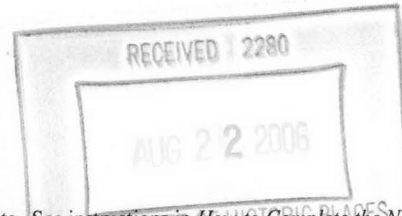


United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.



1. Name of Property

historic name Arkansas Tuberculosis Sanatorium Historic District

other names/site number Booneville Human Development Center, Sites #LO0117-LO0167 and LO0169-LO0194

2. Location

street & number East end of AR Highway 116 South

☐ not for publication

city or town Booneville

☒ vicinity

state Arkansas code AR county Logan code 083 zip code 72927

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this ☒ nomination ☐
request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic
Places and meets the procedural and professional requirements set for in 36 CFR Part 60. In my opinion, the property ☒ meets ☐
does not meet the National Register criteria. I recommend that this property be considered significant
☒ nationally ☐ statewide ☐ locally. (See continuation sheet for additional comments.)

Cecilia Hatcher
Signature of certifying official/Title

8/16/06
Date

Arkansas Historic Preservation Program

State or Federal agency and bureau

In my opinion, the property ☐ meets ☐ does not meet the National Register criteria. (☐ See Continuation sheet for additional
comments.)

Signature of certifying official/Title

Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

☒ entered in the National Register.

☐ See continuation sheet

☐ determined eligible for the
National Register.

☐ See continuation sheet

☐ determined not eligible for the
National Register.

☐ removed from the National
Register.

☐ other, (explain:) _____

for Daniel J. Vivian
Signature of the Keeper

10/5/06
Date of Action

5. Classification**Ownership of Property**

(Check as many boxes as apply)

- ☐ private
☐ public-local
☒ public-State
☐ public-Federal

Category of Property

(Check only one box)

- ☐ building(s)
☒ district
☐ site
☐ structure
☐ object

Number of Resources within Property

(Do not include previously listed resources in count.)

Contributing	Noncontributing	
61	7	buildings
2		sites
5	1	structures
1		objects
69	8	Total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing.)

N/A

**Number of Contributing resources previously listed
in the National Register****6. Function or Use****Historic Functions**

(Enter categories from instructions)

HEALTH CARE/sanitarium

Current Functions

(Enter categories from instructions)

HEALTH CARE/hospital

7. Description**Architectural Classification**

(Enter categories from instructions)

MODERN MOVEMENT/Art Deco

LATE 19TH AND EARLY 20TH CENTURY

REVIVALS/Colonial Revival

MODERN MOVEMENT/International Style

OTHER/Plain Traditional

Materials

(Enter categories from instructions)

foundation CONCRETE, STONE

walls BRICK, WOOD, STONE

roof ASPHALT

other

Narrative Description

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

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SUMMARY

The Arkansas Tuberculosis Sanatorium Historic District is located approximately 2.5 miles south of Booneville on top of an extension of Potts Ridge, known locally as "The Hill." The rural setting on top of a ridge was ideal in providing patients with fresh air, an early treatment for tuberculosis. The district contains 76 buildings, structures, and objects, 68 of which are considered contributing resources (89.4%). The Sanatorium was essentially a self-sufficient city, so the district contains buildings not only related to the medical treatment of tuberculosis, but also buildings related to providing goods and services to the facility, such as dairy buildings, a water treatment plant, water towers, and a fire station. The Arkansas Tuberculosis Sanatorium was founded in 1909 and was closed in 1973, although most of the buildings at the facility were built prior to 1960. The facility is currently used as the Booneville Human Development Center by the Arkansas Department of Health and Human Services.

The buildings on the campus were built using a variety of popular architectural styles from the early twentieth century, including Colonial Revival, Craftsman, and Art Deco, and range in size from small Craftsman bungalow residential cottages to the Nyberg Building (Site #LO0148), which is 528 feet long and contains over 140,000 square feet of floor space. Most of the main hospital buildings were built using brick or stone construction, while the residential buildings (doctors' houses and the superintendent's house) are frame buildings. The residential buildings are clustered on the western side of the campus and the main hospital buildings are located mainly in the center of the campus. Many of the support facilities are located on the eastern side of the campus.

ELABORATION

Located in rural Logan County approximately 2.5 miles south of Booneville on top of an extension of Potts Ridge, known as "The Hill," the Arkansas Tuberculosis Sanatorium Historic District was the state sanatorium for white tuberculosis patients and the largest facility of its kind in the country by the 1940s. The rural wooded setting on top of a ridge was ideal in providing patients with plenty of fresh air, an early treatment for tuberculosis. The district contains 76 buildings, structures, and objects, 68 of which are considered contributing resources (89.4%). The non-contributing resources have either been altered or were built within the last 50 years.

The Sanatorium was essentially a self-sufficient city, so the district contains buildings not only related to the medical treatment of tuberculosis, but also buildings related to providing goods and services to the facility, such as dairy buildings, a water treatment plant, water towers, and a fire station. Other resources at the facility were for recreational use, including a pool and basketball court located in the center of the dormitory area and a baseball field and track located to the east near the dairy facilities. The Arkansas Tuberculosis Sanatorium was founded in 1909 and was closed in 1973, although most of the buildings at the facility were built prior to 1960. The facility is currently used as the Booneville Human Development Center by the Arkansas Department of Health and Human Services.

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The buildings on the campus were built using a variety of popular architectural styles from the early twentieth century, including Colonial Revival, Craftsman, and Art Deco, and range in size from small Craftsman bungalow residential cottages to the Nyberg Building (Site #LO0148), which is 528 feet long and contains over 140,000 square feet of floor space. Most of the main hospital buildings were built using brick or stone construction, while the residential buildings (doctors' houses and the superintendent's house) are frame buildings. A number of the buildings, including the Nyberg Building (Site #LO0148), former Administration Building (Site #LO0151), Dairy Buildings (Site #LO0136), and the Water Treatment Plant (Site #LO0137) were built by the Public Works Administration (PWA) in 1938-1940, while the Rock Apartments (Site #LO0150) was built by the PWA in 1936.

The campus is divided into three main sections. The residential buildings are clustered on the western side of the campus and the main hospital buildings are located mainly in the center of the campus. Many of the support facilities are located on the eastern side of the campus. Alterations to the buildings at the facility have been minimal over the years, so most of them reflect their periods of construction. Overall, the Arkansas Tuberculosis Sanatorium Historic District represents an excellent example of an intact, large-scale, twentieth-century tuberculosis sanatorium.

Phase I: Early Construction (1909-c.1920)

The earliest buildings built at the Arkansas Tuberculosis Sanatorium around the time of its founding consisted of two main types – frame buildings and “tent houses” according to the 1913 Sanborn map. To the southeast of the driveway were located the Administration Building, Hospital Building, Goldman Pavilion (patient housing), the Superintendent's Cottage, two Women's Cottages, and a water tank. The 1913 Sanborn map indicates that all of these, with the exception of the water tank, were of frame construction, although early photographs of the Administration Building indicate that it had fieldstone porch supports. Frame construction would have been ideal for the first buildings at the Sanatorium, since they would have been easily constructed and there was an abundance of timber on “The Hill.”

To the northwest of the driveway were three Men's Cottages and nine tent houses. Only one of these buildings, one of the Men's Cottages labeled “Cottage Sebastian” on the 1913 Sanborn map, was apparently all frame construction. The rest of the buildings, according to early photographs, had low frame walls with large flaps, hinged at the top, which opened out to provide airflow through the buildings. The buildings were crowned with gable roofs.

The only surviving building from the earliest days of the Sanatorium is the Commons Building (Site #LO0145), which incorporates a portion of the original Administration Building, although it was greatly altered to its current form by the PWA in the 1930s and early 1940s.

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Phase II: Stone and Stucco Construction (c.1920-1935)

By the early 1920s, the Sanatorium had grown considerably and several new buildings were added to the campus. Unlike the early buildings, most of the new construction employed tile construction with a stucco veneer or used fieldstone construction. By April 1926, according to the Sanborn map, several more patient cottages had been built in the center of the campus, and several large patient buildings, including Meriweather Hall, Kie Oldham Hall, Hemingway Hall, Masonic Hall for Children, and Echols Cottage, had been constructed around the fringes of the facility. Most of these buildings, which have all been demolished, employed tile construction with a stucco veneer.

In addition to new buildings for patients, houses for some of the Sanatorium's staff had been built by 1926. Two doctors' homes, a caretaker's house and a cottage for the superintendent, all of which were of frame construction, had been built. In addition, other support facilities were built to the southeast of the campus, including a laundry facility and dairy barn, and a movie theatre was built to the northeast of the Administration Building in the campus' center.

A few buildings on campus remain from this phase of construction. The fieldstone construction of the period is illustrated in the entrance gate on Highway 116 S (Site #LO0162), which was built in 1928. Consisting of two tall fieldstone pillars that support two wrought iron gates and a shorter fieldstone pillar to the north, the gate still provides a majestic entrance to the campus. The Shop Building (Site #LO0127), which was built in 1920, is the earliest extant building that shows the fieldstone construction. The building features a continuous stone foundation, fieldstone walls, a flat roof, and metal-framed hopper windows, and is currently used as the facility's laundry.

The tile construction with a stucco veneer is also still found in a couple of the district's building's, most notably the Kelley Building (Site #LO0146), which was built in 1927 and has a 1957 addition. The original portion of the Kelley Building has a continuous foundation, stucco-veneered walls, and a side-gable roof covered in composition shingles. The windows in the building are metal-framed, sixteen-pane casement windows. The original portion of the building is a simple version of the Craftsman style.

The campus' Chapel (Site #LO0143), which was originally an office and library built in 1926 (with an addition in 1935 by the PWA), combines both the fieldstone and stucco-veneered construction used at the sanatorium during the 1920s and early 1930s. The rear portion of the building uses the fieldstone construction and was built in 1935 by the PWA, while the front portion of the building has the stucco veneer, albeit with a continuous fieldstone foundation. The building employs a gable roof like the other buildings of the period, although the front portion has parapets at the gable ends. Windows in the building are a combination of original metal-framed casement windows, and replacement, metal-framed, double-hung windows.

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Although most buildings built at the sanatorium during the 1920s and early 1930s used fieldstone or tile and stucco construction, there were still some frame buildings being built. A building on Center Road (Site #LO0165) that was built in 1928 and likely used for some kind of agriculture purpose exhibits the frame construction of the period, although it does have a continuous stone foundation. Like many of the other buildings built at the sanatorium during the 1920s, it does have a gable roof, although it is covered in metal.

Phase III: WPA and PWA Construction (1935-1940)

During the 1930s and into the 1940s, the Arkansas Tuberculosis Sanatorium continued to grow by leaps and bounds, and it became clear that much larger facilities were going to be needed in order to be able to accommodate all of the patients that needed treatment. As a result, beginning in the mid 1930s, a tremendous building campaign carried out by the WPA and PWA was undertaken that gave the facility much of the appearance it retains today.

The PWA involvement at the sanatorium began with a 1935 grant that funded the construction of the fieldstone addition on the Chapel (former library and office, Site # LO0143) and an ice and refrigeration plant and bakery that were added onto the first Administration Building, and later incorporated into the Commons Building (Site #LO0145). Fieldstone construction was used for this work as well.

Fieldstone construction continued to be used by the PWA in 1936 when they built the Rock Apartments (Site #LO0150) for employee housing. The two-story, rectangular building with side-gable roof is five bays wide with a central one-story porch with flat roof. It has six-over-six, wood-frame, double-hung windows with brick sills.

Although the PWA did provide some much-needed construction at the sanatorium during 1935 and 1936, it was the work that they did in the late 1930s and 1940 that greatly expanded the campus. The PWA was responsible for the construction of the Nyberg Building, Commons Building, Dairy Buildings, Administration Building, twelve employees cottages, Nurses Home, Hamp Williams Building, Barracks, two employees dormitories, heat distribution system, water supply system, sewage disposal system, power plant, and guinea pig piggery. The PWA also carried out repairs to the Masonic, Brown-Shibley, Hemingway, and Kie-Oldham buildings.

The majority of the hospital buildings that were built by the PWA were veneered with buff brick and have fieldstone foundations. Many are designed in the Art Deco style and have flat roofs. The windows in the buildings are metal-framed and are either double-hung with a six-over-six configuration, or are metal-framed casement windows. The Administration Building (Site #LO0151), Hamp Williams Building (Site #LO0144), and especially the Nyberg Building (Site #LO0148), which measures 528 feet long and 50 feet deep, best illustrate the PWA's work on hospital buildings.

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The residential buildings that the PWA built took on a wider variety of forms and styles. The employee cottages built by the PWA were small frame buildings with weatherboard siding and gable roofs. The buildings were set on fieldstone foundations and had six-over-six, wood-frame, double-hung windows. The cottages on Curtis Circle (Sites #LO0170 – LO0177) are good examples of the small-scale PWA residential construction as is the former Superintendent's House (Cottage #44, Site #LO0159).

The larger residential buildings constructed by the PWA that survive include Dormitory #1 (Site #LO0149), Dormitory #2 (Site #LO0160), and Dormitory #4 (former Nurses Home, Site #LO0163). These buildings are also veneered in buff brick like the hospital buildings and were built in the Colonial Revival style. The buildings also rest on continuous fieldstone foundations and have wood-frame, double-hung, six-over-six windows. The buildings are crowned with hipped roofs covered in composition shingles and punctuated by dormers with rounded roofs on Dormitories #1 and #2 and gable roofs on Dormitory #4.

Although the PWA was responsible for many hospital and residential buildings on the sanatorium grounds, they also were responsible for several utilitarian buildings and structures that provided goods and services to the sanatorium. Even though the buildings were utilitarian, for the most part, they used materials and design features like those on the other campus buildings. For example, the Plant/Maintenance Building (Site #LO0117) was veneered with buff brick and had a fieldstone foundation. The use of a flat roof and glass block, as on some of the hospital buildings, gave it an Art Deco appearance. The guinea pig piggery, with its buff brick construction and stone foundation, side gable roof, and metal-framed, sixteen-pane casement windows, also resembled other hospital buildings, specifically the Kelley Building or the dormitories. Even the most utilitarian structure, like the Water Treatment Plant (Site #LO0137), which also included two lakes, employed stone construction, a gable roof, and hopper windows.

The Dairy complex (Site #LO0136), on the other hand, employed several types of construction. Some of the older buildings that likely date from prior to the PWA's involvement are frame or fieldstone construction, and include a frame gambrel-roof barn with a milk house and bunk house, and several stone ancillary structures. The main dairy barn, however, employs tile construction with a combination hip and gable roof and a brick foundation. The barn also has metal-framed hopper windows, and two tile domed silos are placed at the north end of the barn.

The WPA was also involved in updating the campus during the late 1930s, but they were responsible for projects more related to the facility's infrastructure, including increasing the water capacity of the facility's lakes used for drinking water, completing a more extensive road system, and upgrading landscaping around the campus.

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Phase IV: World War II and Post-World War II Construction (1940-present)

During World War II, there was not any new construction undertaken at the facility. However, it was not long after the War that building began again. Post-war construction at the sanatorium consisted of a variety of projects, including new hospital buildings, dormitories and apartments, and support facilities.

The first large construction project completed after World War II was the construction of an addition onto the Masonic Building in 1948 (Site #LO0121). According to the Sanborn maps for the sanatorium, the first portion (since demolished) of the Masonic Hall for Children was built by 1926 and it was expanded with two wings (also since demolished) by 1938. After World War II, the building was expanded with the addition of classrooms. The classroom addition, which is now freestanding, combined elements of the Art Deco style used for several of the buildings built by the PWA and the International style, most notably with the bands of metal-framed windows with the cantilevered sun shade above that surrounds the building. The building is veneered in the buff brick used throughout the campus in the 1930s and later and sits on a continuous brick foundation. The building has a flat roof. Ornamentation on the building is minimal except for the Art Deco-inspired stone surround at the main entrance that prominently displays the Masonic emblem and reads "WISDOM / IS STRENGTH."

The late 1940s and early 1950s also brought about the construction of several small support structures, including an Upholstery Shop in 1948 (Site #LO0130), Carpentry Shop in 1953 (Site #LO0131), and a Garage (Site #LO0132) and Workshop (Site #LO0128) in 1956. All of the buildings are very utilitarian in nature, built out of concrete block and featuring metal-framed hopper windows and flat or very low pitched shed or gable roofs.

By the 1950s, additional residential housing was needed, which led to the construction of Dormitory #3 (Site #LO0182) in 1953. Like the other dormitories to its southeast, it has a buff brick veneer and fieldstone foundation and is topped with a hipped roof covered with composition shingles. Also, like Dormitories #1 and #2, it features small dormers with rounded tops. The building was designed in a simplified Colonial Revival style to match the other dormitories, with the only detailing existing around the entrances. The windows are six-over-six, double-hung windows.

Additional housing was accommodated with four small apartment buildings, B-Complex through E-Complex (Sites #LO0184-LO0187), built in 1957. The long, low, linear buildings are built on continuous cast concrete foundations, and have a combination of double-hung, stationary and jalousie windows. The buildings are sided with vertical board siding and have side-gable roofs covered in composition shingles. The last residential structure built at the sanatorium was a new superintendent's house, Cottage #47, built in 1960 (Site #LO0158). Like the B-E complexes, the long, low house is built on a cast concrete foundation, and is sided with vertical board siding. Rows of casement windows fenestrate the property and an open carport is located on the northwest end. The house is topped with a gable-on-hip roof.

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The late 1950s also brought about the construction of some recreational facilities for patients at the sanatorium, specifically a Pool/Basketball Court (Site #LO0161) and a Ballfield and Track (Site #LO0167), all built in 1958. The Pool/Basketball Court, which is located on the former site of the employees' barracks north of the Rock Apartments, consists of an in-ground concrete pool and concrete block pump room surrounded by a chain-link fence and an asphalt basketball court. The Ballfield and Track, which are largely overgrown, are located near the dairy facilities on the eastern side of the campus.

The last building built during the 1950s was the Fire Station (Site #LO0126), completed in 1959. The buff brick building has a low-pitched front gable roof. The front and rear façade both have two truck bays with large roll-up doors with entrances to the north, while the side facades are fenestrated with rows of large one-over-one windows. The Fire Station brought another degree of self-sufficiency to the facility, since prior to its construction the sanatorium relied on fire services from Booneville.

Construction at the sanatorium slowed down by the 1960s, and the last large building built at the facility was the Judge Joseph M. Hill Building (Site #LO0147), completed in 1963. The irregularly-shaped building, like many others of the mid twentieth century built at the facility, is veneered in buff brick. It features a flat roof and, like the Masonic Building, features a cantilevered sun shade above the windows that surrounds the building. The fenestration consists of large, metal-framed, two-paned, sliding windows.

