NPS Form 10-900			
(Oct. 1990)			
United States Department of the Interior National Park Service		RECEIVED	
National Register of Historic F Registration Form	Places	FEB 2 2 1995	
This form is for use in nominating or requesting deterr National Register of Historic Places Registration Form (I by entering the information requested. If an item does architectural classification, materials, and areas of sign entries and narrative items on continuation sheets (NP	ificance, enter only categories a	hd-subcatogenice-from the instruct	ene: Place additional
1. Name of Property			
historic name <u>Valmora Sanatorium Hi</u>	istoric District		
other names/site number Valmora Indust		lmora Medical Center	; Valmora, Inc.
2. Location			
street & number 4 mi E on Rd 97 fro	om jct of Hwy 161 NI	of Watrous 17/14	ot for publication
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state <u>New Mexico</u> code <u>Na</u>	1 county Mora	code <u>033</u> z	p code <u>87750</u>
3. State/Federal Agency Certification			
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Valmora Sanatorium Name of Property

Mora, New Mexico County and State

5. Classification				
Ownership of Property (Check as many boxes as apply)	Category of Property (Check only one box)	Number of Res (Do not include pre	sources within Proper viously listed resources in t	ty he count.)
🖾 private	building(s)	Contributing	Noncontributing	
public-local	l district ☐ site	9	0 <sub>.</sub>	buildings
public-State public-Federal	site structure	1	0	sites
	object	0	0	structures
		0	0	objects
		10	0	Total
Name of related multiple p (Enter "N/A" if property is not part	roperty listing of a multiple property listing.)	Number of con in the National	ntributing resources p Register	reviously listed
N/A		0		
6. Function or Use	· · · · · · · · · · · · · · · · · · ·			
Historic Functions (Enter categories from instructions)		Current Functions (Enter categories from		
HEALTH CARE/sanitarium		VACANT/NOT I	•	
		_DOMESTIC/SIN	gle dwelling	······································
		<u></u> ,,,		·····
		······		<u></u>
		•		
		<u></u>		
7. Description				
Architectural Classification (Enter categories from instructions)		Materials (Enter categories from	instructions)	
Other: Spanish-Pueb	lo Revival	foundationstor	ie	
Other: California M	ission Revival			
Other: New Mexico V	ernacular		estos	
		roof <u>metal</u>		
		other wood	-	

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)

Mora, New Mexico County and State

### 8. Statement of Significance

### **Applicable National Register Criteria**

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- **I** B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- **D** Property has yielded, or is likely to yield, information important in prehistory or history.

#### Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A owned by a religious institution or used for religious purposes.
- **B** removed from its original location.
- $\Box$  **C** a birthplace or grave.
- $\square$  **D** a cemetery.
- **E** a reconstructed building, object, or structure.
- **F** a commemorative property.
- **G** less than 50 years of age or achieved significance within the past 50 years.

#### Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

### 9. Major Bibliographical References

#### Bibilography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

### Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey
  #\_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_\_

# Areas of Significance (Enter categories from instructions) Health/medicine

### **Period of Significance**

1905–1942 (A)

1905–1935 (B)

1927–1942 (B)

### Significant Dates

1910	 	 
1913	 	
1920		

Significant Person

(Complete if Criterion B is marked above)

Brown, William Townsend

### **Cultural Affiliation**

N/A

Architect/Builder

Thomas, F. Trent

Vierra, Carlos

### Primary location of additional data:

- X State Historic Preservation Office
- □ Other State agency
- Federal agency
- □ Local government
- University
- Other

### Name of repository:

Valmora	Sanatorium	

Name of Property

Mora, New Mexico County and State

Easting

See continuation sheet

Northing

3

Zone

10. Geographical Data

About 5 acres Acreage of Property

### **UTM References**

(Place additional UTM references on a continuation sheet.)

1 13 Zone	$50_{1}69_{1}6_{1}0$ Easting	$3_{1}69_{1}34_{1}6_{1}0$		
2				

**Verbal Boundary Description** (Describe the boundaries of the property on a continuation sheet.)

Boundary	Justification	· ·
Evolain why	the houndaries were selected	on a continuation st

. .

April 15, 1992
one (505) 983-5605
zip code <u>87501</u>

Submit the following items with the completed form:

#### **Continuation Sheets**

### Maps

A USGS map (7.5 or 15 minute series) indicating the property's location.

A Sketch map for historic districts and properties having large acreage or numerous resources.

### **Photographs**

Representative black and white photographs of the property.

### Additional items

- -

(Check with the SHPO or FPO for any additional items)

Property Owner	
(Complete this item at the request of SHPO or FPO.)	
name	
street & number	telephone
city or town	state zip code

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.

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United States Department of the Interior National Park Service	FEB 2 2 1995
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7 1	: Valmora Sanatorium Historic District : Mora, New Mexico

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Architectural Classification:

Other: Gabled Cottage

Materials, walls:

Stone

-

# National Register of Historic Places Continuation Sheet

 Name of Property: Valmora Sanatorium Historic District

 Section number \_\_\_\_\_
 7 \_\_\_\_\_
 Page \_\_\_\_\_
 County and State: Mora, New Mexico

### SUMMARY

The Valmora Sanatorium Historic District is located in rural Mora County on a gently rising slope north of the Wolf Creek, locally often called Coyote Creek. It is bounded on three sides by roads which historically defined and provided access to the central area of the sanatorium. On the south the boundary leaves the road system to include three connected buildings which face the complex from across the main entrance road. The district comprises the area of the sanatorium that was historically called the "campus." Within its boundaries are nine contributing and no noncontributing buildings, as well as one contributing site, a park. The buildings include a hospital which faces the park from the north end of the campus and a dining hall/kitchen directly east of the hospital. West of the hospital are a garage/laundry and a doctor's residence. Two convalescent cottages extend in a line south from the southwest corner of the hospital along the western edge of the park. At the south end of the campus, are a store/post office, pool room, and recreation hall. With the exception of the hospital, all buildings in the district are one-story. Except for the wooden cottages, all are constructed of adobe or rock walls. All roofs are pitched and metal clad. Stylistic influences include the Spanish Revival movements of the early twentieth century and the vernacular modes of northern New Mexico, as well as functional forms typical of the cottage sanatorium. The contributing park, a rectangular open space around which patient housing is oriented, contains a stone fountain, many mature trees, and bordering flagstone walks. The buildings within the district, with the exception of the doctor's residence, are at present vacant and not in use. None has been significantly altered since the Period of Significance. However, eighteen patient's cottages have been or will be removed from the district. Outside of the district near its boundaries, historically there were additional patient cottages as well as housing for other management and medical personnel; at a greater distance were other support buildings, such as worker housing and agricultural buildings. The majority of the buildings formerly outside of the district have been removed, altered, or allowed to deteriorate. The nominated buildings and site, which comprised the core of the institution, well represent the organization and adaptation of this rural location to sanatorium use.

### National Register of Historic Places Continuation Sheet

 Name of Property: Valmora Sanatorium Historic District

 Section number \_\_\_\_\_7 Page \_\_\_3 County and State: Mora, New Mexico

### DESCRIPTION

Surrounded on the north and east by nearby rocky bluffs, the district is located on land which descends southward toward the valley of the Wolf Creek near its confluence with the Mora River. To the west and southeast are sweeping views of the valley and on the south at a distance the hillsides of the opposite side of the canyon. A road proceeding south and east from the district leads past randomly placed support buildings to the main line of the Atchison, Topeka and Santa Fe Railway which follows the Mora River east through the canyon.

The main buildings of the sanatorium are constructed around or near an open quadrangle, known as the park. The largest buildings, the hospital and dining hall, are located on the highest ground at the north end of the site up against the rocky hillsides. The hospital borders the park on the north and two cottages face it along the west side. On the east a row of cottages formerly faced it; further east there were two additional staggered rows of cottages facing west toward the park. Two larger cottages faced the park on the south. A stone walk runs around the perimeter of the park in front of the hospital, dining hall, cottages, and former cottage sites; a similar walkway runs in front the sites of each the two rows of cottages further east. A circular road which defined the core of the sanatorium encompassed the hospital and dining hall on the north, the doctor's residence on the west, and three rows of cottages at the south end of the park, a row of three connected buildings face north toward the park.

The basic layout of the sanatorium was established shortly after the original institution, the Valmora Ranch Sanatorium, was founded in 1905. Rows of cottages were built along the east and west sides of an open park south of the main administration building, a former ranch house, later replaced by the present hospital. Two of these original cottages, with additions, are the extant cottages #1 and #2. The doctor's residence, built in 1908, also dates from the period of the first sanatorium. The six other nominated buildings were built in the first decade after the institution was reorganized as the Valmora Industrial Sanatorium in 1910: dining hall (1913); garage/laundry (c. 1918); the connected store/post office, pool room, and recreation hall (c.1918); and finally the most imposing building of the complex, the hospital (1919-20).

Stylistically, most of the buildings in the district reflect the Hispanic tradition prevalent in northern New Mexico which has been named the New Mexico Vernacular style and is characterized by traditional adobe construction and

# National Register of Historic Places Continuation Sheet

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metal-covered gable roofs.<sup>1</sup> However, the two largest buildings which are located at the north end of the park also reflect Revival styles popularized by the railroad and commercial and cultural interests in larger towns. Both have metal gable roofs but the hospital design is primarily a fusion of the California Mission and Spanish-Pueblo Revivals while the dining hall is California Mission Revival in style. On the other hand, the cottages, also metal roofed, are simple wooden front-gabled boxes with shed extensions, consistent in style with the type of convalescent housing provided by sanatoria organized on the cottage plan.

The compact and orderly arrangement of buildings and landscape features within the district contrast with the surrounding area of the sanatorium where buildings were arranged in a more random and widely-spaced pattern without defining landscape characteristics and present an even more marked contrast with the undeveloped natural vistas beyond. Near the perimeter of the district on the east, historically there were seven additional patient cottages strung out at the base of the bluff and two in an island created by roads. On the west was another doctor's house. Southwest of the store/post office, pool room, and recreation building were a frame manager's house and a small generator building. Toward the southeast at a greater distance and more widely spaced were other support buildings such as worker housing and various livestock buildings and structures.

Most of the buildings previously outside of the district are no longer extant. Some have been demolished and others moved. The few remaining have been altered or are dilapidated. The second doctor's residence on the west was destroyed by lighting in 1952 and the manager's home remodeled in the same year. The generator building has been abandoned for many years. The cottages are in the process of being removed. Of the livestock buildings and small adobe workers' quarters on the southeast, only two of the latter remain and are in very poor condition.

Within the district boundary itself eighteen cottages have or will be removed. Two representative cottages remain near the hospital on the west side of the park and stone walkways delineate the arrangement of the rows of other cottages. All other historic buildings are intact without significant alteration and there are no intrusive structures.

<sup>1.</sup> New Mexico Historic Building Inventory Manual, VI-14-15.

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### Contributing Buildings

<u>Hospital</u> 1 contributing building (Photos 2, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 18, 34, 35, 36, 37, 38)

The largest and most important of the nine buildings within the district, the hospital, was built in 1919-1920 in the shape of a U which opens toward the dining hall on the east, (Photo 34). Constructed on a site which slopes downwards toward the west and south, the hospital is a partially two-story building with a three-story tower at the southwest corner, (Photos 7, 8, 34, 35). The ground floor walls, which because of the grade of the site are not present on all facades, are of irregularly-cut stone roughly mortared with cement and scored to delineate blocks, (Photo 10). The first floor walls, either above the stone or at ground level where the building is only one story, are constructed of adobe and covered with uncolored cement stucco. The standing-seam metal roofs of the three wings are gable except for two higher hip-roofed corner sections.

The south wing of the hospital (Photos 6, 7, 8, 35) contains a partial ground floor at the western end. The main elevation of this wing, which faces the park, is divided into three sections. At the west end a three-story, block-like, hip-roofed tower projects out slightly from the facade. At the ground-floor level of the tower are heavy stone corner buttresses. Similar ground-floor buttresses define two window bays further east. Corresponding to the tower at the southeast corner is a similarly hip-roofed, block-like section which like the tower projects out slightly from the facade and, although no more than one story, rises above the roof line of the central section. Between these higher corner elements extends a balcony, now screened, with an overhanging roof, enclosed by a low wooden railing and supported by four round posts and carved corbel capitals. The balcony is divided by two wooden partitions. Across the top of the windows on this facade, which are slightly recessed, are heavy wooden beams with carved corbel corner brackets. Windows are wooden and painted white with multipaned-paned storm sashes on the exterior and 1/1 double hung or multipaned-paned casements on the interior.

The west wing contains two full stories and faces the garage/laundry, (Photos 9, 10, 11, 12, 36). The west elevation is divided into three sections, consisting of the three-story tower on the south, a middle section containing a first floor balcony, and a north section with an enclosed first floor. An added small one-story enclosed porch with large fixed windows fronts the main entrance to the building near the south end of the west facade. The ground-floor wall is stone with buttresses defining four bays in the middle section. Three of these contain windows and the fourth, the

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farthest north, a door. Each window bay contains two sets of windows, three 1/1 windows on the exterior and twelve-paned casement windows on the interior. A beam, intended to appear continuous, runs across the top of the buttresses and carved corbel brackets decorate the corners of the bays, (Photo 12). The balcony above is enclosed by a low wooden balustrade and supported by round posts and corbels. Screening has been added outside of the railing and the porch enclosed with small-paned windows inside the railing. The rear (north) section of the west facade has a flat wall surface devoid of decoration except for exposed wooden lintels above the doors and windows and sills under two large symmetrical window openings on the first floor. The first floor windows are two pairs of 8/8 metal, single hung, (Photos 10, 11).

The three wings of the U-shaped hospital and the west wall of the dining hall form an inner courtyard, (Photos 13, 14, 15). The three elevations of the hospital which face the inner courtyard are single story. Originally <u>portals</u> supported by round posts and corbels opened onto the courtyard on all three sides. The south and east-facing <u>portals</u> have been enclosed with long windows of ten small panes with white-painted frames. A double door also painted white, opens into the courtyard from the center of the east facing <u>portal</u>, (Photo 15).

Historically, the hospital contained patient rooms; medical rooms such as offices, waiting and examination rooms, laboratories, and a library; living quarters and offices for nurses; a diet kitchen, and utility areas. The first floors of the south and west wings were occupied by seven and six patients' rooms respectively. For the most part, pairs of these rooms shared a connecting bathroom. With the exception of the rooms at the corners of the south wing and the back of the west wing, the patient rooms opened onto a first floor open balcony on the outside of the building and an open <u>portal</u> at ground level on the courtyard side. The ground floor contained medical offices in the tower and the partial south wing, and four medical examination and procedure rooms in the middle section of the west wing. The ground floor of the north section of the west wing contained coal and boiler rooms. The one-story north (back) wing contained the nurses quarters, bell room, and diet kitchen all of which opened onto a portal facing the courtyard.

The interior of the hospital has little extraneous decoration as befits its utilitarian function. The first floor is reached via a stairway across from the main entrance. There are heavy dark exposed lintels over the doors and windows that open onto the <u>portal</u> which faces the inner courtyard.

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Stylistically the hospital is an amalgam of California Mission Revival (towers, gable and hip roofs. overhanging eaves, inner courtyard) and the Spanish-Pueblo Revival (asymmetry, carved corbels, <u>portals</u>, heavy exposed lintels, buttresses, inner courtyard), all covered with the standing-seam metal roofs characteristic of the New Mexico Vernacular.

