly lived in unhealthy, urban settings. Historian Helen Bynum has stated, *the risk of contracting tuberculosis and its progress over time are heavily dependent on the health of the victims and the conditions in which they live*. A terrible disease on an individual or family level - its suffering is magnified exponentially during an epidemic. The most at risk have always been the poor and malnourished, whose hazardous working and living conditions made them subject to overcrowding, poor ventilation and lack of sanitation.

Although strains of the disease infect a wide range of mammals, *Mycobacterium tuberculosis* specifically affects humans. The latest scientific research reveals that that *Mycobacterium tuberculosis* dates back at least 35,000 years. The search for the earliest known human cases is ongoing. In Europe, 8,000 year-old skeletal remains with recognizable signs of the disease have been found near Liguria, Italy. In the Americas, 1,300 year-old mummies found in Peru and Chile, and 700 year-old skeletal evidence from the Illinois River Valley, both contain signs of the disease. With new advances in DNA analysis, there is little doubt that the earliest human origins of the disease will continue to be pushed backward in time.

Evidence of tb has been found in Egyptian mummies, and written histories describe the disease as common in ancient Greece and Rome. The Greeks called tuberculosis *phthisis*, derived from a root word meaning waning

or wasting. TB is often characterized by a chronic wasting away or atrophying of the body. The term *consumption* describes how the body, wracked with disease appears to “consume” itself. In ancient times, a change climate was the recommended treatment. Long journeys or sea voyages were seen as curative. Invalids were encouraged to maximize fresh-air ventilation and drink as much fresh milk as possible. Finally, physicians encouraged patients to maintain a positive outlook, partake in only gentle exercise and avoid over-excitement. For hundreds of years, remarkably little changed in diagnosis or treatment methods until Dr. Robert Koch discovered the tubercule bacillus in 1882.

Pulmonary tuberculosis is the most common form of the disease. Symptoms include: chronic cough, cough producing sputum, fever, night-sweats, malaise, severe weight loss and labored breathing. Other frequent types of non-pulmonary tuberculosis are found in the lymphatic system, especially the glands of the neck where the resulting swellings are known as scrofula. Pott’s Disease is a specific type of tuberculosis that destroys vertebrae in the back causing intense pain and a prominent curvature of the spine. The disease can also attack gastrointestinal, lymphatic, nervous system, bones, joints, skin, circulatory and other systems in the body.

TB is spread by airborne secretions from the lungs or larynx. When a tubercular coughs, sneezes, or even talks, minute aerosols containing the tubercule bacilli are expelled. Bystanders who inhale them can become infected. Unfortunately, little is known about length of minimum exposure but scientists believe it can be very brief. However, in 90-95 % of all cases of tb infection, the tubercule bacilli is walled-off within the body by healthy immune system cells. These cases are considered latent and do not test positive for the disease. Individuals with latent tuberculosis are not infectious and may never suffer any signs or symptoms of the disease. In 5-10% of all TB infections, the disease is not adequately walled-off within the body and slowly proliferates. Known as primary tuberculosis, patients typically experience symptoms within two years or less. Although the disease can be fatal, patient outcomes vary depending on the relative health of the individual prior to infection and other factors.

Whenever and wherever people have lived in close proximity, tuberculosis has been a major health threat shrouded in mystery and misunderstanding. In the Middle Ages, only a “royal touch” from a reigning king or queen was thought to cure scrofula. In 17th and 18th century Europe, the *White Plague* was epidemic and thought entirely fatal. By the early 19th century, consumption was believed to be an inherited disposition or indicative of a “sensitive constitution” weakened by taxing “brain-work.” Consumptives became the subject of romantic paintings, novels and operas as many artists, composers and authors succumbed to the disease. The list of famous tuberculars includes: poets Keats and Shelley, authors Robert Louis Stevenson, Emily Bronte, Edgar Allen Poe and George Orwell, and composers Nicolo Paganini and Frederic Chopin among many others. Although deaths from TB were on the decline in the early twentieth century, the poor suffered more greatly than the rich. Living in overcrowded and unsanitary conditions, the immigrant, urban poor were especially susceptible. Consumption now became a stigma. Once again, physicians encouraged tuberculars to seek a change of climate.

In Aere Salus

Loosely translated, *In Aere Salus* means *In Air Salvation*. Dr. Robert Koch's newly discovered *Mycobacterium tuberculosis* coupled with Louis Pasteur's *Germ Theory* made open-air cures the most prescribed treatment for tuberculosis in the early twentieth century. Following the contemporary logic that air at high altitude was aseptic and free from all germ life, Colorado Springs became a desirable location for the treatment and cure of tuberculosis.

Carried to its extreme, open-air therapy required patients to live in canvas or wooden tents. A more moderate approach was the sleeping porch. Patients in both sanatoria and private homes slept on outdoor porches all year round to increase access to fresh air and to isolate them from other family members or patients. A local resident who as a child slept on a sleeping porch described waking up in the morning to a crust of snow on her blankets. To her concerned parents, the healthful benefits of sleeping in the "out of doors" outweighed any consideration of cold temperatures or potential discomfort.

With the proliferation of TB huts and the many sleeping porches that were built onto local residences, tuberculosis changed the built environment of Colorado Springs. Although more than 15 large and small sanatoria operated in the region at the height of the TB treatment era in 1917, wealthy tuberculars often built substantial residences in the city and received private care at home. Others built houses for their families while they recuperated at Cragmor or another local sanatorium. Still others recovered here, and later returned to build homes, families and businesses.

First developed by Dr. Charles Fox Gardiner as a result of his travels among the Ute in western Colorado, the TB hut became a familiar sight at sanatoriums across the region. Perhaps the most iconic use of the octagonal wooden tent was at the Modern Woodmen of America Sanatorium located northwest of the city. At its peak, over 245 patients lived in individual wooden cottages that were neatly ordered in tidy rows. The TB huts at the MWA facility were painted the organization's signature colors of white, green and red, and a hand-painted sign over the doorway of each hut signified an MWA camp affiliation. When the MWA Sanatorium closed in 1947, the over 200 tent cottages were sold to local residents and businesses. They can still be seen in backyards throughout the region, uses as tool sheds, home additions, artist studios and play houses.

Even for an invalid living in a TB hut, resting out-of-doors all year round despite occasional inclement weather was a required part of their treatment. Patients sat in steamer chairs or wheelchairs for six to eight hours a day for months at a time. At some sanatoria, patients were not allowed to talk while at rest. Both the eight-sided tent and the sleeping porch were designed to admit optimum amounts of fresh air. Dr. Webb thought tent living unnecessarily "tortuous" and much preferred his patients reside on sleeping porches when possible.

Another interesting application of *In Aere Salus* or the open-air cure was the proliferation of outdoor schools. A widespread trend across the country, open-air schools allowed children to receive an education in what was thought to be the most healthful environment possible. At the San Luis School in Colorado Springs, children took all their lessons and ate their meals outdoors unless the temperature dipped below 32 degrees

Fahrenheit. School alum Anne Cross remembered classmates placing snow on the outdoor thermometer when teachers weren't looking in order to be allowed to go inside!

A similar philosophy inspired the creation of the Nutrition Camp by Marjorie Palmer Watt, daughter of Colorado Springs' Founder General William Jackson Palmer. Suffering with tuberculosis herself, Watt modeled the Nutrition Camp on similar organizations in the United States and Europe. Under the care of trained nurses and teachers, the Nutrition Camp provided a temporary respite for children deemed "at risk" of contracting tuberculosis due to illness in the family or apparent malnutrition or poverty. Provided with a healthful diet and all the milk they could possibly drink, the children spent most of their time out-of-doors in the fresh Colorado air. After several weeks they returned to their families in better health than before.