Landscape

In addition to the buildings at the sanatorium, the landscape around the facility is also an important part of the complex, and helps to tell the story of sanatorium life. The open spaces, woods, and the relationship between the two, are notable and an important part of the facility. The open spaces, especially their large size, illustrate the large amount of land that was devoted to farming and the grazing of the dairy herd. The wooded areas are also significant since they would have provided lumber for buildings and firewood in the early days of the sanatorium. Also, the large ring of woods that surrounds the campus' buildings is also significant since the sanatorium (and the community of Booneville) saw it as an additional barrier, at least psychologically, that would help prevent the spread of the disease from the campus to the surrounding areas.

Open areas – The open areas surrounding the sanatorium buildings were very important for the farming operations. The *WPA Guide to 1930s Arkansas* mentions that “in the valley below [the sanatorium] are gardens, vineyards, orchards, and cattle barns.”¹ The large amount of land was used historically for the farming and cattle operations of the facility, which were an integral part of sanatorium life. The sanatorium strove to be self-sufficient, and the farm operations and historic/current landscape illustrates this.

¹ Elliot West, ed. *The WPA Guide to 1930s Arkansas*. Lawrence, KS: University Press of Kansas, 1987 reprint of 1941 publication, p. 365.

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Gardens and orchards were located in the open areas to the northeast of the sanatorium buildings along the old sanatorium road as well as in the valley below. According to the *Sanatorium Outlook*, farming had been a part of the operations of the sanatorium since the 1920s when "a farm of 125 acres was put into operation for growing vegetable crops under the supervision of a practical farmer."² A report in the May 1929 issue of the *Sanatorium Outlook* told that 45 acres of the truck farm had been plowed and 40 acres were left to be plowed. The fruits and vegetables being grown on the farm included:

- Onions – 1 acre
- Lettuce – $\frac{1}{8}$ acre (with more to be sown)
- Beets – $\frac{1}{2}$ acre (with more to be sown)
- Chard – $\frac{1}{8}$ acre
- Turnips – $\frac{1}{2}$ acre (with 10 more bushels to be put out)
- English peas – $\frac{1}{4}$ acre
- Radishes – $\frac{1}{8}$ acre
- Cabbage – $\frac{3}{4}$ acre
- Potatoes – 5 acres
- Strawberries – 3 acres
- Peaches – 600 trees
- Apples – 250 trees
- Vineyards – (acreage not specified)
- Hot beds for tomatoes, peppers, and egg plants
- Corn for ensilage – 40 acres
- Cowpeas and sorghum – 20 acres
- Watermelons – 2 acres
- Cantaloupes – 1 acre
- Carrots – $\frac{1}{8}$ acre
- Sweet corn – 2 acres
- Spinach – $\frac{1}{8}$ acre
- Sweet potatoes – 2 acres³

By the 1940s, the farming operation was very well-respected both around the state and around the country and it had grown considerably. According to the February 1942 issue of the *Sanatorium Outlook*:

² *Sanatorium Outlook*, July 1940, p. 14.

³ *Sanatorium Outlook*, May 1929, p. 8.

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"A co-ordinated farm program to make Arkansas institutions as self-sufficient as possible in their vegetable, poultry, dairy, meat and livestock feed needs was inaugurated...one day last month.

"...The following committee will assist: canning, J. E. Biggs, Sanatorium; ...dairying, John C. Carpenter, Sanatorium; gardening, S. B. Wall, Sanatorium.

"The Sanatorium dairy is recognized as being one of the best in this part of the country."⁴

In the May 1943 edition of the *Sanatorium Outlook*, it was reported that:

"On March 30, this year, Dr. Riley...secured sixteen convicts to work on the No. 10 vegetable farm of the sanatorium.

Due to the current shortage of manpower [possibly as a result of World War II], it has been impossible to secure farm laborers. ...With higher prices and rationing of food, it is highly important that we have a good crop of vegetables, else we might not be able to provide the necessary food for the more than twelve hundred patients, and the employees necessary to care for them, that we have at the sanatorium."⁵

Aerial photographs in the June 1944 *Sanatorium Outlook* readily show the linear arrangement of the trees in the orchards. Although the orchards have since been removed and the area has started to grow up, the openness of the area to the northeast of the buildings is still apparent.⁶

The majority of the open valley to the east of the buildings was open grazing land for the dairy cattle. A large amount of land was required since the sanatorium's herd numbered 200-300 cows by the early 1940s. This area remains mostly open today and still reflects the look of the area from the 1940s.

Wooded Areas – The wooded areas are located immediately around the campus' buildings as well as in the southwestern area of the complex near the lakes and along the ridge near the southeastern boundary of the district and would have been important to the sanatorium. Although not stated, it is probable that the trees would have been valuable for building materials during the sanatorium's early days. Also, Sanborn maps

⁴ *Sanatorium Outlook*, February 1942, p. 8.

⁵ *Sanatorium Outlook*, May 1943, p. 8.

⁶ *Sanatorium Outlook*, June 1944, p. 6.

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indicate that some of the buildings were heated by stoves in 1913 and 1918.⁷ The wooded areas would have also been important to provide firewood for heat during the winter months.

The wooded areas, especially since they surrounded the campus buildings, were also important psychologically to the people of the sanatorium as well as residents of Booneville. The residents perceived the woods as a further barrier to prevent the spread of tuberculosis from the sanatorium to the surrounding community.

As with the open areas, the aerial photographs from the June 1944 issue of the *Sanatorium Outlook* illustrates that the wooded areas have remained the same since that time.

Integrity

The Arkansas Tuberculosis Sanatorium Historic District retains remarkable integrity. The buildings on the campus date from all periods of the sanatorium's existence, from its opening in 1909 up through the 1960s, which represents the last days of the facility before it closed in 1973. The buildings represent great examples of early twentieth-century architectural styles, including the Art Deco, Colonial Revival, and Craftsman styles, and the complex as a whole, with its hospital, residential, and support facilities, represents an extremely large and intact example of a twentieth-century tuberculosis sanatorium.

Modifications to the buildings have been minor, and many were done more than fifty years ago. However, the modifications also illustrate how the buildings were altered to meet the changing needs and methods necessary to treat and combat tuberculosis throughout the twentieth century.

The setting around the Arkansas Tuberculosis Sanatorium Historic District retains the rural feel it would have had throughout the sanatorium's existence from 1909 until 1973. The large amount of acreage included in the nomination (896.18 acres) also helps to convey the many purposes that the sanatorium grounds would have served. The acreage includes the hospital area, farm area, as well as two lakes associated with the water treatment plant, and help to illustrate the fact that the sanatorium, in many respects, was its own self-sufficient community. The wooded areas and the open areas still reflect, for the most part, the appearance of the sanatorium during its historic period, and they still convey the importance of farming at the facility. The wooded areas also continue to illustrate the importance of trees for material and for fuel, and also still convey the idea of isolationism that the sanatorium strove to achieve. The Arkansas Tuberculosis Sanatorium Historic District is very easily able to convey its role and significance as the country's largest tuberculosis sanatorium.

⁷ Sanborn Fire Insurance map for Booneville, Arkansas: October 1913 and December 1918.

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<i>Resource Number:</i>	<i>Building:</i>	<i>Address:</i>	<i>C/NC:</i>
LO0117	Plant/Maintenance Building	15 Shipley Drive	C
LO0118	Water Tower #1	NE of terminus of Abney Lane	C
LO0119	Water Tower #2	NE of terminus of Abney Lane	C
LO0120	Wastewater Treatment Plant	West of Old Sanatorium Road	C
LO0121	Masonic Building	108 Abney Lane	C
LO0122	Cottage at 177 Shipley Drive	177 Shipley Drive	C
LO0123	Cottage at 159 Shipley Drive	159 Shipley Drive	C
LO0124	Cottage at 147 Shipley Drive	147 Shipley Drive	C
LO0125	Cottage at 136 Shipley Drive	136 Shipley Drive	C
LO0126	Fire Station	Corner of Flatt Street and Abney Lane	NC
LO0127	Shop Building	Flatt Street and Cooper Lane	C
LO0128	Workshop	34 Cooper Lane	C
LO0129	Guinea Piggery	52 Cooper Lane	C
LO0130	Upholstery Shop	68 Cooper Lane	NC
LO0131	Carpentry Shop	80 Cooper Lane	C
LO0132	Garage	532 Flatt Street	NC
LO0133	Cottage at 35 Center Road	35 Center Road	NC
LO0134	Flatt Road Cottage	S off Flatt Road E of Center Road	NC
LO0135	Dairy Area House	End of Flatt Road	NC
LO0136	Dairy Building	North of end of Flatt Road	C
LO0137	Water Treatment Plant	Water Plant Road S of Jack Creek Road	C
LO0138	Water Works Cottage	Water Plant Road	C
LO0139	Cottage #40	5 Murphy Lane	C
LO0140	Cottage #39	15 Murphy Lane	C
LO0141	Cottage #38	27 Murphy Lane	C
LO0142	Shade House	Cooper Lane N of Laundry Building	NC
LO0143	Library	394 Carey Road	C
LO0144	Hamp Williams Building	362 Carey Road	C
LO0145	Commons Building	301 Carey Road	C
LO0146	Kelley Building	225 Carey Road	C
LO0147	Judge Joseph M. Hill Building	447 Carey Road	C
LO0148	Leo E. Nyberg Building	87 Reed Road	C
LO0149	Dormitory #1	122 Bowles Circle	C
LO0150	Rock Apartments	64 Bowles Circle	C
LO0151	Administration Building	131 Carey Road	C

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<i>Resource Number:</i>	<i>Building:</i>	<i>Address:</i>	<i>C/NC:</i>
LO0152	Cottage #3	228 Carey Road	C
LO0153	Cottage #4	210 Carey Road	C
LO0154	Cottage #5	192 Carey Road	C
LO0155	Cottage #2	256 Carey Road	C
LO0156	Cottage #6	58 Nature Lane	C
LO0157	Cottage #7	72 Nature Lane	C
LO0158	Cottage #47	93 Danley Drive	NC
LO0159	Cottage #44	44 Bowles Circle	C
LO0160	Dormitory #2	190 Bowles Circle	C
LO0161	Pool/Basketball Court	Bowles Circle	C
LO0162	Entrance Gate	Highway 116S	C
LO0163	Dormitory #4	27 Bowles Circle	C
LO0165	Center Road Building	N of Center Road SW of Flatt Road	C
LO0166	Cottage #16	432 Carey Road	C
LO0167	Ballfield and Track	NE of Flatt and Cooper	C
LO0169	Cottage #17	231 Bowles Circle	C
LO0170	Cottage #18	98 Curtis Circle	C
LO0171	Cottage #19	59 Curtis Circle	C
LO0172	Cottage #20	75 Curtis Circle	C
LO0173	Cottage #21	93 Curtis Circle	C
LO0174	Cottage #22	107 Curtis Circle	C
LO0175	Cottage #23	127 Curtis Circle	C
LO0176	Cottage #24	149 Curtis Circle	C
LO0177	Cottage #25	138 Curtis Circle	C
LO0178	Cottage #26	243 Bowles Circle	C
LO0179	Cottage #27	50 Curtis Circle	C
LO0180	Cottage #28	33 Curtis Circle	C
LO0181	Cottage #45	28 Baldwin Lane	C
LO0182	Dormitory #3	51 Baldwin Lane	C
LO0183	A-Complex	156 Danley Drive	C
LO0184	B-Complex	43 Jones Circle	C
LO0185	C-Complex	161 Jones Circle	C
LO0186	D-Complex	122 Jones Circle	C
LO0187	E-Complex	114 Jones Circle	C
LO0188	Cottage #37	39 Murphy Lane	C

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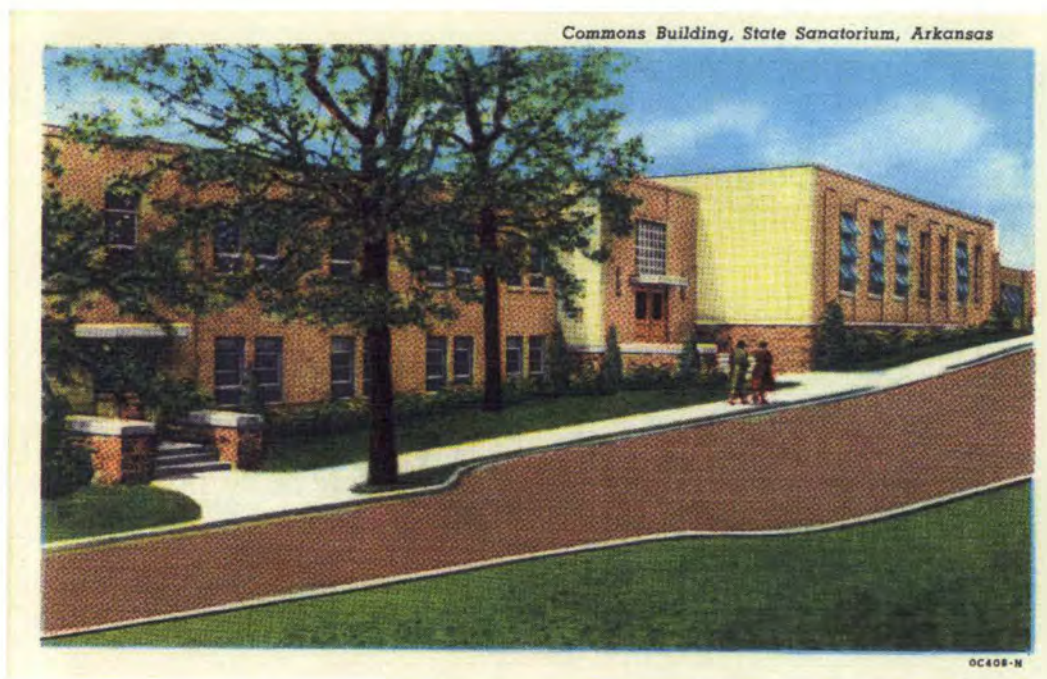
Section number 7 Page 13

<i>Resource Number:</i>	<i>Building:</i>	<i>Address:</i>	<i>C/NC:</i>
LO0189	Cottage #36	51 Murphy Lane	C
LO0190	Cottage #35	61 Murphy Lane	C
LO0191	Cottage #34	75 Murphy Lane	C
LO0192	Cottage #33	89 Murphy Lane	C
LO0193	Cottage #32	103 Murphy Lane	C
LO0194	Cottage #31	117 Murphy Lane	C
	Landscape		C

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c.1940 postcard of the Commons Building.

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c.1940 postcard of the Hamp Williams Building.

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c.1940 postcard of the Nurses' Home (Dormitory #4).

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c.1940 postcard of the Nyberg Building, Administration Building, and Water Towers.

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c.1940 postcard of the Nyberg Building.

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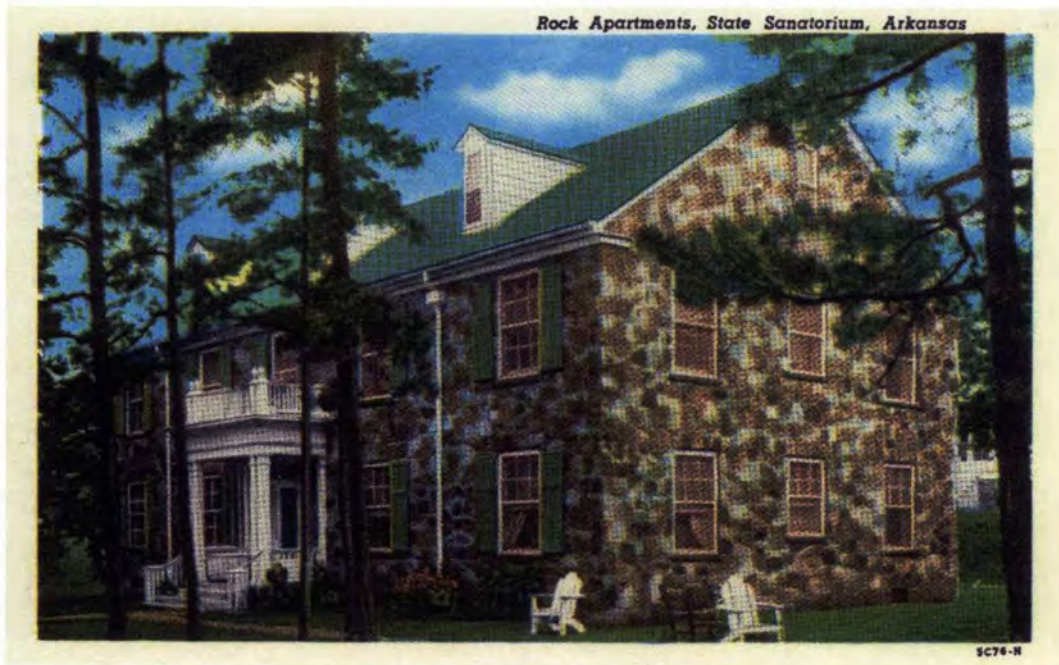


c.1940 postcard of the Nyberg Building entrance at Christmas.

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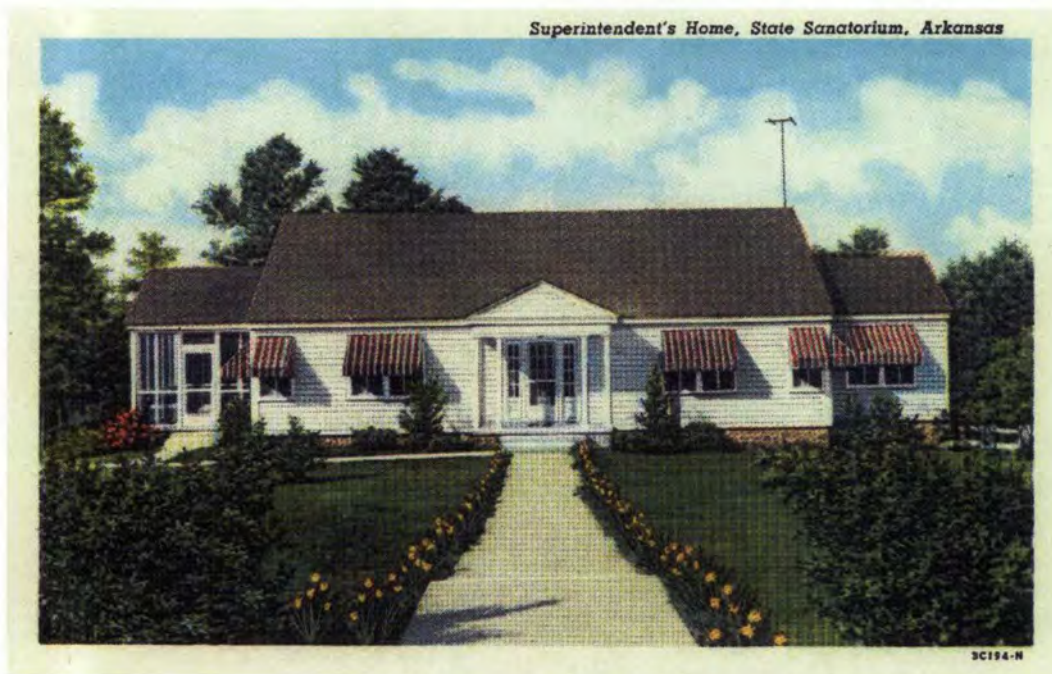


c.1940 postcard of the Rock Apartments.