The hospital has undergone little alteration. During the Period of Significance, interior remodeling periodically adjusted the space to changing needs in the ground-floor medical areas of the south and west wings and the first floor nurses quarters in the north wing. Since the Period of Significance, the west facing balcony and the <u>portals</u> facing the inner courtyard on the north and west have been enclosed with windows. An enclosed entry porch has been added on the west facade.

Dining Hall/Kitchen 1 contributing building (Photos 16, 17, 39, 40)

The simplified Mission-style dining hall/kitchen, a long, rectangular, gable-roofed building lying just east of the hospital, was constructed of adobe on a stone foundation in 1913. The north end of this building is connected to the north wing of the hospital via a passageway. The symmetrical main facade is distinguished by a central tower rising in front of and above the main roof gable. On each side of the tower is an identical, elevated porch supported by a corner post and enclosed with a low wooden railing. Facing each porch are an identically placed door and window. On the west facade facing the hospital courtyard are ten windows and on the east facade twelve.

All facades are covered with uncolored cement stucco except for the upper section of the tower where adobes are exposed beneath deteriorated adobecolored stucco. The main front-gable and hipped tower roofs have overhanging eaves. They and the porch roofs are covered with standing seam metal. Windows are wooden, 2/2 double hung, and the openings are segmental arched.

Most of the building is occupied by one large room which has a ceiling of exposed square beams, a wooden floor, and wooden wainscoting. This room is divided by a wooden grill on a low wall which separates the dining room proper from a smaller library and recreation area at the front of the building, (Photos 19, 40). The kitchen is located in the rear section of the building. Below the kitchen is a rock-walled boiler room.

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Cottages #1 and #2 2 contributing buildings (Photos 18, 19, 20, 21, 22, 41)

Each of these small, three-room cottages consists of a main room under a front-gable roof, a sleeping porch under a shed-roofed extension, and a small bathroom at the back. They are constructed of shiplap covered with grayish pink (#1) or green (#2) asbestos shingles and have standing seam metal roofs. The entry door and one window are located under the front gable facing the park. Low, pink-stuccoed, adobe walls connect the two cottages creating a courtyard between them. They are identical in form except that the sleeping porch of cottage #1 has been enlarged toward the east bringing it even with the back wall of the bathroom and a fireplace chimney added to the west wall of the extension.

Each cottage was originally a single room under a wood-shingled gable roof. Sleeping porches were added between 1913 and 1916 and by 1918 all had bathrooms. Metal roofs had replaced wood shingles by the early 1930s and glass windows were added to the originally open cottages in the mid 1930s. After the Period of Significance, asbestos shingles were applied to the cottages in the 1950s and at about the same time the sleeping porch of cottage #1 was enlarged and the fireplace added. In about 1963 the adobe walls creating a patio between the two cottages were built for Dr. Gellenthien's secretary, Marjorie Shea, who lived in cottage #1.

Doctor's Residence 1 contributing building (Photos 23, 24, 42, 43)

The doctor's residence, built in 1908, is an abobe house on a rock foundation with a side gable roof and shed roof extensions at the front and rear. A lower, gable-roofed room projects from the west facade with its own shed roofed addition at the back. Corrugated metal covers the main gable and standing seam the front and rear extensions. Asbestos shingles have been applied to the south and part of the west facades; other walls are finished with uncolored cement. On the main (south) facade the shed-roofed extension includes a room and a porch. Windows are casement under the extension and 1/1wood double hung under the main gable. On the interior, the front parlor is distinguished by a rock fireplace, original fabric wallpaper with a frieze of Indian scenes, and rectangular ceiling beams said to have come from Fort Union. The roof was originally shingled but was covered with metal during the Period of Significance. In about 1925 an earlier frieze of Indian scenes was replaced with the one now in the living room, (Photos 24, 43). Since the Period of Significance, in 1953, the kitchen was added at the rear. At about the same time asbestos shingles were applied to part of the exterior, where at least on the south facade there had been shingles. At present the doctor's residence is occupied by a caretaker and his family.

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Garage/Laundry 1 contributing building (Photos 25, 26))

The garage/laundry is a long rectangular building lying between the west wing of the hospital and the doctor's residence. It was constructed of adobe on a stone foundation about 1918. The standing-seam metal shed roof slopes toward the west and is covered on the garage (south) facade by a false front. The laundry room is entered by door with side lights and a transom window located on the north facade. The middle section of the building contained a shower room before bathrooms were added to the cottages, and later served as maids' quarters. On the east elevation there is a broken 2/2 window, a door, and a window opening covered with plastic. On the opposite facade facing west are five windows of assorted shapes and sizes. Photographic evidence indicates that the building originally had a gable roof without a false front, (Photo 34).

# Store/Post Office, Pool Room, Recreation Hall 3 contributing buildings (Photos 27, 28, 29, 30, 31, 32, 33, 44)

This row of three connected buildings faces the main road into Valmora at the south end of the campus and was constructed of adobe on stone foundations by 1918. The store/post office on the west end extends toward the south; the recreation hall is a long room lying along the road on the east end; and the pool room lies between the two. The three buildings have metal roofs. Except for a stone safe and a wooden room which are part of the store, the walls of the three buildings are finished in uncolored cement stucco.

The store/post office is long building with a standing-seam metal, frontgable roof extending south from the road, (Photos 27, 29). It may have been the earliest of the three buildings since the Valmora Post Office was established in 1916 although it does not appear on building inventories until 1918. The store was contained in a large rectangular main room the front part of which was devoted to the post office. At the rear of the store is a small room built of wood with a shed roof and resting on a wooden supports, (Photo 32). A room-sized safe built of stone, located in the corner formed by the store and the pool room, is entered through a safe door in the east wall of the store.

On the main facade (north) of the store/post office, the front gable is covered by a rectangular wooden false front painted white, (Photos 28, 29). On either side of the door are large fixed windows of nine panes. Windows at the rear of the store are 2/2 double hung. On the east wall there are three

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small high windows which are hinged at the bottom. On the interior the main room has a pressed metal ceiling and a wooden floor. The building attained its present form by 1920 and has not been significantly altered. Two gasoline pumps that stood in front of the store have been removed, (Photo 44). Since the Period of Significance, a front awning of corrugated plastic supported by thin round metal poles was added on the north facade, shading the entrances of both the store/post office and the pool room. The store was in operation until about 1985.

The pool room is a small room between the store and the recreation hall, (Photo 28, 29). It is entered through a door on the north facade facing the road and can also be reached through a door in the east wall of the store. On either side of the inset exterior door is an 8/12 double hung window. The interior walls are exposed adobe and adobe plaster and there are exposed roof framing members and a wooden floor.

The recreation hall is a large rectangular adobe room with a gable roof extending east from the pool room. It was built in 1918 using material from the old administration building which was torn down to build the new hospital. It is entered either though an inset door with a transom window on the north facade facing the road or another on the south facade. In addition to the door there are three segmental-arched windows on the north facade, (Photo 30). On the south there are paired 1/1 windows on either side of the door, (Photo 32). On the east facade there are a bay window and a <u>portal</u>, supported by weathered square posts and corbels, which wraps around the southeast corner but not longer continues on the south facade, (Photo 31. 32). On the interior there are exposed roof framing, inset windows, a wooden floor, and wooden wainscoting, (Photo 33).

During the Period of Significance the recreation hall was most altered of the three connected buildings. Photographs from about 1920 show it to have had a flat roof and curved parapets, which rose sharply at the center, on both the north and south facades. <u>Viga</u> ends and <u>canales</u> protruded through the wall. By the early 1930s when the room had ceased to be used for recreation, the parapets had been removed and a low pitched gable roof installed. At an unknown date the <u>portal</u> on the south side was removed. On the interior a change in the flooring pattern is the only reminder of the stage that was at the west end of the room.

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Contributing Site

Park 1 contributing site (Photos 2, 3, 4, 35)

Since the establishment of the original sanatorium in 1905 the main sanatorium buildings have been ordered in relation to a rectangular open area at the center of the campus known as the park. A stone fountain was built at its center, the ground sodded, and trees planted shortly after the reorganization of the sanatorium in 1910. Today the trees are mature, randomly placed, and mostly deciduous with one tall and several shorter pines. Stone walkways, designed by a patient in about 1935 to replace board sidewalks, run in front of the hospital to the dining hall and complete a rectangle around the outer perimeter of the park. Until recently the park was surrounded by a wire fence which prevented patients walking between the dining hall and cottages from trampling on the lawn, (Photo 19).

### Other Landscape Features

Other landscape features include roads and walkways. A circular road bounds three sides of the district and the main entrance road crosses it on the south passing in front of the store/post office, pool room, and recreation hall. Two parallel stone walkways, designed by a patient in 1935, run in front of the sites of the two rows of cottages formerly east of the park and delineate the placement of these cottages which have been removed. In some places the walkways appear to have been ripped up or more often covered with dirt and debris in this process of removing the cottages.

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### EPILOGUE

Shortly after this nomination was completed, the owner, Dr. Brown's granddaughter sold the property to Valmora Inc., a corporation that now uses the property as a residential treatment center for adolescents.

The owner has completed a substantial rehabilitation of the buildings and grounds in accordance with the Secretary of the Interior's standards and guidelines for rehabilitation. The photographs added to the photographic documentation reflect the rehabilitation.

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يانت المعار المارية مرتبو الماري

Significant Person:

Gellenthien, Carl Herman

Architect:

Merrick, H. A.

(8-86)

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### SUMMARY

(8-00)

Founded originally in 1905 and reorganized 1910, Valmora is an example of a moderate-sized, cottage-plan tuberculosis sanatorium. Numerous sanatoria were established in New Mexico in the first decades of the twentieth century to provide specialized care in an era when the best-available therapy for TB was prolonged rest and nourishing food preferably taken in a dry climate at high altitude with pleasant surroundings away from the congestion and pollution of cities. Located in an isolated rural area Valmora was a nearly self-sufficient community dedicated solely to the management of a disease. Included on the grounds were not only a hospital and cottages for patients, living quarters for medical and support staff, and a large dining hall for all, but also a laundry, general store, post office, and recreation rooms with a theater. Food was provided from the sanatorium's own dairy herd, poultry farm, and vegetable gardens. Valmora had its own water supply from a large nearby spring, electricity provided by two generators, and a stop on the main line of the Atchison, Topeka and Santa Fe Railway. The institution was organized as a non-profit corporation sponsored by a group of large corporations primarily from Chicago for the benefit of their employees. While most private sanatoria were expensive and only available to those with the money and time to afford them, Valmora provided the same style and quality of care to people of moderate income. The migration of large numbers of healthseekers, mostly tubercular, pursuing the benefits of New Mexico's climate and altitude was of singular importance to the development of the territory and then state. Meeting the needs of these immigrants formed the economic basis of many New Mexico communities. Mostly young, many recovered and remained in New Mexico to make significant contributions both as individuals and as a group to their adopted home. Others went elsewhere and by their very survival publicized the salubrity of New Mexico. Furthermore, the identification of New Mexico as a place of singular benefit to the tubercular, brought physicians (many themselves patients) to New Mexico of a number and quality that would not otherwise have been attracted to an underpopulated and undeveloped region. Valmora's founder, Dr. William T. Brown, a chest specialist from Wisconsin, was responsible for the reorganization of Valmora that created an institution of unusual stability. He was notable as well for his contributions both locally and to the promotion of New Mexico. Dr. Carl Gellenthien, Valmora's medical director from 1927 until his death in 1989, both maintained the national reputation of the sanatorium and served as a much-loved local country doctor. In addition, from this remote location, he established a national reputation as a thoracic specialist who made significant contributions to tuberculosis research and therapy and was a leader in state and national medical politics as well. Valmora outlived by decades the era of the tuberculosis sanatorium and remains today a rare surviving example of such an institution. The Valmora Sanatorium Historic District is significant historically for its association with the sanatorium movement in New Mexico and its association with Dr. Brown and Dr. Gellenthien.

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### HISTORIC CONTEXT

### Mora County

Valmora is located about 6000 feet above sea level in south central Mora County, near the San Miguel County line in the northeastern quarter of New Mexico. Mora County is bounded on the west by the Sangre de Cristo Mountains, the southern terminus of the Rockies. The terrain of the county is distinguished by a series of spectacularly beautiful valleys formed by rivers which descend from the mountains. The largest of these is the Mora River. The community nearest Valmora is Watrous located about four miles west. About twenty miles northeast is the village of Wagon Mound. The nearest town of any size is Las Vegas, about twenty-five miles southwest in neighboring San Miguel County. Valmora itself is located on the north slopes above the Wolf Creek near its confluence with the Mora River. The main line of the Atchison, Topeka and Santa Fe Railway passes through the Mora River canyon less than one half of a mile from the sanatorium.

Although large in area, Mora County has always been a sparsely populated and relatively isolated region of New Mexico with few towns and no large cities. Primarily rural, the major activity in the region has always been ranching and farming, with sheep and cattle raising the most significant industries. Other enterprises of long duration were limited primarily to saw and grist mills. The county had no significant mining districts and never developed manufacturing or mercantile centers. It was, however, traversed by major transportation routes. The Cimmaron Branch of the Santa Fe Trail passed near the future sight of Valmora from 1822 until 1880 when it was supplanted by the AT&SF Railway which followed approximately the same route.

Permanent settlements were not established in this region until the nineteenth century, relatively late in New Mexico history. Mora, the eventual county seat, located at the foot of the Sangre de Cristo Mountains, northwest of Valmora, was officially established in 1835. Before the coming of the railroad there had been a small Hispanic farming settlement called Santa Clara near Wagon Wound and another called La Junta de los Rios (later Watrous) named for the nearby junction of the Mora and Sapello Rivers. Also near the junction of the <u>Cimarron</u> and Northern Branches of the Santa Fe Trail, La Junta developed as supply point for travelers and later for Fort Union.

<sup>1.</sup> Named Wolf Creek on maps, more often called the Coyote Creek at Valmora.

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In 1851, five years after the U.S. military occupation of New Mexico, the army established Fort Union a few miles north of La Junta and twelve miles east of Mora. A district headquarters and supply depot, the fort also protected the western portion of the Santa Fe Trail. Nearby Mora County villages prospered in the business of supplying the garrison. After the Civil War a new Fort Union was constructed consisting of stone and adobe buildings with Doric Greek Revival detailing built around a parade ground. After the fort was abandoned in 1891, as its adobe buildings crumbled away many timbers were salvaged for inclusion in the buildings of nearby communities.

After the coming of the railroad the small Mora County settlements along its route flourished. La Junta, renamed Watrous, became a shipping point for area agricultural products and Wagon Mound, a new village platted along side the tracks, grew into a major shipping point for the county's livestock. In the twentieth century as the road system improved railroad use diminished and Mora's small railroad villages experienced a corresponding decline. Furthermore, the value of the county's agricultural products was decreased as scientific methods of farming led to more extensive and efficient production elsewhere in the country. The population of the county declined as many residents were forced to seek employment elsewhere and it became one of the poorest areas of New Mexico.

Never a populous region, in 1910, the year that Valmora was reorganized, Mora County had a population of 12,611. Of its largest communities Mora, the county seat, had 817 inhabitants, Wagon Mound 815, and Watrous 250.<sup>2</sup> In 1940 the county population was 10,981 and that of Mora was 1332, Wagon Mound 979, and Watrous 599. By 1960 the county population had declined to 6,028, Mora 1200, Wagon Mound 776, and Watrous 220.