Treatments & Fads

If there is such a favored country, let it be known to all. The existence of a natural sanitarium such as this, miles and miles of country bathed in sunshine and pure air, without mankind's worst enemy (tuberculosis) lurking in every corner — nay, not, as a rule, even present — is a fact that should be shouted from the housetops in every city, town or village over our great country, in which one life in every 333 is lost every year from a contagious and preventable disease."

Dr. Charles Fox Gardiner, 1898

Sanatorium treatment in Colorado Springs was based on Dr. Trudeau's original prescription of rest, fresh air, sunny climates and healthy food. Rest was believed to heal diseased lungs. Because they chased the cure through long hours of rest, consumptives were often called "chasers" or "lungers." In addition to the rest cure, patients were fed three large meals a day supplemented by as many as a dozen eggs and a gallon of milk, in hopes of rebuilding invalids' physiques made thin and frail from consumption.

Local physicians developed their own treatment methods and became well known for unique sub-specialties. Dr. Charles Fox Gardiner had one of the most successful practices in Colorado Springs and is credited with the invention of the tent cottage. Said to have been inspired by the Ute tepees Gardiner visited in Colorado's backcountry, the eight-sided *Gardiner Sanitary Tent* was open at the top and had inlets for fresh air at the base. Both the canvas and wooden versions of Gardiner's invention were extremely popular and used at nearly every sanatorium in the region.

To maximize access to fresh air, patients in local sanatoria sat outside in steamer chairs six to eight hours a day for weeks, months or even years on end. Patients had their temperatures and pulse rates frequently monitored. Those on rest cures were allowed very little physical activity and tuberculars with the most advanced cases remained bedridden for months at a time. Nearly all invalids at local sanatoria led regimented lives; meal times, rest times, bathing times and recreation times were strictly enforced. At some facilities, patients were not even allowed to talk while at rest.

City of Sunshine proved an apt marketing slogan as heliotherapy was an especially popular treatment method in the region. From the Greek word *helios* meaning sun, heliotherapy involved exposing patients to maximum

amounts of sunlight in order to kill the tuberculosis (bacilli) “bugs.” As the author of a 1915 promotional brochure declared, *“The value of the sun in tuberculosis has been shown beyond question by the success of helio-therapy in Switzerland and in the eastern portions of the United States. The Rocky Mountain region in general has from 12 to 100 percent more sunshine than other parts of the U.S., Colorado Springs has 70 percent of possible sunshine as an annual average.”*

Specialists often used more invasive techniques to treat tuberculosis. Artificial pneumothorax was a procedure that originated in Europe but was practiced locally until the late 1940s. As fluid in one bottle flowed into another, the air in the once-empty bottle was displaced and inserted through a needle into the pleural space between the chest wall and the lung. This caused the lung to collapse — and hopefully heal more quickly. This portable apparatus could be taken to the bedside in homes, tents, cottages or sleeping porches. Of course, many consumptives self-medicated with a plethora of over-the-counter patent medicines that were readily available at numerous local drugstores.

Go See Dr. Webb in Colorado Springs

Next to choosing a beneficial climate, selecting an appropriate physician was paramount. Chasing the cure could take months or even years, and finding the right specialist could mean the difference between life and death, or comfort versus despair. For over five decades, thousands of invalids sought the care of Dr. Gerald B. Webb of Colorado Springs. Most of his patients were either recommended by physicians in the East or Europe who knew of his reputation, or other invalids who raved about his cheerful bedside manner and ability to get them well.

Former journalist turned local historian Marshall Sprague noted, *“...a sick man is a sensitive man. His thoughts are bound to dwell on dying...His doctor may hold his soul in his hand. At least that is how it was with me back there in Glockner so long ago. Dr. Webb stood between me and the dark. He made me well, but besides that it was his gift to pass his own love of life on to me; to pass his interest in living on to me; to make me want to live as passionately as he himself wanted to live. And he did that for thousands...”*

Dr. Webb saw patients in his home office at 1222 North Cascade Avenue, made house calls to residences and boarding houses, in addition to regularly scheduled visits to every sanatorium in the region. Like most other local physicians, Webb cared for invalids regardless of their ability to pay. Webb “forgot” to send bills to needy patients, often reaching into his own pockets to give them money and personal loans. According to author Helen Clapesattle, Dr. Webb provided free care to an extraordinary number of fellow physicians and their families stating, *“I am always glad to do anything I can to help a member of the profession.”*

Contrary to the earlier era when patients were encouraged to travel abroad or embrace an active, outdoor lifestyle, a rest cure supervised by a tuberculosis specialist was the most effective regimen. Patients chased the cure in the open-air as many hours a day as possible. Specialists like Dr. Webb provided specific diagnoses which resulted in specialized diets, physical restrictions, medicines and supplements, x-rays and surgical procedures, and perhaps most importantly, encouragement. Prior to the discovery of Streptomycin and other

antibiotics to cure TB, the rest cure was a patient's best hope. Webb's reputation for consistent, effective application of the rest cure was unsurpassed in the region.

Despite his occasional use of artificial pneumothorax to deflate a patient's diseased lung to allow it to rest and heal, Webb resisted more invasive surgical techniques. After witnessing a thoracoplasty procedure where parts or entire lobes of lungs were removed, and phrenicectomy, the surgical removal of part of the phrenic nerve to collapse a diseased lung by paralyzing the diaphragm, Webb refused to perform them. He believed the procedures too dangerous with no significant benefits to the patient.

Instead, Dr. Webb focused his clinical work on providing earlier and more accurate diagnoses of TB. In a 1917 report to the National Tuberculosis Association that Webb co-authored with Drs. Gilbert and Forster they stated, "*In the last six years several hundred cases of pulmonary tuberculosis have passed through our hands at Cragmor Sanatorium. Among them we have seen many previous errors in diagnosis...*" Webb was renowned for his ability to "hear and interpret" sounds heard through his stethoscope and took exhaustive case histories of every patient.

Dr. Webb conducted experiments in immunology and served as the first president of the *American Association of Immunologists* from 1913-1915. In 1924 he founded the *Colorado Foundation for Research in Tuberculosis* which is now the *Webb-Waring Center* at the University of Colorado School of Medicine. For many years he conducted the Colorado School for Tuberculosis in Colorado Springs which trained hundreds of physicians and established Dr. Webb as a recognized authority on the treatment of TB.

As with many physicians in Colorado, Gerald Webb's connection to tuberculosis was deeply personal. Trained at Guys Hospital in London, Dr. Webb immigrated in 1894 with his American wife Jenny. Their search for a cure for Jenny's tuberculosis eventually led them to the Pikes Peak Region. After earning his M.D. from the University of Denver in 1896, Webb opened a practice in Colorado Springs. Tragically, Jenny could not be cured and passed away in 1903. Taking a brief sabbatical from his practice, Webb studied potential tuberculosis vaccines under the tutelage of Sir Almroth Wright at St. Mary's Hospital in London. After several months he returned to Colorado Springs now specializing in tuberculosis.

Dr. Webb cemented his roots in the region by marrying Varina Howell Davis Hayes on July 20, 1904. Varina was the daughter of prominent business and civic leader Joel Addison Hayes and his socially and philanthropically gifted wife Margaret Howell Davis Hayes. Perhaps of even greater significance, Varina was the granddaughter of Jefferson Davis, the West Point graduate, former Secretary of War and notably, the President of the Confederate States of America during the Civil War. Varina and Gerald had a busy, full life raising five children, and enjoying the company of grandchildren before Varina's tragic death from bloodpoisoning in February 1934. Many of the Davis, Hayes and Webb descendants still call Colorado Springs home.