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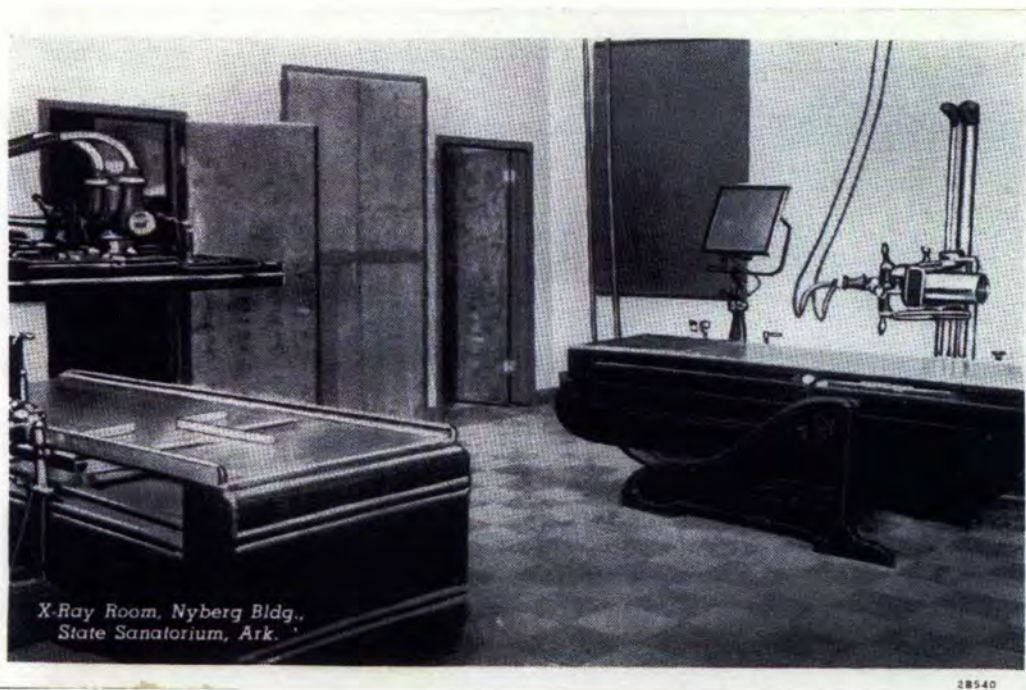


c.1940 postcard of the former Superintendent's Home (Cottage #44).

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c.1940 postcard of the X-Ray Room in the Nyberg Building.

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.
- ☐ **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.
- ☐ **C** birthplace or grave of a historical figure of outstanding importance.
- ☐ **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.

Levels of Significance (local, state, national)

National

Areas of Significance (Enter categories from instructions)

Architecture

Health/Medicine

Period of Significance

1909-1956

Significant Dates

1909-1956

Significant Person (Complete if Criterion B is marked)**Cultural Affiliation** (Complete if Criterion D is marked)**Architect/Builder**

Haralson & Mott, Architects

Erhart & Eichenbaum, Architects

Narrative Statement of Significance

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

9. Major Bibliographical References**Bibliography**

(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 # _____

Primary location of additional data:

- ☒ State Historic Preservation Office
- ☒ Other State Agency: Booneville Human Development Center
- ☐ Federal Agency
- ☐ Local Government
- ☐ University
- ☐ Other

Name of repository:

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SUMMARY

Located approximately 2.5 miles south of Booneville on "The Hill," an extension of Potts Ridge, the Arkansas Tuberculosis Sanatorium Historic District is comprised of 76 buildings, structures, and objects located on approximately 896.18 acres. By the early 1940s the Arkansas Tuberculosis Sanatorium had a capacity of approximately 1,100 patients and was touted as the "largest and best institution of its kind as regards treatment facilities in the nation." The campus was essentially its own independent city with a complete farming operation, its own fire department, telephone system, post office, and water treatment plant. For its associations with the nationwide fight against tuberculosis throughout much of the twentieth century, the Arkansas Tuberculosis Sanatorium Historic District is being nominated to the National Register of Historic Places with **national significance** under **Criterion A**.

The buildings on the campus were built beginning in 1909 with the creation of the Sanatorium and the majority of them were built by 1960. However, many of the buildings were built in the late 1930s and early 1940s by the Public Works Administration (PWA) and represent an excellent collection of early twentieth century architectural styles, including the Art Deco, Craftsman, and Colonial Revival styles. The Art Deco buildings on campus, which include the former Administration Building, Hamp Williams Building, and Leo Nyberg Building, comprise one of the best collections of the Art Deco style in Arkansas. In addition, the number of buildings and acreage associated with the Arkansas Tuberculosis Sanatorium Historic District represent the largest known facility of its kind remaining in the country, and an extremely large and intact example of a twentieth-century tuberculosis sanatorium. As a result, the Arkansas Tuberculosis Sanatorium Historic District is also being nominated to the National Register with **national significance** under **Criterion C**.

ELABORATION

Tuberculosis, which is a disease characterized by a cough that is worse in the morning (sometimes with hemoptysis, or blood in the sputum), chest pain, breathlessness, night sweats, and signs of pneumonia, has been around for thousands of years. The mummified body of the Egyptian Priest of Ammon, dating to 1000 BC, showed evidence of bone lesions likely caused by tubercle bacilli, and the Greek physician Hippocrates (460-375 BC), known as the Father of Medicine, did a scientific study of the disease "consumption." However, it was not until the Frenchman Gaspard Laurent Bayle (1774-1816) studied the disease that the word "tuberculosis" was coined and the fundamentals of the modern knowledge of the disease were written.⁸

⁸ Rene Dubos and Jean Dubos. *The White Plague: Tuberculosis, Man and Society*. Boston: Little, Brown and Company, 1952, and the *Sanatorium Outlook*, July 1935, p. 24.

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In the United States, the fight against tuberculosis essentially began in 1884 with Edward Livingston Trudeau, a New York doctor who contracted the disease. After Dr. Alfred Loomis, another New York physician, recommended that a tubercular patient (along with Trudeau), spend some time in the Adirondack Mountains, they were elated to find that both individuals had noticeable improvement in their disease. As a result of the positive results of the time spent in the Adirondacks, Trudeau decided to build a sanatorium outside of Saranac Lake, New York. The first building at the sanatorium, a two-patient cottage called "Little Red," was built in 1884 (NR-listed 06/11/92).⁹

In the early days of tuberculosis treatment prior to 1900, the majority of patients received treatment in private facilities, although there were no known private sanatoria in Arkansas. Although some private sanatoriums survive, notably Waverly Hills in Louisville, Kentucky (NR-listed 07/12/83), the size of the private facilities did not approach the size of many state-run facilities, and definitely were not as large as the Booneville facility.

The disparity of sizes is likely a result of economics. Private facilities would have likely charged their patients more than state-run facilities would have, limiting the patients who could afford the treatment. As a result, the facilities would have remained smaller because of the limited number of people who could take advantage of them.

However, as the twentieth century dawned and progressed, there was a greater role of state-run facilities in tuberculosis treatment. Although private sanatoria were important, especially in the early days of treatment in the late 1800s, when the Booneville facility was being developed in 1909 and beyond, there was a shift beginning. More state-run facilities were being developed for tuberculosis patients which had not been the case previously. (All tuberculosis treatment in Arkansas was done at the Sanatorium in Booneville or at the Sanatorium for Blacks in Alexander, which was established in the late 1920s. Other treatment included Burr Cottages erected at private homes, but it appears this was used after the 1930s and the establishment of the Works Progress Administration [WPA]).

It was not long before the threat of tuberculosis became an issue in other states around the country, including Arkansas. An article in the October 1, 1908, edition of the *Booneville Democrat* was headlined "State Sanitation Society Proposed." The article stated that "the organization of an Arkansas Sanitation Society, to be composed of the members of Boards of Health throughout the state, property owners, doctors, lawyers, and business men and to have for its purpose the prevention of disease by sanitation, is now being talked by many physicians throughout the state. Definite steps toward the organization of such a society will probably be taken soon."¹⁰

⁹ Mark Caldwell. *The Last Crusade: The War on Consumption, 1862-1954*. New York: Atheneum, 1988, p. 43.

¹⁰ "State Sanitation Society Proposed." *Booneville Democrat*, 1 October 1908, p. 2, column 5.

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In fact, some steps were already being taken to combat tuberculosis around the state. In June 1908, Dr. A. T. Sweatland of Little Rock presented the following resolution in the journal of the Arkansas Medical Society:

Whereas, Tuberculosis is exceedingly prevalent in our midst to the extent of causing the death of 3,000 human beings in the past year, and

Whereas, Scientific research has shown it to be a preventable disease and

Whereas, the Death rate in communities where cooperation of the citizens directed by the medical profession has been greatly reduced, therefore, be it

Resolved that the President of the Arkansas Medical Society be instructed to appoint a committee of not less than five members whose duty it shall be to perfect the organization of the Arkansas association for the study and prevention of tuberculosis to work along the general line and in cooperation with the national association for the study and prevention of tuberculosis...

The committee's first meeting took place on September 22, 1908, in the Supreme Court rooms in Little Rock, and the state's fight against tuberculosis was underway.¹¹

At the first semi-annual meeting of the Arkansas Tuberculosis Association in Little Rock on January 26, 1909, the Association deliberated on a "Bill for an Act to provide for the location, erection, organization, management and maintenance of a State Sanatorium for the treatment of tuberculosis in the State of Arkansas..." The bill had been prepared by Senator Kie Oldham at the urging of Judge Joseph M. Hill. (Hill had been diagnosed with tuberculosis in 1905, and moved to Arizona as a result. It was the move to Arizona that convinced him that Arkansas needed its own sanatorium.¹²) The bill, which was Act 378 of the Legislature, was approved by Governor George Donaghey on May 31, 1909, and appropriated \$50,000 for the establishment of a tuberculosis sanatorium and \$30,000 for two years of maintenance. Unfortunately, due to a lack of funds in the treasury for the project, the Board of Trustees had to wait until the following fiscal year to begin work on the facility.¹³

Although there was a broader trend to build state-run tuberculosis hospitals, Arkansas appeared to be on the leading edge of the trend. A few hospitals in other states were established between 1900 and 1910, but the majority of the state-run facilities known came later. When the state established the sanatorium in

¹¹ "50 Year Fighting Tuberculosis in Arkansas." Arkansas Tuberculosis Association, 1967, p. 3.

¹² *Logan County Arkansas: Its History and Its Peoples*. Taylor Publishing Company, 1987, p. 46.

¹³ *Ibid.*

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Booneville in 1909, it represented a pioneering effort in providing a state-run facility for the care of tuberculosis patients. Although private facilities specifically for the treatment of tuberculosis patients had existed since the early 1880s, very few states had state-run facilities prior to 1910. In New Jersey, for example, a state-run isolation hospital was begun c.1907, but it was not popular. From 1910 to 1935, counties with large numbers of tuberculosis patients built county-run isolation hospitals that proved much more popular.¹⁴ In Michigan, private care existed initially, but legislation was adopted in 1905 to establish a state-run tuberculosis sanatorium. The Michigan State Sanatorium was established in Howell in 1907 and a second facility, the Northern Michigan Tuberculosis Sanatorium was established in the 1930s.¹⁵ The State of West Virginia also started taking care of tuberculosis patients in the early 1900s with the establishment of three hospitals – Hopemont (1912), Denmark (1919), and Pinecrest (1930).¹⁶

Even in states around Arkansas and in the south, the establishment of the sanatorium at Booneville was a pioneering effort for a state to provide specific tuberculosis care. Missouri established its first state mental hospital in 1847 and in the late 1800s many tuberculosis patients were sent to the mental hospitals for treatment since it was believed by some that tuberculosis caused insanity. However, the first facility specific for tuberculosis treatment was not established until 1907 at Mount Vernon, and the big push by the state to establish facilities occurred between c.1907 and 1940.¹⁷ In Virginia, prior to the 1910s there were many private facilities for tuberculosis patients. However, with respect to state-run facilities, the state built three facilities for patients (200-500 patients each) in 1909, 1918, and 1920. Two were for white patients and one was for African-Americans.¹⁸ In Florida, on the other hand, the establishment of tuberculosis sanatoria came much later. The A.G. Holley State Hospital, opened in 1950 while the W.T. Edwards Hospital near Tampa opened in 1952.¹⁹

At least one state's establishment of state-run tuberculosis facilities was directly influenced by Arkansas's efforts. Tennessee had two facilities for tuberculosis treatment, the Tennessee Veteran's Hospital in Johnson City (built c.1902-1903) and the Pressman's Home in eastern Tennessee, which began as a resort and was then converted to part of a complex used by the Pressman's Union.²⁰ According to the February 1942 issue of the *Sanatorium Outlook*, "Dr. W. W. Hubbard, director, and Dr. Harrison, of the Tuberculosis

¹⁴ Craig, Bob. Registration Coordinator, New Jersey Historic Preservation Office. E-mail to the author. 27 July 2006.

¹⁵ Christensen, Bob. Michigan State Historic Preservation Office. E-mail to the author. 27 July 2006.

¹⁶ Rowe, Alan. National Register Coordinator, West Virginia State Historic Preservation Office. E-mail to the author. 26 July 2006.

¹⁷ Patterson, Tiffany. National Register Coordinator. Missouri State Historic Preservation Office. E-mail to the author. 26 July 2006.

¹⁸ Wagner, Marc. State and National Registers Manager, Virginia Department of Historic Resources. E-mail to the author. 26 July 2006.

¹⁹ Forbes, Jessica. Florida Department of State, Bureau of Historic Preservation. E-mail to the author. 28 July 2006.

²⁰ Stager, Claudette. Tennessee Historical Commission. E-mail to the author. 26 July 2006.

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Hospitalization Service of the Department of Public Health of Tennessee, were guests of the Sanatorium, January 6-7. The state of Tennessee has recently secured an appropriation for the establishment of a tuberculosis sanatorium, and Dr. Hubbard and Dr. Harrison came here for the purpose of observing Arkansas' tuberculosis control program..."²¹

In the meantime, as plans were being finalized for the sanatorium's establishment, a suitable location for the sanatorium had to be found, and when it was announced that approximately 1,000 acres was needed for the facility, the competition between Arkansas towns heated up. When Booneville offered to donate 973 acres of land for the sanatorium, its offer was accepted.²²

The site chosen for the Arkansas Tuberculosis Sanatorium echoed the locations chosen for sanatoria in the eastern U.S., especially around Saranac Lake, New York. The site was in a mountainous area away from large cities where the air would be fresher, supposedly bringing better relief from the disease. A pamphlet issued by the Arkansas Tuberculosis Sanatorium c.1925 touted the facility's location by saying:

The site of the Arkansas Tuberculosis Sanatorium near Booneville is a beautiful one, 900 feet above sea level, among the pines, high enough for refreshing breezes in summer and not high enough for the cold fogs of winter; with a bountiful supply of excellent water and perfect drainage. The climate the year round is unexcelled by any in the South or West, free from the winter's dampness of the Gulf coast and from the sand storms and enervating heat of the South arid regions, and the blizzards of those farther north.²³

However, before construction could begin, two large obstacles had to be overcome – building a road to access the site and securing a supply of water. A route for the road was selected on December 21, 1909, and a pond was built south of the sanatorium, which was pumped full of water from the Petit Jean River, to provide water. Construction then began on the buildings that the plans called for, including an administration building, one ward building, two A cottages, two B cottages, five tent houses, four cabins and a superintendent's cottage.²⁴ Dr. John Shibley was chosen to serve as the first head of the State Sanatorium, and the first patient was admitted on August 2, 1910, with the formal opening held on September 1, 1910.²⁵

²¹ *Sanatorium Outlook*, February 1942, p. 8.

²² *Ibid.*

²³ Arkansas Tuberculosis Sanatorium. *Tuberculosis or Consumption: Its Prevention and Treatment.* Booneville, AR: Progress Printing Co., c.1925, p. 15.

²⁴ *Ibid.*

²⁵ "50 Year Fighting Tuberculosis in Arkansas." Arkansas Tuberculosis Association, 1967, p. 5.

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The number of patients at the sanatorium quickly increased. In August 1910, a total of 16 patients were admitted, 27 patients arrived in September, 22 in October, and 19 in November. It was not long before patients had to be turned away because there was not any room to house and care for them.²⁶

However, the problem of the growing number of tuberculosis cases across the state was not felt just at the sanatorium in Booneville. In Little Rock, for example, tuberculosis was also a problem, according to a 1914 survey. From 1909 to 1913, Little Rock alone lost an average of 101.6 people to tuberculosis each year (an average of 45.3 whites and 56 blacks). The report stated that "the State Sanatorium for Incipient Cases at Booneville has a few beds available for cases from Pulaski County. The County authorities are to be commended for using their full quota of beds at this institution."²⁷

Pulaski County was beginning to take active steps to fight the disease, including the establishment of the Pulaski County Anti-Tuberculosis Society, which was "composed of individuals organized for the purpose of fighting the white plague in Pulaski County." The Society was "supported by donations and the proceeds of the Red Cross Seal sale," and its "activities to date (1914) have consisted of a limited campaign of education, the engaging of a visiting nurse, and plans and preparations for the operating of a free dispensary, which was opened in September 1914."²⁸

The Little Rock tuberculosis survey also helped educate people on how to combat the disease, specifically through the following five items:

- 1) An intensive and continuous county-wide campaign of education.
- 2) The operation of two or more free dispensaries in the county.
- 3) Perfecting and increasing the visiting nurse service.
- 4) Co-operation with the Board of Education in establishing open-air schools.
- 5) Campaign for adequate public hospital and sanatorium facilities.

Interestingly enough, the survey also stated that "an active campaign for the suppression of tuberculosis does not give undesirable publicity to a community, but, on the contrary, stamps it as progressive and up to date. The preventing of preventable disease is to be commended in as strong terms as failure to so do must be condemned."²⁹

²⁶ *Logan County Arkansas: Its History and Its Peoples*. Taylor Publishing Company, 1987, p. 46.

²⁷ "Tuberculosis Survey of Little Rock." June 1914, p. 6. In the files of the Butler Center for Arkansas Studies, Little Rock, AR.

²⁸ *Ibid*, p. 8.

²⁹ *Ibid*, pp. 2, 9.