<sup>2.</sup> Twitchell III, 389.

<sup>3.</sup> An Overall Economic Development Program, 6, 52, 74, 84.

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### Architectural Precedents

The earliest architectural traditions of Mora County were brought by Hispanic settlers from older settlements in the upper Rio Grande Valley. These traditions, based on locally available materials, adobe mud, logs, and branches, had evolved early on the northern New Mexico Colonial frontier as a Spanish adaptation of Pueblo Indian tradition. Like the Indians the Spanish constructed roofs of peeled logs used as horizontal beams (vigas in Spanish) which were left exposed on the interior and allowed to project irregularly through the outer wall. Above the vigas were placed branches, brush, and finally a thick layer of dirt. Water drained off the roof via canales, roof drains made from a stone slab or a hollowed out half of a log which projected through a low parapet wall. In contrast to the multistoried Pueblos, Spanish buildings consisted linear files of adobe rooms which were often bent into the shape of an L or a U and sometimes formed a rectangular around an inner courtyard or placita. To the building tradition the Spanish contributed the portal. a long, flat-roofed portico supported by posts made of peeled logs sometimes topped with carved corbel capitals. Rooms might not communicate with one another but were reached from outside doors sometimes sheltered by a portal creating a kind of exterior hall which might extend around a placita.

Spanish building practices remained essentially the same for two and one half centuries until the United States assumed control of the region in 1846. Even after the arrival of the railroad, some thirty-five years later, and with it wider possibilities of building materials and new ideas about style, change evolved slowly in more remote localities and consisted mainly of decorative elements added to traditional buildings and some deviation from strictly linear floor plans. The major change, however, was the introduction of metal gable roofs which became ubiquitous in northern New Mexico on adobe buildings of whatever plan, creating a style called New Mexico Vernacular.

By contrast, in the larger population centers and successful railroad towns, fired brick, prefabricated decorative elements, and Victorian styles came to dominate commercial districts and newly platted neighborhoods. Just after the turn of the twentieth century in Santa Fe, the Spanish, Mexican, and Territorial capital of New Mexico, a movement arose to recapture "indigenous" architectural traditions. The railroad having recognized early the power of architecture to promote the unique history and culture of the southwest and thereby inspire travel, brought the California Mission Revival style to New Mexico in the design of depots and restaurants. This style was typified by arched porticos, balconies, low-pitched tile roofs with overhanging open eaves, and towers with pyramidal tiled roofs.

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Civic promoters came to realize that Santa Fe too could reap much needed economic benefit from history as expressed though architecture. Artists and archaeologists associated with the Museum of New Mexico sought to develop an architecture consistent with local Native American and Hispanic traditions, both the multistoried-stored pueblos and the linear, single-story Spanish dwellings. Essentials of the style, which came to be called Spanish-Pueblo Revival for its dual origin, were flat roofs hidden by parapets, stepped-back roof lines on second stories, inner courtyards, long <u>portals</u>, <u>vigas</u> exposed on the interior and protruding though exterior walls, and <u>canal</u> roof drains. Eschewed were arches, a defining trait of California Mission Revival, and totally banished was the pitched metal roof, regarded as an Anglo-American encroachment on the purity of the tradition.

One of the earliest and most influential exponents of the Revival style was the painter Carlos Vierra who had come to Santa Fe in 1904 seeking a cure for tuberculosis. A strict proponent of historical accuracy in building, at least where exterior appearance was concerned, Vierra researched historic precedents, wrote extensively in both local, regional, and national publications explaining the new/old style, and was available for design consultation. While Sylvanus Morley, an eminent archaeologist with the School of American Archaeology in Santa Fe, advocated adherence to the low and linear Spanish Colonial tradition, Vierra championed the Pueblo form of set-back second stories. Although the Revival movements had little influence elsewhere in rural Mora County, the design of the buildings at Valmora, combines local tradition with the California Mission and Spanish-Pueblo Revival styles.

### The Treatment of Tuberculosis and the Sanatorium Movement in the U.S.

Tuberculosis is a disease now known to be caused by a bacillus which can attack any part of the body. The name derives from the "tubercles" or "little lumps" which are formed in infected tissue. In the past before the causative agent was identified, different names were given to different forms of the disease depending on the affected organ, such as scrofula referring to tuberculosis of the lymphatic glands and lupus that of the skin. The lung was by far the most common site of infection. Because the chronic form of pulmonary tuberculosis causes a characteristic emaciation to the extent that the body appears to be consumed, this form was called consumption. A disease which often attacked young people, typical symptoms besides weight loss included coughing, red-tinged sputum, and pulmonary hemorrhage. The latter occurred when the disease had destroyed the structures which support the blood vessels and at the same time weakened the wall of the vessel to the extent that it ruptures. While alarming, hemorrhaging is an accident that occurs in the course of the disease and not in itself a serious complication. Often it

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was the first indication of the disease which has a long early symptomless phase. Until the 1950s there was no cure for tuberculosis although the disease could be arrested. Since ancient times food, sunlight, altitude, and fresh air had been thought to contribute its alleviation.

Hipprocates a fifty-century B.C. Greek physician was the first to clearly describe the symptoms of pulmonary tuberculosis which he called in Greek phthisis, "a wasting away." Another Greek physician, Galen, who lived in the second century A.D Rome, described the disease and believed that it was caused by something that was transferred from one person to another. He sent his patients to dry elevated regions and advised them to drink plenty of milk. Galen remained the authority until the seventeenth century. Although the Greeks speculated that the disease was transmitted from one person to another, the method of transmission was not known until the late nineteenth century and opinion of its contagiousness varied because it could take years after exposure for the active disease to manifest itself. The exact causative agent was not known until 1882 when the German physician, Robert Koch, announced the discovery of the tubercle bacillus, a rod-shaped bacterial organism. The 1895 discovery of x-rays would provide a major diagnostic tool.

Tuberculosis was the major killer in the nineteenth century and the medical profession had little to offer. Even after the bacterium had been identified, the disease eluded a cure for more than seventy years. Nevertheless, principles of successful treatment were established in the late nineteenth and early twentieth centuries which led to the establishment of sanatoria designed to provide conditions most favorable to the arrest of the disease. The underlying goal of sanatorium care was to allow the body to best marshall its own defenses. The important elements were exercise to provide strength, rest to permit healing, rich food, particularly dairy products such as milk and eggs, to restore wasted tissues. It was also believed that pleasant surroundings would promote an optimistic frame of mind which could also strengthen the body.

At the same time quasi-scientific theories gained acceptance asserting that the reduced air pressure of high altitudes and a dry sunny climate with fresh air freely circulating around the body were salutary. The association of climate and altitude with health was borne out by the relative condition of well-being found in higher and drier locales in contrast with the fevers and agues which seemed to plague the colder, wetter, more humid regions of the Mississippi Valley. It was also recognized that tuberculosis was transmitted from person to person and therefore those in crowded and poorer city living conditions would be more susceptible. In fact the incidence was low in sparsely populated rural areas and in western cities.

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Therefore, it became important to isolate TB sufferers from the general population and put them under controlled conditions of activity and diet preferably in locations where they could gain the benefits of the reduced air pressure as well as cleaner and fresher air of less polluted higher elevations. Under the careful guidance of medical personnel at a sanatorium the patient's entire life could be controlled first to fortify the body against the disease and then to learn a new way of life to permit continued health after the sanatorium. In addition, community life provided the moral support of other patients and lessons learned from their examples and mistakes.

By rest was meant absolute and complete rest, mentally, emotionally, and physically for twenty-four hours a day in a recumbent position for months. The motion of the lungs was further limited through the application of pressure to the exterior chest wall by simple, non-operative, mechanical measures such as sand bags, chest binders, and posture or by means of surgical methods such as artificial pneumothorax where air was introduced into the pleural cavity to collapse the lung so that lesions could heal. Exercise when added to the regimen was at carefully controlled levels. When patients were strong enough, diverting activities were essential to the cure, to promote the proper positive frame of mind and prepare for life outside of an institution.

The first TB hospitals and sanatoria based on theories of the therapeutic benefits of altitude, fresh air, exercise, rest, and rich food were established in the mid-nineteenth century in England and Germany. At first exercise was thought to be of paramount importance, but was soon replaced by rest. Dettweiler in Germany first introduced the idea of long periods of bed rest on open-air balconies. In the United States, the founding of the modern sanatorium movement is generally attributed to Edward Livingston Trudeau who opened a semi-private institution in 1885 in the Adirondack Mountains at Saranac Lake, New York, called originally the Adirondack Cottage Sanitarium. Here treatment and research facilities were combined in one institution. After the turn of the century the sanatorium movement grew rapidly. In 1904 it was estimated that there were 96 sanatoria in the United States with a total of 9,000 beds, by 1910 the numbers had grown to 393 institutions with 26,000 beds, and by 1920 there were 550 sanatoria and 56,000 beds.<sup>4</sup>

The cottage plan sanatorium was based on the model of Saranac Lake and usually consisted of a main building often called an administration building containing dining room, kitchen, treatment facilities, offices, and a recreation room. Near by were small cottages sleeping one or two patients.

<sup>4.</sup> Spidle, Doctors of Medicine, 146.

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These were often simple wooden structures with gable roofs, a door at the gable end, and no window glass to provide maximum fresh air. Sometimes the upper half was made of tent material.

The sanatorium turned out to be a highly effective means of controlling tuberculosis in its dual function of isolating the contagious and providing the most promising conditions for the patient. The all important regimen could be most easily sustained under controlled conditions and the patient could best learn how to live with the disease. It became axiomatic that "treatment of patient [was] more important than treatment of the disease".<sup>6</sup> Furthermore, sanatoria became not only places of treatment but sources of information on tuberculosis and training centers for doctors and nurses as well. However, private sanatoria were generally available only to those who could afford the treatment and the time for an extended period of inactivity.

Better methods of early detection and accurate diagnosis as well as the treatment provided by the sanatorium movement led to a marked decrease in the incidence of the disease in the United States. Even before the development of successful drug therapies, the annual death rate decreased from about 200 per 100,000 population in 1900 to 40 in 1944. Nevertheless, in 1944 this still amounted to about 55,000 deaths from diagnosed pulmonary TB and about 125,000 new cases reported throughout the country. By 1944 TB had dropped to eighth place as the cause of death in the U.S. but remained the first cause among those aged fifteen to thirty-five.

In 1943 Streptomycin was demonstrated to be capable of halting the progress of tuberculosis though not of curing it. In the early 1950s Isoniazid was developed which if taken over a period of months could finally cure the disease. The era of the sanatorium had come to an end.

5. <u>Ibid</u>. 6. Hayes, 66. 7. <u>Ibid</u>., 22. ·~~·

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### The Health-Seeker Era and the Sanatorium Movement in New Mexico

The salubrity of the southwestern climate had been noted since the earliest Hispanic exploration. Ninetieth-century frontiersmen as well as traders on the Santa Fe Trail brought back the same report. For example, in July 1842, Brevet Captain John C. Fremont on an exploring expedition in the Rocky Mountains noted in his journal, "this climate has been found very favorable to the restoration of health, particularly in cases of consumption."<sup>O</sup> Despite the difficulties of the journey, many made the overland trek seeking the healthful advantages of the western climate.

New Mexico became truly accessible to large numbers of health-seekers only after the Atchison, Topeka and Santa Fe Railway built a main line through the territory in 1879-80. As part of its promotion of travel, the railroad itself strongly publicized the healthful qualities of the region in accordance with nineteenth century theories of climate and altitude. The New Mexico Bureau of Immigration, established in 1880 to encourage settlement, emphasized among the territory's assets climate and fresh air - a place to find "health, wealth, and homes." Spas were established around hot or cold mineral springs and later sanatoria. The railroad itself established one of the earliest luxury spas at a location about six miles northwest of Las Vegas which was called Montezuma.

By the early 1900s, New Mexico boosters had dubbed the territory "Nature's Sanatorium" and "lungers" were flocking to the region in response to a well-established national reputation for an abundance of health-promoting high altitude, sunshine, low humidity, clean air, and pure water. These assets combined with remote location and sparse population recommended the territory to physicians looking to establish tuberculosis sanatoria. Once established, these doctors joined ranks of those promoting the salubrious attributes of the region thereby drawing more health-seekers to the territory. These sanatoria often started as tent cities, an assemblage of simply-built open cabins with canvas or wooden walls. Some like Valmora included substantial buildings and grew into stable institutions, others quickly disappeared.

Although it is indisputable that health was a major source of New Mexico immigration and economic development in the early decades of the twentieth century and that many of the most influential individuals in the history of the state first came west as health seekers, there are few statistics indicating exactly how great this number was or what percentage of the

8. Quoted by Shane, 387.

9. <u>Ibid</u>, 389.

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characterized the "tuberculosis industry" as "one of the basic factors in the peopling and development of the state in the critical decades just before and after statehood [1912]...nothing less than co-equal in importance to cattle and mining." He estimates that around 1920 approximately 10 percent of the state's total population consisted of health-seekers. In 1913, Ernest Sweet, a Public Health Service physician concluded in a study of health-seeker migration that in the majority of New Mexico towns (excepting mining communities) 20% to 60% of all households had at least one family member who was tubercular and about 90% of those consumptives were not native. Of the total state population of 330,000, about 30,000 were there for reasons of health.

The health-seeker movement drew not only patients but medical professionals, many themselves "lungers," to New Mexico with an inestimable impact on the development of New Mexico medicine. According to Spidle, the number of physicians in the territory more than doubled between 1886 and 1906 from 99 to 221, while the total population increased by less than 80% Between 1906 and 1914, 737 new doctors were issued licenses to practice in New Mexico.<sup>12</sup> As Spidle points out, many of the health-seeking doctors were exceptionally well trained and would probably not have come to a "relative backwater frontier" except for their own cure. "The state reaped a harvest of medical brain power that it would not otherwise have enjoyed. But for the mycobacterium which forced them to the salubrious Southwest, many of New Mexico's medical luminaries of the past half-century or so would have exercised their considerable talents elsewhere."<sup>13</sup>

Generally New Mexico's health-seekers were young, tuberculosis being a disease of the youth. It has been estimated that at the beginning of the century, pulmonary tuberculosis was responsible for one third of all deaths between the ages of fifteen and forty-four.<sup>14</sup> Those seeking private sanatorium care had to be able to afford the time and money of a protracted stay in institution, and thus amounted to a select few. One author has commented that the health-seeker migration brought to western cities "educated, upper-middle-class, professional people, often the fathers and grandfathers of today's civic leaders."<sup>15</sup> At the other end of the cost spectrum in New Mexico were cheap boarding houses and federal hospitals. There was little option for the working person of moderate means.

- 10. Spidle, "An Army of Invalids," 179.
- 11. Cited in Spidle, "An Army of Invalids," 190.
- 12. Spidle, Doctors of Medicine, 165.
- 13. Ibid., 166.
- 14. Ibid., 99.
- 15. Quoted by Spidle, Doctors of Medicine, 100.

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By 1910 when Valmora was reorganized as an "Industrial Sanatorium" with a capacity of 30 patients, there were fifteen tuberculosis sanatoria in New Mexico large enough to be listed in a national directory. These institutions had a total capacity of 1150 beds and most had been founded after 1900. There were no territorial, county or city sanatoria but three were supported by the federal government, including a sanatorium for Native Americans. The largest institutions, with capacities of 250 and 400 were federal hospitals at two former military posts; the rest (total 500 beds) had capacities ranging from 10 to 80 beds, with about half of the total (8), like Valmora, in the range of 20 to 35 patients. Forty-four percent of tuberculosis beds were in private or semi-private institutions, the rest in federal institutions.