Dr. Webb's scientific work coupled with a reputation for an outstanding diagnosis and warm bedside manner helped put the city on the map as a center for tuberculosis treatment. Additionally, he was fondly remembered by countless patients and friends for his winning yet gentlemanly ways in pursuit of his many avocations: tennis, polo, chess, science, poetry, and the study of literature and history. Dr. Gerald Webb died

of a heart attack at his home on January 27, 1948. For many, the death of this kind-hearted yet sophisticated doctor who was credited by so many for saving their lives signaled the end of an era in Colorado Springs.

Consumptives, Caregivers & Clinicians:

Who is left out?

Although considerable evidence documents the lives of wealthy female sanatorium patients, little is known about the legions of female nurses who cared for them. Sanatoriums and hospitals were in constant need of new nurses and often formed their own nursing schools to supply them. They also turned to their own success stories - former patients. Few of the charitable organizations or affordable sanatoria could have operated successfully without the untiring work of a half-dozen religious orders and societies. The region's health history was profoundly shaped by the nursing care and responsible administration of the Sisters of St. Francis of Perpetual Adoration, Sisters of Charity, Sisters of Mercy, Kaiserwerth Deaconesses, Methodist Deaconesses, and the Visiting Nurse Association.

The few female physicians practicing in Colorado Springs one hundred years ago are also difficult to document. In 1917, there were 93 medical doctors (osteopaths not included) listed in the Colorado Springs City Directory, and only two were women. With an estimated population of 40,000 residents in the present day city limits, that number equaled 1 physician for every 387 people. It was a competitive climate to say the least. In contrast, the region now suffers from a chronic shortage of general practitioners. According to research conducted by the Colorado Health Institute in 2014, the region repeatedly falls short of the desirable ratio of 1 general practice physician per 1,900 residents. At the height of the sanatorium era, Colorado Springs had a surplus of doctors as many came in search of a cure for themselves or a close family member.

The two female physicians listed in the 1917 directory practiced for only a short time. Nothing is known about Dr. Emma Woodrow, Dr. Mary Riggs Noble became a prominent leader in public health. Noble was born in 1872 and moved with her family to Colorado Springs as a young child. After graduating from Colorado College, Noble received her M.D. from the Women's Medical College of Pennsylvania in 1901. Before returning to Colorado Springs, she served as a medical missionary to northern India. In 1919, Dr. Noble became the Medical Director for the Tuberculosis Free Clinic operated by the Visiting Nurse Association. She later became Chief of the Division of Child Hygiene for the Pennsylvania Department of Health, and the first recipient of the Elizabeth Blackwell Medal. Named in honor of the first woman to graduate from an American medical school in 1849, the medal is granted annually to a woman physician "who has made the most outstanding contributions to the cause of women in the field of medicine."

There is a frustrating lack of evidence of African-American consumptives, caregivers or clinicians in Colorado Springs. However, a series of *Gazette* articles document the efforts of Payne Chapel African Methodist Episcopal Minister, Reverend James W. Braxton's efforts to establish a national sanatorium for aged and tubercular African-American clergy. Using a half block of land granted by the Colorado Springs Company, Reverend Braxton traded the land plus an additional \$3,700 to purchase the former Bellevue Hospital at 915

East Huerfano (now Colorado Avenue) in 1910. After Bellevue's patients were moved to the newly opened Beth El in late 1911, Reverend Braxton redecorated and refurnished the facility to prepare for patients. A grand opening held on June 11, 1912 was attended by prominent ministers from around the state as well as Henry Avery, the Mayor of Colorado Springs.

With Reverend Braxton as Superintendent, the sanatorium was called the National Preachers Home or the Charles Sumner National Tuberculosis Association. With an annual pledge of \$6,000 from the A.M.E. assembly to support operations, Braxton purchased a 1040 acre ranch southeast of Colorado Springs and took an option on the now-defunct Nordrach Ranch Sanatorium. The ambitious new goal of the interracial Board of Directors of the Charles Sumner National Tuberculosis Association was to erect a state-of-the-art facility to fight tuberculosis among African-Americans. Alarming, despite a decline in rates of tuberculosis infection among white Americans, rates of infection among blacks were on the rise. However, the necessary funds never materialized. A violent hailstorm in the summer of 1915 destroyed the roof of the former Bellevue facility and damaged the entire upper floor. Unable to raise money for the badly needed repairs, Reverend Braxton closed the National Preachers Home in July 1915.

In 1923, a similar effort by local ministers to create a National Sanatorium for Colored Tuberculosis Patients was launched - but it too failed to gain financial support. Finally, it is important to recognize Dr. Richard Suydam Grant, the first African-American physician in Colorado Springs. Born in Mississippi to parents Lorenzo and Esther who were likely former slaves, Dr. Grant operated a successful practice in Colorado Springs for over fifteen years. With wife Leila as his nurse, Dr. Grant's home at 325 East Caramillo functioned as his clinic prior to opening an office downtown. He was renowned for offering excellent care to patients regardless of race or religion. In 1919, Dr. Grant and his family relocated to Rockford Township, Illinois. His absence left a tremendous void in the local medical community.

Clinician and Consumptive: Dr. Samuel Edwin Solly

Dr. Samuel Edwin Solly was born in London, England, May 5, 1845, the son of a distinguished surgeon. He received medical training at St. Thomas Hospital, and graduated in 1867 from the Royal College of Surgeons. After a "break in his health" Solly studied climatic treatment of pulmonary diseases and *chased the cure* to Egypt, the Riviera, and Switzerland by the time he was 18. Finding no relief, he and his wife Alma Helena, also a consumptive – came to the Pikes Peak Region in search of health in 1874.

Seeking Health and Freedom: Sedley B. Jones

Sedley B. Jones was born in Jackson, Mississippi in October 20, 1857 (some records indicate either 1855 or 1859.) Due to the time and location of his birth, it is nearly certain he was born into slavery, as were his parents. After the Civil War, Sedley was part of a *Great Migration* of African-Americans who moved out of the south in search of political, economic, and social freedom. He came to Colorado Springs around 1880 and became an active member of the local Republican Party and a leader of the *Odd Fellows El Paso Lodge No. 2771*. Just a few years after arriving in the area, Sedley B. Jones had put down roots.

Consumptive & Philanthropist: Marjory Palmer Watt

Marjory (also spelled Marjorie) Palmer was born in England to Mary “Queen” Mellen and William Jackson Palmer on November 12, 1881. The last of their three daughters, Marjory was born abroad after Queen’s heart condition forced her to seek a more suitable climate and lower altitude. Eventually, Queen and the girls settled into a grand manor house known as Igtham Mote. General Palmer visited his family there once or twice a year. Although their English home was lovely, visitors described its draughty “spine-chilling cold.” After Queen Palmer died in December of 1894. Marjory and sisters Elsie and Dorothy came back with their father to live in Colorado Springs.

Starting Over: Sophie Rath Thomas

Sophie Rath was born on October, 30 1863 to Quaker parents Joachim and Sophia in Testorf, Germany. Ten years later, the family immigrated to Buffalo, New York. They were part of a wave of over 700,000 German immigrants who came to America in the 1870s. They sought economic opportunity, political and religious freedoms and avoidance of mandatory military service. As a teenager, Sophie found employment as a domestic servant in the home of Daniel W. Allen, a prominent Buffalo attorney. By the time she became a naturalized citizen in 1885, Sophie Rath was probably already infected with tuberculosis.