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The increased awareness of tuberculosis and increased efforts to fight the disease was part of a larger movement in the late nineteenth and early twentieth centuries to eradicate some troublesome diseases around the country and especially in the South. The South often fell victim to epidemics of several diseases that swept the river valleys of the region with great regularity. The diseases that were most common included yellow fever, cholera, small pox, typhoid and meningitis. In addition to the epidemics, some diseases seemed to never leave, which included malaria, hookworm, pellagra, and tuberculosis. The diseases, at least in the South after the Civil War, slowed down the region's recovery. As a result, in the late nineteenth century, fighting these diseases became a crucial element in the region's recovery and advancement.³⁰

Pellagra, although rare now, was once a huge problem in the U.S., infecting three million people and killing 100,000 between 1906 and 1940. It was prevalent in the South where the diet consisted of meat, molasses, and meal – the “three M’s.” Malnutrition or a diet consisting primarily of niacin-deficient foods, are the primary causes. The initial steps in fighting pellagra, as with hookworm, came later than the fight against tuberculosis. The majority of the campaign against the disease was fought by the U.S. Public Health Service (PHS), which started its fight on a small scale shortly after the disease was diagnosed in the South. Dr. Clarendon H. Lavinder, a PHS staff member, was sent to South Carolina in 1909 after cases started appearing at the South Carolina State Hospital for the Insane. As with Dr. Goldberger's later experiments, Dr. Lavinder tried to induce the disease in other beings, namely rabbits, rats, chickens, and guinea pigs, by injecting them with fluids from infected people. Although few physicians were initially concerned with the disease, as the number of infected people mushroomed, state officials appealed to Congress for assistance. Eventually, a program of field epidemiology and a Pellagra Hospital, in Spartanburg, South Carolina, were established. In addition, the PHS assigned 41 men to study the disease in the field from every angle.³¹

Although Dr. Lavinder made progress with understanding pellagra, it was Dr. Joseph Goldberger who was instrumental in solving the problem of pellagra. He was assigned in 1914 to the South's problem of pellagra by the U.S. Public Health Service. He determined, after inspecting Southern orphanages, mental hospitals, and prisons, that the malnourished inmates were more often suffering from pellagra while the better fed inmates did not. As a result, he determined that pellagra was not caused by germs, as previously believed, but arose from nutritional deficiencies. To back up his theories, he, his wife, and assistants, conducted experiments called “filth parties” where they injected themselves with blood or ingested scabs, feces, or body fluids of patients, and nobody developed pellagra. However, experiments with nutrition and Mississippi prison inmates conclusively proved that the disease was indeed caused specifically by malnutrition.³²

³⁰ Pitcock, Cynthia DeHaven. *The Old State House and the Crossett Experiment*. Little Rock: Arkansas Historic Preservation Program, 1997, p. 1.

³¹ Etheridge, Elizabeth W. “Pellagra: An Unappreciated Reminder.” *Disease and Distinctiveness in the American South*. Eds. Todd L. Savitt and James Harvey Young. Knoxville: The University of Tennessee Press, 1988, pp. 104-105.

³² Information on pellagra from: <http://www.medterms.com/script/main/art.asp?articlekey=4821>.

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Hookworm, like pellagra and tuberculosis, was once widespread in the Southeastern U.S. in the early twentieth century and was caused by the species *Necator americanus*. The infection was contracted by contact with soil that was contaminated with hookworm. Children were usually most susceptible to the infection because they often played in dirt and went barefoot increasing their chances for infection. Infection started out as itching and a rash at the site where the skin was penetrated, and it may have been followed by abdominal pain, diarrhea, loss of appetite and weight loss, and anemia. (Chronic heavy infection could also damage the development and growth of children, and it could be fatal in infants.)³³

As with tuberculosis, Arkansas was heavily involved and quite progressive in the fight against hookworm. Arkansas's recovery from the ruin of the Civil War was hampered by the diseases that plagued the area. As a result, in the 1870s, physicians undertook an effort to organize a statewide medical society to deal with the constant epidemics. Although the governor did sign a charter for the organizations, there were no state funds available for the effort. As a result, it had to rely on private donations, which meant that the effort was doomed due to the state's economic condition at the time. Although some people organized county and municipal boards of health and operating them with volunteers, the outcome was the same – a loss against poverty and disease.³⁴

However, Arkansas's attitudes towards health would soon change. When Abraham Flexner, an educator hired by the Carnegie Foundation for the Advancement of Teaching, conducted a survey and critique of U.S. and Canadian medical schools and published the Flexner Report in June 1910, it blasted Arkansas. The Donaghey Administration then made reform of medical education a top priority.³⁵

Flexner arrived in Little Rock on November 15, 1909. The older of the two medical schools in Arkansas had been founded in 1878 and was a department of the Arkansas (Industrial) University although it received no public funding. The state's other school was the College of Physicians and Surgeons, incorporated in 1906. Flexner reported that "Both the Arkansas Schools are local institutions in a state that has at this date three times as many doctors as it needs; neither has a single redeeming feature."³⁶

As a result of persuasion from the medical profession, in 1911 the state legislature assumed fiscal responsibility of medical education in Arkansas as a part of the (Industrial) University of Arkansas. The Old State House became the home of the school when the school and the temporary Board of Health needed a home. It was in response to the Rockefeller Foundation planning to form a Sanitary Commission for the eradication of endemic disease in the South – starting with hookworm. The Foundation pledged \$1 million

³³ Information on hookworm from: <http://www.medterms.com/script/main/art.asp?articlekey=20108>.

³⁴ Pitcock, pp. 1-2.

³⁵ Pitcock, p. 3.

³⁶ Pitcock, pp. 3-4.

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for the effort, but for a state to qualify it had to have a board of health and a bureau of vital statistics, neither of which Arkansas had.³⁷

As the state undertook an almost three year effort to start a permanent Board of Health, the Rockefeller Foundation's efforts against hookworm in Arkansas and other southern states began. (Interestingly, the support of public health reform came from Mothers' Clubs and Federated Women's Clubs. Since women could not wield political power, they used their social organizations for reform. For example, the creation of the first Welfare Department grew out of a committee for the study of tuberculosis headed by Mrs. John Fletcher of Little Rock, president of the State Federation in 1909.)³⁸

The fight against hookworm, as with tuberculosis, consisted of several steps. First, was education, which was accomplished through county medical societies hosting "hookworm meetings" for the public. Second, was the completion of a survey that showed that 57 of Arkansas's 75 counties were infected with the disease. Third, counties were assisted with inspection tours and in opening free dispensaries for treatment.³⁹

The hookworm campaign ended in 1914, and the results were remarkable. Arkansas had a Board of Health in place, and many city and county boards were working on water purification and sanitation. Over 50,000 people had been examined for hookworm and over 10,000 people had received treatment. Forty-three counties had free dispensaries and over 190,000 pieces of educational material had been distributed. In addition, 287 public lectures had been held. The work of the state brought the third annual conference of the Southern Association for the Eradication of Hookworm Disease to Little Rock in 1912, and many of the methods used in field work around Arkansas were used in many other parts of the South.⁴⁰

With respect to hookworm, the concerted efforts to contain and eradicate the disease came later than the efforts with tuberculosis. According to *Disease and Distinctiveness in the American South*, "...the *Medical Record's* Thomas L. Stedman maintained that any efforts to compel 'the children of the southern small farmers' to use sanitary privies and to wear shoes would surely fail. Instead, he called on the South's better classes to employ community pressure and concerted action. He especially appealed to 'the charitably disposed and the patriotic people of the South' to establish 'leagues for combating the hookworm' modeled 'after the plan of the antituberculosis leagues.' Action of this type was imperative, he maintained, because 'the regeneration...of the South depended absolutely upon the extermination' of the disease 'that is literally

³⁷ Pitcock, p. 5.

³⁸ Pitcock, pp. 5-6.

³⁹ Pitcock, p. 6.

⁴⁰ Pitcock, p. 7.

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sucking its lifeblood.”⁴¹

The creation of the Arkansas Tuberculosis Sanatorium was a reflection of the progressive stance that Arkansas had taken against some of the most prevalent diseases of the period, a stance that was often ahead of many other states. The earliest buildings built at the Arkansas Tuberculosis Sanatorium around the time of its founding consisted of two main types – frame buildings and “tent houses” according to the 1913 Sanborn map. To the southeast of the driveway were located the Administration Building, Hospital Building, Goldman Pavilion (patient housing), the Superintendent’s Cottage, two Women’s Cottages, and a water tank, all of which were frame, except for the water tank. Frame construction would have been ideal for the first buildings at the Sanatorium, since they would have been easily constructed and there was an abundance of timber on “The Hill.”⁴²

To the northwest of the driveway, were three Men’s Cottages and nine tent houses. Only one of these buildings, one of the Men’s Cottages labeled “Cottage Sebastian” on the 1913 Sanborn map, was apparently all frame construction. The rest of the buildings, according to early photographs, had low frame walls with large flaps, hinged at the top, which opened out to provide airflow through the buildings. The buildings were crowned with gable roofs. The tent houses would have been easy to construct to allow the sanatorium to be operational in a short amount of time, and they would have also provided as much fresh air as possible to the patients, the latest treatment for tuberculosis.⁴³

However, with the increasing number of tuberculosis patients around the state that needed to be served and the wider variety of cases being seen, it soon became apparent that more buildings needed to be built at the sanatorium. To aid in this the 1913 legislature appropriated \$15,000 for a hospital to be built to care for “the far advanced and hemorrhagic cases.” The building had a capacity of twenty-four patients and was named Kie Oldham Hall after Senator Oldham who had worked tirelessly to get the sanatorium established.⁴⁴ In addition to Kie Oldham Hall, \$4,000 was appropriated for “a small but satisfactory” laundry so that the laundry would no longer need to be done by hand.⁴⁵

⁴¹ Marcus, Alan I. “The South’s Native Foreigners: Hookworm as a Factor in Southern Distinctiveness.” *Disease and Distinctiveness in the American South*. Eds. Todd L. Savitt and James Harvey Young. Knoxville: The University of Tennessee Press, 1988, p. 93.

⁴² Sanborn Fire Insurance map for Booneville, Arkansas: October 1913.

⁴³ *Ibid.*

⁴⁴ Charlotte A. Power. “A History of the Arkansas State Tuberculosis Sanatorium.” Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, p. 10.

⁴⁵ Ethel Hale Cox. “Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium.” State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, p. 23.

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The late 1910s and early 1920s brought additional new construction to the sanatorium, including Echols Hall, a twenty-four bed building costing \$5,000, and the gift of Mrs. W. J. Echols of Fort Smith in memory of her husband, and a \$21,000 water plant and a \$12,000 dairy. The dairy had an "excellent herd of twenty-one cows" that provided enough milk for the 114 patients living at the sanatorium. However, the facility was still growing as an average of approximately 400 patients were being accepted each year for treatment.⁴⁶

Because the sanatorium was also seeing an influx of children as patients, Judge Hill proposed to the Belle Point Lodge, Free and Accepted Masons in Fort Smith, on December 10, 1922, at the time of their 75th anniversary celebration, that the Masons build a building at the sanatorium for the care of children. The Masons accepted the proposal and a twenty-four bed building, which cost approximately \$57,000, was built and formally dedicated on September 21, 1924. Furnishings for the building were also donated by Masonic lodges and Order of the Eastern Star chapters around the state.⁴⁷

The changing treatments for tuberculosis were reflected in the construction of the Kelley Building built in 1927. The building was originally known as the Occupational Therapy building, and was used for occupational therapy, a form of treatment that came about in full form in the early 1920s. With occupational therapy, patients who were confined to their beds could also enjoy some activity. Occupational therapy allowed patients to make things while in bed (i.e., leather-working, knitting, crocheting, or embroidery) to pass the time, releasing built-up tension, or even be able to support themselves.⁴⁸ Even though the Kelley Building was a gift to the sanatorium, it was kept secret for almost ten years. An item in the September 1935 issue of the *Sanatorium Outlook* stated:

After ten years' secrecy, the identity of the donor of the Occupational Therapy building was made known recently in a talk by Judge Hill to the patient body. He is Mr. Harry E. Kelley, of Fort Smith. Mr. Kelley gave \$6,000 to the institution for the construction of a building to be used for occupational therapy for patients. This experiment in tuberculosis therapy was abandoned some years ago, however, and the building has since housed the Sanatorium library. Now that the building is to be converted into a patients' building, it will be known as the Kelley Building.⁴⁹

⁴⁶ Charlotte A. Power. "A History of the Arkansas State Tuberculosis Sanatorium." Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, p. 11, and Ethel Hale Cox. "Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium." State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, p. 23.

⁴⁷ Ethel Hale Cox. "Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium." State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, p. 24.

⁴⁸ Mark Caldwell. *The Last Crusade: The War on Consumption, 1862-1954*. New York: Atheneum, 1988, p. 121.

⁴⁹ *Sanatorium Outlook*, September 1935, p. 5.

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Patient life at the sanatorium was very regimented by the 1920s. A c.1925 brochure published by the sanatorium gave the following typical daily schedule for a patient, although it was modified depending on a patient's individual needs.

7 to 7:30 – Awake; a glass of hot water and a cold sponge above the waist.
7:30 to 8:00 – Breakfast.
8:30 – Out of doors, sitting or reclining.
10:30 – Lunch, milk and eggs.
11:00 – Exercise if permissible.
11:30 – Rest until dinner.
12:00 – Dinner.
1:00 – Out of doors, sitting or reclining.
3:30 – Lunch, milk and eggs.
4:00 – Exercise if permissible.
5:00 – Rest out of doors, lying down.
6:00 – Supper.
7:00 – Out of doors, sitting or reclining.
9:00 – Lunch and bed.⁵⁰

The use of milk and eggs for the diet was a treatment that many doctors used in order to combat the emaciation that often accompanied tuberculosis. The treatment was an old one, having been used at least since the eleventh century at the medical school in Salerno, Italy. The treatment was even featured in poetry:

In Great Consumption learn'd Physicians thinke,
'Tis good a Goat or Camels milke to drinke
Cowes'-milke and Sheepes' doe well, but yet an Asses
Is best of all, and all the others passes.⁵¹

Surprisingly, even though the sanatorium was run by the State of Arkansas, treatment was not free. The same c.1925 brochure gave the following information on costs. "The treatment will be strictly up to date and the tables will be supplied with the best the markets of the state afford. The terms are \$10.00 per week. This pays for lodging, board, medical treatment, nursing and plain laundry. Bona fide residents of the state suffering from tuberculosis and unable to pay for maintenance may be admitted free on written order of the

⁵⁰ Arkansas Tuberculosis Sanatorium. *Tuberculosis or Consumption: Its Prevention and Treatment.* Booneville, AR: Progress Printing Co., c.1925, p. 4.

⁵¹ Rene Dubos and Jean Dubos. *The White Plague: Tuberculosis, Man and Society.* Boston: Little, Brown and Company, 1952, pp. 137 and 256.

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County Judge of their county, setting forth these facts, in which case a charge of \$5.00 per week for one-half the maintenance will be made against the patient's county."⁵²

Holidays were special occasions for the patients during the 1920s. At Thanksgiving, for example, "the program for the day began with a Sunrise Service of song and prayer in which patients, staff, and employees joined in offering up thanks to the Creator for the blessings bestowed upon them during the past year. ... Once more the fine Thanksgiving dinner, served in the main dining hall left nothing to be desired. The hospital and the ambulant buildings sent over all their patients that were able to attend, and plates were laid for 210 patients. ... Last on the day's program came the picture show – "Ben Hur" – rebooked especially for the occasion by Dr. Stewart."⁵³

Christmas was also a special time at the sanatorium, as the patients eagerly awaited the arrival of Santa Claus and the hopes that their Christmas wishes would come true. Each building wing published their Christmas wish lists in the December 1929 issue of the *Sanatorium Outlook*, and some of the wishes were reflective of most people from the period. For example, "Chambers wants a little red wagon, painted blue," "Anna wants a new boy patient – she's tired of winking at the old ones," and "Mabel and Evelyn say please stop and get their husbands and bring them along. ... If there isn't room in the sleigh for [Evelyn's] husband, let him ride one of the reindeers, he rides – mules – well." However, some of the wishes reflected the fact that tuberculosis was a serious disease with serious effects. For example, "Esther wants ether, so she can sleep at night," "Ruth wants a new leg, and not a wooden one," "Florene wishes a new temp stick that will not register over 99," and "Herring, a new throat so she can talk, and we'll all know she is around."⁵⁴

Even though additional buildings to accommodate a larger number of patients were built throughout the 1920s, it was not long before overcrowding became an issue again. The overcrowding at the Booneville facility also caused some counties to put in measures to do some of their own care of tuberculosis patients. In Craighead County, for example, according to the August 1937 issue of the *Sanatorium Outlook*, "Craighead County will have 13 Burr Cottages built by the WPA. Eight will be built on the county farm for patients who are waiting a chance to enter the Sanatorium."⁵⁵ Crawford County also used Burr Cottages, according to the *Sanatorium Outlook*. In the April 1936 issue, an article appeared stating:

Two Burr Cottages, constructed on the plans used for the one now in service in Crawford County, will be erected with funds obtained in the annual sale of Arkansas Tuberculosis Association Christmas seals, according to Judge

⁵² *Ibid*, p.p. 15-16.

⁵³ *Sanatorium Outlook*, December 1929, p. 10.

⁵⁴ *Ibid*, pp. 15 and 23.

⁵⁵ *Sanatorium Outlook*, August 1937, p. 13.

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R. S. Wilson of Van Buren, county chairman. The cottages are portable and can be moved easily from one section of the county to another and are for use of tuberculosis patients.

The cottage built last year has been in service for several months and has been of much benefit to the patient using it, Judge Wilson said.⁵⁶

Although the counties' efforts around the state did help to relieve some of the issues of overcrowding at Booneville, it was only a short-term solution, and something much more substantial needed to be done. A solution came in late 1935 or early 1936 with the beginning of the Wildcat Mountain Sub-Hospital, located approximately five miles east of Fort Smith. It had originally been built by the government as a part of its emergency relief work as a country camp for transients.

It was a well constructed camp with the necessary administrative buildings and utility lines, and comfortably housed several hundreds of transients for some time. The Government then decided to abandon it, and the land together with all improvements reverted to the city of Fort Smith. Mr. Henry Armstrong, WPA Director of the Fourth District, knew of the Sanatorium's need for more room to relieve the waiting list of tuberculosis patients in need of institutional treatment, and he conceived the idea of converting the camp into a sub-hospital to the Sanatorium. ...

About a year ago reconstruction of the buildings and grounds began. Stone foundations were added to the buildings on the grounds; hardwood floors were laid throughout; hot and cold water systems were installed; complete refrigerating equipment and cold storage rooms were added, and basic equipment for cooking and serving hospital patients were added to the dining hall and kitchen. Gas had already been installed, and this was supplemented by electric lighting and power systems; a sewage disposal plant was constructed; a ten-acre lake was built; and paving, bridges, drains, walks and landscaping further added to the value and beauty of the property.