In 1931 the same number of institutions (15) had a capacity of 1746 tuberculosis beds, of which 830 were in ten private and semi-private sanatoria. Ten of the fifteen were the same or successor institutions to those listed in 1910. Of the five new institutions two were operated by the U.S. Indian Service. The five no longer listed were private institutions in small towns. Of the ten continuing institutions half, like Valmora, had more than doubled in capacity, three had more modest increases and just two had decreased. There were still no state, county or city sanatoria. The number of federal facilities had increased but the percentage private beds had also increased slightly to 48%.

In addition to institutions large enough to find their way into national directories, numerous smaller facilities came and went. According to data compiled from New Mexico Commercial Directories, between 1902 and 1947 fifty-seven sanatoria, twenty-seven health homes, ranches, and camps, and nineteen spas had existed at some time in New Mexico.<sup>10</sup> Spidle has compiled a list of fifty-six sanatoria in New Mexico between the years 1865 and 1937.<sup>10</sup> Neither of these listings takes into account the numerous smaller institutions which came and went without being cited in a directory.

In the 1930s the influx of health-seekers into New Mexico dwindled both because of the economic conditions of the Great Depression and the success of sanatorium care as well as improved diagnostic techniques. The regimen based on a disciplined life of rest and wholesome food had proven so successful that theories of climate and altitude were fading into the background and in those straitened economic times many sought care closer to home. Furthermore, fewer

18. Williams, 131.

<sup>16.</sup> Jacobs, A Tuberculosis Directory, (1910): 42-42.

<sup>17.</sup> A Directory of Sanatoria (1931): 76-79.

<sup>19.</sup> Spidle, Doctors of Medicine, 147-149.

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patients needed long-term sanatorium care because TB was being diagnosed at an earlier more curable stage. In the 1930s public sanatoria began to take over the field. By the early 1950s drug therapy totally ended the need for tuberculosis sanatoria.

By 1954 the age of the small private tuberculosis sanatorium having passed, only one was still listed nationally, the Valmora Sanatorium with 75 beds for TB and chronic diseases. Most of the state's 1013 tuberculosis beds were in eight other larger institutions, in all but three cases as TB units in general hospitals. Government, both federal and state, had taken over responsibility for TB patients. Only 176 or 17% of the total beds were in private institutions, besides Valmora these were small units in three general hospitals. New Mexico had established two state TB hospitals with a total capacity of 394 patients. The federal government supported two Veterans Administration hospitals with a total of 343 beds for TB and an Indian Sanatorium with a capacity of 100.

Little remains of the sanatoria which represented such a major force in the history and growth of New Mexico. With the development of successful drug therapies, institutions designed for the particular needs of the tuberculosis patient lost their utility and economic viability. State and Federal government institutions took more responsibility for the patients that remained. Some former sanatoria located in population centers evolved into major hospitals, others like Santa Fe's Sunmount (first a hotel and now a Carmelite Monastery), were converted to uses not related to health care. Some have been altered beyond recognition, others often not sturdily built have disappeared all together. The cottages, typical of these institutions, as well as evidence of their layout are usually gone even if larger buildings remain. A unique set of circumstances led to the preservation of the sanatorium at Valmora.

<sup>20.</sup> Tuberculosis Hospital and Sanatorium Directory (1954): 97-99.

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HISTORY OF THE VALMORA SANATORIUM

### During the Period of Significance

The first tuberculosis sanatorium at Valmora was established in 1905 by Dr. William Townsend Brown as the Valmora Ranch Sanatorium. The property was part of a tract containing three small ranches purchased in 1900 by Ashley Pond, Jr. from Augustus J. Streeter. The land was within the John Scolly Grant, approved by Manuel Armijo, the last Mexico governor of New Mexico, in May 1846. Pond established a school for boys, which he named the Valmora Ranch School, on a portion of his property known as the Boone Valley located near the Mora River in an area south of the eventual sanatorium. According to Dr. Brown, it was Pond who coined the name Valmora from the valley of the Mora. In October 1904 a catastrophic flood, perhaps the greatest natural disaster in New Mexico history, washed away most of Pond's school and he abandoned the project for higher ground.<sup>23</sup> Pond moved his family into a new house on the other side of his property<sup>23</sup> but soon left Valmora altogether, selling a portion of his property including a ranch house to Dr. Brown. By his own account Brown immediately started to build the sanatorium establishing the physical pattern of the institution which in five years would become the Valmora Industrial Sanatorium.

Dr. Brown was born in Queens County, Ireland and emigrated in his teens to Wisconsin where his brother was a lawyer. After attending the Hahnemann Medical School in Chicago, he set up an office in Ripon, Wisconsin as an eye, ear, nose, throat, and chest specialist. He married Editha Hassell, the daughter of another doctor, in 1897.<sup>20</sup> The Brown's had two daughters, Alice born in 1901 and Margaret in 1904. In the early 1900s Dr. Brown came to New

21. Brown to H. W. Kane, letter. June 14, 1933. New Mexico Medical History Archives. Warranty Deed, March 31, 1900.

22. Brown to H. W. Kane, letter. June 14, 1933. New Mexico Medical History Archives.

23. The Detroit Free Press, October 17, 1904.

24. A native of Detroit, Michigan, Pond (1872-1933) attended Yale University and joined Theodore Roosevelt's Rough Riders. In 1917 he founded the Los Alamos Ranch School for Boys which in 1943 was taken over by the Manhattan District of the U.S. Army to build a facility for developing the atomic bomb. His daughter, Peggy Pond Church, was a well-known Southwestern writer and one of his sons, Dr. Ashley Pond practiced medicine in Taos, New Mexico, for many years, (Reeve III, 163-4).

25. Brown to H. W. Kane, letter. June 14, 1933. New Mexico Medical History Archives.

26. Emrick, 9.

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Mexico looking for a place to locate a sanatorium for consumptives and in 1904 attempted to establish a such an institution at Romeroville, south of Las Vegas, with two doctors from St. Louis.<sup>27</sup> When the Pond property became available, he moved to Valmora.

In addition to high altitude and a dry climate what attracted Dr. Brown to the property was its beautiful setting protected on the north and east by hills and open to south and west. It was isolated and yet adjacent to the main line of the railroad and not far from a major town, Las Vegas, New Mexico. There was an excellent spring to supply water north of the house and a stream running through the property that could irrigate farm land.

The Valmora Ranch Company was incorporated on June 26, 1905 under the laws of the Territory of New Mexico with Brown as the major shareholder. Henry D. Reinken, a Watrous merchant and rancher, and Las Vegas lawyer, William G. Haydon, were minor shareholders. The objectives of the corporation were the operating and maintaining of a sanatorium or sanatoria, conducting general health resorts and to those ends, dealing in real\_estate, constructing buildings, and conducting a general merchandise business.<sup>20</sup>

Brown moved his family into the ranch house on the property which was built of adobe and stone and located approximately where the hospital is today. The first structures added were ten single-room wooden cottages for patients built in two lines extending south from the east and west corners of the house. The first patients were accepted at the Valmora Ranch Sanatorium in 1905; Dr. Brown later listed the date of the official opening as June 10, 1905. Most patients were referred by colleagues and acquaintances from the Chicago area. By 1907 the institution was described as a "growing sanitarium for consumptives patronized by patients from the middle west and largely controlled by physicians of Chicago, Detroit and Milwaukee."<sup>30</sup> In 1908 Dr. Brown built a new residence for his family east of the former ranch house, the "administration building," which could then be turned over entirely to facilities for patients. The new house was built of adobe with a shingled gable roof. Later after a terrible hail storm, Dr. Brown had tin roofs put on

<sup>27.</sup> Brown to H. W. Kane, letter. June 14, 1933. New Mexico Medical History Archives.

<sup>28.</sup> Articles of Incorporation of Valmora Ranch Company, No. 4034. Territory of New Mexico.

<sup>29.</sup> Draft of description of Valmora for <u>American and Canadian Hospitals</u>, Midwest Publishers Company. New Mexico Medical History Archives.

<sup>30.</sup> Anderson II, 651.

<sup>31.</sup> Emrick, 11.

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all the buildings, including his own house.<sup>32</sup> By 1909 two additional rows of one-room, front-gable-roofed cottages, called tents in the idiom of the day, had been added to the property on the east bringing the total to about twenty.

Nevertheless, the sanatorium was not a financial success. Burdened by debt, Brown leased the property to the Knights of Pythias in 1909.<sup>34</sup> The Grand Lodge of the Grand Domain of New Mexico intended to build a National Pythian Sanatorium within the Grand Domain and obtained the Valmora property to meet the immediate needs of afflicted Pythians.<sup>35</sup> Brown returned to Wisconsin to find a buyer for the property in order to satisfy the creditors. After several false starts he succeeded at the end of 1909 in putting together a plan which would put the sanatorium on sound financial ground for the duration of its existence.

In May 1910 the Valmora Ranch was sold for \$6,000 by the special master under a mortgage foreclosure to J. M. Blazer of Chicago, counsel representing the Valmora Industrial Sanatorium.<sup>30</sup> Dr. Brown had convinced a group of large companies, primarily in Chicago, to back a non-profit corporation organized for the maintenance of the sanatorium which would benefit first for their tubercular employees and, as space permitted, other consumptives of modest means. The initial membership fee was a minimum of \$500.00 and 20 cents per capita for all employees over 1,000.<sup>37</sup>

Among the thirty-seven early corporate sponsors were such well-known and varied companies as Carson, Pirie, Scott & Co.; The Chicago Daily News; International Harvester Co.; Marshall Field and Co.; Sears, Roebuck and Co.; and the Chalmers Motor Co. (Detroit). Others joined in the following years including Armour, Swift, and Wrigley. Emrick has compiled a list of fiftynine firms which were listed at least once as contributors to or members of the Valmora Industrial Sanatorium, Inc. between 1910 and 1932. Most were

32. Gellenthien to Beimer, interview. Quoted by Beimer, "An Investigation," 93.

36. SFNM May 13, 1910. Special Master Deed, May 27, 1910.

37. "Valmora Industrial Sanatorium, Inc." [prospectus] January 28, 1910.

<sup>33. &</sup>lt;u>Western Review</u> (March 1909): 9, photo. NM Medical Journal (December 1909): 58.

<sup>34.</sup> O.G. Schaefer to W.T. Brown, letter, February 15, 1909. Editha Bartley Collection.

<sup>35.</sup> Western Review, op.cit. 10.

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headquartered in Chicago with a few from St. Louis and one from Detroit.<sup>38</sup> The sanatorium remained under the same arrangement until ownership was turned over to Dr. Brown's son-in-law, Dr. Carl Gellenthien in 1973.<sup>9</sup>

The sanatorium, which officially opened in October 1910,<sup>40</sup> was organized as the Valmora Industrial Sanatorium, Inc. under the laws of the state of Illinois. Although the corporate name remained unchanged, the institutional name was soon shortened to Valmora Sanatorium. The stated purposes of the corporation were the establishment and maintenance of a sanatorium or sanatoria for the treatment and cure of tuberculosis; the study and investigation of the cause, prevention, treatment and cure of this disease; and the dissemination of knowledge concerning the same. A 1926 state tax judgment ruled that the Valmora Sanatorium was exempt from state taxes in as much as the properties were all used for educational, charitable, scientific, and benevolent purposes; it had no capital stock and was not conducted for profit; and its properties had been acquired by donations and gifts which remained the source of maintenance.

The institution was controlled by a board of directors which consisted primarily of M.D.'s and corporate executives and was elected by the subscribers. The board had the power to purchase land, erect buildings, and receive any gift for the purpose of carrying out the objectives of the corporation. Day to day operation of the facility was the responsibility of the superintendent, Dr. Brown, who also served as medical director until 1927. Among his duties were to manage the sanatorium under the direction of the board and to make and enforce rules and regulations for governing patients. New construction or improvements could not be contracted without the approval of the board.

Member corporations contributed a fee to cover maintenance and improvement of the buildings and grounds. Patients' fees covered only the actual cost of treatment. The sponsoring corporations either continued to pay an ill employee his regular salary so that he could finance his treatment or paid the cost of transportation and treatment in place of salary. In some cases treatment costs were covered and the patient's salary sent to his family. The employers did not limit duration of treatment available to their

43. By-Laws of the Valmora Industrial Sanatorium

<sup>38.</sup> Appendix III, 75-77.

<sup>39.</sup> Quitclaim deed to Carl H. Gellenthien. September 4, 1973. Mora County Deeds Bk. T-5. p. 252.

<sup>40.</sup> Valmora Industrial Sanatorium. Fourth Annual Report, 1914-1915.

<sup>41.</sup> Articles of Incorporation. Valmora Industrial Sanatorium.

<sup>42.</sup> State of New Mexico vs Valmora Sanatorium, Civil Cause #3077.

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ill employees. Some remained for periods of years. Although employees of subscribers were given first preference as patients, others could be admitted as space permitted for only a slightly higher fee.

The newly incarnated Valmora Industrial Sanatorium began with twenty patient's cottages arranged in rows on either side of an open space in front of the former ranch house/administration building, a superintendent's home, and various support buildings including corrals and barns for horses and a herd of Jersey cows. Twenty-five patients could be accommodated in the cottages of which sixteen were individual, three were two-room, and one was three-room. The administration building contained the office, reading room, dining room, kitchen, bath and quarters for the housekeeper and nurse. The most pressing needs of the new institution were a hospital, recreation building, and more cottages.

By April of 1912, new cottages were being built and a wood-frame hospital had been constructed west of the cottages, outside of the present district at approximately the location occupied most recently by cottage #42. A lawn had been sodded, trees planted, and a central stone fountain erected to create the park at the heart of the campus faced by the administration building and cottages. Successful at last, the facility was overcrowded to the point that incipient tuberculosis cases, which should have been in cottages, had to be placed in the hospital with the more gravely ill.

By April of 1913 the number of patient cottages had risen to twenty-four and thirty patients could be accommodated by the sanatorium. The rate for employees of members was \$10.00 per week, for others \$12.00 per week. During the previous year the first major building took place. Sleeping porches were added to fourteen cottages and a large new building, the nominated dining hall/kitchen was built in the California Mission style. Although it is not known who designed the latter, it is the first to reflect Hispanic Revival stylistic fashion.

<sup>44. &</sup>quot;Valmora Industrial Sanatorium, Inc." [prospectus] January 28, 1910. New Mexico Medical History Archives.

<sup>45.</sup> Valmora Industrial Sanatorium, Annual Report, April 1, 1911-March 31, 1912; <u>The Spirit of Valmora</u> (March 1930): 4; New Mexico Medical History Archives.

<sup>46.</sup> Tice, 45. Inventory, Buildings and Grounds, 1913; Editha Bartley Collection. Valmora Industrial Sanatorium, Annual Report, April 1, 1913-March 31, 1914.