An Independent Woman: Ida Gwynn Garvin

In the fall of 1915, Ida Gwynn Garvin was a reluctant patient “chasing the cure” at Nob Hill Lodge. Originally from Ohio, Ida had left her seven children in the care of her parents as she sought sanatorium treatment. Letters home document her constant concern over living expenses and the health threat she posed to her children. Writing to her mother in December Ida states, *“I think her (daughter Irma’s) lungs and sputum had better be examined at once, as we don’t want to take any chances...I think the home had better be disinfected...I thought I was careful but I did not exercise the care that we are obliged to here...They are very strict about it in Colorado, but I suppose they have to be when the state is so full of lungers.”*

A Consumptive and Inventor: Frank Verba

Frank Verba was born in Iowa on September 16, 1884. A mechanical engineer by training, Verba met and married his wife Caroline Whitacre when he was working in Ohio. Caroline was born in Middleborough on February 7, 1890. The couple moved to Springfield, Ohio where their son Gilbert was born in 1911, and later to Buffalo, New York. By 1913 the family had traveled west in search of a cure for Frank Verba’s TB. He was a patient at Cragmor Sanatorium from 1914-1916 while his family lived at 218 North Weber in Colorado Springs. Two years later, daughter Virginia was born in Colorado Springs in 1918.

CHECK-UP #1

Clinician & Consumptive: Dr. Samuel Edwin Solly

In 1874 Dr. Solly and his family immigrated to Manitou Springs, and shortly thereafter settled in Colorado Springs. His wife Alma died of tuberculosis in March of 1875, less than three weeks after giving birth to their daughter Dorothy Alma. Solly remarried in 1877 to Elizabeth Evans and continued to build his clinical practice and conduct research on the role of climate in treating pulmonary TB. He published a series of articles and books for both scientific and general audiences including, *The Handbook of Medical Climatology* and *The Health Resorts of Colorado Springs and Manitou*. As his health improved, he dreamed of building a sanatorium that would rival the very best in the world, a veritable “Sun Palace” called Cragmor.

Seeking Health and Freedom: Sedley B. Jones

Sedley B. Jones married Belle Henderson on March 28, 1894. Belle was born in Missouri around 1861 and lived in St. Louis before coming to Colorado Springs. After their marriage the couple lived at 122 Pueblo Avenue and Sedley worked as a waiter at the prestigious Antler’s Hotel. Despite the promise of freedom in the west, African-Americans in Colorado had limited job opportunities and serving as a waiter was a coveted position. After fire burned down the Antler’s in 1898, the staff was laid-off. When the hotel reopened to great fan-fare in 1901 a significant change had taken place — African-Americans were not hired back as wait-staff. At the same time Jones’ health was breaking down, he was also out of a job.

Consumptive & Philanthropist: Marjory Palmer Watt

It remains unknown if thirteen year-old Marjory Palmer had already contracted TB by the time she arrived in Colorado Springs in 1895. However, approximately ten years later a photograph shows her “chasing the cure” on a specially-built glass and iron sleeping porch addition to Glen Eyrie Castle. Marjory married fellow tubercular Dr. Henry Chorley Watt on September 14, 1909. Dr. Watt had been one of General Palmer’s private physicians. Originally from Liverpool, England, Dr. Watt immigrated first to Hawaii and later to Colorado Springs in search of a TB cure. Shortly after their marriage, the Watts built a beautiful 13 room, 4 bath home with numerous sleeping porches at 1801 Culebra Avenue.

Starting Over: Sophie Rath Thomas

In May 1886, the unmarried Sophie Rath gave birth to twins, Fred and Irene. Her employer, Daniel W. Allen, a married father of four children was also the father of Sophie’s twins. To make matters worse, she somehow contracted TB. A change of scenery was definitely in order. In 1900 Sophie and her children came to Colorado Springs to begin a new life in a healthful climate far from Buffalo, New York. The 1900 City Directory lists Sophie as a widow and dressmaker. Perhaps most importantly, Sophie Rath changed her last name to Thomas. Why Thomas? No one knows for sure. Due to limited financial means, Sophie Thomas could not “chase the cure,” instead she went to work at Elite Laundry to support herself and her two children.

An Independent Woman: Ida Gwynn Garvin

When Ida Gwynn Garvin first arrived at Nob Hill Lodge she was a woman broken in health and spirit, weighing just 104 ½ lbs. Although she later described herself as a widow, evidence suggests that Ida’s husband Norman had abandoned the family. As a result, Ida relied on her parents to pay for her care. Having grown tired of the rigid rules and endless talk about TB that were common in sanatorium life, Ida wrote to her mother, *“I really feel that at present I have my bugs (TB) on the run and that when I get where I won’t hear so much about it I’ll improve even faster.”* By April 1916, Ida decided that the expense was simply too much. She nervously traveled by train to visit her brother John and his wife Ethel, hoping to regain her health in the dry air of eastern Montana.

A Consumptive and Inventor: Frank Verba

In 1914, Frank Verba was admitted to Cragmor Sanatorium with an advanced case of *Laryngeal Tuberculosis*. His physician, Dr. Alexius M. Forster prescribed the proverbial rest cure and heliotherapy, or the exposure to maximum sunlight to treat Verba’s TB. Specifically, Forster recommended Verba use a laryngoscope to train sun rays down his throat and directly onto the larynx with a set of mirrors. By 1914, laryngoscopes were common devices first introduced in 1904 by Dr. Josef Sargo at the Alland Sanatorium in Europe. While a patient at Cragmor, Frank Verba not only healed his own larynx with the administration of the laryngoscope, he improved the treatment of this painful type of TB by applying his skills as an engineer to make the instrument more effective and easier to use.

CHECK-UP #2

Clinician & Consumptive: Dr. Samuel Edwin Solly

Dr. Solly enjoyed an outstanding reputation both locally and abroad. He championed Colorado Springs as a health resort and was for many years President of the El Paso County Medical Society. His renown led patients from around the world to seek his care. Solly’s most lasting contribution to the region was the creation of Cragmor Sanatorium. His lofty goal for decades, work on the sanatorium finally began in earnest after General Palmer contributed 100 acres of land and \$50,000. However, additional financing proved difficult and work on a more modest facility dragged on. Although not the “Sun Palace” he envisioned — Cragmor opened its doors in 1905. Sadly, Dr. Solly did not live long enough to enjoy the “Golden Years” of his Cragmor Sanatorium, he died in November 1906.

Seeking Health and Freedom: Sedley B. Jones

Local historian John Stokes Holley describes Sedley B. Jones as a resident of Glockner Sanatorium in 1900. Although no records document his care, we know his stay must have been brief. That same year he found employment as a waiter at the Alamo Hotel. Jones is typical of thousands of working-class tuberculars who came to the region in search of health. Unable to “chase the cure” full time, they worked jobs, raised families and tried to benefit from the healthy climate of the area. Sedley and Belle Jones were charter members of People’s Methodist Episcopal Church. After Belle died in March 1917, he married Fannie and the couple lived at 319 E. Cimarron Street. Sedley B. Jones passed away in 1939 and is buried at Evergreen Cemetery.

Consumptive & Philanthropist: Marjory Palmer Watt

After seven years of marriage, Marjory's husband Dr. Henry Chorley Watt died of Pulmonary Tuberculosis on December 1, 1917. Four years later, Marjory opened a "nutrition camp" for 10 malnourished children in their home. An experiment in TB prevention, it proved so promising that Marjory and her sister Dorothy funded a building at Glockner for that purpose. In honor of her late husband, in 1922 Marjory donated securities worth \$110,000, cash, and her home to provide the Watt Memorial Wing at Sunnyrest Sanatorium with a permanent endowment. Marjory Palmer Watt died of tuberculosis in England on December 27, 1925 at 44 years of age.