⁵⁶ *Sanatorium Outlook*, April 1936, p. 6. Although it is not known where the name Burr Cottage originated, according to the *A Review of Work Relief Activities in Arkansas, April 1st, 1934, to July 1st, 1935* (p. 42), it says that "This cabin is erected in 'knock down' form at Works Progress work shops and when completed constitutes a small load for a one-ton truck. Moved to the site of erection it requires the services of two men for a period of four hours to assemble it complete and ready for occupancy. Through the use of this cabin, it is possible to segregate the tuberculars from other members of the family while permitting them to remain at home. This cabin is being used rather extensively in several of the counties and its plan has been provided to all the counties in the state, nearly all of which are using it to some extent. The total man hour expenditure on these cabins is indeterminate but the construction of the cabin itself requires forty man hours of labor."

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The hospital plan includes six patient buildings (sufficient to care for about 100 patients) an administrative and treatment unit, a central kitchen and serving room, two brick veneer apartment houses for employees, a physician's home and a supervisor's home.⁵⁷

Work on the Wildcat Mountain facility was finished by early 1937, and it opened on March 21, 1937, with 43 patients.⁵⁸

It is important to note that, although there were many more tuberculosis patients throughout the first part of the twentieth century, there was also a great amount of success in fighting the disease. The *Sanatorium Outlook* for July 1934 reported that there was a "mortality drop for tuberculosis [of] more than 70 per cent in 22 years."⁵⁹ It further reported that the mortality rate "was 7.4 per cent last year [1933]." Even though there was success in fighting the disease, there was still a lot of progress that needed to be made.

The WPA's efforts at Wildcat Mountain greatly aided the fight against tuberculosis in Arkansas by allowing more patients to be adequately served and treated. However, it was not just the WPA that aided in providing adequate facilities for the sanatorium. Beginning in 1935, it was the PWA that began to drastically transform the Arkansas Tuberculosis Sanatorium campus into the massive facility that is present today.

In August 1935 officials at the sanatorium filed an application with the Arkansas PWA through E. Chester Nelson, an architect in Fort Smith, for \$24,300 in grant funds for improvements at the facility. It was estimated that the total amount needed for the proposed projects would be \$54,000, although the sanatorium already had some funding on hand to complete the projects. According to the *Sanatorium Outlook*, "Five items are proposed in the application... The application proposes the construction of an addition to the present office building; a new ice and refrigeration plant and bakery to be attached to the present administration building and the purchase and installation of equipment; construction of a new laundry building; altering of McGehee Hall, and the reconstruction of the Occupational Therapy building, now called the Kelley building, to make it a building to accommodate 18 patients and the necessary equipment."⁶⁰ By the end of 1935, the grant had been received and "bids were opened for construction, and the contract has been given to Cooper Construction Company, of Booneville."⁶¹

At the same time that the initial application materials for PWA improvements were being processed, other new construction was being planned, specifically the Rock Apartments. At the same time that the first PWA

⁵⁷ *Sanatorium Outlook*, February 1937, p. 8.

⁵⁸ *Sanatorium Outlook*, April 1937, p. 6.

⁵⁹ *Sanatorium Outlook*, July 1934, p. 7.

⁶⁰ *Sanatorium Outlook*, September 1935, p. 5.

⁶¹ *Sanatorium Outlook*, December 1935, p. 10.

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grant was being processed, it was reported that "a 17-room apartment house for the accommodation of Sanatorium employees will be built at the Sanatorium within the near future. Plans for the building, which will be erected directly behind the nurse's home, have been approved and bids for construction will be taken Dec. 12."⁶² By January 1936, the contract for the building was tentatively awarded to Gomer Krause of Clarksville, with an anticipated completion date of June 15, 1936.⁶³

By the end of 1936, much of the work planned under the initial PWA grant was completed, including the Kelley Building, which was finished by October. According to the *Sanatorium Outlook*, "the building has two large wards that accommodate nine patients each, separated by serving room, individual lockers, and chart room."⁶⁴ Considering the work began on January 30, 1936, it was completed in a very timely manner.

By early 1938, in order to keep up with the new buildings that had been built, along with new buildings that were being planned, it was determined that improvements needed to be made to the facility's water supply. "Work on the project for enlarging the Sanatorium water supply lake began December 9 [1937]. The clearing and cleaning of ground preparatory for the moving of dirt is well under way and the steam shovels for the work are already (Dec. 28) on the grounds."⁶⁵ It did not take long for the improvements to be carried out and by July "finishing touches are being added to the Sanatorium dam, and by the time this appears in print the project will probably be completed. ... According to the present design it will impound approximately 100,000,000 gallons of water, as compared with its previous capacity of about 39,000,000 gallons, when the water reaches spillway level. ... The raising of the dam was done by WPA labor."⁶⁶ The WPA did further infrastructure improvements later in 1938 when "Presidential approval of a ... project for hard surfacing three miles of highway inside the Sanatorium grounds has been received. The road will be laid out according to plans prepared by the State Planning Board in connection with the building and improvement plan."⁶⁷

During the special session of the 1938 Legislature, Senators Lee Nichols of Booneville and Leo E. Nyberg of Helena, who was himself suffering from tuberculosis, fought for the passage of the Nichols-Nyberg Act, which appropriated \$1,200,000 to fund an extensive building program at the sanatorium. To supplement the appropriation, the PWA awarded the sanatorium a grant of \$948,071, which allowed "the sanatorium to complete an extensive building program [that] will give the state the most adequate state tuberculosis institution with regard to facilities and capacities in the United States."⁶⁸

⁶² *Ibid.*

⁶³ *Sanatorium Outlook*, January 1936, p. 8, and *Sanatorium Outlook*, February 1936, p. 2.

⁶⁴ *Sanatorium Outlook*, October 1936, p. 7.

⁶⁵ *Sanatorium Outlook*, January 1938, p. 8.

⁶⁶ *Sanatorium Outlook*, July 1938, p. 8.

⁶⁷ *Sanatorium Outlook*, September 1938, p. 8.

⁶⁸ *Ibid.*, p. 5.

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The importance of the PWA grant and the state appropriation in allowing necessary upgrades and new construction at the sanatorium was further expanded upon in the *Sanatorium Outlook*. The magazine touted that:

When the building program is completed, the patient bed capacity at the sanatorium will have been increased from its present 640 to a total of 1,200 beds. ...

With the state appropriation alone it would have been possible to do little more than construct the \$700,000 main building and a boiler plant.

Now the state can build additional nurses' and employees' quarters, remodel the main dining hall and kitchen, construct a new dairy barn, provide additional physicians' cottages, build a modern sewage disposal plant and replace the old septic tanks, repair and remodel existing frame buildings and add to the children's buildings.⁶⁹

The architectural firms of Haralson & Mott of Fort Smith and Erhart & Eichenbaum of Little Rock were selected to complete the designs of the buildings (they had actually already been selected for the main hospital building, later named the Leo E. Nyberg Building), and the rendering of the Nyberg Building was proudly displayed in the May 1938 issue of the *Sanatorium Outlook*. It was said that the building would have "...523 beds; 115 single rooms and 204 double rooms. The building will have six stories including ground floor in the central wing and five stories including ground floor in each of the side wings. The building is to be of modern hospital design and the construction is to consist of reinforced concrete beams, columns and slabs."⁷⁰

The sanatorium did not waste any time in getting the hospital building project underway. Construction contracts were let on October 5, 1938, to J. H. Leveck & Sons, Little Rock, for the building, and to Wallace Plumbing Company, Dallas, for the plumbing and ventilation. Ground was broken for construction on October 17.⁷¹

However, once the hospital building was underway, the sanatorium and its construction crews did not sit back and relax. Rather, they jumped right into additional projects. Bids for the construction of the central heating plant were opened at 10 a.m. on December 8 in the house chamber of the state capitol in Little Rock, and "bids for excavation work on several new buildings to be constructed under the building and expansion program at the Sanatorium were let December 23 to J. H. Leveck & Sons of Little Rock, for the low bid of

⁶⁹ *Ibid.*

⁷⁰ *Sanatorium Outlook*, May 1938, p. 5.

⁷¹ *Sanatorium Outlook*, November 1938, p. 7.

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\$5,922.50. Actual work on the projects was started December 27. Buildings which are to be built under this program are two employees' dormitories, one nurses' home, twelve employees' cottages, 2 dairy barns, employees' barracks, incinerator, guinea pig piggery, cannery, children's building addition, patient's building and commons building."⁷²

The feverish pace of progress on the new construction continued throughout 1939. Bids for the construction of the cannery building and the twelve doctors' cottages were received on May 11, and although the three bids received for the construction of the cottages were rejected, J. H. Leveck of Little Rock was awarded the cannery contract with a bid of \$27,900.⁷³ Construction bids for the nurses' home and two employees' dormitories were received June 8, and the cottages were soon back on track with construction being "well under way" by August.⁷⁴ In fact, at the June 8, 1939, meeting of the sanatorium board of trustees, contracts totaling \$316,267.56 were awarded.⁷⁵

Also by August 1939, "preliminary plans for a new administration building and commons building and a 120-bed building for ambulant patients were approved subject to revision."⁷⁶ The contract for the construction of the administration building was awarded August 17 to the Manhattan Construction Company of Muskogee, Oklahoma, which had the low bid of \$35,795, and the contracts for the commons building and the patient's building (Hamp Williams Building) were awarded on September 22. The Manhattan Construction Company, with a bid of \$157,990, received the contract for the commons building, while the patient's building was awarded to the Harmon Construction Company of Oklahoma City for \$124,831.⁷⁷

By the end of 1939, projects were starting to be completed, an amazing accomplishment considering that construction had begun a little over a year before. The new power plant was to be ready on October 1, and on December 15, "the board accepted as complete the cannery, power plant, employees' barracks, guinea pig piggery, and twelve employees' cottages."⁷⁸

Also, by late 1939, the hospital building was almost complete, and the progress was poetically described in the November 1939 *Sanatorium Outlook* along with an extensive description of the building's features.

Day by day for a little more than a year now, we have watched what at
the beginning of that time was little more than a figment of the imagination, the

⁷² *Sanatorium Outlook*, December 1938, p. 10, and *Sanatorium Outlook*, January 1939, p. 8.

⁷³ *Sanatorium Outlook*, May 1939, p. 8, and *Sanatorium Outlook*, June 1939, p. 8.

⁷⁴ *Sanatorium Outlook*, June 1939, p. 8, and *Sanatorium Outlook*, August 1939, p. 8.

⁷⁵ *Sanatorium Outlook*, July 1939, p. 8.

⁷⁶ *Sanatorium Outlook*, August 1939, p. 8.

⁷⁷ *Sanatorium Outlook*, September 1939, p. 8, and *Sanatorium Outlook*, October 1939, p. 4.

⁷⁸ *Sanatorium Outlook*, September 1939, p. 14, and *Sanatorium Outlook*, January 1940, p. 8.

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gossamer from which dreams are made, unfold and develop into the beautiful reality which is the new hospital building now nearing completion at the Sanatorium. It is little less than a revelation to see this magnificent structure proudly overlooking the countryside from a site that only a few months ago was waste land. Bits of steel and brick and mortar and glass have been woven by skilled hands into an intricate pattern to form the most compete and modern hospital to be desired. The transition has been slow as that of the butterfly emerging from its dark and unattractive chrysalis but our delight in its completeness is ample reward for patience.

Miles before you reach Booneville from any direction, the new building may be seen, its light façade reflecting the light and acting as a beacon to tell of the interest of the people of our state and of our nation in the tuberculosis sick.⁷⁹

With a façade that was 528 feet long, a depth of 50 feet, and a floor area of more than 140,000 square feet, it was definitely a sight to behold.

The feverish pace of construction continued at the sanatorium into 1940. The February 1940 *Sanatorium Outlook* reported that:

...The administration building has been completed and is now occupied; the dairy building is substantially complete and is already in use, and the 504-bed hospital building, main unit of the building and expansion program is almost finished. ...

Employees' dormitory No. 1 is finished but is as yet (January 24) unoccupied, except for one wing... The new nurses' home and employees' dormitory No. 2 are rapidly nearing completion. It is estimated that the commons building is 55 per cent complete, and the new three-story building for ambulant patients is about two-fifths finished.⁸⁰

On February 23, "the main hospital building and equipment, dairy barn and silos, administration building, nurses' home, and dormitory No. 1 were accepted as complete."⁸¹ The last units to be completed were the commons building and the Hamp Williams Building, both of which were finished in April.

⁷⁹ *Sanatorium Outlook*, November 1939, p. 4.

⁸⁰ *Sanatorium Outlook*, February 1940, p. 8.

⁸¹ *Sanatorium Outlook*, March 1940, p. 8.

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Finally, “a meeting of the Sanatorium Board of Trustees was held in Little Rock, May 16, at which time all new buildings at the Sanatorium were accepted as complete as of May 15th.”⁸² Amazingly, the completion of the all of the buildings took less than two years, and it is even more remarkable to note that the construction was completed ahead of schedule. Significantly, “this building and expansion program, involving 38 contracts and 32 building units, is the largest Public Works Administration project in Arkansas, both in value and in number of buildings.”⁸³

The dedication ceremonies for the new sanatorium buildings were scheduled for July 4, 1940, with the keynote addresses to be given by Dr. W. A. Doppler, Field Director of Health Education Service of the National Tuberculosis Association and Governor Carl E. Bailey. Dr. J. D. Riley, superintendent of the sanatorium, served as master of ceremonies while the North Little Rock high school band provided musical entertainment. It was estimated that over 3,000 people attended the ceremonies.⁸⁴

Although Arkansas now had the largest tuberculosis facility in the country, the disease was still a serious force to be reckoned with. During Dr. Doppler’s address, he indicated that “during the First World War 70,000 Americans were killed and during the same time 100,000 died from tuberculosis.” In fact, Senator Nyberg, who conceived the idea of the building campaign while a patient at the sanatorium, and for whom the main hospital building was named for, died of the disease before the construction was finished. Nyberg’s legacy in fighting tuberculosis was eloquently stated by Representative Ernest Maner in a January 15, 1941, address delivered to the House of Representatives. He said:

Although Nyberg of Phillips contributed much to Arkansas progress in many ways, we know that his greatest contribution to Arkansas is the best State Tuberculosis Sanatorium in the United States. This he accomplished with the cooperation of the General Assembly after he himself became a victim of tuberculosis.

Mr. Speaker, on October 4, 1936, when Dr. Riley was examining Leo, our Sanatorium was only make-shift. The buildings were fire traps; the equipment was out of date; the medical personnel was far from adequate; and still worse, hundreds – yes, thousands of persons with tuberculosis, some with light cases, some at the point of death – were forced to wait to enter that institution – many until it was too late for help. Gentlemen, Leo Nyberg saw this condition and promised his God that, if he were permitted to live, the remaining number of his days would be devoted to aiding the sick of Arkansas.

⁸² *Sanatorium Outlook*, May 1940, p. 8.

⁸³ *Sanatorium Outlook*, March 1940, p. 4.

⁸⁴ *Sanatorium Outlook*, July 1940, p. 3, and *Sanatorium Outlook*, August 1940, p. 5.

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You know how well that promise was kept.

There are some 25 new modern buildings besides other improvements on those beautiful hills near Booneville. The main building, with a capacity of 511 patients, is properly named "The Leo E. Nyberg Building." This building of brick and stone rises six floors, and in it, as in the other buildings, can be found the finest and most modern equipment for the treatment of tuberculosis known to medical science. Because of increased facilities, the waiting list is now controllable and persons with serious cases of tuberculosis need no longer die while awaiting their chance to enter that health-giving institution.⁸⁵

Even though the buildings were completed and dedicated in 1940, ground improvements, including landscaping and paving, continued into 1941 and were completed by the WPA.⁸⁶

The completed Arkansas Tuberculosis Sanatorium had a capacity of 1,155 patients and was described as the "largest and best institution of its kind as regards treatment facilities in the nation."⁸⁷ In fact, the increased capacity of the sanatorium meant that by the end of the 1940s, 5,393 patients were cared for at the facility during the 1948-1950 biennium.⁸⁸ (In comparison, only 1,144 patients were cared for in the biennium ending in 1940.⁸⁹) The sanatorium was also included as a site of interest in the *WPA Guide to 1930s Arkansas*:

Left from Booneville on asphalt-paved State 116 is the ARKANSAS TUBERCULOSIS SANATORIUM, 3.6 m., high on a hill overlooking the round-topped Ouachitas. The five-story brick and concrete main hospital, completed in 1940, is surrounded by long, low two-story structures, some stuccoed and some frame. Total capacity is about 1,100 patients. The sanatorium has its own post office, school, power plant, and cannery. In the valley below are gardens, vineyards, orchards, and cattle barns.⁹⁰

The scale of the Arkansas Tuberculosis Sanatorium was significant for being the largest tuberculosis sanatorium in the United States by the time the PWA buildings were finished in the early 1940s, and it

⁸⁵ Maner, Representative Ernest. "On the Life of Leo E. Nyberg." Address given in the Arkansas House of Representatives on January 15, 1941. In the files of the Arkansas History Commission.

⁸⁶ *Sanatorium Outlook*, July 1941, p. 10.

⁸⁷ Ethel Hale Cox. "Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium." State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, p. 34.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*, p. 31.

⁹⁰ Elliot West, ed. *The WPA Guide to 1930s Arkansas*. Lawrence, KS: University Press of Kansas, 1987 reprint of 1941 publication, p. 365.

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remains the largest extant tuberculosis sanatorium today. By 1938, the sanatorium had a movie theatre along with its own water supply, and it eventually got its own wastewater treatment plant and heating plant. A post office (State Sanatorium) was established in 1927 and remained in operation until 1968. The Commons Building also had a store for the sanatorium's residents. A dairy was established by 1926, according to the Sanborn maps, and other farming operations were also in place. An ice plant was also located in the same building as the kitchen and dining rooms and the administrative area. The sanatorium also had its own laundry.⁹¹

Housing was provided for the workers and families, especially after the PWA expansion in 1938-1940, through cottages, apartments, dormitories, and barracks. The theory was to keep everybody isolated at the sanatorium as much as possible in order to help prevent the spread of the disease beyond the facility's boundaries. Frank Ryan notes in his book *The Forgotten Plague* that "the single most important achievement of such institutions [sanatoria] – a very real and dramatically effective one – was the isolation of the infected from other potential victims." The scale of the facility at Booneville, which allowed it to offer so many more services than other sanatoria, allowed it to take very seriously the concept of "isolation of the infected from other potential victims."⁹²

The number of buildings on the campus is much larger than other identified tuberculosis sanatoria around the country, and illustrates the wide variety of buildings needed to provide the proper treatments, goods, and services, to the sanatorium's staff and patients. The size of the facility is a reflection of the progressiveness of Arkansas in battling the disease and the fact that some of the individuals who were influential in getting the sanatorium established had personal experiences with the disease. From the very beginning of trying to establish a tuberculosis sanatorium in Arkansas, the state looked for approximately 1,000 acres for the facility. The fact that the bill for the establishment of the sanatorium was being pushed by Judge Joseph M. Hill (who had been diagnosed and treated in Arizona for tuberculosis) meant that the people seeking to establish the sanatorium had first-hand knowledge of what was needed in a sanatorium. Tuberculosis was a serious disease in Arkansas and there was always a waiting list for treatments. It wasn't until the completion of the PWA expansions in 1938-1940 that "the waiting list [was] now controllable and persons with serious cases of tuberculosis need no longer die."⁹³

⁹¹ Baker, Russell Pierce. *From Memdag to Norsk: A Historical Directory of Arkansas Post Offices, 1832-1971*. Hot Springs, AR: Arkansas Genealogical Society, 1988, p. 209, and Sanborn Fire Insurance maps for Booneville, Arkansas: October 1913, December 1918, April 1926, and 1938, in the files of the Arkansas Historic Preservation Program.