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In the remaining years of the decade, building proceeded slowly but steadily as the institution expanded and improved its facilities, culminating in the construction of a large new hospital in 1919-20. Provisions were made for a long-anticipated recreation room in 1914-15; photographic evidence indicates that this was not the nominated recreation hall.<sup>48</sup> By 1916 all cottages had sleeping porches and by 1918 added bathrooms. A U.S. post office was granted to Valmora in 1916 and at about the same time Valmora was made a flag station on the Santa Fe Railway. The first evidence of a store building is in 1918 and in the same year or early in the next the nominated recreation hall was constructed. A fire apparatus inspection report dated July 29, 1919, indicates that the room between the recreation hall and the store was a pool room. Limited available evidence suggests that the garage/laundry was built about 1918.

By April of 1919 a contract had been let for a new hospital to cost \$18,210.00, not including the heating plant, plumbing, or finish work on the offices. To clear the site, the ranch house/administration building had to be torn down and four worker's cottages in the rear moved as well as two double cottages. The new recreation hall was built using a great deal of material out of the old administration building. At the same time the old hospital was remodeled, apparently as nurses quarters, by beaver boarding the interiors. Cottages also were beaver-boarded and hardwood floors laid in some.

48. "Valmora Sanatorium" promotional booklet. October 1916. Valmora Industrial Sanatorium, Annual Report, April 1, 1917- March 31, 1918.

49. Valmora Industrial Sanatorium, Annual Reports, April 1, 1917- March 31, 1918; April 1, 1918-March 31, 1919.

50. Editha Bartley Collection.

51. Buildings with these functions are not noted consistently in building inventories. A building called the "club" appears for the first time in 1918; a new garage is listed by 1919. Photographs show the building in place by 1920, (<u>SFNM</u>, June 6, 1920). A 1926 roofing estimate lists the "club room and garage" as one building which is placed on the list next to Dr. Brown's residence."

52. Valmora Industrial Sanatorium, Annual Report, April 1, 1918- March 31, 1919.

<sup>47.</sup> Valmora Industrial Sanatorium, Annual Report, April 1, 1914-March 31, 1915. "Valmora Sanatorium" promotional booklet, c.1916. Photographs believed to be taken in 1916-17 show the "recreation porch" as the porch of the old ranch house and the recreation room as the same as in the above booklet which bears no resemblance to the present recreation hall. Symington Collection, New Mexico Medical History Archives.

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The new hospital was completed in May of 1920 at a total cost of 30,809.45. It accommodated 26 patients in thirteen double rooms in the south and west wings. Each room connected with a bath and most with an open balcony sleeping porch facing either south or west. Opposite the porches the rooms faced an open <u>portal</u> facing an inner courtyard. Thus most rooms had strong cross ventilation and access on two sides to the out of doors deemed essential to tuberculosis therapy. A bell system, the annunciator, located in the north wing, connected the hospital with all the cottages. In the ground floor of the west wing were four rooms, initially perhaps used as guest rooms but soon converted to medical use. By the end of the decade they were laboratory, x-ray, and treatment rooms. The building was heated from the boiler room in the northwest corner and lighted with electricity produced by a small generator in the basement at the east end of the north wing.

C.F. Kruse of Wagon Mound was the general contractor for the building of the hospital and when possible products and personnel of member industries were used. At least three architects (in the broad sense that that word was used before professional registration in New Mexico) contributed to its design. Apparently Dr. Brown first engaged two regional men who produced a design consistent with the principles of the Spanish-Pueblo Revival as it was being promulgated in Santa Fe. This plan was evidently modified subsequently by an architect working out of Chicago for one of the Valmora subscribers. The changes brought the hospital into stylistic harmony with the dining hall, already in place, and eliminated often troublesome flat roofs.

Fragments of drawings of hospital elevations signed by "FREDERICK TRENT THOMAS, ARCHITECT and CARLOS VIERRA, ASSOCIATE/SANTA FE, N.M." were recently found in the basement of the laundry building. Thomas (1889-1951), a trained architect, was in Santa Fe from February to September of 1918 working for the firm of Rapp, Rapp, and Hendrickson out of Trinidad, Colorado as a designer and supervisor on Santa Fe's La Fonda Hotel, a classic example of the early Pueblo-Revival style. He was in Trinidad from April 1919 through May 1920 collaborating with Roy Vorhees of the same firm.<sup>55</sup> The Rapps were responsible

53. Emrick, 30.

54. Emrick quotes H.A. Merrick, architect for Armour and Co., who oversaw the project on the subject of the use of these rooms, ...we are providing four bed chambers, with necessary toilet and bath, in this space and I made the suggestion myself that this would be an excellent place for visitors. This suggestion was heartily approved of by all who heard it." (Merrick to G.G. Willetts, Armour and Co., Emrick, 29)

55. Thomas, originally from Oklahoma, studied architecture by correspondence in San Diego, California. He apparently came to Santa Fe for the first time in 1918 but did not settle there permanently until 1934.

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for some of the earliest Spanish-Pueblo Revival designs in Santa Fe. Vierra (1876-1937), a painter, who was concerned with the historical purity of regionally-inspired architecture, no doubt provided consultation on the historic details of the design.

According to the surviving drawings, Thomas and Vierra established the essential form of the building except for the roofs and towers, but their design adhered strictly to the Spanish-Pueblo Revival style. They planned three wings, presumably to be placed around a courtyard, with a partial ground floor toward the west. The balconies on the first floor facing west and south supported by round posts and carved corbels are of course part of their design as are the exposed wooden lintels and corner corbels which frame inset windows. It has been suggested that Vierra took the design of the corbels from those then recently documented by Sylvanus Morley. The window pattern at the west end of the south facade is similar to the building as built except that there is no window at the ground floor level at the bottom of what became the tower and no third floor at all to form the tower. In keeping with the tenets of the Spanish-Pueblo Revival theirs was a flat-roofed building with parapets, irregular roof lines, and what appears to be a set back on the south facade. Pueblo Revival detailing that did not survive in the final version includes protruding viga ends, canales, adobe chimneys. There is no indication on the surviving drawings of stone as the construction material of the ground floor walls.

Apparently, H.A. Merrick, an architect working for Armour and Co. in Chicago, oversaw the job on behalf of the corporate sponsors and was presumably responsible for the changes in the Thomas/Vierra design. In altering the plan he created a hybrid design, retaining some Pueblo Revival detailing (portals and balconies, lintels and corbels over and in front of windows), but replacing a flat roof with a California-Mission style roof line of wide overhangs and adding hipped corner towers. These echo the roof and tower of the dining hall and unify the main facade of the hospital with that

Throughout most of the 1920's he worked for Allied Architects, Inc., of Los Angeles. After 1934 he worked for several governmental entities included the State Park Commission, National Park Service, and New Mexico Highway Department. In the 1930s he also worked with John Gaw Meem and Truman J. Matthews on the Historic American Building Survey in New Mexico. After 1946 until his death in 1951 he was self-employed. (Trent Thomas Collection, SRCA; Pratt, <u>et al</u>. 101-102.)

56. Pratt and Wilson, 148. Morley, Plate 1.

57. Emrick (pp. 27-31) quotes from extensive correspondence in construction files, now lost, between Merrick and Dr. Brown concerning the construction hospital.

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of the older building. However, while the facade of the dining hall is strictly symmetrical in keeping with some Mission designs, that of the hospital is not, reflecting the Spanish-Pueblo Revival aversion to symmetry.

Later when Dr. Brown was asked on at least two occasions to list an architect for the hospital, he cited only Vierra, <sup>50</sup> certainly the best known local figure of the three who participated in the design. Trent Thomas was not yet a permanent resident in Santa Fe and Merrick was from Chicago. Vierra's name has long been associated with the building and he alone has generally been credited with its design although there is nothing in what is known of his career to suggest that he would stray so widely from the principles of correctness that he espoused for the Spanish-Pueblo Revival. In an article in <u>Western Architect</u>, Vierra himself complimented Thomas for the design of the hospital, without noting that it was not built as planned, "Mr. Trent Thomas, in his plans for the Valmora Sanitarium, has shown a feeling for the native characteristics upon which the future of the type will depend."<sup>59</sup>

By 1920 the buildings comprising the core of the sanatorium had assumed their essential form and arrangement. Some changes would be made to individual buildings within the district but generally the buildings would remain as they were until 1989. During the period of significance, the most extensive alterations were the replacement of a flat roof with curved parapets by a pitched metal roof on the recreation hall, which with the pool room was converted to storage by the early 1930s. The cottage sleeping porches were enclosed in the mid 1930s as enthusiasm for the fresh-air cure waned. After the period of significance strictly utilitarian porches of modern materials were added to the store and hospital. Cottages were covered with asbestos siding. The sleeping porch of cottage #1 was enlarged and a fireplace added. Low pink walls were built to connect cottage #1 with cottage #2 creating a patio between the two. A kitchen was added to the rear of the doctor's residence. Two of the portals of the hospital facing the inner courtyard were glassed in, as was the west-facing balcony. Outside of the district, the most significant change to the original pattern of the sanatorium took place in 1931 when the old hospital building, which by that time housed workers, was moved closer to the other help's quarters southwest of the campus.

58. Draft description of Valmora for <u>American and Canadian Hospitals</u>, Midwest Publishers Company, 1932. Form for "Hospital Data Bank, American Hospitals," The American Hospital Association, 1932. New Mexico Medical History Archives.

59. Vierra (1924): 11-13.

60. "One of the early Valmora landmarks is now in the process of being moved. We refer to the old hospital building more recently used as living quarters for several of the Mexicans. Dr. Brown is having this structure

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Patients taking the train to Valmora bought a ticket to Watrous and then asked the conductor to have the train stop at Valmora a few miles down the line. If they had informed the sanatorium of their arrival, a vehicle would be waiting to carry them to the sanatorium. Once there they were given a strict regimen to follow which included an hour by hour schedule and specific rules. Under Dr. Brown there was to be no leaving the grounds without permission, no smoking, no drinking of alcoholic beverages, <sup>61</sup> no use of unprescribed drugs or stimulants, no gambling, and no profane or obscene language. Heads were to be turned away and mouths covered while coughing; spitting was allowed only in the sanitary pocket cuspidors to be carried at all times for that purpose. Patients were to avoid depressing talk about symptoms and private association of men and women was strictly forbidden. Special permission was needed for men to enter the cottages of women and vise versa; the practice of "pairing off" was not to be tolerated.<sup>62</sup> Patients '2 could stay at Valmora as long as the doctor saw fit. In 1931 the average stay was said to be six months and twenty days but some stayed for periods of years.<sup>63</sup>

Upon entering the hospital seriously-ill patients were confined to bed for six weeks or longer if there was fever. Activity was totally restricted, even raising the arms could be too much and holding a book was forbidden. In the words of one of the Valmora booklets put out between 1927 and 1933, "unless otherwise specified 'exercise' means walking. Other forms of exercise such a playing croquet, etc. should not be taken without special permission. One can take considerable exercise by getting in and out of his chair. Violent exertion is injurious. When a patient's temperature reaches 99.5 he should...take no further 'exercise'...NEVER HURRY."

The day was defined for ambulatory patients by a rigid schedule which dictated activity, or the lack of it, hour by hour. Breakfast at 7:00 a.m.; rest from 8:00 to 9:00; exercise if ordered at 9:00; rest 10:00 to 11:00; recreation 11:00; lunch at noon. After lunch a nap was required from 1:00 to 3:00 to be followed by a two-hour free period when one could visit the store,

placed nearer the other Mexican quarters...The old hospital was moved in three sections, the work occupying about a week." (Valmora Chatter (Sept.-Oct. 1931): 5.

61. A considerable number of beer bottles and cans were found recently under cottages when they were removed from the grounds, (Photo 2).

- 62 Beimer, <u>Hovels</u>, 109-111.
- 63. Wright, 20.
- 64. Quoted by Beimer, "An Investigation," 90.

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check the mail, or just take a walk before dinner at 5:00. Pulses and temperatures were taken at 7:00 p.m. followed by another free period until bedtime at 9:00 when the generator plant was turned off.

Patients were called to meals by the dining hall bell. The menu was carefully supervised and included considerable quantities of milk, eggs, and other dairy products. The medical and nursing staff and the ambulatory patients ate in the dining room at individual tables which seated four to six people. Hospital patients were served on trays in their rooms. At the general store could be purchased some food stuffs such as pork and beans or candy as well as cigars and cigarettes (inexplicably).

Recreation, an important aspect of the cure for those patients well enough to partake of it, served to boost morale and to prepare patients for life after the institution. Until the late 1920s the recreation hall was the center for many activities. In 1921 the room was fitted with a moving picture booth and movies were shown for 30 cents admission. Dances and parties were held there; patients wrote plays and presented them on the stage. Games were encouraged which were not too exciting for the convalescent. Croquet was played south of the recreation hall in 1920' and there was a pool room next door. By the early 1930's indoor recreational activities were centered in the dining hall and the recreation hall and pool room relegated to storage. Frequent outings from Valmora were also planned, such as picnics in the canyon where an outdoor fireplace was built; fishing in mountain streams; excursions to Las Vegas; trips to Mora and Dr. Brown's Gascon Ranch, 40 miles away; and other sightseeing expeditions in the surrounding area.

The institution did not offer formal occupational therapy classes or instruction but patients were encouraged to develop their own interests. Dr. Brown brought in people to teach skills to the patients, such as Indians to teach pottery, silver, bead and leather work. According to Dr. Gellenthien, Brown's friend Maria, the potter, came and taught pottery making. Dr. Brown believed that once rest had done its work, the resumption of activity in a measured way while still at the institution was necessary in order to learn how to manage with the disease, even if arrested, and hence essential to the continued success of the "cure." Brown stated his case in the 1911-12 Annual Report, "...twenty-nine employees of members were discharged during the year, and of these twenty-three are working...Only one employee who went back to work has relapsed. This proves my contention that patients should be prepared

67. Photo in <u>SFNM</u> (June 6, 1920).

<sup>65.</sup> Pratt and Wilson, 148.

<sup>66.</sup> Valmora Tattler (December 1928): 4; (March 1929): 4.

<sup>68.</sup> Quoted by Beimer, "An Investigation," 85.

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in the institution to resume an active business life by a system of graduated exercises in the realm of productive work, as prepared in this way they know their strength before accepting a position and are not as liable to overdo as the person who has been following out the `rest cure` and whose muscles must necessarily be soft, flabby and untried."

Patients contributed much to the sanatorium by their therapeutic work. According to Dr. Brown they installed the pumping plant, helped put up ice, hauled coal, kept grounds in good order; repaired fences and side-walks; took care of their own cottages; carried trays to bed patients; did all hauling of groceries and supplies from Watrous; and assisted with the gardening, thus providing free labor to an institution which provided them the best in health care at a minimum cost. From time to time the patients, put out a newspaper. The first the Val Moron came out on December 25, 1925. The Valmora Tattler, the Valmora High Ball, and The Spirit of Valmora came out in the late 1920s and The Valmora Sun for a longer period in the late 1930s. About 1935 William Harrison, a patient who was an architect from Baltimore, designed rock walks around the park and in front of the rows of cottages. Amateur gardeners could practice their art in the spaces around the cottages. A garden established between two cottages on the south, was for many years maintained by Mrs. Gellenthien. In 1939 William Zib, a patient, designed a detailed garden plan for the central quadrangle of the campus. Later another developed plans for remodeling the hospital. These like many other such projects were never actually completely realized.

Dr. Brown did not confine his activities to medicine and day-to-day sanatorium management, but devoted considerable time to local medical and charitable work as well as the continuing promotion of the sanatorium. He was also active in local medical affairs though not to the extent that his son-inlaw, Dr. Gellenthien, would be. For example, in 1925 he was appointed by the governor to the board of directors of the New Mexico Hospital for the Insane and in this capacity was asked to visit mental hospitals in Illinois, Wisconsin, and Kansas for the purpose of studying the buildings, furnishing, equipment, and management of these institutions.