Starting Over: Sophie Rath Thomas

In 1909 Sophie Thomas bought a home at 1215 North Corona Street. Although Daniel W. Allen died of a heart attack that same year, there is some evidence that he provided financial assistance for the purchase. Fred and Irene graduated at the top of their class at Colorado Springs High School (now Palmer) in 1903, and both went on to great success in college. Unbelievably, Fred worked at his father's law practice in Buffalo while he completed his law degree in 1907. To what extent the truth was known about the twin's paternity is questionable. In Colorado Springs Sophie was active in the American Red Cross and a member of First Baptist Church. After an "extended illness," Sophie Rath Thomas died on June 2, 1939.

An Independent Woman: Ida Gwynn Garvin

In November 1916, Ida Gwynn Garvin filed a homestead claim in Chouteau County, Montana. Able to walk only short distances and often bedridden for weeks at a time, Ida needed help to "prove up" her homestead in order to gain title. Ida's brother John and her oldest children Gwynn and Nita worked together to provide some semblance of economic security and potential inheritance for Ida and her family. In December 1916 she returned to Nob Hill Lodge with young son Amer to "chase the cure" during the harsh Montana winter. She left Colorado Springs and sanatorium life for good in early spring 1917. As weeks turned into months, Ida became a permanent invalid and watched the world go by from her sleeping porch in Montana. Ida received her homestead patent in June 1920. Seven months later, on January 29, 1921, Ida Gwynn Garvin died of tuberculosis.

A Consumptive and Inventor: Frank Verba

While still a patient at Cragmor, Frank Verba consulted with several physicians to improve the effectiveness and usability of the laryngoscope. His improvements included a concave mirror, a U-shaped clamp to free the patient's hands during use, and a metallic alloy of aluminum and magnesium that produced the highest concentration of ultraviolet rays. Verba patented his *Therapeutic Solar Laryngoscope* on July 4, 1916. He prospered for several years as his device was sold both locally and nationally. Perhaps the Great Depression negatively impacted his business as by 1933 Verba was working as a mechanical engineer at a razor blade factory. At 48 years old, Frank Verba died of Addison's disease complicated by tuberculosis in Colorado Springs on May 26, 1933.

Colorado Springs

City of Sunshine! In whose gates of light
Celestial airs and essences abound;
City of Refuge! From snow's sacred height
Disease falls thwarted as a baffled hound,
Loosing its fang, long burning in the wound;
City of Life! Thou hast a gift of years
For all; swift Death a thousand times discrowned
Within they walls, and Fate, with waiting shears,
Heed thee, as though alone of earth didst feed their fears.

Ernest Whitney

A Selection of Sanatoria in the Pikes Peak Region

At any one time there were over a dozen institutions in the region offering care and treatment to tubercular patients. While some sanatoriums operated for decades, others were in business for only a few short years. The largest institutions housed hundreds of patients while the smallest cared for only a handful. Essentially, patients could find all the care they could afford. Additionally, dozens of boarding houses catered to the needs of invalids in addition to those who lived in hotels and private residences. For those of modest means, canvas tents provided refuge in public parks, empty lots and the backyards of local residents.

Sanatorium or Sanitarium? Although the terms sanatorium from the Latin verb *sanare* meaning “heal” and sanitarium from the Latin noun *sanitas* meaning “health” have different roots, they are often used interchangeably.

Beth-El Hospital: Like many institutions in Colorado Springs, the name and location of Beth-El changed several times since its founding. Bellevue Sanitarium opened at the corner of East Colorado and South Institute in 1890. Ten years later the Methodist Episcopal Deaconess Society purchased Bellevue and renamed it the National Deaconess Sanitarium. A short four years later, the facility was sold and renamed the Colorado Conference Deaconess Hospital and Nurses Training School, or *Deaconess Hospital* for short. Despite its reputation as “the Protestant Hospital,” Deaconess treated patients without regard to their religion.

In 1911 the hospital and nursing school were relocated to 1400 East Boulder Street and renamed Beth-El. In 1926, the hospital opened the impressive four-story National Methodist Sanitarium for the treatment of tuberculosis patients. In 1943 the sanitarium and adjacent 29 acres became ENT Air Force Base, and is now home to the United States Olympic Training Center. In 1943, the Colorado Springs City Council approved the

purchase of Beth-El for \$76,500 and renamed it Memorial Hospital in honor of servicemen and women who lost their lives in WWII. In 2012, Memorial Hospital became part of University of Colorado Health.

Cragmor: In 1874, British physician and tubercular Dr. Edwin Solly came to Colorado Springs in search of better health. He dedicated the rest of his life to promoting the region as a health resort and designing a luxurious sanatorium that would rival the best in Europe. After years of fundraising shortfalls and construction delays, a more modest Cragmor Sanatorium began admitting patients in June, 1905. Unfortunately, Dr. Solly's health soon failed and he died 17 short months later.

In 1910, Cragmor was sold to Dr. Alexius Forster who brought new ideas and a youthful approach. Creating an extremely permissive environment, Forster believed that, "physical comfort and mental buoyancy" were essential to effective tuberculosis treatment. With many luxurious amenities, Cragmor became known as a premier destination for wealthy invalids, more famous for flamboyant patients and wild parties than its medical care. Nestled at the foot of Austin Bluffs, the Cragmor Sanatorium expanded greatly in size, adding residence cottages for wealthy invalids.

Prosperity continued until Cragmor went into foreclosure during the Great Depression. Reorganized as a not-for-profit foundation, the quality of care eventually deteriorated and the buildings fell into disrepair. In 1952, Dr. George Dwire secured a federal contract to care for tuberculars from the Navajo (Dine) Reservation. In hopes of generating additional revenue, Cragmor Manor nursing home was opened in 1958. After the federal contract was not renewed and the last of the Navajo patients left the facility in 1962, Cragmor could no longer stay afloat. The buildings and grounds were transferred to the State of Colorado and later became the University of Colorado at Colorado Springs.

Glockner: After her husband Albert's death from tuberculosis in 1888, 22 year-old widow Marie Gwynn Glockner established the Glockner Tuberculosis Sanatorium in his honor. The \$26,000 facility opened in 1890 at 2200 North Tejon Street with Dr. B.P. Anderson as Superintendent. Architect W.B. Perkins designed the building in the shape of the letter Y so that every room received sun throughout the day. Glockner had a reputation for outstanding care, a home-like environment and reasonable fees, initially charging patients only \$1.00 per day. However, a mounting operating deficit proved overwhelming and in 1893, the Sisters of Charity of Cincinnati assumed a debt of \$7,000 and took over ownership of Glockner.

For more than 25 years Sister Superior Rose Alexis oversaw an enormous expansion of services and facilities at the newly renamed Glockner Sanatorium and Hospital which included a Training School for Nurses and a \$40,000 surgical annex in 1903. In 1923, the Nutrition Camp for children at risk of contracting tuberculosis, initially established at the home of Marjorie Palmer Watt in the Old North End, was moved to Glockner.

The hospital continued to grow and in 1939 became the site of the Penrose Tumor Institute. A cancer patient himself, local philanthropist Spencer Penrose saw the need for a state-of-the-art cancer facility in Colorado Springs. In 1947, the hospital was renamed Glockner-Penrose Hospital to recognize the contribution of Spencer and Julie Penrose through El Pomar Foundation. In 1952, Julie Penrose donated \$3.2 million toward the addition of a twelve-story tower. Subsequently, the name of the hospital was changed to Penrose in honor

of her generosity. After a 1989 merger with St. Francis Hospital, the facility became known as Penrose-St. Francis Hospital. They have been a member of Centura Health since 1996.