⁹² Ryan, Frank, M.D. *The Forgotten Plague: How the Battle Against Tuberculosis was Won – and Lost*. Little, Brown & Company, 1992, p. 28.

⁹³ Maner, Representative Ernest. "On the Life of Leo E. Nyberg." Address given in the Arkansas House of Representatives on January 15, 1941. In the files of the Arkansas History Commission.

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There were several factors that influenced the need for a tuberculosis sanatorium of such vast proportions. First were the patients. In the early years of the sanatorium, there were always more patients needing treatment than there was space. By the late 1910s and early 1920s, approximately 400 patients were being admitted each year for treatment. By the 1930s, overcrowding became so bad that the Wildcat Mountain facility was opened near Fort Smith, and the WPA built Burr Cottages to help treat patients at their homes. (The large number of patients always needing treatment is likely linked to the fact that the poor were more susceptible to the disease.⁹⁴ Since Arkansas historically had been a relatively poor state, there was a relatively higher risk of the state's residents contracting the disease.)

The variety of patients at the sanatorium also helped contribute to the number of buildings and the size of the facility. Oldham Hall, for example, was built to care for "the far advanced and hemorrhagic cases" while the Masonic Hall was built specifically for children. Even from the earliest days of the facility, according to the 1918 Sanborn map, there were separate cottages for men and women.

The second factor that influenced the need for such a large facility was the fact that the sanatorium always tried to provide the widest variety of treatments for patients, and it led to the construction of more buildings. The sanatorium always tried to be on top of the latest research on the disease and offer the latest and greatest treatments to the facility's patients. The Kelley Building, for example, which was built in the 1920s, was specifically built to allow for occupational therapy treatment, which came about in full form in the 1920s. Postcards of the facility published in the early 1940s also show the Surgery Room in the Stewart Building and the X-Ray Room in the Nyberg Building, illustrating the pride that existed in having the modern and up-to-date facilities to provide the patients the best treatments possible.

The third factor that influenced the need for such a large facility was the need for support facilities. From the sanatorium's earliest days, there were buildings that were built to provide support services to the patients and staff, whether it was staff housing, a movie theatre, fire station, dairy barns, or water facilities. As early as 1918, according to the Sanborn maps, there were water tanks or well houses along with staff housing, specifically a superintendent's cottage. The number of these facilities grew dramatically by the 1930s and especially after the completion of the PWA expansion. The reason for the support facilities was to try and keep the sanatorium as self-sufficient as possible. This minimized the contact between the sanatorium's patients and employees and the members of the surrounding community, therefore hopefully minimizing the potential spread of the disease.

The final factor that influenced the development of such a large complex was funding. The state supported construction at the facility financially from the very beginning with the establishment of the sanatorium. From the initial construction to the improvements at the facility up through the 1960s, the state provided

⁹⁴ Landau, Elaine. *Tuberculosis*. New York: Franklin Watts, 1995, p. 46.

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financial support. However, funding came from other sources. The Masons funded the construction of the Masonic Building in 1922 and its addition in 1948-1949. Mrs. W. J. Echols of Fort Smith built Echols Hall in memory of her husband and the Kelley Building was donated by Harry Kelley, also of Fort Smith. Additional funding, at least during the 1920s was brought in through patient fees.

The funding and labor given by the PWA and WPA also greatly affected the growth and size of the built environment at the facility. The Nichols-Nyberg Act of 1938, which was partially sponsored by Leo E. Nyberg, a tuberculosis sufferer, appropriated \$1.2 million to fund an extensive building program at the sanatorium.

Once the PWA construction was finished in 1940, it represented the last new construction until after World War II. However, by the late 1940s, it was decided to construct a new school and recreational wing onto the Masonic Building. The addition was constructed in honor of the 100th anniversary of the Belle Point Lodge, which had funded the construction of the original building. The addition, which cost approximately \$125,000, was dedicated on September 9, 1949.⁹⁵

All of the new facilities at the sanatorium allowed it to take full advantage of the new medical advancements that had been developed by the 1950s. By 1950, the death rate from tuberculosis in Arkansas had dropped to 31.3 per 100,000 people, and treatment options had increased to include chemotherapy, antibiotics, and surgery.⁹⁶ The development of the X-ray also aided in fighting tuberculosis by allowing large numbers of people to be screened, often with the aid of mobile X-ray units. This allowed people to be screened and diagnosed early enough to enable better and more effective treatment.⁹⁷

The surgery department at the sanatorium was considered second to none, and in October 1954 the first pulmonary resection, which was a procedure that removed the diseased portion of the lung to prevent the spread of the disease, was performed. The sanatorium also had a modern laboratory, X-ray department and chemotherapy department. All of the medical advances allowed a patient's average stay at the sanatorium to be two to three months by the late 1950s rather than two to three years, which it was in 1934.⁹⁸

⁹⁵ Ethel Hale Cox. "Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium." State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, p. 25.

⁹⁶ Although the death rate had dropped in Arkansas, it was still the seventh highest in the country, because of the state's large black population. Blacks, Hispanics, and Native Americans were much more susceptible to the disease, which was reflected in the fact that the top ten highest death rates were found in states in the South or Southwest. Found in: Rene Dubos and Jean Dubos. *The White Plague: Tuberculosis, Man and Society*. Boston: Little, Brown and Company, 1952, p. 267.

⁹⁷ Charlotte A. Power. "A History of the Arkansas State Tuberculosis Sanatorium." Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, p. 17.

⁹⁸ Charlotte A. Power. "A History of the Arkansas State Tuberculosis Sanatorium." Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, pp. 17-18.

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Although advancements in the treatment of tuberculosis were made in the 1940s and 1950s, there were some aspects of a patient's life at the facility that had not changed since the 1920s. In the case of Richard Myers, who was admitted to the sanatorium in 1946 and stayed for approximately six to seven years, he described things in his daily regimen that were similar to the routine of the 1920s. He was initially admitted to the Nyberg Building, but was transferred to the Masonic Building, which had babies up through children in the 8th grade. All activities, at least with the children, were segregated boys and girls, and the children were divided into groups with the 1st through 4th grades going to school in the morning and the 5th through 8th grades going to school in the afternoon. Myers remembered that school really did not focus much on academics but was more of a babysitting service.⁹⁹

The daily routine at the sanatorium c.1950 for the children was that they lived on the verandas when they could. Each wing had three or four nurses that got the patients up in the morning. They would change clothes three times a week and they would get their clothing from a large clothing room. The children would line up in the hall by height for breakfast. Patients ate in a large dining room and everyone stood by their chair until all of the patients were there. They then had a prayer and ate and then cleaned up their area after breakfast. The younger children went to school in the morning, which included Myers, before having lunch. From 1 p.m. until 3 p.m. there was a rest period that involved lying down quietly. After 3 p.m., they played outside where they had a swingset and playground, but no toys. The patients then ate supper and then stayed inside until 9 p.m. when it was bedtime.¹⁰⁰

Friday nights and weekends did bring some variety to the schedule. Friday nights often involved seeing a movie in the commons building, and the children, at least, also got ice cream. On the weekends, the children could play or read more, essentially entertaining themselves as best they could. Excursions off the sanatorium grounds were rare, although Myers does remember one such trip to Fort Smith in the early 1950s to see a rodeo.¹⁰¹

Even though people understood the seriousness of tuberculosis, and understood the extensive treatment that could be had at the sanatorium by the 1940s, there were infected people who refused to seek treatment. Act 161 of the 1955 legislature provided for compulsory isolation of patients, and the sanatorium converted English Cottage No. 1 into a secure facility to house those patients. Rehabilitation programs also grew at the sanatorium during the 1950s. A vocational rehabilitation program was developed in 1955, and a renovation and expansion of the Kelley Building was completed at a cost of \$86,532 and dedicated on March 21, 1958, to house the program.¹⁰² In addition, to house the increasing number of employees needed at the facility, a

⁹⁹ Richard Myers (former patient at the Arkansas Tuberculosis Sanatorium). Interview with the author. 20 September 2005.

¹⁰⁰ *Ibid.*

¹⁰¹ *Ibid.*

¹⁰² Charlotte A. Power. "A History of the Arkansas State Tuberculosis Sanatorium." Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, pp. 19-20.

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new 72-person dormitory, Dormitory No. 3, was built in 1953 at a cost of more than \$150,000, and five new apartment buildings, A-Complex through E-Complex, were started in 1957 and finished the following year.¹⁰³ A new fire station followed in 1959 and a new superintendent's house was built in 1960.

However, a new force in the fight of tuberculosis – antibiotics, specifically streptomycin and para-aminosalicylic acid, or PAS – began showing great promise in the 1940s in the treatment of tuberculosis, especially if the two drugs were combined.¹⁰⁴ As a result, by the 1950s, tuberculosis began to decline and the use of sanatoria was not of as much importance. The nationwide decline of patients was also reflected in Arkansas where, by the 1956-1958 biennium, only 3,958 patients were admitted for observation and treatment at the sanatorium.¹⁰⁵

The dramatic reductions of tuberculosis cases and deaths as a result of the use of antibiotics continued into the 1960s as well. According to the book, *The Last Crusade*, “by 1967 tuberculosis was causing only fourteen new cases and 4.1 deaths per 100,000 per year. From the time reliable record keeping began to be possible, around 1900, both new cases of tuberculosis and deaths from it had been declining at a rate of from 4 to 6 percent a year; and with the introduction of antibiotics, the falloff rate doubled.”¹⁰⁶ Again the reduction in cases was reflected in Arkansas. By 1966, Pulaski County had the largest number of cases reported that year at 44, while the other counties only had one or two new cases to report.¹⁰⁷

The 1960s also started to bring about the end of the Arkansas Tuberculosis Sanatorium. The last major construction project at the facility took place with the construction of the Judge Joseph M. Hill Building in 1963-1964. It was built as a surgery/intensive care unit at a cost of approximately \$700,000, and was funded through monies saved by the sanatorium out of its operational funds.¹⁰⁸ The building was built on the site previously occupied by Meriweather Hall, which had been built in the 1920s, while two residences that stood on the site were moved to Nature Lane, where they remain today.¹⁰⁹

By the mid-1960s, the patient population at the sanatorium had decreased dramatically. In 1965, the sanatorium was rated by the Public Health Service as having 847 beds. However, only an average of 374

¹⁰³ Ethel Hale Cox. “Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium.” State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, pp. 35 and 37.

¹⁰⁴ Mark Caldwell. *The Last Crusade: The War on Consumption, 1862-1954*. New York: Atheneum, 1988, p. 264-265.

¹⁰⁵ Ethel Hale Cox. “Reflection of Five Decades of Service, 1909-1959: A History of the Arkansas Tuberculosis Sanatorium.” State Sanatorium, AR: Board of Trustees of the Arkansas Tuberculosis Sanatorium, 1959, p. 39.

¹⁰⁶ Mark Caldwell. *The Last Crusade: The War on Consumption, 1862-1954*. New York: Atheneum, 1988, p. 247.

¹⁰⁷ Charlotte A. Power. “A History of the Arkansas State Tuberculosis Sanatorium.” Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, p. 21.

¹⁰⁸ *Ibid.*

¹⁰⁹ Richard Myers (former patient at the Arkansas Tuberculosis Sanatorium). Interview with the author. 20 September 2005.

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beds were occupied in 1965, and \$1,783,098 was expended on operation of the sanatorium during the 1965-1966 fiscal year.¹¹⁰ As a result, many aspects of the institution were gradually phased out. The bakery, post office, and various other buildings were closed as operations were scaled back. In 1968, the dairy was closed and all of the cattle and equipment were transferred to the Arkansas Department of Corrections.¹¹¹

The last patient was discharged from the Arkansas Tuberculosis Sanatorium on February 26, 1973, and Act 320 of the 1973 legislature was passed to "Transfer Title to the Arkansas Tuberculosis Sanatorium to the State of Arkansas; to Transfer Jurisdiction and Control Over the Sanatorium From the Department of Health to Mental Retardation-Developmental Disability Services, a Division of the Department of Social and Rehabilitative Services; to Abolish the Board of Trustees of the Arkansas Tuberculosis Sanatorium; and for Other Purposes." The sanatorium officially closed on June 30, 1973, and when it closed it was estimated that 70,000 patients had passed through its doors.¹¹²

It is possible that the Arkansas Tuberculosis Sanatorium was one of the last tuberculosis sanatoria operating in the country. According to *The Last Crusade*, "...for all practical purposes, by 1960 the American sanatorium had vanished from the landscape." In fact, in New York where the first sanatorium opened in 1884, the last state sanatorium, Homer Folks in Oneonta, closed in 1973.¹¹³

Although the Arkansas Tuberculosis Sanatorium closed on June 30, 1973, it was not long before the campus was put to use again, opening as the Booneville Human Development Center (BHDC) in July 1973. The facility is one of six human development centers around the state that provide residential services to people with developmental disabilities. The BHDC currently serves a maximum of 159 people with developmental disabilities, age 19 or older. The facility is able to provide people who are ambulatory with no severe medical needs a variety of training programs, including on-campus and off-campus trainee positions, and a variety of living arrangements from a dormitory setting to semi-independent cottage and apartment living. The BHDC still provides these services today, and utilizes the vast majority of the buildings on campus.¹¹⁴

¹¹⁰ Karl H. Pfeutze, M.D. *Tuberculosis Control in Arkansas*. Arkansas Tuberculosis Association, 1967, p. 28.

¹¹¹ Charlotte A. Power. "A History of the Arkansas State Tuberculosis Sanatorium." Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, pp. 21-22.

¹¹² Information on the Arkansas Tuberculosis Sanatorium found at: <http://www.booneville.com/C-TB.htm>, and Charlotte A. Power. "A History of the Arkansas State Tuberculosis Sanatorium." Unpublished research paper in the files of the Booneville Human Development Center and the Arkansas Historic Preservation Program, 25 April 1989, pp. 21-22.

¹¹³ Mark Caldwell. *The Last Crusade: The War on Consumption, 1862-1954*. New York: Atheneum, 1988, p. 270.

¹¹⁴ Information on the Booneville Human Development Center found at:
http://www.arkansas.gov/dfa/budget/pdfs/0710_developmental_disabilities_manual-8_summary-8.pdf.

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In comparison to other tuberculosis sanatoria around the country listed on the National Register, the Arkansas Tuberculosis Sanatorium Historic District appears to be much larger and more intact with a wider variety of structures. The Tuberculosis Hospital of Pittsburgh, Pennsylvania, (NR-listed on 02/25/93), for example, is a small-scale complex that contains only eight buildings on 4.9 acres while the Waverly Hills Tuberculosis Sanitarium Historic Buildings in Louisville, Kentucky, (NR-listed on 07/12/83) contains three buildings on approximately 16 acres.¹¹⁵ The Statesan Historic District near Wales, Wisconsin (NR-listed on 04/21/88), which is a portion of the Wisconsin State Sanatorium, contains eight buildings on four acres in the middle of the modern buildings of the Ethan Allen School for Boys.¹¹⁶ Finally, the A. G. Holley State Hospital (NR listing in process) in Lantana, Florida, contains 30 buildings on approximately 144 acres.¹¹⁷

Although many of the sanatoria listed on the National Register are small-scale complexes, other large-scale facilities do exist. The Minnesota State Sanatorium for Consumptives near Walker, Minnesota (NR-listed on 07/25/01) consists of 31 buildings and structures on 176.2 acres, and does include some support structures in addition to the hospital and staff buildings. However, the buildings on the campus do not include the variety (i.e., a dairy, water treatment plant, wastewater treatment plant, fire station, guinea pig piggery, or commons building with theater, among others) that are present at the Arkansas Tuberculosis Sanatorium.¹¹⁸

Another large-scale complex that still exists is the Choctaw Nation Indian Hospital Complex (Talihina) in Oklahoma, which consists of 26 buildings. Although the complex did include a variety of structures at its peak, including a commissary and a working farm that had a dairy barn, hog shed, cow shed, poultry house, hay storage, and feed storage, the farm complex no longer exists. It also does not appear that the Talihina facility includes the vast amount of acreage that the Arkansas facility contains.¹¹⁹

The South Carolina Tuberculosis Sanatorium was another large-scale complex, but still does not approach the size of the Arkansas Tuberculosis Sanatorium. Sited on 200 acres, the facility included both white and black patients, and had a total of 550 patients by 1941. (Arkansas had a separate black tuberculosis sanatorium located outside of Alexander, Saline County, portions which remain today as the Alexander

¹¹⁵ Kevin G. Scott. "Tuberculosis Hospital of Pittsburgh, Pittsburgh, Allegheny County, Pennsylvania." National Register of Historic Places Registration Form. From the files of the Pennsylvania Historical and Museum Commission, 1992, and Information on the Waverly Hills Tuberculosis Sanitarium Historic Buildings. From the files of the Kentucky Heritage Council, 1979.

¹¹⁶ James Draeger. "Statesan Historic District, Wales, Waukesha County, Wisconsin." National Register of Historic Places Registration Form. From the files of the Wisconsin Historical Society, 1988.

¹¹⁷ Bonnie Dearborn from the Southeast Florida Regional Preservation Office. Telephone conversation with the author. 10 November 2005.

¹¹⁸ Rolf T. Anderson. "Minnesota State Sanatorium for Consumptives, Shingobee Township (Ah-Gwah-Ching), Walker, Cass County, Minnesota." National Register of Historic Places Registration Form. From the files of the Minnesota Historical Society, 2001.

¹¹⁹ Van Citters Historic Preservation, LLC. "Oklahoma City Area Indian Health (OCAIHS) Historic Building Survey." Final Report in the files of the Oklahoma Historical Society, 12 July 2005, pp. 11-12 and 22-38.