69. Quoted by Emrick, 17.

70. Ibid.

71. New Mexico Medical History Archives.

72. Report, September 14, 1927 - March 31, 1935. Shea interview.

73. Governor A. T. Hannett to G. M. Willetts, letter, December 1, 1925. New Mexico Medical History Archives.

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Brown was well known in the surrounding areas of Mora and San Miguel Counties for his charitable as well as medical activity. In the 1920s, having noted the extreme poverty in the rural districts near his ranch in Gascon, he began distributing Christmas toys and candy to area children. Some of the gifts were donated by Chicago firms and brought in by the railroad and all were in first class condition. At first Brown himself played Santa Claus, athough later when the task became too large he distributed the gifts through the schools. In 1928 it was estimated that more than 3000 children in Mora County received gifts. Later schools in San Miguel County were added and it was estimated that more than 5,000 presents were distributed to children who might otherwise have received nothing. Years later when Dr. Gellenthien was making house calls in the countryside he would sometimes be shown one of Dr. Brown's toys in perfect condition placed on a mantle or some other place of honor.

Even after Brown had found sound financial backing for his sanatorium, the work of promoting it had to continue. He maintained personal friendships with business and medical leaders from all over the country. Among whom were: Monroe Dunaway Anderson, who ran the foremost cotton merchandising firm in the world and later established the M.D. Anderson Hospital and Tumor Institute in Houston, Texas; W.A. "Pat" Patterson, President of United Airlines; and Victor F. Lawson, editor and publisher of the <u>Chicago Daily News</u>. Among his physician friends were Frederick Tice, specialist in internal medicine at University of Illinois, the well-known author of a multistoried-volume compendium on medicine and a founding member of the Valmora medical board; Dr. Ernest Irons, Dean of Rush Medical School in Chicago; Dr. Samuel Slaymaker and Dr. Frank Billings of the same institution; and Dr. L. G. Davis, specialist in neurosurgery and professor at Northwestern University. He often entertained prominent guests at the Gascon ranch and took them on sightseeing outings around New Mexico. Drs. Tice7 and Slaymaker among others were his guests at the Santa Fe Fiesta of 1925.

Beginning in the early 1920s and continuing until his death in 1935, Dr. Brown arranged lavish annual dinners for Valmora in Chicago to which doctors and other interested parties were invited. Later there were similar galas in Detroit and St. Louis as well. New Mexican foods were served and entertainment commending the state provided. For the 1926 "Pow Wow" 1000 engraved and embossed invitations were ordered and the guests were given headdresses to wear, (Photo 46); in another year they had bandanas. These

75. Beimer, Hovels, 108.

77. SFNM, August 27, 1925.

<sup>74.</sup> Valmora Tattler (December 1928): 1.

<sup>76.</sup> Beimer, "An Investigation," 94.

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and other efforts publicized not only Valmora but New Mexico as well. In 1929 guests at the "25th anniversary dinner" of the sanatorium held at Chicago's largest hotel, the Stevens, were addressed by New Mexico Governor, R.C. Dillon, and received a promotional booklet about the state. The 1931 dinner, again in the Grand Ballroom of the Stevens Hotel, featured Princess Tsianina, an Indian singer in full costume, and George Coe, billed as the last survivor of Billy the Kid's gang who told of the Lincoln County War.

In his lifetime Brown was lauded for these efforts as a "friend and champion of New Mexico" and at his passing it was said that "New Mexico has lost one it most productive adopted sons...No single individual ever did as much in advertising New Mexico from every angle as did the "big Man" from Valmora. He actually wrecked a remarkable physique and brought on the final devastating illness in his expenditure of energy in making New Mexico known to the world."

Dr. Brown served as both superintendent and medical director of the Sanatorium until 1927. In the fall of 1925 Carl Gellenthien, a last-year medical student at University of Illinois, was stricken with tuberculosis and sent to Valmora by Dr. Tice who introduced him by letter to Dr. Brown. "A Mr. Gallenthien (sic), one of the senior students who is completing his last year, has developed a pulmonary tuberculosis and plans to leave here Saturday evening and will arrive at Valmora Monday noon. He is an exceptionally good student and I feel sorry for the turn of affairs and am much interested in his welfare." Within the week, Dr. Brown responded, "I want to thank you very much indeed for sending us two patients. They are both good cases and should do nicely. Mr. Gallenthien (sic) seems like an exceptionally fine young man."<sup>78</sup> Gellenthien recovered and was able to complete his medical studies in Chicago in 1927. He returned to Valmora to become medical director of the institution and Dr. Brown's son-in-law.

Dr. Gellenthien took over as medical director on September 15, 1927, freeing Dr. Brown to spend more time on the promotional aspects at which he excelled. The following April Gellenthien married Alice Brown. That year a new residence was built for them west of the present district boundary. This house was destroyed by lightening in June 1952. The Gellenthiens had two children, Editha (Mrs. James Bartley) and Carl William. Dr. Gellenthien remained at Valmora for the remainder of a long life pursuing a remarkable career not only as a sanatorium doctor and medical administrator, but a local country doctor, a nationally-recognized chest specialist, and a leader in state and national medical politics.

78. Tice, Frederick letter to Brown, October 30, 1924. Brown to Tice, November 7, 1924.

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The 1920s and 1930s were a time of improvements to the buildings and technical equipment of the without major new construction. Because of the support of large corporations Valmora had no trouble finding the funding to keep up with the latest technological innovations. New laboratory facilities were completed in 1928 on the ground floor of the hospital including an X-ray lab which went into operation on January 1, 1929, greatly improving the diagnosis of pulmonary conditions as well as permitting bone and intestinal studies. A medical library was started which would eventually be known as one of the finest in the state.

Dr. Brown continued as superintendent until 1933 when because of illness he gave up those duties to Dr. Gellenthien and was no longer able to take an active part in the affairs of the sanatorium. On August 28, 1935, he rode about seven miles on horseback with his very good friend Dr. Cheney, Chief Surgeon of Armour & Company, who was spending his vacation at the Gascon Ranch. That night Dr. Brown made biscuits for the gang at the ranch and reminisced around the fire. The next morning the housekeeper found him dead in bed.

Under Dr. Gellenthien the sanatorium continued to provide the same kind of treatment emphasizing management of the disease by first giving the body the best conditions of rest and nourishment for overcoming it and then educating the patient to live with the disease. However, the younger doctor's style of administration was somewhat more flexible and less autocratic stressing cooperation between the patient and doctor and making sure that the patient not only knew what he was to do but, why. Dr. Gellenthien explained his philosophy thus,

There are two ways in which a sanatorium may be conducted. In one, the doctor is an autocratic director. It is for him to give orders and for the patients to obey promptly and not to ask why...When the patient who has been under this sort of regime leaves the sanatorium, he is very apt to feel that now he is liberated from his despotic doctor, he can do as he pleases. A relapse frequently follows.

<sup>79.</sup> Davis, Coram T. to Gellenthien, Letter, September 28, 1933. New Mexico Medical History Archives.

<sup>80.</sup> Gellenthien to E. F. Yancey, M.D., Letter, January 8, 1936. New Mexico Medical History Archives.

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The other way, the one we use at Valmora, is for the doctor to be a coach or adviser to the individual patient...the result is that our patients are less apt to break training while in the sanatorium, and they are less likely to break down after they leave the sanatorium because they know better how to take care of themselves.

Dr. Gellenthien brought research into the sanatorium. As early as 1931 a tuberculosis research fellowship was advertised in the Journal of the American Medical Association offering \$50 per month and maintenance. However, although the institution kept up with the latest technological advances in diagnosis and treatment and Dr. Gellenthien was himself involved in research, until the discovery of effective drugs, the basis of treatment remained rest. In a series of articles in the patient-produced newspaper, the Valmora Sun, Dr. Gellenthien explained to patients the rationale of their treatment.

Let us suppose that the palm of the hand has been cut to the bone. It has been sutured. If the fist were opened and closed from twelve to thirty times a minute it is evident that the cut would have a hard time healing. And so it is with the lungs. TB causes ulcers, and as we breathe twelve to thirty times a minute, or approximately 30,000 times a day, the scar tissue is constantly torn by this contraction and expansion of the lung, and the healing process is retarded. Patients should be in bed because less work is required of the lungs when lying than when sitting or standing.

Activity is introduced slowly.

The first stages of occupational therapy are simple enough. The patient who up to now had had to lie absolutely quiet in bed, with little or no solace except perhaps the radio or reading aloud by a nurse or friend, is allowed to sit up in bed or to be propped up on pillows and to hold a book and read or to sew, knit or write, always for a certain definitely prescribed length of time.

After this, progress becomes more rapid. Sketching and painting the surrounding mountains, embroidering leather with beads, weaving on a small hand loom, doing basket and silver work, knitting and various forms of fancy needle work are encouraged. Each patient is told to 'keep his hand busy' during the day, outside of rest hours. If the patient will do this, his mind is kept occupied and there is less

<sup>81</sup> Gellenthien, <u>Valmora Sun</u> (November 1938): 5. Quoted by Beimer, "An Investigation," 98-99.

<sup>82. &</sup>lt;u>Valmora Sun</u> (January 1939): 6. Quoted by Beimer, "An Investigation," 90-91.

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chance and time for introspection and worry. At the end of the day, he has tangible evidence of his work and also a feeling of having accomplished something.

In some cases lessons learned at Valmora developed into later careers. TB patients were typically young and many had long lives ahead of them. Some had not yet thought about careers, others could not return to the work they had left either because it was too strenuous or stressful or because the job itself, such as school teaching or restaurant work, was barred to them for reasons of public health. For example, C.M. Garland a construction engineer from Chicago took up painting at Valmora. Herbert E. Kleist, a public school teacher who became interested in birds while taking walks at Valmora became an internationally recognized authority and professor of ornithology at Harvard University. William Guinn, a career military officer, began writing western novels while bedridden at Valmora. Leonard Lazar, an eighteen-year-old patient who had planned to join his brother in the restaurant business, learned leather work and founded the highly successful Lazar Moccasin Company in Santa Fe. Tony Iacomini, another eighteen-year-old, found a career by example. He became a major sales executive for a large pharmaceutical company. Betty Carter Duffy taught herself to design crossword puzzles and sold her work to leading newspapers and their syndicates. William J. Stehle, an executive from Armour and Company became interested in the Navajo Indians who came to Valmora to sell jewelry and teach crafts to the patients. He eventually set upga trading post on the Navajo Reservation and stayed there for thirty years.

The medical and support staff at Valmora formed a stable community. Many were former patients like Dr. Brown and Dr. Gellenthien they tended to remain their entire working lives. T.J. Hoffman, formerly a bookkeeper in Chicago, came as a patient in 1910. After his recovery he served as business manager until his retirement in 1948. The following year the books did not get closed at the end of the fiscal year because of his loss. Marjorie Shea was sixteen in 1934 when she entered the Valmora Hospital where she remained for about three years. In 1942 she began working as Dr. Gellenthien's secretary and after Hoffman's retirement she kept the books. She lived in cottage #1 from 1942 until her retirement in 1984. Georgie Claiborne was a nurse at Valmora for twenty-five years. She had come to New Mexico with a sick husband

86. Shea, interview.

<sup>83.</sup> Gellenthien, <u>Valmora Sun</u> (November 1938): 5. Quoted by Beimer, "An Investigation," 91.

<sup>84.</sup> Examples taken from Beimer, "An Investigation," 100-159.

<sup>85.</sup> Gellenthien to V.E. Victorine, letter, June 25, 1949.

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who lost the battle with tuberculosis. In 1927 she began working for Dr. Gellenthien and later married a patient, Slim Claiborne. She is remembered as a strict disciplinarian, a staunch and sturdy mother hen.

Following the national trend, the patient load at Valmora peaked in 1920s and fell off after 1932. The average number of patients each year from 1920 until 1932 was close to or more than sixty. By 1934 that figure was nearly cut in half. The number of subscribers also fell off. In 1921 fifty-two corporations contributed, in 1932 twenty-seven. Valmora was able to weather the depression better than most sanatoria because of its corporate backing which provided capital financing and because the institution could be mainly self sufficient in food. Nevertheless, the number of employee patients steadily decreased from the mid-twenties until 1929 when they were no longer recorded separately and it became necessary to attract more private patients. Also the number of TB cases was decreasing steadily throughout the nation due to early detection and the success of rest therapy. As a result it was necessary to find new sources of patients and to broaden the kinds of cases the sanatorium would take.

By the early 1930s the sanatorium was already accepting a range of chronic disease patients and by 1941, 40% were non-tubercular. The Mayo Clinic sent out chronic ulcerative colitis cases. The sanatorium welcomed were other chronic chest disease, arthritis and sinusitis, chronic infections, allergic conditions such as asthma, migraine headache, and conditions involving a loss of vigor such as post-operative or post-pneumatic debility and nervous or physical fatigue. As the only hospital in Mora County, the sanatorium could also provide local medical care; to an increasing degree, Dr. Gellenthien found ways to reach out to the surrounding area.

87, Beimer, Hovels, 146-6.

<sup>88.</sup> Emrick 44-5, Appendices III, IV.

<sup>89.</sup> Gellenthien to Jake Spidle. Interview, December 18, 1984. Oral History of Medicine Project, p. 21. "Valmora Sanatorium," promotional booklet [1941].

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#### After the Period of Significance

Under both Drs. Brown and Gellenthien new groups were sought to affiliate with the hospital. For example for a few years about 1920 the U.S. Veteran's Bureau used Valmora until its patients were sent to government facilities. In 1941 the Brotherhood of Railroad Trainmen contracted with Valmora for treatment of TB patients, a relationship that seems to have lasted into the 1970s. The AT&SF Hospital Association also sent patients and for many years trainmen were a significant part of patient population. At various times the sanatorium also had contracts with the State Welfare Department and the Bureau of Indian Affairs. When in 1955 the Welfare Board terminated its contract with Valmora and sent an ambulance to take the public assistance cases to state hospitals all nine refused to move and stayed on, presumably at their own expense.

In the 1950s the name of the sanatorium was changed to the Valmora Medical Center to reflect a broader mission. The emphasis had shifted from hospital patients to outpatient and regional health care. In the late 1950s, the number of beds for which the institution was licensed was reduced from 30 to 6. However, Dr. Gellenthien reported that in 1957 a total of 5,223 patients were seen in the outpatient clinic, the heart and chest clinic<sub>93</sub>the baby clinic, the Wagon Mound Health Center, and the Montezuma Seminary.

In 1956, with less of the facility being used for patients, sixteen cabins, and the large dining hall were separated and made available as a camping and educational center, the hospital and the remaining cabins being used for medical work. From 1956 until 1965 the Episcopal Diocese of New Mexico and Southwest Texas used Valmora as a summer camp and conference center.

Although Valmora had evolved into an outpatient facility, a few patients remained in the cottages until the 1970s. The last, an old railroad man stayed in cottage #10 until his death in 1975. Former TB patients continued to come back for checkups and Dr. Gellenthien remained busy with outpatient

90. Emrick, 32.

91. Contract dated December 16, 1941. Gellenthien to Mr. W.E.B. Chase, letter, August 18, 1970.

92. Las Vegas Optic, April 14, 1955.

93. "1957 - For Alice and Me" New Mexico Medical History Archives.