Modern Woodmen of America: Joseph Cullen Root founded the MWA in Lyons, Iowa, in 1883. Root designed the fraternal benefit society to protect families from financial insecurity. The origin of the name *Modern Woodmen of America* is often misunderstood. Having nothing to do with the timber industry, the MWA name was inspired by a parable about “...the good that comes from woodmen clearing away the forest to build homes, communities and security for their families.” Root sought to provide financial security for families following the loss of a male breadwinner. The word *Modern* refers to the strategy of MWA to adapt and change to keep pace with contemporary society. And indeed it has. Headquartered in Rock Island, Illinois, the MWA is one of the nation’s largest private insurers.

In 1907, a beautiful wooded valley 10 miles northwest of downtown Colorado Springs was selected as the site of the Modern Woodmen of America Sanatorium. The expansive facility and 1,380 acre grounds eventually accommodated 245 patients. The self-contained community cost \$1.5 million dollars to construct and included 180 TB cottages, hospital and administrative buildings, staff residences, farm, orchard, prize-winning dairy herd, post office and railroad depot. Eric Lund of Minnesota was the first patient admitted on December 17, 1908.

The sanatorium provided free treatment for any member of the fraternal insurance organization Modern Woodmen of America who had an incipient or early-stage case of tuberculosis. Originally, the MWA only enrolled white males who were citizens or in the process of being naturalized, who believed in a “Supreme Being” and were not engaged in dangerous occupations. Once admitted, patients were provided with a 15 page rule book and subject to strict control of the medical staff. Each patient had a TB cottage to himself and followed a daily schedule of rest, plentiful meals and monitoring of temperature and pulse. Over 39 years the MWA Sanatorium cared for 12,000 patients prior to its closure in 1947.

Montcalm: Designed as the home for Father Jean Baptiste Francolon, the construction of Miramont Castle began in the fall of 1895. The elaborate stone building whose name means *Behold the Mountains* consists of nine different architectural styles and reflects the European roots of its owner. The son of aristocratic parents, Francolon was born in France in 1854 and immigrated to the United States in 1878. He served as secretary to Bishop Lamy in Santa Fe, New Mexico and later came to Manitou Springs as a missionary priest in search of better health. His mother joined him from New Mexico in 1893, and according to newspaper accounts furnished the castle with paintings, tapestries, and ornate furniture.

Father Francolon invited the Sisters of Mercy to use his original home on the grounds as a sanitarium for the treatment of tuberculosis patients before departing with his mother to France in 1900. He never returned to Colorado. Named the Montcalm Sanitarium, the first patient arrived in 1895. The Sisters became renowned for their excellent food, cleanliness of rooms and motherly care of invalids. Interestingly, they also offered music lessons on piano, violin, mandolin, guitar and banjo.

In 1907 an electrical fire destroyed the sanitarium and the Sisters moved their patients into the castle. An ambitious fundraising effort by the Sisters of Mercy in 1919 to greatly expand the facility proved unsuccessful.

In 1928 the sisters were burdened by debt and unable to keep the sanitarium in operation. For a short time they operated a boarding house for wealthy vacationers and later opened the facility as a retreat for visiting clergy. Eventually the castle remained vacant until it was privately purchased in 1946. The Manitou Springs Historical Society purchased the property in February, 1976. Today, Miramont Castle is a popular regional museum.

Nob Hill & Idlewold: There were a number of smaller sanatoria which were supervised by nurses and boasted of a “home-like” atmosphere. Both Nob Hill Lodge and Idlewold were located east of the city near present day Memorial Hospital. Idlewold which also appears occasionally as Idlewild, was established in 1912 at 311 North Logan. Registered Nurses and sisters Lois & Clarice Shardlow operated the facility equipped with 10 rooms. Advertisements boasted that Idlewold offered, “... *convalescents, tuberculars, and all others requiring fresh air treatment commodious sleeping porches, wholesome, nutritious food, and general nursing care in a location unsurpassed with commanding views of the mountains.*” Today the former sanitarium serves as a *Ronald McDonald House*, providing temporary accommodations to family members of seriously ill children receiving care at Memorial Hospital.

Registered Nurse Florence Standish opened Nob Hill Lodge, “A Home for Tuberculars” in 1912 after serving as Superintendent at Deaconess then later at Beth-El Hospital. Earlier that same year a premature baby boy was born at Beth-El. Despite the staff’s belief the infant would not survive, Standish moved him into her office to provide for his care. She named him Robert and adopted him as her son. Robert lived with Florence at Nob Hill Lodge with the exception of her brief service as an Army Nurse during WWI. The two moved to North Carolina and returned in 1919. The following year Standish adopted a daughter she named Barbara Rose.

According to first-hand accounts, Standish offered excellent medical care in a comfortable, home-like environment. Patient Ida Gwynne Garvin described, “*We have plenty of substantial food, about everything you could think of first and last. Milk is served with all meals...*” Unfortunately, Florence Standish contracted diphtheria in 1925, and although she eventually recovered, state health statutes prevented her from working as a registered nurse or operating Nob Hill Lodge. After living for a short time in California, Florence and her children returned to Colorado Springs. Fittingly, Barbara Rose Standish followed in her mother’s footsteps and became a nurse.

Nordrach Ranch: Advertised as the first Open-Air Sanatorium in Colorado Springs, Nordrach Ranch was modeled after Dr. Walther’s famous sanatorium in the German Black Forest. Nordrach Ranch was located at the former country home of William A. Otis, nestled at the foot of Austin Bluffs. In addition to a large red sandstone house, several dozen sanitary or TB tents were erected on the grounds to provide tuberculars with the open-air cure. The canvas tents were originally designed by Dr. Charles Fox Gardiner and inspired by his visits to Ute tipis in Western Colorado. However, tents occasionally blew over or collapsed in high winds with patients inside. Eventually, the canvas tents were strengthened with wooden supports and eventually created entirely from wood.

Nordrach Ranch opened on November 1, 1901 under the direction of Dr. J.E. White. It was known as a “closed sanatorium” where all of its 52 patients received care from the resident physician. A 1905 advertisement described the particular advantages to Nordrach Ranch’s location as, “...*especially favorable for the care of*”

Colorado Springs Pioneers Museum, Leah Davis Witherow, Curator of History

lung and throat diseases. We are a mile and a half from the city limits, in the pure fresh air of the country and beyond the reach of the smoke and dust of the city. Everything about the place is calculated to encourage outdoor life; in fact our motto is, 'Every hour spent in the house is an hour lost.'" At Nordrach, patients lived in a TB tent colony set on 6 terraces carved from the hillside. Tents were twenty-five feet apart, connected by cement sidewalks and surrounded by lawns and gardens. A nurse's tent was located in the middle of the colony and each patient had an electric bell within reach that notified the nurse on duty.

In August 1907 a fire burned the main house to the ground but luckily no one was harmed. Although operations continued, Dr. White was soon appointed Superintendent of the newly constructed Modern Woodmen of America Sanatorium. Dr. McCorkle was placed in charge and later purchased Nordrach Ranch. During the record-breaking snowstorm of 1913, sanatorium patients and staff were snowed in for several days. After roads were reopened, seventeen patients were transferred to Glockner and Nordrach Ranch officially closed.