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Human Development Center.) The parts of the complex that still stand include original patient wards, administrative buildings, nurse and doctor cottages, and maintenance structures.¹²⁰

Today, the Arkansas Tuberculosis Sanatorium Historic District remains an impressive complex on its hilltop location south of Booneville. The 76 buildings and structures on just under 900 acres remain the largest extant tuberculosis facility in the nation, and illustrate the wide variety of buildings needed to operate a self-sufficient facility – from hospitals and patient buildings to doctors and nurses cottages, and from dairy buildings to water and wastewater treatment plants. The excellent examples of the Art Deco, Colonial Revival, and Craftsman styles of architecture, among others, also represent an impressive collection of early twentieth-century architectural styles.

Although the physical fabric of the district is impressive and important, the district also remains a notable illustration of the fight against tuberculosis in the United States throughout much of the twentieth century. The Arkansas Tuberculosis Sanatorium Historic District reflects the evolution in treatment of tuberculosis from exposure to fresh air, to surgery, to the use of antibiotics in the last half of the century. The vast amount of new construction that took place at the facility in the late 1930s and early 1940s and the slowdown in construction in the 1950s and 1960s illustrates the growth and decline in the need for facilities to care for tuberculosis patients as medical science was able to gain the upper hand on the disease.

The practices used at the Arkansas Tuberculosis Sanatorium were examined by health professionals and influenced practices at similar facilities both nationally and internationally. In Tennessee, for example, “Dr. W. W. Hubbard, director, and Dr. Harrison, of the Tuberculosis Hospitalization Service of the Department of Public Health of Tennessee, were guests of the Sanatorium, January 6-7. The state of Tennessee has recently secured an appropriation for the establishment of a tuberculosis sanatorium, and Dr. Hubbard and Dr. Harrison came here for the purpose of observing Arkansas’ tuberculosis control program...”¹²¹ Other notable national visitors were noted by the *Sanatorium Outlook*. In the April 1943 issue it mentioned that, “an interested and interesting visitor at the Sanatorium March 10 was Dr. C. M. Sharp, consultant in the Division of Tuberculosis Control of the United States Public Health Service. Dr. Sharp, before his entrance into the service, was the superintendent of the Georgia State Sanatorium.”¹²² However, interest was not limited to the United States. The September 1928 issue of the *Sanatorium Outlook* indicated that a questionnaire had been received from Professor Enrico Ronzani, Director of the *Istituto Ospitalieri di Milano* in Italy. The questionnaire asked about several aspects of the sanatorium including the number of patients, average stay, how much they paid for treatment, the facility’s staff, their salaries, and duties.

¹²⁰ Information on the South Carolina Tuberculosis Sanatorium courtesy of the South Carolina Archives & History Center.

¹²¹ *Sanatorium Outlook*, February 1942, p. 8.

¹²² *Sanatorium Outlook*, April 1943, p. 8.

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The Arkansas Tuberculosis Sanatorium Historic District is nationally significant for its role in the national (and international) fight against tuberculosis beginning in the early twentieth century, and for its influence on the fight against tuberculosis in other parts of the country. The facility reflects the state of Arkansas's progressive stance against tuberculosis and the pioneering establishment of a state-run sanatorium to actively and aggressively fight a disease that was severely debilitating to the state. At the same time, it also reflects Arkansas's concerted efforts to deal with a variety of public health issues throughout the early twentieth century. The complex also reflects the wide variety of buildings and support facilities that were needed to stay on top of the latest treatments and offer the widest variety of treatments for tuberculosis patients. In addition, the size of the complex reflects the vast amount of resources needed to take seriously the concept of "isolation of the infected from other potential victims," which was "the single most important achievement of such institutions [sanatoria]."¹²³

Overall, the Arkansas Tuberculosis Sanatorium Historic District remains a nationally important example of a twentieth-century tuberculosis sanatorium that illustrates the trends in tuberculosis treatment and retains the physical fabric to reflect its heyday as the "largest and best institution of its kind as regards treatment facilities in the nation."

STATEMENT OF SIGNIFICANCE

Located approximately 2.5 miles south of Booneville on "The Hill," an extension of Potts Ridge, the Arkansas Tuberculosis Sanatorium Historic District is comprised of 76 buildings, structures, and objects located on approximately 896.18 acres. By the early 1940s the Arkansas Tuberculosis Sanatorium had a capacity of approximately 1,100 patients and was touted as the "largest and best institution of its kind as regards treatment facilities in the nation." The campus was essentially its own independent city with a complete farming operation, its own fire department, telephone system, post office, and water treatment plant. For its associations with the nationwide fight against tuberculosis throughout much of the twentieth century, the Arkansas Tuberculosis Sanatorium Historic District is being nominated to the National Register of Historic Places with **national significance** under **Criterion A**.

The buildings on the campus were built beginning in 1909 with the creation of the Sanatorium and the majority of them were built by 1960. However, many of the buildings were built in the late 1930s and early 1940s by the Public Works Administration (PWA) and represent an excellent collection of early twentieth century architectural styles, including the Art Deco, Craftsman, and Colonial Revival styles. The Art Deco buildings on campus, which include the former Administration Building, Hamp Williams Building, and Leo Nyberg Building, comprise one of the best collections of the Art Deco style in Arkansas. In addition, the

¹²³ Ryan, Frank, M.D. *The Forgotten Plague: How the Battle Against Tuberculosis was Won – and Lost*. Little, Brown & Company, 1992, p. 28.

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number of buildings and acreage associated with the Arkansas Tuberculosis Sanatorium Historic District represent the largest known facility of its kind remaining in the country, and an extremely large and intact example of a twentieth-century tuberculosis sanatorium. As a result, the Arkansas Tuberculosis Sanatorium Historic District is also being nominated to the National Register with **national significance** under **Criterion C**.

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United States Department of the Interior
National Park Service

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Section number 9 Page 3

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May 1929.
December 1929.
July 1934.
July 1935.
September 1935.
December 1935.
January 1936.
February 1936.
April 1936.
October 1936.
February 1937.
April 1937.
August 1937.

January 1938.
May 1938.
July 1938.
September 1938.
November 1938.
December 1938.
January 1939.
May 1939.
June 1939.
August 1939.
September 1939.
October 1939.
November 1939.

United States Department of the Interior
National Park Service

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January 1940.
February 1940.
March 1940.
May 1940.
July 1940.
August 1940.

July 1941.
February 1942.
April 1943.
May 1943.
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United States Department of the Interior
National Park Service

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Section number 10 Page 1

ADDITIONAL UTM's:

- 5) 15 417755E 3883840N
- 6) 15 417349E 3883855N
- 7) 15 417334E 3883438N
- 8) 15 416968E 3883453N
- 9) 15 416968E 3883057N
- 10) 15 415708E 3883087N
- 11) 15 415733E 3883905N
- 12) 15 416109E 3883895N
- 13) 15 416165E 3884825N

VERBAL BOUNDARY DESCRIPTION

The boundary of the Arkansas Tuberculosis Sanatorium Historic District consists of three separate but contiguous parcels in Sections 17, 18, and 19 of Township 5 North, Range 27 West. The verbal boundary descriptions of the three parcels are as follows:

Section 17: NW/4 & N/2 SW/4 & SW/4 SW/4, containing 280.0 acres, more or less.

Section 18: NE/4 & SE/4 & E/2 SW/4, containing 400.0 acres, more or less; SE/2 SE/4 NW/4, containing 20.0 acres, more or less; and part of the SE/4 NW/4, described as beginning at the SW corner of the SE/4 NW/4, run thence North 4.28 chains, thence East 4.28 chains, thence Southwest to place of beginning, containing 0.92 acre, more or less.

Section 19: E/2 NW/4 & W/2 NE/4, containing 160.73 acres, more or less; and a tract starting at the SE corner of the SW/4 NW/4, Section 19, Township 5 North, Range 27 West, Logan County, Arkansas; run thence in a Northerly direction along the East line of said SW/4 NW/4 approximately 413 feet to the point of beginning, said point being in the North-South fence line; thence South 53° 19' West 898.6 feet to a point; thence North 46° 08' West 435 feet to a point; thence North 17° 52' East 2,027.0 feet to a point; thence South 88° 23' East 460.0 feet to a point on the East line of the NW/4 NW/4 of said Section 19, said point being in the North-South fence line; thence South 1° 37' West 1681.7 feet to the point of beginning, containing 34.53 acres, more or less.

BOUNDARY JUSTIFICATION

The boundary contains the land that is historically and currently associated and follows the boundaries of parcels owned by the Arkansas Department of Health and Human Services – Booneville Human Development Center. The boundaries encompass the buildings that comprise the heart of the facility. In addition, the boundaries include the two lakes and water treatment plant to the southwest of the heart of the

United States Department of the Interior

National Park Service

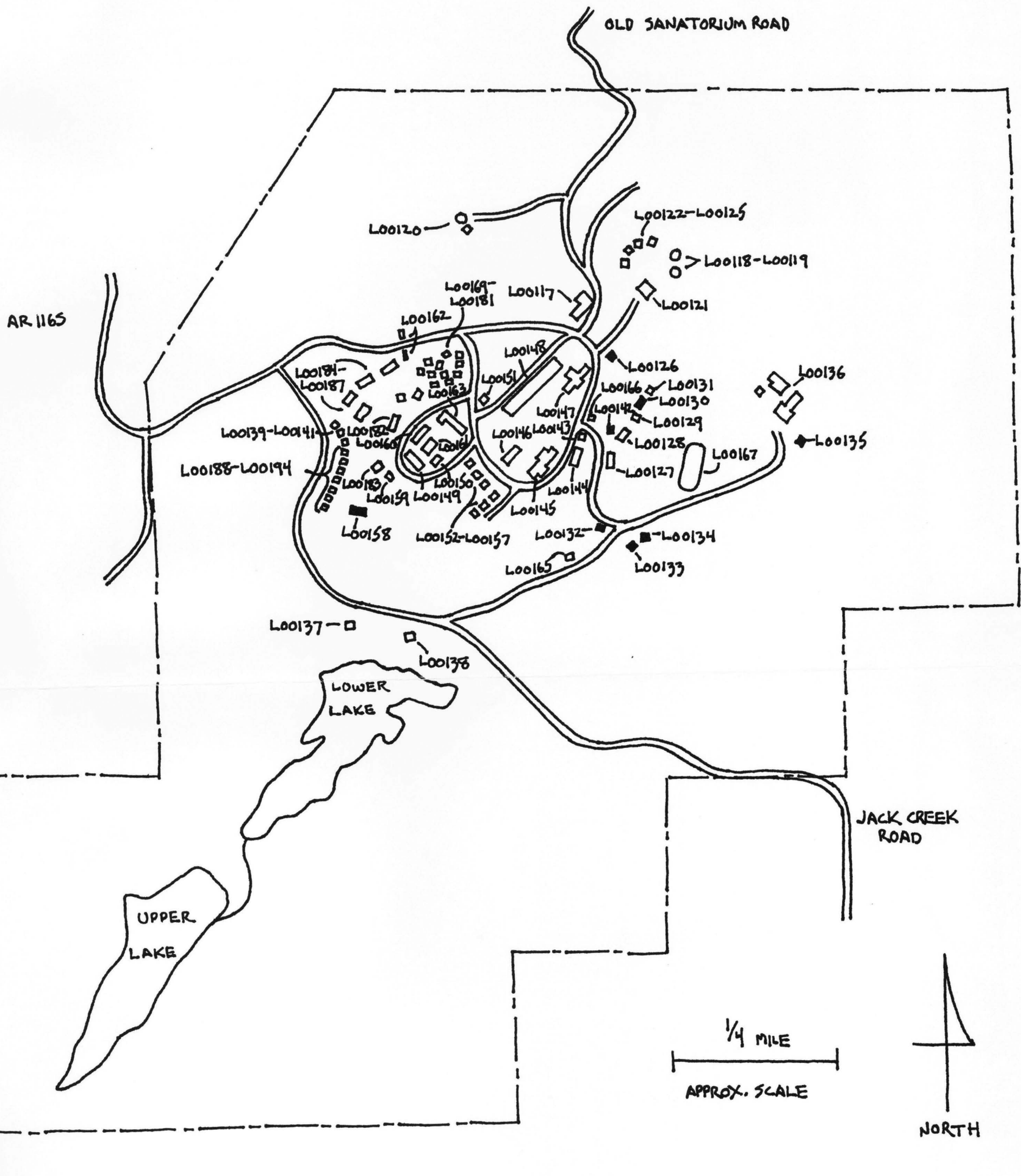
National Register of Historic Places

Continuation Sheet

Section number 10 Page 2

campus and the dairy complex to the east. In addition, the boundary includes some of the wooded and open areas around the heart of the campus. The open land reflects the farming and dairy operations that were essential to the sanatorium's day-to-day operation and retains integrity from the sanatorium's period of significance.

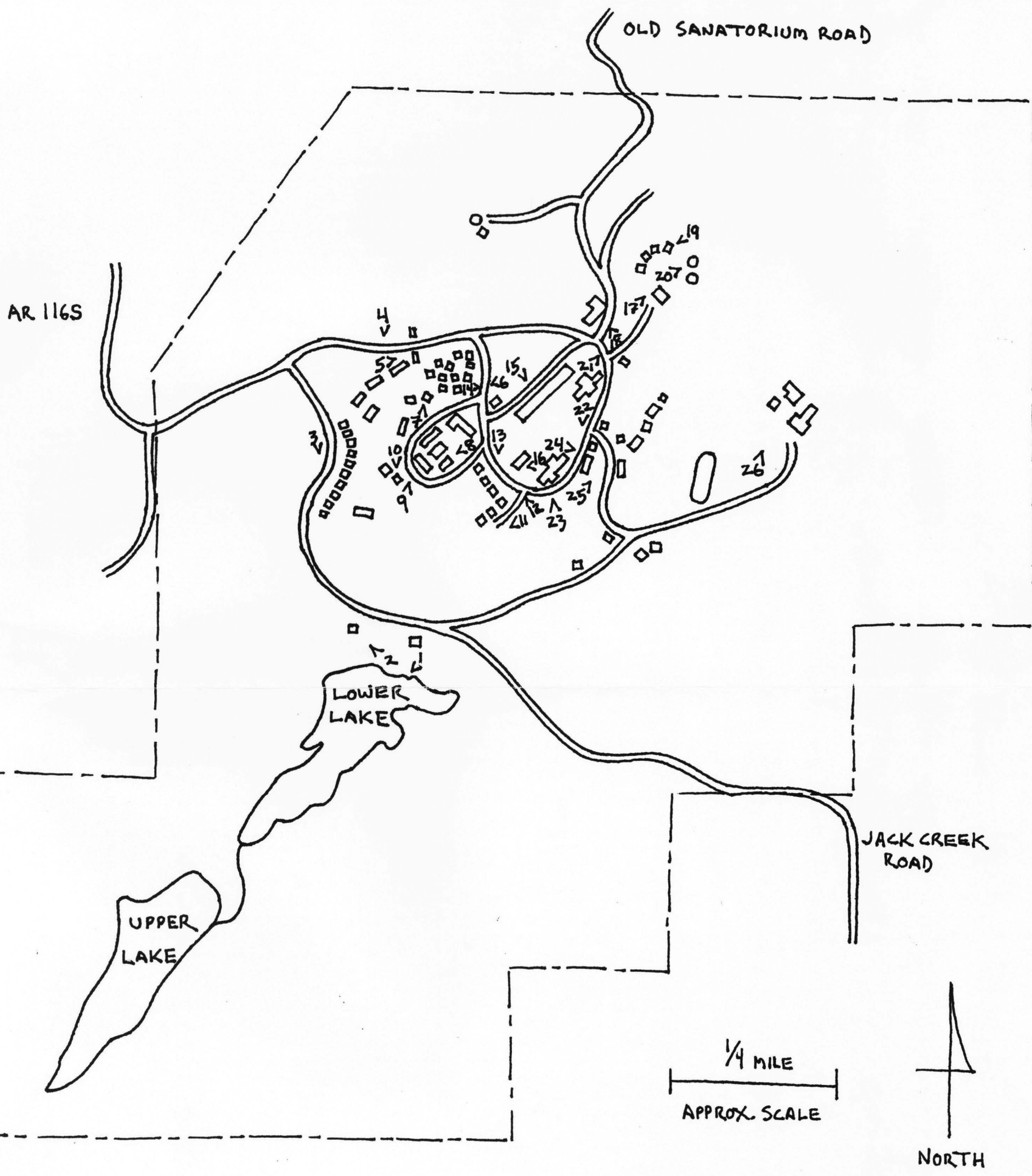
- - - DISTRICT BOUNDARY
- = "NC" RESOURCE
- = "C" RESOURCE



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

BOONEVILLE VIC., LOGAN COUNTY, ARKANSAS

----- = DISTRICT BOUNDARY
 |> = PHOTO NUMBER AND
 DIRECTION



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT BOONEVILLE VIC., LOGAN COUNTY, ARKANSAS

Arkansas Tuberculosis Sanatorium Historic District
Name of Property

Logan County, Arkansas
County and State

10. Geographical Data

Acreage of Property Approximately 896.18 acres

UTM References

(Place additional UTM references on a continuation sheet.)

1	15	416637	3885466	3	15	418161	3884231
	Zone	Easting	Northing		Zone	Easting	Northing
2	15	418191	3885425	4	15	417755	3884231

☒ See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Ralph S. Wilcox, National Register & Survey Coordinator
organization Arkansas Historic Preservation Program date January 25, 2006
street & number 1500 Tower Building, 323 Center Street telephone (501) 324-9787
city or town Little Rock state AR zip code 72201

Additional Documentation

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 Arkansas Department of Health and Human Services – Booneville Human Development Center
street & number 87 Reed Road, Highway 116 South telephone (479) 675-2121
city or town Booneville state AR zip code 72927

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 listing. 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 20303.

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Arkansas Tuberculosis Sanatorium Historic District

MULTIPLE
NAME:

STATE & COUNTY: ARKANSAS, Logan

DATE RECEIVED: 4/10/06 DATE OF PENDING LIST: 4/26/06
DATE OF 16TH DAY: 5/11/06 DATE OF 45TH DAY: 5/24/06
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 06000414

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: Y

COMMENT WAIVER: N

___ ACCEPT ___ RETURN ___ REJECT ___ DATE

ABSTRACT/SUMMARY COMMENTS:

Return. Please see attached comments.

RECOM./CRITERIA

REVIEWER Daniel Vinzen

DISCIPLINE Historian

TELEPHONE (202) 354-2252

DATE 5/23/06

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.

**The United States Department of the Interior
National Park Service**

**National Register of Historic Places
Evaluation/Return Sheet**

Property Name: Arkansas Tuberculosis Sanatorium Historic District
Logan County, Arkansas

Reference Number: 06000414

Reason for Return:

This nomination is being returned because it does not justify the recommended level of significance or the proposed boundary of the property. Although the property is believed to be nationally significant as one of the largest public tuberculosis sanatoriums ever built in the United States (under both criteria A and C), the nomination does not provide sufficient information to evaluate its significance in a national context. In addition, it is not clear that the large amount of undeveloped land within the property boundary possesses significance for its association with the sanatorium's operations and retains integrity from the historic period. We recommend that the nomination be revised (1) to demonstrate that the property is significant in a national context, and (2) to justify the boundary of the nominated property.