94. Undated hand-written description of Valmora as a recreational

destination. Memo to John May, New Mexico Department of Development, c. 1966. 95. Editha Bartley interview, 4/15/92.

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clinics. The oldest practicing doctor in New Mexico, he continued to make house calls until a few months before his death at the age of eighty-nine in 1989.

A personal sense of the remarkable continuity over time represented by the Valmora Sanatorium is provided by Grace Burroughs writing almost fifty years after she had been a patient:

As we sped along the New Mexico highway from Santa Fe toward Valmora during early August, 1983, I wondered what, if anything we would find there. Valmora did not even appear on most maps. As a child in 1934, I spent 13 months at a tuberculosis sanatorium in Valmora. Despite my illness, I loved Valmora, and for all of the subsequent years, treasured memories of the magical light on the mesa, vast clear-blue skies, and the occasional howling of a coyote. I recalled kindly Dr. Gellenthien and other warm staff members and patients. After the discovery of certain medicines in the late 1940s, tuberculosis sanatoriums were no longer needed. Where did the medical staff and the other workers go? Was the building abandoned and decaying? Would there be anyone there who remembered anything about the sanatorium? To my delight, not only was the building still there, virtually unchanged, but Dr. Gellenthien, too, was in the same office, engaged in practice, at the age of 82. To my further amazement, his nurse produced my records! After a few minutes, another worker entered the waiting room, and introduced herself as "Marge." She had been a patient at the same time I had been there, and remembered me. As I told Dr. Gellenthien about my life and health, he updated my records!

It could be said of Valmora that nothing was ever thrown away. Remarkably, when Dr. Gellenthien died, a complete and fully equipped, largely self-sufficient tuberculosis sanatorium from the era of the health-seeker was all there. In mid-June of 1991, two auctioneers working simultaneously for three days put over 10,000 items up for sale including rows of hospital beds, antique X-ray machines, examination tables, surgical equipment, sputum cups, a complete old obstetrics kit, medical books, wicker furniture including a wheel chair, a Victrola, a 1929 Model T truck, a horse-drawn manure spreader, a huge coal cook stove, and on and on. All of the paraphernalia that made up this institution for nearly seven decades. Also included in the auction were cottages and support buildings outside of the district boundaries and eighteen cottages within the district.

96. Grace Eicher Burroughs to Dr. Carl Gellenthien, letter, August 8, 1983. Quoted by Beimer, "An Investigation," 146-147.

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DR. WILLIAM TOWNSEND BROWN (1870-1935)

Dr. Brown represents the many physicians who came to New Mexico in the early years of the twentieth century because of the region's salubrious reputation. He, moreover, was responsible for the establishment of a uniquely successful institution and made exceptional contributions to his adopted region and state. He created and maintained Valmora by forming a relationship with industry that might be looked to as a model today. He was thus able to give working people the kind of individual and long-term care that was available only to the rich. He established a strict and comprehensive treatment regimen which considered the patient's long-term well-being. The success of his methods is shown by a comparison of the "results of treatment" at Valmora with those of other kinds of institutions. From 1927 to 1937, 87.54% of 635 TB cases at Valmora were arrested or improved, 4.75% unimproved, and 7.71% dead. At 278 civilian sanatoria apparently in one year, 57.6% of cases were arrested or improved, 19% unimproved, and 23% dead. At 29 veteran's sanatoria 37% were arrested or improved, 50% unimproved, and 13% dead. Of the total number of cases, at Valmora 55.61% were diagnosed as far advanced upon admission, at civilian sanatoria 49%, and at veterans' sanatoria 66%.

Dr. Brown also provided medical care and employment to people in the wider community around Valmora and was involved in their general welfare. Valmora and the railroad were the major private employers in Mora County and his Christmas generosity was long remembered.

Perhaps his most outstanding skills were in the area of promotion, first in convincing industry to back Valmora and then in spreading its reputation. In promoting the sanatorium he also promoted New Mexico among his wide range of contacts. These included not only medical and industrial leaders in the Midwest but also the members of Los Rancheros Visitadores, an exclusive social riding club in Santa Barbara, California. Dr. Brown had joined the group in 1932 just a few years after it began. Its members included doctors, lawyers, prominent actors, chief executives of leading corporations, and the like who participated in a week-long horseback ride every year during the first week of May. Brown was widely known for his skills as a trader and through his extensive contacts widened awareness of the Indian and Spanish arts and crafts of New Mexico. It was said that "he became so imbued with the wonders of New Mexico climate and sunshine that he broadened his field of publicizing these

<sup>97.</sup> Comparison of statistics. New Mexico Medical History Archives.

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natural assets of the state and took in all of its beauties and attractions in telling everyone whom he could contact what pleasure and profit lay in his adopted state."

In tribute to his accomplishments, Brown was lauded in his lifetime as a "friend and champion of New Mexico." At his passing it was said that "New Mexico has lost one,"its most productive adopted sons...No single individual ever did as much in advertising New Mexico from every angle as did the "big man" from Valmora. He actually wrecked a remarkable physique and brought on the final devastating illness in his expenditure of energy in making New Mexico known to the world.""

#### DR. CARL HERMAN GELLENTHIEN (1900-1989)

Dr. Gellenthien's remarkable career as a sanatorium medical director and a country doctor in remote northeastern New Mexico, a highly trained and nationally-recognized chest physician, a medical researcher, and a nationallyprominent medical politician represents both the sanatorium movement in New Mexico and the medical profession more generally. Through his career much can be learned about tuberculosis treatment as well as New Mexican and, more broadly, American medical activity. From an inauspicious beginning as a twenty-four-year-old medical student sent west with far- advanced pulmonary TB, Gellenthien became a much-honored leader in his profession and a locallybeloved physician.

Gellenthien was born in Chicago, Illinois, to hard-working parents of modest means. He worked his way through medical school at the University of Illinois until the last year when illness sent him on a detour to Valmora which restored his health and determined the future course of a long life. Following medical school graduation in 1927, he received further training at St. Luke's Hospital (1927-1928) and the Agnes Memorial (Phipps) Sanatorium (1929) in Denver, Colorado; the prestigious Trudeau School of Tuberculosis at Saranac Lake, New York (1929); and Harvard University (1930) in internal medicine Later he worked at the Mayo Clinic in Rochester, Minnesota (1937).

<sup>98. &</sup>lt;u>Las Vegas Optic</u>, editorial. Undated clipping. New Mexico Medical History Archives.

<sup>99. &</sup>lt;u>Ibid</u>.

<sup>100.</sup> Curriculum Vitae, Carl Herman Gellenthien, August 1983, updated November 1988.

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From 1927 until his death he served as medical director of Valmora. In addition he was a staff member of the Las Vegas Hospital and St. Anthony's Hospital in Las Vegas, New Mexico; the Colfax Memorial Hospital in Springer, New Mexico. He was the local surgeon for the Santa Fe Railway Hospital Association from 1927 to 1972; a consultant in internal medicine to the Montezuma Seminary for Roman Catholic Priests of old Mexico and Central America, Montezuma New Mexico, from 1937 to 1972; and a consultant to the Selective Service System in internal medicine from 1938 to 1964.

In addition to practicing medicine Gellenthien was involved in medical research all of his life. During the Period of Significance he published and/or read numerous papers on the treatment of tuberculosis. He developed the Valmora Artificial Pneumothorax Apparatus and perfected innovative surgical techniques. After the Period of Significance he continued to publish in a range of fields. He conducted studies of Isoniazid, the drug that would cure TB. He prepared a survey and study of the New Mexico State Insane Asylum with recommendations for professional staff and medical procedure. He published a study on the treatment of syphilis in the Navajo Indian by three massive intramuscular injections of Penicillin every four days. His studies of the effect of barometric pressure on confined gases within the human body led to his induction into the Aviation Hall of Fame in 1977.102

Gellenthien was a leader in medical organizations worldwide. He served on the executive committee of the American Academy of Tuberculosis Physicians from 1930 to 1959 and was a member of the House of Delegates of the American Medical Association from 1938 to 1955. After the Period of Significance, he served as president of the New Mexico State Tuberculosis Association in 1942-1946 and was president of the New Mexico Medical Society in 1944-1946. He served as New Mexico chairman of the American Cancer Society and member of the national board of directors. He was a founding member of the World Medical Association and state chairman of the New Mexico division. He was a founder and life member of the American College of Chest Physicians, a fellow of the American College of Physicians, and a fellow of the American Association for the Advancement of Science. He served as president of the American Academy of Tubercylosis Physicians in 1954-1955 and as Vice President of the AMA in 1953-In the latter capacity he was sent to Jamaica, Haiti, and Puerto 104 1954. Rico to supervise emergency care after the devastation of Hurricane Hazel.

101. Ibid.

- 102. Ibid.
- 103. Ibid.

<sup>104.</sup> Beimer, Hovels 172, 227.

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He entered the national political scene in the campaign against socialized medicine in the 1940s and 1950s. From 1944 to 1949 he was the chairman of the New Mexico Physicians Committee to Combat Socialized Medicine and Communism. He traveled extensively, testified before Congress, and visited the Eisenhower White House several times in favor of this cause. Dr. Gellenthien was called to Denver in 1954 as a 105 Physician after President Eisenhower suffered a heart attack.

In this lifetime of prodigious activity, of which only the highlights are listed here, Dr. Gellenthien found time to practice medicine. He is today remembered as a physician of the old school who had time to listen to his patients and took into account the personal as well as the scientific. Former TB patients were so devoted to him that they frequently returned for checkups from distant states. Locally he was widely known as Dr G. who could be called to a remote farm house to deliver a baby on the kitchen table. He combined the ways of the old-fashioned country practitioner with those of a modern man of science.

Although Gellenthien received offers of attractive positions at major medical centers, he could never he induced to leave Valmora and it was his resourcefulness, determination, and boundless energy that preserved Valmora long past the time when New Mexico's private tuberculosis sanatoria were only a distant memory.

#### SIGNIFICANCE OF VALMORA SANATORIUM HISTORIC DISTRICT

A nearly self-sufficient institution and the only hospital in sparselypopulated Mora County, the Valmora Sanatorium Historic District represents the era of the TB sanatorium in New Mexico and a unique chapter in the history of New Mexico medicine. That Valmora has survived relatively intact while similar institutions disappeared long ago is partly attributable to its isolated location and stable ownership over a long period by a group of large outside corporations. However, major credit must go to the vision and talent of two physicians who had the will and the ability to create the institution and adapt it to changing circumstances. Dr. Brown provided an unusual degree of financial stability by devising a partnership with major corporations. He created an unusual institution where those of moderate means could receive the quality of private sanatorium care normally accessible only to the wealthy. By his promotional efforts he not only attracted patients but broadly publicized unique qualities of New Mexico. Dr. Gellenthien was able to expand

105. Ibid. 224.

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the function of institution and maintain its viability, partly though his broad contacts in the medical world, without substantially altering or enlarging its physical plan.

Historically, Valmora represents the sanatorium movement in New Mexico and the role of the health-seeker migration in the development of the state. Sanatoria were important to the growth of many localities. Located in a poor, rural county, Valmora offered both improved medical care and economic opportunity. Local people found employment and merchants in nearby towns profited from its presence. Many former patients remained in the area and contributed to its economic development. The Valmora doctors extended themselves to serve the needs of the wider community outside of their institution. By going out to patients in their own homes in remote rural areas they provided a level of health care that would not have otherwise have been available.

Spidle has called the health-seekers "a bonanza of brain power and talent from which New Mexico singularly profited...no other discrete group of settlers, save only the Spanish colonists of the sixteenth and seventeenth centuries, made a more significant impact on the area."<sup>100</sup> Of this there is no better specific illustration than careers of Dr. Brown and Dr. Gellenthien. Brown devoted his considerable medical and promotional skills to the success of Valmora and in the process to the development and reputation of New Mexico. An exceptionally well-trained and talented young doctor brought to New Mexico by his own ill health, Gellenthien spent his entire career as medical director at Valmora. In addition to providing medical care to patients in and out of the institution, he became a nationally known authority on chest diseases and a respected researcher and author in more than one field of medicine. He played a major part in the early development of medical organizations in the state and was a leader in national medical politics.

Valmora was a model institution of its type and provides a rare opportunity understand the physical plan of a cottage sanatorium. The buildings in the district at the core of the campus illustrate the special requirements of a tuberculosis sanatorium: a hospital with rooms facing outdoors on two sides; cottages and a dining hall for ambulatory patients; living quarters for medical personnel; and recreation rooms and a store to provide the diversions that were essential to the cure. It was claimed that the Valmora cottages served as patterns for the construction of sanatoria

<sup>106.</sup> Spidle, Doctors of Medicine, 168.

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elsewhere in North America and in Australia as well.<sup>107</sup> As late as the 1940s inquiries from as far away as Guatemala for sanatorium plans were referred to Dr. Gellenthien.

Although many of the cottages have been removed from the district, two remain as examples and landscape features, such as stone walkways and a central open park, define where the others were located. The organization of the campus resembles the layout of buildings around a school quadrangle or a military parade ground. In its mission to reeducate through a scheduled, regimented life Valmora had something in common with the routines of school or the military.

However, most of all Valmora resembled a town built around a green with grass, trees, and a fountain in the middle. The dining hall with its central tower is reminiscent of a school house or a church. The connected row of store and recreation rooms south of the green was like a row businesses facing Main Street. Valmora was a town to its patients living in cottages in rows like streets, shopping in the store, checking at the post office, and going to the movies. The only missing feature was a cemetery. No such reminder was wanted to disturb the sick with thoughts of the death of their fellows. Patients who died were sent home or buried in established cemeteries in towns like Las Vegas. Only the graves of Dr. Brown and his wife, Editha Hassell Brown are at Valmora, on the hill northwest of the hospital. The ashes of Dr. and Mrs. Gellenthien, by their request, were scattered on the hill behind the hospital; a brass plaque placed nearly at the top of the hill, in a place they always enjoyed, commemorates them.

<sup>107.</sup> Wright, (1930) 20.

<sup>108.</sup> Alden B. Mills to Gellenthien, letter, February 25, 1941. New Mexico Medical History Archives.

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- Thomas, Trent Collection. New Mexico State Records Center and Archives. Santa Fe, New Mexico.
- Valmora Sanatorium Collection. Private collection of Editha Gellenthien Bartley. Gascon, New Mexico.
- Valmora Sanatorium Collection. New Mexico Medical History Archives, Medical Center Library. University of New Mexico. Albuquerque, New Mexico.

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Verbal Boundary Description:

From a point where the road forks west and north (Point A on Sketch Map), proceed north past the east facade of the dining hall and then west past the north facade of the hospital to Point B. Proceed southwest to point C. Proceed southeast to D which line passes ten feet from the west facade of the store/post office. Proceed from Point D along a line which is ten feet from the farthest extension of the south facade of the store/post office to the road at Point E. Proceed north and east along the road to Point A.

#### Boundary Justification:

The district includes the main sanatorium buildings and is bounded on three sides by roads which historically surrounded the core of the institution. On the fourth side, the boundary leaves the road system to include three significant buildings. Beyond the district boundary there were additional cottages and other support buildings, the majority of which are no longer extant or are in dilapidated condition.

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KEY TO PHOTO POINTS.