St. Francis Hospital: In 1887 the Colorado Midland Railway opened a hospital to treat injured workmen. Dr. Boswell P. Anderson was placed in charge of the small facility located in an 8 room grout house at 117 West Colorado Avenue. Needing assistance to care for a steady stream of patients, Dr. Anderson requested the Sisters of St. Francis of Perpetual Adoration to come to Colorado from Indiana to staff the clinic. Shortly before the Sisters arrived, a major construction accident on the railway proved that a new, larger hospital must be built.

The Sisters of St. Francis took on fundraising and planning for their own hospital. A lot on Pikes Peak Avenue to the east of the city was selected and the \$20,000, two-story hospital was opened in the spring of 1888. Patients were charged a modest \$5.00 per week which included all medical and nursing care. However, no patient was ever turned away for the inability to pay. The following year a \$10,000 expansion added a third floor and over thirty more beds. In addition to the Midland Railway, the Denver and Rio Grande, Rock Island, and AT&SF Railroads all sent their sick or injured workers to St. Francis Hospital. This important institution, the oldest hospital in Colorado Springs, grew along with the needs of local residents. Significant additions were made in 1898, 1904, and 1917. A nursing school was established in 1919 to continue the institution's tradition of excellent care-giving. In 1989, Penrose and St. Francis Hospitals merged to become Penrose-St. Francis Health System and in 1996 became part of Centura Health. St. Francis Health Center closed in 2010.

Union Printers' Home: Founded as a home for aged or infirm members of the International Typographical Union, the Union Printers Home was the largest union-supported tuberculosis sanatorium in the United States. In 1886, Philadelphia philanthropists George W. Childs and Anthony Drexel donated \$10,000 toward the creation of a Childs-Drexel Home for Union Printers. The Board of Trade offered 80 acres of land on a hill one mile east of downtown Colorado Springs if the ITU would agree to locate their facility here.

The grand opening for the "castle on the hill" took place on May 12, 1892. 2,000 visitors filled the grounds and a parade of city organizations preceded speeches by ITU officials, Colorado Governor Routt, Mayor Sprague and other prominent individuals. The building was quickly filled to capacity and the number of tubercular

patients began to rise. Working in crowded industrial conditions with airborne paper fibers, carbon-based inks and leaden type, printers were susceptible to breathing troubles known as “printers’ lung” which could contribute to an underlying case of tuberculosis.

In 1897, a two-story annex was erected specifically for the treatment of members with tuberculosis, but this too was quickly filled. TB huts, a solarium and a pavilion with individual sun porches were added. Renamed the Union Printers Home in 1902, the expansive grounds contained a dairy herd, 200 acre wheat farm, vegetable gardens and acres of manicured lawns and ornamental gardens. For well over 100 years, the Union Printers Home cared for over 25,000 members and provided them with a place of respite in times of adversity. Today the facility is open to members of the general public.

Sunnyrest: In the early twentieth-century, it became increasingly evident in medical, business and philanthropic circles that a free or moderately priced sanatorium was a vital necessity in Colorado Springs. Founded in 1910, Sunnyrest served as the first permanent facility to care for tuberculars of limited means, but the need was not new. Over two decades earlier, a group of local women subscribed \$5.00 a month to support the work of the Eleanor Home, the region’s first institution to care for indigent tuberculars. Opening in September 1888, the Eleanor Home was located on the northwest corner of Columbia and Weber streets. The home was furnished and a matron was hired to supervise approximately 20 patients. After one year, residents were transferred to the newly opened Bellevue Sanitarium and the facility closed.

Following a 1909 national publicity campaign advocating increased public health measures related to tuberculosis, locals began fundraising to support a permanent non-profit tuberculosis sanatorium. Under the auspices of Associated Charities (a precursor of the Community Chest and later the United Way) \$25,000 was raised, of which \$15,000 was dedicated to building costs, with a \$10,000 endowment to last at least two years. No patient was accepted that could afford to pay more than \$8.00 per week, although most paid much less if anything at all.

Located northeast of the city on present-day Cache La Poudre Street, Sunnyrest was originally staffed by five sisters trained in Germany as members of the Kaiserwerth Society. An additional unit was built and eventually named the Watt Memorial Wing to honor the generosity of Dr. and Mrs. Marjorie Palmer Watt. The new wing opened in January 1920, and for two years housed discharged tubercular soldiers under an arrangement with the National War Risk Insurance Bureau. After the contract ended, Sunnyrest returned to caring for indigent tuberculars or those of modest means.

Pharmacies: On Nearly Every Corner

Pharmacies and drug stores played a central role in the life of every town and city. So ubiquitous, they often appeared to be on nearly every corner. In addition to dispensing medicine — they dispensed medical advice. If a doctor was not available or affordable, a pharmacist could make recommendations for whatever ailed you. They also sold a variety of goods including tobacco products, candy, soda and ice-cream and later film and camera services. Because Colorado Springs functioned as a health resort from its onset, pharmacies provided a range of services to generations of tubercular invalids prior to and throughout the sanatorium era.

Drug stores were among the initial businesses opened shortly after a town was created. The first pharmacy in Colorado Springs was located on the ground floor of the Foote Building on the southeast corner of Huerfano (now Colorado Avenue) and Cascade in the early fall of 1871. By 1879 there were five and the number continued to grow. Interestingly, drug stores within Colorado Springs city-limits also functioned as de-facto liquor stores. Due to the prohibition on the production and sale of intoxicating liquors in any home or business located in the original town plat, an inventive solution was devised. With a valid prescription, a patient could receive a bottle of alcohol for “medicinal” purposes.

Some of the best-selling products in the late-nineteenth and early twentieth-centuries pharmacies were patent medicines. Often made with high alcohol content, patent medicines were technically neither patented nor medicines. Instead, many of these “remedies” contained morphine, opium or cocaine. They claimed to cure almost any ailment including tuberculosis, rheumatism, colic, dyspepsia and even cancer. They were dispensed to men, women, children and even infants; sometimes with tragic results. Physicians sought to prohibit these dangerous concoctions but patent medicine manufacturers fought back. Finally, with the passage of the 1906 *Pure Food and Drug Act*, false or misleading advertising and unlabeled or dangerous ingredients were prohibited.

In 1917, Colorado Springs had 28 drug stores for a population of 40,000 people. Opened in 1909, the Phillips-Smith Drug Company was originally located at 117 South Tejon Street and operated under various owners for 60 years. Initially, Clyde Phillips Sr. was the pharmacist and Dr. Charles Smith had an office on the mezzanine level of the building. Mr. Phillips was said to be highly respected and never turned away any patient that needed medicine but lacked money. He owned a stable of racehorses and knew most local ranchers. As a result, his pharmacy carried a wide range of veterinary medicines in addition to traditional pharmacy products. Local pharmacist Ronald Wreath collected the medicines, equipment and fixtures seen here from three pharmacies: Murray’s East Side Pharmacy, Redinger’s Pharmacy, and the Phillips-Smith Drug Company.

Shelf 1: Tobacco Products

In the early twentieth century, many pharmacies also specialized in tobacco and carried a wide variety of tobacco leaves, cigarettes, cigars and snuff. At the time, cigarettes were considered potential health benefits rather than health hazards. As a result, lung and other cancers associated with smoking accounted for a large number of illnesses and deaths.

Shelf 2: Cough and Cold Remedies

These cough and cold medicines promised to cure tuberculosis, bronchitis, pneumonia and whooping cough, and the common cold. Most of the early cough remedies had high alcohol content and their active ingredients sometimes included opiates and narcotics. Only the anti-bacterial drug *Niconyl*, developed in 1952, actually provided a proven cure for tuberculosis. It is still in use today.