Significance

The nomination provides an informative overview of the property's historical development and the State of Arkansas's efforts to care for tuberculosis patients. At the same time, it does not demonstrate that the property is nationally significant in the area of health and medicine (Criterion A). The nomination argues that the property is nationally significant mainly because by the early 1940s, it was reputed to be the largest facility of its kind in the nation. What is important about the scale of the facility? What historical circumstances does it reflect? To be sure, the sheer size of the institution suggests that considerable demand existed for its services. But the nomination does not explain why the State of Arkansas created a sanatorium that exceeded the size of comparable facilities in other states. What factors led the state to build and maintain such a large complex? Were there an unusually large number of tuberculosis patients in Arkansas? If so, why? Did a large number of out-of-state patients receive treatment at the sanatorium? If so, why did these patients seek treatment in Arkansas? Were treatment options in their home states limited?

In general, to demonstrate that a property is nationally significant, a nomination must show that scholars have recognized the property for its national influence, stature, or reputation, and/or

provide a strong comparative context(s) for evaluation. In this regard, the nomination does not demonstrate that scholars have recognized the property as a leading example of a tuberculosis sanatorium, and it is not clear that the evaluative context considers the full scope of relevant properties. The comparative context is mainly limited to other state-owned-and-operated tuberculosis sanatoriums; did most tuberculosis patients seek treatment at such facilities? Or did private sanatoriums play a significant role in treating tuberculosis sufferers? Where did patients most commonly seek treatment during the period under consideration (1909-1956)? What range of treatment options were available? Were most patients treated at state facilities? If research indicates that a substantial number of patients sought treatment at private facilities, it may be necessary to evaluate the property in relation to sanatoriums of this kind. Has research determined if any large private sanatoriums survive today? Is it clear that the comparative context should be limited to state-owned-and-operated tuberculosis sanatoriums, or does the historical record indicate that other types of treatment facilities were important? We recommend that these questions be given due consideration and, if necessary, that the nomination be revised accordingly.

It may also be helpful to ask if the property is noteworthy for the type, character, or quality of care it provided to its patients. Was it distinctive solely for its size, or was there anything notable about the medical treatments it offered? Were they innovative in any way? The nomination notes that patients came from other states to seek treatment, suggesting that it may have been recognized within the region for the quality of its care, or perhaps for the range of treatment options available. Was it? We recommend that these questions be given careful consideration. If evidence indicates that the property was widely recognized for the type and/or quality of the care it provided to patients, this may be used to justify its significance under Criterion A.

In evaluating the significance of the property under Criterion A, it may also be helpful to place it in a broader thematic context. Clearly, the primary evaluative context for the property is treatment facilities for tuberculosis patients in operation during the first half of the twentieth century. But it should also be recognized that tuberculosis was only one of the ailments targeted by the public health reforms of the progressive era. In this regard, it may be useful for the nomination to explain how the founding and subsequent development of the property related to the public health initiatives undertaken by the State of Arkansas and other southern states during the late nineteenth and early twentieth centuries. When the Arkansas legislature first turned its attention to tuberculosis toward the end of the first decade of the twentieth century, had other states already created tuberculosis sanatoriums? Was the decision to build a state tuberculosis hospital a pioneering initiative, or was it in keeping with broader trends? Was Arkansas ahead, behind, or abreast of general trends in tuberculosis treatment? More generally, how did tuberculosis treatment efforts fit into the broader public health agenda of the period? How have scholars viewed such efforts in relation to other major public health initiatives (such as the campaigns to eradicate hookworm and pellagra, for example)? For insight into these questions, it may prove useful to consult such seminal studies as Dewey Grantham's *Southern Progressivism: The Reconciliation of Progress and Tradition* (Knoxville: University of Tennessee Press, 1983) and Arthur Link's *The Paradox of Southern Progressivism, 1880-1930* (Chapel Hill: University of North Carolina Press, 1992).

To summarize, if further research demonstrates that the size and scale of the property reflects something significant about the historical extent of its operations, or that the sanatorium was somehow influential, innovative, or widely recognized for its treatment practices, then it may be possible to justify the national level of significance (in relation to Criterion A). On the other hand, if further research indicates that the property was an important example of a state-owned-and-operated sanatorium but had little influence beyond the borders of Arkansas, it may be appropriate for the nomination to claim significance at the statewide level.

In addition to the concerns, the nomination does not demonstrate that the property is nationally significant for its architecture (Criterion C). The fact that the property is believed to be the "largest known facility of its kind remaining in the country" (Section 8, page 1) is by itself insufficient justification for the recommended level of significance. Based on the information provided, the property appears to represent an important example of an institutional complex with buildings designed in the Colonial Revival, Art Deco, and Craftsman styles, but it does not appear to be significant in a national context. The nomination does not show that the property has received scholarly recognition for its architectural design or stylistic elements. Only in scale does the property appear to differ from other surviving tuberculosis sanatoriums. For these reasons, it may be appropriate for the nomination to recommend the property for listing under Criterion C at the statewide level. Unless additional information indicates that the property received national recognition for its architectural design, it appears unlikely that it can qualify for listing at the national level of significance.

Boundary Justification

The nominated property encompasses nearly 900 acres. Roughly half of this acreage appears to be open land. According to the nomination, the land surrounding the sanatorium campus forms the historic setting and includes a variety of associated resources, such as a dairy complex, two lakes, and a water treatment plant. Presumably, this area also includes landscape features and vegetation. While these lands may have been important in the sanatorium's operations during the historic period, the nomination does not justify their significance and integrity. Relatively little descriptive information has been provided, and the nomination does not explain how they contributed to the sanatorium's operations. What features besides the two lakes, the water treatment plant, and the dairy complex are present? Are there notable landscape features? How was this area used historically? To justify including this acreage in the boundary of the nominated property, the nomination must provide an adequate description and explain the role it played in the operations of the facility.

We appreciate the opportunity to review this nomination and hope you find these comments useful in making revisions. Please feel free to contact me if you have any questions. You may reach me at (202) 354-2252 or by email at <Dan_Vivian@nps.gov>.

Daniel Vivian, Historian
National Register of Historic Places

May 23, 2006

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: RESUBMISSION

PROPERTY NAME: Arkansas Tuberculosis Sanatorium Historic District

MULTIPLE
NAME:

STATE & COUNTY: ARKANSAS, Logan

DATE RECEIVED: 8/22/06
DATE OF 16TH DAY:
DATE OF WEEKLY LIST:

DATE OF PENDING LIST:
DATE OF 45TH DAY: 10/05/06

REFERENCE NUMBER: 06000414

DETAILED EVALUATION:

___ACCEPT ___RETURN ___REJECT _____DATE

ABSTRACT/SUMMARY COMMENTS:

The Arkansas Tuberculosis Sanatorium Historic District is nationally significant under Criterion A as an example of an early twentieth-century tuberculosis hospital and under Criterion C for its architecture. The property includes an expansive physical plant that essentially operated as an independent city throughout the first half of the twentieth century. It includes a wide range of building types and representative examples of architectural styles popular during the period. The Sanatorium complex, for example, includes one of the best collections of Art Deco-style buildings in Arkansas. Overall, the property reflects the history of tuberculosis treatment and is an architecturally significant example of a state medical facility. It retains integrity from its period of significance (1909-56).

RECOM./CRITERIA Accept A & C

REVIEWER Daniel Vivian

DISCIPLINE Historian

TELEPHONE (202) 354-2252

DATE 10/5/06

DOCUMENTATION see attached comments Y/N see attached SLR Y/N



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF LOWER LAKE, LOOKING SOUTHWEST

#1



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE LOWER LAKE SPILLWAY AND WATER TREATMENT PLANT, LOOKING
NORTHWEST

#2



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON MURPHY LANE, LOOKING SOUTH

#3



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF E-COMPLEX, LOOKING SOUTH

#4



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE ENTRANCE GATE, LOOKING NORTHEAST

#5



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON BOWLES CIRCLE AND CURTIS CIRCLE, LOOKING WEST

#6



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON CURTIS CIRCLE (GRAVES CIRCLE), LOOKING NORTHEAST
#7



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE BUILDINGS ON BOWLES CIRCLE, LOOKING WEST

#8



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF DORMITORY #1, LOOKING SOUTHEAST

#9



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF COTTAGE #44 (OLD SUPERINTENDENT'S HOUSE), LOOKING SOUTHWEST
#10.



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON NATURE LANE, LOOKING WEST

#11



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON CAREY ROAD, LOOKING NORTHWEST

#12



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON CAREY ROAD, LOOKING SOUTH

#13



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE ADMINISTRATION BUILDING (FOREGROUND) AND NYBERG BUILDING
(BACKGROUND), LOOKING EAST

#14



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

DETAIL VIEW OF THE NYBERG BUILDING ENTRANCE, LOOKING SOUTHEAST

#15



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE KELLEY BUILDING, LOOKING NORTHWEST

#16



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE MASONIC BUILDING AND WATER TOWERS, LOOKING NORTHEAST
#17



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE PLANT/MAINTENANCE BUILDING, LOOKING NORTH

#18



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COTTAGES ON SHIPLEY DRIVE, LOOKING WEST

#19



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE WATER TOWERS, LOOKING NORTHEAST

#20



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE FIRE STATION AND ABNEY LANE, LOOKING NORTHEAST

#21



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW ON CAREY ROAD FROM THE JUDGE HILL BUILDING TOWARD THE CHAPEL, LOOKING
SOUTHWEST

#22



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE COMMONS BUILDING (LEFT) AND HAMP WILLIAMS BUILDING (RIGHT), LOOKING
NORTHEAST

#23



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

HOLLY HOPE

SEPTEMBER 2005

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE HAMP WILLIAMS BUILDING, LOOKING SOUTHEAST

#24



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE BUILDINGS ON COOPER LANE, LOOKING NORTHEAST

#25



ARKANSAS TUBERCULOSIS SANATORIUM HISTORIC DISTRICT

LOGAN COUNTY, AR

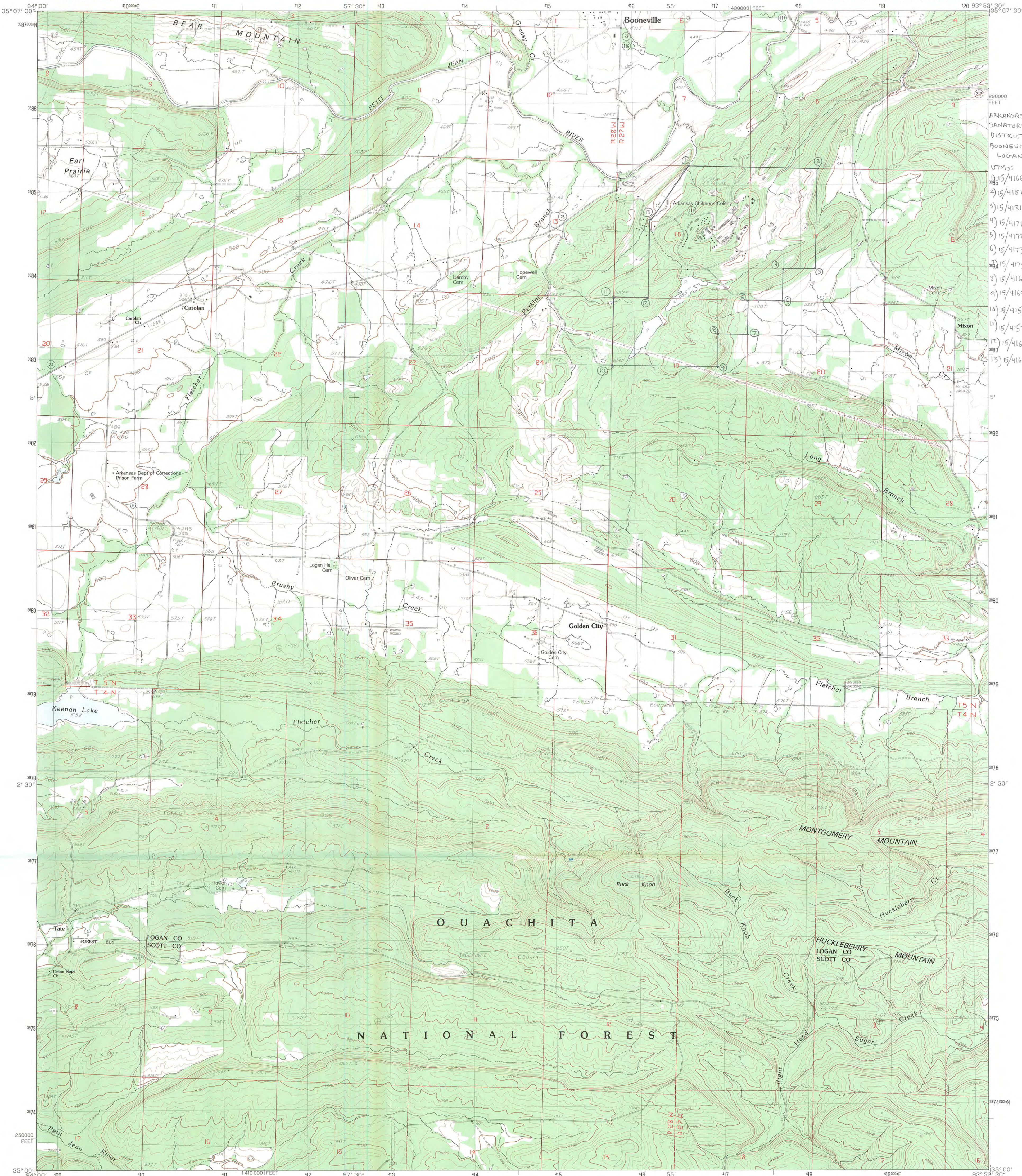
RALPH S. WILCOX

FEBRUARY 2006

ARKANSAS HISTORIC PRESERVATION PROGRAM, LITTLE ROCK, AR

VIEW OF THE DAIRY COMPLEX, LOOKING NORTHEAST

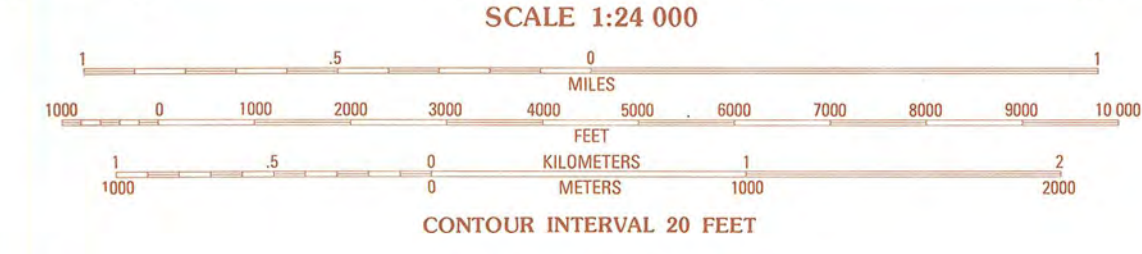
#26



UTMs:
1) 15/416637/3885466
2) 15/418191/3885425
3) 15/418161/3884231
4) 15/417755/3884231
5) 15/417755/3883840
6) 15/417349/3883855
7) 15/417349/3883498
8) 15/416968/3883453
9) 15/416968/3883057
10) 15/415708/3883027
11) 15/415733/3883005
12) 15/416109/3883815
13) 15/416165/3884225

PRODUCED BY THE UNITED STATES GEOLOGICAL SURVEY
CONTROL BY USGS AND NOS/NOAA
COMPILED FROM AERIAL PHOTOGRAPHS TAKEN 1978
FIELD CHECKED 1979. MAP EDITED 1983
PROJECTION LAMBERT CONFORMAL CONIC
GRID: 1000-METER UNIVERSAL TRANSVERSE MERCATOR ZONE 15
10,000-FOOT STATE GRID TICKS ARKANSAS, NORTH ZONE
UTM GRID DECLINATION 1983 WEST
1983 MAGNETIC NORTH DECLINATION 1983 EAST
VERTICAL DATUM NATIONAL GEODETIC VERTICAL DATUM OF 1929
HORIZONTAL DATUM 1927 NORTH AMERICAN DATUM
To place on the predicted North American Datum of 1983,
move the projection lines as shown by dashed corner ticks
(7 meters south and 18 meters east)
There may be private inholdings within the boundaries of any
Federal and State reservations shown on this map

PROVISIONAL MAP
Produced from original
manuscript drawings. Infor-
mation shown as of date of
field check.



1	2	3	1 Barber
			2 Booneville
			3 Magazine
4		5	4 Ione
			5 Sugar Grove
			6 Waldron
6	7	8	7 Bee Mountain
			8 Freedom Mountain

ROAD LEGEND
Improved Road
Unimproved Road
Trail
Interstate Route U. S. Route State Route

GOLDEN CITY, ARKANSAS
PROVISIONAL EDITION 1983

35093-A8-TF-024

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
AND THE ARKANSAS GEOLOGICAL COMMISSION, LITTLE ROCK, ARKANSAS 72004
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



The Department of Arkansas Heritage

Mike Huckabee, Governor
Cathie Matthews, Director

Arkansas Arts Council

Arkansas Natural Heritage
Commission

Delta Cultural Center

Historic Arkansas Museum

Mosaic Templars
Cultural Center

Old State House Museum



Arkansas Historic Preservation Program

1500 Tower Building
323 Center Street
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(501) 324-9880
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e-mail:

info@arkansaspreservation.org

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www.arkansaspreservation.org

An Equal Opportunity Employer



April 5, 2006

Dr. Janet Matthews
Chief of Registration
United States Department of the Interior
National Register of Historic Places
National Park Service
8th Floor
1201 Eye Street, NW
Washington, DC 20005

RE: Arkansas Tuberculosis Sanatorium Historic District –
Booneville vic., Logan County, Arkansas

Dear Dr. Matthews:

We are enclosing for your review the above-referenced nomination. The Arkansas Historic Preservation Program has complied with all applicable nominating procedures and notification requirements in the nomination process.

If you need further information, please call Ralph S. Wilcox of my staff at (501) 324-9787. Thank you for your cooperation in this matter.

Sincerely,

Cathie Matthews
State Historic Preservation Officer

CM:rsw

Enclosure



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Washington, DC 20005

RE: Arkansas Tuberculosis Sanatorium Historic District –
Booneville vic., Logan County, Arkansas

Dear Dr. Matthews:

We are enclosing for your review the revised nomination for the above-referenced property. The Arkansas Historic Preservation Program has complied with all applicable nominating procedures and notification requirements in the nomination process.

If you need further information, please call Ralph S. Wilcox of my staff at (501) 324-9787. Thank you for your cooperation in this matter.

Sincerely,

Cathie Matthews
State Historic Preservation Officer

CM:rsw

Enclosure