Exterior Contemporary Photographs

				1	
A	Photo	#1.	Camera	facing	north.
B	Photo	#2.	Camera	facing	northwest.
С	Photo	#3.	Camera	facing	southeast.
D	Photo	#4.	Camera	facing	southwest.
Ε	Photo	<b>#5</b> .	Camera	facing	west.
F	Photo	<b>#6.</b>	Camera	facing	northwest.
G	Photo	<b>#7</b> .	Camera	facing	northwest.
H	Photo	<b>#8.</b>	Camera	facing	northeast.
I	Photo	<b>#9.</b>	Camera	facing	northeast.
J	Photo	<b>#10.</b>	Camera	facing	southeast.
J	Photo	#26.	Camera	facing	southeast.
ĸ	Photo	#11.	Camera	facing	east.
L	Photo	#12.	Camera	facing	east.
М	Photo	#13	Camera	facing	northwest.
N	Photo	#14.	Camera	facing	northeast.
0	Photo	#16.	Camera	facing	north.
Р	Photo	#18.	Camera	facing	northwest.
Q	Photo	#19.	Camera	facing	northwest.
R	Photo	#2O <b>.</b>	Camera	facing	southwest.
S	Photo	#21 <b>.</b>	Camera	facing	northeast.

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- T Photo #22 Camera facing northeast.
- U Photo #23. Camera facing northwest.
- V Photo #25 Camera facing north.
- W Photo #27 Camera facing south.
- X Photo #28 Camera facing southeast.
- X Photo #29. Camera facing southeast.
- Y Photo #30. Camera facing south.
- Z Photo #31. Camera facing west.
- AA Photo #32. Camera facing northwest.

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CONTEMPORARY PHOTOGRAPHS OF VALMORA SANATORIUM

Information common to all contemporary photographs.

- 1. Valmora Sanatorium Historic District
- 2. Mora County, New Mexico
- 5. Historic Preservation Division Santa Fe, New Mexico

Information on individual contemporary photographs.

General views

- 1. General view
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. Overview of sanatorium from entrance road. Camera facing north.
- 7. Photo #1
- 1. General view Park
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. View across park from stone walkway along east parameter, toward hospital and row cottages along west parameter. Camera facing northwest.
- 7. Photo #2
- 1. General view Park
- 3. Mary Ann Anders
- 4. October 25, 1991
- 6. View of stone fountain and park toward cottages formerly lining east side of park. Camera facing southeast.
- 7. Photo #3
- 1. General view Park
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. View across park from walkway in front of hospital toward cottage #2 and store/post office, pool room, recreation hall. Camera facing southwest.
- 7. Photo #4

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Name of Property: Valmora Sanatorium Historic DistrictSection number PhotosPage 59County and State: Mora, New Mexico

- 1. Valmora sign and view up the Wolf Creek valley.
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. From entrance road where it crosses the west boundary of District. Camera facing west.
- 7. Photo #5.

#### Hospital

- 1. Hospital
- 3. Edgar Boles
- 4. October 25, 1991
- 6. South and partial east facades. Camera facing northwest.
- 7. Photo #6
- 1. Hospital
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. Partial south facade. Camera facing northwest.
- 7. Photo #7
- 1. Hospital
- 3. Edgar Boles
- 4. October 25, 1991
- 6. Partial south and partial west facades. Camera facing northeast.
- 7. Photo #8
- Hospital
   Corinne P. Sze
- 4. October 25, 1991
- 6. Partial west facade. Camera facing northeast.
- 7 Photo #9
- 1. Hospital
- 3. Corinne P. Sze
- 4. October 25, 1991
- 6. Partial west facade. Camera facing southeast.
- 7. Photo #10

# National Register of Historic Places Continuation Sheet

Name of Property: Valmora Sanatorium Historic DistrictSection number Photos Page 60County and State: Mora, New Mexico

1. Hospital 3. Corinne P. Sze 4. March 7, 1992 6. Partial west facade. Camera facing east. 7. Photo #11 1. Hospital 3. Corinne P. Sze 4. October 25, 1991 6. Corbel, detail west facade. Camera facing east. 7. Photo #12 1. Hospital 3. Mary Ann Anders 4. October 25, 1991 6. Inner courtyard, west and north wings. Camera facing northwest. 7. Photo #13 1. Hospital 3. Edgar Boles 4. October 25, 1991 6. Inner courtyard from south wing portal. Camera facing northeast. 7. Photo #14 1. Hospital 3. Corinne P. Sze 4. October 25, 1991 6. Glassed-in portal of west wing facing inner courtyard. Camera facing northeast.

7. Photo #15

Dining Hall/Kitchen

- 1. Dining Hall/Kitchen
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. South facade. Camera facing north.
- 7. Photo #16

## National Register of Historic Places Continuation Sheet

Name of Property: Valmora Sanatorium Historic DistrictSection number PhotosPage \_\_\_\_\_61County and State: Mora, New Mexico

- 1. Dining Hall/Kitchen
- 3. Edgar Boles
- 4. October 25, 1991
- 6. Interior looking from main dining room toward library/recreation room. Camera facing southwest.
- 7. Photo #17

#### Cottages #1 and #2, Park, and Hospital

- 1. Cottages #1 and #2
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. View from park of south and east facades, cottage #2; patio wall and cottage #1 in distance; south wing of hospital. Camera facing north.
- 7. Photo #18
- 1. Cottages #1 and #2
- 3. Edgar Boles
- 4. October 25, 1991
- 6. South and east facades, cottage #2; patio wall and cottage #1 in distance. Camera facing northwest.
- 7. Photo #19
- 1. Cottage #1
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. East and north facades. Camera facing southwest.
- 7. Photo #20
- 1. Cottage #1
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. West facade and patio wall. Camera facing northeast.
- 7. Photo #21

# National Register of Historic Places Continuation Sheet

Name of Property: Valmora Sanatorium Historic DistrictSection number PhotosPage 62County and State: Mora, New Mexico

- 1. Cottage #2
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. West and south facades. Camera facing northeast.
- 7. Photo #22

Doctor's Residence

- 1. Doctor's Residence
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. South and east facades. Camera facing northwest.
- 7. Photo #23
- 1. Doctor's Residence
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. Living room fireplace. Camera facing west.
- 7. Photo #24

Garage/Laundry

- 1. Garage/Laundry Room
- 3. Mary Ann Anders
- 4. October 25, 1991
- 6. South facade, garage; partial west facade, hospital. Camera facing north.
- 7. Photo #25
- 1. Garage/Laundry
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. North and west facades. Camera facing southeast.
- 7. Photo #26

# National Register of Historic Places Continuation Sheet

Name of Property: Valmora Sanatorium Historic District Section number <u>Photos</u> Page 63 County and State: Mora, New Mexico

Store/Post Office, Pool Room, Recreation Hall

- 1. General view
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. View down east boundary road toward north facades of store/post office, pool room, and recreation hall. Camera facing south.
- 7. Photo #27
- 1. Store/Post Office, Pool Room, Recreation Hall
- 3. Corinne P. Sze
- 4. October 25, 1991
- 6. North facades. Camera facing southeast.
- 7. Photo #28
- 1. Store/Post Office, Pool Room
- 3. Mary Ann Anders
- 4. October 25, 1991
- 6. North and west facades, store/post office; north facade, pool room. Camera facing southeast.
- 7. Photo #29
- 1. Recreation Hall
- 3. Mary Anders
- 4. October 25, 1991
- 6. Partial north facade. Camera facing south.
- 7. Photo #30
- 1. Recreation Hall
- 3. Mary Ann Anders
- 4. October 25, 1991
- 6. East and partial north facades. Camera facing west.
- 7. Photo #31

# National Register of Historic Places Continuation Sheet

Name of Property: Valmora Sanatorium Historic DistrictSection number PhotosPage \_\_\_64County and State: Mora, New Mexico

- 1. Store/Post Office, Pool Room, Recreation Hall
- 3. Corinne P. Sze
- 4. March 7, 1992
- 6. South and east facades, recreation hall; south facade, store and pool room. Camera facing northwest.
- 7. Photo #32
- 1. Recreation Hall
- 3. Edgar Boles
- 4. October 25, 1991
- 6. Interior. Camera facing east.
- 7. Photo #33.

HISTORIC PHOTOGRAPHS OF VALMORA SANATORIUM

Information common to all historic photographs of Valmora Sanatorium.

1. Valmora Sanatorium Historic District

- 2. Mora County, New Mexico
- 5. Unknown

Information on individual historic photographs of Valmora Sanatorium.

- 1. General view.
- 4. 1920s
- 3. Unknown. Copy of photo in Editha Bartley Collection.
- 6. Overview of sanatorium from the bluffs north of hospital. Camera facing southeast.
- 7. Photo #34
- 1. Hospital
- 4. 1920
- 3. Unknown. Copy of photograph in <u>SFNM</u> June 6, 1920. Original newspaper in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 6. South facade. Camera facing north.
- 7. Photo #35

# National Register of Historic Places Continuation Sheet

		Name of Property: Valmora Sanatorium Historic District
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- 1. Hospital
- 3. Unknown. Copy of photograph in <u>SFNM</u> June 6, 1920. Original newspaper in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. 1920
- 6. West and partial south facades. Camera facing northeast.
- 7. Photo #36
- 1. Hospital
- 4. 1920s
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 6. Interior, first x-ray laboratory.
- 7. Photo #37
- 1. Hospital
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. c. 1930
- 6. Interior. Patient undergoing artificial pneumothorax. Dr. Gellenthien and Nurse Engstrom.
- 7. Photo #38
- 1. Dining Hall/Kitchen
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. Bet. 1913 and 1919
- 6. East and south facades. Camera facing northwest.
- 7. Photo #39
- 1. Dining Hall/Kitchen
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. Before 1935
- 6. Interior, dining room. Dr. Brown seated left foreground. Camera facing south.
- 7. Photo #40

# National Register of Historic Places Continuation Sheet

		Name of Property: Valmora Sanatorium Historic District
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- 1. Cottages
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. Bet. 1913 and 1919
- 6. Row of cottages along eastern parameter of park. Camera facing northeast.
- 7. Photo #41
- 1. Doctor's Residence
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. October 1915
- 6. Partial east and south facades. Dr. Brown with his two daughters. Camera facing northwest.
- 7. Photo #42
- 1. Doctor's Residence
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. Pre-1920
- 6. Interior, living room. Camera facing south.
- 7. Photo #43
- 1. Store/Post Office, Pool Room, Recreation Hall
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. 1930s
- 6. North and west facades, store/post office; north facades, pool room, recreation hall.
- 7. Photo #44

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		Name of Property: Valmora Sanatorium Historic District
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RELATED HISTORIC PHOTOGRAPHS

- 1. N/A
- 2. Mora County, New Mexico
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. Unknown
- 5. Unknown
- 6. Valmora Station. Small waiting room at train stop southeast of sanatorium.
- 7. Photo #45
- 1. N/A
- 2. Cook County, Illinois
- 3. Unknown. Copy of photograph in Valmora Sanatorium Collection, New Mexico Medical Center Archives, University of New Mexico.
- 4. October 21, 1926
- 5. Unknown
- 6. Annual Valmora dinner given for physicians in Chicago.
- 7. Photo #46.

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Valmora Sanatorium Historic District Mora County, New Mexico

#### ADDITIONAL CONTEMPORARY PHOTOGRAPHS OF VALMORA SANATORIUM

Information common to all additional contemporary photographs.

- 1. Valmora Sanatorium Historic District
- 2. Mora County, New Mexico
- 3. Mary Ann Anders
- 4. August 28, 1994
- 5. Historic Preservation Division Santa Fe, New Mexico

Information on individual additional contemporary photographs.

Dining Hall

- Dining Hall
   Front facade, camera facing north
- 7. Photo #1A
- 1. Dining Hall
- 6. Partial front and east facade, camera facing northwest
- 7. Photo #2A

<u>Hospital</u>

Hospital
 Front facade, camera facing northeast
 Photo #3A
 Hospital
 East facade, camera facing north
 Photo #4A
 Hospital
 Partial east facade, camera facing northwest
 Photo #5A
 Hospital
 Interior hallway, camera facing north
 Photo #6A

# **National Register of Historic Places Continuation Sheet**

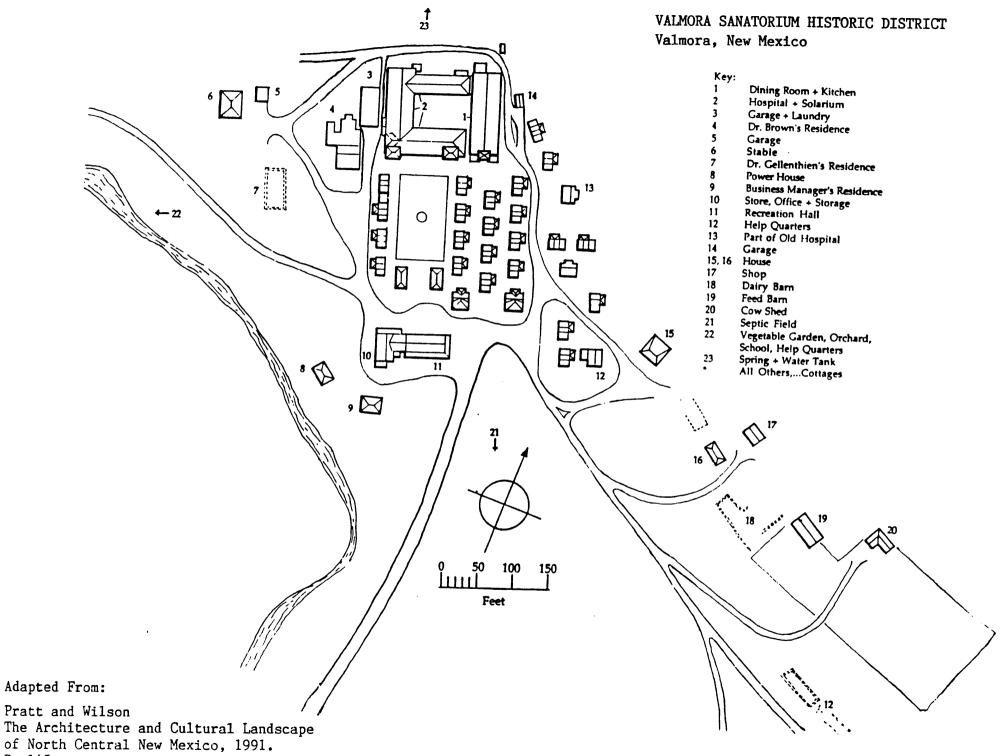
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Valmora Sanatorium Historic District Mora County, New Mexico

- 1. Hospital courtyard
- 6. Partial west south facade with east facade of Dining Hall Camera facing east southeast
- 7. Photo # 7A
- 1. Hospital courtyard
- 6. East facade, camera facing west
- 7. Photo #8A
- Post Office
   North facade and partial facade of recreation hall Camera facing south
- 7. Photo # 9A
- 1. Recreation Hall
- 6. West facade and partial north facade, camera facing southwest
- 7. Photo #10A

### <u>Park Area</u>

- 1. Fountain in park area
- 6. Fountain, camera facing southwest
- 7. Photo #11A
- 1. Park area
- 6. Open space looking toward recreation hall and railroad track Camera facing south
- 7. Photo #12A
- 1. Doctor's House
- 6. Front facade, camera facing north
- 7. Photo #13A
- 1. Garage
- 6. Front facade
- 7. Photo #14A



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Adapted From:

Pratt and Wilson The Architecture and Cultural Landscape of North Central New Mexico, 1991. p. 145