Shelf 3: Medicines for Women and Children

In the late nineteenth and early twentieth centuries, drug companies marketed products to women seeking relief from “female troubles.” These ailments included menstrual pain, pregnancy complications and

childbirth. Instead of providing relief, some of these “remedies” were actually dangerous to women’s health. Others only contained inactive ingredients and were merely placebos. For example, *Dr. Shoop’s Night Cure*, contained only cacao butter, borax and zinc.

Cure-all medicines claiming to treat everything from teething to constipation were frequently administered to children and infants. Dangerous ingredients such as *calomel*, or *mercury* were present in a number of these medicines and could cause neurological symptoms, loosening of the teeth and gastrointestinal troubles among other side-effects. Despite their toxicity, many of these medicines were in continuous use through the mid-twentieth century. By contrast, other “medicines” such as *Mother Gray’s Sweet Powders for Children*, were made entirely of sugar.

Shelf 4: Beauty Products

The perpetual quest for beauty fueled the hair and beauty industry in the late-nineteenth and early-twentieth centuries. Shampoos promised to grow hair, make it shine or prevent its loss. Face creams offered soft and supple skin to users. Makeup and powders promised dark brows and a fashionably pale complexion. Dr. Campbell’s Arsenic Complexion Waffer’s claimed to achieve paleness by destroying the red blood cells in the face.

Shelf 5: Remedies for Skin and Feet

These products were sold to relieve a variety of skin irritations and sore feet. Among the maladies they claimed to treat were: hemorrhoids, inflammation, earaches, bruises, burns, sunburn, sensitivity from shaving and callous feet and hands. *Palmer’s Antiseptic Lotion* was banned in 1939 after it was found to contain corrosive and poisonous ingredients.

Shelf 6: Veterinary Products

Veterinary products were commonly sold in Colorado Springs. In the era when people traveled on horseback or in horse-drawn carriages, maintaining equine health was critical. Additionally, farmers and ranchers often treated animals themselves, versus paying fees to a veterinarian. Much like products devised for human use, these products promised cure-all remedies for a variety of ailments including: pink-eye, cough and cold, sore muscles, and cuts and bruises.

Shelf 7: Pain Relief and Sedatives

The active ingredients in the pain relief medications seen here vary. *Matt Johnson’s No. 6088* had an extremely high alcohol content, while *Dr. Whitehall’s Megrimime*, which promised to cure headache and neuralgia was found in 1916 to have no active ingredients at all. In the early twentieth century, sedatives such as alcohol, opium and morphine were frequently used as pain relief for adults and children.

Shelf 8: Cure-Alls

Many of these manufacturers of these medicines were found guilty of misbranding after the passage of the 1906 *Pure Food and Drug Act*. However, several of these tonics, compounds and nostrums had been criticized

for many years by medical and pharmaceutical associations prior to legal action. *Hausman's Mexican Oil Cure-All* contained alcohol and opium. Applied externally, it promised to cure nearly everything from frostbite to bronchitis. Directions for use suggested that children as young as five could take this medicine. In 1916, *Hausman's* was charged with misbranding and paid a \$25 fine.

Shelf 9a: Appetite Strength and Digestive Aids

Despite their names, many of these medicines promised to cure other ailments such as nervous maladies, headache and dizziness. They were specifically marketed to consumptives who because of their disease were extremely underweight and lacked appetites. As with the other medicines in this pharmacy, some were later exposed as fraudulent for misbranding. *Lecithol*, manufactured by meat packing giant *Armour & Company*, was an emulsion containing one grain of pure lecithin, derived from fresh brain substance, presumably livestock. The medicine was said to stimulate nutrition and increase red blood cells and hemoglobin. It was advertised as beneficial to those with diabetes, tuberculosis, anemia, dyspepsia, and nerve troubles, especially those due to overwork.

A Job Well Done

From its founding in July 1871, the city of Colorado Springs was designed to take advantage of its location at the foot of Pikes Peak. According to the original Parks Commission report, founder General Palmer planned a park system that was bold, far-sighted and comprehensive. He sought to surround the city with near-by parks, mountain driveways, woodland paths, and trails; to furnish places for healthful outdoor exercise and quiet restful enjoyment. Early boosters described the advantages of our clean air, abundant sunshine and 6,035 ft. altitude.

The description is still accurate, and continues to draw millions of visitors a year to the region. For vacationers, business travelers and outdoor enthusiasts (not to mention locals!) Colorado Springs is one of the most beautiful and welcoming places to live, travel and play. With mild weather, stunning scenic views, easy access to trails, parks and open spaces, our region is an incredibly healthful place where connectivity to nature is encouraged. There are hundreds of outstanding municipal parks in the region and thousands of acres of Open Space.

The once illegal Manitou Incline has become a phenomenon – drawing hundreds of thousands of users each year. The Pikes Peak Marathon and Ascent have long drawn elite athletes from all over the world to the area to train and race. An excellent series of trails are maintained by local, regional and federal entities. Active climbing, hiking, cycling, mountain-biking and trails and Open Space advocates among many others, work in partnership with the city and county to open, maintain and preserve trails and educate the public on their use.

As the home of the Olympic Training Center and the United States Olympic Committee in addition to over twenty national governing bodies of amateur sports, Colorado Springs is an ideal city to be an athlete. As USOC CEO Scott Blackmun reflected in a September 2015, "*The recruiting advantages of Colorado Springs are that this is a beautiful place to live, with remarkable access to outdoor recreational activities, and we have a lower cost of living. It is a beautiful place to work and train and live...*" The placement of the United States Olympic Museum in the city underscores the attraction of the area to athletes, Olympic and Paralympic

officials and fans. While the motto *City of Sunshine* still resonates today – its meaning and message give rise to Colorado Springs' new role as "Olympic City USA."

A Job Half Done

Once again, tuberculosis presents a major global health threat. Unlike previous strains of TB that react favorably to antibiotics and which have been on the decline for many years, a new, more virulent type is on the rise. Unfortunately, the new TB is Multiple Drug Resistant. The treatment for MDRTB lasts two years and costs an estimated \$250,000 per patient. Despite the great expense, the patient still has a 50/50 chance of relapse and death. A recent study indicated that by the year 2050, the cost of treating MDRTB around the world would be over \$15 trillion per year.

Journalist and Health Historian Helen Bynum described the fight against control and eradication of tuberculosis as "*A Job Half Done.*" As Streptomycin and later INH proved useful in saving lives and combating the spread of the disease, organizations and research institutes dedicated to the study of tuberculosis changed their focus. For example, the 1904 *National Association for the Study and Prevention of Tuberculosis*, became the *National Tuberculosis and Respiratory Disease Association* in 1968, and the *American Lung Association* in 1973. As TB was considered "cured," other diseases such as polio, muscular dystrophy, cancer and later HIV-AIDS took center stage.

Today, contributing factors to the spread of the disease include poverty and malnutrition, a link between HIV and tuberculosis, a new MDRTB strain and lack of public health funding around the world. The World Health Organization estimates that worldwide between 2002 to 2020, hundreds of millions will become infected, over 150 million people will get sick and 36 million will die of TB. Arati Kochi of WHO's anti-tuberculosis program has called TB a *forgotten epidemic*, "*Tuberculosis today is humanity's greatest killer, and it is out of control in many parts of the world.*" One hundred years after the height of the sanatorium era in Colorado Springs, tuberculosis is once again a prevalent and deadly disease. However, this time around healthy climates and rest cures are not the answer – only increased public awareness, public health initiatives and exponential increases in research funding will stop tuberculosis from being as much the scourge of the 21st century as it was the 19th.